

CLINICpro™

# Medicare Regulations for Chiropractors

PRESENTED BY CLINIC PRO SOFTWARE INC.  
MARILYN K. GARD, CEO, MBA





USE AT MODIFIER WHICH MEANS ACTIVE TREATMENT.

Procedure Codes (98940):2

List *Procedure Code*

Code  Description

Carrier	Charge	Approved
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Default Charge Amount  Base Units

Inactive Date  Time Units

Place of Service  OFFICE

Mods

Inventory Item Number

Taxable Item  Bill Patient Only  Anesthesia Units

Last Update  By

Procedure Codes (98941):1

List *Procedure Code*

Code  Description

Carrier	Charge	Approved
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Default Charge Amount  Base Units

Inactive Date  Time Units

Place of Service  OFFICE

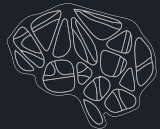
Mods

Inventory Item Number

Taxable Item  Bill Patient Only  Anesthesia Units

Last Update  By

Claims submitted for Chiropractic manipulative treatment (CMT) CPT codes 98940, 98941, or 98942, for services rendered on or after October 1, 2004, must contain an AT modifier or they will be considered not medically necessary.



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DON NOT FILL OUT THE "C BUTTON".

Patients (BILL S. APPLESEED) - Gender: M - Age: 27 - Financial Class: INSURANCE

List Patient Detail Transactions Insurance / Dates Plan

New Save Cancel Delete Re-Exam: //

Diagnosis

G24.3	M25.20	M99.03	M99.21	P: BCBS OF MICHIGAN	10
Y93.K1	Y92.414	Y92.412	Y92.482	S: BIG SPENDER INS	51
Y92.512	Y92.521	Y92.328	Y92.311	T: JACKSON LIFE	47

Date	CPT	Carrier	Ins Balance	Pat Balance	Tot Bal	Insurance	Patient
2015/11/12	T (BIG SPENDER INS)	BCBS OF MICHIGAN				\$-1.34	\$0.00
2015/11/12	PAYMENT	BCBS OF MICHIGAN				\$-75.00	\$0.00
2015/11/12	W (CONTRACT ADJUSTMENT)	BCBS OF MICHIGAN				\$-5.67	\$0.00
2015/11/12	W (CONTRACT ADJUSTMENT)	BCBS OF MICHIGAN				\$-4.00	\$0.00
2015/11/12	97140 - MYOFASCIAL RELEASE	BCBS OF MICHIGAN		\$140.00	\$140.00	\$0.00	\$140.00

Chiropractic Specific Data 1 2 I H C M A AA \$

Nature of Condition: A ACUTE CONDITION

Acute Manifestation Date: // Level of Subluxation

Number In Series: [ ]

Treatment Months: [ ]

Complication Indicator: [ ]

Symptoms Description: [ ]

Totals: \$1,574.27 \$1,314.38 \$259.89

BCBS OF MICHIGAN

View: All Billed Payments Credits

Family Self

Visits: 12/20 Deduct:

Copay: \$20.00/\$20.00 Renewal Date: 12/31

Date Billed: //



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## DOCUMENTATION OF SUBLUXATION.

A subluxation may be demonstrated by an x-ray or by physical examination, as described below. A. Demonstrated by X-Ray.- Effective for claims with dates of service on or after January 1, 2000, an x-ray is not required to demonstrate the subluxation. 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.

Patients (CHARLIE E. HORSE) - Gender: M - Age: 39

List Patient Detail Transactions Insurance / Dates Plan

New Save Cancel Delete Notes

Type	ID	Carrier	Address	Active Date	Termination Date
Primary	11	MEDICARE	DETROIT, MI 48226	02/18/2002	Active
Secondary	10	BCBS OF MICHIGAN	DETROIT, MI 48231	05/12/2001	Active

MEDICARE

Type: Primary Active: 02/18/2002 Anniversary: 12/31 Term: //


Medicare No. 584858457B

Copay \$0.00 or 0%

Family Self Max Start // End //

Deduct Used Bal: Max Visits 0 Bal:

Last X-Ray 08/15/2008  
Similar Symptom //  
Last Mens. Period //  
Retirement //  
To Collections //  
Inactive //  
Death //





## DEMONSTRATED BY PHYSICAL EXAMINATION EVALUATION OF MUSCULOSKELETAL/ NERVOUS SYSTEM TO IDENTIFY (PART = PAIN, ASYMMETRY, RANGE OF MOTION AND TISSUE TONE CHANGES):

- Pain/tenderness evaluated in terms of location, quality, and intensity
- Asymmetry/misalignment identified on a sectional or segmental level;
- Tissue, tone changes in the characteristics of contiguous, or associated soft tissues, including skin, fascia, muscle, and ligament.

### P.A.R.T.

**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 (changes in active, passive, and accessory joint movements resulting in an increase or a decrease of sectional or segmental mobility).

**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.

**TO DEMONSTRATE A SUBLUXATION BASED ON PHYSICAL EXAMINATION, TWO OF THE FOUR CRITERIA MENTIONED UNDER THE ABOVE PHYSICAL EXAMINATION LIST ARE REQUIRED, ONE OF WHICH MUST BE ASYMMETRY/MISALIGNMENT OR RANGE OF MOTION ABNORMALITY.**





## 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.
1. History as stated above.
    - Review of chief complaint;
    - Changes since last visit;
    - System review if relevant.
  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.

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 vertebra listed is capable of producing pain in the area determined.



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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: 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.

The screenshot displays the CLINICpro software interface. On the left, there are several input fields for patient information: Hospitalized (// to //), Facility, Disability (// to //), Unable to Work (// to //), Pregnant (checkbox), Demo Project ID, and Docs Type. On the right, there are fields for Last Seen (//), InitTreatment (04/04/2015), Homebound (checkbox), Injury Date (//), and Onset Date (//). A red arrow points to the InitTreatment field. At the top right, there are tabs for 1, 2, I, H, C, M, A, AA, and \$. Below the tabs, there are buttons for Repeat, Receipt, Payment, Reset, Tx Rcpt, Recur Log, Recur Pay, and Notes. On the far right, there is a Totals section showing \$934.10, \$934.10, and \$0.00. Below this is a section for MEDICARE with View options (All, Billed, Payments, Credits), Family/Self selection, Visits, Deduct, Copay, and Renewal Date (12/31). At the bottom right, there are links for Original, Rebill, and Transfer.



Qualifier: 454. Sent electronically as a DTP Segment with the qualifier 454. On a HCFA form, it will be box 14 with 454 qualifier. If your primary diagnosis changes, the date of initial treatment should change. It is defined as the initial treatment for that diagnosis.

#### ICD-10 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:

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

- Requires minimum of two diagnosis codes

98941 CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS

- Requires minimum of six diagnosis codes

98942 CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 5 REGIONS

- Requires minimum of 10 diagnosis codes

ICD-10 Codes Description (Primary DX)

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





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## GROUP 2 : SHORT TERM TREATMENT

THESE CONDITIONS GENERALLY REQUIRE SHORT-TERM TREATMENTS.)  
ICD-10 CM SYMPTOM/CONDITION CODES (SECONDARY DIAGNOSIS)

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, not intractable
G43.A1	Cyclical vomiting, 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
M47.812	region; 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;
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and
	sacrococcygeal region;



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## GROUP 2 : SHORT TERM TREATMENT CON'T;

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
M48.19	region; Ankylosing hyperostosis [Forestier], multiple sites in
M54.2	spine Cervicalgia
M54.5	Low back pain
M54.6	Pain in thoracic spine
M62.49	Contracture of muscle, multiple sites;
M62.838	Other muscle spasm
R51	Headache

## GROUP 3 PARAGRAPH: MODERATE-TERM TREATMENT

(ICD 10 CM SYMPTOM/CONDITION CODES SECONDARY DIAGNOSIS)

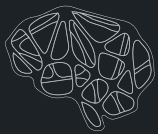
G54.0	Brachial plexus disorders
G54.1	Lumbosacral plexus disorders
G54.2	Cervical root disorders, not elsewhere classified
G54.3	Thoracic root disorders, not elsewhere classified
G54.4	Lumbosacral root disorders, not elsewhere classified
G54.8	Other nerve root and plexus disorders
G55	Nerve root and plexus compressions in diseases classified
G57.02	elsewhere Lesion of sciatic nerve, left lower limb
G57.21	Lesion of femoral nerve, right lower limb
G57.22	Lesion of femoral nerve, left lower limb
G57.91	Unspecified mononeuropathy of right lower limb
G57.92	Unspecified mononeuropathy of left lower limb
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



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## GROUP 3 PARAGRAPH: MODERATE-TERM TREATMENT ICD 10 CM

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
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



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## GROUP 3 PARAGRAPH: MODERATE-TERM TREATMENT ICD 10 CM CONT

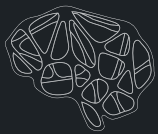
M25.511	Pain in right shoulder
M25.512	Pain in left shoulder
M25.551	Pain in right hip
M25.552	Pain in left hip
M25.561	Pain in right knee
M25.562	Pain in left knee
M25.571	Pain in right ankle and joints of right foot
M25.572	Pain in left ankle and joints of left foot
M25.611	Stiffness of right shoulder, not elsewhere classified
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



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## GROUP 3 PARAGRAPH: MODERATE-TERM TREATMENT ICD 10 CM CON'T

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
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

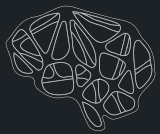


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## GROUP 3 PARAGRAPH: MODERATE-TERM TREATMENT ICD 10 CM CON'T

M50.11	Cervical disc disorder with radiculopathy, high cervical region
M50.12	Cervical disc disorder with radiculopathy, mid-cervical region
M50.13	Cervical disc disorder with radiculopathy, cervicothoracic region
M50.81	Other cervical disc disorders, high cervical region
M50.82	Other cervical disc disorders, mid-cervical region
M50.83	Other cervical disc disorders, cervicothoracic region
M50.91	Cervical disc disorder, unspecified, high cervical region
M50.92	Cervical disc disorder, unspecified, mid-cervical region
M50.93	Cervical disc disorder, unspecified, cervicothoracic region
M51.14	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





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## GROUP 3 PARAGRAPH: MODERATE-TERM TREATMENT ICD 10 CM CON'T

M60.811	Other myositis, right shoulder
M60.812	Other myositis, left shoulder
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
M79.1	Myalgia
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
S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
S33.6XXA	Sprain of sacroiliac joint, initial encounter
S33.8XXA	Sprain of other parts of lumbar spine and pelvis, initial encounter

## GROUP 4 CODES: ICD-10 CODES – LONG TERM TREATMENT

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
M48.06	Spinal stenosis, lumbar region
M48.07	Spinal stenosis, lumbosacral region
M48.31	Traumatic spondylopathy, occipito-atlanto-axial region



## GROUP 4 CODES: ICD-10 CODES – LONG TERM TREATMENT

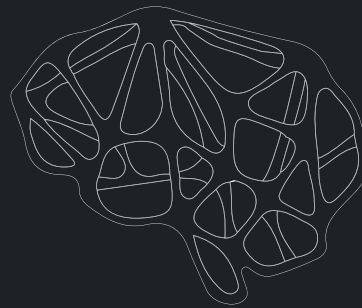
M48.32	Traumatic spondylopathy, cervical region
M48.33	Traumatic spondylopathy, cervicothoracic region
M48.34	Traumatic spondylopathy, thoracic region
M48.35	Traumatic spondylopathy, thoracolumbar region
M48.36	Traumatic spondylopathy, lumbar region
M48.37	Traumatic spondylopathy, lumbosacral region
M48.38	Traumatic spondylopathy, sacral and sacrococcygeal region
M50.21	Other cervical disc displacement, high cervical region
M50.22	Other cervical disc displacement, mid-cervical region
M50.23	Other cervical disc displacement, cervicothoracic region
M50.31	Other cervical disc degeneration, high cervical region
M50.32	Other cervical disc degeneration, mid-cervical region
M50.33	Other cervical disc degeneration, cervicothoracic region
M51.24	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
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



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## GROUP 4 CODES: ICD-10 CODES – LONG TERM TREATMENT

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



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