

Washington Apple Health (Medicaid)

Chiropractic Services Billing Guide

(For Clients Age 20 and Younger)

January 1, 2026

Disclaimer

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict arises between this document and a governing statute or Health Care Authority (HCA) rule, the governing statute or HCA rule applies.

Billing guides are updated on a regular basis. Due to the nature of content change on the internet, we do not fix broken links in past guides. If you find a broken link, please check the most recent version of the guide. If the broken link is in the most recent guide, please notify us at askmedicaid@hca.wa.gov.

About this guide*

This publication takes effect **January 1, 2026**, and supersedes earlier billing guides to this program. Unless otherwise specified, the program in this guide is governed by the rules found in [WAC 182-556-0200](#).

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 HCA.

Refer also to HCA's [ProviderOne billing and resource guide](#) for valuable information to help you conduct business with HCA.

How can I get HCA Apple Health provider documents?

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

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

Health care privacy toolkit

The [Washington Health Care Privacy Toolkit](#) is a resource for providers required to comply with health care privacy laws.

* This publication is a billing instruction.

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Where can I download HCA forms?

To download an HCA form, see HCA's [Forms & Publications](#) webpage. Type only the form number into the Search box (Example: 13-835).

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What has changed?

The table below briefly outlines how this publication differs from the previous one. This table is organized by subject matter. Each item in the *Subject* column is a hyperlink that, when clicked, will take you to the specific change summarized in that row of the table.

Subject	Change	Reason for Change
Early periodic screening, diagnosis, and testing (EPSDT)	Added information regarding the services available through the EPSDT benefit	To provide information about EPSDT services and accessibility

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Resources Available

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

About the Program

What is the purpose of the chiropractic services program?

The purpose of the Health Care Authority's (HCA'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?

HCA pays for chiropractic services when:

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

Fee Schedule

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

Client Eligibility

Who is eligible for chiropractic services?

To be eligible for chiropractic services, 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.

How do I verify a client's eligibility?

Most Apple Health clients are enrolled in an HCA-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 HCA'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 HCA will not pay for.

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 HCA'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 HCA's [Program Benefit Packages and Scope of Services](#) webpage.

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

- **Online:** Go to [Washington Healthplanfinder](#) - select the "Let's get started" button. For patients age 65 and older or on Medicare, go to [Washington Connections](#) select the "Apply Now" button.
- **Mobile app:** Download the [WAPlanfinder app](#) – select "sign in" or "create an account."
- **Phone:** Call the Washington Healthplanfinder Customer Support Center at 1-855-923-4633 or 1-855-627-9604 (TTY).
- **Paper:** By completing an *Application for Health Care Coverage (HCA 18-001P)* form.

To download an HCA form, see HCA's Free or Low Cost Health Care, [Forms & Publications](#) webpage. Type only the form number into the Search box (Example: **18-001P**). For patients age 65 and older or on Medicare, complete the *Washington Apple Health Application for Aged, Blind, Disabled/Long-Term Services and Support (HCA 18-005)* form.

Are clients enrolled in an HCA-contracted managed care organization (MCO) eligible?

Yes. Most Apple Health clients are enrolled in one of HCA's contracted managed care organizations (MCOs). For these clients, managed care enrollment will be displayed on the client benefit inquiry screen in ProviderOne.

All medical services covered under an HCA-contracted MCO must be obtained by the client through the MCO's contracted network. The MCO is responsible for:

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

Note: A client's enrollment can change monthly. Providers who are not contracted with the MCO must receive approval from **both** the MCO and the client's primary care provider (PCP) prior to serving a managed care client.

Send claims to the client's MCO for payment. Call the client's MCO to discuss payment prior to providing the service. Providers may bill clients only in very limited situations as described in [WAC 182-502-0160](#).

Managed care enrollment

Most Apple Health clients are enrolled in an HCA-contracted MCO the same month they are determined eligible for managed care as a new or renewing client. Some clients may still start their first month of eligibility in the FFS program because their qualification for MC enrollment is not established until the month following their Apple Health eligibility determination. **Exception:** Apple Health Expansion clients are enrolled in MC and will not start their first month of eligibility in the FFS program. For more information, visit [Apple Health Expansion](#). Providers must check eligibility to determine enrollment for the month of service.

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 HCA's [Apply for or renew coverage webpage](#).

Clients' options to change plans

Clients have a variety of options to change their plan:

- **Available to clients with a Washington Healthplanfinder account:**
 - Go to [Washington HealthPlanFinder website](#).
- **Available to all Apple Health clients:**
 - Visit the [ProviderOne Client Portal website](#).
 - Request a change online at [ProviderOne Contact Us](#) (this will generate an email to Apple Health Customer Service). Select the topic "Enroll/Change Health Plans."
 - Call Apple Health Customer Service at 1-800-562-3022. The automated system is available 24/7.

For online information, direct clients to HCA's [Apple Health Managed Care](#) webpage.

Clients who are not enrolled in an HCA-contracted managed care plan for physical health services

Some Apple Health clients do not meet the qualifications for managed care enrollment. These clients are eligible for physical health services under the fee-for-service program.

In this situation, each Integrated Managed Care (IMC) plan will have a Behavioral Health Services Only (BHSO) benefit available for Apple Health clients who are not in integrated managed care. The BHSO covers only behavioral health treatment for those clients. Eligible clients who are not enrolled in an integrated HCA-contracted managed care plan are automatically enrolled in a BHSO except

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for American Indian/Alaska Native clients. If the client receives Medicaid-covered services before being automatically enrolled in a BHSO, the fee-for-service program will reimburse providers for the covered services. Examples of populations that may be exempt from enrolling into an integrated managed care plan are Medicare dual-eligible, American Indian/Alaska Native, Adoption Support, and Foster Care Alumni.

Integrated managed care

Clients qualified for enrollment in an integrated managed care plan receive all physical health services, mental health services, and substance use disorder treatment through their HCA-contracted managed care organization (MCO).

Integrated Apple Health Foster Care (AHFC)

Children and young adults in the Foster Care, Adoption Support and Alumni programs who are enrolled in Coordinated Care's (CCW) Apple Health Core Connections Foster Care program receive both medical and behavioral health services from CCW.

Clients under this program are:

- Age 17 and younger who are in foster care (out of home placement)
- Age 20 and younger 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 18th birthday (alumni)

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

The Apple Health Customer Services team can answer general questions about this program. For specific questions about Adoption Support, Foster Care or Alumni clients, contact HCA's Foster Care and Adoption Support (FCAS) team at 1-800-562-3022, Ext. 15480.

Apple Health Expansion

Individuals age 19 and older who do not meet the citizenship or immigration requirements to receive benefits under federally funded programs and who receive all physical health services, mental health services, and substance use disorder treatment through their HCA-contract health plan. For more information, visit [Apple Health Expansion](#).

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 Services Organization (BHSO). For details,

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see HCA's [Mental Health Services Billing Guide](#), under *How do providers identify the correct payer?*

American Indian/Alaska Native (AI/AN) Clients

American Indian/Alaska Native (AI/AN) clients have two options for Apple Health coverage:

- Apple Health Managed Care
- Apple Health coverage without a managed care plan (also referred to as fee-for-service [FFS])

If an AI/AN client does not choose a managed care plan, they will be automatically enrolled into Apple Health FFS for all their health care services, including comprehensive behavioral health services. See the Health Care Authority's (HCA) [American Indian/Alaska Native webpage](#).

Early periodic screening, diagnosis, and testing (EPSDT)

Early periodic screening, diagnosis, and treatment (EPSDT) includes all services that are medically necessary to address health conditions for clients age 20 and younger. Providers may reference program-specific billing guides for services and equipment not covered by this billing guide; see also the rules for the EPSDT program described in [Chapter 182-534 WAC](#). Published limits for services covered under EPSDT, if any, may be exceeded based on agency review of medical necessity described in [WAC 182-501-0165](#).

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 Health Care Authority covers the following chiropractic services for children only:

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

Procedure Code	Modifier	Short 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		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.

Procedure Code	Modifier	Short Description	EPA/PA	Policy/Comments
72020		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.
72040	26	X-ray exam of neck 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.
72040	TC	X-ray exam of neck 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.

Procedure Code	Modifier	Short Description	EPA/PA	Policy/Comments
72040		X-ray exam of neck 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.
72070	26	X-ray exam of thoracic 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.
72070	TC	X-ray exam of thoracic 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.

Procedure Code	Modifier	Short Description	EPA/PA	Policy/Comments
72070		X-ray exam of thoracic 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.
72100	26	X-ray exam of lower 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.
72100	TC	X-ray exam of lower 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.

Procedure Code	Modifier	Short Description	EPA/PA	Policy/Comments
72100		X-ray exam of lower 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.
98940		Chiropractic manipulation		Unlimited chiropractic manipulative treatments of the spine
98941		Chiropractic manipulation		Unlimited chiropractic manipulative treatments of the spine
98942		Chiropractic manipulation		Unlimited chiropractic manipulative treatments of the spine

Note: The Health Care Authority 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.

Billing

All claims must be submitted electronically to the Health Care Authority, 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 Health Care Authority's [Paper Claim Billing Resource](#).

What Are the General Billing Requirements?

Providers must follow the general billing requirements found in the Health Care Authority'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 recordkeeping.

How do I bill claims electronically?

Instructions on how to bill Direct Data Entry (DDE) claims can be found on the Health Care Authority's [Billers, providers and partners webpage](#), under [Learn how to use ProviderOne](#), select [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
Referring Provider Information	Enter NPI of the EPSDT provider who referred the service
Place of Service	Enter 11

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