As the premier scholarly publication of the osteopathic medical profession, JAOA—The Journal of the American Osteopathic Association encourages osteopathic physicians, faculty members and students at colleges of osteopathic medicine, and others within the healthcare professions to submit comments related to articles published in the JAOA and the mission of the osteopathic medical profession. The JAOA’s editors are particularly interested in letters that discuss recently published original research.

Letters to the editor are considered for publication in the JAOA with the understanding that they have not been published elsewhere and that they are not simultaneously under consideration by any other publication. Although the JAOA welcomes letters to the editor, readers should be aware that these contributions have a lower publication priority than other submissions. As a consequence, letters are published only when space allows.

All accepted letters to the editor are subject to editing and abridgement. Letter writers may be asked to provide JAOA staff with photocopies of referenced material so that the references themselves and statements cited may be verified.

Readers are encouraged to prepare letters electronically in Microsoft Office Word (.doc) or in plain (.txt) or rich text (.rtf) format. The JAOA prefers that readers e-mail letters to jaoa@osteopathic.org. Mailed letters should be addressed to Gilbert E. D’Alonzo, Jr, DO, Editor in Chief, American Osteopathic Association, 142 E Ontario St, Chicago, IL 60611-2864. Mailed submissions and supporting materials will not be returned unless letter writers provide self-addressed, stamped envelopes with their submissions.

Letter writers must include their full professional title(s) and affiliation(s), complete preferred mailing address, day and evening telephone numbers, and preferred fax number and e-mail address. In addition, writers are responsible for disclosing financial associations and other conflicts of interest. No unsigned letters will be considered for publication.

Although the JAOA cannot acknowledge the receipt of letters, a JAOA staff member will notify writers whose letters have been accepted for publication.

All osteopathic physicians who have letters published in the JAOA receive continuing medical education (CME) credit for their contributions. Writers of original letters receive 5 hours of AOA Category 1-B CME credit. Authors of published articles who respond to letters about their research receive 3 hours of Category 1-B CME credit for their responses.

### Billing and Coding for OMT

To the editor:

Billing of services by insurance payers is a common problem, especially for osteopathic physicians (DOs) seeking reimbursement for osteopathic manipulative treatment (OMT). In their August article, Karen T. Snider, DO, and Douglas J. Jorgensen, DO, CPC, elucidate reimbursement issues related to OMT by focusing on two common problems: (1) insurance companies bundling OMT with evaluation and management services, and (2) lack of justification for OMT services provided.

Regarding the bundling of services, it is important to clarify the appropriate codes for evaluation and management services. As stated in the article,1

> When OMT is provided, the evaluation and management service should be billed using the appropriate code (eg, 99212 through 99215) with a -25 modifier to indicate that a separately identifiable service was performed on the same day.

In the interest of completeness, DOs should note that evaluation and management codes begin with 99211, which is the lowest level of billing for an established patient office visit service.2 Exclusion of the 99211 code should not be perceived as always being inappropriate. However, for visits in which OMT is provided with an evaluation and management service, this code would likely not be used.

The 99211 evaluation and management code is used for focused visits in which physicians or auxiliary personnel provide minimal service to a patient (eg, blood pressure measurement).2 Therefore, a situation in which a DO would provide a minimal evaluation (ie, 99211 service) and OMT would be rare.

For more information on how to use codes, DOs are encouraged to consult the current CPT manual3 or the 1995 and 1997 documentation guidelines.4

Yolanda L. Doss, MJ, RHIA
Director, Division of Socioeconomic Affairs, American Osteopathic Association, Chicago, Illinois

Karen T. Snider, DO
Associate Professor, Department of Osteopathic Manipulative Medicine, Kirkville College of Osteopathic Medicine-A.T. Still University, Missouri

### References

Editor’s Note: Two corrections have been made to Dr Snider and Dr Jorgensen’s August JAOA article (2009;109:409-413). See page 574 for explanations of these changes.