

Comparison Chart for Evaluation and Management (E/M) Services and Osteopathic Manipulative Treatment (OMT) Descriptors of Preservice, Intraservice and Postservice Work

Per CPT guidelines when reporting an E/M service and OMT procedure on the same date, an E/M service may be reported separately using modifier 25 if the patient's condition requires a significant, separately identifiable service above and beyond the usual preservice and postservice work associated with the other procedure (OMT). The E/M service may be caused or prompted by the same symptoms or condition for which the OMT service was provided. As such, different diagnoses are not required for the reporting of the OMT and E/M service on the same date.

Significant: The works of the two services are significantly different from each other.

Separately: The descriptions of the preservice, intraservice and postservice work required to provide E/M services and OMT procedures clearly show the work of the two services do not overlap and are separate from each other.

Identifiable: The works of the two services are identifiably different from each other.

Above and beyond: The work required in providing an E/M service is distinctly different from the work required in providing an OMT procedure. As such, the E/M services (work) are above and beyond the preservice and postservice work of the OMT procedure.

The chart below provides a side-by-side comparison of the preservice, intraservice and postservice work descriptors for E/M services codes 99201-99215 and OMT procedure codes 98925-98929 extracted the American Medical Association (AMA) Relative Value Update Committee (RUC) database.

E/M Service Code 99201-99215	OMT Codes 98925-98929
<p>99201: Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.</p> <p>Description of Pre-Service Work: Review the medical history form completed by the patient and vital signs obtained by clinical staff.</p> <p>Description of Intra-Service Work:</p> <ul style="list-style-type: none"> o Obtain an expanded problem focused history o Perform an expanded problem focused examination o Formulate a diagnosis and develop a treatment plan (straight forward medical decision making) o Discuss diagnosis and treatment options with the patient o Address the preventive health care needs of the patient o Reconcile medication(s) o Write prescription(s) o Order and arrange diagnostic testing or referral as 	<p>98925: Osteopathic Manipulative Treatment (OMT); One to Two Body Regions Involved</p> <p>Description of Pre-Service Work: The physician determines which osteopathic techniques (eg, HVLA, Muscle energy, Counterstrain, articular, 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.</p> <p>Description of Intra-Service Work: Patient is initially in the supine position on the treatment table. Motion restrictions of C6 and C7 are isolated through palpation and treated using muscle energy technique. Dysfunctions of T1 and T2 are treated using 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.</p>

<p>necessary</p> <p>Description of Post-Service Work:</p> <ul style="list-style-type: none"> o Complete the medical record documentation o Handle (with the help of clinical staff) any treatment failures or adverse reactions to medications that may occur after the visit o Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management related to this office visit 	<p>Description of Post-Service Work:</p> <p>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</p>
<p>99202: Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.</p> <p>Description of Pre-Service Work:</p> <p>Review the medical history form completed by the patient and vital signs obtained by clinical staff.</p> <p>Intra-Service Description:</p> <ul style="list-style-type: none"> o Obtain an expanded problem focused history o Perform an expanded problem focused examination o Formulate a diagnosis and develop a treatment plan (straight forward medical decision making) o Discuss diagnosis and treatment options with the patient o Address the preventive health care needs of the patient o Reconcile medication(s) o Write prescription(s) o Order and arrange diagnostic testing or referral as necessary <p>Description of Post-Service Work:</p> <ul style="list-style-type: none"> o Complete the medical record documentation o Handle (with the help of clinical staff) any treatment failures or adverse reactions to medications that may occur after the visit o Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management related to this office visit o Receive and respond to any interval testing results or correspondence o Revise treatment plan(s) and communicate with patient, as necessary 	<p>98926: Osteopathic manipulative treatment (OMT); 3-4 body regions involved</p> <p>Description of Pre-Service Work:</p> <p>The physician determines which osteopathic techniques (eg, HVLA, Muscle energy, Counterstrain, articular, 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.</p> <p>Description of Intra-Service Work:</p> <p>The patient is initially in the prone position on the treatment table. Motion restrictions of sacrum and pelvis are isolated through palpation and treated using muscle energy and articular techniques. Dysfunctions of L1 and L5 are treated using 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.</p> <p>Description of Post-Service Work:</p> <p>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.</p>
<p>99203: Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate</p>	<p>98927: Osteopathic manipulative treatment (OMT); 5-6 body regions involved</p> <p>Description of Pre-Service Work:</p> <p>The physician determines which osteopathic techniques (eg, HVLA, Muscle energy, Counterstrain, articular, 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</p>

<p>severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.</p> <p>Description of Pre-Service Work:</p> <ul style="list-style-type: none"> o Review the medical history form completed by the patient and vital signs obtained by clinical staff o Communicate with other health professionals <p>Description of Intra-Service Work:</p> <ul style="list-style-type: none"> o Obtain a detailed history o Perform a detailed examination o Consider relevant data, options, and risks and formulate a diagnosis and develop a treatment plan (low complexity medical decision making) o Discuss diagnosis and treatment options with the patient o Address the preventive health care needs of the patient o Reconcile medication(s) o Write prescription(s) o Order and arrange diagnostic testing or referral as necessary <p>Description of Post-Service Work:</p> <ul style="list-style-type: none"> o Complete the medical record documentation o Handle (with the help of clinical staff) any treatment failures or adverse reactions to medications that may occur after the visit o Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management related to this office visit o Receive and respond to any interval testing results or correspondence o Revise treatment plan(s) and communicate with patient, as necessary 	<p>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.</p> <p>Description of Intra-Service Work:</p> <p>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 articular 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.</p> <p>Description of Post-Service Work:</p> <p>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.</p>
<p>99204: Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.</p> <p>Description of Pre-Service Work:</p> <ul style="list-style-type: none"> o Review the medical history form completed by the patient and vital signs obtained by clinical staff o Communicate with other health professionals <p>Description of Intra-Service Work:</p> <ul style="list-style-type: none"> o Obtain a comprehensive history o Perform a comprehensive examination o Consider relevant data, options, and risks and formulate a diagnosis and develop a treatment plan (moderate complexity medical decision making) o Discuss diagnosis and treatment options with the patient o Address the preventive health care needs of the patient 	<p>98928: Osteopathic manipulative treatment (OMT); 7-8 body regions involved</p> <p>Description of Pre-Service Work:</p> <p>The physician determines which osteopathic techniques (eg, HVLA, Muscle energy, Counterstrain, articular, 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.</p> <p>Description of Intra-Service Work:</p> <p>The patient is initially in the supine position on the treatment table. Motion restrictions of identified joints are isolated through palpation and treated using a variety of techniques as follows: radiocarpal joints are treated using articular and myofascial release techniques; dysfunctions of L3, L5 and SI joints are treated using balanced ligamentous tension technique; dysfunction of C5 through T3, the pelvis and lower extremity are treated</p>

<ul style="list-style-type: none"> o Reconcile medication(s) o Write prescription(s) o Order and arrange diagnostic testing or referral as necessary <p>Description Post-Service Work:</p> <ul style="list-style-type: none"> o Complete the medical record documentation o Handle (with the help of clinical staff) any treatment failures or adverse reactions to medications that may occur after the visit o Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management related to this office visit o Receive and respond to any interval testing results or correspondence o Revise treatment plan(s) and communicate with patient, as necessary 	<p>with muscle energy technique. Lower extremity edema is treated with lymphatic drainage techniques. Patient position is changed as necessary for treatment of the individual somatic dysfunctions. Patient feedback and palpatory changes guide further technique application as appropriate.</p> <p>Description of Post-Service Work:</p> <p>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.</p>
<p>99205: Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.</p> <p>Pre-Service Description:</p> <ul style="list-style-type: none"> o Review the medical history form completed by the patient and vital signs obtained by clinical staff o Communicate with other health professionals <p>Intra-Service Description:</p> <ul style="list-style-type: none"> o Obtain a comprehensive history o Perform a comprehensive examination o Consider relevant data, options, and risks and formulate a diagnosis and develop a treatment plan (high complexity medical decision making) o Discuss diagnosis and treatment options with the patient o Address the preventive health care needs of the patient o Reconcile medication(s) o Write prescription(s) o Order and arrange diagnostic testing or referral as necessary <p>Description of Post-Service Work:</p> <ul style="list-style-type: none"> o Complete the medical record documentation o Handle (with the help of clinical staff) any treatment failures or adverse reactions to medications that may occur after the visit o Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management related to this office visit o Receive and respond to any interval testing results or correspondence o Revise treatment plan(s) and communicate with patient, as necessary 	<p>98929: Osteopathic manipulative treatment (OMT); 9-10 body regions involved</p> <p>Description of Pre-Service Work:</p> <p>The physician determines which osteopathic techniques (eg, HVLA, Muscle energy, Counterstrain, articular, 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.</p> <p>Description of Intra-Service Work:</p> <p>Patient is initially in the supine position on the treatment table. Motion restrictions of identified joints are isolated through palpation and treated using a variety of techniques as follows: occipitoatlantal joint and sacrum are treated using muscle energy and counterstrain techniques; right glenohumeral joint and pelvis are treated with articular technique; lumbar, thoracic, cervical and right ankle are treated with passive thrust (HVLA) technique; costal dysfunctions are treated using muscle energy technique. Patient position is changed as necessary for treatment of the individual somatic dysfunctions. Patient feedback and palpatory changes guide selection of further technique application as appropriate.</p> <p>Description of Post-Service Work:</p> <p>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</p>

<p>99211: Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.</p> <p>Description of Pre-Service Work:</p> <ul style="list-style-type: none"> o None <p>Description of Intra-Service Work:</p> <ul style="list-style-type: none"> o Provide supervision to the clinical staff, review any data of concern, answer any questions which arise and provide guidance to the clinical staff as necessary <p>Description of Post-Service Work:</p> <ul style="list-style-type: none"> o Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management related to this office visit o Receive and respond to any interval testing results or correspondence o Revise treatment plan(s) and communicate with patient, as necessary 	
<p>99212: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.</p> <p>Description of Pre-Service Work:</p> <ul style="list-style-type: none"> o Review the medical history form completed by the patient and vital signs obtained by clinical staff <p>Intra-Service Description:</p> <ul style="list-style-type: none"> o Obtain a problem focused history (including response to treatment at last visit and reviewing interval correspondence or medical records received)* o Perform a problem focused examination* o Consider relevant data, options, and risks and formulate a diagnosis and develop a treatment plan (straightforward medical decision making)* o Discuss diagnosis and treatment options with the patient o Address the preventive health care needs of the patient o Reconcile medication(s) o Write prescription(s) o Order and arrange diagnostic testing or referral as necessary <p>Description of Intra-Service Work:</p> <ul style="list-style-type: none"> Obtain a problem focused history (including response to treatment at last visit and reviewing interval correspondence or medical records received)* Perform a problem focused examination* 	

<p>Consider relevant data, options, and risks and formulate a diagnosis and develop a treatment plan (straightforward 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</p> <p>Description of Post-Service Work:</p> <ul style="list-style-type: none"> o Complete the medical record documentation o Handle (with the help of clinical staff) any treatment failures or adverse reactions to medications that may occur after the visit o Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management related to this office visit o Receive and respond to any interval testing results or correspondence o Revise treatment plan(s) and communicate with patient, as necessary <p>* Two of these three components required</p>	
<p>99213: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.</p> <p>Pre-Service Description: o Review the medical history form completed by the patient and vital signs obtained by clinical staff</p> <p>Description of Pre-Service Work: Review the medical history form completed by the patient and vital signs obtained by clinical staff</p> <p>Description of Intra-Service Work:</p> <ul style="list-style-type: none"> o Obtain an expanded problem focused history (including response to treatment at last visit and reviewing interval correspondence or medical records received)* o Perform an expanded problem focused examination* o Consider relevant data, options, and risks and formulate a diagnosis and develop a treatment plan (low complexity medical decision making)* o Discuss diagnosis and treatment options with the patient o Address the preventive health care needs of the patient o Reconcile medication(s) o Write prescription(s) o Order and arrange diagnostic testing or referral as necessary <p>Description of Post-Service Work:</p>	

<ul style="list-style-type: none"> o Complete the medical record documentation o Handle (with the help of clinical staff) any treatment failures or adverse reactions to medications that may occur after the visit o Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management related to this office visit o Receive and respond to any interval testing results or correspondence o Revise treatment plan(s) and communicate with patient, as necessary <p>* Two of these three components required</p>	
<p>99214: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.</p> <p>Description of Pre-Service Work:</p> <ul style="list-style-type: none"> o Review the medical history form completed by the patient and vital signs obtained by clinical staff <p>Description of Intra-Service Work:</p> <ul style="list-style-type: none"> o Obtain a detailed history (including response to treatment at last visit and reviewing interval correspondence or medical records received)* o Perform a detailed examination* o Consider relevant data, options, and risks and formulate a diagnosis and develop a treatment plan (moderate complexity medical decision making)* o Discuss diagnosis and treatment options with the patient o Address the preventive health care needs of the patient o Reconcile medication(s) o Write prescription(s) o Order and arrange diagnostic testing or referral as necessary <p>Description of Post-Service Work:</p> <ul style="list-style-type: none"> o Complete the medical record documentation o Handle (with the help of clinical staff) any treatment failures or adverse reactions to medications that may occur after the visit o Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management related to this office visit o Receive and respond to any interval testing results or correspondence o Revise treatment plan(s) and communicate with patient, as necessary <p>* Two of these three components required</p>	

99215: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

Description of Pre-Service Work:

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

Description of Intra-Service Work:

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

Description of Post-Service Work:

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

*** Two of these three components required**