

Chiropractic Service Fee Schedule

| CPT Code | Description | Member Pays |
|---|---|-------------|
| Evaluation and Management | | |
| New Patient | | |
| 99201 | Problem focused history and examination-straightforward | \$11.00 |
| 99202 | Expanded history and examination-straightforward | \$13.00 |
| 99203 | Detailed history and examination-low complexity | \$17.00 |
| 99204 | Comprehensive history and examination-moderate complexity | \$17.00 |
| Established Patient | | |
| 99211 | Minimal Service | N/C |
| 99212 | Problem focused history and examination-straightforward | N/C |
| 99213 | Expanded history and examination-low complexity | N/C |
| 99214 | Detailed history and examination-moderate complexity | N/C |
| Chiropractic Manipulative Therapy | | |
| 98940 | Chiropractic manipulative treatment: spinal, one to two regions | \$34.00 |
| 98941 | Spinal, three to four regions | \$36.00 |
| 98942 | Spinal, five regions | \$38.00 |
| 98943 | Extraspinal, one or more regions | \$26.00 |
| Modalities-The application of the following modalities do not require one-on-one patient contact by the provider | | |
| 97010 | Application of hot/cold packs | N/C |
| 97012 | Traction, Mechanical | \$16.00 |
| 97014 | Electrical Stimulation (unattended) | \$16.00 |
| 97016 | Vasopneumatic Devices | \$16.00 |
| 97018 | Paraffin Bath | \$21.00 |
| 97020 | Microwave | \$17.00 |
| 97022 | Whirlpool | \$18.00 |
| 97024 | Diathermy | \$16.00 |
| 97026 | Infrared | \$16.00 |
| 97028 | Ultraviolet | \$18.00 |
| Supportive Procedures | | |
| The application of the following modalities require direct one-on-one patient contact by the provider | | |
| 97032 | Electrical Stimulation-Manual | \$16.00 |
| 97033 | Iontophoresis | \$21.00 |
| 97034 | Contrast Baths | \$16.00 |
| 97035 | Ultrasound | \$21.00 |
| 97036 | Hubbard Tank; Each additional 15 min. up to one hour | \$21.00 |
| 97110 | Therapeutic Exercise, 15 min. | \$18.00 |
| 97112 | Neuromuscular Reeducation | \$18.00 |
| 97116 | Gait Training | \$18.00 |
| 97122 | Traction, Manual | \$18.00 |
| 97124 | Massage | \$18.00 |

Chiropractic Fee Schedule, continued

| CPT Code | Description | Member Pays |
|--------------------------------------|--|-------------|
| Radiographic Studies – X-Rays | | |
| 72040 | Cervical 3 Views | \$34.00 |
| 72070 | Dorsal 2 Views | \$34.00 |
| 72100 | Spine, Lumbosacral Anteroposterior and Lateral | \$34.00 |
| 72110 | Spine, Lumbosacral, Complete with Oblique Views | \$46.00 |
| 72114 | Spine, Lumbosacral, Complete Including Bending Views | \$56.00 |
| 72120 | Spine, Lumbosacral, Bending Views Only, Minimum of 4 Views | \$39.00 |
| 72170 | Pelvis, AP Only | \$31.00 |
| 72190 | Pelvis, Complete Minimum of 3 Views | \$37.00 |
| 72200 | Sacroiliac Joints Less Than 3 Views | \$31.00 |
| 72202 | Sacroiliac Joints 3 or More Views | \$33.00 |
| 72220 | Sacrum and Coccyx Minimum of 2 Views | \$31.00 |
| 73000 | Clavicle, Complete | \$24.00 |
| 73010 | Scapula, Complete | \$27.00 |
| 73020 | Shoulder, 1 View | \$23.00 |
| 73030 | Shoulder, Complete Minimum of 2 Views | \$27.00 |
| 73050 | Acromioclavicular joints Bilateral, w/wout Weighted Distraction | \$31.00 |
| 73060 | Humerus Minimum of 2 Views | \$29.00 |
| 73070 | Elbow, AP and Lateral Views | \$26.00 |
| 73080 | Elbow, Complete Minimum of 3 Views | \$27.00 |
| 73090 | Forearm | \$25.00 |
| 73092 | Upper Extremity, Infant Minimum of 2 Views | \$25.00 |
| 73100 | Wrist, AP and Lateral Views | \$25.00 |
| 73110 | Wrist, Complete Minimum of 3 Views | \$27.00 |
| 73120 | Hand, 2 Views | \$23.00 |
| 73130 | Hand, Minimum of 3 Views | \$29.00 |
| 73500 | Hip Unilateral, 1 View | \$25.00 |
| 73510 | Hip, Complete Minimum of 2 Views | \$31.00 |
| 73520 | Hips, Bilateral, Min, of 2 Views of each Hip, Incl. AP View of Pelvis | \$36.00 |
| 73540 | Pelvis and Hips, Infant child, Minimum of 2 Views | \$30.00 |
| 73550 | Femur, AP and Lateral Views | \$29.00 |
| 73560 | Knee, AP and Lateral Views | \$25.00 |
| 73562 | Knee, AP and Lateral with oblique(s), Minimum of 3 Views | \$29.00 |
| 73564 | Knee Complete Incl. Oblique(s) and Tunnel, and/or Patellar and/or Standing View | \$31.00 |
| 73565 | Both Knees Standing, AP | \$46.00 |
| 73590 | Tibia and Fibula AP and Lateral Views | \$25.00 |
| 73592 | Lower Extremity, Infant Minimum of 2 Views | \$24.00 |
| 73600 | Ankle, AP Lateral Views | \$24.00 |
| 73610 | Ankle, Complete Minimum of 3 Views | \$29.00 |
| 73620 | Foot, AP and Lateral Views | \$24.00 |
| 73630 | Foot, Complete Minimum of 3 Views | \$27.00 |
| 73650 | Calcaneus Minimum of 2 Views | \$24.00 |
| 73660 | Toe(s) Minimum of 2 Views | \$21.00 |
| 74000 | Abdomen Single AP View | \$26.00 |