

FUTURE Local Coverage Determination (LCD): Chiropractic Services (L34585)

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Please note: Future Effective Date.

Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction State(s)	
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05102 - MAC B	N/A	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05202 - MAC B	N/A	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05302 - MAC B	N/A	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05402 - MAC B	N/A	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08102 - MAC B	N/A	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08202 - MAC B	N/A	Michigan
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LCD Information

Document Information

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CMS Pub. 100-02 Chapter 15 §30.5, 40.4, 220.

CMS Pub. 100-02 Chapter 15 §240 - 240.1.5.

CMS Pub. 100-04 Chapter 12 §220

CMS Pub. 100-04 Chapter 23 §20.9.1.1

Title XVIII of the Social Security Act:

Section 1833 (e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Section 1862 (a) (1) (A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

CFR Part 411.15., subpart A addresses general exclusions and exclusion of particular services.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Implementation of the chiropractic benefit requires an appreciation of the differences between chiropractic theory and experience and traditional medicine due to fundamental differences regarding etiology and theories of the pathogenesis of disease. Judgments about the reasonableness of chiropractic treatment must be based on the application of chiropractic principles.

A. The term "physician" under Part B includes a chiropractor who meets specified qualifying requirements, but only for treatment by means of manual manipulation of the spine to correct a subluxation. Medicare covers limited chiropractic services when performed by a chiropractor licensed by the state or jurisdiction in which he/she resides.

Reimbursement is based on the physician fee schedule and payment is made to the beneficiary or, on assignment, to the chiropractor.

B. Manual Manipulation. *Coverage of chiropractic service is specifically limited to treatment by means of manual manipulation, i.e., by use of hands. Additionally, manual devices (i.e., those that are hand-held with the thrust of the force of the device being controlled manually) may be used by chiropractors in performing manual manipulation of the spine. However, no additional payment is available for use of the device, nor does Medicare*

recognize an extra charge for the device itself.

The word "correction" may be used in lieu of "treatment". Also, a number of different terms composed of the following words may be used to describe manual manipulation as defined above:

- *Spine or spinal adjustment by manual means;*
- *Spine or spinal manipulation;*
- *Manual adjustment; and*
- *Vertebral manipulation or adjustment.*

Any case in which the term(s) used to describe the service performed suggests that it may not have been treatment by means of manual manipulation, the claim will be referred for professional review and interpretation.

C. Utilization Guidelines

1. Subluxation. Subluxation is defined as a motion segment, in which alignment, movement integrity, and/or physiological function of the spine are altered although contact between joint surfaces remains intact.

2. Documentation of Subluxation. A subluxation may be demonstrated by an x-ray or by physical examination, as described below.

a. Demonstrated by X-Ray.

- Effective for claims with dates of service on or after January 1, 2000, an x-ray is not required to demonstrate the subluxation.

An x-ray may be used to document subluxation. The x-ray must have been taken at a time reasonably proximate to the initiation of a course of treatment. Unless more specific x-ray evidence is warranted, an x-ray is considered reasonably proximate if it was taken no more than 12 months prior to or 3 months following the initiation of a course of chiropractic treatment. In certain cases of chronic subluxation (e.g., scoliosis), an older x-ray may be accepted provided the beneficiary's health record indicates the condition has existed longer than 12 months and there is a reasonable basis for concluding that the condition is permanent. A previous CT scan and/or MRI is acceptable evidence if a subluxation of the spine is demonstrated.

b. Demonstrated by Physical Examination Evaluation of musculoskeletal/ nervous system to identify (PART = Pain, Asymmetry, Range of motion and tissue tone changes):

-Pain/tenderness evaluated in terms of location, quality, and intensity

Pain – Most primary neuromusculoskeletal disorders manifest primarily by a painful response. Pain and tenderness findings may be identified through one or more of the following: observation, percussion, palpation, provocation, etc. Furthermore pain intensity may be assessed using one or more of the following: visual analog scales, algometers, pain questionnaires, etc.

-Asymmetry/misalignment identified on a sectional or segmental level;

Asymmetry/misalignment – Asymmetry/misalignment may be identified on a sectional or segmental level through one or more of the following: observation (posture and gait analysis), static palpation for misalignment of vertebral segments, diagnostic imaging, etc.

-Range of motion abnormality (changes in active, passive, and accessory joint movements resulting in an increase or a decrease of sectional or segmental mobility); and

Range of motion abnormality – Range of motion abnormalities may be identified through one or more of the following: motion, palpation, observation, stress diagnostic imaging, range of motion measurements, etc.

-Tissue, tone changes in the characteristics of contiguous, or associated soft tissues, including skin, fascia, muscle, and ligament.

Tissue/Tone texture may be identified through one or more of the following procedures: observation, palpation, use of instruments, tests for length and strength etc.

To demonstrate a subluxation based on physical examination, two of the four criteria mentioned under the above physical examination list are required, one of which must be asymmetry/misalignment or range of motion abnormality.

The history recorded in the patient record should include the following:

- Symptoms causing patient to seek treatment;*
- Family history if relevant;*
- Past health history (general health, prior illness, injuries, or hospitalizations; medications; surgical history);*
- Mechanism of trauma;*
- Quality and character of symptoms/problem;*
- Onset, duration, intensity, frequency, location and radiation of symptoms;*
- Aggravating or relieving factors; and*
- Prior interventions, treatments, medications, secondary complaints.*

D. Documentation Requirements: Initial Visit - the following documentation requirements apply whether the subluxation is demonstrated by x-ray or by physical examination:

1. *History as stated above.*
2. *Description of the present illness including:*
 - *Mechanism of trauma;*
 - *Quality and character of symptoms/problem;*
 - *Onset, duration, intensity, frequency, location, and radiation of symptoms;*
 - *Aggravating or relieving factors;*
 - *Prior interventions, treatments, medications, secondary complaints; and*
 - *Symptoms causing patient to seek treatment.*

These symptoms must bear a direct relationship to the level of subluxation. The symptoms should refer to the spine (spondyle or vertebral), muscle (myo), bone (osseo or osteo), rib (costo or costal) and joint (arthro) and be reported as pain (algia), inflammation (itis), or as signs such as swelling, spasticity, etc. Vertebral pinching of spinal nerves may cause headaches, arm, shoulder, and hand problems as well as leg and foot pains and numbness. Rib and rib/chest pains are also recognized symptoms, but in general other symptoms must relate to the spine as such. The subluxation must be causal, i.e., the symptoms must be related to the level of the subluxation that has been cited. A statement on a claim that there is "pain" is insufficient. The location of pain must be described and whether the particular vertebra listed is capable of producing pain in the area determined.

3. *Evaluation of musculoskeletal/nervous system through physical examination.*
4. *Diagnosis: The primary diagnosis must be subluxation, including the level of subluxation, either so stated or identified by a term descriptive of subluxation. Such terms may refer either to the condition of the spinal joint involved or to the direction of position assumed by the particular bone named.*
5. *Treatment Plan: The treatment plan should include the following:*
 - *Recommended level of care (duration and frequency of visits);*
 - *Specific treatment goals; and*
 - *Objective measures to evaluate treatment effectiveness.*
6. *Date of the initial treatment.*

E. Documentation Requirements: Subsequent Visits- *the following documentation requirements apply whether the subluxation is demonstrated by x-ray or by physical examination:*

1. *History*
 - *Review of chief complaint;*
 - *Changes since last visit;*
 - *System review if relevant.*
2. *Physical exam*
 - *Exam of area of spine involved in diagnosis;*
 - *Assessment of change in patient condition since last visit;*
 - *Evaluation of treatment effectiveness.*
3. *Documentation of treatment given on day of visit.*

F. Necessity for Treatment

1. *The patient must have a significant health problem in the form of a neuromusculoskeletal condition necessitating treatment, and the manipulative services rendered must have a direct therapeutic relationship to the patient's condition and provide reasonable expectation of recovery or improvement of function. The patient must have a subluxation of the spine as demonstrated by x-ray or physical exam, as described above.*

Most spinal joint problems may be categorized as follows:

- **Acute subluxation:** A patient's condition is considered acute when the patient is being treated for a new injury, identified by x-ray or physical exam as specified above. The result of chiropractic manipulation is expected to be an improvement in, or arrest of progression, of the patient's condition.

- **Chronic subluxation-**A patient's condition is considered chronic when it is not expected to significantly improve or be resolved with further treatment (as is the case with an acute condition), but where the continued therapy can be expected to result in some functional improvement. Once the clinical status has remained stable for a given condition, without expectation of additional objective clinical improvements, further manipulative treatment is considered maintenance therapy and is not covered

2. Maintenance Therapy

Under the Medicare program, Chiropractic maintenance therapy is not considered to be medically reasonable or necessary, and is therefore not payable. Maintenance therapy is defined as a treatment plan that seeks to prevent disease, promote health, and prolong and enhance the quality of life; or therapy that is performed to maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy. For information on how to indicate on a claim a treatment is or is not maintenance, see §240.1.3

3. Contraindications Dynamic thrust is the therapeutic force or maneuver delivered by the physician during manipulation in the anatomic region of involvement. A relative contraindication is a condition that adds significant risk of injury to the patient from dynamic thrust, but does not rule out the use of dynamic thrust. The doctor should discuss this risk with the patient and record this in the chart.

a. The following are **relative contraindications** to dynamic thrust:

Articular hyper mobility and circumstances where the stability of the joint is uncertain;

- Severe demineralization of bone;
- Benign bone tumors (spine);
- Bleeding disorders and anticoagulant therapy; and
- Radiculopathy with progressive neurological signs.

b. Dynamic thrust is **absolutely contraindicated** near the site of demonstrated subluxation and proposed manipulation in the following:

- Acute arthropathies characterized by acute inflammation and ligamentous laxity and anatomic subluxation or dislocation; including acute rheumatoid arthritis and ankylosing spondylitis;
- Acute fractures and dislocations or healed fractures and dislocations with signs of instability;
- An unstable os odontoideum;
- Malignancies that involve the vertebral column;
- Infection of bones or joints of the vertebral column;
- Signs and symptoms of myelopathy or cauda equina syndrome;
- For cervical spinal manipulations, vertebrobasilar insufficiency syndrome; and
- A significant major artery aneurysm near the proposed manipulation.

G. Location of Subluxation. The precise level of the subluxation must be specified by the chiropractor to substantiate a claim for manipulation of the spine. This designation is made in relation to the part of the spine in which the subluxation is identified:

Area of Spine	Names of Vertebrae	Number of Vertebrae	Short Form or Other Name	Subluxation ICD-10 code
Neck	Occiput Cervical Atlas Axis	7	Occ, CO C1-C7 C1 C2	M99.00 M99.01
Back	Dorsal or Thoracic Costovertebral Costotransverse	12	D1-D12 T1-T12 R1-R12 R1-R12	M99.02
Low Back	Lumbar	5	L1-L5	M99.03
Pelvis	Ilii r and l		I, Si	M99.05

In addition to the vertebrae and pelvic bones listed, the Ilii (R and L) are included with the sacrum as an area where a condition may occur which would be appropriate for chiropractic manipulative treatment.

There are two ways in which the level of the subluxation may be specified in patient's record.

- *The exact bones may be listed, for example: C 5, 6, etc.*
- *The area may suffice if it implies only certain bones such as: occipito-atlantal (occiput and C1 (atlas)), lumbo-sacral (L5 and Sacrum) sacro-iliac (sacrum and ilium).*

Following are some common examples of acceptable descriptive terms for the nature of the abnormalities:

Off-centered, Misalignment, Malpositioning, Spacing

- *abnormal*
- *altered*
- *decreased*
- *increased*

Incomplete dislocation, Rotation, Listhesis

- *antero*
- *postero*
- *retro*
- *lateral*
- *spondylo*

Motion

- *limited*
- *lost*
- *restricted*
- *flexion*
- *extension*
- *hyper mobility*
- *hypomotility*
- *aberrant*

Other terms may be used. If they are understood clearly to refer to bone or joint space or position (or motion) changes of vertebral elements, they are acceptable.

H. Treatment Parameters

1. The chiropractor should be afforded the opportunity to effect improvement or arrest or retard deterioration of subluxation within a reasonable and generally predictable period of time. Acute subluxation (e.g., strains or sprains) problems may require as many as 3 months of treatment but some require very little treatment. In the first several days treatment may be quite frequent but decreasing in frequency with time or as improvement is obtained.

2. Chronic spinal joint condition (e.g., loss of joint mobility or other joint problems) implies, of joints have already "set" and fibrotic tissue has developed. This condition may require a longer treatment time, but not with higher frequency.

3. The mere statement or diagnosis of "pain" is not sufficient to support medical necessity for the treatments.

The location of pain must be described and whether the particular vertebra listed is capable of producing pain in the area determined.

The problem/complaint addressed and precise level of each subluxation treated must be specified in the medical record. The need for an extensive, prolonged course of treatment should be consistent with the reported diagnosis and must be clearly documented in the medical record.

Coding Information

[FUTURE]

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

98940 CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 1-2 REGIONS
98941 CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS
98942 CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 5 REGIONS

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: Note: diagnosis codes must be coded to the highest level of specificity. The level of the subluxation must be specified on the claim and must be listed as the primary diagnosis. The neuromusculoskeletal condition necessitating the treatment must be listed as the secondary diagnosis. All diagnosis codes must be coded to the highest level of specificity, and the primary diagnosis must be supported by x-ray or documented by physical examination.

These are the only covered diagnosis codes that support medical necessity:

Primary: ICD-10-CM Codes (Names of Vertebrae)

The precise level of subluxation must be listed as the primary diagnosis.

Group 1 Codes:

ICD-10 Codes

Description

M99.00	Segmental and somatic dysfunction of head region
M99.01	Segmental and somatic dysfunction of cervical region
M99.02	Segmental and somatic dysfunction of thoracic region
M99.03	Segmental and somatic dysfunction of lumbar region
M99.04	Segmental and somatic dysfunction of sacral region
M99.05	Segmental and somatic dysfunction of pelvic region

Group 2 Paragraph: SHORT-TERM TREATMENT

(These conditions generally require short-term treatments.)

ICD-10 CM

Symptom/Condition Codes
(Secondary Diagnosis)

Group 2 Codes:**ICD-10 Codes****Description**

G43.009	Migraine without aura, not intractable, without status migrainosus
G43.019	Migraine without aura, intractable, without status migrainosus
G43.109	Migraine with aura, not intractable, without status migrainosus
G43.119	Migraine with aura, intractable, without status migrainosus
G43.A0	Cyclical vomiting, not intractable
G43.A1	Cyclical vomiting, intractable
G43.B0	Ophthalmoplegic migraine, not intractable
G43.B1	Ophthalmoplegic migraine, intractable
G43.C0	Periodic headache syndromes in child or adult, not intractable
G43.C1	Periodic headache syndromes in child or adult, intractable
G43.D0	Abdominal migraine, not intractable
G43.D1	Abdominal migraine, intractable
G43.909	Migraine, unspecified, not intractable, without status migrainosus
G43.919	Migraine, unspecified, intractable, without status migrainosus
G44.1	Vascular headache, not elsewhere classified
G44.209	Tension-type headache, unspecified, not intractable
M47.24	Other spondylosis with radiculopathy, thoracic region
M47.25	Other spondylosis with radiculopathy, thoracolumbar region
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.28	Other spondylosis with radiculopathy, sacral and sacrococcygeal region
M47.811	Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region
M47.812	Spondylosis without myelopathy or radiculopathy, cervical region
M47.813	Spondylosis without myelopathy or radiculopathy, cervicothoracic region
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region
M47.815	Spondylosis without myelopathy or radiculopathy, thoracolumbar region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M48.11	Ankylosing hyperostosis [Forestier], occipito-atlanto-axial region
M48.12	Ankylosing hyperostosis [Forestier], cervical region
M48.13	Ankylosing hyperostosis [Forestier], cervicothoracic region
M48.14	Ankylosing hyperostosis [Forestier], thoracic region
M48.15	Ankylosing hyperostosis [Forestier], thoracolumbar region
M48.16	Ankylosing hyperostosis [Forestier], lumbar region
M48.17	Ankylosing hyperostosis [Forestier], lumbosacral region
M48.18	Ankylosing hyperostosis [Forestier], sacral and sacrococcygeal region
M48.19	Ankylosing hyperostosis [Forestier], multiple sites in spine
M54.2	Cervicalgia
M54.5	Low back pain
M54.6	Pain in thoracic spine
M62.49	Contracture of muscle, multiple sites
M62.838	Other muscle spasm
R51	Headache

Group 3 Paragraph: Moderate-Term Treatment

ICD 10 CM

Symptom/Condition Codes

(Secondary Diagnosis)

Group 3 Codes:**ICD-10 Codes****Description**

G54.0	Brachial plexus disorders
G54.1	Lumbosacral plexus disorders
G54.2	Cervical root disorders, not elsewhere classified
G54.3	Thoracic root disorders, not elsewhere classified
G54.4	Lumbosacral root disorders, not elsewhere classified

ICD-10 Codes	Description
G54.8	Other nerve root and plexus disorders
G55	Nerve root and plexus compressions in diseases classified elsewhere
G57.01	Lesion of sciatic nerve, right lower limb
G57.02	Lesion of sciatic nerve, left lower limb
G57.21	Lesion of femoral nerve, right lower limb
G57.22	Lesion of femoral nerve, left lower limb
G57.91	Unspecified mononeuropathy of right lower limb
G57.92	Unspecified mononeuropathy of left lower limb
M12.311	Palindromic rheumatism, right shoulder
M12.312	Palindromic rheumatism, left shoulder
M12.351	Palindromic rheumatism, right hip
M12.352	Palindromic rheumatism, left hip
M12.361	Palindromic rheumatism, right knee
M12.362	Palindromic rheumatism, left knee
M12.371	Palindromic rheumatism, right ankle and foot
M12.372	Palindromic rheumatism, left ankle and foot
M12.38	Palindromic rheumatism, other specified site
M12.39	Palindromic rheumatism, multiple sites
M12.411	Intermittent hydrarthrosis, right shoulder
M12.412	Intermittent hydrarthrosis, left shoulder
M12.451	Intermittent hydrarthrosis, right hip
M12.452	Intermittent hydrarthrosis, left hip
M12.461	Intermittent hydrarthrosis, right knee
M12.462	Intermittent hydrarthrosis, left knee
M12.471	Intermittent hydrarthrosis, right ankle and foot
M12.472	Intermittent hydrarthrosis, left ankle and foot
M12.48	Intermittent hydrarthrosis, other site
M12.49	Intermittent hydrarthrosis, multiple sites
M15.4	Erosive (osteo)arthritis
M15.8	Other polyosteoarthritis
M16.0	Bilateral primary osteoarthritis of hip
M16.11	Unilateral primary osteoarthritis, right hip
M16.12	Unilateral primary osteoarthritis, left hip
M25.011	Hemarthrosis, right shoulder
M25.012	Hemarthrosis, left shoulder
M25.051	Hemarthrosis, right hip
M25.052	Hemarthrosis, left hip
M25.061	Hemarthrosis, right knee
M25.062	Hemarthrosis, left knee
M25.071	Hemarthrosis, right ankle
M25.072	Hemarthrosis, left ankle
M25.074	Hemarthrosis, right foot
M25.075	Hemarthrosis, left foot
M25.08	Hemarthrosis, other specified site
M25.451	Effusion, right hip
M25.452	Effusion, left hip
M25.461	Effusion, right knee
M25.462	Effusion, left knee
M25.471	Effusion, right ankle
M25.472	Effusion, left ankle
M25.474	Effusion, right foot
M25.475	Effusion, left foot
M25.511	Pain in right shoulder
M25.512	Pain in left shoulder
M25.551	Pain in right hip
M25.552	Pain in left hip
M25.561	Pain in right knee
M25.562	Pain in left knee

ICD-10 Codes	Description
M25.571	Pain in right ankle and joints of right foot
M25.572	Pain in left ankle and joints of left foot
M25.611	Stiffness of right shoulder, not elsewhere classified
M25.612	Stiffness of left shoulder, not elsewhere classified
M25.651	Stiffness of right hip, not elsewhere classified
M25.652	Stiffness of left hip, not elsewhere classified
M25.661	Stiffness of right knee, not elsewhere classified
M25.662	Stiffness of left knee, not elsewhere classified
M25.671	Stiffness of right ankle, not elsewhere classified
M25.672	Stiffness of left ankle, not elsewhere classified
M25.674	Stiffness of right foot, not elsewhere classified
M25.675	Stiffness of left foot, not elsewhere classified
M25.811	Other specified joint disorders, right shoulder
M25.812	Other specified joint disorders, left shoulder
M25.851	Other specified joint disorders, right hip
M25.852	Other specified joint disorders, left hip
M25.861	Other specified joint disorders, right knee
M25.862	Other specified joint disorders, left knee
M25.871	Other specified joint disorders, right ankle and foot
M25.872	Other specified joint disorders, left ankle and foot
M43.01	Spondylolysis, occipito-atlanto-axial region
M43.02	Spondylolysis, cervical region
M43.03	Spondylolysis, cervicothoracic region
M43.04	Spondylolysis, thoracic region
M43.05	Spondylolysis, thoracolumbar region
M43.06	Spondylolysis, lumbar region
M43.07	Spondylolysis, lumbosacral region
M43.08	Spondylolysis, sacral and sacrococcygeal region
M43.09	Spondylolysis, multiple sites in spine
M43.11	Spondylolisthesis, occipito-atlanto-axial region
M43.12	Spondylolisthesis, cervical region
M43.13	Spondylolisthesis, cervicothoracic region
M43.14	Spondylolisthesis, thoracic region
M43.15	Spondylolisthesis, thoracolumbar region
M43.16	Spondylolisthesis, lumbar region
M43.17	Spondylolisthesis, lumbosacral region
M43.18	Spondylolisthesis, sacral and sacrococcygeal region
M43.19	Spondylolisthesis, multiple sites in spine
M43.27	Fusion of spine, lumbosacral region
M43.28	Fusion of spine, sacral and sacrococcygeal region
M43.6	Torticollis
M46.01	Spinal enthesopathy, occipito-atlanto-axial region
M46.02	Spinal enthesopathy, cervical region
M46.03	Spinal enthesopathy, cervicothoracic region
M46.04	Spinal enthesopathy, thoracic region
M46.05	Spinal enthesopathy, thoracolumbar region
M46.06	Spinal enthesopathy, lumbar region
M46.07	Spinal enthesopathy, lumbosacral region
M46.08	Spinal enthesopathy, sacral and sacrococcygeal region
M46.09	Spinal enthesopathy, multiple sites in spine
M46.41	Discitis, unspecified, occipito-atlanto-axial region
M46.42	Discitis, unspecified, cervical region
M46.43	Discitis, unspecified, cervicothoracic region
M46.44	Discitis, unspecified, thoracic region
M46.45	Discitis, unspecified, thoracolumbar region
M46.46	Discitis, unspecified, lumbar region
M46.47	Discitis, unspecified, lumbosacral region
M50.11	Cervical disc disorder with radiculopathy, high cervical region

ICD-10 Codes	Description
M50.12	Cervical disc disorder with radiculopathy, mid-cervical region
M50.13	Cervical disc disorder with radiculopathy, cervicothoracic region
M50.81	Other cervical disc disorders, high cervical region
M50.82	Other cervical disc disorders, mid-cervical region
M50.83	Other cervical disc disorders, cervicothoracic region
M50.91	Cervical disc disorder, unspecified, high cervical region
M50.92	Cervical disc disorder, unspecified, mid-cervical region
M50.93	Cervical disc disorder, unspecified, cervicothoracic region
M51.14	Intervertebral disc disorders with radiculopathy, thoracic region
M51.15	Intervertebral disc disorders with radiculopathy, thoracolumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.84	Other intervertebral disc disorders, thoracic region
M51.85	Other intervertebral disc disorders, thoracolumbar region
M51.86	Other intervertebral disc disorders, lumbar region
M51.87	Other intervertebral disc disorders, lumbosacral region
M53.0	Cervicocranial syndrome
M53.1	Cervicobrachial syndrome
M53.2X7	Spinal instabilities, lumbosacral region
M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
M53.86	Other specified dorsopathies, lumbar region
M53.87	Other specified dorsopathies, lumbosacral region
M53.88	Other specified dorsopathies, sacral and sacrococcygeal region
M54.11	Radiculopathy, occipito-atlanto-axial region
M54.12	Radiculopathy, cervical region
M54.13	Radiculopathy, cervicothoracic region
M54.14	Radiculopathy, thoracic region
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M60.811	Other myositis, right shoulder
M60.812	Other myositis, left shoulder
M60.851	Other myositis, right thigh
M60.852	Other myositis, left thigh
M60.861	Other myositis, right lower leg
M60.862	Other myositis, left lower leg
M60.871	Other myositis, right ankle and foot
M60.872	Other myositis, left ankle and foot
M60.88	Other myositis, other site
M60.89	Other myositis, multiple sites
M62.830	Muscle spasm of back
M79.1	Myalgia
M79.7	Fibromyalgia
Q76.2	Congenital spondylolisthesis
R26.2	Difficulty in walking, not elsewhere classified
R29.4	Clicking hip
S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
S13.8XXA	Sprain of joints and ligaments of other parts of neck, initial encounter
S16.1XXA	Strain of muscle, fascia and tendon at neck level, initial encounter
S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
S23.8XXA	Sprain of other specified parts of thorax, initial encounter
S29.012A	Strain of muscle and tendon of back wall of thorax, initial encounter
S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
S33.6XXA	Sprain of sacroiliac joint, initial encounter
S33.8XXA	Sprain of other parts of lumbar spine and pelvis, initial encounter
S39.012A	Strain of muscle, fascia and tendon of lower back, initial encounter
S39.013A	Strain of muscle, fascia and tendon of pelvis, initial encounter

Group 4 Paragraph: Long-Term Treatment
 ICD 10 CM
 Symptom/Condition Codes (Secondary Diagnosis)

Group 4 Codes:

ICD-10 Codes

Description

M48.01	Spinal stenosis, occipito-atlanto-axial region
M48.02	Spinal stenosis, cervical region
M48.03	Spinal stenosis, cervicothoracic region
M48.04	Spinal stenosis, thoracic region
M48.05	Spinal stenosis, thoracolumbar region
M48.06	Spinal stenosis, lumbar region
M48.07	Spinal stenosis, lumbosacral region
M48.31	Traumatic spondylopathy, occipito-atlanto-axial region
M48.32	Traumatic spondylopathy, cervical region
M48.33	Traumatic spondylopathy, cervicothoracic region
M48.34	Traumatic spondylopathy, thoracic region
M48.35	Traumatic spondylopathy, thoracolumbar region
M48.36	Traumatic spondylopathy, lumbar region
M48.37	Traumatic spondylopathy, lumbosacral region
M48.38	Traumatic spondylopathy, sacral and sacrococcygeal region
M50.21	Other cervical disc displacement, high cervical region
M50.22	Other cervical disc displacement, mid-cervical region
M50.23	Other cervical disc displacement, cervicothoracic region
M50.31	Other cervical disc degeneration, high cervical region
M50.32	Other cervical disc degeneration, mid-cervical region
M50.33	Other cervical disc degeneration, cervicothoracic region
M51.24	Other intervertebral disc displacement, thoracic region
M51.25	Other intervertebral disc displacement, thoracolumbar region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.34	Other intervertebral disc degeneration, thoracic region
M51.35	Other intervertebral disc degeneration, thoracolumbar region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M54.31	Sciatica, right side
M54.32	Sciatica, left side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M96.1	Postlaminectomy syndrome, not elsewhere classified
M99.20	Subluxation stenosis of neural canal of head region
M99.21	Subluxation stenosis of neural canal of cervical region
M99.22	Subluxation stenosis of neural canal of thoracic region
M99.23	Subluxation stenosis of neural canal of lumbar region
M99.30	Osseous stenosis of neural canal of head region
M99.31	Osseous stenosis of neural canal of cervical region
M99.32	Osseous stenosis of neural canal of thoracic region
M99.33	Osseous stenosis of neural canal of lumbar region
M99.40	Connective tissue stenosis of neural canal of head region
M99.41	Connective tissue stenosis of neural canal of cervical region
M99.42	Connective tissue stenosis of neural canal of thoracic region
M99.43	Connective tissue stenosis of neural canal of lumbar region
M99.50	Intervertebral disc stenosis of neural canal of head region
M99.51	Intervertebral disc stenosis of neural canal of cervical region
M99.52	Intervertebral disc stenosis of neural canal of thoracic region
M99.53	Intervertebral disc stenosis of neural canal of lumbar region
M99.60	Osseous and subluxation stenosis of intervertebral foramina of head region
M99.61	Osseous and subluxation stenosis of intervertebral foramina of cervical region
M99.62	Osseous and subluxation stenosis of intervertebral foramina of thoracic region
M99.63	Osseous and subluxation stenosis of intervertebral foramina of lumbar region

ICD-10 Codes	Description
M99.70	Connective tissue and disc stenosis of intervertebral foramina of head region
M99.71	Connective tissue and disc stenosis of intervertebral foramina of cervical region
M99.72	Connective tissue and disc stenosis of intervertebral foramina of thoracic region
M99.73	Connective tissue and disc stenosis of intervertebral foramina of lumbar region
Q76.2	Congenital spondylolisthesis

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph: Those ICD - codes not listed in this policy.

Group 1 Codes: N/A

ICD-10 Additional Information

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General Information

[FUTURE]

Associated Information

Documentation requirements

Documentation supporting the medical necessity of this item, such as diagnosis codes, must be submitted with each claim. Claims submitted without diagnosis codes will be denied as being not medically necessary. Documentation in the form of progress notes need not be submitted with each claim but be available upon request.

Claims submitted for Chiropractic manipulative treatment (CMT) CPT codes 98940, 98941, or 98942, must contain an AT modifier or they will be considered not medically necessary.

Utilization Guidelines

See C of the Section on Indications and Limitations of Coverage and/or Medical Necessity.

Once the maximum therapeutic benefit has been achieved for a given condition, ongoing maintenance therapy is not considered to be medically necessary under the Medicare program.

Sources of Information and Basis for Decision

Guidelines for Chiropractic Quality Assurance and Practice Parameters (1993);

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Revision History Information

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
03/01/2016	R9	03/01/2016 Annual review reformatted P.A.R.T. section, no change in coverage.	<ul style="list-style-type: none"> Other
10/01/2015	R8	12/01/2015 Added codes S29012A, S39012A, S39013A to group 3 effective for dates of service on or after 10/01/2015 removed CAC information. Updated information under CMS National Coverage Policy section.	<ul style="list-style-type: none"> Other Revisions Due To ICD-10-CM Code Changes

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2015	R7	10/06/2015 - Due to CMS guidance, we have removed the Jurisdiction 8 Notice and corresponding table from the CMS National Coverage Policy section. No other changes to policy or coverage.	<ul style="list-style-type: none"> Other
10/01/2015	R6	09/01/2015 Corrected codes in the table for subluxation sacral- M99.04 and pelvic-M99.05.	<ul style="list-style-type: none"> Other (Maintenance annual review)
10/01/2015	R5	04/01/2015 Annual review no change in coverage, removed underlining.	<ul style="list-style-type: none"> Other (Maintenance annual review)
10/01/2015	R4	11/01/2014 Changed word from carrier to contractor.	<ul style="list-style-type: none"> Other
10/01/2015	R3	08/01/2014 Code description changes, M12.38, M25.08, M50.11, M50.91, M50.21, M50.31.	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2015	R2	05/01/2014 Reformatted CMS references, no change in coverage.	<ul style="list-style-type: none"> Other
10/01/2015	R1	05/01/2014 Reformatted CMS references, no change in coverage.	<ul style="list-style-type: none"> Other

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Associated Documents

Attachments [Billing & Coding Guidelines](#) (PDF - 85 KB)

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 02/16/2016 with effective dates 03/01/2016 - N/A [Updated on 11/16/2015 with effective dates 10/01/2015 - 02/29/2016](#) [Updated on 10/07/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 08/18/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 03/18/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 10/20/2014 with effective dates 10/01/2015 - N/A](#) [Updated on 07/25/2014 with effective dates 10/01/2015 - N/A](#) [Updated on 04/16/2014 with effective dates 10/01/2015 - 09/30/2015](#) [Updated on 04/16/2014 with effective dates 10/01/2015 - N/A](#) [Updated on 03/04/2014 with effective dates 10/01/2015 - N/A](#)
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Keywords

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