

471-000-505 Nebraska Medicaid Practitioner Fee Schedule for Chiropractic Services

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Code	Modifier	SFY Non-Facility Rate	SFY Facility Rate	Description	Comments
98940		\$26.87	\$27.72	Chiropractic manipulative treatment; spinal, one to two regions	
98940	22	\$32.85	\$27.72	Chiropractic manipulative treatment; spinal, one to two regions	Initial visit only
98941		\$26.87	\$23.84	Chiropractic manipulative treatment; spinal, three to four regions	
98941	22	\$32.85	\$29.13	Chiropractic manipulative treatment; spinal, three to four regions	Initial visit only
98942		\$26.87	\$24.56	Chiropractic manipulative treatment; spinal, five regions	
98942	22	\$32.85	\$30.02	Chiropractic manipulative treatment; spinal, five regions	Initial visit only
72010		\$57.65		Radiologic examination, spine, entire, survey study, anteroposterior and lateral	
72010	52	\$28.83		Anteroposterior or lateral	Single view
72040		\$31.49		Radiologic examination, spine, cervical; anteroposterior and lateral	
72040	52	\$15.75		Anteroposterior or lateral	Single view
72070		\$31.49		Radiologic examination, spine, thoracic; anteroposterior and lateral	
72070	52	\$15.75		Anteroposterior or lateral	Single view
72100		\$33.50		Radiologic examination, spine, lumbosacral; anteroposterior and lateral	
72100	52	\$16.76		Anteroposterior or lateral	Single view
99082		\$1.00/mile			One way beyond 10 miles

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