

**CHIROPRACTIC FEE SCHEDULE**  
**EFFECTIVE JANUARY 1, 2008**  
Last Update July 2008

CODE	DESCRIPTION	00-20 MAX FEE	00-20 PC FEE	00-20 TECH FEE	21+ MAX FEE	21+ PC FEE	21+ TECH FEE	MAX UNITS
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LA	40.01	12.25	27.76	38.48	11.78	26.70	1
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	13.27	4.28	8.98	12.76	4.12	8.64	1
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	21.02	6.12	14.90	20.22	5.89	14.33	1
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FL	37.36	10.21	27.15	35.93	9.82	26.11	1
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	18.58	6.12	12.45	17.87	5.89	11.98	1
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	21.43	6.12	15.30	20.61	5.89	14.72	1
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	19.80	6.33	13.47	19.04	6.09	12.96	1
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	22.04	6.12	15.92	21.20	5.89	15.31	1
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	31.24	8.77	22.46	30.04	8.44	21.60	1
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIE	41.03	10.41	30.62	39.46	10.01	29.45	1
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	14.28	4.89	9.39	13.74	4.71	9.03	1
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	16.13	4.70	11.42	15.51	4.52	10.99	1
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	16.33	4.89	11.42	15.71	4.71	10.99	1
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS	13.67	0.00	0.00	13.15	0.00	0.00	1
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS	18.99	0.00	0.00	18.26	0.00	0.00	1
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	24.90	0.00	0.00	23.95	0.00	0.00	1
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	32.44	0.00	0.00	31.20	0.00	0.00	1
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	34.01	0.00	0.00	32.71	0.00	0.00	1
99203	OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	50.62	0.00	0.00	48.68	0.00	0.00	1