

KY Medicaid Chiropractor Fee Schedule 2026 revised 1.12.2026

Notes: □

- Red indicates new codes or changes for the most current revision date.
- 26 visits per beneficiary in a 12-month period
- Regulation 907 KAR 3:125.
- Billing Instructions: <http://www.kymmis.com/kymmis/Provider%20Relations/billingInst.aspx>
- It is the responsibility of the provider to check member eligibility.
- The appearance on this fee schedule of a code and rate is not an indication of coverage, nor a guarantee of payment.
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Code	Description	Rate	Notes
20560	INSERTION OF NEEDLE, 1-2 MUSCLES	See Physician Fee Schedule For Rates	
20561	INSERTION OF NEEDLE, 3 MUSCLES OR MORE	See Physician Fee Schedule For Rates	
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTERO-ANTERIOR CHEST, OF THREE VIEWS	See Physician Fee Schedule For Rates	
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	See Physician Fee Schedule For Rates	
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	See Physician Fee Schedule For Rates	
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; FOUR TO FIVE VIEWS	See Physician Fee Schedule For Rates	
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; SIX OR MORE VIEWS	See Physician Fee Schedule For Rates	
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	See Physician Fee Schedule For Rates	
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	See Physician Fee Schedule For Rates	
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	See Physician Fee Schedule For Rates	
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR JUNCTION, MINIMUM OF TWO VIEWS	See Physician Fee Schedule For Rates	
72081	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERVICAL, AND SACRAL SPINE IF PERFORMED ONE VIEW	See Physician Fee Schedule For Rates	
72082	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERVICAL, AND SACRAL SPINE IF PERFORMED TWO OR THREE VIEWS	See Physician Fee Schedule For Rates	
72083	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERVICAL AND SACRAL SPINE IF PERFORMED, FOUR OR FIVE VIEWS	See Physician Fee Schedule For Rates	



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72084	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERVICAL AND SACRAL SPINE IF PERFORMED MINIMUM OF SIX VIEWS	See Physician Fee Schedule For Rates	
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	See Physician Fee Schedule For Rates	
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	See Physician Fee Schedule For Rates	
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS, MINIMUM OF SIX VIEWS	See Physician Fee Schedule For Rates	
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; BENDING VIEWS ONLY, TWO OR THREE VIEWS	See Physician Fee Schedule For Rates	
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	See Physician Fee Schedule For Rates	
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	See Physician Fee Schedule For Rates	
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	See Physician Fee Schedule For Rates	
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	See Physician Fee Schedule For Rates	
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	See Physician Fee Schedule For Rates	
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	See Physician Fee Schedule For Rates	
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	See Physician Fee Schedule For Rates	
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS	See Physician Fee Schedule For Rates	
73501	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; WITH PELVIS WHEN PERFORMED, ONE VIEW	See Physician Fee Schedule For Rates	
73502	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; WITH PELVIS WHEN PERFORMED, TWO TO THREE VIEWS	See Physician Fee Schedule For Rates	
73503	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; WITH PELVIS WHEN PERFORMED, MINIMUM OF FOUR VIEWS	See Physician Fee Schedule For Rates	
73521	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; TWO VIEWS	See Physician Fee Schedule For Rates	
73522	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; THREE TO FOUR VIEWS	See Physician Fee Schedule For Rates	
73523	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; MINIMUM OF FIVE VIEWS	See Physician Fee Schedule For Rates	
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	See Physician Fee Schedule For Rates	
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	See Physician Fee Schedule For Rates	
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	See Physician Fee Schedule For Rates	
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	See Physician Fee Schedule For Rates	

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73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	See Physician Fee Schedule For Rates	
76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	See Physician Fee Schedule For Rates	
76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY, TO COMPLEMENT ROUTINE EXAMINATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	See Physician Fee Schedule For Rates	
76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT	See Physician Fee Schedule For Rates	
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE) EACH EXTREMITY (EXCLUDING HAND) OR EACH TRUNK SECTION (SPINE)	See Physician Fee Schedule For Rates	
95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS	See Physician Fee Schedule For Rates	certification to perform Needle EMGs must be on Providers KY Medicaid file
95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	See Physician Fee Schedule For Rates	certification to perform Needle EMGs must be on Providers KY Medicaid file
95863	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	See Physician Fee Schedule For Rates	certification to perform Needle EMGs must be on Providers KY Medicaid file
95864	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	See Physician Fee Schedule For Rates	certification to perform Needle EMGs must be on Providers KY Medicaid file
95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VILOCITY STUDY; LIMITED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	See Physician Fee Schedule For Rates	Added 1/1/2022 - special certification to perform Needle EMGs must be on Providers KY Medicaid file
95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VILOCITY STUDY; COMPLETE, FIVE OR MORE MUSCLES STUDIED, INNERVATED BY THREE OR MORE NERVES OR FOUR OR MORE SPINAL LEVELS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	See Physician Fee Schedule For Rates	Added 1/1/2022 - special certification to perform Needle EMGs must be on Providers KY Medicaid file

Code	Description	Rate	Notes
95905	MOTOR AND/OR SENSORY NERVE CONDUCTION, USING PRECONFIGURED ELECTRODE ARRAY(S), AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH LIMB, INCLUDES F-WAVE STUDY WHEN PERFORMED, WITH INTERPRETATION AND REPORT	See Physician Fee Schedule For Rates	
95907	NERVE CONDUCTION STUDIES; ONE TO TWO STUDIES	See Physician Fee Schedule For Rates	
95908	NERVE CONDUCTION STUDIES; THREE TO FOUR STUDIES	See Physician Fee Schedule For Rates	
95909	NERVE CONDUCTION STUDIES; FIVE TO SIX STUDIES	See Physician Fee Schedule For Rates	
95910	NERVE CONDUCTION STUDIES; SEVEN TO EIGHT STUDIES	See Physician Fee Schedule For Rates	
95911	NERVE CONDUCTION STUDIES; NINE TO TEN STUDIES	See Physician Fee Schedule For Rates	
95912	NERVE CONDUCTION STUDIES; ELEVEN TO TWELVE STUDIES	See Physician Fee Schedule For Rates	
95913	NERVE CONDUCTION STUDIES; THIRTEEN OR MORE STUDIES	See Physician Fee Schedule For Rates	
95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM/ IN UPPER LIMBS	See Physician Fee Schedule For Rates	
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM/ IN LOWER LIMBS	See Physician Fee Schedule For Rates	
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	See Physician Fee Schedule For Rates	
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	See Physician Fee Schedule For Rates	
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED)	See Physician Fee Schedule For Rates	
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)	See Physician Fee Schedule For Rates	
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	See Physician Fee Schedule For Rates	
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	See Physician Fee Schedule For Rates	
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION, AND FLEXIBILITY	See Physician Fee Schedule For Rates	

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97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING ACTIVITIES	See Physician Fee Schedule For Rates	
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	See Physician Fee Schedule For Rates	
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION)	See Physician Fee Schedule For Rates	
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), ONE OR MORE REGIONS, EACH 15 MINUTES	See Physician Fee Schedule For Rates	
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	See Physician Fee Schedule For Rates	
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT), DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	See Physician Fee Schedule For Rates	
97750	CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENT'S FUNCTIONAL PERFORMANCE IN THE HOME OR COMMUNITY (EG, ACTIVITIES OF DAILY LIVING (ADLS), TRANSFERS, MOBILITY, COMMUNICATION, SWALLOWING, FEEDING, PROBLEM SOLVING, SAFETY PRACTICES), FACE TO FACE, INITIAL 30 MINUTES	See Physician Fee Schedule For Rates	
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS	See Physician Fee Schedule For Rates	
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS	See Physician Fee Schedule For Rates	
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	See Physician Fee Schedule For Rates	
98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE REGIONS	See Physician Fee Schedule For Rates	

Code	Description	Rate	Notes
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING, WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 15 MINUTES MUST BE MET OR EXCEEDED	See Physician Fee Schedule For Rates	
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING, WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 30 MINUTES MUST BE MET OR EXCEEDED	See Physician Fee Schedule For Rates	
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING, WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 45 MINUTES MUST BE MET OR EXCEEDED	See Physician Fee Schedule For Rates	
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING, WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 60 MINUTES MUST BE MET OR EXCEEDED	See Physician Fee Schedule For Rates	
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS	See Physician Fee Schedule For Rates	
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 10 MINUTES MUST BE MET OR EXCEEDED	See Physician Fee Schedule For Rates	

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99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING, WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 20 MINUTES MUST BE MET OR EXCEEDED	See Physician Fee Schedule For Rates	
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING, WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 30 MINUTES MUST BE MET OR EXCEEDED	See Physician Fee Schedule For Rates	
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING, WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 40 MINUTES MUST BE MET OR EXCEEDED	See Physician Fee Schedule For Rates	

KY Medicaid Chiropractor Fee Schedule updates

Effective Date	Add/Delete/Change	Date Fee schedule updated
N/A	Updated code descriptions from short description to long description	7.18.2023
N/A	Code Description Updates: 20560, 20561, 72050, 72114, 72120	6.12.2025
1/1/2026	The 2026 revisions to the annual Chiropractor Fee Schedule have been designated as solely code description modifications and are distinctly highlighted in red.	1.12.2026