

Date:

Aetna Insurance

RE: Patient Name: _____
Date of Service: _____
Policy/ID #: _____
Group #: _____

To Whom It May Concern:

I reviewed your correspondence regarding the above named patient's treatment on _____. The EOB explains that payment for CPT code 97140, manual therapy techniques, is not allowed based on McKesson "clinical edit clarifications." We were informed by Aetna that this edit was used to develop Aetna's policy change, implemented on March 1, 2013, which states "Currently, procedure 97140 is not recommended for separate payment when submitted with procedure 98940-98943. Modifiers 25 and 59 do not override this edit." HOWEVER, CPT coding guidelines **support** performing these procedures on the same date of service *only when they are performed upon separate anatomic sites* which is the case in this patient's treatment.

We understand that Aetna has communicated to the American Chiropractic Association that reimbursement of these two services is allowed when performed on the same date of service to separate regions if medical necessity is documented. Therefore, with this information in mind, I have attached a copy of my clinical record for the date(s) of service in question and the documentation clearly indicates that these services were provided to **separate** body regions. The documentation also supports that these services were necessary because:

If you should require additional information specific to this patient or appeal, please feel free to contact me at _____
Otherwise, please forward payment for the denied services within 30 days.

Sincerely,

Enc: Clinical Record for _____.