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May 28, 2019

Andrew Baskin, MD  
National Medical Director  
Aetna  
980 Jolly Road, U13S  
Blue Bell, PA 19422  
[baskinam@aetna.com](mailto:baskinam@aetna.com)

Dear Dr. Baskin:

On behalf of the American Osteopathic Association (AOA), I am writing to express our concern with Aetna's new prior authorization policy for Physical Medicine Services, implemented in late 2018 and early 2019 for Aetna networks in Delaware, New Jersey, New York, Pennsylvania and West Virginia. The AOA wishes to work with Aetna to modify this policy so it does not serve as a barrier to patient care.

According to information issued to Aetna network physicians in these five states, physicians are now required to obtain prior authorization for outpatient Osteopathic Manipulative Treatment (OMT) services from National Imaging Services (NIA). This policy applies to OMT Current Procedural Terminology (CPT) codes 98925–98929 and impacts Aetna's Fully Insured Commercial and Medicare plans.

The AOA requests that Aetna provide its rationale for including OMT in its Physical Medicine Prior Authorization policy. There are more than 23,000 osteopathic physicians (DOs) in these five states and over the past few months, the AOA has received numerous complaints regarding the new policy and the constraints it places on patients and physicians.

This policy severely limits patient access to OMT and is inconsistent with common industry practices as well as current AOA principles which state that "prior authorization may be implemented only after payors and/or regulators can demonstrate with evidence that prior efforts to educate physicians about clinical practice guidelines have not resulted in appropriate changes to utilization." When implemented, "prior authorization requirements should be imposed only on those physicians identified as having risk-adjusted utilization consistently outside of clinical practice guidelines."

From a medical policy perspective, Aetna does not consider OMT to be a form of chiropractic care or treatment, as OMT is only performed by a physician with a full and unrestricted license for medicine and surgery. As you are aware, OMT and Chiropractic Manipulative Treatment (CMT) are separate and distinct services, each with their own unique CPT code sets. However, for the purpose of prior authorization, Aetna and NIA treat OMT in the same manner as chiropractic treatment modalities, which are also included in the policy. To date, the AOA is unaware of any existing evidence that supports including OMT services in Aetna's Physical Medicine Prior Authorization policy.

In addition, prior authorization requirements are administratively burdensome and divert valuable time away from patient care. According to a 2017 American Medical Association survey, medical practices complete an average of 37 prior authorizations per physician per week, which takes the physician and office staff an average of 16 hours – the equivalent of two business days – to process. Furthermore, 75 percent of surveyed physicians described prior authorization burdens as being “high or extremely high” and nearly 90 percent reported that “prior authorization often or always delays access to care.” Aggressive prior authorization programs and policies ultimately place cost savings before patient care.

The AOA requests Aetna reconsider including OMT in its Physical Medicine Prior Authorization policy and remove prior authorization requirements for OMT CPT codes 98925–98929 as:

- The policy is inconsistent with widely accepted principles on prior authorization;
- There is no evidence to support Aetna’s decision to include OMT services in the policy;
- Prior authorization places a large amount of administrative burden on physicians and their office staff, resulting in delays and/or restrictions related to patient access to care; and
- The policy complicates medical decisions and interferes with the practice of osteopathic medicine and the doctor-patient relationship.

To further detail our concerns, the AOA also requests an in-person meeting as soon as possible to include the appropriate individuals from your organization, the AOA, and representatives from state osteopathic medical associations in the impacted states. I have asked the AOA’s Physician Services and Payment Advocacy team to coordinate with your office to schedule this meeting at your convenience.

Thank you for your consideration and commitment to providing support to contracted osteopathic physicians who provide high-quality, patient-centered care to Aetna’s members. I look forward to discussing this issue with you in the near future.

Sincerely,

A handwritten signature in black ink that reads "William S. Mayo, DO". The signature is written in a cursive, flowing style.

William S. Mayo, DO  
President, Board of Trustees, American Osteopathic Association