

Modifier Coding Alert

Reader Questions: Back Up CMT Claims With AT Modifier

Question: Our chiropractor provided chiropractic manipulative treatment (CMT) on three regions of an established Medicare patient's spine. I reported 98941 and received a denial. What did I do wrong?

New York Subscriber

Answer: You reported the proper code; you just forgot to include an appropriate modifier. When you resubmit the claim, report 98941 (Chiropractic manipulative treatment [CMT]; spinal, 3-4 regions) for the CMT with modifier AT (Acute treatment [chiropractic claims]) appended to show that you were providing acute care.

According to CMS, you should append modifier AT when the provider performs CMT for "active/corrective treatment to treat acute or chronic subluxation." This modifier can apply to any of the CMT codes (98940-98942), depending on the encounter specifics.

Note: While Medicare might pay for spinal CMT (98940-98942), Medicare does not cover extraspinal CMT (98943, Chiropractic manipulative treatment [CMT]; extraspinal, 1 or more regions).