

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

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>ALLOWABLE</u>
98940-22	Chiropractic manipulative treatment; spinal, one to two regions (initial visit only)	\$31.77
98941-22	Chiropractic manipulative treatment; spinal, three to four regions (initial visit only)	\$31.77
98942-22	Chiropractic manipulative treatment; spinal, five regions (initial visit only)	\$31.77
98940	Chiropractic manipulative treatment; spinal, one to two regions	\$25.99
98941	Chiropractic manipulative treatment; spinal, three to four regions	\$25.99
98942	Chiropractic manipulative treatment; spinal, five regions	\$25.99
72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral	\$57.35
72010-52	(single view - anteroposterior or lateral)	\$28.68
72040	Radiologic examination, spine, cervical; anteroposterior and lateral	\$31.33
72040-52	(single view - anteroposterior or lateral)	\$15.67
72070	Radiologic examination, spine, thoracic; anteroposterior and lateral	\$31.33
72070-52	(single view - anteroposterior or lateral)	\$15.67
72100	Radiologic examination, spine, lumbosacral; anteroposterior and lateral	\$33.33
72100-52	(single view - anteroposterior or lateral)	\$16.67
99082	Unusual travel (e.g., transportation and escort of patient)	\$1.00/mile (one way beyond 10 miles)

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