

Osteopathic Manipulations (OMT)

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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

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The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

Osteopathic manipulative treatment (OMT) is a treatment employed, primarily by osteopathic physicians, to facilitate a patient's recovery from somatic dysfunction, defined under the American Osteopathic Association's Glossary of Terminology as: impaired or altered function of related components of the somatic (body framework) system: skeletal, arthroidal and myofascial structures and related vascular, lymphatic and neuroelements. The positional and motion aspects of somatic dysfunction are best described using at least one of three parameters: 1. The position of a body part as determined by palpation and reference to its adjacent defined structure, 2. The direction in which motion is freer, and 3. The direction in which motion is restricted.

Osteopathic manipulative treatment includes muscle energy, high velocity-low amplitude, counterstrain, myofascial release, visceral, articulatory, and craniosacral. The chosen treatment will vary depending on patient's age and clinical condition.

Reimbursement Guidelines

Osteopathic Manipulative Treatment is covered when medically necessary and performed by a qualified physician, in patients whose history and physical examination indicate the presence of somatic dysfunction of one or more regions.

Note: Osteopathic Manipulative Treatment specifically encompasses only the procedure itself. Evaluation and management (E&M) services are covered, as a separate and distinct service when medically necessary and appropriately documented.

Limitations

Osteopathic Manipulative Treatment is not covered when the indication of Coverage is not met, and conventional documentation of somatic dysfunction is not present in the patient's medical record.

Note: No E&M service is warranted for previously planned follow-up OMT treatments unless a new condition occurs or the patient's condition has changed substantially, necessitating an overall reassessment.

Documentation Requirements

The medical record should support the medical necessity of osteopathic manipulative treatment as taught in the United States Osteopathic Medical Schools and made available to Medicare upon request.

Documentation of examination findings of somatic dysfunction should describe pathology in the areas of the skeletal, arthroidal and myofascial structures as well as related vascular, lymphatic and neuroelements.

Functional improvement or decline is determined by the treating physician and may be cause for further interventions and/or procedures based upon the evaluation and management services and the presence or absence of medical necessity.

Utilization Guidelines

1. The number of regions treated during any one session will depend upon the history, examination and medical decision-making utilized to determine medical necessity of the most appropriate intervention.
2. The type, frequency and duration of services must be reasonable and consistent with the standards of practice in the medical community.
3. The following are Treatment Guidelines (not rules):

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- a. Treatments, acute or chronic, should generally not exceed 1-2x/month.
- b. Treatment beyond six months should be limited to cases of chronic incurable illness (e.g., postpolio, ALS, post CVA, etc.).

CPT/HCPCS Codes

Code	Description
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved
98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved
98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved
98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved
98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved

References Included (but not limited to):

CMS LCD(s)

Numerous LCDs

CMS Article

CMS Benefit Policy Manual

Chapter 15; § 40.4 Definition of Physician/Practitioner

CMS Claims Processing Manual

Chapter 12; § 10 General, § 220 Chiropractic Services

CMS Transmittals

Transmittal 2035, Change Request 6890, Dated 08/27/2010 (Change Physician Specialty Code 12 to Osteopathic Manipulative Medicine)

UnitedHealthcare Medical Policies

Manipulative Therapy

MLN Matters

Article MM6890, Change Physician Specialty Code 12 to Osteopathic Manipulative Medicine

History

Date	Revisions
08/27/2014	Annual Review for MRP Committee and approval
10/23/2013	No Change
01/09/2013	MRP Committee approved
12/19/2012	Policy presented to MRP Committee
11/20/2012	Policy Created