Please use this quick reference guide to easily locate important phone numbers, websites and addresses as they relate to chiropractic and acupuncture coverage for UnitedHealthcare Medicare Advantage plan members. This guide also includes information about how these benefits are administered, and 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 back of the member’s ID card.
  - **Online**: Sign in to Link at [UHCProvider.com](http://UHCProvider.com) and click on the Link button in the top right corner.

  **Chiropractic and acupuncture (Routine)**
  - **Phone**: 800-873-4575
  - **Hours**: Monday–Friday, 8 a.m.–8 p.m. Eastern Time
  - Interactive Voice Response, 24 hours a day
  - **Online**: [myoptumhealthphysicalhealth.com](http://myoptumhealthphysicalhealth.com)

○ To check:
  - Authorizations

  **Chiropractic and acupuncture (Medicare-covered)**
  - **Phone**: Call the Provider Authorization number on the back of the member’s ID card.
  - **Online**: Visit [UHCProvider.com](http://UHCProvider.com) > Prior Authorization and Notification Resources.

○ To check:
  - Participation
  - Contractual issues
  - Changes
  - Office updates

  **Chiropractic and Acupuncture (Medicare-covered)**
  - **Phone**: Call the Provider Services number on the back of the member’s ID card.

  To review the Medicare Advantage plans that your office is contracted to accept, visit the My Practice Profile tool on link and explore the Provider Products section: [UHCProvider.com](http://UHCProvider.com) > Link > Provider Demographics > Details > Provider Products.

  **Chiropractic and acupuncture (Routine)**
  - **Phone**: 800-873-4575
  - **Hours**: Monday–Friday, 8 a.m.–8 p.m. Eastern Time
To submit claims:

Chiropractic and acupuncture (Medicare-covered)
- Online: Sign in to Link by going to UHCP rovider.com and clicking on the Link button in the top right corner. Then, select the Claim Submission tile on your Link dashboard.
- Electronic: To submit claims by Electronic Data Interchange (EDI), use payer ID 87726. Learn more at UHCP rovider.com/edi.
- Address: Use the Medical Claims Address on the back of 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 Optum Physical Health
  - There are no authorizations or Utilization Management requirements for this benefit

To submit appeals and grievances

Chiropractic and acupuncture (Medicare-covered)
- Online submissions: Sign in to Link by going to UHCP rovider.com and clicking on the Link button in the top right corner. Then, select the claimsLink tool tile on your Link dashboard.
- Address: Use the Medical Claims Address on the back of 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
- Medicare: Medicare.gov

Chiropractic and acupuncture (Routine)
N/A

Policy guidelines

Chiropractic and acupuncture (Medicare-covered)
- Chiropractic Services – Medicare Advantage Policy Guideline
- Acupuncture for Chronic Lower Back Pain – Medicare Advantage Policy Guideline

Chiropractic and acupuncture (Routine)
- Phone: 800-873-4575
- Online: myoptumhealthphysicalhealth.com
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 the plan website listed on the back of the member’s ID card.

Note: If you’re unable to locate a care provider in your area, please contact your local Network Account Manager or Physician Advocate for help. If you don’t know who to contact, go to UHCProvider.com > Menu > Contact Us.

Chiropractic (Routine)
You can find network care providers by searching the Chiropractic section of the online provider directory at the plan website listed on the back of the member’s ID card.

Does the member require a referral to receive this service?

Chiropractic (Medicare-covered)
Members of referral-required plans need a referral for Medicare-covered chiropractic care. 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 *

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>98940</td>
<td>Chiropractic manipulative treatment; spinal (1 to 2 regions)</td>
</tr>
<tr>
<td>98941</td>
<td>Spinal (3 to 4 regions)</td>
</tr>
<tr>
<td>98942</td>
<td>Spinal (5 regions)</td>
</tr>
</tbody>
</table>

**Modifier: AT**
- This modifier should be used when reporting service 98940, 98941, 98942
- This modifier shouldn’t be used when providing maintenance therapy


### Routine: Chiropractic manipulations and other services for indications other than subluxation

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>98940</td>
<td>Chiropractic manipulative treatment; spinal (1 to 2 regions)</td>
</tr>
<tr>
<td>98941</td>
<td>Spinal (3 to 4 regions)</td>
</tr>
<tr>
<td>98942</td>
<td>Spinal (5 regions)</td>
</tr>
<tr>
<td>98943</td>
<td>Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions</td>
</tr>
</tbody>
</table>

**Modifier: AT**
- Routine chiropractic claims shouldn’t contain the AT modifier

### Other Routine Chiropractic Common Codes (not a complete list)

#### Therapeutic

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>97110</td>
<td>Therapeutic exercise (15 minutes)</td>
</tr>
<tr>
<td>97112</td>
<td>Neuromuscular re-education</td>
</tr>
<tr>
<td>97140</td>
<td>Manual therapy (for example, myofascial release; 15 minutes)</td>
</tr>
</tbody>
</table>

#### Radiology

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>72010</td>
<td>Spine, entire, survey study, A-P and lateral</td>
</tr>
<tr>
<td>72040</td>
<td>Spine, cervical (2 or 3 views)</td>
</tr>
<tr>
<td>72070</td>
<td>Spine, thoracic (2 views)</td>
</tr>
<tr>
<td>72100</td>
<td>Spine, lumbosacral (2 or 3 views)</td>
</tr>
</tbody>
</table>

#### Durable Medical Equipment

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4565</td>
<td>Sling (Arm)</td>
</tr>
<tr>
<td>E0190</td>
<td>Lumbar cushion/Cervical pillow</td>
</tr>
<tr>
<td>L0120</td>
<td>Cervical collar (flexible foam)</td>
</tr>
<tr>
<td>L0210</td>
<td>Thoracic (rib belt)</td>
</tr>
<tr>
<td>L3332</td>
<td>Heel lift</td>
</tr>
<tr>
<td>L3908</td>
<td>Wrist hand orthosis (wrist extension control cock-up)</td>
</tr>
<tr>
<td>L3914</td>
<td>Wrist hand orthosis, wrist extension control</td>
</tr>
</tbody>
</table>

#### Code ranges for per visit fee schedule

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](http://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 chiropractic provider

### Acupuncture (Medicare-covered)

You can find network care providers by searching the Acupuncture section of the online provider directory at the plan website listed on the back of the member's ID card.

**Note:** If you’re unable to locate a care provider in your area, please contact your local Network Account Manager or Physician Advocate for help. If you don’t know who to contact, go to [UHCprovider.com](http://UHCprovider.com) > Menu > Contact Us.

### Acupuncture (Routine)

You can find a network care provider by searching the acupuncture section of the online provider directory at the plan website listed on the back of the member’s ID card.

## Does the member require a referral to receive this service?

### Acupuncture (Medicare-covered)

Members of referral-required plans need a referral for Medicare-covered acupuncture care.

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 *

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>20560</td>
<td>Needle insertion(s) without injection(s); 1 or 2 muscle(s)</td>
</tr>
<tr>
<td>20561</td>
<td>Needle insertion(s) without injection(s); 3 or more muscles</td>
</tr>
<tr>
<td>97810</td>
<td>Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal 1-on-1 contact with the patient</td>
</tr>
<tr>
<td>97811</td>
<td>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)</td>
</tr>
<tr>
<td>97813</td>
<td>Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal 1-on-1 contact with the patient</td>
</tr>
<tr>
<td>97814</td>
<td>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)</td>
</tr>
</tbody>
</table>

**Modifier: KX** Specified requirements have been met


### Common Routine Acupuncture Codes (not a complete list)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>New patient office visit/examination</td>
</tr>
<tr>
<td>99202</td>
<td>New patient office visit/examination</td>
</tr>
<tr>
<td>99211</td>
<td>Established patient office visit/examination</td>
</tr>
<tr>
<td>99212</td>
<td>Established patient office visit/examination</td>
</tr>
<tr>
<td>99213</td>
<td>Established patient office visit/examination</td>
</tr>
<tr>
<td>99214</td>
<td>Established patient office visit/examination</td>
</tr>
<tr>
<td>97810</td>
<td>Acupuncture (without electrical stimulation; initial 15 minutes)</td>
</tr>
<tr>
<td>97811</td>
<td>Acupuncture (without electrical stimulation; each additional 15 minutes)</td>
</tr>
<tr>
<td>97813</td>
<td>Acupuncture (without electrical stimulation; each additional 15 minutes)</td>
</tr>
<tr>
<td>97814</td>
<td>Acupuncture (with electrical stimulation; each additional 15 minutes)</td>
</tr>
<tr>
<td>G0283</td>
<td>Electrical stimulation (unattended)</td>
</tr>
<tr>
<td>97026</td>
<td>Infrared</td>
</tr>
<tr>
<td>97035</td>
<td>Ultrasound</td>
</tr>
<tr>
<td>97110</td>
<td>Therapeutic procedures; therapeutic exercises</td>
</tr>
</tbody>
</table>

**Notes:**
- 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