

OMM - Thoracic Somatic Dysfunction

Antonios Tsompanidis, D.O. FACOFP

Chief Academic Officer

Director of Medical Education-CarePoint Health

Bayonne Medical Center & Christ Hospital

Family Medicine Residency Program Director-Christ Hospital

A few words about OMM....

- A. T. Still, M.D. D.O.
- His “Moment of Clarity” came on **June 22, 1874**
- **Osteopathy is that science** which consists of such exact, exhaustive, and verifiable knowledge of the **structure and functions of the human mechanism, anatomical, physiological,** and psychological, including the chemistry and physics of its known elements, as has made discoverable certain organic laws and remedial resources, **within the body itself**, by which nature under the scientific treatment peculiar to osteopathic practice, apart from all ordinary methods of extraneous, artificial, or medicinal stimulation, and in harmonious accord with its own mechanical principles, molecular activities, and metabolic processes, **may recover** from displacements, disorganizations, derangements, and consequent disease, and **regain its normal equilibrium of form and function in health and strength**



A. T. Still.

Osteopathy is
a science which consists
of such exact exhaustive and
verifiable knowledge of the structure
& functions of the human mechanism
as anatomy, physiology, including
the chemistry & physics of its known
elements as to make discoverable
certain organic laws & remedial
resources within the body itself by
which nature under scientific treatment
peculiar to osteopathic practice apart
from all ordinary methods of
extraneous, artificial & medicinal
stimulation in harmonious accord
with its own mechanical principles
molecular activities & metabolic
processes may recover from dis-
placements, disorganizations, derange-
ments & consequent disease &
regain its normal equilibrium of
form & function in health &
strength
A. T. Still.

A few words about OMM....

- 1st class 1892- American School of Osteopathy 16 men, 5 women and a skeleton



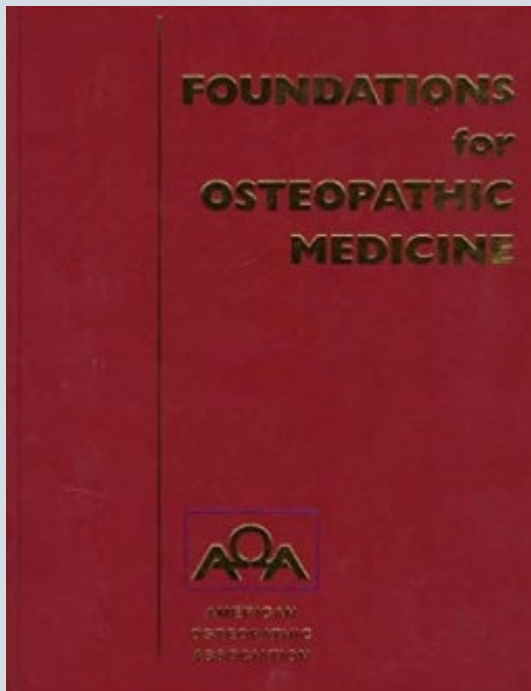
THE ORIGINAL CLASS IN OSTEOPATHY
WINTER, 1892-1893 - AMERICAN SCHOOL OF OSTEOPATHY, KIRKSVILLE, MISSOURI
Top Row—Strother, Arthur Bird, Blanche Still, Herman T. Still, Frank Polmeteev, Mrs. Gentry, Mason Peters, Jr., Dr. Hall
Second Row—Arthur G. Hildeeth, Dr. Davis, Dr. Wm. Smith, Skeleton (named Columbus), Dr. Andrew T. Still,
M. L. Ward, Millard Machen, J. O. Hatton
Third Row—Dr. Fergus Davis, Mrs. M. S. Peters, Dr. E. C. Still, Nettie H. Bolles, Fred Still, Mamie Harter



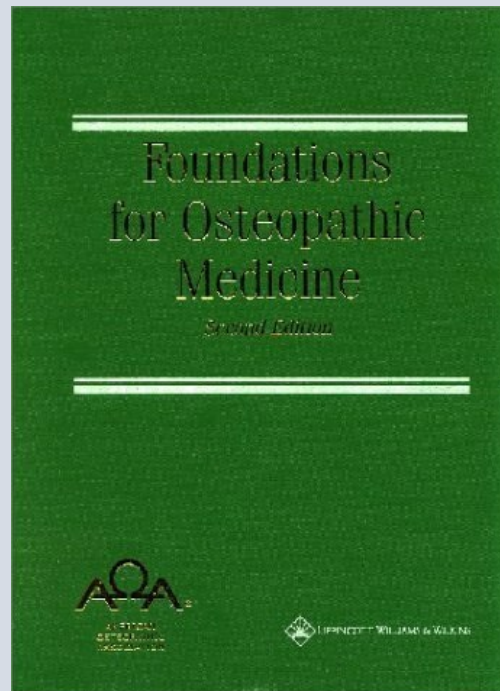
AMERICAN SCHOOL OF OSTEOPATHY, KIRKSVILLE, MO.

A few words about OMM....

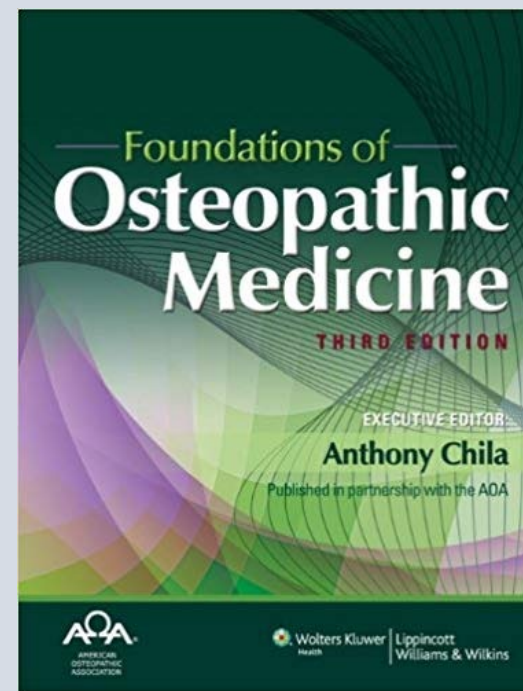
- ECOP Education Council on Osteopathic Principles 1984 “uniformity”
- AOA Foundations of Osteopathic Medicine
- The correct terminology is OMT- Osteopathic Manipulative Treatment



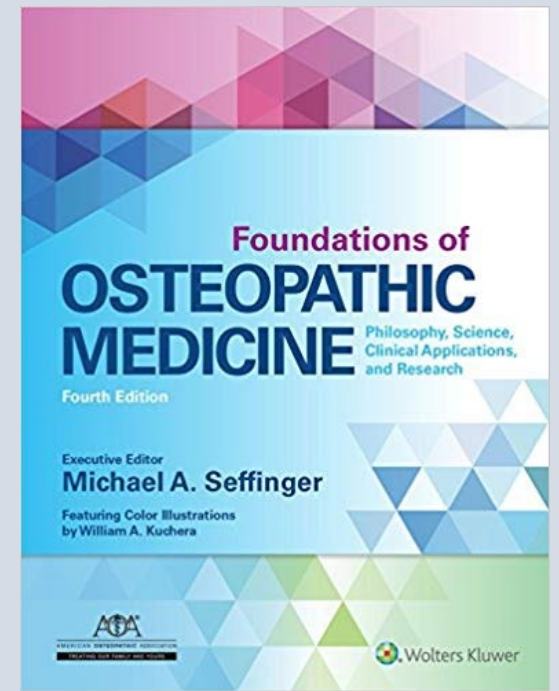
1st Ed. published 1997



2nd Ed. published 2003



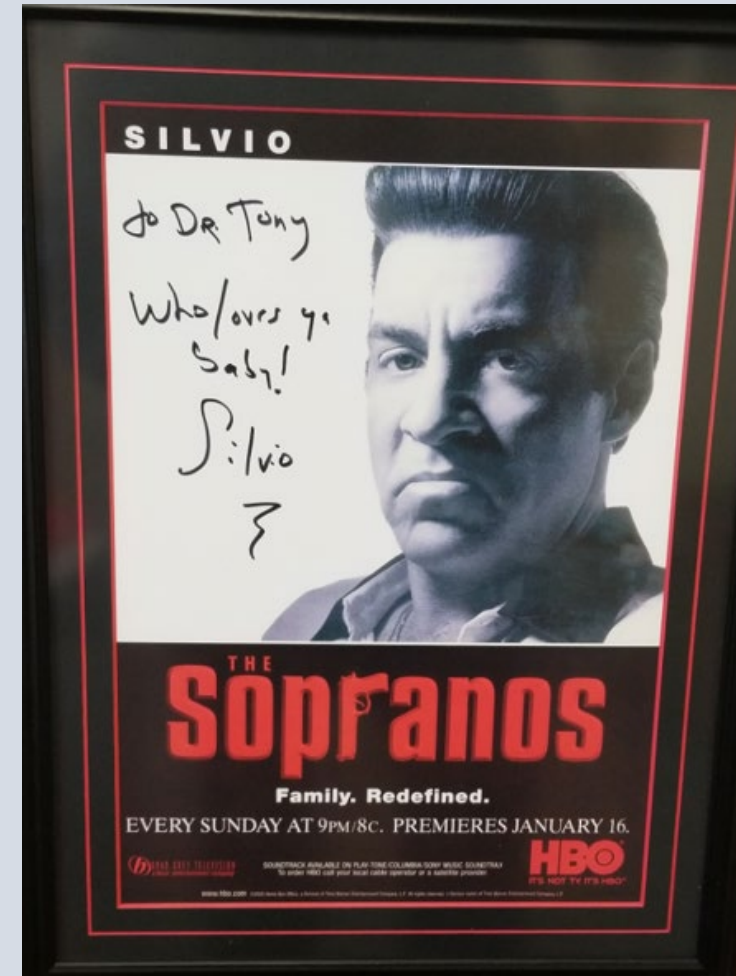
3rd Ed. published 2011



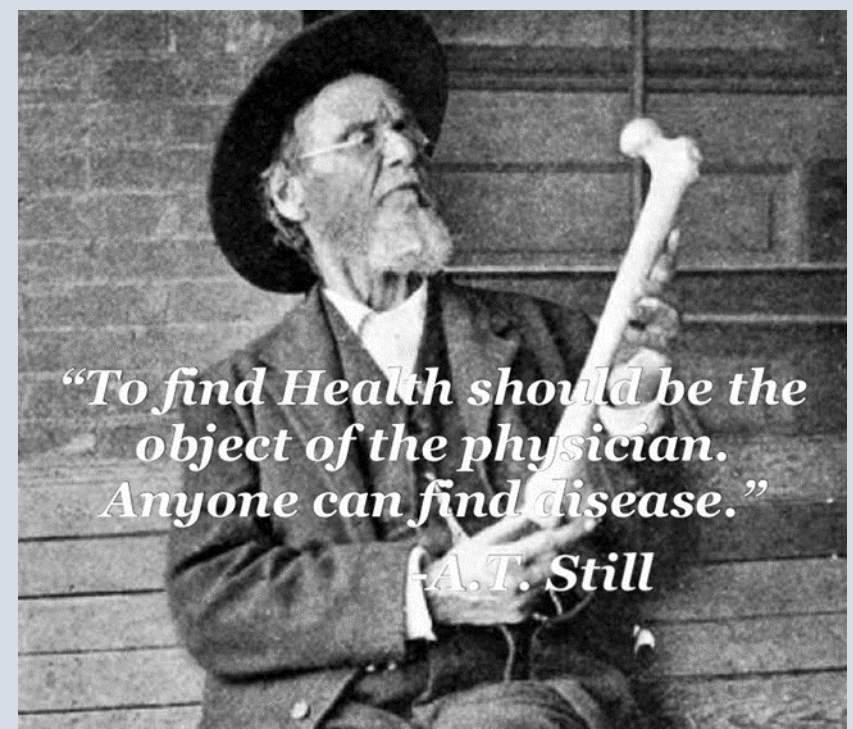
4th Ed. published 2018

A few words about OMT and me....

- Teaching at Atlantic Regional Osteopathic Convention since 1993
- Actively use OMT in the office.... Practical and when appropriate
- I use simple documentation...
- Run the OMT lectures at CarePoint Health....
- Always something to learn....



A few words about OMT....



Classical Osteopathic Philosophy

A.T. Still's fundamental concepts of osteopathy can be organized in terms of health, disease, and patient care.

Health

1. Health is a natural state of harmony.
2. The human body is a perfect machine created for health and activity.
3. A healthy state exists as long as there is normal flow of body fluids and nerve activity.

Disease

4. Disease is an effect of underlying, often multifactorial causes.
5. Illness is often caused by mechanical impediments to normal flow of body fluids and nerve activity.
6. Environmental, social, mental, and behavioral factors contribute to the etiology of disease and illness.

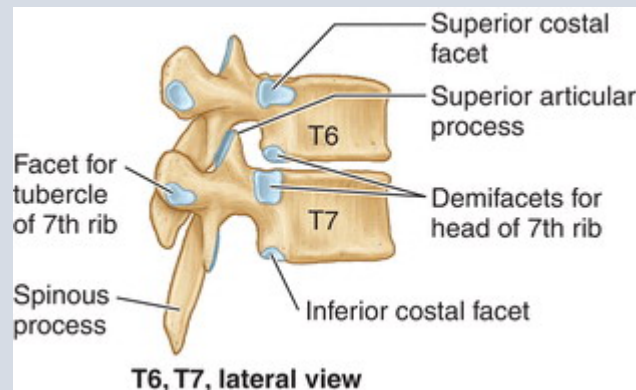
Patient Care

7. The human body provides all the chemicals necessary for the needs of its tissues and organs.
8. Removal of mechanical impediments allows optimal body fluid flow, nerve function, and restoration of health.
9. Environmental, cultural, social, mental, and behavioral factors need to be addressed as part of any management plan.
10. Any management plan should realistically meet the needs of the individual patient.

Thoracic Spine

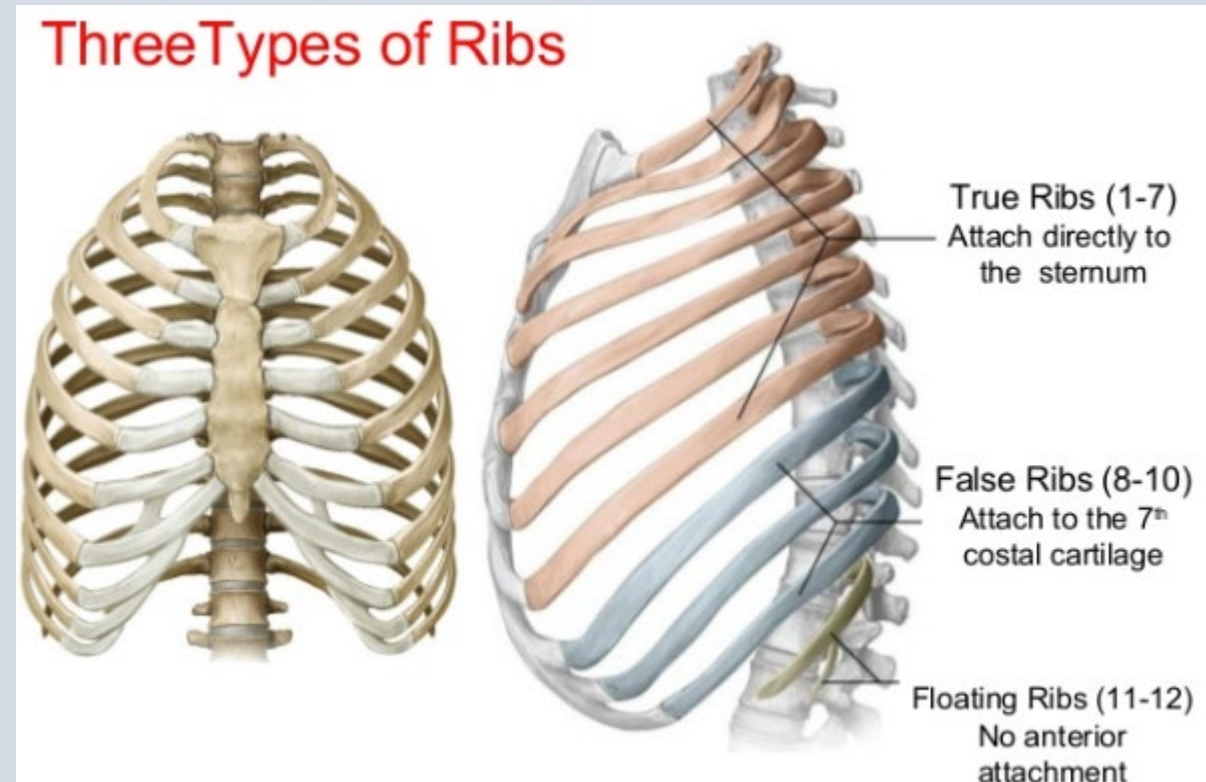
- It cannot be considered separate from the other body regions, since such dysfunction is always interdependent and it is bounded by the cervical and lumbar spine (interconnected).
- 12 Thoracic Vertebra
 - Spinous Process angles

T1-T3	Over the body of corresponding vertebra
T4-6	Over the intervertebral space below
T7-9	Over the body of the vertebra below
T10-12	Over the body of the corresponding vertebra



Thoracic Spine

- Main motion of T-spine: Rotation
 - Upper and middle thoracic: Rotation > flexion/extension > side bending
 - Lower Thoracic: flexion/ extension > side bending > rotation
- 12 Ribs: 3 types- True/False/Floating
 - **Bucket-Handle Motion** -- Characteristic rib motion, primarily of the lower ribs, that occurs during respiration. The effect is to increase the transverse diameter of the thorax during inspiration. This involves ribs 7-10
 - **Pump-Handle Rib Motion** -- Characteristic rib motion, primarily of the upper ribs, that occurs during respiration. The effect is to increase the anteroposterior diameter of the thorax during inspiration. This primarily effects ribs 1-6.
 - **Caliper motion:** Ribs 11, 12



Thoracic Spine

- The muscles of the thoracic spinal area are involved in the following:

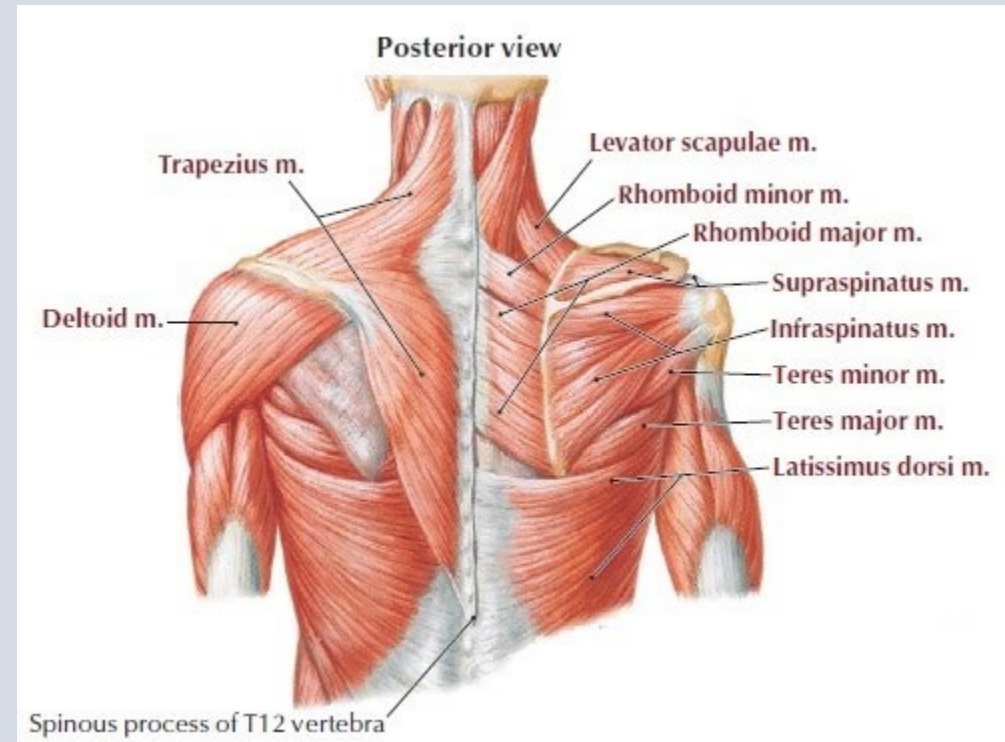
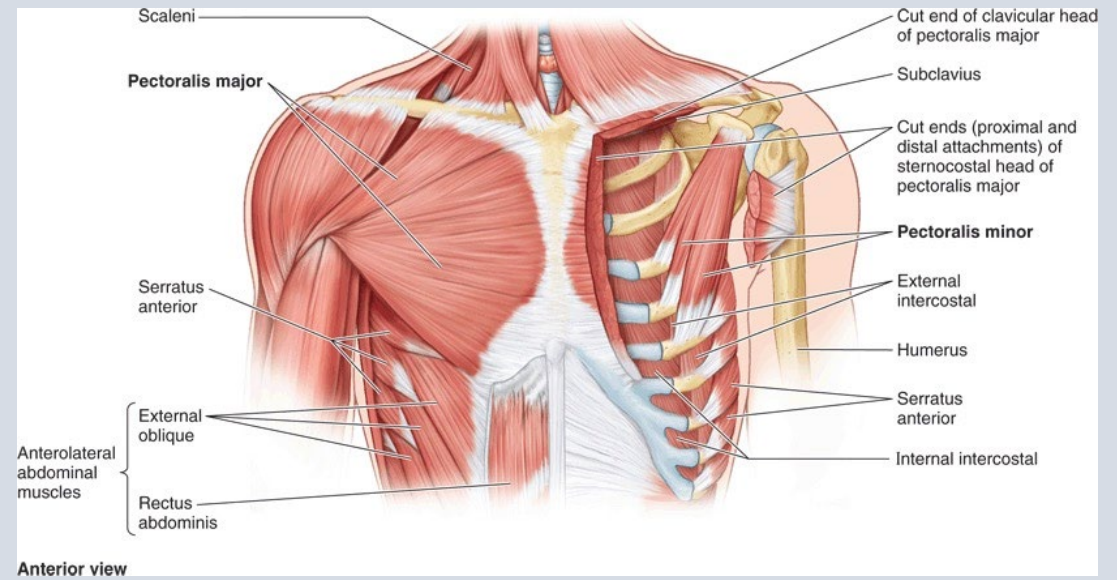
- Posture
- Head and neck control
- Locomotion
- Stabilization of the extremities
- Visceral function

Pectoralis major	Subcostals
Pectoralis minor	Transversus thoracis
Teres major	Levatores costarum
Teres minor	Splenius
Trapezius	Spinalis
Latissimus dorsi	Semispinalis
Levator scapulae	Longissimus
Rhomboid	Iliocostalis
Quadratus lumborum	Rotatores
Serratus anterior	Multifidus
Serratus posterior (superior/ inferior)	Interspinales
Intercostals	Intertransversarii
External intercostals	Diaphragm
Internal intercostals	Obliquus capitis inferior
Innermost intercostals	Subclavius

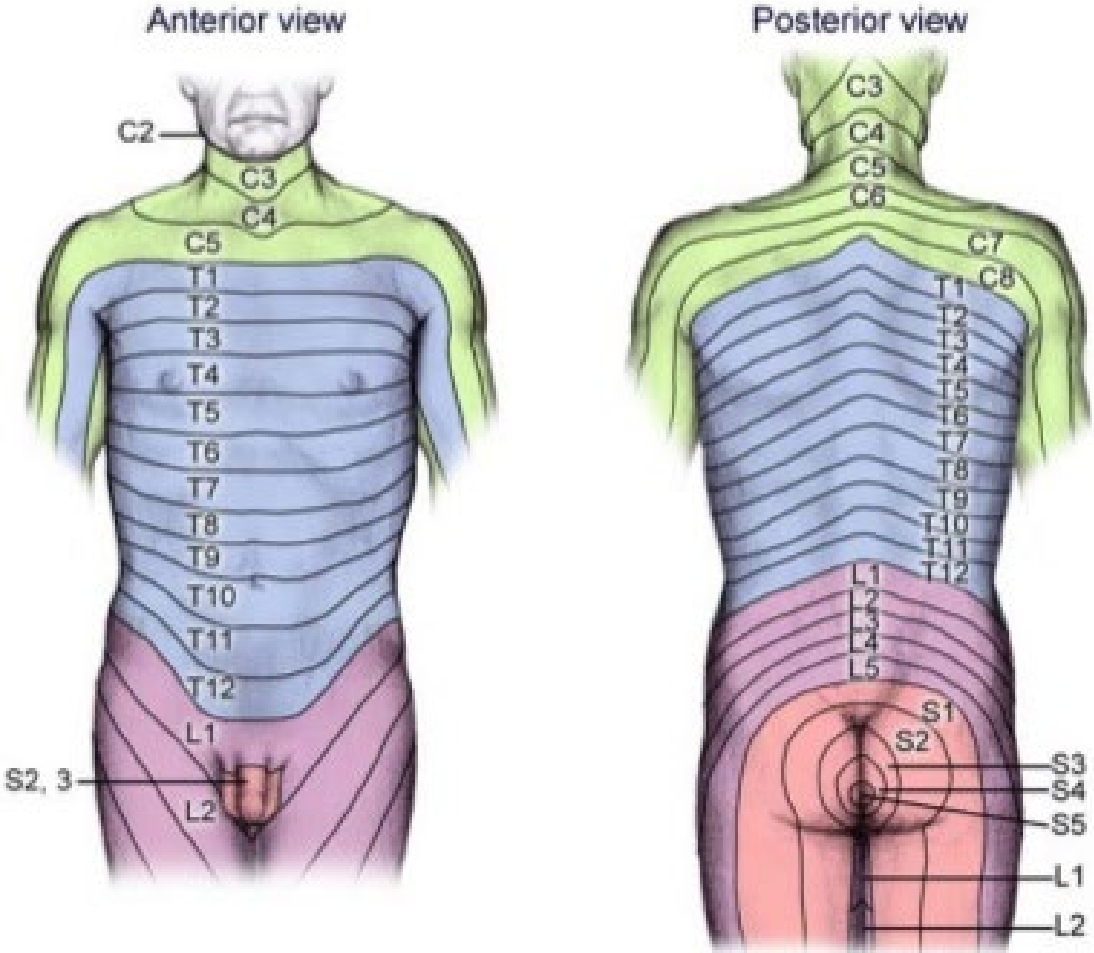
Thoracic Spine

Regional Thoracic Muscles

Pectoralis major	Subcostals
Pectoralis minor	Transversus thoracis
Teres major	Levatores costarum
Teres minor	Splenius
Trapezius	Spinalis
Latissimus dorsi	Semispinalis
Levator scapulae	Longissimus
Rhomboid	Iliocostalis
Quadratus lumborum	Rotatores
Serratus anterior	Multifidus
Serratus posterior (superior/ inferior)	Interspinales
Intercostals	Intertransversarii
External intercostals	Diaphragm
Internal intercostals	Obliquus capitis inferior
Innermost intercostals	Subclavius



Thoracic Spine



Thoracic Spine

- Sympathetics:

- T1–T4: Head and neck, with T1–T6 to the heart and lungs
- T5–T9: All upper abdominal viscera: stomach, duodenum, liver, gallbladder, pancreas, and spleen
- T10–T11: Remainder of the small intestines, kidneys, ureters, gonads, and right colon
- T12–L2: Left colon and pelvic organs

Cardiac	
myocardial	T ₁ -T ₅ left
coronary artery	C ₃ -C ₅ (sympathetic?)
Pulmonary	
lung	T ₁ -T ₄
bronchomotor reflex	T ₁ -T ₃
"asthma reflex,"	T ₂ left
bronchial mucosa reflex	T ₂ -T ₃
lung parenchyma reflex	T ₃ -T ₄
parietal pleura	T ₁ -T ₁₂
Upper G.I.	
esophagus	T ₃ -T ₆ right
stomach	T ₅ -T ₁₀ left
duodenum	T ₆ -T ₈ right
Lower G.I.	
small intestine	T ₈ -T ₁₀ bilateral
appendix and caecum	T ₉ -T ₁₂ right
ascending colon	T ₁₁ -L ₁ right
descending colon/rectum	L ₁ -L ₃ left
Pancreas	T ₅ -T ₉ right or bilateral
Liver/gallbladder	T ₅ -T ₁₀ right
phrenic nerve	C ₃ -C ₅ right
somatosomatic reflex	
Spleen	T ₇ -T ₉ left
Urinary tract	
Kidney	T ₉ -L ₁ ipsilateral
proximal ureter	T ₁₁ -L ₃ ipsilateral
distal ureter	T ₁₁ -L ₃ ipsilateral
bladder	T ₁₁ -L ₃ bilateral
Urethra:	T ₁₁ -L ₂ bilateral
Genital tract	
Fallopian tubes (and seminal vesicles)	T ₁₀ -L ₂ bilateral
external genitalia	T ₁₂ bilateral
Prostate	T ₁₀ -L ₂ bilateral
Ovaries (and testis)	T ₁₀ -T ₁₁ ipsilateral
Uterus	T ₉ -L ₂ bilateral
Adrenal glands	T ₈ -T ₁₀ ipsilateral

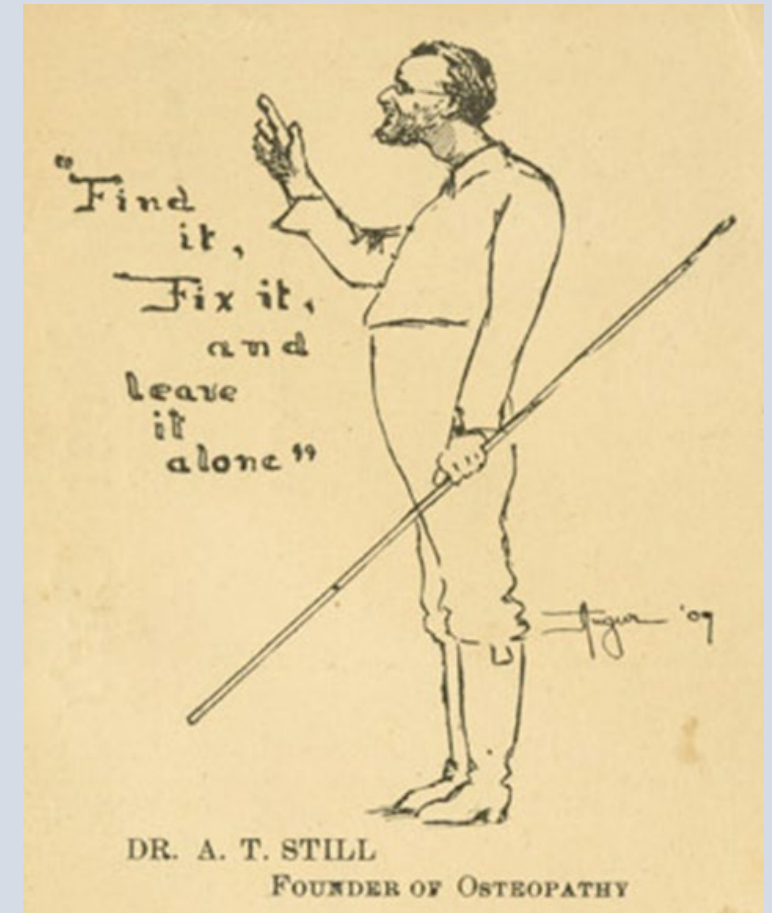
Thoracic Spine

Chapman's Points/Reflexes:

	Anterior	Posterior
Heart	2nd intercostal space (ICS), left lateral border of sternum.	
Lungs	Upper lung: 3rd ICS, just lateral to the sternum Lower lung: 4th ICS, just lateral to the sternum.	
Stomach	6th ICS, one inch lateral from the sternoclavicular joint	T6 to T7, in the intercostal space, about 2 cm lateral from the spinous process.
Liver 5th and 6th ICS	Gall bladder	6th ICS, mid-clavicular line.
Pancreas	Lateral to the costal cartilage between the 7th and 8th ribs on the right	Transverse process of T7 and T8 on the right.
Adrenals	2" superior and 1" lateral to the umbilicus	Between the spinous and transverse processes of T11 and T12
Kidney	1" superior and 1" lateral to the umbilicus	Between the spinous and transverse processes of T12 and L1.
Appendix	Tip of the 12th rib on the right	transverse process of T11

OMT

- Multiple modalities and techniques:
 - Soft Tissue
 - Myofascial Release
 - Counterstrain
 - Muscle Energy
 - High Velocity/Low Amplitude
- My rules of OMT:
 - Be confident in the techniques you do
 - Know more than one technique
 - Let your hands do the work
 - Don't hurt yourself doing techniques
 - Making modifications to a technique to achieve the endpoint is "OK"
 - DON'T do HVLA if you are not "coordinated" Too many bad movies!
 - EVERYONE can do soft tissue....
 - Don't forget to bill/code for OMT (next lecture)



OMT Common scenarios

- Soft tissue techniques

- The patient is prone, preferably with the **head turned toward the physician.** (If the table has a face hole, the head may be kept in neutral.)
- The physician stands at the side of the table opposite the side to be treated.
- The physician places the thumb and thenar eminence of one hand on the medial aspect of the patient's thoracic paravertebral musculature overlying the transverse processes on the side opposite the physician.
- The physician places the thenar eminence of the other hand on top of the abducted thumb of the bottom hand or over the hand itself.



OMT Soft Tissue

- Keeping the elbows straight and using the body weight (leverage), the physician exerts a gentle force ventrally (downward) to engage the soft tissues and then laterally, perpendicular to the thoracic paravertebral musculature.
- This force is held for a few seconds and is slowly released.
- Done with a gentle, rhythmic, and kneading fashion AND/OR done using deep, sustained pressure.



OMT Soft Tissue

- Other option is two hands with slight separation and apply alternating deep pressure.
- The force is held for several seconds, slowly released and reapplied with the other hand:



OMT Soft Tissue

- Other variation is applying counterpressure.
- The physician exerts a gentle force with both hands, ventrally to engage the soft tissues and then in the direction the fingers of each hand are pointing, creating a separation and distraction effect.
- The degree of ventral force and longitudinal stretch exerted varies according to the patient's condition (e.g., severe osteoporosis), as rib cage trauma can occur.

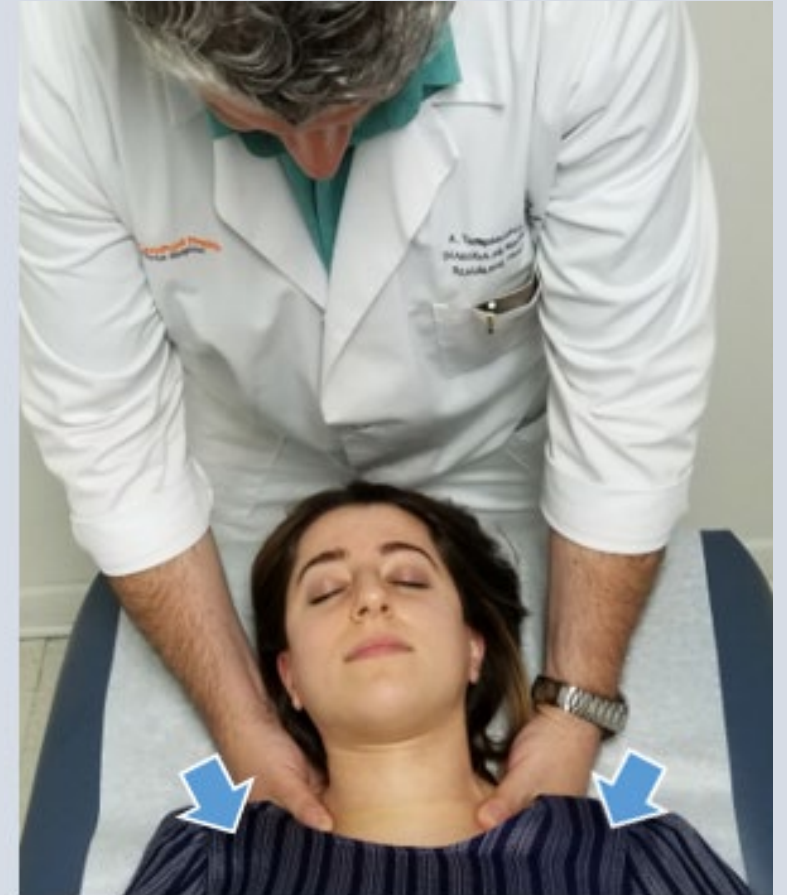


OMT Soft Tissue

- Trapezius Release (Inhibitory Pressure)
 - Pt is supine.
 - Thumbs placed on anterior trapezius, index and other digits placed posteriorly.



- A slow squeezing force is applied on the trapezius between the thumbs and fingers and held until tissue texture changes are palpated.



OMT Myofascial Release

- Patient is prone, physician is next to patient.
- The physician places both hands palms down with the fingers slightly spread apart immediately paraspinal on each side.



- A gentle downward force is applied into the patient's thoracic tissues with only enough force to control the skin and underlying fascia while monitoring for ease bind motion.



- Gentle/moderate force is applied either indirectly or directly meet the ease-bind barrier until a release is palpated.



OMT (Strain-)Counterstrain

- Lawrence H. Jones, DO, FAAO, initially referred to his new treatment approach as spontaneous release by positioning
- “Wrap the body around your finger” after palpating the counterstrain point
- “Maximally shortening the muscle to effect a release”
- Start with “10/10” and bring the patient to at least a “3/10”
- Hold 90 seconds or until a release is felt (now is a good time to discuss other patient issues, refills, sports etc.)
- The patient is returned to a neutral position slowly, without any muscle contraction on their part



OMT Muscle Energy

- Muscle energy is a plan of diagnosis and treatment that requires exertion of the patient's muscles, on request, from a precisely controlled position, in a specific direction, and against a distinctly executed counterforce (direct technique).
- Example: Reduced thoracic rotation to the left.
- Patient is placed on table with arms crossed, physician is behind patient.
- Patient is rotated into this restriction (left). Patient is then told to rotate to the right against resistance (3-5 seconds).



- Direct the patient to relax, while simultaneously ceasing the applied counterforce.
- Physician returns patient to “neutral”, then re-engages the new barrier (L Rot) and the technique is repeated 3-5 times or until release.

OMT HVLA

- The best known of all manipulative techniques are the high-velocity, low-amplitude thrusting techniques.
- In these techniques, the physician positions the patient in such a way that the restricted joint is placed into its restrictive barrier(s) to motion.
- The physician then quickly applies a small to moderate amount of force to the joint in such a way as to move it through the barriers. Improved joint motion should result very quickly.
- Many patients feel that the treatment is successful **only if they hear this sound**; others are **frightened by it**, fearing bones may be breaking (too many bad movies).
- The patient must be assured that the sound is harmless.
- Feeling the joint move is more important than hearing it pop.
- To achieve the best results with as little discomfort as possible, the surrounding soft tissues should be relaxed (soft tissue, etc.).

OMT HVLA

General Principles of Thrusting Techniques

1. Prepare the joint to be treated by relaxing the soft tissues so that the joint may be moved more easily with less resistance from the soft tissues.
2. Place the joint into its restrictive motion barriers. If only one barrier is to be engaged, it is essential that all other joint motions be "locked" out.
3. Once a joint has been placed into its motion barriers, this position must be held firmly by the physician and the "locking" thus created not lost as the force is applied.
4. The physician must control the force.. Excessive force should never be applied in the hope that the joint will move. Only force sufficient to create the motion desired should be used. Force should never replace skill.
5. Treatment must be localized and applied to the specific restricted joint. A "shotgun" approach to an entire area of the spine is inappropriate and harmful.

OMT HVLA

- “Texas Twist”, “Crossed Pisiform” or Prone Cross Hand Technique
- Patient is prone, physician is on the opposite side of the restriction.
- The area of restriction is engaged by the thenar eminence of one hand while the hypothenar eminence is placed on the opposite side.
- The physician begins to twist to “reduce slack” (localization) and allow for “low amplitude” thrusting monitoring the patient’s breathing.
- The patient inhales and exhales, and on exhalation, a high-velocity, low-amplitude thrust is delivered by using a momentary drop of own body weight to transmit the force through the wrists and elbows



OMT HVLA

- “Kirksville Krunch” or Supine Thrust Technique
- My technique of choice for isolating areas and with my modifications
- Patient is supine, physician is standing on the opposite side of the restriction.
- Patient crosses their arms, however the arm on the opposite side of the physician should be superior.



OMT HVLA

- The physician's hand is placed on the patient's shoulder and is used to rotate the patient toward the physician. The hand is the opposite as the restriction side (in this case, physician's left hand treating a right sided restriction).
- The physician reaches across the patient and places their thenar eminence on the patient's posterior transverse process with the palm cradling the spinous processes and rest of the fingers extended (or alternate technique).



OMT HVLA

- The patient's elbows (locked) are placed in the physician's epigastrium. The physician localizes a force over the fulcrum by adjusting own body weight through the patient's elbows, which act as a lever.
- The patient inhales and exhales fully. During exhalation, the physician increases localization by applying own body weight through the patient's elbows.
- At the end of exhalation, the physician applies a high-velocity, low-amplitude thrust by dropping own body weight through the patient's thorax toward the floor.



OMT HVLA

- My modification allows for anyone to do this without the need to tuck, lift, hold, “relax” and tell me if Old Spice is still working.
- Key is crossing the arms, holding them and elbow position.
- The elbows must be over the thenar eminence for effective thrust.



OMT HVLA

- My modification uses **elbow position** for high or low thoracic dysfunction and induces “flexion” by the arm position....



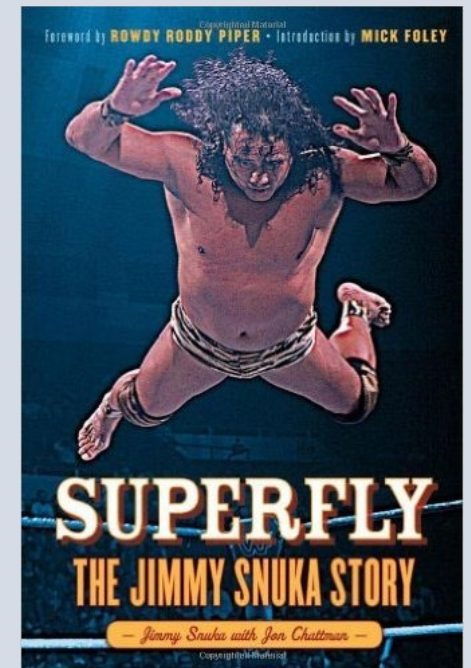
Higher Thoracic



Lower Thoracic

OMT HVLA

- The other caveat is rather than use body weight, use core muscles.
- Most importantly, be gentle with the technique particularly with kyphoscoliotic patients in which case you simply need to gently roll on the thenar eminence with some head support or a roll pillow.
- Most important for this technique is isolation of the restriction and “locking out” the area. Remember, this isn’t...



OMT

- A patient presenting with gastritis will have a somatic dysfunction/ tissue texture changes in which area of the thoracic spine?

- a. T1- T4
- b. T2-T3
- c. T11-12
- d. T5- T10
- e. T3-T6



OMT

- A patient presenting with gastritis will have a somatic dysfunction/ tissue texture changes in which are of the thoracic spine?

- a. T1- T4
- b. T2-T3
- c. T11-12
- **d. T5- T10**
- e. T3-T6

Upper G.I.	
esophagus	T ₃ -T ₈ right
stomach	T ₅ -T ₁₀ left
duodenum	T ₈ -T ₈ right
Lower G.I.	

OMT

- A patient with chronic asthma may exhibit palpatory changes in the thoracic spine between T1 and T4.
- A. True
- B. False

OMT

- A patient with chronic asthma may exhibit palpatory changes in the thoracic spine between T1 and T4.

- A. True
- B. False

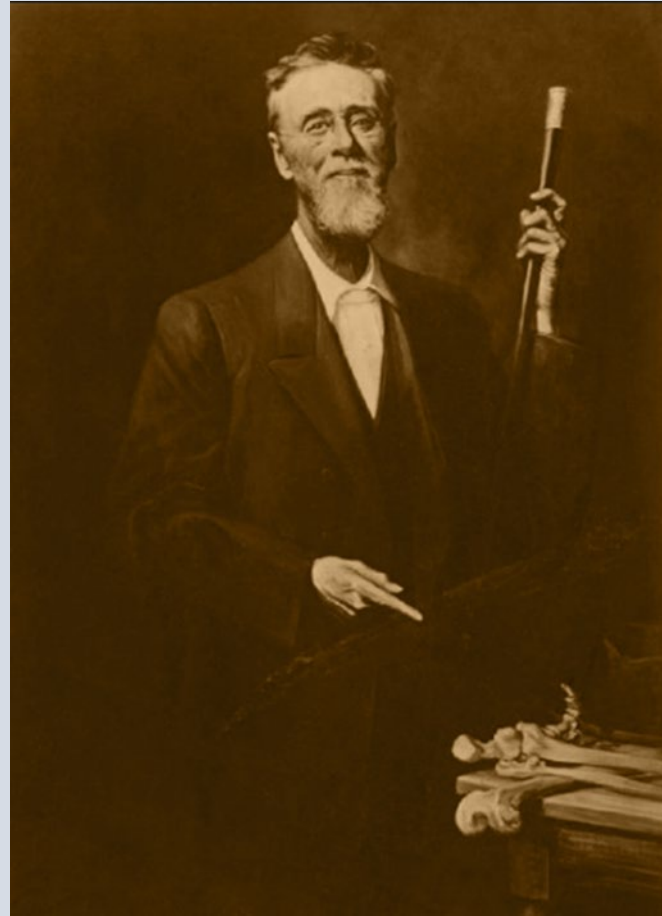
Pulmonary lung	T ₁ -T ₄
-------------------	--------------------------------

Acknowledgements

- My wife and and boys....
- Student K.C.
- “Nicholas Manual” Atlas of Osteopathic Technique
- Foundations of Osteopathic Medicine
- An Osteopathic Approach to Diagnosis and Treatment
Eileen L. DiGiovanna, Stanley Schiowitz, Dennis J. Dowling
- A.T. Still Museum
- And to....



Our Founder



An osteopath is only a human engineer, who should understand all the laws governing his engine and thereby master disease.

Andrew Taylor Still

Questions?

Billing and Coding for OMM

Antonios Tsompanidis, D.O. FCOFP

President-NJACFP

Chief Academic Officer

Director of Medical Education-CarePoint Health

Bayonne Medical Center & Christ Hospital

Family Medicine Residency Program Director-Christ Hospital

acofp

American College of
Osteopathic
Family Physicians

NEW JERSEY
chapter



CarePoint Health
Medical Education

Proper coding and billing involves the intricate knowledge of ICD10 codes, CPT codes and the use of modifiers as applicable.

There are several caveats:

Always pick a specific ICD10 code!

Always assign the proper diagnosis to the proper CPT!

Your primary diagnosis code should be the most complex!

Make sure data is entered correctly the first time!

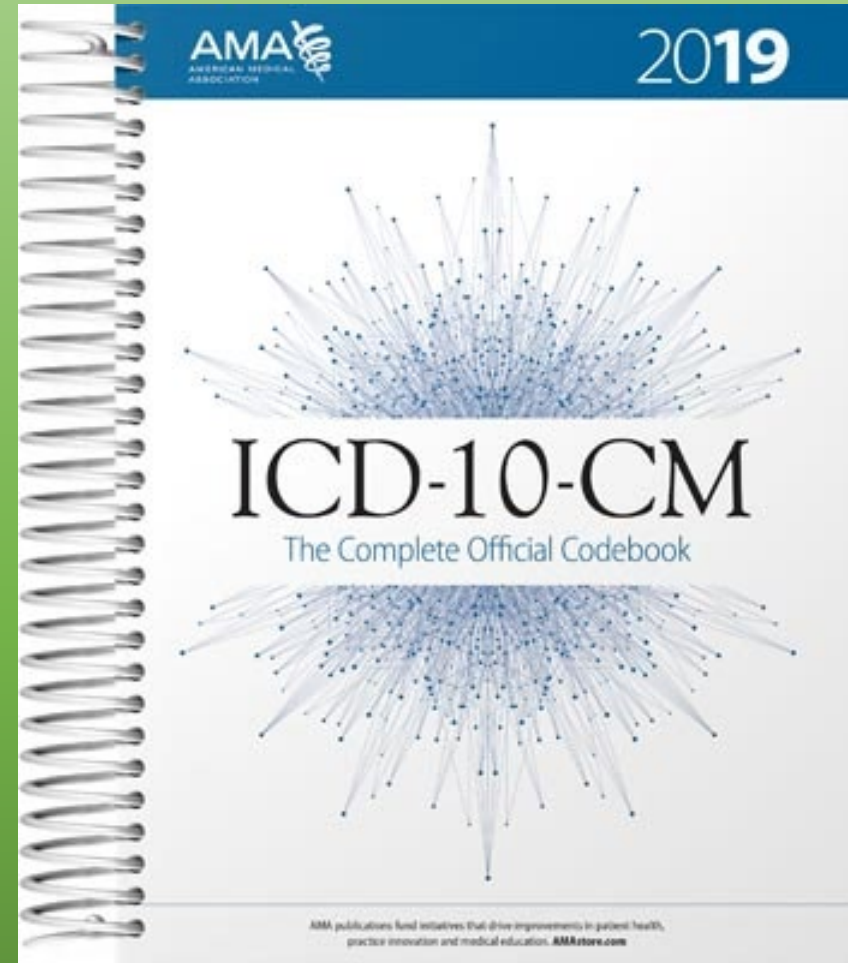
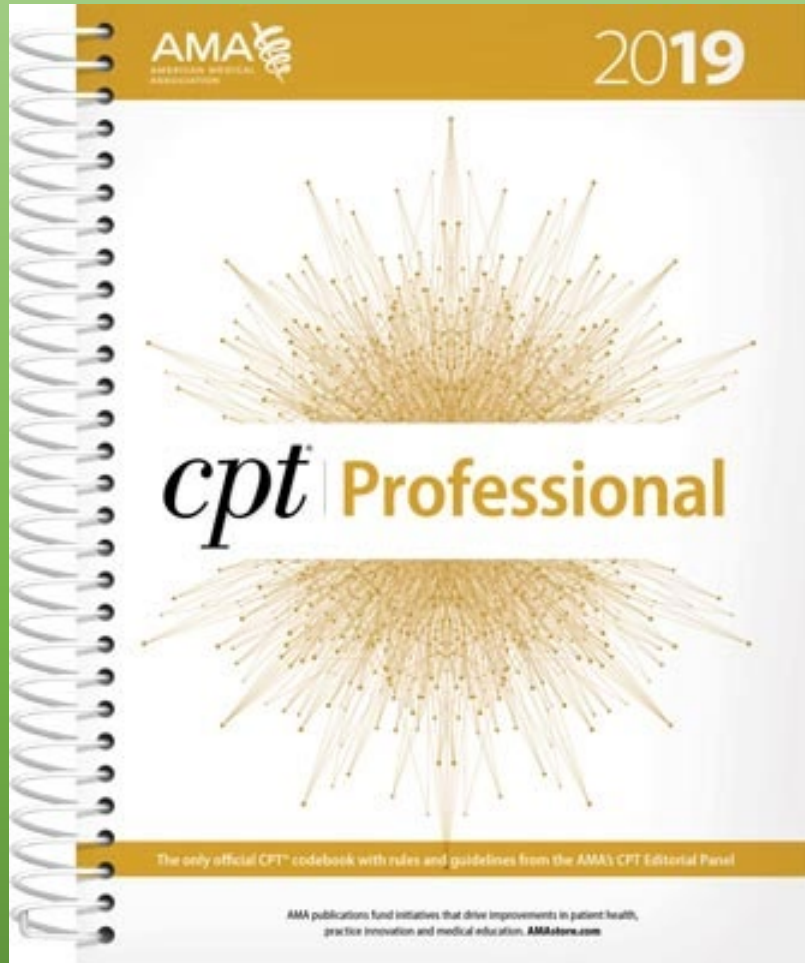
AND MOST IMPORTANTLY,
KNOW YOUR INSURANCES
(they follow their own rules)!

ICD10 stands for International Classification of Disease

The ICD10 coding system is an international classification system which groups related disease entities for the purpose of reporting statistical information. The purpose of the ICD10 is to provide a uniform language and thereby serve as an effective means for reliable nationwide communication among physicians, patients, and third parties

CPT stands for Current Procedural Terminology

It is a listing of descriptive terms and identifying codes for reporting medical services and procedures. The purpose of CPT is to provide a uniform language that accurately describes medical, surgical, and diagnostic services, and thereby serves as an effective means for reliable nationwide communication among physicians, patients, and third parties



These are your coding tools of the trade!

ICD-10 codes for OMT

The following ICD-10 codes should be used for proper OMT billing:

- **M99.00** Segmental and somatic dysfunction of head region
- **M99.01** Segmental and somatic dysfunction of cervical region
- **M99.02** Segmental and somatic dysfunction of thoracic region
- **M99.03** Segmental and somatic dysfunction of lumbar region
- **M99.04** Segmental and somatic dysfunction of sacral region
- **M99.05** Segmental and somatic dysfunction of pelvic region
- **M99.06** Segmental and somatic dysfunction of lower extremity
- **M99.07** Segmental and somatic dysfunction of upper extremity
- **M99.08** Segmental and somatic dysfunction of rib cage
- **M99.09** Segmental and somatic dysfunction of abdomen and other regions

ICD10 Codes for OMT

M99.00
through
M99.09

CPT - Codes Procedure Description

98925 - OMT; one to two body regions involved

98926 - OMT; three to four body regions involved

98927 - OMT; five to six body regions involved

98928 - OMT; seven to eight body regions involved

98929 - OMT; nine to ten body regions involved

CPT
Codes for
OMT

98925

98926

98927

98928

98929

Appendix A

Modifiers

► This list includes all of the modifiers applicable to *CPT 2008* codes.

A modifier provides the means to report or indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. Modifiers also enable health care professionals to effectively respond to payment policy requirements established by other entities. ◀

21 Prolonged Evaluation and Management Services: When the face-to-face or floor/unit service(s) provided is prolonged or otherwise greater than that usually required for the highest level of evaluation and management service within a given category, it may be identified by adding modifier 21 to the evaluation and management code number. A report may also be appropriate.

► **22 Increased Procedural Services:** When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). **Note:** This modifier should not be appended to an E/M service. ◀

23 Unusual Anesthesia: Occasionally, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding modifier 23 to the procedure code of the basic service.

24 Unrelated Evaluation and Management Service by the Same Physician During a Postoperative Period: The physician may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding modifier 24 to the appropriate level of E/M service.

► **25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service:** It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see **Evaluation and Management Services Guidelines** for

instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. **Note:** This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59. ◀

26 Professional Component: Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

► **32 Mandated Services:** Services related to *mandated* consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure. ◀

47 Anesthesia by Surgeon: Regional or general anesthesia provided by the surgeon may be reported by adding modifier 47 to the basic service. (This does not include local anesthesia.) **Note:** Modifier 47 would not be used as a modifier for the anesthesia procedures.

50 Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session, should be identified by adding modifier 50 to the appropriate five digit code.

► **51 Multiple Procedures:** When multiple procedures, other than E/M services, physical medicine and rehabilitation services, or provision of supplies (eg, vaccines), are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated add-on codes (see Appendix D). ◀

52 Reduced Services: Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's discretion. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

53 Discontinued Procedure: Under certain circumstances, the physician may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was

► **25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service:** It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see **Evaluation and Management Services Guidelines** for

Modifiers are important when coding for any procedure such as OMT, trigger point injections, cryotherapy and cerumen extraction.

There are many modifiers but the -25 modifier is the one that is applicable for our purposes.



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA												PICA																																																																																																																																			
1. MEDICARE (Medicare) <input type="checkbox"/> MEDICAID (Medicaid) <input type="checkbox"/> TRICARE (DoD) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA BOX LUNG (ID#) <input type="checkbox"/> OTHER (ID#) <input type="checkbox"/>												1a. INSURED'S I.D. NUMBER (For Program in Item 1)																																																																																																																																			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)												3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>												4. INSURED'S NAME (Last Name, First Name, Middle Initial)																																																																																																																							
5. PATIENT'S ADDRESS (No., Street)												6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>												7. INSURED'S ADDRESS (No., Street)																																																																																																																							
CITY						STATE						8. RESERVED FOR NUCC USE						CITY						STATE																																																																																																																							
ZIP CODE						TELEPHONE (Include Area Code) ()						9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)						10. IS PATIENT'S CONDITION RELATED TO:						11. INSURED'S POLICY GROUP OR FECA NUMBER																																																																																																																							
a. OTHER INSURED'S POLICY OR GROUP NUMBER												a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>												a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>																																																																																																																							
b. RESERVED FOR NUCC USE												b. AUTO ACCIDENT? PLACE (State) YES <input type="checkbox"/> NO <input type="checkbox"/>												b. OTHER CLAIM ID (Designated by NUCC)																																																																																																																							
c. RESERVED FOR NUCC USE												c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>												c. INSURANCE PLAN NAME OR PROGRAM NAME																																																																																																																							
d. INSURANCE PLAN NAME OR PROGRAM NAME												10d. CLAIM CODES (Designated by NUCC)												d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> # yes, complete items 9, 9a, and 9d.																																																																																																																							
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.																																																																																																																																															
SIGNED _____ DATE _____												SIGNED _____																																																																																																																																			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL _____												15. OTHER DATE MM DD YY QUAL _____												16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																																																																																																							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE												17a. _____												18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																																																																																																							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)												17b. NPI _____												20. OUTSIDE LAB? \$ CHARGES YES <input type="checkbox"/> NO <input type="checkbox"/>																																																																																																																							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____												22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____												23. PRIOR AUTHORIZATION NUMBER _____																																																																																																																							
A. _____ B. _____ C. _____ D. _____												E. _____ F. _____ G. _____ H. _____												I. _____ J. _____ K. _____ L. _____																																																																																																																							
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY												B. PLACE OF SERVICE												C. EMG												D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS _____ MODIFIER _____												E. DIAGNOSIS POINTER												F. \$ CHARGES												G. DAYS OR UNITS												H. EPICD (Only for Fee)												I. ID. QUAL.												J. RENDERING PROVIDER ID. #																																			
1												NPI												2												NPI												3												NPI												4												NPI												5												NPI												6												NPI											
25. FEDERAL TAX I.D. NUMBER												SSN EIN <input type="checkbox"/>												26. PATIENT'S ACCOUNT NO.												27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>												28. TOTAL CHARGE \$												29. AMOUNT PAID \$												30. Flvld for NUCC Use																																																																							
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)												32. SERVICE FACILITY LOCATION INFORMATION												33. BILLING PROVIDER INFO & PH # ()																																																																																																																							
SIGNED _____ DATE _____												a. NPI _____												b. NPI _____																																																																																																																							

The HCFA form is the paper form that is used for billing (the same form is transmitted electronically).

Although it appears complex, most billing software fills in the patient demographics, insurance information, DOB, etc. THIS IS WHY IT IS IMPORTANT TO HAVE ACCURATE INITIAL DATA ENTRY!

The key parts for our discussion are boxes 21 and 24. ICD10 codes are entered in box 21. Box 24 is where the CPT codes, modifiers, dates of service, location of service and provider identification numbers are entered.



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.		22. RESUBMISSION CODE		ORIGINAL REF. NO.							
A. _____		B. _____		C. _____		D. _____		E. _____		F. _____		G. _____		H. _____							
E. _____		F. _____		G. _____		H. _____		I. _____		J. _____		K. _____		L. _____							
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPST Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From To																					
MM DD YY MM DD YY						CPT/HCPCS MODIFIER															
1																					
2																					
3																					
4																					
5																					
6																					
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use					
				<input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> YES <input type="checkbox"/> NO		\$		\$							
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH # ()									
SIGNED						DATE						a. NPI		b. NPI							

PHYSICIAN OR SUPPLIER INFORMATION



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA										<input type="checkbox"/> FICA																																												
1. MEDICARE (Member ID) <input type="checkbox"/> MEDICAID (Member ID) <input type="checkbox"/> TRICARE (DMDC) <input type="checkbox"/> CHAMPVA (Member ID) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA (EX/LLING) (ID#) <input type="checkbox"/> OTHER (ID#) <input type="checkbox"/>										1a. INSURED'S I.D. NUMBER (For Program in Item 1)																																												
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										3. PATIENT'S BIRTH DATE MM DD YY					SEX M <input type="checkbox"/> F <input type="checkbox"/>					4. INSURED'S NAME (Last Name, First Name, Middle Initial)																																		
5. PATIENT'S ADDRESS (No., Street)										6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>										7. INSURED'S ADDRESS (No., Street)																																		
CITY					STATE					8. RESERVED FOR NUCC USE					CITY					STATE																																		
ZIP CODE					TELEPHONE (Include Area Code) ()					9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO 10d. CLAIM CODES (Designated by NUCC)					11. INSURED'S POLICY GROUP OR FECA NUMBER					a. INSURED'S DATE OF BIRTH MM DD YY					SEX M <input type="checkbox"/> F <input type="checkbox"/>																								
b. RESERVED FOR NUCC USE					c. RESERVED FOR NUCC USE					d. INSURANCE PLAN NAME OR PROGRAM NAME					b. OTHER CLAIM ID (Designated by NUCC)					c. INSURANCE PLAN NAME OR PROGRAM NAME					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>																													
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who scripts assignment below.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																																												
SIGNED _____ DATE _____										SIGNED _____ DATE _____																																												
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY										15. OTHER DATE QUAL MM DD YY					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. _____					17b. NPR					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO										21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (4E)) A. M99.00 B. M99.03 C. M99.08 E. M99.01 F. M99.04 G. _____ H. _____ I. M99.02 J. M99.05 K. _____ L. _____																																		
22. SUBMISSION CODE										ORIGINAL REF. NO.										23. PRIOR AUTHORIZATION NUMBER																																		
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY										B. PLACE OF SERVICE					C. PROCEDURE, SERVICE, OR SUPPLIES (Explain Unusual Circumstances) CPT-4-CPCS MODIFIER					D. DIAGNOSIS POINTER					E. \$ CHARGES					F. \$ CHARGES					G. DAYS OF INVS					H. 9907 Pmt Per					I. QUAL					J. RENDERING PROVIDER ID #				
1 09 21 16 09 21 16 11										2 98928					3 ABCD					4 78 17 1					5 NPI					6 1679646608																								
25. FEDERAL TAX I.D. NUMBER SSN EIN										26. PATIENT'S ACCOUNT NO.					27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO					28. TOTAL CHARGE \$					29. AMOUNT PAID \$					30. Paid for NUCC Use																								
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)										32. SERVICE FACILITY LOCATION INFORMATION										33. BILLING PROVIDER INFO & PI # ()																																		
SIGNED _____ DATE _____										a. NPI					b. NPI					c. NPI					d. NPI																													

HCFA with OMT visit only

CARRIER PATIENT AND INSURED INFORMATION PHYSICIAN OR SUPPLIER INFORMATION

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))

A. M99.00 B. M99.03 C. M99.08 D. _____

E. M99.01 F. M99.04 G. _____ H. _____

I. M99.02 J. M99.05 K. _____ L. _____

22. ICD SUBMISSION CODE _____ ORIGINAL REF. NO. _____

23. PRIOR AUTHORIZATION NUMBER _____

	24. A. DATE(S) OF SERVICE						C. PLACE OF SERVICE	D. PROCEDURES, SERVICES, OR SUPPLIES (ICD-9-CM Procedure Code) (Special Circumstances)	E. DIAGNOSIS POINTER	F. CHARGES	G. DAYS OR UNITS	H. EXPIRY DATE (MM)	I. ID. QUAL.	J. RENDERING PROVIDER ID #
	From MM	CO	YY	To MM	CO	YY								
1	09	21	16	09	21	16	11	98928	ABCD	78 17	1		NPI	1679646608
2													NPI	
3													NPI	
4													NPI	
5													NPI	
6													NPI	

25. FEDERAL TAX I.D. NUMBER _____ SSN EIN

26. PATIENT'S ACCOUNT NO. _____

27. ACCEPT ASSIGNMENT? (For prior, existing, and future) YES NO

28. TOTAL CHARGE \$ _____

29. AMOUNT PAID \$ _____

30. Paid for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH # ()

SIGNED _____ DATE _____

a. NPI _____ b. NPI _____

PHYSICIAN OR SUPPLIER INFORMATION



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA FICA <input type="checkbox"/>											
1. MEDICARE <input type="checkbox"/> (Member ID#) <input type="checkbox"/> MEDICAID <input type="checkbox"/> (MDC/DC#) <input type="checkbox"/> TRICARE <input type="checkbox"/> (TRICARE ID#) <input type="checkbox"/> CHAMPVA <input type="checkbox"/> (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> (ID#) <input type="checkbox"/> FECA (SECLING) <input type="checkbox"/> (ID#) <input type="checkbox"/> OTHER <input type="checkbox"/>											
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)					3. PATIENT'S BIRTH DATE MM DD YY			SEX M <input type="checkbox"/> F <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
5. PATIENT'S ADDRESS (No., Street)					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			7. INSURED'S ADDRESS (No., Street)		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
CITY			STATE		8. RESERVED FOR NUCC USE			CITY		STATE	
ZIP CODE			TELEPHONE (Include Area Code) ()		10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER		9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	
a. OTHER INSURED'S POLICY OR GROUP NUMBER			b. RESERVED FOR NUCC USE		c. RESERVED FOR NUCC USE			d. INSURANCE PLAN NAME OR PROGRAM NAME		10a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO	
10b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			10c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		10d. CLAIM CODES (Designated by NUCC)			11a. INSURED'S DATE OF BIRTH MM DD YY		11b. OTHER CLAIM ID (Designated by NUCC)	
11a. INSURED'S DATE OF BIRTH MM DD YY			11b. OTHER CLAIM ID (Designated by NUCC)		11c. INSURANCE PLAN NAME OR PROGRAM NAME			11d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If yes, complete items 9, 9a, and 9b.</small>		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who scripts assignment below.											
SIGNED _____						DATE _____					
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY						15. OTHER DATE QUAL MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE						17a. _____			17b. NPR		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)						20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO			20. CHARGES \$ _____		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (4E))						ICD-9-CM			22. SUBMISSION CODE		
A. E78.2		B. M99.02		C. M99.05		D. _____		E. _____		23. PRIOR AUTHORIZATION NUMBER	
E. M99.00		F. M99.03		G. M99.08		H. _____		I. _____		ORIGINAL REF. NO.	
L. M99.01		J. M99.04		K. _____		L. _____		M. _____		24. F. CHARGES	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE		C. PROCEDURE, SERVICE, OR SUPPLIES (Explain Unusual Circumstances)		D. DIAGNOSIS POINTER		E. CHARGES		G. DAYS OF INVS	
H. 9901		I. NPI		J. RENDERING PROVIDER ID #		K. _____		L. _____		M. _____	
1 09 21 16 09 21 16 11		99213		25		A		79 01 1		NPI 1679646608	
2 09 21 16 09 21 16 11		98928				BCDE		78 17 1		NPI 1679646608	
3										NPI	
4										NPI	
5										NPI	
6										NPI	
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$	
29. AMOUNT PAID \$				30. Paid for NUCC Use		31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # ()	
SIGNED _____				DATE _____		a. NPI		b. NPI			

HCFA with E&M (evaluation and management) and OMT

21. DIAGNOSIS OF NATURE OF ILLNESS OR INJURY (Please A-L to service line below) ICD 9M

A. <u>E78.2</u>	B. <u>M99.02</u>	C. <u>M99.05</u>	D. _____
E. <u>M99.00</u>	F. <u>M99.03</u>	G. <u>M99.08</u>	H. _____
I. <u>M99.01</u>	J. <u>M99.04</u>	K. _____	L. _____

22. SUBMISSION CODE _____ ORIGINAL REF. NO. _____

23. PRIOR AUTHORIZATION NUMBER _____

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES	E.	F.	G.	H.	I.	J.
From To						PLACE OF SERVICE	EMG	(Include Physical Group)	DIAGNOSIS POINTER	\$ CHARGES	COPY OR UNITS	UNIT PRICE	ICD 9M	RENDERING PROVIDER ID #
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER					
09	21	16	09	21	16	11		99213	25	A	79.01	1	NPI	1679646608
09	21	16	09	21	16	11		98928		BCDE	78.17	1	NPI	1679646608
													NPI	
													NPI	
													NPI	
													NPI	

25. FEDERAL TAX I.D. NUMBER _____ SSN EIN

26. PATIENT'S ACCOUNT NO. _____

27. ACCEPT ASSIGNMENT? YES NO

28. TOTAL CHARGE \$ _____

29. AMOUNT PAID \$ _____

30. Filed for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS _____

32. SERVICE FACILITY LOCATION INFORMATION _____

33. BILLING PROVIDER INFO & PH # () _____

PHYSICIAN OR SUPPLIER INFORMATION

Medicare Fee Schedule (effective 1/2019)

New Jersey charge class Area 01 consists of the following counties: Bergen, Essex, Hudson, Hunterdon, Middlesex, Morris, Passaic, Somerset, Sussex, Union, Warren

(Area 99 covers the remainder of the state counties)

		<u>Area 99</u>	<u>Area 01</u>
OMT:	98925	\$34.18	\$35.28
	98926	\$49.00	\$50.53
	98927	\$64.23	\$66.20
	98928	\$77.85	\$80.17
	98929	\$93.08	\$95.84

Medicare Fee Schedule (effective 1/2019)

E&M:	Area 99	Area 01
99213	\$ 80.66	\$ 83.41
99214	\$117.83	\$121.74
99203	\$117.44	\$121.37
99204	\$177.31	\$182.89

Conclusion:

Always keep up with ICD10 & CPT changes.

Be specific with coding!

Know your insurance rules and LCD's (local coverage determinations).

Proper coding = proper and prompt payment!

www.novitas-solutions.com