**OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES**

**Resolution No. 54 – 2025**

**Introduced by:** OSMA District 2

**Subject:** Third Party Payer Denials Without Review of the Medical Record

**Referred to:** Resolutions Committee No. 2

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**WHEREAS**, providers are required to document appropriate medical decision making to support Evaluation and Management claim submission to third party payers; and

**WHEREAS**, some payers, including Medicare Advantage companies, have implemented Evaluation and Management downcoding programs that inappropriately reduce payment for claims billed; and

**WHEREAS**, some payer downcoding processes include denial or downcoding of claims without request and review of the medical record; and therefore be it

**RESOLVED**, that our Ohio State Medical Association (OSMA) work with all relevant stakeholders to ensure that all payers be required to review the medical record prior to any denial or downcode, and be it further

**RESOLVED,** that our OSMA work with all relevant stakeholders to require that all payer denials and downcodes include clearly communicated rationale for such decisions; and be it further

**RESOLVED**, that our OSMA advocate for a universally accessible reporting mechanism and enforceable penalties for payers who do not abide by the above requirements.

**Fiscal Note:** $ (Sponsor)
$50,000 (Staff)

**References**

**Relevant OSMA Policy:**
OSMA Policy 19 – 1992 – Third Party Payor Denials

**Relevant AMA Materials:**
“Payer Evaluation and Management (E/M) Downcoding programs – What you Need to Know” - American Medical Association