



South Dakota Medicaid Chiropractor Coverage

June 9, 2022



Agenda

1. Recipient Eligibility & Eligibility Inquiry Tool
2. Covered Services & Limitations & Service Limit Tool
3. Diagnosis Look-Up Tool
4. Online Portal Claim Submission
5. Medicaid Resources

Chiropractic Services: Eligible Recipients

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Qualified Medicare Beneficiary – Coverage Limited (73)	Coverage restricted to co-payments and deductibles on Medicare A and B covered services.
Medicaid – Pregnancy Related Coverage Only (77)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby.
Unborn Children Prenatal Care Program (79)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby.

Medicaid Portal Eligibility Look Up Tool



You are logged in as State User

[User Guide](#) | [FAQ](#)

Valerie ▾

Recipient Info

Reports

Call Log

Communications

Claims

Eligibility Inquiry

Searches are limited to 1 month at a time when Health Benefit Plan Coverage is selected. All other searches are limited up to 6 months at a time. Search spans can be up to 3 years in the past. If no date is selected, results will be displayed for the current date through the end of the current month.

Note: Up to 5 recipients can be searched at a time.

Cost Share Type

Select ▾

Dates of Service

From



To



Search Option # 1 :

Recipient ID

+ Add

Search Option # 2 :

Recipient First Name

Recipient Last Name

3 out of 4 are required for a search.

Last 4 of SSN

Date of Birth



+ Add

Reset

Medicaid Portal Eligibility Look Up Tool

Insured Information

Recipient ID: [REDACTED] Recipient Name: [REDACTED]
Gender: F [REDACTED]
Date of Birth: [REDACTED] CROOKS, SD, 570209650
Case Number: [REDACTED]

Eligibility Dates are valid for current query.

31-Active Coverage: Medicaid - Full Coverage

Eligibility : 6/1/2022 - 6/6/2022

Primary Care Provider/Health Home Provider

Health Home Location Health Home Provider Eligibility : 6/1/2022 - 6/6/2022

AVERA MCKENNAN BANNWARTH, JONATHON Primary Care Co-pay: \$0.00
6215 S CLIFF AVE
SIOUX FALLS, SD 57108-8596
(605) 322-1010

* Cost share amounts exceeding \$0.00 apply to non-PCP/HH provider visits only.

Cost Share

Dates	Service Type	Amount
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6/1/2022 - 6/6/2022	Chiropractic	\$1.00 per procedure
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* Non-covered charges are patient's responsibility.

Covered Services and Limitations

Annual Limit

- South Dakota Medicaid covers a maximum of 30 manual manipulations of the spine in a plan year, which starts July 1 and ends June 30.
- This limitation applies to any combination of CPT codes 98940, 98941, and 98942.

Can the annual limit be exceeded?

It can be exceeded for individuals under 21 with a prior authorization by South Dakota Medicaid. Please refer to the Prior Authorization manual for instructions on submitting an EPSDT prior authorization request. The limit cannot be exceeded for individuals 21 and over.

How can I see if a recipient has met the annual limit?

South Dakota Medicaid recommends using the Online Portal to view the most current service limit status. The service limit status is not real-time. The only units which will appear are those that have been billed and paid as of the timeframe requested.

Portal Service Limits Tool

- Recipient Info
- Reports
- Call Log
- Communications
- Claims

Service Limit Inquiry

This is not a guarantee of coverage or eligibility. Please reference the "Eligibility" tab for coverage details. Paid claims data is good as of 06/02/2022 and does not account for claims pending or denied.

Recipient ID

Service Type

Dates of Service In

Service Type	Consideration	Limitation (per State Plan Year unless noted)
Chiropractic	Manual manipulations only	30 treatments
Diabetes Education	Self-management training and follow-up	10 hours initial education during 1st year of diagnosis 2 hours of follow-up education following years
Dietician and Nutritionist	Medical nutrition therapy	5 hours
Independent Mental Health Practitioners (IMHP)	Psychiatric therapeutic sessions	40 total hours
Incontinence Supply	Level of Care based service limit	Recipient level of care E or F = \$3,500.00 All other levels of care or no level of care = \$2,500.00
Urgent Care	Limit is dependent on recipient's PCP/HH enrollment	4 visits
Vision	Frame, Lens, or Contacts	1 set of glasses (frame, 2 lens) or contacts every 15 months
Maternal Depression Screening	Must be billed under the child's Medicaid number	4 per year until the child's first birthday
Topical Fluoride Varnish	Application of topical Fluoride	3 per fiscal year until age 21
Preventative/Wellness Visit	N/A	1 every 10 months

- Search
- Reset
- Print

Inquiry Date	Recipient ID	First Name	Last Name	Service Type	Units Paid	Date
6/7/2022 1:28:32 PM				Chiropractic	0	N/A

Covered Services and Limitations

Evaluations and Management Services

- South Dakota Medicaid only covers EM CPT codes 99202 and 99211 for chiropractors. Chiropractors may bill other new or established patient EM codes (99203 - 99205 or 99212 - 99215) if the code reflects the service provided. These codes will be reimbursed at the rate for 99202 or 99211 based on whether a new or established patient code is billed. The following conditions must be met for EM codes to be covered:
 - A provider may only bill Medicaid an EM visit if it is the provider's customary practice to charge all patients for these services.
 - An EM visit is not reimbursable on the same date of service as a manipulation unless the services are distinctly different.
 - Only one EM visit is reimbursable in any 12-month period unless an additional EM codes is being billed for a separate and distinct injury. The provider must maintain documentation that supports medical necessity. Documentation may be requested by South Dakota Medicaid.
 - An annual claim for an EM visit must show continued medical necessity and progress towards improvement of the condition. Documentation may be requested.

Covered Services and Limitations

X-rays

- Providers may not bill multiple units of CPT code 72020, x-ray exam of spine one view, if a multiple-view procedure code is applicable.

Pregnancy Related Services and Limits

- Chiropractic services are covered for women in Aid Category 77 or 79 if medically necessary due to the pregnancy causing a subluxation of the spine.
- The following secondary diagnosis codes may be used for pregnant women:
 - Z34.82 Encounter for supervision of normal pregnancy, Second Trimester
 - Z34.83 Encounter for supervision of normal pregnancy, Third Trimester

Covered Services and Limitations

- Diagnosis Codes
 - Chiropractic providers must bill a diagnosis that includes subluxation as the primary diagnosis code.
 - Symptoms that directly relate to the diagnosis (subluxation) may be listed as secondary diagnoses. All secondary codes must be open to Chiropractors.
 - Secondary ICD-10 codes added in April:
 - G43001
 - G43101
 - G43701
 - G43709
 - G441
 - South Dakota Medicaid encourages providers to use the [Diagnosis look-up tool](#) to determine allowable ICD-10 codes.

Diagnosis Look Up Tool

The Diagnosis Look-up Tool can be used by providers to identify the circumstances when a diagnosis code is payable by South Dakota Medicaid. Providers should review all fields to determine if a code is payable. The status indicated on the tool is not a guarantee of payment. Claims may deny for other reasons such as system edits or failure to meet South Dakota Medicaid coverage criteria. A description of the fields is provided below.

Diagnosis Code: This is the ICD-10 diagnosis code.



Diagnosis Description: This is a description of the diagnosis code.

Billing Status

- **Primary:** This code may be listed first on a claim. Multiple primary codes may be listed.
- **Secondary:** This code may not be listed first on the claim and must be billed in conjunction with a primary code. Multiple secondary codes may be listed.

Chiropractor

- **Yes - Primary:** This code is payable for chiropractors when used as the primary diagnosis.
- **Yes - Secondary:** This code is payable for chiropractors when used as the secondary diagnosis.
- **No:** This code is not payable for chiropractors.

Diagnosis Code		Mental Health		SUD		Chiropractic		Reset Filters		
All		All		All		Multiple selections		  		
Diagnosis Code	Diagnosis Description	Billing Status	Requires Review	Minimum Age	Maximum Age	Mental Health	SUD	Chiropractic	Start Date	End Date
M9908	Segmental And Somatic Dysfunction Of Rib Cage	Primary		0	999	No	No	Yes-Secondary	10/01/2015	
M9910	Subluxation Complex (Vertebral) Of Head Region	Primary		0	999	No	No	Yes-Primary	10/01/2015	
M9911	Subluxation Complex (Vertebral) Of Cervical Region	Primary		0	999	No	No	Yes-Primary	10/01/2015	
M9912	Subluxation Complex (Vertebral) Of Thoracic Region	Primary		0	999	No	No	Yes-Primary	10/01/2015	
M9913	Subluxation Complex (Vertebral) Of Lumbar Region	Primary		0	999	No	No	Yes-Primary	10/01/2015	
M9914	Subluxation Complex (Vertebral) Of Sacral Region	Primary		0	999	No	No	Yes-Primary	10/01/2015	
M9915	Subluxation Complex (Vertebral) Of Pelvic Region	Primary		0	999	No	No	Yes-Primary	10/01/2015	
M9916	Subluxation Complex (Vertebral) Of Lower	Primary		0	999	No	No	Yes-Primary	10/01/2015	

Medical Portal Claims Submission



Submit New CMS - 1500

The numbering system of this submission form relates to the CMS-1500 claim form. Please refer to the billing manual found at dss.sd.gov/medicaid/providers for additional information about billing requirements.

* Denotes required field. A record can only be saved if all required fields have been completed.

1. SELECT CLAIM TYPE *	<input type="text" value="Select Type"/>	33. BILLING PROVIDER ZIP CODE *	<input type="text"/>
1a. INSURED'S I.D. NUMBER *	<input type="text" value="Select Type"/> Verify	33a. BILLING PROVIDER NPI *	<input type="text"/>
2. PATIENT'S NAME	<input type="text" value="Medicaid"/>	33b. BILLING PROVIDER TAXONOMY *	<input type="text"/>
3. PATIENT'S BIRTH DATE	<input type="text" value="Medicare Xover"/>	PATIENT'S SEX	<input type="text"/>
5. PATIENT'S ADDRESS			

9. OTHER INSURED'S NAME	<input type="text"/>	10. IS PATIENT'S CONDITION RELATED TO:	
9a. OTHER INSURED'S POLICY OR GROUP NUMBER	<input type="text"/>	a. EMPLOYMENT?	<input type="radio"/> YES <input checked="" type="radio"/> NO
9d. OTHER INSURED PLAN NAME OR PROGRAM NAME	<input type="text"/>	b. AUTO ACCIDENT?	<input type="radio"/> YES <input checked="" type="radio"/> NO
11d. IS THERE ANOTHER HEALTH BENEFIT PLAN? *	<input type="radio"/> YES <input checked="" type="radio"/> NO	c. OTHER ACCIDENT?	<input type="radio"/> YES <input checked="" type="radio"/> NO

Top Ten Denial Reasons

Denial Code	Denial Code Description	# of claims denied
069	DIAGNOSIS/PROCEDURE RESTRICTION	1,657
027	DENIED FOR INVALID PROVIDER/NPI NOT ON FILE	1,404
091	RECIPIENT HAS PRIVATE HEALTH INSURANCE	1,053
774	CLAIM EXCEEDS 6 MONTH LIMIT	887
900	EXACT DUPLICATE OF PEND/PD CLM - DO NOT RESUBMIT	605
035	RECIPIENT ELIGIBLE FOR MEDICARE BENEFITS	569
047	PROCEDURE NOT COVERED BY MEDICAID	549
013	SERVICING PROVIDER NOT ELIGIBLE ON DATE OF SERVICE	298
961	INCORRECT SUBMISSION; MEDICAID IN BLOCK 1 MUST BE MARKED	205
043	PROCEDURE PROVIDER RESTRICTION	199

Medicaid Resources

Fee Schedule

- https://dss.sd.gov/docs/medicaid/providers/feeschedules/Chiropractic_latest.pdf

Diagnosis Look Up Tool

- <https://dss.sd.gov/medicaid/providers/diagnostool.aspx>

Provider Manuals

- <https://dss.sd.gov/medicaid/providers/billingmanuals/>

Medicaid Online Portal

- The Medicaid Online Portal allows providers to verify eligibility and recipient cost shares, submit claims, view and download remittance advices, and look up service limits.
 - [https://dss.sd.gov/ocp/Account/Login?ReturnUrl=%2focp%](https://dss.sd.gov/ocp/Account/Login?ReturnUrl=%2focp%2f)

Portal CMS-1500 Claim Submission Guide

- https://dss.sd.gov/docs/medicaid/portal/Portal_CMS_1500_Submission_Guide.pdf

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