

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

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Contractor Information

| Contractor Name | Contract Type | Contract Number | Jurisdiction State(s) | |
|--|----------------------|------------------------|------------------------------|-------------------------|
| Wisconsin Physicians Service Insurance Corporation | MAC - Part B | 05102 - MAC B | J - 05 | Iowa |
| Wisconsin Physicians Service Insurance Corporation | MAC - Part B | 05202 - MAC B | J - 05 | Kansas |
| Wisconsin Physicians Service Insurance Corporation | MAC - Part B | 05302 - MAC B | J - 05 | Missouri - Entire State |
| Wisconsin Physicians Service Insurance Corporation | MAC - Part B | 05402 - MAC B | J - 05 | Nebraska |
| Wisconsin Physicians Service Insurance Corporation | MAC - Part B | 08102 - MAC B | J - 08 | Indiana |
| Wisconsin Physicians Service Insurance Corporation | MAC - Part B | 08202 - MAC B | J - 08 | Michigan |

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LCD Information

Document Information

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| LCD ID L34585 | Original Effective Date For services performed on or after 10/01/2015 |
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CMS National Coverage Policy

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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

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

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 |
| Sacral | Sacrum, Coccyx | | S, SC | M99.04 |

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.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

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Coding Information

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 |

| ICD-10 Codes | Description |
|---------------------|---|
| 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 |
| G54.8 | Other nerve root and plexus disorders |

| ICD-10 Codes | Description |
|---------------------|---|
| 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 |
| G57.03 | Lesion of sciatic nerve, bilateral lower limbs |
| G57.21 | Lesion of femoral nerve, right lower limb |
| G57.22 | Lesion of femoral nerve, left lower limb |
| G57.23 | Lesion of femoral nerve, bilateral lower limbs |
| G57.91 | Unspecified mononeuropathy of right lower limb |
| G57.92 | Unspecified mononeuropathy of left lower limb |
| G57.93 | Unspecified mononeuropathy of bilateral lower limbs |
| 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 |

| ICD-10 Codes | Description |
|---------------------|---|
| M25.561 | Pain in right knee |
| M25.562 | Pain in left knee |
| 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 |

| ICD-10 Codes | Description |
|---------------------|--|
| M46.47 | Discitis, unspecified, lumbosacral region |
| M50.11 | Cervical disc disorder with radiculopathy, high cervical region |
| M50.120 | Mid-cervical disc disorder, unspecified |
| M50.121 | Cervical disc disorder at C4-C5 level with radiculopathy |
| M50.122 | Cervical disc disorder at C5-C6 level with radiculopathy |
| M50.123 | Cervical disc disorder at C6-C7 level with radiculopathy |
| M50.13 | Cervical disc disorder with radiculopathy, cervicothoracic region |
| M50.81 | Other cervical disc disorders, high cervical region |
| M50.820 | Other cervical disc disorders, mid-cervical region, unspecified level |
| M50.821 | Other cervical disc disorders at C4-C5 level |
| M50.822 | Other cervical disc disorders at C5-C6 level |
| M50.823 | Other cervical disc disorders at C6-C7 level |
| M50.83 | Other cervical disc disorders, cervicothoracic region |
| M50.91 | Cervical disc disorder, unspecified, high cervical region |
| M50.920 | Unspecified cervical disc disorder, mid-cervical region, unspecified level |
| M50.921 | Unspecified cervical disc disorder at C4-C5 level |
| M50.922 | Unspecified cervical disc disorder at C5-C6 level |
| M50.923 | Unspecified cervical disc disorder at C6-C7 level |
| 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 |

| ICD-10 Codes | Description |
|---------------------|--|
| 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 |
| M48.061 | Spinal stenosis, lumbar region without neurogenic claudication |
| M48.062 | Spinal stenosis, lumbar region with neurogenic claudication |
| 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 |
| M50.220 | Other cervical disc displacement, mid-cervical region, unspecified level |
| M50.221 | Other cervical disc displacement at C4-C5 level |
| M50.222 | Other cervical disc displacement at C5-C6 level |
| M50.223 | Other cervical disc displacement at C6-C7 level |
| M50.23 | Other cervical disc displacement, cervicothoracic region |
| M50.31 | Other cervical disc degeneration, high cervical region |
| M50.320 | Other cervical disc degeneration, mid-cervical region, unspecified level |
| M50.321 | Other cervical disc degeneration at C4-C5 level |
| M50.322 | Other cervical disc degeneration at C5-C6 level |
| M50.323 | Other cervical disc degeneration at C6-C7 level |
| 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 |

| ICD-10 Codes | Description |
|--------------|---|
| 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 |
| 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 [Back to Top](#)

General Information

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.

Bibliography

N/A

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Revision History Information

| Revision History Date | Revision History Number | Revision History Explanation | Reason(s) for Change |
|-----------------------|-------------------------|--|--|
| 02/01/2018 | R14 | 02/01/2018 Annual review completed 01/10/2018 with no change in coverage. Typographical and spacing errors corrected. | <ul style="list-style-type: none"> Other (Annual) |
| 10/01/2017 | R13 | 10/01/2017 ICD-10 Code Updates, To Group 4, Deleted M48.06 and added M48.061 and M48.062. At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy. | <ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes |
| 03/01/2017 | R12 | 03/01/2017 Annual review done 02/02/2017. No change in coverage. Added L34585 to Billing and Coding Guideline title. | <ul style="list-style-type: none"> Other (Annual Review) |
| 10/01/2016 | R11 | 10/01/2016 ICD-10 Code updates: Group 3 Added codes G57.03, G57.23, G57.93, M50.120, M50.121, M50.122, M50.123, M50.820, M50.821, M50.822, M50.823, M50.920 M50.921, M50.922, and M50.923. Deleted codes M50.12, M50.82, M50.92. Group 4 added codes M50.220, M50.221, M50.222, M50.223, M50.320, M50.321, M50.322, and M50.323. Deleted codes M50.22, M50.32. | <ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes |
| 03/01/2016 | R10 | 03/01/2016 - Corrected typo in coding for italicized font. No other changes to policy. | <ul style="list-style-type: none"> Typographical Error |
| 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 |
| 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"> Other |

| Revision History Date | Revision History Number | Revision History Explanation | Reason(s) for Change |
|-----------------------|-------------------------|---|---|
| 10/01/2015 | R2 | 05/01/2014 Reformatted CMS references, no change in coverage. | <ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes |
| 10/01/2015 | R1 | 05/01/2014 Reformatted CMS references, no change in coverage. | <ul style="list-style-type: none"> Other Other |

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Associated Documents

Attachments [Billing & Coding Guidelines](#) (PDF - 38 KB)

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 01/23/2018 with effective dates 02/01/2018 - N/A [Updated on 09/19/2017 with effective dates 10/01/2017 - 01/31/2018](#) [Updated on 03/02/2017 with effective dates 03/01/2017 - 09/30/2017](#) [Updated on 09/19/2016 with effective dates 10/01/2016 - 02/28/2017](#) Some older versions have been archived. Please visit the [MCD Archive Site](#) to retrieve them. [Back to Top](#)

Keywords

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