Coding and Documentation for Osteopathic Manipulative Treatment

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Disclosures

- None
Learning Objectives

- Review diagnostic and procedure code sets
- Use of modifier -25 in coding evaluation and management services
- Selecting correct OMT procedure codes

Why Coding Matters

- Universal language for clear communication between providers and payers
- Tracks quality metrics
  - Pay-for-performance
  - Alternative payment models
- Provides for appropriate payment for services rendered
Why Documentation Matters

- Record of patient encounter
  - For use in patient care
  - To communicate in care transitions between providers
  - To coordinate care between providers
- Legal document with duty to protect patient healthcare information
- Justifies codes used to communicate between providers and payers
- Tool used by auditors to assess levels of services billed by providers and medical necessity

HIPAA Mandated Code Sets

- National code sets for all protected individual healthcare data
- Diagnostic codes
  - As of October 1, 2015 ICD-10-CM
- Procedure and evaluation and management codes
  - HCPCS supplemental codes managed by CMS
  - Local coverage codes for emerging technology and services
Who Manages the ICD-10-CM Code Set?

- The World Health Organization (WHO)
  - Maintains and updates
  - Publishes for use internationally
  - Encourages clearer communication between patients, providers, payers and researchers across the globe

ICD-10 Codes: Robust Alpha-Numeric Codes

- Expands the code set with more specific code choices
- Identifies episodes
  - Initial, subsequent, sequellae
- Uses familiar symptom descriptors
  - fatigue, neck pain, back pain, etc.
- Expands choices for specific conditions
  - Diabetes, influenza, fractures, sprain/strain, etc.
- Lack of consistency in musculoskeletal system
  - Right, left and unspecified
Who Manages the CPT Code Set?

- CPT is updated, maintained, and published annually by the CPT Editorial Panel for the American Medical Association
- AOA participates with an Advisor and Alternate Advisor to the CPT Editorial Panel
- Through the AOA’s Coding and Payment Advisory Panel (CPAP), osteopathic specialty societies review code change proposals and offer guidance to the Advisor in making comments and engaging in discussions at the CPT meetings

Current Procedure and Treatment Code Set

- CPT is a set of codes, descriptions, and guidelines
  - Includes diagrams, tables and examples
  - References to articles in CPT Assistant
  - Evaluation and Management Documentation Guidelines
- Describes current procedures and services
  - Contains modifiers and place of service identifiers
- Used by physicians and other health care professionals, or entities
Types of CPT Codes Used for Payment

- Category I main code set used for payment
  - Procedures and services
    - Surgeries, EMG, lab panels, injections, OMT, etc.
  - Evaluation and Management (E/M) codes
    - Office visits, hospital visits, consultations, ER visits, etc.
- Category III used for experimental or new technologies
  - May be recognized and paid at discretion of payer

CPT Codes Not Used for Payment

- CPT Category II
  - supplemental tracking codes that can be used for performance measurement.
  - facilitate data collection about quality of care by coding certain services and/or test results
  - support performance measures and that have been agreed upon as contributing to good patient care.
- Some codes in this category may relate to compliance by the health care professional with state or federal law.
- The use of these codes is optional.
Coding Basics

- Use the most specific ICD-10 diagnosis code(s)
- Select the appropriate CPT code to describe services and procedures
- Link the appropriate ICD-10 code to the CPT code on the CMS 1500 electronic or paper billing form
- Select any modifiers that apply
- Make sure the encounter/procedure note clearly documents the diagnostic findings leading to the diagnosis
- Make sure the procedure is appropriate for the linked diagnosis

ICD-10 Somatic Dysfunction Codes

- M99.00 Head region
  - Occipito-cervical region
- M99.01 Cervical region
  - Cervico-thoracic region
- M99.02 Thoracic region
  - Thoracolumbar region
- M99.03 Lumbar region
  - Lumbosacral region
- M99.04 Sacral region
  - Sacro-coxal & Sacroiliac regions
- M99.05 Pelvic region
  - Ilium, Ischium, & Pubic regions
- M99.06 Lower extremities
- M99.07 Upper extremities
  - Acromioclavicular & Sternoclavicular regions
- M99.08 Rib cage
  - Costovertebral, Costochondral, Sternochondral & Sternum regions
- M99.09 Abdomen & other
  - Viscera, Lymphatics, Diaphragms
CPT Osteopathic Manipulative Treatment Codes

- 98925  OMT one to two regions treated
- 98926  OMT three to four regions treated
- 98927  OMT five to six regions treated
- 98928  OMT seven to eight regions treated
- 98929  OMT nine to ten regions treated

Other Manipulation Codes in CPT

- 98940-98943 Chiropractic manipulative treatment (CMT)
  - CPT codes used by doctors of chiropractic (DC) to report their manual therapy services
- 97140  Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
  - CPT codes used primarily by physical therapists to report their manual therapy services
Distinctions Between OMT and Other Forms of Manual Therapy

- DO’s decision to utilize OMT made in the context of overall medical/surgical management
- DO’s usually do not set a “treatment plan” of defined number of treatments prior to reevaluation.
- DO’s treatment plans include medical/diagnostic testing, medication management, rehabilitation considerations, imaging as well as OMT
- This leads to significantly fewer treatments in the management of the typical patient then other providers of manual treatments

Modifier -25 Use With E/M Services

- A modifier provides the means to report or indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code.
- Modifiers also enable health care professionals to effectively respond to payment policy requirements established by other entities.
- CMS requirement for E/M + modifier-25 when provided with OMT
- The -25 modifier is used when a separate, identifiable and distinct E/M service is provided on the same day a procedure is provided.
OMT Introductory Notes in CPT

- Evaluation and Management services may be reported separately, using the modifier -25, if the patient’s condition requires it.
  - Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service
- The E/M service 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.

What Makes Up an E/M Service?

- Documentation of history
  - Chief complaint
  - History of present illness
  - Review of systems
  - Past, family and social history
- Documentation of physical exam
- Documentation of complexity of medical decision making
  - Number of diagnoses and/or management options
  - Amount and/or complexity of data
  - Risk to the patient of the diagnoses and/or treatment options
- Time
  - Only used if 50% or greater of time spent with patient is counselling
Components of E/M Services *NOT* Included in the Work of OMT

- Evaluation of a new problem
- Substantial change in an existing condition
- New data interpretation (e.g., lab, imaging)
- New co-morbid condition
- Change in the status of a co-morbid condition
- Medication prescribed, changed or managed by you
- Medical decision making
- Transition of care
- Care coordination

When *NOT* to report an E/M code when performing OMT:

- The evaluation and decision to treat is made on a different day than the day the OMT is provided
- A set number of treatments is prescribed, and the patient returns to the office strictly to receive the prescribed OMT
Documentation Basics

- The documentation of each patient encounter should include or provide reference to:
  - The chief complaint and/or reason for the encounter
  - Appropriate, relevant history, examination findings and prior diagnostic test results
  - Medication list
  - Assessment, clinical impression or diagnosis,
  - Plan of care,
  - Date and legible identity of the physician providing the service
  - Identities of those entering information into the chart
  - The medical record should be complete and legible.

Documentation Must Haves

- If not specifically documented, the reason for the encounter and/or chief complaint and the rationale for ordering diagnostic and other services should be able to be easily inferred.
- Past and present diagnoses and conditions should be accessible.
- The patient’s progress, response to and changes in treatment, planned follow-up care and instructions, and diagnosis should be documented.
- The confidentiality of the medical record should be fully maintained consistent with the requirements of medical ethics and of law.
Documentation to Satisfy Auditors

- Payers and governmental agencies require that the CPT and ICD-10 codes reported should:
  - Be supported by the documentation in the medical record
  - Be at a level sufficient for a clinical peer to determine whether services have been accurately coded.
  - Be consistent with standard practice
  - Be medically necessary

Levels of E/M Services

- There are five levels of service for new (99201-99205) and established outpatient (99211-99215) E/M services.
- The level of service is determined by the extent of the three key components:
  - History
  - Examination
  - Medical decision making
Documentation Guidelines

- Documentation Guidelines are found in CPT for the use of E/M codes and levels of service selection
  - Each of the three key components has levels of complexity
  - Each level of complexity contains a variable number of elements
  - Some codes require “3 of 3” key components (e.g., new patient office visit); other codes require only “2 of 3”
- Definitions and instructions for choosing the level of E/M are used by clinicians, coders, payers and auditors

Office Visit, Established Patient

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<td>Expanded PF</td>
<td>Detailed</td>
<td>Comprehensive</td>
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<td>Examination type</td>
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<td>Problem Focused</td>
<td>Expanded PF</td>
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<td>Medical decision making type</td>
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Office Visit, New Patient

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CMS Audits Use the E/M Documentation Guidelines

- Developed jointly by the AMA CPT Editorial Panel, HCFA and then CMS, and specialty societies.
- Initial version published in 1995
  - General multisystem exam defined based on organ systems or body areas
- Updated in 1997
  - General multisystem exam more specifically defined
  - Single organ system exams defined for 8 organ systems
- Two versions are currently in use - 1995 and 1997
- Auditors apply the most favorable to the physician during an audit
SOAP Note Format

Case 1: Problem Focused 99212

Subjective:
24 year old white female complains of sudden onset low back pain after lifting 25# child 2 days ago. Pain constant, 5/10 with 10=labour, localized in lumbar and right buttock. No weakness or numbness of lower extremities. No previous history of low back pain. Increased with forward bending. Decreased with backward bending, Motrin, hot bath.

Review of Systems: Denies weakness, ataxia, neurosurgical deficits, bowel and bladder incontinence
Past medical & social history: noncontributory
Objective

Well dressed white female in moderate distress, gait antalgic right. Neuro: DTR, SLR and strength L4, L5 and S1 intact.

Musculoskeletal: Tender paravertebral muscle spasms lumbosacral, R > L; psoas spasm on the right; right unilateral sacral flexion; L1 flexed, sidebent and rotated right; L5 flexed, rotated and sidebent right; Counterstrain tender points posterior L4 Right, piriformis-right & lower pole L5 right.

Assessment (ICD-10 CODING)

1. Somatic dysfunction-
   1. lumbar M99.03,
   2. sacrum M99.04,
   3. pelvis M99.05
2. Lumbar strain (choose the most appropriate)
   1. Initial encounter S39.012A
   2. Subsequent encounter S39.012D
   3. Sequela encounter S39.012S
3. Low Back Pain M54.5
Plan (CPT)

1. OMT to THREE areas (98926):
   ME to psoas, ST to lumbar, HVLA to lumbar, CS to lumbar & piriiformis (pelvis), Articulatory to sacrum. All areas improved
2. Ice, NSAIDS, (-25 modifier)
3. Call if muscle spasm worsens. Consider Flexeril if needed. (-25 modifier).
4. Should resolve as pt.’s strain pattern improves. If not consider imaging. (-25 modifier)
5. Re-evaluate in 1-2 weeks.

Case 2: Expanded Problem Focused Documentation Guidelines Format

- 62 year old Asian male presents with a history of headaches that have been more frequent since he began taking a new medication Cymbalta for recent situational depression prescribed by another provider. Headaches are occipital radiating to his temple on the right and last 2-3 hours. No aura, nausea or vomiting. He is spending more time at the computer at work.
- Blood pressure is well controlled with present medication and low back pain is less severe with tramadol. No spasms or radicular pain and ADLs better tolerated without severe flare ups
- Medications: tramadol, propanolol, and Cymbalta
- PMH: hypertension, lumbar spondylosis
- FSH: no change
- Trauma history: none
EPF Examination

- **Vitals:** BP: 120/65  Pulse: 62 bpm  Resp: 16/min  in no acute distress
- **Cardiopulmonary:** Heart RRR without murmur, pulses intact, no bruit or JVD, no edema; breathing normal with clear lungs to A/P
- **Neuro:** DTRs intact x4, sensation intact, CN 2-12 intact, no radicular pain elicited in upper and lower extremities
- **MS:** loss of normal lordosis lumbar, stiffness with mild spasm lumbar paraspinals with active and passive range of motion. Stiff neck affects posture and motion contributing to occipital headache. Normal motion and strength of extremities x4
- **ENT:** congested left sinus with poor air motion through nares; moist mucous membranes, no erythema or tonsillar swelling, no lymph nodes in head neck and supraclavicular region

EPF Osteopathic Structural Exam

- **Lumbar:** L4 flexed, sidebent right and rotated right, L5 extended bilaterally, loss of lordosis, moderate loss of extension affecting posture and gait
- **Cervical:** C2 flexed with suboccipital trigger point right causing accentuation of headache, C5 extended sidebent right rotated right limiting rotation left of neck, no spasms or radicular pain into upper extremities,
- **Cranial:** SBS torsion right with tender point pterion right contribution to headache, jaw and facial bone motion stiff with tenderness over maxillary sinus left.
- **Thoracic:** ribs, sacrum, pelvis, upper and lower extremities normal
Assessment and Medical Decision Making
Expanded Problem Focused 99213

- Change in headaches with increase in computer work is consistent with his right sided headache. Concern that the addition of Cymbalta is reacting with tramadol causing headache. Cymbalta has headache as a side effect and symptoms will be monitored. D/C tramadol and speak with other provider about Cymbalta alternatives. Left sided sinus congestion is not consistent with presenting headache. To use saline nasal spray when needed. No testing necessary at this time.
- BP is well controlled and is to continue present medication
- Low back pain persists and without the tramadol he is to go to yoga class and stretch daily to reduce stiffness and pain
- OMT is appropriate to address the somatic dysfunction which is contributing to headache, neck and low back pain

Diagnosis and OMT Procedure Coding

- Diagnoses and Treatments
  - Episodic tension type headache right sided: G44.219
    - D/C tramadol, headache diary, computer stretches handout given for work
  - Left maxillary sinus congestion: J01.00
    - Saline nasal spray
  - Lumbar spondylosis without myelopathy: M47.817
    - Yoga, stretching handout given, acetaminophen use
  - Somatic dysfunction
    - Cranial: osteopathy in the cranial field: M99.00
    - Cervical: soft tissue, balanced ligamentous tension, myofascial release: M99.01
    - Lumbar: muscle energy, myofascial release: M99.03
  - OMT to 3 body regions: 98926
Professional Resources

- AOA Guide to Coding and Documentation: Osteopathic Manipulative Treatment, First Edition
  - Covers coding and documentation rules
  - Addressing Claims Denials and Payment
  - Appeal Letter Templates
- State Osteopathic Societies
- Practice Affiliates (AAO and ACOFP)
- CPT® QuickRef application for computers and devices