AMERICAN COLLEGE of RHEUMATOLOGY
Empowering Rheumatology Professionals

Empowering rheumatology professionals to excel in their specialty

2200 Lake Boulevard NE, Atlanta, GA 30319
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April 10, 2023

Julie Kessel, MD
National Medical Director for Coverage Policy
Cigna
900 Cottage Grove Road
Bloomfield, CT 06002

Dear Dr. Kessel:

On behalf of the more than 7,700 U.S. rheumatologists and rheumatology health professionals represented by the American College of Rheumatology (ACR), I am writing regarding the upcoming changes to Cigna's policy on reimbursement for modifier 25. ACR is aware that, effective May 25, 2023, Cigna will deny the E/M portion of all claims billed with a modifier 25 unless the practice submits a full set of office notes. **We are concerned that this change will result in inappropriate denials or delayed payments for legitimate E/M services and increase the already high level of administrative burden on rheumatology practices.**

Submitting detailed patient notes with each claim requires a significant amount of staff time. Not only is this time not reimbursed, it also forces practices to pull resources away from patient care. According to Current Procedural Terminology (CPT) guidelines, it is the purpose of the modifier 25 to describe significant, separately identifiable, and medically necessary E/M service performed on the same day as a minor procedure. These separate services should be appropriately reimbursed– it is unnecessary and overly burdensome to require that the documentation for these claims include the full chart notes. It should also be noted that no other major commercial payer has such excessive requirements.

Providing medically necessary, distinct services on the same day saves the patient from having to return for the procedure at a later date and incurring additional co-pays. This is especially important for rheumatic disease patients as many experience difficulties with traveling and may already face increased travel times due to provider shortages. Rheumatology patients are seen for both autoimmune diseases, such as rheumatoid arthritis and systemic lupus erythematosus, and chronic musculoskeletal disorders such as osteoarthritis. The patients often require procedures such as intra-articular corticosteroid injections to help with pain and dysfunction and joint aspiration to rule out infection. Providing services such as intra-articular steroid injections at the time of routine care for their underlying disorder saves the patient from multiple trips. It also enables physicians to provide services in a more efficient manner to a broader set of patients. In addition, creating barriers to patients accessing joint aspirations slows diagnosis of painful diseases such as gout, and dangerous conditions such as septic joints. This can lead to higher morbidity and mortality and becomes a significant patient safety issue.

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ACR members have long understood that when each service is separately necessary, providing them on the same day is medically appropriate and meets necessity requirements. Making it overly burdensome to use the modifier 25 in an effort to reduce billing frequency could ultimately lead to reduced access, excessive travel, patient morbidity and mortality and higher out-of-pocket costs for patients with rheumatic diseases, and ultimately increased cost for Cigna.

We appreciate your review and consideration of these concerns and request the opportunity to meet with you to further discuss this important issue. Please contact Meredith Strozier, ACR Director of Practice Advocacy, at mstrozier@rheumatology.org or (404)633-3777 with any questions or to arrange a conference call.

Sincerely,

Rebecca Shepherd, MD, MBA
Chair, ACR Insurance Subcommittee