

**OptumHealth Care Solutions, Inc. (Optum)**

**Aetna<sup>®\*</sup> Health Benefit Plans  
Commercial & Medicare  
North Carolina  
Chiropractic Fee Schedule**

**Program Effective Date: 8/1/2016**

<b>Description</b>	<b>Commercial Per Visit Fee</b>
Per visit fee: Initial evaluation/visit and subsequent visits. Per visit fee represents payment in full for all services provided, including, but not limited to, professional fees, supplies, radiology, and laboratory services. Certain DME covered under the member's commercial benefit plan may be reimbursed separately from the per visit fee schedule.	\$55.00

<b>Medicare Fee Schedule</b>		
<b>CPT Code</b>	<b>Description</b>	<b>Fee</b>
98940	CMT; spinal, one to two regions	\$25.00
98941	CMT; spinal, three to four regions	\$34.00
98942	CMT; spinal, five regions	\$44.00

Reimbursement rates for Covered Services will be the lesser of: (a) the Customary Charges for Covered Services that a provider would ordinarily charge another person regardless of whether the person is a Member, or (b) this fee schedule. This fee schedule is not a guarantee of coverage; final coverage will be determined by each member's benefit contract.