

## COVERED CHIROPRACTIC PROCEDURE CODES

Effective Date: 04/01/2019

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	\$22.96
72040	X-ray exam neck spine 2-3 vw	\$33.65
72070	X-ray exam thorac spine 2vws	\$35.42
72072	X-ray exam thorac spine 3vws	\$38.83
72080	X-ray exam thoracolmb 2/> vw	\$36.37
72082	X-ray exam entire spi 2/3 vw	\$62.07
72100	X-ray exam l-s spine 2/3 vws	\$36.37
98940	Chiropract manj 1-2 regions	\$17.28
98941	Chiropract manj 3-4 regions	\$24.88
98942	Chiropractic manj 5 regions	\$32.49
99201	Office/outpatient visit new	\$35.44
99211	Office/outpatient visit est	\$17.62

A provider may request South Dakota Medicaid review a procedure code for a possible rate adjustment. A provider may also request the inclusion or exclusion of a procedure code from the fee schedule. Changes must be requested through the provider portal, which can be accessed at :

<https://dss.sd.gov/medicaid/portal.aspx>

Under the communications tab on the provider portal, select “reviews and requests.” Please include relevant documentation with your requests that supports the need for your requested change.