AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY FOUNDATION®

September 3, 2025

Robert McDonough, MD,
Head of Clinical Policy Research and Development
Aetna
151 Farmington Ave.
Hartford, CT 06156
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Re: Evaluation and Management (E&M) Program Claim and Code Review Policy

Dear Dr. McDonough,

On behalf of the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), we would like to provide comments regarding **Aetna's Evaluation and Management (E&M) Program Claim and Code Review Policy** that we believe needs careful reconsideration.

After detailed review, the AAO-HNS respectfully suggests that Aetna reconsider its position of ***evaluating the appropriateness of levels 4 and 5 E&M codes to assess if the level of service billed matches the intensity of the service and the severity of the illness*****,** for select providers.

As currently written and carefully crafted, the policy mentions that this is being done for ***select providers*****,** by your vendor Availity who uses certified coders to review the ***claim billed and the member and provider claim history to make the non-clinical edit decision***. What it truly entails is a targeting of providers and "downcoding" or adjusting claims submitted with a level 4 and 5 E&M code to a lower level of coding.

While the policy leaves room for an appeal process, it inevitably creates an undo administrative burden on physician practices, categorically diminishes physician medical decision making, assessment of medical necessity, and ultimately, physician reimbursement.

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The policy, clearly outlines the criteria applicable to determining the appropriate level of E/M services according to the CPT E/M Services guidelines, and the expectations of clear and descriptive documentation, what it lacks is a clear and transparent description of *how* the policy is being applied by Availity and its certified coders without a complete and thorough review of the patient's current medical record at the time of claim submission, ***prior*** to automatic downcoding of a claim.

A patient's medical record is the physician's most steadfast, detailed and reliable tool in assessing and ultimately establishing medical necessity. Therefore, we respectfully call upon Aetna to clearly outline how it determines which providers are selected for this process and how Availity and its certified coders determine clinical appropriateness for downcoding when the policy clearly states the edits are non-clinical and are provided at the time of claim submission when a medical record is not provided and only done so during the appeal process.

This policy would, in theory, require a detailed review of each individual medical record, for each individual claim that will automatically be downcoded prior to such a review occurring.

The AAO-HNS has received multiple reports from Otolaryngologists-Head and Neck Surgeons around the country informing us that physician practices are increasingly receiving claims that are **automatically downcoded** and paid at a lower level than what was originally billed.

Practices are also reporting that while the downcoded claims can be appealed with the submission of the documents substantiating the original billing submitted, this requires an intensive and detailed review of each explanation of benefits (EOB) the practice receives to determine which claims are being automatically downcoded. If a practice appeals such claims and 75% of the time the appeal is approved, practices are removed from the automatically downcoded edit program. If, on the contrary, a practice does not appeal or if less than 75% of appeals are not approved, the practice remains in the automatic downcoding program.

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Physician practices, in all medical specialties, are increasingly facing unnecessary burdens that threaten medical access and the delivery of critical care for patients. Creating a scenario where individual or small physician practices have to implement onerous steps to review every claim denial to subsequently obtain fair and appropriate reimbursement for services rendered, is not only burdensome, but overly costly and time consuming. Not only is this unnecessary for physician practices, but it is also, in the larger scheme, questionable and equally inconvenient and time consuming for Aetna to have to reassess and reprocess each individual claim.

In summary, we strongly urge Aetna to reassess its **Evaluation and Management (E&M) Program Claim and Code Review Policy,** as it not only adds further undo administrative and financial strains on physician practices but also raises considerable questions regarding Aetna's reimbursement methodologies and medical claim and appeal processes.

We appreciate the opportunity to comment on this medical policy and would welcome the opportunity to discuss our feedback. Should you have any questions, please feel free to contact us.

We look forward to hearing from you.

Sincerely,

Rahul Shah, MD, MBA
Executive Vice President and CEO
The American Academy of Otolaryngology-Head and Neck Surgery

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