

**South Dakota Medicaid
Chiropractic Services Fee Schedule**
Effective July 1, 2021

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	\$ 23.98
72040	X-ray exam neck spine 2-3 vw	\$ 35.14
72070	X-ray exam thorac spine 2vws	\$ 36.99
72072	X-ray exam thorac spine 3vws	\$ 40.56
72080	X-ray exam thoracolmb 2/> vw	\$ 37.99
72082	X-ray exam entire spi 2/3 vw	\$ 64.83
72100	X-ray exam l-s spine 2/3 vws	\$ 37.99
98940	Chiropract manj 1-2 regions	\$ 18.05
98941	Chiropract manj 3-4 regions	\$ 25.99
98942	Chiropractic manj 5 regions	\$ 33.94
99202	Office/outpatient visit new, 15-29 minutes	\$ 57.17
99203	Office/outpatient visit new, 30-44 minutes	\$ 57.17
99204	Office/outpatient visit new, 45-59 minutes	\$ 57.17
99205	Office/outpatient visit new, 60-74 minutes	\$ 57.17
99211	Office/outpatient visit est, minimal presenting problem	\$ 18.40
99212	Office/outpatient visit est, 10-19 minutes	\$ 18.40
99213	Office/outpatient visit est, 20-29 minutes	\$ 18.40
99214	Office/outpatient visit est, 30-39 minutes	\$ 18.40
99215	Office/outpatient visit est, 40-54 minutes	\$ 18.40