



Osteopathic Manipulative Treatment

This section contains information about osteopathic manipulative treatment (OMT), which is a treatment applied by a physician or other qualified health care professional to beneficiaries to eliminate or alleviate somatic dysfunction.

Provider Qualifications

OMT services are reimbursable only when rendered by physicians skilled, trained and experienced in providing OMT services, including the following:

- Doctors of osteopathic medicine (DOs)
- Medical doctors (MDs) who completed supplementary training and are certified by the Osteopathic Medical Board of California

Definitions

Osteopathic manipulative treatment and somatic dysfunction are defined as follows:

- Osteopathic manipulative treatment means the therapeutic application of manually guided forces by an osteopathic physician and surgeon to alleviate somatic dysfunction.
- Somatic dysfunction means an impaired or altered function of related components of the somatic system, which is the part of the peripheral nervous system associated with the voluntary control of body movements via skeletal muscles.

Recipient Eligibility

OMT is covered as a medical therapeutic option for the treatment of musculoskeletal disorders, including acute and chronic lower back pain, in patients whose history and physical examination indicate the presence of somatic dysfunction in one or more of the following body regions:

- Cervical
- Thoracic
- Lumbar
- Sacral
- Pelvic

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Complete Physical Exam Required

OMT services are reimbursable based on documentation that a complete physical exam was performed, including assessment of all of the following. The documentation must be present in the patient's medical records:

- Gait
- Palpation of asymmetry and tenderness
- Range of motion
- Stability
- Muscle strength and tone

Covered Services

OMT services are covered only when medically necessary.

Non-Covered Services

OMT services are not covered, as follows:

- When documentation of somatic dysfunction is absent from the patient's medical record
- For treatment of non-musculoskeletal disorders such as asthma, otitis media, infantile colic, etc.
- For prevention/maintenance/custodial care
- For internal organ (gallbladder, spleen, intestinal, kidney, heart, lung) disorders

OMT is not considered medically necessary when any of the following apply:

- The patient's condition has returned to the pre-symptom state
- Little or no improvement has been demonstrated within 30 days of the initial visit, despite modification of the treatment plan
- Concurrent chiropractic manipulative therapy, for the same or similar condition, has been provided by another health professional whether or not the health care professional is in the same professional discipline

Billing OMT Services	<p>OMT must be billed with the following CPT procedure codes:</p> <ul style="list-style-type: none"> • 98925 (osteopathic manipulative treatment; 1-2 body regions involved) • 98926 (osteopathic manipulative treatment; 3-4 body regions involved)
ICD-10-CM Diagnosis Codes	<p>CPT codes 98925 and 98926 are reimbursable only when billed in conjunction with ICD-10-CM diagnosis code M99.01, M99.02, M99.03, M99.04 or M99.05.</p>
Time Spent with Patient	<p>Reimbursement is based on the number of body regions receiving an osteopathic manipulative treatment. OMT services are not reimbursed based on the amount of time spent treating a patient or the amount of time spent treating a particular region of the body.</p>
Frequency	<p>Frequency for OMT services is limited to 12 treatments per year, any provider, per recipient. Frequency limits may be overridden with an approved <i>Treatment Authorization Request</i> (TAR).</p>
Evaluation and Management Separately Reimbursable	<p>Evaluation and Management (E&M) services may be billed on the same day as OMT services, when medically necessary, using modifier 25 in the following conditions:</p> <ul style="list-style-type: none"> • If the patient’s condition requires a separately identifiable E&M service above and beyond the usual pre- and post-service work associated with the procedure • If a new condition occurs or the patient’s condition has changed substantially, necessitating an overall assessment