SUBJECT: National Coverage Determination (NCD30.3.3): Acupuncture for Chronic Low Back Pain (cLBP)

I. SUMMARY OF CHANGES: The purpose of this change request is to inform MACs that CMS will cover acupuncture for chronic low back pain (cLBP) effective for claims with dates of service on and after January 21, 2020.

EFFECTIVE DATE: January 21, 2020
*Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: June 24, 2020 – A/B MACs; October 5, 2020 - SSM Edits; January 4, 2021 - BR 13 CWF only

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<table>
<thead>
<tr>
<th>R/N/D</th>
<th>CHAPTER / SECTION / SUBSECTION / TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>32/410/Table of Contents</td>
</tr>
<tr>
<td>R</td>
<td>32/410/Acupuncture for Chronic Low Back Pain (cLBP)</td>
</tr>
<tr>
<td>N</td>
<td>32/410/2/Claims Processing General Information</td>
</tr>
<tr>
<td>N</td>
<td>32/410/3/Institutional Claims Bill Type and Revenue Coding Information</td>
</tr>
<tr>
<td>N</td>
<td>32/410/4/Messaging</td>
</tr>
<tr>
<td>N</td>
<td>32/410/5/Common Working File (CWF) Editing</td>
</tr>
</tbody>
</table>

III. FUNDING:

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.
IV. ATTACHMENTS:

Business Requirements
Manual Instruction
SUBJECT: National Coverage Determination (NCD30.3.3): Acupuncture for Chronic Low Back Pain (cLBP)

EFFECTIVE DATE: January 21, 2020
*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: June 24, 2020 – A/B MACs; October 5, 2020 - SSM Edits; January 4, 2021 - BR 13 CWF only

I. GENERAL INFORMATION

A. Background: Acupuncture is the selection and manipulation of specific acupuncture points through the insertion of needles or “needling,” or other “non-needling” techniques focused on these points. There are several variations to traditional acupuncture including shallow needling, intradermal needling, or intramuscular needling with or without a sensation of numbness, tingling, electrical sensation, fullness, distension, soreness, warmth or itching felt by a patient around an acupuncture point. Acupuncturists may additionally seek a sensation of tenseness or dragging to the needles obtained by twirling, plucking or thrusting of acupuncture needles.

The National Coverage Determination (NCD) for Acupuncture (30.3), issued in May 1980, states that Medicare reimbursement for acupuncture, as an anesthetic or as an analgesic, or for other therapeutic purposes, may not be made. Accordingly, acupuncture was not considered reasonable and necessary within the meaning of §1862(a)(1) of the Social Security Act (the Act). In 2004, the Centers for Medicare & Medicaid Services (CMS) considered the use of acupuncture for fibromyalgia and determined that there was no convincing evidence for the use of acupuncture for pain relief in patients with fibromyalgia (NCD 30.3.1). Similarly, in that same year, CMS concluded that there was no convincing evidence for the use of acupuncture for pain relief in patients with osteoarthritis (NCD 30.3.2).

B. Policy: Upon the most recent national coverage analysis for acupuncture specifically targeted for chronic low back pain (cLBP) CMS determined it will cover acupuncture for cLBP under section 1862(a)(1)(A) of the Act effective for claims with dates of service on and after January 21, 2020. Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances:

- For the purpose of this decision, cLBP is defined as:
  - lasting 12 weeks or longer;
  - nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease);
  - not associated with surgery; and,
  - not associated with pregnancy.

- An additional 8 sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually. Example: If the 1st service is performed on March 21, 2020, the next service beginning a new year cannot be performed until March 1, 2021. This means 11 full months must pass from the date of the 1st service before eligibility begins again.
- Treatment must be discontinued if the patient is not improving or is regressing.

Physicians (as defined in 1861(r)(1)) of the Act may furnish acupuncture in accordance with applicable state requirements.
Physician assistants (PAs), nurse practitioners (NPs)/clinical nurse specialists (CNSs) (as identified in 1861(aa)(5)) of the Act, and auxiliary personnel may furnish acupuncture if they meet all applicable state requirements and have:

- A masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM); and,
- A current, full, active, and unrestricted license to practice acupuncture in a State, Territory, or Commonwealth (i.e. Puerto Rico) of the United States or District of Columbia.

Auxiliary personnel furnishing acupuncture must also be under the appropriate level of supervision of a physician, PA, or NP/CNS required by regulations at 42 CFR §§ 410.26 and 410.27.

All types of acupuncture including dry needling for any condition other than cLBP are non-covered by Medicare.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

<table>
<thead>
<tr>
<th>Number</th>
<th>Requirement</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>11755-04.1</td>
<td>Effective for dates of service (DOS) on or after January 21, 2020, contractors shall accept and process claims for acupuncture for cLBP consistent with the Claims Processing Manual, Publication (Pub.) 100-04, Chapter 32, and Section 410. Also see the NCD Manual, Pub. 100-03, Section 30.3.3 for coverage policy.</td>
<td>X X</td>
</tr>
<tr>
<td>11755-04.2</td>
<td>Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported with CPT codes 97810, 97811, 97813, 97814, 20560, and 20561 as covered services under NCD 30.3.3 no more than 20 times per annum. NOTE: If the 1st service is performed on March 21, 2020, the next service beginning a new year cannot be performed until March 1, 2021, 11 full months following the 1st service.</td>
<td>X X X</td>
</tr>
<tr>
<td>11755-04.2.1</td>
<td>Effective for claims with DOS on or after January 21, 2020, contractors shall accept claims with one of the ICD-10 diagnosis codes listed in Attachment A, along with one of the procedure codes in BR 4.2.</td>
<td>X X X</td>
</tr>
<tr>
<td>11755-04.2.1.1</td>
<td>Effective for claims with DOS on or after January 21, 2020, contractors shall return to provider or return as unprocessable claims that do not contain the coding</td>
<td>X X</td>
</tr>
<tr>
<td>Number</td>
<td>Requirement</td>
<td>Responsibility</td>
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<tr>
<td></td>
<td></td>
<td>A/B MAC</td>
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<tr>
<td>11755 - 4.3</td>
<td>Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported on institutional claims on types of bill (TOBs) 12X, 13X, 71X, 77X, and 85X (and revenue codes not equal to 096X, 097X, and 098X for CAH Method I).</td>
<td>X</td>
</tr>
<tr>
<td>11755 - 4.4</td>
<td>Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported with Revenue Code 0940 on institutional claims.</td>
<td>X</td>
</tr>
<tr>
<td>11755 - 4.5</td>
<td>Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported on institutional claims on TOB 85X CAH Method II with revenue codes 096X, 097X, and 098X.</td>
<td>X</td>
</tr>
<tr>
<td>11755 - 4.6</td>
<td>Contractors shall accept and process acupuncture for cLBP claims with the -KX modifier for the 13th through 20th service.</td>
<td>X</td>
</tr>
</tbody>
</table>

NOTE: The 1st through 12th service over a 90-day period do not require the –KX modifier. There is a 20 service maximum per annum for this benefit. See BR 2.

noted in BR 4.2 and 4.2.1.

B/MACs shall use the following messages:

CARC 16 - Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

RARC M76 - Missing/incomplete/invalid diagnosis or condition.

Group Code CO – Contractual Obligation
<table>
<thead>
<tr>
<th>Number</th>
<th>Requirement</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>By applying the -KX modifier to the claim, the therapy provider is confirming</td>
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<td>that the additional services are medically necessary as justified by</td>
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<td>appropriate documentation in the medical record.</td>
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<td>11755 - 04.7</td>
<td>For claims with DOS on and after January 21, 2020, received on or after</td>
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<td></td>
<td>October 5, 2020, the Common Working File (CWF) shall create a new reject to</td>
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<td></td>
<td>not allow payment for more than 20 acupuncture for cLBP claims per annum.</td>
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<td></td>
<td>CWF shall count 11 full months starting with the month of a beneficiary’s</td>
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<td></td>
<td>1st acupuncture for cLBP service. EX: If the 1st date of service is February</td>
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<td></td>
<td>15, 2020, the next eligible date beginning a new year would be February 1,</td>
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<td></td>
<td>2021.</td>
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<td>NOTE: A new AUX file in HIMR will be created and HIMR will be updated to</td>
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<td></td>
<td>post the previous acupuncture for cLBP HCPCS 97810, 97811, 97813, 97814,</td>
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<td></td>
<td>97814, 20560, or 20561.</td>
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</tr>
<tr>
<td>11755 - 04.7.1</td>
<td>For acupuncture for cLBP claims CWF shall apply appropriate updates to the</td>
<td>HETS, MBD,</td>
</tr>
<tr>
<td></td>
<td>Next Eligibility Date file for DOS on or after January 21, 2020.</td>
<td>NGD</td>
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<tr>
<td></td>
<td>NOTE: Appropriate updates include modifications to HUQA, and Extract Records</td>
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<td>on the Next Generation Desktop (NGD) and the Medicare Beneficiary Database</td>
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<tr>
<td></td>
<td>(MBD) to include next eligible date and services remaining.</td>
<td></td>
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<tr>
<td>11755 - 04.7.1.1</td>
<td>Contractors shall reject/deny more than 20 acupuncture for cLBP claims for</td>
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<tr>
<td></td>
<td>annum using the following messages:</td>
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<tr>
<td></td>
<td>CARC 96 - Non-covered charge(s). At least one Remark Code must be provided</td>
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<td></td>
<td>(may be comprised of either the NCPDP Reject Reason [sic] Code, or Remittance</td>
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<td></td>
<td>Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare</td>
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<td></td>
<td>Policy Identification Segment (loop 2110 Service Payment Information REF), if</td>
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</tr>
<tr>
<td></td>
<td>present.</td>
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<td></td>
<td>RARC N640 - Exceeds number/frequency approved/allowed within time period.</td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>Requirement</td>
<td>Responsibility</td>
</tr>
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<tr>
<td></td>
<td>Group Code - CO (Contractual Obligation)</td>
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<tr>
<td></td>
<td>MSN 15.20 - “The following polices were used when we made this decision: NCD 30.3.3.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spanish Version – “Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD 30.3.3.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MSN 15.19: “We used a Local Coverage Determination (LCD) to decide coverage for your claim. To appeal, get a copy of the LCD at <a href="http://www.cms.gov/medicare-coverage-database">www.cms.gov/medicare-coverage-database</a> (use the MSN Billing Code for the CPT/HCPCS Code) and send with information from your doctor.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spanish Version -Usamos una Determinación de Cobertura Local (LCD) para decidir la cobertura de su reclamo. Para apelar, obtenga una copia del LCD en <a href="http://www.cms.gov/medicare-coverage-database">www.cms.gov/medicare-coverage-database</a> (use el código de facturación de MSN para el código “CPT/HCPCS”) y envíela con la información de su médico.</td>
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</tr>
<tr>
<td></td>
<td>NOTE: Due to system requirements, the Fiscal Intermediary Shared System has combined messages 15.19 and 15.20 so that, when used for the same line item, both messages will appear on the same MSN.</td>
<td></td>
</tr>
<tr>
<td>11755 -</td>
<td>For acupuncture for cLPB claims with DOS on and after January 21, 2020, the Multi-Carrier System Desktop Tool shall display the acupuncture for cLBP visits in a format equivalent to the CWF HIMR screen.</td>
<td>X</td>
</tr>
<tr>
<td>04.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11755 -</td>
<td>Effective for claims with DOS on and after January 21, 2020, received on or after October 5, 2020, CWF shall post acupuncture for cLBP HCPCS codes 97810, 97811, 97813, 97814, 20560, and 20561, reported on institutional claims, types of bill (TOBs) 12X, 13X, 71X, 77X, and 85X (and revenue code not equal to 096X, 097X, 098X), as the technical component on the new cLBP auxiliary (AUX) file.</td>
<td>X</td>
</tr>
<tr>
<td>04.9</td>
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<td>NOTE: 1 TECH and 1 PROF on same DOS represents 1 service.</td>
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<tr>
<td></td>
<td>NOTE: CWF shall post the Part B Professional claim line as TECH/PROF for the HCPCS if the modifier is</td>
<td></td>
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<tr>
<td>Number</td>
<td>Requirement</td>
<td>Responsibility</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
</tbody>
</table>
| 11755 - 04.10 | Effective for claims with DOS on and after January 21, 2020, received on or after October 5, 2020, CWF shall post acupuncture for cLBP HCPCS codes 97810, 97811, 97813, 97814, 20560, and 20561, reported on TOB 85X claims containing revenue codes 096X, 097X, or 098X, as the professional component on the new cLBP AUX file.  
NOTE: 1 TECH and 1 PROF on same DOS represents 1 service.  
NOTE: CWF shall post the Part B Professional claim line as TECH/PROF for the HCPCS if the modifier is blank. | X               |
| 11755 - 04.11 | CWF shall create a new reject for HCPCS 97810, 97811, 97813, 97814, 20560, and 20561 for when a beneficiary has reached 20 acupuncture for cLBP services and the -KX modifier is not included on the claim line for services 13 through 20 (the reject will apply for both PROF and TECH). | X               |
| 11755 - 04.11.1 | Contractors shall return to provider/return as unprocessable claims for acupuncture for cLBP for services 13 through 20 per annum without the -KX modifier and use these messages:  
B/MACs shall use the following messages:  
CARC 4 - The procedure code is inconsistent with the modifier used or a required modifier is missing.  
Usage: Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.  
RARC N657 - This should be billed with the appropriate code for these services.  
Group Code: CO | X X            |
<p>| 11755 - 04.12 | CWF shall update the determination when any changes occur to the beneficiary master data or claims data that would result in a change to the calculation.                                                                                       |                 |</p>
<table>
<thead>
<tr>
<th>Number</th>
<th>Requirement</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>11755 - 04.13</td>
<td>CWF shall create a new HICR function for the new cLBP AUX file.</td>
<td>A/B MAC DME MAC FISS MCSS VMS CWF</td>
</tr>
<tr>
<td>11755 - 04.14</td>
<td>Contractors shall not search acupuncture for cLBP claims for DOS on or after January 21, 2020, but shall adjust claims that are brought to their attention.</td>
<td>X X</td>
</tr>
</tbody>
</table>

### III. PROVIDER EDUCATION TABLE

<table>
<thead>
<tr>
<th>Number</th>
<th>Requirement</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>11755 - 04.15</td>
<td>MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.</td>
<td>X X</td>
</tr>
</tbody>
</table>

### IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

<table>
<thead>
<tr>
<th>X-Ref Requirement Number</th>
<th>Recommendations or other supporting information:</th>
</tr>
</thead>
</table>

Section B: All other recommendations and supporting information: N/A

### V. CONTACTS
Pre-Implementation Contact(s): David Dolan, 410-786-3365 or David.Dolan@cms.hhs.gov (Coverage and Analysis), Yvette Cousar, 410-786-2160 or Yvette.Cousar@cms.hhs.gov (Physician Claims Processing), Yvonne Young, 410-786-1886 or Yvonne.Young@cms.hhs.gov (Institutional Claims Processing), Wanda Belle, 410-786-7491 or Wanda.Belle@cms.hhs.gov (Coverage and Analysis), Patricia Brocato-Simons, 410-786-0261 or Patricia.BrocatoSimons@cms.hhs.gov (Coverage and Analysis)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1
Medicare Claims Processing Manual
Chapter 32 – Billing Requirements for Special Services

Table of Contents
(Rev.10128, Issued: 05-08-2020)

Transmittals for Chapter 32

410 - Acupuncture for Chronic Low Back Pain (cLBP)
410.1 - Coverage Requirements
410.2 - Claims Processing General Information
410.3 - Institutional Claims Bill Type and Revenue Coding Information
410.4 – Messaging
410.5 – Common Working File (CWF) Editing
Acupuncture is the selection and manipulation of specific acupuncture points through the insertion of needles or “needling,” or other “non-needling” techniques focused on these points.

410.1 - Coverage Requirements
Effective for services on or after January 21, 2020, the Centers for Medicare & Medicaid Services (CMS) will cover acupuncture for chronic low back pain (cLBP) under section 1862(a)(1)(A) of the Social Security Act. Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances:

• For the purpose of this decision, cLBP is defined as:
  - Lasting 12 weeks or longer;
  - Nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease);
  - Not associated with surgery; and
  - Not associated with pregnancy.

• An additional 8 sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually. Example: If the 1st service is performed on March 21, 2020, the next service beginning a new year cannot be performed until March 1, 2021. This means 11 full months must pass from the date of the 1st service before eligibility begins again.

All types of acupuncture including dry needling for any condition other than cLBP are non-covered by Medicare.

410.2 – Claims Processing General Information
Effective for claims with dates of service (DOS) on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported with CPT codes 97810, 97811, 97813, 97814, 20560, and 20561 as covered services under National Coverage Determination (NCD) 30.3.3 no more than 20 times per annum.

NOTE: If the 1st service is performed on March 21, 2020, the next service beginning a new year cannot be performed until March 1, 2021, 11 full months following the 1st service.

The attached includes the International Classification of Diseases (ICD)-10 diagnosis codes are applicable and must be reported for acupuncture for cLBP services:

Contractors shall accept and process acupuncture for cLBP claims with the -KX modifier for the 13th through 20th service per annum.

NOTE: The 1st through 12th service over a 90-day period do not require the –KX modifier. There is a 20 service maximum per annum for this benefit.

NOTE: By applying the -KX modifier to the claim, the therapy provider is confirming that the additional services are medically necessary as justified by appropriate documentation in the medical record.
410.3 – Institutional Claims Bill Type and Revenue Coding Information
(Rev. 10128, Issued: 05-08-2020, Effective: 01-21-2020, Implementation: 06-24-2020 - A/B MACs; 10-5-2020 - SSM Edits; 01-04-2021 - BR 13 CWF only)

Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported on institutional claims on types of bill (TOBs) 12X, 13X, 71X, 77X, and 85X (and revenue codes not equal to 096X, 097X, and 098X for CAH Method I).

Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported with Revenue Code 0940 on institutional claims.

Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported on institutional claims on TOB 12X, 71X, 77X 85X CAH Method II with revenue codes 096X, 097X, and 098X.

410.4 – Messaging
(Rev. 10128, Issued: 05-08-2020, Effective: 01-21-2020, Implementation: 06-24-2020 - A/B MACs; 10-5-2020 - SSM Edits; 01-04-2021 - BR 13 CWF only)

Effective for claims with DOS on or after January 21, 2020, contractors shall return to provider or return as unprocessable claims that do not contain the coding noted in section 410.2 and use these messages:

Claim Adjustment Reason Code (CARC) 16 - Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

Remittance Advice Remark Code (RARC) M76 - Missing/incomplete/invalid diagnosis or condition.

Group Code CO – Contractual Obligation

Contractors shall return to provider/return as unprocessable claims for acupuncture for cLBP for services 13 through 20 per annum without the -KX modifier and use these messages:

CARC 4 - The procedure code is inconsistent with the modifier used or a required modifier is missing. Usage: Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

RARC N657 - This should be billed with the appropriate code for these services.

Group Code CO

Contractors shall reject/deny more than 20 claims per annum for acupuncture for cLBP and use the following messages:

CARC 96 - Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

RARC N640 - Exceeds number/frequency approved/allowed within time period.

Group Code - CO (Contractual Obligation)
MSN 15.20 - “The following policies were used when we made this decision: NCD 30.3.3.”

Spanish Version – “Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD 30.3.3.”

MSN 15.19: “We used a Local Coverage Determination (LCD) to decide coverage for your claim. To appeal, get a copy of the LCD at www.cms.gov/medicare-coverage-database (use the MSN Billing Code for the CPT/HCPCS Code) and send with information from your doctor.”

Spanish Version - Usamos una Determinación de Cobertura Local (LCD) para decidir la cobertura de su reclamo. Para apelar, obtenga una copia del LCD en www.cms.gov/medicare-coverage-database (use el código de facturación de MSN para el código "CPT/HCPCS") y envíela con la información de su médico.

NOTE: Due to system requirements, the Fiscal Intermediary Shared System has combined messages 15.19 and 15.20 so that, when used for the same line item, both messages will appear on the same MSN.

410.5 – Common Working File (CWF) FISS, and Multi-Carrier System (MCS) Editing (Rev. 10128, Issued: 05-08-2020, Effective: 01-21-2020, Implementation: 06-024 - 2020 - A/B MACs; 10-5-2020 - SSM Edits; 01-04-2021 - BR 13 CWF only)

The Common Working File (CWF) shall create a new reject for claims with DOS on and after January 21, 2020, for claims received on or after October 5, 2020, to not allow payment for more than 20 acupuncture for cLBP claims per annum.

For acupuncture for cLBP claims CWF, FISS and the Multi-Carrier System (MCS) shall apply appropriate updates to the Next Eligibility Date file for DOS on or after January 21, 2020.

NOTE: Appropriate updates include modifications to HUQA, and Extract Records on the Next Generation Desktop (NGD) and the Medicare Beneficiary Database (MBD) for next eligible date and services remaining.

CWF shall count 11 full months starting with the month of a beneficiary’s 1st acupuncture for cLBP service. EX: If 1st date of service is October 15, 2020, the next eligible date beginning a new year would be October 1, 2021.

NOTE: A new cLBP auxiliary (AUX) file will be created and HIMR will be updated to post the previous acupuncture for cLBP HCPCS 97810, 97811, 97813, 97814, 20560, or 20561.

For acupuncture for cLBP claims with DOS on and after January 21, 2020, the Multi-Carrier System Desktop Tool shall display the acupuncture for cLBP visits in a format equivalent to the CWF HIMR screen.

Effective for claims with DOS on and after January 21, 2020, received on and after October 5, 2020, CWF shall post acupuncture for cLBP HCPCS codes 97810, 97811, 97813, 97814, 20560, and 20561, reported on institutional claims, TOBs 12X, 13X, 71X, 77X, and 85X (and revenue code not equal to 096X, 097X, 098X), as the technical component on the new cLBP AUX file.

NOTE: 1 TECH and 1 PROF on same DOS represents 1 service.

NOTE: CWF shall post the Part B Professional claim line as TECH/PROF for the HCPCS if the modifier is blank.

CWF shall create a new reject for HCPCS 97810, 97811, 97813, 97814, 20560, and 20561 when a beneficiary has reached 20 acupuncture for cLBP sessions and the -KX modifier is not included on the claim line for sessions 13 through 20 (the reject will apply for both PROF and TECH sessions).
CWF shall update the determination when any changes occur to the beneficiary master data or claims data that would result in a change to the calculation.

CWF shall create a new HICR function for the new cLBP AUX file.
Attachment 1

M54.5  low back pain
M40.36  Flatback syndrome, lumbar region
M40.37  Flatback syndrome, lumbosacral region
M40.46  Postural lordosis, lumbar region
M40.47  Postural lordosis, lumbosacral region
M40.56  Lordosis, unspecified, lumbar region
M40.57  Lordosis, unspecified, lumbosacral region
M41.26  Other idiopathic scoliosis, lumbar region
M41.27  Other idiopathic scoliosis, lumbosacral region
M41.56  Other secondary scoliosis, lumbar region
M41.57  Other secondary scoliosis, lumbosacral region
M42.16  Adult osteochondrosis of spine, lumbar region
M42.17  Adult osteochondrosis of spine, lumbosacral region
M43.06  Spondylysis, lumbar region
M43.07  Spondylysis, lumbosacral region
M43.16  Spondylolisthesis, lumbar region
M43.17  Spondylolisthesis, lumbosacral region
M43.26  Fusion of spine, lumbar region
M43.27  Fusion of spine, lumbosacral region
M43.5X6 Other recurrent vertebral dislocation, lumbar region
M43.5X7 Other recurrent vertebral dislocation, lumbosacral region
M43.8X6 Other specified deforming dorsopathies, lumbar region
M43.8X7 Other specified deforming dorsopathies, lumbosacral region
M47.16  Other spondylosis with myelopathy, lumbar region
M47.26  Other spondylosis with radiculopathy, lumbar region
M47.27  Other spondylosis with radiculopathy, lumbosacral region
M47.816 Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817 Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.896 Other spondylosis, lumbar region
M47.897 Other spondylosis, lumbosacral region
M48.061 Spinal stenosis, lumbar region without neurogenic claudication
M48.062 Spinal stenosis, lumbar region with neurogenic claudication
M48.07  Spinal stenosis, lumbosacral region
M48.16  Ankylosing hyperostosis [Forestier], lumbar region
M48.17  Ankylosing hyperostosis [Forestier], lumbosacral region
M48.26  Kissing spine, lumbar region
M48.27  Kissing spine, lumbosacral region
M48.36  Traumatic spondylopathy, lumbar region
M48.37  Traumatic spondylopathy, lumbosacral region
M48.8X6 Other specified spondylopathies, lumbar region
M48.8X7 Other specified spondylopathies, lumbosacral region
M51.06  Intervertebral disc disorders with myelopathy, lumbar region
M51.16  Intervertebral disc disorders with radiculopathy, lumbar region
M51.17  Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.26  Other intervertebral disc displacement, lumbar region
M51.27  Other intervertebral disc displacement, lumbosacral region
M51.36  Other intervertebral disc degeneration, lumbar region
M51.37  Other intervertebral disc degeneration, lumbosacral region
M51.46  Schmorl's nodes, lumbar region
M51.47  Schmorl's nodes, lumbosacral region
M51.86  Other intervertebral disc disorders, lumbar region
M51.87  Other intervertebral disc disorders, lumbosacral region
M53.2X6 Spinal instabilities, lumbar region
M53.2X7 Spinal instabilities, lumbosacral region
M53.86  Other specified dorsopathies, lumbar region
M53.87  Other specified dorsopathies, lumbosacral region
M54.16  Radiculopathy, lumbar region
M54.17  Radiculopathy, 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
M54.5   Low back pain
S32.000A Wedge compression fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.000B Wedge compression fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.000D Wedge compression fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.000G Wedge compression fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.000K Wedge compression fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.000S Wedge compression fracture of unspecified lumbar vertebra, sequela
S32.001A Stable burst fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.001B Stable burst fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.001D Stable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.001G Stable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.001K Stable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.001S Stable burst fracture of unspecified lumbar vertebra, sequela
S32.002A Unstable burst fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.002B Unstable burst fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.002D Unstable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.002G Unstable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.002K Unstable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.002S Unstable burst fracture of unspecified lumbar vertebra, sequela
S32.008A Other fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.008B Other fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.008D Other fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.008K Other fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.008S Other fracture of unspecified lumbar vertebra, sequela
S32.009A Unspecified fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.009B Unspecified fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.009D Unspecified fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.009G Unspecified fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.009K Unspecified fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.009S Unspecified fracture of unspecified lumbar vertebra, sequela
S32.010A Wedge compression fracture of first lumbar vertebra, initial encounter for closed fracture
S32.010B Wedge compression fracture of first lumbar vertebra, initial encounter for open fracture
S32.010D Wedge compression fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.010G Wedge compression fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.010K Wedge compression fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
S32.010S Wedge compression fracture of first lumbar vertebra, sequela
S32.011A Stable burst fracture of first lumbar vertebra, initial encounter for closed fracture
S32.011B Stable burst fracture of first lumbar vertebra, initial encounter for open fracture
S32.011D Stable burst fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.011G Stable burst fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.011K Stable burst fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
S32.011S Stable burst fracture of first lumbar vertebra, sequela
S32.012A Unstable burst fracture of first lumbar vertebra, initial encounter for closed fracture
S32.012B Unstable burst fracture of first lumbar vertebra, initial encounter for open fracture
S32.012D Unstable burst fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.012G Unstable burst fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.012K Unstable burst fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
S32.012S Unstable burst fracture of first lumbar vertebra, sequela
S32.018A Other fracture of first lumbar vertebra, initial encounter for closed fracture
other fracture of first lumbar vertebra, initial encounter for open fracture
other fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
other fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
other fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
other fracture of second lumbar vertebra, sequela
unspecified fracture of first lumbar vertebra, initial encounter for closed fracture
unspecified fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
unspecified fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
unspecified fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
unspecified fracture of first lumbar vertebra, sequela
wedge compression fracture of second lumbar vertebra, initial encounter for closed fracture
wedge compression fracture of second lumbar vertebra, initial encounter for open fracture
wedge compression fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
wedge compression fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
wedge compression fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
wedge compression fracture of second lumbar vertebra, sequela
stable burst fracture of second lumbar vertebra, initial encounter for closed fracture
stable burst fracture of second lumbar vertebra, initial encounter for open fracture
stable burst fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
stable burst fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
stable burst fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
stable burst fracture of second lumbar vertebra, sequela
unstable burst fracture of second lumbar vertebra, initial encounter for closed fracture
unstable burst fracture of second lumbar vertebra, initial encounter for open fracture
unstable burst fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
unstable burst fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
unstable burst fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
unstable burst fracture of second lumbar vertebra, sequela
other fracture of second lumbar vertebra, initial encounter for open fracture
other fracture of second lumbar vertebra, initial encounter for closed fracture
other fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
other fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
other fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
other fracture of second lumbar vertebra, sequela
unspecified fracture of second lumbar vertebra, initial encounter for closed fracture
unspecified fracture of second lumbar vertebra, initial encounter for open fracture
unspecified fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
unspecified fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
unspecified fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
unspecified fracture of second lumbar vertebra, sequela
wedge compression fracture of third lumbar vertebra, initial encounter for closed fracture
wedge compression fracture of third lumbar vertebra, initial encounter for open fracture
wedge compression fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
wedge compression fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
wedge compression fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
wedge compression fracture of third lumbar vertebra, sequela
stable burst fracture of third lumbar vertebra, initial encounter for closed fracture
stable burst fracture of third lumbar vertebra, initial encounter for open fracture
stable burst fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
stable burst fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
stable burst fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
stable burst fracture of third lumbar vertebra, sequela
unstable burst fracture of third lumbar vertebra, initial encounter for closed fracture
unstable burst fracture of third lumbar vertebra, initial encounter for open fracture
unstable burst fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
unstable burst fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
unstable burst fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
Unstable burst fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
Stable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
Unspecified fracture of fourth lumbar vertebra, initial encounter for closed fracture
Stable burst fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
Other fracture of fourth lumbar vertebra, initial encounter for closed fracture
Stable burst fracture of fifth lumbar vertebra, sequela
Unspecified fracture of third lumbar vertebra, initial encounter for open fracture
Wedge compression fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
Other fracture of third lumbar vertebra, initial encounter for closed fracture
Stable burst fracture of fifth lumbar vertebra, initial encounter for open fracture
Stable burst fracture of fourth lumbar vertebra, sequela
Unstable burst fracture of fifth lumbar vertebra, initial encounter for open fracture
Wedge compression fracture of fourth lumbar vertebra, initial encounter for closed fracture
Other fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
Stable burst fracture of fifth lumbar vertebra, initial encounter for closed fracture
Wedge compression fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
Stable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
Unspecified fracture of third lumbar vertebra, initial encounter for open fracture
Wedge compression fracture of fourth lumbar vertebra, sequela
Unspecified fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
Other fracture of fourth lumbar vertebra, initial encounter for closed fracture
Stable burst fracture of fifth lumbar vertebra, sequela
Stable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
Wedge compression fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
Stable burst fracture of fourth lumbar vertebra, initial encounter for open fracture
Wedge compression fracture of fourth lumbar vertebra, initial encounter for open fracture
Stable burst fracture of fifth lumbar vertebra, sequela
Unspecified fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
Other fracture of fourth lumbar vertebra, initial encounter for closed fracture
Stable burst fracture of fifth lumbar vertebra, initial encounter for open fracture
Stable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
Unspecified fracture of third lumbar vertebra, initial encounter for open fracture
Wedge compression fracture of fifth lumbar vertebra, initial encounter for closed fracture
Wedge compression fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
Stable burst fracture of fourth lumbar vertebra, initial encounter for closed fracture
Wedge compression fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
Stable burst fracture of fifth lumbar vertebra, initial encounter for closed fracture
Wedge compression fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
Stable burst fracture of fifth lumbar vertebra, sequela
Wedge compression fracture of fourth lumbar vertebra, initial encounter for closed fracture
Other fracture of fourth lumbar vertebra, initial encounter for open fracture
Wedge compression fracture of fifth lumbar vertebra, sequela
Unspecified fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
Other fracture of fourth lumbar vertebra, initial encounter for closed fracture
Stable burst fracture of fifth lumbar vertebra, sequela
Unstable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
Stable burst fracture of fifth lumbar vertebra, initial encounter for open fracture
Stable burst fracture of fifth lumbar vertebra, initial encounter for open fracture
Stable burst fracture of fifth lumbar vertebra, sequela
Unstable burst fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.052B Unstable burst fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.052D Unstable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.052G Unstable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.052K Unstable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.052S Unstable burst fracture of fifth lumbar vertebra, sequela
S32.058A Other fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.058B Other fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.058D Other fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.058G Other fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.058K Other fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.058S Other fracture of fifth lumbar vertebra, sequela
S32.059A Unspecified fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.059B Unspecified fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.059D Unspecified fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.059G Unspecified fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.059K Unspecified fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.059S Unspecified fracture of fifth lumbar vertebra, sequela
S33.0XXA Traumatic rupture of lumbar intervertebral disc, initial encounter
S33.0XXD Traumatic rupture of lumbar intervertebral disc, subsequent encounter
S33.0XXS Traumatic rupture of lumbar intervertebral disc, sequela
S33.100A Subluxation of unspecified lumbar vertebra, initial encounter
S33.100D Subluxation of unspecified lumbar vertebra, subsequent encounter
S33.100S Subluxation of unspecified lumbar vertebra, sequela
S33.101A Dislocation of unspecified lumbar vertebra, initial encounter
S33.101D Dislocation of unspecified lumbar vertebra, subsequent encounter
S33.101S Dislocation of unspecified lumbar vertebra, sequela
S33.110A Subluxation of L1/L2 lumbar vertebra, initial encounter
S33.110D Subluxation of L1/L2 lumbar vertebra, subsequent encounter
S33.110S Subluxation of L1/L2 lumbar vertebra, sequela
S33.111A Dislocation of L1/L2 lumbar vertebra, initial encounter
S33.111D Dislocation of L1/L2 lumbar vertebra, subsequent encounter
S33.111S Dislocation of L1/L2 lumbar vertebra, sequela
S33.120A Subluxation of L2/L3 lumbar vertebra, initial encounter
S33.120D Subluxation of L2/L3 lumbar vertebra, subsequent encounter
S33.120S Subluxation of L2/L3 lumbar vertebra, sequela
S33.121A Dislocation of L2/L3 lumbar vertebra, initial encounter
S33.121D Dislocation of L2/L3 lumbar vertebra, subsequent encounter
S33.121S Dislocation of L2/L3 lumbar vertebra, sequela
S33.130A Subluxation of L3/L4 lumbar vertebra, initial encounter
S33.130D Subluxation of L3/L4 lumbar vertebra, subsequent encounter
S33.130S Subluxation of L3/L4 lumbar vertebra, sequela
S33.131A Dislocation of L3/L4 lumbar vertebra, initial encounter
S33.131D Dislocation of L3/L4 lumbar vertebra, subsequent encounter
S33.131S Dislocation of L3/L4 lumbar vertebra, sequela
S33.140A Subluxation of L4/L5 lumbar vertebra, initial encounter
S33.140D Subluxation of L4/L5 lumbar vertebra, subsequent encounter
S33.140S Subluxation of L4/L5 lumbar vertebra, sequela
S33.141A Dislocation of L4/L5 lumbar vertebra, initial encounter
S33.141D Dislocation of L4/L5 lumbar vertebra, subsequent encounter
S33.141S Dislocation of L4/L5 lumbar vertebra, sequela
S33.5XXA Sprain of ligaments of lumbar vertebra, initial encounter
S33.5XXD Sprain of ligaments of lumbar spine, subsequent encounter
S33.5XXS Sprain of ligaments of lumbar spine, sequela
S33.6XXA Sprain of sacroiliac joint, initial encounter
S33.6XXD Sprain of sacroiliac joint, subsequent encounter
S33.6XXS Sprain of sacroiliac joint, sequela
S34.21XA Injury of nerve root of lumbar spine, initial encounter
S34.21XD  Injury of nerve root of lumbar spine, subsequent encounter
S34.21XS  Injury of nerve root of lumbar spine, sequela
S34.22XA  Injury of nerve root of sacral spine, initial encounter
S34.22XD  Injury of nerve root of sacral spine, subsequent encounter
S34.22XS  Injury of nerve root of sacral spine, sequela
S39.002A  Unspecified injury of muscle, fascia and tendon of lower back, initial encounter
S39.002D  Unspecified injury of muscle, fascia and tendon of lower back, subsequent encounter
S39.002S  Unspecified injury of muscle, fascia and tendon of lower back, 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
S39.022A  Laceration of muscle, fascia and tendon of lower back, initial encounter
S39.022D  Laceration of muscle, fascia and tendon of lower back, subsequent encounter
S39.022S  Laceration of muscle, fascia and tendon of lower back, sequela
S39.092A  Other injury of muscle, fascia and tendon of lower back, initial encounter
S39.092D  Other injury of muscle, fascia and tendon of lower back, subsequent encounter
S39.092S  Other injury of muscle, fascia and tendon of lower back, sequela