



September 11, 2025

Mike Tuffin
President and CEO
America's Health Insurance Plans (AHIP)
601 Pennsylvania Avenue NW
Suite 500
Washington, DC 20004

Dear Mr. Tuffin,

On behalf of the American Academy of Family Physicians (AAFP), which represents 128,300 family physicians and medical students across the country, I write to express our concern regarding new health plan payment policies that downcode professional Evaluation and Management (E/M) codes 99204-99205, 99214-99215, and 99244-99245 to a lower E/M code based solely on the diagnosis code submitted on the claim. We have heard from our members that national and regional plans have already begun implementing these policies. Most recently, Cigna announced its [Evaluation and Management Coding Accuracy \(R49\) policy](#) that states "*Cigna may adjust code 99204- 99205, 99214-99215, 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.*" These policies ignore Current Procedural Terminology (CPT) guidance and we are deeply concerned about the impact these policies will have on family physicians and the care they provide for your plans' members.

When the Evaluation and Management (E/M) CPT code set and reporting guidelines for E/M services were updated in 2021, the stated goals were to simplify coding and reduce documentation burden on physicians. The appropriate level of coding for an outpatient E/M visit can be based on the level of medical decision making (MDM) or total time spent on the date of the encounter. Importantly, the guidance clearly states that documentation from the medical record is needed to determine if the level of MDM or total time spent on the date of the encounter has been correctly coded. This cannot be determined by the primary diagnosis on the claim.

Under these policies, claims may be downcoded based solely on diagnosis code or other encounter claim criteria, without reviewing the clinical documentation. This conflicts with CPT guidelines that state the final diagnosis presented on the claim is not representative of the time and effort required to arrive at that diagnosis. We are concerned that automatic downcoding policies fail to reflect the continuity and complexity of care family physicians provide, which often includes managing multiple chronic conditions, coordinating with specialists, addressing behavioral health needs, and considering social drivers of health, all within a single visit. These activities are not a function of the diagnosis alone but are

11400 Tomahawk Creek Pkwy.
Leawood, KS 66211

aafp@aafp.org
(913) 906-6000

www.aafp.org

representative of the comprehensiveness and complexity of family medicine. Our concern is consistent with CPT guidance that clearly states, *"The final diagnosis for a condition does not, in and of itself, determine the complexity or risk, as extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition."*¹

The AAFP believes plans should pay appropriately submitted claims as presented, absent some rational basis for questioning the claim. The AAFP strongly supports appropriate coding and payment practices, as outlined in its [Coding and Payment Policy](#). We urge plans not to request additional documentation and further burden overtaxed family medicine practices and strongly recommend plans consider a more proactive, educational approach to addressing any concerns they might have. The AAFP stands ready to support them in that effort with family physicians as our E/M coding guidance and education is robust and accurate.

We also urge AHIP to promote consistency and transparency in any downcoding policies and procedures. The AAFP's [Transparency](#) policy supports our members' right to access reporting information that can be easily verified for accuracy. In alignment with this policy, we ask that AHIP encourage its members to implement the following actions:

- **Clearly and proactively communicate parameters of the program.** Notify physicians when they are identified as outliers, including a description of the data used and the reasons why before making adjustments to individual claims. Offer these physicians additional education. We reiterate our offer of support in this regard.
- **Streamline appeals and determination processes.** This includes offering an easy-to-use appeals process, making determinations in a timely manner, and including detailed information on the remittance advice if an appeal is denied.
- **Identify a pathway for being removed from the program.** Equip physicians with a clear understanding of the changes or improvements necessary to no longer be considered an outlier and thus removed from the program.
- **Disclose the use of artificial intelligence, algorithms, and analytic solutions.** In accordance with the AAFP's [Ethical Application of Artificial Intelligence in Family Medicine policy](#), we urge Cigna to transparently communicate its methods for executing this program to its in-network physicians and practice managers to offer assurances that determinations are being made appropriately.

The AAFP is concerned that the inappropriate financial impacts and administrative stress created by these new policies may disproportionately affect physicians whose care is

¹ CPT 2025 Professional. Chicago: American Medical Association. 2024: 9

substantially comprised of E/M services. As the cornerstone of primary care delivery in the U.S., family physicians are essential to ensuring your members receive high quality, comprehensive primary care. The increasing prevalence of chronic conditions across all age groups makes that care even more essential and complex. We believe it is in your plan members' best interest to ensure that their members are receiving the highest quality care for their conditions in the lowest cost setting. We further believe they have a vested interest in family physicians and other primary care clinicians being sufficiently resourced to deliver this care that is proven to simultaneously improve outcomes and manage health care spending.

The AAFP further objects to broad brush comparisons that conclude those billing at higher levels are acting fraudulently. This presumption will lead to a corresponding inappropriate undercoding, which fails to accurately capture the complexity of care and the resources involved to meet plan members' needs. We are also particularly concerned about independent physician practices and/or those in rural and underserved communities where the staffing and data systems may be less robust.

We strongly encourage AHIP to discuss these concerns with your member organizations, including taking immediate steps to address these disparities and ensure equitable treatment across all settings.

We have reviewed Cigna's and other plans' policies closely. They are scant in the level of information relative to who will be impacted and why. The AAFP urges AHIP to direct its members to take a proactive, comprehensive, educational approach to addressing any concerns relative to the coding practices of family physicians and welcome the opportunity to collaborate with you and/or your members on educational outreach initiatives. We encourage you to contact Brennan Cantrell, Market Transformation, Senior Strategist at 913-906-6172 or bcantrell@aafp.org.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, reading "Stephanie Quinn".

Stephanie Quinn
Senior Vice President, External Affairs & Practice