

COVERED CHIROPRACTIC PROCEDURE CODES

Attention: The procedure codes with established rates effective for dates of service starting July 1, 2012, through June 30, 2013 reflect a reduction in rates of 6.4% for SFY12 and increase of .5% for SFY13. Codes with no established rate pay at a percentage of billed charges per administrative rule and the same percentage for SFY12 reductions and SFY13 increase will be applied.

Last Updated July 1, 2012

CODE	PROCEDURE	FEE
98940	CMT, spinal 1 – 2 regions	\$15.17
98941	CMT, spinal 3 – 4 regions	\$15.17
98942	CMT, spinal 5 regions	\$15.17
72010	X-ray exam of spine, entire	\$54.49
72020	X-ray of spine single view	\$20.15
72040	X-ray exam of neck spine	\$29.54
72070	X-ray exam of chest spine.	\$31.09
72072	Radiological exam spine thoracic	\$34.09
72080	X-ray exam of spine 3 views.	\$31.93
72100	X-ray exam of lower spine lateral.	\$31.93
99201	Office visit new patient	\$31.11
99211	Office visit established patient	\$15.47