

ISSUE PAPER: REIMBURSEMENT OF OSTEOPATHIC MANIPULATIVE TREATMENT (OMT)

Background:

Some insurance carriers have decided to limit reimbursement for OMT to only one region of the body or to one payment for all OMT CPT codes. Many times this policy is based on the erroneous assumption that OMT is the same as chiropractic services.

The American Osteopathic Association (AOA) requests that carriers reconsider this policy.

Osteopathic medicine has a variety of manipulative therapies that have been uniquely developed by osteopathic physicians over the past hundred years. The Medicare RBRVS and the American Medical Association's CPT Advisory Panel have both recognized the differences between chiropractic and osteopathic manipulative procedures. Distinct and separate codes have been assigned to each -- the osteopathic physicians and the chiropractors.

In addition, the osteopathic physician has an unlimited scope of practice, as does the allopathic physician. The same cannot be said about the scope of practice for the chiropractor.

OMT Services and Protocols:

OMT is typically employed by an osteopathic physician to treat diagnosed dysfunction of skeletal, arthrodiagonal, myofascial and visceral structures, as well as related vascular, lymphatic, and neural elements. Treatment includes three broad categories: soft tissue techniques such as stretch, gentle range of motion, and kneading; direct techniques such as joint mobilization, thrust and muscle energy; and indirect techniques such as myofascial release, strain/counterstrain and cranial osteopathy.

The use of OMT is predicated on the finding that body joints, particularly those of the spine, develop unusual manifestations of stress. The effects of joint strains are transmitted through the nervous and circulatory systems and thus affect the whole body. The osteopathic physician has been trained to view the patient as a whole, and therefore considers all diagnostic implications prior to rendering treatment. The osteopathic physician is taught to look for the cause of disease rather than merely treating symptoms.

As a direct outgrowth of this philosophy, OMT is considered an integral part of an osteopathic physician's medical practice and is used when evaluation of the patient indicates its necessity. The following quotation from page 469 of Foundations for Osteopathic Medicine, published by Williams and Wilkins, states the concept best:

[Some attempt to reduce OMT]... in scope to the point where it appears to be a series of

specific treatments for specific problems. If it is carried out in this fashion, however, it loses its identity as osteopathic manipulation and becomes merely manual medicine. The term manual medicine implies a form of treatment applied by the hands. The term osteopathic manipulation indicates more than that; it indicates that the physician is applying the four basic principles of osteopathic philosophy. One of those principles is that the body is a unit. The true osteopathic approach cannot be broken down into isolated procedures specific for particular complaints; the osteopathic approach treats the patient as a unit.

It is often said that when you see an osteopathic physician for treatment of a low back problem, the doctor might check your feet, knees, and your neck. The goal of osteopathic treatment includes consideration of the entire person, not a specific dysfunctional muscle. Though its success helps the patient overcome the dysfunction or disease, the osteopathic treatment is performed to support the patient, in whatever way is indicated.

Patient Cases

A detailed structural examination of any patient is likely to reveal areas of somatic dysfunction. The osteopathic physician based on an individual evaluation of each patient determines the significance of this dysfunction (particularly in body regions remote from the area(s) of the complaint). Manual techniques become “osteopathic” and different from the techniques employed by other types of practitioners in the context of evaluation and management based on osteopathic principles.

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. As background, we are including a document entitled, “Protocols for Osteopathic Manipulative Treatment in Patient Management.”

Cost Effectiveness of OMT

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 preconceived treatment plan as there is in chiropractic medicine.

This process results in a greatly reduced number of osteopathic manipulative treatments and shortened course of therapy. 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.