

Reviewed March 10, 2021

### Guidelines: Precepting Osteopathic Manipulative Treatment procedures

1. Resident should provide history and assessment/plan that includes Osteopathic exam and then verbally articulate plan for treatment to preceptor.
2. Ideally **all NEW continuity patients (and referrals from outside providers)** and patients for scheduled follow up (not work-in patients unless clearly applicable) **will have documented Osteopathic exam** or documentation of why exam was not performed or deferred (i.e. exam deferred to follow up in 2 weeks due to time constraints). Almost every patient has Osteopathic findings when performing a usual physical exam (i.e. tense paraspinals, tender points cervical paraspinals, right iliac crest superior and tender, etc...)
3. Osteopathic Pearls:
  - Resident should be able to articulate "TART" findings. TART: Tissue texture changes, asymmetries, restriction, tenderness
  - Resident should articulate plan for treatment i.e. what they plan to do to treat the TART findings and then describe response to treatment. This should also be documented in the chart as for any procedure. ( i.e. reduced tenderness, improved range of motion at thoracic vertebrae etc.)
  - HVLA (high-velocity/low-amplitude) techniques NOT to be performed unless precepted by D.O. or M.D. with additional training in HVLA techniques.
  - treatment during continuity clinics precepted by MDs can include:
    1. Osteopathic seated, sitting and standing exam or any components
    2. soft tissue
    3. myofascial release
    4. indirect techniques (i.e. balanced ligamentous tension)
    5. Counterstrain
    6. thoracolumbar inhibition
    7. sacroiliac release
    8. OA/suboccipital release release
    9. lymphatic pump-pedal/thoracic
    10. thoracic outlet release

Residents will be evaluated at Orientation each year for ability to perform above techniques. Residents who are signed off can perform OMM procedures under MD/DO supervision.

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**OMT BILLING:**

Residents should code for visit (E/M) with 25 modifier and procedure (CPT).

Diagnosis should include Allopathic diagnostic codes i.e. cervicalgia M54.2 and

Osteopathic diagnostic codes M99.00-M99.09 (based on body area and what you find when you examine the patient)

The ICD-10-CM codes for reporting Somatic Dysfunction are located in chapter 13: Diseases of the Musculoskeletal System and Connective Tissue (M00 – M99).

**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

**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

Then CPT codes for number of regions treated-typically billing not more than 5 or 6 regions for most patients

CPT 2009 Codes	Body Regions Treated With OMT, No.
98925	1 or 2
98926	3 or 4
98927	5 or 6
98928	7 or 8
98929	9 or 10