

OptumHealth Care Solutions, Inc. (Optum)

**UnitedHealthcare® Commercial & Medicare
New York
Chiropractic Fee Schedule**

Effective Date: 2/1/2017

Fee Schedule #1 applies to: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster, and Westchester counties

Fee Schedule #2 only applies to: Broome, Chemung, Chenango, Schuyler, Steuben, and Tioga counties

Description	Commercial Per Visit Fee Schedule #1	Commercial Per Visit Fee Schedule #2
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.	\$68.00	\$64.00

CPT Code	Description	Fee Schedule #1	Fee Schedule #2
98940	CMT; spinal, one to two regions	\$23.32	\$37.48
98941	CMT; spinal, three to four regions	\$28.76	\$49.19
98942	CMT; spinal, five regions	\$34.74	\$62.43

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.

UnitedHealthcare commercial products include: UnitedHealthcare benefit plans issued and administered by UnitedHealthcare or its affiliates, including, but not limited to United One, United Medical Resources and Definity, unless otherwise noted in the Plan Summary.

This fee schedule is not a guarantee of coverage; final coverage will be determined by each member's benefit contract.

Confidential and Proprietary
#1 221 / 31529, 31530, 31531
#2 222 / 31536