

Overcoming Barriers to Performing Osteopathic Manipulation

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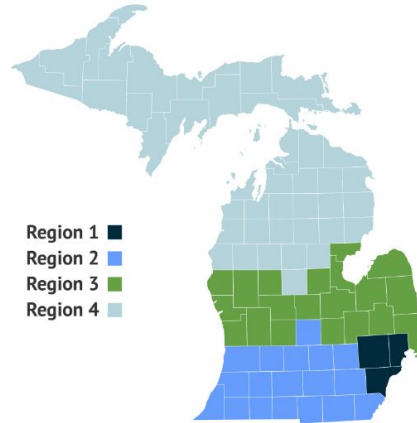


Disclosures

No relevant financial relationships

Tri-county Osteopathic Member Association board trustee member

MOA House of Delegates



From April 2024 in “The DO”



The DO Distinction

By Brian Loveless, DO

Brian Loveless, DO, is the
chief medical officer of
WesternU Health.

‘Let your light so shine ... ’

The 4th wave of osteopathic medicine: Re-establishing osteopathic distinctiveness

In his latest column, Brian Loveless, DO, shares an update on the current state of the osteopathic medical profession, including how DOs and osteopathic medical students can reclaim the profession’s distinctiveness and excel in the current health care climate.

March 29, 2024

From the April 2024 issue

OMT is effective and unique

- most osteopaths believe OMT is effective for both somatic dysfunction and systemic illnesses
- helps maintain our osteopathic distinctiveness

“To find health should be the object of the doctor. Anyone can find disease.”

- A. T. Still



The American Association of Colleges of Osteopathic Medicine (AACOM) represents the administrators, faculty, and students at all 37 accredited colleges of osteopathic medicine, as well as osteopathic graduate medical education professionals and trainees at U.S. medical centers, hospitals, clinics, and health systems. For more information, visit aacom.org.

- [illegible]

Age unknown	691 (>1%)
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Dwindling use of OMT

- 1997 survey - **32.1%** reported using OMT on less than 5% of patients
 - 1055 FM DOs
- 2003 survey - 75% reported using OMT less than **10 times in a week**
 - 831 Ohio DOs, all specialties
- Published in 2021 - **77.74% used OMT <5% of patients**
 - 10,000 DOs surveyed in Aug 2018
 - Includes 56.95% no OMT use
 - **'No OMT use' doubled** since 2001 and use on 76-100% of pts decreased by 42%
- Published 2022 -1.6% encounters used OMT where it was perceived that it was used in 19.7% of encounters
 - survey of 15 FM residents
 - Biggest barrier was time

Positive correlation to OMT use

A 2001 study showed positive correlation with **female, owner** of their practice, working in an **office-based** setting

Write in comments included:

“No barriers, I use OMT daily”

“I use OMT, my patients love it”

“I have developed/modified OMT techniques to be fast and effective”

“I use a lot of OMT and see a significant benefit to my patients”

Positive correlation to OMT use

- 2005 study of FM residents correlated attending physician utilization of OMT to the satisfaction with **residency** training more than preclinical medical school years
- Residents reported more **OMT/ OPP related didactics in training** made them more likely to continue utilizing modalities in practice post residency graduation

BUT...

- 26 OMM-NMM residency programs (2 in MI)
- 252 ACGME accredited residency programs with “Osteopathic Recognition” (21 in MI)
 - Only 1.9% of all ACGME programs

Medicare trends 2000-2019

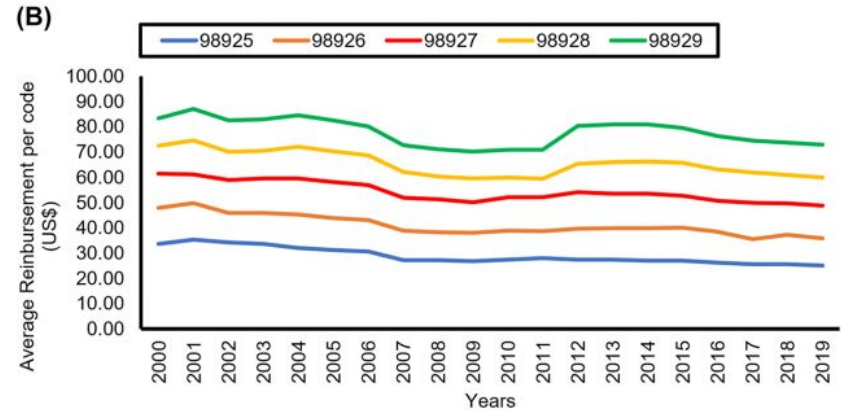
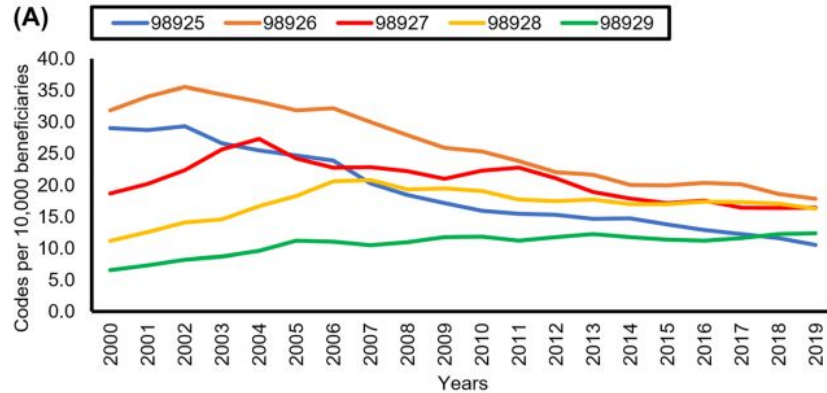


Figure 3: Twenty-year trends of averaged reimbursement for all osteopathic manipulative treatment (OMT) codes.

Published March 2023,
Journal of Osteopathic Medicine

Medicare trends 2000-2019

Starr et al postulated decreased usage of OMT results from combination of **lower reimbursement**, decreased residency options with OMT training, increased **billing complexity**

Barriers to Osteopathic Manipulation

lack of time

lack of institutional support

lack of confidence/proficiency

lack of reimbursement



Lack of time

- Make the EMR work for you!
 - Build in dot phrases / quick texts
 - Create Templates
 - Find a “super user” for help
 - Share resources between practices and colleagues
- Handouts, streamline informed consent
- Maybe 3-5 minutes for 98925 add on
 - How much time is spent discussing and processing referrals?



Osteopathic Manipulative Treatment

Who uses OMT?

All osteopathic physicians (D.O.s) from surgeons to family physicians are trained to use OMT to diagnose, treat and even prevent illness or injury. D.O.s are fully trained and licensed physicians able to perform surgery and prescribe medication. Sixty-four percent of D.O.s currently practice in the primary care areas of medicine although they can also be found practicing in other medical specialty areas such as cardiology and neurosurgery.

What is osteopathic manipulative treatment (OMT)?

OMT is a hands-on treatment where osteopathic physicians (D.O.s) use their hands to examine your back and other parts of your body such as joints, tendons, ligaments and muscles, for pain and restriction during motion that could signal an injury or impaired function.



What types of injuries or illnesses can OMT be used for?

OMT can be helpful in treating low back pain as well as relieving discomfort and/or musculoskeletal abnormalities associated with a number of disorders including asthma, carpal tunnel syndrome, menstrual pain, sinus disorders and migraines.

Who can benefit from OMT?

People of all ages have found relief from pain and dysfunction as well as improved mobility through OMT. Many D.O.s incorporate OMT into their treatment plans for top athletes, workers with on-the-job injuries and people with illnesses and injuries such as asthma and low back pain.

What is the difference between OMT and other forms of manipulation?

OMT, used to diagnose and treat injuries and illnesses, utilizes passive thrusting techniques but also includes a variety of non-thrusting methods designed to affect muscles and soft tissues. OMT also optimizes blood circulation to maintain and restore health while other forms of manipulation tend to focus more on spinal misalignment interfering with nerve transmission.

How is OMT prescribed?

A D.O.'s decision to use OMT is made on a visit-by-visit basis depending on the condition of the patient at the time of each visit. This leads to a significantly lower number of visits than other health care providers who use manipulation.

How is OMT performed?

Your structural exam will begin with an assessment of your posture, spine and balance. Your D.O. will then use his fingers to palpate your back and extremities. He will then check your joints for restriction and/or pain during motion and your muscles, tendons and ligaments where tenderness can signal a problem. Using a variety of OMT techniques, your D.O. will apply manual forces to your body's affected areas to treat structural abnormalities and will then apply specific corrective forces to relieve joint restrictions and misalignments. Based upon the complexity or severity of your problem, you may require more than one treatment.

D.O.s: Physicians Treating People, Not Just Symptoms

Does managed care cover OMT?

OMT is an added treatment tool that is covered by many managed care organizations. Typically, the physician and the managed care plan negotiate the level of reimbursement.

Study in *New England Journal of Medicine* shows OMT to be effective

A study published in the November 4, 1999 issue of the *New England Journal of Medicine* shows OMT to be an effective form of medical treatment and with lower costs and fewer side effects. Patients participating in the study were divided into two groups. One group was treated with standard options for low back pain such as anti-inflammatory medication, active physical therapy and hot/cold packs. Patients in the other group were treated with standard care and OMT. The study showed that both groups improved over a 12-week period. However, the patients who received OMT required significantly less medication and used less therapy, resulting in lower costs and fewer side effects.

To Find a D.O. who uses OMT in your area, call or write:

American Osteopathic Association
142 E. Ontario Street
Chicago, IL 60611
800.621.1773
info@aoa-net.org

The American Osteopathic Association acknowledges the contributions made to the OMT Fact Sheet by the American Academy of Osteopathy (www.americanacademyofosteopathy.org) and the American College of Osteopathic Family Physicians (www.acofp.org).

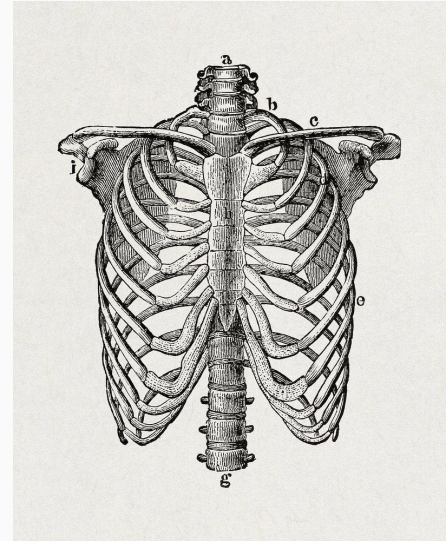


Cleveland Clinic

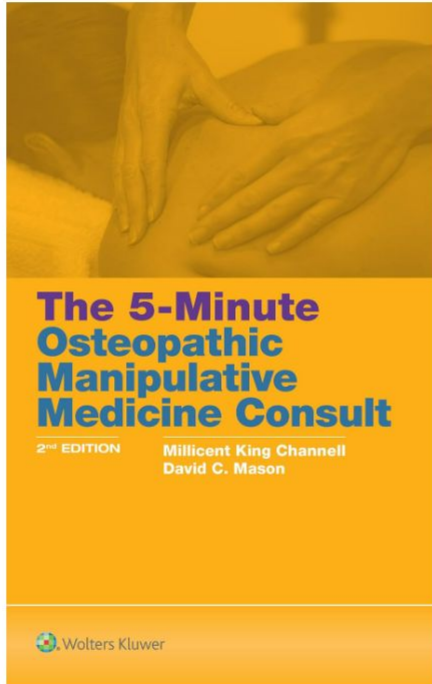
<https://my.clevelandclinic.org/health/treatments/9095-omt-osteopathic-manipulation-treatment>

Confidence and Proficiency

- attend lectures here at MOA
- ask your colleagues for their help
- trust your training and your hands
 - stick with what you know and slowly expand
 - Seated muscle energy for thoracic/lumbar spine
 - Suboccipital release
- Use your resources from school
- Students and residents - find a mentor!



(no financial kickbacks)



- Basic description of problems - MSK or illnesses
- Pathophysiology including sympathetic, parasympathetic and motor innervation
- Somatic dysfunctions to look for
- Treatment plan recommendation for 2min, 5min or extended treatments

Bonus as a board review including anatomy, chapman reflexes, review diagrams and charts

Self study websites or directed CME

- American Academy of Osteopathy CME for both virtual and live CME
- ACOFP OMT eLearning - free with membership or 199\$ yearly subscription
- MSUCOM CME via SCS
- Youtube



Osteopathic Clinical Skills

@OsteopathicClinicalSkills · 25.7K subscribers · 111 videos

Osteopathic Clinical Skills is a channel dedicated to discussing and exploring

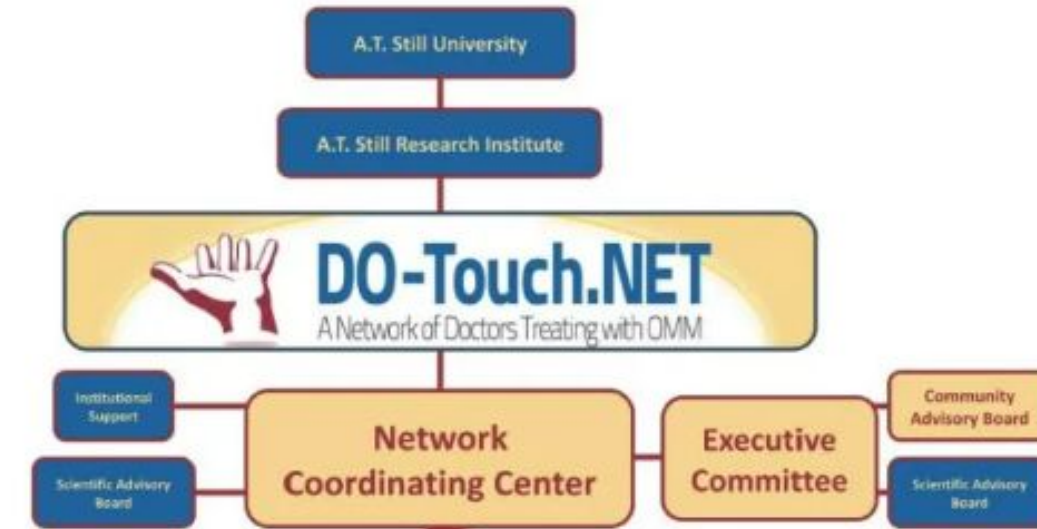


OPP Scholars

@ommscholars · 538 subscribers · 24 videos

LMU-DCOM's OPP Scholars share helpful videos to make learning OMM easier a





DO-Touch.NET Organizational Chart

DO-Touch.NET, Doctors of Osteopathy Treating with OMM: Usefulness in Current Healthcare, is a practice-based research network sponsored by A.T. Still University.

Founded in 2010 by the A.T. Still Research Institute, DO-Touch.NET has over 900 members, representing over 24 countries and six continents.

Lack of Institutional Support

- Private practice
- Hospital systems
 - Improve reviews and quality scores
 - Reduce opiate use
 - Proper billing/coding can show financial benefit
 - Improve burnout



Documentation, Billing & Coding



Billing & Coding

Dysfunctional body region	ICD 10 code
Head	M99.00
Cervical	M99.01
Thoracic	M99.02
Lumbar	M99.03
Sacral	M99.04
Pelvic	M99.05
Lower extremity	M99.06
Upper extremity	M99.07
Rib cage	M99.08
Abdomen/viscera	M99.09

Number of treated body regions	CPT code
1-2	98925
3-4	98926
5-6	98927
7-8	98928
9-10	98929

Billing & Coding

RVUS FOR OMT CODES

OMT code	Work Value
98925	0.46
98926	0.71
98927	0.96
98928	1.21
98929	1.46

CPT Code	2020 wRVU	2021 wRVU
New Patient Office Visits		
99201	0.48	<i>Deleted</i>
99202	0.93	0.93
99203	1.42	1.60
99204	2.43	2.60
99205	3.17	3.50
Established Patient Office Visits		
99211	0.18	0.18
99212	0.48	0.70
99213	0.97	1.30
99214	1.50	1.92
99215	2.11	2.80

OMT is a procedure

- OMT has a surgical code of zero, a minor procedure (low risk for MDM)
- Patient's response can be assessed immediately and noted without a follow-up visit required.
- Indication for OMT procedure is the presence of somatic dysfunction which should be clearly documented.

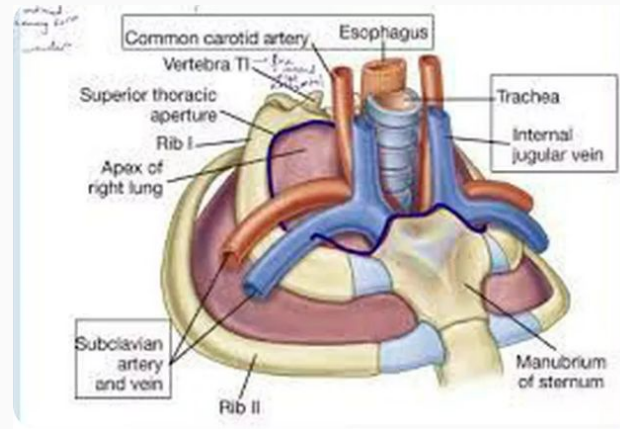
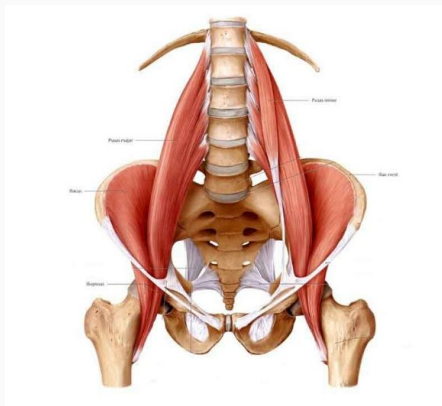
Documentation of Somatic Dysfunction

- Impaired or altered function of the skeletal, arthrodial and myofascial structures as well as related vascular, lymphatic and neural elements when present.
- **T** – Tissue Texture Changes
 - Hypertonicity, swelling, hyperesthesia, etc of C/T/L paraspinals
- **A** – Asymmetry of bony landmarks
 - SI joint, ASIS, leg lengths
- **R** – Restriction of Motion
 - Spine segments, joint range: carpal restriction
 - Specific Diagnosis: C2 FRS left, L innominate superior sheer
- **T** – Tenderness
 - Tenderness at SCM origin

B	I	N	G	O
Posterior Innominate	L/L	Adson's Test	Flexion/Extension	T5-T9
Inflare	R/L	Piriformis	Lateral Strain	C3-C5
Standing Flexion Test	No Sacral dysfunction	Free!	Torsion	T1-T4
Outflare	R/R	Ober's Test	Sidebending/Rotation	T10-L2
Anterior Innominate	L/R	Posterior Scalene	Vertical Strain	L4-S3

Documentation of Somatic Dysfunction

- Be consistent with cross region structures (psoas, thoracic inlet)



OMT procedure note

- Document findings of somatic dysfunction clearly in note
 - Either in Procedure note or in PE findings
- Provide rationale for treating areas of somatic dysfunction found on physical exam not noted in the presenting problems
 - Compensatory findings
- Provide rationale for providing OMT to support system and organ function
 - Respiratory, Lymphatic, Visceral
- Add ICD 10 codes to correlate with SD*
- Code appropriate OMT CPT code for areas documented and treated

OMT procedure note

- Pre-service work
 - "An appropriate history and physical examination was done and OMT was deemed appropriate for presenting medical condition."
 - "Explanation of procedure and all questions were answered"
 - "Verbal (or written) consent obtained"
 - "Patient was advised that OMT is a billable service and may not be completely covered your insurance."
- Intra-service work
 - Body regions treated and techniques applied
 - "Cervical - ME, Thoracic - myofascial, HVLA, etc"
- Post-service work
 - Post treatment instructions related to the OMT procedure
 - Any side effects, treatment reactions and post procedure instructions given
 - "Patient tolerated procedure well and somatic dysfunction improved on recheck with a reduction in pain"
 - "Soreness may occur for the next 1-2 days. Patient was advised to increase water intake. Stretches taught today. Patient advised to contact office if severe pain occurs"

Sample from *Family Practice Management*, 2021

OSTEOPATHIC PROCEDURE NOTE EXAMPLE

Somatic dysfunction of body region: cervical spine — hypertonic posterior cervical muscles, C4-C5 NRrSr; thoracic spine — thoracic inlet NRrSl, T3-T4 NRrSl; lumbar spine — hypertonic paraspinal muscles.

Techniques: soft tissue, myofascial release, and facilitated positional release (FPR).

Response: Patient's symptoms improved; somatic dysfunctions improved.

Follow-up: as needed.

Billing & Coding (old)

M99.01

M99.02

M99.03

Thoracic Back pain -

M54.6

CPT: 98926

Coding for OMT procedure only

- Existing problem with a short term follow-up after recent treatment that is improved but not fully resolved
- New problem, performed an appropriate H&P but ran out of time so brought patient back within a couple days to perform OMT
- No documented medical necessity for OMT
- Preplanned or schedule of successive treatments similar to PT
 - If you stated in your note return for OMT. State “Return for recheck of ‘medical condition’ and repeat osteopathic evaluation”

Directly from CMS.gov

- Osteopathic Manipulative Treatment(OMT) specifically encompasses only the procedure itself.
- Evaluation and management(E&M)services may be reported separately using modifier -25 if the patient's condition requires a significant and identifiable E&M service which is above and beyond the usual pre and post service work associated with the OMT procedure; and it is appropriately documented.
- While the E&M service may be caused or prompted by the same symptoms or condition for which the OMT service was provided; documentation for the E&M must support this was a distinct and separate purpose from the OMT evaluation and treatment.
- Different diagnoses are not required for the reporting of the OMT and E&M on the same date.

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**

Note: 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.**

Modifier -25

“Modifier 25 is used to indicate that a patient’s condition required a significant, separately identifiable evaluation and management (E/M) service above and beyond that associated with another procedure or service being reported by the same physician or other qualified health care professional (QHP) on the same date.”

“(This) stipulates that the E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided; as such, different diagnoses are not required for the E/M services reported on the same date”

Modifier -25

- only used with an E/M code
- not restricted to a specific level of service, new or established patient
- E/M is significant and separately identifiable from the procedure or other service performed on the same date
- The same physician is performing both procedures
- CPT code does not require different diagnosis for the E/M service
- Do not use if a decision to perform surgery is made (modifier -57)
- E/M service must meet all the billing requirements including appropriate history/exam, billing based on 2021 guidelines
- significant and separate services must be properly documented in the medical record

Times to use Modifier -25 other than OMT

- Preventative care visit with an additional acute concern requiring work-up
 - Insignificant or trivial problems encountered in a preventative visit that does not require additional work **should not** be modified
- E/M service with a different separate procedure such as joint injection, incision and drainage, laceration repair, or skin biopsy
- Other options for surgical specialties such as same day laryngoscope or fine needle aspiration

Documenting *medical necessity* of E/M with OMT

- **An E/M service is required to address presenting problem followed by physical examination including any somatic dysfunction found.**
 - The decision to perform OMT is at minimum a 99213 level E&M code based on MDM
 - Any chronic conditions in addition to presenting pain can increase level to 99214
 - Remember, **UNDER BILLING** is just as problematic as over billing.
- Patient presents with an initial complaint, subsequent encounters are for reevaluation and ongoing care of said pain complaint
- Document medically appropriate history and exam, diagnosis with treatment and management plan
 - Identify any new conditions
 - Identify if chronic conditions have changed substantially, necessitating overall assessment
 - Include functional improvement or decline for chronic conditions
- **Both E/M and OMT services are connected but distinctly different**
 - OMT is a manual treatment associated with musculoskeletal conditions and possible effects on other systemic systems
 - E/M is the medical decision making code for evaluating a medical condition and recommending evaluations and interventions

E/M with -25 modifier and OMT CPT codes

- Clearly document SD
- Document decision to provide OMT in the E/M treatment plan
- Select level of E/M
 - MDM or Total Time (2021 updates not covered here)
 - Prescription drug management is moderate risk
 - Consider complicating chronic conditions like systemic illness or cancer history
- If a patient is scheduled for reassessment after previously receiving OMT
 - **Avoid** documenting patient is here for “follow-up” OMT
 - **Avoid** documenting patient is here for a treatment in a scheduled series
 - Document “follow-up of ‘medical condition’ and repeat osteopathic evaluation”
- Separate E/M services from OMT procedure note
 - clearly label OMT exam and OMT procedure note
- Bill E/M code FIRST adding the -25, then bill the OMT CPT code

Current unclear billing guidelines

- Based on the information available in the literature, it would seem obvious to bill and code for E/M services WITH the OMT CPT codes.
- Many practices are seeing denied payments on claims or uncoupled claims to only provide for the OMT CPT code.
- Tips from practices that are routinely getting paid
 - CC is **never** OMT but the symptom patient presents for such as fall, ankle sprain, headache
 - Patients come to your office for evaluation of pain, injury, or other symptoms. They do not come in for OMT. We perform an evaluation that offer OMT if deemed appropriate.
 - Bill codes for both the E/M and the CPT code for back pain, atypical face pain, cervicgia, etc.
 - Based on Modifier -25 rules, no problem.
 - There is no current statement from AOA that M99 codes *need* to be billed
- As a profession, we need to push back against non-payments.
 - Spot check your billed statements and check your reimbursement
 - Collectively we can push back to our professional organizations to get clear updated billing guidelines that work!

AOA can help!

If you're an AOA member, contact us to receive personal assistance in the areas of documentation, coding and billing compliance, and payment and/or insurer hassles. If you have questions or need assistance, please contact physicianservices@osteopathic.org or call (312) 202-8194.

<https://osteopathic.org/practicing-medicine/business-of-medicine/osteopathic-billing-coding/>

Reimbursement - it takes all of us!

More documentation and billing submitted to insurance companies with follow-through

Get involved locally, state, or national level

[Osteopathic.com/grassroots](https://osteopathic.com/grassroots)

<https://www.domoa.org/mopac>



Key Takeaways

- We need to adapt and change with the current times of medicine
 - Make tech work for you, don't be a slave to tech
- Don't just consume information, start applying your knowledge and skills!
- Start using OMT in your clinical practice (not just with family members)
- If you are already using it, start billing for it.
 - You did the work, now get paid for it.
 - Collective involvement is needed for healthcare system change
- Help teach our students and residents
- Consider working on osteopathic research
- Get involved! Help advocate!



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