

PT	CODE	DESCRIPTION	Notes
		HCPC CODES ALLOWED FOR CHIROPRACTORS 2021	
		Check the Physician's fee schedule to determine price	
85	20560	NDL INSJ W/O NJX 1 OR 2 MUSCLES, INSERTION OF NEEDLES IN 1 OR 2 MUSCLES	
85	20561	NDL INSJ W/O NJX 3+ MUSCLES, INSERTION OF NEEDLES IN 3 OR MORE MUSCLES	
85	71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTERO	
85	72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	
85	72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	
85	72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VI	
85	72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDIN	
85	72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	
85	72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	
85	72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC; MINIMUM OF FOUR VI	
85	72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	
85	72081	X-RAY EXAM ENTIRE SPI 1 VW	
85	72082	X-RAY EXAM ENTIRE SPI 2/3 VW	
85	72083	X-RAY OF SPINE, 4 OR 5 VIEWS	
85	72084	X-RAY EXAM ENTIRE SPI 6+ VW	
85	72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VI	
85	72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR	
85	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLU	
85	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS 0	
85	72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	
85	73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	
85	73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO	
85	73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	
85	73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	
85	73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	
85	73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	
85	73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS	
85	73501	X-RAY OF HIP WITH PELVIS, 1 VIEW	
85	73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	
85	73503	X-RAY OF HIP WITH PELVIS, MINIMUM OF 4 VIEWS	
85	73521	X-RAY OF BOTH HIPS WITH PELVIS, 2 VIEWS	
85	73522	X-RAY OF BOTH HIPS WITH PELVIS, 3-4 VIEWS	
85	73523	X-RAY OF BOTH HIPS WITH PELVIS, MINIMUM OF 5 VIEWS	
85	73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	
85	73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROP	
85	73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	
85	73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	
85	73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VI	
85	76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY	
85	76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAM	
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85	76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN R	
85	95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE	
85	95860	NEEDLE ELECTROMYOGRAPHY; ONE EXTREMITY WITH OR WITHOUT	Special training is required to perform and bill for these codes.
85	95861	NEEDLE ELECTROMYOGRAPHY; ONE EXTREMITY WITH OR WITHOUT	Special training is required to perform and bill for these codes.
85	95863	NEEDLE ELECTROMYOGRAPHY; ONE EXTREMITY WITH OR WITHOUT	Special training is required to perform and bill for these codes.
85	95864	NEEDLE ELECTROMYOGRAPHY; ONE EXTREMITY WITH OR WITHOUT	Special training is required to perform and bill for these codes.
85	95885	NEEDLE ELECTROMYOGRAPHY; ONE EXTREMITY WITH OR WITHOUT	Special training is required to perform and bill for these codes.
85	95886	NEEDLE ELECTROMYOGRAPHY; ONE EXTREMITY WITH OR WITHOUT	Special training is required to perform and bill for these codes.
85	95905	MOTOR & SENS NERVE CONDUCTIVITY TEST	
85	95907	NERVE TRANSMISSION STUDIES, 1-2 STUDIES	
85	95908	NERVE TRANSMISSION STUDIES, 3-4 STUDIES	
85	95909	NERVE TRANSMISSION STUDIES, 5-6 STUDIES	
85	95910	NERVE TRANSMISSION STUDIES, 7-8 STUDIES	
85	95911	NERVE TRANSMISSION STUDIES, 9-10 STUDIES	
85	95912	NERVE TRANSMISSION STUDIES, 11-12 STUDIES	
85	95913	NERVE TRANSMISSION STUDIES, 13 OR MORE STUDIES	
85	95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULA	
85	95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULA	
85	97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD	

85	97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, M	
85	97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL	
85	97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY	
85	97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL	
85	97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND,	
85	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;	
85	97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;	
85	97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;	
85	97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;	
85	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION,	
85	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT	
85	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY	
85	97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELET	
85	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO T	
85	98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO	
85	98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REG	
85	98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE	
85	99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	
85	99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	
85	99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	
85	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	
85	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	
85	99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	
85	99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	
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85	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	
85	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	
85	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN	