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## Billing and Coding for OMT

To the editor:

Bundling of services by insurance payers is a common problem, especially for osteopathic physicians (DOs) seeking reimbursement for osteopathic manipulative treatment (OMT). In their August article, Karen T. Snider, DO, and Douglas J. Jorgensen, DO, CPC,<sup>1</sup> elucidate reimbursement issues related to OMT by focusing on two common problems: (1) insurance companies bundling OMT with evaluation and management services, and (2) lack of

justification for OMT services provided.

Regarding the bundling of services, it is important to clarify the appropriate codes for evaluation and management services. As stated in the article,<sup>1</sup>

When OMT is provided, the evaluation and management service should be billed using the appropriate code (eg, 99212 through 99215) with a -25 modifier to indicate that a separately identifiable service was performed on the same day.

In the interest of completeness, DOs should note that evaluation and man-

agement codes begin with 99211, which is the lowest level of billing for an established patient office visit service.<sup>2</sup> Exclusion of the 99211 code should not be perceived as always being inappropriate. However, for visits in which OMT is provided with an evaluation and management service, this code would likely not be used.

The 99211 evaluation and management code is used for focused visits in which physicians or auxiliary personnel provide minimal service to a patient (eg, blood pressure measurement).<sup>2</sup> Therefore, a situation in which a DO would provide a minimal evaluation (ie, 99211 service) and OMT would be rare.

For more information on how to use codes, DOs are encouraged to consult the current CPT manual<sup>2</sup> or the 1995 and 1997 documentation guidelines.<sup>3,4</sup>

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## References

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**Editor's Note:** Two corrections have been made to Dr Snider and Dr Jorgensen's August *JAOA* article (2009;109:409-413). See page 574 for explanations of these changes.