

**Provider Type 36 Chiropractor  
Reimbursement Schedule**

This schedule reflects rate data as of : 6/1/2018

The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.

**This provider type was last subject to a rate review\* on : 11/2016**

*\*Rate review refers to a comprehensive review of all the rates associated with this provider type. In 2017 the NV Legislature passed Assembly Bill 108 which, starting in 2018, requires NV Medicaid to perform a comprehensive rate review for each provider type at least once every four years. These reviews may or may not result in changes to reimbursement amounts.*

**Notes:**

*Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy. CPT codes, descriptions and other data only are copyright © 2008 American Medical Association. All rights reserved. Applicable FARS/DFARS apply. CPT is a registered trademark ® of the American Medical Association.*

Proc	Desc	Mod	Rate	Rate Begin Date
97110	Therapeutic exercises		28.19	1/1/2017
97140	Manual therapy 1/> regions		26.29	1/1/2017
98940	Chiropract manj 1-2 regions		24.64	1/1/2017
98941	Chiropract manj 3-4 regions		36.14	1/1/2017
98942	Chiropractic manj 5 regions		46.66	1/1/2017
99201	Office/outpatient visit new		40.39	1/1/2017
99202	Office/outpatient visit new		69.25	1/1/2017
99203	Office/outpatient visit new		100.47	1/1/2017
99211	Office/outpatient visit est		18.75	1/1/2017
99212	Office/outpatient visit est		40.73	1/1/2017
99213	Office/outpatient visit est		67.82	1/1/2017
Q3014	TELEHEALTH FACILITY FEE		24.24	12/1/2015