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[Your Practice Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

General Counsel

Cigna Healthcare

[Address]

[City, State, Zip Code]

Supervisor, R49 Auto-Downcoding Program

Cigna Healthcare

[Address]

[City, State, Zip Code]

[Date]

**RE: Demand for Immediate Removal from R49 Auto-Downcoding Program &**

**Discontinuance of Unfair Claims Processing Practices**

Dear General Counsel and Supervisor of Cigna’s R49 Auto-Downcoding Program:

I am writing on behalf of [Name of Practice], a medical practice located in [City, State], to formally demand the immediate removal of our practice from Cigna’s Evaluation and Management Coding Accuracy (R49) policy implemented on October 1, 2025. As a healthcare provider, my practice adheres to the nationally recognized coding and documentation guidelines established by the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS). I have observed a pattern of automated downcoding of Evaluation and Management (E/M) claims submitted by our practice, which appears to be conducted without a thorough review of the medical records or adherence to fair processing standards. This practice has resulted in reduced reimbursements, increased administrative burdens, and potential violations of [State] laws governing insurance claims settlement and prompt payment.

Automatically downcoding E/M claims like CPT 992204-99205, 99214-99215, 99244099245 to lower levels based solely on a diagnosis code or other encounter claim criteria, without reviewing the clinical documentation directly conflicts with current E/M CPT guidelines which emphasize (1) medical decision-making (MDM) and (2) time-based criteria. The AMA has explicitly deemed automated downcoding using algorithms without full review of the medical record inappropriate. More importantly, the AMA strongly opposes Cigna’s R49 policy as expressly stated in its [August 28, 2025 letter to Cigna](https://searchusan.ama-assn.org/letter/documentDownload?uri=/unstructured/binary/letter/LETTERS/lfcd.zip/2025-8-28-Flaster-Cigna-downcoding-letter.pdf). In our experience and according to the AMA, your program’s automated adjustments lack transparency.

Cigna’s actions must align with federal laws such as the False Claims Act and Health Insurance Portability and Accountability Act (HIPAA), as well as state regulations. Cigna’s practice of failing to conduct a “reasonable investigation” before refusing to pay the full claim, would be inconsistent with Cigna’s contracted obligations and may violate Georgia’s Unfair Claims Settlement Practices Act (O.C.G.A. § 33-6-30 *et seq.*) which compels policyholders to institute litigation to recover amounts due. Additionally, Cigna’s practice may violate Georgia’s Prompt Pay Act requires timely processing: clean electronic claims must be paid within 15 working days, and paper claims must be paid within 30 working days, with interest occurring at 18% per annum on overdue amounts. Automated downcoding without justification delays reimbursement and may also constitute an unfair trade practice, potentially subjecting Cigna to penalties or regulatory scrutiny from the Georgia Office of the Commissioner of Insurance or the Department of Justice.

Our practice seeks full and immediate reprocessing of any claims subjected by Cigna’s R49 policy and for full payment for the original CPT code(s) submitted. Furthermore, due to the administrative burden and questionable legality of this automated program, we demand the following:

1. Immediate and permanent removal of my practice, [Practice Name], and all associated providers (NPI: [Your NPI Numbers]) from Cigna’s R49 automatic downcoding program and any related automated review lists.
2. Discontinuance of all unilateral downcoding without prior record review and clear Explanation of Benefits (EOB) justifications.
3. Reprocessing and full reimbursement for all downcoded claims from the past [specify period, e.g., 12 months], with applicable interest under [State] law.
4. Written confirmation of compliance within 14 days of this letter.

Please be advised that failure to comply may require escalation, including filing a formal complaint with the Georgia Insurance Commissioner and seeking all available legal remedies under [State] law. We are prepared to provide documentation supporting our position to resolve this amicably. Please confirm receipt of this correspondence and direct all correspondence to [e.g., compliance officer, practice owner, lawyer, phone number, email].

Sincerely,

[Your Name]

[Your Title, e.g., Compliance Officer]

[Your Practice Name]

[Contact information]

cc: [Any relevant parties, e.g., State Insurance Commissioner, State Representative, Medical Associations]