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Coalition of State Rheumatology Organizations

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July 16, 2025

Cigna Health Care
Attention: Claims Department
PO Box 182223
Chattanooga, TN 37422-7223

Subject: Unjustified Downcoding and Excessive Administrative Burden for Level 4 & 5 E&M Codes

To Whom It May Concern,

On behalf of the Coalition of State Rheumatology Organizations (CSRO), we are requesting immediate action regarding your current policies on the downcoding of Level 4 and 5 Evaluation and Management (E&M) codes (CPT 99214 & 99215). These practices are not only undermining the integrity of clinical care but are also imposing unsustainable administrative burdens on providers nationwide.

Immediate Concerns and Demands

1. Unacceptable Lack of Notification
Physicians are not being notified when claims are downcoded. This lack of transparency is unacceptable and results in substantial, unexplained revenue loss. Providers must receive prompt, detailed notification of any downcoding, including the specific rationale and clear appeal instructions.

2. Flawed, Non-Clinical Review Process
Your reliance on non-clinical, billing history, third-party coders and algorithmic review—rather than on the clinical realities of patient care—has led to widespread, inappropriate downcoding. This approach disregards the complexity and severity of cases, violating the intent of national coding guidelines and undermining fair reimbursement.

3. Excessive and Unjustified Documentation Demands
Mandating submission of medical records for every Level 4 and 5 claim, regardless of context, is an egregious administrative overreach. This policy has resulted in severe reimbursement delays and an overwhelming administrative burden for providers, diverting critical resources from patient care.

4. Failure to Adhere to Coding Standards
Your review process routinely ignores the requirement that E&M code determination must be based on at least two of three elements: problem complexity, data reviewed, and risk. Instead, your algorithms often consider only a single factor, resulting in systematic underpayment for legitimate, complex care. Furthermore, as you state in your policy, time is often a consideration when choosing a level of service, but there is no place on a claim to show the time spent on patient care for the date of service.

5. Contribution to National Administrative Waste

Your current policies are a clear example of the bureaucratic inefficiencies the White House Office of Management and Budget (OMB) is working to eliminate. We are actively compiling cases for submission to the OMB's Request for Information (RFI) on unnecessary administrative burdens, and your practices will be included unless immediate corrective action is taken.
Decreased reimbursement and increased administrative burdens from random downcoding and appeals have direct and serious consequences for patients:

> **Reduced Access to Care:** When providers receive lower reimbursements due to downcoding, their revenue drops, making it harder to cover operational costs. This financial strain may force practices—especially smaller ones—to limit services, reduce staff, or even stop accepting certain insurance plans. Ultimately, patients may face longer wait times, fewer available appointments, or loss of access to their preferred providers

What is needed

1. Immediately halt the blanket downcoding of Level 4 and 5 E&M claims pending a transparent, clinically-informed review of your policies.
2. Implement real-time, detailed notifications to providers for every instance of downcoding, with explicit rationale and appeal instructions.
3. Revise your review process to ensure that all three components of medical decision-making—problem, data, and risk—are fully considered, as required by national standards.
4. Eliminate excessive documentation requirements that delay reimbursement and add administrative waste.
5. Engage directly with physician organizations to develop fair, clinically-appropriate, and transparent coding review protocols.

Our physicians and their patients deserve fair, timely reimbursement and relief from unnecessary administrative obstacles. We have shared this information on excessive burdensome activities required with the Office of Management and Budget, and have been contacted by various media outlets that have heard of the widespread complaints of physicians around the country.

Sincerely,

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CC: Amy Flaster M.D., Chief Medical Officer