

CHIROPRACTIC/ACUPUNCTURE – EMPLOYER SPONSORED or VOLUNTARY
Chiropractic (Provided by Landmark Healthplan)³

New Patient Evaluation & Management	Initial evaluation, problem-focused Initial evaluation, expanded Initial evaluation (history and examination), detailed Home visit, new patient, problem-focused	\$65 ¹ per visit
Established Patient Re-Examination & Management	Re-examination Re-examination, expanded Home visit, established patient, problem-focused	\$50 ² per visit
Modalities	Hot or cold packs, supervised Mechanical traction, supervised Unattended electrical stimulation, supervised Whirlpool, supervised Diathermy (microwave), supervised Infrared, supervised Attended electrical stimulation, constant attendance Iontophoresis, constant attendance Contrast baths, constant attendance Ultrasound, constant attendance (phonophoresis)	\$50 ² per visit
Therapeutic Procedures	Physical medicine; treatment to one area, therapeutic exercise Manual therapy techniques (myofascial release, trigger point therapy, or manual traction)	\$50 ² per visit
Chiropractic Manipulative Treatment	Spinal, one to two regions Spinal, three to four regions Spinal, five regions Extraspinal, one or more regions	\$50 ² per visit
Special Services	Service after hours Office service on emergency basis	\$50 ² per visit

Acupuncture (Provided by Landmark Healthplan)

New Patient Evaluation	Initial evaluation, problem-focused Initial evaluation, expanded Initial evaluation (history and examination), detailed	\$75 per visit
Established Patient Re-Evaluation & Management	Re-Examination, low to moderate severity	\$75 per visit
Acupuncture	Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with patient. Each additional 15 minutes of personal one-on-one contact with patient, with reinsertion of needle(s)	\$75 per visit
Modalities	Myofascial release, trigger point therapy, or acupressure Cupping/Moxibustion	\$75 per visit
Electro-acupuncture	Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with patient. Each additional 15 minutes of personal one-on-one contact with patient, with reinsertion of needle(s)	\$75 per visit

Co-insurances listed are the Plan responsibility and co-payments listed are Member responsibility.

- 1 This rate is inclusive of covered services for initial visit/new patient evaluation, modalities, therapeutic procedures, and/or manipulation, but is exclusive of radiology. Radiology reimbursement is in addition, and is also outlined in the fee schedule.
- 2 This rate is inclusive of covered services for established patient re-examination, modalities, therapeutic procedures, and/or manipulation, but is exclusive of radiology. Radiology reimbursement is in addition, and is also outlined in the fee schedule.
- 3 There are two ChoiceBuilder[®] chiropractic fee schedules. To identify which fee schedule applies to the chiropractor that you wish to visit, go to Landmark Healthplan's Provider Directory by visiting www.lhp-ca.com/Members/ProviderDirectory.aspx. Under "Select Your Plan," choose "ChoiceBuilder" and then select a chiropractor using the search tools. To determine which fee schedule applies to the selected chiropractor, click on the "View Details" page for that chiropractor. Fee schedule A is listed above (\$65 for new patient initial visits/\$50 for recurring visits) and fee schedule B is a lower amount (\$60 for new patient initial visits/\$40 for recurring visits).

CHIROPRACTIC (CONT.) – EMPLOYER SPONSORED or VOLUNTARY
Chiropractic Radiology – Includes both technical and professional components of radiology services:

Radiological Exam, Chest	Ribs, unilateral, two views	\$48
	Ribs, bilateral, three views	\$59
	Sternum, minimum of two views	\$41
	Sternoclavicular joint(s), minimum of three views	\$44
Radiological Exam, Spine and Pelvis	Spine, entire, survey study, AP and lateral	\$90
	Spine, single view, specify level	\$30
	Cervical, AP, lateral and AP open mouth	\$41
	Cervical, minimum of four views	\$66
	Cervical, complete, including flexion and/or extension studies	\$82
	Thoracolumbar, standing (scoliosis)	\$48
	Thoracic, AP and lateral	\$45
	Thoracic, AP and lateral, including swimmer's view	\$53
	Thoracic, complete, minimum of four views	\$57
	Thoracolumbar, AP and lateral	\$48
	Scoliosis study, including supine and erect studies	\$49
	Lumbosacral, AP and lateral	\$45
	Lumbosacral, complete with oblique	\$61
	Lumbosacral, complete with bending views	\$74
	Lumbosacral, bending views only, minimum of four views	\$52
	Radiological Exam, Upper Extremities	Pelvis, AP only
Pelvis, complete, minimum of three views		\$49
Sacroiliac joints, less than three views		\$41
Sacroiliac joints, three or more views		\$44
Sacrum and coccyx, minimum of two views		\$41
Clavicle, complete		\$33
Scapula, complete		\$37
Shoulder, one view		\$30
Shoulder, complete, minimum of two views		\$37
Acromioclavicular joints, bilateral, weighted or unweighted		\$41
Humerus, minimum of two views		\$38
Elbow, AP and lateral views		\$36
Elbow, complete, minimum of three views		\$37
Forearm, AP and lateral views	\$34	
Wrist, AP and lateral views	\$34	
Wrist, complete, minimum of three views	\$37	
Hand, two views	\$30	
Hand, minimum of three views	\$38	
Finger(s), minimum of two views	\$29	
Radiological Exam, Lower Extremities	Hip, unilateral, one view	\$34
	Hip, complete, minimum of two views	\$41
	Hips, bilateral, minimum of two views each hip	\$48
	Femur, AP and lateral views	\$38
	Knee, AP and lateral views	\$34
	Knee, AP and lateral, including oblique(s), and tunnel, and/or patellar and/or standing views	\$38
	Knee, complete, including oblique(s), and tunnel, and/or patellar and/or standing views	\$41
	Both knees, standing, AP	\$61
	Tibia and fibula, AP and lateral views	\$34
	Ankle, AP and lateral views	\$31
	Ankle, complete, minimum of three views	\$38
	Foot, AP and lateral views	\$31
	Foot, complete, minimum of three views	\$37
	Calcaneus, minimum of two views	\$31
Toe(s), minimum of two views	\$27	

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