Letter to the Editor OMT Billing: Does It Need an "Adjustment"?

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SPECIAL COMMUNICATION

As a resident, I am afforded some flexibility in the time that I can spend with a patient in clinic and I really enjoy the benefits conferred by OMT. My patients love it too. I recently saw a patient for a plantar fasciitis and spent 40 minutes working on just the lower extremities and innominate bones. This landed me at the lowest level of billing for OMT, a 98925 or 1-2 region of OMT.

I can easily do a 10-region treatment in less time as I often find other problems contributing to a patient's complaint. This patient needed her lower extremities and innominate bones worked on exclusively at this visit with multiple somatic dysfunctions localized to these two regions.

So, I spent the same amount of time adjusting two regions that I could easily adjusted ten regions and received the lowest OMT reimbursement possible. The billing system that regards reimbursement as a function of "regions treated" does not paint the full picture of the time and effort put into a patient's actual treatment.

So, what are we to do?

I believe that our OMT procedure coding should also have an alternate that can be billed aside from regions. Our 99213 code can be billed on complexity or time, so I believe the easiest alternative would likely be time as we could just document "x amount of time spent treating....".

We would then be able to bill based on the time involved in treatment that may only involve 1-2 regions, but was significantly more involved than a quick HVLA that will allow billing the same amount for much less in-depth treatment. As the way that we bill is set to be overhauled in 2021, this would be the perfect time to push for a change in OMT billing as well. Accountants, financial planners, and attorneys are appropriately reimbursed for their time, and so should we as physicians.

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Disclosures: none reported.

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