



## **HB 4107**

### **Osteopathic Manipulative Treatment Reimbursement**

**Background:** Currently, many osteopathic physicians (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. An E&M simply represents the office visit. 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 required by 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, it 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 was billed on the same day as the OMT was billed.
- **Payment denials encourage more opioid 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:** HB 4107 states that insurers cannot deny reimbursement for E&M (office visit) solely on the basis that OMT occurred on the same day.

**HB 4107 is a reimbursement clarification, NOT a coverage mandate.**