

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

June 21, 2006

CHIR 06-03

MEDICAID BULLETIN

TO: Chiropractic Providers

SUBJECT: Chiropractic Services Fee Schedule Update

We appreciate your continued efforts to utilize chiropractic services appropriately as explained in our October 10, 2005 Medicaid Bulletin. This bulletin is to provide notice of reimbursement changes based on a review of the fee schedule for chiropractic services. Effective with dates of service on or after July 1, 2006, the South Carolina Department of Health and Human Services (DHHS) will update the Medicaid fee schedule for covered chiropractic procedure codes to eighty percent of the 2005 Medicare fee schedule.

The complete list of covered chiropractic Current Procedural Terminology (CPT) codes and reimbursement rates are listed below:

CPT	DESCRIPTION	NEW REIMBURSEMENT
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions	\$20.02
98941	Chiropractic manipulative treatment (CMT); spinal, three to four regions	\$28.11
98942	Chiropractic manipulative treatment (CMT); spinal, five regions	\$36.42
72010	Radiologic examination; spine, entire, survey study; anteroposterior and lateral	\$46.46
72040	Radiologic examination; spine, cervical; two or three views	\$25.51
72070	Radiologic examination; spine, thoracic; two views	\$26.87
72080	Radiologic examination; spine, thoracolumbar; two views	\$27.42
72100	Radiologic examination; spine, lumbosacral; two or three views	\$27.42

If you have any questions regarding this bulletin, please contact your Program Manager at 803-898-2660. Thank you for your continued support and participation in the South Carolina Medicaid Program.

/s/

Robert M. Kerr
Director

RMK/bgw

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<http://www.scdhhs.gov/dhhsnew/QLEbulletins.asp>