



## Coding for Osteopathic Manipulative Treatment

Osteopathic manipulative treatment (OMT) is a form of manual treatment applied by a physician or other qualified health care professional<sup>1</sup> to eliminate or alleviate somatic dysfunction and related disorders. OMT consists of several different modalities that can be utilized to benefit the patient depending on their age, presenting concern, and more.

### OMT Services:

- May be reported in addition to significant and separately identifiable E/M services such as:
  - New or established patient office or other outpatient services (**99202-99215**), hospital observation care (**99217-99220, 99224-99226**), hospital care (**99221-99223, 99231-99233**), critical care services (**99291, 99292**), observation or inpatient care services (**99234-99236**), office or other outpatient consultations (**99241-99245**), emergency department services (**99281-99285**), nursing facility services (**99304-99318**), domiciliary, rest home, or custodial care services (**99324-99337**), and home services (**99341-99350**)
- Requires the use of modifier **25** on the significant and separately identifiable E/M service reported in addition to the OMT code
- Do not require a different diagnosis for the reporting of the OMT and E/M service on the same date.

### OMT CPT/HCPCS Codes:

<b>98925</b>	Osteopathic manipulative treatment (OMT); 1-2 body regions involved
<b>98926</b>	3-4 body regions involved
<b>98927</b>	5-6 body regions involved
<b>98928</b>	7-8 body regions involved
<b>98929</b>	9-10 body regions involved

### Body regions referred to are:

<b>Head region</b>	<b>Sacral region</b>
<b>Cervical region</b>	<b>Pelvic region</b>
<b>Thoracic region</b>	<b>Lower extremities</b> (bilateral is one region)
<b>Abdomen / viscera region</b>	<b>Upper extremities</b> (bilateral is one region)
<b>Lumbar region</b>	<b>Rib cage region</b>

### **S8990** Physical or manipulative therapy performed for maintenance rather than restoration

Maintenance therapy occurs after the goals of the treatment plan have been reached, the therapy is no longer of therapeutic necessity, and it is apparent that no additional functional improvement is occurring or expected to occur. Maintenance therapy is performed to maintain the quality of life, disease prevention, and general health maintenance. This is typically reported in conjunction with an E/M service.

<sup>1</sup> “physician or other qualified health care professional” is an individual who is qualified by education, training, licensure or regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service. These professionals are distinct from “clinical staff.”

## Frequently Asked Questions

### **What specific types of injuries/illnesses are treated by OMT?**

OMT can be used to treat virtually any patient chief complaint. Most commonly, patients are referred for musculoskeletal complaints, including low back pain and tension headaches. However, it can also be used to treat visceral complaints (e.g. constipation), behavioral or mood concerns (e.g. ADHD), and more as either a primary treatment modality or an adjunctive treatment. Below are some common indications for OMT in the pediatric population:

- Asthma
- Latch/feeding dysfunction
- Otitis media/sinusitis
- Joint pain – including hypermobility, sports injuries, and JIA
- Plagiocephaly and torticollis
- Back pain – including sports injuries and scoliosis
- Constipation

### **What is the definition of "somatic dysfunction?"**

CPT codes [98925-98929](#) describe osteopathic manipulative treatment, defined as a form of manual treatment applied by a physician to eliminate or alleviate somatic dysfunction and related disorders. The term "somatic dysfunction" is used to designate impaired or altered function of related components of the somatic (body framework) system, skeletal, arthrodiar and myofascial structures, and related vascular, lymphatic, and neural elements. Somatic dysfunction must be documented in a physician note if OMT is performed as it is the indication for utilizing OMT as a procedure.

### **When reporting OMT, is it appropriate to report these codes based on the number of lesions treated? For example, if three lesions are treated in the neck region, how would that be reported?**

The codes for OMT are reported based on the number of body regions involved and not on the number of lesions in a particular body region. Therefore, if three lesions are treated in the cervical region (ie, one region), the service would be reported with CPT code [98925](#), which indicates one to two body regions involved. There are many treatments that may overlap body regions, but the physician should choose only one of those regions to bill for. For example, if trapezius is treated it could technically count as treating head, cervical spine, thoracic spine, or upper extremity regions but only one of these regions should actually be billed for if that was the only dysfunction treated in all those regions.

### **Who may report OMT?**

From a CPT coding perspective, it is important to recognize that the listing of a service or procedure and its code number in a specific section of the CPT codebook does not restrict its use to a specific specialty group. Any procedural service in any section of this book may be used to designate the services rendered by any qualified physician or other qualified health care

professional. Therefore, OMT may be reported by any qualified physician as allowed by the appropriate state licensure and/or institutional regulations.

### **What should be documented in order to support OMT?**

- Ensure that you have thoroughly documented the history of the chief complaint, onset, frequency, duration, etc
- Document somatic dysfunction – this does not have to include segmental diagnoses necessarily, but should include at least some documentation of TART changes where TART stands for tissue texture changes, asymmetry, range of motion, and tenderness.
- Detail the regions treated with OMT (to support the CPT codes reported)
- Include all of the techniques used and describe how the patient tolerated the treatment
- Functional improvement or decline, especially in patients seen repeatedly over an extended period of time
  - Documentation of a procedure note with all appropriate components, including verbal consent from patient and/or guardians

Sample procedure note:  **Procedure note**

OMT is indicated on the basis of somatic dysfunction. Patient consents to OMT after discussion of risks and benefits. Body areas treated included (name body areas) and direct and indirect forms of OMT were used including (name modalities of OMT utilized). Patient responded (describe) with (yes/no) complications. Patient instructed to call if signs or symptoms change or worsen. Patient follow-up (describe f/u).

### **ICD-10-CM codes**

- Use as many diagnosis codes that apply to document the patient's complexity and report the patient's symptoms and/or adverse environmental circumstances.
- Once a definitive diagnosis is established, report the appropriate definitive diagnosis code(s) as the primary code, plus any other symptoms that the patient is exhibiting as secondary diagnoses that are not part of the usual disease course or are considered incidental.

- 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

### **Vignettes**

#### **#1**

4 y/o new patient presents with 6 months of bilateral recurrent suppurative otitis media. Mom wants to avoid myringotomy tubes. ENT consult 3 weeks ago and considering tube placement. Per mom hearing is fine and no issues at preschool. The ENT exam revealed normal EACs and fluid behind the tympanic membranes. Exam also revealed right suboccipital congestion with externally rotated right temporal bone. OA E<sub>R</sub>RSL. C2 FR<sub>R</sub>S<sub>R</sub>. C6-T2 with hypertonicity on the right and restricted CT junction ROM. T9-L2 NR<sub>L</sub>S<sub>R</sub>. Right sacroiliac restriction and right lower extremity externally rotated.

Assessment: 1. Somatic Dysfunctions of the head region, cervical region, thoracic region, lumbar region, sacrum, pelvic region, and lower extremity region. (technically all listed as individual assessments for coding purposes)

2. Chronic AS OM - bilateral
3. Eustachian Tube Dysfunction - bilateral

Plan: 1. Myofascial release and osteopathic cranial manipulative medicine (OCMM) applied to all the above regions and recheck of somatic dysfunction showed improvement of all somatic dysfunction. 98928 (7-8 areas)  
 2-3. Discussed treatment options and wanted to try osteopathic manipulative treatment (OMT). I see no need for acute imaging and will keep ENT abreast of progress. Patient to f/u in 1 week or sooner prn and will set her up for formal audiology evaluation so we can monitor progress. Speaks well with good phonation so no developmental delays noted. Will cc primary as well.

Coding:

ICD-10-CM	CPT
<b>M99.00; M99.05; M99.06;</b> <b>H66.006</b> (acute suppurative otitis media w/o rupture of ear drum, recurrent, bilateral; <b>H69.83</b> (other specified disorders of Eustachian tube, bilateral)	<b>99203 25</b>
<b>M99.00; M99.05; M99.06</b>	<b>98926</b> (3 body regions – head, pelvic and lower extremities)

**#2**

15-year-old c/o shoulder and hip pain. Playing football Thursday night and was hit on the right hip and landed on left shoulder. Athletic trainer checked him out and ice was used, but hurts to move the shoulder and has some sharp pain over the SI area. Ice and ibuprofen helped a little. Patient wanted to 'work it out' but mom insisted he be evaluated.

Soc: High school sophomore. Denies smoking or sexual activity.

PMH: Negative

ROS: Denies weakness, radicular pain and no LOC or vertigo or visual changes after he was hit.

PE: WDWM in NAD

Neuro: DTR +2/4 C5-7 and L4/S1; negative straight leg raising

Skin: No ecchymoses

Ext: Very tight b/l hamstrings.

MSK: Right SI tenderness with locking. Reduced cervical ROM to the right. Right anterior innominate, RLE externally rotated and elongated. Right on right sacral torsion with right SI tenderness on palpation and right paralumbar strain. T10-L2 NR<sub>R</sub>S<sub>L</sub> & T3-T6 NR<sub>L</sub>S<sub>R</sub> with ribs held in inhalation correlative to the rotation found in the thorax. C5 FR<sub>L</sub>S<sub>L</sub>

Assessment: 1. Somatic Dysfunctions of lower extremity region, cervical region, pelvis, sacrum, thoracic region, and ribs.

2. Hip Pain
3. Shoulder Pain
4. Sacroiliac Sprain
5. Cervical Strain, Acute

Plan: 1. HVLA, MET, MFR utilized with good mobilization and increased ROM to all regions listed above  
 2-4. Responded well to treatment with near resolution of pain. May return to practice and needs to see the athletic trainer for stretching after hydrocollator packs at least 30

minutes before practice. No need for acute imaging and if persists, mom is to call to get back in to see me. Must work on hamstring flexibility – consider PT referral in the future. Patient and mom amenable.

Coding:

<b>ICD-10-CM</b>	<b>CPT</b>
<b>M99.02; M99.03; M99.01; M99.05;</b> <b>S33.6XXA</b> (sprain of sacroiliac joint); <b>S13.4XXA</b> (sprain cervical spine)	<b>99214 25</b>
<b>M99.02; M99.03; M99.01; M99.05</b>	<b>98927</b> (6 body regions – thoracic, lumbar, cervical, pelvic, LE, and ribs)