

Chiropractic Services Fee Schedule
Effective March 1, 2020

Taxonomy: 111N00000X - Specialty: 035

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DHB Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		EFFECTIVE DATE
			FACILITY	NON-FACILITY	
72020		RADIOLOGIC EXAM SPINE SINGLE VIEW SPECIFY LEVEL	\$18.80	\$18.80	3/1/2020
72040		RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	\$29.14	\$29.14	3/1/2020
72040	TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	\$19.80	\$19.80	3/1/2020
72050		X-RAY EXAM OF NECK SPINE	\$41.25	\$41.25	3/1/2020
72052		X-RAY EXAM OF NECK SPINE	\$51.65	\$51.65	3/1/2020
72070		RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	\$26.83	\$26.83	3/1/2020
72072		RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	\$30.48	\$30.48	3/1/2020
72074		RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	\$35.57	\$35.57	3/1/2020
72080		RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	\$27.99	\$27.99	3/1/2020
72082		X-RAY OF SPINE, 2 OR 3 VIEWS	\$52.14	\$52.14	3/1/2020
72100		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	\$30.58	\$30.58	3/1/2020
72110		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	\$42.69	\$42.69	3/1/2020
72114		X-RAY EXAM LUMBOSACRAL SPINE	\$55.67	\$55.67	3/1/2020
72120		X-RAY EXAM OF LOWER SPINE	\$38.18	\$38.18	3/1/2020
72170		RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	\$20.56	\$20.56	3/1/2020
72190		X-RAY EXAM OF PELVIS	\$31.84	\$31.84	3/1/2020
72200		X-RAY EXAM SACROILIAC JOINTS	\$22.87	\$22.87	3/1/2020
72202		X-RAY EXAM SACROILIAC JOINTS	\$27.64	\$27.64	3/1/2020
72202	TC	X-RAY EXAM OF SACROILIAC JOINTS, 3 OR MORE VIEWS	\$19.51	\$19.51	3/1/2020
72220		X-RAY EXAM OF TAILBONE	\$23.26	\$23.26	3/1/2020
98940		CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS	\$20.54	\$17.66	3/1/2020
98941		CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FIVE REGIONS	\$28.49	\$25.61	3/1/2020
98942		CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	\$37.25	\$34.38	3/1/2020

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.