

**Chiropractic Services Fee Schedule**  
Effective January 1, 2009

Code	Description	00-20	00-20	00-20	21+	21+	21+	Units
		Max Fee	PC Fee	TC Fee	Max Fee	PC Fee	TC Fee	
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	39.70	12.42	27.28	38.17	11.94	26.23	1
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	13.23	4.48	8.76	12.72	4.31	8.42	1
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	20.97	6.31	14.65	20.16	6.07	14.09	1
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	37.06	10.38	26.67	35.63	9.98	25.64	1
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	18.52	6.31	12.22	17.81	6.07	11.75	1
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	21.37	6.31	15.07	20.55	6.07	14.49	1
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	19.34	6.31	13.03	18.60	6.07	12.53	1
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	21.79	6.31	15.48	20.95	6.07	14.88	1
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	30.94	8.95	21.99	29.75	8.61	21.14	1
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	40.51	10.59	29.93	38.95	10.18	28.78	1
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	14.25	5.09	9.16	13.70	4.89	8.81	1
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	16.08	4.89	11.20	15.46	4.70	10.77	1
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	16.08	4.89	11.20	15.46	4.70	10.77	1
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS	13.64			13.12			1
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS	19.14			18.40			1
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	25.04			24.08			1

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		Max Fee	PC Fee	TC Fee	Max Fee	PC Fee	TC Fee	
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT; MUST INCLUDE A PROBLEM FOCUSED: HISTORY AND EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING	32.45			31.20			1
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT; MUST INCLUDE EXPANDED: PROBLEM FOCUSED HISTORY AND EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING	34.02			32.71			1
99203	OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT; MUST INCLUDE A DETAILED: HISTORY, EXAMINATION AND MEDICAL DECISION MALING OF LOW COMPLEXITY	50.63			48.68			1