

Rank	CPT
1	97140
2	96372
3	J1955
4	98943
5	98942
6	98941
7	G0283
8	97014
9	99203
10	95923

Procedure description

Manual Therapy

Therapeutic injected via intramuscular or IV

Injection, levocarnitine, per 1 gm

Extra Spinal Adjustment

5 Region Spinal Adjustment

3-4 Region Spinal Adjustment

Electrical Stimulation (unattended) to one or more areas

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New Patient Exam-provider spends 30–44 minutes of total time

Provider tests the sudomotor function of the autonomic nervous system to check functioning of nerves

PRICE PER UNIT

\$75.00

\$55.00

\$32.00

\$60.00

\$145.00

\$98.00

\$58.00

\$58.00

\$310.00

\$410.00