

September 26, 2025

Amy Flaster, MD, MBA  
Senior Vice President  
Chief Medical Officer  
Cigna  
900 Cottage Grove Rd  
Bloomfield, CT 06002

Dr. Flaster,

On behalf of the undersigned organizations and the thousands of physicians, health professionals, and patients we represent, we are writing regarding Cigna's policy on Evaluation and Management Coding and Accuracy, effective October 1, 2025. Our organizations are deeply concerned about the potential harm this policy will cause by arbitrarily cutting reimbursement for medically necessary services which will ultimately undermine timely access to care for rheumatic disease patients.

Rheumatic diseases are complex and multifaceted conditions that require the specialized expertise and care of a rheumatologist. Patients often present with a myriad of comorbid conditions, which can complicate diagnosis, management, and treatment outcomes. Given the high level of complexity of both the presenting symptoms and the requisite medications used to manage these diseases, it is anticipated that a high percentage of rheumatology evaluation and management (E/M) visits would be accurately coded as level 4 or level 5.

The Cigna Evaluation and Management Coding and Accuracy policy suggests that level 4 and 5 E/M claims will be subject to automatic downcoding without prior review of medical records. Our organizations oppose the automatic or unwarranted downcoding of claims, and we disagree that Cigna will achieve greater coding accuracy by simply reducing the E/M CPT code by a single level. All claims that are subject to downcoding should be reviewed by a professional coder who, if necessary, should request and review relevant medical records prior to adjusting the claim and decreasing reimbursement. The policy also fails to note how claims will be reviewed or coding adjustment determinations made. Our organizations are aware that insurance payers are increasingly using artificial intelligence to deny or limit care without direct oversight at the individual claim level, and we adamantly oppose these attempts to inappropriately limit patient access.

If Cigna data indicates inappropriate billing of rheumatology E/M claims, then we strongly urge you to first address these concerns through direct provider outreach and education. Widespread and arbitrary downcoding is not appropriate and threatens access to care for Cigna patients.

We appreciate your review of these concerns and urge Cigna to rescind the policy on Evaluation and Management Coding and Accuracy. We request the opportunity to speak with you further about this important issue and its impact on rheumatology practices and patients. Please contact Meredith Strozier, ACR Director of Practice Advocacy at [mstrozier@rheumatology.org](mailto:mstrozier@rheumatology.org) or (404) 633-3777 with any questions or to arrange a follow-up call.

Sincerely,

Alabama Society for the Rheumatic Diseases  
Alaska Rheumatology Alliance  
American College of Rheumatology  
Association of Women in Rheumatology  
California Rheumatology Alliance  
Chicago Rheumatism Society  
Colorado Rheumatology Association  
Connecticut Rheumatology Association  
Florida Society of Rheumatology  
Georgia Society of Rheumatology  
Lupus and Allied Disease Alliance, Inc.  
Maryland Society for the Rheumatic Diseases  
Massachusetts, Maine and New Hampshire Rheumatology Association  
Michigan Rheumatism Society  
National Infusion Center Association  
National Organization of Rheumatology Management  
Nebraska Rheumatology Society  
New York State Rheumatology Society  
North Carolina Rheumatology Association  
Ohio Association of Rheumatology  
Rheumatism Society of the District of Columbia  
Rheumatology Association of Minnesota and the Dakotas  
Spondylitis Association of America  
State of Texas Association of Rheumatologists  
Virginia Society of Rheumatology  
Washington Rheumatology Alliance  
West Virginia State Rheumatology Society