

**Aetna/Coventry
Pennsylvania
Physical Medicine
Utilization Review Matrix 2019**

The matrix below contains all of the physical medicine CPT 4 codes for which National Imaging Associates, Inc. (NIA) manages on behalf of Aetna. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by NIA. The inclusion of a code(s) does not imply that the service would be approved, only that if we received a request for that service, it would be managed by NIA.

The “Allowable Billed Groupings” is meant to outline that if a given physical medicine procedure is authorized, that any one of the listed procedure codes could be submitted on a claim representing that service. This assumes that the member is eligible at the time of the service and that the appropriate rebundling rules are applied. It also assumes that the claim includes an appropriate diagnosis code for the CPT code, that the service is performed within the validity period and that the code falls within the scope of practice and/or any benefit inclusion or exclusion criteria for that provider. Codes that are submitted by facilities using CMS Outpatient PPS logic (C codes) are also not incorporated into this table.

Authorizations display a single CPT code that represents a billable grouping of allowed services within that authorization. Providers should bill with the single CPT code that corresponds with the actual service rendered in that authorized billable grouping. Billed services must also fall within the number of units authorized and within the provider’s scope of practice. The claims payment system will auto-match the billed code to the authorized parent code in the authorization per the billable groupings defined below. If a code from a non-authorized billable grouping is billed, the number of authorized units exceeds the authorized amount, or a service is rendered by a provider outside his/her scope of practice, a match will not occur and the charge will not be paid.

Please note: Services rendered in an Emergency Room, Observation Room, Hospital Inpatient, Acute Rehab Hospital Inpatient, Skilled Nursing Facility, or in the Home will not require prior authorization through NIA.

Authorized CPT Code	Description	Allowable Billed Groupings
98940	MANIPULATION	98940, 98941, 98942, 98943, 98925*, 98926*, 98927*, 98928*, 98929*
97110	ACTIVE PROCEDURES	97110, 97112*, 97113, 97116, 97150*, 97530
97535*	SELF CARE, COGNITIVE, SENSORY SKILLS	97127, G0515, 97533, 97535, 97542
97140	MANUAL INTERVENTIONS	97124, 97140
97035	MODALITIES	97012, 97014, 97016*, 97018*, 97022, 97024, 97026*, 97028, 97032, 97033, 97034, 97035, 97036, 97039*, 97139*, G0283, S8948*
97760*	ORTHOTIC/PROSTHETICS	97760, 97761, 97763
97750*	PHYSICAL PERFORMANCE TEST	97750

*Indicates entire billable grouping or individual code that is not included on the Chiropractic Fee Schedule and is not payable for Chiropractic providers