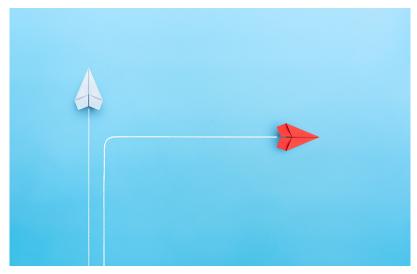
## Dynamic Chiropractic



BREAKING NEWS

## **Unified Opposition to New Cigna Policy**

ACA AMONG 100+ HEALTH CARE ORGANIZATIONS OBJECTING TO POLICY

DIGITAL EXCLUSIVE

UPDATE: On May 24<sup>th</sup> (one day before the new policy was set to take effect), we received word that Cigna has postponed implementation of the the policy - perhaps in large part due to the widespread opposition voiced by the health care community (although Cigna did not state as such). Per the insurer, it will "continue to review for future implementation."

The American Chiropractic Association is among the 100-plus health care organizations voicing opposition to a new Cigna policy "requiring all providers to submit office notes with all claims including E/M codes 99212, 99213, 99214, and 99215 and modifier 25 when a minor procedure is billed," according to the ACA in a recent press release.

In a joint letter to Cigna CEO David Cordani, the organizations, including allopathic heavyweights such as the American Medical Association, American Academy of Family Physicians, and American Nurses Association, explain their objection to the new policy:

"We urge Cigna to reconsider this policy due to its negative impact on practice administrative costs and burdens across medical specialties and geographic regions, as well as its potential negative effect on patients, and instead partner with our organizations on a collaborative educational initiative to ensure correct use of modifier 25."

They also offer Cigna a solution, as explained in the ACA release: "conduct targeted outreach to select providers who may have 'unexpected coding patterns' and collaborate with healthcare organizations on education programs to support the correct use of modifier 25."

Because modifier 25 is used to report a significant, separately identifiable E/M service on the same day of another service, the organizations emphasize in their letter to the Cigna CEO that the new policy would create "disincentive for physicians and other healthcare professionals to provide unscheduled services." They also note the value of modifier 25: "[By] facilitating the provision of unscheduled, medically necessary care, modifier 25 supports prompt diagnosis and streamlined treatment – which in turn promotes high-value, high-quality, and patient-centric care."

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