



October 27, 2025

National Association of Insurance Commissioners (NAIC)

Attn: Mr. Jon Godfread / President

1101 K Street, N.W., Suite 650

Washington, DC 20005

RE: Evaluation and Management (E/M) Downcoding

Dear Commissioner Godfread:

On behalf of the American College of Physicians (ACP), I'm writing to express our concerns regarding an egregious practice among private payers related to reimbursement for Evaluation and Management (E/M) services. The College is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 162,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

Recently, Cigna announced a policy that would allow the insurer to reduce certain E/M codes, specifically 99204-99205, 99214-99215, and 99244-99245, "to a single level lower when the encounter criteria on the claim does not support the higher level E/M CPT code reported." This policy directly violates the American Medical Association's (AMA) E/M service guidelines. While Cigna has [paused this downcoding policy](#) as of October 1 for California HMOs, ACP vigorously opposes its implementation in any form across the country. ACP believes that the treating clinician is best positioned to determine the complexity of care and the appropriate coding for an individual patient's visit. Physicians should be empowered to make medical decisions without concern that the insurer will later downcode the visit without the clinician's awareness or a thorough review of the medical record. Arbitrary downcoding undermines clinical judgment, directly interferes with the patient-physician relationship, and threatens the quality of care.

Further, Cigna is not alone in pursuing such policies. ACP members have reported similar downcoding practices by other major private payers, including Anthem, Aetna, and Humana. Payers have also released little to no information on the criteria used to make these adjustments or the data elements that would trigger downcoding. The College objects to these vague policies which only continue to put strain on clinicians. This lack of transparency only adds to physicians' administrative burden and creates significant uncertainty in billing practices. This practice imposes undue strain on physicians and their staff, who must monitor and appeal each downcoded claim, often resulting in delayed reimbursement. This is especially burdensome for smaller or independent practices with limited resources, who already face multiple financial challenges. Moreover, one concerning consequence is that physicians may begin under-coding complex visits to avoid being penalized, leading to inaccurate documentation and

underpayment for medically necessary care. Physicians deserve to be appropriately paid for services rendered to their patients.

The physicians most impacted by these payer practices are those in independent and smaller practices. As these policies put an administrative strain on medical practices, it also puts their patients' access to care at risk. Physicians will have to spend additional time engaging with a complex and ambiguous appeals process, which will lead to less time with patients. Physicians are already facing a myriad of challenges to deliver high-quality care to their patients, such as increased burnout, workforce shortages, and rising costs.

ACP implores NAIC to work with payers, at both the national and state levels, to prevent the implementation of blanket downcoding policies that blatantly circumvent physician judgment and create unnecessary administrative complexity. The College is committed to educating its members on accurate coding and billing practices and welcomes the opportunity to collaborate with payers on future educational initiatives related to the selection of appropriate E/M codes.

Thank you for your attention to this important matter. We would welcome the opportunity to discuss this issue further. Please do not hesitate to contact Brian Outland, PhD ([boutland@acponline.org](mailto:boutland@acponline.org)), Director of Regulatory Affairs at ACP, to discuss this issue further.

Sincerely,

A handwritten signature in dark ink, reading "Jason M. Goldman". The signature is fluid and cursive, with the first name "Jason" being more prominent and the last name "Goldman" following in a similar style.

Jason Goldman, MD, MACP

President, American College of Physicians