

From the desk of

*Laurie Monnes Anderson*

From the Desk of  
Senator  
Tim Knopp



## **SB 963**

### **Osteopathic Manipulative Treatment Reimbursement**

**Background:** Currently, many DOs are being denied payment by commercial insurers when they perform Osteopathic Manipulative Treatment (OMT). **OMT is a proven and effective alternative to opioids, and is suggested by the Oregon Health Evidence Review Commission to treat low back pain without the use of prescription drugs.**

- When addressing complaints of pain by a patient, a DO will perform an Evaluation and Management (E&M) to determine the appropriate treatment. If OMT is deemed appropriate, the DO will perform OMT, which may be in lieu of pain management medications or in combination with a lower dose based on the outcome of the OMT.
- DOs then bill insurance for OMT and E&M separately, as is required per Current Procedural Terminology (CPT) guidelines using the -25 code modifier.

**Problem:** Insurers are not paying for the full services covered. **Insurers are incorrectly denying payment, often stating that the E&M is not separately identifiable from OMT. This is not consistent with CPT coding requirements, which state that the E&M and OMT are distinct services. In a practical sense, would be malpractice for a physician to administer OMT (or any treatment) without first doing an evaluation on the patient to determine if they are a good candidate for the treatment.**

- Insurers are often blanket-denying reimbursement for E&M because it is coded with a -25 code modifier, which they have associated with a high rate of misuse in other specialties (dermatology, for example).
- **Payment denials encourage more opiate prescriptions.** If a DO simply conducts an E&M and prescribes an opioid, they are receiving full E&M reimbursement. When they provide OMT in lieu of an opioid, the E&M service is often denied.

**Solution: SB 963 states that insurers cannot deny reimbursement for E&M (office visit) solely on the basis that OMT occurred on the same day.**  
**-SB 963 is a reimbursement clarification, NOT a coverage mandate-**