

COVERED CHIROPRACTIC PROCEDURE CODES

Effective Date: 01/01/2016

Rates displayed below do not reflect rates for codes billed containing modifiers.
For information on how modifiers will affect payment see ARSD § 67:16:02:03.02.

CODE	PROCEDURE	FEE
72020	X-ray exam of spine 1 view	\$21.92
72040	X-ray exam neck spine 2-3 vw	\$32.12
72070	X-ray exam thorac spine 2vws	\$33.81
72072	X-ray exam thorac spine 3vws	\$37.07
72080	X-ray exam thoracolmb 2/> vw	\$34.71
72082	X-ray exam entire spi 2/3 vw	\$59.25
72100	X-ray exam l-s spine 2/3 vws	\$34.71
98940	Chiropract manj 1-2 regions	\$16.49
98941	Chiropract manj 3-4 regions	\$16.49
98942	Chiropractic manj 5 regions	\$16.49
99201	Office/outpatient visit new	\$33.83
99211	Office/outpatient visit est	\$16.82

NOTE: Fee schedules are subject to review and amendment under the provisions of § 67:16:01:28. A provider may request that the department review a particular reimbursement rate for possible adjustment or request the inclusion or exclusion of a particular code from the list. When reviewing the requests, the department shall review paid claims information, Medicare fee schedules, national coding lists, and documentation submitted by the provider or the associated medical professional organization to determine whether a change is warranted.