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April 17, 2019

Terry Golash, MD  
Senior Director, Medical Health Services  
NER Regional Care Management  
New York and New Jersey Markets  
Aetna  
101 Park Avenue, 15th Floor  
New York, NY 10178

Dear Dr. Golash:

On behalf of the New York State Osteopathic Medical Society (NYSOMS), I am writing to you regarding Aetna's Prior Authorization policy for Physical Medicine Services implemented on September 01, 2018.

According to information issued to physicians in Aetna's New York network, the new policy requires physicians to obtain prior authorization for outpatient Osteopathic Manipulative Therapy (OMT) services from National Imaging Services, Inc. (NIA). This policy applies to OMT Current Procedural Technology (CPT) codes 98925-98929 and impacts Aetna's Fully Insured Commercial and Medicare plans in New York. Over the past several months, we have received numerous complaints from physicians addressing the constraints the new policy places on patients and physicians.

NYSOMS requests Aetna provide rationale for including OMT in its Physical Medicine Prior Authorization policy. This policy severely limits patient access to OMT and is inconsistent with current American Osteopathic Association (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" and that, when implemented, "prior authorization requirements should be imposed only on those physicians identified as having risk-adjusted utilization consistently outside of clinical practice guidelines."

In addition, from a medical policy perspective, Aetna does not consider OMT to be a form of chiropractic care or treatment. However, for the purpose of prior authorization, Aetna treats OMT in the same manner it treats chiropractic treatment modalities, which are also included in the policy. To date, NYSOMS is unaware of any existing evidence that supports Aetna's decision to include OMT services in its Physical Medicine Prior Authorization policy.

Prior authorization requirements are administratively burdensome and divert valuable time away from patient care. According to a 2017 American Medical Association (AMA) 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 – such as Aetna’s new Physical Medicine Prior Authorization policy – ultimately place cost savings before patient care.

NYSOMS respectfully requests Aetna reconsider including OMT treatment 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.

NYSOMS also welcomes the opportunity to discuss this important issue and further detail our concerns. Thank you for your consideration and commitment to providing support to contracted osteopathic physicians who provide high-quality, patient-centered care to Aetna’s New York members. I look forward to receiving your response within 14 business days of receipt of this letter.

Sincerely,



Sherman Dunn, D.O., President  
New York State Osteopathic Medical Society