



AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS

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Department of Practice Management and
Delivery Innovations

Presents:

Documentation, OMT Coding and Auditing
OMED 2014



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Department of Practice Management & Delivery Innovations

- Challenges unfair health insurer business practices impacting Osteopathic physicians
- Responds to marketplace developments and emerging trends
- Develops educational tools
- Helps promote the Osteopathic profession





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Kavin T. Williams, CPC

Responsibilities include:

- Assists AOA members with reimbursement and health payment policies
- Oversees and assists AOA members with coding and payment disputes with carriers
- Oversees the AOA Coding and Payment Advisory Panel
- Represents the AOA at national payment policy meetings

Reporting E/M Services and OMT Procedures

- Report the appropriate E/M service code (99201-99215) based on the documentation
- Append Modifier-25 to the E/M service code
- Report the appropriate OMT procedure code (98925-98929) based on the physical examination findings



Evaluation and Management (E/M) Services

- An E/M service is separate and distinct from the OMT procedure and should be reported separately.
- After evaluating a patient and arriving at a diagnosis (which may include somatic dysfunction), it is appropriate to report an evaluation and management (E/M) code to describe the service.



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Evaluation and Management (E/M) Service Documentation



Documenting E/M Services

Document the following:

- Chief Complaint
- History
- Examination
- Medical Decision Making





Procedure Note

- OMT is a procedure, and although it's distinct from other procedures, nevertheless it is a procedure and should be documented in that manner.
- As such, it may be beneficial to prepare a procedure note for the OMT detailing which regions were treated, which techniques were utilized, and how the patient tolerated the treatment.
- Documenting in this fashion meets the requirements for reporting any procedure that is performed and assists in an audit situation when OMT is being challenged from a documentation perspective.

Supraventricular

PHYSICAL EXAM

Head - PERLA Rines Conjunctiva Headache Migraine Cluster TM Canals

Nose Mucosa Congestion Divided Septum Nose bleed Smears Nodus

Mouth Abscess Infection Mass *allergic*

Neck - Nodes Mass Lymph nodes

Lungs - Breath Sls Pneumonia Asthma Excursion Nodes CHF COPD SOB

STRIKER Percussion

Heart - RRR MS MD Grade SA BP SNR

GI - Ulcer Pancreatitis Divertic. Ilt Hemia Liver Spleen GIC Diabetes

Painless Melena Hemorrhoids Constipation Diarrhea Nausea

Blood - Iron B12 B6 Anemia

Endos. - Thyroid Pituitary Adrenals Estrogen Testosterone Parathyroid

Gyn. - Pap Pelvic Menopause Oligo Amen DLB PID Endometriosis

Infection Infection Dyspareunia Yeast Ovarian Cyst Fibroid

NEW COMPLAINT:

30 min walk
 2 U.R.I. *antibiotics*
 1 UTI *antibiotics*
 1 influenza *antibiotics*
 1 sinusitis *antibiotics*

postmenstrual dip
red + yellow no color
and cramp

PLAN:

487!



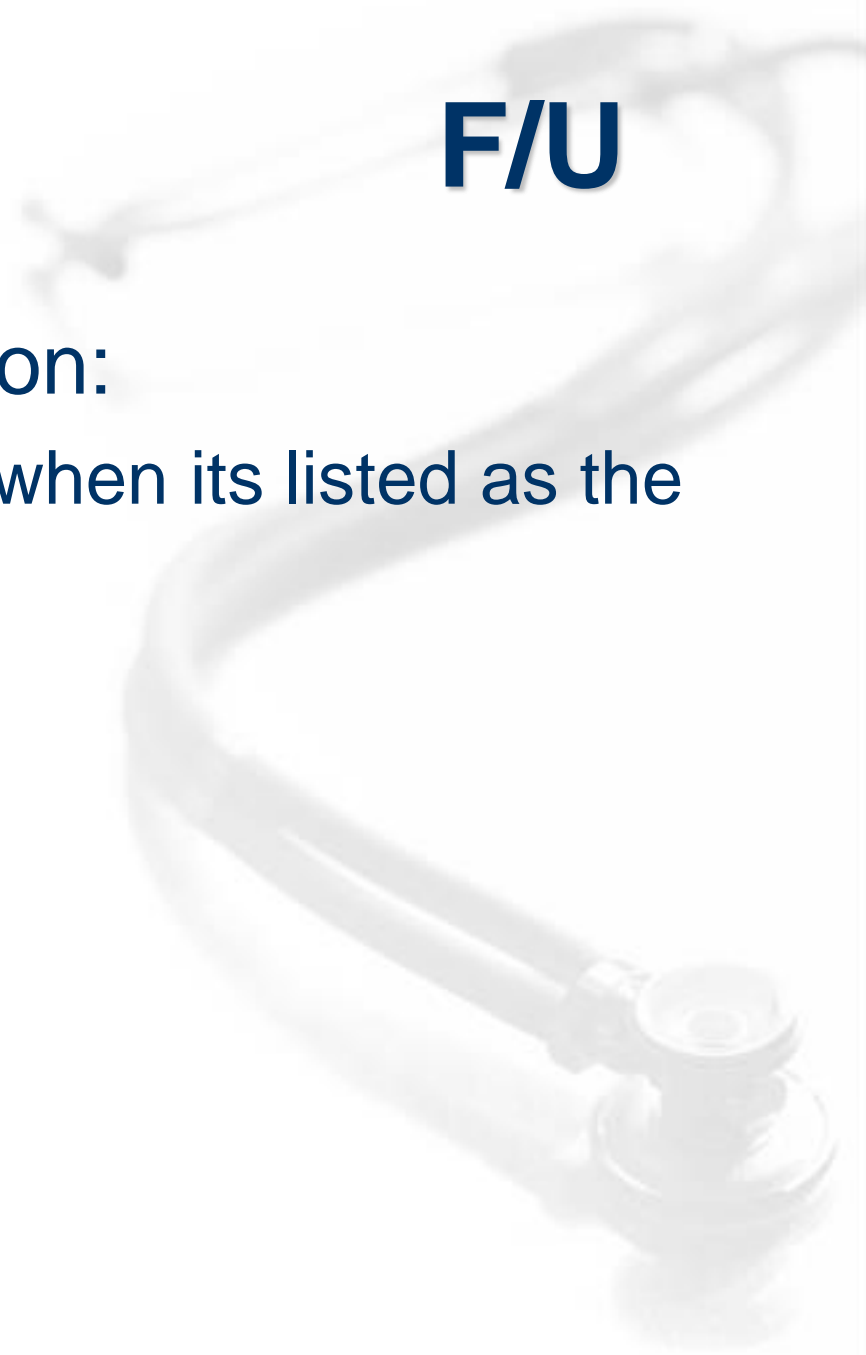
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F/U

Answer the below question:

- What does F/U means when its listed as the chief complaint?





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E/M Service and OMT Procedure Work Descriptors





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E/M Service Code 99213 Work Description

Description of Pre-service Work:

- Review the medical history form completed by the patient and vital signs obtained by clinical staff

Description of Intra-service Work:

- Obtain an expanded problem focused history (including response to treatment at last visit and reviewing interval correspondence or medical records received).
- Perform an expanded problem focused examination. Consider relevant data, options, and risks and formulate a diagnosis and develop a treatment plan (low complexity medical decision making).
- Discuss diagnosis and treatment options with the patient. Address the preventive health care needs of the patient.
- Reconcile medication(s). Write prescription(s). Order and arrange diagnostic testing or referral as necessary

Description of Post-service Work:

- Complete the medical record documentation.
- Handle (with the help of clinical staff) any treatment failures or adverse reactions to medication that may occur after the visit.
- Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management related to this office visit
- . Receive and respond to any interval testing results or correspondence. Revise treatment plan(s) and communicate with patient, as necessary



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OMT Procedure Code 98927 Work Description

Description of Pre-Service Work:

The physician determines which osteopathic techniques (e.g., HVLA, Muscle energy, Counterstrain, articulatory, etc.) would be most appropriate for this patient, in what order the affected body regions need to be treated and whether those body regions should be treated with specific segmental or general technique approaches. The physician explains the intended procedure to the patient, answers any preliminary questions, and obtains verbal consent for the OMT. The patient is placed in the appropriate position on the treatment table for the initial technique and region(s) to be treated.

Description of Intra-Service Work:

The patient is initially in a side-lying position on the treatment table. Motion restrictions of identified joints are isolated through palpation and treated using a variety of techniques as follows: acromioclavicular joint is treated with articulatory technique; glenohumeral and costal dysfunctions are treated with muscle energy technique; cervical spine is treated with counterstrain technique; thoracic and lumbar dysfunctions are treated with passive thrust (HVLA) technique. Patient position is changed as necessary for treatment of the individual somatic dysfunctions. Patient feedback and palpatory changes guide further technique application as appropriate.

Description of Post-Service Work:

Post-care instructions related to the procedure are given, including side effects, treatment reactions, self-care, and follow-up. The procedure is documented in the medical record.



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Modifiers

Append Modifier-25 to the E/M service code.





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Modifier-25 Language Based Located in Appendix A of the CPT© Manual

It may be necessary to indicate that on the day a procedure or service identified by the CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided, or beyond the usual preoperative and postoperative care associated with the procedure that was performed.

Modifier-25 Language Located in the CPT Guidelines for Reporting OMT

Evaluation and Management services, including a new or established patient office or other outpatient services, may be reported separately using modifier -25 if the patient's condition requires a significant, separately identifiable E/M service above and beyond the usual preservice and postservice work associated with the other procedure.



Denials: E/M Service Vs. OMT Procedure

- Most often, the E/M service is denied, not the OMT procedure
- Most common reasons for denying the E/M service
 - E/M service does not meet Modifier-25 requirements
 - Bundling the E/M service with the OMT procedure
 - OMT has a 000 day global designation



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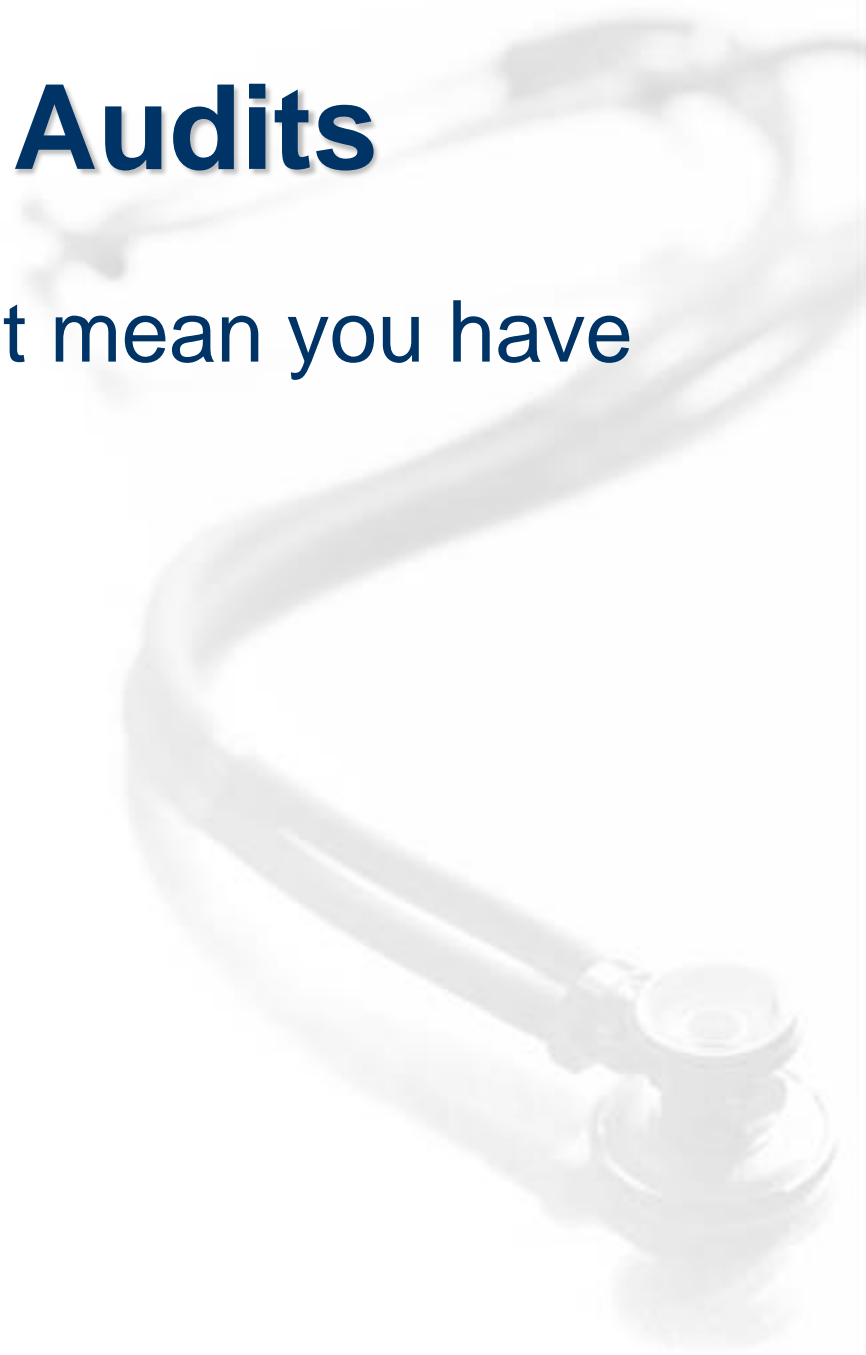
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Audits

If you are audited, does it mean you have done something wrong?

A, True?

B. False?





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What initiates Audits of E/M Services and OMT Procedures

- Modifier-25
- Inappropriate peer comparison





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Responding To Audits

- Identify the requestor (e.g. governmental, private payer)
- Reply in a timely fashion
- Gather and submit on the requested medical records
- Keep a copy of the information submitted
- You may want to conduct an internal audit
- Be cooperative



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Practice Management Webinars

To provide information, resources and tools to help DOs better manage their practices, the AOA offers periodic webinars on topics including e-prescribing, ICD-10, HIPAA and health information technology.

Upcoming Webinars

Nov. 21, 7 p.m. CST: ICD-10 is Coming - What's a Provider to Do?

ICD-10, which goes into effect in less than a year, will have a major impact on your reimbursement, electronic health record (EHR) documentation, health plan contracting and patient interactions. In this webinar, Stanley Nachimson, one of the nation's leading ICD-10 implementation experts, will discuss the new code set and how to ensure you'll be ready by Oct 1, 2014. Register now.

Dec. 4, 7 p.m. CST: 2014 CPT Changes

Learn about 2014 CPT code changes, including new codes, revisions, and deletions of existing codes in the 2014 CPT manual. Judith A. O'Connell, DO, MHA, will analyze what these changes mean for you and your practice. Register now.

Dec. 5, 7 p.m. CST: Meaningful Use Stage 2 - Deep Dive

Learn what detail is required of providers in stage 2 of meaningful use. We will review the new core and menu measures and compare them to stage 1. We will also discuss how meaningful use clinical quality measures will work in 2014. Meaningful use is complicated; we aim to simplify what CMS will be requiring in 2014 and in Stage 2. Register now.

AOA CMS EHR Super Users Webinar Series

This webinar series is part of a collaboration with the AOA, CMS and AOAMI. All webinars take place at 1 p.m. CST.

Nov. 20, 1 p.m. CST: Medicare and Medicaid EHR Incentive Programs: Stage 2, Payment Adjustments, and Audits

This webinar is intended for eligible providers and will focus on stage 2 of meaningful use, payment adjustments and audits, and 2014 CQMs and certification of electronic health

What Can We Do For You?



We provide resources and support for AOA members in all aspects of the business of medicine including:

- Coding and Reimbursement
- Insurance Advocacy
- Credentialing
- HIPAA Compliance
- e-Prescribing
- Fraud and Abuse

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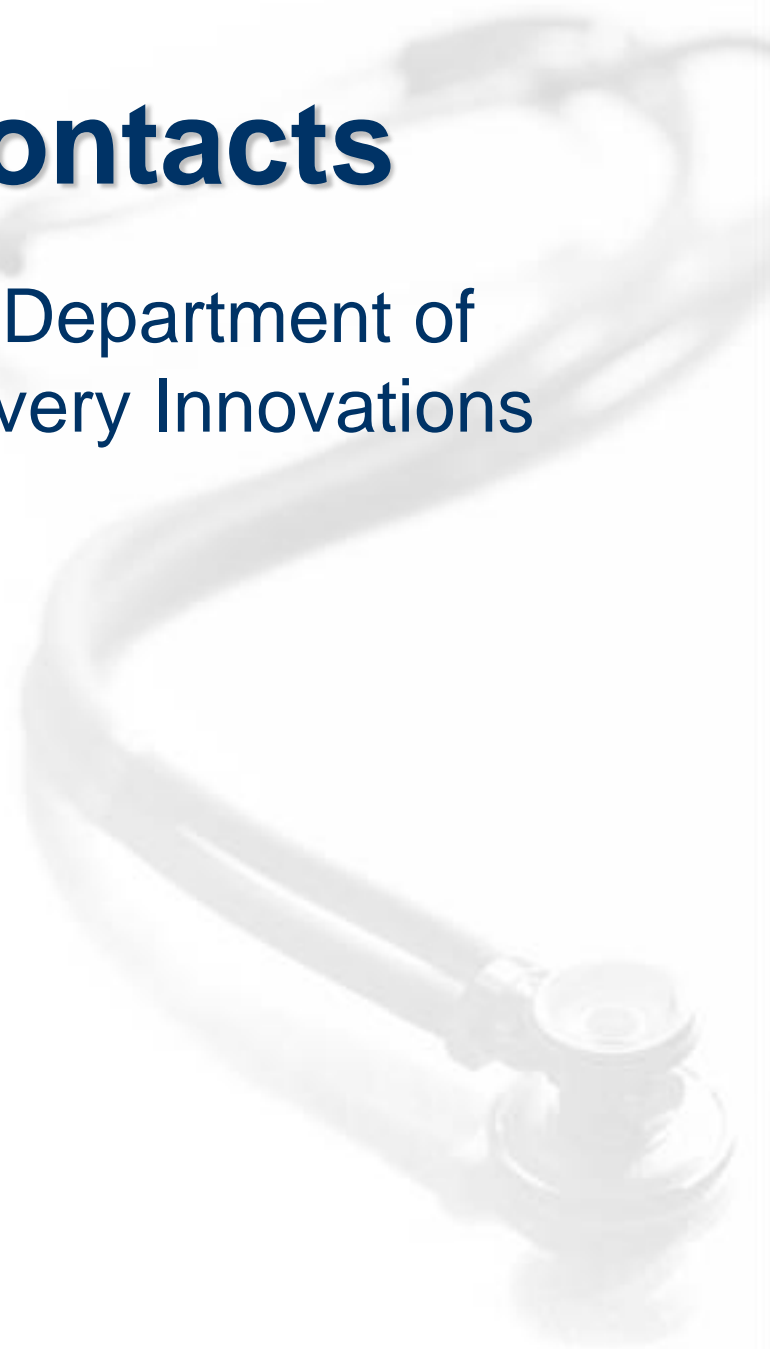
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Q & A

