

Local Coverage Determination (LCD): Chiropractic Services (L35424)

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Contractor Information

| Contractor Name | Contract Type | Contract Number | Jurisdiction | State(s) |
|---|----------------------|------------------------|---------------------|--|
| Novitas Solutions, Inc. | A and B MAC | 04111 - MAC A | J - H | Colorado |
| Novitas Solutions, Inc. | A and B MAC | 04112 - MAC B | J - H | Colorado |
| Novitas Solutions, Inc. | A and B MAC | 04211 - MAC A | J - H | New Mexico |
| Novitas Solutions, Inc. | A and B MAC | 04212 - MAC B | J - H | New Mexico |
| Novitas Solutions, Inc. | A and B MAC | 04311 - MAC A | J - H | Oklahoma |
| Novitas Solutions, Inc. | A and B MAC | 04312 - MAC B | J - H | Oklahoma |
| Novitas Solutions, Inc. | A and B MAC | 04411 - MAC A | J - H | Texas |
| Novitas Solutions, Inc. | A and B MAC | 04412 - MAC B | J - H | Texas |
| Novitas Solutions, Inc. | A and B MAC | 04911 - MAC A | J - H | Colorado New Mexico Oklahoma Texas |
| Novitas Solutions, Inc. | A and B MAC | 07101 - MAC A | J - H | Arkansas |
| Novitas Solutions, Inc. | A and B MAC | 07102 - MAC B | J - H | Arkansas |
| Novitas Solutions, Inc. | A and B MAC | 07201 - MAC A | J - H | Louisiana |
| Novitas Solutions, Inc. | A and B MAC | 07202 - MAC B | J - H | Louisiana |
| Novitas Solutions, Inc. | A and B MAC | 07301 - MAC A | J - H | Mississippi |
| Novitas Solutions, Inc. | A and B MAC | 07302 - MAC B | J - H | Mississippi |
| Novitas Solutions, Inc. | A and B MAC | 12101 - MAC A | J - L | Delaware |
| Novitas Solutions, Inc. | A and B MAC | 12102 - MAC B | J - L | Delaware |
| Novitas Solutions, Inc. | A and B MAC | 12201 - MAC A | J - L | District of Columbia |
| Novitas Solutions, Inc. | A and B MAC | 12202 - MAC B | J - L | District of Columbia |
| Novitas Solutions, Inc. | A and B MAC | 12301 - MAC A | J - L | Maryland |
| Novitas Solutions, Inc. | A and B MAC | 12302 - MAC B | J - L | Maryland |
| Novitas Solutions, Inc. | A and B MAC | 12401 - MAC A | J - L | New Jersey |
| Novitas Solutions, Inc. | A and B MAC | 12402 - MAC B | J - L | New Jersey |
| Novitas Solutions, Inc. | A and B MAC | 12501 - MAC A | J - L | Pennsylvania |
| Novitas Solutions, Inc. | A and B MAC | 12502 - MAC B | J - L | Pennsylvania |
| Novitas Solutions, Inc. | A and B MAC | 12901 - MAC A | J - L | District of Columbia Delaware Maryland New Jersey Pennsylvania |

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LCD Information

Document Information

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For services performed on or after 10/01/2015

Original ICD-9 LCD ID
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Revision Effective Date
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LCD Title
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CMS National Coverage Policy

This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for chiropractic services. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for chiropractic services and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies may be found in the following Internet-Only Manuals (IOMs) published on the CMS Web site:

IOM Citations:

- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 30.5, Section 240.1.3.
- CMS IOM Publication 100-03, *Medicare National Coverage Determinations Manual*.
- CMS IOM Publication 100-09, *Medicare Contractor Beneficiary and Provider Communications Manual*, Chapter 5, Correct Coding Initiative.

Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.
- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.
- Title XVIII of the Social Security Act, Section 1862(a)(1)(D). Investigational or experimental.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Notice: It is not appropriate to bill Medicare for services that are not covered (as described by this entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

History/Background and/or General Information

Chiropractic services are subject to national regulation, which provides definitions, indications and limitations for Medicare payment of chiropractic service. Please see CMS IOM Publication 100-02, *Medicare Benefit Policy Manual* sections referenced above for national definitions, indications and limitations.

Medicare expects that acute symptoms/signs due to subluxation or acute exacerbation/recurrence of symptoms/signs due to subluxation might be treated vigorously. Improvement in the patient's symptoms is expected and in order for payment for chiropractic services to continue, should be demonstrated within a time frame consistent with the patient's clinical presentation. Failure of the patient's symptoms to improve accordingly or sustained worsening of symptoms should prompt referral of the patient for evaluation and/or treatment by an appropriate practitioner.

This LCD imposes diagnosis limitations that support diagnosis to procedure code automated denials. Medicare will allow up to 12 chiropractic manipulations per calendar month and 30 chiropractic manipulation services per beneficiary per calendar year. Despite allowing up to these maximums, each patient's condition and response to treatment must medically warrant the number of services reported for payment, and Medicare does not expect that patients will routinely require the maximum allowable number of services. Additionally, Medicare requires the medical necessity for each service to be clearly demonstrated in the patient's medical record.

Covered diagnoses are displayed in four groups in this policy, with the groups being displayed in ascending specificity. Medicare does not expect that substantially more than the following numbers of treatments will usually be required:

- Twelve (12) chiropractic manipulation treatments for Group A diagnoses.
- Eighteen (18) chiropractic manipulation treatments for Group B diagnoses.
- Twenty-four (24) chiropractic manipulation treatments for Group C diagnoses.
- Thirty (30) chiropractic manipulation treatments for Group D diagnoses.

Notice: This LCD imposes frequency limitations as well as diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in this policy, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS NCDs, and all Medicare payment rules.

As published in CMS IOM, Pub. 100-08, Section 13.5.1, to be covered under Medicare, a service shall be reasonable and necessary. When appropriate, contractors shall describe the circumstances under which the proposed LCD for the service is considered reasonable and necessary under Section 1862(a)(1)(A). Contractors shall consider a service to be reasonable and necessary if the contractor determines that the service is:

- Safe and effective.
- Not experimental or investigational (exception: routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000, that meet the requirements of the clinical trials NCD are considered reasonable and necessary).
- Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is:

- Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member.
- Furnished in a setting appropriate to the patient's medical needs and condition.
- Ordered and furnished by qualified personnel.
- One that meets, but does not exceed, the patient's medical needs.
- At least as beneficial as an existing and available medically appropriate alternative.

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.

999x Not Applicable

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.

99999 Not Applicable

CPT/HCPCS Codes

Group 1 Paragraph:

Providers are reminded to refer to the long descriptors of the CPT codes in their CPT books.

Group 1 Codes:

98940 Chiropract manj 1-2 regions
98941 Chiropract manj 3-4 regions
98942 Chiropractic manj 5 regions

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Medicare is establishing the following limited coverage for **CPT/HCPCS codes 98940, 98941 and 98942:**

Primary Diagnosis Codes

Covered for:

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: Secondary Diagnosis Codes

Group A Diagnoses

Covered for:

Group 2 Codes:

| ICD-10 Codes | Description |
|--------------|---|
| G44.209 | Tension-type headache, unspecified, not intractable |
| M25.50* | Pain in unspecified joint |
| 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 |
| M54.2 | Cervicalgia |
| M54.5 | Low back pain |
| M54.6 | Pain in thoracic spine |
| M54.89 | Other dorsalgia |
| M54.9 | Dorsalgia, unspecified |
| M62.40 | Contracture of muscle, unspecified site |
| M62.411 | Contracture of muscle, right shoulder |
| M62.412 | Contracture of muscle, left shoulder |
| M62.419 | Contracture of muscle, unspecified shoulder |
| M62.421 | Contracture of muscle, right upper arm |
| M62.422 | Contracture of muscle, left upper arm |
| M62.429 | Contracture of muscle, unspecified upper arm |
| M62.431 | Contracture of muscle, right forearm |
| M62.432 | Contracture of muscle, left forearm |
| M62.439 | Contracture of muscle, unspecified forearm |
| M62.441 | Contracture of muscle, right hand |
| M62.442 | Contracture of muscle, left hand |

| ICD-10 Codes | Description |
|---------------------|---|
| M62.449 | Contracture of muscle, unspecified hand |
| M62.451 | Contracture of muscle, right thigh |
| M62.452 | Contracture of muscle, left thigh |
| M62.459 | Contracture of muscle, unspecified thigh |
| M62.461 | Contracture of muscle, right lower leg |
| M62.462 | Contracture of muscle, left lower leg |
| M62.469 | Contracture of muscle, unspecified lower leg |
| M62.471 | Contracture of muscle, right ankle and foot |
| M62.472 | Contracture of muscle, left ankle and foot |
| M62.479 | Contracture of muscle, unspecified ankle and foot |
| M62.48 | Contracture of muscle, other site |
| M62.49 | Contracture of muscle, multiple sites |
| M62.830 | Muscle spasm of back |
| M62.831 | Muscle spasm of calf |
| M62.838 | Other muscle spasm |
| R51 | Headache |

Group 2 Medical Necessity ICD-10 Codes Asterisk Explanation:

* When using M25.50, you must specify spine as the site.

**Group 3 Paragraph:
Group B Diagnoses**

Covered for:

Group 3 Codes:

| ICD-10 Codes | Description |
|---------------------|--|
| M46.00 | Spinal enthesopathy, 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 |
| M47.10 | Other spondylosis with myelopathy, site unspecified |
| M47.11 | Other spondylosis with myelopathy, occipito-atlanto-axial region |
| M47.12 | Other spondylosis with myelopathy, cervical region |
| M47.13 | Other spondylosis with myelopathy, cervicothoracic region |
| M47.20 | Other spondylosis with radiculopathy, site unspecified |
| 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 |
| 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 |
| M47.819 | Spondylosis without myelopathy or radiculopathy, site unspecified |
| M47.891 | Other spondylosis, occipito-atlanto-axial region |
| M47.892 | Other spondylosis, cervical region |

| ICD-10 Codes | Description |
|---------------------|--|
| M47.893 | Other spondylosis, cervicothoracic region |
| M47.894 | Other spondylosis, thoracic region |
| M47.895 | Other spondylosis, thoracolumbar region |
| M47.899 | Other spondylosis, site unspecified |
| M47.9 | Spondylosis, unspecified |
| M48.10 | Ankylosing hyperostosis [Forestier], site unspecified |
| 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 |
| M53.3 | Sacrococcygeal disorders, not elsewhere classified |
| M60.80 | Other myositis, unspecified site |
| M60.811 | Other myositis, right shoulder |
| M60.812 | Other myositis, left shoulder |
| M60.819 | Other myositis, unspecified shoulder |
| M60.821 | Other myositis, right upper arm |
| M60.822 | Other myositis, left upper arm |
| M60.829 | Other myositis, unspecified upper arm |
| M60.831 | Other myositis, right forearm |
| M60.832 | Other myositis, left forearm |
| M60.839 | Other myositis, unspecified forearm |
| M60.841 | Other myositis, right hand |
| M60.842 | Other myositis, left hand |
| M60.849 | Other myositis, unspecified hand |
| M60.851 | Other myositis, right thigh |
| M60.852 | Other myositis, left thigh |
| M60.859 | Other myositis, unspecified thigh |
| M60.861 | Other myositis, right lower leg |
| M60.862 | Other myositis, left lower leg |
| M60.869 | Other myositis, unspecified lower leg |
| M60.871 | Other myositis, right ankle and foot |
| M60.872 | Other myositis, left ankle and foot |
| M60.879 | Other myositis, unspecified ankle and foot |
| M60.88 | Other myositis, other site |
| M60.89 | Other myositis, multiple sites |
| M60.9 | Myositis, unspecified |
| M72.9 | Fibroblastic disorder, unspecified |
| M79.1 | Myalgia |
| M79.7 | Fibromyalgia |
| 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 |
| 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 |

**Group 4 Paragraph:
Group C Diagnoses**

Covered for:

Group 4 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 |
| G55 | Nerve root and plexus compressions in diseases classified elsewhere |
| M43.6 | Torticollis |
| 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 |
| M48.01 | Spinal stenosis, occipito-atlanto-axial region |
| M48.02 | Spinal stenosis, cervical region |
| M48.03 | Spinal stenosis, cervicothoracic region |
| M50.10 | Cervical disc disorder with radiculopathy, unspecified cervical region |
| M50.11 | Cervical disc disorder with radiculopathy, high cervical region |
| 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 |
| M50.80 | Other cervical disc disorders, unspecified cervical region |
| M50.81 | Other cervical disc disorders, high cervical region |
| 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 |
| M50.90 | Cervical disc disorder, unspecified, unspecified cervical region |
| M50.91 | Cervical disc disorder, unspecified, high cervical region |
| 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 |
| M51.84 | 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 |
| M54.11 | Radiculopathy, occipito-atlanto-axial region |
| M54.12 | Radiculopathy, cervical region |
| M54.13 | Radiculopathy, cervicothoracic region |
| M99.20 | Subluxation stenosis of neural canal of head region |
| M99.21 | Subluxation stenosis of neural canal of cervical region |
| M99.30 | Osseous stenosis of neural canal of head region |
| M99.31 | Osseous stenosis of neural canal of cervical region |
| M99.40 | Connective tissue stenosis of neural canal of head region |
| M99.41 | Connective tissue stenosis of neural canal of cervical region |
| M99.50 | Intervertebral disc stenosis of neural canal of head region |
| M99.51 | Intervertebral disc stenosis of neural canal of cervical 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 |
| M99.70 | Connective tissue and disc stenosis of intervertebral foramina of head region |
| M99.71 | Connective tissue and disc stenosis of intervertebral foramina of cervical region |

**Group 5 Paragraph:
Group D Diagnoses**

Covered for:

Group 5 Codes:

| ICD-10 Codes | Description |
|---------------------|---|
| M43.00 | Spondylolysis, site unspecified |
| 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 |
| M43.10 | Spondylolisthesis, site unspecified |
| 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 |
| M47.14 | Other spondylosis with myelopathy, thoracic region |
| M47.15 | Other spondylosis with myelopathy, thoracolumbar region |
| M47.16 | Other spondylosis with myelopathy, lumbar 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 |
| M47.816 | 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 |
| M47.896 | Other spondylosis, lumbar region |
| M47.897 | Other spondylosis, lumbosacral region |
| M47.898 | Other spondylosis, sacral and sacrococcygeal 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 |
| M48.30 | Traumatic spondylopathy, site unspecified |
| 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 |
| M50.20 | Other cervical disc displacement, unspecified cervical region |
| M50.21 | Other cervical disc displacement, high cervical region |
| M50.221 | Other cervical disc displacement at C4-C5 level |

| ICD-10 Codes | Description |
|---------------------|---|
| 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 |
| M50.30 | Other cervical disc degeneration, unspecified cervical region |
| M50.31 | Other cervical disc degeneration, high cervical region |
| 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 |
| M51.14 | 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 |
| 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 |
| M53.2X7 | Spinal instabilities, lumbosacral region |
| M53.2X8 | Spinal instabilities, sacral and sacrococcygeal region |
| M53.3 | Sacrococcygeal disorders, not elsewhere classified |
| M53.86 | Other specified dorsopathies, lumbar region |
| M53.87 | Other specified dorsopathies, lumbosacral region |
| M53.88 | Other specified dorsopathies, sacral and sacrococcygeal region |
| M54.14 | Radiculopathy, thoracic region |
| M54.15 | Radiculopathy, thoracolumbar region |
| M54.16 | Radiculopathy, lumbar region |
| M54.17 | Radiculopathy, lumbosacral region |
| M54.30 | Sciatica, unspecified side |
| M54.31 | Sciatica, right side |
| M54.32 | Sciatica, left side |
| M54.40 | Lumbago with sciatica, unspecified side |
| M54.41 | Lumbago with sciatica, right side |
| M54.42 | Lumbago with sciatica, left side |
| M96.1 | Postlaminectomy syndrome, not elsewhere classified |
| M99.12 | Subluxation complex (vertebral) of thoracic region |
| M99.13 | Subluxation complex (vertebral) of lumbar region |
| M99.14 | Subluxation complex (vertebral) of sacral region |
| M99.22 | Subluxation stenosis of neural canal of thoracic region |
| M99.23 | Subluxation stenosis of neural canal of lumbar region |
| M99.32 | Osseous stenosis of neural canal of thoracic region |
| M99.33 | Osseous stenosis of neural canal of lumbar region |
| M99.42 | Connective tissue stenosis of neural canal of thoracic region |
| M99.43 | Connective tissue stenosis of neural canal of lumbar region |
| M99.52 | Intervertebral disc stenosis of neural canal of thoracic region |
| M99.53 | Intervertebral disc stenosis of neural canal of lumbar 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 |
| M99.72 | 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 |
| S13.100A | Subluxation of unspecified cervical vertebrae, initial encounter |
| S13.101A | Dislocation of unspecified cervical vertebrae, initial encounter |
| S13.110A | Subluxation of C0/C1 cervical vertebrae, initial encounter |
| S13.111A | Dislocation of C0/C1 cervical vertebrae, initial encounter |

| ICD-10 Codes | Description |
|---------------------|---|
| S13.120A | Subluxation of C1/C2 cervical vertebrae, initial encounter |
| S13.121A | Dislocation of C1/C2 cervical vertebrae, initial encounter |
| S13.130A | Subluxation of C2/C3 cervical vertebrae, initial encounter |
| S13.131A | Dislocation of C2/C3 cervical vertebrae, initial encounter |
| S13.140A | Subluxation of C3/C4 cervical vertebrae, initial encounter |
| S13.141A | Dislocation of C3/C4 cervical vertebrae, initial encounter |
| S13.150A | Subluxation of C4/C5 cervical vertebrae, initial encounter |
| S13.151A | Dislocation of C4/C5 cervical vertebrae, initial encounter |
| S13.160A | Subluxation of C5/C6 cervical vertebrae, initial encounter |
| S13.161A | Dislocation of C5/C6 cervical vertebrae, initial encounter |
| S13.170A | Subluxation of C6/C7 cervical vertebrae, initial encounter |
| S13.171A | Dislocation of C6/C7 cervical vertebrae, initial encounter |
| S13.180A | Subluxation of C7/T1 cervical vertebrae, initial encounter |
| S13.181A | Dislocation of C7/T1 cervical vertebrae, initial encounter |
| S14.2XXA | Injury of nerve root of cervical spine, initial encounter |
| S14.3XXA | Injury of brachial plexus, initial encounter |
| S23.0XXA | Traumatic rupture of thoracic intervertebral disc, initial encounter |
| S23.100A | Subluxation of unspecified thoracic vertebra, initial encounter |
| S23.101A | Dislocation of unspecified thoracic vertebra, initial encounter |
| S23.110A | Subluxation of T1/T2 thoracic vertebra, initial encounter |
| S23.111A | Dislocation of T1/T2 thoracic vertebra, initial encounter |
| S23.120A | Subluxation of T2/T3 thoracic vertebra, initial encounter |
| S23.121A | Dislocation of T2/T3 thoracic vertebra, initial encounter |
| S23.122A | Subluxation of T3/T4 thoracic vertebra, initial encounter |
| S23.123A | Dislocation of T3/T4 thoracic vertebra, initial encounter |
| S23.130A | Subluxation of T4/T5 thoracic vertebra, initial encounter |
| S23.131A | Dislocation of T4/T5 thoracic vertebra, initial encounter |
| S23.132A | Subluxation of T5/T6 thoracic vertebra, initial encounter |
| S23.133A | Dislocation of T5/T6 thoracic vertebra, initial encounter |
| S23.140A | Subluxation of T6/T7 thoracic vertebra, initial encounter |
| S23.141A | Dislocation of T6/T7 thoracic vertebra, initial encounter |
| S23.142A | Subluxation of T7/T8 thoracic vertebra, initial encounter |
| S23.143A | Dislocation of T7/T8 thoracic vertebra, initial encounter |
| S23.150A | Subluxation of T8/T9 thoracic vertebra, initial encounter |
| S23.151A | Dislocation of T8/T9 thoracic vertebra, initial encounter |
| S23.152A | Subluxation of T9/T10 thoracic vertebra, initial encounter |
| S23.153A | Dislocation of T9/T10 thoracic vertebra, initial encounter |
| S23.160A | Subluxation of T10/T11 thoracic vertebra, initial encounter |
| S23.161A | Dislocation of T10/T11 thoracic vertebra, initial encounter |
| S23.162A | Subluxation of T11/T12 thoracic vertebra, initial encounter |
| S23.163A | Dislocation of T11/T12 thoracic vertebra, initial encounter |
| S23.170A | Subluxation of T12/L1 thoracic vertebra, initial encounter |
| S23.171A | Dislocation of T12/L1 thoracic vertebra, initial encounter |
| S24.2XXA | Injury of nerve root of thoracic spine, initial encounter |
| S33.0XXA | Traumatic rupture of lumbar intervertebral disc, initial encounter |
| S33.100A | Subluxation of unspecified lumbar vertebra, initial encounter |
| S33.101A | Dislocation of unspecified lumbar vertebra, initial encounter |
| S33.110A | Subluxation of L1/L2 lumbar vertebra, initial encounter |
| S33.111A | Dislocation of L1/L2 lumbar vertebra, initial encounter |
| S33.120A | Subluxation of L2/L3 lumbar vertebra, initial encounter |
| S33.121A | Dislocation of L2/L3 lumbar vertebra, initial encounter |
| S33.130A | Subluxation of L3/L4 lumbar vertebra, initial encounter |
| S33.131A | Dislocation of L3/L4 lumbar vertebra, initial encounter |
| S33.140A | Subluxation of L4/L5 lumbar vertebra, initial encounter |
| S33.141A | Dislocation of L4/L5 lumbar vertebra, initial encounter |
| S33.2XXA | Dislocation of sacroiliac and sacrococcygeal joint, initial encounter |
| S34.21XA | Injury of nerve root of lumbar spine, initial encounter |
| S34.22XA | Injury of nerve root of sacral spine, initial encounter |

| ICD-10 Codes | Description |
|--------------|---|
| S34.4XXA | Injury of lumbosacral plexus, initial encounter |

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

All those not listed under the "ICD-10 Codes that Support Medical Necessity" section of this policy.

Group 1 Codes: N/A

ICD-10 Additional Information

N/A

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General Information

Associated Information

Documentation Requirements

1. Documentation supporting medical necessity should be legible, maintained in the patient's medical record and made available to Medicare upon request.
2. Please see CMS IOM Publication 100-02, *Medicare Benefit Policy Manual* sections referenced above for national documentation requirements for Medicare payment of chiropractic services.
3. 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.
4. 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. The AT modifier must not be placed on the claim when maintenance therapy has been provided. Claims without the AT modifier will be considered as maintenance therapy and denied. Chiropractors who give or receive from beneficiaries an ABN shall follow the instructions in CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 23, Section 20.9.1.1 and include a GA (or in rare instances a GZ) modifier on the claim.

See CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 240.1.3.

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

The following number of chiropractic manipulation services per beneficiary is considered reasonable and necessary if the medical record supports the service regardless of the nature of the visit (i.e., acute injury, acute exacerbation).

- Twelve (12) chiropractic manipulation treatments per calendar month.
- And,
- Thirty (30) chiropractic manipulation treatments per calendar year.

If a national or local policy identifies a frequency expectation, a claim for a test/service that exceeds that expectation may be denied as not reasonable and necessary. Documentation may be submitted with the claim for individual consideration if reporting increased frequency of services.

Notice: This LCD imposes utilization guideline limitations. Despite Medicare allowing up to these maximums, each patient's condition and response to treatment must medically warrant the number of services reported for payment. Medicare requires the medical necessity for each service reported to be clearly demonstrated in the patient's medical record. Medicare expects that patients will not routinely require the maximum allowable number of services.

Sources of Information

L32718, Chiropractic Services, Novitas Solutions Jurisdiction H Local Coverage Determination

Other Contractor Policies

Contractor Medical Directors

Bibliography

N/A

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Revision History Information

| Revision History Date | Revision History Number | Revision History Explanation | Reason(s) for Change |
|-----------------------|-------------------------|---|---|
| 10/01/2017 | R3 | LCD revised and published on 10/05/2017 effective for dates of service on and after 10/01/2017 to reflect the ICD-10 Annual Code Updates. The following ICD-10 code has been deleted and therefore removed from the Group 5 list of ICD-10 codes in the LCD: M48.06. The following ICD-10 codes have been added to the list of Group 5 diagnosis codes: M48.061, M48.062. | <ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes |
| 10/01/2016 | R2 | 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; therefore, not all the fields included on the LCD are applicable as noted in this policy. LCD revised and published on 09/29/2016 effective for dates of service on and after 10/01/2016 to reflect the ICD-10 Annual Code Updates. The following ICD-10 codes from Group 4 have been deleted and therefore removed from the LCD: M50.12, M50.82, and M50.92. The following ICD-10 codes from Group 5 have been deleted and therefore removed from the LCD: M50.22 and M50.32. The following ICD-10 codes have been added to Group 4: M50.121, M50.122, M50.123, M50.821, M50.822, M50.823, M50.921, M50.922, and M50.923. The following ICD-10 codes have been added to Group 5: M50.221, M50.222, M50.223, M50.321, M50.322, and M50.323. | <ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes |
| 12/09/2015 | R1 | LCD reviewed for administrative purposes. No changes were made to the LCD itself. | <ul style="list-style-type: none"> Other (Annual Review) |

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Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Keywords

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