

NEBRASKA MEDICAID FEE SCHEDULE, CHIROPRACTOR JANUARY 1, 2020							
471-000-505							
						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
00072040		RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL				\$34.57	
00072040	52	ANTEROPOSTERIOR OR LATERAL		SINGLE VIEW		\$17.29	
00072070		RADIOLOGIC EXAMINATION, SPINE, THORACIC; ANTEROPOSTERIOR AND LATERAL				\$34.57	
00072070	52	ANTEROPOSTERIOR OR LATERAL		SINGLE VIEW		\$17.29	
00072081		X-RAY OF SPINE, 1 VIEW				\$29.80	
00072082		X-RAY OF SPINE, 2 OR 3 VIEWS				\$47.68	
00072100		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL				\$36.78	
00072100	52	ANTEROPOSTERIOR OR LATERAL		SINGLE VIEW		\$18.39	
00097012		PHYSICAL MEDICINE TREATMENT, TRACTION, MECHANICAL				\$18.81	

00097014		APPLICATION OF ELECTRICAL STIMULATION TO 1 OR MORE AREAS, UNATTENDED BY PHYSICAL THERAPIST				\$14.63	
00097032		APPLICATION OF ELECTRICAL STIMULATION TO 1 OR MORE AREAS, EACH 15 MINUTES				\$18.81	
00097035		APPLICATION OF ULTRASOUND TO 1 OR MORE AREAS, EACH 15 MINUTES				\$16.72	
00097110		THERAPEUTIC EXERCISE TO DEVELOP STRENGTH, ENDURANCE, RANGE OF MOTION, AND FLEXIBILITY, EACH 15 MINUTES				\$20.90	
00097112		THERAPEUTIC PROCEDURE TO RE-EDUCATE BRAIN-TO-NERVE-TO-MUSCLE FUNCTION, EACH 15 MINUTES				\$20.90	
00097140		MANUAL (PHYSICAL) THERAPY TECHNIQUES TO 1 OR MORE REGIONS, EACH 15 MINUTES				\$25.08	

00097530		THERAPEUTIC ACTIVITIES TO IMPROVE FUNCTION, WITH ONE-ON-ONE CONTACT BETWEEN PATIENT AND PROVIDER, EACH 15 MINUTES				\$20.90	
00098940		CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, ONE TO TWO REGIONS			X	\$29.52	\$24.91
00098940	22	CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, ONE TO TWO REGIONS		INITIAL VISIT ONLY		\$36.08	\$30.45
00098941		CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, THREE TO FOUR REGIONS			X	\$29.52	\$26.18
00098941	22	CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, THREE TO FOUR REGIONS		INITIAL VISIT ONLY		\$36.08	\$32.00
00098942		CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, FIVE REGIONS			X	\$29.52	\$26.98
00098942	22	CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, FIVE REGIONS		INITIAL VISIT ONLY		\$36.08	\$32.97
00099201		NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES			X	\$32.95	\$21.09

00099202		NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 20 MINUTES			X	\$48.16	\$34.53
00099203		NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 30 MINUTES			X	\$70.98	\$52.95
00099211		ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 5 MINUTES			X	\$17.74	\$8.41
00099212		ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES			X	\$30.42	\$19.19
00099213		ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES			X	\$45.63	\$34.11