



Important Medicare news for Chiropractors

Effective for dates of services rendered on or after October 1, 2004:

When providing chiropractic services for active/corrective treatment using HCPCS codes 98940, 98941, or 98942, claims must contain the Acute Treatment (AT) modifier to reflect such services provided, or the claim will be denied.

According to CMS, if you don't add this modifier, your care will be considered maintenance therapy and will be denied because maintenance chiropractic therapy is not considered medically reasonable or necessary under Medicare.

You should ensure that your billing staff is aware that they must apply the AT modifier to HCPCS codes 98940, 98941, and 98942 when your clinical documentation reflects that the care you provided to a Medicare patient consists of active/corrective treatment.

For more information you may visit the Centers for Medicare and Medicaid website at www.cms.hhs.gov