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Physical Medicine and Rehabilitation

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CMS National Coverage Policy

- Establishment of national policy supersedes all previous contractor policy statements, including Local Medical Policy coverage guidelines.

- Title XVIII of the Social Security Act, section 1862 (a) (7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.
- Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim that lacks the necessary information to process the claim.

Primary Geographic Jurisdiction

Maryland

Washington, DC

Secondary Geographic Jurisdiction

Alabama, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, Washington state, and Wyoming

Oversight Region

Region III

CMS Consortium

Northeast

DMERC Region LMRP Covers

N/A

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07/21/1999

Entire Policy Ending Date

Revision Effective Date

10/01/2004

04/16/2004

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08/16/1999

For services performed on or after the revision effective date.

Revision Ending Date

04/15/2004

LMRP Abstract

This policy defines the coverage and limitations under Medicare for Physical Medicine and Rehabilitation (PM&R) modalities and procedures provided by physical or occupational therapists in skilled nursing facilities, clinics, outpatient rehabilitation facilities, and comprehensive outpatient rehabilitation facilities.

Definition of Terms:

Provider

- PM&R services may be billed under one of four (4) different practitioner benefits:
 - Hospital Outpatient Facilities
 - Outpatient Rehabilitation Facilities (ORF)
 - Comprehensive Outpatient Rehabilitation Facilities (CORF)
 - Skilled Nursing Facilities (SNF)

Note: The term "provider" in this coverage determination includes any of the above four.

- Not Medically Necessary:

This term means that, although the benefit category requirements are met, the service is not reasonable and necessary for the diagnosis or treatment of the patient's condition. Medicare payment is denied unless the provider qualifies for a waiver under limitation on liability provisions. Ref: Title XVIII, Section 1879 of the Social Security Act.

- Payable Skilled Therapy Services (as per CMS Pub 100-02, §40.2.1)-

"To be covered PT services, the services must relate directly and specifically to an active written treatment regimen established by the physician after any needed consultation with the qualified physical therapist and must be reasonable and necessary to the treatment of the individual's illness or injury."

"The services must be of such a level of complexity and sophistication or the condition of the patient must be such that the services required can be safely and effectively performed only by a qualified physical therapist or under his supervision. Services which do not require the performance or supervision of a physical therapist are not considered reasonable or necessary PT services."

- Direct Personal Supervision - This term means that the therapist must be physically present in the same office suite and immediately available to provide assistance and direction throughout the time the Physical Therapy Aide (PTA) is performing services. In a physician-directed clinic (CORF) where responsibility is shared for supervision of medical services performed by employees of the clinic, the physician who orders a service is not necessarily the same physician who provides direct personal medical supervision while the service is performed.

Regardless of the scope of practice for chiropractors as defined by individual states, Medicare recognizes chiropractors as physicians with respect to specified services. Coverage extends only to treatment by manipulation of the spine to correct a subluxation demonstrated by X-ray. Therefore, chiropractors cannot be considered physicians for the purpose of supervising other services.

- Incident To:

- performed under the therapist's direct personal supervision;
- furnished during a course of treatment where the physician performs an initial direct, personal, professional service and performs subsequent services at a frequency that reflects his/her continuing active participation in management of the course of treatment.

Indications and Limitations of Coverage and/or Medical Necessity

General PM&R Guidelines

- Intervention with PM&R 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; 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 & 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 15 to 60 minutes. The medical necessity of services for an unusual length of time must be documented in the medical record.
- 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 basis 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 physician or established by the therapist and reviewed by the physician before treatment began are not covered. A plan established by the therapist should be signed by the physician.
 - 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 established 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.
- Occupational therapy services that do not require the professional skills of a qualified occupational therapist to perform or supervise are not medically necessary.
- Vision Impairment
 - A Medicare beneficiary with vision loss may be eligible for rehabilitation services designed to improve functioning, by therapy, to improve performance of activities of daily living, including self-care and home management skills. Evaluation of the patient's level of functioning in activities of daily living, followed by implementation of a therapeutic plan of care aimed at safe and independent living should be performed by an occupational or physical therapist. (Physical Therapy and Occupational Therapy assistants cannot perform such evaluations.)
 - Vision impairment ranging from low vision to total blindness may result from a primary eye diagnosis, such as macular degeneration, retinitis pigmentosa or glaucoma, or as a condition secondary to another primary diagnosis, such as diabetes mellitus or acquired immune deficiency syndrome (AIDS).

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 provider 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 reevaluations required to assess the patient's condition and adjust the program.

Note: These services should be billed with the appropriate evaluation/reevaluation. 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 provider. These situations include:

- Services related to activities for the general good and welfare of patients (e.g., 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 (CPT 97012-97039)

- Modality codes 97012-97028 require supervision by the provider; codes 97032-97039 require direct (one-on-one) contact with the patient by the therapist.
- The use of modalities as stand-alone treatments are 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 treatment plans 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 for supporting the medical necessity for multiple heating codes 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 of these modalities 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.
- 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 below. Please refer to the "ICD-9 covered diagnoses" section in this policy for appropriate covered diagnoses to be used with these modalities.

- **97010**-Hot or cold packs therapy
Effective January 1, 1997, CPT 97010 is a bundled service and is not separately billable.
- **97012**-Traction, mechanical
Standard treatment is to provide supervised mechanical traction for one or two sessions in facility and then continue therapy at home. Patients requiring continued treatment beyond this time are usually trained in the use of a home traction unit. Continued treatment by a provider may require documentation supportive of medical necessity.
- **G0283**-Electrical stimulation
Please refer to procedure 97032 for clinical guidelines for procedure G0283. HCPCS codes G0281 and G0282 are for electrical stimulation (unattended) for wound care and are not addressed in this policy.
- **97016**-Vasopneumatic devices
Education for the home use of a lymphedema pump usually requires one-to-two sessions and is sometimes provided by the lymphedema pump supplier. If this treatment is not provided by the supplier, provision will be made for one educational and one follow-up visit. Medicare would not expect to be billed for lymphedema treatments
- **97018**-Paraffin bath
Also known as hot wax treatment, it is primarily used for pain relief in chronic joint problems of the wrists, hands or feet. One or two visits is usually sufficient to educate the patient in home use and to evaluate effectiveness. Continued treatment by a provider may require supportive documentation of medical necessity.
- **97020**-Microwave
Because there is no evidence from published, controlled clinical studies demonstrating the efficacy of this modality, this service will be denied as not reasonable and necessary.
- **97022 and 97036**-Whirlpool and Hubbard tank

These modalities involve use of agitated water in order to relieve muscle spasm, improve circulation, cleanse wounds (e.g., ulcers), or exfoliative skin conditions

- Therapist supervision of the whirlpool modality may be medically necessary for the following indications:
 - The patient's condition is complicated by circulatory deficiency;
 - The patient's condition is complicated by areas of desensitization;
 - Impaired mobility or limitations in the positioning of a patient; or,
 - There are concerns about safety, if left unsupervised.
 - It is not medically necessary to have more than one form of hydrotherapy during a visit
- **97024 and 97026**-Diathermy and Infrared

The objective of these treatments is to cause vasodilation and relieve pain from muscle spasm. Diathermy achieves a greater rise in deep tissue temperature than does microwave. Diathermy is not covered for pulmonary conditions (CMS Pub 100-3, 240.3).

- **97028**-Ultraviolet

These services must be prescribed by the attending physician.

- **97032 and G0283**-Electrical stimulation

This modality includes the following types of electrical stimulation:

- Transcutaneous electrical nerve stimulation (TENS) and Microamperage E-stimulation (MENS) are used primarily for pain control. One or two office sessions can be allowed for the purpose of training in home use.
- Neuromuscular stimulation; used for retraining atrophic muscles following surgery or injury.
- Muscle stimulation; this type of stimulation is taken to the point of visible muscle contraction.
- High voltage pulsed current, also called electrogalvanic stimulation, may be useful for reducing swelling and control of pain. Its use in treatment of wounds and ulcers is investigational.
- Interferential current/medium current: These units use a frequency which allows the current to go deeper. IFC is used to control swelling and pain.

These uses may be necessary during the initial phase of treatment, but there must be an expectation of improvement in function, and must be utilized with appropriate therapeutic procedures (e.g., 97110) to effect continued improvement.

Electrical stimulation is typically used in conjunction with therapeutic exercises. A limited number of visits without a therapeutic procedure may be medically

necessary for treatment of muscle spasm and swelling.

Standard treatment is three to four sessions a week for 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 motor nerve disorders such as Bell's Palsy (REF: CMS Pub. 160.12, 160.15). It is not medically necessary for the treatment of strokes when there is no potential for restoration of function.

- **97033-Iontophoresis**

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 medically necessary.

- **97034-Contrast baths**

This modality may be useful to treat extremities affected by reflex sympathetic dystrophy, acute edema resulting from trauma, or synovitis/ tenosynovitis. It is generally used as an adjunct to a therapeutic procedure.

- **97035-Ultrasound**

This modality is used primarily to treat arthritis, inflammation of periarticular structures, neuromas, and to soften adhesive scars. Ultrasound is not covered for pulmonary conditions (CMS Pub 100-03, 240.3).

- **97039-Unlisted modality**

For all claims submitted with an unlisted procedure code, a complete narrative description (detailing the service or procedure being performed) and the treatment plan must be submitted with the claims. This code applies only to a procedure in which constant attendance was a requisite.

General Guidelines for Therapeutic Procedures 97110-97546

- Therapeutic procedures are procedures which attempt to reduce impairments and improve function through the application of clinical skills and/or services.
- Use of these procedures require that the therapist have direct (one-to-one) patient contact.
- Codes 97110, 97112, 97113, and 97530 describe several different types of therapeutic intervention. The expected goals documented in the treatment plan, affected 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 a specific therapeutic goal.

- Services provided concurrently by a physical therapist and occupational therapist may be covered if separate and distinct goals are documented in the treatment plans.
- Due to the duplication of services represented by the codes for manual therapy techniques, HCPCS 97140, and osteopathic manipulation, HCPCS 95925-98929, separate payment will not be allowed if these codes are reported for the same patient in the same therapy session.
- Vision Impairment-
 - All rehabilitation services to beneficiaries with a primary vision impairment diagnosis must be provided pursuant to a written treatment plan established by a Medicare physician, and implemented by approved Medicare providers (occupational or physical therapists) or incident to physician services. Some of the following rehabilitation programs/services for beneficiaries with vision impairment may include Medicare covered therapeutic services:
 - Mobility;
 - Activities of Daily Living; and
 - Other rehabilitation goals that are medically necessary.
 - The patient must have a potential for restoration or improvement of lost functions, and must be expected to improve significantly within a reasonable and generally predictable amount of time. Rehabilitation services are not covered if the patient is unable to cooperate in the treatment program or if clear goals are not definable. Most rehabilitation is short-term and intensive, and maintenance therapy - services required to maintain a level of functioning beyond that described in the "General PM&R Guidelines-are not covered.
 - Coverage of rehabilitation services for beneficiaries with vision impairment is extended to CPT code codes 97110, 97116, 97532, 97533, 97535, and/or 97537.
 - Definition of levels of vision impairment:
 - Moderate Best corrected visual acuity is less than 20/60
 - Severe (legal blindness) Best corrected visual acuity is less than 20/160, or visual field is 20 degrees or less
 - Profound (moderate blindness) Best corrected visual acuity is less than 20/400, or visual field is 10 degrees or less
 - Near-total (severe blindness) Best corrected visual acuity is less than 20/1000, or visual field is 5 degrees or less
 - Total (total blindness) No light perception

Specific Guidelines for Therapeutic Procedures

The following clinical guidelines pertain to the specific listed therapeutic procedures. Please refer to the "ICD-9 Covered Diagnoses" section in this policy for appropriate covered diagnoses to use for these therapeutic procedures.

- **97001-97004**-These services are separately billable.
- **97110**-Therapeutic exercise
Therapeutic exercises are either active, active-assisted, or passive (e.g., treadmill, isokinetic exercise, 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**-Neuromuscular reeducation
The therapeutic procedure is provided to improve balance, coordination, kinesthetic sense, posture, and proprioception (e.g., proprioceptive neuromuscular facilitation, Feldenkreis, 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**-Aquatic therapy/exercises
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/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 in the record to support medical necessity.
 - It is not medically necessary to have more than one form of hydrotherapy (codes 97022 and 97036) during the same visit.
- **97116**-Gait training
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 exercise for feeble or unstable patients or to increase endurance do not require provider supervision and will be denied as not reasonable and necessary.

- **97124-Massage therapy**

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, postural drainage and pulmonary exercises can be carried out safely and effectively by nursing personnel. 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 and referral by the physician must be available (REF CIM 35-15).

- **97139-Unlisted therapeutic procedure**

For all claims submitted with an unlisted procedure code, a complete narrative description (detailing the service or procedure being performed) and the treatment plan must be submitted with the claims.

- **97140-Manual therapy**

Manual Traction- For cervical radiculopathy, treatment beyond one month can usually be accomplished by self-administered mechanical traction in the home.

- **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, or joint mobilization (97140), 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, or joint mobilization (97140), 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.

Documentation supporting the medical necessity for continued treatment must be made available to Medicare upon request.

- **97150**-Group therapeutic procedures

Since many group procedures do not require the professional skills of a provider, coverage of this procedure will be determined on a case-by-case basis.

Documentation must be submitted with the claim identifying 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 plan. The number of persons in the group must also be furnished.

- **97504**-Orthotic training

The medical record should document the distinct goals and service rendered when orthotic training for a lower extremity is done during the same visit as gait training (97116) or self-care/home management training (97535).

It is unusual to require more than 30 minutes of static orthotics training. In some cases, dynamic training may require additional time. The medical record must document the medical necessity of additional time.

Generally, HCPCS code 97116 should not be reported with 97504. However, if 97504 was performed on an upper extremity and 97116 (gait training) was also performed, both codes may be billed with modifier -59 to denote separate anatomic sites.

- **97520**-Prosthetic training

The medical record should document the distinct goals and service rendered when prosthetic training for a lower extremity is done during the same visit as gait training (97116) or self-care/home management training (97535).

The medical record should document the distinct goals and service rendered when prosthetic training for a lower extremity is done during the same visit as gait training (97116) or self-care/home management training (97535).

- **97530**-Therapeutic activities

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.

- **97532 and 97533**-Cognitive skill development and Sensory integration

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.

- **97535**-Self-care management training

- This procedure is medically necessary only when the professional skills of a provider is designed to address specific needs of the patient and must be part of an active treatment plan directed at a specific outcome.
- Standard medical treatment may generally require up to 12 visits in four weeks. Coverage beyond this utilization may require documentation supporting the medical necessity of continued treatment.
- Services provided concurrently by physicians, 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**-Community/work reintegration

- 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.
- 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 affect 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.
- **97542**-Wheelchair management training
 - This procedure is medically necessary only when it requires the professional skills of a provider, 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, three to four total sessions will be 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**-Work hardening

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**-Prosthetic checkout
 - These assessments may be medically necessary when a device is newly issued or there is a modification or reissue 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.)
 - Documentation of the need for more than 30 minutes of time must be submitted with the claim.
- **97750**-Physical performance test
 - 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.
 - The patient's medical record must document the problem requiring tests, the specific tests performed, and measurement report.
- **97755**-Assistive technology assessment
 - This code is for assessment of complex conditions “to restore, augment or

compensate for existing function, optimize functional tasks and/or maximize environmental accessibility.

- This procedure code may be utilized for services encompassing specialized assessments of patients with severe neuromuscular dysfunction or severe orthopedic impairments, in order to determine optimal patient and technology interface, as well as to design and recommend appropriate modifications to the environment or technology to promote optimal patient functioning.
- When performing this procedure, direct one-on-one contact is required and should include a written report.

- **97799**

- This code should be rarely used.
- For all claims submitted for unlisted service or procedure 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 maintained in the medical record.

CPT/HCPCS Section

Physical Medicine and Rehabilitation

Coverage Topic

Physical, Occupational, and Speech Therapy

Type of Bill Code

11X, 21X (no HCPCS required)

12X, 13X, 22X, 23X, 71X, 74X, 75X, 83X, 85X (HCPCS required)

Revenue Codes

42X, 43X

CPT/HCPCS Codes

The AMA and CMS require the use of short descriptors for policies published on the Web. Refer to the CPT book for the long description of the following codes:

G0283 © Elec stim other than wound

- 97001 © PT evaluation
- 97002 © PT reevaluation.
- 97003 © OT evaluation
- 97004 © OT reevaluation.
- 97010 © Hot or cold packs (Bundled)
- 97012 © Mechanical traction therapy
- 97016 © Vasopneumatic device therapy
- 97018 © Paraffin bath therap
- 97020 © Microwave therapy
- 97022 © Whirlpool therapy
- 97024 © Diathermy treatment
- 97026 © Infrared therapy
- 97028 © Ultraviolet therapy
- 97032 © Electrical stimulation
- 97033 © Electric current therapy
- 97034 © Contrast bath therapy
- 97035 © Ultrasound therapy
- 97036 © Hydrotherapy
- 97110 © Therapeutic exercises
- 97112 © Neuromuscular reeducation
- 97113 © Aquatic therapy/exercises
- 97116 © Gait training therapy
- 97124 © Massage therapy
- 97140 © Manual therapy
- 97150 © Group therapeutic procedure
- 97504 © Orthotic training
- 97520 © Prosthetic training
- 97530 © Therapeutic activities
- 97532 © Cognitive skills development
- 97533 © Sensory integration
- 97535 © Self-care mngmt training
- 97537 © Community/work reintegration
- 97542 © Work hardening
- 97545 © Work hardening add-on
- 97546 © Prosthetic checkout

97703	©	Physical performance test
97750	©	Physical performance test
97755	©	Assist technology assessment
97799	©	Physical medicine procedure
G0283		Elec stim other than wound

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Not Otherwise Classified NOC)

ICD-9-CM Codes that Support Medical Necessity

ICD-9-CM code listings may cover a range and include truncated codes. It is the provider's responsibility to avoid truncated codes by selecting a code(s) carried out to the highest level of specificity and selected from the ICD-9-CM book appropriate to the year in which the claim is submitted.

It is not enough to link the procedure code to a correct, payable ICD-9-CM code. The diagnosis or clinical suspicion must be present for the procedure to be paid

Medicare is establishing the following limited coverage:

97012

333.83	Spasmodic torticollis
353.2	Cervical root lesions, NEC
353.4	Lumbosacral lesions, NEC
721.0	Cervical spondylosis w/o myelopathy
721.3	Lumbosacral spondylosis w/o myelopathy
722.0	Intervertebral disc disorders
722.10	Lumbar intervertebral disc w/o myelopathy
722.4	Degeneration of cervical intervertebral disc
722.52	Degeneration of lumbar or lumbosacral intervertebral disc
722.91	Other and unspecified disc disorder; cervical

722.93		Other and unspecified disc disorder; lumbar
723.1		Cervicalgia
723.5		Torticollis, unspecified
723.8		Other syndromes affecting cervical region
724.02		Other and unspecified disorders of the back; lumbar region
724.2- 724.5		Lumbago, sciatica, neuritis, radiculitis, backache
847.0		Sprains and strains of other and unspecified parts of back; neck
847.2		Sprains and strains of ether and unspecified parts of back; lumbar
953.0		Injury to nerve roots and spinal plexus; cervical root
953.2		Injury to nerve roots and spinal plexus; lumbar
953.3		Injury to nerve roots and spinal plexus; sacral

97016

457.0-457.1		Lymphedema of extremity
729.81		Acute traumatic edema
782.3		Edema

97018

274.0		Gouty arthropathy (of hands/feet)
337.21		Reflex sympathetic dystrophy, of upper limb
337.22		Reflex sympathetic dystrophy, of lower limb
354.0-354.9		Mononeuritis of upper limb and mononeuritis multiplex
355.3-355.6		Mononeuritis of lower limb and unspecified site
355.71-355.79		Mononeuritis of lower limb
711.14		Arthropathy associated with Reiter's disease and nonspecific urethritis, hand
711.17		Arthropathy associated with Reiter's disease and nonspecific urethritis, ankle
		and foot
712.14		Chondrocalcinosis due to dicalcium phosphate crystals, hand

712.17	Chondrocalcinosis due to dicalcium phosphate crystals, ankle and foot
712.24	Chondrocalcinosis due to pyrophosphate crystals, hand
712.27	Chondrocalcinosis due to pyrophosphate crystals, ankle
714.0-714.4	Rheumatoid arthritis and other inflammatory polyarthropathies
714.89	Other specified inflammatory polyarthropathies
714.9	Unspecified inflammatory polyarthropathy
715.04	Osteoarthrosis, generalized, hand
715.14	Osteoarthrosis, localized, primary, hand
715.17	Osteoarthrosis, localized, primary, ankle and foot
715.24	Osteoarthrosis, localized, secondary, hand
715.27	Osteoarthrosis, localized, secondary, ankle and foot
718.44	Contracture of joint, hand
718.47	Contracture of joint, ankle and foot
719.04	Effusion of joint, hand
719.07	Effusion of joint, ankle and foot
719.44	Pain in joint, hand
719.47	Pain in joint, ankle and foot
719.54	Stiffness in joint, hand
719.57	Stiffness in joint, ankle and foot
726.4	Enthesopathy of wrist and carpus
726.70-726.73	Enthesopathy of ankle and tarsus
727.03-727.06	Synovitis and tenosynovitis
727.67-727.68	Rupture of tendon
727.81	Contracture of tendon
728.6	Contracture of palmar fascia
728.71	Plantar fascial fibromatosis
729.5	Pain in limb
813.40-813.54	Fracture; hand/foot
814.00-814.19	Fracture of carpal bone(s)
815.00-815.19	Fracture of metacarpal bone(s)
816.00-816.13	Fracture of one or more phalanges of hand

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 the ankle
825.0-825.39		Fracture of one/more tarsal and metatarsal bones
826.0-826.1		Fracture of one or more phalanges of foot
833.00-833.19		Dislocation of wrist
834.00-834.12		Dislocation of finger
837.0-837.1		Dislocation of ankle
838.00-838.06		Closed dislocation of foot
838.10-838.16		Open dislocation of foot
842.00-842.19		Sprains and strains of wrist and hand
845.00-845.19		Sprains and strains of ankle and foot
923.00-923.9		Contusion of upper limb
924.00-924.01		Contusion of hip and thigh, knee and lower leg, ankle and foot (excluding toes)
924.3		Contusion of toe
927.00-927.11		Crushing injury of shoulder and upper arm; elbow and forearm
928.20-928.3		Crushing injury ankle and foot and toe(s)
956.3		Injury to peroneal nerve
997.60		Late amputation stump complications

97022, 97036

274.0		Gouty arthropathy
274.9		Gout, unspecified
333.83		Spasmodic torticollis
337.20-337.29		Reflex sympathetic dystrophy
353.0-353.9		Nerve root/plexus disorders
440.23-440.24		Atherosclerosis of the extremities with ulceration or with gangrene

454.0-454.2	Varicose veins of lower extremities with ulcer and/or inflammation
457.0	Postmastectomy lymphedema syndrome
681.00-681.11	Cellulitis and abscess of finger or toes
682.3-682.7	Other cellulitis
695.81	Ritter's disease
695.89	Other specified erythematous conditions
707.00-707.09	Decubitus ulcer
707.10-707.19	Ulcer of lower limb, unspecified
707.8-707.9	Chronic ulcer of other specified sites and unspecified site
711.00-711.99	Pyogenic arthritis
712.10-712.99	Crystal arthropathies
713.0-713.8	Arthropathies associated with other disorders classified elsewhere
714.0-714.4	Rheumatoid arthritis and other inflammatory polyarthropathies
714.89	Other specified inflammatory polyarthropathies
714.9	Unspecified inflammatory polyarthropathies
715.00-715.98	Osteoarthritis and allied disorders
716.00-716.59	Other and unspecified arthropathies
718.30-718.39	Recurrent dislocation of joint
718.40-718.49	Contracture of joint
718.50-718.59	Other and unspecified disorders of joint
720.0-720.89	Ankylosing spondylitis and other inflammatory spondylopathies
721.0-721.91	Spondylosis and allied disorders
722.0-722.93	Intervertebral disc disorder

723.0-723.5		Other disorders of cervical region
724.01-724.79		Other and unspecified disorders of the back
726.0-726.91		Peripheral enthesopathies and allied syndromes
727.00-727.67		Other disorders of synovium, tendon, and bursa
727.81		Contracture of tendon
728.11-728.12		Progress or traumatic myositis ossificans
728.2		Muscular wasting and disuse atrophy, NEC
728.6		Contracture of palmar fascia
728.71		Plantar fascial fibromatosis
728.83		Rupture of muscle, nontraumatic
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
782.3		Edema
808.0-808.9		Fracture of pelvis
809.0-809.1		Ill-defined fracture of bones of trunk
810.00-810.13		Fracture of clavicle
811.01-811.19		Fracture of scapula
812.00-812.59		Fracture of humerus
813.00-813.93		Fracture of radius and ulna
814.00-814.19		Fracture of carpal bone(s)

815.00-815.19		Fracture of metacarpal bones
816.00-816.13		Fracture of one or more phalanges of hand
817.0-817.1		Multiple fractures of hand bones
820.00-820.9		Fracture of neck
821.00-821.39		Fracture of other and unspecified parts of the femur
822.0-822.1		Fracture of the patella
823.00-823.92		Fracture of tibia and fibula
824.0-824.9		Fracture of the ankle
825.0-825.39		Fracture of one/more tarsal and metatarsal bones
826.0-826.1		Fracture of one or more phalanges of foot
831.00-831.19		Dislocation of shoulder
832.00-832.19		Dislocation of elbow
833.00-833.19		Dislocation of wrist
834.00-834.12		Dislocation of finger
835.00-835.13		Dislocation of hip
836.0-836.69		Dislocation of knee
837.0-837.1		Dislocation of ankle
838.00-838.16		Dislocation of foot
840.0-840.6		Sprains and strains of shoulder and upper arm
841.0-841.9		Sprains and strains of elbow and forearm
842.09		Other sprains and strains of wrist
842.10-842.19		Sprains and strains of hand
843.0-843.9		Sprains and strains of hip and thighs

844.0-844.9		Sprains and strains of knee and leg
845.00-845.19		Sprains and strains of ankle and foot
846.0-846.9		Sprains and strains of sacroiliac region
847.0-847.9		Sprains and strains of other and unspecified parts of back
848.0-848.42		Other and ill-defined sprains and strains
848.5		Other and ill-defined sprains and strains, pelvis
880.00-880.29		Open wound of shoulder and upper arm
881.00-881.02		Open wound of elbow, forearm, or wrist w/o mention of complication
881.20-881.22		Open wound of elbow, forearm, or wrist with tendon involvement
882.0-882.2		Open wound of hand except for 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 of hip and thigh
891.0-891.2		Open wound of knee, leg (except thigh), and ankle
892.0-892.2		Open wound of except foot
893.1-893.2		Open wound of toe(s)
923.00-923.9		Contusion of upper limb
924.00-924.4		Contusion of lower limb and other and unspecified sites
926.0-926.9		Crushing injury of the trunk
927.00-927.9		Crushing injury of upper limb
928.00-928.8		Crushing injury of lower limb
942.20-942.59		Burn of trunk
943.20-943.59		Burn of upper limb, except wrist and hand
944.20-944.58		Burn of wrists(s) and hand(s)
945.20-945.29		Burn of lower limb(s)

945.30-945.36		Burn of lower limb(s)
945.40-945.59		Burn of lower limb(s)
946.2-946.5		Burn of multiple specified sites
948.00-948.99		Burns classified according to extend of body surface involved
953.0-953.8		Injury to nerve roots and spinal plexus
955.0-955.9		Injury to peripheral nerve(s) of pelvic girdle and upper limb
956.0-956.9		Injury to peripheral nerve(s) of pelvic girdle and lower limb
997.61		Late amputation stump complication
V43.60-V43.7		Organ or tissue replaced by joint or limb
V45.4		Arthrodesis status
V49.60-49.77		Problems with upper limb, lower limb amputation status
V54.01-V54.09		Aftercare internal fixation device
V54.81-V54.89		Other orthopedic after care

97024

274.0		Gouty arthropathy
274.9		Gout unspecified
333.83		Spasmodic torticollis
337.20-337.29		Reflex sympathetic dystrophy
353.1-353.9		Nerve/root/plexus disorders
354.0-354.5		Mononeuritis upper limb and mononeuritis multiplex
355.0-355.8		Mononeuritis lower limb and unspecified site
711.00-711.99		Pyogenic arthritis
712.10-712.99		Crystal arthropathies
713.0-713.8		Arthropathies associated with other disorder classified elsewhere
714.0-714.4		Rheumatoid arthritis and other inflammatory polyarthropathies

714.89		Other specified inflammatory polyarthropathies
714.9		Unspecified inflammatory polyarthropathies
716.00-716.59		Other and unspecified arthropathies
718.40-718.49		Contracture of joint
719.50-719.59		Other and unspecified disorders of joint
720.00-720.89		Ankylosing spondylitis and other inflammatory spondylopathies
721.0-721.91		Spondylosis and allied disorders
722.0-722.23		Intervertebral disc disorder
723.0-723.5		Other disorders of cervical region
724.01-724.79		Other and unspecified disorders of the back
726.0-726.91		Peripheral enthesopathies and allied syndromes
727.00-727.67		Other disorders of synovium, tendon, and bursa
727.81		Contracture of tendon
728.11-728.12		Progressive or traumatic myositis ossificans
728.2		Muscular wasting and disuse atrophy, NEC
728.6		Contracture of palmar fascia
728.71		Plantar fascial fibromatosis
728.83		Rupture of muscle, nontraumatic
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
808.41-808.9		Fracture of pelvis
809.0-809.1		Ill-defined fractures of bones of trunk
810.00-810.13		Fracture of clavicle
811.01-811.19		Fracture of scapula
812.00-812.59		Fracture of humerus
813.00-813.54		Fracture of radius and ulna
813.90-813.93		Fracture of radius and ulna
814.00-814.19		Fracture of carpal bone(s)
815.00-815.19		Fracture of metacarpal bone(s)

816.00-816.13		Fracture of one or more phalanges of hand
817.0-817.1		Multiple fractures of hand bones
820.00-820.9		Fracture of neck of femur
821.00-821.39		Fracture of other and unspecified parts of the femur
822.0-822.1		Fracture of the patella
823.00-823.92		Fracture of tibia and fibula
824.0-824.9		Fracture of the ankle
825.0-825.39		Fracture of one/more tarsal and metatarsal bones
826.0-826.1		Fracture of one or more phalanges of foot
830.0-830.1		Dislocation of jaw
831.00-831.19		Dislocation of shoulder
832.00-832.19		Dislocation of elbow
833.00-833.19		Dislocation of wrist
834.00-834.12		Dislocation of finger
835.00-835.13		Dislocation of hip
836.0-836.69		Dislocation of knee
837.0-837.1		Dislocation of ankle
838.00-838.16		Dislocation of foot
840.0-840.9		Sprains and strains of shoulder and upper arm
841.0-841.9		Sprains and strains of elbow and forearm
842.00-842.19		Sprains and strains of wrist and hand
843.0-843.9		Sprains and strains of hip and thigh
844.0-844.9		Sprains and strains of knee and leg
845.00-845.19		Sprains and strains of ankle and foot
846.0-846.9		Sprains and strains of sacroiliac region
847.0-847.9		Sprains and strains of other and unspecified parts of back
848.0-848.3		Other and ill-defined sprains and strains
848.40-848.42		Other and ill-defined sprains and strains
848.5		Other and ill-defined sprains and strains, pelvis
923.00-923.9		Contusion of upper limb
924.00-924.4		Contusion of lower limb and other and unspecified sites
926.0-926.9		Crushing injury of the trunk

927.00-927.9		Crushing injury of upper limb
928.00-928.8		Crushing injury of lower limb
942.30-942.59		Burn of trunk
943.20-943.59		Burn of upper limb, except wrists(s) and hand(s)
944.20-944.58		Burn of wrist(s) and hand(s)
945.20-945.59		Burn of lower limb(s)
946.2-946.5		Burns of multiple specified sites
948.00-948.99		Burns classified according to extent of body surface involved
953.0-953.8		Injury to nerve roots and spinal plexus
955.0-955.9		Injury to peripheral nerve(s) of shoulder girdle and upper limb
956.0-956.9		Injury to peripheral nerve(s) of pelvic girdle and lower limb
997.61		Late amputation stump complication

97026

274.0		Gouty arthropathy
274.9		Gout unspecified
333.83		Spasmodic torticollis
337.20-337.29		Reflex sympathetic dystrophy
353.1-353.8		Nerve/root/plexus disorders
354.0-354.5		Mononeuritis upper limb and mononeuritis multiplex
355.0-355.8		Mononeuritis lower limb and unspecified site
356.0-356.9		Hereditary and toxic neuropathies
711.00-711.99		Pyogenic arthritis
712.10-712.99		Crystal arthropathies
713.0-713.8		Arthropathies associated with other disorder classified elsewhere
714.0-714.4		Rheumatoid arthritis and other inflammatory polyarthropathies
714.89-714.9		Other specified and unspecified inflammatory polyarthropathies
715.00-715.98		Osteoarthritis and allied disorders
716.00-716.59		Other and unspecified arthropathies
718.40-718.49		Contracture of joint
719.00-719.59		Other and unspecified disorders of joint

720.0-720.89	Ankylosing spondylitis and other inflammatory spondylopathies
721.0-721.91	Spondylosis and allied disorders
722.0-722.2	Intervertebral disc disorder
722.4-722.93	Intervertebral disc disorder
723.0-7223.5	Other disorders of cervical region
724.01-724.6	Other and unspecified disorders of the back
724.70-724.79	Disorders of coccyx
726.0-726.2	Peripheral enthesopathies and allied syndromes
726.30	Enthesopathy of elbow, unspecified
726.33	Olecranon bursitis
726.39	Other enthesopathy of elbow region
726.4-726.79	Enthesopathy of wrist, carpus, hip knee, ankle and tarsus
726.90-726.91	Unspecified enthesopathy
727.00-727.3	Other disorders of synovium, tendon, and bursa
727.40-727.49	Ganglion and cyst of synovium, tendon and bursa
727.50-727.59	Rupture of synovium
727.60	Nontraumatic rupture of unspecified tendon
727.67	Rupture of Achilles
727.81	Contracture of tendon
728.11-728.12	Progressive or traumatic myositis ossificans
728.2	Muscular wasting and disuse atrophy, NEC
728.6	Contracture of palmar fascia
728.71	Plantar fascial fibromatosis
728.83	Rupture of muscle, nontraumatic
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
808.41-808.9	Fracture of pelvis
809.0-809.1	Ill-defined fractures of bone(s)
810.01-810.13	Fracture of clavicle

811.01-811.19	Fracture of scapula
812.00-812.59	Fracture of humerus
813.00-813.54	Fracture of radius and ulna
813.90-813.93	Fracture of radius and ulna
814.00-814.19	Fracture of carpal bone(s)
815.00-815.19	Fracture of metacarpal bone(s)
816.00-816.13	Fracture of one or more phalanges of hand
817.0-817.1	Multiple fracture of hand bones
820.00-820.9	Fracture of neck of femur
821.00-821.39	Fracture of other and unspecified parts of the femur
822.0-822.1	Fracture of the patella
823.00-823.92	Fracture of tibia and fibula
824.0-824.9	Fracture of the ankle
825.0-825.39	Fracture of one/more tarsal and metatarsal bones
826.0-826.1	Fracture of one or more phalanges of foot
830.0-830.1	Dislocation of jaw
831.00-831.19	Dislocation of shoulder
832.00-832.19	Dislocation of elbow
834.00-834.12	Dislocation of finger
835.00-835.13	Dislocation of hip
836.0-836.69	Dislocation of knee
837.0-837.1	Dislocation of ankle
838.00-838.06	Dislocation of foot
838.10-838.16	Dislocation of foot
840.0-840.9	Sprains and strains of shoulder and upper arm
841.0-841.9	Sprains and strains of elbow and forearm
842.00-842.19	Sprains and strains of wrist(s) and hand(s)
843.0-843.9	Sprains and strains of hip and thighs
844.0-844.9	Sprains and strains of knee and leg
845.00-845.19	Sprains and strains of ankle and foot
846.0-846.9	Sprains and strains of sacroiliac
847.0-847.9	Sprains and strains of other and unspecified parts of back

848.0-848.42		Other and ill-defined sprains and strains
848.5		Other and ill-defined sprains and strains, pelvis
923.00-92309		Contusion of upper limb
924.00-924.4		Contusion of lower limb and other and unspecified sites
926.0-926.9		Crushing injury of the trunk
927.00-927.8		Crushing injury of upper limb
928.00-928.9		Crushing injury of lower limb
953.0-953.8		Injury to nerve roots and spinal plexus
955.0-955.9		Injury to peripheral nerve(s) of pelvic girdle and upper limb
956.0-956.9		Injury to peripheral nerve(s) of pelvic girdle and lower limb
997.61		Late amputation stump complication

97028

692.9		Eczema
696.1		Psoriasis

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274.0		Gouty arthropathy
274.9		Gout unspecified
333.83		Spasmodic torticollis
337.20-337.29		Reflex sympathetic dystrophy
342.00-342.9		Hemiplegia and hemiparesis
344.60		Cauda equina syndrome without neurogenic bladder
344.61		Cauda equina syndrome with neurogenic bladder
353.0		Brachial plexus lesions
353.1		Lumbosacral plexus lesions
353.2		Cervical root lesions, not elsewhere classified
353.3		Thoracic root lesions, not elsewhere classified
353.4		Lumbosacral root lesions, not elsewhere classified
353.5		Neuralgic amyotrophy
353.6		Phantom limb (syndrome)

353.8		Other nerve root and plexus disorders
354.0-354.9		Mononeuritis of upper limb and mononeuritis multiplex
355.0		Lesion of sciatic nerve
355.1		Meralgia paresthetica
355.2		Other lesion of femoral nerve
355.3		Lesion of lateral popliteal nerve
355.4		Lesion of medial popliteal nerve
355.5		Tarsal tunnel syndrome
355.6		Lesion of plantar nerve
355.71		Causalgia of lower limb
355.8		Mononeuritis of lower limb, unspecified
355.9		Mononeuritis of unspecified site
457.0		Postmastectomy lymphedema syndrome
711.00-711.99		Arthropathy associated with infections
712.1-712.9		Crystal arthropathies
713.0-713.8		Arthropathy associated with other disorders classified elsewhere
714.0-714.9		Rheumatoid arthritis and other inflammatory polyarthropathies
715.00-715.98		Osteoarthritis and allied disorders
716.00-716.09		Kachin-Beck disease
716.10-716.19		Traumatic arthropathy
716.20-716.29		Allergic arthritis
716.30-716.39		Climacteric arthritis
716.40-716.49		Transient arthropathy
716.50-716.59		Unspecified polyarthropathy or polyarthrititis
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		Effusion of joint
719.10-719.19		Hemarthrosis
719.20-719.29		Villonodular synovitis
719.30-719.39		Palindromic rheumatism
719.40-719.49		Pain in joint

719.50-719.59		Stiffness of joint, not elsewhere classified
720.0		Ankylosing spondylitis
720.1		Spinal enthesopathy
720.2		Sacroiliitis, not elsewhere classified
720.81-720.89		Other inflammatory spondylopathies
721.0-721.91		Spondylosis and allied disorders
722.0-722.93		Intervertebral disc disorders
723.0		Spinal stenosis in cervical region
723.1		Cervicalgia
723.2		Cervicocranial syndrome
723.3		Cervicobrachial syndrome (diffuse)
723.4		Brachial neuritis or radiculitis NOS
723.5		Torticollis, unspecified
724.01-724.09		Spinal stenosis, other than cervical
724.1		Pain in thoracic spine
724.2		Lumbago
724.3		Sciatica
724.4		Thoracic or lumbosacral neuritis or radiculitis, unspecified
724.5		Backache, unspecified
724.6		Disorders of sacrum
724.70-724.79		Disorders of coccyx
726.0-726.91		Peripheral enthesopathies and allied syndromes
727.00-727.09		Synovitis and tenosynovitis
727.1		Bunion
727.2		Specific bursitis often of occupational origin
727.3		Other bursitis
727.40-727.49		Ganglion and cyst of synovium, tendon, and bursa
727.50-727.59		Rupture of synovium
727.60		Nontraumatic rupture of unspecified tendon
727.61		Complete rupture of rotator cuff
727.62		Rupture of tendons of biceps
727.63		Rupture extensor tendons of hand and wrist

727.64		Rupture flexor tendons of hand and wrist
727.65		Rupture quadriceps tendon
727.66		Rupture patellar tendon
727.67		Rupture of Achilles tendon
727.81		Contracture of tendon (sheath)
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 nontraumatic
728.85		Spasm of muscle
729.1		Myalgia and myositis unspecified
729.4		Fasciitis unspecified
729.5		Pain in limb
729.81		Interstitial myositis
729.82		Foreign body granuloma of muscle
782.3		Edema
799.3		Debility unspecified
799.4		Cachexia
808.0-808.9		Fracture of pelvis
809.0-809.1		Ill-defined fractures of bones of trunk
810.00-810.13		Fracture of clavicle
811.01-811.19		Fracture of scapula
812.00-812.59		Fracture of humerus
813.00-813.93		Fracture of radius and ulna
814.00-814.19		Fracture of carpal bone(s)
815.00-815.19		Fracture of metacarpal bone(s)
816.00-816.13		Fracture of one or more phalanges of hand
817.0-817.1		Multiple fractures of hand bones
822.0-822.1		Fracture of patella
823.00-823.02		Fracture of tibia and fibula; upper end, closed

823.10-823.12		Fracture of tibia and fibula; upper end, open
823.20-823.22		Fracture of tibia and fibula; shaft, closed
823.30-823.32		Fracture of tibia and fibula; shaft, open
823.80-823.82		Fracture of tibia and fibula; unspecified part, closed
823.90-823.92		Fracture of tibia and fibula; unspecified part, open
824.0-824.9		Fracture of ankle
825.0-825.39		Fracture of one or more tarsal and metatarsal bones
826.0-826.1		Fracture of one or more phalanges of foot
830.0-830.1		Dislocation of jaw
831.00-831.19		Dislocation of shoulder
832.00-832.19		Dislocation of elbow
833.00-833.19		Dislocation of wrist
834.00-834.12		Dislocation of finger
835.00-835.13		Dislocation of hip
836.0-836.69		Dislocation of knee
837.0-837.1		Dislocation of ankle
838.00-838.16		Dislocation of foot
840.0-840.9		Sprains and strains of shoulder and upper arm
841.0-841.9		Sprains and strains of elbows and forearm
842.00-842.19		Sprains and strains of wrist and hand
843.0-843.9		Sprains and strains of hip and thigh
844.0-844.9		Sprains and strains of knee and leg
845.00-845.09		Sprains and strains of ankle
845.10-845.19		Sprains and strains of foot
846.0-846.9		Sprains and strains of sacroiliac region
847.0-847.9		Sprains and strains of other and unspecified parts of back
848.0-848.5		Other and ill-defined sprains and strains
923.00-923.9		Contusion of upper limb
924.00-924.4		Contusion of lower limb
926.0-926.9		Crushing injury of the trunk
927.00-927.9		Crushing injury of the upper limb
928.00-928.8		Crushing injury of the lower limb

953.0-953.9		Injury to nerve roots and spinal plexus
955.0-955.9		Injury to peripheral nerve(s) of pelvic girdle and upper limb
956.0-956.9		Injury to peripheral nerve(s) of pelvic girdle and lower limb
997.61		Late amputation stump complication
V43.60- V43.69		Organ or tissue replaced by joint
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
V54.01- V54.09		Aftercare internal fixation device
V54.81- V54.89		Other orthopedic aftercare

97034

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

97035

274.0		Gouty arthropathy
274.9		Gout, unspecified
333.83		Spasmodic torticollis
337.20-337.29		Reflex sympathetic dystrophy
353.1-353.8		Nerve root/plexus disorders

354.0-354.9	Mononeuritis upper limb and mononeuritis multiplex
355.0-355.8	Mononeuritis lower limb and unspecified site
457.0	Postmastectomy lymphedema syndrome
711.00-711.99	Arthropathy associated with infections
712.10-712.99	Crystal arthropathies
713.0-713.8	Arthropathies associated with other disorders classified elsewhere
714.0-714.4	Rheumatoid arthritis and other inflammatory polyarthropathies
714.89-714.9	Other inflammatory polyarthropathies
715.00-715.98	Osteoarthritis arthrosis and allied disorders
716.00-716.59	Other and unspecified arthropathies
718.40-718.49	Contracture of joint
719.00-719.59	Other and unspecified disorders of joint
720.0-720.89	Ankylosing spondylitis and other inflammatory spondylopathies
721.0-721.91	Spondylosis and allied disorders
722.0-722.93	Intervertebral disc
723.0-723.5	Other disorders of cervical region
724.01-724-79	Other and unspecified disorders of the back
729.81	Swelling of limb
782.3	Edema
808.41-808.9	Fracture of pelvis
809.0-809.1	Ill-defined fractures of bones of trunk
810.01-810.13	Fracture of clavicle
811.01-811.19	Fracture of scapula
812.00-812.59	Fracture of humerus
813.00-813.54	Fracture of radius and ulna
813.90-813.93	Fracture of radius and ulna
814.00-814.19	Fracture of carpal bone(s)
815.00-815.19	Fracture of metacarpal bone(s)
816.00-816.13	Fracture of one or more phalanges of hand
817.0-817.1	Multiple fracture of hand bones
820.00-820.9	Fracture of neck of femur
821.00-821.39	Fracture of other and unspecified parts of the femur

822.0-822.1	Fracture of patella
823.00-823.92	Fracture of tibia and fibula
824.0-824.9	Fracture of ankle
825.0-825.39	Fracture of one/more tarsal and metatarsal bones
826.0-826.1	Fracture of one or more phalanges of foot
830.0-830.1	Dislocation of jaw
831.00-831.19	Dislocation of shoulder
832.00-832.19	Dislocation of elbow
834.00-834.12	Dislocation of finger
835.00-835.13	Dislocation of hip
836.0-836.69	Dislocation of knee
837.0-837.1	Dislocation of ankle
838.00-838.06	Dislocation of foot
838.10-838.16	Dislocation of foot
840.0-840.9	Sprains and strains of shoulder and upper arm
841.0-841.9	Sprains and strains of elbow and forearm
842.00-842.19	Sprains and strains of wrist and hand
843.0-843.9	Sprains and strains of hip and thigh
844.0-844.9	Sprains and strains of knee and leg
845.00-845.19	Sprains and strains of ankle and foot
846.0-846.9	Sprains and strains of sacroiliac regions
847.0-847.9	Sprains and strains of other and unspecified parts of back
848.0-848.42	Other and ill-defined sprains and strains
848.5	Other and ill-defined sprains and strains
923.00-923.9	Contusion of limb
924.00-924.4	Contusion of lower limb and other and unspecified sites
926.0-926.9	Crushing injury of the trunk
927.0-927.9	Crushing injury of upper limb
928.00-928.8	Crushing injury of lower limb
951.4	Injury to facial nerve
953.0-953.8	Injury to nerve roots and spinal plexus
955.0-955.9	Injury to peripheral nerve(s) of shoulder and upper limb

956.0-956.8		Injury to peripheral nerve(s) of pelvic girdle and lower limb
997.61		Late amputation stump complication

97110

138		Late effects of acute poliomyelitis
274.0		Gouty arthropathy
274.9		Gout, unspecified
332.0-332.1		Parkinson's disease
333.83		Spasmodic torticollis
333.90-333.91		Other and unspecified extrapyramidal disease and abnormal movements
334.0-334.8		Spinocerebellar disease
335.0-335.9		Anterior horn cell disease
336.0-336.8		Other diseases of spinal cord
337.20-337.29		Reflex sympathetic dystrophy
340		Multiple sclerosis
341.1		Schilder's disease
341.8-341.9		Other demyelinating diseases of CNS, unspecified
342.00-342.92		Hemiplegia and and hemiparesis
343.0-343.9		Infantile cerebral palsy
344.00-344.9		Other paralytic syndromes
348.1		Acute brain damage
351.0		Bell's palsy
353.0-353.9		Nerve root/plexus disorders
354.0-354.9		Mononeuritis upper limb and mononeuritis multiplex
355.0-355.8		Mononeuritis lower limb and unspecified site
356.0-356.9		Hereditary and idiopathic peripheral neuropathy
357.0-357.9		Inflammatory and toxic neuropathy
358.00-358.9		Myoneural disorders
359.0-359.9		Muscular dystrophies and other myopathies

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		Better eye: total impairment; lesser eye:total impairment
369.03		Better eye: near-total impairment; lesser eye: near-total impairment
369.04		Better eye: near-total impairment; lesser eye: total impairment
369.06		Better eye: profound impairment; lesser eye: total impairment
369.07		Better eye: profound impairment; lesser eye: near-total impairment
369.08		Better eye: profound impairment; lesser eye: profound impairment
369.12		Better eye: severe impairment; lesser eye: total impairment
369.13		Better eye: severe impairment; lesser eye: near-total impairment
369.14		Better eye: severe impairment; lesser eye: profound impairment
369.16		Better eye: moderate impairment; lesser eye: total impairment
369.17		Better eye: moderate impairment; lesser eye: near-total impairment
369.18		Better eye: moderate impairment; lesser eye: profound impairment
369.22		Better eye: severe impairment; lesser eye: not further specified
369.24		Better eye: moderate impairment; lesser eye: severe impairment
369.25		Better eye: moderate impairment; lesser eye: moderate impairment
386.10		Peripheral vertigo, unspecified
386.11		Benign paroxysmal positional vertigo
386.12		Vestibular neuronitis
386.2		Vertigo of central origin
386.34		Toxic labyrinthitis
386.54		Hypoactive labyrinth, bilateral
386.9		Unspecified vertiginous syndromes and labyrinthine disorders
436		Acute, but ill-defined cerebrovascular disease
457.0		Postmastectomy lymphedema syndrome
681.00- 681.11		Cellulitis
682.3-682.7		Other cellulitis of upper arm and forearm; hand (except fingers and thumb),

		buttock, leg (except foot) and foot (except toes)
711.00-711.99		Arthropathy associated with infections
712.10-712.36		Crystal arthropathies
713.0-713.8		Arthropathies associated with other disorders classified elsewhere
714.0-714.4		Rheumatoid arthritis and other inflammatory polyarthropathies
714.89-714.9		Other inflammatory polyarthropathies
715.00-715.98		Osteoarthritis arthrosis and allied disorders
716.00-716.59		Other and unspecified arthropathies
718.20-718.29		Pathological dislocation
718.30-718.39		Recurrent dislocation of joint
718.40-718.49		Contracture of joint
719.00-719.59		Other and unspecified disorders of joint
719.75-719.77		Difficulty in walking
720.0-720.89		Ankylosing spondylitis and other inflammatory spondylopathies
721.0-721.91		Spondylosis and allied disorders
722.0-722.93		Intervertebral disc disorder
723.0-723.5		Other disorders of cervical region
724.01-724.79		Other and unspecified disorders of the back
726.0-726.91		Peripheral enthesopathies and allied syndromes
727.00-727.67		Other disorders of synovium, tendon, and bursa
727.81		Contracture of tendon
728.11-728.12		Progressive or traumatic myositis ossificans

728.2		Muscular wasting and disuse atrophy, NEC
728.6		Contracture of palmar fascia
728.71		Plantar fascial fibromatosis
728.83		Rupture of muscle, nontraumatic
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
780.4		Dizziness and giddiness
781.0		Abnormal involuntary movements
781.2		Abnormality of gait
781.3		Lack of coordination
781.94		Facial weakness
781.99		Other symptoms involving nervous and musculoskeletal system
782.3		Edema
805.00-805.9		Fracture of vertebral column, w/o mention of spinal cord injury
806.00-806.9		Fracture of vertebral column with spinal cord injury
808.0-808.9		Fracture of pelvis
809.0-809.1		Ill-defined fractures of bones of trunk
810.01- 810.13		Fracture of clavicle
811.01- 811.09		Fracture of scapula
812.00- 812.59		Fracture of humerus
813.00- 813.54		Fracture of radius and ulna
813.90- 813.93		Fracture of radius and ulna
814.00- 814.19		Fracture of carpal bone(s)

815.00-815.19		Fracture of metacarpal bone(s)
816.00-816.13		Fracture of one or more phalanges of hand
817.0-817.1		Multiple fracture of hand bones
818.0-818.1		Ill-defined fractures of upper limb
820.00-820.9		Fracture of neck of femur
821.00-821.39		Fracture of other and unspecified parts of the femur
822.0-822.1		Fracture of patella
823.00-823.92		Fracture of tibia and fibula
824.0-824.9		Fracture of the ankle
825.0-825.39		Fracture of one or more tarsal and metatarsal bones
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
831.00-831.19		Dislocation of shoulder
832.00-832.19		Dislocation of elbow
834.00-834.12		Dislocation of finger
835.00-835.13		Dislocation of hip
836.0-836.69		Dislocation of knee
837.0-837.1		Dislocation of ankle
840.0-840.9		Sprains and strains of shoulder and upper arm
841.0-841.9		Sprains and strains of elbow and forearm
842.00-842.19		Sprains and strains of wrist and hand
843.0-843.1		Sprains and strains of hip and thigh
844.0-844.9		Sprains and strains of knee and leg

845.00-845.19		Sprains and strains of ankle and foot
846.0-846.9		Sprains and strains of sacroiliac region
847.0-847.9		Sprains and strains of other and unspecified parts of back
848.0-848.42		Other and ill-defined sprains and strains
848.5		Other and ill-defined sprains and strains
923.00-923.9		Contusion of upper limb
924.00-924.4		Contusion of lower limb and other and unspecified sites
926.0-926.9		Crushing injury of the trunk
927.00-927.11		Crushing injury of upper limb
928.00-928.11		Crushing injury of lower limb
952.00-952.4		Spinal cord injury without evidence of spinal bone
952.8		Multiple sites of spinal cord
953.0-953.8		Injury to nerve roots and spinal plexus
955.0-955.9		Injury to peripheral nerve(s) of shoulder girdle and upper limb
956.0-956.9		Injury to peripheral nerve(s) of pelvic girdle and lower limb
997.61		Late amputation stump complication
V43.60-V43.69		Organ or tissue replaced by joint
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
V54.01-V54.09		Aftercare internal fixation device
V54.81-V54.89		Other orthopedic aftercare

97112

274.0		Gouty arthropathy
274.9		Gout, unspecified
332.0-332.1		Parkinson's disease
333.0		Other degenerative diseases of the basal ganglia
333.83		Spasmodic torticollis
333.90		Unspecified extrapyramidal disease and abnormal movements
333.91		Stiff-man syndrome
334.0-334.9		Spinocerebellar disease
335.0-335.9		Anterior horn cell disease
336.0-336.8		Other diseases of spinal cord
337.20- 337.29		Reflex sympathetic dystrophy
340		Multiple sclerosis
341.1-341.9		Other demyelinating diseases of CNS
342.00- 342.92		Hemiplegia and and hemiparesis
348.1		Acute brain damage
351.0		Bell's palsy
351.9		Facial nerve disorder, unspecified
353.0-353.9		Nerve root/plexus disorders
356.0-356.9		Hereditary and idiopathic peripheral neuropathy
357.0-357.9		Inflammatory and toxic neuropathy
358.00-358.9		Myoneural disorders
359.0-359.9		Muscular dystrophies and other myopathies
457.0		Post mastectomy lymphedema syndrome
681.00- 681.11		Cellulitis
682.3-682.7		Other cellulitis of upper arm and forearm; hand (except fingers and thumb), buttock, leg (except foot) and foot (except toes)
781.94		Ill-defined fractures of bones of trunk
810.01- 810.13		Fracture of clavicle

811.01-811.19		Fracture of scapula
812.00-812.59		Fracture of humerus
813.00-813.54		Fracture of radius and ulna
813.90-813.93		Fracture of radius and ulna
814.00-814.19		Fracture of carpal bone(s)
815.00-815.19		Fracture of metacarpal bone(s)
816.00-816.13		Fracture of one or more phalanges of hand
817.0-817.1		Multiple fracture of hand bones
818.0-818.1		Ill-defined fractures of upper limb
820.00-820.9		Fracture of neck of femur
821.00-821.39		Fracture of other and unspecified parts of the femur
822.0-822.1		Fracture of patella
823.00-823.92		Fracture of tibia and fibula
824.0-824.9		Fracture of the ankle
825.0-825.39		Fracture of one or more tarsal and metatarsal bones
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
831.10-831.19		Dislocation of shoulder
832.00-832.09		Dislocation of elbow
833.00-833.19		Dislocation of wrist

834.00-834.12		Dislocation of finger
835.00-835.13		Dislocation of hip
836.0-836.69		Dislocation of knee
837.0-837.1		Dislocation of ankle
838.00-838.06		Dislocation of foot
838.10-838.16		Dislocation of foot
840.0-840.6		Sprains and strains of shoulder and upper arm
841.0-841.9		Sprains and strains of elbow and forearm
842.00-842.19		Sprains and strains of wrist and hand
843.0-843.9		Sprains and strains of hip and thigh
844.0-844.9		Sprains and strains of knee and leg
845.00-845.19		Sprains and strains of ankle and foot
846.0-846.9		Sprains and strains of sacroiliac region
847.0-847.9		Sprains and strains of other and unspecified parts of back
848.0-848.42		Other and ill-defined sprains and strains
848.5		Other and ill-defined sprains and strains
923.00-923.9		Contusion of upper limb
924.00-924.4		Contusion of lower limb and other and unspecified sites
926.0-926.9		Crushing injury of the trunk
927.00-927.9		Crushing injury of upper limb
928.00-928.8		Crushing injury of lower limb
951.4		Injury to facial nerve
953.0-953.8		Injury to nerve roots and spinal plexus
955.0-955.9		Injury to peripheral nerve(s) of shoulder girdle and upper limb
956.0-956.8		Injury to peripheral nerve(s) of pelvic girdle and lower limb
997.61		Late amputation stump complication

V43.60- V43.69		Organ or tissue replaced by joint
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
V54.01- V54.09		Aftercare internal fixation device
V54.81- V54.89		Other orthopedic aftercare

97113

138		Late effects of acute poliomyelitis
711.00- 711.99		Arthropathy associated with infections
712.10- 712.19		Crystal arthropathies
712.30- 712.99		Crystal arthropathies
713.0-713.8		Arthropathies associated with other disorders classified elsewhere
714.0-714.4		Rheumatoid arthritis and other inflammatory polyarthropathies
714.89-714.9		Other inflammatory polyarthropathies
715.00- 715.98		Osteoarthritis arthrosis and allied disorders
716.00- 716.59		Other and unspecified arthropathies
718.20- 718.29		Pathological dislocation
718.30- 718.39		Recurrent dislocation of joint

718.40-718.49		Contracture of joint
719.00-719.59		Other and unspecified disorders of joint
719.75-719.77		Difficulty in walking
720.0-720.89		Ankylosing spondylitis and other inflammatory spondylopathies
721.0-721.91		Spondylosis and allied disorders
722.0-722.93		Intervertebral disc disorder
723.0-723.5		Other disorders of cervical region
724.01-724.79		Other and unspecified disorders of the back
726.0-726.91		Peripheral enthesopathies and allied syndromes
727.00-727.67		Other disorders of synovium, tendon, and bursa
727.81		Contracture of tendon
728.11-728.12		Progressive or traumatic myositis ossificans
728.2		Muscular wasting and disuse atrophy, NEC
728.6		Contracture of palmar fascia
728.71		Plantar fascial fibromatosis
728.83		Rupture of muscle, nontraumatic
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

97116

138		Late effects of acute poliomyelitis
332.0-332.1		Parkinson's disease

333.0	Other degenerative diseases of the basal ganglia
333.90	Unspecified extrapyramidal disease and abnormal movements
333.91	Stiff-man syndrome
334.0-334.9	Spinocerebellar disease
335.0-335.9	Anterior horn cell disease
336.0-336.8	Other diseases of spinal cord
340	Multiple sclerosis
341.1-341.9	Other demyelinating diseases of CNS
342.00-342.92	Hemiplegia and and hemiparesis
353.0-353.9	Nerve root/plexus disorders
355.0-355.8	Mononeuritis lower limb and unspecified site
356.0-356.9	Hereditary and idiopathic peripheral neuropathy
357.0-357.9	Inflammatory and toxic neuropathy
358.00-358.9	Myoneural disorders
359.0-359.9	Muscular dystrophies and other myopathies
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	Better eye: total impairment; lesser eye:total impairment
369.03	Better eye: near-total impairment; lesser eye: near-total impairment
369.04	Better eye: near-total impairment; lesser eye: total impairment
369.06	Better eye: profound impairment; lesser eye: total impairment
369.07	Better eye: profound impairment; lesser eye: near-total impairment
369.08	Better eye: profound impairment; lesser eye: profound impairment
369.12	Better eye: severe impairment; lesser eye: total impairment
369.13	Better eye: severe impairment; lesser eye: near-total impairment
369.14	Better eye: severe impairment; lesser eye: profound impairment
369.16	Better eye: moderate impairment; lesser eye: total impairment
369.17	Better eye: moderate impairment; lesser eye: near-total impairment
369.18	Better eye: moderate impairment; lesser eye: profound impairment
369.22	Better eye: severe impairment; lesser eye: not further specified

369.24		Better eye: moderate impairment; lesser eye: severe impairment
369.25		Better eye: moderate impairment; lesser eye: moderate impairment
386.10		Peripheral vertigo, unspecified
386.11		Benign paroxysmal positional vertigo
386.12		Vestibular neuronitis
386.2		Vertigo of central origin
386.34		Toxic labyrinthitis
386.54		Hypoactive labyrinth, bilateral
386.9		Unspecified vertiginous syndromes and labyrinthine disorders
436		Acute, but ill-defined cerebrovascular disease
755.30-755.38		Reduction deformities of lower limb
755.61-755.64		Other anomalies of lower limb, including pelvic girdle
780.4		Dizziness and giddiness
781.0		Abnormal involuntary movements
781.2		Abnormality of gait
781.3		Lack of coordination
781.99		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 (should be used with gait training)
V57.81		Orthotic training in the use of artificial limb(s)

97124

333.6		Idiopathic torsion dystonia
333.7		Symptomatic torsion dystonia
333.83		Spasmodic torticollis
333.84		Organic writers' cramp
337.20-337.29		Reflex sympathetic dystrophy
457.0		Postmastectomy lymphedema syndrome
480.0-480.9		Viral pneumonia
481		Pneumococcal pneumonia (streptococcus pneumoniae)

482.0-482.89	Other bacterial pneumonia
483.0	Mycoplasma pneumoniae
484.1-484.8	Pneumoniae in infectious diseases classified elsewhere
485	Bronchopneumonia, organism unspecified
486	Pneumoniae, organism unspecified
487.0-487.8	Influenza
490	Bronchitis, not specified as acute or chronic
491.0-491.9	Chronic bronchitis
494.0-494.1	Bronchiectasis
495.0-495.9	Extrinsic allergic alveolitis
496	Chronic airway obstruction, NEC
500	Coal workers' pneumonconiosis
501	Asbestosis
502	Pneumonconiosis due to other silica or silicates
503	Pneumonconiosis due to other organic dust
504	Pneumonopathy due to inhalation of other dust
505	Pneumonopathy,unspecified
506.0-506.4	Respiratory conditions due to chemical fumes and vapors
507.0-507.8	Pneumonitis due to solids and liquids
508.0-508.9	Respiratory conditions due to other and unspecified external agents
513.0-513.1	Abscess of lung and mediastinum
514	Pulmonary congestion and hypostasis
515	Post-inflammatory pulmonary fibrosis
516.1-516.9	Other alveolar and parietoalveolar pneumonopathy
517.1-517.8	Lung involvement in conditions classified elsewhere
718.40-718.49	Contracture of joint
723.1	Cervicalgia
723.3	Cervicobrachial syndrome (diffuse)
723.5	Torticollis, unspecified
724.1	Pain in thoracic spine
724.2	Lumbago
724.5	backache,unspecified

726.0-726.90	Peripheral enthesopathies and allied syndromes
727.81	Contracture of tendon
728.6	Contracture of palmar fascia
727.71	Plantar fascial fibromatosis
728.79	Other fibromatosis
728.85	Spasm of muscle
729.5	Pain in limb
729.81-729.82	Swelling of limb, cramp
754.1	Certain congenital musculoskeletal deformities of sternocleidomastoid muscle
782.3	Edema
840.0-840.9	Sprains and strains of shoulder and upper arm
841.0-841.9	Sprains and strains of elbow and forearm
842.00-842.19	Sprains and strains of wrist and hand
843.0-843.9	Sprains and strains of hip and thighs
844.0-844.9	Sprains and strains of knee and leg
845.00-845.19	Sprains and strains of ankle and foot
846.0-846.9	Sprains and strains of sacroiliac region
847.0-847.9	Sprains and strains of other and unspecified parts of back
848.0-848.42	Other and ill-defined sprains and strains
848.5	Other and ill-defined sprains and strains, pelvis

97140

333.6	Idiopathic torsion dystonia
333.7	Symptomatic torsion dystonia
333.83	Spasmodic torticollis
333.84	Organic writers' cramp
337.20-337.29	Reflex sympathetic dystrophy
457.0	Postmastectomy lymphedema syndrome
718.40-718.49	Contracture of joint
723.1	Cervicalgia

723.3		Cervicobrachial syndrome (diffuse)
723.5		Torticollis, unspecified
724.1		Pain in thoracic spine
724.2		Lumbago
724.5		backache,unspecified
726.0-726.90		Peripheral enthesopathies and allied syndromes
727.81		Contracture of tendon
728.6		Contracture of palmar fascia
727.71		Plantar fascial fibromatosis
728.79		Other fibromatosis
728.85		Spasm of muscle
729.5		Pain in limb
729.81-729.82		Swelling of limb, cramp
754.1		Certain congenital musculoskeletal deformities of sternocleidomastoid muscle
782.3		Edema
840.0-840.9		Sprains and strains of shoulder and upper arm
841.0-841.9		Sprains and strains of elbow and forearm
842.00-842.19		Sprains and strains of wrist and hand
843.0-843.9		Sprains and strains of hip and thighs
844.0-844.9		Sprains and strains of knee and leg
845.00-845.19		Sprains and strains of ankle and foot
846.0-846.9		Sprains and strains of sacroiliac region
847.0-847.9		Sprains and strains of other and unspecified parts of back
848.0-848.42		Other and ill-defined sprains and strains
848.5		Other and ill-defined sprains and strains, pelvis
848.8		Other specified sites of sprains and strains

97504

952.00-952.17		Spinal cord injury without evidence of spinal bone injury
952.2-952.9		Spinal cord injury without evidence of spinal bone injury

956.0-956.3		Injury to peripheral nerve(s) of pelvic girdle and lower limb
956.5		Other specified nerve(s) of pelvic girdle and lower limb
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
V53.90-V53.99		Other and unspecified device

97520

885.0-885.1		Traumatic amputation of thumb
886.0-886.1		Traumatic amputation of other finger(s)
887.0-887.7		Traumatic amputation of arm and hand
896.0-896.3		Traumatic amputation of foot
897.0-897.7		Traumatic amputation of leg(s)
V49.61-V49.67		Upper limb amputation status
V49.71-V49.77		Lower limb amputation status
V52.0		Fitting and adjustment of artificial arm
V52.1		Artificial leg
V52.8		Other specified prosthetic device
V53.7		Upper or lower extremity prosthetics

97530

138		Late effects of acute poliomyelitis
274.0		Gouty arthropathy
274.9		Gout, unspecified
332.0-332.1		Parkinson's disease
333.83		Spasmodic torticollis

333.90		Unspecified extrapyramidal disease and abnormal movements
333.91		Stiff-man syndrome
334.0-334.9		Spinocerebellar disease
335.0-335.9		Anterior horn cell disease
336.0-336.8		Other diseases of spinal cord
337.20-337.29		Reflex sympathetic dystrophy
340		Multiple sclerosis
341.1-341.9		Other demyelinating diseases of CNS
342.00-342.92		Hemiplegia and and hemiparesis
348.1		Acute brain damage
351.0		Bell's palsy
353.0-353.9		Nerve root/plexus disorders
354.0-354.8		mononeuritis lower limb and unspecified site
356.0-356.9		Hereditary and idiopathic peripheral neuropathy
386.10		Peripheral vertigo, unspecified
386.11		Benign paroxysmal positional vertigo
386.12		Vestibular neuronitis
386.2		Vertigo of central origin
386.34		Toxic labyrinthitis
386.54		Hypoactive labyrinth, bilateral
386.9		Unspecified vertiginous syndromes and labyrinthine disorders
436		Acute, but ill-defined cerebrovascular disease
457.0		Post mastectomy lymphedema syndrome
681.00-681.11		Cellulitis
682.3-682.7		Other cellulitis of upper arm and forearm; hand (except fingers and thumb), buttock, leg (except foot) and foot (except toes)
711.00-711.99		Pyogenic arthritis

712.10-712.99		Crystal arthropathies
713.0-713.8		Arthropathies associated with other disorders classified elsewhere
714.0-714.4		Rheumatoid arthritis and other inflammatory polyarthropathies
714.89-714.9		Other inflammatory arthropathies
715.00-715.98		Osteoarthritis and allied disorders
716.00-716.59		Other and unspecified arthropathies
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
719.19-719.59		Hemarthrosis, villonodular synovitis; Palindromic rheumatism, pain in joint, stiffness
		in joint
719.75-719.77		Difficulty in walking
720.0-720.2		Ankylosing spondylitis and other inflammatory spondylopathies
721.0-721.91		Spondylosis and allied disorders
722.0-722.93		Intervertebral disc disorder
723.0-723.5		Other disorders of cervical region
724.01-724.79		Other and unspecified disorders of the back
726.0-726.91		Peripheral enthesopathies and allied syndromes
727.00-727.67		Other disorders of synovium, tendon, and bursa
727.81		Contracture of tendon
728.11-728.12		Progress or traumatic myositis ossificans

728.2		Muscular wasting and disuse atrophy, NEC
728.6		Contracture of palmar fascia
728.71		Plantar fascial fibromatosis
728.83		Rupture of muscle, nontraumatic
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
780.4		Dizziness and giddiness
781.0		Abnormal involuntary movements
781.2		Abnormality of gait
781.3		Lack of coordination
781.94		Facial weakness
781.99		Other symptoms involving nervous and musculoskeletal system
782.3		Edema
805.00-805.9		Fracture of vertebral column, w/o mention of spinal cord injury
806.00-806.9		Fracture of vertebral column with spinal cord injury
807.00-807.6		Fracture of rib(s), sternum, larynx, and trachea
808.0-808.9		Fracture of pelvis
809.0-809.1		Ill-defined fractures of bones of trunk
810.01- 810.13		Fracture of clavicle
811.01- 811.19		Fracture of scapula
812.00- 812.59		Fracture of humerus
813.00- 813.54		Fracture of radius and ulna
813.90- 813.93		Fracture of radius and ulna

814.00-814.19		Fracture of carpal bone(s)
815.00-815.19		Fracture of metacarpal bone(s)
816.00-816.13		Fracture of one or more phalanges of hand
817.0-817.1		Multiple fractures of hand bones
820.00-820.9		Fracture of neck
821.00-821.39		Fracture of other and unspecified parts of the femur
822.0-822.1		Fracture of the patella
823.00-823.92		Fracture of tibia and fibula
824.0-824.9		Fracture of the ankle
825.0-825.39		Fracture of one/more tarsal and metatarsal bones
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
831.00-831.19		Dislocation of shoulder
832.00-832.19		Dislocation of elbow
833.00-833.19		Dislocation of wrist
834.00-834.12		Dislocation of finger
835.00-835.13		Dislocation of hip
836.0-836.69		Dislocation of knee
837.0-837.1		Dislocation of ankle
838.00-838.06		Dislocation of foot
838.10-838.16		Dislocation of foot

840.0-840.9		Sprains and strains of shoulder and upper arm
841.0-841.9		Sprains and strains of elbow and forearm
842.00-842.19		Sprains and strains of wrist and hand
843.0-843.9		Sprains and strains of hip and thigh
844.0-844.9		Sprains and strains of knee and leg
845.00-845.19		Sprains and strains of ankle and foot
846.0-846.9		Sprains and strains of sacroiliac region
847.0-847.9		Sprains and strains of other and unspecified parts of back
848.0-848.42		Other and ill-defined sprains and strains
848.5		Other and ill-defined sprains and strains, pelvis
923.00-923.9		Contusion of upper limb
924.00-924.01		Contusion of lower limb and other and unspecified sites
926.0-926.9		Crushing injury of the trunk
927.00-927.9		Crushing injury of upper limb
928.00-928.8		Crushing injury of lower limb
952.00-952.9		Spinal cord injury w/o evidence of spinal bone injury
953.0-953.8		Injury to nerve roots and spinal plexus
955.0-955.9		Injury to peripheral nerve(s) of shoulder and upper limb
956.0-956.8		Injury to peripheral nerve(s) of pelvic girdle and lower limb
997.61		Late amputation stump complication
V43.60-V43.69		Organ or tissue replaced by joint
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
V54.01-V54.09		Aftercare internal fixation device

V54.81- V54.89	Other orthopedic aftercare
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97532-97533

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	Better eye: total impairment; lesser eye:total impairment
369.03	Better eye: near-total impairment; lesser eye: near-total impairment
369.04	Better eye: near-total impairment; lesser eye: total impairment
369.06	Better eye: profound impairment; lesser eye: total impairment
369.07	Better eye: profound impairment; lesser eye: near-total impairment
369.08	Better eye: profound impairment; lesser eye: profound impairment
369.12	Better eye: severe impairment; lesser eye: total impairment
369.13	Better eye: severe impairment; lesser eye: near-total impairment
369.14	Better eye: severe impairment; lesser eye: profound impairment
369.16	Better eye: moderate impairment; lesser eye: total impairment
369.17	Better eye: moderate impairment; lesser eye: near-total impairment
369.18	Better eye: moderate impairment; lesser eye: profound impairment
369.22	Better eye: severe impairment; lesser eye: not further specified
369.24	Better eye: moderate impairment; lesser eye: severe impairment
369.25	Better eye: moderate impairment; lesser eye: moderate impairment
430	Subarachnoid hemorrhage
431	Intracerebral hemorrhage
432.0-432.9	Other and unspecified intracranial hemorrhage
436	Acute, but ill-defined cerebrovascular disease
781.8	Neurologic neglect syndrome
851.00-851.99	Cerebral laceration and contusion
851.00-852.59	Subarachnoid, subdural, and extradural hemorrhage following injury

853.00-853.19	Other and unspecified intracranial hemorrhage following injury
854.00-854.19	Intracranial injury of other and unspecified nature

97535

138	Late effects of acute poliomyelitis
274.0	Gouty arthropathy
274.9	Gout, unspecified
332.0-332.1	Parkinson's disease
333.0	Other degenerative diseases of the basal ganglia
333.90	Unspecified extrapyramidal disease and abnormal movements
333.91	Stiff-man syndrome
334.0-334.9	Spinocerebellar disease
335.0-335.9	Anterior horn cell disease
336.0-336.8	Other diseases of spinal cord
340	Multiple sclerosis
341.1-341.9	Other demyelinating diseases of CNS
342.00-342.92	Hemiplegia and hemiparesis
343.0-343.9	Infantile cerebral palsy
344.00-344.9	Other paralytic syndromes
348.1	Anoxic brain damage
354.0-354.9	Mononeuritis upper limb and mononeuritis multiples
355.0-355.8	Mononeuritis lower limb and unspecified site
356.0-356.9	Hereditary and idiopathic peripheral neuropathy
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	Better eye: total impairment; lesser eye:total impairment
369.03	Better eye: near-total impairment; lesser eye: near-total impairment
369.04	Better eye: near-total impairment; lesser eye: total impairment
369.06	Better eye: profound impairment; lesser eye: total impairment

369.07		Better eye: profound impairment; lesser eye: near-total impairment
369.08		Better eye: profound impairment; lesser eye: profound impairment
369.12		Better eye: severe impairment; lesser eye: total impairment
369.13		Better eye: severe impairment; lesser eye: near-total impairment
369.14		Better eye: severe impairment; lesser eye: profound impairment
369.16		Better eye: moderate impairment; lesser eye: total impairment
369.17		Better eye: moderate impairment; lesser eye: near-total impairment
369.18		Better eye: moderate impairment; lesser eye: profound impairment
369.22		Better eye: severe impairment; lesser eye: not further specified
369.24		Better eye: moderate impairment; lesser eye: severe impairment
369.25		Better eye: moderate impairment; lesser eye: moderate impairment
436		Acute, but ill-defined cerebrovascular disease
696.0		Psoriatic arthropathy
710.3-710.4		Dermatomyositis
711.00-711.99		Pyogenic arthritis
712.10-712.99		Crystal arthropathies
713.0-713.8		Arthropathies associated with other disorders classified elsewhere
714.0-714.4		Rheumatoid arthritis and other inflammatory polyarthropathies
714.89-714.9		Other inflammatory polyarthropathies
715.00-715.98		Osteoarthritis and allied disorders
716.00-716.99		Other and unspecified arthropathies
717.0-717.43		
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
718.60-718.65		Unspecified intrapelvic protrusion of acetabulum
719.90-719.99		Other and unspecified disorders of joint
720.0-720.9		Ankylosing spondylitis and other inflammatory spondylopathies
723.0-723.9		Other disorders of cervical region
724.01-724.79		Other and unspecified disorders of the back
726.0-726.2		Peripheral enthesopathies and allied syndromes

728.2		Muscular wasting and disuse atrophy, NEC
781.0		Abnormal involuntary movements
781.99		Neurologic neglect syndrome
799.3		Debility, unspecified
799.4		Cachexia
805.00-805.9		Fracture of vertebral column, w/o mention of spinal cord injury
806.00-806.9		Fracture of vertebral column with spinal cord injury
807.00-807.6		Fracture of rib(s), sternum, larynx, and trachea
808.0-808.9		Fracture of pelvis
809.0-809.1		Ill-defined fractures of bones of trunk
810.01-810.13		Fracture of clavicle
811.01-811.09		Fracture of scapula
812.00-812.59		Fracture of humerus
813.00-813.54		Fracture of radius and ulna
813.90-813.93		Fracture of radius and ulna
814.00-814.19		Fracture of carpal bone(s)
815.00-815.19		Fracture of metacarpal bone(s)
816.00-816.13		Fracture of one or more phalanges of hand
817.0-817.1		Multiple fracture of hand bones
820.00-820.9		Fracture of neck of femur
821.00-821.39		Fracture of other and unspecified parts of the femur
822.0-822.1		Fracture of patella
823.00-823.92		Fracture of tibia and fibula
824.0-824.9		Fracture of the ankle
825.0-825.39		Fracture of one/more tarsal and metatarsal bones
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
952.00-952.8		Spinal cord injury without evidence of spinal bone injury
V43.60- V43.66		Organ or tissue replaced by joint

97537

295.00-295.55	Schizophrenic disorders
295.85	Other specified types of schizophrenia in remission
334.0-334.8	Spinocerebellar disease
335.0-335.9	Anterior horn cell disease
336.0-336.8	Other diseases of spinal cord
340	Multiple sclerosis
341.1	Schilder's disease
341.8-341.9	Other demyelinating diseases of CNS, unspecified
342.00-342.92	Hemiplegia and and hemiparesis
344.00-344.9	Other paralytic syndromes
348.1	Acute 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	Better eye: total impairment; lesser eye:total impairment
369.03	Better eye: near-total impairment; lesser eye: near-total impairment
369.04	Better eye: near-total impairment; lesser eye: total impairment
369.06	Better eye: profound impairment; lesser eye: total impairment
369.07	Better eye: profound impairment; lesser eye: near-total impairment
369.08	Better eye: profound impairment; lesser eye: profound impairment
369.12	Better eye: severe impairment; lesser eye: total impairment
369.13	Better eye: severe impairment; lesser eye: near-total impairment
369.14	Better eye: severe impairment; lesser eye: profound impairment
369.16	Better eye: moderate impairment; lesser eye: total impairment
369.17	Better eye: moderate impairment; lesser eye: near-total impairment
369.18	Better eye: moderate impairment; lesser eye: profound impairment
369.22	Better eye: severe impairment; lesser eye: not further specified
369.24	Better eye: moderate impairment; lesser eye: severe impairment
369.25	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 and fibula
755.31		Transverse deficiency of lower limb
781.3		Lack of coordination
820.00-820.9		Fracture of neck
821.00-821.39		Fracture of other and unspecified parts of the femur
897.0-897.7		Traumatic amputation of leg(s)
927.00-927.9		Crushing injury of upper limb
928.00-928.8		Crushing injury of lower limb
929.0		Crushing injury of multiple sites, NEC
943.31-943.39		Burn of upper limb (except wrist and hand)
944.34-944.38		Burn of wrist(s) and hand(s)
945.32-945.39		Burn of lower limb(s)
946.3-946.5		Burn 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

97542

334.0-334.8		Spinocerebellar disease
335.0-335.9		Anterior horn cell disease
336.0-336.8		Other diseases of spinal cord
340		Multiple sclerosis
341.1		Schilder's disease
341.8-341.9		Other demyelinating diseases of CNS, unspecified
342.00-342.92		Hemiplegia and and hemiparesis
343.0-343.9		Infantile cerebral palsy
344.00-344.9		Other paralytic syndromes
348.1		Acute 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 and fibula
755.31		Transverse deficiency of lower limb
781.3		Lack of coordination
820.00-820.9		Fracture of neck
821.00-821.39		Fracture of other and unspecified parts of the femur
897.0-897.7		Traumatic amputation of leg(s)
928.00-928.8		Crushing injury of lower limb
V49.75- V49.77		Lower limb amputation status
V53.8		Fitting and adjustment of wheelchair

97703

V49.0-V49.77		Problems with limbs and other problems
V52.0		Fitting and adjustment of prosthetic device and implant, artificial arm
V52.1		Artificial leg

97750

711.00-711.99		Pyogenic arthritis
712.10-712.99		Crystal arthropathies
713.0-713.8		Arthropathies associated with other disorders classified elsewhere
714.0-714.4		Rheumatoid arthritis and other inflammatory polyarthropathies
714.89-714.9		Other inflammatory polyarthropathies
715.00-715.98		Osteoarthritis and allied disorders
716.00-716.59		Other and unspecified arthropathies
718.20-718.29		Pathological dislocation
718.30-718.39		Recurrent dislocation of joint
718.40-718.49		Contracture of joint
719.00-719.59		Other and unspecified disorders of joint

720.0-720.9	Ankylosing spondylitis and other inflammatory spondylopathies
721.0-721.91	Spondylosis and allied disorders
722.0-722.93	Intervertebral disc disorders
723.0-723.5	Other disorders of cervical region
724.01-724.79	Other and unspecified disorders of the back
726.0-726.8	Peripheral enthesopathies and allied syndromes
726.90	Enthesopathies of unspecified site
727.00-727.67	Other disorders of synovium, tendon, and bursa
727.81	Contracture of tendon
728.11-728.12	Progressive or traumatic myositis ossificans
728.2	Muscular wasting and disuse atrophy, NEC
728.6	Contracture of palmar fascia
728.71	Plantar fascial fibromatosis
728.83	Rupture of muscle, nontraumatic
728.85	Spasm of muscle
729.4	Fasciitis, unspecified
729.5	Pain in limb
729.81-729.82	Swelling of limb, cramp

Diagnoses that Support Medical Necessity

ICD-9-Codes that DO NOT Support Medical Necessity

Diagnoses that DO NOT Support Medical Necessity

Noncovered ICD-9-CM Codes

Noncovered Diagnoses

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 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.
- Documentation supporting the medical necessity for multiple heating modalities (codes 97018, 97024, 97026, and 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 are billed, the evaluation may be reimbursed if the medical necessity for the evaluation is clearly documented and medically necessary.

Utilization Guidelines

- Medicare will monitor the utilization of this service through the Medical Review process.

Other Comments

Financial Responsibility:

Provider Liable

The provider of the service or the ordering physician must have notified the patient in writing, prior to the service, and obtained a signature verifying Advance Beneficiary Notice. Without prior notice, services denied as not medically necessary cannot be billed to the beneficiary. The provider is liable.

Beneficiary Liable

If there is clear evidence that the beneficiary was issued and signed an Advanced Beneficiary Notice (ABN) prior to the service, the liability rests with the beneficiary. Claims for dates of service prior to January 1, 2003 should contain the condition code 20 and occurrence code 32, with date to signify that an ABN was issued to the beneficiary. Absence of these codes will result in a provider liable determination

Claims for dates of service beginning January 1, 2003 should contain the occurrence code 32 with date to signify that an ABN was issued to the beneficiary. Absence of this code will result in a provider liable determination.

Reference: PM AB-02-168, CR 2415

Sources of Information and Basis for Decision

- BCBS of Arkansas, Local Policy
- TrailBlazer Part B, Local Policy
- CareFirst, INC., Medicare Part A

Advisory Committee Meeting Notes

Start Date if Comment Period

10/27/1998

End Date of Comment Period

Start Date of Notice Period

06/21/1999

Revision History-Number/Explanation

<u>Revision No/Date.</u>	
R5	Corrected ICD-9 code 338.83-to 333.83 (spasmodic torticollis). Per annual ICD-9
	update, ICD-9 code 707.0 expanded to 707.00-707.09 for HCPCS codes
	97022, 97036. Per Transmittal 210, CR 3303. Addition of HCPCS code 97755.
99-4-R4 03/01/2004	<p>The following updates have been made to the existing policy:</p> <ul style="list-style-type: none"> Added ICD-9-CM code 138 to allow for 97110, 97113, 97530, and 97535. Added ICD-9-CM codes 274.0, 274.9, 333.83, 337.20-337.29, 342.00-342.9, 344.60-344.61, 353.0-535.6, 353.8, 354.0-354.9, 355.0-355.6, 355.71, 355.8-355.9, 457.0, 711.00-711.99, 712.1-712.9, 713.0-713.8, 714.0-714.9, 715.00-715.98, 716.00-716.59, 718.20-718.49, 719.00-719.59, 720.0-720.2, 720.81-720.89, 721.0-721.91, 722.0-722.93, 723.0-723.5, 724.01-724.09, 724.1-724.6, 724.70-724.79, 727.50-727.59, 727.60-727.67, 727.81, 728.11-728.12, 728.2, 728.6, 728.71, 728.83, 728.85, 729.1, 729.4, 729.5, 729.81-729.82, 782.3, 799.3, 799.4., 808.0-808.9, 809.0-809.1, 810.00-810.13, 811.01-811.19, 812.00-812.59, 813.00-813.93, 814.00-814.19, 815.00-815.19, 816.00-816.13, 817.0-718.1, 822.0-822.1, 823.00-823.02, 823.10-823.12, 823.20-823.22, 823.30-823.32, 823.80-823.82, 823.90-823.92, 824.0-824.9, 825.0-825.39, 826.0-826.1, 830.0-830.1, 831.00-831.19, 832.00-832.19, 833.00-833.19, 834.00-834.12, 835.00-835.13, 836.0-836.69, 842.00-842.19, 843.0-843.9, and 844.0-844.9 to allow for 97032 and G0283. Added 844.0-844.9 to allow for 97035. Expanded V54.8 to allow V54.81-V54.89 for 97022, 97032, G0283, 97036, 97110, 97112, and 97530. The following additions are due to the 2004 annual ICD-9-CM update

	<p>and were effective with DOS 10/01/2003:</p> <ul style="list-style-type: none"> ○ Expanded V53.9 to allow V53.90-V53.99 for CPT code 97504. ○ Expanded ICD-9-CM code V54.0 to allow V54.01-V54.09 for CPT codes 97022, 97036, 97032, G0283, 97110, 97112, and 97530. ● Effective with date of service 03/31/2003 <ul style="list-style-type: none"> ○ CPT code 97014 was no longer valid for Medicare purposes. HCPCS code 97014 was changed to G0283 as this is the appropriate code for unattended electrical stimulation.
99-4-R3 01/05/2001	See provider bulletin.
99-4-R2 03/12/2000	03/12/2000 Update of codes, see provider bulletin.
99-4-R1 08/16/1999	Updated to maintain consistency between intermediary and carrier policies.

Disclaimer Specialty Name

This policy does not reflect the sole opinion of the contractor or contractor medical director. Although the final decision rests with the contractor, this policy was developed in cooperation with other contractors and their advisory committees.

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 FROM OUR WEBSITE AT www.marylandmedicare.com

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