

Federal Match:
§440.60 Medical or other remedial care provided by licensed practitioners.

(a) “Medical care or any other type remedial care provided by licensed practitioners” means any medical or remedial care or services, other than physicians' services, provided by licensed practitioners within the scope of practice as defined under State law.

(b) Chiropractors' services include only services that—

(1) Are provided by a chiropractor who is licensed by the State and meets standards issued by the Secretary under §405.232(b) of this chapter; and

(2) Consists of treatment by means of manual manipulation of the spine that the chiropractor is legally authorized by the State to perform.

Total Cost by SFY for Chiropractic Spinal Manipulation

Totals for utilization of three available chiropractic codes including breakout of costs associated with back pain as primary diagnosis:

| CPT Code | CPT Description | Paid Amount | Paid Amount | Paid Amount | Paid Amount | Back Pain* as Primary Diagnosis SFY 2013 |
|---------------|---------------------------------------------------------|------------------|------------------|------------------|------------------|------------------------------------------|
| | | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 | |
| 98940 | Chiropractic Manipulative Treatment: spinal 1-2 regions | \$52,250 | \$48,240 | \$41,325 | \$39,240 | \$3,127 |
| 98941 | Spinal 3-4 regions | \$600,618 | \$527,009 | \$510,137 | \$510,514 | \$73,916 |
| 98942 | Spinal 5 regions | \$133,943 | \$151,336 | \$168,047 | \$172,077 | \$19,280 |
| Totals | | \$786,811 | \$726,585 | \$719,509 | \$721,832 | \$96,323 |

Numbers are based on professional claims with Provider Specialty Code 035 – Chiropractic

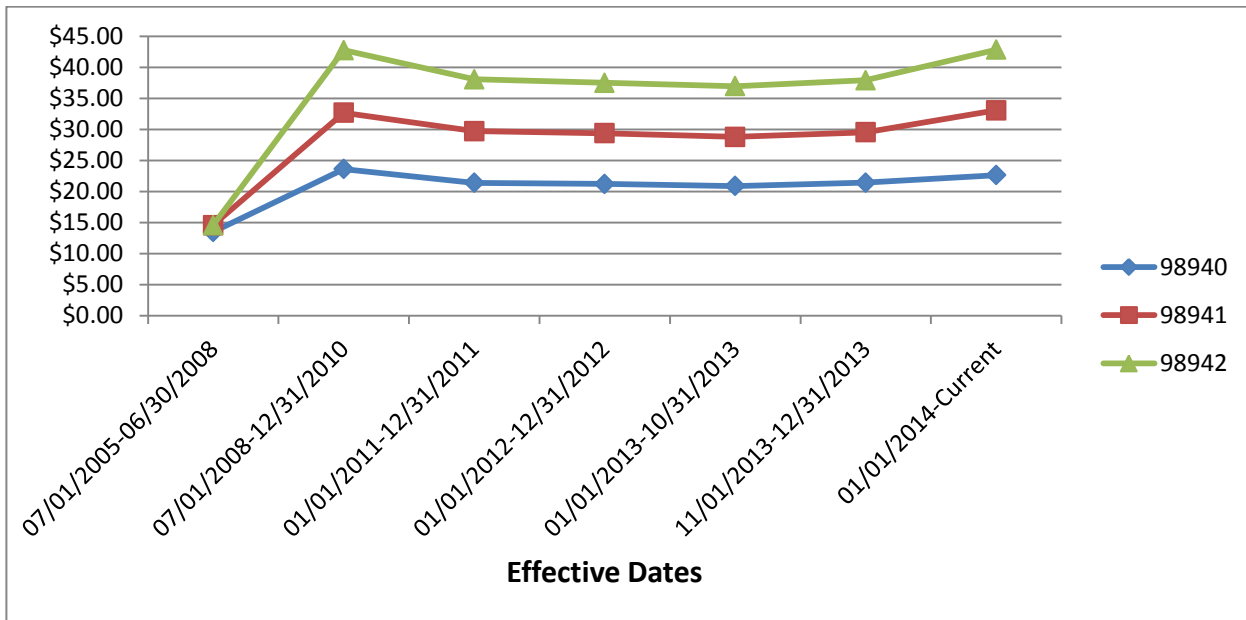
* Back pain has been defined by the DVHA Clinical Unit as a primary diagnosis code as follows:

- 724.1 pain in the thoracic spine
- 724.2 lumbago
- 724.5 back pain, unspecified
- 724.3 sciatica

E&M Codes for New and Established Patients

| Code | Rate | Average | | New | (1) Visit | (1) Visit |
|------------------------------------|---------|---------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------|------------------|
| New Patient E&M | | | | Low | \$415,813 | \$415,813 |
| 99202 | \$59.14 | \$72.34 | | Average | \$508,587 | \$508,587 |
| 99203 | \$85.53 | | | High | \$601,361 | \$601,361 |
| Established Patient E&M | | | | Estb. | (0) Visit | (1) Visit |
| 99212 | \$34.71 | \$45.89 | | Low | \$0 | \$244,046 |
| 99213 | \$57.07 | | | Average | \$0 | \$322,653 |
| | | | | High | \$0 | \$401,259 |
| | | | Total | Low | \$415,813 | \$659,859 |
| | | | | Average | \$508,587 | \$831,240 |
| | | | | High | \$601,361 | \$1,002,621 |
| 99202 and 99212 | | | Requires 3 key components: 1. A problem focused history; 2. A problem focused evaluation; 3. Straightforward medical decision making. | | | |
| 99203 and 99213 | | | Requires 3 key components: 1. A detailed history; 2. A detailed evaluation; 3. Medical Decision making of low complexity. | | | |

Osteopaths (DO): Treated the same as physicians.

Rates for CPT Codes Over Time


| Effective Dates | 98940 | 98941 | 98942 |
|-----------------------|----------|---------|---------|
| 02/01/2004-06/30/2008 | \$13.47* | \$14.56 | \$14.56 |
| 07/01/2008-12/31/2010 | \$23.60 | \$32.68 | \$42.75 |
| 01/01/2011-12/31/2011 | \$21.39 | \$29.72 | \$38.05 |
| 01/01/2012-12/31/2012 | \$21.21 | \$29.37 | \$37.50 |
| 01/01/2013-10/31/2013 | \$20.86 | \$28.79 | \$36.95 |
| 11/01/2013-12/31/2013 | \$21.40 | \$29.53 | \$37.91 |
| 01/01/2014-Current | \$22.63 | \$33.05 | \$42.82 |

Did not start until 07/01/2005