

# AOA OMT Coding Hint

## September 2008

### **Clearing up the confusion of billing for OMT with E/M. When should they be billed together and when shouldn't they?**

There is a lot of confusion in the industry when it comes to billing out encounters for Osteopathic Manipulative Treatment (OMT) and Evaluation and Management (E/M). We hope to alleviate some of this confusion in this month's coding hint.

Per the guidelines in CPT (Current Procedural Terminology) regarding coding for OMT, E/M services may be reported separately, if using the modifier -25, the patient's condition requires a significant separately identifiable E/M service, above and beyond the usual preservice and post service work associated with the procedure. The E/M may be caused or prompted by the same symptoms or condition for which the OMT service was provided. As such, different diagnoses are not required for the reporting of the OMT and E/M service on the same date.

### **Pre, Post and Intra Service work, OMT versus E/M**

Pre Service work is "work performed before the actual procedure such as review of records, solicitation of informed consent, and preparation of equipment." It also includes, "time spent scrubbing, positioning, or otherwise preparing the patient." It goes on to state "The visit when the physician decides to operate and the visits preceding it should not be included in the estimate of pre-service work

### **Pre-Service Work**

#### **E/M Pre-Service**

- Setting the appointment
- Pulling the chart
- Identify the patient
- Update demographic information
- Review Chart
- Preparing patient for examination

#### **OMT Pre-Service**

- If the evaluation, i.e. the interim history, physical examination, and management decisions, indicate the best intervention on that day for that patient is OMT, then, and only then, is it necessary to perform the "pre-service and post-service work associated with the procedure."
- Pre-service work includes determining:
  - Which, of the more than 30 OMT methods (HVLA, Muscle energy, Counterstrain, Myofascial release, Cranial. Etc.) would be most effective for this patient
  - What specific body regions need to be treated
  - Should those body regions be treated with specific segmental or general mobilization procedures
  - What instructions are necessary to gain the cooperation of the patient
  - What is the best position for the patient on the table

### **Intra-Service Work**

The actual performance of the procedure.

#### **E/M Intra-Service**

- Face-to-Face
- History
- Exam
- Decision Making

#### **OMT Intra-Service**

- After the above pre-service activity, the Osteopathic physician may actually perform the OMT procedure
- The pre-service work may be repeated, as needed, for each body region for which treatment has been indicated

### **Post-Service Work**

Analysis of data collected from the encounter, preparation of a report, and communication of the results.

#### **E/M Post Service Work**

- Assessment and plan sections of a normal progress note
- OMT may be one of many management options

#### **OMT Post-Service**

- Assess subjective and objective responses to OMT
- Instruct the patient regarding side effects, treatment reactions, self-care, follow-up, etc.
- Complete documentation

There is a vast difference in the pre-, post-, and intra-service work as it relates to OMT and E/M. The key is in the documentation – it truly makes the difference when an auditor is reviewing the chart of a DO who performs OMT on the same day as E/M.

There are steps that you can take to clear up the confusion. First, make sure that when you are documenting in the physical exam area your physical findings are easily identified. Auditors and reviewers that contact the AOA have expressed that this is the area in the documentation that confuses them and prompts denial because the physical exam seems to run into the OMT procedure. There should be a procedure note for the OMT that states the details of the procedure or modality/technique that was utilized for the OMT.

### **Example of Properly Coding OMT and E/M**

Established patient presents for back pain that was treated last week with OMT. The patient was feeling fine after that treatment however is having an exacerbation of back pain due to lifting a couch while moving. Patient tried over the counter meds and a heating pad with no relief.

Upon physical exam the physician states the patient is alert and oriented x's three. He/she then reviews the musculoskeletal system and diagnoses somatic dysfunction of the cervical region, the thoracic region, and the lumbar region. He then decides to perform OMT on these three regions. This is the point that the physical exam ends and the OMT procedure begins. It is at this point the procedure note should be documented describing the technique (ex, counter strain, muscle energy, etc.) utilized to treat the areas of somatic dysfunction and how the patient tolerated the procedure.

Documenting the above scenario would support coding/billing a 99213 with -25 modifier and 98926. Your physical findings have to be clear, and it also has to be clear to the auditor what part of the documentation is related to the E/M and what part is related to the OMT.

**Examples of when it may NOT be appropriate to report OMT together with E/M**

If the physician see the patient and makes the decision to utilize OMT, but the patient is asked to return the next day to receive the OMT, then it may not be appropriate to report E/M with the OMT provided on the next day. However, if the patient's condition changed substantially overnight, then it may be appropriate to report an additional E/M service.

If the "Plan" portion of your office ("SOAP") note indicates that you are asking the patient to return for a pre-determined number of OMT visits, you are likely to have E/M services denied on the subsequent visits, unless your documentation indicates a substantial change in the patient's condition.

As a general rule, DOs make the decision to utilize OMT on a visit-by-visit basis, and documentation should support this. Office notes that state the patient should "return next week for additional OMT implies that the decision to provide OMT has been pre-determined, and will likely trigger a denial of the subsequent E/M on audit review.