OMM Procedures at Bedside in the Hospital

Antonios Tsompanidis, D.O. FACOFP

Chief Academic Officer
Director of Medical Education-CarePoint Health
Bayonne Medical Center & Christ Hospital
Family Medicine Residency Program Director-Christ Hospital
DISCLOSURE:

Financial Disclosure

No Financial Relationships with Commercial Interests

No Off-Label Discussion

IT’S OMM!
Hospital OMT

- OMT can be used as a primary or as an adjunct treatment for disease within the hospital setting.

- Care must be taken to insure that the treatment is appropriate and within the physical capabilities of the patient to respond appropriately.

- The osteopathic treatment of the acutely ill or hospitalized patient is designed to support and enhance the underlying physiology of a patient as they recover from an illness or other severe stress.

- Focus exam & treatment on the acute needs of the individual.

- Any technique is appropriate if:
  - it addresses the underlying physiology and mechanics
  - it is appropriate for the present condition of the patient
  - it brings about the changes a physician expects to see from its application
  - it is efficient treatment to accomplish a specific physiologic goal

- Physicians performing OMT in the hospital should bill for their services.....

- Start with the basics..... Structural exam and then....
Hospital OMT

- The principle of the **unity of the body**, so central to osteopathic practice, states that **every part of the body depends on other parts** for maintenance of its **optimal function** and even of its integrity.

- Autonomics
  - Sympathetics
  - Parasympathetics

- Breathing
  - Ribcage
  - Associated respiratory structures

- Circulation
  - Lymphatics
  - Vascular

Osteopathic philosophy of health displayed as the coordinated activity of five basic body functions, integrated by the musculoskeletal system, adapting to environmental stressors.
Hospital OMT – Rib Raising

• Rib Raising
  • Reduces constriction of large lymphatic vessels
  • Stimulates regional sympathetic efferent activity
  • Results in prolonged reduction in sympathetic outflow
  • Excursion of chest is increased and facilitates lymphatic drainage
  • Relieves postoperative paralytic ileus

• Bucket-Handle Motion -- The effect is to increase the transverse diameter of the thorax during inspiration. This involves ribs 7-10
• Pump-Handle Rib Motion -- The effect is to increase the anteroposterior diameter of the thorax during inspiration. This primarily effects ribs 1-6.
• Caliper motion: Ribs 11, 12
Hospital OMT- Rib Raising

• Palms placed under patient’s thorax, so that pads of fingers at rib angles
• Flex fingers, apply traction to the rib angle
• While applying traction, bend knees/ lower trunk to raise ribs (lever/fulcrum action) Do not bend wrists
• Move hands so that subsequent ribs treated
• Treat opposite side of rib cage in same manner
Hospital OMT- Rib Raising

• “Alternate Technique”
• Mobilizes the ribs with muscle energy.
• Exaggerates inhalation motion.
• Can assist in diaphragmatic doming.
• Force is upward and cephalad and outward.
• Thumbs follow the costal margin.
Hospital OMT - Mesenteric Release:

- This technique is indicated to enhance lymphatic and venous drainage and alleviate congestion secondary to visceral ptosis.
- The physician applies a gentle, downward pressure to any of the ganglia until the resistance of the underlying tissues is felt and its resistance is matched.
- This pressure is held until a softening or release is felt.
- The celiac ganglia is below the xiphoid (A)
- The inferior mesenteric ganglia is just above the umbilicus (B)
- The superior mesenteric ganglia is halfway between (C)

This procedure should not be used if the patient has an abdominal incision, acute ischemic bowel disease, obstruction, or similar condition.
Hospital OMT – Suboccipital Release

- The superior cervical ganglion and vagus nerve are related to the occipital–atlantal and suboccipital tissues (parasympathetics).
- The patient is supine. The physician is seated at the head of the bed.
- The physician places the finger pads in the patient's suboccipital sulcus (groove) on both sides.
Hospital OMT – Suboccipital Release

• The physician carries their elbows medially, placing lateral traction on the suboccipital tissues.
• The physician simultaneously places gentle traction on the occiput.
• The force of the physician's traction matches the resistance of the tissues.
• This position is held until release of both sides is felt.
Hospital OMT – Diaphragmatic Doming

- This technique is indicated for lymphatic congestion distal to the diaphragm and/or respiration that does not extend fully to the pubic symphysis.
- Improves lymphatic and venous return.
- Patient is supine while physician stands next to patient.
- The physician places the thumbs or thenar eminence just inferior to the patient’s lower costal margin and xiphoid process with the thumbs pointing cephalad. (A)
- The patient is instructed to take a deep breath and exhale. On exhalation, the physician’s thumbs follow the diaphragm (B), which permits the thumbs to move posteriorly.
Hospital OMT – Diaphragmatic Doming

• The physician's finger placements gently resist the downward motion of the diaphragm as the patient inhales and follow the diaphragm superiorly as the patient exhales.

• Note: Do not push upward against the diaphragm.

• This procedure is repeated for three to five respiratory cycles.
Hospital OMT – Miller Thoracic (Lymphatic) Pump

- This technique is indicated for infection, fever, lymphatic congestion, rales, and chronic productive cough.
- The patient lies supine with the head turned to one side (to avoid breathing or coughing into the face of the physician).
- Physician stands at head of table/hospital bed.
- The physician places the thenar eminences inferior to the patient’s clavicles with the fingers spreading out over the upper rib cage (for female patients, place hands midline).
- The patient is instructed to take a deep breath and exhale fully.
- During exhalation, the physician increases the pressure on the anterior rib cage, exaggerating the exhalation motion.
- At end exhalation, the physician imparts a vibratory motion to the rib cage at two compressions per second.
Hospital OMT – Miller Thoracic Pump-Respiration/Atelectasis

• Similar to the lymphatic pump technique with similar indications however this differs slightly with exhalation.
• The patient lies supine with the head turned to one side (to avoid breathing or coughing into the face of the physician).
• Physician stands at head of table/hospital bed and places the thenar eminences inferior to the patient’s clavicles with the fingers spreading out over the upper rib cage (for female patients, place hands midline).
• The patient is instructed to take a deep breath and exhale fully at which time the physician increases the pressure on the anterior rib cage, exaggerating the exhalation motion.
• During the next inhalation, the physician releases the pressure and the patient is told to inspire which is restricted by the physician and exhalation is exaggerated slightly more.
• During the next several inhalations, the physician maintains heavy pressure on the chest wall.
• On the last instruction to inhale, the physician suddenly releases the pressure, causing the patient to take a very rapid, deep inhalation, inflating any atelectatic segments that may be present and mobilize secretions.
Hospital OMT – Pedal Pump

- This technique is indicated for lymphatic congestion, fever, infection, and inability to use the thoracic pump.
- The patient lies supine, taking care to keep the heels of the feet on the table with the physician at the foot of the bed.
- Rhythmic plantar and dorsiflexion of the lower extremities at 1-2 per second for 1-2 minutes.
- These rhythmic forces should be parallel to the table, not directed toward the table.
Hospital OMT – Splenic Pump

• Indicated for any infectious disease EXCEPT infectious mononucleosis…

• The patient lies supine, and the physician stands at the left side of the patient.

• The physician places the left hand on the lower costal cartilages overlying the spleen, with the fingers following the intercostal spaces.

• The left hand compresses the lower left rib cage slowly between the physician’s hands 2 times a second for 30 seconds. (A)

• After 30 seconds, the hands are withdrawn with a sudden release (also call a chugging motion). (B)
Hospital OMT – Trapezius Release

- Trapezius Release (Inhibitory Pressure)
  - Pt is supine.
  - Thumbs placed on anterior trapezius, index and other digits placed posteriorly.

- A slow squeezing force is applied on the trapezius between the thumbs and fingers and held until tissue texture changes are palpated.
Hospital OMT – Cervical Soft Tissue

• Simple technique to stretch the cervical muscles.
• Can be done bilateral (if able to access head of bed) or unilateral (stand at side of bed).
• Both stretch techniques have the paravertebral muscles in the pads of the physicians fingers.
• Bilateral stretching has an upward and cephalad force as the physician leans back slightly.
• If unilateral stretching, the physician stands at the side of the table opposite the side to be treated and applies a ventral force to induce a stretch.
• Either stretch can use sustained force or kneading motion or combination.
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Hospital OMT – Singultus

The patient may be seated or lie supine.

The physician locates the triangle formed by the sternal and clavicular heads of the left sternocleidomastoid muscle.

The physician, using the thumb (A), index finger (B), or middle finger, presses deep into this triangle.

This pressure should elicit a mild degree of pain (to tolerance) and be maintained for at least a minute after the hiccups cease to break the reflex arc.

If the technique is unsuccessful on the left, it may be repeated on the right... or suboccipital release....
Hospital OMT

Application of which Osteopathic Technique will improve lower extremity edema and venous return:

A. Rib Raising
B. Doming of the diaphragm
C. Fibular head HVLA
D. Pedal Pump
E. Liver/Spleen Pump
Hospital OMT

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E. Liver/Spleen Pump

Although diaphragmatic doming will aid in lymphatic return, pedal pumping directly improves the edema.
Performing rib raising techniques will interfere with bronchodilator treatments.

A. True
B. False
Performing rib raising techniques will interfere with bronchodilator treatments.

A. True
B. False

Rib raising will increase the effectiveness of the bronchodilator treatments.
DOs who perform OMM in the hospital setting are not reimbursed.

A. True
B. False
DOs who perform OMM in the hospital setting are not reimbursed.

A. True
B. False

You will be reimbursed as long as it is properly coded.
Acknowledgements

• My wife and and boys....
• Student K.C.
• “Nicholas Manual” Atlas of Osteopathic Technique
• Foundations of Osteopathic Medicine
• An Osteopathic Approach to Diagnosis and Treatment
  Eileen L. DiGiovanna, Stanley Schiowitz, Dennis J. Dowling
• A.T. Still Museum
• And to....
To find health should be the object of the doctor. Any one can find disease.

- Andrew Taylor Still -
Billing and Coding for OMM

Antonios Tsompanidis, D.O. FACOFP
President-NJACOFP
Chief Academic Officer
Director of Medical Education-CarePoint Health
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Family Medicine Residency Program Director-Christ Hospital
Proper coding and billing involves the intricate knowledge of ICD10 codes, CPT codes and the use of modifiers as applicable.

There are several caveats:

Always pick a specific ICD10 code!
Always assign the proper diagnosis to the proper CPT!
Your primary diagnosis code should be the most complex!
Make sure data is entered correctly the first time!

AND MOST IMPORTANTLY,
KNOW YOUR INSURANCES
(they follow their own rules)!
ICD10 stands for International Classification of Disease

The ICD10 coding system is an international classification system which groups related disease entities for the purpose of reporting statistical information. The purpose of the ICD10 is to provide a **uniform language** and thereby serve as an effective means for reliable nationwide communication among physicians, patients, and third parties.
CPT stands for Current Procedural Terminology

It is a listing of descriptive terms and identifying codes for reporting medical services and procedures. The purpose of CPT is to provide a uniform language that accurately describes medical, surgical, and diagnostic services, and thereby serves as an effective means for reliable nationwide communication among physicians, patients, and third parties.
These are your coding tools of the trade!
ICD-10 codes for OMT

The following ICD-10 codes should be used for proper OMT billing:

- 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
CPT Codes for OMT

98925 - OMT; one to two body regions involved
98926 - OMT; three to four body regions involved
98927 - OMT; five to six body regions involved
98928 - OMT; seven to eight body regions involved
98929 - OMT; nine to ten body regions involved
Modifiers are important when coding for any procedure such as OMT, trigger point injections, cryotherapy and cerumen extraction.

There are many modifiers but the -25 modifier is the one that is applicable for our purposes.
The HCFA form is the paper form that is used for billing (the same form is transmitted electronically).

Although it appears complex, most billing software fills in the patient demographics, insurance information, DOB, etc. THIS IS WHY IT IS IMPORTANT TO HAVE ACCURATE INITIAL DATA ENTRY!

The key parts for our discussion are boxes 21 and 24. ICD10 codes are entered in box 21. Box 24 is where the CPT codes, modifiers, dates of service, location of service and provider identification numbers are entered.
HCFA with OMT visit only
HCFA with E&M (evaluation and management) and OMT
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Medicare Fee Schedule (effective 1/2019)

New Jersey charge class Area 01 consists of the following counties: Bergen, Essex, Hudson, Hunterdon, Middlesex, Morris, Passaic, Somerset, Sussex, Union, Warren

(Area 99 covers the remainder of the state counties)

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### Medicare Fee Schedule (effective 1/2019)

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Conclusion:

Always keep up with ICD10 & CPT changes.

Be specific with coding!

Know your insurance rules and LCD’s (local coverage determinations).

Proper coding = proper and prompt payment!

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