


**Washington Apple Health (Medicaid)**

# Chiropractic Services Billing Guide

(For Clients Age 20 and Younger)

**July 1, 2019**

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and an agency rule arises, the agency rules apply.



## About this guide\*

This publication takes effect July 1, 2019, and supersedes earlier guides to this program.

HCA is committed to providing equal access to our services. If you need an accommodation or require documents in another format, please call 1-800-562-3022. People who have hearing or speech disabilities, please call 711 for relay services.

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

## What has changed?

Subject	Change	Reason for Change
<a href="#"><u>Integrated Managed Care Regions</u></a>	Effective July 1, 2019, a new integrated managed care region, called <b>North Sound</b> , will be implemented. North Sound region includes Island, San Juan, Skagit, Snohomish, and Whatcom counties.	New integrated managed care region
<a href="#"><u>Behavioral Health Organization (BHO)</u></a>	Removed the North Sound Region	Effective July 1, 2019, behavioral health services in the North Sound region will be provided under integrated managed care

## How can I get agency provider documents?

To access provider alerts, go to the agency's [provider alerts](#) webpage.

To access provider documents, go to the agency's [provider billing guides and fee schedules](#) webpage.

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\* This publication is a billing instruction.

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**Table of Contents**

**Important Contacts.....5**

**About the Program .....6**

    What Is the Purpose of the Chiropractic Services for Children Program? ..... 6

    Who Is Eligible to be Reimbursed for Chiropractic Services? ..... 6

    Fee Schedule ..... 6

**Client Eligibility .....7**

    Who is eligible for chiropractic services for children?..... 7

    How do I verify a client’s eligibility? ..... 7

    Are children enrolled in an agency-contracted managed care organization (MCO)  
    eligible for chiropractic services? ..... 9

        Managed care enrollment..... 9

        Behavioral Health Organization (BHO) ..... 10

        Integrated managed care ..... 11

        Integrated Apple Health Foster Care (AHFC) ..... 13

**Coverage Table.....14**

**Billing .....15**

    What Are the General Billing Requirements? ..... 15

    How do I bill claims electronically? ..... 15

# Important Contacts

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**Note:** This section contains important contact information relevant to chiropractic services for children.

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	See the agency's <a href="#">ProviderOne Resources</a> webpage.
Finding out about payments, denials, claims processing, or Agency managed care organizations	
Electronic billing	
Finding Agency documents (e.g., medicaid billing guides, # memos, provider notices, fee schedules)	
Private insurance or third-party liability, other than Agency managed care	

# About the Program

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## What is the purpose of the Chiropractic Services for Children Program?

The purpose of the Health Care Authority's (the agency's) Chiropractic Services for Children Program is to provide medically necessary chiropractic services to eligible clients **20 years of age and younger**.

## Who is eligible to be reimbursed for chiropractic services?

The agency pays only for chiropractic services that are all of the following:

- Provided by a chiropractor licensed in the state where services are provided and enrolled as an Agency provider.
- Within the scope of the chiropractor's license.
- Listed in this document (see [Coverage](#)).
- Medically necessary.

## Fee Schedule

For maximum allowable fees, view the agency's current [Chiropractic Services for Children Fee Schedule](#).

# Client Eligibility

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## Who is eligible for chiropractic services for children?

To be eligible, clients must be 20 years of age and younger and referred<sup>1</sup> by a screening provider under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

## How do I verify a client's eligibility?

Most Apple Health clients are enrolled in an agency-contracted managed care organization (MCO). This means that Apple Health pays a monthly premium to an MCO for providing preventative, primary, specialty, and other health services to Apple Health clients. Clients in managed care must see only providers who are in their MCO's provider network, unless prior authorized or to treat urgent or emergent care. See the agency's [Apple Health managed care page](#) for further details.

**It is important to always check a client's eligibility prior to providing any services because it affects who will pay for the services.**

Check the client's Services Card or follow the two-step process below to verify that a client has Apple Health coverage for the date of service and that the client's benefit package covers the applicable service. This helps prevent delivering a service the agency will not pay for.

Is the client enrolled in an agency-contracted managed care organization (MCO), in a behavioral health organization (BHO), or is the client receiving services through fee-for-service (FFS) Apple Health?

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<sup>1</sup> Include the referring provider's National Provider Identifier (NPI) on the electronic professional claim. Keep referral information in the client's file.

## Verifying eligibility is a two-step process:

**Step 1. Verify the patient's eligibility for Apple Health.** For detailed instructions on verifying a patient's eligibility for Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in the agency's [ProviderOne Billing and Resource Guide](#).

If the patient is eligible for Apple Health, proceed to **Step 2**. If the patient is **not** eligible, see the note box below.

**Step 2. Verify service coverage under the Apple Health client's benefit package.** To determine if the requested service is a covered benefit under the Apple Health client's benefit package, see the agency's [Program Benefit Packages and Scope of Services](#) web page.

**Note:** Patients who are not Apple Health clients may submit an application for health care coverage in one of the following ways:

1. By visiting the Washington Healthplanfinder's website at: [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)
2. By calling the Customer Support Center toll-free at: 855-WAFINDER (855-923-4633) or 855-627-9604 (TTY)
3. By mailing the application to:  
Washington Healthplanfinder  
PO Box 946  
Olympia, WA 98507

In-person application assistance is also available. To get information about in-person application assistance available in their area, people may visit [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) or call the Customer Support Center.



## **Are children enrolled in an agency-contracted managed care organization (MCO) eligible for chiropractic services?**

**Yes.** All chiropractic services for clients enrolled in an agency-contracted managed care plan (MCO), must be requested and provided directly through the client's Primary Care Provider (PCP). Clients can contact their managed care plan by calling the telephone number provided to them.

All medical services covered under a managed care plan must be obtained by the client through designated facilities or providers. The managed care plan is responsible for both of the following:

- Payment of covered services.
- Payment of services referred by a provider participating with the plan to an outside provider.

### **Managed care enrollment**

Apple Health (Medicaid) places clients into an agency-contracted MCO the same month they are determined eligible for managed care as a new or renewing client. This eliminates a person being placed temporarily in FFS while they are waiting to be enrolled in an MCO or reconnected with a prior MCO. This enrollment policy also applies to clients in FFS who have a change in the program they are eligible for.

New clients are those initially applying for benefits or those with changes in their existing eligibility program that consequently make them eligible for Apple Health managed care. Renewing clients are those who have been enrolled with an MCO but have had a break in enrollment and have subsequently renewed their eligibility.

### **Checking eligibility**

- Providers must check eligibility and know when a client is enrolled and with which MCO. For help with enrolling, clients can refer to the Washington Healthplanfinder's [Get Help Enrolling](#) page.
- MCOs have retroactive authorization and notification policies in place. The provider must know the MCO's requirements and be compliant with the MCO's policies.

## Behavioral Health Organization (BHO)

The Health Care Authority manages the contracts for behavioral health services (mental health and substance use disorder) for the following three Regional Service Areas (RSAs):

- **Great Rivers:** Includes Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum counties
- **Salish:** Includes Clallam, Jefferson, and Kitsap counties
- **Thurston-Mason:** Includes Thurston and Mason counties

To view a map and table of the integrated managed care plans available within each region, please see [Changes coming to Washington Apple Health](#). You may also refer to the agency's [Apple Health managed care webpage](#).

See the agency's [Mental Health Services Billing Guide](#) for details.

## Apple Health – Changes for July 1, 2019

**Effective July 1, 2019**, HCA is continuing to shift to whole-person care to allow better coordination of care for both body (physical health) and mind (mental health and drug or alcohol treatment, together known as “behavioral health”). This delivery model is called Integrated Managed Care (formerly Fully Integrated Managed Care, or FIMC, which still displays in ProviderOne and Siebel).

Agency-contracted managed care organizations (MCOs) in certain Region Service Areas (RSAs) will expand their coverage of behavioral health services (mental health and substance use disorder treatment), along with continuing to cover physical health services. The RSAs are outlined in the [Integrated Managed Care Regions](#) section.

Apple Health clients who are not enrolled in an agency-contracted MCO for their physical health services (e.g., dual-eligible Medicare-Medicaid clients) will still receive their behavioral health services through one of the agency-contracted MCOs. The MCO will provide only behavioral health services for the client.

Most clients will remain with the same health plan, except in regions where client's plan will no longer be available. HCA will auto-enroll these clients to one of the offered plans.

Clients can change their plan at any time by:

- Visiting the [ProviderOne Client Portal](#).
- Calling Apple Health Customer Service toll-free at 1-800-562-3022. This automated system is available 24 hours a day, 7 days a week.

- Requesting a change online through our secure [Contact us – Apple Health \(Medicaid\) client web form](#). Select the topic “Enroll/Change Health Plans.”

Visiting the [Washington Healthplanfinder](#) (only for clients with a Washington Healthplanfinder account).

### Integrated managed care

For clients who live in an integrated managed care region, all physical health services, mental health services, and drug and alcohol treatment are covered and coordinated by the client’s agency-contracted MCO. The BHO will not provide behavioral health services in these regions.

Clients living in an integrated managed care region will enroll with an MCO of their choice that is available in that region. If the client does not choose an MCO, the client will be automatically enrolled into one of the available MCOs, unless the client is American Indian/Alaska Native (AI/AN). Clients currently enrolled in one of the available MCOs in their region may keep their enrollment when the behavioral health services are added.

**American Indian/Alaska Native (AI/AN)** clients living in an integrated managed care region of Washington may choose to enroll in one of the agency-contracted MCOs available in that region or they may choose to receive all these services through Apple Health FFS. If they do not choose an MCO, they will be automatically enrolled into Apple Health FFS for all their health care services, including comprehensive behavioral health services. See the agency’s [American Indian/Alaska Native webpage](#).

For more information about the services available under the FFS program, see the agency’s [Mental Health Services Billing Guide](#) and the [Substance Use Disorder Billing Guide](#).

For full details on integrated managed care, see the agency’s [Changes to Apple Health managed care webpage](#).

## Integrated managed care regions

Clients who reside in the following integrated managed care regions and who are eligible for managed care enrollment must choose an available MCO in their region. Details, including information about mental health crisis services, are located on the agency's [Apple Health managed care webpage](#).

<b>Region</b>	<b>Counties</b>	<b>Effective Date</b>
North Sound	Island, San Juan, Skagit, Snohomish, and Whatcom	July 1, 2019 (new)
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Yakima, and Whitman	January 1, 2019
King	King	January 1, 2019
Pierce	Pierce	January 1, 2019
Spokane	Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens	January 1, 2019
North Central	Grant, Chelan, Douglas, and Okanogan	January 1, 2018 January 1, 2019 (Okanogan)
Southwest	Clark, Skamania, and Klickitat	April 2016 January 1, 2019 (Klickitat)

## Integrated Apple Health Foster Care (AHFC)

Effective January 1, 2019, children and young adults in the Foster Care, Adoption Support and Alumni programs who are enrolled in Coordinated Care of Washington's (CCW) Apple Health Foster Care program will receive both medical and behavioral health services from CCW.

Clients under this program are:

- Under the age of 21 who are in foster care (out of home placement)
- Under the age of 21 who are receiving adoption support
- Age 18-21 years old in extended foster care
- Age 18 to 26 years old who aged out of foster care on or after their 18<sup>th</sup> birthday (alumni)

These clients are identified in ProviderOne as  
"Coordinated Care Healthy Options Foster Care."

## Fee-for-service Apple Health Foster Care

Children and young adults in the fee-for-service Apple Health Foster Care, Adoption Support and Alumni programs receive behavioral health services through the regional Behavioral Health Administrative Services Organization (BH-ASO). For details, see the agency's [Mental Health Services Billing Guide](#), under *How do providers identify the correct payer?*

# Coverage Table

Chiropractic services consist of the manipulation of the spine to facilitate the recuperative powers of the body and the relationship between the musculoskeletal structures and functions of the body to restore health. The agency covers only the following chiropractic services for children:

**Note:** Due to its licensing agreement with the American Medical Association (AMA), the agency publishes only the official, brief CPT® procedure code descriptions. To view the entire descriptions, please refer to your current CPT book

Procedure Code	Modifier	Brief Description	EPA/PA	Policy/ Comments
72020	26	X-ray exam of spine		X-rays of the spine limited to: <ul style="list-style-type: none"> <li>• A single view when the treatment area can be isolated.</li> <li>• The cervical, thoracic, and lumbo-sacral (anterior-posterior and lateral) areas of the spine when treatment cannot be isolated.</li> </ul>
72020	TC	X-ray exam of spine		
72020		X-ray exam of spine		
72040	26	X-ray exam of neck spine		
72040	TC	X-ray exam of neck spine		
72040		X-ray exam of neck spine		
72070	26	X-ray exam of thoracic spine		
72070	TC	X-ray exam of thoracic spine		
72070		X-ray exam of thoracic spine		
72100	26	X-ray exam of lower spine		
72100	TC	X-ray exam of lower spine		
72100		X-ray exam of lower spine		
98940		Chiropractic manipulation		Unlimited chiropractic manipulative treatments of the spine.
98941		Chiropractic manipulation		
98942		Chiropractic manipulation		

**Note:** The agency does not pay for any of the following items under the Chiropractic Services for Children program:

- Therapy modalities such as light, heat, hydro, and physical.
- Any food supplements, medications, or drugs.
- Any braces, cervical collars, or supplies.

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# Billing

All claims must be submitted electronically to the agency, except under limited circumstances. For more information about this policy change, see [Paperless Billing at HCA](#). For providers approved to bill paper claims, see the agency's [Paper Claim Billing Resource](#).

## What Are the General Billing Requirements?

Providers must follow the general billing requirements found in the agency's current [ProviderOne Billing and Resource Guide](#). These billing requirements include, but are not limited to, all of the following:

- What time limits exist for submitting and resubmitting claims and adjustments.
- When providers may bill a client.
- How to bill for services provided to primary care case management (PCCM) clients.
- How to bill for clients eligible for both Medicare and Medicaid.
- How to bill for clients with third-party liability.
- What standards to use for record keeping.

## How do I bill claims electronically?

Instructions on how to bill Direct Data Entry (DDE) claims can be found on the agency's [Billers and Providers](#) webpage, under [Webinars](#).

For information about billing Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) claims, see the ProviderOne 5010 companion guides on the [HIPAA Electronic Data Interchange \(EDI\)](#) webpage.

The following claim instructions relate to the Chiropractic Services for Children program:

Name	Entry
<b>Referring Provider Information</b>	Enter NPI of the EPSDT provider who <i>referred</i> the service.
<b>Place of Service</b>	Enter 11.