Osteopathic Advantage

The Science of Medicine
The Art of Caring
The Power of Touch

The purpose of this letter is to request reconsideration of your denial of the Evaluation and Management service (with the -25 modifier) when used in conjunction with the Osteopathic Manipulative Treatment procedure codes, on the same day.

It is highly unusual, even irresponsible, for a physician to initiate any procedure, including Osteopathic Manipulative Treatment (OMT), without first examining a patient to determine whether or not the procedure is necessary and appropriate for the patient at that stage in their disease or recovery process. The "standard of care" for M.D. and D.O. physicians involves examining a patient before initiating any treatment or procedure.

Many of our patients have endured physical therapy, chiropactic, and/or pain management programs with varying degrees of success. By the time they find their to our office, they often have multiple injuries which must be unraveled, and they have developed chronic pain patterns which must be broken.

For example, low back pain may be caused by a variety of conditions. A short list of possible conditions associated with low back pain alone, may include kidney disease or bladder infection; pregnancy; spondylolisthesis; tumor of bone, prostate, uterus, or spinal cord; spinal stenosis; bulging or herniated intervertebral disk; facet arthritis; muscle spasm in the back or the abdomen; tight muscles in the hip flexors or hamstrings; forward or backward rotation, shears or flares of the pelvic bones; restrictions involving rotation, flexion, extension, shears, and torsions of the sacrum; fallen arches, sacral base unleveling, congenital and acquired short leg syndromes, and trauma.

The OMT is considered during subsequent visits only after an interim E/M service indicates OMT is the appropriate treatment. Although, an E/M service may result in a decision to initiate a procedure as part of the overall care of an individual patient, the E/M service is a significant, separately identifiable service. Evaluation and Management services performed in conjunction with OMT are appropriately reported separately from OMT codes. For example, the D.O. must perform a specific assessment each time he/she examines the patient, even for a patient with a confirmed diagnosis of a herniated disc or cervical strain. This specific diagnosis aids the osteopathic physician in determining current status, progress, and the direction of future treatment. This service is described in the E & M code. If it is determined that OMT is the appropriate treatment for the patient on that date, then the procedure will be administered as a separate service. The actual procedure, in this case, **Osteopathic Manipulative Treatment is a distinct and separate procedure,** which is provided **subsequent to the patient evaluation and as such, is recorded, coded and should be reimbursed separately.**

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In the **Current Procedural Terminology, (CPT®)** published annually by the American Medical Association, 2007 Edition, in the section on Osteopathic Manipulative Treatment (98925-98929), it states:

> "Evaluation and Management services may be reported separately using the modifier -25, if the patient's condition requires a significant separately identifiable E/M service, above and beyond the usual pre-service and post-service work associated with the 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 the reporting of the OMT and E/M service on the same date."

The phrase *"usual pre-service and post-service work associated with the procedure"* has, in the past, been misinterpreted to include the Evaluation and Management service. It does not. In fact, the AMA CPT Editorial Panel revised the introductory notes for the OMT section in the 1999 CPT manual, in an attempt to correct the erroneous interpretation. The revision clarifies that the use of modifier –25 does not require a separate diagnosis to report and be reimbursed for E/M services provided on the same day as an OMT service.

When the OMT codes were evaluated by Dr. Hsaio of Harvard University, in the process of creating the Resource Based Relative Value Scale (RBRVS), it was understood that these codes (represented only the OMT procedure and **not** the evaluation and medical decision-making rendered during a patient encounter. Therefore, the relative values for the OMT procedures were established with the understanding that they would be paid along with an E/M service. With the assignment of specific CPT codes in the 1994 CPT publication, it became even more evident that OMT is recognized as a unique procedural treatment, and that the time and work provided by the Osteopathic physician in determining the appropriate treatment for a particular patient at a particular time should be considered a separately reported and reimbursed E/M service.

The most recent, definitive, description I could find, of *"pre-service and post-service work"* was a 12 year old reference in The Federal Register, Vol. 60, No. 143/July 26, 1995 (copy attached). With the intent of clarifying the terms, I have attached a chart suggesting the various pre-service and post-service activities associated with the E/M Service, a surgical procedure and Osteopathic Manipulative Treatment. (attachment). In all three circumstances, the pre-service is essentially a chart review to insure the identity of the patient, and the post-service is documentation of the procedure.

When the relative value units (RVUs) of the OMT codes were reviewed by AMA/Specialty Society RVS Update Committee (RUC) and its Practice Expense Advisory Committee (PEAC), it was understood that in the typical scenario, a separate E/M service would be reported on the same date as an OMT service. Therefore, in determining the recommended practice expense RVUs for the OMT codes, the PEAC/RUC limited the resources considered in the value of these procedures to those that are directly attributable to the OMT service, separate from any E/M services. Additionally, when the OMT codes were surveyed for physician work, it was requested that the information provided by the surveyed physicians represent only the actual work of the OMT procedure. E/M services would be evaluated separately. As a result, any evaluation and management components that a physician documents are considered "above and beyond the usual pre-service and post-service work of the OMT codes". *Treating elements of E/M services as part of the pre-service and post-service work of OMT is inconsistent with the original intent as to how these services are valued; and contrary to assumptions made by both the CPT Editorial Panel and the RUC.*

In the 1994, the American Medical Association created codes specifically designed to describe the

utilization of Osteopathic Manipulative Treatment in a separate section of the AMA's 1994 CPT Manual (98925-98929). These codes are not intended to describe any other type of manipulation. The work value for these codes was arrived at by examining the usual and customary osteopathic physician's practice pattern. This cannot and should not be compared with the practice pattern of non-physicians who also utilize manipulation, such as chiropractors or physical therapists.

Osteopathic Manipulative Treatment (OMT) is a dynamic process which is continuously changed and modified, based on the patient's progress and the palpatory findings at each evaluation. If the evaluation reveals the need, it is usual and customary for osteopathic physicians to treat appropriate areas of somatic dysfunction (ICD-9-CM diagnostic codes 739.0 through 739.9) with OMT at each patient visit. An Osteopathic physician's decision to utilize OMT is made on a visit-by-visit basis, in the context of the overall medical/surgical evaluation of the patient, depending on the condition of the patient at the time of each re-evaluation. Unlike Doctors of Chiropractic (DCs) and Physical Therapists (PTs), osteopathic physicians do not typically set a "treatment plan", wherein an initial evaluation is completed, followed by a predetermined number of treatments.

The CPT 2007, in the section Chiropractic Manipulative Treatment (98940-98943) states, "The chiropractic manipulative treatment codes include a pre-manipulation patient assessment." This language is absent from the introductory notes to the Osteopathic Manipulative Treatment codes on purpose, and is intended to draw a distinction between OMT and chiropractic manipulative treatment(CMT). It is reflective of the differences in training, scope of practice, and utilization of these distinct procedures.

According to CPT 2007, chiropractic manipulative treatment is "a form of manual treatment to influence joint and neurophysiological function." It further states, "This treatment may be accomplished using a variety of techniques." However, CMS's national policy limits the coverage of chiropractic service to a single technique described as "dynamic thrust" and further limits coverage of chiropractic care "to manual manipulation of the spine to correct an active subluxation." In addition, "Chiropractors are required to document the patient's complaint and establish a treatment plan, which includes the expected duration and frequency of treatment, specific goals and measures of effectiveness." (CMS Online Manual)

OMT is not a prescribed treatment program that is repeated time after time. On the other hand, both physical therapy and chiropractic, typically perform an initial assessment and then determine the number of treatments necessary (frequently as many as 30), and then proceed to complete the approved plan with nothing more than a "cursory" assessment until they are done. This model, which typically includes x-rays, physical therapy modalities and frequent treatments, limited to the spine, and without reevaluation, is a very costly approach. If the problem has resolved after the first few treatments, the additional treatments are unnecessary.

Osteopathic Manipulative Treatment (OMT) is a procedure typically employed by an Osteopathic physician to treat diagnosed Somatic Dysfunction, which is defined as 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. Osteopathic Physicians may use OMT to address problems in the bones, muscles, nerves, blood and lymphatic vessels.

According to the official Glossary of Osteopathic Terminology (see attachment) defines Osteopathic Manipulative Treatment as "the therapeutic application of manually guided forces by an osteopathic physician to improve physiologic function and/or support homeostasis." The CPT editorial panel modified the definition slightly to read "Osteopathic manipulative treatment is a form of manual treatment applied by a physician to eliminate or alleviate somatic dysfunction and related disorders," and further states,

Typically when a patient returns to a physician's office for additional or continued treatment of acute conditions such as strep pharyngitis or a urinary tract infection, or chronic illnesses such as diabetes or hypertension, it is appropriate to take an interim history. The same is true when treating acute or chronic problems of the musculoskeletal system. The interim history includes discussion of response to previous treatment, response to medications, activity level and response to activity, further clarification and changes in symptoms, impact of condition on work, school, family, social relationships, and etc.

The physical examination must also be repeated to determine the objective response to previous treatment. In the case of pharyngitis or UTI, this examination may include, urinalysis or repeat cultures. In the case of back pain, the examination may include the assessment of range of motion, strength, reflexes, and palpation for tender points, and tissue texture abnormalities and asymmetries. This is all part of the **evaluation** on a return visit.

Following the evaluation, and only then, can a determination be made regarding the appropriate **management** of the patient's problems. If treatment has been effective, physicians cannot assume they are still treating the same identical problem, because the human body is a dynamic system. Although the patient may present with the same subjective complaint, the objective findings may vary dramatically. The difference may depend on the level of physical compensation or decompensation, the patient's compliance with exercises and diet, activity level, and effectiveness of previous treatment, and numerous other complicating factors.

A **physician** should not assume that what has worked in the past is still the best choice. We do not assume Osteopathic Manipulation is still the appropriate treatment. The patient may need trigger point or joint injections, a different prescription or exercise regime, or to be referred for further diagnostic testing such as x-ray or lab. The patient may need a supportive treatment approach such as massage, physical therapy, rehabilitation, pain management, etc. or a referral to another specialist for assistance in diagnosing and/or managing other problems which may have been identified in the evaluation and/or may be interfering in the recovery process.

Cost -- It should be noted that the concept of the cost effectiveness of OMT is and always has been based on the fact that OMT is performed after a separate and identifiable E&M service. There is no predetermined treatment plan.

Osteopathic physicians are the most cost effective providers in worker's compensation cases. In a variety of studies*(see attachment)*, across the country in Colorado, Florida, Hawaii, Ohio, and Oregon, Worker's compensation closed claim studies have confirmed the cost efficiency of Osteopathic physicians. (CHART)

This process results in a greatly reduced number of osteopathic manipulative treatments and shortened course of recovery. In containing health care costs, the total cost of the treatment of a patient's condition should be of the utmost importance, not the cost of a single encounter.

Closed Claim Workers' Compensation Cases support the cost-effective practice style of Osteopathic Physicians

Study	Year	Osteopathic Physician	Chiropractor	Non-Surgical MD	Physical Therapy
Colorado	1996	$1007	$2775	$2895	$2457
Colorado	1995	$761	$2451	$2628	$2605
Colorado	1994	$676	$3156	$2542	$2298
Colorado	1993	$811	$1716	$2264	$2244
Hawaii	1993	$1649	$6387		
Colorado	1991	$953	$3588	$1304	$2309
Ohio	1991	$286	$971		
Oregon	1989	$242	$703	$284	$585

What is a D.O.?

HCFA/CMS Medicare	The position of Medicare program policy is that the OMT services (CPT codes 98925-98929) and E/M Services may be reported and reimbursed on the same date of service when the E/M is documented as a separately identifiable service and the –25 modifier is used. A separate diagnosis is not required for the E/M service to be reimbursed. This reimbursement policy is applicable to an **established patient as well as to a new patient.**
HCFA	
Patient Cases	The following are examples: 1. TMJ-problems which involve muscles of mastication, cervical, upper thoracic spine and strap muscles of shoulders. 2. Manipulation for adhesive capsulitis (frozen shoulder) would include treatment of cervical and upper thoracic regions as well as the upper extremity. 3. Hyperlordosis due to pregnancy causing thoracic, lumbar and lumbo sacral somatic dysfunction. 4. Multiple body injuries sustained in an auto accident or severe fall. 5. Headaches due to cervical and thoracic somatic dysfunction (tension headaches) which respond well to cervical, thoracic and cranial manipulation. 6. Lymphatic pump for pulmonary congestion. 7. Compound scoliosis, cervical, thoracic and lumbar spine, causing multiple areas of somatic dysfunction extending from the lumbar spine with pelvic base unlevelling through the thoracic to the cervical spine. We hope that these examples will explain how OMT for multiple areas of the body can be effective
	Osteopathic Manipulative Treatment (OMT) is performed directly in conjunction with multi-system medical/surgical evaluation of the patient. It is essential that an initial or interim physical examination be performed as a part of every patient visit prior to providing Osteopathic Manipulative Treatment (OMT). This examination includes a complete musculoskeletal evaluation in addition to the services described in the appropriate level of Evaluation and Management (E/M).

Osteopathic Advantage is a unique collaboration of Osteopathic Manipulative Medicine (OMM) specialists offering a broad spectrum of hands-on approaches. Individuals can be evaluated and treated for structural complaints, (e.g. back, neck, shoulder pain), motor vehicle accident and work related injuries, and illnesses and conditions which may be affected by the musculoskeletal system including Carpal Tunnel Syndrome, back pain of pregnancy, asthma, otitis media, sinusitis. It is our intention to partner with individuals and their physicians to achieve their maximum wellness potential, and optimum health and quality of life.