PREVAILING RATE/MAXIMUM FEE SCHEDULE FOR CHIROPRACTORS

	SCHEDULE FOR CHIROPRACTORS	
CPT		2006
CODE	<u>DESCRIPTION</u>	<u>FEE</u>
	RADIOLOGY	
70250	Radiologic examination, skull less than four views	\$77.11
70260	Radiologic examination, skull; complete, minimum of four views	\$115.65
70328	Radiologic examination, temporomandibular joint, open and	
	closed mouth; unilateral	\$75.57
70330	Radiologic examination, temporomandibular joint, open and	\$92.54
	closed mouth; bilateral	
71010	Radiologic examination, chest, single view, frontal	\$52.04
71020	Radiologic examination, chest, two views frontal and lateral;	\$73.71
71021	with apical lordotic procedure	\$94.06
71022	with oblique projections	\$101.78
71030	Radiologic examination, chest, complete, minimum of four views	\$106.42
71100	Radiologic examination, ribs, unilateral; two views	\$83.28
71100	including posteroanterior chest, minimum of three	\$98.71
71110	Radiologic examination, ribs, bilateral; three views	\$104.87
71110	including posteroanterior chest, minimum of four views	\$161.92
71111	- '	\$81.73
	Radiologic examination; sternum, minimum of two views	•
71130	sternoclavicular joint or joints, minimum of three views	\$84.82
72010	Radiologic examination, spine, entire, survey study,	044044
70000	anteroposterior and lateral	\$118.41
72020	Radiologic examination, spine, single view, specify level	\$55.53
72040	Radiologic examination, spine, cervical; two or three views	\$75.89
72050	minimum of four views	\$116.87
72052	complete, including oblique and flexion and/or extension studies	\$132.06
72069	Radiologic examination, spine; thoracolumbar, standing (scoliosis)	\$72.45
72070	Radiologic examination, spine; thoracic, two views	\$86.51
72072	thoracic, three views	\$97.16
72074	thoracic, minimum of four views	\$120.29
72080	thoracolumbar, two views	\$72.45
72090	scoliosis study, including spine and erect studies	\$98.71
72100	Radiologic examination, spine, lumbosacral; two views	\$98.66
72110	minimum of four views	\$130.54
72114	complete, including bending views	\$201.88
72120	Radiologic examination, spine, lumbosacral, bending views only,	
	minimum our views	\$132.63
72170	Radiologic examination, pelvis; one or two views	\$74.03
72190	complete, minimjum of three views	\$100.23
72200	Radiologic examination, sacroiliac joints; less than three views	\$84.82
72202	three or more views	\$94.06
72220	Radiologic examination, sacrum and coccyx, minimum of two views	\$78.66
73000	Radiologic examination; clavicle, complete	\$63.24
73010	scapula, complete	\$77.11
. 5510	oughia, complete	Ψίι.ιι

CPT		2006
CODE	<u>DESCRIPTION</u>	<u>FEE</u>
73020	Radiologic examination, shoulder; one view	\$63.24
73030	complete, minimum of two views	\$78.66
73050	Radiologic examination, acromioclavicular joints, bilateral, with	
	or without weighted distraction	\$74.03
73060	humerus, minimum of two views	\$77.11
73070	Radiologic examination, elbow; two views	\$74.03
73080	complete, minimum of three views	\$81.73
73090	Radiologic examination; forearm, two views	\$74.03
73100	Radiologic examination, wrist; two views	\$63.24
73110	complete, minimum of three views	\$80.19
73120	Radiologic examination, hand; two views	\$58.61
73130	minimum of three views	\$75.57
73140	Radiologic examination, finger(s), minimum of two views	\$57.05
73500	Radiologic examination, hip, unilateral; one view	\$74.03
73510	complete, minimum of two views	\$86.92
73520	Radiologic examination, hips, bilateral, minimum of two views	*****
	of ech hip, including anteroposterior view of pelvis	\$98.71
73550	Radiologic examination, femur, two views	\$78.66
73560	Radiologic examination, knee; one or two views	\$69.40
73562	three views	\$77.73
73564	complete, four or more views	\$94.06
73565	both knees, standing, anteroposterior	\$124.91
73590	Radiologic examination; tibia and fibula, two views	\$75.57
73600	Radiologic examination, ankle; two views	\$69.38
73610	complete, minimum of three views	\$80.19
73620	Radiologic examination, foot; two views	\$58.61
73630	complete, minimum of thhree views	\$80.19
73650	Radiologic examination; calcaneus, minimum of two views	\$69.38
73660	toe(s), minimum of two views	\$55.53
		φουσο
	EVALUATION AND MANAGEMENT	
99201	Problem focused history;	
	Problem focused examination; and	
	Straightforward medical decision making.	\$51.34
99202	Expanded problem focused history;	
	Expanded problem focused examination; and	
	Straightforward medical decision making.	\$63.79
99203	Detailed history;	·
	Detailed examination; and	
	Medical decision making of low complexity.	\$90.24
99204	Comprehensive history;	•
	Comprehensive examination; and	
	Medical decision of moderate complexity.	\$108.92

CPT		2006
CODE	<u>DESCRIPTION</u>	<u>FEE</u>
99205	Comprehensive history; Comprehensive examination; and	
	Medical decision making of high complexity.	\$192.93
99211	Office or other outpatient visit for the evaluation and management	Ψ.σΞ.σσ
	of an established patient that may not require the presence of a	
	physician.	\$35.78
99212	Problem focused history;	
	Problem focused examination; and	#40.00
99213	Straightforward medical decision making. Expanded problem focused history;	\$48.22
99213	Expanded problem focused examination; and	
	Medical decision making of low complexity.	\$56.01
99214	Detailed history;	40000
	Detailed examination; and	
	Medical decision making of moderate complexity.	\$73.13
99215	Comprehensive history;	
	Comprehensive examination; and	#407.00
99244	Medical decision making of high complexity. Comprehensive history;	\$107.33
99244	Comprehensive examination; and	
	Medical decision making of moderate complexity.	\$192.93
99245	Comprehensive history;	Ψ.σΞ.σσ
	Comprehensive examination; and	
	Medical decision making of high complexity.	\$213.15
	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	\$31.33
97014	electrical stimulation (unattended)	\$27.24
97016	vasopneumatic devices	\$30.65
97018	paraffin bath	\$25.88
97022	whirlpool	\$31.33
97024	diathermy (eg, microwave)	\$23.16
97026 97028	infrared ultraviolet	\$21.79 \$27.24
91020	ultaviolet	φ2 <i>1</i> .24
	Constant attendance: The application of a modality that requires	
	direct (one-on-one) patient contact by the provider.	
0=000	modaility to one or more areas;	
97032	Application of a modality to one or more areas; electrical stimulation	# 07.04
97033	(manual), each 15 minutes iontophoresis, each 15 minutes	\$27.24 \$28.60
97033	contrast baths, each 15 minutes	\$20.00 \$21.79
0.007	contract battle, each to minute	Ψ21.10

CPT <u>CODE</u> 97035 97036	DESCRIPTION ultrasound, each 15 minutes Hubbard tank, each 15 minutes	2006 <u>FEE</u> \$22.48 \$41.55
	THERAPEUTIC PROCEDURES	
	Physician or therapist required to have direct (one-on-one) patient contact	t.
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$40.86
97112	neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or	•
0=440	standing activities	\$40.19
97113	aquatic therapy with therapeutic exercise	\$44.95
97116	gait training (includes stair climbing)	\$35.41
97124	massage, including effleurage, petrissage and/or tapotement	# 00.00
07440	(stroking, compression, percussion)	\$32.02
97140	Manual therapy techniques (eg, mobilization/manipulation, manual	
	lymphatic drainage, manual traction), one or more regions, each 15 minutes	\$29.75
97150	Therapeutic procedure(s), group (2 or more individuals)	\$33.25
98940	Chiropractic manipulative treatment (CMT); spinal one to two regions	\$34.28
98941	spinal, three to four regions	\$43.51
98942	spinal, five regions	\$54.06
98943	extraspinal, one or more regions	\$31.64
	• · ·	•

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

\$32.86

S8945 Physical medicine treatment (constant attendance by provider) to one area, initial 30 minutes, each visit; phonophoresis

Effective August 1, 2006