

**From:** [REDACTED]  
**To:** [ETF SMB Board Feedback](#)  
**Subject:** UHC Advantage Plan  
**Date:** Friday, June 30, 2023 8:35:41 AM

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Department of Employee Trust Funds  
Board Liaison  
Group Insurance Board  
P.O. Box 7931  
Madison, WI 53707-7931

June 30, 2023

Carol N. Schmidt  
[REDACTED]

**Subject: United Health Care Medicare Advantage Plan**  
[REDACTED]

Clarification of Routine Chiropractic Care  
Wisconsin State Statutes 446.02(7d)1.

Dear Members of the Board of Insurance:

I am writing to bring to your attention to the importance of including additional coverage for chiropractic health care within the UHC Advantage Plan under the “Routine Chiropractic Services (medically necessary)” provision. Chiropractic care is an integral component of holistic health and wellness, and ensuring its accessibility through insurance coverage is essential for the well-being of individuals seeking these services. The benefits of chiropractic care extend beyond physical well-being, as it can positively impact mental health, enhance mobility, and contribute to a higher quality of life.

I am still battling with my UHC Advantage Plan in regard to a January 13, 2023 chiropractic bill for a patient examination that is required by State Statute. This is my first year with the UHC Advantage Plan—a plan that stood out to me because I heard so many positive comments from other retirees about this plan.

The State of Wisconsin Employee Trust Fund plan’s UHC Advantage plan offers two-fold chiropractic care under “Additional Benefits, Chiropractic Services” (page 28, Plan Guide 2023). They are: “Medicare Approved” chiropractic care which covers manual manipulation of the spine by a chiropractor to correct vertebral subluxation, AND “Routine Chiropractic Visits” which offers a 0 copay. However, the policy only states: “Covered services include routine visits for the treatment of conditions involving nerves, muscles, soft tissue and bones. Unlimited chiropractic visits every year.”

While coverage for unlimited “manual manipulation” by a chiropractor is a welcome provision, the double-edged sword arises from the language of the Wisconsin Legislature— State Statutes 446.02(7d)1. which requires: “A chiropractor shall evaluate each patient before commencing treatment of the patient to determine whether the patient has a condition that is treatable by the practice of chiropractic. The evaluation shall be based upon an examination that is appropriate to the patient. To conduct the evaluation, the chiropractor shall utilize chiropractic science, as defined by the examining board by rule, and the principles of education and training of the chiropractic profession.”

As such it seems that this State of Wisconsin Legislative mandate is a key component to obtaining chiropractic health care and should be included in the UHC Advantage Plan under “Routine Chiropractic Visits.”

Additionally, many chiropractors use “electronic manipulation” prior to “manual manipulation” whereby the patient is relaxed and the manual manipulation easily occurs as opposed to the contrary when the chiropractor does not attain a complete adjustment and then requires the patient to return in a day or two for another try or two. Electronic manipulation is another cost-saving benefit that could be offered in “Routine Chiropractic Visits.”

Furthermore, it appears that under the federal transparency rule all covered items, services, and drugs are required to be included in the consumer price transparency tool for plan years that begin on or after January 1, 2024. As such I am writing in an attempt to get better transparency and clarification of chiropractic health care before the “It’s Your Choice” rollout in October.

From my perspective, it does not seem to make financial or logical sense to be denied a chiropractor payment for a service (exam) the State Statutes mandate when I only periodically seek care from my chiropractor for the [REDACTED] that has occurred since my youth.

For months I have been working with ETF Ombudsman, Liz Doss-Anderson who put me in contact with Kai Yang, UHC Liaison. Part of the discussion Kai and I have shared has been in terms of “coding.” My chiropractor’s seasoned insurance employee has tried submitting several codes for the exam bill to no avail. I have appealed the bill several times through the UHC Advocates as well as on my own. Ms. Yang advises me that she has escalated my issue to her manager and advised me that she has contacted a 3rd party contractor who is to contact my chiropractor’s office to speak with the chiropractor’s insurance representative. Ms. Yang is unsure why that has not happened in nearly three weeks.

Perhaps getting transparency of coverage for a yearly exam, and electronic stimulation included in “Routine Chiropractic Care” will bring some clarity to those that rely on great chiropractic health care under the UHC Advantage plan.

In conclusion, I urge the Board of Insurance to consider the significance of including additional coverage for chiropractic health care within the UHC Advantage insurance policy. Doing so will enable individuals to access these beneficial services without financial strain and promote a comprehensive approach to healthcare. I kindly request your diligent review of this matter and your support in expanding insurance coverage within the “Routine Chiropractic Services (medically necessary) of the UHC Advantage Plan.

Thank you for your time and attention to this important matter. I look forward to a positive response that reflects your commitment to advancing the well-being of policyholders that clarifies and fosters a more inclusive and holistic healthcare system.

Sincerely,

Carol N. Schmidt



**STATE OF WISCONSIN**  
**Department of Employee Trust Funds**  
A. John Voelker  
SECRETARY

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of Employee Trust Funds  
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Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
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July 17, 2023

Carol Schmidt  
[REDACTED]

Dear Carol Schmidt:

Thank you for reaching out to the Group Insurance Board (Board) and the Department of Employee Trust Funds (ETF) regarding your concerns about chiropractic coverage in UnitedHealthcare's (UHC's) It's Your Choice (IYC) Medicare Advantage plan.

We understand from UHC that your grievances about a chiropractic office visit that was denied due to claim coding and services for electrical stimulation that were denied due to them initially being found not to be medically necessary have been overturned in your favor. UHC is processing payment for these two claims.

As you know, chiropractic coverage is required under Wisconsin State Statutes. This coverage is more expansive than in most other states. Care that is provided must be medically necessary. Health plans are given the authority under the contract to make determinations of medical necessity. At times, they require additional medical records to make the decision. Policies that vendors use to determine medical necessity are updated by the vendor as needed (for example, when medical standards of care change). ETF is not staffed to make such determinations, as we do not employ licensed medical professionals.

A copy of your letter and ETF's response will be included in the materials for the August 16, 2023, meeting of the Board. Board members will have a chance to review your request and consider it for possible future program changes. (Please note that the Board has already approved benefits for 2024, so this would be reviewed for 2025.) Further, Wis. Stat. §40.03(6)(c) states that the Board cannot add benefits that would increase costs without a legal mandate or by decreasing other benefits.

I hope you have found this response helpful. If you have additional questions or concerns, please feel free to reach out using the contact information provided below.

Sincerely,

Carol Schmidt  
July 17, 2023  
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Arlene Larson, Manager of Federal Program and Policy  
Office of Strategic Health Policy  
Department of Employee Trust Funds  
[arlene.larson@etf.wi.gov](mailto:arlene.larson@etf.wi.gov)  
608-264-6624

CC: Liz Doss-Anderson, ETF Ombudsperson

**From:** [REDACTED]  
**To:** [ETF SMB Board Feedback](#)  
**Subject:** Re: [ETFnoPII] UHC Advantage Plan  
**Date:** Wednesday, July 19, 2023 4:44:27 PM

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Dear Ms. Larson,

Thank you for your response. I am indeed grateful my denials have been overturned in my favor. I understand the “medically necessary” concerns you share for chiropractic care. I’m certain a diagnosis of “[REDACTED]” by a medical doctor qualifies as medically necessary. This condition left me, a 77-year-old, with [REDACTED] for much of my life. Again, I am grateful for the more extensive coverage ETF provides for retirees and that UHC is covering the denials for electronic stimulation and the required State Statute examination that I incurred.

Once I learned UHC was covering my January visit I felt comfortable to seek care for my [REDACTED] that has interrupted my sleep these past weeks. At my appointment, I spoke with the insurance representative. She informed me she received many calls from UHC representatives, however, none would offer her suggestions on coding differentiating between Medicare and UHC "Routine Care" involving code modifiers. She had been told modifiers were necessary only for Medicare billing and then told by another UHC representative that modifiers were necessary for “Routine Care” billing. When I reached out to the UHC liaison, Kai Yang, she explained that UHC does not provide codes or modifiers to providers; they should know them. The UHC representatives told this same thing to the chiropractor’s insurance representative.

This makes no sense to the chiropractor's insurance representative or to me. Of course we want help to know what coding is acceptable in order to get a claim paid. Instead, the patient must appeal not once, but perhaps two or three times while the insurance representative has to send through claim after claim after claim until she/he finally gets the coding right. Then the claim eventually gets covered. In my case, this went on from 1/13/2023 to 7/13/2023—a rather long time before the service I received 6 months ago was finally paid.

My chiropractor’s insurance representative stated she has been trained in coding, has coded insurance for years, and did watch a video to try to understand exactly what coding is acceptable to UHC under “Routine Care.” The Medicare portion (manual manipulation of the spine) of my bill was coded correctly and was immediately covered.

In summary, the disconnect seems to be with the “unknown” coding for the coverage you spoke to saying that is more expansive than in most other states. It seems unreasonable that UHC should refuse to help a provider learn exactly what coding under “Routine Care” UHC requires. It doesn’t seem fair to the provider to have to put through claim after claim in “hopes” of getting an acceptable UHC coding while a patient finds it most uncomfortable to seek out services when an unpaid bill for 6 months remains unpaid. It is my hope the Board can lend some expertise to this situation.

Thank you,

Carol Schmidt



**STATE OF WISCONSIN**  
**Department of Employee Trust Funds**  
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July 27, 2023

Carol Schmidt  
[REDACTED]

Dear Carol Schmidt:

Thank you for following up with the Department of Employee Trust Funds (ETF) regarding your concerns about chiropractic coverage in UnitedHealthcare's (UHC's) It's Your Choice (IYC) Medicare Advantage plan.

We will continue to work with UHC to ensure member claims are paid timely. Your coding concern is a relatively common insurance problem. Insurers follow standard coding, but there are nuances. The insurers will not tell providers what to code because that can lead to fraud, as a code provided by the insurer may not match the services that were actually provided. Further, ETF does not employ coders or mandate coding or billing configuration.

I hope you have found this response helpful. If you have additional questions or concerns, please feel free to reach out using the contact information provided below.

Sincerely,

Arlene Larson, Manager of Federal Program and Policy  
Office of Strategic Health Policy  
Department of Employee Trust Funds  
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