



Chiropractic Services for Children Provider Guide

January 1, 2013

Washington State
Health Care Authority

About this guide*

This publication takes effect January 1, 2013, and supersedes earlier guides to this program.

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.

Revision History

This publication has been revised by:

Reason for Change	Effective Date	Section/ Page No.	Subject	Change
Benefit changes Provider Notice 12-114	January 1, 2013	Client Eligibility Page 5	Client Eligibility	Benefit changes for clients 19 through 20 years of age covered under the Medical Care Services program are not eligible for chiropractic services effective January 1, 2013.

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How Can I Get Agency Provider Documents?

To download and print Agency Provider Notices and Medicaid Provider Guides, go to the agency's [Provider Publications](#) website

* This publication is a billing instruction.

Table of Contents

Table of Contents	2
Important Contacts.....	3
About the Program	4
What Is the Purpose of the Chiropractic Services for Children Program?	4
Who Is Eligible to be Reimbursed for Chiropractic Services?	4
Fee Schedule	4
Client Eligibility	5
How can I verify a patient’s eligibility?	5
Are Children Enrolled in an Agency Managed Care Organization Eligible for Chiropractic Services?	6
Coverage Table.....	7
Billing and Claim Forms	8
What Are the General Billing Requirements?	8
Completing the CMS-1500 Claim Form.....	8

Important Contacts

Note: This section contains important contact information relevant to chiropractic services for children. For more contact information, see the agency [Resources Available](#) web page.

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	Refer to the agency's Resources Available web page.
Finding out about payments, denials, claims processing, or Agency managed care organizations	
Electronic or paper billing	
Finding Agency documents (e.g., medicaid provider guides, # memos, provider notices, fee schedules)	
Private insurance or third-party liability, other than Agency managed care	
General definitions and Abbreviations	Please refer to the agency's Washington Apple Health Glossary .

About the Program

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

How can I verify a patient's eligibility?

To be eligible, clients must be 20 years of age and younger and referred¹ by a screening provider under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

Note: Clients 19 through 20 years of age covered under the Medical Care Services program are not eligible for chiropractic services.

Providers must verify that a patient has Washington 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.

Verifying eligibility is a two-step process:

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

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

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

Note: Patients who are not Washington 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
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

¹ Include the referring provider's National Provider Identifier (NPI) in field 17a on the CMS-1500 claim form. If no NPI is available, enter the name in field 17. Keep referral information in the client's file.

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 or call the Customer Support Center.

Are Children Enrolled in an Agency Managed Care Organization Eligible for Chiropractic Services?

YES! When verifying eligibility using ProviderOne, if the client is enrolled in an Agency managed care plan, managed care enrollment will be displayed on the Client Benefit Inquiry screen. All chiropractic services 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.

Note: To prevent billing denials, please check the client's eligibility **prior** to scheduling services and at the **time of the service** and make sure proper authorization or referral is obtained from the plan. See the agency's current [ProviderOne Billing and Resource Guide](#) for instructions on how to verify a client's eligibility.

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"> • A single view when the treatment area can be isolated. • The cervical, thoracic, and lumbo-sacral (anterior-posterior and lateral) areas of the spine when treatment cannot be isolated.
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 and Claim Forms

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.

Completing the CMS-1500 Claim Form

Note: Refer to the agency's current [ProviderOne Billing and Resource Guide](#) for general instructions on completing the CMS-1500 Claim Form.

The following CMS-1500 Claim Form instructions relate to the Chiropractic Services for Children program:

Field No.	Name	Entry
17.	Name of Referring Physician or Other Source	Enter the EPSDT referring physician. This field <i>must</i> be completed.
17a.	I.D. Number of Referring Physician	Enter NPI of the EPSDT provider who <i>referred</i> the service.
24B.	Place of Service	Enter 11.