

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

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## Contractor Information

Contractor Name <a href="#">Novitas Solutions, Inc.</a> <a href="#">Back to Top</a>	Contract Number 12502	Contract Type A and B MAC	Jurisdiction J - L
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## LCD Information

### Document Information

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LCD Title Chiropractic Services			
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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 regarding chiropractic services are found in the following Internet-Only Manuals (IOMs) published on the CMS Web site:

- *Medicare Benefit Policy Manual* – Pub. 100-2, Chapter 15, Section 30.5, Section 240.1.3.
- *Medicare National Coverage Determinations Manual* – Pub. 100-03.
- *Correct Coding Initiative – Medicare Contractor Beneficiary and Provider Communications Manual* – Pub. 100-09, Chapter 5.
- 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.

Chiropractic services are subject to national regulation, which provides definitions, indications and limitations for Medicare payment of chiropractic service. Please see *Medicare Benefit 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 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.

[Back to Top](#)

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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:** The CPT/HCPCS codes included in this LCD will be subjected to "procedure to diagnosis" editing. The following lists include only those diagnoses for which the identified CPT/HCPCS procedures are covered. If a covered diagnosis is not on the claim, the edit will automatically deny the service as not medically

necessary.

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
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

<b>ICD-10 Codes</b>	<b>Description</b>
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:**

<b>ICD-10 Codes</b>	<b>Description</b>
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
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

<b>ICD-10 Codes</b>	<b>Description</b>
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:**

<b>ICD-10 Codes</b>	<b>Description</b>
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

<b>ICD-10 Codes</b>	<b>Description</b>
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
M50.12	Cervical disc disorder with radiculopathy, mid-cervical region
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
M50.82	Other cervical disc disorders, mid-cervical region
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
M50.92	Cervical disc disorder, unspecified, mid-cervical region
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:**

<b>ICD-10 Codes</b>	<b>Description</b>
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

<b>ICD-10 Codes</b>	<b>Description</b>
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
M48.06	Spinal stenosis, lumbar region
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
M50.22	Other cervical disc displacement, mid-cervical region
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
M50.32	Other cervical disc degeneration, mid-cervical region
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



<b>ICD-10 Codes</b>	<b>Description</b>
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
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

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

ICD-10 Codes that DO NOT Support Medical Necessity N/A  
ICD-10 Additional Information

[Back to Top](#)

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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 *Medicare Benefit 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 Pub. 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 Medicare Benefit Policy Manual 100-2, Chapter 15, section 240.1.3

### **Utilization Guidelines**

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.

This LCD imposes diagnosis limitations that support diagnosis to procedure code automatic denials. Coverage diagnoses are displayed in four groups in this policy as described in the indications and limitations section of this policy. If 30 visits are performed for group D, then this will also serve as the maximum number of visits for the year.

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

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 and Basis for Decision

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

Other Contractor Policies

Contractor Medical Directors

[Back to Top](#)

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## **Revision History Information**

N/A [Back to Top](#)

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## **Associated Documents**

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 07/16/2014 with effective dates 10/01/2015 - N/A [Back to Top](#)

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## **Keywords**

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