

Chiropractic Services Fee Schedule
Effective January 1, 2014

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	
72010		X-RAY EXAM OF SPINE	\$52.13	\$52.13	1/1/2014
72010	26	SPINE ENTIRE SURVEY STUDY	\$17.55	\$17.55	1/1/2014
72020		RADIOLOGIC EXAM SPINE SINGLE VIEW SPECIFY LEVEL	\$17.90	\$17.90	1/1/2014
72020	26	RAD EXAM SPINE SINGLE VIEW SPECIFY LEVEL	\$6.29	\$6.29	1/1/2014
72040		RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	\$27.75	\$27.75	1/1/2014
72040	26	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	\$8.89	\$8.89	1/1/2014
72050		X-RAY EXAM OF NECK SPINE	\$39.29	\$39.29	1/1/2014
72050	26	SPINE COMPLETE	\$12.40	\$12.40	1/1/2014
72052		X-RAY EXAM OF NECK SPINE	\$49.19	\$49.19	1/1/2014
72052	26	SPINE CERVICAL A&P LATERAL COMPLETE	\$14.61	\$14.61	1/1/2014
72069		RADIOLOGIC EXAM, SPINE, THORACOLUMBAR, STANDING	\$26.29	\$26.29	1/1/2014
72069	26	RADIOLOGIC EXAM, SPINE, THORACOLUMBAR, STANDING	\$8.89	\$8.89	1/1/2014
72070		RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	\$25.55	\$25.55	1/1/2014
72070	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	\$8.89	\$8.89	1/1/2014
72072		RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	\$29.03	\$29.03	1/1/2014
72072	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	\$8.89	\$8.89	1/1/2014
72074		RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	\$33.88	\$33.88	1/1/2014
72074	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	\$8.89	\$8.89	1/1/2014
72080		RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	\$26.66	\$26.66	1/1/2014
72080	26	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	\$8.89	\$8.89	1/1/2014
72100		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	\$29.12	\$29.12	1/1/2014
72100	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	\$8.89	\$8.89	1/1/2014
72110		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	\$40.66	\$40.66	1/1/2014
72110	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	\$12.40	\$12.40	1/1/2014
72114		X-RAY EXAM LUMBOSACRAL SPINE	\$53.02	\$53.02	1/1/2014
72114	26	X-RAY EXAM OF LOWER SPINE	\$14.61	\$14.61	1/1/2014
72120		X-RAY EXAM OF LOWER SPINE	\$36.36	\$36.36	1/1/2014
72120	26	XRAY EXAM OF LOWER SPINE	\$8.89	\$8.89	1/1/2014
72170		RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	\$19.58	\$19.58	1/1/2014
72170	26	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	\$6.88	\$6.88	1/1/2014
72190		X-RAY EXAM OF PELVIS	\$30.32	\$30.32	1/1/2014
72190	26	PELVIS COMPLETE	\$8.60	\$8.60	1/1/2014
72200		X-RAY EXAM SACROILIAC JOINTS	\$21.78	\$21.78	1/1/2014
72200	26	XRAY EXAM SACROILIAC JOINTS	\$6.88	\$6.88	1/1/2014
72202		X-RAY EXAM SACROILIAC JOINTS	\$26.32	\$26.32	1/1/2014
72202	26	X-RAY EXAM SACROILIAC JOINTS	\$7.74	\$7.74	1/1/2014
72202	TC	X-RAY EXAM OF SACROILIAC JOINTS, 3 OR MORE VIEWS	\$18.58	\$18.58	1/1/2014
72220		X-RAY EXAM OF TAILBONE	\$22.15	\$22.15	1/1/2014
72220	26	SACRUM AND COCCYX	\$6.88	\$6.88	1/1/2014
98940		CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS	\$16.82	\$19.56	1/1/2014
98941		CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FIVE REGIONS	\$24.39	\$27.13	1/1/2014
98942		CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	\$32.74	\$35.48	1/1/2014

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