

**Chiropractic Fee Schedule  
Effective July 1, 2012**

**NOTE:** The fees listed below are reimbursed for services provided to recipients age 21 and over. To calculate the fee for children under 21, multiply the base fee, or the base PC (professional component) fee, or the base TC (technical component) fee by 1.04. 1.04 is a 4% increase over the base fee for adults. Example: Base fee \$38.17 X 1.04 = \$39.70 (under 21 fee). Fees are rounded to the nearest hundredth.

<b>Code</b>	<b>Description</b>	<b>Base Fee</b>	<b>Base PC Fee</b>	<b>Base TC Fee</b>	<b>Units</b>
72010	Radiologic Examination, Spine, Entire, Survey Study, Anteroposterior And Lateral	41.98	12.01	29.97	1
72020	Radiologic Examination, Spine, Single View, Specify Level	12.55	3.95	8.60	1
72040	Radiologic Examination, Spine, Cervical; Two Or Three Views	21.52	6.10	15.42	1
72052	Radiologic Examination, Spine, Cervical; Complete, Including Oblique And Flexion And/Or Extension Studies	36.58	9.50	27.08	1
72070	Radiologic Examination, Spine; Thoracic, Two Views	17.93	5.74	12.19	1
72072	Radiologic Examination, Spine; Thoracic, Three Views	19.73	5.56	14.17	1
72080	Radiologic Examination, Spine; Thoracolumbar, Two Views	19.73	6.10	13.63	1
72100	Radiologic Examination, Spine, Lumbosacral; Two Or Three Views	19.19	6.10	13.09	1
72110	Radiologic Examination, Spine, Lumbosacral; Minimum Of Four Views	26.78	8.25	18.53	1
72114	Radiologic Examination, Spine, Lumbosacral; Complete, Including Bending Views	35.05	9.16	25.89	1
72170	Radiologic Examination, Pelvis; One Or Two Views	14.17	4.84	9.33	1
72200	Radiologic Examination, Sacroiliac Joints; Less Than Three Views	15.96	4.48	11.48	1
72220	Radiologic Examination, Sacrum And Coccyx, Minimum Of Two Views	15.42	4.48	10.94	1
98940	Chiropractic Manipulative Treatment (Cmt); Spinal, One To Two Regions	13.63			1
98941	Chiropractic Manipulative Treatment (Cmt); Spinal, Three To Four Regions	19.19			1
98942	Chiropractic Manipulative Treatment (Cmt); Spinal, Five Regions	24.39			1
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	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	32.71			1
99203	Office And Outpatient Visit For A New Patient; Must Include A Detailed: History, Examination And Medical Decision Making Of Low Complexity	48.68			1