



519.11 OSTEOPATHIC MANIPULATIVE TREATMENT (OMT) SERVICES

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519.11 OSTEOPATHIC MANIPULATIVE TREATMENT (OMT) SERVICES

BACKGROUND

West Virginia Medicaid covers osteopathic manipulative treatment (OMT) involving one or more body regions. Body regions are head, cervical, thoracic, lumbar, sacral, pelvic, lower, and upper extremities, rib cage, abdomen, and viscera.

POLICY

Medicaid coverage is limited to a <u>combined</u> total of 40 visits of osteopathic manipulative treatments in a calendar year. Prior authorization is required when service limits are exceeded.

Only one OMT code may be reimbursed per day. Submitting any additional OMT code in the same day will result in one of the codes being denied/rejected.

- When treating body regions, use the code for the total number of regions treated. For example, a claim for OMT for cervical, thoracic, and lumbar regions must be submitted using a single code for 3-4 body regions.
- When treating a second set of body regions (for example, on the same day as the treatment described in the previous bullet) the claim must be submitted using a single code for the total number of body regions treated. The provider should <u>not</u> submit two separate claims. In this example, if the practitioner manipulated three additional body regions, one claim should be submitted for 5-6 body regions, rather than bill 3-4 body regions twice.

An additional claim for reimbursement for evaluation and management (E & M) services may be submitted on the same day as OMT if the service is significant and separately identifiable from the OMT, and the appropriate modifier is used.

GLOSSARY

Definitions in <u>Chapter 200, Definitions and Acronyms</u> apply to all West Virginia Medicaid services, including those covered by this chapter.

CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
Entire Chapter	Osteopathic Manipulative Treatment (OMT) Services		January 15, 2016

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