

PREVAILING RATE/MAXIMUM FEE
SCHEDULE FOR CHIROPRACTORS

<u>CPT CODE</u>	<u>DESCRIPTION</u>	<u>2008 FEE</u>
RADIOLOGY		
70250	Radiologic examination, skull less than four views	\$82.12
70260	Radiologic examination, skull; complete, minimum of four views	\$123.16
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	\$80.48
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	\$98.54
71010	Radiologic examination, chest, single view, frontal	\$55.41
71020	Radiologic examination, chest, two views frontal and lateral;	\$78.50
71021	wlth apical lordotic procedure	\$100.17
71022	with oblique projections	\$108.39
71030	Radiologic examination, chest, complete, minimum of four views	\$113.32
71100	Radiologic examination, ribs, unilateral; two views	\$88.69
71101	including posteroanterior chest, minimum of three	\$105.11
71110	Radiologic examination, ribs, bilateral; three views	\$111.67
71111	including posteroanterior chest, minimum of four views	\$172.43
71120	Radiologic examination; sternum, minimum of two views	\$87.04
71130	sternoclavicular joint or joints, minimum of three views	\$92.41
72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral	\$126.10
72020	Radiologic examination, spine, single view, specify level	\$59.14
72040	Radiologic examination, spine, cervical; two or three views	\$80.81
72050	minimum of four views	\$124.45
72052	complete, including oblique and flexion and/or extension studies	\$140.63
72069	Radiologic examination, spine; thoracolumbar, standing (scoliosis)	\$77.15
72070	Radiologic examination, spine; thoracic, two views	\$92.13
72072	thoracic, three views	\$103.47
72074	thoracic, minimum of four views	\$128.10
72080	thoracolumbar, two views	\$77.15
72090	scoliosis study, including spine and erect studies	\$105.11
72100	Radiologic examination, spine, lumbosacral; two views	\$105.06
72110	minimum of four views	\$139.01
72114	complete, including bending views	\$214.98
72120	Radiologic examination, spine, lumbosacral, bending views only, minimum our views	\$141.24
72170	Radiologic examination, pelvis; one or two views	\$78.83
72190	complete, minimjum of three views	\$106.73
72200	Radiologic examination, sacroiliac joints; less than three views	\$90.32
72202	three or more views	\$100.17
72220	Radiologic examination, sacrum and coccyx, minimum of two views	\$83.76
73000	Radiologic examination; clavicle, complete	\$67.35
73010	scapula, complete	\$82.12

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73020	Radiologic examination, shoulder; one view	\$67.35
73030	complete, minimum of two views	\$83.76
73050	Radiologic examination, acromioclavicular joints, bilateral, with or without weighted distraction	\$78.83
73060	humerus, minimum of two views	\$82.12
73070	Radiologic examination, elbow; two views	\$78.83
73080	complete, minimum of three views	\$87.04
73090	Radiologic examination; forearm, two views	\$78.83
73100	Radiologic examination, wrist; two views	\$67.35
73110	complete, minimum of three views	\$85.39
73120	Radiologic examination, hand; two views	\$62.41
73130	minimum of three views	\$80.48
73140	Radiologic examination, finger(s), minimum of two views	\$60.75
73500	Radiologic examination, hip, unilateral; one view	\$78.83
73510	complete, minimum of two views	\$92.57
73520	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis	\$105.11
73550	Radiologic examination, femur, two views	\$83.76
73560	Radiologic examination, knee; one or two views	\$73.91
73562	three views	\$82.77
73564	complete, four or more views	\$100.17
73565	both knees, standing, anteroposterior	\$133.01
73590	Radiologic examination; tibia and fibula, two views	\$80.48
73600	Radiologic examination, ankle; two views	\$73.89
73610	complete, minimum of three views	\$85.39
73620	Radiologic examination, foot; two views	\$62.41
73630	complete, minimum of three views	\$85.39
73650	Radiologic examination; calcaneus, minimum of two views	\$73.89
73660	toe(s), minimum of two views	\$59.14

EVALUATION AND MANAGEMENT

99201	Problem focused history; Problem focused examination; and Straightforward medical decision making.	\$54.67
99202	Expanded problem focused history; Expanded problem focused examination; and Straightforward medical decision making.	\$67.93
99203	Detailed history; Detailed examination; and Medical decision making of low complexity.	\$96.10
99204	Comprehensive history; Comprehensive examination; and Medical decision of moderate complexity.	\$115.99
99205	Comprehensive history; Comprehensive examination; and Medical decision making of high complexity.	\$205.45

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99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician.	\$38.10
99212	Problem focused history; Problem focused examination; and Straightforward medical decision making.	\$51.35
99213	Expanded problem focused history; Expanded problem focused examination; and Medical decision making of low complexity.	\$59.65
99214	Detailed history; Detailed examination; and Medical decision making of moderate complexity.	\$77.88
99215	Comprehensive history; Comprehensive examination; and Medical decision making of high complexity.	\$114.29
99244	Comprehensive history; Comprehensive examination; and Medical decision making of moderate complexity.	\$205.45
99245	Comprehensive history; Comprehensive examination; and Medical decision making of high complexity.	\$226.99
 MODALITIES		
Supervised: The application of a modality that does not require direct (one-on-one) patient contact by the provider.		
97012	Application of a modality to one or more areas; traction mechanical	\$33.37
97014	electrical stimulation (unattended)	\$29.01
97016	vasopneumatic devices	\$32.64
97018	paraffin bath	\$27.56
97022	whirlpool	\$33.37
97024	diathermy (eg, microwave)	\$24.67
97026	infrared	\$23.21
97028	ultraviolet	\$29.01
Constant attendance: The application of a modality that requires direct (one-on-one) patient contact by the provider.		
97032	modality to one or more areas; Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	\$29.01
97033	iontophoresis, each 15 minutes	\$30.46
97034	contrast baths, each 15 minutes	\$23.21
97035	ultrasound, each 15 minutes	\$23.94
97036	Hubbard tank, each 15 minutes	\$44.24

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THERAPEUTIC PROCEDURES		
Physician or therapist required to have direct (one-on-one) patient contact.		
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$43.51
97112	neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	\$42.79
97113	aquatic therapy with therapeutic exercise	\$47.86
97116	gait training (includes stair climbing)	\$37.70
97124	massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$34.10
97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	\$31.68
97150	Therapeutic procedure(s), group (2 or more individuals)	\$35.41
98940	Chiropractic manipulative treatment (CMT); spinal one to two regions	\$36.51
98941	spinal, three to four regions	\$46.33
98942	spinal, five regions	\$57.57
98943	extraspinal, one or more regions	\$33.69
S8945	Physical medicine treatment (constant attendance by provider) to one area, initial 30 minutes, each visit; phonophoresis	\$34.99

NOTE 1: Code 97010, Hot or cold packs, shall be global to the procedure(s) performed.

Effective: August 1, 2008