APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member’s Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. Note: Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com – select the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

Chiropractic manipulative treatment (CMT) is a form of manual treatment to influence joint and neurophysiological function. Coverage extends only to treatment by means of manual manipulation of the spine to correct a subluxation, provided such treatment is legal in the state where performed. In addition, in performing manual manipulation of the spine, some chiropractors use manual devices that are hand-held with the thrust of the force of the device being controlled manually. While such manual manipulation may be covered, there is no separate payment permitted for use of this device.1

WellCare covers limited chiropractic services when performed by a chiropractor who is licensed or legally authorized to furnish chiropractic services by the State in which the services are furnished. A chiropractor must also meet uniform minimum standards as set forth by CMS.1

Spinal/Joint Issues - Most spinal joint problems fall into one of three categories.3

Acute subluxation - A patient’s condition is considered acute when the patient is being treated for a new injury, identified by x-ray or physical exam. The result of chiropractic manipulation is expected to be an improvement in, or arrest of progression, of the patient’s condition.3

Chronic subluxation - A patient’s condition is considered chronic when it is not expected to significantly improve or be resolved with further treatment, but with continued therapy, can be expected to result in some functional improvement. Once the clinical status has remained stable for a given condition, without expectation of additional objective clinical improvements, further manipulative treatment is considered maintenance therapy and is not covered.3

An acute exacerbation is a temporary but marked deterioration of the patient’s condition that is causing significant interference with activities of daily living due to an acute flare-up of the previously treated condition. The Clinical Coverage Guideline
patient’s clinical record must specify the date of occurrence, nature of the onset, or other pertinent factors that would support the medical necessity of treatment. As with an acute injury, treatment should result in improvement or arrest of the deterioration within a reasonable period of time.3

Plan of Care
Chiropractic care is focused on the treatment goals outlined in the Plan of Care. Services must be included in an ongoing, written plan of care (POC). A plan of care should be individualized for each patient. The POC should detail objective and subjective data of the member’s status, demonstrating the medical necessity of the suggested treatment. The following should be included in the POC:

- Documented evidence of a significant neuromusculoskeletal condition that creates a functional impairment requiring a medically necessary evaluation and necessary treatment; AND,
- Initial evaluation/assessment/history and physical; AND,
- Goals (long and short term) that are measurable and objective; AND,
- An expected timeframe of when the goals will be achieved; AND,
- Chiropractic techniques, treatments or exercises that will be used as well as the spinal and/or body region to be targeted; AND
- Frequency and duration of treatment(s) that are reasonable and customary under national standards of practice for chiropractic care; AND,
- Documentation of clinically indicated and medically necessary services (per subscriber certificate(s)).

Documentation Requirements
The patient’s medical record must contain documentation that fully supports the medical necessity for chiropractic services. This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. It should be noted that the use of objective measures at the beginning of treatment, during and/or after treatment is recommended to quantify progress and support justifications for continued treatment. Therefore, treatment effectiveness must be assessed at appropriate intervals during subsequent visits (objective measurable goals). Specific recommendations (i.e. ‘home program’; life style modifications; etc.) for ongoing amelioration of musculoskeletal complaints should be provided as early in the course of treatment as possible; should be reinforced at each visit; and documented in the medical record.4

For patients who have not achieved the goals documented in the Plan of Care, the practitioner should conclude the episode of chiropractic care in the last visit by documenting the clinical factors that contributed to the inability to meet the stated goals in the treatment plan.4

The precise level of subluxation must be specified by the chiropractor to substantiate a claim for manipulation of the spine. The level of spinal subluxation must bear a direct causal relationship to the patient’s symptoms, and the symptoms must be directly related to the level of the subluxation that has been diagnosed. The need for a prolonged course of treatment must be clearly documented in the medical record. Treatment should result in improvement or arrest of deterioration of subluxation within a reasonable and generally predictable period of time.4

Documentation History - The history recorded in the patient record should include the following:
- Symptoms causing patient to seek treatment;
- Family history if relevant;
- Past health history (general health, prior illness, injuries, or hospitalizations; medications; surgical history);
- Mechanism of trauma;
- Quality and character of symptoms/problem;
- Onset, duration, intensity, frequency, location and radiation of symptoms;
• Aggravating or relieving factors; and
• Prior interventions, treatments, medications, secondary complaints

Documentation at Initial Visit
1. History as stated above.
2. Description of the present illness including:
   • Mechanism of trauma;
   • Quality and character of symptoms/problem;
   • Onset, duration, intensity, frequency, location, and radiation of symptoms;
   • Aggravating or relieving factors;
   • Prior interventions, treatments, medications, secondary complaints; and
   • Symptoms causing patient to seek treatment.

   NOTE: These symptoms must bear a direct relationship to the level of subluxation. The symptoms should refer to the spine (spondyle or vertebral), muscle (myo), bone (osseo or osteo), rib (costo or costal) and joint (arthro) and be reported as pain (algia), inflammation (itis), or as signs such as swelling, spasticity, etc. Vertebral pinching of spinal nerves may cause headaches, arm, shoulder, and hand problems as well as leg and foot pains and numbness. Rib and rib/chest pains are also recognized symptoms, but in general other symptoms must relate to the spine as such. The subluxation must be causal, i.e., the symptoms must be related to the level of the subluxation that has been cited. A statement on a claim that there is "pain" is insufficient. The location of pain must be described and whether the particular vertebral listed is capable of producing pain in the area determined.

3. Evaluation of musculoskeletal/nervous system through physical examination.
4. Diagnosis: The primary diagnosis must be subluxation, including the level of subluxation, either so stated or identified by a term descriptive of subluxation. Such terms may refer either to the condition of the spinal joint involved or to the direction of position assumed by the particular bone named.
5. Treatment Plan/Plan of Care: Please reference Plan of Care section to identify requirements.
6. Date of the initial treatment.

Documentation for Subsequent Visits
The following documentation requirements apply whether the subluxation is demonstrated by x-ray or by physical examination:

1. History (an interval history sufficient to support continuing need; document substantive changes)
   • Review of chief complaint;
   • Changes since last visit;
   • System review if relevant.
2. Physical exam (interval; document subsequent changes; a full repeat P.A.R.T. is not expected)
   • Exam of area of spine involved in diagnosis;
   • Assessment of change in patient condition since last visit;
   • Evaluation of treatment effectiveness;
3. Documentation of treatment given on day of visit.
4. Documentation of how the day’s treatment fits within the plan of care (e.g. “visit 4 of planned 7 treatments”) and any way the treatment plan is being changed.

Documentation: X-Ray/CT/MRI
An x-ray may be used to document subluxation. The x-ray must have been taken at a time reasonably proximate to the initiation of a course of treatment. Unless more specific x-ray evidence is warranted, an x-ray is considered reasonably proximate if it was taken no more than 12 months prior to or 3 months following the initiation of a course of chiropractic treatment.

In certain cases of chronic subluxation (e.g., scoliosis), an older x-ray may be accepted provided the beneficiary’s health record indicates the condition has existed longer than 12 months and there is a reasonable basis for concluding that the condition is permanent.
A previous CT scan and/or MRI is acceptable evidence if a subluxation of the spine is demonstrated.  

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

**Documentation: Demonstrated by Physical Examination (aka “P.A.R.T. Evaluation Process”)**

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

**P** - **Pain/tenderness evaluated in terms of location, quality and intensity**: The perception of pain and tenderness is assessed. Most primary neuromusculoskeletal disorders manifest primarily by a painful response. Pain and tenderness findings may be identified through one or more of the following: observation, percussion, palpation, provocation, etc. Furthermore, pain intensity may be assessed using one or more of the following; visual analog scales, algometers, pain questionnaires, etc.

**A** - **Asymmetry/misalignment identified on a sectional or segmental level**: observation (posture and heat analysis), static palpation for misalignment of vertebral segments, diagnostic imaging, etc.

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

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

*To demonstrate a subluxation based on physical examination, two of the four (P.A.R.T.) criteria are required, one of which must be asymmetry/misalignment or range of motion abnormality.*

Documentation of changes in the patient's examination, status, progression must be recorded at each visit. The evaluation process must be ongoing. Signs and certain symptoms must be rechecked during the course of treatment to determine the extent of the patient progress. Standardized measurement scales (e.g., Visual Analogue Scale (VAS), Oswestry Disability Questionnaire, and the Quebec Back Pain Disability Scale) may be used to measure improvement or lack thereof. This ongoing evaluation and assessment forming the basis for treatment modification is a key factor in total patient management.

**Medical Record Signature Requirements**

WellCare follows the Signature Requirements as published in the CMS Program Integrity Manual 100-08, Chapter 3, section 3.3.2.4

For Craniosacral Therapy and Osteopathic Manipulative Treatment (OMT), refer to CCG HS-128.
POSITION STATEMENT

Applicable To:
- Medicaid – Kentucky

Exclusions

The following are non-covered benefits:
- X-rays or physical therapy provided by chiropractors.
- Maintenance Therapy ***NOTE - Maintenance therapy includes services that seek to prevent disease, promote health and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 240.1.3A)***

Experimental / Investigational

The following indications for chiropractic services are considered experimental / investigational and not covered:
- For manipulations or modalities that are not related to the individual’s symptoms, not likely to result in sustained improvement, or do not have defined endpoints, including maintenance, preventive or supportive care or care provided to prevent recurrences or slow deterioration
- Services provided to reduce potential risk factors where significant improvement is not expected
- For duplicated services, when provided by a physical therapist or other health professional
- Digital radiographic mensuration
- Digital postural analysis
- Treatments and programs deemed non-medical or that are educational or training based (e.g., work hardening, vocational rehabilitation, athletic enhancement for performance)
- Chiropractic manipulation and adjunct therapeutic procedures/modalities such as mobilization, therapeutic exercise, traction that are sought for treatment of non-neuromusculoskeletal conditions.

In addition, the following procedures are considered experimental / investigational and not covered:
- Active Release Technique
- Active Therapeutic Movement (ATM2)
- Applied Spinal Biomechanical Engineering
- Atlas Orthogonal Technique
- Bioenergetic Synchronization Technique
- Biogeometric Integration
- Blair Technique
- Chiropractic Biophysics Technique
- Coccygeal Meningeal Stress Fixation Technique
- Computerized radiographic mensuration analysis for assessing spinal mal-alignment
- Cranial Manipulation
- Directional Non-force Technique
- Dynamic spinal visualization
- Manipulation for internal (non-neuromusculoskeletal) disorders (Applied Kinesiology)
- Manipulation under anesthesia Moire Contourographic Analysis
- Network Technique
- Neural Organizational Technique
- Neurocalometer/Nervoscope
- Neuro Emotional Technique
- Para-spinal electromyography (EMG)/Surface scanning EMG
- Sacro-Occipital Technique
- Spinal adjusting devices (ProAdjuster, PulStarFRAS, Activator)
- Spinocopy
- Thermography
• FAKTR (Functional and Kinetic Treatment with Rehab) Approach
• Gonzalez Rehabilitation Technique
• Koren Specific Technique
• Manipulation for infant colic
• Upledger Technique and Cranio-Sacral Therapy
• Webster Technique (for breech babies)
• Whitcomb Technique

Coverage

Chiropractic services are considered medically necessary when ALL of the following criteria are met. Services include manual manipulation of the spine to correct subluxation.

1. Services will support the reasonable expectation of recovery or improvement that supports the start and continuation of a therapeutic level care plan; AND,
2. Treatment follows an acute care model and be episodic in nature in which improvement is documented within the initial 2 weeks of chiropractic care; AND,
   ***NOTE - Once a member has stabilized or reached a member's condition is neither regressing nor progressing (maximum medical improvement (MMI), the member may not meet medically necessary criteria.
   • If no improvement is documented within the initial 2 weeks, additional chiropractic treatment is considered not medically necessary unless the chiropractic treatment is modified.
   • If no improvement is documented within 30 days despite modification of chiropractic treatment, continued chiropractic treatment is considered not medically necessary.***
3. Services are performed by a licensed doctor of chiropractic who and adheres to the laws and regulations of the state the provider is licensed; AND,
4. Documentation must support the number or regions being requested for adjustment per the chiropractic codes:
   98940 Chiropractic manipulation treatment (CMT); spinal, one to two regions.
   98941 Chiropractic manipulation treatment (CMT); spinal, three to four regions.
   98942 Chiropractic manipulation treatment (CMT); spinal, five regions.

CODING

Evaluation and Management E/M Services - Evaluation and Management (E/M) services include an appropriate history, the review of previous medical/surgical history, a review of systems, along with a physical exam which may include musculoskeletal testing and performance of tests to diagnose disease or evaluate progress. Use of (E/M) codes must be supported within the medical record.

Per the CPT Manual, Chiropractic manipulative treatment codes (98940- 98943) include a pre-manipulation patient assessment. Additional E/M services may be reported separately using modifier -25, if the patient's condition requires a significant, separately identifiable E/M service, above and beyond the usual pre-service and post service work associated with the procedure.

E/M codes 99214, 99215, 99204 or 99205 will not be allowed with manipulative treatment codes. These will be rejected as provider liability. Because a level 4 or 5 (E/M code) would require significant additional work, it would seldom be appropriate to bill both.

Documentation in the patient’s record must support the unbundling of additional coded E/M service. On receipt of a request for documentation, at a minimum, the practitioner must submit the Initial Visit’s Treatment Plan, the Concluding/Discharge Visit and Subsequent Visits that demonstrate any change in the History, Physical Exam or Treatment Plan and relative billed service’s documentation.

The Chiropractic Manipulation Treatment (CMT) codes 98940-9843 include a pre-manipulation patient assessment, the adjustment, and evaluation of the effect of treatment. CMT includes the following services:
PRE Service work may include a review of:

- The patient’s records
- Their diagnostic tests
- Communication with other providers
- The actual preparations for care

INTRA Service work would include:

- Discussion about the service with the patient
- A pertinent evaluation and assessment of the patient which includes a patient history of present illness, reviewing pertinent past medical/surgical/family/social history, a review of systems and a physical examination
- Appropriate musculoskeletal testing
- The procedure performed

POST Service work includes:

- An evaluation and discussion with the patient about the effect of treatment
- Arrangement of additional services or referral to another provider
- Discussion of the case with other providers
- Review of literature about the patient’s condition
- Documentation of the service

Covered CPT Codes *See Position Statement for applicable markets.

98940  Chiropractic manipulation treatment (CMT); spinal, one to two regions.
98941  Chiropractic manipulation treatment (CMT); spinal, three to four regions.
98942  Chiropractic manipulation treatment (CMT); spinal, five regions.

*98943 is a NON-Covered service

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
M99.10 Subluxation complex (vertebral) of head region
M99.11 Subluxation complex (vertebral) of cervical region
M99.12 Subluxation complex (vertebral) of thoracic region
M99.13 Subluxation complex (vertebral) of lumbar region
M99.14 Subluxation complex (vertebral) of sacral region
M99.15 Subluxation complex (vertebral) of pelvic region

G44.1 Vascular headache, not elsewhere classified
G44.209 Tension-type headache, unspecified, not intractable
G44.219 Episodic tension-type headache, not intractable
G44.229 Chronic tension-type headache, not intractable
M24.50 Contracture, unspecified joint
M47.10 Other spondylosis with myelopathy, site unspecified
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<th>Code</th>
<th>Description</th>
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<td>Nerve root and plexus compressions in diseases classified elsewhere</td>
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Clinical Coverage Guideline
M43.02 Spondylolisthesis, cervical region
M43.03 Spondylolisthesis, cervicothoracic region
M43.04 Spondylolisthesis, thoracic region
M43.05 Spondylolisthesis, thoracolumbar region
M43.06 Spondylolisthesis, lumbar region
M43.07 Spondylolisthesis, lumbosacral region
M43.08 Spondylolisthesis, sacral and sacrococcygeal region
M43.09 Spondylolisthesis, multiple sites in spine
M43.11 Spondylolisthesis, occipito-atlanto-axial region
M43.12 Spondylolisthesis, cervical region
M43.13 Spondylolisthesis, cervicothoracic region
M43.14 Spondylolisthesis, thoracic region
M43.15 Spondylolisthesis, thoracolumbar region
M43.16 Spondylolisthesis, lumbar region
M43.17 Spondylolisthesis, lumbosacral region
M43.18 Spondylolisthesis, sacral and sacrococcygeal region
M43.19 Spondylolisthesis, multiple sites in spine
M43.27 Fusion of spine, lumbosacral region
M43.28 Fusion of spine, sacral and sacrococcygeal region
M43.6 Torticollis
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
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
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
M50.820 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
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
M50.920 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 Cervicobrahial syndrome
M53.2X7 Spinal instabilities, lumbosacral region
M53.2X8 Spinal instabilities, sacral and sacrococcygeal region
M53.3 Sacroccocygeal 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
M54.11 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
M60.821 Other myositis, right upper arm
M60.822 Other myositis, left upper arm
M60.831 Other myositis, right forearm
M60.832 Other myositis, left forearm
M60.841 Other myositis, right hand
M60.842 Other myositis, left hand
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
M60.89 Other myositis, multiple sites
M60.9 Myositis, unspecified
M62.830 Muscle spasm of back
M79.1 Myalgia
M79.7 Fibromyalgia
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
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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
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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
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M99.70 Connective tissue and disc stenosis of intervertebral foramina of head region
M99.71 Connective tissue and disc stenosis of intervertebral foramina of cervical region
M99.72 Connective tissue and disc stenosis of intervertebral foramina of thoracic region
M99.73 Connective tissue and disc stenosis of intervertebral foramina of lumbar region
Q76.2 Congenital spondylolisthesis
S13.4XXA Sprain of ligaments of cervical spine, initial encounter
S13.4XXD Sprain of ligaments of cervical spine, subsequent encounter
S13.4XXS Sprain of ligaments of cervical spine, sequela
S13.8XXA Sprain of joints and ligaments of other parts of neck, initial encounter
S13.8XXD Sprain of joints and ligaments of other parts of neck, subsequent encounter
S13.8XXS Sprain of joints and ligaments of other parts of neck, sequela
S16.1XXA Strain of muscle, fascia and tendon at neck level, initial encounter
S16.1XXD Strain of muscle, fascia and tendon at neck level, subsequent encounter
S16.1XXS Strain of muscle, fascia and tendon at neck level, sequela
S23.3XXA Sprain of ligaments of thoracic spine, initial encounter
S23.3XXD Sprain of ligaments of thoracic spine, subsequent encounter
S23.3XXS Sprain of ligaments of thoracic spine, sequela
S23.8XXA Sprain of other specified parts of thorax, initial encounter
S23.8XXD Sprain of other specified parts of thorax, subsequent encounter
S33.6XXA Sprain of sacroiliac joint, initial encounter
S33.6XXD Sprain of sacroiliac joint, subsequent encounter
S33.6XXS Sprain of sacroiliac joint, sequela
S33.8XXA Sprain of other parts of lumbar spine and pelvis, initial encounter
S33.8XXD Sprain of other parts of lumbar spine and pelvis, subsequent encounter
S33.8XXS Sprain of other parts of lumbar spine and pelvis, sequela
S39.012A Strain of muscle, fascia and tendon of lower back, initial encounter
S39.012D Strain of muscle, fascia and tendon of lower back, subsequent encounter
S39.012S Strain of muscle, fascia and tendon of lower back, sequela
M48.31 Traumatic spondylolisthesis, occipito-atlanto-axial region
M48.32 Traumatic spondylolisthesis, 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
M50.220 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
M50.30 Other cervical disc degeneration, unspecified cervical 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
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

REFERENCES


**MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>8/8/2018</td>
<td>• Approved by MPC. Guideline reinstated for KY Medicaid only.</td>
</tr>
<tr>
<td>2/1/2018</td>
<td>• Approved my MPC. Policy retired.</td>
</tr>
<tr>
<td>2/4/2016</td>
<td>• Approved by MPC. Updated covered markets (Medicare, NY and Windsor).</td>
</tr>
<tr>
<td>2/5/2015</td>
<td>• Approved by MPC. No changes.</td>
</tr>
<tr>
<td>2/17/2014</td>
<td>• Approved by MPC.</td>
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