

ICD-9 Codes that Support Medical Necessity

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

Primary Diagnosis Codes

Covered for:

739.0 - 739.5 NONALLOPATHIC LESIONS OF HEAD REGION NOT ELSEWHERE CLASSIFIED - NONALLOPATHIC LESIONS OF PELVIC REGION NOT ELSEWHERE CLASSIFIED

Secondary Diagnosis Codes

Group A Diagnoses

Covered for:

307.81 TENSION HEADACHE

719.48* PAIN IN JOINT INVOLVING OTHER SPECIFIED SITES

723.1 CERVICALGIA

724.1 - 724.2 PAIN IN THORACIC SPINE - LUMBAGO

724.5 BACKACHE UNSPECIFIED

724.8 OTHER SYMPTOMS REFERABLE TO BACK

728.85 SPASM OF MUSCLE

784.0 HEADACHE

Note: When using 719.48*, you must specify spine as the site.

Group B Diagnoses

Covered for:

720.1 SPINAL ENTHESOPATHY

721.0 - 721.2 CERVICAL SPONDYLOSIS WITHOUT MYELOPATHY - THORACIC SPONDYLOSIS WITHOUT MYELOPATHY

721.6 ANKYLOSING VERTEBRAL HYPEROSTOSIS

721.90 - 721.91 SPONDYLOSIS OF UNSPECIFIED SITE WITHOUT MYELOPATHY - SPONDYLOSIS OF UNSPECIFIED SITE WITH MYELOPATHY

724.79 OTHER DISORDERS OF COCCYX

729.1 MYALGIA AND MYOSITIS UNSPECIFIED

729.4 FASCIITIS UNSPECIFIED

846.0 - 846.3 LUMBOSACRAL (JOINT) (LIGAMENT) SPRAIN - SACROTUBEROUS (LIGAMENT) SPRAIN

846.8 OTHER SPECIFIED SITES OF SACROILIAC REGION SPRAIN

847.0 - 847.4 NECK SPRAIN - SPRAIN OF COCCYX

Group C Diagnoses

Covered for:

353.0 - 353.4 BRACHIAL PLEXUS LESIONS - LUMBOSACRAL ROOT LESIONS NOT ELSEWHERE CLASSIFIED

353.8 OTHER NERVE ROOT AND PLEXUS DISORDERS

722.91 - 722.93 OTHER AND UNSPECIFIED DISC DISORDER OF CERVICAL REGION - OTHER AND UNSPECIFIED DISC DISORDER OF LUMBAR REGION

723.0 SPINAL STENOSIS IN CERVICAL REGION

723.2 - 723.5 CERVICOCRANIAL SYNDROME - TORTICOLLIS UNSPECIFIED

Group D Diagnoses

Covered for:

721.3 LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY

721.41 - 721.42 SPONDYLOSIS WITH MYELOPATHY THORACIC REGION - SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION

721.7 TRAUMATIC SPONDYLOPATHY

722.0 DISPLACEMENT OF CERVICAL INTERVERTEBRAL DISC WITHOUT MYELOPATHY

722.10 - 722.11 DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY - DISPLACEMENT OF THORACIC INTERVERTEBRAL DISC WITHOUT MYELOPATHY

722.4 DEGENERATION OF CERVICAL INTERVERTEBRAL DISC

722.51 - 722.52 DEGENERATION OF THORACIC OR THORACOLUMBAR INTERVERTEBRAL DISC - DEGENERATION OF LUMBAR OR LUMBOSACRAL INTERVERTEBRAL DISC

722.6 DEGENERATION OF INTERVERTEBRAL DISC SITE UNSPECIFIED

722.81 - 722.83 POSTLAMINECTOMY SYNDROME OF CERVICAL REGION - POSTLAMINECTOMY SYNDROME OF LUMBAR REGION

724.01 - 724.03 SPINAL STENOSIS OF THORACIC REGION - SPINAL STENOSIS, LUMBAR REGION, WITH NEUROGENIC CLAUDICATION

724.3 - 724.4 SCIATICA - THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS UNSPECIFIED

724.6 DISORDERS OF SACRUM

738.4 ACQUIRED SPONDYLOLISTHESIS

756.11 - 756.12 CONGENITAL SPONDYLOLYSIS LUMBOSACRAL REGION - SPONDYLOLISTHESIS CONGENITAL

839.01 - 839.08 CLOSED DISLOCATION FIRST CERVICAL VERTEBRA - CLOSED DISLOCATION MULTIPLE CERVICAL VERTEBRAE

839.20 - 839.21 CLOSED DISLOCATION LUMBAR VERTEBRA - CLOSED DISLOCATION THORACIC VERTEBRA

839.41 - 839.42 CLOSED DISLOCATION COCCYX - CLOSED DISLOCATION SACRUM

953.0 - 953.4 INJURY TO CERVICAL NERVE ROOT - INJURY TO BRACHIAL PLEXUS

This LCD imposes diagnosis limitations that support diagnosis to procedure code automated denials. Medicare will allow up to 12 chiropractic manipulations per month and 30 chiropractic manipulation services per beneficiary per 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**.

Source: Novitas LCD