



HB 4107

Osteopathic manipulative Treatment Reimbursement

HB 4107 simply states that insurers cannot deny reimbursement for Evaluation & Management (office visits) solely on the basis that Osteopathic Manipulative Treatment (OMT) occurred on the same day.

OMT is a tool that can reduce reliance on opioids.

Insurers are incorrectly denying payments to Osteopathic Physicians for OMT simply because the procedure is happening on the same day as an office visit.

Current Procedural Terminology (CPT) coding requirements, the standardized system for reporting medical procedures and services performed by physicians, state that Evaluation & Management (office visits) and OMT are distinct services.

Osteopathic physicians are required to code OMT separately than office visits.

When Osteopathic physicians perform OMT on a different day than the office visit, they get reimbursed for the service provided.

HB 4107 does not prevent insurers from auditing for fraud and abuse.

HB 4107 is simply a reimbursement clarification, NOT a coverage mandate to ensure Osteopathic physicians are properly reimbursed for the services provided.