

UnitedHealthcare Medicare Advantage chiropractic and acupuncture coverage

Quick reference guide

Routine chiropractic and acupuncture benefits cover additional services not covered by original Medicare. These additional benefits are offered on some, but not all, UnitedHealthcare® Medicare Advantage plans.

In this quick reference guide, you'll learn about what original Medicare covers and what some UnitedHealthcare plans cover for chiropractic and acupuncture benefits.

You can also use this guide for important phone numbers, websites and addresses, as well as a list of common CPT® codes to use for claims submissions.

- **Chiropractic and acupuncture services**
- **Chiropractic services: Medicare-covered vs. routine**
- **Chiropractic CPT codes**
- **Acupuncture services: Medicare-covered vs. routine**
- **Acupuncture CPT codes**



Questions?

For chat options and contact information, visit UHCprovider.com/contactus.



Chiropractic and acupuncture services

	UnitedHealthcare® Medicare Advantage-covered	Routine
To check: <ul style="list-style-type: none"> • Eligibility • Benefits • Claims 	<ul style="list-style-type: none"> • Phone: Call the Provider Services number on the member's ID card • Online: Go to UHCprovider.com and click Sign In 	<ul style="list-style-type: none"> • Phone: 800-873-4575 • Hours: Monday–Friday, 8 a.m.–8 p.m. ET Interactive Voice Response, 24 hours a day • myoptumhealthphysicalhealth.com
To check: <ul style="list-style-type: none"> • Authorizations 	<ul style="list-style-type: none"> • Phone: Call the Provider Authorization number on the member's ID card • Online: Visit the Prior Authorization and Notification page 	There are no authorization requirements for these benefits.
To check: <ul style="list-style-type: none"> • Participation • Contractual issues • Changes • Office updates 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Phone: 800-873-4575 • Hours: Monday–Friday, 8 a.m.–8 p.m. ET
To submit claims	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • myoptumhealthphysicalhealth.com • Address: OptumHealth Physical Health P.O. Box 212 Minneapolis, MN 55440-0212 Payer ID 41161 • Phone: 800-873-4575 <ul style="list-style-type: none"> – These claims are administered by OptumHealth Physical Health – There are no authorizations or utilization management requirements for these benefits
To submit appeals and grievances	<ul style="list-style-type: none"> • Online: Go to UHCprovider.com and click Sign In • Address: Use the medical claims address on the UnitedHealthcare member ID card 	<ul style="list-style-type: none"> • Address: OptumHealth Physical Health P.O. Box 212 Minneapolis, MN 55440-0212 • Phone: 800-873-4575
Original Medicare	<ul style="list-style-type: none"> • Centers for Medicare & Medicaid Services (CMS): CMS.HHS.gov • Medicare: Medicare.gov 	N/A
Policy guidelines	We follow the CMS Medicare coverage and coding guidelines for all network services.	<ul style="list-style-type: none"> • Phone: 800-873-4575 • myoptumhealthphysicalhealth.com



Chiropractic services: Medicare covered vs. routine

	UnitedHealthcare® Medicare Advantage-covered	Routine
What's covered?	Medicare covers only manual manipulation of the spine to correct subluxation.	Routine chiropractic is a supplemental benefit offered on some UnitedHealthcare Medicare Advantage plans. This benefit allows members to visit chiropractors for pain relief, neuromusculoskeletal disorders and nausea.
How to find a network chiropractic provider	Visit the medical directory to search for chiropractic health care professionals. 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 the Contact us page.	Visit the medical directory to search for chiropractic health care professionals.
Does the member require a referral to receive this service?	We don't track or manage Medicare Advantage referrals and it's important to note that we don't require you to submit referrals in order to process claims for Medicare Advantage plans. However, you can submit specialist referrals through UHCprovider.com if a specialist care provider requests a referral. Open access plans: Members of open access plans don't need a referral for Medicare-covered chiropractic care.	We don't require referrals for routine chiropractic care.
Member cost-sharing	See the copay listed in the Evidence of Coverage for Medicare-covered chiropractic services.	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

*We follow the [CMS Medicare coverage and coding guidelines](#) for all network services.

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	• 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](#) before submitting claims



Acupuncture services: Medicare-covered vs. routine

	UnitedHealthcare® Medicare Advantage-covered	Routine
What's covered?	<p>Medicare covers acupuncture services for chronic low back pain only. Covered services include:</p> <ul style="list-style-type: none"> • 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 <p>Chronic low back pain is defined as:</p> <ul style="list-style-type: none"> • 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 	<p>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.</p>
How to find a network acupuncture provider	<p>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.</p> <p>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.</p>	<p>Visit the medical directory to search for acupuncture health care professionals.</p>



Acupuncture services: Medicare-covered vs. routine

	UnitedHealthcare® Medicare Advantage-covered	Routine
Does the member require a referral to receive this service?	<p>We don't track or manage Medicare Advantage referrals and it's important to note that we don't require you to submit referrals in order to process claims for Medicare Advantage plans. However, you can submit specialist referrals through UHCprovider.com if a specialist care provider requests a referral.</p> <p>Open access plans: Members of open access plans don't need a referral for Medicare-covered acupuncture care.</p>	<p>We don't require referrals for routine acupuncture care.</p>
Member cost-sharing	<p>See the copay listed in the Evidence of Coverage for Medicare-covered acupuncture services.</p>	<p>See the copay listed in the Evidence of Coverage for routine acupuncture services.</p>

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

*We follow the [CMS Medicare coverage and coding guidelines](#) for all network services.

Routine: 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:

- 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](https://www.cms.gov) before submitting claims