

FUTURE Local Coverage Determination (LCD): Chiropractic Services (L33613)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.



Please note: Future Effective Date.

Contractor Information

Contractor Name National Government Services, Inc. Back to Top	Contract Number 13102	Contract Type A and B and HHH MAC	Jurisdiction J - K
------------------------------------------------------------------------------------------------------	--------------------------	--------------------------------------	-----------------------

LCD Information

Document Information



LCD ID

L33613

Original ICD-9 LCD ID
[L27350](#)

LCD Title
Chiropractic Services

AMA CPT / ADA CDT / AHA NUBC Copyright Statement
CPT only copyright 2002-2014 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright © American Dental Association. All rights reserved. CDT and CDT-2010 are trademarks of the American Dental Association.

Jurisdiction
Connecticut

Original Effective Date
For services performed on or after 10/01/2015

Revision Effective Date
For services performed on or after 10/01/2015

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
N/A

Notice Period End Date
N/A

UB-04 Manual. OFFICIAL UB-04 DATA SPECIFICATIONS MANUAL, 2014, is copyrighted by American Hospital Association ("AHA"), Chicago, Illinois. No portion of OFFICIAL UB-04 MANUAL may be reproduced, sorted in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior express, written consent of AHA." Health Forum reserves the right to change the copyright notice from time to time upon written notice to Company.

CMS National Coverage Policy Language quoted from Centers for Medicare and Medicaid Services (CMS). National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

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.

Code of Federal Regulations:

42 CFR 410.21 describes limitations on services of a chiropractor.

42 CFR Section 410.32, indicates that diagnostic tests may only be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements).

CMS Publications:

CMS Publication 100-01, *Medicare General Information, Eligibility and Entitlement Manual*, Chapter 5:

70.6 Chiropractors

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15:

30.5 Physician Services – Chiropractor’s Services

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15:

240 Chiropractic Services - General

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Abstract:

Chiropractic manipulative treatment (CMT) is a form of manual treatment to influence joint and neurophysiological function. This treatment may be accomplished using a variety of techniques. Medicare covers limited chiropractic services when performed by a chiropractor who is *licensed or legally authorized to furnish chiropractic services by the State or jurisdiction in which the services are furnished* (CMS Publication 100-01, *Medicare General Information, Eligibility and Entitlement Manual*, Chapter 5, Section 70.6). A chiropractor must also meet uniform minimum standards as set forth in the CMS Internet-Only Manual (IOM) Publication 100-1, Chapter 5, Section 70.6. This policy restates language directly from the CMS Internet-Only manuals and if necessary provides clarification to educate providers on specified Medicare requirements for the diagnosis,

treatment, documentation and billing of chiropractic services.

Indications

Chiropractic Services – Active Treatment:

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. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 240.1.3)

Most spinal joint problems fall into the following categories:

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. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 240.1.3)

An acute exacerbation is a temporary but marked deterioration of the patient's condition that is causing significant interference with activities of daily living due to an acute flare-up of the previously treated condition. The patient's clinical record must specify the date of occurrence, nature of the onset, or other pertinent factors that would support the medical necessity of treatment. As with an acute injury, treatment should result in improvement or arrest of the deterioration within a reasonable period of time.

A. Maintenance Therapy

Maintenance therapy includes services that seek to prevent disease, promote health and prolong and enhance the quality of life, or 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. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 240.1.3A)

B. 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. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 240.1.3B)

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. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 240.1.3B)*

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.(CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 240.1.3B)*

Limitations

The term "physician" under Part B includes a chiropractor who meets the specified qualifying requirements set forth in §30.5 but only for treatment by means of manual manipulation of the spine to correct a subluxation. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 240)

Coverage extends only to treatment by means of manual manipulation of the spine to correct a subluxation provided such treatment is legal in the State where performed. All other services furnished or ordered by chiropractors are not covered. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 30.5)

Coverage of chiropractic service is specifically limited to treatment by means of manual manipulation, i.e., by use of the 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. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15: Section 240.1.3)

No other diagnostic or therapeutic service furnished by a chiropractor or under the chiropractor's order is covered. This means that if a chiropractor orders, takes, or interprets an x-ray, or any other diagnostic test, the x-ray or other diagnostic test, can be used for claims processing purposes, but Medicare coverage and payment are not available for those services. This prohibition does not affect the coverage of x-rays or other diagnostic tests furnished by other practitioners under the program. For example, an x-ray or any diagnostic test taken for the purpose of determining or demonstrating the existence of a subluxation of the spine is a diagnostic x-ray test covered under §1861(s)(3) of the Act if ordered, taken, and interpreted by a physician who is a doctor of medicine or osteopathy. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 240.1.1)

The mere statement or diagnosis of "pain" is not sufficient to support medical necessity for the treatments. The precise level(s) of the subluxation(s) must be specified by the chiropractor to substantiate a claim for manipulation of each spinal region(s). The need for an extensive, prolonged course of treatment should be appropriate to the reported procedure code(s) and must be documented clearly in the medical record.

The five extraspinal regions referred to are: head (including, temporomandibular joint, excluding atlanto-occipital) region; lower extremities; upper extremities; rib care (excluding costotransverse and costovertebral joints) and abdomen (CPT Assistant Nov 98:38). Medicare does not cover chiropractic treatments to extraspinal regions (CPT 98943), which includes the head, upper and lower extremities, rib cage and abdomen.

*For Medicare purposes, a chiropractor **must** place an AT modifier on a claim when providing active/corrective treatment to treat acute or chronic subluxation. However the presence of the AT modifier may not in all instances indicate that the service is reasonable and necessary. As always, contractors may deny if appropriate after medical review. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 240.1.3) Modifier AT must only be used when the chiropractic manipulation is "reasonable and necessary" as defined by national policy and the LCD. Modifier AT must not be used when maintenance therapy has been performed.*

[Back to Top](#)

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.

- 011x Hospital Inpatient (Including Medicare Part A)
- 012x Hospital Inpatient (Medicare Part B only)
- 013x Hospital Outpatient
- 021x Skilled Nursing - Inpatient (Including Medicare Part A)
- 022x Skilled Nursing - Inpatient (Medicare Part B only)
- 023x Skilled Nursing - Outpatient
- 071x Clinic - Rural Health
- 073x Clinic - Freestanding
- 077x Clinic - Federally Qualified Health Center (FQHC)
- 085x Critical Access Hospital

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.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

- 0510 Clinic - General Classification
- 0520 Freestanding Clinic - General Classification
- 0960 Professional Fees - General Classification

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: The use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

The primary diagnosis must be subluxation, and must indicate the level of the subluxation.

Group 1 Codes:

ICD-10 Codes	Description
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: The secondary diagnosis must reflect the neuromusculoskeletal condition necessitating the treatment.

Group 2 Codes:

ICD-10 Codes	Description
A18.01	Tuberculosis of spine
G44.89	Other headache syndrome
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
G55	Nerve root and plexus compressions in diseases classified elsewhere
G57.21	Lesion of femoral nerve, right lower limb
G57.22	Lesion of femoral nerve, left lower limb
M40.12	Other secondary kyphosis, cervical region
M40.13	Other secondary kyphosis, cervicothoracic region
M40.14	Other secondary kyphosis, thoracic region
M40.15	Other secondary kyphosis, thoracolumbar region
M40.292	Other kyphosis, cervical region
M40.293	Other kyphosis, cervicothoracic region
M40.294	Other kyphosis, thoracic region
M40.295	Other kyphosis, thoracolumbar region
M40.35	Flatback syndrome, thoracolumbar region
M40.36	Flatback syndrome, lumbar region
M40.37	Flatback syndrome, lumbosacral region
M40.45	Postural lordosis, thoracolumbar region
M40.46	Postural lordosis, lumbar region
M40.47	Postural lordosis, lumbosacral region
M40.55	Lordosis, unspecified, thoracolumbar region
M40.56	Lordosis, unspecified, lumbar region
M40.57	Lordosis, unspecified, lumbosacral region
M41.112	Juvenile idiopathic scoliosis, cervical region
M41.113	Juvenile idiopathic scoliosis, cervicothoracic region
M41.114	Juvenile idiopathic scoliosis, thoracic region
M41.115	Juvenile idiopathic scoliosis, thoracolumbar region
M41.116	Juvenile idiopathic scoliosis, lumbar region
M41.117	Juvenile idiopathic scoliosis, lumbosacral region
M41.122	Adolescent idiopathic scoliosis, cervical region
M41.123	Adolescent idiopathic scoliosis, cervicothoracic region
M41.124	Adolescent idiopathic scoliosis, thoracic region
M41.125	Adolescent idiopathic scoliosis, thoracolumbar region
M41.126	Adolescent idiopathic scoliosis, lumbar region
M41.127	Adolescent idiopathic scoliosis, lumbosacral region
M41.22	Other idiopathic scoliosis, cervical region
M41.23	Other idiopathic scoliosis, cervicothoracic region
M41.24	Other idiopathic scoliosis, thoracic region
M41.25	Other idiopathic scoliosis, thoracolumbar region
M41.26	Other idiopathic scoliosis, lumbar region
M41.27	Other idiopathic scoliosis, lumbosacral region

ICD-10 Codes	Description
M41.34	Thoracogenic scoliosis, thoracic region
M41.35	Thoracogenic scoliosis, thoracolumbar region
M41.41	Neuromuscular scoliosis, occipito-atlanto-axial region
M41.42	Neuromuscular scoliosis, cervical region
M41.43	Neuromuscular scoliosis, cervicothoracic region
M41.44	Neuromuscular scoliosis, thoracic region
M41.45	Neuromuscular scoliosis, thoracolumbar region
M41.46	Neuromuscular scoliosis, lumbar region
M41.47	Neuromuscular scoliosis, lumbosacral region
M41.52	Other secondary scoliosis, cervical region
M41.53	Other secondary scoliosis, cervicothoracic region
M41.54	Other secondary scoliosis, thoracic region
M41.55	Other secondary scoliosis, thoracolumbar region
M41.56	Other secondary scoliosis, lumbar region
M41.57	Other secondary scoliosis, lumbosacral region
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
M43.8X9	Other specified deforming dorsopathies, site unspecified
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
M47.21	Other spondylosis with radiculopathy, occipito-atlanto-axial region
M47.22	Other spondylosis with radiculopathy, cervical region
M47.23	Other spondylosis with radiculopathy, cervicothoracic region
M47.24	Other spondylosis with radiculopathy, thoracic region
M47.25	Other spondylosis with radiculopathy, thoracolumbar region

ICD-10 Codes	Description
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
M47.891	Other spondylosis, occipito-atlanto-axial region
M47.892	Other spondylosis, cervical region
M47.893	Other spondylosis, cervicothoracic region
M47.894	Other spondylosis, thoracic region
M47.895	Other spondylosis, thoracolumbar region
M47.896	Other spondylosis, lumbar region
M47.897	Other spondylosis, lumbosacral region
M47.898	Other spondylosis, sacral and sacrococcygeal region
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
M48.11	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
M50.11	Cervical disc disorder with radiculopathy, high cervical region
M50.12	Cervical disc disorder with radiculopathy, mid-cervical region
M50.13	Cervical disc disorder with radiculopathy, cervicothoracic 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
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
M51.24	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

ICD-10 Codes	Description
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
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
M53.2X7	Spinal instabilities, lumbosacral region
M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
M53.3	Sacrococcygeal disorders, not elsewhere classified
M53.81	Other specified dorsopathies, occipito-atlanto-axial region
M53.82	Other specified dorsopathies, cervical region
M53.83	Other specified dorsopathies, cervicothoracic region
M53.86	Other specified dorsopathies, lumbar region
M53.87	Other specified dorsopathies, lumbosacral region
M53.88	Other specified dorsopathies, sacral and sacrococcygeal region
M54.03	Panniculitis affecting regions of neck and back, cervicothoracic region
M54.04	Panniculitis affecting regions of neck and back, thoracic region
M54.05	Panniculitis affecting regions of neck and back, thoracolumbar region
M54.06	Panniculitis affecting regions of neck and back, lumbar region
M54.07	Panniculitis affecting regions of neck and back, lumbosacral region
M54.08	Panniculitis affecting regions of neck and back, sacral and sacrococcygeal region
M54.09	Panniculitis affecting regions, neck and back, multiple sites in spine
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
M54.2	Cervicalgia
M54.31	Sciatica, right side
M54.32	Sciatica, left side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M54.5	Low back pain
M54.6	Pain in thoracic spine
M54.81	Occipital neuralgia
M54.89	Other dorsalgia
M54.9	Dorsalgia, unspecified
M62.830	Muscle spasm of back
M96.1	Postlaminectomy syndrome, not elsewhere classified
M96.3	Postlaminectomy kyphosis
M96.4	Postsurgical lordosis
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

ICD-10 Codes	Description
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 spondylolisthesis stenosis of intervertebral foramina of head region
M99.61	Osseous and spondylolisthesis stenosis of intervertebral foramina of cervical region
M99.62	Osseous and spondylolisthesis stenosis of intervertebral foramina of thoracic region
M99.63	Osseous and spondylolisthesis 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
M99.83	Other biomechanical lesions of lumbar region
M99.84	Other biomechanical lesions of sacral region
Q67.5	Congenital deformity of spine
Q76.2	Congenital spondylolisthesis
Q76.3	Congenital scoliosis due to congenital bony malformation
Q76.425	Congenital lordosis, thoracolumbar region
Q76.426	Congenital lordosis, lumbar region
Q76.427	Congenital lordosis, lumbosacral region
Q76.428	Congenital lordosis, sacral and sacrococcygeal region
Q76.49	Other congenital malformations of spine, not associated with scoliosis
<u>S13.4XXA - S13.4XXS</u>	Sprain of ligaments of cervical spine, initial encounter - Sprain of ligaments of cervical spine, sequela
<u>S13.8XXA - S13.8XXS</u>	Sprain of joints and ligaments of other parts of neck, initial encounter - Sprain of joints and ligaments of other parts of neck, sequela
<u>S14.2XXA - S14.2XXS</u>	Injury of nerve root of cervical spine, initial encounter - Injury of nerve root of cervical spine, sequela
S14.3XXS	Injury of brachial plexus, sequela
S14.4XXS	Injury of peripheral nerves of neck, sequela
S14.5XXS	Injury of cervical sympathetic nerves, sequela
S14.8XXS	Injury of other specified nerves of neck, sequela
<u>S16.1XXA - S16.1XXS</u>	Strain of muscle, fascia and tendon at neck level, initial encounter - Strain of muscle, fascia and tendon at neck level, sequela
<u>S23.3XXA - S23.3XXS</u>	Sprain of ligaments of thoracic spine, initial encounter - Sprain of ligaments of thoracic spine, sequela
<u>S23.8XXA - S23.8XXS</u>	Sprain of other specified parts of thorax, initial encounter - Sprain of other specified parts of thorax, sequela
<u>S24.2XXA - S24.2XXS</u>	Injury of nerve root of thoracic spine, initial encounter - Injury of nerve root of thoracic spine, sequela
S24.3XXS	Injury of peripheral nerves of thorax, sequela
S24.4XXS	Injury of thoracic sympathetic nervous system, sequela
S24.8XXS	Injury of other specified nerves of thorax, sequela
<u>S33.5XXA - S33.5XXS</u>	Sprain of ligaments of lumbar spine, initial encounter - Sprain of ligaments of lumbar spine, sequela
<u>S33.6XXA - S33.6XXS</u>	Sprain of sacroiliac joint, initial encounter - Sprain of sacroiliac joint, sequela
<u>S33.8XXA - S33.8XXS</u>	Sprain of other parts of lumbar spine and pelvis, initial encounter - Sprain of other parts of lumbar spine and pelvis, sequela
S34.21XS	Injury of nerve root of lumbar spine, sequela
<u>S34.22XA - S34.22XS</u>	Injury of nerve root of sacral spine, initial encounter - Injury of nerve root of sacral spine, sequela
S34.3XXS	Injury of cauda equina, sequela
S34.4XXS	Injury of lumbosacral plexus, sequela
S34.5XXS	Injury of lumbar, sacral and pelvic sympathetic nerves, sequela
S34.6XXS	Injury of peripheral nerve(s) at abdomen, lower back and pelvis level, sequela
S34.8XXS	Injury of other nerves at abdomen, lower back and pelvis level, sequela

[Back to Top](#)

General Information

[FUTURE]

Associated Information

Documentation Requirements:

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

The precise level of subluxation must be specified by the chiropractor to substantiate a claim for manipulation of the spine.

The level of spinal subluxation must bear a direct causal relationship to the patient's symptoms, and the symptoms must be directly related to the level of the subluxation that has been diagnosed.

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.

The need for an extensive, prolonged course of treatment must be clearly documented in the medical record. Treatment should result in improvement or arrest of deterioration of subluxation within a reasonable and generally predictable period of time.

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:

- *Spine or spinal adjustment by manual means;*
- *Spine or spinal manipulation;*
- *Manual adjustment; and*
- *Vertebral manipulation or adjustment. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 240.1.1)*

Documentation Requirements: History

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 (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 240.1.2.2).*

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.(CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 240.1.2.2A)*

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;
Documentation of the presence or absence of a subluxation must be present at every visit.

3. Documentation of treatment given on day of visit. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 240.1.2.2B)

4. Progress or lack thereof, related to treatment goals and plan of care.

Documentation: X-Ray/CT/MRI

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. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 240.1.2.1)

If the diagnostic studies have been taken in a hospital or outpatient facility, a written report, including interpretation and diagnosis by a physician must be present in the patient's medical record. Documentation of the chiropractor's review of the x-ray (MRI/CT) noting the level of subluxation must be maintained in the medical record.

Documentation: P.A.R.T Evaluation Process

The P.A.R.T. evaluation process is recommended as the examination alternative to the previously mandated demonstration of subluxation by x-ray/MRI/CT for services beginning January 1, 2000. The acronym P.A.R.T. identifies diagnostic criteria for spinal dysfunction (subluxation).

P - Pain/tenderness: The perception of pain and tenderness is evaluated in terms of location, quality, and intensity. 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.

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

R - Range of motion abnormality: Changes in active, passive, and accessory joint movements may result in an increase or a decrease of sectional or segmental mobility. Range of motion abnormalities may be identified through one or more of the following: motion palpation, observation, stress diagnostic imaging, range of motion, measurement(s), etc.

T -Tissue tone, texture, and temperature abnormality: Changes in the characteristics of contiguous and associated soft tissue including skin, fascia, muscle and ligament may be identified through one or more of the following procedures: observation, palpation, use of instrumentation, test of length and strength, etc.

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

Documentation of changes in the patient's examination, status, progression and care plan should be maintained in the records at each visit.

The evaluation process must be an ongoing procedure. Even if a complete and thorough examination can be completed during the first visit, signs and certain symptoms must be rechecked during the course of treatment to determine the extent of the patient progress. Standardized measurement scales (e.g., Visual Analogue Scale (VAS), Oswestry Disability Questionnaire, and the Quebec Back Pain Disability Scale) may be used to measure improvement or lack thereof. This ongoing evaluation and assessment forming the basis for treatment modification is a key factor in total patient management. The initial examination, no matter how thorough, cannot be expected to provide all the answers. A treatment trial should be instituted with its effects assessed to determine whether it should be continued or a different plan devised. Moreover, it is the examination that forms the foundation for treatment, guiding the doctor in selecting appropriate treatment techniques, frequency, and course of treatment.

Appendices:

Not applicable

Utilization Guidelines:

A chiropractic manipulation service for a beneficiary can only be reimbursed once per day.

Chiropractic manipulative therapy to treat the cervical abnormality responsible for acute episodes of episodes of cervicogenic headaches meeting HIS or Syaastad's criteria will be allowed. Maintenance therapy for cervicogenic headaches will not be allowed.

The frequency and duration of chiropractic treatment must be medically necessary and based on the individual patient's condition and response to treatment. When services are performed and billed in a manner suggesting inappropriate or excessive utilization, they may be subject to review for medical necessity.

Sources of Information and Basis for Decision

This bibliography presents those sources that were obtained during the development of this policy. National Government Services is not responsible for the continuing viability of Web site addresses listed below.

Carrier Advisory Committee

National Government Services and other Medicare contractors' local coverage determinations.

Astin JA, Ernest W. The effectiveness of spinal manipulation for the treatment of headache disorders: a systematic review of randomized clinical trials. *Cephalgia*. 2002;22:617-623.

Brantingham JW. A critical look at the subluxation hypothesis. *J Manipulative Physiol Ther*. 1988;11:130-132.

Brantingham JW. A critical look at the subluxation hypothesis – In reply. *J Manipulative Physiol Ther*. 1989;12:154-155.

Bronfort G, Assendelft JJ, Evans R, Haas M, Bouter L. Efficacy of spinal manipulation for chronic headache: a systematic review. *J Manipulative Physio Ther*. 2001;24(7):457-466.

Cherkin DC, Mootz RD (editors). *Chiropractic in the United States: Training, Practice, and Research*. AHCPR Publication No. 98-N002. Agency for Health Care Policy and Research. Public Health Service, U.S. Department of Health and Human Services, December 1997.

Haldeman S, Chapman-Smith D, Petersen DM. *Guidelines for chiropractic quality assurance and practice parameters*. *Proceedings of the Mercy Center Consensus Conference*. Aspen Publishers, Inc. 1993.

Jull G, Trott P, Potter H, et al. A randomized controlled trial of exercise and manipulative therapy for cervicogenic headache. *Spine*. 2002;27(17):1835-1843.

Leboeuf-Yde C. How real is the subluxation? A research perspective. *J Manipulative Physio Ther*. 1998;21:492-494.

Nillson N, Christensen HW, Hartvigsen J. The effects of spinal manipulation in the treatment of cervicogenic headache. *J Manipulative Physiol Ther*. 1997;20:326-330.

Sjaastad O, Fredriksen A, Pfaffenrath V. Cervicogenic headache: diagnostic criteria. *Headache*. 1998;38:442-445.

Tullberg T, Blomberg S, Branth B, et al. Manipulation does not alter the position of the sacroiliac joint: a roentgen stereophotogrammetric analysis. *Spine*. 1998;23(10):1124-1128.

[Back to Top](#)

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
10/01/2015	R1	The following ICD-10 codes were added: M40.55, M40.56, M40.57 and M53.86 and ICD-10 code M40.50 has been removed. The following ICD-10 codes were revised to add the 7th digit for D=subsequent encounter and S=sequela, where the 7th digit, A=initial encounter, was already included (S13.4XXA, S13.8XXA, S16.1XXA, S23.3XXA, S23.8XXA, S33.5XXA, S33.6XXA and S33.8XXA). The 7th digit for D=subsequent encounter has been added for the following ICD-10 codes: S14.2XXD, S24.2XXD and S34.2XXD.	<ul style="list-style-type: none">• Revisions Due To ICD-10-CM Code Changes

[Back to Top](#)

Associated Documents

Attachments N/A

Related Local Coverage Documents Article(s) [A52853 - Chiropractic Services – Supplemental Instructions Article](#)

Related National Coverage Documents N/A

Public Version(s) Updated on 08/31/2015 with effective dates 10/01/2015 - N/A [Updated on 04/02/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

Keywords

- Chiro
- Manipulation
- Treatment Plan
- P.A.R.T.

Read the [LCD Disclaimer](#) [Back to Top](#)