

SUBJECT: Equitable Reimbursement for Osteopathic Manipulative Treatment (OMT)

SUBMITTED BY: Michigan Association of Osteopathic Family Physicians (MAOFP)

REFERRED TO: 2023 American College of Osteopathic Family Physicians (ACOFP)
Congress of Delegates

RESOLUTION NO. 16

WHEREAS, osteopathic manipulation therapy (OMT) is a unique and specialized treatment option for patients performed by osteopathic physicians; and (1)

WHEREAS, the majority of fully licensed and board-certified osteopathic physicians have undergone a minimum of 11 years of training from college through the end of a three-year residency (2), including more than 20,000 clinical training hours (2) with least 200 hours exclusively dedicated to learning and practicing OMT (3), and have passed three COMLEX Level board examinations totaling over 30 hours (3); and

WHEREAS, multiple clinical studies have shown OMT to provide benefit to patients in the treatment of a wide variety of illnesses; and (1)

WHEREAS, the U.S. Centers for Medicare & Medicaid Services (CMS) national payment amounts for OMT procedures in the non-facility (office) setting are approximately

\$32.18 for 1-2 body regions (98925) with a Relative Value Unit (RVU) of 0.46

\$45.33 for 3-4 body regions (98926) with a RVU of 0.71

\$59.18 for 5-6 body regions (98927) with a RVU of 0.96

\$72.67 for 7-8 body regions (98928) with a RVU of 1.21

\$86.17 for 9-10 body regions (98929) with a RVU of 1.46; and (4,5)

WHEREAS, many other less technically complex and/or time-consuming office procedures currently reimburse physicians at far higher rates, such as the incision and drainage of an abscess (10060), which reimburses physicians approximately \$127.70, among several other procedures as outlined in Table 1 below; and (4)

WHEREAS, such low reimbursement rates for OMT preclude physicians from incorporating OMT procedures into regular office visits or from even practicing OMT altogether. In a 2021 study surveying over 1,500 osteopathic physicians, 56% said they don't provide OMT to any of their patients at all (7)—over double the percentage reported in 2001 (8)—and one of the leading cited barriers to providing OMT was its low reimbursement rates (7); and

WHEREAS, the financial constraint of cash billing for equitable reimbursement of OMT reinforces socioeconomic barriers to health by placing OMT out of reach for many low-income patients who might otherwise benefit from it; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) through its committee structure, work with its clinical and educational partners to explore and

develop novel models for Relative Value Unit (RVU) valuation for Osteopathic Manipulative Treatment (OMT) procedures utilizing the AMA/Specialty Society Resourced-Based Relative Value Scale (RVS) Update Committee (RUC) guidelines for RVU reevaluation, and

RESOLVED, that these findings be presented to the ACOFP Board of Governors before the 2024 Congress of Delegates and passed onto the American Osteopathic Association (AOA) and the AOA RUC representative for review and potential action by the RUC Committee as appropriate.

Table 1. Comparative CMS Reimbursement Rates of OMT Procedures vs. Other Common Billing Codes (4)

CPT Code ^a	Description	Work RVU ^b	Price ^c
98925	Osteopath manj 1-2 regions	0.46	\$32.18
98926	Osteopath manj 3-4 regions	0.71	\$45.33
98927	Osteopath manj 5-6 regions	0.96	\$59.18
98928	Osteopath manj 7-8 regions	1.21	\$72.67
98929	Osteopath manj 9-10 regions	1.46	\$86.17
99214	Office o/p est mod 30-39 min	1.92	\$129.77
99441	Phone e/m phys/qhp 5-10 min	0.70	\$56.75
69210	Remove impacted ear wax uni	0.61	\$48.45
17000	Destruct premalg lesion	0.61	\$68.87
10060	Drainage of skin abscess	1.22	\$127.70
20610	Drain/inj joint/bursa w/o us	0.79	\$66.44

^a CPT Code = Current Procedural Terminology Code, a number assigned to each medical service and procedure as part the widely used coding system developed by the American Medical Association for the use of multiple purposes, including "processing claims, conducting research, evaluating healthcare utilization, and developing medical guidelines and other forms of healthcare documentation" (6).

^b Work RVU = Work Relative Value Unit, a value assigned by the Medicare Physician Fee Schedule to "reflect the relative time and intensity associated with providing a service and equal approximately 50% of the total payment" (5).

^c Price amounts of services in the non-facility (office) setting for the National Medicare Administrative Contractor (MAC), locality ID 0000000 (5).

FINAL ACTION: APPROVED as of March 29, 2023

References:

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2. Greenhalgh M, Melaney A. Scope of Practice Kit: What is a Physician? Aafp.org.
3. "What Is Osteopathic Medicine - Its History & Philosophy." American Association of Colleges of Osteopathic Medicine. Accessed November 7, 2022. <https://www.aacom.org/become-a-doctor/about-osteopathic-medicine>.
4. U.S. Centers for Medicare & Medicaid Services. "Search the Physician Fee Schedule." Cms.gov. Accessed November 16, 2022. "Search the Physician Fee Schedule." Cms.gov. Accessed November 15, 2022. <https://www.cms.gov/medicare/physician-fee-schedule/search>.
5. Medicare Learning Network. 2022. "How to Use the MPFS Look-Up Tool." Cms.gov. March 2022. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/How_to_MPFS_Booklet_ICN901344.pdf.
6. Dotson P. CPT® codes: What are they, why are they necessary, and how are they developed? Adv Wound Care (New Rochelle). 2013;2(10):583-587.
7. Healy CJ, Brockway MD, Wilde BB. Osteopathic manipulative treatment (OMT) use among osteopathic physicians in the United States. J Am Osteopath Assoc. 2021;121(1):57-61.
8. Johnson SM, Kurtz ME. Diminished use of osteopathic manipulative treatment and its impact on the uniqueness of the osteopathic profession. Acad Med. 2001;76(8):821-828.