Common Pain Generators and High-Yield OMT

MAOP 2013, Baltimore, MD
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No Disclosures to Claim
What is OMT?

- Osteopathic Manipulative Treatment is hands-on skilled comprehensive care performed by Osteopathic Physicians.
- It involves use of the operator’s hands and body to diagnose, treat, and maintain patient health.
- The Osteopathic Physician can mobilize muscles, joints, soft tissues, and fluid regulation with stretching, gentle pressure, and resistance.
Goals and Objectives

- Osteopathic Manipulative Medicine
- Utility
- Epidemiology
- High-Yield Techniques
- Office Practice Opportunities
- Coding and Reimbursement
Who Can Benefit from OMT?

- People of all ages and backgrounds
- Techniques can alleviate musculoskeletal pain, promote healing, and increase overall mobility and functioning.
- OMT can be offered for a number of medical conditions that can complement or even replace drugs or surgery.
- OMT offers a multi-dimensional approach to common patient complaints.
A.T. Still

- OMT was created to develop a greater functional understanding of the human body.
- "An osteopath is only a human engineer, who should understand all the laws governing his engine and thereby master disease."
1. The body is a unit, and all regions and systems of the body affect one another. One result of this is that structural or functional problems in one area can cause pain or restriction in another area. (ie – Lumbosacral strain affecting adjacent regions and posture)
2. Structure and function are interrelated. This means that misalignments in the body cause functional problems. For example, whiplash of the neck can cause decreased fluid drainage from the head, which could lead to sinus congestion.
3. The body has self-regulating, self-healing mechanisms. These mechanisms rely on well-functioning body systems, including the immune, circulatory, and nervous systems. And these systems are affected by the condition of the musculoskeletal system.
4. Any good osteopathic treatment plan must take into account these principles. It is the osteopath's job to remove restrictions to the functioning of the self-healing systems of the body, by correcting dysfunctions in the musculoskeletal system.
• Although we care for much more than Back Pain:
• More than half of all Americans admit to significant back pain during the year.
• Back Pain is one of the most common reasons for missed work and significant financial burden.
• Back Pain is the second most common reason for doctor’s visit, aside for URI.
• Most cases of Back Pain are mechanical or non-organic.
• ~80% of all Americans will have a significant back problem in their life time.
America’s Most Common Complaint
# Incidence

- Chronic Pain affects more Americans than diabetes, heart disease and cancer combined.
- **Chronic Pain** 100 million Americans  IMNA
- **Diabetes** 25.8 million Americans  ADA
- **CHD** 16.3 million Americans  AHA
- **Stroke** 7.0 million Americans  AHA
- **Cancer** 11.9 million Americans  ACS
Prescription drugs are the second-most abused category of drugs in the United States, following marijuana.

In 2010, about 12 million Americans reported nonmedical use of prescription painkillers in the past year.

Nearly half a million emergency department visits in 2009 were due to people misusing or abusing prescription painkillers.

Prescription painkiller overdoses killed nearly 15,000 people in the US in 2008.
Friend or Foe?
Problematic Approaches to Chronic Pain

- Reduction or Removal of symptoms or disease by means of drugs and/or surgery.
- A focus on the symptoms or disease, rather than the person as a whole.
- Drugs and Surgical intervention are considered an acceptable risk in order to maintain patient’s symptoms with a hope of patient cooperation and future weaning.
Osteopathic Approach

• The human body has the innate ability to heal itself.
• The body expresses derangements with somatic dysfunctions and functional limitation.
• The physician can supplement the body with appropriate OMT and guided recuperation.
• Musculoskeletal re-education can promote symptom-reduction, improvement in functional status and minimization of drugs and surgery.
• Patient-Physician cooperation may help patients better improve home-exercises and stretching.
OMT Benefits

- Most cost-effective approach to treat chronic pain without “absolute” need for medication.
- Significant patient rapport benefits as hands-on physician.
- Objective method of examining patient’s functional status and needs.
- Alternative approach when medications are inappropriate or contraindicated.
- Excellent opportunity to discuss patient behavioral modification and health maintenance.
- You may be able to fix a simple problem that the “one-million dollar work-up” misses.
OMT Caveats

• OMT is a “tool” to help manage patient care, and it is by no means a “Panacea” to all medical problems, or even definitive treatment for MSK problems.
• Just like antibiotics are used as a functional tool for bacterial disease, there are limitations to their use.
• OMM offers an extra insight into the patient’s physical well-being and musculoskeletal adaptability.
Osteopathic Physician Responsibilities

- Conduct a proper and thorough History & Physical exam with evidence-based approach to care.
- Ensure significant pathology has been ruled-out prior to participating in potentially dangerous treatments.
- Treat patients with respect based on their personal-tailored needs and functional requirements.
With any pathology, there is typically corresponding Somatic Dysfunction
It is relatively easy to Evaluate and Manage
You become the physician who actually touches your patients
You can fix mechanical problems that other doctors can’t fix
You can get reimbursed optimally per visit
There are a variety of techniques that can be used for the appropriate patient.

Generally, treatment is focused on soft tissues, musculature, lymphatic system, autonomic nervous system, joints, alignment, posture, and cranial-sacral system.

Some common techniques deployed include..
Myofascial Release

- Puts a joint into a position of ease, to relax the tissues around that joint. After a successful treatment, alignment and mobility are improved.
- This can be used generally on soft tissue or enthesis.
- This is an excellent technique to mobilize fluid in the lymphatic system.
- This technique can generally be used on any patient.
Myofascial Release
• Includes stretching, kneading, and inhibition. These techniques use pressure over the soft tissues to encourage relaxation.
• These techniques are excellent for minor spasms, fluid dysregulation and normalization of the autonomic nervous system.
• Generally, these techniques can be done with anyone, and they can be useful in hospitalized patients.
Soft Tissue
• **Positions** the body to greatest tolerable position of ease in order to remove tender points. This causes tissues to relax, and can relieve pain and spasm.
• Very convenient technique for complete relaxation of the patient with often significant resolution of somatic dysfunction.
• This technique can be performed with most, so long as the patient can be positioned appropriately.
Counterstrain
Facilitated Positional Release

- Involves indirect positioning of a somatic dysfunction in the **NEUTRAL POSITION** or joint, followed by a short period of direct mobilization to improve the restriction of motion along with compressive force.
- Another technique that can be used to slowly improve a somatic dysfunction and be used with most patients.
Facilitated Positional Release
Muscle Energy

- **Facilitates** the patient's muscle strength to release tension, and increase the range of motion of a joint.
- These techniques can be direct/indirect, and can be useful in relieving somatic dysfunctions and increasing ROM.
- These techniques should be used with discretion on acutely injured or fragile patients.
Muscle Energy

Backward Torsion Treatment
Balanced Ligamentous Tension

- An indirect component is applied then the practitioner then waits for a change in the TART quality, followed by a balancing stage in which the practitioner slowly brings the joint to the physiologic position.
- Excellent gentle technique for fragile or hospitalized patients.
Balanced Ligamentous Tension
Visceral Techniques

- Allows the gentle release fascia layers of the mesentery and abdominal-pelvic viscera, and also they can promote gastric motility with manual release of the bowels.
- Excellent for hospitalized patients and many common GI disorders.
Visceral Techniques
High Velocity Low Amplitude

• HVLA is a general type of manipulative treatment that involves a quick thrust over a short distance through what is termed a pathologic barrier.
• Key is proper positioning in all vectors and a gentle thrust.
• A detailed History and Physical is a must, as there are many contraindications for certain patients.
• HVLA should NOT be severely painful to patient.
Lumbar HVLA
Contraindications

- Rheumatoid arthritic involvement or congenital deformity of the cervical spine, carotid or vertebrobasilar vascular disease, the presence or possibility of bony metastasis or severe osteopenia/osteoporosis, or a history of pathological fractures.
- If you don’t feel comfortable performing HVLA on the patient, DON’T DO IT.
One concept that separates Osteopathic Physicians from chiropractors is that HVLA and all other direct techniques are only intended to restore the physiologic range of motion, no further.

“Drop Test” Cervical HVLA is absolutely not performed by Osteopathic Physicians.

Subsequently, there are lower incidences of adverse effects from OMM.
Articulatory Technique (LVHA)

- Low velocity and moderate to high amplitude forces to carry a dysfunctional joint through its full range of motion, with the therapeutic goal of increasing range of motion.
- Usually this requires multiple repetitions of engaging the motion restriction, easing off slightly and re-engaging the motion restriction in an articulatory fashion.
- Can be used with a wider spectrum of patients, however must also be used with caution.
Articulatory Technique (LVHA)
Lymphatic Pump

- Techniques include Miller Pump (rhythmic, rapid, compression of the superior-anterior wall of the thorax), pedal pump, and diaphragmatic re-doming.
- Caution with vigorous techniques along with bone mineral disease or injury.
- Excellent techniques for immunocompromised or ill patients.
- Careful with disseminated diseases.
Thoracic Pump
Sympathetic or Parasympathetic stimulation or inhibition can be demonstrated with temporally appropriate lifting or rocking of the corresponding areas/segments. Valuable for a number of conditions and generally very safe for most patients.
Rib Raising
Involves very light-touch manipulation, working to improve circulation and fluid balance to and from the cranium, as well as balance tension in the membranous structures of the cranial dura to sacral attachment.

These techniques can also be beneficial to facial muscles, sinuses and neck.

Underappreciated and underutilized, but high learning curve.
OA Decompression
Accupuncture

- Adjunct therapy that can also benefit physiologic homeostasis and reduce perception of pain.
- Good cost-effective non-medicinal means to help patients.
Accupuncture
Accupuncture Points
Injection Therapy

• Can be used in conjunction to OMT for optimal relief of patient.
• Helpful for trigger points, bursitis, capsulitis, arthritis, tendonitis, neuralgia, radiculopathy, and many more indications.
• Dry needling, Anesthetics, Steroids, Prolotherapy, PRP, and Homeopathics are ofen used. Some are utilizing Stem Cells.
• Caution with patients with prostheses, diabetes, coagulopathy, skin dz or infection.
In an effort to reduce morbidity or mortality and objectively successful injection, Ultrasound and Fluoroscopic-guided injection may be the most appropriate option in certain cases.

- Landmark-based injection remains effective in most cases.
Ultrasound Guidance

Needle

Supraspinatus tendon
Fluoroscopy
Consider thinking about your musculoskeletal patient like this:

Organization
Reoccurring Themes
Documentation
The E/M Coding Nuisance

How To
For
Osteopathic Manipulative Medicine
HCFA four diagnosis scenario:

- **Presenting Complaint Diagnosis** or
  - Medical Diagnosis
  - Orthopedic Diagnosis
  - Distinct and Separate Primary Service

- **Imaging Diagnosis**
  - X-Ray
  - MRI
  - Other
    - Modalities
    - Injections

- **Muscular or Myofascial Diagnosis**
  - Physical Medicine
  - Manual Therapy
  - Exercises

- **Somatic Dysfunction Diagnosis**
  - OMT Coding
Presenting Complaint/Diagnosis

- 724.2 Low Back Pain
- 846.0 Lumbosacral Sprain Strain
- 722.83 Lumb/Postlaminectomy
- 724.3 Sciatica
First Evaluation/Imaging Diagnosis

- 722.52 Lumbar Degen. Disc Disease
- 715.98 Osteoarthritis Spine
- 722.10 Lumbar Herniated Disc
- 724.02 Lumbar Spinal Stenosis
Muscular / Myofascial Component

- 728.85 Muscle Spasm
- 729.1 Myositis/Myalgia
- 729.1 Myofascial Pain
- 729.1 Fibromyalgia
- 728.2 Muscle Atrophy
- 720.1 Spinal Enthesopathy
Osteopathic
Dysraphic Dysfunction Component

- 739.1 Cervical
- 739.2 Thoracic
- 739.3 Lumbar
- 739.4 Sacral
- 739.5 Pelvic
- 739.6 Lower Ext.
- 739.7 Upper Ext.
- 739.8 Rib Cage
- 739.9 Visceral / other
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Your reasoning for OMT must be relatively consistent with patient’s subjective complaints and functional limitations. Somatic Dysfunctions need to be appropriately documented in physical exam. Treatment procedure, patient consent, and pre and post-pain/functional response is helpful. ICD-9 and CPT codes need to be correct with -25 modifier with E/M code. Document reasoning for indicated future treatments.
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- Neuromuscular (NMR)
- Massage Deep/Friction
- Kinetic Activities
- Myofascial Release
- Joint Mobilization
- Manual Traction
- Therapeutic Ex.
- Traction, Mech.
Neopathic Economics in Today’s Practice

- Managed care
  - HMO, PPO, Worker’s Compensation
- Indemnity
- Cash
- Personal Injury
- Medicare
- Medicaid
Trigger Point Injections

- Trigger Point Injections are described as single or multiple by the number of muscles involved (1 to 2 muscles, or 3 or more muscles).
- CPT Code 20551 sheath injection
- CPT Code 20552 one to two Muscles
- CPT Code 20553 three or more Muscles
Document very distinctly the muscles injected and the most specific ICD-9 code possible.

No more writing “12 trigger point injections” or “3 muscles”

These codes are based upon the number of muscles injected, so you must name your muscles and side(s) treated.
Example:
A patient recovering from an auto accident presents with neck pain 723.1 and shoulder pain 726.41. You identify three trigger points, right trapezius, the left trapezius, and the right sacroiliac muscles.
You bill CPT 20553 once for injecting three muscles.
- Bill the agent being administered with trigger point injection using an appropriate J-code.
Billable Drugs – Pricing Information – J Codes
www.cms.gov/providers/drugs/default.asp
Billing for Trigger Points

- Compare documentation and EOB’s.
- If your carrier rejects your 20552 or 20553 claim, check the documentation, it should clearly state which muscles you treated and the location.
- Mostly likely, insurers will reject claims based on documentation that ambiguously refers to, for example, “shoulder muscles” or focuses on the number of injections.
- "Dry needling" of trigger points reimbursement varies by payor and locale.
Always refer to your LMRP/LCD policy for correct usage of CPT Codes and ICD-9 Codes which support medical necessity and those that do not.

Documentation in patient’s medical record:

- Patient’s history
- Extenuating circumstances, level of pain, ADL
- Specific diagnosis codes
- Drugs injected
- Specific site of each injection
- Dosage of the drug
- Medical necessity
- Outcome of treatment
Joint Injections

List as first CPT code on encounter form

- Except for when using 64470 series
- Can vary by insurer as to reimbursement, therefore, you want to verify which CPT codes reimburse highest of those done and list them first.

Medical necessity created?

(ICD-9 must support CPT)

List medication type and quantity on encounter form and in progress note
Joint Injections Continued

Make sure note supports procedure in objective, assessment and plan
Consider ABNs where applicable
Use –GA modifier if ABN implemented
Procedure note as part of note or stand-alone note (templates, drop downs, etc.)
Document informed consent, etc.
**Major Joints**

Intramuscular injections for these joints billed with this modifier:

- 76003
- 76360
- 76393
- 76942
Intermediate Joint
Bursal injections for these joints also billed
Temporomandibular Joint (TMJ)
Aromioclavicular Joint
Wrist
Elbow
Ankle
Same imaging suggestions
- **Small Joints**
- Finger Joints (MCP, DIP, PIP)
- Toes (MTP, DIP, PIP)
- Charge for total number of joints injected
  - E.g.: 1\textsuperscript{st} MCP and 3\textsuperscript{rd} PIP of the RUE and the 1\textsuperscript{st} DIP of the LLE are coded 20600 x 3.
- Bill for the for all of the injectables also Using J Codes
**Coding Case Example**

Patient presents for a diabetes evaluation. During the visit, he complains of back pain, and you find enthesopathy and administer a trigger point injection in the gluteus. He also has tissue changes, symmetry, restricted ROM and tenderness in the thoracic, lumbar, vis, sacral and lower ext. areas

Can bill a E/M code 99213 and append modifier -25 (significant, separately identifiable E&M service by the same physician on the same day of the procedure or other service).

**Direct billing:**
- Diabetes type II 250.xx ➔ CPT code 99213-25 E&M
- Enthesopathy hip 726.5 ➔ CPT code 20552-59TP Injection
- Som Dys Pelvis 739.5 ➔ CPT code 98927 OMT 5 areas
Billing with -25 Modifier

Modifier -25 informs the carrier that you performed an E&M service separate from the injection. The modifier signifies that special services or services above and beyond those performed in a normal visit were rendered.

Member, if the injection or the OMT are the only reasons for the patient visit, you can’t report an E&M code.

Individual insurers’ response to the modifier - 25 may vary. If it is ignored, make sure the E&M service and the separate procedure are not related to the same diagnosis.
- Document medical necessity
- Document number of injections and sites per session
- Document medical necessity for repeat injections
- Multiple injections on same day:
  - Different sites – Modifiers
  - Many carriers follow Medicare trends
(subject to change)

Injection Rule of Thumb:

- 1 Code (20550, 20551, 20552, or 20553)
- 1 Visit
- 1 Patient
- 3 Injections in a 90 day period
MEDICAL DECISION

- Straight Forward
- Low Complexity
- Moderate Complexity
- High Complexity
LEVEL OF VISIT

- Focused (-01)  1 - 5 of above
- Expanded (-02)  6 of above
- Detailed (-03)  12 of above
- Comprehensive (-04)  All of above
**EL OF VISIT**

| HISTORY | 1 2 3 4 |
| EXAM | 1 2 3 4 |
| DECISION | 1 2 3 4 |
| TIME IN MINUTES | 15 30 45 |
Helpful Coding Opportunities

Modifier Overview (Appendix A)

- 22 Unusual Procedural Service
- 25 Significantly, Separately Identifiable E&M Service by the Same Physician on the Same Day of the Procedure or Other Service
- 26 Professional Component
- 50 Bilateral Procedure
- 51 Multiple Procedures
- 52 Reduced Services
- 53 Discontinued Procedure
- 59 Distinct Procedural Service
25 Modifier

CPT Definition: Significantly, Separately Identifiable E&M Service by the Same Physician on the Same Day of the Procedure or Other Service Used to perform procedure and E&M on same date of service
E&M service may be prompted by same symptom/condition as procedure
Different diagnoses are not required
Not w/ major surgery (-57)

51 Modifier

- CPT Definition: Multiple Procedures
- Used for multiple procedures other than E&M
- Procedures are performed by the same provider, same session, and only subsequent procedures are appended –51
- 64470, 20551-51, 98928-51, 99213-25
Physicians, nurses and management cited the need to improve clinical documentation to support appropriate billing levels as the foremost driver of EMR implementation.
Given the nature of health care trends, how does your future look if you continue “Doing It the Way You’ve Always Done It”? 
Documentation

- Documentation
  - Documentation
    - Documentation
    - Documentation
    - Documentation
    - Documentation
    - And Even More Legible Documentation or "legible EMR"
OMT is an reasonable modality in this day of medical practice headaches. OMT allows for excellent patient-physician treatment and rapport. Do your job to be compliant with E/M coding including musculoskeletal disorders. Get paid for your work, you deserve it!