Osteopathic Manipulative Treatment (OMT) is an interactive procedure beginning with the decision to treat the area(s) diagnosed in the preceding E&M service. The "cursory history and palpatory exam" to which reference is made in the description of OMT is part of work that occurs during the procedure and is separate and distinct from the E&M service.

Policy:
Osteopathic Manipulative Treatment (OMT) is covered when medically necessary and performed by a qualified physician, in patients whose history and physical examination indicate the presence of somatic dysfunction of one or more regions. Osteopathic Manipulative Treatment specifically encompasses only the procedure itself. Evaluation and management (E&M) services are covered, as a separate and distinct service when medically necessary and appropriately documented.

The decision to provide OMT is based on the physical examination, which is used to evaluate a patient for his or her complaint. If somatic dysfunction is found during a physical examination, then OMT may be used as a therapeutic option. Somatic dysfunction is defined as follows:

1. Impaired or altered function of related components of the somatic (body framework) system: skeletal, arthrodial, and myofascial structures, and related vascular, lymphatic, and neural elements. Somatic dysfunction is treatable using osteopathic manipulative treatment. Somatic dysfunction is "diagnosed by history and palpatory assessment of tenderness, asymmetry of motion and relative position, restriction of motion, and tissue texture change.”

Definitions:

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A complete single-organ system musculoskeletal examination consists of assessing the following elements:

1. Gait
2. Palpation of asymmetry and tenderness
3. Range of motion
4. Stability
5. Muscle strength and tone
6. Digits and nails

Findings of somatic dysfunction are documented based on the element of dysfunction found. Different findings will prompt the use of specific OMT techniques appropriate for the specific type of somatic dysfunction found as well as the clinical scenario. Dysfunction at junctional regions that affects two or more regions, such as the occipitoatlantal joint and the thoracic inlet, should be recorded in the assessment as each region affected. After recording the physical findings of somatic dysfunction during the objective evaluation of the patient, the physician should assess and document the body regions—rather than individual dysfunctions—in which somatic dysfunctions were found.

OMT is a procedure that can be done by the PCP or a consulting physician. If a PCP refers a member to a consulting physician explicitly for the purpose of performing OMT, only the OMT can be billed, not the E&M code. Suspicion of excessive use of this code will result in audit for fraud, waste and abuse.

Procedure:

Documentation Requirements:

1. The medical record should support the medical necessity of osteopathic manipulative treatment.
2. Documentation of examination findings of somatic dysfunction should describe pathology in the areas of the skeletal, arthroidal and myofascial structures as well as related vascular, lymphatic and neuroelements.
3. Functional improvement or decline is determined by the treating physician and may be cause for further interventions and/or procedures based upon the evaluation and management services and the presence or absence of medical necessity.
4. If the evaluation, i.e., the interim history, physical examination, and the management decisions, indicate the best intervention on that day, for that patient, is Osteopathic Manipulation, then, and only then, is it necessary to perform the “pre-service and post-service work associated with the procedure.”

   a. The pre-service work includes determining:
      i. Which, of the more than 30 Osteopathic Manipulation methods (HVLA, Muscle energy, Counterstrain, Myofascial release, Cranial. etc.) would be most effective for this patient
      ii. What specific body regions need to be treated
      iii. Should those body regions be treated with specific segmental or general mobilization procedures
      iv. What instructions are necessary to gain the cooperation of the patient, and
      v. What is the best position for the patient on the table
      vi. The pre-service work may be repeated, as needed, for each body region for which treatment has been indicated

   b. **Intra-Service** The actual performance of the procedure.

   c. **Post-Service Work**
      i. Analysis of data collected from the encounter, preparation of a report and communication of the results.
      ii. Assess subjective and objective responses to OMT
      iii. Instruct the patient regarding side effects, treatment reactions, self-care, follow-up, etc.,
      iv. Complete documentation
Utilization Guidelines:
1. The number of regions treated during any one session will depend upon the history, examination and medical decision-making utilized to determine medical necessity of the most appropriate intervention.
2. The type, frequency and duration of services must be reasonable and consistent with the standards of practice in the medical community.
3. The following are Treatment Guidelines:
   a. Treatments, acute or chronic, should generally not exceed 1-2x/month.
   b. Treatment beyond six months should be limited to cases of chronic incurable illness (e.g., postpolio, ALS, post CVA, etc.)

Limitations of Coverage: Osteopathic Manipulative Treatment is not covered when the indication of Coverage is not met, and conventional documentation of somatic dysfunction is not present in the patient's medical record.

No E&M service is warranted for planned follow-up OMT treatments unless a new condition occurs or the patient’s condition has changed substantially, necessitating an overall reassessment.

Evaluation and Management services may be reported separately if, and only if, the patient's condition requires a significant separate identifiable E&M service above and beyond the usual pre-and post-service work associated with the procedure.

OMT billing is not reflective of the amount of time spent treating a patient or the amount of time spent on any particular region of the body.

An E&M visit cannot be billed in addition to the surgical procedure and OMT for the same date of service.

Exclusions: Manipulative therapy is not medically necessary for the treatment of:
1. Non-musculoskeletal disorders (e.g., asthma, otitis media, infantile colic, etc.)
2. Prevention/maintenance/custodial care
3. Internal organ disorders (e.g., gallbladder, spleen, intestinal, kidney, or lung disorders)
4. Temporomandibular Joint (TMJ) Disorder
5. Scoliosis correction
6. Conditions requiring craniosacral therapy (cranial manipulation/Upledger technique), unless medical necessity can be documented and supported by evidence based or nationally recognized guidelines
7. Manipulative services that utilize nonstandard techniques such as applied kinesiology technique, NUCCA, network and neural organizational technique

Manipulative therapy is not considered medically necessary when ANY of the following apply:
1. The patient’s condition has returned to the pre-symptom state.
2. Little or no improvement is demonstrated within 30 days of the initial visit despite modification of the treatment plan.
3. Concurrent manipulative therapy, for the same or similar condition, provided by another health professional whether or not the healthcare professional is in the same professional discipline.

Special Instructions: N/A

CPT/HCPCS Codes: 98925, 98926, 98927, 98928, 98929
Approved by: ________________________________
Corporate Chief Operating Officer
Date: 10/20/2015

Reviewed and approved by Policy and Procedure Committee:
Date: 08/14/2015

Reviewed and approved by Medical Policy Operations Committee:
Date: 08/28/2015

Reviewed and approved by Physician Advisory Committee:
Date: 09/25/2015

Reviewed and approved by Corporate Compliance Committee:
Date: 10/20/2015

References:


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