



Executive Office

PO Box 8320, Lexington, KY 40533-8320

O: 859-554-4498 | F: 855-813-5300

kac@thekac.org | www.thekac.org

August 15, 2024

Tim Noel

CEO, UnitedHealthcare Medicare & Retirement

UnitedHealthcare

9800 Health Care Lane

Minnetonka, MN 55343

RE: **Changes to UnitedHealthcare and AARP Medicare Advantage Plans Clinical Submission Requirements for Chiropractic, Physical, Occupational and Speech Therapy Service –**

Prior Authorization

Dear Mr. Noel:

The Kentucky Association of Chiropractors (KAC), the largest professional trade association representing Kentucky licensed chiropractors, strongly opposes Optum's planned Prior Authorization requirement for Medicare Advantage services, including chiropractic manipulative therapy (CMT), physical therapy, and occupational therapy. These are all services either rendered by licensed chiropractors or other providers in their practices.

The KAC has learned that Optum will require Prior Authorization to assess medical necessity, and receive payment for, a specified number of visits following the initial evaluation. Further, after the initial number of authorized visits are completed, if the patient needs additional treatment, the provider will need to submit another request to authorize more care.

This unjustified burden will create a barrier for seniors to access these conservative, cost-effective care options for the following reasons:

- No justification exists to require additional pre-conditions for care for those seniors who have chosen a Medicare Advantage plan over those who are covered under traditional Medicare.
- Adding an additional, resource-straining prerequisite to care is a disincentive for providers to treat Medicare patients.
- Medicare patients in areas with providers who still accept Medicare will face delays in treatment due to shrinking network provider availability.
- Medicare patients in underserved areas may be effectively completely *unable* to access chiropractic and other conservative treatment options due to provider unavailability, driving patients to greater Emergency Room utilization, more invasive and costly procedures, and potentially addictive medications.
- Medicare Advantage patients may have their treatment plan reviewed by a nurse or other non-chiropractic physician reviewer who lacks expertise or even familiarity with the spinal adjustment (CMT) to assess medical necessity in the procedure(s) under review.



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Additionally, the Prior Authorization program will hinder providers in their ability to help Medicare Advantage patients as follows:

- The prior authorization process imposes disproportionate administrative and financial burdens on providers for minimal Medicare reimbursement.
- The administrative burden discourages providers from treating Medicare patients due to economic unsustainability.
- The program overrides the treating chiropractor's medical judgment, often by unqualified reviewers.
- The program imposes blanket prior authorization requirements, disregarding Optum's existing provider tiering system that is based utilization history.

Optum's Prior Authorization program will be detrimental both to Medicare Advantage patients and to the health care system in general by limiting access to conservative care and treaters and potentially driving patients to more costly, invasive options.

The KAC respectfully requests that Optum reconsider and rescind its plan to implement the program.

Sincerely,

Rachel Wendt, DC
KAC Executive Director
DrWendt@thekac.org