

Osteopathic Manipulations (OMT)

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Related Policies
None

Policy Summary

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Overview

Osteopathic manipulative treatment (OMT) is a treatment employed, primarily by osteopathic physicians, to facilitate a patient’s recovery from somatic dysfunction, defined under the American Osteopathic Association’s Glossary of Terminology as: impaired or altered function of related components of the somatic (body framework) system: skeletal, arthroidal and myofascial structures and related vascular, lymphatic and neuro elements. The positional and motion aspects of somatic dysfunction are best described using at least one of three parameters: 1. The position of a body part as determined by palpation and reference to its adjacent defined structure, 2. The direction in which motion is freer, and 3. The direction in which motion is restricted.

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 Abnormality). Osteopathic manipulative treatment includes muscle energy, high velocity-low amplitude, counterstrain, myofascial release, visceral and craniosacral. The chosen treatment will vary depending on patient’s age and clinical condition.

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, arthroidal and myofascial tissues.

Guidelines

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.

Note: Osteopathic Manipulative Treatment specifically encompasses only the procedure itself. Evaluation and management (E&M) services are covered, as a separate and distinct service when medically necessary and appropriately documented.

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.

Note: No E&M service is warranted for previously planned follow-up OMT treatments unless a new condition occurs or the patient’s condition has changed substantially, necessitating an overall reassessment.

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.

Documentation of examination findings of somatic dysfunction should describe pathology in the areas of the skeletal, arthroidal and myofascial structures as well as related vascular, lymphatic and neural elements when present.

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.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
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

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Diagnosis Code	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
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

References

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
N/A	A52435 Billing and Coding: Osteopathic Manipulative Treatment	CGS	KY, OH	KY, OH
L33929 Osteopathic Manipulative Treatment Retired 11/17/2022	A57786 Billing and Coding: Osteopathic Manipulative Treatment Retired 11/17/2022	First Coast		FL, PR, VI

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L33616 Osteopathic Manipulative Treatment	A56954 Billing and Coding: Osteopathic Manipulative Treatment	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI

CMS Benefit Policy Manual

[Chapter 15: § 30.5 Chiropractor’s Services, § 40.4 Definition of Physician/Practitioner, § 240 Chiropractic Services - General](#)

CMS Claims Processing Manual

[Chapter 12: § 10 General, § 220 Chiropractic Services](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
10/11/2023	<p>Related Policies</p> <ul style="list-style-type: none"> Removed reference link to the UnitedHealthcare Medicare Advantage Coverage Summary titled <i>Chiropractic Services</i> <p>Policy Summary</p> <p>Overview</p> <ul style="list-style-type: none"> Replaced language indicating: <ul style="list-style-type: none"> “The diagnosis of somatic dysfunction is made by determining the presence of one or more findings, <i>known as T.A.R.T</i> (Tenderness, Asymmetry, Restriction of Motion, and Tissue Abnormality)” with “the diagnosis of somatic dysfunction is made by determining the presence of one or more findings <i>described by the acronym TART</i> (Tenderness, Asymmetry, Restriction of Motion, and Tissue Abnormality)” “Osteopathic manipulative treatment includes <i>thrust (active correction)</i>, muscle energy, high velocity-low amplitude, <i>articulation</i>, counterstrain, myofascial release, <i>and</i> visceral and <i>craniosacral techniques</i>” with “osteopathic manipulative treatment includes muscle energy, high velocity-low amplitude, counterstrain, myofascial release, visceral and <i>craniosacral</i>” “Osteopathic manipulative treatment <i>can also be used</i> to treat the somatic component of visceral <i>diseases and any organ system</i>” with “osteopathic manipulative treatment <i>is also utilized</i> to treat the somatic component of visceral <i>diseases</i>” Removed language indicating normalizing musculoskeletal activity (relaxing tense muscles, etc.) can normalize outflows through sympathetic or parasympathetic autonomic nervous systems to visceral systems, resulting in more normal visceral and any organ system function <p>Guidelines</p> <ul style="list-style-type: none"> Removed <i>Definitions</i> section <p>Documentation Requirements</p> <ul style="list-style-type: none"> Replaced language indicating “documentation of examination findings of somatic dysfunction should describe pathology in the areas of the skeletal, arthroidal, and myofascial structures as well as related vascular, lymphatic, and <i>neuro</i> elements” with “documentation of examination findings of somatic dysfunction should describe pathology in the areas of the skeletal, arthroidal, and myofascial structures as well as related vascular, lymphatic, and <i>neural</i> elements <i>when present</i>” <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version MPG227.08

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section above to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).