Washington State Health Care Authority

Medicaid Provider Guide

Chiropractic Services for Children

Washington State Health Care Authority

A Billing Instruction

About This Publication

This publication, by the Health Care Authority (Agency), supersedes all previous *Chiropractic Services for Children Billing Instructions* published by the Washington State Healthcare Authority.

> **Note:** The Agency now reissues the entire billing manual when making updates, rather than just a page or section. The effective date and revision history are now at the front of the manual. This makes it easier to find the effective date and version history of the manual.

Effective Date

The effective date of this publication is: **07-01-11**.

Revision History

This publication has been revised by:

Document	Subject	Issue Date	Pages Affected

Copyright Disclosure

How Can I Get Agency Provider Documents?

To download and print Agency provider numbered memos and billing instructions, go to the Agency's website at http://hrsa.dshs.wa.gov (click the ***Billing Instructions and Numbered Memorandum*** link).

Table of Contents

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 at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	See the Agency *Resources Available* web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html
Finding out about payments, denials, claims processing, or Agency managed care organizations	
Electronic or paper billing	
Finding Agency documents (e.g., billing instructions, # memos, fee schedules)	
Private insurance or third-party liability, other than Agency managed care	

Definitions & Abbreviations

This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the Agency *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov for a more complete list of definitions.

Benefit Service Package - A grouping of benefits or services applicable to a client or group of clients.

Chiropractic Care – 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.

Early and Periodic Screening, Diagnosis, And Treatment (EPSDT) – Also known as the "healthy kids" program, a program providing early and periodic screening, diagnosis and treatment to persons under 21 years of age who are eligible for Medicaid or the children's health program.

Facility setting maximum allowable fees – Fees paid when the provider performs the services in a facility setting and the cost of the resources are the responsibility of the facility (i.e. outpatient hospital).

Maximum Allowable - The maximum dollar amount a provider may be reimbursed by the Agency for specific services, supplies, or equipment.

Medical Identification (ID) card – See *Services Card*.

Medically Necessary – See WAC 182-500-0005.

National Provider Identifier (NPI) – A federal system for uniquely identifying all providers of health care services, supplies, and equipment.

Nonfacility Setting Maximum Allowable Fee – Fee paid for services when the provider performing the service typically bears the cost of resources, such as labor, medical supplies, and medical equipment associated with the service performed (i.e. office or clinic).

ProviderOne – Health Care Authority (Agency) primary provider payment processing system.

ProviderOne Client ID- A system-assigned number that uniquely identifies a single client within the ProviderOne system; the number consists of nine numeric characters followed by WA.
For example: 123456789WA.

Services Card – A plastic "swipe" card that the Agency issues to each client on a "one-time basis." Providers have the option to acquire and use swipe card technology as one method to access up-to-date client eligibility information.

- The Services Card replaces the paper Medical Assistance ID Card that was mailed to clients on a monthly basis.
- The Services Card will be issued when ProviderOne becomes operational.
- The Services Card displays only the client's name and ProviderOne Client ID number.
- The Services Card does not display the eligibility type, coverage dates, or managed care plans.
- The Services Card does not guarantee eligibility. Providers are responsible to verify client identification and complete an eligibility inquiry.

Title XXI - The portion of the federal Social Security Act that authorizes grants to states for the Children's Health Insurance Program (CHIP).

Transaction Control Number (TCN) - A unique field value that identifies a claim transaction assigned by ProviderOne.

Usual & Customary Fee – The rate that may be billed to the Agency for a certain service or equipment. This rate *may not exceed*:

- The usual and customary charge that you bill the general public for the same services; or
- If the general public is not served, the rate normally offered to other contractors for the same services.

About the Program

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

The purpose of the Health Care Authority's (Agency's) Chiropractic Services for Children Program is to provide medically necessary chiropractic services to eligible clients **under 21 years of age.**

Who Is Eligible to be Reimbursed for Chiropractic Services?

The Agency will pay only for chiropractic services that are:

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

Fee Schedule

View the Agency Chiropractic Services for Children Fee Schedule at:
http://hrsa.dshs.wa.gov/RBRVS/index.html

Client Eligibility

Who Is Eligible?

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

Please see the Agency *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

> **Note:** Refer to the *Scope of Coverage Chart* web page at: http://hrsa.dshs.wa.gov/Download/ScopeofHealthcareSvcsTable.html for an up-to-date listing of Benefit Service Packages.
>
> **Note:** 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.

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:

- Payment of covered services; and
- 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 *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

Coverage Table

The Agency covers only the following chiropractic services for children:

Procedure Code	Modifier	Brief Description	EPA/PA	Policy/ Comments
72020	26	X-ray exam of spine		X-rays of the spine limited to: • A single view when the treatment area can be isolated; and • 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 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; and
- Any braces, cervical collars, or supplies.

Billing and Claim Forms

What Are the General Billing Requirements?

Providers must follow the Agency *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html. These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Agency for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients;
- Billing for clients eligible for both Medicare and Medicaid;
- Third-party liability; and
- Record keeping requirements.

Completing the CMS-1500 Claim Form

Note: Refer to the Agency *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html 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 *must* be completed.
17a.	**I.D. Number of Referring Physician**	Enter NPI of the EPSDT provider who *referred* the service.
24B.	**Place of Service**	Enter 11.