

Cigna Delays Records Request Policy, Staving Off “Administrative Nightmare”

By Emma Freer

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Cigna has delayed the implementation of a new billing policy after the Texas Medical Association and others in organized medicine pushed back, warning that it would have negative implications for physicians, practice staff, and patients.

Earlier this year, the commercial payer notified physicians and other health care professionals that starting Aug. 13, it would request patients' medical records when billed for an office or other outpatient visit where a minor procedure also occurred.

This announcement prompted an outcry from state medical associations and specialty societies, including TMA and the American Academy of Dermatologists, which said it would add to physicians' administrative burden and constrain patients' access to care.

In a recent letter to physicians and other health care professionals, Cigna said it is reevaluating the policy change and will announce a new implementation date once that evaluation is complete.

Carra Benson, TMA's manager of practice management and reimbursement, says the response from TMA and others in organized medicine contributed to Cigna's decision to delay implementation of the policy change. But she cautions that the policy remains a concern.

If implemented in the future, as Cigna has signaled it will be, the policy could spur “an administrative nightmare” given the ubiquity of office visits that include a minor procedure, she says. For instance, a dermatologist may discover a concerning mole and remove it during the same routine office visit.

In coding terms, the policy change would apply to evaluation and management codes 99212 through 99215, when billed with a modifier 25. That modifier is used to indicate a minor procedure, of which there are more than 1,600.

Ms. Benson says practices that often bill for such visits could find themselves overwhelmed by medical records requests from Cigna. This burden would especially fall heavily on solo and small practices, which have limited staff to meet such demand.

To avoid this scenario, practices might opt to schedule follow-up visits for the minor procedure or to sever relationships with Cigna if the policy is implemented, she says. Both options constrain patients' access to timely continuous care.

TMA continues to monitor the issue.

In the meantime, Ms. Benson encourages physicians to proactively document the reason for any minor procedures they perform so “if this [policy] does come back up, there's less worry because they know they're doing it right.”

Practices with questions about this policy and similar ones from other commercial payers can request a coding and documentation review from TMA Practice Consulting. The service includes an in-depth review of medical record documentation and claims coding that identifies deficiencies in areas of risk.

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Emma Freer

Reporter

(512) 370-1383

[emma.freer\[at\]texmed\[dot\]org](mailto:emma.freer@texmed.org)



Emma Freer is a reporter for *Texas Medicine*. She previously worked in local news, covering city politics, economic development, and public health. A native Clevelander, she graduated from Columbia Journalism School and the University of St. Andrews.

More stories by Emma Freer