

**OptumHealth Care Solutions (Optum<sup>®</sup>)  
UnitedHealthcare  
Chiropractic Fee Schedule  
Effective 1/1/2016**

**E & M Office Services:**

<b>CPT Code</b>	<b>Description</b>	<b>Fee</b>
99201	Problem focused, straightforward, 10 minutes	\$32.50
99202	Expanded problem, straightforward, 20 minutes	\$57.50
99203	Detailed, low complexity, 30 minutes	\$85.50
99204	Comprehensive, moderate complexity, 45 minutes	\$120.50
99211	Presenting problem(s) usually minimal, 5 minutes	\$19.00
99212	Problem focused, straightforward, 10 minutes	\$33.50
99213	Expanded problem, low complexity, 15 minutes	\$47.00
99214	Detailed, moderate complexity, 25 minutes	\$73.00

**Chiropractic Manipulative Treatment:**

<b>CPT Code</b>	<b>Description</b>	<b>Fee</b>
98940	CMT; spinal, one to two regions	\$31.00
98941	CMT; spinal, three to four regions	\$43.00
98942	CMT; spinal, five regions	\$56.50
98943	CMT; extra spinal, one or more regions	\$29.00

**Therapeutic Procedures (Each 15 minutes):**

<b>CPT Code</b>	<b>Description</b>	<b>Fee</b>
97110	Therapeutic Exercises	\$28.50
97112	Neuromuscular re-education	\$28.50
97140	Manual Therapy Techniques, one or more regions	\$13.50
97530	Functional Performance Improvement Activities	\$28.50

**Constant Attendance Modalities (Each 15 Minutes):**

<b>CPT Code</b>	<b>Description</b>	<b>Fee</b>
97032	Electrical Stimulation (Manual)	\$15.50
97033	Iontophoresis	\$20.50
97035	Ultrasound	\$12.00

**Supervised Modalities:**

<b>CPT Code</b>	<b>Description</b>	<b>Fee</b>
G0283	Electrical Stimulation (unattended)	\$11.00
97012	Traction, mechanical	\$14.50
97022	Whirlpool	\$14.50
97024	Diathermy	\$4.00

**Radiology:**

<b>CPT Code</b>	<b>Description</b>	<b>Fee</b>
72040	Spine, cervical, two or three views	\$31.00
72070	Spine, thoracic; two views	\$33.00
72080	Spine, thoracic, thoracolumbar A-P and lateral	\$34.00
72081	Spine, thoracic and lumbar, including skull, cervical, and sacral, one view	\$31.00
72082	Spine, thoracic and lumbar, including skull, cervical, and sacral, two or three views	\$50.00
72083	Spine, thoracic and lumbar, including skull, cervical, and sacral, four or five views	\$54.00
72084	Spine, thoracic and lumbar, including skull, cervical, and sacral, minimum of six views	\$65.00
72100	Spine, lumbosacral; two or three views	\$34.00

Note: This schedule is not intended to be all inclusive or reflect the provider's full scope of practice, but rather represents the most commonly billed chiropractic codes. This fee schedule is not a guarantee of payment; benefits will be determined by the coverage in effect when services are provided..