

UnitedHealthcare Medicare Advantage chiropractic and acupuncture coverage

Quick reference guide

Please use this quick reference guide for important phone numbers, websites and addresses related to chiropractic and acupuncture coverage for UnitedHealthcare® Medicare Advantage plan members. This guide also covers how these benefits are administered, and includes a list of common CPT® codes to use for claims submissions.



Chiropractic and acupuncture services

To check:

- Eligibility
- Benefits
- Claims

Chiropractic and acupuncture (Medicare-covered)

- **Phone:** Call the Provider Services number on the member's ID card
- **Online:** Go to UHCprovider.com and click Sign In

Chiropractic and acupuncture (routine)

- **Phone:** 800-873-4575
- **Hours:** Monday–Friday, 8 a.m.–8 p.m. ET
Interactive Voice Response, 24 hours a day
- **Online:** myoptumhealthphysicalhealth.com

To check:

- Authorizations

Chiropractic and acupuncture (Medicare-covered)

- **Phone:** Call the Provider Authorization number on the member's ID card
- **Online:** Visit UHCprovider.com > Prior Authorization and Notification

To check:

- Participation
- Contractual issues
- Changes
- Office updates

Chiropractic and acupuncture (Medicare-covered)

- **Phone:** Call the Provider Services number on the member's ID card. To review the Medicare Advantage plans that your office is contracted to accept, visit the My Practice Profile tool at UHCprovider.com/mpp. You can also contact your provider advocate or network representative.

Chiropractic and acupuncture (routine)

- **Phone:** 800-873-4575
- **Hours:** Monday–Friday, 8 a.m.–8 p.m. ET

To submit claims

Chiropractic and acupuncture (Medicare-covered)

- **Online:** Go to UHCprovider.com and click Sign In
- **Electronic:** To submit claims by Electronic Data Interchange (EDI), use payer ID 87726. Learn more at UHCprovider.com/edi.
- **Address:** Use the medical claims address on the UnitedHealthcare member ID card

Chiropractic and acupuncture (routine)

- **Online:** myoptumhealthphysicalhealth.com
- **Address:** OptumHealth Physical Health
P.O. Box 212
Minneapolis, MN 55440-0212
Payer ID 41161
- **Phone:** 800-873-4575
 - These claims are administered by OptumHealth Physical Health
 - There are no authorizations or utilization management requirements for this benefit

To submit appeals and grievances

Chiropractic and acupuncture (Medicare-covered)

- **Online:** Go to UHCprovider.com and click Sign In
- **Address:** Use the medical claims address on the UnitedHealthcare member ID card

Chiropractic and acupuncture (routine)

- **Address:** OptumHealth Physical Health
P.O. Box 212
Minneapolis, MN 55440-0212
- **Phone:** 800-873-4575

Original Medicare

Chiropractic and acupuncture (Medicare-covered)

- Centers for Medicare & Medicaid Services (CMS): [CMS.HHS.gov](https://www.cms.hhs.gov)
- Medicare: [Medicare.gov](https://www.Medicare.gov)

Chiropractic and acupuncture (routine)

N/A

Policy guidelines

Chiropractic and acupuncture (Medicare-covered)

[UHCprovider.com](https://www.UHCprovider.com) > Resources > Health plans, policies, protocols and guides > For Medicare Advantage Plans > Coverage Summaries for Medicare Advantage Plans >

- Complementary, Alternative Medicine, and Chiropractic Services – Medicare Advantage Coverage Summary

Chiropractic and acupuncture (routine)

- Phone: 800-873-4575
- Online: myoptumhealthphysicalhealth.com

Questions?

If you have questions, please contact your physician advocate, provider relations or network management representative at [UHCprovider.com/contactus](https://www.UHCprovider.com/contactus) > Network Help.



Chiropractic services

What's covered?

Chiropractic (Medicare-covered)

Medicare covers only manual manipulation of the spine to correct subluxation.

Chiropractic (routine)

Routine chiropractic is a supplemental benefit offered on some UnitedHealthcare Medicare Advantage plans that covers chiropractic services that aren't covered under Original Medicare. This benefit allows members to visit chiropractors for pain relief, neuromusculoskeletal disorders and nausea.

How to find a network chiropractic provider

Chiropractic (Medicare-covered)

You can find network care providers by searching the Chiropractic section of the online provider directory at [Find a provider | UHCprovider.com](#).

Note: If you're unable to locate a provider in your area, please contact your provider advocate or network representative for help. If you don't know who to contact, go to [UHCprovider.com > Our network > Contact us](#).

Chiropractic (routine)

You can find network providers by searching the Chiropractic section of the online provider directory at [Find a provider | UHCprovider.com](#).

Does the member require a referral to receive this service?

Chiropractic (Medicare-covered)

Referral plans: To simplify the administrative processes for members and care providers, UnitedHealthcare is choosing **not to enforce referral requirements**. PCPs may still need to issue specialist referrals via [UHCprovider.com](#) if specialist care providers require a referral; however, claims will not be denied for missing referrals.

Open access plans: Members of open access plans don't need a referral for Medicare-covered chiropractic care.

Chiropractic (routine)

We don't require referrals for routine chiropractic care.

Member cost-sharing

Chiropractic (Medicare-covered)

See the copay listed in the Evidence of Coverage for Medicare-covered chiropractic services.

Chiropractic (routine)

See the copay listed in the Evidence of Coverage for routine chiropractic services.

Chiropractic CPT codes

Medicare-covered: Chiropractic manipulations for subluxation*	
98940	Chiropractic manipulative treatment; spinal (1 to 2 regions)
98941	Spinal (3 to 4 regions)
98942	Spinal (5 regions)
Modifier: AT	<ul style="list-style-type: none"> • This modifier should be used when reporting service 98940, 98941, 98942 • This modifier shouldn't be used when providing maintenance therapy

*For more information on Medicare-covered chiropractic services, including links to supporting policies on [cms.gov](https://www.cms.gov), visit [UHCprovider.com](https://www.uhcprovider.com) > Resources > Health plans, policies, protocols and guides > For Medicare Advantage Plans > Coverage Summaries for Medicare Advantage Plans > Complementary, Alternative Medicine, and Chiropractic Services – Medicare Advantage Coverage Summary.

Routine: Chiropractic manipulations and other services for indications other than subluxation	
98940	Chiropractic manipulative treatment; spinal (1 to 2 regions)
98941	Spinal (3 to 4 regions)
98942	Spinal (5 regions)
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions
Modifier: AT	<ul style="list-style-type: none"> • Routine chiropractic claims shouldn't contain the AT modifier

Other routine chiropractic common codes (not a complete list)	
Therapeutic	
97110	Therapeutic exercise (15 minutes)
97112	Neuromuscular re-education
97140	Manual therapy (for example, myofascial release; 15 minutes)
Radiology	
72010	Spine, entire, survey study, A-P and lateral
72040	Spine, cervical (2 or 3 views)
72070	Spine, thoracic (2 views)
72100	Spine, lumbosacral (2 or 3 views)
Durable medical equipment	
A4565	Sling (arm)
E0190	Lumbar cushion/Cervical pillow
L0120	Cervical collar (flexible foam)
L0210	Thoracic (rib belt)
L3332	Heel lift
L3908	Wrist hand orthosis (wrist extension control cock-up)
L3914	Wrist hand orthosis, wrist extension control

Code ranges for per visit fee schedule
A4206-A9999, E0100-E0930, E0936-E2621, G0108-G0109, G0237-G0283, G0420-G0439, K0001-K0899, Q3014, S8948, 29000-29799, 36415, 70010-79999, 80047-89399, 90281-96117, 97001-97814, 98925-98969, 99000-99091, 99201-99499

Notes:

- Refer to your Supplemental/Routine Fee Schedule for covered chiropractic services
- All codes are subject to change
- Please follow Original Medicare-covered indications and coding rules when billing Medicare-covered services and review codes at [cms.gov](https://www.cms.gov) before submitting claims



Acupuncture services

What's covered?

Acupuncture (Medicare-covered)

Medicare covers acupuncture services for chronic low back pain only. Covered services include:

- Up to 12 visits in 90 days
- An additional 8 sessions for patients demonstrating an improvement
- No more than 20 acupuncture treatments may be administered annually
- Treatment must be discontinued if the patient is not improving or is regressing

Chronic low back pain is defined as:

- Lasting 12 weeks or longer
- Nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc., disease)
- Not associated with surgery
- Not associated with pregnancy

Acupuncture (routine)

Routine acupuncture is a supplemental benefit offered on some UnitedHealthcare Medicare Advantage plans. This benefit allows members to visit acupuncturists for pain relief, neuromusculoskeletal disorders and nausea.

How to find a network acupuncture provider

Acupuncture (Medicare-covered)

Due to CMS regulations, acupuncture for chronic low back pain can only be performed by physicians or auxiliary personnel who have a master's or doctoral level degree in acupuncture or Oriental Medicine and a license to practice acupuncture in the United States or D.C. Auxiliary personnel furnishing acupuncture must be under appropriate level of supervision of a physician, PA or NP/CNS. When exclusively delivered by an independent acupuncturist, the Medicare-supported acupuncture benefit is not covered.

Please assist your patients in locating a network provider who can deliver acupuncture for chronic low back pain and meets the CMS requirements for this service.

Acupuncture (routine)

You can find a network care provider for routine acupuncture services by searching the acupuncture section of the online provider directory at [Find a provider | UHCprovider.com](#).

Does the member require a referral to receive this service?

Acupuncture (Medicare-covered)

Referral plans: To simplify the administrative processes for members and care providers, UnitedHealthcare is choosing **not to enforce referral requirements**. PCPs may still need to issue specialist referrals via [UHCprovider.com](#) if specialist care providers require a referral; however, claims will not be denied for missing referrals.

Open access plans: Members of open access plans don't need a referral for Medicare-covered acupuncture care.

Acupuncture (routine)

We don't require referrals for routine acupuncture care.



Member cost-sharing

Acupuncture (Medicare-covered)

See the copay listed in the Evidence of Coverage for Medicare-covered acupuncture services.

Acupuncture (routine)

See the copay listed in the Evidence of Coverage for routine acupuncture services.

Acupuncture CPT codes

Medicare-covered: Acupuncture for chronic low back pain*	
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)
20561	Needle insertion(s) without injection(s); 3 or more muscles
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal 1-on-1 contact with the patient
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal 1-on-1 contact with the patient, with re-insertion of needle(s) (list separately, in addition to code for primary procedure)
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal 1-on-1 contact with the patient
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal 1-on-1 contact with the patient, with re-insertion of needle(s) (list separately, in addition to code for primary procedure)
Modifier: KX	Specified requirements have been met

*For more information on Medicare-covered acupuncture services, including links to supporting policies on [cms.gov](https://www.cms.gov), visit [UHCprovider.com](https://www.uhcprovider.com) > Resources > Health plans, policies, protocols and guides > For Medicare Advantage Plans > Coverage Summaries for Medicare Advantage Plans > Complementary, Alternative Medicine, and Chiropractic Services – Medicare Advantage Coverage Summary.

Common routine acupuncture codes (not a complete list)	
99201	New patient office visit/examination
99202	New patient office visit/examination
99211	Established patient office visit/examination
99212	Established patient office visit/examination
99213	Established patient office visit/examination
99214	Established patient office visit/examination
97810	Acupuncture (without electrical stimulation; initial 15 minutes)
97811	Acupuncture (without electrical stimulation; each additional 15 minutes)
97813	Acupuncture (without electrical stimulation; each additional 15 minutes)
97814	Acupuncture (with electrical stimulation; each additional 15 minutes)
G0283	Electrical stimulation (unattended)
97026	Infrared
97035	Ultrasound
97110	Therapeutic procedures; therapeutic exercises
Notes: <ul style="list-style-type: none">• Refer to your Supplemental/Routine Fee Schedule for covered acupuncture services• All codes are subject to change• Please follow original Medicare-covered indications and coding rules when billing Medicare-covered services and review codes at cms.gov before submitting claims	