CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10337	**Date: August 27, 2020**
	Change Request 11755

Transmittal 1028, dated May 8, 2020, is being rescinded and replaced by Transmittal 10337, dated, August 27, 2020, to change business requirement 11755-04.2.1.1 to deny claims and provides revised messaging. The Claims Processing Manual at section 410.4 has been revised accordingly. All other information remains the same.

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

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

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

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

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

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

III. FUNDING:

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically

authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-04	Transmittal: 10337	Date: August 27, 2020	Change Request: 11755

Transmittal 1028, dated May 8, 2020, is being rescinded and replaced by Transmittal 10337, dated, August 27, 2020, to change business requirement 11755-04.2.1.1 to deny claims and provides revised messaging. The Claims Processing Manual at section 410.4 has been revised accordingly. All other information remains the same.

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

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

I. GENERAL INFORMATION

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

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

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

- For the purpose of this decision, cLBP is defined as:
  - lasting 12 weeks or longer;
  - nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease);
  - not associated with surgery; and,
  - not associated with pregnancy.
- An additional 8 sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually. Example: If the 1stservice is performed on March 21, 2020, the next service beginning a new year cannot be performed until March 1, 2021. This means 11 full months must pass from the date of the 1st service before eligibility begins again.
- Treatment must be discontinued if the patient is not improving or is regressing.

Physicians (as defined in 1861(r)(1)) of the Act may furnish acupuncture in accordance with applicable state requirements.

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

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

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

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

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11755 - 04.1	Effective for dates of service (DOS) on or after January 21, 2020, contractors shall accept and process claims for acupuncture for cLBP consistent with the Claims Processing Manual, Publication (Pub.) 100-04, Chapter 32, and Section 410. Also see the NCD Manual, Pub. 100-03, Section 30.3.3 for coverage policy.	X	X							
11755 - 04.2	Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported with CPT codes 97810, 97811, 97813, 97814, 20560, and 20561 as covered services under NCD 30.3.3 no more than 20 times per annum. NOTE: If the 1st service is performed on March 21, 2020, the next service beginning a new year cannot be performed until March 1, 2021, 11 full months following the 1st service.	X	X			X				
11755 - 04.2.1	Effective for claims with DOS on or after January 21, 2020, contractors shall accept claims with one of the ICD-10 diagnosis codes listed in Attachment A, along	X	X			X	X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	with one of the procedure codes in BR 4.2.									
11755 - 04.2.1.1	Effective for claims with DOS on or after January 21, 2020, contractors shall reject/deny claims that do not contain payable codes noted in BR 4.2 and 4.2.1 as follows: Claim Adjustment Reason Code (CARC) 50 - These are non-covered services because this is not deemed a 'medical necessity' by the payer. Remittance Advice Remark Code (RARC) M64 – Missing/incomplete/invalid other diagnosis. Group Code CO (Contractual Obligations) or PR (Patient Responsibility) dependent on liability. MSN 15.20 - “The following polices were used when we made this decision: NCD 30.3.3.” Spanish Version – “Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD 30.3.3.” NOTE: Due to system requirement, the Fiscal Intermediary Shared System (FISS) has combined messages 15.19 and 15.20 so that, when used for the same line item, both messages will appear on the same MSN. In addition to the codes listed above, contractors shall afford appeal rights to all denied parties.	X	X							
11755 - 04.3	Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported on institutional claims on types of bill (TOBs) 12X, 13X, 71X, 77X, and 85X (and revenue codes not equal to 096X, 097X, and 098X for CAH Method I).	X				X				
11755 - 04.4	Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported with Revenue Code 0940 on institutional claims.	X				X				
11755 - 04.5	Effective for claims with DOS on or after January 21, 2020, contractors shall recognize acupuncture for cLBP services reported on institutional claims on TOB	X				X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	85X CAH Method II with revenue codes 096X, 097X, and 098X.									
11755 - 04.6	Contractors shall accept and process acupuncture for cLBP claims with the -KX modifier for the 13th through 20th service. NOTE: The 1st through 12th service over a 90-day period do not require the –KX modifier. There is a 20 service maximum per annum for this benefit. See BR 2. By applying the -KX modifier to the claim, the therapy provider is confirming that the additional services are medically necessary as justified by appropriate documentation in the medical record.	X	X			X				
11755 - 04.7	For claims with DOS on and after January 21, 2020, received on or after October 5, 2020, the Common Working File (CWF) shall create a new reject to not allow payment for more than 20 acupuncture for cLBP claims per annum. CWF shall count 11 full months starting with the month of a beneficiary's 1st acupuncture for cLBP service. EX: If the 1st date of service is February 15, 2020, the next eligible date beginning a new year would be February 1, 2021. NOTE: A new AUX file in HIMR will be created and HIMR will be updated to post the previous acupuncture for cLBP HCPCS 97810, 97811, 97813, 97814, 20560, or 20561.								X	
11755 - 04.7.1	For acupuncture for cLBP claims CWF shall apply appropriate updates to the Next Eligibility Date file for DOS on or after January 21, 2020. **NOTE**: Appropriate updates include modifications to HUQA, and Extract Records on the Next Generation Desktop (NGD) and the Medicare Beneficiary Database (MBD) to include next eligible date and services remaining.					X			X	HETS, MBD, NGD
11755 - 04.7.1.1	Contractors shall reject/deny more than 20 acupuncture for cLBP claims for annum using the	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	following messages: CARC 96 - Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. RARC N640 - Exceeds number/frequency approved/allowed within time period. Group Code - CO (Contractual Obligation) MSN 15.20 - “The following polices were used when we made this decision: NCD 30.3.3.” Spanish Version – “Las siguientes políticas fueron utilizadas cuando se tomó esta decisión: NCD 30.3.3.” MSN 15.19: “We used a Local Coverage Determination (LCD) to decide coverage for your claim. To appeal, get a copy of the LCD at www.cms.gov/medicare-coverage-database (use the MSN Billing Code for the CPT/HCPCS Code) and send with information from your doctor." Spanish Version -Usamos una Determinación de Cobertura Local (LCD) para decidir la cobertura de su reclamo. Para apelar, obtenga una copia del LCD en www.cms.gov/medicare-coverage-database (use el código de facturación de MSN para el código "CPT/HCPCS") y envíela con la información de su médico. NOTE: Due to system requirements, the Fiscal Intermediary Shared System has combined messages 15.19 and 15.20 so that, when used for the same line item, both messages will appear on the same MSN.									
11755 - 04.8	For acupuncture for cLPB claims with DOS on and after January 21, 2020, the Multi-Carrier System Desktop Tool shall display the acupuncture for cLBP visits in a format equivalent to the CWF HIMR screen.						X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11755 - 04.9	Effective for claims with DOS on and after January 21, 2020, received on or after October 5, 2020, CWF shall post acupuncture for cLBP HCPCS codes 97810, 97811, 97813, 97814, 20560, and 20561, reported on institutional claims, types of bill (TOBs) 12X, 13X, 71X, 77X, and 85X (and revenue code not equal to 096X, 097X, 098X), as the technical component on the new cLBP auxiliary (AUX) file. NOTE: 1 TECH and 1 PROF on same DOS represents 1 service. NOTE: CWF shall post the Part B Professional claim line as TECH/PROF for the HCPCS if the modifier is blank.								X	
11755 - 04.10	Effective for claims with DOS on and after January 21, 2020, received on or after October 5, 2020, CWF shall post acupuncture for cLBP HCPCS codes 97810, 97811, 97813, 97814, 20560, and 20561, reported on TOB 85X claims containing revenue codes 096X, 097X, or 098X, as the professional component on the new cLBP AUX file. NOTE: 1 TECH and 1 PROF on same DOS represents 1 service. NOTE: CWF shall post the Part B Professional claim line as TECH/PROF for the HCPCS if the modifier is blank.								X	
11755 - 04.11	CWF shall create a new reject for HCPCS 97810, 97811, 97813, 97814, 20560, and 20561 for when a beneficiary has reached 20 acupuncture for cLBP services and the -KX modifier is not included on the claim line for services 13 through 20 (the reject will apply for both PROF and TECH).								X	
11755 - 04.11.1	Contractors shall return to provider/return as unprocessable claims for acupuncture for cLBP for services 13 through 20 per annum without the -KX modifier and use these messages: B/MACs shall use the following messages: CARC 4 - The procedure code is inconsistent with the modifier used or a required modifier is missing.	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Usage: Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. RARC N657 - This should be billed with the appropriate code for these services. Group Code: CO									
11755 - 04.12	CWF shall update the determination when any changes occur to the beneficiary master data or claims data that would result in a change to the calculation.								X	
11755 - 04.13	CWF shall crreate a new HICR function for the new cLBP AUX file.								X	
11755 - 04.14	Contractors shall not search acupuncture for cLBP claims for DOS on or after January 21, 2020, but shall adjust claims that are brought to their attention.	X	X							

III. PROVIDER EDUCATION TABLE

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

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

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

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

VI. FUNDING

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

ATTACHMENTS: 1

Medicare Claims Processing Manual

Chapter 32 – Billing Requirements for Special Services

Table of Contents
(Rev. 10337; 08-27-20)

410 – Acupuncture for Chronic Low Back Pain (cLBP)

(Rev. 10337, Issued: 08-027-20, Effective: 01-21-20, Implementation: 06-24 - 20 - A/B MACs; 10-05-20-SSM Edits; 01- 04-21 - BR 13 CWF only)

Acupuncture is the selection and manipulation of specific acupuncture points through the insertion of needles or "needling," or other "non-needling" techniques focused on these points.

410.1 - Coverage Requirements

(Rev. 10337, Issued: 08-027-20, Effective: 01-21-20, Implementation: 06-24 - 20 - A/B MACs; 10-05-20-SSM Edits; 01- 04-21 - BR 13 CWF only)

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

- *For the purpose of this decision, cLBP is defined as:*
  - *Lasting 12 weeks or longer;*
  - *nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease);*
  - *not associated with surgery; and*
  - *not associated with pregnancy.*
- *An additional 8 sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually. Example: If the 1st service is performed on March 21, 2020, the next service beginning a new year cannot be performed until March 1, 2021. This means 11 full months must pass from the date of the 1st service before eligibility begins again.*

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

410.2 – Claims Processing General Information

(Rev. 10337, Issued: 08-027-20, Effective: 01-21-20, Implementation: 06-24 - 20 - A/B MACs; 10-05-20-SSM Edits; 01- 04-21 - BR 13 CWF only)

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

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

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

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

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

NOTE: By applying the -KX modifier to the claim, the therapy provider is confirming that the additional services are medically necessary as justified by appropriate documentation in the medical record.

410.3 – Institutional Claims Bill Type and Revenue Coding Information

(Rev. 10337, Issued: 08-027-20, Effective: 01-21-20, Implementation: 06-24 - 20 - A/B MACs; 10-05-20-SSM Edits; 01- 04-21 - BR 13 CWF only)

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

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

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

410.4 – Messaging

(Rev. 10337, Issued: 08-027-20, Effective: 01-21-20, Implementation: 06-24 - 20 - A/B MACs; 10-05-20-SSM Edits; 01- 04-21 - BR 13 CWF only)

Effective for claims with DOS on or after January 21, 2020, contractors shall reject/deny claims that do not contain the appropriate diagnosis/procedure coding noted in section 410.2 and use these messages:

Claim Adjustment Reason Code (CARC) 50 - These are non-covered services because this is not deemed a 'medical necessity' by the payer.

Remittance Advice Remark Code (RARC) M64 – Missing/incomplete/invalid other diagnosis.

Group Code CO (Contractual Obligations) or PR (Patient Responsibility) dependent on liability.

MSN 15.20 - "The following polices were used when we made this decision: NCD 30.3.3."

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

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

In addition to the codes noted in section 410.2, contractors shall afford appeal rights to all denied parties.

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

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

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

Group Code CO

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

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

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

Group Code - CO (Contractual Obligation)

MSN 15.20 - "The following polices were used when we made this decision: NCD 30.3.3."

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

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

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

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

410.5 – Common Working File (CWF) FISS, and Multi-Carrier System (MCS) Editing

(Rev. 10337, Issued: 08-027-20, Effective: 01-21-20, Implementation: 06-24 - 20 - A/B MACs; 10-05-20-SSM Edits; 01- 04-21 - BR 13 CWF only)

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

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

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

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

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

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

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

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

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

CWF shall create a new reject for HCPCS 97810, 97811, 97813, 97814, 20560, and 20561 when a beneficiary has reached 20 acupuncture for cLBP sessions and the -KX modifier is not included on the claim line for sessions 13 through 20 (the reject will apply for both PROF and TECH sessions).

CWF shall update the determination when any changes occur to the beneficiary master data or claims data that would result in a change to the calculation

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

Attachment 1

M54.5	low back pain
M40.36	Flatback syndrome, lumbar region
M40.37	Flatback syndrome, lumbosacral region
M40.46	Postural lordosis, lumbar region
M40.47	Postural lordosis, lumbosacral region
M40.56	Lordosis, unspecified, lumbar region
M40.57	Lordosis, unspecified, lumbosacral region
M41.26	Other idiopathic scoliosis, lumbar region
M41.27	Other idiopathic scoliosis, lumbosacral region
M41.56	Other secondary scoliosis, lumbar region
M41.57	Other secondary scoliosis, lumbosacral region
M42.16	Adult osteochondrosis of spine, lumbar region
M42.17	Adult osteochondrosis of spine, lumbosacral region
M43.06	Spondylolysis, lumbar region
M43.07	Spondylolysis, lumbosacral region
M43.16	Spondylolisthesis, lumbar region
M43.17	Spondylolisthesis, lumbosacral region
M43.26	Fusion of spine, lumbar region
M43.27	Fusion of spine, lumbosacral region
M43.5X6	Other recurrent vertebral dislocation, lumbar region
M43.5X7	Other recurrent vertebral dislocation, lumbosacral region
M43.8X6	Other specified deforming dorsopathies, lumbar region
M43.8X7	Other specified deforming dorsopathies, lumbosacral region
M47.16	Other spondylosis with myelopathy, lumbar region
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.896	Other spondylosis, lumbar region
M47.897	Other spondylosis, lumbosacral region
M48.061	Spinal stenosis, lumbar region without neurogenic claudication
M48.062	Spinal stenosis, lumbar region with neurogenic claudication
M48.07	Spinal stenosis, lumbosacral region
M48.16	Ankylosing hyperostosis [Forestier], lumbar region
M48.17	Ankylosing hyperostosis [Forestier], lumbosacral region
M48.26	Kissing spine, lumbar region
M48.27	Kissing spine, lumbosacral region
M48.36	Traumatic spondylopathy, lumbar region
M48.37	Traumatic spondylopathy, lumbosacral region
M48.8X6	Other specified spondylopathies, lumbar region
M48.8X7	Other specified spondylopathies, lumbosacral region
M51.06	Intervertebral disc disorders with myelopathy, lumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M51.46	Schmorl's nodes, lumbar region
M51.47	Schmorl's nodes, lumbosacral region
M51.86	Other intervertebral disc disorders, lumbar region
M51.87	Other intervertebral disc disorders, lumbosacral region
M53.2X6	Spinal instabilities, lumbar region
M53.2X7	Spinal instabilities, lumbosacral region
M53.86	Other specified dorsopathies, lumbar region
M53.87	Other specified dorsopathies, lumbosacral region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.31	Sciatica, right side
M54.32	Sciatica, left side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M54.5	Low back pain
S32.000A	Wedge compression fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.000B	Wedge compression fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.000D	Wedge compression fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.000G	Wedge compression fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.000K	Wedge compression fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.000S	Wedge compression fracture of unspecified lumbar vertebra, sequela
S32.001A	Stable burst fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.001B	Stable burst fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.001D	Stable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.001G	Stable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.001K	Stable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.001S	Stable burst fracture of unspecified lumbar vertebra, sequela
S32.002A	Unstable burst fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.002B	Unstable burst fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.002D	Unstable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.002G	Unstable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.002K	Unstable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.002S	Unstable burst fracture of unspecified lumbar vertebra, sequela
S32.008A	Other fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.008B	Other fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.008D	Other fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.008G	Other fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.008K	Other fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.008S	Other fracture of unspecified lumbar vertebra, sequela
S32.009A	Unspecified fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.009B	Unspecified fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.009D	Unspecified fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.009G	Unspecified fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.009K	Unspecified fracture of unspecified lumbar vertebra, subsequent encounter for fracture with nonunion
S32.009S	Unspecified fracture of unspecified lumbar vertebra, sequela
S32.010A	Wedge compression fracture of first lumbar vertebra, initial encounter for closed fracture
S32.010B	Wedge compression fracture of first lumbar vertebra, initial encounter for open fracture
S32.010D	Wedge compression fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.010G	Wedge compression fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.010K	Wedge compression fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
S32.010S	Wedge compression fracture of first lumbar vertebra, sequela
S32.011A	Stable burst fracture of first lumbar vertebra, initial encounter for closed fracture
S32.011B	Stable burst fracture of first lumbar vertebra, initial encounter for open fracture
S32.011D	Stable burst fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.011G	Stable burst fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.011K	Stable burst fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
S32.011S	Stable burst fracture of first lumbar vertebra, sequela
S32.012A	Unstable burst fracture of first lumbar vertebra, initial encounter for closed fracture
S32.012B	Unstable burst fracture of first lumbar vertebra, initial encounter for open fracture
S32.012D	Unstable burst fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.012G	Unstable burst fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.012K	Unstable burst fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
S32.012S	Unstable burst fracture of first lumbar vertebra, sequela
S32.018A	Other fracture of first lumbar vertebra, initial encounter for closed fracture
S32.018B	Other fracture of first lumbar vertebra, initial encounter for open fracture
S32.018D	Other fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.018G	Other fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.018K	Other fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
S32.018S	Other fracture of first lumbar vertebra, sequela
S32.019A	Unspecified fracture of first lumbar vertebra, initial encounter for closed fracture
S32.019B	Unspecified fracture of first lumbar vertebra, initial encounter for open fracture
S32.019D	Unspecified fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.019G	Unspecified fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.019K	Unspecified fracture of first lumbar vertebra, subsequent encounter for fracture with nonunion
S32.019S	Unspecified fracture of first lumbar vertebra, sequela
S32.020A	Wedge compression fracture of second lumbar vertebra, initial encounter for closed fracture
S32.020B	Wedge compression fracture of second lumbar vertebra, initial encounter for open fracture
S32.020D	Wedge compression fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.020G	Wedge compression fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.020K	Wedge compression fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
S32.020S	Wedge compression fracture of second lumbar vertebra, sequela
S32.021A	Stable burst fracture of second lumbar vertebra, initial encounter for closed fracture
S32.021B	Stable burst fracture of second lumbar vertebra, initial encounter for open fracture
S32.021D	Stable burst fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.021G	Stable burst fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.021K	Stable burst fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
S32.021S	Stable burst fracture of second lumbar vertebra, sequela
S32.022A	Unstable burst fracture of second lumbar vertebra, initial encounter for closed fracture
S32.022B	Unstable burst fracture of second lumbar vertebra, initial encounter for open fracture
S32.022D	Unstable burst fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.022G	Unstable burst fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.022K	Unstable burst fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
S32.022S	Unstable burst fracture of second lumbar vertebra, sequela
S32.028A	Other fracture of second lumbar vertebra, initial encounter for closed fracture
S32.028B	Other fracture of second lumbar vertebra, initial encounter for open fracture
S32.028D	Other fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.028G	Other fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.028K	Other fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
S32.028S	Other fracture of second lumbar vertebra, sequela
S32.029A	Unspecified fracture of second lumbar vertebra, initial encounter for closed fracture
S32.029B	Unspecified fracture of second lumbar vertebra, initial encounter for open fracture
S32.029D	Unspecified fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.029G	Unspecified fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.029K	Unspecified fracture of second lumbar vertebra, subsequent encounter for fracture with nonunion
S32.029S	Unspecified fracture of second lumbar vertebra, sequela
S32.030A	Wedge compression fracture of third lumbar vertebra, initial encounter for closed fracture
S32.030B	Wedge compression fracture of third lumbar vertebra, initial encounter for open fracture
S32.030D	Wedge compression fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.030G	Wedge compression fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.030K	Wedge compression fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
S32.030S	Wedge compression fracture of third lumbar vertebra, sequela
S32.031A	Stable burst fracture of third lumbar vertebra, initial encounter for closed fracture
S32.031B	Stable burst fracture of third lumbar vertebra, initial encounter for open fracture
S32.031D	Stable burst fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.031G	Stable burst fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.031K	Stable burst fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
S32.031S	Stable burst fracture of third lumbar vertebra, sequela
S32.032A	Unstable burst fracture of third lumbar vertebra, initial encounter for closed fracture
S32.032B	Unstable burst fracture of third lumbar vertebra, initial encounter for open fracture
S32.032D	Unstable burst fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.032G	Unstable burst fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.032K	Unstable burst fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
S32.032S	Unstable burst fracture of third lumbar vertebra, sequela
S32.038A	Other fracture of third lumbar vertebra, initial encounter for closed fracture
S32.038B	Other fracture of third lumbar vertebra, initial encounter for open fracture
S32.038D	Other fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.038G	Other fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.038K	Other fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
S32.038S	Other fracture of third lumbar vertebra, sequela
S32.039A	Unspecified fracture of third lumbar vertebra, initial encounter for closed fracture
S32.039B	Unspecified fracture of third lumbar vertebra, initial encounter for open fracture
S32.039D	Unspecified fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.039G	Unspecified fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.039K	Unspecified fracture of third lumbar vertebra, subsequent encounter for fracture with nonunion
S32.039S	Unspecified fracture of third lumbar vertebra, sequela
S32.040A	Wedge compression fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.040B	Wedge compression fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.040D	Wedge compression fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.040G	Wedge compression fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.040K	Wedge compression fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.040S	Wedge compression fracture of fourth lumbar vertebra, sequela
S32.041A	Stable burst fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.041B	Stable burst fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.041D	Stable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.041G	Stable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.041K	Stable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.041S	Stable burst fracture of fourth lumbar vertebra, sequela
S32.042A	Unstable burst fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.042B	Unstable burst fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.042D	Unstable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.042G	Unstable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.042K	Unstable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.042S	Unstable burst fracture of fourth lumbar vertebra, sequela
S32.048A	Other fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.048B	Other fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.048D	Other fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.048G	Other fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.048K	Other fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.048S	Other fracture of fourth lumbar vertebra, sequela
S32.049A	Unspecified fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.049B	Unspecified fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.049D	Unspecified fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.049G	Unspecified fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.049K	Unspecified fracture of fourth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.049S	Unspecified fracture of fourth lumbar vertebra, sequela
S32.050A	Wedge compression fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.050B	Wedge compression fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.050D	Wedge compression fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.050G	Wedge compression fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.050K	Wedge compression fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.050S	Wedge compression fracture of fifth lumbar vertebra, sequela
S32.051A	Stable burst fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.051B	Stable burst fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.051D	Stable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.051G	Stable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.051K	Stable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.051S	Stable burst fracture of fifth lumbar vertebra, sequela
S32.052A	Unstable burst fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.052B	Unstable burst fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.052D	Unstable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.052G	Unstable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.052K	Unstable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.052S	Unstable burst fracture of fifth lumbar vertebra, sequela
S32.058A	Other fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.058B	Other fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.058D	Other fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.058G	Other fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.058K	Other fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.058S	Other fracture of fifth lumbar vertebra, sequela
S32.059A	Unspecified fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.059B	Unspecified fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.059D	Unspecified fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.059G	Unspecified fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.059K	Unspecified fracture of fifth lumbar vertebra, subsequent encounter for fracture with nonunion
S32.059S	Unspecified fracture of fifth lumbar vertebra, sequela
S33.0XXA	Traumatic rupture of lumbar intervertebral disc, initial encounter
S33.0XXD	Traumatic rupture of lumbar intervertebral disc, subsequent encounter
S33.0XXS	Traumatic rupture of lumbar intervertebral disc, sequela
S33.100A	Subluxation of unspecified lumbar vertebra, initial encounter
S33.100D	Subluxation of unspecified lumbar vertebra, subsequent encounter
S33.100S	Subluxation of unspecified lumbar vertebra, sequela
S33.101A	Dislocation of unspecified lumbar vertebra, initial encounter
S33.101D	Dislocation of unspecified lumbar vertebra, subsequent encounter
S33.101S	Dislocation of unspecified lumbar vertebra, sequela
S33.110A	Subluxation of L1/L2 lumbar vertebra, initial encounter
S33.110D	Subluxation of L1/L2 lumbar vertebra, subsequent encounter
S33.110S	Subluxation of L1/L2 lumbar vertebra, sequela
S33.111A	Dislocation of L1/L2 lumbar vertebra, initial encounter
S33.111D	Dislocation of L1/L2 lumbar vertebra, subsequent encounter
S33.111S	Dislocation of L1/L2 lumbar vertebra, sequela
S33.120A	Subluxation of L2/L3 lumbar vertebra, initial encounter
S33.120D	Subluxation of L2/L3 lumbar vertebra, subsequent encounter
S33.120S	Subluxation of L2/L3 lumbar vertebra, sequela
S33.121A	Dislocation of L2/L3 lumbar vertebra, initial encounter
S33.121D	Dislocation of L2/L3 lumbar vertebra, subsequent encounter
S33.121S	Dislocation of L2/L3 lumbar vertebra, sequela
S33.130A	Subluxation of L3/L4 lumbar vertebra, initial encounter
S33.130D	Subluxation of L3/L4 lumbar vertebra, subsequent encounter
S33.130S	Subluxation of L3/L4 lumbar vertebra, sequela
S33.131A	Dislocation of L3/L4 lumbar vertebra, initial encounter
S33.131D	Dislocation of L3/L4 lumbar vertebra, subsequent encounter
S33.131S	Dislocation of L3/L4 lumbar vertebra, sequela
S33.140A	Subluxation of L4/L5 lumbar vertebra, initial encounter
S33.140D	Subluxation of L4/L5 lumbar vertebra, subsequent encounter
S33.140S	Subluxation of L4/L5 lumbar vertebra, sequela
S33.141A	Dislocation of L4/L5 lumbar vertebra, initial encounter
S33.141D	Dislocation of L4/L5 lumbar vertebra, subsequent encounter
S33.141S	Dislocation of L4/L5 lumbar vertebra, sequela
S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
S33.5XXD	Sprain of ligaments of lumbar spine, subsequent encounter
S33.5XXS	Sprain of ligaments of lumbar spine, sequela
S33.6XXA	Sprain of sacroiliac joint, initial encounter
S33.6XXD	Sprain of sacroiliac joint, subsequent encounter
S33.6XXS	Sprain of sacroiliac joint, sequela
S34.21XA	Injury of nerve root of lumbar spine, initial encounter
S34.21XD	Injury of nerve root of lumbar spine, subsequent encounter
S34.21XS	Injury of nerve root of lumbar spine, sequela
S34.22XA	Injury of nerve root of sacral spine, initial encounter
S34.22XD	Injury of nerve root of sacral spine, subsequent encounter
S34.22XS	Injury of nerve root of sacral spine, sequela
S39.002A	Unspecified injury of muscle, fascia and tendon of lower back, initial encounter
S39.002D	Unspecified injury of muscle, fascia and tendon of lower back, subsequent encounter
S39.002S	Unspecified injury of muscle, fascia and tendon of lower back, sequela
S39.012A	Strain of muscle, fascia and tendon of lower back, initial encounter
S39.012D	Strain of muscle, fascia and tendon of lower back, subsequent encounter
S39.012S	Strain of muscle, fascia and tendon of lower back, sequela
S39.022A	Laceration of muscle, fascia and tendon of lower back, initial encounter
S39.022D	Laceration of muscle, fascia and tendon of lower back, subsequent encounter
S39.022S	Laceration of muscle, fascia and tendon of lower back, sequela
S39.092A	Other injury of muscle, fascia and tendon of lower back, initial encounter
S39.092D	Other injury of muscle, fascia and tendon of lower back, subsequent encounter
S39.092S	Other injury of muscle, fascia and tendon of lower back, sequela