AMERICAN OSTEOPATHIC ASSOCIATION

July 22, 2026

Dr. Donna Milavetz, MD
Senior Vice President & Chief Medical Officer
Regence Blue Cross Blue Shield
1800 9th Avenue, Suite 200
Seattle, WA 98101
donna.milavetz@regence.com
reimbursementpolicyproviderfeedback@regence.com

Dear Dr. Milavetz:

On behalf of the undersigned organizations representing more than 207,000 osteopathic physicians (DO) and osteopathic medical students nationwide, we respectfully request that Regence BlueCross BlueShield (BCBS) rescind its proposed Modifier: 25; Significant, Separately Identifiable Service policy (#103). We are particularly concerned with the policy language indicating that E/M services appended with modifier 25 will not be separately reimbursed when performed on the same day as a minor procedure (0- or 10-day global period) solely based on the existence of a prior face-to-face E/M visit for the same diagnosis within the preceding 60 days.

This policy inappropriately shifts reimbursement determinations from being based upon the clinical work performed on the date of service to a retrospective utilization history, which is inconsistent with established CPT and Centers for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI) guidance. In doing so, it effectively replaces a documentation-based standard with a utilization-based denial trigger. As a result, medically necessary evaluation and management services may be denied without meaningful consideration of the patient's clinical circumstances, evolving needs, or the care actually provided on the date of service.

While we recognize the importance of promoting appropriate billing and program integrity, this policy provision raises significant concerns because it departs from established Modifier 25 standards, applies an arbitrary utilization-based restriction, and risks denying appropriate care that patients rely on.

Misalignment with CPT or CMS/NCCI guidance
Modifier 25 is specifically intended to allow reporting of a significant, separately identifiable E/M service when additional evaluation and medical decision-making are required, including when addressing the same condition as a prior encounter. CPT and CMS/NCCI guidance focus on whether, on the date of service, the E/M service is significant, separately identifiable, and medically necessary. These standards do not incorporate diagnosis-based lookback periods, prior-visit utilization thresholds, or automatic denial triggers based solely on earlier face-to-face encounters.

The proposed 60-day lookback would instead function as a blanket claims-editing mechanism, tying reimbursement to retrospective utilization history rather than the clinical work performed and documented on the date of service. Payment determinations should be based upon individualized review of the patient's presentation, the physician's medical decision-making, and the medically necessary care provided; however, Regence instead choosing to base it on an arbitrary temporal restriction that will increase burden for practices.

Restricting medically necessary care
Patients may often require reassessment of the same condition due to changes in severity, treatment response, new or worsening symptoms, or evolving clinical needs. A prior encounter for the same diagnosis does not eliminate the need for a distinct, medically necessary E/M service at a subsequent visit, nor does it negate the work required to evaluate the patient's current condition and determine an appropriate course of care.

The practical impact of this policy is evident across multiple specialties where patients routinely require ongoing evaluation for the same condition. For example:

- A dermatology patient with worsening psoriasis evaluated and treated with a procedural service (e.g., lesion destruction or intralesional injection) within 60 days of a prior visit for the same condition
- An asthma patient requiring reassessment and in-office treatment (e.g., nebulizer administration) during a subsequent visit for symptom escalation
- A patient receiving OMT requiring updated evaluation and management due to changing symptoms
- An orthopedic patient undergoing reevaluation and injection for persistent joint pain

In each case, the E/M service reflects distinct, medically necessary evaluation and decision-making on the date of service, yet the service may be denied solely due to prior visit history rather than the work performed. These scenarios reflect routine, medically appropriate care and demonstrate how the 60-day lookback substitutes historical utilization for clinical judgment at the point of care.

Conflict with Oregon State Law

For services delivered in Oregon, this policy raises additional concerns. Oregon law, ORS 743A.018, stipulates that "an insurer may not deny reimbursement for an osteopathic manipulative treatment or an evaluation… on the basis that an evaluation is performed on the same date that the osteopathic manipulative treatment is provided."[1] The 60-day lookback provision may effectively result in such denials by using prior visit history for the same condition, and billing of these two services together, to automatically deny reimbursement for a separately identifiable E/M service performed on the same date as the OMT, despite documentation supporting distinct medical necessity. Policies that function in this manner warrant careful review.

Impact on osteopathic manipulative treatment (OMT)

We are particularly concerned with the impact this provision will have on OMT, where separately identifiable E/M services are frequently and appropriately reported. The 60-day lookback provision risks inappropriately denying reimbursement for these distinct services despite compliant documentation. AOA guidance, consistent with CPT coding principles[2], supports reporting an E/M service with OMT when the service is significant and separately identifiable, including on subsequent visits when clinical circumstances warrant additional evaluation and medical decision-making.[3]

Operational and administrative burden

This Regence policy increases administrative complexity and appeals burden for services that are otherwise compliant with national coding standards, without clear evidence that it improves program integrity. We respectfully emphasize that the issue is not misuse of Modifier 25, but rather the application of a policy that overrides established coding standards with an arbitrary temporal restriction. In addition, policies that restrict appropriate same-day E/M services may lead to delayed care, unnecessary fragmentation of services across multiple visits, and increased overall healthcare costs.

To ensure alignment with national coding standards and preserve appropriate patient care, we respectfully request that Regence:

- **Remove the 60-day lookback provision**, which is not supported by CPT or CMS/NCCI guidance and inappropriately ties reimbursement to prior utilization rather than the services performed
- Ensure Modifier 25 determinations are based on **documentation and medical necessity on the date of service**
- Issue provider guidance that clearly aligns with national coding standards and avoids retrospective utilization edits

Thank you for your consideration and for your continued engagement with the osteopathic physician community. AOA respectfully requests a meeting with Regence BlueCross BlueShield Leadership to discuss this issue further and identify a path forward.

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[1] Oregon Revised Statutes Or. Rev. Stat. ch. 743A (2025). Available here.

[2] *American Medical Association (AMA) Current Procedural Terminology (CPT©) 2026 Manual*

[3] American Osteopathic Association, *Reporting E/M Services with Osteopathic Manipulative Treatment (OMT): Quick Reference Guide;* American Osteopathic Association Policy H626-A-25, *American Osteopathic Association OMT Coverage Determination Guidance*

Please feel free to contact Kim Popernik or Gabriel Miller of the AOA Payor Advocacy Team at payoradvocacy@osteopathic.org. We kindly request a response within thirty days of this letter.

Sincerely,

American Osteopathic Association
American Academy of Osteopathy
American College of Family Physicians
American College of Osteopathic Internists
American Osteopathic College of Dermatology
American Osteopathic College of Physical Medicine and Rehabilitation
Idaho Osteopathic Physicians Association
Osteopathic Physicians & Surgeons of Oregon
Utah Osteopathic Medical Association