

MANIPULATIVE SERVICES – AT MODIFIER REQUIREMENT

Applies to: Commercial HMO, POS, PPO, Medicare Advantage

Effective February 1, 2021, codes 98940, 98941 and 98942 must be billed with the Acute Treatment (AT) modifier to identify that the service was medically necessary acute treatment, as opposed to maintenance therapy. If the AT modifier is not present, the care is considered maintenance therapy and is, therefore, not payable. If a claim is denied, a corrected claim may be submitted within timely filing guidelines.

Kaiser Permanente reimburses for manipulative services for the treatment of orthopedic and neuromuscular conditions at the provider's contracted rate or at vendor discount pricing rates. Covered manipulative services are limited to acute treatment of a condition. Chronic ongoing manipulative treatment is generally considered maintenance treatment and not covered.

The full policy can be found here: <https://wa-provider.kaiserpermanente.org/static/pdf/provider/billing-claims/manipulative-services.pdf>

Questions: Contact Provider Assistance Unit at 509-241-7206 or 1-888-767-4670, Monday through Friday, 8 a.m. to 5 p.m.

Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.

<CONTRACT MANAGER NAME>

Provider Communications, RCB-C2W-02

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