

Washington Apple Health (Medicaid)

Chiropractic Services Billing Guide

(For Clients Age 20 and Younger)

July 1, 2022

Disclaimer

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and a Health Care Authority rule arises, the 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 this is the most recent guide, please notify us at askmedicaid@hca.wa.gov.

About this guide*

This publication takes effect **July 1, 2022**, 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](#).

The Health Care Authority (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.

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

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](#).

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).

* This publication is a billing instruction.

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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
Client eligibility – Clients who are not enrolled in an HCA-contracted managed care plan for physical health services	Clarified who pays if a client received Medicaid-covered services before being automatically enrolled in a BHSO	Program enrollment clarification
Client eligibility – Integrated managed care	Revised paragraph to reflect enrollment in an <u>integrated</u> managed care plan	Clarification
Client eligibility – American Indian/Alaska Native (AI/AN) Clients	Created new subsection and moved this information out of the <i>Integrated managed care</i> section	Create a stand-alone section for just AI/AN clients

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Important Contacts

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 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 for Children 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 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 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 for children?

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.

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.

[†] Include the referring provider's National Provider Identifier (NPI) on the electronic professional claim. Keep referral information in the client's file.

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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](#).
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 the [Washington Healthplanfinder's website](#) or call the Customer Support Center.

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

Yes. Most Medicaid-eligible 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 designated facilities or providers. 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

Apple Health (Medicaid) places clients into an HCA-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. However, 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 Medicaid eligibility determination.

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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.

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.

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](#):
 - Call Apple Health Customer Service at 1-800-562-3022. The automated system is available 24/7.
 - 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."

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 Medicaid clients do not meet the qualifications for managed care enrollment. These clients are eligible for services under the FFS Medicaid program. In this situation, each Integrated Managed Care (IMC) plan will have Behavioral Health Services Only (BHSO) plans available for Apple Health clients who are not in managed care. The BHSO covers only behavioral health treatment for those clients. Eligible clients who are not enrolled in an HCA-contracted managed care plan are automatically enrolled in a BHSO except for American Indian/Alaska Native clients. If the client receives Medicaid-covered services before being automatically enrolled in a BHSO, the FFS Medicaid program will reimburse providers for the covered services. Some examples of populations that may be exempt from enrolling into a 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).

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For full details on integrated managed care, see HCA's [Apple Health managed care webpage](#) and scroll down to "Changes to Apple Health managed care."

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 of Washington's (CCW) Apple Health Foster Care program 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 18th birthday (alumni)

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

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

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, 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](#).

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 only the following chiropractic services for children:

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	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 lumbosacral (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 lumbosacral (anterior-posterior and lateral) areas of the spine when treatment cannot be isolated.
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 lumbosacral (anterior-posterior and lateral) areas of the spine when treatment cannot be isolated.

Procedure Code	Modifier	Brief Description	EPA/PA	Policy/Comments
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 lumbosacral (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 lumbosacral (anterior-posterior and lateral) areas of the spine when treatment cannot be isolated.
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 lumbosacral (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 lumbosacral (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 lumbosacral (anterior-posterior and lateral) areas of the spine when treatment cannot be isolated.

Procedure Code	Modifier	Brief 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 lumbosacral (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 lumbosacral (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 lumbosacral (anterior-posterior and lateral) areas of the spine when treatment cannot be isolated.
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 lumbosacral (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 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
Referring Provider Information	Enter NPI of the EPSDT provider who referred the service
Place of Service	Enter 11

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