FUTURE Local Coverage Determination (LCD): Osteopathic Manipulative Treatment (L33616)

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Please note: Future Effective Date.

Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
National Government Services, Inc.	MAC - Part A	06101 - MAC A	N/A	Illinois
National Government Services, Inc.	MAC - Part B	06102 - MAC B	N/A	Illinois
National Government Services, Inc.	MAC - Part A	06201 - MAC A	N/A	Minnesota
National Government Services, Inc.	MAC - Part B	06202 - MAC B	N/A	Minnesota
National Government Services, Inc.	MAC - Part A	06301 - MAC A	N/A	Wisconsin
National Government Services, Inc.	MAC - Part B	06302 - MAC B	N/A	Wisconsin
National Government Services, Inc.	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
National Government Services, Inc.	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
National Government Services, Inc.	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
National Government Services, Inc.	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
National Government Services, Inc.	A and B and HHH MAC	14111 - MAC A	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14112 - MAC B	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
National Government Services, Inc.	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

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LCD Information

Document Information

LCD ID
L33616

Previous Proposed LCD
DL33616

LCD Title
Osteopathic Manipulative Treatment

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N/A

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10/31/2016

CMS National Coverage Policy Language quoted from Centers for Medicare and Medicaid Services (CMS), National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Section 1862(a)(7) excludes routine physical examinations unless otherwise covered by statute.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Abstract

Osteopathic manipulative treatment (OMT) is a distinct manual procedure employed by physicians, that aims to optimize a patient's health and function. OMT is defined in the Glossary of Osteopathic Terminology as the therapeutic application of manually guided forces by an osteopathic physician to improve physiologic function and/or support homeostasis that has been altered by somatic dysfunction. OMT encompasses a wide variety of techniques, including but not limited to muscle energy, high velocitylow amplitude, counterstrain, myofascial release, visceral, articulatory, and cranial. The chosen treatment will vary depending on patient's age, clinical condition and the effectiveness of prior methods of treatment. (Note: OMT is appropriately provided by a D.O. or by an M.D. who has been trained in OMT.)

Somatic dysfunction is defined in the Glossary of Osteopathic Terminology as impaired or altered function of related components of the somatic (body framework) system: skeletal, arthrodial, and myofascial structures, and related vascular, lymphatic, and neural elements.

Indications
Osteopathic Manipulative Treatment is covered when medically necessary and performed by a qualified physician, in patients whose history and physical examination indicate the presence of somatic dysfunction of one or more regions (appropriately documented in the medical record) when such treatment is likely to result in improvement in the patient's condition (e.g. less pain) or functional status. The diagnosis of somatic dysfunction is made by determining the presence of one or more findings described by the acronym TART (Tenderness, Asymmetry, Restriction of Motion and Tissue Texture Abnormality).

Somatic dysfunction in one region can create compensatory somatic dysfunction in other regions. Osteopathic manipulative treatment is also utilized to treat the somatic component of visceral diseases. This component can manifest as changes in the skeletal, arthrodial and myofascial tissues. (e.g., right shoulder pain and associated somatic dysfunction in a patient with gallbladder disease).

Note: Osteopathic Manipulative Treatment specifically encompasses only the procedure itself. E&M services are covered as a separate and distinct service when medically necessary and appropriately documented. Outpatient evaluation and management (E&M) services (CPT codes 99201-99205, 99211-99215, etc.) are National Correct Coding Initiative (NCCI) column 2 codes to the OMT service CPT codes (98925-98929). According to the NCCI Policy Manual for Medicare Services, Chapter I, General Correct Coding Policies for National Correct Coding Initiative Policy Manual for Medicare Services, the E&M services are only separately allowed when there is a significant, separately identifiable E&M service.

Limitations
Osteopathic Manipulative Treatment is not covered when the indication of Coverage is not met, and conventional documentation of somatic dysfunction is not present in the patient's medical record.

No E&M service is warranted for previously planned follow-up OMT treatments.
Examples include:

1. If a patient is scheduled for a defined number of follow-up OMT treatmentsfor an episode of care, no E/M should be reported on those dates of service unless a new condition occurs or the patient's condition has changed substantially, necessitating an overall reassessment of the treatment plan;
2. If a patient is seen and the E/M service determines that OMT is indicated, but the patient must be scheduled to receive the OMT the following day due to time constraints, no E/M should be reported on the following day unless the patient's condition has changed substantially. The medical record should clearly document this.

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

011x Hospital Inpatient (Including Medicare Part A)
012x Hospital Inpatient (Medicare Part B only)
013x Hospital Outpatient
021x Skilled Nursing - Inpatient (Including Medicare Part A)
022x Skilled Nursing - Inpatient (Medicare Part B only)
023x Skilled Nursing - Outpatient
071x Clinic - Rural Health
073x Clinic - Freestanding
077x Clinic - Federally Qualified Health Center (FQHC)
085x Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.
0516 Clinic - Urgent Care Clinic
0517 Clinic - Family Practice Clinic
0531 Osteopathic Services - Osteopathic Therapy
0983 Professional Fees - Clinic

CPT/HCPCS Codes
Group 1 Paragraph: N/A

Group 1 Codes:
98925 OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 1-2 BODY REGIONS INVOLVED
98926 OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 3-4 BODY REGIONS INVOLVED
98927 OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 5-6 BODY REGIONS INVOLVED
98928 OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 7-8 BODY REGIONS INVOLVED
98929 OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 9-10 BODY REGIONS INVOLVED

ICD-10 Codes that Support Medical Necessity
Group 1 Paragraph: The correct use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

Group 1 Codes:

ICD-10 Codes	Description
M99.00	Segmental and somatic dysfunction of head region
M99.01	Segmental and somatic dysfunction of cervical region
M99.02	Segmental and somatic dysfunction of thoracic region
M99.03	Segmental and somatic dysfunction of lumbar region

ICD-10 Codes	Description
M99.04	Segmental and somatic dysfunction of sacral region
M99.05	Segmental and somatic dysfunction of pelvic region
M99.06	Segmental and somatic dysfunction of lower extremity
M99.07	Segmental and somatic dysfunction of upper extremity
M99.08	Segmental and somatic dysfunction of rib cage
M99.09	Segmental and somatic dysfunction of abdomen and other regions

ICD-10 Codes that DO NOT Support Medical Necessity
Group 1 Paragraph: N/A

Group 1 Codes:

ICD-10 Codes	Description
XX000	Not Applicable

ICD-10 Additional Information

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General Information

Associated Information
Documentation Requirements
The medical record should support the medical necessity of osteopathic manipulative treatment as taught in the United States Osteopathic Medical Schools and made available to Medicare upon request.

The documentation should clearly identify the body regions affected and treated with OMT in order to justify the procedure code billed and the medical necessity of the service being performed. Medical records must be made available upon request.

Documentation of examination findings of somatic dysfunction should describe pathology in the areas of the skeletal, arthrodal and myofascial structures as well as related vascular, lymphatic and neural elements when present. One or more of the elements of TART (see above) should be documented in each region of somatic dysfunction treated with OMT. The selection of body regions to which OMT is applied should reflect the regions of documented somatic dysfunction.

There may be instances when multiple regions are treated due to the presence of compensatory changes. When this occurs, the documentation should describe the compensatory changes and the rationale for treating this area. The type, frequency and duration of OMT should be consistent with current standards of medical practice.

Functional improvement or decline should be documented using objective measures. This is especially true for the treatment of somatic dysfunction in patients with chronic, persistent conditions.

If a significant, separately identifiable evaluation and management service above and beyond the osteopathic manipulation service is provided, this must be indicated by reporting modifier 25 to the E&M service code. OMT utilized at a follow-up visit is not the same as follow-up OMT. A follow-up visit for OMT is a predetermined service and a follow-up visit where OMT is utilized is not necessarily predetermined unless the preceding progress note denoted it to be an OMT visit.

Utilization Guidelines

1. The number of regions treated during any one session will depend upon the history, examination and medical decision-making utilized to determine medical necessity of the most appropriate intervention. Each OMT service billed must include an indication of the patient's pre and post treatment status.
2. Only one OMT service should be billed per day, based on the description of the procedure code.
3. The type, frequency and duration of services must be reasonable and consistent with the standards of practice in the medical community.

4. Medicare defines the reasonableness of therapies based on the ability to "treat illness and improve function". If a response is not noted within a reasonable timeframe, by the physician, then other treatment options should be considered. The following are treatment guidelines and not rules:

    a. Acute phase OMT should be individualized and performed as necessary during the first month, but will typically be no more than once per week. If there is failure to progress then a re-evaluation of the patient and assessment of treatment and diagnostic considerations may lead to modifications.
    b. Subacute phase OMT should be performed as necessary to maintain the improvement trend but at less frequent intervals unless there are extenuating circumstances that are documented in the medical record. Once the patient's condition has plateaued, any further treatment enters the chronic phase.
    c. Chronic phase OMT involves chronic illness or conditions (such as chronic pain syndrome with depression, postCVA spasticity, post-polio syndrome, progressive neurodegenerative disorders and malignant disease), and should be provided as necessary, for functional benefit, but is not expected to be more than one or two times per month unless explained in the medical record. It is the expectation that the patient's ongoing symptomatology is adequately medically investigated if the treatment is protracted.
    d. It is understood that there can be exacerbations of chronic conditions, which can and should be treated to return the patient to a level of maximum functioning.
    e. It is appropriate to perform OMT on a patient who is hospitalized when the physician determines it is medically necessary to the patient's treatment. The medical record should support this treatment decision.

Sources of Information and Basis for Decision
This bibliography presents those sources that were obtained during the development of this policy. National Government Services is not responsible for the continuing viability of Web site addresses listed below.

NHIC LCD L3206, Osteopathic Manipulative Treatment, last updated May 12, 2011.

D'Alonzo, GE, Ed; American Osteopathic Association Glossary of Osteopathic Terminology 1998:816.

First Coast Service Options Inc. LCD retired L29246, Osteopathic Manipulative Treatment, last updated February 2, 2009.

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Revision History Information

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
11/01/2016	R1	This LCD was revised and returned to Jurisdiction 6 and Jurisdiction K for public and CAC comment from 06/30/2016 through 08/13/2016. Changes were made in the Indications section to add the definition of somatic dysfunction, and its relation to different body regions. The Limitations section was revised to add examples of situations where separate E&M services are not warranted. The Documentation Requirements section was revised to add specific findings that should be included in the record. The Utilization Guidelines section was revised to add detailed treatment guidelines for acute, sub-acute and chronic phases of OMT.	• Provider Education/Guidance • Public Education/Guidance • Aberrant Local Utilization

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Associated Documents

Attachments N/A

Related Local Coverage Documents Article(s) A55318 - Response to Comments: Osteopathic Manipulative Treatment

Related National Coverage Documents N/A

Public Version(s) Updated on 09/08/2016 with effective dates 11/01/2016 - N/A Updated on 04/02/2014 with effective dates 10/01/2015 - N/A Back to Top

Keywords

- OMT
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