Notice: We launched a new web site. As a result, past versions of the billing guide, such as this one, have broken hyperlinks. Please review the current guide for the correct hyperlinks.

Chiropractic Services for Children
Billing Guide

July 1, 2014
About this guide*

This publication takes effect July 1, 2014, 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.

What has changed?

<table>
<thead>
<tr>
<th>Subject</th>
<th>Change</th>
<th>Reason for Change</th>
</tr>
</thead>
</table>

* This publication is a billing instruction.
How can I get agency provider documents?

To download and print agency provider notices and billing guides, go to the agency’s Provider Publications website.

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**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.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Becoming a provider or submitting a change of address or ownership</td>
<td>See the agency’s Washington Apple Health Billers and Providers web page.</td>
</tr>
<tr>
<td>Finding out about payments, denials, claims processing, or Agency managed care organizations</td>
<td></td>
</tr>
<tr>
<td>Electronic or paper billing</td>
<td></td>
</tr>
<tr>
<td>Finding Agency documents (e.g., medicaid billing guides, # memos, provider notices, fee schedules)</td>
<td></td>
</tr>
<tr>
<td>Private insurance or third-party liability, other than Agency managed care</td>
<td></td>
</tr>
</tbody>
</table>
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 referred\(^1\) 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

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\(^1\) 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.
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.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Modifier</th>
<th>Brief Description</th>
<th>EPA/PA</th>
<th>Policy/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>72020</td>
<td>26</td>
<td>X-ray exam of spine</td>
<td></td>
<td>X-rays of the spine limited to:</td>
</tr>
<tr>
<td></td>
<td>TC</td>
<td>X-ray exam of spine</td>
<td></td>
<td>• A single view when the treatment area can be isolated.</td>
</tr>
<tr>
<td>72040</td>
<td>26</td>
<td>X-ray exam of neck spine</td>
<td></td>
<td>• The cervical, thoracic, and lumbo-sacral (anterior-posterior and lateral) areas of the spine when treatment cannot be isolated.</td>
</tr>
<tr>
<td>72040</td>
<td>TC</td>
<td>X-ray exam of neck spine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>72070</td>
<td>26</td>
<td>X-ray exam of thoracic spine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>72070</td>
<td>TC</td>
<td>X-ray exam of thoracic spine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>72100</td>
<td>26</td>
<td>X-ray exam of lower spine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>72100</td>
<td>TC</td>
<td>X-ray exam of lower spine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>98940</td>
<td></td>
<td>Chiropractic manipulation</td>
<td></td>
<td>Unlimited chiropractic manipulative treatments of the spine.</td>
</tr>
<tr>
<td>98941</td>
<td></td>
<td>Chiropractic manipulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>98942</td>
<td></td>
<td>Chiropractic manipulation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

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:

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