

Article - Billing and Coding: Chiropractic Services (A56273)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05102 - MAC B	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05202 - MAC B	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05302 - MAC B	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05402 - MAC B	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08102 - MAC B	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08202 - MAC B	J - 08	Michigan

Article Information

General Information

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A56273

Article Title

Billing and Coding: CHIROPRACTIC Services

Article Type

Billing and Coding

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CMS National Coverage Policy

N/A

Article Guidance

Article Text

This article provides billing and coding guidelines for CHIROPRACTIC services. Coverage of CHIROPRACTIC services is a limited benefit. The coverage is limited to manual manipulation for the treatment of subluxation. "Subluxation" is a term used by Chiropractors to describe a spinal vertebra that is out of position in comparison to the other vertebrae.

Refer to the following Medicare Internet online Manuals (IOMs) for coverage of CHIROPRACTIC services:

Publication 100-02 Medicare Benefit Policy Manual

Chapter 15 Covered Medical and Other Health Services:

- § 30.5 Chiropractor's Services
- § 40.4 Definition of Physician /Practitioner.
- § 220 Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services) Under Medical Insurance
- §240 CHIROPRACTIC Services - General
- §240.1.1 Manual Manipulation
- §240.1.2 Subluxation May Be Demonstrated by X-Ray or Physician's Exam
- §240.1.3 Necessity for Treatment
- §240.1.4 Location of Subluxation
- §240.1.5 Treatment Parameters

Publication 100-04 Medicare Claims Processing Manual

Chapter 12 Physicians/Nonphysician Practitioners

- §220 - CHIROPRACTIC Services

Chapter 23 Fee Schedule Administration and Coding Requirements

- §20.9.1.1 Instructions for Codes with Modifiers (A/B MACs (B) Only)

WPS GHA has further guidance for the physical examination (IOM 100-02 §240.1.2)

PART (Pain, Asymmetry, Range of motion and tissue tone changes)

Pain – Most primary neuromusculoskeletal disorders manifest primarily by a painful response. Pain and tenderness findings may be identified through one or more of the following: observation, percussion, palpation,

provocation, etc. Furthermore, pain intensity may be assessed using one or more of the following: visual analog scales, algometers, pain questionnaires, etc.

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

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

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

The problem/complaint addressed, and precise level of each subluxation treated, must be specified in the medical record. The need for an extensive, prolonged course of treatment should be consistent with the reported diagnosis and must be clearly documented in the medical record. The level of the subluxation must be specified on the claim and must be listed as the primary diagnosis. Refer to ICD-10 Codes that Support Medical Necessity found below either listed by location (Lumbar) or exact bones (L1, L2, etc.).

Associated Information

Documentation requirements

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

Claims submitted for CHIROPRACTIC Manipulative Treatment (CMT) CPT codes 98940, 98941, or 98942, (found in Group 1 codes under CPT/HCPCS Codes) must contain an AT modifier or they will be considered not medically necessary.

Utilization Guidelines

Payment is to the billing Chiropractor and is based on the physician fee schedule.

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

Coding Guidelines

1. The precise level of subluxation must be specified on the claim and must be listed as the primary diagnosis. The neuromusculoskeletal condition necessitating the treatment must be listed as the secondary diagnosis.
2. All claims for CHIROPRACTIC services must include the following information:
 - Date of the initiation of the course of treatment.
 - Symptom/condition/Secondary diagnosis code(s)
 - Subluxation(s)/Primary diagnosis code(s)
 - Date of Service
 - Place of Service
 - Procedure Code
 - Failure to report these items will result in claim denial or delay.

Note: Date of last x-ray is no longer required. Any date placed in item 19 is considered date of last x-ray. It is recommended that providers do not place any date in item 19 of the CMS-1500 claim form.

3. Limitation of Liability rules apply: The purpose of the Limitation of Liability provision is to protect the beneficiary from liability in denial cases under certain conditions when services rendered are found to be not reasonable and medically unnecessary.

If the provider uses the AT Modifier and believes a service is likely to be denied by Medicare as not being medically necessary, the beneficiary must sign an Advance Beneficiary Notification (ABN) and the GA modifier must be used.

4. Physician signature for progress notes and reports (handwritten, electronic). Initials if signed over a typed or printed name or accompanied by a signature log or attestation statement.

Non-Covered Services:

All services other than manual manipulation of the spine for treatment of subluxation of the spine are excluded when ordered or performed by a Doctor of CHIROPRACTIC. Chiropractors are not required to bill these to Medicare.

CHIROPRACTIC offices may want to submit charges to Medicare to obtain a denial necessary for submitting to a secondary insurance carrier. The following are examples (not an all-inclusive list) of services that, when performed by a Chiropractor, are excluded from Medicare coverage:

- Laboratory tests
- X-rays
- Office Visits (history and physical)
- Physiotherapy
- Traction
- Supplies
- Injections
- Drugs
- Diagnostic studies including EKGs
- Orthopedic devices
- Nutritional supplements and counseling

Medicare does not cover CHIROPRACTIC treatments to extraspinal regions (CPT 98943), which includes the head, upper and lower extremities, rib cage, and abdomen.

Request for Review

When requesting a review, submit documentation that supports the medical necessity of the denied service.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes: (3 Codes)

CODE	DESCRIPTION
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 1-2 REGIONS

CODE	DESCRIPTION
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 5 REGIONS

Group 2 Paragraph:

Non-covered

Group 2 Codes: (1 Code)

CODE	DESCRIPTION
98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, 1 OR MORE REGIONS

CPT/HCPCS Modifiers

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

Note: diagnosis codes must be coded to the highest level of specificity.

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

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

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

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

Group 1 Codes: (6 Codes)

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

Group 2 Paragraph:

SHORT-TERM TREATMENT

(These conditions generally require short-term treatments.)

ICD-10 CM

Symptom/Condition Codes

(Secondary Diagnosis)

Group 2 Codes: (47 Codes)

CODE	DESCRIPTION
G43.009	Migraine without aura, not intractable, without status migrainosus
G43.019	Migraine without aura, intractable, without status migrainosus
G43.109	Migraine with aura, not intractable, without status migrainosus
G43.119	Migraine with aura, intractable, without status migrainosus
G43.A0	Cyclical vomiting, in migraine, not intractable
G43.A1	Cyclical vomiting, in migraine, intractable
G43.B0	Ophthalmoplegic migraine, not intractable
G43.B1	Ophthalmoplegic migraine, intractable
G43.C0	Periodic headache syndromes in child or adult, not intractable
G43.C1	Periodic headache syndromes in child or adult, intractable
G43.D0	Abdominal migraine, not intractable
G43.D1	Abdominal migraine, intractable
G43.909	Migraine, unspecified, not intractable, without status migrainosus
G43.919	Migraine, unspecified, intractable, without status migrainosus
G44.1	Vascular headache, not elsewhere classified
G44.209	Tension-type headache, unspecified, not intractable
M47.24	Other spondylosis with radiculopathy, thoracic region
M47.25	Other spondylosis with radiculopathy, thoracolumbar region
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.28	Other spondylosis with radiculopathy, sacral and sacrococcygeal region
M47.811	Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region
M47.812	Spondylosis without myelopathy or radiculopathy, cervical region
M47.813	Spondylosis without myelopathy or radiculopathy, cervicothoracic region
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region
M47.815	Spondylosis without myelopathy or radiculopathy, thoracolumbar region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region

CODE	DESCRIPTION
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M48.11	Ankylosing hyperostosis [Forestier], occipito-atlanto-axial region
M48.12	Ankylosing hyperostosis [Forestier], cervical region
M48.13	Ankylosing hyperostosis [Forestier], cervicothoracic region
M48.14	Ankylosing hyperostosis [Forestier], thoracic region
M48.15	Ankylosing hyperostosis [Forestier], thoracolumbar region
M48.16	Ankylosing hyperostosis [Forestier], lumbar region
M48.17	Ankylosing hyperostosis [Forestier], lumbosacral region
M48.18	Ankylosing hyperostosis [Forestier], sacral and sacrococcygeal region
M48.19	Ankylosing hyperostosis [Forestier], multiple sites in spine
M54.2	Cervicalgia
M54.50	Low back pain, unspecified
M54.51	Vertebrogenic low back pain
M54.59	Other low back pain
M54.6	Pain in thoracic spine
M62.49	Contracture of muscle, multiple sites
M62.838	Other muscle spasm
R51.0	Headache with orthostatic component, not elsewhere classified
R51.9	Headache, unspecified

Group 3 Paragraph:

Moderate-Term Treatment

ICD 10 CM

Symptom/Condition Codes
(Secondary Diagnosis)

Group 3 Codes: (192 Codes)

CODE	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

CODE	DESCRIPTION
G54.8	Other nerve root and plexus disorders
G55	Nerve root and plexus compressions in diseases classified elsewhere
G57.01	Lesion of sciatic nerve, right lower limb
G57.02	Lesion of sciatic nerve, left lower limb
G57.03	Lesion of sciatic nerve, bilateral lower limbs
G57.21	Lesion of femoral nerve, right lower limb
G57.22	Lesion of femoral nerve, left lower limb
G57.23	Lesion of femoral nerve, bilateral lower limbs
G57.91	Unspecified mononeuropathy of right lower limb
G57.92	Unspecified mononeuropathy of left lower limb
G57.93	Unspecified mononeuropathy of bilateral lower limbs
M12.311	Palindromic rheumatism, right shoulder
M12.312	Palindromic rheumatism, left shoulder
M12.351	Palindromic rheumatism, right hip
M12.352	Palindromic rheumatism, left hip
M12.361	Palindromic rheumatism, right knee
M12.362	Palindromic rheumatism, left knee
M12.371	Palindromic rheumatism, right ankle and foot
M12.372	Palindromic rheumatism, left ankle and foot
M12.38	Palindromic rheumatism, other specified site
M12.39	Palindromic rheumatism, multiple sites
M12.411	Intermittent hydrarthrosis, right shoulder
M12.412	Intermittent hydrarthrosis, left shoulder
M12.451	Intermittent hydrarthrosis, right hip
M12.452	Intermittent hydrarthrosis, left hip
M12.461	Intermittent hydrarthrosis, right knee
M12.462	Intermittent hydrarthrosis, left knee
M12.471	Intermittent hydrarthrosis, right ankle and foot
M12.472	Intermittent hydrarthrosis, left ankle and foot
M12.48	Intermittent hydrarthrosis, other site
M12.49	Intermittent hydrarthrosis, multiple sites
M15.4	Erosive (osteo)arthritis

CODE	DESCRIPTION
M15.8	Other polyosteoarthritis
M16.0	Bilateral primary osteoarthritis of hip
M16.11	Unilateral primary osteoarthritis, right hip
M16.12	Unilateral primary osteoarthritis, left hip
M25.011	Hemarthrosis, right shoulder
M25.012	Hemarthrosis, left shoulder
M25.051	Hemarthrosis, right hip
M25.052	Hemarthrosis, left hip
M25.061	Hemarthrosis, right knee
M25.062	Hemarthrosis, left knee
M25.071	Hemarthrosis, right ankle
M25.072	Hemarthrosis, left ankle
M25.074	Hemarthrosis, right foot
M25.075	Hemarthrosis, left foot
M25.08	Hemarthrosis, other specified site
M25.451	Effusion, right hip
M25.452	Effusion, left hip
M25.461	Effusion, right knee
M25.462	Effusion, left knee
M25.471	Effusion, right ankle
M25.472	Effusion, left ankle
M25.474	Effusion, right foot
M25.475	Effusion, left foot
M25.511	Pain in right shoulder
M25.512	Pain in left shoulder
M25.551	Pain in right hip
M25.552	Pain in left hip
M25.561	Pain in right knee
M25.562	Pain in left knee
M25.571	Pain in right ankle and joints of right foot
M25.572	Pain in left ankle and joints of left foot
M25.611	Stiffness of right shoulder, not elsewhere classified

CODE	DESCRIPTION
M25.612	Stiffness of left shoulder, not elsewhere classified
M25.651	Stiffness of right hip, not elsewhere classified
M25.652	Stiffness of left hip, not elsewhere classified
M25.661	Stiffness of right knee, not elsewhere classified
M25.662	Stiffness of left knee, not elsewhere classified
M25.671	Stiffness of right ankle, not elsewhere classified
M25.672	Stiffness of left ankle, not elsewhere classified
M25.674	Stiffness of right foot, not elsewhere classified
M25.675	Stiffness of left foot, not elsewhere classified
M25.811	Other specified joint disorders, right shoulder
M25.812	Other specified joint disorders, left shoulder
M25.851	Other specified joint disorders, right hip
M25.852	Other specified joint disorders, left hip
M25.861	Other specified joint disorders, right knee
M25.862	Other specified joint disorders, left knee
M25.871	Other specified joint disorders, right ankle and foot
M25.872	Other specified joint disorders, left ankle and foot
M43.01	Spondylolysis, occipito-atlanto-axial region
M43.02	Spondylolysis, cervical region
M43.03	Spondylolysis, cervicothoracic region
M43.04	Spondylolysis, thoracic region
M43.05	Spondylolysis, thoracolumbar region
M43.06	Spondylolysis, lumbar region
M43.07	Spondylolysis, lumbosacral region
M43.08	Spondylolysis, sacral and sacrococcygeal region
M43.09	Spondylolysis, multiple sites in spine
M43.11	Spondylolisthesis, occipito-atlanto-axial region
M43.12	Spondylolisthesis, cervical region
M43.13	Spondylolisthesis, cervicothoracic region
M43.14	Spondylolisthesis, thoracic region
M43.15	Spondylolisthesis, thoracolumbar region
M43.16	Spondylolisthesis, lumbar region

CODE	DESCRIPTION
M43.17	Spondylolisthesis, lumbosacral region
M43.18	Spondylolisthesis, sacral and sacrococcygeal region
M43.19	Spondylolisthesis, multiple sites in spine
M43.27	Fusion of spine, lumbosacral region
M43.28	Fusion of spine, sacral and sacrococcygeal region
M43.6	Torticollis
M46.01	Spinal enthesopathy, occipito-atlanto-axial region
M46.02	Spinal enthesopathy, cervical region
M46.03	Spinal enthesopathy, cervicothoracic region
M46.04	Spinal enthesopathy, thoracic region
M46.05	Spinal enthesopathy, thoracolumbar region
M46.06	Spinal enthesopathy, lumbar region
M46.07	Spinal enthesopathy, lumbosacral region
M46.08	Spinal enthesopathy, sacral and sacrococcygeal region
M46.09	Spinal enthesopathy, multiple sites in spine
M46.41	Discitis, unspecified, occipito-atlanto-axial region
M46.42	Discitis, unspecified, cervical region
M46.43	Discitis, unspecified, cervicothoracic region
M46.44	Discitis, unspecified, thoracic region
M46.45	Discitis, unspecified, thoracolumbar region
M46.46	Discitis, unspecified, lumbar region
M46.47	Discitis, unspecified, lumbosacral region
M50.11	Cervical disc disorder with radiculopathy, high cervical region
M50.120	Mid-cervical disc disorder, unspecified level
M50.121	Cervical disc disorder at C4-C5 level with radiculopathy
M50.122	Cervical disc disorder at C5-C6 level with radiculopathy
M50.123	Cervical disc disorder at C6-C7 level with radiculopathy
M50.13	Cervical disc disorder with radiculopathy, cervicothoracic region
M50.81	Other cervical disc disorders, high cervical region
M50.820	Other cervical disc disorders, mid-cervical region, unspecified level
M50.821	Other cervical disc disorders at C4-C5 level
M50.822	Other cervical disc disorders at C5-C6 level

CODE	DESCRIPTION
M50.823	Other cervical disc disorders at C6-C7 level
M50.83	Other cervical disc disorders, cervicothoracic region
M50.91	Cervical disc disorder, unspecified, high cervical region
M50.920	Unspecified cervical disc disorder, mid-cervical region, unspecified level
M50.921	Unspecified cervical disc disorder at C4-C5 level
M50.922	Unspecified cervical disc disorder at C5-C6 level
M50.923	Unspecified cervical disc disorder at C6-C7 level
M50.93	Cervical disc disorder, unspecified, cervicothoracic region
M51.14	Intervertebral disc disorders with radiculopathy, thoracic region
M51.15	Intervertebral disc disorders with radiculopathy, thoracolumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.84	Other intervertebral disc disorders, thoracic region
M51.85	Other intervertebral disc disorders, thoracolumbar region
M51.86	Other intervertebral disc disorders, lumbar region
M51.87	Other intervertebral disc disorders, lumbosacral region
M53.0	Cervicocranial syndrome
M53.1	Cervicobrachial syndrome
M53.2X7	Spinal instabilities, lumbosacral region
M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
M53.86	Other specified dorsopathies, lumbar region
M53.87	Other specified dorsopathies, lumbosacral region
M53.88	Other specified dorsopathies, sacral and sacrococcygeal region
M54.11	Radiculopathy, occipito-atlanto-axial region
M54.12	Radiculopathy, cervical region
M54.13	Radiculopathy, cervicothoracic region
M54.14	Radiculopathy, thoracic region
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M60.811	Other myositis, right shoulder
M60.812	Other myositis, left shoulder

CODE	DESCRIPTION
M60.851	Other myositis, right thigh
M60.852	Other myositis, left thigh
M60.861	Other myositis, right lower leg
M60.862	Other myositis, left lower leg
M60.871	Other myositis, right ankle and foot
M60.872	Other myositis, left ankle and foot
M60.88	Other myositis, other site
M60.89	Other myositis, multiple sites
M62.830	Muscle spasm of back
M79.11	Myalgia of mastication muscle
M79.12	Myalgia of auxiliary muscles, head and neck
M79.18	Myalgia, other site
M79.7	Fibromyalgia
Q76.2	Congenital spondylolisthesis
R26.2	Difficulty in walking, not elsewhere classified
R29.4	Clicking hip
S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
S13.8XXA	Sprain of joints and ligaments of other parts of neck, initial encounter
S16.1XXA	Strain of muscle, fascia and tendon at neck level, initial encounter
S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
S23.8XXA	Sprain of other specified parts of thorax, initial encounter
S29.012A	Strain of muscle and tendon of back wall of thorax, initial encounter
S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
S33.6XXA	Sprain of sacroiliac joint, initial encounter
S33.8XXA	Sprain of other parts of lumbar spine and pelvis, initial encounter
S39.012A	Strain of muscle, fascia and tendon of lower back, initial encounter
S39.013A	Strain of muscle, fascia and tendon of pelvis, initial encounter

Group 4 Paragraph:

Long-Term Treatment

ICD 10 CM

Symptom/Condition Codes (Secondary Diagnosis)

Group 4 Codes: (66 Codes)

CODE	DESCRIPTION
M48.01	Spinal stenosis, occipito-atlanto-axial region
M48.02	Spinal stenosis, cervical region
M48.03	Spinal stenosis, cervicothoracic region
M48.04	Spinal stenosis, thoracic region
M48.05	Spinal stenosis, thoracolumbar region
M48.061	Spinal stenosis, lumbar region without neurogenic claudication
M48.062	Spinal stenosis, lumbar region with neurogenic claudication
M48.07	Spinal stenosis, lumbosacral region
M48.31	Traumatic spondylopathy, occipito-atlanto-axial region
M48.32	Traumatic spondylopathy, cervical region
M48.33	Traumatic spondylopathy, cervicothoracic region
M48.34	Traumatic spondylopathy, thoracic region
M48.35	Traumatic spondylopathy, thoracolumbar region
M48.36	Traumatic spondylopathy, lumbar region
M48.37	Traumatic spondylopathy, lumbosacral region
M48.38	Traumatic spondylopathy, sacral and sacrococcygeal region
M50.21	Other cervical disc displacement, high cervical region
M50.220	Other cervical disc displacement, mid-cervical region, unspecified level
M50.221	Other cervical disc displacement at C4-C5 level
M50.222	Other cervical disc displacement at C5-C6 level
M50.223	Other cervical disc displacement at C6-C7 level
M50.23	Other cervical disc displacement, cervicothoracic region
M50.31	Other cervical disc degeneration, high cervical region
M50.320	Other cervical disc degeneration, mid-cervical region, unspecified level
M50.321	Other cervical disc degeneration at C4-C5 level
M50.322	Other cervical disc degeneration at C5-C6 level
M50.323	Other cervical disc degeneration at C6-C7 level
M50.33	Other cervical disc degeneration, cervicothoracic region
M51.24	Other intervertebral disc displacement, thoracic region
M51.25	Other intervertebral disc displacement, thoracolumbar region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region

CODE	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
M54.31	Sciatica, right side
M54.32	Sciatica, left side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M96.1	Postlaminectomy syndrome, not elsewhere classified
M99.20	Subluxation stenosis of neural canal of head region
M99.21	Subluxation stenosis of neural canal of cervical region
M99.22	Subluxation stenosis of neural canal of thoracic region
M99.23	Subluxation stenosis of neural canal of lumbar region
M99.30	Osseous stenosis of neural canal of head region
M99.31	Osseous stenosis of neural canal of cervical region
M99.32	Osseous stenosis of neural canal of thoracic region
M99.33	Osseous stenosis of neural canal of lumbar region
M99.40	Connective tissue stenosis of neural canal of head region
M99.41	Connective tissue stenosis of neural canal of cervical region
M99.42	Connective tissue stenosis of neural canal of thoracic region
M99.43	Connective tissue stenosis of neural canal of lumbar region
M99.50	Intervertebral disc stenosis of neural canal of head region
M99.51	Intervertebral disc stenosis of neural canal of cervical region
M99.52	Intervertebral disc stenosis of neural canal of thoracic region
M99.53	Intervertebral disc stenosis of neural canal of lumbar region
M99.60	Osseous and subluxation stenosis of intervertebral foramina of head region
M99.61	Osseous and subluxation stenosis of intervertebral foramina of cervical region
M99.62	Osseous and subluxation stenosis of intervertebral foramina of thoracic region
M99.63	Osseous and subluxation stenosis of intervertebral foramina of lumbar region
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

CODE	DESCRIPTION
M99.73	Connective tissue and disc stenosis of intervertebral foramina of lumbar region
Q76.2	Congenital spondylolisthesis

ICD-10-CM Codes that DO NOT Support Medical Necessity

N/A

ICD-10-PCS Codes

N/A

Additional ICD-10 Information

N/A

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 article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, 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 article should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2021	R6	09/30/2021 ICD-10 CM Code Updates: Under ICD-10 Codes that Support Medical Necessity, deleted M54.5 from Group 2 codes. Added M54.50, M54.51, and M54.59 to Group 2 codes. Review completed 08/10/2021. Grammar and punctuation corrections made throughout the article.
10/01/2020	R5	10/01/2020 ICD-10-CM Code Updates to Group 2: Deleted R51 and added R51.0 and R51.9.
01/21/2020	R4	06/25/2020 Removed Acupuncture from Non-covered Services effective 01/21/2020 due to CMS Publications: 100-03 Medicare National Coverage Determinations; Chapter 1, Part 1 (Sections 10 – 80.12) Coverage Determinations; §30.3.3 – Acupuncture for Chronic Lower Back Pain (cLBP).
10/31/2019	R3	10/31/2019 For CR 10901 compliance: Title changed to Billing and Coding: Chiropractic Services. The applicable manual/regulation has been referenced in Rules and Regulations s). Format change completed. There has been no change in coverage with this revision.
10/01/2019	R2	09/26/2019 ICD-10-CM Code Updates: Description change to:G43.A0 and G43.A1 in Group Two and M50.120 in Group Three. Review completed 08/30/2019. Provider education: Added MLN 1232664 "Medicare Documentation Job Aid For Doctors of Chiropractic" to Other s).
03/28/2019	R1	03/28/2019 Revised sentence in Utilization Guidelines to read, "Payment is to the billing Chiropractor and is based on the physician fee schedule".

Associated Documents

Related Local Coverage Documents

N/A

Related National Coverage Documents

N/A

Statutory Requirements URLs

N/A

Rules and Regulations URLs

Title XVIII of the Social Security Act:

Description Section 1833 (e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim. Section 1862 (a) (1) (A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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

CMS Manual Explanations URLs

CMS Pub. 100-02 Chapter 15 §30.5, 40.4, and 220 & CMS Pub. 100-02 Chapter 15 §240 - 240.1.5.

CMS Pub. 100-04 Chapter 12 §220

CMS Pub. 100-04 Chapter 23 §20.9.1.1

Other URLs

Medicare Documentation Job Aid For Doctors of Chiropractic
Change Request 10901, Local Coverage Determinations (LCDs)

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
09/20/2021	10/01/2021 - N/A	Currently in Effect (This Version)
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Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

N/A