

Chiropractic Services Fee Schedule

Provider 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 DMA Web site.

Medicaid Maximum Allowable

CODE	MODE	Description	FACILITY	NON-FACILITY	EFFECTIVE DATE
72010		X-RAY EXAM OF SPINE	\$53.74	\$53.74	7/1/2012
72010	26	SPINE ENTIRE SURVEY STUDY	\$18.09	\$18.09	7/1/2012
72020		RADIOLOGIC EXAM SPINE SINGLE VIEW SPECIFY LEVEL	\$18.45	\$18.45	7/1/2012
72020	26	RAD EXAM SPINE SINGLE VIEW SPECIFY LEVEL	\$6.48	\$6.48	7/1/2012
72040		RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	\$28.61	\$28.61	7/1/2012
72040	26	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	\$9.17	\$9.17	7/1/2012
72050		X-RAY EXAM OF NECK SPINE	\$40.50	\$40.50	7/1/2012
72050	26	SPINE COMPLETE	\$12.78	\$12.78	7/1/2012
72052		X-RAY EXAM OF NECK SPINE	\$50.71	\$50.71	7/1/2012
72052	26	SPINE CERVICAL A&P LATERAL COMPLETE	\$15.06	\$15.06	7/1/2012
72069		RADIOLOGIC EXAM, SPINE, THORACOLUMBAR, STANDING	\$27.10	\$27.10	7/1/2012
72069	26	RADIOLOGIC EXAM, SPINE, THORACOLUMBAR, STANDING	\$9.17	\$9.17	7/1/2012
72070		RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	\$26.34	\$26.34	7/1/2012
72070	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	\$9.17	\$9.17	7/1/2012
72072		RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	\$29.93	\$29.93	7/1/2012
72072	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	\$9.17	\$9.17	7/1/2012
72074		RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	\$34.93	\$34.93	7/1/2012
72074	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	\$9.17	\$9.17	7/1/2012
72080		RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	\$27.48	\$27.48	7/1/2012
72080	26	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	\$9.17	\$9.17	7/1/2012
72100		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEW	\$30.02	\$30.02	7/1/2012
72100	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEW	\$9.17	\$9.17	7/1/2012
72110		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR V	\$41.92	\$41.92	7/1/2012
72110	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR V	\$12.78	\$12.78	7/1/2012
72114		X-RAY EXAM LUMBOSACRAL SPINE	\$54.66	\$54.66	7/1/2012
72114	26	X-RAY EXAM OF LOWER SPINE	\$15.06	\$15.06	7/1/2012
72120		X-RAY EXAM OF LOWER SPINE	\$37.48	\$37.48	7/1/2012
72120	26	XRAY EXAM OF LOWER SPINE	\$9.17	\$9.17	7/1/2012
72170		RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	\$20.19	\$20.19	7/1/2012
72170	26	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	\$7.09	\$7.09	7/1/2012
72190		X-RAY EXAM OF PELVIS	\$31.26	\$31.26	7/1/2012
72190	26	PELVIS COMPLETE	\$8.87	\$8.87	7/1/2012
72200		X-RAY EXAM SACROILIAC JOINTS	\$22.45	\$22.45	7/1/2012
72200	26	XRAY EXAM SACROILIAC JOINTS	\$7.09	\$7.09	7/1/2012
72202		X-RAY EXAM SACROILIAC JOINTS	\$27.13	\$27.13	7/1/2012
72202	26	X-RAY EXAM SACROILIAC JOINTS	\$7.98	\$7.98	7/1/2012
72202	TC	X-RAY EXAM OF SACROILIAC JOINTS, 3 OR MORE VIEWS	\$19.15	\$19.15	7/1/2012
72220		X-RAY EXAM OF TAILBONE	\$22.84	\$22.84	7/1/2012
72220	26	SACRUM AND COCCYX	\$7.09	\$7.09	7/1/2012
98940		CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO	\$17.34	\$20.17	7/1/2012
98941		CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FC	\$25.14	\$27.97	7/1/2012
98942		CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGION	\$33.75	\$36.58	7/1/2012

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