

Dear

It has come to my recent attention that XXXX is incorrectly classifying osteopathic manipulative treatment (OMT) as a physical therapy service. Therefore, I am requesting that you consider the information set forth in this letter in order to reevaluate your policy regarding OMT. This letter will set forth detailed information on the differences between OMT and other manual therapies.

CPT 2003 defines OMT as follows:

"...A form of manual therapy applied by a physician to eliminate or alleviate somatic dysfunction and related disorders. This treatment may be accomplished by a variety of techniques."

Throughout the United States, osteopathic physicians are fully licensed for the unrestricted practice of medicine and surgery and OMT. In brief, osteopathic physicians are fully licensed physicians and surgeons who stress the unity of all body systems. They utilize all of the recognized procedures and modern technologies for prevention, diagnosis and treatment of disease, including medicine and surgery. Because of this scope of practice, an osteopathic physician's decision to utilize OMT as part of a patient's management is made in the context of overall medical/surgical evaluation not limited to a neuromusculoskeletal evaluation to which both doctors of chiropractic (DC) and physical therapists (PT) are limited. The osteopathic physician is held to a higher standard of care because of the broad scope of the training and licensure.

OMT brings an added dimension to the osteopathic physician's diagnostic and therapeutic armamentarium. OMT is a distinctive medical procedure and should not be confused with services provided by non-physicians such as physical therapists. OMT is a general term currently encompassing approximately twenty-five different types of physician performed manipulative treatments. CPT 2009 lists five codes for OMT. The number of body regions manipulated determines which code will be reported.

Unlike DCs and PTs, osteopathic physicians do not typically set a "treatment plan," i.e., initial evaluation followed by a recommendation of a defined series of treatments followed by a reevaluation at the completion of the "treatment plan." Rather, a DO's decision to utilize manipulative treatment is made on a visit-by-visit basis depending on the condition of the patient at the time of each reevaluation. This may lead to neuromusculoskeletal evaluation to which both doctors of chiropractic (DC) and physical therapist (PT) are limited. This may also lead to a significantly lower number of manipulative services rendered per patient on average than that typically provided by DCs and PTs.

While there are some similarities between chiropractic manipulation (CMT) and OMT, there are some distinct differences as well. There are some distinctions in education , licensure, practice patterns, etc., among doctors of osteopathic medicine, doctors of chiropractic, and physical therapists, all of whom have some forms of manual therapy procedures within their respective scopes of practice.

Clearly, chiropractors and osteopathic physicians have differences in their training and education. They also approach the musculoskeletal system differently. Osteopathic medicine includes a focus on the need to optimize blood circulation to maintain or restore health. In contrast, the chiropractic approach focuses on the nervous stem and adjustments of the spinal vertebrae to improve neurotransmission.

The CPT Editorial Panel recognized the distinctiveness of these approaches by creating separate CPT codes for these services. The CPT Editorial Panel has a policy against the creation of “specialty specific” codes. This means that if the same procedure is performed by multiple specialties or professions, the CPT code for reporting these services is the same for all providers. An example is psychotherapy which is performed by both physicians and non-physicians providers yet both psychiatrists and psychotherapists use the same CPT code to report psychotherapy services.

By creation of distinct codes for OMT, CMT and physical therapy, the CPT Editorial Panel has affirmed that they are satisfied that there are enough distinctions in these approaches to warrant separate codes for reporting of these services. Testimony before the CPT Editorial Panel by the American Osteopathic Association (AOA), the American Chiropractic Association (ACA), and the American Physical Therapy Association (APTA) all recognized the distinctive nature of these services, and the AOA supported the ACA request for establishment of separate CMT codes as well as the APTA’s request for modification in the codes used to report their manual therapy services.

Based on the above, the American Osteopathic Association believes that it is inappropriate to include OMT in the same category of service or subject OMT to the same benefit limitations as those imposed for chiropractic or physical therapy services.

*AOA Division of Socioeconomic Affairs
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