

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
POLICY / PROCEDURE**

<b>Policy/Procedure Number:</b> MCUP3130		<b>Lead Department:</b> Health Services Business Unit: Utilization Management	
<b>Policy/Procedure Title:</b> Osteopathic Manipulation Treatment		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 06/17/2015 <b>Effective Date:</b> 10/01/2015		<b>Next Review Date:</b> 11/12/2026 <b>Last Review Date:</b> 11/12/2025	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Employees</b>	
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input checked="" type="checkbox"/> <b>QUAC</b>
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b> <input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>FINANCE</b> <input checked="" type="checkbox"/> <b>PAC</b>
	<input type="checkbox"/> <b>CEO</b> <input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>CREDENTIALS</b>	<input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>
<b>Approval Signature:</b> <i>Robert Moore, MD, MPH, MBA</i>		<b>Approval Date:</b> 11/12/2025	

**I. RELATED POLICIES:**

MPCR13C - Osteopathic Manipulation Treatment Credentialing

**II. IMPACTED DEPTS:**

- A. Health Services
- B. Member Services
- C. Claims
- D. Provider Relations

**III. DEFINITIONS:**

- A. Osteopathic medicine is a branch of the medical profession in the United States, whose physicians are known as Doctors of Osteopathy (DO).
- B. Osteopathic physicians are trained in Osteopathic Manipulative Treatment (OMT), also known as Osteopathic Manipulative Medicine (OMM), a core set of manual manipulative techniques used to treat somatic dysfunction.
- C. Somatic dysfunction means an impaired or altered function of related components of the somatic system, which is the part of the peripheral nervous system associated with the voluntary control of body movements via skeletal muscles.

**IV. ATTACHMENTS:**

- A. N/A

**V. PURPOSE:**

This policy describes the conditions under which osteopathic manipulation treatment (OMT) services are a covered benefit.

**VI. POLICY / PROCEDURE:**

Osteopathic Manipulation Therapy (OMT) Coverage

- A. OMT services should only be provided by physicians skilled, trained and experienced in providing these services. This includes Doctors of Osteopathic Medicine, but may include other medical doctors (MDs) who have completed supplementary training and are certified by the Osteopathic Medical Board of California.
- B. Authorization:
  - 1. No treatment authorization is required to perform OMT, if it is performed by a primary care clinician or a Doctor of Osteopathic Medicine credentialed by Partnership HealthPlan of California

<b>Policy/Procedure Number: MCUP3130</b>		<b>Lead Department: Health Services Business Unit: Utilization Management</b>	
<b>Policy/Procedure Title: Osteopathic Manipulation Treatment</b>		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date: 06/17/2015</b>		<b>Next Review Date: 11/12/2026</b>	
<b>Effective Date: 10/01/2015</b>		<b>Last Review Date: 11/12/2025</b>	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>		<input type="checkbox"/> <b>Employees</b>

- (Partnership) AND with documentation of skill, training and experience in providing OMT services. Non-credentialed providers will not be eligible for payment for OMT.
2. Only one OMT service should be billed per day. A maximum of 12 treatments may be billed per rolling 12-month period. Reimbursement for OMT services beyond 12 treatments per rolling 12-month period requires a Treatment Authorization Request (TAR) for medical necessity.
  3. Codes covered. The following CPT® codes are covered under this OMT policy when billed in conjunction with ICD-10 diagnosis codes M99.01, M99.02, M99.03, M99.04, or M99.05:
    - a. 98925 Osteopathic manipulative treatment (OMT); 1-2 body regions involved
    - b. 98926 Osteopathic manipulative treatment (OMT); 3-4 body regions involved
  4. Evaluation and Management (E&M) services may be billed on the same day as OMT services, when medically necessary, using modifier 25 in the following conditions:
    - a. If the patient's condition requires a separately identifiable E&M service above and beyond the usual pre- and post-service work associated with the procedure
    - b. If a new condition occurs or the patient's condition has changed substantially, necessitating an overall assessment
- C. OMT is a proven medical therapeutic option for treatment of musculoskeletal disorders, including acute and chronic lower back pain.
- D. OMT is unproven and not medically necessary in the following circumstances/diagnoses:
  1. The patient's condition has returned to the pre-symptom state.
  2. Little or no improvement is demonstrated within 30 days of the initial visit despite modification of the treatment plan.
  3. Concurrent chiropractic manipulative therapy, for the same or similar condition, provided by another health professional whether or not the healthcare professional is in the same professional discipline.
  4. When documentation of somatic dysfunction is absent from the patient's medical record
  5. Manipulative therapy under anesthesia.
  6. Non-musculoskeletal disorders (e.g. asthma, otitis media, infantile colic, etc.)
  7. Prevention/maintenance/custodial care
  8. Internal organ disorders (e.g., gallbladder, spleen, intestinal, kidney, heart or lung disorders)
  9. Scoliosis correction
  10. Craniosacral therapy (cranial manipulation)
  11. Manipulative services that utilize nonstandard techniques
- E. All OMT services conducted should be documented in the medical record, including the diagnosis, any disability that is present, the treatment used, the length of the treatment, and the effectiveness of the treatment.

## VII. REFERENCES:

- A. [Spinal Manipulative therapy for chronic low-back pain](#). Cochrane abstract. February 13, 2011
- B. [Spinal Manipulative therapy for acute low-back pain](#). Cochrane abstract. September 12, 2012
- C. Medi-Cal Provider Manual/ Guidelines: Osteopathic Manipulation Treatment ([osteo](#))
- D. American Osteopathic Association
- E. Christopher L Knight, MD et al. [Treatment of acute low back pain](#); UpToDate. Accessed 05/01/2023
- F. Roger Chou, MD et al. [Subacute and chronic low back pain: Nonpharmacologic and pharmacologic treatment](#); UpToDate. Accessed 05/01/2023

## VIII. DISTRIBUTION:

- A. Partnership Provider Manual
- B. Partnership Department Directors

<b>Policy/Procedure Number: MCUP3130</b>		<b>Lead Department: Health Services</b> <b>Business Unit: Utilization Management</b>
<b>Policy/Procedure Title: Osteopathic Manipulation Treatment</b>		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>
<b>Original Date: 06/17/2015</b>	<b>Next Review Date: 11/12/2026</b>	
<b>Effective Date: 10/01/2015</b>	<b>Last Review Date: 11/12/2025</b>	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Employees</b>

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Chief Health Services Officer

**X. REVISION DATES:** 05/18/16; 05/17/17; \*09/12/18; 05/08/19; 05/13/20; 05/12/21; 05/11/22; 08/09/23; 09/11/24; 11/12/25

\*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee’s meeting date.

**PREVIOUSLY APPLIED TO:** N/A

\*\*\*\*\*

In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership’s authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.