AMERICAN OSTEOPATHIC ASSOCIATION

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# Osteopathic Manipulative Treatment (OMT) Documentation Tip Sheet

OMT is a procedure and should be documented as such. Coding and documentation are intrinsically linked to physicians' ability to properly diagnose and treat patients and, therefore, obtain accurate and prompt payment for the services provided and procedures performed. It is strongly recommended that a physician's documentation of OMT includes a procedure note to detail the regions manipulated, the techniques utilized, and a description of how the patient tolerated the treatment.

## General Principles and Key Tips for Documentation

- Document consent (verbal or written) for OMT and any other procedures performed the same day.
- Separate documentation on the Evaluation and Management (E/M) and OMT services is recommended. This can be accomplished in two ways: 1) with a procedure note and a separate E/M note, or 2) a singular note with two separate identified sections.
- OMT procedure notes should delineate the treatment from the procedure versus the work of the E/M service.
- Somatic dysfunction or other diagnoses should be documented in the "objective diagnoses" of the musculoskeletal examination section.
- All regions of somatic dysfunction should be documented using Tissue Texture Assessment (TART) terminology--
    - Tissue texture changes, positional
    - Asymmetry
    - Range of motion alterations
    - Tenderness (changes in palpatory sensitivity)
- Describe the type/techniques of OMT used, ensuring they align with current standards of medical practice (e.g., High Velocity Low Amplitude (HVLA), muscle energy, soft tissue).
- Clearly state the medical necessity of OMT by documenting that the somatic dysfunction treated was identified during the evaluation.
- For regions treated due to compensatory changes, the rationale for treating these areas should be documented.

### *Billing & Modifier -25*

- Use modifier -25 on the E/M when OMT is performed on the same day.
    - Modifier -25 indicates that the OMT procedure was separately identifiable and medically necessary in addition to the E/M service.
- Ensure the billing matches the exact regions treated and documented in the note.
- For follow-up visits where the documentation shows that OMT is determined to be medically necessary, documentation should show that the decision to provide OMT was made after the E/M service is performed.
- For chronic conditions lasting beyond six months, documentation should support the ongoing medical necessity of OMT, including physical findings and diagnoses.

*For additional information on OMT treatment coding and documentation, please consult the American Osteopathic Association (AOA) and the American Osteopathic Information Association's (AOIA) "Guide to Coding & Documentation: Osteopathic Manipulative Treatment", https://osteopathic.org/practicing-medicine/business-of-medicine/osteopathic-billing-coding/