

## **LOCAL MEDICAL POLICY MARYLAND MEDICARE PART A**

### **PHYSICAL MEDICINE AND REHABILITATION**

#### **Description**

The Health Care Financing Administration (HCFA) has indicated that physical therapy and occupational therapy outpatient services must be reported to the Intermediary with HCPCS codes describing the specific services rendered. This local medical review policy defines the medical necessity coverage for these specific HCPCS codes.

#### **Type of Bill(s)**

11X, 21X (No HCPCS required)

12X, 13X, 22X, 23X, 71X, 75X, 83X, 85X (HCPCS required)

#### **Revenue Codes**

42X, 43X

#### **HCPCS Codes**

97001© Physical therapy evaluation

97002© Physical therapy re-evaluation

97003© Occupational therapy evaluation

97004© Occupational therapy re-evaluation

97012© Application of a modality to one or more areas; traction or mechanical

97014© electrical stimulation (unattended)

97016© vasopneumatic devices

97018© paraffin bath

97020© microwave

97022© whirlpool

97024© diathermy

97026© infrared

97028© ultraviolet

97032© Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes

- 97033© iontophoresis, each 15 minutes
- 97034© contrast baths, each 15 minutes
- 97035© ultrasound, each 15 minutes
- 97036© Hubbard tank, each 15 minutes
- 97039© Unlisted modality (specify type and time if constant attendance)
  - 97110© Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion, and flexibility
  - 97112© neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception
- 97113© aquatic therapy with therapeutic exercises
- 97116© gait training (includes stair climbing)
- 97124© Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage, and/or tapotement stroking, compression, percussion)
- 97139© unlisted therapeutic procedure (specify)
  - 97140© Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
- 97150© Therapeutic procedure(s), group (2 or more individuals)
- 97504© Orthotics fitting and training, upper and/or lower extremities, each 15 minutes
- 97520© Prosthetic training, upper and/or lower extremities, each 15 minutes
  - 97530© Therapeutic activities direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
  - 97532© Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training) direct (one-on-one) patient contact by the provider, each 15 minutes
  - 97533© Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes
  - 97535© Self care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of adaptive equipment), direct one on one contact by provider, each 15 minutes
  - 97537© Community/work reintegration (e.g., shopping, transportation, money management, avocational activities, and/or work

environment/modification analysis, work task analysis), direct one on one contact by provider, each 15 minutes

97542© Wheelchair management/propulsion training, each 15 minutes

97545© Work hardening/conditioning; initial 2 hours

97546© each additional hour

97703© Checkout for orthotic/prosthetic use, established patient, each 15 minutes

97750© Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes

97770© Development of cognitive skills to improve attention, memory, problem solving, includes compensatory training and/or sensory integrative activities, direct (one on one) patient contact by the provider, each 15 minutes

97799© Unlisted physical medicine/rehabilitation service or procedure

## **Indications and Limitations of Coverage and/or Medical Necessity**

### **General Guidelines:**

- Intervention with Physical Medicine and Rehabilitation modalities and procedures is indicated when an assessment by the physician and/or therapist supports utilization of the intervention; there is documentation of objective physical and functional limitations (signs and symptoms); and the plan of care incorporates those treatment elements that are expected to result in improvement of these limitations in a reasonable and generally predictable period of time;
- Physical Medicine and Rehabilitation services are covered when reasonable and medically necessary for the treatment of the patient's condition (signs and symptoms). The type, frequency, and duration of services must be medically necessary for the patient's condition under accepted medical, physical therapy, and occupational therapy practice standards, and relate directly to a written treatment plan. There must be an expectation that the condition or the level of function will improve within a reasonable (and generally predictable) time, or the services must be necessary to establish a safe and effective maintenance regimen required in connection with a specific disease.
- Depending on the severity of the patient's condition, the usual treatment session provided is from 30-45 minutes. The medical necessity of services for an extended length of time must be documented as described in the "Documentation Requirements" section of this policy.
- *The acronym QB (quantity billed) is used for billing codes that are defined*

*as per 15 minutes or each 15 minutes. Medicare would not expect to see the provider billing per treatment site. These codes should be reported based on the actual amount of time spent on a cumulative for the modality.*

- For outpatient therapy:
  - ◇ Patient must be under a physician's care;
  - ◇ Services not relating to a written treatment plan that was established by the therapist and/or by the physician before treatment began are not covered;
  - ◇ The physician may change a treatment plan written by a therapist. The therapist may only alter a written treatment plan following consultation with the physician, except in the case of an adverse reaction to the therapy by the patient.
  - ◇ Services performed under a treatment plan that has not been reviewed by a physician at least every 30 days or every 60 days in a Comprehensive Outpatient Facility (CORF), are not covered;
  - ◇ Services furnished to a patient, who has not been seen by a physician at least every 30 days or every 60 days in a CORF, are not covered. The same physician who establishes or reviews the plan must sign and date the recertification of the treatment plan, unless he has signed over responsibility of this patient to another physician.
  - ◇ Physical therapy services that do not require the professional skills of a qualified physical therapist to perform or supervise are not medically necessary; and
  - ◇ Occupational therapy services that do not require the professional skills of a qualified occupational therapist to perform or supervise are not medically necessary.

## **Maintenance Therapy**

- Periodic evaluations of the patient's condition and response to treatment may be covered when medically necessary if the judgment and skills of a professional therapist are required. Examples include:
  - ◇ Design of a maintenance regimen required to delay or minimize muscular and functional deterioration in patients suffering from a chronic disease;
  - ◇ Instructing the patient or family members in carrying out the maintenance program; and,
  - ◇ Infrequent re-evaluations required to assess the patient's condition and adjust the program.

**Note:** These services should be billed with the appropriate evaluation/re-evaluation. It is expected that these services will be infrequently required.

- It is not medically necessary for a provider to perform or supervise maintenance programs that do not require the professional skills of a therapist.

These situations include:

- ◇ services related to activities for the general good and welfare of patients (i.e., general exercises to promote overall fitness and flexibility);
- ◇ repetitive exercises to maintain gait or maintain strength and endurance, and assisted walking such as that provided in support for feeble or unstable patients;
- ◇ range of motion and passive exercises that are not related to restoration of a specific loss of function, but are useful in maintaining range of motion in paralyzed extremities; and,
- ◇ maintenance therapies after the patient has achieved therapeutic goals or for patients who show no further meaningful progress

### **General Modality Guidelines (97012-97039)**

- Modality codes 97012-97028 require supervision by the therapist; codes 97032-97039 require direct (one-on-one) contact with the patient by the therapist.

The use of modalities as stand-alone treatments is rarely therapeutic, and usually not required or indicated as a sole treatment approach to a patient's condition. The use of exercise and activities has proven to be an essential part of a therapeutic program. Therefore, it is expected that a treatment plan consist not solely of modalities, but include therapeutic procedures, such as 97110, 97112, 97116, and/or 97530. Examples of exceptions are wound care, or when a patient is unable to endure therapeutic procedures due to the acuteness of the condition.

- When modalities 97012 and 97018 are used alone and solely to promote healing, relieve muscle spasm, reduce inflammation and edema, or as analgesia, one or two visits may be medically necessary to determine the effectiveness of treatment and for patient education. If effective, further treatment may be self-administered in the home and it is not medically necessary to continue "modality only" treatment by the therapist;
- Generally, only one heating modality is coverable per session. Exceptions could include musculoskeletal pathology/injuries in which both superficial and deep structures are impaired. *Documentation supporting the medical necessity for multiple heating codes such as 97018, 97020, 97024, 97026, and 97035, on the same day, must*

*be made available to Medicare upon request;*

- Generally, only one hydrotherapy modality is coverable per session when the sole purpose is to relieve muscle spasm, inflammation, or edema. When treating wounds or other skin conditions, in addition to relieving muscle spasm, inflammation or edema, more than one may be reasonable and necessary. *Documentation supporting the medical necessity for hydrotherapy modalities such as codes 97022, 97036, and 97113 must be made available to Medicare upon request.*
- *Some of the modalities are considered components of other modalities and procedures and will not be separately reimbursed. Documentation must be available supporting the use of multiple modalities as contributing to the patient's progress and restoration of function.*

## **Specific Modality Guidelines**

- The following clinical guidelines pertain to the specific modalities listed. Please refer to the “ICD-9-CM Codes that Support Medical Necessity” section of this policy for appropriate covered diagnoses to be used with these modalities.

**97012-** Standard treatment is to provide supervised mechanical traction up to 16 sessions within one month. Patients requiring continued treatment beyond this time are usually trained in the use of a home traction unit. Coverage for skilled therapy for inpatients of a skilled nursing facility should be discontinued when the treatment becomes maintenance in nature.

**97014-** This modality includes the following types of electrical stimulation:

- Transcutaneous Electrical Nerve Stimulation (TENS);
- Microamperage E-Stimulation (MENS);
- Percutaneous Electrical Nerve Stimulation (PENS);
- Electrogalvanic Stimulation (high voltage pulsed current);
- Functional Electrical Stimulation;
- Interferential current/medium current.

These types of electrical stimulation may be necessary during the initial phase of treatment, but there must be an expectation of improvement in function. Electrical stimulation must be utilized with appropriate therapeutic procedures (e.g., 97110) to effect continued improvement. The equipment used to perform electrical stimulation must have an appropriate registration number from the Bureau of Medical Devices of the FDA.

Electrical stimulation may be useful in reducing swelling and for pain control. It may also be used to accelerate wound healing. The types of electrical stimulation

(ES) used for healing chronic venous and arterial wounds, and pressure ulcers are, pulsed current, such as high volt galvanic stimulation (HVPC), or pulsed electromagnetic induction (PEMI). The skills of a therapist are required to perform electrical stimulation.

Electrical stimulation is typically used in conjunction with therapeutic exercises. A limited number of treatment sessions without a therapeutic procedure may be medically necessary for the treatment of muscle spasm and swelling.

*Standard treatment is up to 16 sessions within one month when used as adjunctive therapy or for muscle retraining.*

When electrical stimulation is used for muscle strengthening or retraining, the nerve supply to the muscle must be intact. It is not medically necessary for completely denervated motor nerve disorders in which there is no potential for recovery or restoration of function. (Source: Coverage Issues Manual, Sections 35-72 and 35-77.)

**97016-** It is only covered as a treatment of last resort (i.e., other less intensive treatments must have been tried first and found inadequate.)

Use of the device may be medically appropriate only for those patients with generalized, refractory edema from venous insufficiency with lymphatic obstruction. (Source: Coverage Issues Manual section 60-16.)

**97018-** Also known as hot wax treatment, it is primarily used for pain relief in chronic joint problems of the wrists, hands, or feet. For patients in a SNF with a chronic condition such as arthritis, coverage will be allowed until the treatment becomes maintenance in nature. For acute conditions and exacerbation of chronic conditions, it is reasonable to expect some other therapeutic procedure in conjunction with this modality. One or two treatments are usually sufficient to educate the patient in home use and to evaluate effectiveness.

*Documentation supporting the medical necessity for additional treatments must be made available to Medicare upon request.*

**97020-** Because there is no evidence from published, controlled clinical studies demonstrating the efficacy of this modality, this service will be denied as not proven safe and effective.

**97022**  
**and**

**97036-** These modalities involve the use of agitated water to relieve muscle spasms, improve circulation, or cleanse wounds (e.g., ulcers, exfoliative skin conditions). For the purposes of these procedure descriptions,

site specific hydrotherapy such as power spray is not considered to be hydrotherapy and should be billed under HCPCS 97039, unlisted procedure. Charges on a claim for an unlisted HCPCS code should be accompanied by the appropriate documentation from the medical records.

- Therapist supervision of the whirlpool modality may be medically necessary for the following indications:
  - ◊ The patient's condition is complicated by:
    - ◆ circulatory deficiency;
    - ◆ areas of desensitization;
    - ◆ impaired mobility or limitations in the positioning of a patient; or,
    - ◆ concerns about safety, if left unsupervised.
- *Standard treatment is up to 16 sessions within one month*
- *Documentation supporting the medical necessity for additional sessions must be made available to Medicare upon request*
- It is not medically necessary to have more than one form of hydrotherapy during a treatment session.

**Note:** Hydrotherapy refers to codes 97022, 97036, and 97113.

## **97024** **and**

**97026-** The objective of these treatments is the reduction of edema through local vasodilatation resulting in increased circulation and relieve pain from muscle spasm. The use of HCPCS 97026, infrared, refers exclusively to the use of infrared lamps as opposed to any modality that operates using infrared energy.

**97028-** Ultraviolet must be prescribed by the attending physician. Minimal erythema dosage must be documented and made available upon request.

**97032-** Please refer to procedure **97014** for clinical guidelines for procedure code **97032**.

**97033-** This modality initiates the delivery of medication through the skin using low voltage direct current for the treatment of an inflammatory condition. Because there is no evidence from published controlled clinical studies demonstrating the efficacy of this as a physical medicine modality, this service will be denied as not proven safe and effective.

**97034-** This modality may be useful to treat extremities affected by:

- ◊ reflex sympathetic dystrophy;

- ◇ acute edema resulting from trauma; and,
- ◇ synovitis/tenosynovitis

**Note:** It is generally used as an adjunct to a therapeutic procedure. *Standard treatment is up to 16 sessions within one month.*

**97035-** This modality is used primarily to treat:

- ◇ arthritis,
- ◇ muscle spasm,
- ◇ inflammation of periarticular structures,
- ◇ neuromas; or,
- ◇ soften adhesive scars.

*Standard treatment is up to 16 sessions within one month.*

### **General Guidelines for Therapeutic Procedures 97110-97546**

- Therapeutic procedures are procedures which attempt to reduce impairment and improve function through the application of clinical skills and/or services;
- Use of these procedures requires that the therapist have direct (one-on-one) patient contact;
- 97110, 97112, 97113, and 97530 describe several different types of therapeutic interventions. The expected goals documented in the treatment plan, effected by the use of each of these procedures, will help define whether these procedures are reasonable and medically necessary. Therefore, since any one or a combination of more than one of 97110, 97112, 97113, or 97530 may be used in a treatment plan, documentation must support the use of each code as it relates to specific therapeutic goal(s);
- *For codes 97110 and 97112, the standard treatment is up to 18 sessions within a six-week period. Documentation supporting the medical necessity for continued treatment must be made available upon request, and;*
- Services provided concurrently by a physical therapist and occupational therapist may be covered if separate and distinct goals are documented in the treatment plans.

### **Specific Guidelines for Therapeutic Procedures**

The following clinical guidelines pertain to the **specific listed therapeutic procedures**. Please refer to the “ICD-9-CM Codes That Support Medical Necessity” section of this policy for appropriate covered diagnoses to use for these therapeutic procedures.

**97001-**

**97004** These services are separately billable.

**97110-** Therapeutic exercise is performed with a patient either active, active-assisted, or passive (e.g., treadmill, isokinetic exercises, lumbar

stabilization, stretching, strengthening). The exercise may be reasonable and medically necessary for a loss or restriction of joint motion, strength, functional capacity, or mobility, which has resulted from a specific disease or injury.

*Documentation must show objective loss of joint motion, strength, or mobility (e.g., degrees of motion, strength grades, levels of assistance).*

**97112-** This therapeutic procedure is provided to improve balance, coordination, kinesthetic sense, posture, and proprioception (e.g., proprioceptive neuromuscular facilitation, Feldenfreis, Bobath, BAP's boards, and desensitization techniques). The procedure may be reasonable and medically necessary for impairments, which affect the body's neuromuscular system (e.g., poor static or dynamic sitting/standing balance loss of gross and fine motor coordination, hypo/hypertonicity).

**97113-** This procedure uses the therapeutic properties of water (e.g., buoyancy, resistance). The procedure may be reasonable and medically necessary for a loss or restriction of joint motion, strength, mobility, or function, which has resulted from a specific disease or injury.

*Documentation must show objective loss of joint motion, strength, or mobility (e.g., degrees of motion, strength grades, levels of assistance).*

This code should not be used in situations where no exercise is being performed in the water environment (e.g., debridement of ulcers).

Other forms of exercise therapy may be medically necessary in addition to aquatic therapy when the patient cannot perform land based exercises effectively to treat his or her condition without first undergoing the aquatic therapy, or when aquatic therapy facilitates progress to land based exercise or increased function. Documentation must be available upon request.

It is not medically necessary to have more than one form of hydrotherapy during the same treatment session.

**Note:** Hydrotherapy refers to codes 97022, 97036, and 97113.

**97116-** This procedure may be medically necessary for training patients whose walking abilities have been impaired by neurological, muscular, or skeletal abnormalities or trauma.

This procedure is not reasonable or medically necessary when the patient's walking ability is not expected to improve.

Repetitive walk strengthening exercises for feeble or unstable patients, or to increase endurance, do not require skilled supervision and will be denied as not reasonable and necessary.

**97124-** This procedure may be medically necessary as adjunctive treatment to another therapeutic procedure on the same day, which is designed to restore muscle function, reduce edema, improve joint motion, or for relief of muscle spasm.

In most cases, ancillary personnel can carry out postural drainage and pulmonary exercises safely and effectively. If the attending physician determines that for the safe and effective administration of these procedures the professional skills of a physical therapist are required, coverage may be allowed. Documentation of the severity of the pulmonary condition must be included in the patient's medical record.

**97139-** For all claims submitted with an unlisted procedure code, a complete narrative description (detailing the service or procedure being performed) and a treatment plan supporting the medical necessity of the service or procedure must be documented in the patient's medical record. This must be made available to Medicare upon request.

**For example:** Phonophoresis should be reported with HCPCS code 97139. However, because there is no evidence from published, controlled clinical studies demonstrating the efficacy of this modality, phonophoresis will be denied as not proven safe and effective.

**97140- Manual Traction**

*For cervical radiculopathy, treatment beyond one month can usually be accomplished by self-administered mechanical traction in the home.* For inpatients in a SNF, treatment will be covered until symptoms have stabilized and no further improvement is possible. The necessity for continued coverage in a SNF should be supported by documentation in the medical records.

**Myofascial Release/Soft Tissue Mobilization**

*This procedure may be medically necessary for the treatment of restricted motion of soft tissues involving the extremities, neck, and/or trunk.* Skilled manual techniques (active and/or passive) are applied to effect changes in the soft tissues, articular structures, neural, or vascular systems. Examples include facilitation of fluid exchange, restoration of movement in acutely edematous muscles, and stretching of shortened connective tissue.

*This procedure may be medically necessary as an adjunct to other therapeutic procedures such as codes 97110, 97112, or 97530.*

**Manipulation**

*Due to the duplication of services represented by the code for manual*

*manipulation, soft tissue mobilization, joint mobilization (97140), or the codes for osteopathic manipulation (98925-98929), separate payment will not be allowed if any of these codes are reported on the same day. This procedure may be medically necessary as an adjunct to other therapeutic procedures such as 97110, 97112, or 97530.*

### **Joint Mobilization**

This procedure may be medically necessary as an adjunct to therapeutic exercises when loss of articular motion and flexibility impedes the therapeutic procedure. *Due to the duplication of services represented by the code for manual manipulation, soft tissue mobilization, joint mobilization (97140), or the codes for osteopathic manipulation (98925-98929), separate payment will not be allowed if any of these codes are reported on the same day.*

*It may be medically necessary to perform this procedure prior to therapeutic exercises up to 16 sessions within one month.*

**97150** Since many group procedures do not require the professional skills of a therapist, coverage of this procedure will be determined on an individual case basis. Documentation in the medical record must identify the specific treatment technique(s) used in the group, how the treatment technique will restore function, the frequency and duration of the particular group setting, and the treatment goal in the individualized (patient specific) plan. The number of persons in the group must also be documented. Documentation must be made available upon request.

**97504-** The medical record should document the distinct treatments rendered when orthotic training for a lower extremity is performed during the same treatment session as gait training (97116), or self-care/home management training (97535).

It is unusual to require more than 30 minutes of static orthotic training. In some cases, dynamic training may require additional time.

**97520-** The medical record should document the distinct goal(s) and service(s) rendered when prosthetic training for a lower extremity is performed during the same treatment session as gait training (97116), or self-care/home management training (97535).

It is unusual to require more than 30 minutes of prosthetic training per day.

**97530-** This procedure involves using functional activities (e.g., bending, lifting, carrying, reaching, catching, and overhead activities to improve functional performance in a progressive manner.

The activities are usually directed at a loss or restriction of mobility, strength, balance, or coordination. They require the professional skills of a therapist and are designed to address a specific functional need of the patient. These dynamic activities must be part of an active treatment plan and directed at a specific outcome.

**97535-** This procedure is medically necessary only when it requires the professional skills of a therapist, is designed to address specific needs of the patient, and must be part of an active treatment plan directed at a specific outcome.

The patient must have the capacity to learn from instructions.  
*Standard medical treatment may generally require up to 12 treatment sessions within one month.*

Services provided concurrently by physical therapists and occupational therapists may be covered if separate and distinct goals are documented in the treatment plans.

Documentation must relate the training to expected functional goals that are attainable by the patient.

**97537-** This training may be medically necessary when performed in conjunction with a patient's individual treatment plan aimed at improving or restoring specific functions which were impaired by an identified illness or injury and when expected outcomes that are attainable by the patient are specified in the plan.

This training is medically necessary only when it requires the professional skills of a therapist. Generally speaking, the professional skills of a therapist are not required to effect improvement or restoration of function where a patient suffers a temporary loss or reduction of function which could reasonably be expected to improve as the patient gradually resumes normal activities. General activity programs and all activities, which are primarily social or diversional in nature, will be denied because the professional skills of a therapist are not required.

Services, which are related solely to specific employment opportunities, work skills or work settings are not reasonable and necessary for the diagnosis and treatment of an illness or injury and are excluded from coverage by section 1862(a)(1) of the Social Security Act.

**97542-** This procedure is medically necessary only when it requires the professional skills of a therapist, is designed to address specific needs of the patient, and must be part of an active treatment plan directed at a specific

goal.

The patient must have the capacity to learn from instructions.

Documentation of medical necessity must be available on request for an unusual frequency or duration of training sessions. Typically up to four sessions within one month are sufficient.

When billing 97542 for wheelchair propulsion training, documentation must relate the training to expected functional goals that are attainable by the patient.

**97545  
and**

**97546-** These services are related solely to specific work skills and will be denied as not medically necessary for the diagnosis or treatment of an illness or injury.

**97703-** These assessments may be medically necessary when a device is newly issued or there is a modification or re-issue of the device.

These assessments may be medically necessary when patients experience loss of function directly related to the orthotic or prosthetic device (e.g., pain, skin breakdown, or falls).

**97750-** This testing may be medically necessary for patients with neurological or musculoskeletal conditions when such tests are needed to formulate or evaluate a specific treatment plan, or to determine a patient's capacity. Use of this code is restricted to those encounters where the testing and/or measurement required exceed the normal scope of a Physical Therapy Evaluation.

The patient's medical record must document the problem requiring tests, the specific tests performed, and measurement report.

**97770-** This procedure may be medically necessary for persons with acquired cognitive defects resulting from head trauma, or acute neurologic events including cerebrovascular accidents. It is not appropriate for patients with chronic progressive brain conditions with no potential for restoration. Occupational/speech therapists or clinical psychologists with specific training in these skills are typically the providers.

This procedure may be medically necessary when included in a patient's individual treatment plan aimed at improving or restoring specific functions which were impaired by an identified illness or injury and when expected outcomes that are attainable by the patient are specified in the plan.

**97799-** This code should rarely be used. For all claims submitted with an

unlisted procedure code, a complete narrative description (detailing the service or procedure being performed), and a treatment plan supporting the medical necessity of the service or procedure must be made available to Medicare upon request.

### **ICD-9-CM Codes That Support Medical Necessity**

**Medicare is establishing the following limited coverage for HCPCS code 97012-mechanical traction:**

#### **Covered for:**

333.83	Spasmodic torticollis
353.2	Cervical root lesions, NEC
353.4	Lumbosacral lesions, NEC
722.0	Intervertebral disc disorders
722.10	
722.4	
722.52	
722.91	
722.93	
722.31	Other disorders of the cervical region
723.5	
723.8	
724.02	Other and unspecified disorders of the back
724.2-724.5	
847.0	Sprains and strains of other and unspecified parts of back
847.2	
953.0	Injury to cervical nerve roots
953.2	
953.3	

**Medicare is establishing the following limited coverage for HCPCS code(s) 97014-electrical stimulation and 97032-electrical stimulation, manual**

274.0	Gouty arthropathy
274.9	
333.83	Spasmodic torticollis
337.20-337.22	Reflex sympathetic dystrophy

337.29	
342.00-342.02	Hemiplegia and hemiparesis
342.10-342.12	
342.80-342.82	
342.90-342.92	Hemiplegia, unspecified
344.60-344.61	Cauda equina syndrome
353.0-353.6	Nerve root and plexus disorders
353.8	
354.0-354.5	Mononeuritis of lower limb and unspecified site
355.71	
355.8-355.9	
457.0	Post mastectomy lymphedema syndrome
524.60-524.63	Temporomandibular joint disorders, unspecified
524.69	
711.50-711.59	Arthropathy associated with infections
711.60-711.69	
711.70-711.79	
711.80-711.89	
711.90-711.99	
712.10-712.19	Crystal arthropathies
712.20-712.29	
712.30-712.39	
712.80-712.89	
712.90-712.99	
713.0-713.8	Arthropathies associated with other disorders classified
elsewhere	
714.0-714.2	Rheumatoid arthritis and other inflammatory polyarthropathies
714.30-714.33	
714.4	
714.18	
714.89	
714.9	
715.00	Osteoarthritis and allied disorders
715.04	
715.09	
715.10-715.18	
715.20-715.28	

715.30-715.38

715.80

715.89

715.90-715.98

716.00-716.09

Other and unspecified arthropathies

716.10-716.19

716.20-716.29

716.30-716.39

716.40-716.49

716.50-716.59

718.20-718.29

Pathological dislocation

718.30-718.39

Recurrent dislocation of joint

718.40-718.49

Contracture of joint

719.00-719.09

Other and unspecified disorders of joint

719.10-719.19

719.20-719.29

719.30-719.39

719.40-719.49

719.50-719.59

720.0-720.2

Ankylosing spondylitis and other inflammatory spondylopathies

720.81

720.89

722.0

Intervertebral disc disorder

722.10-722.11

722.2

722.30-722.32

722.39

722.4

722.51-722.52

722.6

722.70-722.73

722.80-722.83

722.90-722.93

723.0

Other disorders of cervical region

723.1-723.5

724.01-724.02

Other and unspecified disorders of the back

724.09

724.1-724.6

724.70-724.71

724.79

726.0 Peripheral enthesopathies and allied syndromes

726.10-726.12

726.19

726.2

726.30-726.33

726.39

726.4-726.5

726.60-726.65

726.69

726.70-726.73

726.79

726.8

726.90-726.91

727.00-727.06 Other disorders of synovium, tendon, and bursa

727.09

727.1-727.3

727.40-727.43

727.49

727.50-727.51

727.59

727.60-727.67

727.81

728.11 Progressive myositis ossificans

728.12 Traumatic myositis ossificans

728.2 Muscular wasting and disuse atrophy, not elsewhere classified

728.6 Other disorders of cervical region

728.71 Plantar fascial fibromatosis

728.83 Rupture of muscle, non-traumatic

728.85 Spasm of muscle

729.1 Myalgia and myositis, unspecified

729.4 Fasciitis, unspecified

729.5 Pain in limb

729.81-729.82

782.3	Edema
799.3	
799.4	Cachexia
808.0-808.3	Fracture of pelvis
808.41-808.43	
808.49	
808.51-808.53	
808.59	
808.8-808.9	
809.0-809.1	Ill-defined fractures of bones of trunk
810.00-810.03	Fracture of clavicle
810.10-810.13	
811.01-811.03	Fracture of scapula
811.09	
811.10-811.13	
811.19	
812.00-812.03	Fracture of humerus
812.09	
812.10-812.13	
812.19	
812.20-812.21	
812.30-812.31	
821.40-812.44	
812.49	
812.50-81254	
812.59	
813.00-813.08	Fracture of radius and ulna
813.10-813.18	
813.20-813.23	
813.30-813.33	
813.40-813.44	
813.50-813.54	
813.90-813.93	
814.00-814.09	Fracture of carpal bone(s)
814.10-814.19	
815.00-815.04	Fracture of metacarpal bones (s)
815.09	

815.10-815.14

815.19

816.00-816.03 Fracture of one or more phalanges of hand

816.11-816.13

817.0-817.1 Multiple fractures of hand bones

820.00-820.03 Fracture of neck of femur

820.09

820.10-820.13

820.19

820.20-820.22

820.30-820.32

820.8-820.9

821.00-821.01 Fracture of other and unspecified parts of the femur

821.10-821.11

821.20-821.23

821.29

821.30-821.33

821.39

822.0-822.1 Fracture of the patella

823.00-823.02 Fracture of tibia and fibula

823.10-823.12

823.20-823.22

823.30-823.32

823.80-823.82

823.90-823.92

824.0-824.9 Fracture of the ankle

825.0-825.1 Fracture of one or more tarsal and metatarsal bones

825.20-825.25

825.29

825.30-825.35

825.39

826.0-826.1 Fracture of one or more phalanges of foot

830.0 Dislocation of jaw

830.1

831.00-831.04 Dislocation of shoulder

831.09

831.10-831.14		
831.19		
832.00-832.04	Dislocation of elbow	
832.09		
832.10-832.14		
832.19		
833.00-833.05	Dislocation of wrist	
833.09		
833.10-833.15		
833.19		
834.00-834.02	Dislocation of finger	
834.10-834.12		
835.00-835.03	Dislocation of hip	
835.10-835.13		
	836.0-836.4	Dislocation of knee
836.50-836.54		
836.59		
836.60-836.64		
836.69		
	837.0-837.1	Dislocation of ankle
838.00-838.06	Dislocation of foot	
838.10-83816		
	840.0-840.6	Sprains and strains of shoulder and upper arm
840.8-840.9		
	841.0-841.3	Sprains and strains of elbow and forearm
841.8-841.9		
845.00-845.03	Sprains and strains of ankle and foot	
845.09		
845.10-845.13		
845.19		
	846.0-846.3	Sprains and strains of sacroiliac region
846.8-846.9		
	847.0-847.4 of back	Sprains and strains of other and unspecified parts
847.9		
	848.0-848.3	Other and ill-defined sprains and strains

848.40-848.42		
848.5		
923.00-923.03	Contusion of upper limb	
923.09		
923.10-923.11		
923.20-923.21		
923.3		
923.8-923.9		
924.00-924.01	Contusion of lower limb and other and unspecified sites	
924.10-924.11		
924.20-924.21		
924.3-924.4		
926.0	Crushing injury of the trunk	
926.11-926.12		
926.19		
926.8-926.9		
927.00-927.03	Crushing injury of upper limb	
927.09		
927.10-927.11		
927.20-927.21		
927.3		
927.8-927.9		
928.00-928.01	Crushing injury of lower limb	
928.10-928.11		
928.20-928.21		
928.3		
928.8		
	953.0-953.5	Injury to nerve roots and spinal plexus
953.8		
	955.0-955.9	Injury to peripheral nerve(s) of pelvic girdle and upper limb
	956.0-956.5	Injury to peripheral nerve(s) of pelvic girdle and lower limb
956.8		Injury to multiple nerves of pelvic girdle and lower limb
997.61		Late amputation stump complication
V43.60-V43.66		Organ or tissue replaced by joint
V43.69		

V43.7	Organ or tissue replaced by limb
V45.4	Arthrodesis status
V49.60-V49.67	Upper limb amputation status
V49.70-V49.77	Lower limb amputation status
V54.0	Aftercare involving removal of fracture plate or other internal fixation device
V54.8	Other orthopedic aftercare

**Medicare is establishing the following limited coverage for HCPCS 97016-vasopneumatic devices:**

**Covered for:**

457.0-457.1	Non-infectious disorders of lymphatic channels
729.81	Swelling of limb
	<b>Note:</b> Use this code only for acute traumatic edema.
782.3	Edema

**Medicare is establishing the following limited coverage for HCPCS code 97018-paraffin bath:**

**Covered for:**

274.0	Gouty arthropathy
337.21-337.22	Reflex sympathetic dystrophy
354.0-354.5	Mononeuritis of upper limb and mononeuritis multiplex
354.8-354.9	
355.3-355.6	Mononeuritis of lower limb and unspecified site
355.71	
355.79	
355.8-355.9	
711.14	Arthropathy associated with Reiter's disease and non-specific urethritis, hand
711.17	Arthropathy associated with Reiter's disease and non-specific urethritis, ankle and foot
712.14	Crystal arthropathies
712.17	
712.24	
712.27	
714.0-714.2	Rheumatoid arthritis and other inflammatory polyarthropathies

714.30-714.33	
714.4	
714.81	
714.89	
714.9	
715.04	Osteoarthritis and allied disorders
715.17	
715.24	
715.27	
718.44	Other derangement of joint
718.47	
719.04	Other and unspecified disorders of joint
719.07	
719.44	
719.47	
719.54	
719.57	
726.4	Peripheral enthesopathies and allied syndromes
726.70-726.73	
727.03-727.06	Other disorders of synovium, tendon, and bursa
727.62-727.64	
727.67-727.68	
727.81	
728.6	Contracture of palmar fascia
728.71	
729.5	Pain in limb
813.40-813.44	Fractures of radius and ulna
813.50-813.54	
814.00-814.09	Fracture of carpal bone(s)
814.10-814.19	
815.00-815.04	Fracture of metacarpal bone(s)
815.09	
815.10-815.14	
815.19	
816.00-816.03	Fracture of one or more phalanges of hand
816.11-816.13	

817.0-817.1	Multiple fractures of hand bones
818.0-818.1	Ill-defined fractures of upper limbs
824.0-824.9	Fracture of ankle
825.0-825.1	Fracture of one or more tarsal and metatarsal bones
825.20-825.25	
825.29	
825.30-825.35	
825.39	
826.0-826.1	Fractures of one or more phalanges of foot
833.00-833.05	Dislocation of wrist
833.09	
833.10-833.15	
833.19	
834.00-834.02	Dislocation of finger
834.10-834.12	
837.0-837.1	Dislocation of ankle
838.00-838.06	Dislocation of foot
838.10-838.16	
842.00-842.02	Sprains and strains of wrist and hand
842.09	
842.10-842.13	
842.19	
845.00-845.03	Sprains and strains of ankle and foot
845.09	
845.10-845.13	
845.19	
923.00-923.03	Contusion of upper limb
923.09	
923.10-923.11	
923.20-923.21	
923.3	
923.8-923.9	
924.00-924.01	Contusion of lower limb and of other and unspecified sites
924.10-924.11	
924.20-924.21	

924.3	
927.20-927.21	
928.20-928.21	
928.3	
956.3	Injury to peroneal nerve
965.4	Aromatic analgesics, not elsewhere classified
997.60-997.61	Late amputation stump complication

**Medicare is establishing the following limited coverage for HCPCS codes 97022 whirlpool, and 97036-Hubbard tank:**

**Covered for:**

274.0	Gouty arthropathy
274.9	
337.20-337.22	Reflex sympathetic dystrophy
337.29	
353.0-353.6	Nerve root and plexus disorders
353.8	
353.9	
440.23-440.24	
454.0-454.2	Varicose veins
454.9	
457.0	Postmastectomy lymphedema syndrome
682.3-682.7	Cellulitis
695.81	Extensive exfoliative dermatitis
695.89	
707.0-707.1	Chronic ulcer of the skin
707.8-707.9	
711.00-711.09	Arthropathy associated with infections
71110-711.19	
71120-711.29	
711.30-71139	
711.40-711.49	
711.50-711.59	
711.60-711.69	
711.70-711.79	
711.80-711.89	
711.90-711.99	

712.10-712.19	Crystal arthropathies
712.20-712.29	
712.30-712.39	
712.80-712.89	
712.90-712.99	
713.0-713.8	Arthropathies associated with other disorders classified elsewhere
7140-714.2	Rheumatoid arthritis and other inflammatory polyarthropathies
714.30-714.33	
714.4	
714.18	
714.89	
714.9	
715.00	Osteoarthritis and allied disorders
715.04	
715.09	
715.10-715.18	
715.20-715.28	
715.30-715.38	
715.80	
715.89	
715.90-715.98	
716.00-716.09	Other and unspecified arthropathies
716.10-716.19	
716.20-716.29	
716.30-716.39	
716.40-716.49	
716.50-716.59	
718.20-718.29	Pathological dislocation
718.30-718.39	Recurrent dislocation of joint
718.40-718.49	Contracture of joint
719.00-719.09	Other and unspecified disorders of joint
719.10-719.19	
719.20-719.29	
719.30-719.39	
719.40-719.49	

719.50-719.59

720.0-720.2

Ankylosing spondylitis and other inflammatory spondylopathies

720.81

720.89

722.0

Intervertebral disc disorder

722.10-722.11

722.2

722.30-722.32

722.39

722.4

722.51-722.52

722.6

722.70-722.73

722.80-722.83

722.90-722.93

724.01-724.02

Other and unspecified disorders of the back

724.09

724.1-724.6

724.70-724.71

724.79

726.0

Peripheral enthesopathies and allied syndromes

726.10-726.12

726.19

726.2

726.30-726.33

726.39

726.4-726.5

726.60-726.65

726.69

726.70-726.73

726.79

726.8

726.90-726.91

727.00-727.06

Other disorders of synovium, tendon, and bursa

727.09

727.1-727.3

727.40-727.43

727.49	
727.50-727.51	
727.59	
727.60-727.67	
727.81	
728.11-728.12	
728.2	Muscular wasting and disuse atrophy, not elsewhere classified
728.6	Contracture of palmar fascia
728.71	Plantar fascial fibromatosis
728.83	Rupture of muscle, non-traumatic
728.85	Spasm of muscle
729.1	Myalgia and myositis, unspecified
729.4-729.5	
729.81-729.82	
808.0-808.3	Fracture of pelvis
808.41-808.43	
808.49	
808.51	
808.52-808.53	
808.59	
808.8-808.9	
809.0-809.1	Ill-defined fractures of bones of trunk
810.00-810.03	Fracture of clavicle
810.10-810.13	
811.00-811.03	Fracture of scapula
811.09	
811.10-811.13	
811.19	
812.00-812.03	Fracture of humerus
812.09	
812.10-812.13	
812.19	
812.20-812.21	
812.30-812.31	
812.40-812.44	
812.49	
812.50-812.54	

812.59	
813.00-813.08	Fracture of radius and ulna
813.10-813.18	
813.20-813.23	
813.30-813.33	
813.40-813.44	
813.50-813.54	
813.80-813.83	
813.90-813.93	
814.00-814.09	Fracture of carpal bone(s)
814.10-814.19	
815.00-815.04	Fracture of metacarpal bone(s)
815.09	
815.10-815.14	
815.19	
816.00-816.03	Fracture of one or more phalanges of hand
816.11-816.13	
817.0-817.1	Multiple fractures of hand bones
820.00-820.03	Fracture of neck of femur
820.09	
820.10-820.13	
820.19	
820.20-820.22	
820.30-820.32	
820.8-820.9	
821.00-821.01	Fracture of other and unspecified parts of the femur
821.10-821.11	
821.20-821.23	
821.29	
821.30-821.33	
821.39	
822.0-822.1	Fracture of the patella
823.00-823.02	Fracture of the tibia and fibula
823.10-823.12	
823.20-823.22	
823.30-823.32	

823.80-823.82	
823.90-823.92	
824.0-824.9	Fracture of the ankle
825.0-825.1	Fracture of one or more tarsal and metatarsal bones
825.20-825.25	
825.29	
825.30-825.35	
825.39	
826.0-826.1	Fracture of one or more phalanges of foot
831.00-831.04	Dislocation of shoulder
831.09	
831.10-831.14	
831.19	
832.00-832.01	Dislocation of elbow
832.09	
832.10-832.14	
832.19	
833.00-833.05	Dislocation of wrist
833.09	
833.10-833.15	
833.19	
834.00-834.02	Dislocation of finger
834.10-834.12	
835.00-835.03	Dislocation of hip
835.10-835.13	
836.0-836.4	Dislocation of knee
836.50-836.54	
836.59	
836.60-836.64	
836.69	
837.0-837.1	Dislocation of ankle
838.00-838.06	Dislocation of foot
838.10-838.13	
840.0-840.6	Sprains and strains of shoulder and upper arm
840.8-840.9	
841.0-841.3	Sprains and strains of elbow and forearm
841.8-841.9	

842.00-842.02	Sprains and strains of wrist and hand
842.09	
842.10-842.13	
842.19	
843.0-843.1	Sprains and strains of hip and thighs
843.8-843.9	
844.0-844.3	Sprains and strains of knee and leg
844.8-844.9	
845.00-845.03	Sprains and strains of ankle and foot
845.09	
845.10-845.13	
845.19	
846.0-846.3	Sprains and strains of sacroiliac region
846.8-846.9	
847.0-847.4	Sprains and strains of other and unspecified parts of back
847.9	
848.0-848.3	Other and ill-defined sprains and strains
848.40-848.42	
848.49	
848.5	
880.00-880.03	Open wound of shoulder and upper arm
880.09	
880.10-880.13	
880.19	
880.20-880.23	
880.29	
881.00-881.02	Open wound of elbow, forearm, and wrist
881.10-881.12	
881.20-881.21	
881.22	
882.0-882.2	Open wound of hand except finger(s) alone
883.0-883.2	Open wound of fingers
884.0-884.2	Multiple and unspecified open wound of upper limb
890.0-890.2	Open wound hip and thigh
891.0-891.2	Open wound knee, let (except thigh) and ankle
892.0-892.2	Open wound foot (except toes alone)
893.0-893.2	Open wound toe(s)

923.00-923.03	Contusion of upper limb
923.09	
923.10-923.11	
923.20-923.21	
923.3	
923.8-923.9	
924.00-924.01	Contusion of lower limb and of other and unspecified sites
924.10-924.11	
924.20-924.21	
924.3-924.4	
926.0	Crushing injury of the trunk
926.11-926.12	
926.19	
926.8-926.9	
927.00-927.03	Crushing injury of upper limb
927.09	
927.10-927.11	
927.20-927.21	
927.3	
927.8-927.9	
928.00-928.01	Crushing injury of lower limb
928.10-928.11	
928.20-928.21	
928.3	
928.8	
942.20-942.25	Burn of trunk
942.29	
942.30-942.35	
942.39	
942.40-942.45	
942.49	
942.50-942.55	
942.59	
943.20-943.26	Burn of upper limb, except wrist and hand
942.39	
943.30-943.36	

943.39	
943.40-943.46	
943.49	
943.50-943.56	
943.59	
944.20-944.28	Burn of wrist(s) and hand(s)
944.30-944.38	
944.40-944.48	
944.50-944.58	
945.20-945.26	Burn of lower limb(s)
945.29	
945.30-945.36	
945.39	
945.40-945.46	
945.49	
945.50-945.56	
945.59	
946.2-946.5	Burns of multiple specified sites
948.00	Burns classified according to extent of body surface involved
948.10-948.11	
948.20-948.22	
948.30-948.33	
948.40-948.44	
948.50-948.55	
948.60-948.66	
948.70-948.77	
948.80-948.89	
948.90-948.99	
953.1-953.5	Injury to nerve roots and spinal plexus
953.8	
955.0-955.9	Injury to peripheral nerve(s) of pelvic girdle and upper limb
956.0-956.5	Injury to peripheral nerve(s) of pelvic girdle and lower limb
956.8-956.9	
997.61	Late amputation stump complication
V43.60-V43.66	Organ or tissue replaced by joint or limb
V43.69	
V43.7	

V45.4	Other postsurgical states, arthrodesis
V49.60-V49.67	Problems with upper limb, lower limb amputation status
V49.70-V49.77	
V54.0	Other orthopedic aftercare involving removal of fracture plate or other internal fixation device
V54.8	

**Medicare is establishing the following limited coverage for HCPCS code 97024 diathermy:**

**Covered for:**

274.0	Gouty arthropathy
274.9	
333.83	Spasmodic torticollis
337.20-337.22	Reflex sympathetic dystrophy
337.29	
353.0	Nerve root and plexus disorders
353.1-353.6	
353.8-353.9	
354.0-354.5	Mononeuritis upper limb and mononeuritis multiplex
354.8-354.9	
355.0-355.6	Mononeuritis lower limb and unspecified site
355.71	
355.79	
355.8	
355.9	
711.00-711.09	Arthropathy associated with infections
711.10-711.19	
711.20-711.29	
711.30-711.39	
711.40-711.49	
711.50-711.59	
711.60-711.69	
711.70-711.79	
711.80-711.89	
711.90-711.99	
712.10-712.19	Crystal arthropathies

712.20-712.29

712.30-712.39

712.80-712.89

712.90-712.99

713.0-713.8

Arthropathies associated with other disorders classified

elsewhere

714.0-714.2

Rheumatoid arthritis and other inflammatory polyarthropathies

714.30-714.33

714.4

714.18

714.89

714.9

716.00-716.09

Other and unspecified arthropathies

716.10-716.19

716.20-716.29

716.30-716.39

716.40-716.49

716.50-716.59

718.20-718.29

718.30-718.39

718.40-718.49

719.00-719.09

Other and unspecified disorders of joint

719.10-719.19

719.20-719.29

719.30-719.39

719.40-719.49

719.50-719.59

720.0-720.2

Ankylosing spondylitis and other inflammatory

spondylopathies

720.81

720.89

722.0

Intervertebral disc disorder

722.10-722.11

722.2

722.30-722.32

722.39

722.4

722.51-722.52

722.6

722.70-722.73

722.80-722.83

722.90-722.93

723.0

723.1-723.5

724.01-724.02

Other and unspecified disorders of the back

724.09

724.1-724.6

724.70-724.71

724.79

726.0

Peripheral enthesopathies and allied syndromes

726.10-726.12

726.19

726.2

726.30-726.33

726.39

726.4-726.5

726.60-726.65

726.69

726.70-726.73

726.79

726.8

726.90-726.91

727.00-727.06

Other disorders of synovium, tendon, and bursa

727.09

727.1-727.3

727.40-727.43

727.49

727.50-727.51

727.59

727.60-727.67

727.81

728.11-728.12

728.2

Muscular wasting and disuse atrophy, not elsewhere classified

728.6	Contracture of palmar fascia
728.71	Plantar fascial fibromatosis
728.83	Rupture of muscle, non-traumatic
728.85	Spasm of muscle
729.1	Myalgia and myositis, unspecified
729.4-729.5	
729.81-729.82	
808.0-808.3	Fracture of pelvis
808.41-808.43	
808.49	
808.51-808.53	
808.59	
808.8-808.9	
809.0-809.1	Ill-defined fractures of bones of trunk
810.00-810.03	Fracture of clavicle
810.10-810.13	
811.01-811.03	Fracture of scapula
811.09	
811.10-811.13	
811.19	
812.00-812.03	Fracture of humerus
812.09	
812.10-812.13	
812.19	
812.20-812.21	
812.30-812.31	
812.40-812.44	
812.49	
812.50-812.54	
812.59	
813.00-813.08	Fracture of radius and ulna
813.10-813.18	
813.20-813.23	
813.30-813.33	
813.40-813.44	
813.50-813.54	
813.80-813.83	

813.90-813.93	
814.00-814.09	Fracture of carpal bone(s)
814.10-814.19	
815.00-815.04	Fracture of metacarpal bone(s)
815.09	
815.10-815.14	
815.19	
816.00-816.03	Fracture of one or more phalanges of hand
816.11-816.13	
817.0-817.1	Multiple fractures of hand bones
820.00-820.03	Fracture of neck of femur
820.09	
820.10-820.13	
820.19	
820.20-820.22	
820.30-820.32	
820.8-820.9	
821.00-821.01	Fracture of other and unspecified parts of the femur
821.10-821.11	
821.20-821.23	
821.29	
821.30-821.33	
821.39	
822.0-822.1	Fracture of patella
823.00-823.02	Fracture of tibia and fibula
823.10-823.12	
823.20-823.22	
823.30-823.32	
823.80-823.82	
823.90-823.92	
824.0-824.9	Fracture of the ankle
825.0-825.1	Fracture of one or more tarsal and metatarsal bones
825.20-825.25	
825.29	
825.30-825.35	
825.39	

826.0-826.1	Fracture of one or more phalanges of foot
830.0-830.1	Dislocation of jaw
831.00-831.04	Dislocation of shoulder
831.09	
831.10-831.14	
831.19	
832.00-832.04	Dislocation of elbow
832.09	
832.10-832.14	
832.19	
833.00-833.05	Dislocation of wrist
833.09	
833.10-833.15	
833.19	
834.00-834.02	Dislocation of finger
834.10-834.12	
835.00-835.03	Dislocation of hip
835.10-835.13	
836.0-836.4	Dislocation of knee
836.50-836.54	
836.59	
836.60-836.64	
836.69	
837.0-837.1	Dislocation of ankle
838.00-838.06	Dislocation of foot
838.10-838.16	
840.0-840.6	Sprains and strains of shoulder and upper arm
840.8-840.9	
841.0-841.3	Sprains and strains of elbow and forearm
841.8-841.9	
842.00-842.02	Sprains and strains of wrist and hand
842.09	
842.10-842.13	
842.19	
843.0-843.1	Sprains and strains of hip and thighs
843.8-843.9	
844.0-844.3	Sprains and strains of knee and leg

844.8-844.9	
845.00-845.03	Sprains and strains of ankle and foot
845.09	
845.10-845.13	
845.19	
846.0-846.3	Sprains and strains of sacroiliac region
846.8-846.9	
847.0-847.4	Sprains and strains of other and unspecified parts of back
847.9	
848.0-848.3	Other and ill-defined sprains and strains
848.40-848.42	
848.49	
848.5	
923.00-923.03	Contusion of upper limb
923.09	
923.10-923.11	
923.20-923.21	
923.3	
923.8-923.9	
924.00-924.01	Contusion of lower limb and of other and unspecified sites
924.10-924.11	
924.20-924.21	
924.3-924.4	
926.0	Crushing injury of the trunk
926.11-926.12	
926.19	
926.8-926.9	
927.00-927.03	Crushing injury of upper limb
927.09	
927.10-927.11	
927.20-927.21	
927.3	
927.8-927.9	
928.00-928.01	Crushing injury of lower limb
928.10-928.11	
928.20	
928.21	

928.3	
928.8	
942.20-942.25	Burn of trunk
942.29	
942.0-942.35	
942.39	
942.40-942.45	
942.49	
942.50-942.55	
942.59	
943.20-943.26	Burn of upper limb, except wrist and hand
943.29	
943.30-943.36	
943.39	
943.40-943.46	
943.49	
943.50-943.56	
943.59	
944.20-944.28	Burn of wrist(s) and hand(s)
944.30-944.38	
944.40-944.48	
944.50-944.58	
945.20-945.26	Burn of lower limb(s)
945.29	
945.30-945.36	
945.39	
945.40-945.46	
945.49	
945.50-945.56	
945.59	
946.2-946.5	Burns of multiple specified sites
948.00	Burns classified according to extent of body surface involved
948.10-948.11	
948.20-948.22	
948.30-948.33	
948.40-948.44	

948.50-948.55	
948.60-948.66	
948.70-948.77	
948.80-948.88	
948.90-948.99	
953.0-953.5	Injury to nerve roots and spinal plexus
953.8	
955.0-955.9	Injury to peripheral nerve(s) of pelvic girdle and upper limb
956.0-956.5	Injury to peripheral nerve(s) of pelvic girdle and lower limb
956.8-956.9	
997.61	Late amputation stump complication

**Medicare is establishing the following limited coverage for HCPCS code 97026-infrared:**

**Covered for:**

274.0	Gouty arthropathy	
274.9	Gout, unspecified	
333.83	Spasmodic torticollis	
337.20-337.22	Reflex sympathetic dystrophy	
337.29		
353.1-353.6	Nerve root and plexus disorders	
353.8		
	354.0-354.4	Mononeuritis upper limb and mononeuritis multiplex
	354.5	
354.8-354.9		
	355.0-355.6	Mononeuritis lower limb and unspecified site
355.71		
355.79		
355.8		
	356.0-356.4	Hereditary and toxic neuropathies
356.8-356.9		
357.0-357.9		
711.00-711.09	Arthropathy associated with infections	
711.10-711.19		
711.20-711.29		
711.30-711.39		

711.40-711.49

711.50-711.59

711.60-711.69

711.70-711.79

711.80-711.89

711.90-711.99

712.10-712.19

Crystal arthropathies

712.20-712.29

712.30-712.39

712.80-712.89

712.90-712.99

713.0-713.8

Arthropathies associated with other disorders

classified elsewhere

714.0-714.2

Rheumatoid arthritis and other inflammatory

polyarthropathies

714.30-714.33

714.4

714.81

714.89

714.9

715.00

Osteoarthritis and allied disorders

715.04

715.09

715.10-715.18

715.20-715.28

715.30-715.38

715.80

715.89

715.90-715.98

716.00-716.09

Other and unspecified arthropathies

716.10-716.19

716.20-716.29

716.30-716.39

716.40-716.49

716.50-716.59

718.20-718.29

Pathological dislocation

718.30-718.39

Recurrent dislocation of joint

718.40-718.49	Contracture of joint
719.00-719.09	Other and unspecified disorders of joint
719.10-719.19	
719.20-719.29	
719.30-719.39	
719.40-719.49	
719.50-719.59	
720.0-720.2	Ankylosing spondylitis and other inflammatory spondylopathies
720.81	
720.89	
722.0	Intervertebral disc disorder
722.10-722.11	
722.2	
722.30-722.32	
722.39	
722.4	
722.51-722.52	
722.6	
722.70-722.73	
722.80-722.83	
722.90-722.93	
723.0-723.5	Other disorders of cervical region
724.01-724.02	Other and unspecified disorders of the back
724.09	
724.1-724.6	
724.70-724.71	
724.79	
726.0	Peripheral enthesopathies and allied syndromes
726.10-726.12	
726.19	
726.2	
726.30-726.33	
726.39	
726.4-726.5	
726.60-726.65	

726.69	
726.70-726.73	
726.79	
726.8	
726.90-726.91	
727.00-727.06	Other disorders of synovium, tendon, and bursa
727.09	
727.1-727.3	
727.40-727.43	
727.49	
727.50-727.51	
727.59	
727.60-727.67	
727.81	
728.11	Progressive myositis ossificans
728.12	Traumatic myositis ossificans
728.2	Muscular wasting and disuse atrophy, not elsewhere classified
728.6	Contracture of palmar fascia
728.71	Plantar fascial fibromatosis
728.83	Rupture of muscle, non-traumatic
728.85	Spasm of muscle
729.1	Myalgia and myositis, unspecified
729.4	Fasciitis, unspecified
729.5	Pain in limb
729.81-729.82	Swelling of limb, cramp
808.0-808.3	Fracture of pelvis
808.41-808.43	
808.49	
808.51-808.53	
808.59	
808.8-8089	
809.0-809.1	Ill-defined fractures of bones of trunk
810.00-810.03	Fracture of clavicle
810.10-810.13	
811.01-811.03	Fracture of scapula
811.09	
811.10-811.13	

811.19	
812.00-812.03	Fracture of humerus
812.09	
812.10-812.13	
812.19	
812.20-812.21	
812.30-812.31	
812.40-812.44	
812.49	
812.50-812.54	
812.59	
813.00-813.08	Fracture of radius and ulna
813.10-813.18	
813.20-813.23	
813.30-813.33	
813.40-813.44	
813.50-813.54	
813.90-813.93	
814.00-814.09	Fracture of carpal bone(s)
814.10-814.19	
815.00-815.04	Fracture of metacarpal bone(s)
815.09	
815.10-815.14	
815.19	
816.00-816.03	Fracture of one or more phalanges of hand
816.11-816.13	
817.0-817.1	Multiple fractures of hand bones
820.00-820.03	Fracture of neck of femur
820.09	
820.10-820.13	
820.19	
820.20-820.22	
820.30-820.32	
820.8-820.9	
821.00-821.01	Fracture of other and unspecified parts of the femur
821.10-821.11	
821.20-821.23	

821.29		
821.30-821.33		
821.39		
	822.0-822.1	Fracture of the patella
823.00-823.02		Fracture of tibia and fibula
823.10-823.12		
823.20-823.22		
823.30-823.32		
823.80-823.82		
823.90-823.92		
	824.0-824.9	Fracture of the ankle
	825.0-825.1	Fracture of one or more tarsal and metatarsal bones
825.20-825.25		
825.29		
825.30-825.35		
825.39		
	826.0-826.1	Fracture of one or more phalanges of foot
	830.0-830.1	Dislocation of jaw
831.00-831.04		Dislocation of shoulder
831.09		
831.10-831.14		
831.19		
832.00-832.04		Dislocation of elbow
832.09		
832.10-832.14		
832.19		
833.30-833.05		Dislocation of wrist
833.09		
833.10-833.15		
833.19		
834.00-834.02		Dislocation of finger
834.10-834.12		
835.00-835.03		Dislocation of hip
835.10-835.13		
	836.0-836.4	Dislocation of knee

836.50-836.54

836.59

836.60-836.64

836.69

837.0-837.1 Dislocation of ankle

838.00-838.06 Dislocation of foot

838.10-838.16

840.0-840.6 Sprains and strains of shoulder and upper arm

840.8-840.9

841.0-841.3 Sprains and strains of elbow and forearm

841.8-841.9

842.00-842.02 Sprains and strains of wrist and hand

842.09

842.10-842.13

842.19

843.0-843.1 Sprains and strains of hip and thighs

843.8-843.9

844.0-844.3 Sprains and strains of knee and leg

844.8-844.9

845.00-845.03 Sprains and strains of ankle and foot

845.09

845.10-845.13

845.19

846.0-846.3 Sprains and strains of sacroiliac region

846.8-846.9

847.0-847.4 Sprains and strains of other and unspecified parts of back

847.9

848.0-848.3 Other and ill-defined sprains and strains

848.40-848.42

848.5

923.00-923.03 Contusion of upper limb

923.09

923.10-923.11

923.20-923.21

923.3

923.8-923.9

924.00-924.01 Contusion of lower limb and other and unspecified sites

924.10-924.11	
924.20-924.21	
924.3-924.4	
926.0	Crushing injury of the trunk
926.11-926.12	
926.19	
926.8-926.9	
927.00-927.03	Crushing injury of upper limb
927.09	
927.10-927.11	
927.20-927.21	
927.3	
927.8-927.9	
928.00-928.01	Crushing injury of lower limb
928.10-928.11	
928.20-928.21	
928.3	
928.8	
953.0-9535	Injury to nerve roots and spinal plexus
953.8	
955.0-955.9	Injury to peripheral nerve(s) of pelvic girdle and upper limb
956.0-956.5	Injury to peripheral nerve(s) of pelvic girdle and lower limb
956.8-956.9	
997.61	Late amputation stump complication

**Medicare is establishing the following limited coverage for HCPCS code 97028-ultraviolet:**

**Covered for:**

202.10	Mycosis fungoids
202.20	Sezary's disease
202.80	Other malignant lymphomas
692.9	Eczema
696.1-696.2	Psoriasis
697.0	Lichen planus

**Medicare is establishing the following limited coverage for HCPCS code 97034-contrast baths:**

**Covered for:**

337.20-337.22	Reflex sympathetic dystrophy
337.29	
727.04-727.06	Tenosynovitis
727.2	Specific bursitis often of occupational origin
729.0	Rheumatism, unspecified and fibrositis
729.4	Fasciitis, unspecified
729.5	Pain in limb
729.81	Swelling of limb

**Medicare is establishing the following limited coverage for HCPCS code 97035-ultrasound:**

**Covered for:**

274.0	Gouty arthropathy
274.9	Gout, unspecified
333.83	Spasmodic torticollis
337.20-337.22	Reflex sympathetic dystrophy
337.29	
353.1-353.6	Nerve root/plexus disorders
353.8	
354.0-354.5	Mononeuritis upper limb and mononeuritis multiplex
354.8-354.9	
355.0-355.6	Mononeuritis lower limb and unspecified site
355.71	
355.79	
355.8	
457.0	Postmastectomy lymphedema syndrome
711.00-711.09	Arthropathy associated with infections
711.10-711.19	
711.20-711.29	
711.30-711.39	
711.40-711.49	
711.50-711.59	
711.60-711.69	
711.70-711.79	
711.80-711.89	

711.90-711.99	
712.10-712.19	Crystal arthropathies
712.20-712.29	
712.30-712.39	
712.80-712.89	
712.90-712.99	
713.0-713.8 elsewhere	Arthropathies associated with other disorders classified elsewhere
714.0-714.2	Rheumatoid arthritis and other inflammatory polyarthropathies
7143.0-7143.3	
714.4	
714.81	
714.89	
714.9	
715.00	Osteoarthritis and allied disorders
715.04	
715.09	
715.10-715.18	
715.20-715.28	
715.30-715.38	
715.80	
715.89	
715.90-715.98	
716.00-716.09	Other and unspecified arthropathies
716.10-716.19	
716.20-716.29	
716.30-716.39	
716.40-716.49	
716.50-716.59	
718.20-718.29	Pathological dislocation
718.30-718.39	Recurrent dislocation of joint
718.40-718.49	Contracture of joint
719.00-719.09	Other and unspecified disorders of joint
719.10-719.19	
719.20-719.29	
719.30-719.39	
719.40-719.49	

719.50-719.59

720.0-720.2

Ankylosing spondylitis and other inflammatory spondylopathies

720.81

720.89

722.0

Intervertebral disc disorder

722.10-722.11

722.2

722.30-722.32

722.39

722.4

722.51-722.52

722.6

722.70-722.73

722.80-722.83

722.90-722.93

723.0

Other disorders of cervical region

723.1-723.5

724.79

Coccygodynia

726.0

Peripheral enthesopathies and allied syndromes

726.10-726.12

726.19

726.2

726.30-726.33

726.39

726.4-726.5

726.60-726.65

726.69

726.70-726.73

726.79

726.8

726.90-726.91

727.00-727.06

Other disorders of synovium, tendon, and bursa

727.09

727.1-727.3

727.40-727.43

727.49

727.50-727.51

727.59	
727.60-727.67	
727.81	
728.11	Progressive myositis ossificans
728.12	Traumatic myositis ossificans
728.2	Muscular wasting and disuse atrophy, not elsewhere classified
728.6	Contracture of palmar fascia
728.71	Plantar fascial fibromatosis
728.83	Rupture of muscle, non-traumatic
728.85	Spasm of muscle
729.0	Myalgia and myositis, unspecified
729.4	Fasciitis, unspecified
729.5	Pain in limb
729.81-729.82	Swelling of limb, cramp
782.3	Edema
808.0-808.3	Fracture of pelvis
808.41-808.43	
808.49	
808.51-808.53	
808.59	
808.8-808.9	
809.0-809.1	Ill-defined fractures of bones of trunk
810.00-810.03	Fracture of clavicle
810.10-810.13	
811.01-811.03	Fracture of scapula
811.09	
811.10-811.13	
811.19	
812.00-812.03	Fracture of humerus
812.09	
812.10-812.13	
812.19	
812.20-812.21	
812.30-812.31	
812.40-812.44	
812.49	

812.50-812.54	
812.59	
813.00-813.08	Fracture of radius and ulna
813.10-813.18	
813.20-813.23	
813.30-813.33	
813.40-813.44	
813.50-813.54	
813.90-813.93	
814.00-814.09	Fracture of carpal bone (s)
814.10-814.19	
815.00-815.04	Fracture of metacarpal bones (s)
815.09	
815.10-815.14	
815.19	
816.00-816.03	Fracture of one or more phalanges of hand
816.11-816.13	
817.0-817.1	Multiple fractures of hand bones
820.00-820.03	Fracture of neck of femur
820.09	
820.10-820.13	
820.19	
820.20-820.22	
820.30-820.32	
820.8-820.9	
821.00-821.01	Fracture of other and unspecified parts of the femur
821.10-821.11	
821.20-821.23	
821.29	
821.30-821.33	
821.39	
822.0-822.1	Fracture of the patella
823.00-823.02	Fracture of tibia and fibula
823.10-823.12	
823.20-823.22	
823.30-823.32	
823.80-823.82	

823.90-823.92	
824.0-824.9	Fracture of the ankle
825.0-825.1	Fracture of one or more tarsal and metatarsal bones
825.20-825.25	
825.29	
825.30-825.35	
825.39	
826.0-826.1	Fracture of one or more phalanges of foot
830.0-830.1	Dislocation of jaw
831.00-831.04	Dislocation of shoulder
831.09	
831.10-831.14	
831.19	
832.00-832.04	Dislocation of elbow
832.09	
832.10-832.14	
832.19	
833.00-833.05	Dislocation of wrist
833.09	
833.10-833.15	
833.19	
834.00-834.02	Dislocation of finger
834.10-834.12	
835.00-835.03	Dislocation of hip
835.10-835.13	
836.0-836.4	Dislocation of knee
836.50-836.54	
836.59	
836.60-836.64	
836.69	
837.0-837.1	Dislocation of ankle
838.00-838.06	Dislocation of foot
838.10-838.16	
840.0-840.6	Sprains of strains of shoulder and upper arm
840.8-840.9	
841.0-841.3	Sprains and strains of elbow and forearm
841.8-841.9	

842.00-842.02	Sprains and strains of wrist and hand
842.09	
842.10-842.13	
842.19	
843.0-843.1	Sprains and strains of hip and thighs
843.8-843.9	
844.0-844.3	
844.8-844.9	
845.00-845.03	Sprains and strains of ankle and foot
845.09	
845.10-845.13	
845.19	
846.0-846.3	Sprains and strains of sacroiliac region
846.8-846.9	
847.0-847.4	Sprains and strains of other and unspecified parts of back
847.9	
848.0-848.3	Other and ill-defined sprains and strains
848.40-848.42	
848.5	
923.00-923.03	Contusion of upper limb
923.09	
923.10-923.11	
923.20-923.21	
923.3	
923.8-923.9	
924.00-924.01	Contusion of lower limb and other and unspecified sites
924.10-924.11	
924.20-924.21	
924.3-924.4	
926.0	Crushing injury of the trunk
926.11-926.12	
926.19	
926.8-926.9	
927.00-927.03	Crushing injury of upper limb
927.09	
927.10-927.11	

927.20-927.21	
927.3	
927.8-927.9	
928.00-928.01	Crushing injury of lower limb
928.10-928.11	
928.20-928.21	
928.3	
928.8	
951.4	Injury to facial nerve
953.0-953.5	Injury to nerve roots and spinal plexus
953.8	
955.0-955.9	Injury to peripheral nerve(s) of shoulder and upper limb
956.0-956.5	Injury to peripheral nerve(s) of pelvic girdle and lower limb
956.8	
997.61	Late amputation stump complication

**Medicare is establishing the following limited coverage for HCPCS code 97110-therapeutic exercise:**

**Covered for:**

274.0	Gouty arthropathy
274.9	Gout, unspecified
332.0-332.1	Parkinsonism
333.83	Spasmodic torticollis
333.90-333.91	Other and unspecified extrapyramidal diseases and abnormal
movements	
334.0-334.0	Spinocerebellar disease
334.8	
335.0	Anterior horn cell disease
335.10-335.11	
335.19	
335.20-335.24	
335.29	
335.8-335.9	
336.0-336.3	Other diseases of spinal cord
336.8	
337.20-337.22	Reflex sympathetic dystrophy
337.29	

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Multiple sclerosis

341.1	Other demyelinating diseases of the central nervous system
341.8-341.9	
342.00-342.02	Hemiplegia and hemiparesis
342.10-342.12	
342.80-342.82	
342.90-342.92	Hemiplegia (affecting non-dominant site), unspecified
343.0-343.4	Infantile cerebral palsy
343.8-343.9	
344.00-344.04	Other paralytic syndromes
344.09	
344.1-344.2	
344.30-344.32	
344.40-344.42	
344.5	
344.60-344.61	
344.81	
344.89	
344.9	
348.1	Acute brain damage
351.0	Bell's Palsy
353.0-353.6	Nerve root/plexus disorders
353.8-353.9	
354.0-354.5	Mononeuritis upper limb and mononeuritis multiplex
354.8-354.9	
355.0-355.6	Mononeuritis lower limb and unspecified site
355.71	
355.79	
355.8	
356.0-356.4	Hereditary and idiopathic peripheral neuropathy
356.8-356.9	
357.0-357.9	Inflammatory and toxic neuropathy
358.0-358.2	Myoneural disorders
358.8-358.9	
359.0-359.6	Muscular dystrophies and other myopathies
359.8-359.9	

436

Acute, but ill defined cerebrovascular

## disease

457.0	Postmastectomy lymphedema syndrome
457.1	
524.60-524.63	Temporomandibular joint disorders, unspecified
524.69	
681.00-681.01	Cellulitis of fingers
682.3-682.7	Cellulitis of extremities
711.00-711.09	Pyrogenic arthritis
711.10-711.19	Arthropathy associated with Reiter's disease and non-specific urethritis
711.20-711.29	Arthropathy in Behcet's syndrome
711.30-711.39	Postdysenteric arthropathy
711.40-711.49	Arthropathy associated with other bacterial diseases
711.50-711.59	Arthropathy associated with other viral diseases
711.60-711.69	Arthropathy associated with mycoses
711.70-711.79	Arthropathy associated with helminthiasis
711.80-711.89	Arthropathy associated with other infectious and parasitic diseases
711.90-711.99	
712.10-712.19	Crystal arthropathies
712.20-712.29	
712.30-712.39	
712.80-712.89	
712.90-712.99	
713.0-713.8	Arthropathies associated with other disorders classified elsewhere
714.0-714.2	Rheumatoid arthritis and other inflammatory polyarthropathies
714.30-714.33	
714.4	
714.81	
714.89	
714.9	
715.00	Osteoarthritis and allied disorders
715.04	
715.09	
715.10-715.18	

715.20-715.28

715.30-715.38

715.80

715.89

715.90-715.98

716.00-716.09

Other and unspecified arthropathies

716.10-716.19

716.20-716.29

716.30-716.39

716.40-716.49

716.50-716.59

718.20-718.29

Pathological dislocation

718.30-718.39

Recurrent dislocation of joint

718.40-718.49

Contracture of joint

719.00-719.09

Other and unspecified disorders of joint

719.10-719.19

719.20-719.29

719.30-719.39

719.40-719.49

719.50-719.59

719.75-719.77

Difficulty walking

720.0-720.2

Ankylosing spondylitis and other inflammatory spondylopathies

720.81

720.89

722.0

Intervertebral disc disorder

722.10-722.11

722.2

722.30-722.32

722.39

722.4

722.51-722.52

722.6

722.70-722.73

722.80-722.83

722.90-722.93

723.0

Other disorders of cervical region

723.1-723.5

724.01-724.02	Other and unspecified disorders of the back
724.09	
724.1-724.6	
724.70-724.71	
724.79	
726.0	Peripheral enthesopathies and allied syndromes
726.10-726.12	
726.19	
726.2	
726.30-726.33	
726.39	
726.4-726.5	
726.60-726.65	
726.69	
726.70-726.73	
726.79	
726.8	
726.90-726.91	
727.00-727.06	Other disorders of synovium, tendon, and bursa
727.09	
727.1-727.3	
727.40-727.43	
727.49	
727.50-727.51	
727.59	
727.60-727.67	
727.81	
728.11	Progressive myositis ossificans
728.12	Traumatic myositis ossificans.
728.2	Muscular wasting and disuse atrophy, not elsewhere classified
728.6	Contracture of palmar fascia
728.71	Plantar fascial fibromatosis
728.83	Rupture of muscle, non-traumatic
728.85	Spasm of muscle
729.1	Myalgia and myositis, unspecified
729.4	Fasciitis, unspecified
729.5	Pain in limb

729.81-729.82	Swelling of limb, cramp
781.0	Abnormal involuntary movements
781.2	Abnormality of gait
781.3	Lack of coordination
781.9	Other symptoms involving nervous and musculoskeletal systems
782.3	Edema
799.4	Cachexia
805.00-805.08 injury	Fracture of vertebral column without mention of spinal cord
805.10-805.18	
805.2-805.9	
806.00-806.09	Cervical fracture, closed
806.10-806.19	Cervical fracture, open
806.20-806.29	Dorsal (thoracic) fracture, closed
806.30-806.39	Dorsal (thoracic) fracture, open
806.4-806.5	Lumbar fracture, open or closed
806.60-806.62	Sacrum and coccyx, fracture, closed
806.69	
806.70-806.72	Sacrum and coccyx, fracture, open
806.79	
806.8-806.9	Unspecified fracture, open or closed
807.00-807.09	
807.10-807.19	
807.2-807.3	
807.4-807.5	
808.0-808.3	Fracture of pelvis
808.41-808.43	
808.49	
808.51-808.53	
808.59	
808.8-808.9	
809.0-809.1	Ill-defined fractures of bones of trunk
810.00-810.03	Fracture of clavicle
810.10-810.13	
811.01-811.03	Fracture of scapula
811.09	

811.10-811.13	
811.19	
812.00-812.03	Fracture of humerus
812.09	
812.10-812.13	
812.19	
812.20-812.21	
812.30-812.31	
812.40-812.44	
812.49	
812.50-812.54	
812.59	
813.00-813.08	Fracture of radius and ulna
813.10-813.18	
813.20-813.23	
813.30-813.33	
813.40-813.44	
813.50-813.54	
813.90-813.93	
814.00-814.09	Fracture of carpal bone(s)
814.10-814.19	
815.00-815.04	Fracture of metacarpal bones(s)
815.09	
815.10-815.14	
815.19	
816.00-816.03	Fracture of one or more phalanges of hand
816.11-816.13	
817.0-817.1	Multiple fractures of hand bones
818.0-818.1	Ill-defined fractures of upper limb
820.00-820.03	Fracture of neck of femur
820.09	
820.10-820.13	
820.19	
820.20-820.22	
820.30-820.32	
820.8-820.9	
821.00-821.01	Fracture of other and unspecified parts of the femur

821.10-821.11	
821.20-821.23	
821.29	
821.30-821.33	
821.39	
822.0-822.1	Fracture of the patella
823.00-823.02	Fracture of tibia and fibula
823.10-823.12	
823.20-823.22	
823.30-823.32	
823.80-823.82	
823.90-823.92	
824.0-824.9	Fracture of the ankle
825.0-825.1	Fracture of one or more tarsal and metatarsal bones
825.20-825.25	
825.29	
825.30-825.35	
825.39	
826.0-826.1	Fracture of one or more phalanges of foot
827.0-827.1	Other, multiple, and ill-defined fractures of lower limb
830.0-830.1	Dislocation of jaw
831.00-831.04	Dislocation of shoulder
831.09	
831.10-831.14	
831.19	
832.00-832.04	Dislocation of elbow
832.09	
832.10-832.14	
832.19	
833.00-833.05	Dislocation of wrist
833.09	
833.10-833.15	
833.19	
834.00-834.02	Dislocation of finger
834.10-834.12	
835.00-835.03	Dislocation of hip
835.10-835.13	

836.0-836.4	Dislocation of knee
836.50-836.54	
836.59	
836.60-836.64	
836.69	
837.0-837.1	Dislocation of ankle
838.00-838.06	Dislocation of foot
838.10-838.16	
840.0-840.6	Sprains and strains of shoulder and upper arm
840.8-840.9	
841.0-841.3	Sprains and strains of elbow and forearm
841.8-841.9	
842.00-842.02	Sprains and strains of wrist and hand
842.09	
842.10-842.13	
842.19	
843.0-843.1	Sprains and strains of hip and thighs
843.8-843.9	
844.0-844.3	Sprains and strains of knee and leg
844.8-844.9	
845.00-845.03	Sprains and strains of ankle and foot
845.09	
845.10-845.13	
845.19	
846.0-846.3	Sprains and strains of sacroiliac region
846.8-846.9	
847.0-847.4	Sprains and strains of other and unspecified parts of back
847.9	
848.0-848.3	Other and ill-defined sprains and strains
848.40-848.42	
848.5	
923.00-923.03	Contusion of upper limb
923.09	
923.10-923.11	
923.20-923.21	
923.3	

923.8-923.9	
924.00-924.10	Contusion of lower limb and other and unspecified sites
924.10-924.11	
924.20-924.21	
924.3-924.4	
926.0	Crushing injury of the trunk
926.11-926.12	
926.19	
926.8-926.9	
927.00-927.03	Crushing injury of upper limb
927.09	
927.10-927.11	
927.20-927.21	
927.3	
927.8-927.9	
928.00-928.01	Crushing injury of lower limb
928.10-928.11	
928.20-928.21	
928.3	
928.8	
952.00-952.09	Spinal cord injury without evidence of spinal bone injury, cervical dorsal (thoracic)
952.10-952.19	Lumbar
952.2	Sacral
952.3	Cauda equina
952.4	Multiple sites of spinal cord
952.8	
953.0-953.5	Injury to nerve roots and spinal plexus
953.8	
955.0-955.9	Injury to peripheral nerve(s) of pelvic girdle and upper limb
956.0-956.6	Injury to peripheral nerve(s) of pelvic girdle and lower limb
956.8-956.9	
997.61	Late amputation stump complication
V43.60-V43.66	Organ or tissue replaced by joint
V43.69	Organ or tissue replaced by limb
V43.7	
V45.4	Arthrodesis status

V49.60-V49.67	Upper limb amputation status
V49.70-V49.77	Lower limb amputation status
V54.0	Aftercare involving removal of fracture plate or other internal fixation device
V54.8	Other orthopedic aftercare

**Medicare is establishing the following limited coverage for HCPCS code 97112-balance and coordination**

**Covered for:**

274.0	Gouty arthropathy
274.9	Gout, unspecified
332.0-332.1	Parkinsonism
333.0	Other degenerative diseases of the basal ganglia
333.83	Spasmodic torticollis
333.90	Unspecified extrapyramidal diseases and abnormal movement disorders
333.91	Stiff-man syndrome
334.0-334.4	Spinocerebellar disease
334.8-334.9	
335.0	Anterior horn cell disease
335.10-335.11	
335.19	
335.20-335.24	
335.29	
335.8-335.9	
336.0-336.3	Other diseases of spinal cord
336.8	
337.20-337.22	Reflex sympathetic dystrophy
337.29	
340	Multiple sclerosis
341.1	Other demyelinating disease of central nervous system
341.8-341.9	
342.00-342.02	Hemiplegia and hemiparesis
342.10-342.12	
342.80-342.82	
342.90-342.92	Hemiplegia (affecting non-dominant site), unspecified
344.00-344.04	Quadriplegia

344.09	
344.1-344.2	
344.30-344.32	Monoplegia of lower limb
344.40-344.42	Upper limb
344.60-344.61	Cauda equina
344.81	Locked in state
344.89	Other specific paralytic syndromes
348.1	Anoxic brain damage
351.0	Bell's Palsy
353.0-353.6	Nerve root/plexus disorders
353.8-353.9	
356.0-356.4	Hereditary and idiopathic peripheral neuropathy
356.8-356.9	
357.0-357.9	Inflammatory and toxic neuropathy
358.0-358.2	Myoneural disorders
358.8-358.9	
359.0-359.6	Muscular dystrophies
359.8-359.9	
369.01	Profound vision impairment
369.03-369.04	
369.06-369.08	
369.12-369.14	Moderate or severe vision impairment
369.16-369.18	
369.24-369.25	Moderate or severe vision impairment, both eyes
457.0	Edema
711.00-711.09	Arthropathy associated with infections
711.10-711.19	
711.20-711.29	
711.30-711.39	
711.40-711.49	
711.50-711.59	
711.60-711.69	
711.70-711.79	
711.80-711.89	
711.90-711.99	
712.10-712.19	Crystal arthropathies

712.20-712.29

712.30-712.39

712.80-712.89

712.90-712.99

713.0-713.8

elsewhere

Arthropathies associated with other disorders classified

714.0-714.2

Rheumatoid arthritis and other inflammatory polyarthropathies

714.30-714.33

714.4

714.81

714.89

714.9

715.00

Osteoarthritis and allied disorders

715.04

715.09

715.10-715.18

715.20-715.28

715.30-715.38

715.80

715.89

715.90-715.98

716.00-716.09

Other and unspecified arthropathies

716.10-716.19

716.20-716.29

716.30-716.39

716.40-716.49

716.50-716.59

718.20-718.29

Pathological dislocation

718.30-718.39

Recurrent dislocation of joint

718.40-718.49

Contracture of joint

719.00-719.09

Other and unspecified disorders of joint

719.10-719.19

719.20-719.29

719.30-719.39

719.40-719.49

719.50-719.59

720.0-720.2

Ankylosing spondylitis and other inflammatory spondylopathies

720.81

720.89

722.0

Intervertebral disc disorder

722.10-722.11

722.2

722.30-722.32

722.39

722.4

722.51-722.52

722.6

722.70-722.73

722.80-722.83

722.90-722.93

723.0

723.1-723.5

724.01-724.02

Other and unspecified disorders of the back

724.09

724.1-724.6

724.70-724.71

724.79

726.0

Peripheral enthesopathies and allied syndromes

726.10-726.12

726.19

726.2

726.30-726.33

726.39

726.4-726.5

726.60-726.65

726.69

726.70-726.73

726.79

726.8

726.90-726.91

727.00-727.06

Other disorders of synovium, tendon, and bursa

727.09

727.1-727.3

727.40-727.43

727.49	
727.50-727.51	
727.59	
727.60-727.67	
727.81	
728.11	Progressive myositis ossificans
728.12	Traumatic myositis ossificans
728.2	Muscular wasting and disuse atrophy, not elsewhere classified
728.6	Contracture of palmar fascia
728.71	Plantar fascial fibromatosis
728.83	Rupture of muscle, non-traumatic
728.85	Spasm of muscle
729.1	Myalgia and myositis, unspecified
729.4	Fasciitis, unspecified
729.5	Pain in limb
729.81-729.82	Swelling of limb, cramp
781.0	Abnormal involuntary movement
781.2	Abnormality of gait
781.3	Lack of coordination
782.3	Edema
809.0-809.0	Ill-defined fractures of bones of trunk
810.00-810.03	Fracture of clavicle
810.10-810.13	
811.01-811.03	Fracture of scapula
811.09	
811.10-811.13	
811.19	
812.00-812.03	Fracture of humerus
812.09	
812.10-812.13	
812.19	
812.20-812.21	
812.30-812.31	
812.40-812.44	
812.49	
812.50-812.54	

812.59	
813.00-813.08	Fracture of radius and ulna
813.10-813.18	
813.20-813.23	
813.30-813.33	
813.40-813.44	
813.50-813.54	
813.90-813.93	
814.00-814.09	Fracture of carpal bone(s)
814.10-814.19	
815.00-815.04	Fracture of metacarpal bones(s)
815.09	
815.10-815.14	
815.19	
816.00-816.03	Fracture of one or more phalanges of hand
816.11-816.13	
817.0-817.1	Multiple fractures of hand bones
820.00-820.03	Fracture of neck of femur
820.09	
820.10-820.13	
820.19	
820.20-820.22	
820.30-820.32	
820.8-820.9	
821.00-821.01	Fracture of other and unspecified parts of the femur
821.10-821.11	
821.20-821.23	
821.29	
821.30-821.33	
821.39	
822.0-822.1	Fracture of the patella
823.00-823.02	Fracture of tibia and fibula
823.10-823.12	
823.20-823.22	
823.30-823.32	
823.80-823.82	
823.90-823.92	

824.0-824.9	Fracture of the ankle
825.0-825.1	Fracture of one or more tarsal and metatarsal bones
825.20-825.25	
825.29	
825.30-825.35	
825.39	
826.0-826.1	Fracture of one or more phalanges of foot
830.0-830.1	Dislocation of jaw
831.00-831.04	Dislocation of shoulder
831.09	
831.10-831.14	
831.19	
832.00-832.04	Dislocation of elbow
832.09	
832.10-832.14	
832.19	
833.00-833.05	Dislocation of wrist
833.09	
833.10-833.15	
833.19	
834.00-834.02	Dislocation of finger
834.10-834.12	
835.00-835.03	Dislocation of hip
835.10-835.13	
836.0-836.4	Dislocation of knee
836.50-836.54	
836.59	
836.60-836.64	
836.69	
837.0-837.1	Dislocation of ankle
838.00-838.06	Dislocation of foot
838.10-838.16	
840.0-840.6	Sprains and strains of shoulder and upper arm
840.8-840.9	
841.0-841.3	Sprains and strains of elbow and forearm
841.8-841.9	
842.00-842.02	Sprains and strains of wrist and hand

842.09	
842.10-842.13	
842.19	
843.0-843.1	Sprains and strains of hip and thighs
843.8-843.9	
844.0-844.3	Sprains and strains of knee and leg
844.8-844.9	
845.00-845.03	Sprains and strains of ankle and foot
845.09	
845.10-845.13	
845.19.	
846.0-846.3	Sprains and strains of sacroiliac region
846.8-846.9	
847.0-847.4	Sprains and strains of other and unspecified parts of back
847.9	
848.0-848.3	Other and ill-defined sprains and strains
848.40-848.42	
848.5	
923.00-923.03	Contusion of upper limb
923.09	
923.10-923.11	
923.20-923.21	
923.3	
923.8-923.9	
924.00-924.01	Contusion of lower limb and other and unspecified sites
924.10-924.11	
924.20-924.21	
924.3-924.4	
926.0	Crushing injury o the trunk
926.11-926.12	
926.19	
926.8-926.9	
927.00-927.03	Crushing injury of upper limb
927.10-927.11	
927.20-927.21	
927.3	

927.8-927.9	
928.00-928.01	Crushing injury of lower limb
928.10-928.11	
928.20-928.21	
928.3	
928.8	
953.0-9535	
953.8	Injury to nerve roots and spinal plexus
955.0-955.9	Injury to peripheral nerve(s) of shoulder and upper limb
956.0-956.5	Injury to peripheral nerve(s) of pelvic girdle and lower limb
956.8	
997.61	Late amputation stump complication
V43.60-V43.66	Organ or tissue replaced by joint
V43.69	Organ or tissue replaced by limb
V43.7	
V45.4	Arthrodesis status
V49.60-V49.67	Upper limb amputation status
V49.70-V49.77	Lower limb amputation status
V54.0	Aftercare involving removal of fracture plate or other internal fixation device
V54.8	Other orthopedic aftercare

**Medicare is establishing the following limited coverage for HCPCS code 97113-aquatic therapy:**

**Covered for:**

340	Multiple sclerosis
342.00-342.02	Hemiplegia and hemiparesis
342.10-342.12	
342.80-342.82	
711.00-711.09	Arthropathy associated with infections
711.10-711.19	
711.20-711.29	
711.30-711.39	
711.40-711.49	
711.50-711.59	
711.60-711.69	
711.70-711.79	

711.80-711.89

711.90-711.99

712.10-712.19

Crystal arthropathies

712.20-712.29

712.30-712.39

712.80-712.89

712.90-712.99

713.0-713.8

Arthropathies associated with other disorders classified

elsewhere

714.0-714.2

Rheumatoid arthritis and other inflammatory polyarthropathies

714.30-714.33

714.4

714.81

714.89

714.9

715.00

Osteoarthritis and allied disorders

715.04

715.09

715.10-715.18

715.20-715.28

715.30-715.38

715.80

715.89

715.90-715.98

716.00-716.09

Other and unspecified arthropathies

716.10-716.19

716.20-716.29

716.30-716.39

716.40-716.49

716.50-716.59

718.20-718.29

Pathological dislocation

718.30-718.39

Recurrent dislocation of joint

718.40-718.49

Contracture of joint

719.00-719.09

Other and unspecified disorders of joint

719.10-719.19

719.20-719.29

719.30-719.39

719.40-719.49

719.50-719.59

720.0-720.2

Ankylosing spondylitis and other inflammatory spondylopathies

720.81

720.89

722.0

Intervertebral disc disorder

722.10-722.11

722.2

722.30-722.32

722.39

722.4

722.51-722.52

722.6

722.70-722.73

722.80-722.83

722.90-722.93

723.0-723.5

Other disorders of cervical region

724.01-724.02

Other and unspecified disorders of the back

724.09

724.1-724.6

724.70-724.71

724.79

726.0

Peripheral enthesopathies and allied syndromes

726.10-726.12

726.19

726.2

726.30-726.33

726.39

726.4-726.5

726.60-726.65

726.69

726.70-726.73

726.79

726.8

726.90-726.91

727.00-727.06

Other disorders of synovium, tendon, and bursa

727.09	
727.1-727.3	
727.40-727.43	
727.49	
727.50-727.51	
727.60-727.67	
727.81	
728.11	Progressive myositis ossificans
728.12	Traumatic myositis ossificans
728.2	Muscular wasting and disuse atrophy, not elsewhere classified
728.6	Contracture of palmar fascia
728.71	Plantar fascial fibromatosis
728.83	Rupture of muscle, non-traumatic
728.85	Spasm of muscle
729.1	Myalgia and myositis, unspecified
729.4	Fasciitis, unspecified
729.5	Pain in limb
729.81-729.82	Swelling of limb, cramp
781.2	Abnormality of gait
781.3	Lack of coordination

**Medicare is establishing the following limited coverage for HCPCS code 97116-gait training:**

**Covered for:**

	138	Late effects of acute poliomyelitis
332.0-332.1		Parkinsonism
333.0		Other degenerative diseases of the basal ganglia
333.90		Unspecified extrapyramidal diseases and abnormal movement disorders
333.91		Stiff-man syndrome.
334.0-334.4		Spinocerebellar disease
334.8-334.9		
335.0		Anterior horn cell disease
335.10-335.11		
335.19		

335.20-335.24	
335.29	
335.8-335.9	
336.0-336.3	Other diseases of spinal cord
336.8	
	340 Multiple sclerosis
341.1	Other demyelinating disease of central nervous system
341.8-341.9	
342.00-342.02	Hemiplegia and hemiparesis
342.10-342.12	
342.80-342.82	
342.90-342.92	Hemiplegia (affecting non-dominant site), unspecified
344.2	Diplegia
344.30-344.32	Monoplegia of lower limb
344.40-344.42	Monoplegia of upper limb
344.60-344.61	Cauda equina
344.81	
344.89	
348.1	Anoxic brain damage
353.0-353.6	Nerve root/plexus disorders
353.8-353.9	
354.0-354.5	Mononeuritis upper limb and mononeuritis multiplex
354.8-354.9	
355.0-355.6	Mononeuritis lower limb and unspecified site
355.71	
355.79	
355.8	
356.0-356.4	Hereditary and idiopathic peripheral neuropathy
356.8-356.9	
357.0-357.9	Inflammatory and toxic neuropathy
358.0-358.2	Myoneural disorders
358.8-358.9	
359.0-359.6	Muscular dystrophies
359.8-359.9	
369.01	Profound vision impairment
369.03-369.04	
369.06-369.08	

369.12-369.14	Moderate or severe vision impairment
369.16-369.18	
369.24-369.25	Moderate or severe vision impairment, both eyes
436	Acute, ill-defined, cerebrovascular disease
736.79	Other acquired deformities of foot
755.30-755.38	Reduction deformities of lower limb
755.61-755.64	Other anomalies of lower limb, including pelvic girdle
781.0	Abnormal involuntary movements
781.2	Abnormality of gait
781.3	Lack of coordination
781.9	Other symptoms involving nervous and musculoskeletal systems
V43.64-V43.66	Organ or tissue replaced by joint; hip, knee, ankle
V49.71-V49.77	Lower limb amputation status
V57.81	Orthotic training

**Medicare is establishing the following limited coverage for HCPCS code 97124-massage:**

**Covered for:**

333.6	Idiopathic torsion dystonia
333.7	Symptomatic torsion dystonia
333.83	Spasmodic torticollis
333.84	Organic writers' cramp
337.20-337.22	Reflex sympathetic dystrophy
337.29	
457.0	Postmastectomy lymphedema syndrome
480.0-480.2	Viral pneumonia
480.8-480.9	
481	Pneumococcal pneumonia (streptococcus pneumoniae pneumonia)
482.0-482.2	Other bacterial pneumonia
482.30-482.32	Pneumonia due to streptococcus
482.39	
482.4	Pneumonia due to staphylococcus
482.81-482.83	Pneumonia due to other specified bacteria
482.89	
483.0	Pneumonia due to other specified organism

483.8	
484.1	Pneumonia in infectious diseases classified elsewhere
484.3	
484.5-484.8	
485	Bronchopneumonia, organism unspecified
486	Pneumonia, organism unspecified
487.0-487.1	Influenza
487.8	
490	Bronchitis, not specified as acute or chronic
491.0-491.1	Chronic bronchitis
491.20-491.21	
491.8-491.9	
494	Bronchiectasis
495.0-495.9	Extrinsic allergic alveolitis
496	Chronic airway obstruction, not elsewhere classified
500	Coal workers' pneumoconiosis
501	Asbestosis
502	Pneumoconiosis due to other silica or silicates
503	Pneumoconiosis due to other inorganic dust
504	Pneumonopathy due to inhalation of other dust
505	Pneumoconiosis, unspecified
506.0-506.4	
506.9	Respiratory conditions due to chemical fumes and vapors
507.0-507.1	Pneumonitis due to solids and liquids
507.8	
508.0-508.1	Respiratory conditions due to other and unspecified external
agents	
508.8-508.9	
513.0-513.1	Abscess of lung and mediastinum
514	Pulmonary congestion and hypostasis
515	Postinflammatory pulmonary fibrosis
516.1-516.3	Other alveolar and parietoalveolar pneumonopathies
516.8-516.9	
517.1-517.2	Lung involvement in conditions classified elsewhere
517.8	
524.60-524.63	Temporomandibular joint disorders, unspecified
524.69	

724.1	Pain in thoracic spine
724.2	Lumbago
724.5	Backache, unspecified
726.0	Peripheral enthesopathies and allied syndromes
726.10-726.12	
726.19	
726.2	
726.30-726.33	
726.39	
726.4-726.5	
726.60-726.65	
726.69	
726.70-726.73	
726.79	
726.8	
726.90	
727.81	Contracture of tendon (sheath)
728.6	Contracture of palmar fascia
728.71	Plantar fascial fibromatosis
728.79	Other fibromatosis
728.85	Spasm of muscle
729.5	Pain in limb
729.81	Swelling of limb
729.82	Cramp
754.1	Certain congenital musculoskeletal deformities of sternocleidomastoid muscle
840.0-840.6	Sprains and strains of shoulder and upper arm
840.8-840.9	
841.0-841.3	Sprains and strains of elbow and forearm
841.8-841.9	
842.00-842.02	Sprains and strains of wrist and hand
842.09	
842.10-842.13	
842.19	
843.0-843.1	Sprains and strains of hip and thighs
843.8-843.9	
844.0-844.3	Sprains and strains of knee and leg

844.8-844.9	
845.00-845.03	Sprains and strains of ankle and foot
845.09	
845.10-845.13	
845.19	
846.0-846.3	Sprains and strains of sacroiliac region
846.8-846.9	
847.0-847.4	Sprains and strains of other and unspecified parts of back
847.9	
848.0-848.3	Other and ill-defined sprains and strains
848.40-848.42	
848.5	
848.8	

**Medicare is establishing the following limited coverage for HCPCS code 97140-manual therapy:**

**Note:** This CPT code became effective January 1, 1999, and covers the previous CPT codes: 97122, 97250, 97260, 97261, and 97265, which were discontinued (not accepted for payment) March 31, 1999. Several different modalities, all with different indications, are included under HCPCS code 97140. For example: Manual traction is not indicated for rheumatoid arthritis while joint mobilization is indicated for rheumatoid arthritis. Because of this, each modality included under code 97140 has different limited coverage as described below. Documentation of the exact modality used must be kept in the patient's medical records.

**Manual Traction**

**When procedure code 97140 is used to report manual traction, the following diagnosis codes will be considered by Medicare to support medical necessity:**

**Covered for:**

333.83	Spasmodic torticollis
353.2	Cervical root lesions, NEC
353.4	Lumbosacral root lesions, NEC
722.0	Intervertebral disc disorders
722.10	
722.11	
722.2	

722.30-722.32

722.39

722.4

722.51

722.52

722.70-722.73

722.80-722.83

722.91

722.92

722.93

723.1 Cervicalgia

723.5 Torticollis, unspecified

723.8

724.02 Spinal stenosis, lumbar region

724.2 Lumbago

724.3 Sciatica

724.4 Thoracic or lumbosacral neuritis or radiculitis,  
unspecified

724.5

847.0 Sprains and strains, neck

847.2 Sprains and strains, lumbar

953.0 Injury to cervical root

953.2 Injury to lumbar root

953.3 Injury to sacral root

**Myofascial Release/Soft Tissue Mobilization, One or More Regions**

**When procedure code 97140 is used to report myofascial release/soft tissue mobilization, one or more regions, the following diagnosis codes will be considered by Medicare to support medical necessity:**

**Covered for:**

333.6 Idiopathic torsion dystonia

333.7 Symptomatic torsion dystonia

333.83 Spasmodic torticollis

333.84 Organic writers' cramp

337.20-337.22 Reflex sympathetic dystrophy

337.29

457.0 Postmastectomy lymphedema syndrome

709.2	Scar conditions and fibrosis of skin
710.1	Systemic sclerosis
710.3	Dermatomyositis
710.4	Polymyositis
710.8	Other specified diffuse diseases of connective tissue
714.0-714.2	Rheumatoid arthritis and other inflammatory
714.30-714.35	
714.4	
714.81	
714.89	
714.9	
718.20-718.29	Pathological dislocation
718.30-718.39	Recurrent dislocation of joint
718.40-718.49	Contracture of joint
719.00-719.09	Other and unspecified disorders of joint
719.10-719.19	
719.20-719.29	
719.30-719.39	
719.40-719.49	
720.0	Ankylosing spondylitis
720.1	Spinal enthesopathy
723.1	Cervicalgia
723.2	Cervicocranial syndrome
723.5	Torticollis, unspecified
724.1	Pain in thoracic spine
724.2	Lumbago
724.5	
726.0	Peripheral enthesopathies and allied syndromes
726.10-726.12	
726.19	
726.2	
726.30-726.33	
726.39	
726.4-726.5	
726.60-726.65	
726.69	

726.70-726.73	
726.79	
726.8	
726.90	
727.81	Contracture of tendon (sheath)
728.71	Plantar fascial fibromatosis
728.79	
728.85	
729.4	Fasciitis, unspecified
729.5	Pain in limb
729.81	Swelling of limb
729.82	Cramp
754.1	Certain congenital musculoskeletal deformities of sternocleidomastoid muscle
782.3	Edema
784.0	Headache
840.0-840.6	Sprains and strains of shoulder and upper arm
840.8-840.9	
841.0-841.3	Sprains and strains of elbow and forearm
841.8-841.9	
842.00-842.02	Sprains and strains of wrist and hand
842.09	
842.10-842.13	
842.19	
843.0-843.1	Sprains and strains of hip and thighs
843.8-843.9	
844.0-844.3	Sprains and strains of knee and let
844.8-844.9	
845.00-845.03	Sprains and strains of ankle and foot
845.09	
845.10-845.13	
845.19	
846.0-846.3	Sprains and strains of sacroiliac region
846.8-846.9	
847.0-847.4	Sprains and strains of other and unspecified parts of back

847.9

848.0-848.3

Other and ill-defined sprains and strains

848.40-848.42

848.5

848.8

**Manipulation (Cervical, Thoracic, Lumbosacral, Sacroiliac, Hand, Wrist)  
Performed by a Provider; One Area and Each Additional Area**

**When procedure code 97140 is used to report manipulation (cervical, thoracic, lumbosacral, sacroiliac, hand, wrist) performed by a physician; one area and each additional area, the following diagnosis codes will be considered by Medicare to support medical necessity:**

**Covered for:**

333.6

Idiopathic torsion dystonia

333.7

Symptomatic torsion dystonia

333.83

Spasmodic torticollis

333.84

Organic writers' cramp

337.20-337.22

Reflex sympathetic dystrophy

337.29

457.0

Postmastectomy lymphedema syndrome

709.2

Scar conditions and fibrosis of skin

710.1

Systemic sclerosis

710.3

Dermatomyositis

710.4

Polymyositis

710.8

Other specified diffuse diseases of connective

tissue

714.0-714.2

Rheumatoid arthritis and other inflammatory

714.30-714.33

714.4

714.81

714.89

714.9

718.20-718.29

Pathological dislocation

718.30-718.39

Recurrent dislocation of joint

718.40-718.49

Contracture of joint

719.00-719.09

Other and unspecified disorders of joint

719.10-719.19

719.20-719.29	
719.30-719.39	
719.40-719.49	
720.0	Ankylosing spondylitis
720.1	Spinal enthesopathy
723.1	Cervicalgia
723.2	Cervicocranial syndrome
723.5	Torticollis, unspecified
724.02	Spinal stenosis, lumbar region
724.1	Pain in thoracic spine
724.2	Lumbago
724.5	
726.0	Peripheral enthesopathies and allied syndromes
726.10-726.12	
726.19	
726.2	
726.30-726.33	
726.39	
726.4-726.5	
726.60-726.65	
726.69	
726.70-726.73	
726.79	
726.8	
726.90	
727.81	Contracture of tendon (sheath)
728.6	Contracture of palmar fascia
728.71	Plantar fascial fibromatosis
728.79	Other fibromatosis
728.85	Spasm of muscle
729.4	Fasciitis, unspecified
729.5	Pain in limb
729.81	Swelling of limb
729.82	Cramp
754.1	Certain congenital musculoskeletal deformities of sternocleidomastoid muscle
782.3	Edema

784.0	Headache
840.0-840.6	Sprains and strains of shoulder and upper arm
840.8-840.9	
841.0-841.3	Sprains and strains of elbow and forearm
841.8-841.9	
842.00-842.02	Sprains and strains of wrist and hand
842.09	
842.10-842.13	
842.19	
843.0-843.1	Sprains and strains of hip and thighs
843.8-843.9	
844.0-844.3	Sprains and strains of knee and let
844.8-844.9	
845.00-845.03	Sprains and strains of ankle and foot
845.09	
845.10-845.13	
845.19	
846.0-846.3	Sprains and strains of sacroiliac region
846.8-846.9	
847.0-847.4	Sprains and strains of other and unspecified parts
of back	
847.9	
848.0-848.3	Other and ill-defined sprains and strains
848.40-848.42	
848.5	
848.8	

### **Joint Mobilization, One or More Areas**

**When procedure code 97140 is used to report joint mobilization, one or more areas, the following diagnosis codes will be considered by Medicare to support medical necessity:**

#### **Covered for:**

711.00-711.09	Arthropathy associated with infections
711.10-711.19	
711.20-711.29	
711.30-711.39	

711.40-711.49	
711.50-711.59	
711.60-711.69	
711.70-711.79	
711.80-711.89	
711.90-711.99	
712.10-712.19	Crystal arthropathies
712.20-712.29	
712.30-712.39	
712.80-712.89	
712.90-712.99	
713.0-713.8	Arthropathies associated with other disorders
classified elsewhere	
714.0-714.2	Rheumatoid arthritis and other inflammatory
714.30-714.33	
714.4	
714.81	
714.89	
714.9	
715.00	Osteoarthritis and allied disorders
715.04	
715.09	
715.10-715.18	
715.20-715.28	
715.30-715.38	
715.80	
715.89	
715.90-715.98	
716.00-716.09	Other and unspecified arthropathies
716.10-716.19	
716.20-716.29	
716.30-716.39	
716.40-716.49	
716.50-716.59	
716.60-716.68	
716.80-716.89	
718.40-718.9	Contracture of joint

719.00-719.09	Other and unspecified disorders of joint
719.40-719.49	
719.50-719.59	
720.0-720.2	Ankylosing spondylitis and other inflammatory
spondylopathies	
720.81	
720.89	
720.9	
726.0	Peripheral enthesopathies and allied syndromes
726.10-726.12	
726.19	
726.2	
726.30-726.33	
726.39	
726.4-726.5	
726.60-726.65	
726.69	
726.70-726.73	
726.79	
726.8	
726.90-726.91	
727.00	Synovitis and tenosynovitis, unspecified
727.04	Radial styloid tenosynovitis
727.06	Tenosynovitis of foot and ankle
727.81	Other disorders of synovium, tendon, bursa
727.82	
728.6	Contracture of palmar fascia
728.71	Plantar fascial fibromatosis
728.79	Other fibromatosis
905.1-905.9	Late effects of musculoskeletal and connective
tissue injuries	
V54.0	Aftercare involving removal of fracture plate or
other internal fixation device	
V54.8	Other orthopedic aftercare

**Medicare is establishing the following limited coverage for HCPCS code 97504-orthotics:**

**Covered for:**

726.70	Enthesopathy of ankle and tarsus, unspecified
736.70-736.76	Other acquired deformities of ankle and foot
736.79	
952.00-952.09	Spinal cord injury without evidence of spinal
bone injury	
952.10-952.17	
952.2-952.3	
952.4	
952.8-952.9	
956.0-956.3	Injury to peripheral nerve(s) of pelvic girdle and
lower limb	
956.5	
V49.1	Mechanical problems with limbs
V49.2	Motor problems with limbs
V49.61-V49.67	Upper limb amputation status
V49.71-V49.77	Lower limb amputation status
V53.7	Fitting and adjustment of orthopedic device
V53.8	Wheelchair
V53.9	Other and unspecified device

**Medicare is establishing the following limited coverage for HCPCS code 97520-prosthetic training:****Covered:**

885.0-885.1 (partial)	Traumatic amputation of thumb (complete)
886.0-886.1 (partial)	Traumatic amputation of fingers (complete)
887.0-887.7 (complete) (partial)	Traumatic amputation of arm and hand
896.0-896.3 (partial)	Traumatic amputation of foot (complete)
897.0-897.7 (partial)	Traumatic amputation of leg(s) (complete)
V49.61-V49.67	Upper limb amputation status
V49.71-V49.77	Lower limb amputation status

V52.0 (partial)	Fitting and adjustment of artificial arm (complete)
V52.1 (partial)	Fitting and adjustment of artificial leg (complete)
V52.8	Other specified prosthetic device
V53.7	Fitting and adjustment of other orthopedic device

**Medicare is establishing the following limited coverage for HCPCS code 97530-therapeutic activities:**

**Covered for:**

274.0	Gouty arthropathy
274.9	Gout, unspecified
332.0-332.1	Parkinsonism
333.83	Spasmodic torticollis
333.90	Unspecified extrapyramidal diseases and abnormal movement disorders
333.91	Stiff-man syndrome
334.0-334.4	Spinocerebellar disease
334.8-334.9	
335.0	Anterior horn cell disease
335.10-335.11	
335.19	
335.20-335.24	
335.29	
335.8-335.9	
336.0-336.3	Other diseases of spinal cord
336.8	
337.20-337.22	Reflex sympathetic dystrophy
337.29	
340	Multiple sclerosis
341.1	Other demyelinating diseases of central nervous system
341.8-341.9	
342.00-342.02	Hemiplegia and hemiparesis
342.10-342.12	
342.80-342.82	
342.90-342.92	Hemiplegia unspecified

344.00-344.04 344.09	Quadriplegia
344.1-344.2	Paraplegia/diplegia
344.30-344.32	Monoplegia lower limb
344.40-344.42	Monoplegia upper limb
344.60-344.61	Cauda equina
344.81	Locked in state
344.89	Other specific paralytic syndrome
348.1	Anoxic brain damage
351.0	Bell's Palsy
353.0-353.6	Nerve root/plexus disorders
353.8-353.9	
354.0-354.5 multiplex	Mononeuritis upper limb and mononeuritis
354.8-354.9	
355.0-355.6	Mononeuritis lower limb and unspecified site
355.71	
355.79	
355.8	
356.0-356.4	Hereditary and idiopathic peripheral neuropathy
356.8-356.9	
368.41	Scotoma involving central area
368.45	Generalized contraction or constriction
368.46	Homonymous bilateral field defects
369.01	Profound vision impairment
369.03-369.04	
369.06-369.08	
369.12-369.14	Moderate or severe vision impairment
369.16-369.18	
369.22	Moderate or severe impairment, both eyes; better eye: severe impairment; lesser eye: severe impairment
369.24-369.25	Moderate or severe vision impairment, both eyes
436	Acute, but ill-defined cerebrovascular disease
457.0	Postmastectomy lymphedema syndrome
681.00-681.02	Arthropathy associated with infections
681.10-681.11	
682.3-682.7	

711.00-711.09	Arthropathy associated with infections
711.10-711.19	
711.20-711.29	
711.30-711.39	
711.40-711.49	
711.50-711.59	
711.60-711.69	
711.70-711.79	
711.80-711.89	
711.90-711.99	
712.10-712.19	Crystal arthropathies
712.20-712.29	
712.30-712.39	
712.80-712.89	
712.90-712.99	
713.0-713.8	Arthropathies associated with other disorders
classified elsewhere	
714.0-714.2	Rheumatoid arthritis and other inflammatory
polyarthropathies	
714.30-714.33	
714.4	
714.81	
714.89	
714.9	
715.00	Osteoarthritis and allied disorders
715.04	
715.09	
715.10-715.18	
715.20-715.28	
715.30-715.38	
715.80	
715.89	
715.90-715.98	
716.00-716.09	Other and unspecified arthropathies
716.10-716.19	
716.20-716.29	

716.30-716.39	
716.40-716.49	
716.50-716.59	
718.20-718.29	Pathological dislocation
718.30-728.39	Recurrent dislocation of joint
718.40-718.49	Contracture of joint
719.00-719.09	Other and unspecified disorders of joint
719.10-719.19	
719.20-719.29	
719.30-719.39	
719.40-719.49	
719.50-719.59	
719.70	
719.75-719.79	
720.0-720.2	Ankylosing spondylitis and other inflammatory
spondylopathies	
720.81	
720.89	
722.0	Intervertebral disc disorder
722.10-722.11	
722.2	
722.30-722.32	
722.39	
722.4	
722.51-722.52	
722.6	
722.70-722.73	
722.80-722.83	
722.90-722.93	
723.0-723.5	Other disorders of cervical region
724.01-724.02	Other and unspecified disorders of the back
724.09	
724.1-724.6	
724.70-724.71	
724.79	
726.0	Peripheral enthesopathies and allied syndromes
726.10-726.12	

726.19	
726.2	
726.30-726.33	
726.39	
726.4-726.5	
726.60-726.65	
726.69	
726.70-726.73	
726.79	
726.8	
726.90-726.91	
727.00-727.06	Other disorders of synovium, tendon, and bursa
727.09	
727.1-727.3	
727.40-727.43	
727.49	
727.50-727.51	
727.59	
727.60-727.67	
727.81	
728.11	Progressive myositis ossificans
728.12	Traumatic myositis ossificans
728.2	Muscular wasting and disuse atrophy, not elsewhere classified
728.6	Contracture of palmar fascia
728.71	Plantar fascial fibromatosis
728.83	Rupture of muscle, non-traumatic
728.85	Spasm of muscle
729.1	Myalgia and myositis, unspecified
729.4	Fasciitis, unspecified
729.5	Pain in limb
729.81-729.82	Swelling of limb, cramp
781.0	Abnormal involuntary movements
781.2	Abnormality of gait
781.3	Lack of coordination
781.9	Other symptoms involving nervous and musculoskeletal systems

782.3	Edema
799.3	Debility, unspecified
799.4	Cachexia
805.00-805.08	Fracture of vertebral column without mention of spinal cord injury, cervical, open/closed
805.10-805.18	
805.2-805.9	
806.00-806.09	Fracture of vertebral column without mention of spinal cord injury, dorsal, lumbar, sacrum, and coccyx, unspecified, open/closed
806.10-806.19	
806.20-806.29	
806.30-806.39	
806.4-806.5	
806.60-806.62	
806.69	
806.70-806.72	
806.79	
806.8-806.9	
807.00-807.09	Fracture of rib(s), sternum, larynx, and trachea
807.10-807.19	
807.2-807.6	
808.0-808.3	Fracture of pelvis
808.41-808.43	
808.49	
808.51-808.53	
808.59	
808.8-808.9	
809.0-809.1	Ill-defined fractures of bones of trunk
810.00-810.03	Fracture of clavicle
810.10-810.13	
811.01-811.03	Fracture of scapula
811.09	
811.10-811.13	
811.19	
812.00-812.03	Fracture of humerus

812.09	
812.10-812.13	
812.19	
812.20-812.21	
812.30-812.31	
812.40-812.44	
812.49	
812.50-812.54	
812.59	
813.00-813.08	Fracture of radius and ulna
813.10-813.18	
813.20-813.23	
813.30-813.33	
813.40-813.44	
813.50-813.54	
813.90-813.93	
814.00-814.09	Fracture of carpal bone(s)
814.10-814.19	
815.00-815.04	Fracture of metacarpal bone(s)
815.09	
815.10-815.14	
815.19	
816.00-816.03	Fracture of one or more phalanges of hand
816.11-816.13	
817.0-817.1	Multiple fractures of hand bones
820.00-820.03	Fracture of neck of femur
820.09	
820.10-820.13	
820.19	
820.20-820.22	
820.30-820.32	
820.8-820.9	
821.00-821.01	Fracture of other and unspecified parts of the
femur	
821.10-821.11	
821.20-821.23	
821.29	

821.30-821.33	
821.39	
822.0-822.1	Fracture of the patella
823.00-823.02	Fracture of tibia and fibula
823.10-823.12	
823.20-823.22	
823.30-823.32	
823.80-823.82	
823.90-823.92	
824.0-824.9	Fracture of the ankle
825.0-825.1	Fracture of one or more tarsal and metatarsal
bones	
825.20-825.25	
825.29	
825.30-825.35	
825.39	
826.0-826.1	Fracture of one or more phalanges of foot
827.0-827.1	Other, multiple, an ill-defined fractures of lower
limb	
830.0	Dislocation of jaw
830.1	
831.00-831.04	Dislocation of shoulder
831.09	
831.10-831.14	
831.19	
832.00-832.04	Dislocation of elbow
832.09	
832.10-832.14	
832.19	
833.00-833.05	Dislocation of wrist
833.09	
833.10-833.15	
833.19	
834.00-834.02	Dislocation of finger
834.10-834.12	
835.00-835.03	Dislocation of hip
835.10-835.13	

836.0-836.4	Dislocation of knee
836.50-836.54	
836.59	
836.60-836.64	
836.69	
837.0-837.1	Dislocation of ankle
838.00-838.06	Dislocation of foot
838.10-838.16	
840.0-840.6	Sprains and strains of shoulder and upper arm
840.8-840.9	
841.0-841.3	Sprains and strains of elbow and forearm
841.8-841.9	
842.00-842.02	Sprains and strains of wrist and hand
842.09	
842.10-842.13	
842.19	
843.0-843.1	Sprains and strains of hip and thighs
843.8-843.9	
844.0-844.3	Sprains and strains of knee and leg
844.8-844.9	
845.00-845.03	Sprains and strains of ankle and foot
845.09	
845.10-845.13	
845.19	
846.0-846.3	Sprains and strains of sacroiliac region
846.8-846.9	
847.0-847.4	Sprains and strains of other and unspecified parts
of back	
847.9	
848.0-848.3	Other and ill-defined sprains and strains
848.40-848.42	
848.5	
851.00-851.06	Cerebral laceration and contusion
851.09	
851.10-851.16	
851.19	

851.20-851.26

851.29

851.30-851.36

851.39

851.40-851.46

851.49

851.50-851.56

851.59

851.60-851.66

851.69

851.70-851.76

851.80-851.86

851.89

851.90-851.96

851.99

923.00-923.03

Contusion of upper limb

923.09

923.10-923.11

923.20-923.21

923.3

923.8-923.9

924.00-924.01

Contusion of lower limb and other and

unspecified sites

924.10-924.11

924.20-924.21

924.3-924.4

926.0

Crushing injury of the trunk

926.11-926.12

926.19

926.8-926.9

927.00-927.03

Crushing injury of upper limb

927.09

927.10-927.11

927.20-927.21

927.3

927.8-927.9

928.00-928.01

Crushing injury of lower limb

928.10-928.11	
928.20-928.21	
928.3	
928.8	
952.00-952.09	Spinal cord injury without evidence of spinal
bone injury	
952.10-952.19	
952.2-952.4	
952.8-952.9	
953.0-953.5	Injury to nerve roots and spinal plexus
953.8	
955.0-955.9	Injury to peripheral nerve(s) of shoulder and
upper limb	
956.0-956.5	Injury to peripheral nerve(s) of pelvic girdle and
lower limb	
956.8	
997.61	Late amputation stump complication
V43.60-V43.66	Organ or tissue replaced by joint
V43.69	
V437	Limb
V454	Arthrodesis status
V49.60-V49.67	Upper limb amputation status
V49.70-V49.77	Lower limb amputation status
V54.0	Aftercare involving removal of fracture plate or
other internal fixation device	
V54.8	Other orthopedic aftercare

**Medicare is establishing the following limited coverage for HCPCS codes 97532-development of cognitive skills and 97533-sensory integrative techniques:**

**Covered for:**

036.1	Meningococcal encephalitis
054.3	Herpetic meningoencephalitis
062.0-062.4	Mosquito-borne viral encephalitis
320.0-320.3	Bacterial meningitis
320.7	
320.81-320.82	
340	Multiple sclerosis

342.00-342.12	
342.80-342.82	
342.90-342.92	
348.1	Anoxic brain damage
430	Subarachnoid hemorrhage
431	Intracerebral hemorrhage
432.0-432.1	
432.9	Other and unspecified intracranial hemorrhage
436	Acute, but ill-defined cerebrovascular disease
781.8	Neurologic neglect syndrome
851.00-851.06	Cerebral laceration and contusion
851.09	
851.10-851.16	
851.19	
851.20-851.26	
851.29	
851.30-851.36	
851.39	
851.40-851.46	
851.49	
851.50-851.53	
851.59	
851.60-851.66	
851.69	
851.70-851.76	
851.79	
851.80-851.86	
851.89	
851.90-851.96	
851.99	
852.00-852.06	
852.09	
852.10-852.16	
852.19	
852.20-852.26	
852.29	

852.30-852.36

852.39

852.40-852.46

852.49

852.50-852.56

852.59

853.00-853.06

following injury

853.09

853.10-853.16

853.19

854.00-854.06

854.09

854.10-854.16

854.19

Other and unspecified intracranial hemorrhage

**Medicare is establishing the following limited coverage for HCPCS code 97535-self-care:**

**Covered for:**

274.0

Gouty arthropathy

274.9

Gout, unspecified

332.0-332.1

Parkinsonism

333.0

Other degenerative diseases of the basal ganglia

333.90

abnormal movement disorders

Unspecified extrapyramidal diseases and

333.91

Stiff-man syndrome

334.0-334.4

Spinocerebellar disease

334.8-334.9

335.0

Anterior horn cell disease

335.10-335.11

335.19

335.20-335.24

335.29

335.8-335.9

336.0-336.3

Other diseases of spinal cord

336.8

340

Multiple sclerosis

341.1	Other demyelinating diseases of central nervous system
341.8-341.9	
342.00-342.02	Hemiplegia and hemiparesis
342.10-342.12	
342.80-342.82	
342.90-342.92	Hemiplegia (affecting non-dominant site), unspecified
343.0-343.4	Infantile cerebral palsy
343.8-343.9	
344.00-344.04	Other paralytic syndromes
344.09	
344.1-344.2	
344.30-344.32	
344.40-344.42	
344.5	
344.60-344.61	
344.81	
344.89	
344.9	
348.1	Anoxic brain damage
354.0-354.5	Mononeuritis upper limb and mononeuritis multiplex
354.8-354.9	
355.0-355.6	Mononeuritis lower limb and unspecified site
355.71	
355.79	
355.8	
356.0-356.4	Hereditary and idiopathic peripheral neuropathy
356.8-356.9	
357.0-357.9	Inflammatory and toxic neuropathy
358.0-358.2	Myoneural disorders
358.8-358.9	
359.0-359.6	Muscular dystrophies and other myopathies
359.8-359.9	
368.41	Scotoma involving central area
368.45	Generalized contraction or constriction

368.46	Homonymous bilateral field defects
368.47	Heteronymous bilateral field defects
369.01	Profound vision impairment
369.03-369.04	
369.06-369.08	
369.12-369.14	Moderate or severe vision impairment
369.16-369.18	
369.22	Moderate or severe impairment, both eyes; better eye: severe impairment; lesser eye: severe impairment
369.24-369.25	Moderate or severe vision impairment, both eyes
436	Acute, but ill-defined cerebrovascular disease
696.0	Psoriatic arthropathy
710.3	Dermatomyositis
710.4	Polymyositis
711.00-711.09	Arthropathy associated with infections
711.10-711.19	
711.20-711.29	
711.30-711.39	
711.40-711.49	
711.50-711.59	
711.60-711.69	
711.70-711.79	
711.80-711.89	
711.90-711.99	
712.10-712.19	Crystal arthropathies
712.20-712.29	
712.30-712.39	
712.80-712.89	
712.90-712.99	
713.0-713.8	Arthropathies associated with other disorders
classified elsewhere	
714.0-714.2	Rheumatoid arthritis and other inflammatory
polyarthropathies	
714.30-714.33	
714.4	
714.81	

714.89	
714.9	
715.00	Osteoarthritis and allies disorders
715.04	
715.09	
715.10-715.18	
715.20-715.28	
715.30-715.38	
715.80	
715.89	
715.90-715.98	
716.00-716.09	Other and unspecified arthropathies
716.10-716.19	
716.20-716.29	
716.30-716.39	
716.40-716.49	
716.50-716.59	
716.60-716.68	
716.80-716.89	
716.90-716.99	
717.0-717.3	Internal derangement of knee
717.40-717.43	
718.20-718.29	Pathological dislocation
718.30-718.39	Recurrent dislocation of joint
718.40-718.49	Contracture of joint
718.50-718.59	Ankylosis of joint
718.60	Unspecified intrapelvic protrusion of acetabulum
718.65	
718.80-718.89	
718.97-718.99	
719.00-719.09	Other and unspecified disorders of joint
719.10-719.19	
719.20-719.29	
719.30-719.39	
719.40-719.49	
719.50-719.59	
719.60-719.69	

719.70	
719.75-719.79	
719.80-719.89	
719.90-719.99	
720.0-720.2	Ankylosing spondylitis and other inflammatory
spondylopathies	
720.81	
720.89	
720.9	
723.0-723.9	Other disorders of cervical region
724.01-724.02	Other and unspecified disorders of the back
724.09	
724.1-724.6	
724.70-724.71	
724.79	
726.0	Peripheral enthesopathies and allied syndromes
726.10-726.12	
726.19	
726.2	
728.2	Muscular wasting and disuse atrophy, not
elsewhere classified	
781.0	Abnormal involuntary movements
781.2	Abnormality of gait
781.3	Lack of coordination
781.9	Neurologic neglect syndrome
799.3	Debility, unspecified
799.4	Cachexia
805.00-805.08	Fracture of vertebral column without mention of
spinal cord injury, cervical, open/closed	
805.10-805.18	
805.2-805.9	
806.00-806.09	Fracture of vertebral column without mention of
spinal cord injury, dorsal, lumbar, sacrum, and coccyx, unspecified,	
open/closed	
806.10-806.19	
806.20-806.29	
806.30-806.39	

806.4-806.5	
806.60-806.62	
806.69	
806.70-806.72	
806.79	
806.8-806.9	
807.00-807.09	Fracture of rib(s), sternum, larynx, and trachea
807.10-807.19	
807.2-807.6	
808.0-808.3	Fracture of pelvis
808.41-808.43	
808.49	
808.51-808.53	
808.59	
808.8-808.9	
809.0-809.1	Ill-defined fractures of bones of trunk
810.00-810.03	Fracture of clavicle
810.10-810.13	
811.01-811.03	Fracture of scapula
811.09	
811.10-811.13	
811.19	
812.00-812.03	Fracture of humerus
812.09	
812.10-812.13	
812.19	
812.20-812.21	
812.30-812.31	
812.40-812.44	
812.49	
812.50-812.54	
812.59	
813.00-813.08	Fracture of radius and ulna
813.10-813.18	
813.20-813.23	
813.30-813.33	

813.40-813.44	
813.50-813.54	
813.90-813.93	
814.00-814.09	Fracture of carpal bone(s)
814.10-814.19	
815.00-815.04	Fracture of metacarpal bone(s)
815.09	
815.10-815.14	
815.19	
816.00-816.03	Fracture of one or more phalanges of hand
816.11-816.13	
817.0-817.1	Multiple fractures of hand bones
820.00-820.03	Fracture of neck of femur
820.09	
820.10-820.13	
820.19	
820.20-820.22	
820.30-820.32	
820.8-820.9	
821.00-821.01	Fracture of other and unspecified parts of the
femur	
821.10-821.11	
821.20-821.23	
821.29	
821.30-821.33	
821.39	
822.0-822.1	Fracture of the patella
823.00-823.02	Fracture of tibia and fibula
823.10-823.12	
823.20-823.22	
823.30-823.32	
823.80-823.82	
823.90-823.92	
824.0-824.9	Fracture of the ankle
825.0-825.1	Fracture of one or more tarsal and metatarsal
bones	
825.20-825.25	

825.29	
825.30-825.35	
825.39	
826.0-826.1	Fracture of one or more phalanges of foot
827.0-827.1	Other, multiple, and ill-defined fractures of
lower limb	
851.00-851.06	Cerebral laceration and contusion
851.09	
851.10-851.16	
851.19	
851.20-851.26	
851.29	
8513.0-851.36	
851.39	
851.40-851.46	
851.49	
851.50-851.56	
851.59	
851.60-851.66	
851.69	
851.70-851.76	
851.80-851.86	
851.89	
851.90-851.96	
851.99	
952.00-952.09	Spinal cord injury without evidence of spinal
bone injury	
952.10-952.19	
952.2-952.4	
952.8	
V43.60-V43.66	Organ or tissue replaced by joint
V49.60-V49.67	Upper limb amputation status
V49.70-V49.77	Lower limb amputation status

**Medicare is establishing the following limited coverage for HCPCS code 97537-community:**

**Covered for:**

334.0-334.4	Spinocerebellar disease
334.8	
335.0	Anterior horn cell disease
335.10-335.11	
335.19	
335.20-335.24	
335.29	
335.8-335.9	
336.0-336.3	Other diseases of spinal cord
336.8	
340	Multiple sclerosis
341.1	Other demyelinating diseases of central nervous system
341.8-341.9	
342.00-342.02	Hemiplegia and hemiparesis
342.10-342.12	
342.80-342.82	
342.90-342.92	Hemiplegia (affecting non-dominant site), unspecified
343.0-343.4	Infantile cerebral palsy
343.8-343.9	
344.00-344.04	Other paralytic syndromes
344.09	
344.1-344.2	
344.30-344.32	
344.40-344.42	
344.5	
344.60-344.61	
344.81	
344.89	
344.9	
348.1	Anoxic brain damage
368.41	Scotoma involving central area
368.45	Generalized contraction or constriction
368.46	Homonymous bilateral field defects
368.47	Heteronymous bilateral field defects

369.01	Profound impairment, both eyes; better: total impairment; lesser eye: total impairment
369.03	Profound impairment, both eyes; better: near-total impairment; lesser eye: total impairment
369.04	Profound impairment both eyes; better eye: near-total impairment; lesser eye: near-total impairment
369.06	Profound impairment both eyes; better eye: profound impairment; lesser eye: total impairment
369.07	Profound impairment both eyes; better eye: profound impairment; lesser eye: profound impairment
369.12	Moderate or severe impairment, better eye: severer impairment; lesser eye: total impairment
369.13	Moderate or sever impairment, better eye: severe impairment; lesser eye: near-total impairment
369.14	Moderate or severe impairment, better eye: severe impairment; lesser eye: profound impairment
369.16	Moderate or severe impairment, better eye: moderate impairment; lesser eye: total impairment
369.17	Moderate or severe impairment, better eye: moderate impairment; lesser eye: near total impairment
369.18	Moderate or severe impairment, better eye: moderate impairment; lesser eye: profound impairment
369.22	Moderate or severe impairment, both eyes; better eye: severe impairment; lesser eye: severe impairment
369.24	Moderate or severe impairment, both eyes; better eye: moderate impairment; lesser eye: severe impairment
369.25	Moderate or severe impairment, both eyes; better eye: moderate impairment; lesser eye: moderate impairment
733.13	Pathologic fracture of vertebrae
733.14	Pathologic fracture of neck of femur
733.15	Pathologic fracture of other and specified part of femur
733.16	Pathologic fracture of tibia or fibula
755.31	Traverse deficiency of lower limb
781.2	Abnormality of gait
781.3	Lack of coordination
820.00-820.03	Fracture of neck of femur

820.09

820.10-820.13

820.19

820.20-820.22

820.30-820.32

820.8-820.9

821.00-821.01

femur

Fracture of other and unspecified parts of the

821.10-821.11

821.20-821.23

821.29

821.30-821.33

821.39

851.00-851.06

Cerebral laceration and contusion

851.09

851.10-851.16

851.19

851.20-851.26

851.29

851.30-851.36

851.39

851.40-851.46

851.49

851.50-851.56

851.59

851.60-851.66

851.69

851.70-851.76

851.80-851.86

851.89

851.90-851.96

851.99

897.0-897.7

Traumatic amputation of leg(s) (complete)

(partial)

927.00-927.03

Crushing injury of upper limb

927.09

927.10-927.11

927.20-927.21	
927.3	
927.8-927.9	
928.00-928.01	Crushing injury to hip and thigh
928.10-928.11	Crushing injury to knee and lower leg
928.20-928.21	Crushing injury to ankle and foot
928.3	
928.8	
929.0	Crushing injury of multiple sites, NEC
943.31-943.36	Burn of upper limb, except wrist and hand
943.39	
944.34-944.38	Burn of wrist(s) and hand(s)
945.32-945.36	Burn of lower limb(s)
945.39	
946.3-946.5	Burns of multiple specified sites
997.01	Central nervous system complication
V49.75-V49.77	Lower limb amputation status
V53.8	Fitting and adjustment of wheelchair

**Medicare is establishing the following limited coverage for HCPCS code 97542-wheelchair management**

**Covered for:**

334.0-334.4	Spinocerebellar disease
334.8	
335.0	Anterior horn cell disease
335.10-335.11	
335.19	
335.20-335.24	
335.29	
335.8-335.9	
336.0-336.3	Other diseases of spinal cord
336.8	
340	Multiple sclerosis
341.1	Other demyelinating diseases of central nervous system
341.8-341.9	

342.00-342.02	Hemiplegia and hemiparesis
342.10-342.12	
342.80-342.82	
342.90-342.92	Hemiplegia (affecting non-dominant site),
unspecified	
343.0-343.4	Infantile cerebral palsy
343.8-343.9	
344.00-344.04	Other paralytic syndromes
344.09	
344.1-344.2	
344.30-344.32	
344.40-344.42	
344.5	
344.60-344.61	
344.81	
344.89	
344.9	
348.1	Anoxic brain damage
733.13	Pathologic fracture of vertebrae
733.14	Pathologic fracture of neck of femur
733.15	Pathologic fracture of other and specified part of
femur	
733.16	Pathologic fracture of tibia or fibula
755.31	Traverse deficiency of lower limb
781.3	Lack of coordination
820.00-820.03	Fracture of neck of femur
820.09	
820.10-820.13	
820.19	
820.20-820.22	
820.30-820.32	
820.8-820.9	

821.00-821.01 Fracture of other and unspecified parts of the femur

821.10-821.11

821.20-821.23

821.29

821.30-821.33

821.39

851.00-851.06	Cerebral laceration and contusion
851.09	
851.10-851.16	
851.19	
851.20-851.26	
851.29	
851.30-851.36	
851.39	
851.40-851.46	
851.49	
851.50-851.56	
851.59	
851.60-851.66	
851.69	
851.70-851.76	
851.80-851.86	
851.89	
851.90-851.96	
851.99	

897.0-897.7	Traumatic amputation of leg(s) (complete) (partial)
928.00-928.01	Crushing injury to hip and thigh
928.10-928.11	Crushing injury to knee and lower leg
V49.75-V49.77	Lower limb amputation status
V53.8	Fitting and adjustment of wheelchair

**Medicare is establishing the following limited coverage HCPCS code 97703-orthotic/prosthetic use:**

**Covered for:**

524.60-524.63	Temporomandibular joint disorders, unspecified
524.69	
V49.0-V49.5	Problems with limbs and other problems
V49.60-V49.67	
V49.70-V49.77	
V52.0	Fitting and adjustment of prosthetic device and implant, artificial arm (complete) (partial)
V52.1	Fitting and adjustment of prosthetic device and

implant, artificial leg (complete) (partial)

**Medicare is establishing the following limited coverage for HCPCS code 97750-physical performance test:**

**Covered for:**

369.01 Profound vision impairment

369.03-369.04

369.06-369.08

369.12-369.14

Moderate or severe vision impairment

369.16-369.18

369.24-369.25

Moderate or severe vision impairment, both eyes

711.00-711.09

Arthropathy associated with infections

711.10-711.19

711.20-711.29

711.30-711.39

711.40-711.49

711.50-711.59

711.60-711.69

711.70-711.79

711.80-711.89

711.90-711.99

712.10-712.19

Crystal arthropathies

712.20-712.29

712.30-712.39

712.80-712.89

712.90-712.99

713.0-713.8

Arthropathies associated with other disorders

classified elsewhere

714.0-714.2

Rheumatoid arthritis and other inflammatory

polyarthropathies

714.30-714.33

714.4

714.81

714.89

715.00

Osteoarthritis and allied disorders

715.04

715.09

715.10-715.18

715.20-715.28

715.30-715.38

715.80

715.89

715.90-715.98

716.00-716.09

Other and unspecified arthropathies

716.10-716.19

716.20-716.29

716.30-716.39

716.40-716.49

716.50-716.59

718.20-718.29

Pathological dislocation

718.30-718.39

Recurrent dislocation of joint

718.40-718.49

Contracture of joint

719.00-719.09

Other and unspecified disorders of joint

719.10-719.19

719.20-719.29

719.30-719.39

719.40-719.49

719.50-719.59

720.0-720.2

Ankylosing spondylitis and other inflammatory

spondylopathies

720.81

720.89

720.9

722.0

Intervertebral disc disorders

722.10-722.11

722.2

722.30-7223.2

722.39

722.4

722.51-722.52

722.6

722.70-722.71

722.80-722.83

722.90-722.93	
723.0-723.5	Other disorders of cervical region
724.01-724.02	Other and unspecified disorders of the back
724.09	
724.1-724.6	
724.70-724.71	
724.79	
726.0	Peripheral enthesopathies and allied syndromes
726.10-726.12	
726.19	
726.2	
726.30-726.33	
726.39	
726.4-726.5	
726.60-726.65	
726.69	
726.70-726.73	
726.79	
726.8	
726.90	
727.00-727.06	Other disorders of synovium, tendon, and bursa
727.09	
727.1-727.3	
727.40-727.43	
727.49	
727.50-727.51	
727.60-727.67	
727.81	
728.11	Progressive myositis ossificans
728.12	Traumatic myositis ossificans
728.2	Muscular wasting and disuse atrophy, not elsewhere classified
728.6	Contracture of palmar fascia
728.71	Plantar fascial fibromatosis
728.83	Rupture of muscle, non-traumatic
728.85	Spasm of muscle
729.4	Fasciitis, unspecified

729.5	Pain in limb
729.81	Swelling of limb
729.82	Cramp

**Medicare is establishing the following limited coverage for HCPCS code 97770-cognitive skills:**

**Covered for:**

036.1	Meningococcal encephalitis
054.3	Herpetic meningoencephalitis
062.0-062.4	Mosquito-borne viral encephalitis
320.0-320.3	Bacterial meningitis
320.7	
320.81-320.82	
340	Multiple sclerosis
342.00-342.02	Hemiplegia and hemiparesis
342.10-342.12	
342.80-342.82	
342.90-342.92	
348.1	Anoxic brain damage
430	Subarachnoid hemorrhage
431	Intracerebral hemorrhage
432.0-432.1	Other and unspecified intracranial hemorrhage
432.9	
436	Acute, but ill-defined, cerebrovascular disease
781.8	Neurologic neglect syndrome
851.00-851.06	Cerebral laceration and contusion
851.09	
851.10-851.16	
851.19	
851.20-851.26	
851.29	
851.30-851.36	
851.39	
851.40-851.46	
851.49	
851.50-851.56	

851.59

851.60-851.66

851.69

851.70-851.76

851.79

851.80-851.86

851.89

851.90-851.96

851.99

852.00-852.06                      Subarachnoid, subdural, and extradural  
hemorrhage, following injury

852.09

852.10-852.16

852.19

852.20-852.26

852.29

852.30-852.36

852.39

852.40-852.46

852.49

852.50-852.56

852.59

853.00-85.306                      Other and unspecified intracranial hemorrhage  
following injury

853.09

853.10-853.16

853.19

854.00-854.06                      Intracranial injury of other and unspecified  
nature

854.09

854.10-854.16

854.19

## Reasons for Denial

- The national coverage policy regarding:
  - § Procedure code 97010 will be bundled into the payment for all other services.

**Note:** Medicare has determined that as a therapy, hot and cold packs are easily self-administered, more commonly used in the home, and are generally not covered.

§ Heat modalities (97024 and 97035) for the treatment of pulmonary conditions will be non-covered as not medically reasonable and necessary (Source: Coverage Issues Manual 35-30);

§ Electrical stimulation (97014 and 97032) is not considered reasonable and necessary for motor nerve disorders such as Bell's Palsy (Sources: Coverage Issues Manual 35-72 and 35-77); and,

§ Due to the duplication of services represented by the codes for manual therapy techniques, 97140, and osteopathic manipulation, 98925-98929, separate payment will not be allowed if these codes are reported for the same patient, on the same therapy session.

- HCPCS 97033, iontophoresis, will be denied as not proven safe and effective.
- All other indications not listed in the "Indications and Limitations of Coverage" section of this policy.
- The service is for screening purposes.
- The service is not medically necessary.
- The medical record does not verify that the service described by the HCPCS code was provided.
- The service does not follow the guidelines of this policy.

### **Non-covered ICD-9-CM Code(s)**

All diagnoses not listed in the "ICD-9-CM codes that Support Medical Necessity" section of this policy.

### **Coding Guidelines**

- All of the coverage criteria must be met before this service can be reimbursed by Medicare; and,

- The diagnosis code(s) must be representative of the patient's condition.

**Note:** When physical medicine and rehabilitation services are performed for patients who have suffered musculoskeletal or neurological complications secondary to some other disease, use the diagnosis reflecting the reason for the encounter, not the underlying condition. For example:

‰ When patients have become deconditioned because of prolonged inactivity (as a, result of an illness), use ICD-9-CM diagnosis codes such as 728.7, 799.3, or 799.4, and not the diagnosis code for the cardiac condition;

‰ For aftercare of corrective surgery for deformities, use the appropriate V codes for surgical aftercare, not the diagnosis codes for the congenital or acquired deformity; and,

‰ Use the ICD-9-CM diagnosis codes for muscle spasm or contractures when they are the complications of another disorder.

‰ *Use the following modifiers when billing outpatient rehabilitation services:*

- ⊘ *GN Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care*
- ⊘ *GO Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care*
- ⊘ *GP Service delivered personally by a physical therapist or under an outpatient physical therapy plan of care*

## **Documentation Requirements**

- Documentation supporting the medical necessity should be legible, maintained in the patient's medical records, and available to Medicare upon request.
- The medical record must identify the physician responsible for the general medical care;
- The services are to be furnished according to a written treatment plan determined by the physical therapist who will provide the treatment, after an appropriate assessment of the condition (illness or injury). All providers rendering therapy must document the appropriate history, examination, diagnosis, functional assessment, type of treatment, the body areas to be treated, the date that therapy was initiated, expected frequency, and number of treatments;
- Documentation supporting the medical necessity for additional time should be maintained in the medical record and must be made available to Medicare upon request.
- An appropriate diagnosis code must be submitted on the claim. Documentation in the patient's medical record should support the diagnosis.
- Documentation should indicate the prognosis for potential restoration of function in a reasonable and generally predictable period of time, or the need to establish a safe and effective maintenance program,
- Patients receiving services from independent physical or occupational therapists require reviews (dated and signed) of the treatment plan by the attending physician at

least every 30 days, and;

- Documentation supporting the medical necessity for multiple heating modalities (codes 97018, 97024, 97026, 97034) on the same date of service must be available for review and show that all heating modalities were needed toward the restoration of function.

When both a modality/procedure and an evaluation service are billed, the evaluation may be reimbursed if the medical necessity for the evaluation is clearly documented.

### **Sources of Information**

TrailBlazer Health Enterprise, LLC®. Medicare Part B Newsletter, No. 033.

Texas Medicare Part A Newsletter No. 2-99

**Note:** This policy does not reflect the sole opinion of the intermediary or the carrier medical directors. Although the final decision rests with the intermediary, this policy was developed in cooperation with the carrier and the Carrier Advisory Committee, which includes representatives from physical medicine and rehabilitation specialties.

### **Start Date of Comment Period**

August 16, 1999.

### **Start Date of Notice Period**

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**THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ISSUED AFTER OCTOBER 1, 1999 ARE AVAILABLE AT NO COST FROM OUR WEBSITE AT [www.marylandmedicare.com](http://www.marylandmedicare.com)**

