



REVISITING THE AT MODIFIER

The Centers for Medicare & Medicaid Services (CMS) introduced Change Request (CR) 3449 in October 2004. This CR requires chiropractors to append the AT modifier to procedure codes 98940-98942 when they perform active/corrective treatment. All services billed without the AT modifier would be considered “maintenance therapy” and not payable. This change allows providers to identify covered chiropractic services from non-covered maintenance services. The expectation was that chiropractic services would decrease.

Medicare conducted an analysis to review the effects of CR 3449 and the use of the AT modifier for procedure codes 98940-98942. Jurisdictionally (and for Wisconsin Physicians Service (WPS) Medicare, this includes the states of Wisconsin, Illinois, Michigan and Minnesota), the total billed services went up slightly (0.5%) from calendar year 2004 to 2005. While the percent of change in the billed services was nominal, the increase in the **allowed services** is over 8% for the same time. This translates to a \$13 million increase in **allowed amounts** for chiropractic services from 2004 to 2005. Again, the anticipation was that chiropractic services would decrease with the introduction of the AT modifier as providers could differentiate between covered services and non-covered services.

At this time, WPS Medicare would like to issue this reminder. **The AT modifier is only to be appended to services that are part of active/corrective treatment. The AT modifier should not be appended to services that are part of maintenance therapy.**

Chiropractic **maintenance therapy** is not considered medically reasonable or necessary, and is therefore not payable under the Medicare program. Maintenance therapy is defined as a treatment plan that seeks to prevent disease, promote health, and prolong and enhance the quality of life; or therapy that is performed to maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy. For more information regarding the Medicare chiropractic benefit, please refer to the policy Local Coverage Determination (LCD) CHIRO-001. You can view this policy at:

http://www.wpsmedicare.com/part_b/policy/chiro001.pdf

If the medical records do not meet the stated requirements per LCD CHIRO- 001, the manual manipulation services will be considered maintenance therapy, and therefore considered not medically necessary by Medicare.

In closing, we welcome you to continue utilizing the AT modifier, but we encourage you to do so judiciously. Thank you for your time.