

Local Coverage Determination (LCD): Chiropractic Services (L33840)

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Contractor Information

Contractor Name First Coast Service Options, Inc. Back to Top	Contract Number 09302	Contract Type A and B MAC	Jurisdiction J - N
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LCD Information

Document Information

LCD ID
L33840

Original ICD-9 LCD ID
L29099

LCD Title
Chiropractic Services

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Jurisdiction
Virgin Islands

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N/A

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N/A

coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Medicare Carriers Manual, Sections 2020.26, 2250, 2251, and 4118

Program Memorandum 932B (November 1998)

Program Memorandum 12 (Chagne Request 3063, dated 05/28/2004)

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Chiropractic services involve manual manipulation of the spine by a licensed chiropractor to alleviate painful symptomatology due to subluxation of the spine as demonstrated by x-ray or physical exam.

Chiropractic manual manipulation of the spine will be considered medically necessary for a beneficiary experiencing a significant neuromusculoskeletal health problem (caused by a spinal subluxation) necessitating manual manipulation by the Chiropractor. In addition, the manipulation must have a direct beneficial therapeutic relationship to the patient's condition. The manipulative service must provide reasonable expectation of recovery or improvement of function.

A licensed chiropractor, who meets national qualifying requirements, is a physician for one specific service. Coverage extends only to treatment by means of manual manipulation of the spine to correct a subluxation. All other services ordered or furnished by chiropractors are not covered.

In performing manual manipulation of the spine, some chiropractors use manual hand-held devices. The thrust of the force of the device is controlled manually. No additional payment is available for the device or use of the device.

Subluxation is defined as a motion segment, in which alignment, movement integrity, and/or physiological function of the spine are altered although contact between joint surfaces remains intact.

Subluxation Demonstrated by X-Ray

The subluxation must be demonstrated by an x-ray taken at a time reasonably proximate to the initiation of the course of treatment. For an acute situation, the documenting x-ray must have been taken no more than twelve (12) months prior or three (3) months following initiation of the course of treatment. In the case of chronic subluxation (e.g., scoliosis) an older x-ray may be accepted provided the beneficiary's health record indicates that the condition has existed longer than 12 months and there is a reasonable basis for concluding that the condition is permanent. Acceptable forms of x-rays include flatplates, magnetic resonance imaging (MRI) studies, and/or computerized tomography (CT) scans. A previous CT scan and/or MRI is acceptable evidence if a subluxation of the spine is demonstrated.

Subluxation Demonstrated by Physical Examination

To document the presence of a spinal subluxation through physical examination, two of the four criteria listed below are required. One of the criteria must be asymmetry/misalignment or range of motion abnormality.

The evaluation of the musculoskeletal/nervous system must identify:

Pain/tenderness evaluated in terms of location, quality, and intensity; or

Range of motion abnormality (changes in active, passive, and accessory joint movements resulting in an increase or a decrease of sectional or segmental mobility); or

Tissue, tone changes in the characteristics of contiguous, or associated soft tissues, including skin, fascia, muscle, and ligament; or

Asymmetry/misalignment identified on a sectional or segmental level.

Most spinal joint problems may be categorized as follows:

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 as specified above. The result of chiropractic manipulation is expected to be an improvement in, or arrest of progression, of the patient's condition.

Chronic subluxation - A patient's condition is considered chronic when it is not expected to significantly improve or be resolved with further treatment (as is the case with an acute condition), but where the continued therapy can be expected to result in some functional improvement. Once the functional 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.

CMS's definition of Maintenance therapy is as follows - A treatment plan that seeks 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. Chiropractic maintenance therapy is not considered to be medically reasonable or necessary under the Medicare program, and is therefore not payable.

Dynamic thrust is the therapeutic force or maneuver delivered by the physician during manipulation in the anatomic region of involvement. A relative contraindication is a condition that adds significant risk of injury to the patient from dynamic thrust, but does not rule out the use of dynamic thrust. The doctor should discuss the risk with the patient and record this in the chart. However, the presence of several specific health conditions absolutely contraindicates dynamic thrust near the site of the demonstrated subluxation and proposed manipulation. When the medical record supports the presence of an absolute contraindication *near the site of the demonstrated subluxation and proposed manipulation*, the chiropractic manual manipulation will not be considered medically necessary.

The following itemizes relative and absolute contraindications to dynamic thrust.

Relative Contraindications

Articular hypermobility and circumstances where the stability of the joint is uncertain

Severe demineralization of bone

Benign bone tumors of the spine

Bleeding disorders and anticoagulant therapy

Radiculopathy with progressive neurological signs

Absolute Contraindications

Acute arthropathies characterized by acute inflammation and ligamentous laxity and anatomic subluxation or dislocation including acute rheumatoid arthritis and ankylosing spondylitis

Acute fractures and dislocations or healed fractures and dislocations with signs of instability

An unstable os odontoideum

Malignancies that involve the vertebral column

Infections of bones or joints of the vertebral column

Signs and symptoms of myelopathy or cauda equina syndrome

For cervical spinal manipulations, vertebrobasilar insufficiency syndrome

A significant major artery aneurysm near the proposed manipulation

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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.

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 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: N/A

Group 1 Codes:

98940 CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 1-2 REGIONS
98941 CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS
98942 CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 5 REGIONS
98943 CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, 1 OR MORE REGIONS

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: The following procedure diagnoses codes apply to 98940, 98941 and 98942 only

Group 1 Codes:

ICD-10 Codes	Description
G43.001 - G43.919	Migraine without aura, not intractable, with status migrainosus - Migraine, unspecified, intractable, without status migrainosus
G44.1	Vascular headache, not elsewhere classified
G50.0 - G50.9	Trigeminal neuralgia - Disorder of trigeminal nerve, unspecified
G52.0 - G52.9	Disorders of olfactory nerve - Cranial nerve disorder, unspecified
G53	Cranial nerve disorders in diseases classified elsewhere
G54.0 - G54.4	Brachial plexus disorders - Lumbosacral root disorders, not elsewhere classified
G54.8	Other nerve root and plexus disorders
G55	Nerve root and plexus compressions in diseases classified elsewhere
G57.00 - G57.02	Lesion of sciatic nerve, unspecified lower limb - Lesion of sciatic nerve, left lower limb
G60.0	Hereditary motor and sensory neuropathy
G60.2	Neuropathy in association with hereditary ataxia
G60.3	Idiopathic progressive neuropathy
G60.8	Other hereditary and idiopathic neuropathies
M08.1	Juvenile ankylosing spondylitis
M12.50	Traumatic arthropathy, unspecified site
M12.9	Arthropathy, unspecified
M15.3	Secondary multiple arthritis
M15.4	Erosive (osteo)arthritis
M15.8	Other polyosteoarthritis
M15.9	Polyosteoarthritis, unspecified
M19.90 - M19.93	Unspecified osteoarthritis, unspecified site - Secondary osteoarthritis, unspecified site

ICD-10 Codes	Description
M25.50	Pain in unspecified joint
M25.70	Osteophyte, unspecified joint
M35.7	Hypermobility syndrome
M40.00 - M40.05	Postural kyphosis, site unspecified - Postural kyphosis, thoracolumbar region
M40.202 - M40.209	Unspecified kyphosis, cervical region - Unspecified kyphosis, site unspecified
M40.40 - M40.47	Postural lordosis, site unspecified - Postural lordosis, lumbosacral region
M41.00 - M41.08	Infantile idiopathic scoliosis, site unspecified - Infantile idiopathic scoliosis, sacral and sacrococcygeal region
M41.30 - M41.35	Thoracogenic scoliosis, site unspecified - Thoracogenic scoliosis, thoracolumbar region
M43.00 - M43.19	Spondylolysis, site unspecified - Spondylolisthesis, multiple sites in spine
M43.6	Torticollis
M43.8X1 - M43.9	Other specified deforming dorsopathies, occipito-atlanto-axial region - Deforming dorsopathy, unspecified
M45.0 - M45.9	Ankylosing spondylitis of multiple sites in spine - Ankylosing spondylitis of unspecified sites in spine
M46.1	Sacroiliitis, not elsewhere classified
M46.40 - M46.49	Discitis, unspecified, site unspecified - Discitis, unspecified, multiple sites in spine
M46.90 - M46.99	Unspecified inflammatory spondylopathy, site unspecified - Unspecified inflammatory spondylopathy, multiple sites in spine
M48.00	Spinal stenosis, site unspecified
M48.01 - M48.08	Spinal stenosis, occipito-atlanto-axial region - Spinal stenosis, sacral and sacrococcygeal region
M48.40XA - M48.58XS	Fatigue fracture of vertebra, site unspecified, initial encounter for fracture - Collapsed vertebra, not elsewhere classified, sacral and sacrococcygeal region, sequela of fracture
M49.80 - M49.89	Spondylopathy in diseases classified elsewhere, site unspecified - Spondylopathy in diseases classified elsewhere, multiple sites in spine
M50.00 - M50.93	Cervical disc disorder with myelopathy, unspecified cervical region - Cervical disc disorder, unspecified, cervicothoracic region
M51.04 - M51.9	Intervertebral disc disorders with myelopathy, thoracic region - Unspecified thoracic, thoracolumbar and lumbosacral intervertebral disc disorder
M53.0 - M53.1	Cervicocranial syndrome - Cervicobrachial syndrome
M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
M53.3	Sacrococcygeal disorders, not elsewhere classified
M53.81 - M53.83	Other specified dorsopathies, occipito-atlanto-axial region - Other specified dorsopathies, cervicothoracic region
M54.00 - M54.9	Panniculitis affecting regions of neck and back, site unspecified - Dorsalgia, unspecified
M60.10 - M60.19	Interstitial myositis of unspecified site - Interstitial myositis, multiple sites
M60.80 - M60.9	Other myositis, unspecified site - Myositis, unspecified
M61.00 - M61.29	Myositis ossificans traumatica, unspecified site - Paralytic calcification and ossification of muscle, multiple sites
M61.9	Calcification and ossification of muscle, unspecified
M62.3	Immobility syndrome (paraplegic)
M62.40 - M62.59	Contracture of muscle, unspecified site - Muscle wasting and atrophy, not elsewhere classified, multiple sites
M62.830 - M62.89	Muscle spasm of back - Other specified disorders of muscle
M67.88	Other specified disorders of synovium and tendon, other site
M77.9	Enthesopathy, unspecified
M79.0	Rheumatism, unspecified
M79.1	Myalgia
M79.2	Neuralgia and neuritis, unspecified
M79.7	Fibromyalgia
M80.08XA - M80.08XS	Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture - Age-related osteoporosis with current pathological fracture, vertebra(e), sequela

ICD-10 Codes	Description
M80.88XA - M80.88XS	Other osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture - Other osteoporosis with current pathological fracture, vertebra(e), sequela
M81.0 - M81.8	Age-related osteoporosis without current pathological fracture - Other osteoporosis without current pathological fracture
M84.350A - M84.350S	Stress fracture, pelvis, initial encounter for fracture - Stress fracture, pelvis, sequela
M84.454A - M84.454S	Pathological fracture, pelvis, initial encounter for fracture - Pathological fracture, pelvis, sequela
M84.550A - M84.550S	Pathological fracture in neoplastic disease, pelvis, initial encounter for fracture - Pathological fracture in neoplastic disease, pelvis, sequela
M84.58XA - M84.58XS	Pathological fracture in neoplastic disease, other specified site, initial encounter for fracture - Pathological fracture in neoplastic disease, other specified site, sequela
M84.650A - M84.650S	Pathological fracture in other disease, pelvis, initial encounter for fracture - Pathological fracture in other disease, pelvis, sequela
M95.3	Acquired deformity of neck
M96.1	Postlaminectomy syndrome, not elsewhere classified
M96.3	Postlaminectomy kyphosis
M96.4	Postsurgical lordosis
M99.20 - M99.79	Subluxation stenosis of neural canal of head region - Connective tissue and disc stenosis of intervertebral foramina of abdomen and other regions
M99.81	Other biomechanical lesions of cervical region
Q76.0 - Q76.2	Spina bifida occulta - Congenital spondylolisthesis
Q76.49	Other congenital malformations of spine, not associated with scoliosis
Q76.5	Cervical rib
R51	Headache
S12.000A - S12.9XXS	Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture - Fracture of neck, unspecified, sequela
S13.4XXA - S13.4XXS	Sprain of ligaments of cervical spine, initial encounter - Sprain of ligaments of cervical spine, sequela
S13.8XXA - S13.8XXS	Sprain of joints and ligaments of other parts of neck, initial encounter - Sprain of joints and ligaments of other parts of neck, sequela
S14.2XXA - S14.9XXS	Injury of nerve root of cervical spine, initial encounter - Injury of unspecified nerves of neck, sequela
S16.1XXA - S16.1XXS	Strain of muscle, fascia and tendon at neck level, initial encounter - Strain of muscle, fascia and tendon at neck level, sequela
S22.000A - S22.9XXS	Wedge compression fracture of unspecified thoracic vertebra, initial encounter for closed fracture - Fracture of bony thorax, part unspecified, sequela
S23.3XXA - S23.421S	Sprain of ligaments of thoracic spine, initial encounter - Sprain of chondrosternal joint, sequela
S23.8XXA - S23.8XXS	Sprain of other specified parts of thorax, initial encounter - Sprain of other specified parts of thorax, sequela
S24.2XXA - S24.9XXS	Injury of nerve root of thoracic spine, initial encounter - Injury of unspecified nerve of thorax, sequela
S32.000A - S32.9XXS	Wedge compression fracture of unspecified lumbar vertebra, initial encounter for closed fracture - Fracture of unspecified parts of lumbosacral spine and pelvis, sequela
S33.4XXA - S33.4XXS	Traumatic rupture of symphysis pubis, initial encounter - Traumatic rupture of symphysis pubis, sequela
S33.5XXA - S33.5XXS	Sprain of ligaments of lumbar spine, initial encounter - Sprain of ligaments of lumbar spine, sequela
S33.8XXA - S33.8XXS	Sprain of other parts of lumbar spine and pelvis, initial encounter - Sprain of other parts of lumbar spine and pelvis, sequela
S33.9XXA - S33.9XXS	Sprain of unspecified parts of lumbar spine and pelvis, initial encounter - Sprain of unspecified parts of lumbar spine and pelvis, sequela
S34.21XA - S34.9XXS	Injury of nerve root of lumbar spine, initial encounter - Injury of unspecified nerves at abdomen, lower back and pelvis level, sequela
S74.00XA - S74.02XS	Injury of sciatic nerve at hip and thigh level, unspecified leg, initial encounter - Injury of sciatic nerve at hip and thigh level, left leg, sequela

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General Information

Associated Information

Documentation requirements

The following documentation must be maintained in the patient's file. The documentation must be legible.

Initial Visit - The following documentation requirements apply whether the subluxation is demonstrated by x-ray or by physical exam:

1. History should include the following -

The symptoms causing the patient to seek treatment;

The family history if relevant;

The past health history (general health, prior illness, injuries, or hospitalizations; medications; surgical history);

The mechanism of trauma;

The quality and character of symptoms/problem;

The onset, duration, intensity, frequency, location and radiation of symptoms;

Aggravating or relieving factors; and

Prior interventions, treatments, medications, secondary complaints.

2. Description of the present illness including -

The mechanism of trauma;

The quality and character of symptoms/problem;

The onset, duration, intensity, frequency, location, and radiation of symptoms;

Any aggravating or relieving factors;

Prior interventions, treatments, medications, secondary complaints; and

The symptoms causing the 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 in the medical record. A statement on a claim that there is "pain" is insufficient. The location of pain must be described and whether the particular vertebra listed is capable of

producing pain in the area determined.

3. Evaluation of musculoskeletal/nervous system through physical examination. The criteria identified under the "Indications and Limitations etc." section must be present.

4. Diagnosis - The primary diagnosis must support the physical findings of subluxation, including the precise level of subluxation, either so stated or identified in the medical record 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. The precise level of the subluxation may be specified in the medical record by the exact bones (C5, C6, etc.) or the area may suffice if it implies only certain bones such as occipito-atlantal (occiput & C1[atlas]), lumbo-sacral (L5 and Sacrum) or sacro-iliac (sacrum and ilium).

Examples of acceptable descriptive term, for the nature of the abnormality/subluxation:

off centered misalignment lithiasis

- antero
- postero
- retro
- lateral
- spondylo

motion

- limited
- lost
- restricted
- flexion
- extension
- hypermobility
- hypomotility
- aberrant

malpositioning

- rotation
- incomplete dislocation
- spacing
 - abnormal
 - altered
 - decreased
 - increased

Other terms may be used if they are clear to mean bone/joint space, position or motion changes of the vertebral elements.

The precise level of subluxation is made in relation to the part of the spine in which the subluxation is identified:

Area of Spine - **Names of Vertebrae** - Number of Vertebrae - **Short Form or Other Name**

Neck - **Occiput, Cervical, Atlas, Axis** - 7 - **Occ, CO, CI thru C7, C1, C2**

Back - **Dorsal or Thoracic, Costovertebral, Costotransverse** - 12 - **D1 thru D12, T1 thru T12, R1 thru R12, R1 thru R12**

Low Back - **Lumbar** - 5 - **L1 thru L5**

Pelvis - **Ilii, right and left** - **I, Si**

Sacral - **Sacrum, Coccyx** - **S, SC**

In addition to the vertebrae and pelvic bones listed, the Ilii (R and L) are included with the sacrum as an area where a condition may occur which would be appropriate for chiropractic manipulative treatment.

5. Treatment Plan - The treatment plan should include the following:

Recommended level of care (duration and frequency of visits);

Specific treatment goals; and

Objective measures to evaluate treatment effectiveness.

6. Date of the initial treatment or date of exacerbation or reinjury of the existing condition.

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

1. History -

Review of chief complaint;

Changes since last visit; and

System review if relevant.

2. Physical exam -

Exam of area of spine involved in diagnosis;

Assessment of change in patient condition since last visit; and

Evaluation of treatment effectiveness.

3. Documentation of treatment given on day of visit.

Acceptable terminology for spinal manipulation treatments usually includes:

- Manual adjustment, correction or manipulation
- Spinal adjustment, correction or manipulation
- Vertebral adjustment, correction or manipulation
- Manipulation of spine by chiropractor activator
- Spine or spinal adjustment by manual means
- Correction equals treatment

4. Any changes in the treatment plan.

The following documentation requirement applies to subluxations demonstrated by x-ray:

The x-ray must be in one of the following forms – flat plate, MRI or CT Scan. The x-ray must be dated and demonstrate the precise level of the spinal subluxation.

An x-ray obtained by the chiropractor for his own diagnostic purposes before commencing treatment should suffice for claims documentation purposes. However, when subluxation was for treatment purposes and diagnosed by some other means and x-rays are taken to satisfy Medicare's documentation requirement, carriers should ask chiropractors to hone in on the site of the subluxation in producing x-rays. Such a practice would not only minimize the exposure of the patient but also should result in a film more clearly portraying the subluxation. An x-ray will be considered of acceptable technical quality if any individual trained in the reading of x-rays could recognize a subluxation if present.

The x-ray report, indicated by the date documented on the CMS Form 1500, must be available for carrier review. The report must demonstrate the existence of the subluxation at the specified level of the spine.

In the event of a medical record review, the x-ray report must be submitted. The actual x-ray films are to be maintained by the chiropractor.

Utilization Guidelines

The chiropractor should be afforded the opportunity to effect improvement or arrest or retard deterioration of subluxation within a reasonable and generally predictable period of time. Acute subluxation (e.g., strains or

sprains) problems may require as many as 3 months of treatment but some require very little treatment. In the first several days, treatment may be quite frequent but decreasing in frequency with time or as improvement is obtained. Chronic spinal joint condition (e.g., loss of joint mobility or other joint problems) implies, of course, the condition has existed for a longer period of time and that, in all probability, the involved joints have already "set" and fibrotic tissue has developed. This condition may require a longer treatment time, but not with higher frequency.

Some chiropractors have been identified as using an "intensive care" concept of treatment. Under this approach, multiple daily visits (as many as four or five in a single day) are given in the office or clinic and so-called room or ward fees are charged since the patient is confined to bed usually for the day. The room or ward fees are not covered and reimbursement will be limited to not more than one treatment per day.

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Sources of Information and Basis for Decision
FCSO reference LCD number - L29114

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[Revision History Information](#)

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2015	R1	06/29/2014 - This policy was updated by the ICD-10 2013-2014 Annual Update.	<ul style="list-style-type: none">Revisions Due To ICD-10-CM Code Changes

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[Associated Documents](#)

Attachments [Coding guidelines 2015](#) (PDF - 157 KB)

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 07/01/2014 with effective dates 10/01/2015 - N/A [Updated on 06/30/2014 with effective dates 10/01/2015 - N/A](#) [Updated on 03/22/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

[Keywords](#)

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