State of Maine

Department of Health & Human Services

Section 15, Chiropractic Services Rates/Fee Schedule

Effective Date January 1, 2016 - December 31, 2016

Procedure Code	Modifier	Code Description	Rate	Start Date	End Date
72020		Radiologic examination, spine, single view, specify level	$14.76		
72020	TC	Radiologic examination, spine, single view, specify level	$9.49		
72020	26	Radiologic examination, spine, single view, specify level	$5.26		
72040		Radiologic examination, spine, cervical; 2 or 3 views	$22.86		
72040	TC	Radiologic examination, spine, cervical; 2 or 3 views	$15.38		
72040	26	Radiologic examination, spine, cervical; 2 or 3 views	$7.48		
72050		Radiologic examination, spine, cervical; 4 or 5 views	$32.37		
72050	TC	Radiologic examination, spine, cervical; 4 or 5 views	$21.94		
72050	26	Radiologic examination, spine, cervical; 4 or 5 views	$10.43		
72052		Radiologic examination, spine, cervical; 6 or more views	$40.52		
72052	TC	Radiologic examination, spine, cervical; 6 or more views	$28.25		
72052	26	Radiologic examination, spine, cervical; 6 or more views	$12.27		
72070		Radiologic examination, spine, thoracic, 2 views	$21.06		
72070	TC	Radiologic examination, spine, thoracic, 2 views	$13.57		
72070	26	Radiologic examination, spine, thoracic, 2 views	$7.48		
72072		Radiologic examination, spine, thoracic, 3 views	$23.88		
72072	TC	Radiologic examination, spine, thoracic, 3 views	$16.40		
72072	26	Radiologic examination, spine, thoracic, 3 views	$7.48		
72074		Radiologic examination, spine, thoracic, minimum of 4 views	$27.84		
72074	TC	Radiologic examination, spine, thoracic, minimum of 4 views	$20.36		
72074	26	Radiologic examination, spine, thoracic, minimum of 4 views	$7.48		
72080		Radiologic examination, spine, thoracolumbar junction, minimum of 2 views	$21.96		
72080	TC	Radiologic examination, spine, thoracolumbar junction, minimum of 2 views	$14.48		
72080	26	Radiologic examination, spine, thoracolumbar junction, minimum of 2 views	$7.48		
72081		Radiologic Examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	$25.40		
72081	TC	Radiologic Examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	$16.27		
72081	26	Radiologic Examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	$9.14		
72082		Radiologic Examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	$40.69		
72082	TC	Radiologic Examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	$29.61		
72082	26	Radiologic Examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	$11.08		

Procedure Code	Modifier	Code Description	Rate	Start Date	End Date
72083		Radiologic Examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	$44.23		
72083	TC	Radiologic Examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	$32.14		
72083	26	Radiologic Examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	$12.08		
72084		Radiologic Examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	$52.86		
72084	TC	Radiologic Examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	$38.82		
72084	26	Radiologic Examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	$14.05		
72100		Radiologic examination, spine, lumbosacral; 2 or 3 views	$23.99		
72100	TC	Radiologic examination, spine, lumbosacral; 2 or 3 views	$16.51		
72100	26	Radiologic examination, spine, lumbosacral; 2 or 3 views	$7.48		
72110		Radiologic examination, spine, lumbosacral; minimum of 4 views	$33.50		
72110	TC	Radiologic examination, spine, lumbosacral; minimum of 4 views	$23.07		
72110	26	Radiologic examination, spine, lumbosacral; minimum of 4 views	$10.43		
72114		Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	$43.67		
72114	TC	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	$31.41		
72114	26	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	$12.27		
72120		Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	$29.87		
72120	TC	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	$22.39		
72120	26	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	$7.48		
98940		Chiropractic Manipulative Treatment; Spinal, One to Two Regions	$19.40		
98941		Chiropractic Manipulative Treatment; Spinal, Three to Four Regions	$19.40		
98942		Chiropractic Manipulative Treatment; Spinal, Five Regions	$24.23		