

**Place of Service (POS):**

11 - Office

**Procedure Code/National Drug Code (Proc Cd/NDC):**

98941 -Chiropractic manipulative treatment (CMT); spinal, 3-4 regions

**Modifier/Package (Mod/Pkg):****Explanation Code:**

- 6841 -Our investigation determined the policy was issued based on misrepresentations made in the application for coverage. This policy would not have been issued had all material facts been reported as required on the application. We are therefore denying this claim.
- 6848 -Failure to submit to multiple requests for Medical Examinations is a violation of both this policy's contractual Duties and Conditions under Proof of Claim that precede coverage under Reg. 68, Section 65-1. No Fault benefits under this policy are denied

**Fee Schedule:**

Pursuant to NYS Insurance law 5108, no provider of health services may demand or request any payment exceeding the amount permissible under the Workers Compensation Fee Schedule or any other schedules deemed applicable to No-Fault by the Superintendent of the Department of Insurance. Any billed charges exceeding the allowable scheduled charges for No-Fault service are not compensable and are denied.

**Important Information:**

This explanation details what we have determined to be the appropriate reimbursement amount based on our careful review of this claim and the bill(s) and record(s) as submitted. Please note that if additional documentation and/or information have been requested, payment of the outstanding charge(s) is pending until we have received and reviewed the requested item(s). Should you disagree with the handling of these charges or have any questions, please contact the claims representative listed below. Otherwise, we will assume you have accepted our handling under the terms of this explanation.

HOLLY LEBLANC  
Claims Department  
1-800-627-4581

Enclosure

Form Z740 (06/17)

