

## **Osteopathic Manipulative Treatment with Evaluation & Management**

The American Osteopathic Association has long maintained that Osteopathic Manipulative Treatment should be reimbursed as a separate procedure over and above the office and/or inpatient encounter. The osteopathic philosophy requires physicians to evaluate patients both structurally and physiologically. However, the actual osteopathic manipulative treatment is a procedure, which is provided subsequent to patient evaluation and as such should be reimbursed accordingly.

Osteopathic manipulative treatment is typically employed by an osteopathic physician to treat diagnosed dysfunction of skeletal, arthrodial, myofascial and visceral structures, as well as related vascular, lymphatic, and neural elements. Treatment includes three broad categories: soft tissue techniques such as stretch, gentle range of motion, and kneading; direct techniques such as joint mobilization, thrust and muscle energy; and indirect techniques such as myofascial release, strain/counterstrain and cranial osteopathy.

The use of OMT is predicated on the finding that body joints, particularly those of the spine, develop unusual manifestations of stress. The effects of joint strains are transmitted through the nervous and circulatory systems and thus affect the whole body. The osteopathic physician has been trained to view the patient as a whole, and therefore considers all diagnostic implications prior to rendering treatment. The osteopathic physician is taught to look for the cause of disease rather than merely treating symptoms.

As a direct outgrowth of this philosophy, OMT is considered an integral part of an osteopathic physician's medical practice and is used when evaluation of the patient indicates its necessity. The American Medical Association's CPT Editorial Panel recognized QMT as a distinct form of manipulative treatment by assigning specific CPT codes to report its use. Prior to the assignment of specific CPT codes (1994 CPT publication), the Health Care Financing Administration (HCFA) recognized the unique nature of OMT by assigning specific alphanumeric codes M072-M0730 for this procedure/ treatment.

Health Care Finance Administration (HCFA) policy states that OMT is considered to be a procedure that can be reimbursed with an Evaluation & Management service performed on the same day, provided that the E/M is a significant, separately identifiable service. In addition, when the OMT codes were evaluated by Harvard prior to the establishment of the RBRVS, it was understood that these codes represented only the OMT procedure and not the evaluation (beyond a cursory history and a palpatory exam) and medical decision making rendered in a patient encounter. Therefore, the relative values for OMT were established with the understanding that they would be paid with an E/M service.

With the assignment of specific CPT codes in the CPT 1994 publication, it becomes even more evident that OMT is recognized as a unique procedural treatment and that the time and work provided by the osteopathic physician in determining the OMT should be provided to a patient should be considered a separately reported and reimbursed service.

Governmental and non-governmental agencies and organizations provide this recognition. In addition, the AOA programs in CME and specialty certification are the accepted osteopathic standards, recognized by state and federal authorities, hospitals and other institutions, and the public.

The federal government clearly recognizes osteopathic physicians as equal and comparable to all other physicians under federal law. Under the Medicare statute (Title 42, section 1395) the definition of "physician" includes both D.O.'s and M.D.'s. Federal statutes also include osteopathic physicians for commissioning in the Medical Corps (Title 10, section 532, 3294, 5574, and 8294). Beyond these cases, the Social Security Administration, the Veterans Administration, and the Federal Employees' Health Benefit plan recognize D.O.s as equal to M.D.s under law.