

**From:** Craig Redfern  
**To:** [JWMHS Exhibits](#)  
**Subject:** HB 2834 -A9 amendments  
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I have been an Osteopathic physician for 34 years. Specifically I wanted a career providing Osteopathic Manipulation Treatment (OMT), having learned one technique, Strain-Counterstrain from a friend who studied with Ontario Oregon Osteopath Larry Jones. I have had generally more success providing OMT to patients with headache, back, neck pain and other conditions than I did in the other half of my practice, Internal Medicine. OMT is hands-on and time-intensive. Contracting with insurance requires that we use a coding system developed by the AMA. Insurers will often “bundle” the Evaluation and Management (E&M) code with the procedure code for the hands on treatment. Cigna lost a class action suit a number of years ago when this was done automatically. Al Turner, a now retired Osteopath, dredged through the Congressional Record to determine that the “bundled” E&M services considered incidental to the procedure, typically a surgery for which the E&M services were conducted on a previous visit on a different day, were basically identifying the patient and the area of the body to operate on. In the office we provide both services on a single day but are caught up in this bundling. Since the relative value unit is determined by the AMA, we need to be reimbursed for both to cover overhead. I would ask you to support the -A9 amendments so this insurance practice will not be used inappropriately by insurance companies.

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