



September 11, 2025

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Dear Dr. Rao:

On behalf of the American Osteopathic Association (AOA) and its more than 197,000 osteopathic physicians (DOs) and osteopathic medical students, we write in strong opposition to BlueCross Blue Shield of Massachusetts' (BCBSMA) Evaluation and Management Overcoding Program, scheduled to take effect on November 3, 2025.

This program, which allows automatic downcoding of level 4 and 5 office/outpatient visits for new or established patients and emergency department visits based solely on claim-level data, poses significant risks to clinical care, administrative efficiency, and fair reimbursement, particularly for osteopathic physicians, 57% of whom specialize in primary care and often deliver complex, whole-person care.

### **Key Concerns**

#### **1. Misalignment with AMA CPT Guidelines and CMS Standards**

The 2021 revisions to E/M coding guidelines emphasize medical decision making (MDM) or total time spent as the basis for code selection. BCBSMA's program disregards these standards by relying on unspecified "encounter criteria" from the claim form, without reviewing the medical record. CPT guidelines for E/M reporting clearly discredit this approach: *"The final diagnosis for a condition does not, in and of itself, determine the complexity or risk, as extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition."* This approach is inconsistent with AMA and CMS guidance and undermines the integrity of the E/M coding framework.

#### **2. Lack of Transparency and Algorithmic Downcoding**

BCBSMA has not disclosed the specific criteria or algorithms used to determine downcoding decisions. Dense, algorithm-driven adjustments deny providers due process and prevent compliance with Massachusetts' prompt payment law (M.G.L. c.176I §2). Without transparency, providers cannot reasonably anticipate or prevent adjustments, creating systemic unfairness.

#### **3. Ethical and Legal Implications**

A program that systematically downcodes without individualized review may breach the duty of good faith and fair dealing under Massachusetts' insurance law, as outlined in M.G.L. c.176D §3(9) and enforceable through M.G.L. c.93A §9, which prohibit unfair claims settlement practices and allow for civil remedies when such practices result in financial harm. If it results in knowingly avoided payment obligations under federally funded plans, it may also expose BCBSMA to scrutiny under the False Claims Act's reverse false claims provision (31 U.S.C. § 3729(a)(1)(G)). Such practices raise significant ethical concerns and risk eroding trust in payer-provider relationships.

#### **4. Administrative Burden and Financial Harm**

Automatic downcoding will force physician practices to engage in costly appeals for routine claims, delaying payments by average of 20-30 days. For small and independent practices already facing workforce shortages and rising operational costs, these repeated delays and rework translate into thousands of dollars in preventable annual losses. Estimates range from \$15,000 to more than \$50,000 per year, jeopardizing financial stability and threatening access to care in underserved communities.

#### **5. Impact on Patient Care and Physician Burnout**

Requiring physicians to work around opaque downcoding program is likely to push them toward lower coding levels. That response compromises clinical accuracy, increases frustration, and accelerates burnout, undermining both provider well-being and patient care outcomes. For osteopathic physicians, whose approach centers on whole-person care and preventive medicine, these pressures reduce

the time and attention available to address the full scope of patient needs. The result is a diminished care experience for patients and increased emotional exhaustion for physicians, both of which contribute to poorer outcomes and higher long-term cost.

### **Request for Action**

We respectfully urge BCBSMA to rescind the Evaluation and Management Overcoding Program and instead pursue a more constructive and collaborative approach:

- **Targeted education** for providers with outlier coding patterns.
- **Transparent criteria** for claim review and adjustment, i.e., remittance advice.
- **Medical record review** before any reimbursement reduction.
- **Partnerships with medical societies** to promote accurate coding practices.
- **Contractual safeguards** to prevent automatic downcoding without due process.

We also encourage BCBSMA to consider the broader implications of this program on patient access to appropriate care and the potential for increased regulatory scrutiny, particularly as documentation practices shift in response to unclear coding expectations.

Thank you for considering this request. We welcome the opportunity to discuss this further and provide any additional information that may assist in your decision-making process. Please feel free to contact Kim Popernik at (312) 202-8032 or [kpopernik@osteopathic.org](mailto:kpopernik@osteopathic.org). We kindly request a response within thirty days from the date of this letter.

Sincerely,



Robert Piccinini, DO, D.FACN  
President  
American Osteopathic Association



Yasir Saleem, DO  
President  
Massachusetts Osteopathic Society

CC: Lisa M. Gorman, Vice President, Provider Network Management, BCBSMA  
Stephanie Henley, Executive Director, Massachusetts Osteopathic Society  
Kathleen S. Creason, MBA, Chief Executive Officer, AOA  
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Cynthia Penkala CMM, FACMPE, Senior Director Physician Services AOA/AOIA  
Kim Popernik, MHA, CMRS, Manager Physician Payer Relations AOA/AOIA

### Resources:

American Health Information Management Association (AHIMA). (2022, June 1). *Claims denials: A step-by-step approach to resolution*. *Journal of AHIMA*. Retrieved from <https://journal.ahima.org/page/claims-denials-a-step-by-step-approach-to-resolution>

Cain, R. A. (2024, September 25). *Applying Daniel Pink's insights to reform U.S. healthcare*. *American Association of Colleges of Osteopathic Medicine*. <https://www.aacom.org/news-reports/news/2024/09/25/applying-daniel-pink-s-insights-to-reform-us-healthcare>

*CPT 2025 Professional*. Chicago: American Medical Association. 2024: