How Does OMM work in Practice?
Easy as 1, 2, 3...

KELLEY JOY, DO
DEXTER DALE, OMSIV
<table>
<thead>
<tr>
<th>ICD-10</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>M99.00 – Cranial somatic</td>
<td>98925 – 1-2 body regions</td>
</tr>
<tr>
<td>dysfunction</td>
<td></td>
</tr>
<tr>
<td>M99.01 – Cervical somatic</td>
<td>98926 – 3-4 body regions</td>
</tr>
<tr>
<td>dysfunction</td>
<td></td>
</tr>
<tr>
<td>M99.02 – Thoracic somatic</td>
<td>98927 – 5-6 body regions</td>
</tr>
<tr>
<td>dysfunction</td>
<td></td>
</tr>
<tr>
<td>M99.03 – Lumbar somatic</td>
<td>98928 – 7-8 body regions</td>
</tr>
<tr>
<td>dysfunction</td>
<td></td>
</tr>
<tr>
<td>M99.04 – Sacral somatic</td>
<td>98929 – 9-10 body regions</td>
</tr>
<tr>
<td>dysfunction</td>
<td></td>
</tr>
<tr>
<td>M99.05 – Pelvis somatic</td>
<td></td>
</tr>
<tr>
<td>dysfunction</td>
<td></td>
</tr>
<tr>
<td>M99.05 – Lower Extremity</td>
<td></td>
</tr>
<tr>
<td>dysfunction</td>
<td></td>
</tr>
<tr>
<td>M99.07 – Upper Extremity</td>
<td></td>
</tr>
<tr>
<td>dysfunction</td>
<td></td>
</tr>
<tr>
<td>M99.08 – Rib somatic</td>
<td></td>
</tr>
<tr>
<td>dysfunction</td>
<td></td>
</tr>
<tr>
<td>M99.09 – Abdomen/Other</td>
<td></td>
</tr>
<tr>
<td>dysfunction</td>
<td></td>
</tr>
</tbody>
</table>
# Office Visit reimbursement
## Medicare - Kansas

<table>
<thead>
<tr>
<th>CPT</th>
<th>Reimbursement - Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211 – Outpatient office visit</td>
<td>$21.48</td>
</tr>
<tr>
<td>99212 – Outpatient office visit</td>
<td>$42.81</td>
</tr>
<tr>
<td>99213 – Outpatient office visit</td>
<td>$70.98</td>
</tr>
<tr>
<td>99214 – Outpatient office visit</td>
<td>$104.21</td>
</tr>
<tr>
<td>99215 – Outpatient office visit</td>
<td>$139.78</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT</th>
<th>Reimbursement - Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>98925 – 1-2 body regions</td>
<td>$30.38</td>
</tr>
<tr>
<td>98926 – 3-4 body regions</td>
<td>$43.88</td>
</tr>
<tr>
<td>98927 – 5-6 body regions</td>
<td>$57.70</td>
</tr>
<tr>
<td>98928 – 7-8 body regions</td>
<td>$70.22</td>
</tr>
<tr>
<td>98929 – 9-10 body regions</td>
<td>$84.05</td>
</tr>
</tbody>
</table>

Modifier – 25

2 CPT Codes – requires a modifier

Modifier for adding OMT CPT code to an office visit
CPT Code is -25

\[ 99213 + 98926 = \text{nothing} \]

\[ 99213 + 98926 + 25 = \text{Reimbursement} \]
Why 3 techniques?

Time efficiency
- Usually adds no more than 3 minutes to the office visit

Financial efficiency
- Increases reimbursement by 61.8%

Addresses body regions affected by visceral disease
- Sympathetic
- Parasympathetic
- Lymphatic
Upper Respiratory

PARASYMPATHETIC INNERVATION: CRANIAL NERVES III, VII, IX, X
SYMPATHETIC INNERVATION: T1-4
Patient complains of sinus congestion and sore throat for two days.
HEENT
Thoracic inlet release

Position
- Pt supine with physician seated at head of table
- OR pt seated with physician standing behind pt

Hand placement
- Hands palms down over shoulders, at cervicothoracic junction
- Thumbs over posterior first rib, index fingers superior to clavicles at SC joints, middle fingers inferior to clavicles at SC joints

Technique
- Assess for motion: flexion/extension, rotation, sidebending
- Apply principles of direct or indirect myofascial release
- +/- release enhancing mechanisms
Suboccipital release

Facing patient:
- Physician stands in front of patient, placing the lateral aspect of the first digit just below the occiput, stabilizing the head anteriorly with the thumb under the maxilla.
- Gently lift the head toward the ceiling to allow for relaxation.
- Hold for 30 seconds or until relaxation.

Behind patient:
- Physician stands behind patient placing the pads of the thumbs just below the occiput, stabilizing the head with the lateral first digit on the maxilla (not the mandible).
- Gently lift the head toward the ceiling to allow for relaxation.
- Hold for 30 seconds or until relaxation.
Auricular Drainage

Position
- Patient seated, physician in front of patient

Hand placement
- Using one hand, place 3\textsuperscript{rd} and 4\textsuperscript{th} fingers in front of and behind ear, respectively
- Use opposite hand to stabilize patient’s head

Technique
- Apply a clockwise & a counterclockwise motion
- Continue for 30 seconds-2 minutes

http://www.tagesspiegel.de/images/heprodimagesfotos88120140620spockgruesst-jpg/10070252/4-format43.jpg
SOAP note/Billing

S: Patient complains of sinus congestion and sore throat for two days.


A: 1. URI
   2. Somatic Dysfunction: Cranium(M99.00), thoracic (M99.02), other (lymphatic M99.09)

P: 1. Usual plan for URI
   2. OMT – 3 body regions (98926)
   3. Recheck PRN
<table>
<thead>
<tr>
<th>INDICATIONS</th>
<th>CONTRAINDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal/Sinus congestion</td>
<td>Metastatic cancer??</td>
</tr>
<tr>
<td>Sinus headache</td>
<td>Local fractures</td>
</tr>
<tr>
<td>Pharyngitis</td>
<td>Open wounds</td>
</tr>
<tr>
<td>Tonsillitis</td>
<td></td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td></td>
</tr>
</tbody>
</table>
Neck pain
Patient complains of neck pain for the past couple of days due to “sleeping on it wrong” over the weekend. She states it is getting better, but is still annoying. Denies radiation to the upper extremities, numbness or tingling.
Suboccipital release

Facing patient:
- Physician stands in front of patient, placing the lateral aspect of the first digit just below the occiput, stabilizing the head anteriorly with the thumb under the maxilla.
- Gently lift the head toward the ceiling to allow for relaxation.
- Hold for 30 seconds or until relaxation.

Behind patient:
- Physician stands behind patient placing the medial aspect of the thumbs just below the occiput, stabilizing the head with the lateral first digit.
- Gently lift the head toward the ceiling to allow for relaxation.
- Hold for 30 seconds or until relaxation.
Cervical Muscle Energy Magic!

1. Note direction of restriction of motion.
2. Gently place patient at restrictive barrier.
3. Have patient push gently for 3-5 seconds then completely relax.
4. After relaxation, move the patient to the new restrictive barrier.
5. Repeat steps 3-4 for 3-5 repetitions.
6. Recheck for improvement in motion, tenderness, pain.
Upper Thoracic Articulation

1. Patient seated with physician standing behind
2. Physician places foot on the table opposite the dysfunction and patient drapes their arm over physician’s knee
3. Physician contacts the upper thoracic region with one hand and top of the patient’s head with the other
4. Physician engages the barrier by sidebending the head toward the hand engaging the upper thoracic region.
5. Repeat until increased motion elicited.
SOAP note/Billing

S: Patient complains of neck pain for the past couple of days due to “sleeping on it wrong” over the weekend. She states it is getting better, but is still annoying. Denies radiation to the upper extremities, numbness or tingling.

O: VSS. Muscle tension and tenderness in cervical region, decreased ROM in right rotation and right sidebending. Muscle tightness extends into the upper thoracic region.

A: 1. Neck pain
   2. Somatic Dysfunction: Cranium(M99.00), cervical (M99.01), thoracic (M99.02)

P: 1. Usual plan for Neck pain
   2. OMT – 3 body regions (98926)
   3. Recheck PRN
<table>
<thead>
<tr>
<th>INDICATIONS</th>
<th>CONTRAINDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscle tension</td>
<td>Cervical fracture</td>
</tr>
<tr>
<td>Tension headaches</td>
<td>Open wounds</td>
</tr>
<tr>
<td>Thoracic outlet syndrome</td>
<td>Metastatic disease??</td>
</tr>
</tbody>
</table>
Lower Respiratory

PARASYMPATHETIC INNERVATION: VAGUS
SYMPATHETIC INNERVATION: T1-7
Patient complains of cough for the past several days with intermittent fever and chills.
Suboccipital release

**Facing patient:**
- Physician stands in front of patient, placing the lateral aspect of the first digit just below the occiput, stabilizing the head anteriorly with the thumb under the maxilla.
- Gently lift the head toward the ceiling to allow for relaxation.
- Hold for 30 seconds or until relaxation.

**Behind patient:**
- Physician stands behind patient placing the medial aspect of the thumbs just below the occiput, stabilizing the head with the lateral first digit.
- Gently lift the head toward the ceiling to allow for relaxation.
- Hold for 30 seconds or until relaxation.
Thoracic inlet release

Position
- Pt supine with physician seated at head of table
- OR pt seated with physician standing behind pt

Hand placement
- Hands palms down over shoulders, at cervicothoracic junction
- Thumbs over posterior first rib, index fingers superior to clavicles at SC joints, middle fingers inferior to clavicles at SC joints

Technique
- Assess for motion: flexion/extension, rotation, sidebending
- Apply principles of direct or indirect myofascial release
- +/- release enhancing mechanisms
Seated Rib Raising

Position
- Pt seated with arms crossed, physician standing facing patient
- Pt crosses arms and leans forward toward physician

Hand placement
- Grasp bilateral posterior/inferior rib angles (lateral to transverse processes)

Technique
- Starting with Rib 12, pull superiorly and toward the physician. Continue up ribs.
SOAP note/Billing

S: Patient complains of cough for the past several days with intermittent fever and chills.

O: VSS. Muscle tightness and tenderness throughout the thoracic and rib regions, with decreased motion of the ribs on the right. HRRR, lungs coarse breath sounds bilaterally

A: 1. Bronchitis
    2. Somatic Dysfunction: Cranium (M99.00), cervical (M99.01), rib (M99.02)

P: 1. Usual plan for Neck pain
    2. OMT – 3 body regions (98926)
    3. Recheck PRN
<table>
<thead>
<tr>
<th><strong>INDICATIONS</strong></th>
<th><strong>CONTRAINDICATIONS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchitis</td>
<td>Unstable patient</td>
</tr>
<tr>
<td>Asthma</td>
<td>Open wounds</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>Metastatic disease??</td>
</tr>
</tbody>
</table>
Lower Back Pain
Patient complains of low back pain. He relates he was recently picking up a heavy object when he twisted and felt pain in his back. He denies radiation to the lower extremities, numbness, or tingling.
Thoracic FPR
(Facilitated Positional Release)

1. **Neutralize Sagittal Curve:** Monitor segment and instruct patient to extend spine to straighten kyphotic curve

2. **Activating Force:** Add compression of $\leq 1$ lb localized to the segment

3. **Indirect Positioning:** Triplanar indirect positioning (T7 ER$_{RSR}$)

4. **Hold for 3-5 seconds**

5. Return to Neutral

6. Reassess 2-4 TART findings
Lumbar Muscle Energy Magic!

1. Note direction of restriction of motion.
2. Gently place patient at restrictive barrier.
3. Have patient push gently for 3-5 seconds then completely relax.
4. After relaxation, move the patient to the new restrictive barrier.
5. Repeat steps 3-4 for 3-5 repetitions.
6. Recheck for improvement in motion, tenderness, pain.
Seated Rib Raising

Position
- Pt seated with arms crossed, physician standing facing patient
- Pt crosses arms and leans forward toward physician

Hand placement
- Grasp bilateral posterior/inferior rib angles (lateral to transverse processes)

Technique
- Starting with Rib 12, pull superiorly and toward the physician. Continue up ribs.
S: Patient complains of low back pain. He relates he was recently picking up a heavy object when he twisted and felt pain in his back. He denies radiation to the lower extremities, numbness, or tingling.

O: VSS. LE DTRs 2/4, muscle strengths 5/5. Muscle tightness and tenderness throughout the lumbar spine region, extending into the thoracic and lower rib regions. Rotation to the right noted in neutral. HRRR, lungs CTAB

A: 1. Low back pain
   2. Somatic Dysfunction: Thoracic(M99.02), lumbar (M99.03), rib (M99.08)

P: 1. Usual plan for Low back pain
   2. OMT – 3 body regions (98926)
   3. Recheck PRN
<table>
<thead>
<tr>
<th>INDICATIONS</th>
<th>CONTRAINDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low back pain</td>
<td>Lumbar fracture</td>
</tr>
<tr>
<td>Stable herniated disc</td>
<td>Open wounds</td>
</tr>
<tr>
<td>Piriformis syndrome</td>
<td>Metastatic disease</td>
</tr>
<tr>
<td>Short leg syndrome</td>
<td>Cauda Equina Syndrome</td>
</tr>
</tbody>
</table>
Upper GI

PARASYMPATHETIC INNERVATION: VAGUS
SYMPATHETIC INNERVATION: T5-9
Patient complains of upper abdominal pain. She relates the pain is in the right upper quadrant and occurs mainly when eating fried or spicy foods.
Still Technique: Lower Thoracics (T5-9), Seated Dx: T5-9 NR₉R₉S₉L

**Initial Positioning:** Monitor at T7, then add rotation **right** and sidebending **left**
- Monitor at TP for tissue texture normalization

**Localizing Force:** compression through shoulders to the segment

**Activating Force:** Move T7 through restrictive barrier through shoulder contact *(NR₉S₉R₉)* while maintaining compression

**Final Positioning:** attained anatomic barrier

*Return to neutral & retest*
Chapman’s Reflexes

- **Esophagus**
  - Between rib 2 & 3 parasternally

- **Stomach - LEFT**
  - Between Rib 5/6 and 6/7 at costochondral junction

- **Liver - RIGHT**
  - Between Rib 5/6 and 6/7 at costochondral junction

- **Pancreas - RIGHT**
  - Between Ribs 6&7 @ costochondral jxn

- **Small intestines**
  - Between Ribs 8/9, 9/10, and 10/11 bilat @costochondral jxn
Suboccipital release

**Facing patient:**
- Physician stands in front of patient, placing the lateral aspect of the first digit just below the occiput, stabilizing the head anteriorly with the thumb under the maxilla.
- Gently lift the head toward the ceiling to allow for relaxation.
- Hold for 30 seconds or until relaxation.

**Behind patient:**
- Physician stands behind patient placing the medial aspect of the thumbs just below the occiput, stabilizing the head with the lateral first digit.
- Gently lift the head toward the ceiling to allow for relaxation.
- Hold for 30 seconds or until relaxation.
 SOAP note/Billing

S: Patient complains of upper abdominal pain. She relates the pain is in the right upper quadrant and occurs mainly when eating fried or spicy foods.

O: VSS. HRRR, lungs CTAB. Abdomen soft, tender in RUQ. + Murphy sign. Chapman’s Reflex at Rib 5/6 interspace anteriorly, lateral to spinous process of T6 posteriorly. TART findings at T5-9, rotated right in neutral. Suboccipital muscle tension.

A: 1. Cholelithiasis vs. cholecystitis
   2. Somatic Dysfunction: Thoracic (M99.02), cervical (M99.01), other (M99.09)

P: 1. Ultrasound of gallbladder
   2. OMT – 3 body regions (98926)
   3. Recheck PRN
<table>
<thead>
<tr>
<th>INDICATIONS</th>
<th>CONTRAINDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>GERD</td>
<td>Unstable patient</td>
</tr>
<tr>
<td>Ulcer (stable)</td>
<td>Bleeding ulcer</td>
</tr>
<tr>
<td>Cholelithiasis</td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
</tr>
</tbody>
</table>
Lower GI

PARASYMPATHETIC – VAGUS TO THE SPLENIC FLEXURE, S2-4 - THE REST
SYMPATHETIC – T10-L2
Patient complains of lower abdominal cramping. She relates this has been going on for a couple of days, worsening. Her last bowel movement was four days ago.
Lumbar Muscle Energy:
Lateral Recumbent

1. Patient is lateral recumbent.
2. The top leg is bent approximately 45 degrees (may be localized, if needed), and the bottom leg is straightened.
3. The top shoulder leans back toward the table, and the bottom arm is pulled rotationally. The patient then grasps the wrist.
4. The patient is stabilized at the top axilla and the top knee.
5. Patient is instructed to push the knee toward the ceiling for 3-5 seconds.
6. Repeat 3-5 times.
7. Consider repeat on the opposite side.
Chapman’s GI Reflexes

Large Intestines - Transverse processes of L2, 3, 4
Sacral Rock

1. Patient is prone.

2. Physician places one hand with the palm over the sacrum, then places the other hand over it.

3. While the patient breathes, the physician accentuates the movement of the sacrum:
   - Inhalation – sacral base moves posteriorly
   - Exhalation – sacral base moves anteriorly

4. Continue for 30-60 seconds.
SOAP note/Billing

S: Patient complains of lower abdominal cramping. She relates this has been going on for a couple of days, worsening. Her last bowel movement was four days ago.

O: VSS. HRRR, lungs CTAB. Abdomen soft, tender diffusely. No rebound or guarding. Chapman’s Reflex at transverse processes of L2-4 on the left and along the left ITB. TART findings at T10-L2, rotated right in neutral. Decreased sacral movement.

A: 1. Constipation vs. diverticulitis
   2. Somatic Dysfunction: Thoracic (M99.02), lumbar (M99.03), sacrum (M99.04)

P: 1. Laxative, suppository, enema
   2. OMT – 3 body regions (98926)
   3. Recheck PRN if not improved.
<table>
<thead>
<tr>
<th>INDICATIONS</th>
<th>CONTRAINDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constipation</td>
<td>Unstable patient</td>
</tr>
<tr>
<td>Diverticulosis</td>
<td>??Rectal bleeding</td>
</tr>
<tr>
<td></td>
<td>Metastatic Cancer</td>
</tr>
</tbody>
</table>
Genitourinary

PARASYMPATHETIC – UPPER ½ OF URETER – VAGUS, ALL ELSE – SACRUM
SYMPATHETIC – T10–L2
Patient complains of urinary urgency, frequency, and burning. She may have noticed some blood in her urine. Symptoms have progressed for a couple of days, worsening.
Chapman’s Reflexes

Anterior

Kidneys
Bladder
Prostate

Posterior

Kidneys
Ureters
Bladder
Prostate
Seminal Vesicles
Lumbar Muscle Energy: Lateral Recumbent

1. Patient is lateral recumbent.
2. The top leg is bent approximately 45 degrees (may be localized, if needed), and the bottom leg is straightened.
3. The top shoulder leans back toward the table, and the bottom arm is pulled rotationally. The patient then grasps the wrist.
4. The patient is stabilized at the top axilla and the top knee.
5. Patient is instructed to push the knee toward the ceiling for 3-5 seconds.
6. Repeat 3-5 times.
7. Consider repeat on the opposite side.
1. Patient is prone.

2. Physician places one hand with the palm over the sacrum, then places the other hand over it.

3. While the patient breathes, the physician accentuates the movement of the sacrum:
   - Inhalation – sacral base moves posteriorly
   - Exhalation – sacral base moves anteriorly

4. Continue for 30-60 seconds.
SOAP note/Billing

S: Patient complains of urinary urgency, frequency, and burning. She may have noticed some blood in her urine. Symptoms have progressed for a couple of days, worsening.

O: VSS. HRRR, lungs CTAB. Abdomen soft, suprapubic tenderness. Chapman’s Reflex at the umbilicus and transverse process of L2. TART findings at T10-L2, rotated right in neutral. Decreased sacral movement. UA – positive nitrites and leukocytes.

A: 1. UTI
2. Somatic Dysfunction: Thoracic(M99.02), lumbar (M99.03), sacrum (M99.04)

P: 1. Bactrim DS BID x 7 days.
2. OMT – 3 body regions (98926)
3. Recheck PRN if not improved.
<table>
<thead>
<tr>
<th>INDICATIONS</th>
<th>CONTRAINDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cystitis (Interstitial or infectious)</td>
<td>Unstable patient</td>
</tr>
<tr>
<td>Kidney stone</td>
<td>Metastatic Cancer</td>
</tr>
<tr>
<td>Dysmenorrhea</td>
<td></td>
</tr>
</tbody>
</table>