

Provider Type 36 Chiropractor Reimbursement Schedule

This schedule reflects rate data as of : 6/1/2019

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