August 31, 2026

Todd Hoffman, M.D., C.P.E.
Chief Medical Officer
Blue Cross and Blue Shield of Oklahoma
P.O. Box 655924
Dallas, TX 75265-5924

RE: Blue Cross and Blue Shield of Oklahoma's Evaluation and Management Claims Editing and Downcoding Policy Effective July 1, 2026

Dear Dr. Hoffman,

On behalf of the American Psychiatric Association (APA), American Academy of Child and Adolescent Psychiatry (AACAP), and Oklahoma Psychiatric Physicians Association (OPPA), representing more than 40,000 psychiatrists and 11,000 child and adolescent psychiatrists, we write to express our concerns regarding Blue Cross and Blue Shield of Oklahoma's (BCBSOK) new claims editing and review process for Evaluation and Management (E/M) services that became effective July 1, 2026.

APA and OPPA support appropriate claims oversight and accurate coding consistent with CPT® guidance. However, we are concerned that BCBSOK's new policy may result in automatic or routine downcoding of appropriately reported E/M services, creating unnecessary administrative burden, delaying reimbursement, and threatening patient access to psychiatric care.

Since implementation of the policy, APA, AACAP, and OPPA have heard from Oklahoma psychiatrists reporting that nearly all of their 99215 and 99214 office visit claims have been routinely downcoded to lower-level services without any apparent individualized review or explanation beyond a generic adjustment code. Psychiatrists report spending significant uncompensated time appealing these determinations, often without understanding the clinical criteria being applied or whether their documentation was reviewed before payment was reduced. These administrative burdens fall especially hard on solo and small psychiatric practices that lack dedicated billing and compliance staff.

Psychiatrists routinely care for patients with serious mental illness, serious emotional disturbances, suicide risk, substance use disorders, and multiple psychiatric and medical comorbidities. These encounters frequently involve moderate- or high-complexity medical decision-making that appropriately supports higher-level E/M services under current CPT coding standards and CMS guidelines. If concerns arise regarding the reported level of service, the claim should be evaluated by a psychiatrist or other qualified clinical reviewer with experience managing the conditions and services at issue, based on the supporting medical documentation, rather than through broad claims editing processes that routinely reduce reimbursement for higher-level psychiatric services.

APA, AACAP, and OPPA are particularly concerned that BCBSOK's implementation of its downcoding policy violates Oklahoma's Prompt-Pay law, 36 O.S. § 1219. The statute requires insurers to either pay the amount of the claim with in thirty (30) calendar days for electronic and forty-five (45) calendar days for paper or send notice to the physician within 30 calendar days that reimbursement is being denied or partially denied, include the reasoning for the denial or partial denial, and request information needed in order for full reimbursement to be made on the submitted claim. Oklahoma law does not permit insurers to proactively modify a service code on its own assessment and send payment for a lower code, placing the burden on the clinician or other person entitled to reimbursement to resubmit the initial claim and higher billing code. BCBSOK's downcoding is creating unnecessary administrative burden, undermines fair reimbursement, and may ultimately reduce patient access to care.

At a time when Oklahoma continues to face significant shortages of behavioral health professionals, policies that reduce reimbursement, increase administrative burden, and discourage physicians from participating in insurance networks ultimately threaten patient access to timely psychiatric care.

Accordingly, APA, AACAP, and OPPA respectfully request that BCBSOK:

- Provide greater transparency regarding the methodology used to identify evaluation and management claims for downcoding.
- Clearly communicate the specific clinical rationale for any downcoded claim and provide physicians with a timely, efficient, and transparent appeal process.
- Voluntarily align its claims processing practices with the principles embodied in Oklahoma's prompt payment law.
- Meet with the American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, Oklahoma Psychiatric Physicians Association and other stakeholders to discuss this policy and identify an approach that promotes accurate coding while reducing unnecessary administrative burden and preserving patient access to psychiatric care.

We appreciate your consideration of these concerns and would welcome the opportunity to discuss these issues further. Please contact Ben Eichberg, BEichberg@psych.org, or Maureen Maguire, MMaguire@psych.org, with any questions or concerns.

Sincerely,

American Psychiatric Association
American Academy of Child and Adolescent Psychiatry
Oklahoma Psychiatric Physicians Association