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ONE HUNDRED EIGHTEENTH CONGRESS

# Congress of the United States

## House of Representatives

### COMMITTEE ON ENERGY AND COMMERCE

2125 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515-6115

Majority (202) 225-3641

Minority (202) 225-2927

May 16, 2023

Mr. David Cordani  
President and CEO  
The Cigna Group  
900 Cottage Grove Road  
Bloomfield, CT 06002

Dear Mr. Cordani,

Pursuant to Rules X and XI of the U.S. House of Representatives, we are requesting documents and information related to Cigna's procedure-to-diagnosis (PXDX) review process.

A recent investigative report alleges that Cigna utilizes a system that indiscriminately denies payments for claims and may lead to improper denials of coverage for medically necessary tests and procedures.<sup>1</sup> The article claims the PXDX review process automatically categorizes certain claims as unnecessary using an algorithm in place of a clinician's judgement.<sup>2</sup> Patients are then told that a clinician has decided such claims were not necessary and therefore not covered, despite the clinician having never reviewed individual claims.<sup>3</sup>

The reporting estimates that only 5 percent of policy-holders appeal denials of coverage.<sup>4</sup> By contrast in Cigna's Medicare Advantage plans nearly one in five prior authorization denials were appealed.<sup>5</sup> Perhaps more concerning, 80 percent of denials were overturned.<sup>6</sup> If these figures are at all illustrative of Cigna's commercial appeal and reversal rates, it would suggest that

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<sup>1</sup> Patrick Rucker, Maya Miller, and David Armstrong, *How Cigna Saves Millions by Having its Doctors Reject Claims Without Reading Them*, PROPUBLICA, (Mar. 25, 2023), <https://www.propublica.org/article/cigna-pxdx-medical-health-insurance-rejection-claims>.

<sup>2</sup> *Id.*

<sup>3</sup> *Id.*

<sup>4</sup> *Id.*

<sup>5</sup> Jeannie Fuglesten Biniek and Nathan Sroczynski, *Over 35 Million Prior Authorization Requests Were Submitted to Medicare Advantage Plans in 2021*, KAISER FAMILY FOUNDATION, (Feb. 2, 2023), <https://www.kff.org/medicare/issue-brief/over-35-million-prior-authorization-requests-were-submitted-to-medicare-advantage-plans-in-2021/#:~:text=Discussion,decisions%20when%20they%20were%20reconsidered.>

<sup>6</sup> *Id.*

the PXDX review process is leading to policyholders paying out-of-pocket for medical care that should be covered under their health insurance contract.

It is our understanding that Cigna takes issue with the reporting on its PXDX review process and believes that the reporting is “biased” and “incomplete”. We are giving Cigna the opportunity to respond to the allegations in the article by providing documents and written responses to the following questions by May 30, 2023:

Interrogatories:

1. Describe in detail the PXDX review process, including its development, implementation, and ongoing usage.
2. Identify all insurance plans offered or administered by Cigna whose claims are subject to PXDX review, including, if applicable, Medicare Advantage plans.
3. Identify all medical directors employed by Cigna who review, submit, or approve coverage denials generated by the PXDX review process, include in your response the medical directors’ work email address, the nature of claims reviewed, and tenure at the company.
4. Provide the following statistics for plan year 2022 for both commercial and government contracts (broken down by government program):
  - a. The number of claims reviewed by the PXDX process;
  - b. The number of claims denied under the PXDX process;
  - c. The number of claims reviewed and denied by each clinician employed by Cigna who participates in the claim review process;
  - d. The number of claims denied by each clinician employed by Cigna and the number of claims that were actually reviewed by such clinicians;
  - e. The number of claims denied under the PXDX process that were appealed; and
  - f. The number of claims denied under the PXDX process that were appealed and overturned.

Document Requests:

1. Copies of all memoranda analyzing the legality of the PXDX review process as well as any discussion of legal or ethical obligations of clinicians employed by Cigna to review claims manually prior to their denial.
2. Copies of all policies and procedures related to the PXDX review process, including the extent to which the PXDX review process factors in clinical judgement, cost, and an individual’s age, disability status, and medical history.

3. Copies of all PXDX review diagnosis lists used to determine whether a procedure or test is medically necessary for a given diagnosis.
4. Copies of the PXDX scorecards described in the article for all medical directors employed by Cigna.
5. Copies of all business impact presentations or memoranda relating to PXDX review process.
6. A copy of Cigna's current organizational chart that identifies the business units that utilize the PXDC review process and their leadership.

Please be advised that intentional misstatements or omissions in response to the above interrogatories constitute federal criminal violations under 18 U.S.C. §1001. In addition, the Committee believes that interviews from Cigna officials and employees about this matter may be necessary.

Finally, this letter serves as a formal request to preserve all existing and future records and materials in Cigna's possession relating to the topics addressed in this letter. You should construe this preservation notice as an instruction to take all reasonable steps to prevent the destruction or alteration, whether intentionally or negligently, of all documents, communications, and other information, including electronic information and metadata, that are or may be responsive to this congressional inquiry. This instruction includes all electronic messages sent using official and personal accounts or devices, including records created using text messages, phone-based message applications, or encryption software.

An attachment to this letter provides additional instructions for responding to the committee's request. If you have questions about this correspondence, please contact the Majority Oversight and Investigations Subcommittee Staff.

Sincerely,



Cathy McMorris Rodgers  
Chair  
Energy and Commerce Committee

A handwritten signature in blue ink that reads "Brett Guthrie".

Brett Guthrie  
Chair  
Subcommittee on Health

A handwritten signature in black ink that reads "H. Morgan Griffith".

H. Morgan Griffith  
Chair  
Subcommittee on Oversight and Investigations

CC: Frank Pallone Jr., Ranking Member, Energy and Commerce Committee  
Anna Eshoo, Ranking Member, Subcommittee on Health  
Kathy Castor, Ranking Member, Subcommittee on Oversight and Investigations