ATSU | National Center for Osteopathic Principles and Practice Education

Introduction to OMM for MDs and DOs

- May 20, 2024 – May 23, 2024 Kirksville, MO
- NCOPPE & KCOM

ATSU | A.T. Still University

FIRST IN WHOLE PERSON HEALTHCARE

ATSU

National Center for Osteopathic Principles and Practice Education

Lumbar Counterstrain and Documentation and Billing for OMT

Karen T Snider DO, FAAO, FNAOME

Professor, ONMM

Karen Snider, DO, FAAO, FNAOME

Karen Snider, DO, FAAO, FNAOME, is a professor at A.T. Still University's Kirksville College of Osteopathic Medicine (ATSU-KCOM). Dr. Snider is board certified in Neuromusculoskeletal Medicine and Osteopathic Manipulative Medicine. She earned her Doctor of Osteopathic Medicine from West Virginia School of Osteopathic Medicine, and she completed her residency at Northeast Regional Medical Center. Dr. Snider has earned fellowship awards from the American Academy of Osteopathy and the National Academy of Osteopathic Medical Educators.

Speaker Disclosure Statements

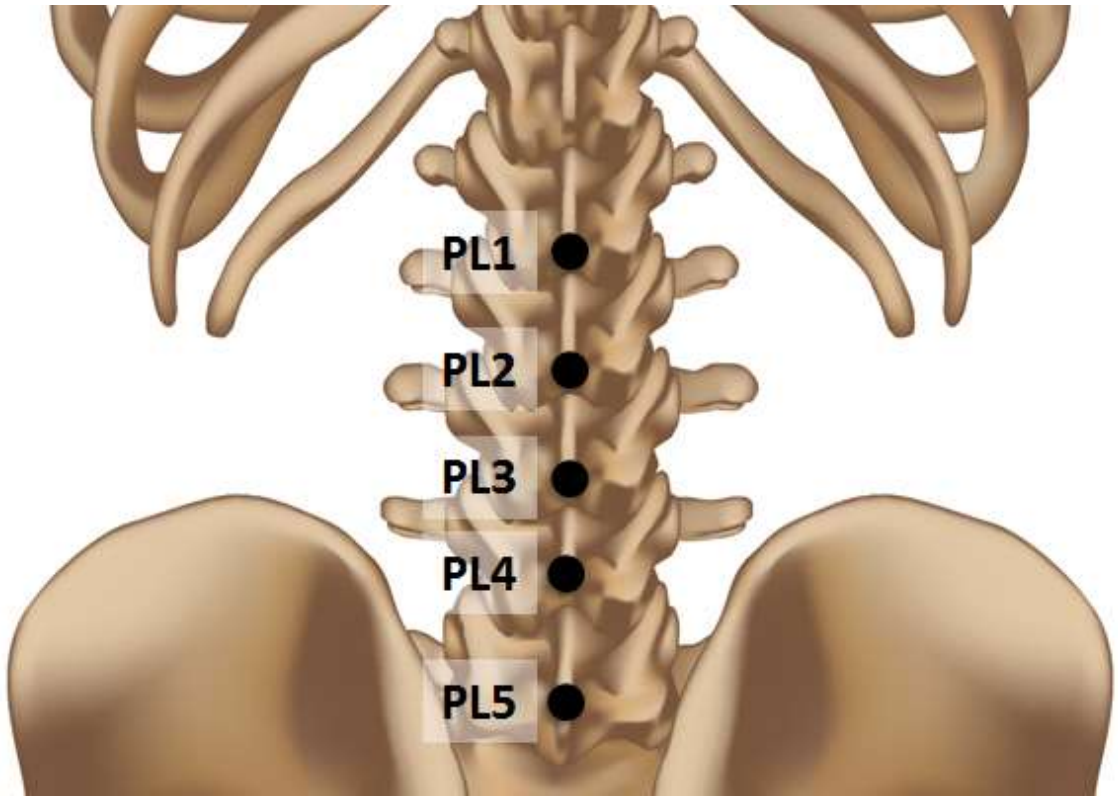
The speaker(s) disclose that s/he has no relevant financial relationships with any organization producing, marketing, reselling, or distributing healthcare goods or services consumed by, or used on, patients relative to the content of this presentation.

Planning Committee Disclosure Statement

- The Continuing Education Steering Committee (CESC), Osteopathic Principles and Practice (OPP) Committee members, and planners/reviewers of this activity disclose that they have no relevant financial relationships with any organization producing, marking, reselling, or distributing health care goods or services consumed by, or used on, patients relative to the content of this presentation.
- The copyrighted materials available in this PowerPoint are for educational use only. Redistribution of copyrighted materials is not permitted.
- No discussion of off-label use and/or investigation used in this presentation.

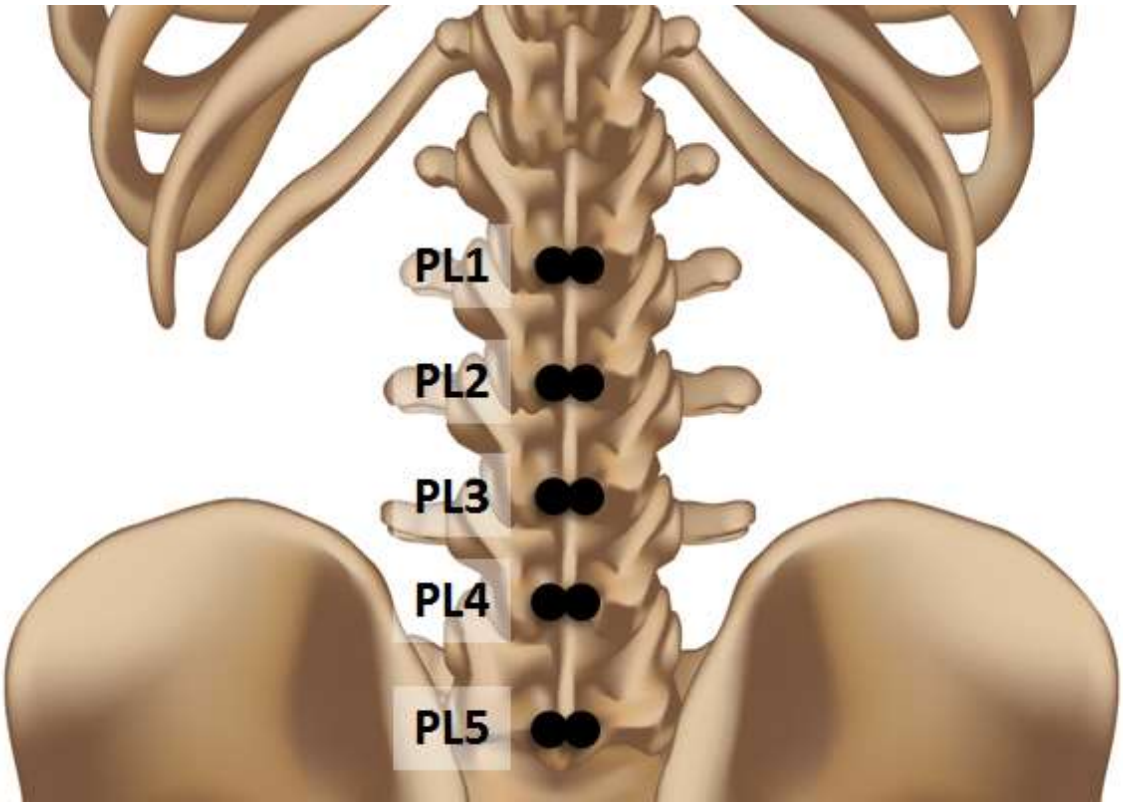
Posterior Lumbar Tender Points

- Posterior Lumbar 1-5
- Midline
  - On or between the spinous process
  - Inferolateral spinous process
- Lateral
  - Transverse processes



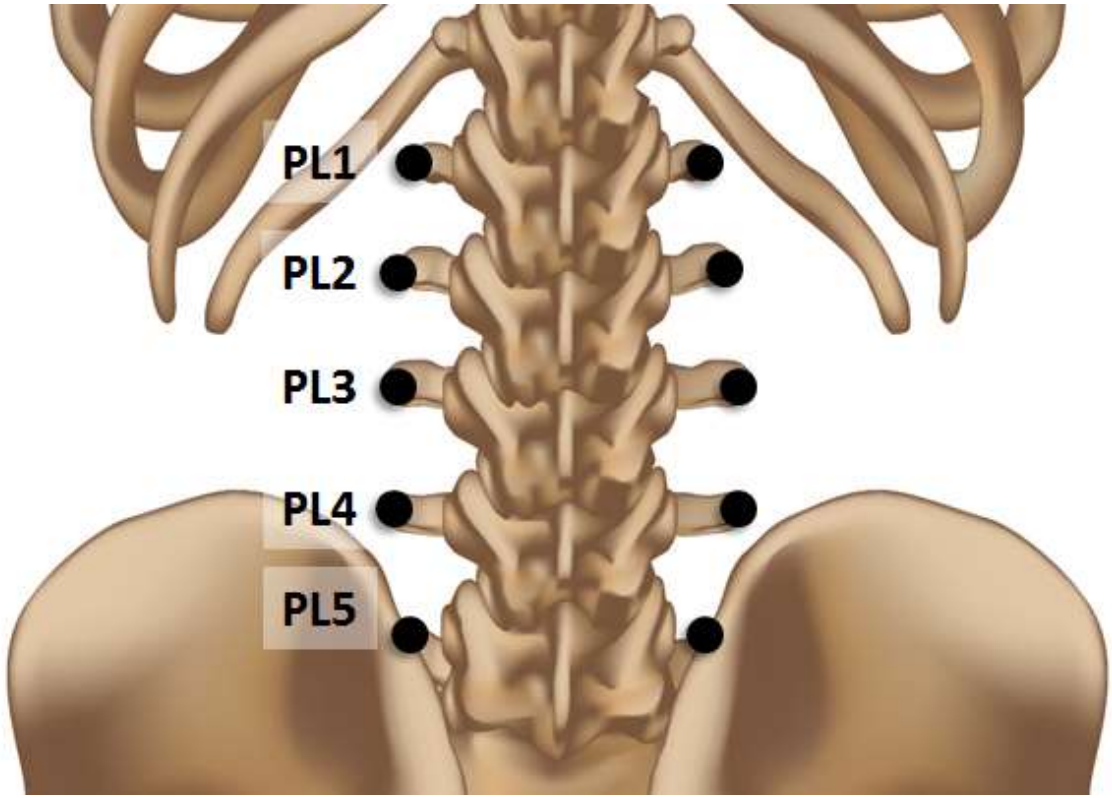
Posterior Lumbar Tender Points

- Posterior Lumbar 1-5
- Midline
  - On or between the spinous process
  - Inferolateral spinous process
- Lateral
  - Transverse processes



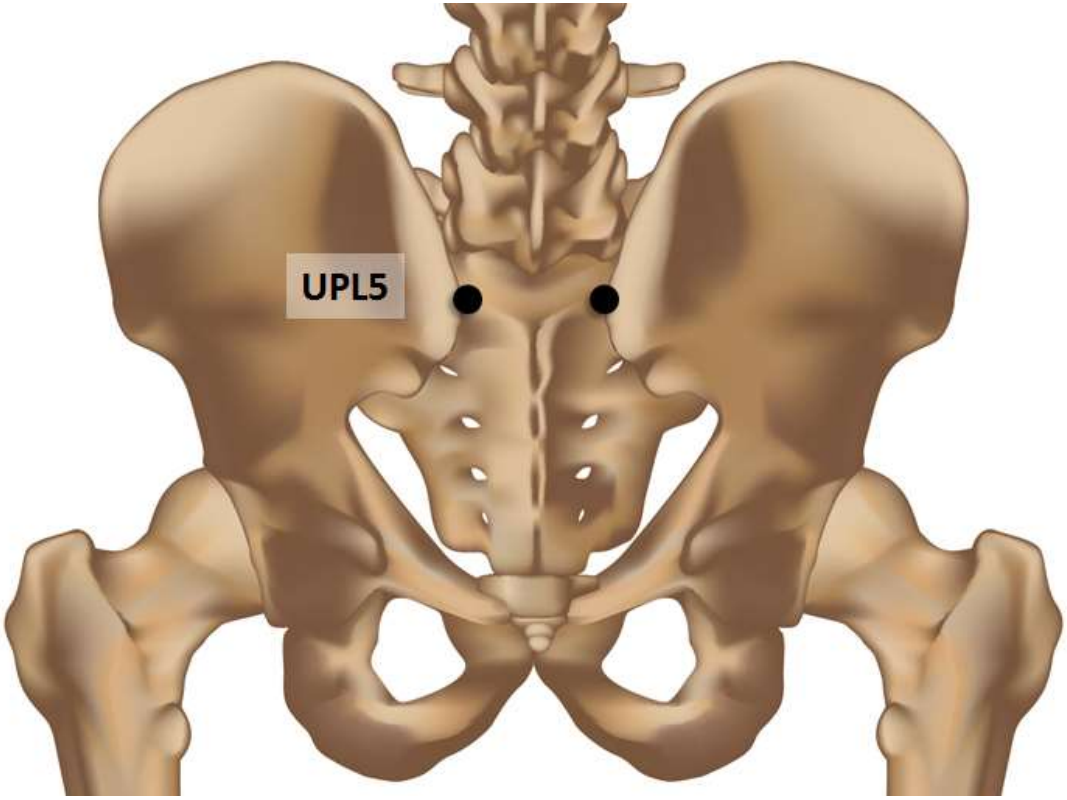
Posterior Lumbar Tender Points

- Posterior Lumbar 1-5
- Midline
  - On or between the spinous process
  - Inferolateral spinous process
- Lateral
  - Transverse processes



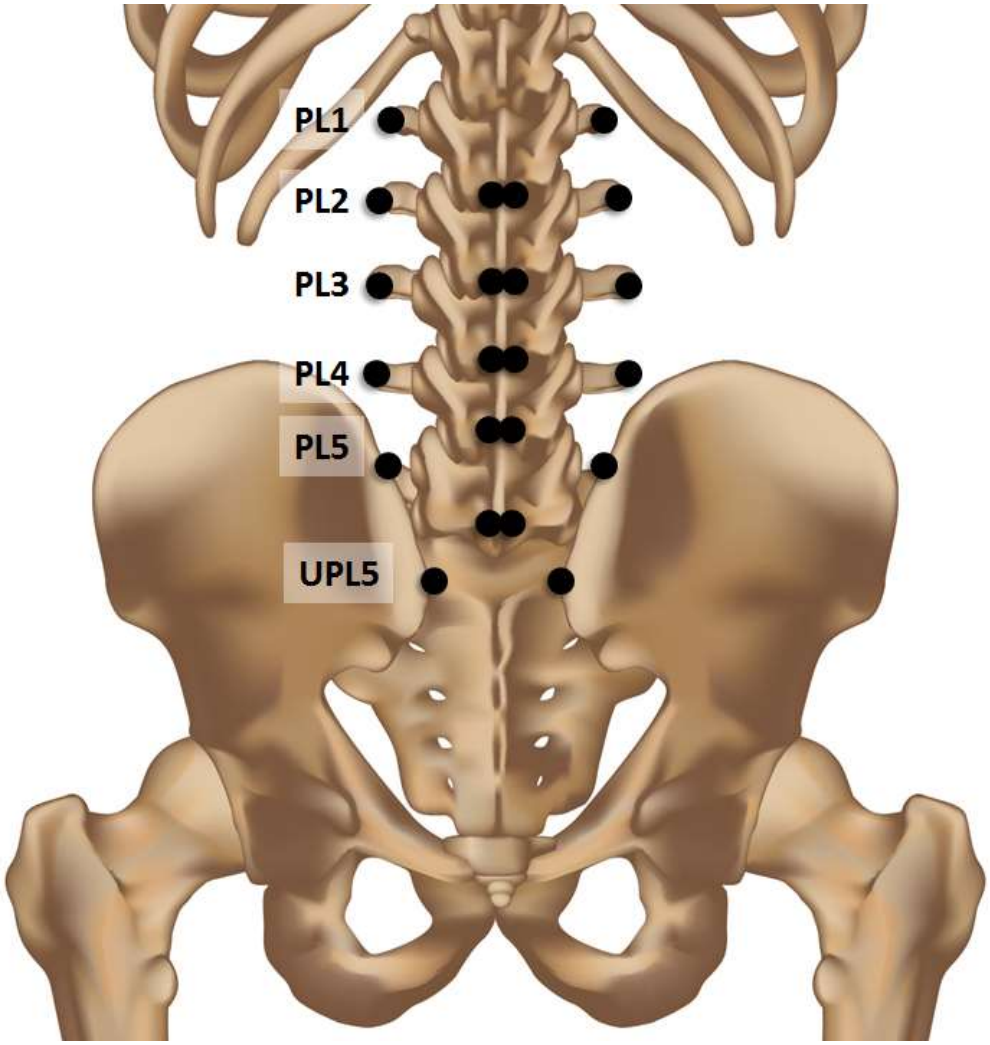
Posterior Lumbar Tender Points

- Upper Pole L5
  - Superomedial PSIS



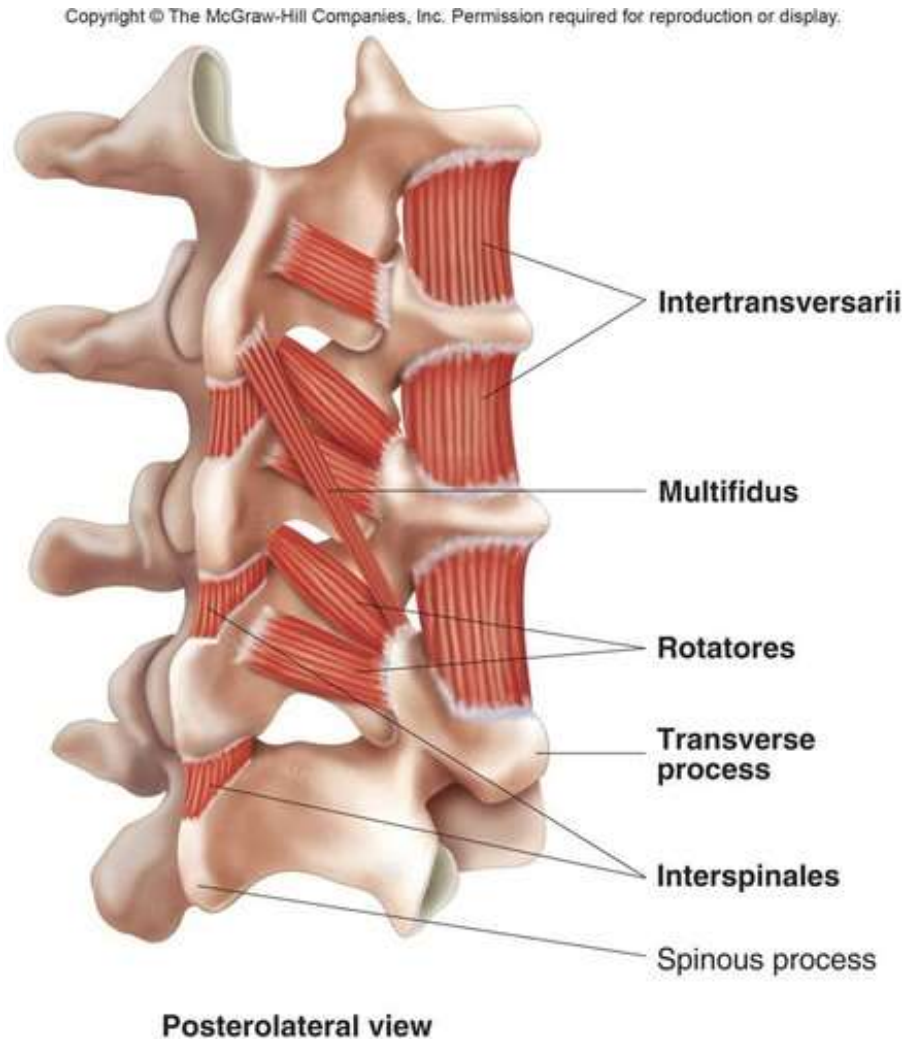
Laboratory Exercise

- Palpate Posterior Lumbar 1-5
- Midline
  - On or between the spinous process
  - Inferolateral spinous process
- Lateral
  - Transverse processes
- UPL5
  - Superomedial PSIS



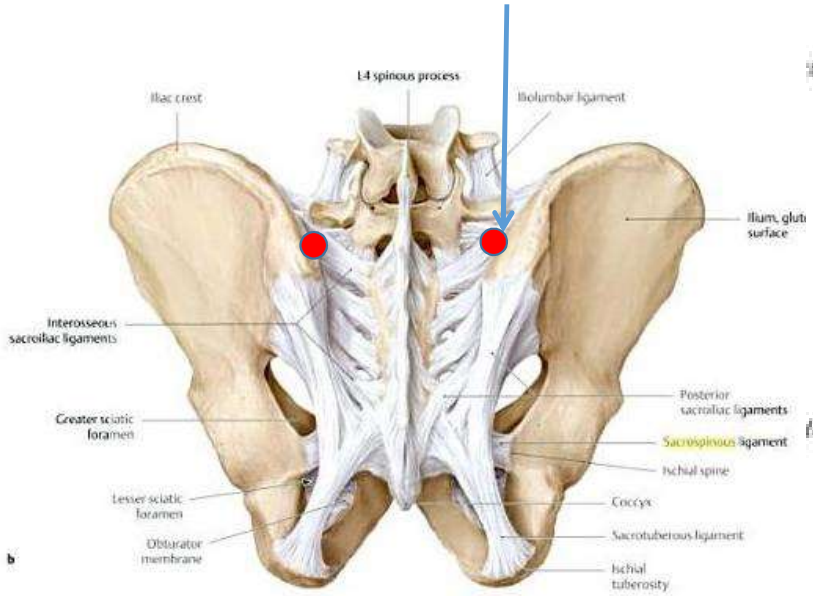
Anatomy

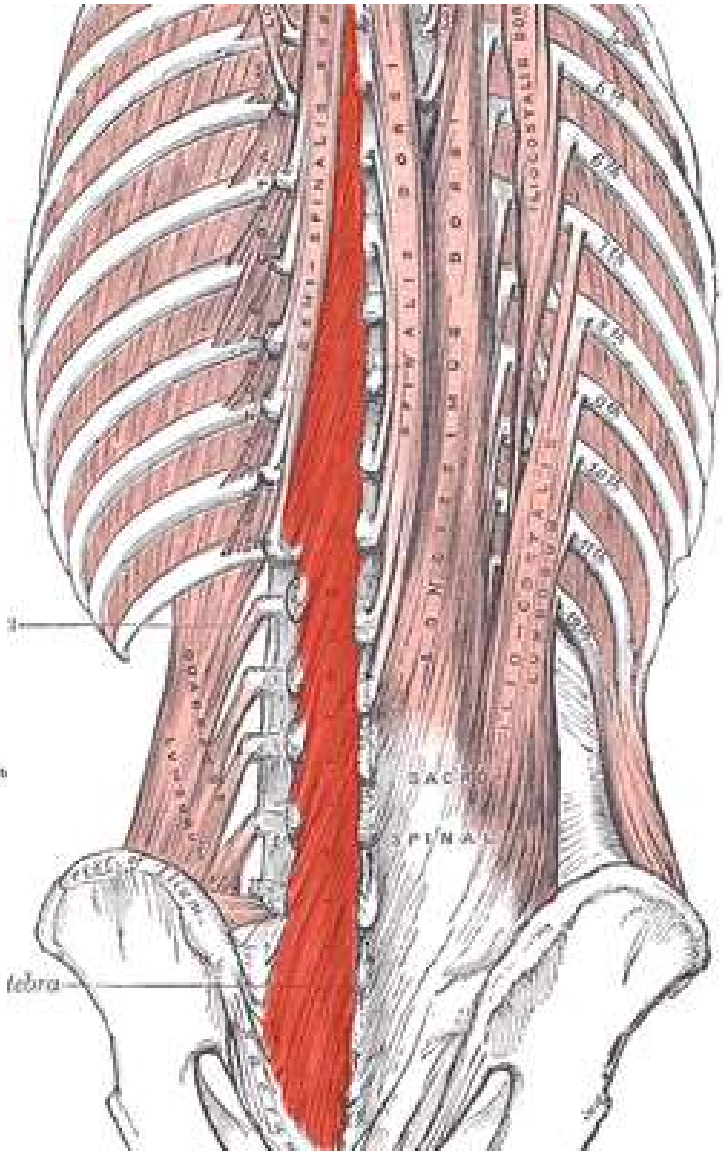
- Posterior Lumbar 1-5
- UPL5



Anatomy

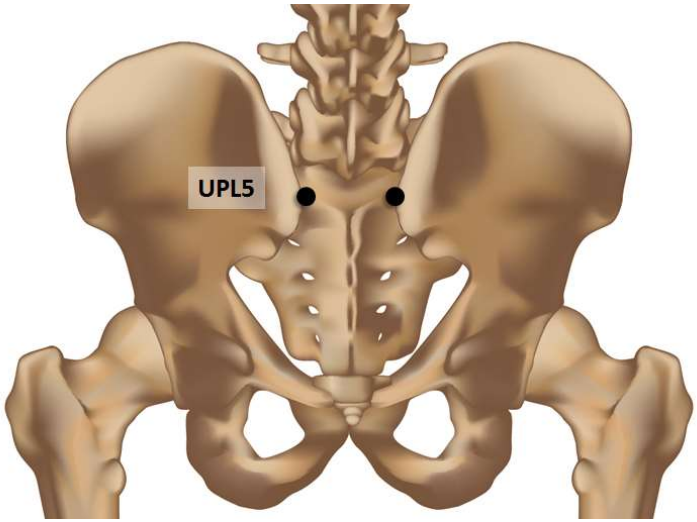
- Posterior Lumbar 1-5
  - Multifidus
- UPL5
  - Possible iliolumbar ligament

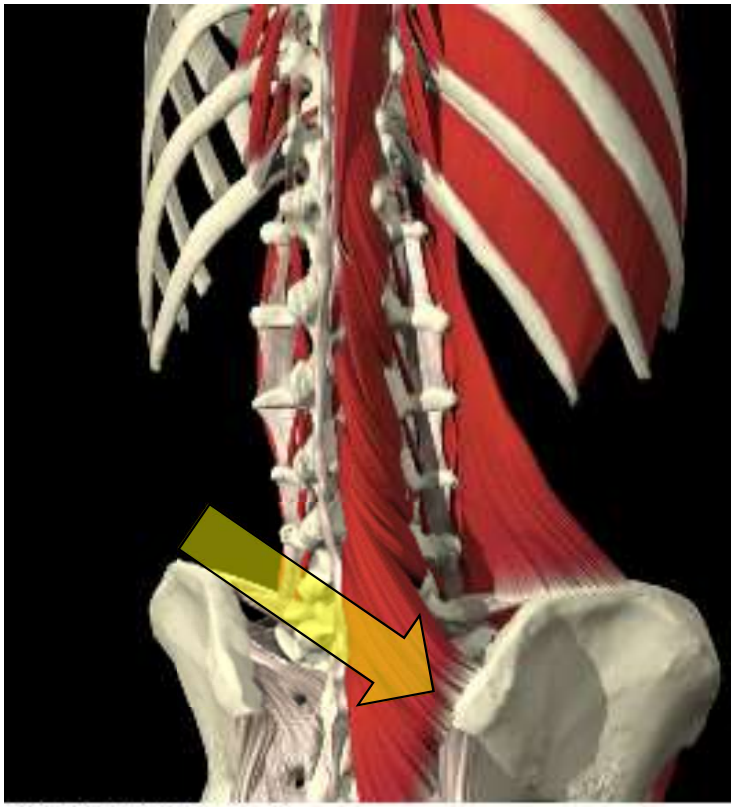




Posterior Lumbar Tender Points

- Upper Pole L5
  - Superomedial PSIS
  - Multifidus attachment





Counterstrain Treatment

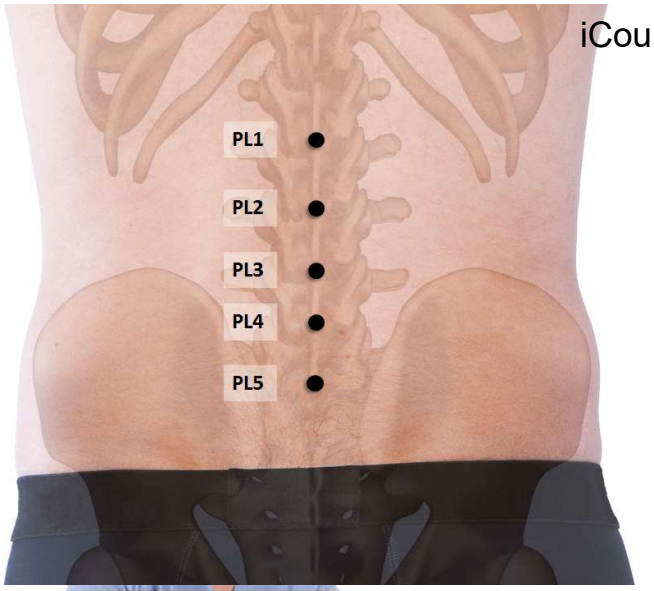
- Counterstrain Basics
- Find the tender point
- Establish a pain scale - "This is a 10 out of 10 pain" or "This is a dollar's worth of pain"
- Position in standard treatment position – Usually wrap the body around the point or approximate the origin and insertion of the affected structure
- Recheck TP – "If you had a dollars worth of pain before, how much is left now"
  - **Goal is Zero** - minimum is 30% of original pain (30¢)
  - Fine tune position for maximum effect
- Hold treatment position for 90 seconds – patient must be relaxed
- Slowly return to neutral
- Recheck point –Goal is Zero on pain scale - - minimum is 30% of original pain

iCounterstrain p 89

PL1-5 Spinous Process Locations

Midline spinous process tender points

Found midline, on or between the spinous processes

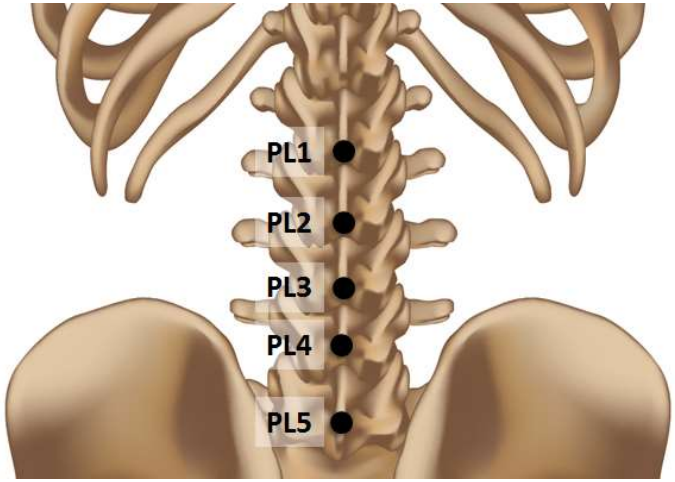


Treatment

1. Prone
2. Pure lumbar extension without sidebending

Extension (E)

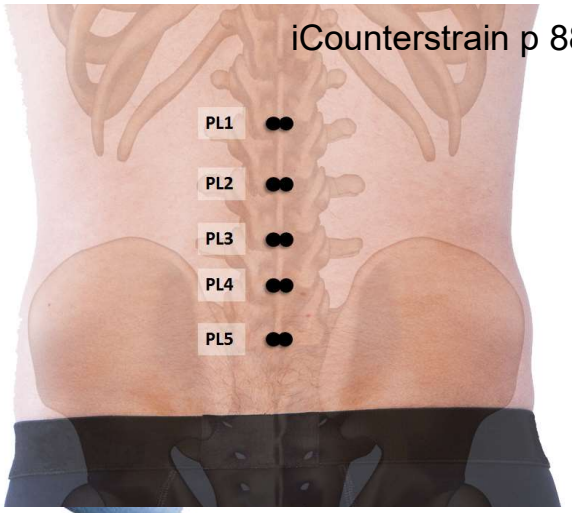
Anatomical Considerations



iCounterstrain p 88

PL1-5 Spinous Process Locations

Inferolateral spinous process tender points



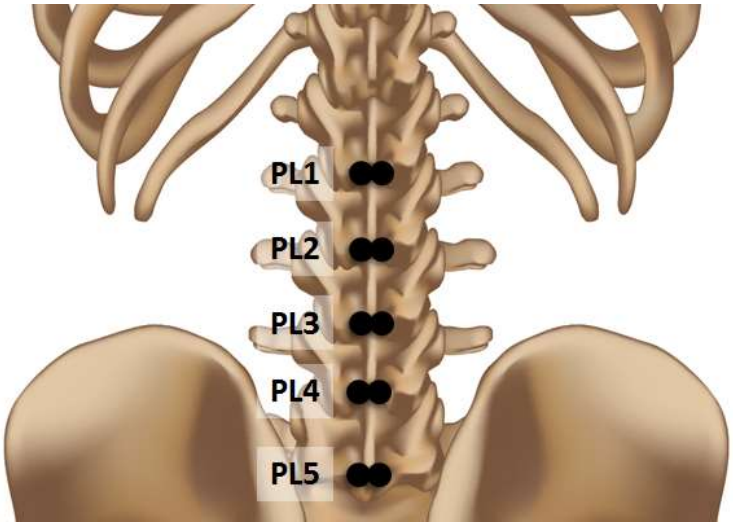
Found on inferolateral aspect of the spinous process

Treatment

1. Prone
2. Extend ipsilateral trunk by rotating pelvis towards (**trunk away**) point or by extending ipsilateral hip, creating slight extension and sidebending away from point

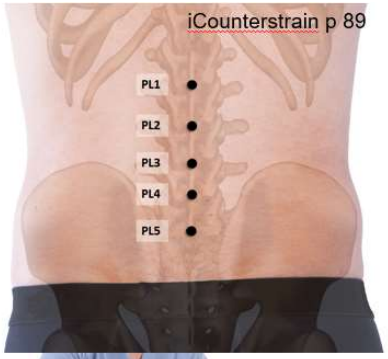
ESaRt

Anatomical Considerations



Lab Exercise

iCounterstrain p 89



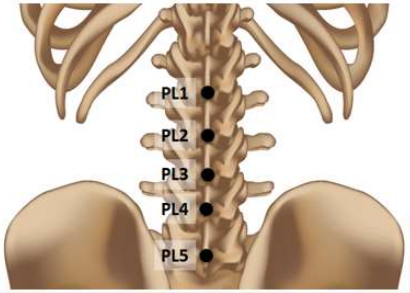
PL1-5 Spinous Process Locations
Midline spinous process tender points

Found midline, on or between the spinous processes

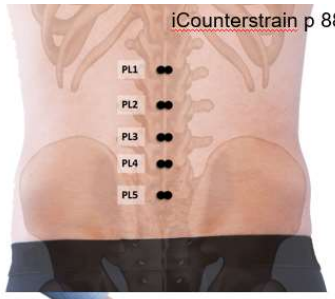
Treatment
1. Prone
2. Pure lumbar extension without sidebending

Extension (E)

Anatomical Considerations



iCounterstrain p 88



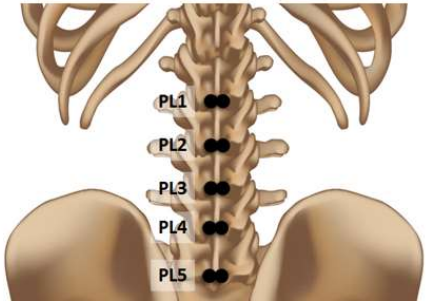
PL1-5 Spinous Process Locations
Inferolateral spinous process tender points

Found on inferolateral aspect of the spinous process

Treatment
1. Prone
2. Extend ipsilateral trunk by rotating pelvis towards (**trunk away**) point or by extending ipsilateral hip, creating slight extension and sidebending away from point

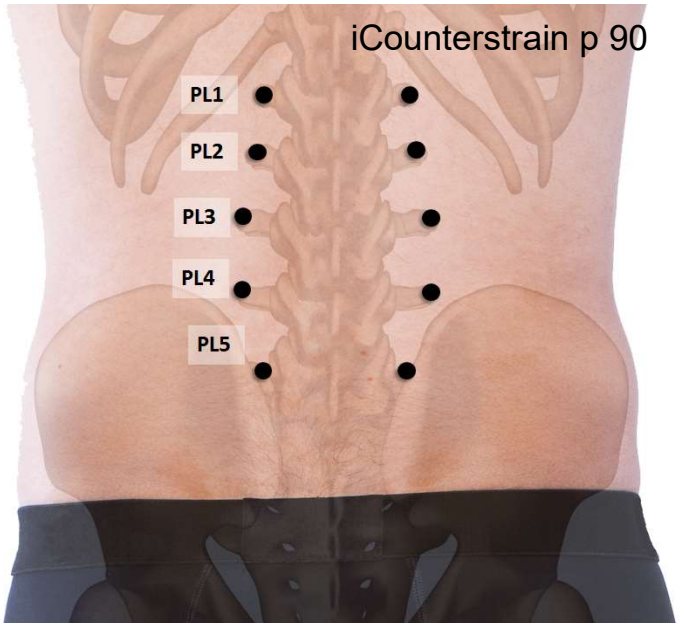
ESaRt

Anatomical Considerations



PL1-5 Transverse Process Location

Found on corresponding transverse processes

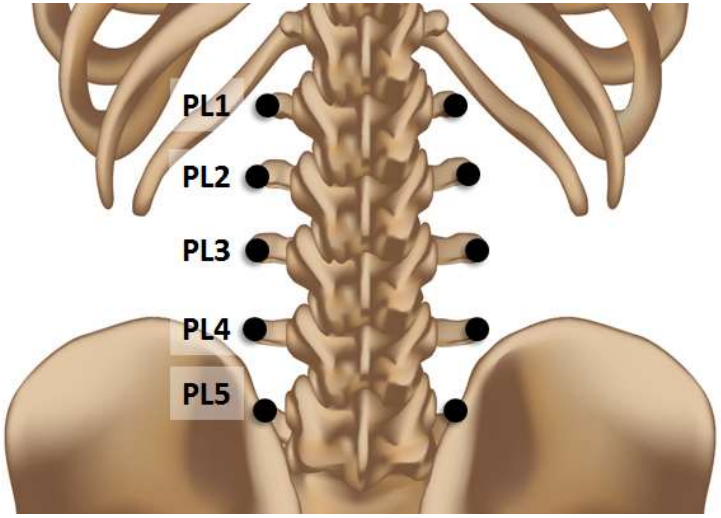


Treatment

1. Prone; standing on side of dysfunction
2. Extend ipsilateral trunk by rotating pelvis towards (**trunk away**) point or by extending ipsilateral hip, creating slight extension and sidebending away from point

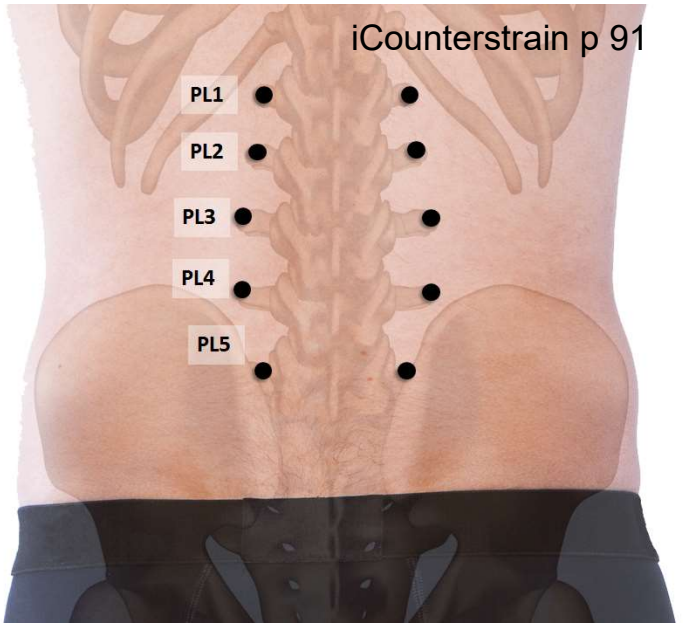
ESaRt

Anatomical Considerations



PL1-5 Transverse Process Locations

Found on corresponding transverse processes

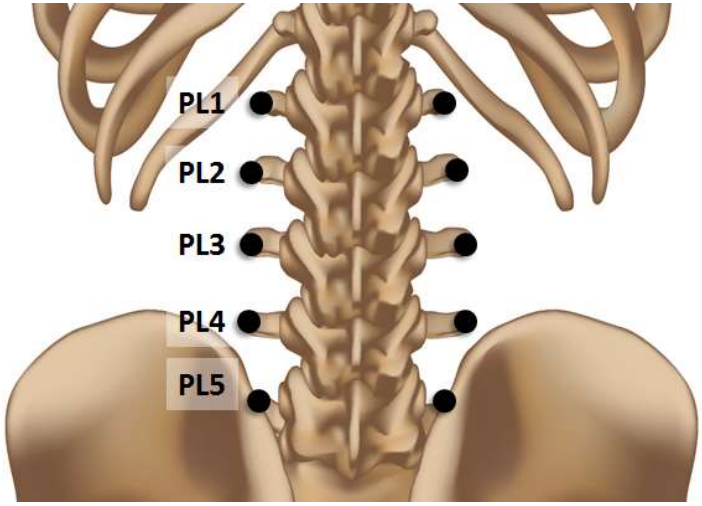


Alternate Treatment

1. Prone; stand on side opposite dysfunction
2. Extend ipsilateral trunk by rotating pelvis towards (**trunk away**) point or by extending ipsilateral hip, creating slight extension and sidebending away from point

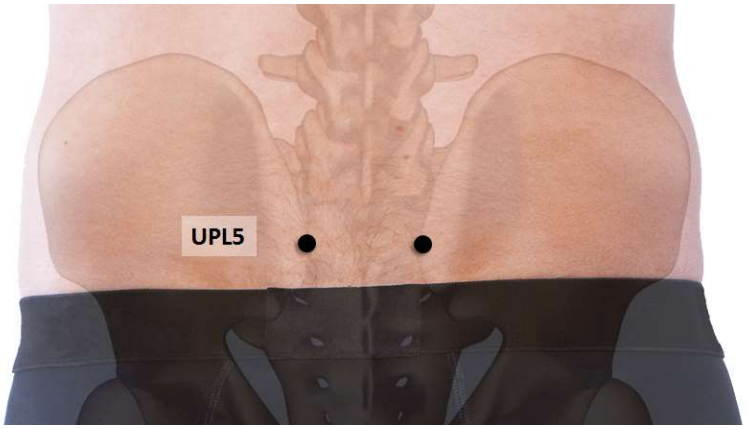
ESaRt

Anatomical Considerations



Upper Pole L5 (UPL5) Location

Found on superomedial aspect of PSIS

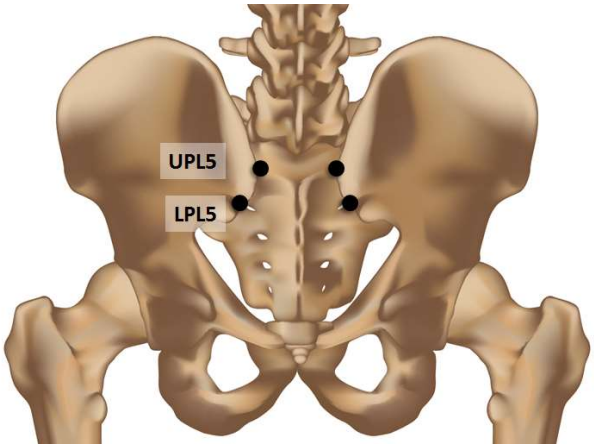


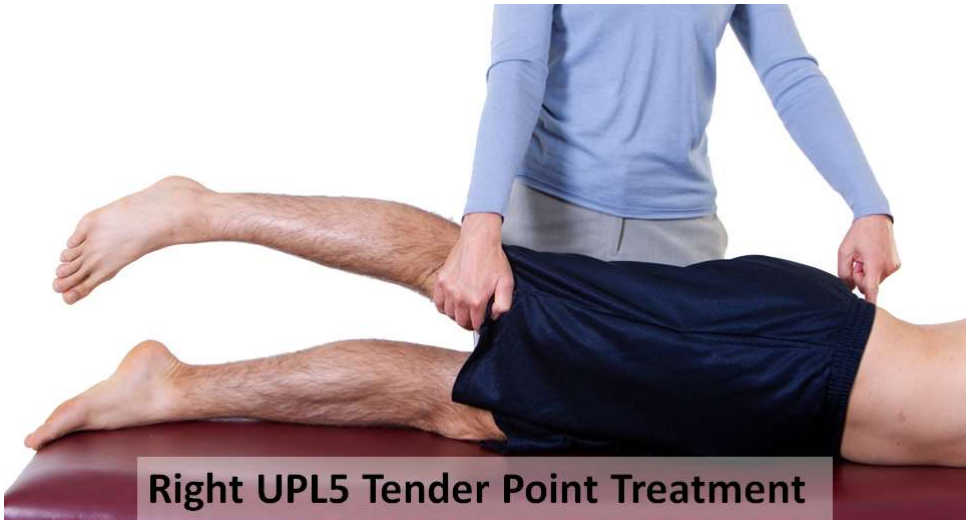
Treatment

1. Prone
2. Extend ipsilateral trunk by rotating pelvis towards (**trunk away**) point or by extending ipsilateral hip with slight adduction, creating slight extension and sidebending away from point

ESaRt

Anatomical Considerations





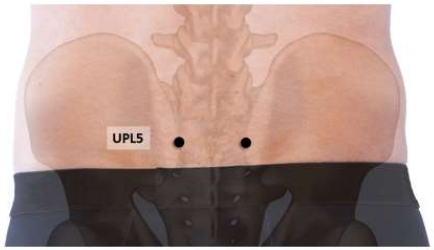
Lab Exercise

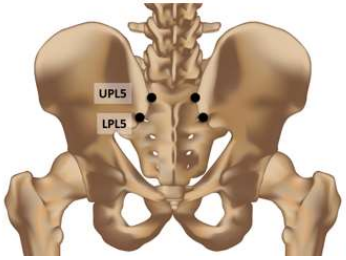
Upper Pole L5 (UPL5) Location
Found on superomedial aspect of PSIS

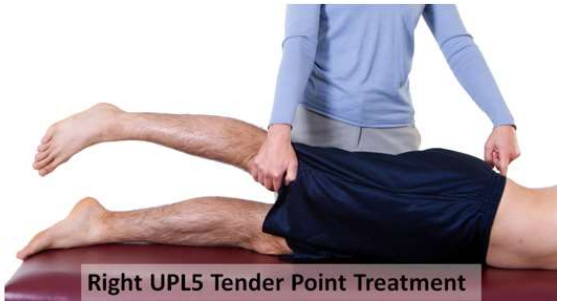
Treatment
1. Prone
2. Extend ipsilateral trunk by rotating pelvis towards (**trunk away**) point or by extending ipsilateral hip with slight adduction, creating slight extension and sidebending away from point

ESaRt

Anatomical Considerations







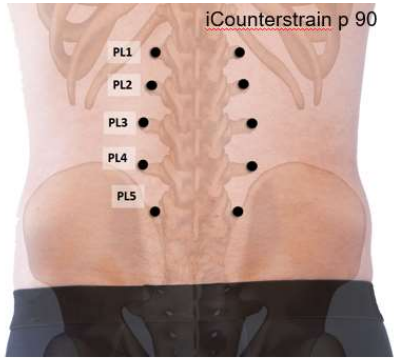
PL1-5 Transverse Process Location
Found on corresponding transverse processes

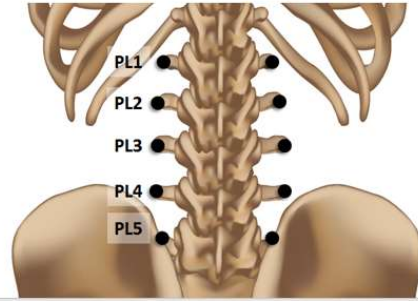
Treatment
1. Prone; standing on side of dysfunction
2. Extend ipsilateral trunk by rotating pelvis towards (**trunk away**) point or by extending ipsilateral hip, creating slight extension and sidebending away from point

ESaRt

Anatomical Considerations

iCounterstrain p 90





Alternate Treatment
1. Prone; stand on side opposite dysfunction
2. Extend ipsilateral trunk by rotating pelvis towards (**trunk away**) point or by extending ipsilateral hip, creating slight extension and sidebending away from point

How Do You Get Tender Points?

Posterior lumbar tender points

- Extension injuries
- Sudden strains
- Overuse
- Weekend Warrior

Counterstrain Summary

- If in doubt
  - Approximate the origin and insertion of the affected structure
  - Wrap the body around the point
  - The patient MUST relax
  - Hold for 90 secs
- If the tender points radiates
  - It is a trigger point
  - Counterstrain may or not work
- Tenderpoints that recur require lifestyle modification

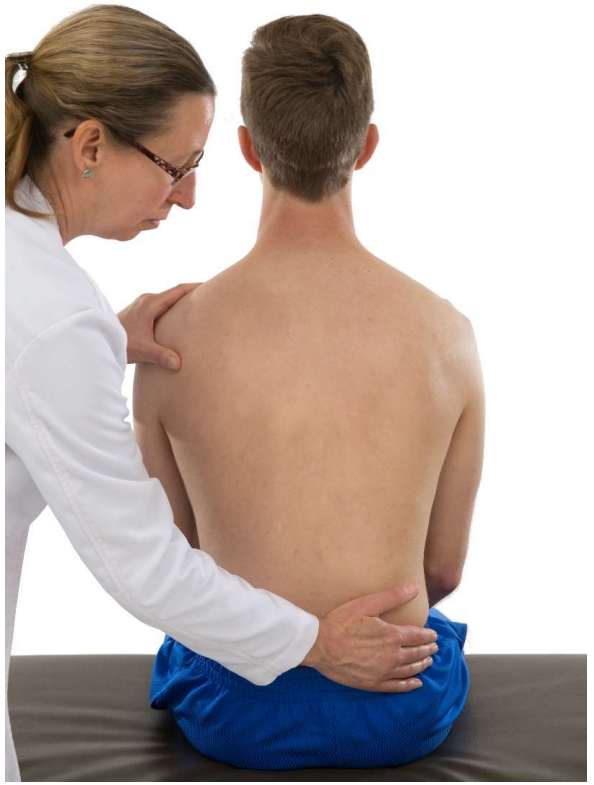
Questions?

Documentation and Billing for OMM

Documentation and Billing for OMM

- Osteopathic Manipulative Medicine
  - Diagnosis of somatic dysfunction
  - Treatment using osteopathic manipulative treatment

- Document physical finding of somatic dysfunction
- Document recommendation for OMT
- Document OMT procedure



Documenting Somatic Dysfunction Physical Findings

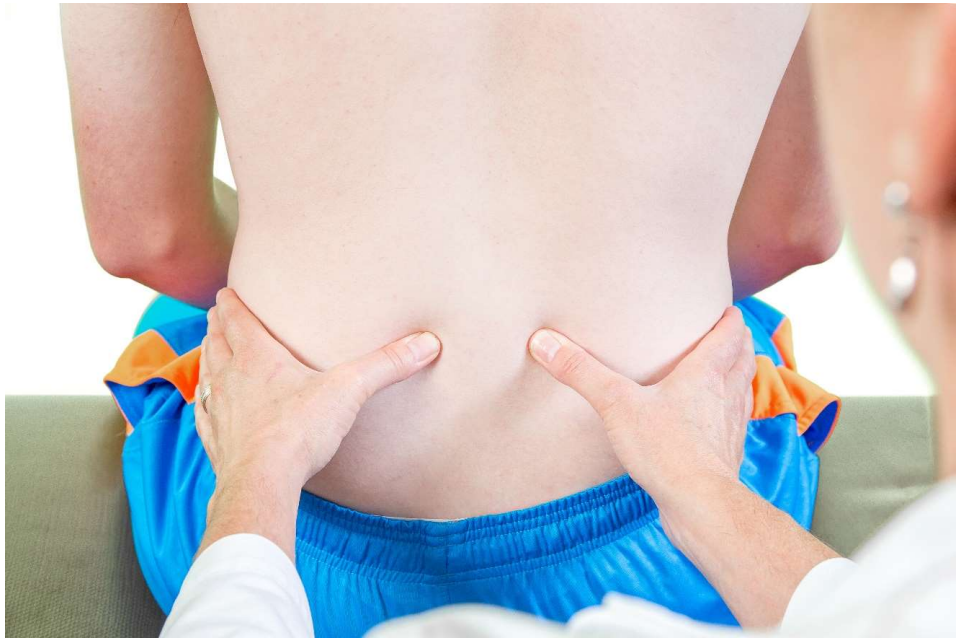
- Somatic Dysfunction:
  - Tenderness
  - Asymmetry
  - Restricted range of motion
  - Tissue texture abnormalities

“TART”

- Document findings by body region or within the musculoskeletal organ system examination

Documenting Somatic Dysfunction Physical Findings

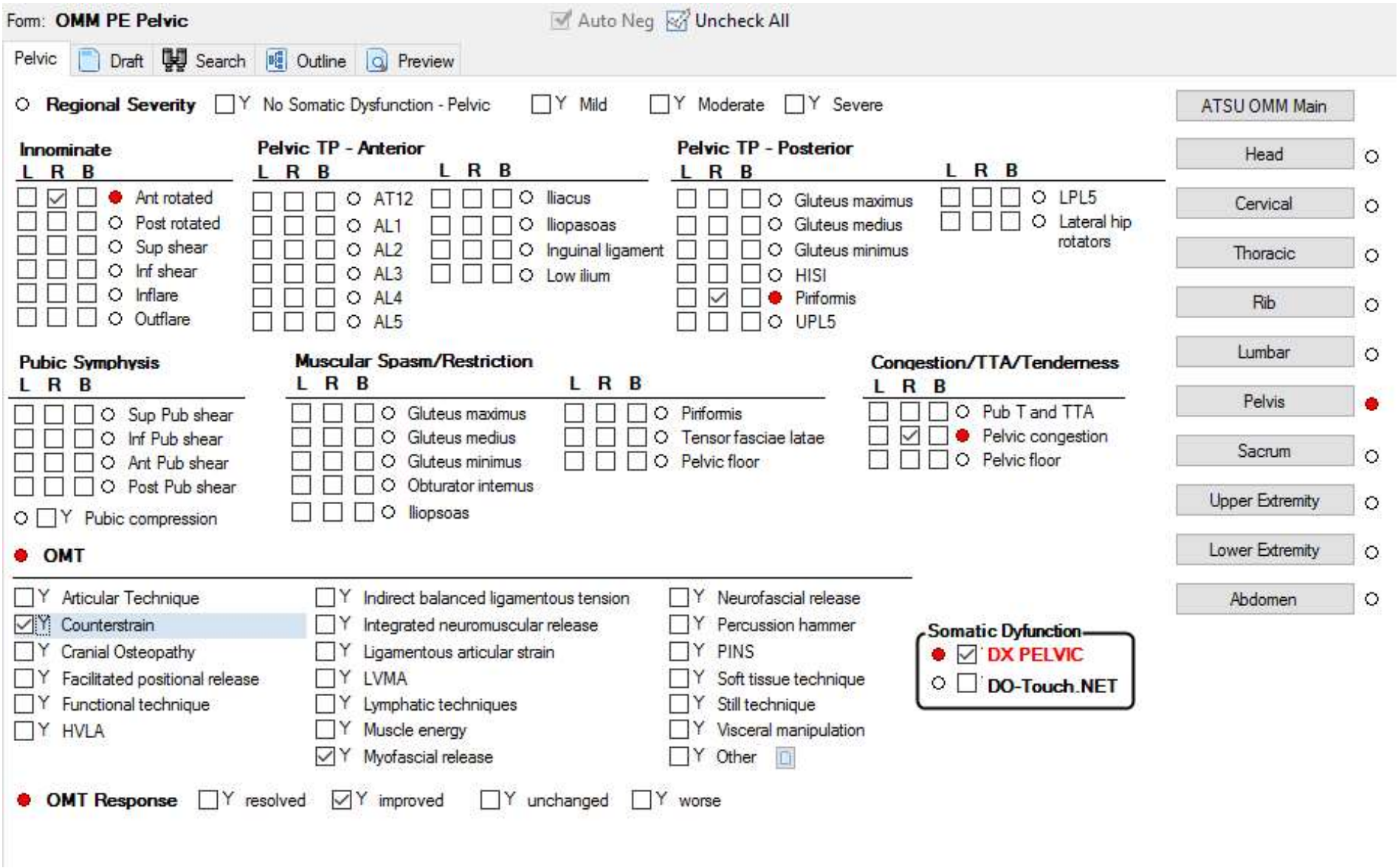
- Document individual elements
  - Tenderness
    - Right ASIS tenderness
  - Asymmetry
    - Right PSIS superior
  - Restricted range of motion
    - Positive right standing flexion test
  - Tissue texture abnormalities
    - Left transverse process of T4 posterior



Documenting Somatic Dysfunction Physical Findings

- Document somatic dysfunction “diagnoses”
  - T4 Flexed sidebent right and rotated right
  - Left on left sacral torsion
  - Right anteriorly rotated innominate
  - Right AL1 tender point

- Similar to documenting “Adson’s maneuver positive on the right”

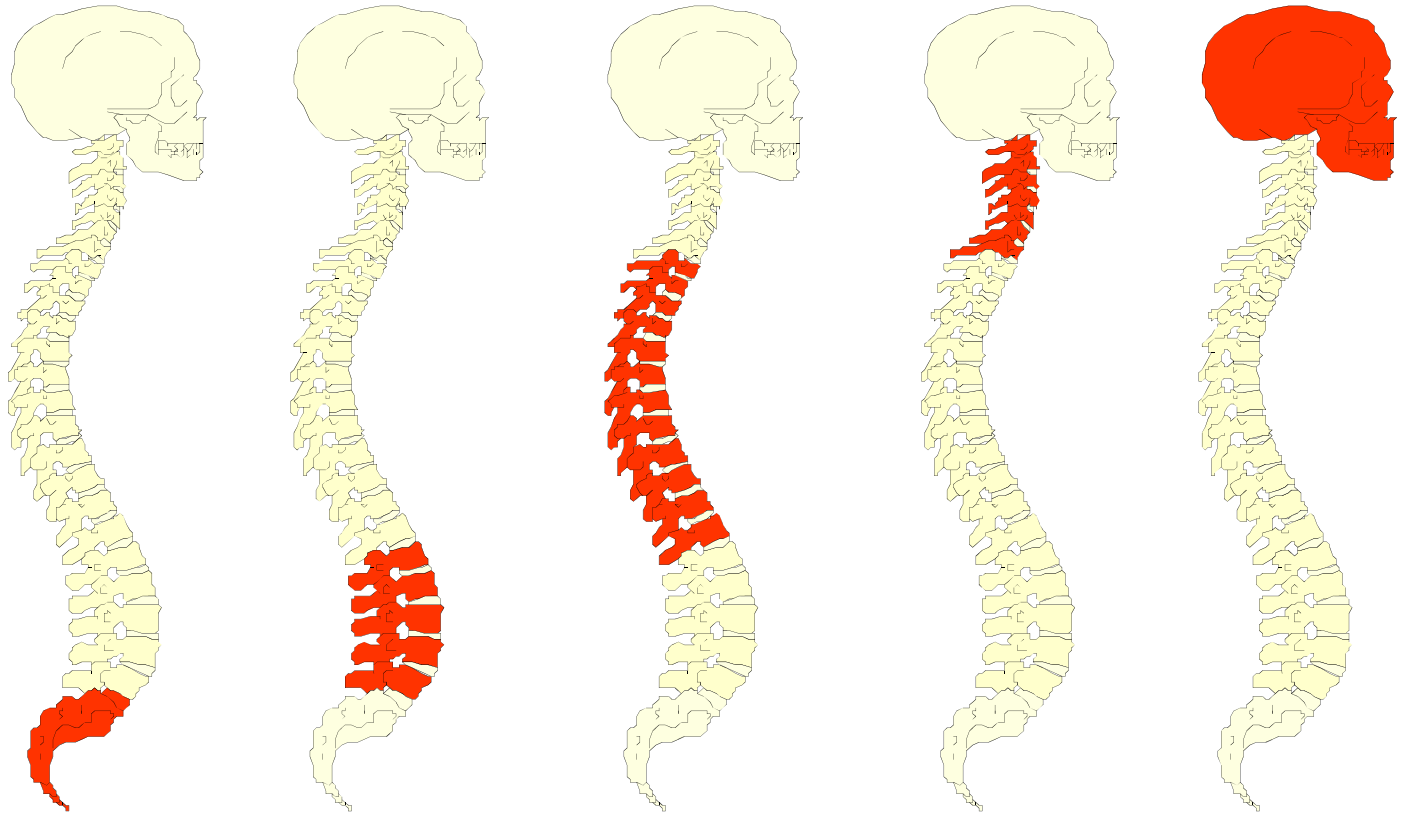

Form: OMM PE Pelvic
Auto Neg
Uncheck All
Pelvic
Draft
Search
Outline
Preview
Regional Severity
Y No Somatic Dysfunction - Pelvic
Y Mild
Y Moderate
Y Severe
ATSU OMM Main
Innominate
L R B
Ant rotated
Post rotated
Sup shear
Inf shear
Inflare
Outflare
Pelvic TP - Anterior
L R B
AT12
AL1
AL2
AL3
AL4
AL5
L R B
Iliacus
Iliopasoas
Inguinal ligament
Low ilium
Pelvic TP - Posterior
L R B
Gluteus maximus
Gluteus medius
Gluteus minimus
HISI
Piriformis
UPL5
L R B
LPL5
Lateral hip rotators
Head
Cervical
Thoracic
Rib
Lumbar
Pelvis
Sacrum
Upper Extremity
Lower Extremity
Abdomen
Pubic Symphysis
L R B
Sup Pub shear
Inf Pub shear
Ant Pub shear
Post Pub shear
Y Pubic compression
Muscular Spasm/Restriction
L R B
Gluteus maximus
Gluteus medius
Gluteus minimus
Obturator internus
Iliopsoas
L R B
Piriformis
Tensor fasciae latae
Pelvic floor
Congestion/TTA/Tenderness
L R B
Pub T and TTA
Pelvic congestion
Pelvic floor
OMT
Y Articular Technique
Y Counterstrain
Y Cranial Osteopathy
Y Facilitated positional release
Y Functional technique
Y HVLA
Y Indirect balanced ligamentous tension
Y Integrated neuromuscular release
Y Ligamentous articular strain
Y LVMA
Y Lymphatic techniques
Y Muscle energy
Y Myofascial release
Y Neurofascial release
Y Percussion hammer
Y PINS
Y Soft tissue technique
Y Still technique
Y Visceral manipulation
Y Other
Somatic Dysfunction
DX PELVIC
DO-Touch.NET
OMT Response
Y resolved
Y improved
Y unchanged
Y worse

Assessment

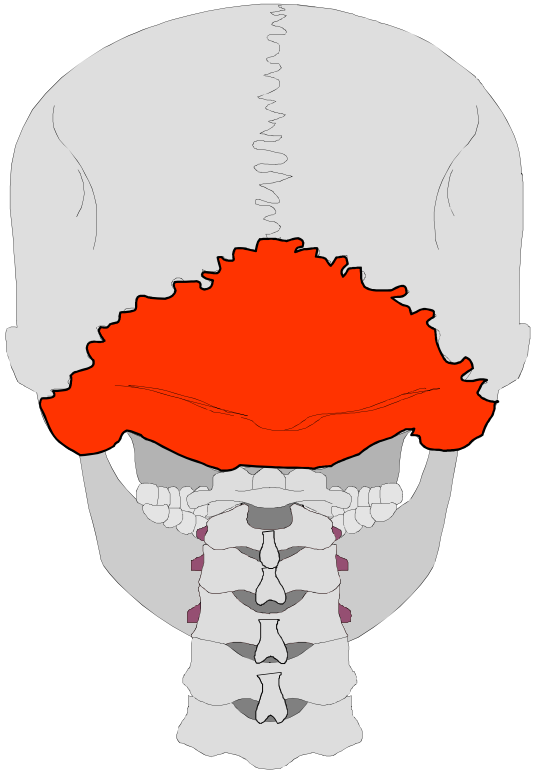
- Somatic Dysfunction – areas where somatic dysfunction was found not the individual findings.

1. Head
2. Cervical
3. Thoracic
4. Ribs
5. Lumbar
6. Sacrum
7. Pelvis
8. Abdomen
9. **R Upper Extremity**
9. **L Upper Extremity**
10. **R Lower Extremity**
10. **L Lower Extremity**

Sacrum Lumbar Thoracic Cervical Head

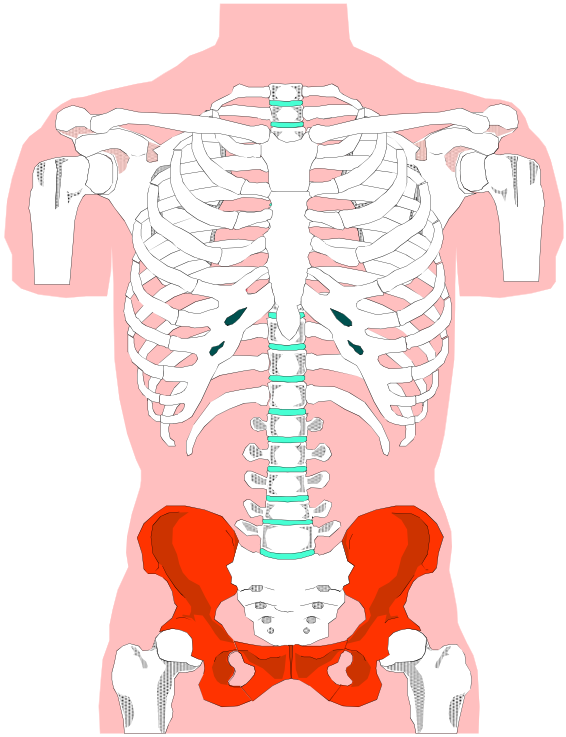


OA is in the Head Region

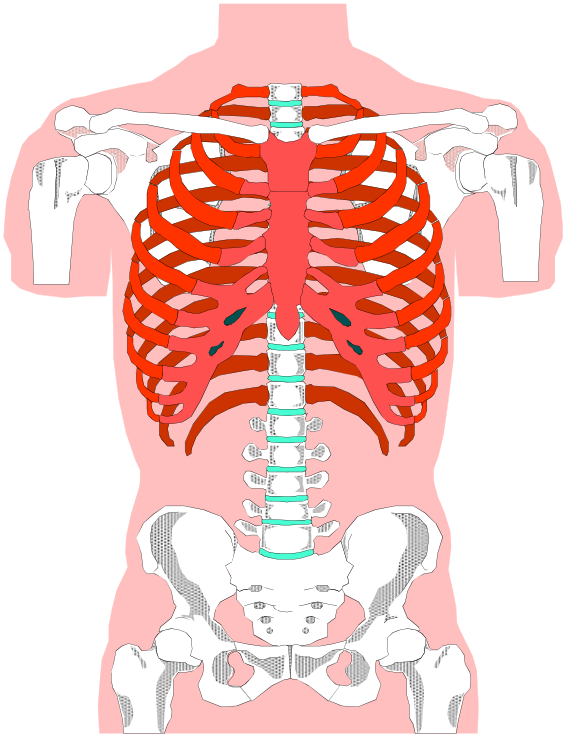


Hyoid bone is also included in the head region.

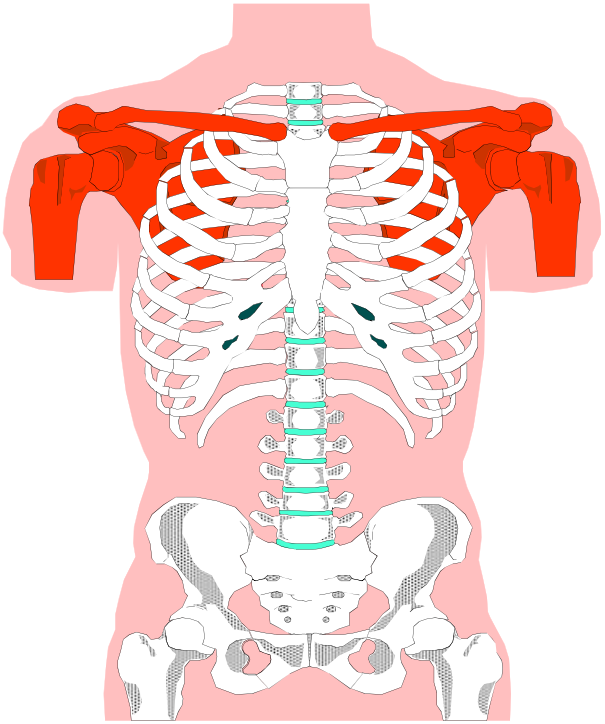
Pelvis



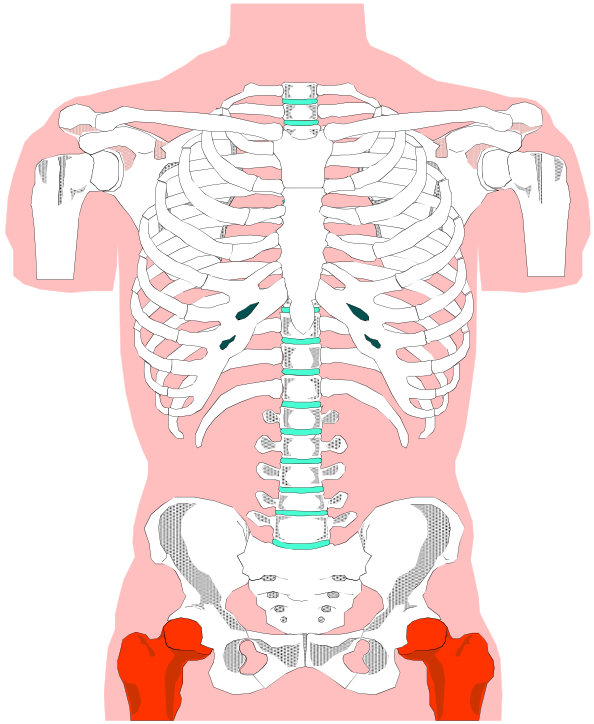
Ribs



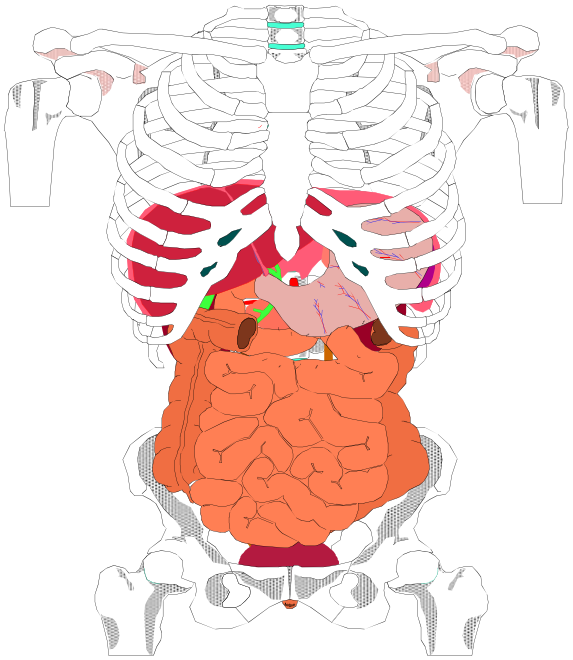
Upper Extremities



Lower Extremities



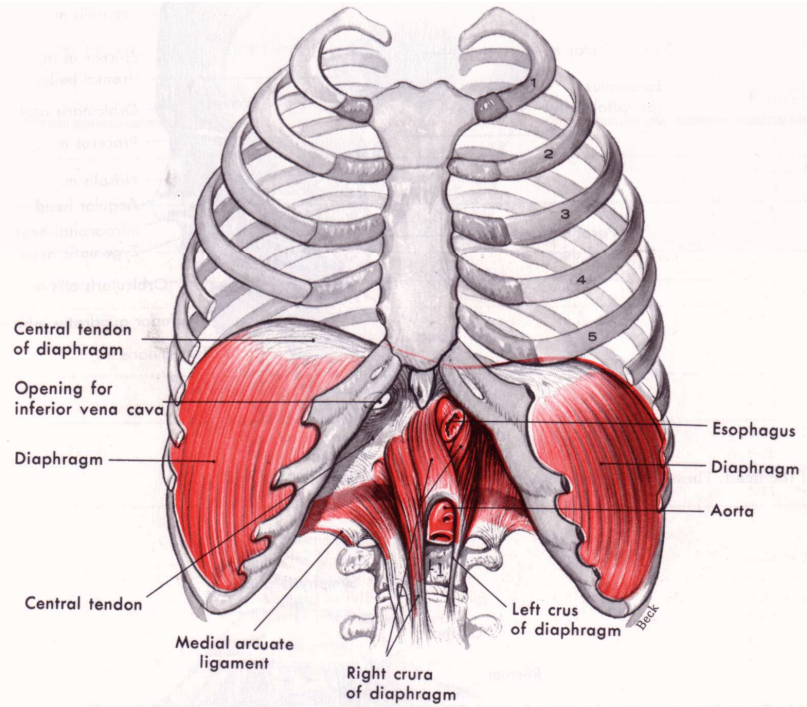
Abdomen



What about findings that cross regions?

- Abdominal diaphragm
- Psoas muscle
- Thoracic inlet

- Choose the body area(s) physically assessed then be consistent

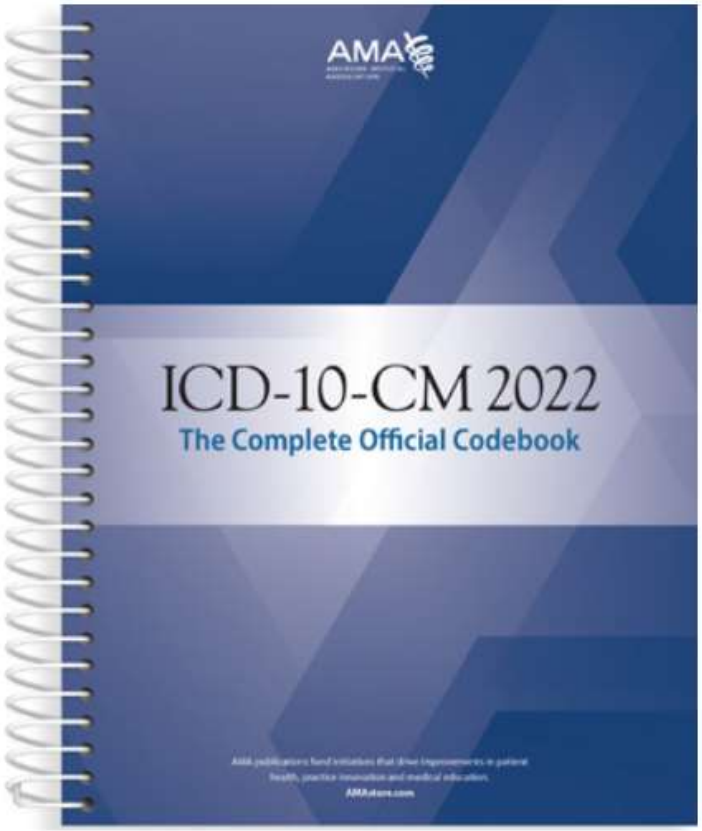


The diaphragm as seen from the front. Note the openings in the vertebral portion for the inferior vena cava, esophagus, and aorta.

Assessment

ICD10 Codes - Somatic Dysfunction

- M99.00 Head Region, includes OA
- M99.01 Cervical Region
- M99.02 Thoracic Region
- M99.03 Lumbar Region
- M99.04 Sacral Region, included SI and coccyx
- M99.05 Pelvic, includes pubic symphysis
- M99.06 Lower Extremity Region
- M99.07 Upper Extremity Region
- M99.08 Rib Region, includes sternum
- M99.09 Abdominal Region



Assessment

Include Diagnoses (ICD 10) for both E&M and OMT codes

- Medical Diagnosis(es) Be as specific as possible. List symptoms only when the cause is somatic dysfunction or unknown.

- Somatic Dysfunction Diagnosis(es) (10) List by body region, not individual findings.

Medical Diagnosis Examples

Symptom Diagnoses

- Low back pain
- Knee pain
- Painful respiration
- Thoracic pain

VS.

Specific Diagnoses

- Lumbar strain
- Arthritis - knees
- Costochondritis
- Acquired Kyphosis

Plan

- Somatic dysfunction was found today that may be contributing to the patient's complaints. OMT was recommend to address the somatic dysfunctions found. The patient would like to proceed with OMT today.

Other important plan details

- Cite medications prescribed or recommended
- Cite exercises and lifestyle changes discussed
- Cite recommended follow-up

Document recommendations such as topical analgesics

OMT Procedure Note

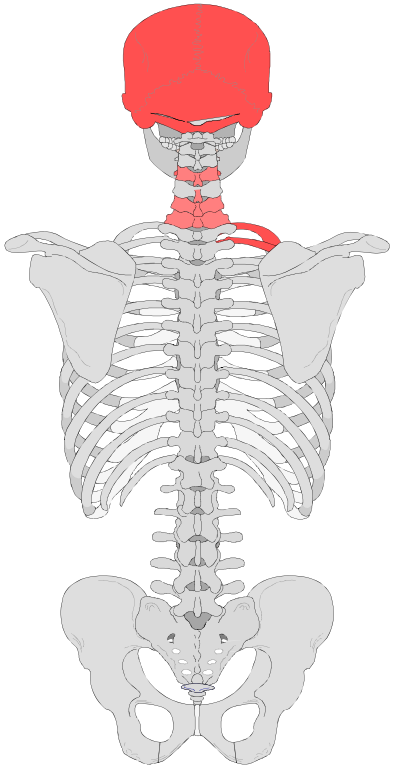
- OMT was performed based on today' physical exam.
- OMT was preformed on what regions using what type of techniques.
- Cite how well the patient tolerated the treatment.
- Cite outcome of the OMT – Somatic dysfunction was improved
- Post procedure instructions

If distant body areas were treated, consider adding:

- Somatic dysfunctions from multiple body regions were identified during today's physical exam that were likely contributing to the patient's complaints through articular or myofascial connections. Those areas were addressed when providing OMT today.

CPT Coding for OMT Billing

- OMT services are billed by number of regions:
- 98925 1-2 regions
- 98926 3-4 regions
- 98927 5-6 regions
- 98928 7-8 regions
- 98929 9-10 regions



Documented and Treated with OMT:

- OA FSrRl
- C4 ERlRl
- C6, C7 FSrRr
- Right Rib 1-2 Inhaled

For example: Use CPT code 98926 for OMT to 3-4 regions, if OMT was performed (and documented) to the head, cervical, and rib regions

Lumbar / Lumbosacral Spine:
General/bilateral: • Lumbosacral spine exhibited tenderness on palpation. • A Patrick-Fabere test was positive.
Pelvis:
General/bilateral: ° Right sacroiliac joint did not show tenderness on palpation. ° Left sacroiliac joint did not show tenderness on palpation.
Hips:
General/bilateral: • Tenderness on palpation of the hips. • A hamstring contracture test was positive. • Muscle spasm of the hips.
Knee:
General/bilateral: • Tenderness on palpation of the knee. • Pain was elicited by motion of the knee.
Right Knee: ° No swelling.
Left Knee: • Swelling.
Ankle:
General/bilateral: ° No tenderness on palpation of the ankles.
Neurological:
° Level of consciousness was normal. ° Oriented to time, place, and person.
Motor (Strength): ° No weakness of the right shoulder was observed. ° No weakness of the left shoulder was observed. ° No weakness of the right hip was observed. ° No weakness of the left hip was observed. ° No weakness of the right knee was observed. ° No weakness of the left knee was observed. ° No weakness of the right ankle was observed. ° No weakness of the left ankle was observed. ° Flexion strength of the right first toe was normal. ° Flexion strength of the left first toe was normal.
Psychiatric:
Appearance: ° Grooming was normal.
Mood: ° Euthymic.
Affect: ° Normal.
Skin:
° Normal. ° No skin lesions.

Somatic Dysfunction, Lumbar Region TART Findings
L3 neutral, sidebent left and rotated right, L4 neutral, sidebent left and rotated right, L5 neutral, sidebent left and rotated right, Bilateral paraspinal muscle tension and/or spasm, and Bilateral quadratus lumborum muscle tension and/or spasm.

Somatic Dysfunction, Pelvic Region TART Findings
Right anteriorly rotated innominate, Left superior innominate shear, Left AL1 tender point, Left AL4 tender point, Left iliopsoas tender point, Left and right piriformis tender points, and Left and right piriformis spasm/restriction.

Somatic Dysfunction, Lower Extremities Region TART Findings
Articular restrictions of the left tibia, Posterior glide preference of the left proximal fibula, Articular restrictions of the left proximal fibula, Left intraosseous strain, Muscle Dysfunction and Tender Points Muscle spasm or excessive muscle tension of the left hamstring, Muscle spasm or excessive muscle tension of the left soleus/gastroc, Muscle spasm or excessive muscle tension of the left peroneus muscles, Muscle spasm or excessive muscle tension of the left tibialis anterior, Congestion Inguinal congestion of the left side, and Left posterior popliteal congestion.

Assessment
- Arthralgia of the left pelvis/hip/femur
- Arthralgia of the left knee/patella/tibia/fibula
- Somatic dysfunction of lumbar region
- Somatic dysfunction of pelvic region
- Somatic dysfunction of the lower extremity region

Plan

• Osteopathic manipulative treatment (OMT) - Somatic dysfunction was found on today's physical examination which was likely contributing to the patient's complaints. Osteopathic manipulative treatment was recommended to be performed to address those somatic dysfunctions found today. Patient would like to proceed with OMT today

• Follow-up visit in 2-3 weeks for reevaluation or as needed

With regards to their chronic musculoskeletal conditions, the patient has been counselled to continue their current home exercise program and pain management plan with any modifications as described below (if applicable).

Counseling/Education

• Education: pain management by thermal techniques - Apply Ice or heat to painful area as needed

• Education: home strengthening exercises for the knee - Quadriceps strengthening exercises reviewed

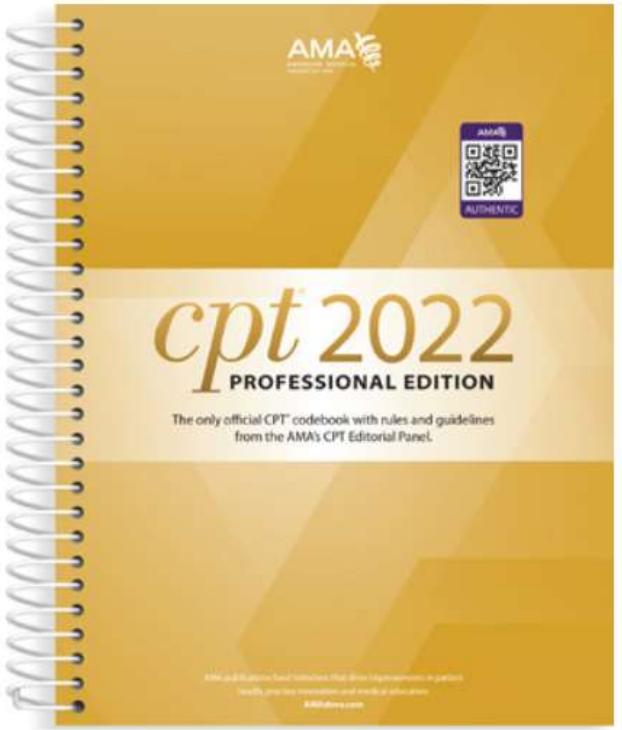
OMT Procedure

OMT was performed based on today's physical examination - Regions treated include those listed in the assessment portion of today's Evaluation & Management note.
Articular Technique lumbar region; Muscle energy lumbar region.
OMT response lumbar region: somatic dysfunction was improved.
Counterstrain pelvic region; HVLA pelvic region.
OMT response pelvic region: somatic dysfunction was improved.
Articular technique lower extremities; Muscle energy lower extremities; Myofascial release lower extremities.
OMT response lower extremity region: somatic dysfunction was improved.
Osteopathic manipulative treatment (OMT) involving three to four body regions.
General outcomes - Symptoms improved after OMT.
General outcomes - OMT was well tolerated.
Discussed that the patient may experiance soreness after the OMT. Increased hydration recommended for today. They may take oral analgesics if desired. Avoid heavy lifting today.

Evaluation and Management Coding

Evaluation and Management Coding

- E&M codes are Common Procedure Terminology (CPT) codes that are used for billing clinical encounters with patients. The codes vary based on the location of the encounter.
- CPT also includes procedural codes which are used to bill when procedures are performed.
  - OMT coded based on number of body regions treated
- ICD 10 are lists of diagnoses
  - ICD10 – somatic dysfunction – a separate code for each body region



Evaluation and Management Coding

- Levels are based on one of the following key elements:

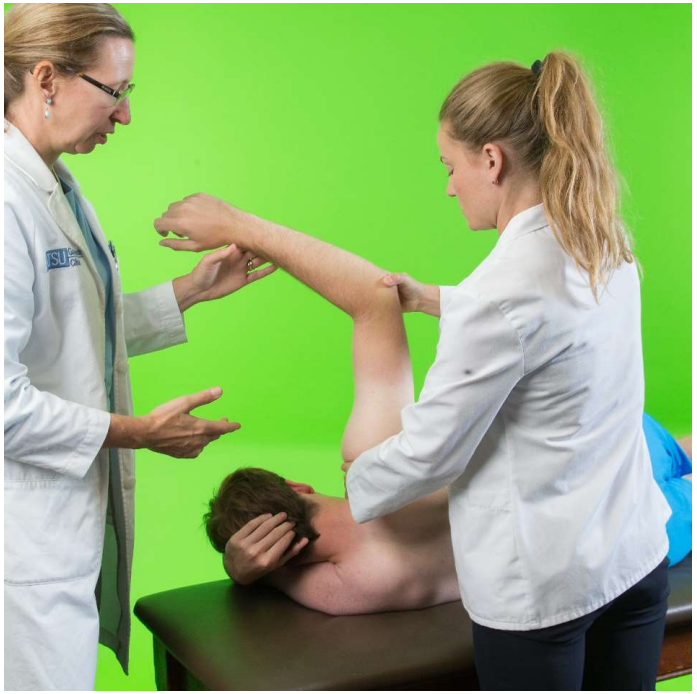
- Medical Decision Making (Beginning Jan1, 2021)

OR

- Time (Beginning Jan1, 2021)

Time Based Outpatient E&M Coding

- Time of the Attending Physician
- Time spent on the day of the encounter



Outpatient Time-Based Coding

Level	Established Patient	New Patient
Straightforward MDM	99212 = 10-19 minutes	99202 = 15-29 minutes
Low MDM	99213 = 20-29 minutes	99203 = 30-44 minutes
Moderate MDM	99214 = 30-39 minutes	99204 = 45-59 minutes
High MDM	99215 = 40-54 minutes	99205 = 60-74 minutes

Total Service Time of the ATTENDING PHYSICIAN on Day of the Encounter

Outpatient Time-Based Coding

- Total E&M service time on the day of the encounter includes:
  - **Preservice** reviewing prior encounters and other medical records needed to prepare for the encounter
  - History, physical examination, patient education, and medical decision making performed during the encounter (**face-to-face time**)
  - **Post service documenting** the encounter and ordering of additional services, including but not limited to, medications, consultations, diagnostic studies, when reported in the encounter documentation

  - Total E&M time **does not** include time solely spent performing osteopathic manipulative techniques or other procedures that may have been documented on the day of the encounter.

Medical Decision-Making

Medical decision-making refers to how the physician rates his/her degree of difficulty in establishing a diagnosis and treatment plan for the patient

- Straight forward
- Low complexity
- Moderate complexity
- High complexity

Medical Decision-Making

- Identifying the appropriate difficulty requires three layers of decisions to determine:
  1. Number and complexity of patient problems
  2. Amount and/or complexity of data to be reviewed
  3. Risk of complications and/or morbidity, mortality associated with management plan

- **Need at least two components** to establish the MDM level

Medical Decision Making (need 2 components)

MDM	Number and Complexity of Problems	Data Reviewed/ Tests Ordered	Risks Associated with Management
Straightforward	1 minor or self- limiting problem	0 - None 1 x Review of your last note	Minimal risk: X rays, Venous blood work, Urinalysis, KOH prep, ultrasound, Rest, elastic bandages,
Low	2 or more minor or self- limiting problems 1 stable chronic illness 1 acute, uncomplicated injury or illness – no workup required	2 x Category 1 data 1 x Independent historian	Low risk: Arterial blood work, PFTs, Imaging with contrast, Biopsies, IV fluids without additives **OMT,** Physical therapy, OTC drugs Trigger or joint Injections
Moderate	1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; 2 or more stable chronic illnesses; undiagnosed new problem with uncertain prognosis; 1 acute illness with systemic symptoms; 1 acute complicated injury– workup required	3 x Category 1 1 x Category 2 1 x Category 3	Moderate risk: Physiological tests, CV imaging studies, Lumbar puncture, Decision to send for minor surgery with known risk factors, or major surgery without known risk factors **Prescription drug management, IV fluids** Management significantly affected by social determinants of health
High	1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; 1 acute or chronic illness or injury that poses a threat to life or bodily function	3 x Category 1 1 x Category 2 1 x Category 3	High Risk: Decision to hospitalize, do not resuscitate due to poor prognosis, send for major surgery with known risk factors, or send for emergency surgery Drug therapy with monitoring for toxicity Parenteral controlled drug therapy

Amount of Data

Level of complexity	Documentation Requirements	Visit level
Straightforward	0 - None 1 x Review of your last note	Est - 99212 New - 99202
Low	2 x Category 1 data 1 x Independent historian	Est - 99213 New - 99203
Moderate	3 x Category 1 1 x Category 2 1 x Category 3	Est - 99214 New - 99204
High	3 x Category 1 1 x Category 2 1 x Category 3 **2 or 3 options met**	Est - 99215 New - 99205

Category 1 (Low MDM = 2 x category 1 data)

- Review of prior external note(s) from each unique source*
  - Notes from providers in your practice, but outside your specialty are external
  - Notes reviewed from two different providers = 2 sources
- Review of the result(s) of each unique test*
  - A panel of lab tests is considered a single, unique test
  - Lab tests with their own CPT® code are considered unique tests
  - Two different imaging reports = 2 unique reports
  - Two panels of tests reviewed and documented = 2 unique tests
- Ordering of each unique test*
  - Two test ordered = 2 unique test orders
- Assessment requiring an independent historian (**Stand alone for Low MDM**)

Independent Historian(s):

- An individual (eg, parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (eg, due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary. In the case where there may be conflict or poor communication between multiple historians and more than one historian(s) is needed, the independent historian(s) requirement is met.

Category 2

Personal interpretation of a test performed by another practitioner

- Documentation of your interpretation **required** and cannot be separately billed

Example

- Personal interpretation of imaging study
- Personal interpretation of EKG tracing

Category 3

- Documentation of discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately billed)
  - External = outside your practice
  - External = inside your practice, but outside your specialty

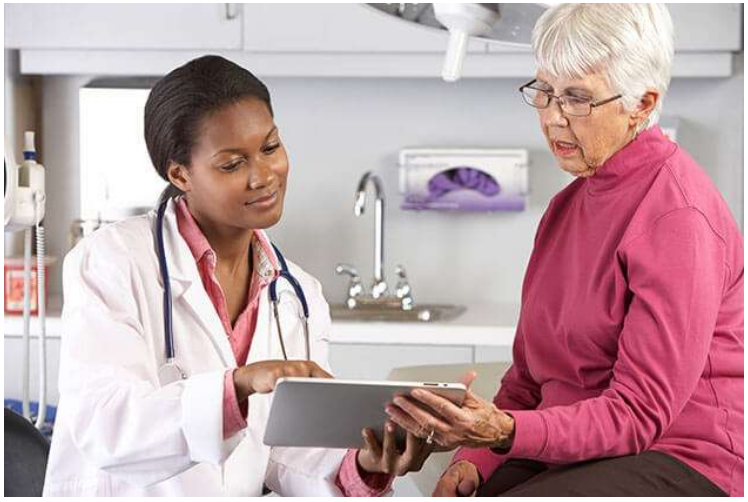
Medical Decision Making

S – Medical Decision making – Presenting problems

O – Medical Decision making – Data reviewed/analyzed

A – Medical Decision Making – Problems addressed

P – Medical Decision Making – Risks of management options



Example

64 year-old patient diagnosed with acute mechanical low back pain, somatic dysfunction, and allergic rhinitis

- **Moderate level MDM**

Data – Reviewed prior note

- **Straightforward level MDM**

Physical exam documented musculoskeletal findings including somatic dysfunction in the in thoracic, lumbar, sacral, pelvic and lower extremity regions (5 body regions)

Plan includes OMT recommendation and OTC nasal steroid spray

- **Low level MDM**

OMT Procedure Note: OMT performed, 5 regions listed with techniques used, outcome

Medical Decision Making (need 2 components)

MDM	Number and Complexity of Problems	Data Reviewed/ Tests Ordered	Risks Associated with Management
Straightforward	1 minor or self- limiting problem	0 - None 1 x Review of your last note	Minimal risk: X rays, Venous blood work, Urinalysis, KOH prep, ultrasound, Rest, elastic bandages,
Low	2 or more minor or self- limiting problems 1 stable chronic illness 1 acute, uncomplicated injury or illness – no workup required	2 x Category 1 data 1 x Independent historian	Low risk: Arterial blood work, PFTs, Imaging with contrast, Biopsies, IV fluids without additives **OMT,** Physical therapy, OTC drugs Trigger or joint injections
Moderate	1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; 2 or more stable chronic illnesses; undiagnosed new problem with uncertain prognosis; 1 acute illness with systemic symptoms; 1 acute complicated injury– workup required	3 x Category 1 1 x Category 2 1 x Category 3	Moderate risk: Physiological tests, CV imaging studies, Lumbar puncture, Decision to send for minor surgery with known risk factors, or major surgery without known risk factors **Prescription drug management, IV fluids** Management significantly affected by social determinants of health
High	1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; 1 acute or chronic illness or injury that poses a threat to life or bodily function	3 x Category 1 1 x Category 2 1 x Category 3	High Risk: Decision to hospitalize, do not resuscitate due to poor prognosis, send for major surgery with known risk factors, or send for emergency surgery Drug therapy with monitoring for toxicity Parenteral controlled drug therapy

Case Coding

- E&M Code for case
  - Established Patient with Low MDM= 99213
    - OMT to 5-6 body region coded separately

OMT services are coded by number of regions:

- 98925 1-2 areas
- 98926 3-4 areas
- **98927 5-6 areas**
- 98928 7-8 areas
- 98929 9-10 areas

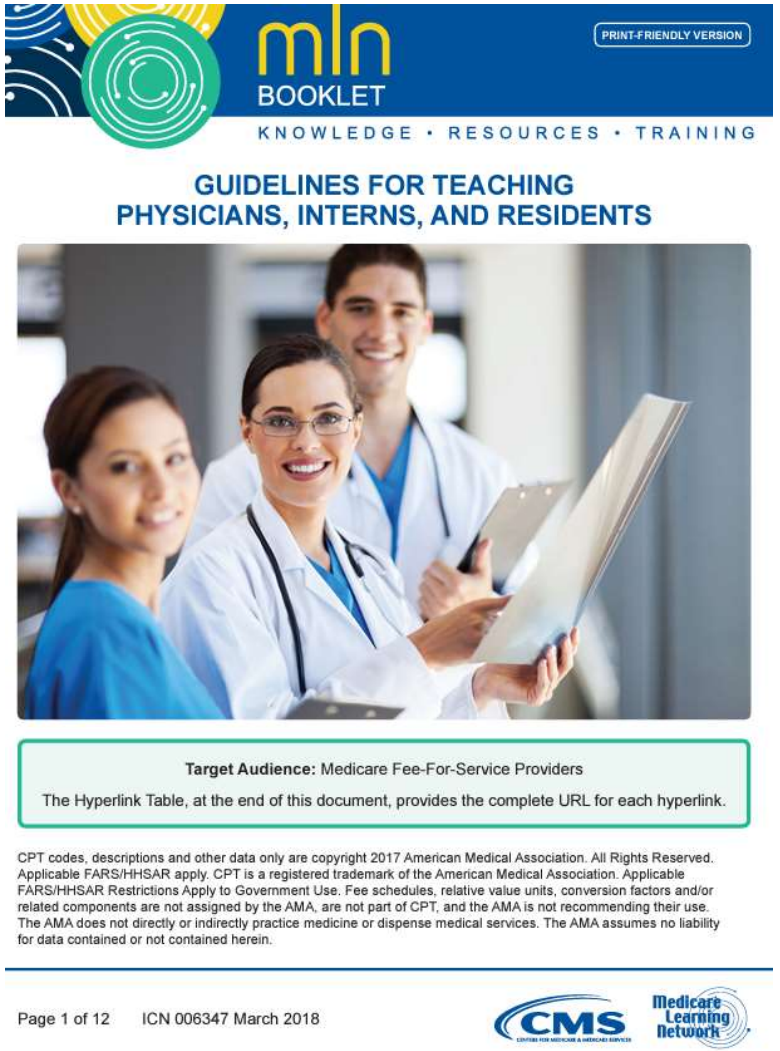
Case Coding

- E&M Code for case
  - Established Patient with Low MDM= 99213 **- 25**
  - OMT to 98927 5-6 areas

- When an additional service is provided on the same day as E&M service
  - Add Modifier -25 to E&M code
- When two or more services are provided on the same day as E&M service
  - Add Modifier -59 to E&M code (unless your biller says not to use this code)
    - CMS: Don't report the 2 codes together if they're performed **at the same anatomic site and same patient encounter**, because they aren't considered "separate and distinct

Residents Performing OMT

- OMT is considered a procedure.
- Any OMT that is performed by residents and billed for by supervising physicians must adhere to the requirements outlined by The Centers for Medicaid and Medicare Services (CMS).
- This applies to OMT performed in a teaching setting or a teaching hospital.



Supervising Resident OMT

- The teaching physician must be present during the critical and key portions of the OMT procedures performed by each resident.
- The teaching physician must document in the medical records that he or she was present during critical (or key) portions of the OMT procedure.

Medicare Claims Processing Manual
Chapter 12 - Physicians/Nonphysician Practitioners

Table of Contents
(Rev. 11288, 03-04-22)
(Rev. 11287, 03-02-22)

100.1.1 - Evaluation and Management (E/M) Services
(Rev. 11288; Issued: 03-04-22; Effective: 01-01-22; Implementation: 02-15-22)

A. General Documentation Requirements

Evaluation and Management (E/M) Services -- For a given encounter, the selection of the appropriate level of E/M service should be determined according to the code definitions in the American Medical Association's Current Procedural Terminology (CPT) book and any applicable documentation guidelines.

For purposes of payment, E/M services billed by teaching physicians require that the medical records must demonstrate:

- That the teaching physician performed the service or was physically present during the key or critical portions of the service when performed by the resident; and
- The participation of the teaching physician in the management of the patient.

The presence of the teaching physician during E/M services may be demonstrated by the notes in the medical records made by physicians, residents, or nurses.

Billing for OMT

- Somatic dysfunction is the clinical indication for OMT
- Physical findings of somatic dysfunction in the physical findings justify the use of OMT on the same day as the E&M service
- Documentation must reflect that the recommendation to perform OMT was made based on the physical findings.
- OMT was performed based on the somatic dysfunction found on today's physical examination.
- Somatic dysfunction diagnosis codes are attached to the OMT code for billing

OMT as a Procedure with E&M

"The procedure (OMT) and the E/M visit may both be billed with the same diagnosis code and during the same encounter, if the decision to perform the procedure was made at the time of the encounter. Modifier -25 is used with the E/M code."

Unfortunately, many insurance companies **routinely deny payment** for two services when modifier 25 is used, especially if the same ICD10 are used with both CPT codes

E&M Documentation Recommendations

- Qualify the Chief complaint
  - New problem
  - Recurrence/exacerbation of chronic problem
  - Problem that failed to resolve
  - **Never say “Here for OMT” or “Here for Maintenance”**
- List Medical Diagnoses in addition to Somatic Dysfunction
  - low back pain, muscle spasm, spinal DJD
- Provide care in addition to OMT
  - Diet, exercise, medications…

OMT Documentation Recommendations

- Objective: must include somatic dysfunction TART findings as found in the different body regions
- Objective: TART findings may be discrete findings or classic somatic dysfunction "diagnoses"

- Assessment: List somatic dysfunction diagnoses by body region

- Plan: Somatic dysfunction was found today that may be contribution to the patient's complaints. OMT was recommended to address the somatic dysfunctions found. The patient would like to proceed with OMT today.

- OMT Procedure Note: OMT was performed based today's physical examination.
- OMT Procedure Note: list what body areas were treated and with what techniques
- OMT Procedure Note: Patient tolerance of the OMT and the outcome

EMR ALERT

- EMR does not calculate MDM with accuracy

- All elements **must be documented** to count toward MDM level
  - Discussions with other physicians
  - Data reviewed and interpreted
  - Time spent on different aspects of service

Summary

- E&M codes
  - Attending physician total E&M time on day of the encounter
  - Medical Decision Making (MDM)
- MDM
  - Complexity and number of problems
  - Data reviewed
  - Risk of management options
- Procedures
  - Time spent solely engaged in procedure is not part of E&M time
  - When procedure and E&M on same day add modifier -25 (or -59 if two procedures) to E&M code

- E&M
  - Physical exam should have TART findings for each body region treated
  - Assessment should include ICD-10 medical diagnosis and somatic dysfunction diagnoses for each region treated
  - Plan should include OMT recommendation and patient consent
- OMT
  - OMT based on Today's PE
  - OMT Procedure Note should include body regions treated with OMT, types of techniques used, patient tolerance of procedure and outcome
  - OMT billed based on number of body regions treated

References

- OMT billing resources:
  - http://www.osteopathic.org/inside-aoa/development/practice-mgt/billing-coding-resources/omt-coding-manual/Pages/default.aspx

- CMS 2021 Documentation Requirements
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/eval-mgmt-serv-guide-ICN006764.pdf

- AMA Report on CPT E&M Changes
  - https://namas.co/wp-content/uploads/2020/05/2021-ama-guidelines-revised.pdf

- Questions – ksnider@atsu.edu