



Osteopathic Manipulative Treatment (OMT) Coverage Determination Guidance

Policy Statement

The American Osteopathic Association (AOA) approves the attached policy as the standard guidelines for OMT coverage and encourages all public and private payers to refer to the AOA's policy when developing new policy or revising existing guidance for OMT coverage.

American Osteopathic Association (AOA) Policy on Osteopathic Manipulative Treatment (OMT)

Introduction to OMT

Osteopathic manipulative treatment (OMT) is a distinct medical procedure used by physicians (DOs/MDs) to treat somatic dysfunction or other conditions. The American Association of Colleges of Osteopathic Medicine (AACOM) Glossary of Osteopathic Terminology defines OMT as the therapeutic application of manually guided forces by a physician to improve physiologic function and/or support homeostasis that has been altered by somatic dysfunction. Somatic dysfunction in one region may lead to compensatory somatic dysfunction in other regions. The AACOM Glossary of Osteopathic Terminology defines somatic dysfunction as:

Impaired or altered function of related components of the somatic (body framework) system: skeletal, arthrodial and myofascial structures, and their related vascular, lymphatic, and neural elements. Somatic dysfunction is treatable using osteopathic manipulative treatment. The positional and motion aspects of somatic dysfunction are best described using at least one of three parameters: 1). The position of a body part as determined by palpation and referenced to its adjacent defined structure, 2). The directions in which motion is freer, and 3). The directions in which motion is restricted.¹

Osteopathic manipulative treatment can also be used to treat the somatic component of visceral disease and any organ system, which has the potential to manifest as changes in the skeletal, arthrodial and myofascial tissues. (Example: tight right shoulder muscles in a patient with gallbladder disease). Normalizing musculoskeletal activity (relaxing tense muscles, etc.) can normalize outflows through sympathetic or parasympathetic autonomic nervous systems to visceral systems, resulting in more normal visceral and any organ system function. Somatic dysfunction is identified on the physical exam by one or more elements of TART (Tissue texture changes, positional **A**symmetry, **R**ange of motion alterations, or changes in palpatory sensitivity, e.g., **T**enderness).

Provider Types Qualified to Perform OMT

To perform OMT a qualified Doctor of Osteopathic Medicine must have graduated from an accredited school of osteopathic medicine or a medical doctor must have completed a board-approved postgraduate osteopathic training program that encompasses osteopathic principles and practices, including hands-on demonstration and competency testing in OMT.

OMT Payment:

¹ The American Association of Colleges of Osteopathic Medicine (AACOM) Glossary of Osteopathic Terminology, November 2011.

The decision to utilize osteopathic manipulative treatment (OMT) as part of the overall health care of patients is made on a visit-by-visit basis. As such, it is typical to perform a history and physical examination on initial and subsequent encounters. Based on the history and findings of the physical examination, the physician may decide to use OMT as part of the overall care of the patient. OMT is a paid service when somatic dysfunction is documented in the history and/or the physical examination. OMT is not paid when somatic dysfunction is absent from the patient's history or physical examination documentation. The method of OMT employed by the physician is determined by the patient's condition, age and the effectiveness of previous methods of treatment.

OMT Documentation

The medical record documentation should include a history and physical. If an E/M service is being reported on the same day as OMT, the documentation should clearly distinguish the services that constitute the E/M service and the OMT service. The documentation should clearly identify the body regions affected and treated with OMT in order to support the procedure code(s) reported.

The selection of body region(s) to which OMT is applied should reflect the region(s) of documented somatic dysfunction. There may be instances when multiple regions are treated due to the occurrence of compensatory changes. When this occurs, the documentation should describe the compensatory changes and the rationale for treating this area, especially if the patient has no complaints related to this area. Treatment should be directed to the areas of documented somatic dysfunction and should not be aimed at areas unrelated to the diagnosis. The type, frequency and duration of OMT should be consistent with current standards of medical practice.

Factors that may affect frequency and duration of treatment are: severity of illness, duration or chronicity of the patient's condition and the presence of co-morbidities. These factors should be reflected in the medical record if they contribute to the physician's treatment approach.

The American Osteopathic Association strongly recommends that documentation include a procedure note to detail the regions manipulated, the techniques utilized, and a description of how the patient tolerated the treatment.

OMT Vignettes and Coding Examples

In April 2010, the American Medical Association (AMA) Relative Value Update Committee (RUC) requested that the AOA survey the existing OMT codes to develop accurate and unbiased information for the relative value of the physician work involved in performing OMT as part of the Centers for Medicaid and Medicare Services (CMS) forth fifth year review of RBRVS. The survey process required the creation of vignettes to describe the typical patient for OMT CPT® Codes 98925-98929. Additionally, the description of the preservice, intraservice, and postservice work for OMT was included. As of January 2012, the vignettes for the typical patient and the preservice, intraservice and postservice descriptors are contained within the RUC database.

There are five OMT Service Current Procedural Terminology (CPT®) Codes (98925-98929). Below find the vignettes, description for the preservice, intraservice and postservice work and coding examples for the OMT codes 98925-98929.

Note: The OMT service codes do not include any elements of the history, examination and medical decision making.

OMT service code 98925: Osteopathic manipulative treatment (OMT); to one to two body regions defined.

Vignette:

A 25-year-old female presents with right lower neck pain of two weeks duration. Somatic dysfunction of cervical and thoracic regions are identified on exam.

Description of Preservice Work:

The physician determines which osteopathic techniques (eg, HVLA, muscle energy, counterstrain, articulatory, etc) would be most appropriate for this patient, in what order the affected body regions need to be treated and whether those body regions should be treated with specific segmental or general technique approaches. The physician explains the intended procedure to the patient, answers any preliminary questions, and obtains verbal consent for the OMT. The patient is placed in the appropriate position on the treatment table for the initial technique and region(s) to be treated.

Description of Intraservice Work:

Patient is initially in the supine position on the treatment table. Motion restrictions of C6 and C7 are isolated through palpation and treated using muscle energy technique. Dysfunctions of T1 and T2 are treated using passive thrust (HVLA) technique. Patient position is changed as necessary for treatment of the individual somatic dysfunctions. Patient feedback and palpatory changes guide further technique application as appropriate.

Description of Postservice Work:

Post-care instructions related to the procedure are given, including side effects, treatment reactions, self-care, and follow-up. The procedure is documented in the medical record.

OMT Service code 98926: Osteopathic manipulative treatment (OMT); 3-4 body regions involved

Vignette:

A 39-year-old female presents with right lower back pain of two weeks duration after a lifting injury. Somatic dysfunction of lumbar, pelvis and sacral regions are identified on exam.

Description of Pre-Service Work:

The physician determines which osteopathic techniques (eg, HVLA, Muscle energy, Counterstrain, articulatory, etc., for a complete list of techniques see the American Association of Colleges of Osteopathic Medicine Glossary of Osteopathic Terminology) would be most appropriate for this patient, in what order the affected body regions need to be treated and whether those body regions should be treated with specific segmental or general technique approaches. The physician explains the intended procedure to the patient, answers any preliminary questions, and obtains verbal consent for the OMT. The patient is placed in the appropriate position on the treatment table for the initial technique and region(s) to be treated.

Description of Intra-Service Work:

The patient is initially in the prone position on the treatment table. Motion restrictions of sacrum and pelvis are isolated through palpation and treated using muscle energy and articulatory techniques. Dysfunctions of L1 and L5 are treated using passive thrust (HVLA) technique. Patient position is changed as necessary for treatment of the individual somatic dysfunctions. Patient feedback and palpatory changes guide further technique application as appropriate.

Description of Post-Service Work:

Post-care instructions related to the procedure are given, including side effects, treatment reactions, self-care, and follow-up. The procedure is documented in the medical record.

OMT service code 98927: Osteopathic manipulative treatment (OMT); five to six body regions defined.

Vignette:

A 17-year-old male presents with pain in the neck, upper and lower back, right shoulder, and right chest following an injury in a high school football game two days ago. Somatic dysfunctions of the right glenohumeral and acromioclavicular joints, as well as the lower cervical, upper thoracic, right upper costal and lumbar areas are identified on exam.

Description of Preservice Work:

The physician determines which osteopathic techniques (eg, HVLA, muscle energy, counterstrain, articulatory, etc) would be most appropriate for this patient, in what order the affected body regions need to be treated and whether those body regions should be treated with specific segmental or general technique approaches. The physician explains the intended procedure to the patient, answers any preliminary questions, and obtains verbal consent for the OMT. The patient is placed in the appropriate position on the treatment table for the initial technique and region(s) to be treated.

Description of Intraservice Work:

The patient is initially in a side-lying position on the treatment table. Motion restrictions of identified joints are isolated through palpation and treated using a variety of techniques as follows: acromioclavicular joint is treated with articulatory technique; glenohumeral and costal dysfunctions are treated with muscle energy technique; cervical spine is treated with counterstrain technique; thoracic and lumbar dysfunctions are treated with passive thrust (HVLA) technique. Patient position is changed as necessary for treatment of the individual somatic dysfunctions. Patient feedback and palpatory changes guide further technique application as appropriate.

Description of Postservice Work:

Post-care instructions related to the procedure are given, including side effects, treatment reactions, self-care, and follow-up. The procedure is documented in the medical record.

OMT service code 98928: Osteopathic manipulative treatment (OMT); seven to eight body regions defined.

Vignette:

A 64-year-old female, in rehabilitation following a left total knee replacement, presents with swelling in the left lower leg, pain in her low back, hips and pelvis with muscle spasms and numbness and bilateral wrist pain with use of a walker. She has a history of widespread degenerative joint disease with stiffness and pain making it difficult for her to actively participate in her rehabilitation program. Somatic dysfunctions of the lumbar, thoracic and cervical spine, sacrum, pelvis, right leg, and bilateral wrist joints are identified on exam.

Description of Preservice Work:

The physician determines which osteopathic techniques (eg, HVLA, muscle energy, counterstrain, articulatory, etc) would be most appropriate for this patient, in what order the affected body regions need to be treated and whether those body regions should be treated with specific segmental or general technique approaches. The physician explains the intended procedure to the patient, answers any preliminary questions, and obtains verbal consent for the OMT. The patient is placed in the appropriate position on the treatment table for the initial technique and region(s) to be treated.

Description of Intraservice Work:

The patient is initially in the supine position on the treatment table. Motion restrictions of identified joints are isolated through palpation and treated using a variety of techniques as follows: radiocarpal joints are treated using articulatory and myofascial release techniques; dysfunctions of L3, L5 and SI joints are treated using balanced ligamentous

tension technique; dysfunction of C5 through T3, the pelvis and lower extremity are treated with muscle energy technique. Lower extremity edema is treated with lymphatic drainage techniques. Patient position is changed as necessary for treatment of the individual somatic dysfunctions. Patient feedback and palpatory changes guide further technique application as appropriate.

Description of Postservice Work:

Post-care instructions related to the procedure are given, including side effects, treatment reactions, self-care, and follow-up. The procedure is documented in the medical record.

OMT service code 98929: Osteopathic manipulative treatment (OMT); nine to ten body regions defined.

Vignette:

A 40-year-old male presents with sub-occipital headache, and pain in the neck, upper and lower back, left shoulder and chest, and right ankle. He was involved in a rear-end MVA two weeks ago. X-rays in the ED were negative. He has been taking prescribed analgesic and muscle relaxant medications with minimal improvement. On examination, somatic dysfunction is identified at the occipitoatlantal, left glenohumeral and right tibiotalar joints, as well as the cervical, thoracic, costal, lumbar, sacral and pelvic regions.

Description of Preservice Work:

The physician determines which osteopathic techniques (eg, HVLA, muscle energy, counterstrain, articulatory, etc) would be most appropriate for this patient, in what order the affected body regions need to be treated and whether those body regions should be treated with specific segmental or general technique approaches. The physician explains the intended procedure to the patient, answers any preliminary questions, and obtains verbal consent for the OMT. The patient is placed in the appropriate position on the treatment table for the initial technique and region(s) to be treated.

Description of Intraservice Work:

Patient is initially in the supine position on the treatment table. Motion restrictions of identified joints are isolated through palpation and treated using a variety of techniques as follows: occipitoatlantal joint and sacrum are treated using muscle energy and counterstrain techniques; right glenohumeral joint and pelvis are treated with articulatory technique; lumbar, thoracic, cervical and right ankle are treated with passive thrust (HVLA) technique; costal dysfunctions are treated using muscle energy technique. Patient position is changed as necessary for treatment of the individual somatic dysfunctions. Patient feedback and palpatory changes guide selection of further technique application as appropriate.

Description of Postservice Work:

Post-care instructions related to the procedure are given, including side effects, treatment reactions, self-care, and follow-up. The procedure is documented in the medical record.

Documenting the Patient Visit: S.O.A.P. Note Exampleⁱ²:

Below is an example of a new and established patient encounter and a subjective, objective, assessment and plan (S.O.A.P) note for each to illustrate how to document the patient's visit in the medical record. Other styles and preferences exist for medical record documentation.

² American Osteopathic Association Osteopathic Manipulative Treatment Coding Instructional Manual Second Edition, August 2012.

Soap Note – New Patient Example

- S. A 20-year-old African-American male complains of low back pain that began three days ago after he lifted a heavy object. Cannot straighten up when walking, pain with change of position. The patient denies radiation of pain and areas of numbness, the pain stays along the back and waist. He is comfortable when lying down, aspirin helps some, has used heat with some help. No prior history of back pain or injury. Denies allergies, medical/surgical history is unremarkable.
- O. Tenderness noted over lumbar and sacral regions Inability to extend lumbar spine when standing Flexion posture when standing Muscle spasms noted in paraspinals of the lumbar region Decreased range of motion of lumbar spine and sacrum was noted on active and passive motion testing Neurologic exam normal.
- A. 1. Lumbosacral sprain/strain 846.0/533.8XXA
2. Somatic dysfunction lumbar, sacral 739.3/M00.03 739.4/M99.04
- P. 1. OMT (appropriate techniques used) applied to the lumbar and sacral regions
2. Continue aspirin
3. No lifting, bending or twisting
4. Follow up in two days to reevaluate patient progress

CODING FOR THIS CASE

Evaluation and Management: new patient 99203

OMT two body regions: lumbar/sacral 98925

Soap Note-Established Patient Example

- S: Patient presents to the office for a reevaluation of lower back pain. He states that the pain has decreased in his low back and that he can get around better. He states that he has no radiation of pain in his legs. He does state that he feels stiff and achy if he tries to do his normal daily activities. He is still taking aspirin with some relief. Denies GI symptoms from aspirin use.
- O. Tenderness with palpation and stretch of the erector spinae muscles
Pain with extension and rotation left of L5
Pain along right SI joint with sacral extension
Motion restrictions of lower lumbar vertebrae and sacrum identified
No muscle spasms noted with active or passive range of motion
Negative neurological exam of lower extremities
- A. 1. Lumbosacral sprain/strain 846.0/533.8XXA
2. Somatic dysfunction lumbar, sacral 739.3/M99.03
739.4/M99.04
- P. 1. OMT (appropriate techniques used) applied to the lumbar and sacral regions
2. Instructed on proper posture when lifting
3. Increased home activities gradually and to tolerance
4. Follow up if improvement does not continue

CODING FOR THIS CASE

Evaluation and Management: established 99213

OMT two body regions: lumbar/sacral 98925

Reporting E/M Services:

Patients present to the office on the initial or a subsequent encounter to address complaints of pain, strains or other signs or symptoms or to address unresolved issues. As such, an E/M service is provided on the initial and subsequent encounter. Patients do not present to the office for OMT.

The E/M service is a separate service from the OMT service, both are separately reportable and payable. Make sure to document the three key components (history, examination and medical

decision making). If utilizing an electronic health record (EHR), ensure that it is capable of capturing all of the history, physical examination and medical decision making and any other service(s) provided on each patient visit.

Per CPT © guidance Evaluation and Management services may be reported separately using Modifier- 25 if the patient's condition requires a significant, separately identifiable E/M service above and beyond the usual preservice and postservice work associated with the (OMT) procedure. The E/M service may be caused or prompted by the same symptoms or condition for which the OMT service was provided. As such, different diagnoses are not required for reporting of the OMT and E/M service on the same date.

Below find the description for the preservice, intraservice and postservice work for the E/M Service Code most frequently reported to CMS in CY 2013. The descriptions illustrate the work of the E/M service is significantly, separately, identifiable and above and beyond the usual preservice and postservice work of the OMT service.

E/M service code 99213: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:

Description of Pre-Service Work:

Review the medical history form completed by the patient and vital signs obtained by clinical staff.

Description of Intra-Service Work:

- Obtain an expanded problem focused history (including response to treatment at last visit and reviewing interval correspondence or medical records received)*
- Perform an expanded problem focused examination*
- Consider relevant data, options, and risks and formulate a diagnosis and develop a treatment plan (low complexity medical decision making)*
- Discuss diagnosis and treatment options with the patient
- Address the preventive health care needs of the patient
- Reconcile medication(s) o Write prescription(s) o Order and arrange diagnostic testing or referral as necessary

Description of Post-Service Work:

- Complete the medical record documentation
- Handle (with the help of clinical staff) any treatment failures or adverse reactions to medications that may occur after the visit
- Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management related to this office visit
- Receive and respond to any interval testing results or correspondence
- Revise treatment plan(s) and communicate with patient, as necessary

OMT Coding Information:

CPT/HCPCS Codes

98925 Osteopathic Manipulative Treatment (OMT); 1-2 Body Regions Involved
98926 Osteopathic Manipulative Treatment (OMT); 3-4 Body Regions Involved
98927 Osteopathic Manipulative Treatment (OMT); 5-6 Body Regions Involved
98928 Osteopathic Manipulative Treatment (OMT); 7-8 Body Regions Involved
98929 Osteopathic Manipulative Treatment (OMT); 9-10 Body Regions Involved

ICD-9/ICD-10 Diagnosis Codes

ICD-9 Codes:

739.0 Head region
739.1 Cervical region
739.2 Thoracic region
739.3 Lumbar region
739.4 Sacral region
739.5 Pelvic region
739.6 Lower extremities
739.7 Upper extremities
739.8 Rib cage region
739.9 Abdomen and viscera region

ICD-10 Codes:

M99.00 Segmental and somatic dysfunction of head region
M99.01 Segmental and somatic dysfunction of cervical region
M99.02 Segmental and somatic dysfunction of thoracic region
M99.03 Segmental and somatic dysfunction of lumbar region
M99.04 Segmental and somatic dysfunction of sacral region
M99.05 Segmental and somatic dysfunction of pelvic region
M99.06 Segmental and somatic dysfunction of lower extremity
M99.07 Segmental and somatic dysfunction of upper extremity
M99.08 Segmental and somatic dysfunction of rib cage
M99.09 Segmental and somatic dysfunction of abdomen and other regions

OMT Techniques are listed below (Please refer to the AACOM Glossary of OMT Terminology for more information)

Active method
Articulatory method
Articulatory treatment
Articulatory (ART)
Balanced ligamentous tension (BLT)
Chapman reflex
Combined method
Combined treatment
Compression of the forth ventricle (CV-4)
Counterstrain (CS)
Cranial Treatment (CR)
CV-4
Dalrymple treatment
Direct method
Exaggeration method
Exaggeration technique
Facilitated oscillatory release technique (FOR)
Facilitated positional release (FPR)
Fascial release treatment
Fascial unwinding
Functional method
Galbreath treatment
Hepatic pump
High velocity/low amplitude technique
Hoover technique
Indirect method (I/IND)
Inhibitory pressure technique
Integrated neuromusculoskeletal release
Jones technique
Ligamentous articular strain technique (LAS)
Liver pump
Lymphatic pump
Mandibular drainage technique
Mesenteric release technique
Muscle energy
Myofascial release (MFR) direct and indirect
Myofascial technique
Myotension
Osteopathic in the Cranial Field (OCF)
Passive method
Pedal pump
Percussion vibrator technique
Positional technique
Progressive inhibition of neuromuscular structure (PINS)
Range of motion technique
Soft tissue technique
Spencer technique
Splenic pump technique

Spontaneous release by positioning
Springing technique
Still technique
Strain-Counterstrain ®
Thoracic pump
Thrust technique (HVLA)
Toggle technique
Traction technique
V-spread
Ventral techniques

Sources of Information

American Osteopathic Association Osteopathic Manipulative Treatment Coding Instructional Manual Second Edition (2012)

American Osteopathic Association (2014). Position paper on Evaluation and Management services (E/M) with Osteopathic Manipulative Treatment (OMT).

American Osteopathic Association (1998). Protocols for Osteopathic Manipulative Treatment (OMT).

American Association of Colleges of Osteopathic Medicine Glossary of Osteopathic Glossary of OMT Terminology.

American Medical Association (AMA) Current Procedural Terminology (CPT®) 2015 Manual

American Medical Association (AMA) Relative Value Update Committee (RUC) Database

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