

COVERED CHIROPRACTIC PROCEDURE CODES

Last Updated July 1, 2011

Attention: Effective for dates of service starting July 1, 2011, through June 30, 2012, the reimbursement rates below will be reduced by 6.4%.

CODE	PROCEDURE	FEE
98940	CMT, spinal 1 – 2 regions	\$16.13
98941	CMT, spinal 3 – 4 regions	\$16.13
98942	CMT, spinal 5 regions	\$16.13
72010	X-ray exam of spine, entire	\$57.93
72020	X-ray of spine single view	\$21.42
72040	X-ray exam of neck spine	\$31.40
72070	X-ray exam of chest spine.	\$33.05
72072	Radiological exam spine thoracic	\$36.24
72080	X-ray exam of spine 3 views.	\$33.94
72100	X-ray exam of lower spine lateral.	\$33.94
99201	Office visit new patient	\$33.07
99211	Office visit established patient	\$16.45