



Osteopathic Manipulative Treatment Revisited (98925-98929)

CPT® Assistant.

August 2018; Volume 28: Issue 8

Osteopathic Manipulative Treatment Revisited (98925-98929)

Clarification and examples of the work required to perform osteopathic manipulative treatment (OMT) and the appropriate codes to report these services constitute one of the most commonly asked coding questions. This article addresses these issues.

Osteopathic Manipulative Treatment

98925

Osteopathic manipulative treatment (OMT); 1-2 body regions involved

98926

3-4 body regions involved

98927

5-6 body regions involved

98928

7-8 body regions involved

98929

9-10 body regions involved

OMT Services

OMT is defined as a form of manual treatment applied by a physician or other qualified health care professional (QHP) to eliminate or alleviate somatic dysfunction and related disorders. This treatment may be accomplished by a variety of techniques.



Any procedure or service in any section of the CPT codebook, including OMT, may be reported by any physician or QHP who is qualified to perform these manipulations. Licensure and credentialing for these manipulation services vary on a state-by-state and institution-by-institution basis.

Preservice and Postservice Work in OMT

OMT preservice and postservice work does not include work that is related to separately reportable evaluation and management (E/M) services on the same day. The preservice work for OMT includes determining which techniques and in what order the affected body regions will be treated. Preservice work also includes explaining the treatment to the patient, answering patient questions, and positioning the patient. Postservice work includes postcare instructions related to the procedure that are provided to the patient (eg, possible side effects, self care) and documentation of the treatment in the medical record.

Coding Tip

E/M services may be separately reported with modifier 25 appended, if the patient's condition requires a significant, separately identifiable E/M service above and beyond the usual pre- and postservice work associated with the treatment. Different diagnoses are not required for the reporting the OMT service and E/M service on the same date.

Reporting OMT Codes

OMT codes are differentiated by the number of body regions involved in the treatment; therefore, they are reported based on the number of body regions involved in the treatment and not the number of areas of somatic dysfunction within a particular body region. The CPT code set defines body regions as follows: head region; cervical region; thoracic region; lumbar region; sacral region; pelvic region; lower extremities; upper extremities; rib-cage region; as well as the abdominal and visceral region. For example, if three muscles were treated in the neck region, code 98925, which indicates one to two body regions involved, would be reported.

OMT treatments are not reported based on time, ie, it is not time-based. At times, a given treatment may require manipulation or separate techniques that are performed in several body regions. For example, OMT of the right shoulder, the right sacroiliac joint (SIJ), the left shoulder, and the left SIJ may all be performed in a single session. Based on this example, the OMT services would be reported with code 98925, Osteopathic manipulative treatment (OMT); 1-2 body regions involved, because the upper extremities are collectively considered a single region and the bilateral SIJs is considered a second body region. While the right and left SIJ may represent two separate areas, they are both located within the sacral region.

To further clarify, dysfunction is found in both shoulders and OMT is performed bilaterally. OMT is reported by the total number of body regions treated, not the time it takes to treat each region, the number of techniques that are used during the procedure, or the different anatomical structures manipulated within each region. Therefore, the appropriate CPT code to report is 98925. ♦