



September 19, 2025

Julie B. Kessel, MD
Medical Officer for Coverage Policy
Cigna
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Re: Evaluation and Management Coding and Accuracy Reimbursement Policy Number 49

Dear Dr. Julie Kessel,

The American Association of Birth Centers is deeply concerned regarding Cigna's recently announced policy change to automatically downcode high-level evaluation and management (E/M) claims (99204–99205, 99214–99215, 99244–99245) using artificial intelligence, without the benefit of reviewing medical records. This approach, while likely intended to streamline claim processing, will have serious adverse consequences for providers, patients, and the healthcare system at large.

First, **automatic downcoding without record review undermines accurate reimbursement.**

High-level E/M visits reflect complex cases that require greater clinical judgment, longer visit times, and more extensive documentation. Reducing these claims by one level solely due to “unspecified or improperly sequenced diagnosis codes”—without assessing the medical necessity documented in the chart—fails to recognize the complexity of care delivered. This amounts to a blanket reduction in payment, irrespective of the services provided.

Second, this policy **places an undue administrative burden on practices.** Forcing providers to appeal downcoded claims with full chart documentation shifts the workload from payers to already overextended clinical staff. Appeals are time-intensive, delay payment, and redirect resources away from patient care. Smaller practices, particularly those in midwifery and primary care, will be disproportionately impacted, as they often lack the infrastructure to absorb these additional administrative demands.

Third, **this precedent threatens broader access to care.** If other payers adopt similar AI-driven downcoding practices, providers may face unsustainable revenue reductions. This could force some to limit the number of patients they see with commercial insurance, or worse, leave practice altogether, ultimately restricting patient access to vital healthcare services.


Finally, this approach risks **eroding trust.** Patients deserve assurance that their care is valued and appropriately supported by their insurer. Automated downcoding without context conveys

the opposite: that insurer efficiency outweighs clinical expertise. UnitedHealthcare attempted a similar policy with emergency room claims, which failed due to its impracticality and unfairness. Cigna risks repeating that mistake here.

In light of these concerns, we respectfully urge Cigna to reconsider this policy before its implementation on October 1, 2025. At a minimum, we request that any downcoding decisions be based on a thorough review of medical records by qualified professionals, rather than relying on automated processes.

Providers deserve fair compensation for the complex, high-quality care they deliver. Patients deserve uninterrupted access to providers who are supported, not penalized, for the work they do. We hope Cigna will revise this policy to reflect those priorities.

Respectfully,



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