

Medical Policy: Osteopathic Manipulative Management Policy

[Policy Number]

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2/8/18; 2/14/19; 2/13/20

Osteopathic Manipulative Management Policy

Osteopathic manipulative medicine (OMM) is a physician-directed approach to patient care that incorporates diagnostic and therapeutic strategies to address body unity issues, enhance homeostatic mechanisms, and maximize structure-function interrelationships. OMM may be provided by the VCHCP as one (1) treatment method to treat a member with chronic pain problems.

Referrals for Osteopathic Manipulative Medicine (OMM) must be approved by the VCHCP.

Requirements for approval:

- 1. The member must have a chronic pain issue (1 1/2 months or longer) and
- 2. The member must have been tried on other pain treatments for at least 6 weeks before being eligible for OMM. (NSAIDS, narcotic pain medications, muscle relaxers, or a course of physical therapy) and
- 3. The treatment will be provided in a clinic with a formal OMM program and services will be provided by an Osteopathic Physician trained in OMM) OR
- 4. Acute treatment is provided by a Primary Care Provider who is an Osteopathic Physician trained in OMM and documentation is submitted indicating the need for OMM on an acute basis.

If the VCHCP considers the request medically necessary approvals will include a total of 3 visits as follows:

- 1. One (1) visit to include an initial evaluation by the osteopathic provider with an evaluation and management code of 99203 or 99204 if a new patient or 99213 or 99214 if an existing patient. In addition, a treatment code for OMM between 98925 and 98929 depending on the parts of the body treated.
- 2. Two (2) follow-up visits for treatment and compensated with treatment codes between 98925 and 98929.

Any additional treatments or need for evaluation would require a re-review and approval by the Health Plan.

The VCHCP does not consider it appropriate that a member receive two (2) types of manipulative therapy simultaneously. Therefore, the VCHCP will not approve OMM and physical therapy to be provided at the same time.



A. Attachments: None

B. History:

Reviewed/ Updates: Albert Reeves, MD; Date: July 24, 2013 Committee Review: UM: August 8, 2013; QAC: August 27, 2013

Reviewed/No Updates: Catherine Sanders, MD

Committee Review: UM: February 13, 2014; QAC: February 25, 2014

Reviewed/No Updates: Catherine Sanders, MD

Committee Review: UM: February 12, 2015; QAC: February 24, 2015

Reviewed/No Updates by: Faustine Dela Cruz, RN & Catherine Sanders, MD

Committee Review: UM: February 11, 2016; QAC: February 23, 2016 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD Committee Review: UM: February 9, 2017; QAC: February 28, 2017 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD Committee Review: UM: February 8, 2018; QAC: February 27, 2018 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD Committee Review: UM: February 14, 2019; QAC: February 26, 2019

Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD Committee Review: UM: February 13, 2020; QAC: February 25, 2020

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	Yes	Catherine Sanders, MD; Robert Sterling, MD	Annual Review; allows for acute visits in certain situations
2/8/18	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/14/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/13/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review