

2025 - 2026 Board of Directors

President

Frank S. Virant, MD, FAAAAI
University of Washington School of Medicine
Northwest Asthma & Allergy Center
Seattle, WA

President-Elect

Carla M. Davis, MD, FAAAAI
Howard University College of Medicine
Washington, DC

Secretary-Treasurer

Leonard B. Bacharier, MD, FAAAAI
Vanderbilt University Medical Center
Nashville, TN

Immediate Past-President

Paul V. Williams, MD, FAAAAI
University of Washington School of Medicine
Northwest Asthma & Allergy Center
Seattle, WA

At-Large Executive Committee Member

Anna H. Nowak-Wegrzyn, MD, PhD, FAAAAI
NYU Grossman School of Medicine
New York, NY

At-Large Board Members

Cem Akin, MD, PhD, FAAAAI
University of Michigan
Ann Arbor, MI

Priya J. Bansal, MD, FAAAAI
Asthma and Allergy Wellness Center
St. Charles, IL

Amy M. Dowden, MD, MME, FAAAAI
University of Iowa Hospitals and Clinics
Iowa City, IA

Angela Haczkus, MD, PhD, FAAAAI
University of California-Davis School of Medicine
UC Davis Lung Center
Davis, CA

Anil Nanda, MD, FAAAAI
Asthma and Allergy Center
Lewisville, TX

Jordan S. Orange, MD, PhD, FAAAAI
Columbia University
New York, NY

Anju T. Peters, MD, MSCI, FAAAAI
Northwestern University Medical School
Chicago, IL

Allison Ramsey, MD, FAAAAI
Rochester Regional Health
University of Rochester
Rochester, NY

Rebecca Scherzer, MD, FAAAAI
Nationwide Children's Hospital
Columbus, OH

Marcus S. Shaker, MD, MS, FAAAAI
Dartmouth Hitchcock Medical Center
Lebanon, NH

Drew A. White, MD, FAAAAI
Scripps Clinic
San Diego, CA

Executive Vice President

Thomas A. Fleisher, MD, FAAAAI

Executive Director

Rebecca Brandt, CAE

Executive Director Emeritus

Kay Whalen, MBA, CAE

September 18, 2025

Amy Flaster, MD
Chief Medical Officer
Cigna Healthcare
900 Cottage Grove Road
Bloomfield, CT 06152

Email: amy.flaster@cigna.com

RE: Opposition to October 1, 2025, Policy on Downcoding Office Visits

Dear Dr. Flaster,

Established in 1943, the American Academy of Allergy, Asthma & Immunology (AAAAI) is a professional association with more than 7,000 members in the United States, Canada and 72 other countries. This membership includes allergist/immunologists, other medical specialists, allied health and related healthcare professionals—all with a special interest in the research and treatment of patients with allergic and immunologic diseases. On behalf of the members of the AAAAI, we are writing to express our strong opposition to Cigna's new Evaluation and Management (E/M) Coding and Accuracy policy (R49), effective October 1, 2025, which will unilaterally downcode evaluation and management (E/M) office visits.

This policy is deeply troubling and inconsistent with nationally recognized coding standards, and may create adverse consequences for both patients and physicians.

1. Conflict with Established National Standards

The current E/M coding framework was revised jointly by the Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA), effective January 1, 2021, with broad stakeholder input. These revisions emphasize medical decision-making OR total time on the date of the encounter as the appropriate basis for code selection.^{1,2}

(more)

CMS now allows physicians to select an E/M level based on total time, not just face-to-face time, with a clear breakdown of included tasks, such as:

- **Preparing to see the patient**, including reviewing previous tests or records;
- **Counseling and education** of patient, family, or caregivers;
- **Documenting** the visit;
- **Ordering** tests, medications, referrals;
- **Referring and communicating** with other healthcare professionals, when not separately reported; and
- **Discussion of management or test interpretation** with external health professionals.

This is a significant advance: it formalizes that time spent discussing care with referring providers or reviewing their records can—and should—be included in calculating total time for E/M coding.

This is extremely important because it:

- **Recognizes essential coordination:** Referring physician communication and record review are integral to effective, high-quality care—especially for complex or specialized cases.
- **Supports accuracy and fairness:** Previously, these critical non-face-to-face tasks were often uncompensated. Now, they can substantively contribute to E/M level determination.
- **Encourages comprehensive care:** Physicians can be rewarded for investing extra time in continuity of care and collaboration without being penalized under restrictive coding definitions.

These guidelines provide access to Value Based Care and not just a Volume Based Model.

Cigna's unilateral decision to automatically downcode physician-submitted claims disregards these nationally recognized guidelines and undermines the intent of CMS's burden-reduction efforts.

2. Harm to Patient Care

E/M coding levels are designed to capture the complexity of care provided. Patients with multiple chronic illnesses, complex diagnostic needs, or requiring extensive counseling often necessitate higher-level visits. By downcoding such encounters, this policy risks disincentivizing comprehensive care for precisely the patients who need it most. **The result will be diminished access, delayed care, and potential adverse outcomes.**

3. Increased Administrative Burden

This policy will force physicians and practices to expend significant time and resources on appeals, resubmissions, and documentation disputes as the new policy does not include a process for review of the evidence required to assess coding accuracy. CMS's *Patients Over Paperwork* initiative (2017–present) underscores the importance of reducing—not increasing—administrative inefficiency.³ **By imposing a blanket downcoding policy, Cigna directly contradicts this widely accepted principle.**

4. Undermining Payer–Provider Relationships

Physicians are obligated to code in accordance with AMA CPT® guidance and CMS

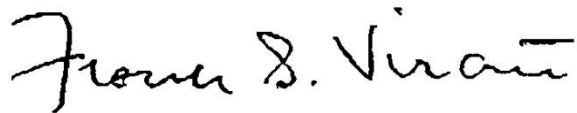
regulations. **Automatically downcoding claims disregards physician professionalism and erodes trust between payers and providers.** It signals a prioritization of financial considerations over evidence-based, patient-centered care.

Cigna has not provided the algorithm on what claim data triggers automatic downcoding or how the justification for the downcoding will be shared regarding documentation disputes and appeals. This lack of clarity will make it difficult for physicians to successfully appeal inappropriate downcoding. On behalf of our members and the patients they serve, **we respectfully urge Cigna to rescind or delay this policy and engage in meaningful dialogue with organized medicine, including the AMA, specialty societies, and other stakeholders.**

Targeted audits where there is clear evidence of concern with human oversight, paired with physician education, are far more appropriate than sweeping administrative edits that undermine nationally recognized standards and compromise patient care. Prioritizing fairness, accuracy and quality of care should be the cornerstone of policy development.

Thank you for your attention to this urgent matter and your consideration of these comments. The AAAAI stands ready to work collaboratively with Cigna to ensure policies that support accuracy, fairness, and above all, the health of our patients. Please contact Sheila Heitzig at sheitzig@aaaai.org or 414-276-6445 to facilitate further discussion.

Sincerely,

A handwritten signature in black ink that reads "Frank S. Virant". The signature is written in a cursive, flowing style.

Frank S. Virant, MD FAAAAI
President, American Academy of Allergy, Asthma & Immunology

References

¹American Medical Association. *CPT® 2025 Professional Edition*. AMA; 2024.

²Centers for Medicare & Medicaid Services. *Evaluation and Management Services Guidelines (2021 update)*.

³Centers for Medicare & Medicaid Services. *Patients Over Paperwork Initiative*. <https://www.cms.gov/Outreach-and-Education/Outreach/PatientsOverPaperwork>