

South Dakota Medicaid Chiropractic Services Fee Schedule

Effective July 1, 2020

Providers must bill for services at their usual and customary charge. The fee listed below is the maximum allowable amount a provider may be reimbursed. Providers must append applicable modifiers to procedure codes. A list of authorized modifiers and payment effects is available at:

<https://dss.sd.gov/docs/medicaid/modifiers.pdf>.

Providers should refer to South Dakota Medicaid's provider manual webpage for applicable coverage criteria and claim instructions: <https://dss.sd.gov/medicaid/providers/billingmanuals/>. For information regarding requesting a coverage or rate change refer to the Reconsideration, Reviews, Coverage Requests, and Fair Hearing provider manual.

Code	Description	Fee
72020	X-ray exam of spine 1 view	\$ 23.42
72040	X-ray exam neck spine 2-3 vw	\$ 34.32
72070	X-ray exam thorac spine 2vws	\$ 36.12
72072	X-ray exam thorac spine 3vws	\$ 39.61
72080	X-ray exam thoracolmb 2/> vw	\$ 37.10
72082	X-ray exam entire spi 2/3 vw	\$ 63.31
72100	X-ray exam l-s spine 2/3 vws	\$ 37.10
98940	Chiropract manj 1-2 regions	\$ 17.63
98941	Chiropract manj 3-4 regions	\$ 25.38
98942	Chiropractic manj 5 regions	\$ 33.14
99201	Office/outpatient visit new	\$ 36.14
99211	Office/outpatient visit est	\$ 17.97