



**American Society for
Gastrointestinal Endoscopy**

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Cigna Healthcare (Rtg code - 3W.710)
900 Cottage Grove Road
Bloomfield, CT 06152

Re: Objections to Cigna's "Evaluation and Management (E/M) Coding and Accuracy" Policy (R49), effective October 1, 2025

Dear Dr. Flaster:

On behalf of the American Society for Gastrointestinal Endoscopy (ASGE), we write to express strong concern with Cigna's new Evaluation and Management (E/M) Coding and Accuracy policy (R49), which permits down-leveling of CPT® codes 99204–99205, 99214–99215, and 99244–99245 "to a single level lower" when Cigna determines the "encounter criteria" are not met.

ASGE urges Cigna to rescind R49. The policy conflicts with current CPT E/M guidance, which, since January 1, 2021, directs that outpatient E/M level selection be based on medical decision making (MDM) or total time on the date of the encounter. Determining the correct level requires review of the medical record. It cannot be inferred solely from diagnosis codes, claim-line proxies, or peer-comparison analytics. CPT guidance makes clear that a final diagnosis does not, by itself, establish complexity or risk. Substantial evaluation may be required to reach that diagnosis. Automated, claim-only downcoding disregards these principles and will inappropriately depress payment for legitimate, high-complexity GI care.

We are also concerned about the policy's mechanics and lack of transparency. Public statements suggest that only a subset of physicians will be targeted, yet Cigna has not disclosed: (1) the claim data elements or thresholds that trigger an automatic downcode; (2) whether specialty-appropriate peer cohorts will be used; or (3) how the rationale for any adjustment will appear on remittance advice. Further, we understand reconsiderations may rely on a fax-only process—an onerous, outdated approach that increases administrative burden and delays resolution.

If Cigna declines to rescind the policy, ASGE requests the following minimum safeguards:

1. Pause implementation and meet with ASGE, AMA and other relevant stakeholders to review the underlying data and pursue an education-first approach.
2. Prohibit claim-only/algorithmic downcoding. Require clinician-led review of the medical record by qualified coders/physicians, using GI-appropriate peer and disease specific comparator, before any level reduction.
3. Publish a transparent, specialty-appropriate methodology (triggers, thresholds, comparator definitions, and citations to CPT criteria) and provide clear remittance rationales for any adjustment.
4. Offer rapid, electronic reconsideration/appeals, with timely clinical dialogue, no retroactive recoupments, and patient hold-harmless protections.
5. Monitor and report key metrics (adjustment, reversal, and error rates) to ensure accuracy and allow collaborative quality improvement.

ASGE supports accurate coding and stands ready to partner on targeted education and clinically informed audits focused on outlier patterns—approaches that improve accuracy without violating CPT requirements or imposing broad, indiscriminate downcoding on compliant physicians.

Thank you for your consideration. We welcome an opportunity to discuss this further. Please contact Lakitia Mayo, ASGE Chief Policy and Member Engagement Office at lmayo@asge.org to schedule a meeting. We look forward to working with Cigna on solutions that uphold coding integrity while respecting clinical complexity and due process.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Chak".

Amitabh Chak, MD, MASGE
President
American Society for Gastrointestinal Endoscopy