Documentation

- OMT is a procedure. Must have a procedure note with findings clearly listed and treatment modalities applied.
- New – push for documentation of severity of the dysfunction and response to treatment
- Documentation is the same whether office or hospital
- Keep documentation pertinent
Sample OSE documentation

- OSE (Osteopathic Structural Examination)
- Head – OAFSRRL (3) – tx with MET (1)
- Cervical – C2FSRR (2) – tx with HVLA – 0, right SCM spasm (1) tx with MFR (0)
- Rib – right 1st rib inhalation dysfunction – tx with Still’s technique (0)
- Thoracic – T2-5NSRRL (1) – tx with FPR (0)

- Key mild (1), moderate (2), severe (3)
ICD-9 Codes Somatic Dysfunction

Codes are used as your *diagnosis* code

- **739.0** Head/Cranial Somatic Dysfunction (SD)
- **739.1** Cervical SD
- **739.2** Thoracic SD
- **739.3** Lumbar SD
- **739.4** Sacral SD
- **739.5** Innominate (Pelvis) SD
- **739.6** Lower Extremity SD
- **739.7** Upper Extremity SD
- **739.8** Rib SD
- **739.9** Abdominal/Visceral SD
OMT CPT Codes (Procedure)

- 1-2 areas treated 98925
- 3-4 areas 98926
- 5-6 areas 98927
- 7-8 areas 98928
- 9-10 areas 98929

- 10 areas are Cranial, Cervical, Thoracic, Lumbar, Sacral, Innominate, Upper Extremity, Lower Extremity, Rib cage, Visceral.
Modifiers

- **-25 modifier**: Significant, separately identifiable evaluation and management (E/M) service by the same physician* on the day of a procedure

- Important to document to support use of this modifier

- E/M (HPI, PE, complexity of care must be present)

- OMT is a separate and distinct procedure that was indicated after proper E/M
Putting it together: Coding

- Office visit. Patient seen and evaluated, OMT performed for headache
- E/M: 99213 (est patient, mod complex)
- Diagnosis: HA (784.0) [SD should never be only dx code – does not justify office visit. SD (739.0,1,2,8)
- Procedures: OMT 4 region 98926
- Add -25 modifier \(\rightarrow\) 99213 -25 mod
OMT Reimbursement

- 2 year study (300+ patients)
- Overall, average reimbursement for treatment of ‘1-2 body regions’ (98925) is $33.49 when billed only for OMT (separate procedure visit). Average reimbursement for 98925 at same time of office visit (99213-25mod) is $75.86. This is a difference of $42.37 per patient

Comparison of Total Collections with OMT billed as Procedure only vs. billed with Office Visit (-25mod)

*includes payments received, not what was billed*

<table>
<thead>
<tr>
<th>OMT Code</th>
<th>Average Value PER Visit (in dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>98925</td>
<td>$33.49</td>
</tr>
<tr>
<td>99213-25mod</td>
<td>$75.86</td>
</tr>
<tr>
<td>98926</td>
<td>$43.26</td>
</tr>
<tr>
<td>99213-25mod</td>
<td>$73.88</td>
</tr>
</tbody>
</table>

Medicare allowable for OMT (98925) $30.45
Medicare allowable for OMT (98926) $41.98
Medicare allowable for estab. visit (99213) $53.64
Additional resources

• American Academy of Osteopathy

• American Osteopathic Association
  https://www.osteopathic.org/Pages/default.aspx

• Yolanda Doss, MJ, RHIA, CHPS, Division Director of Compliance and Payment Advocacy
  (312) 202-8187 phone
  (312) 202-8487 fax
  ydoss@osteopathic.org
Questions?