

AMERICAN MEDICAL ASSOCIATION PRIVATE PRACTICE PHYSICIANS SECTION

Resolution: 5
(A-26)

Introduced by: Alex Shteynshlyuger, MD

Subject: Non-Compliance with the AMA CPT Code by Health Plans and Vendors

Referred to: PPPS Reference Committee
(, MD, Chair)

1 Whereas, the Current Procedural Terminology, Fourth Edition (CPT-4) as maintained and
2 distributed by the American Medical Association for physician services is an adopted federal
3 standard under Title 45 of the U.S. Code^{1,2}; and
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5 Whereas, United Healthcare via its contractor Medical Audit and Review may violate the
6 requirements of 45 CFR § 162.1000(a) by failing to use the medical code data set as specified
7 in its implementation, which requires that modifier -58 be appropriately recognized as
8 documented in CMS complaint CM-26-03354; therefore be it
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10 RESOLVED, that our American Medical Association advocates that the Centers for Medicare
11 and Medicaid Services vigorously enforce any non-compliance with AMA CPT Codes, including
12 failure to recognize appropriately modifiers -58 and -25 (Directive to Take Action).
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Fiscal Note: (Assigned by HOD)

Received: 4/5/2026

REFERENCES

1. 45 CFR § 162.1000 – General requirements.
<https://www.law.cornell.edu/cfr/text/45/162.1000>. Accessed April 8, 2026.
2. 45 CFR § 162.1002 – Medical data code sets.
<https://www.law.cornell.edu/cfr/text/45/162.1002>. Accessed April 8, 2026.

RELEVANT AMA POLICY

AMA Response to Pharmacy Intrusion Into Medical Practice H-35.961

Our American Medical Association deems inappropriate inquiries from pharmacies to verify the medical rationale behind prescriptions, diagnoses, and treatment plans to be an interference with the practice of medicine and unwarranted.

Citation: CSAPH Rep. 8, A-23

Price of Medicine H-110.991

Our AMA: (1) advocates that pharmacies be required to list the full retail price of the prescription on the receipt along with the co-pay that is required in order to better inform our patients of the price of their medications; (2) will pursue legislation requiring pharmacies, pharmacy benefit managers and health plans to inform patients of the actual cash price as well as the formulary price of any medication prior to the purchase of the medication; (3) opposes provisions in pharmacies' contracts with pharmacy benefit managers that prohibit pharmacists from disclosing that a patient's co-pay is higher than the drug's cash price; (4) will disseminate model state legislation to promote drug price and cost transparency and to prohibit "clawbacks"; (5) supports physician education regarding drug price and cost transparency, manufacturers' pricing practices, and challenges patients may encounter at the pharmacy point-of-sale; and (6) work with relevant organizations to advocate for increased transparency through access to meaningful and relevant information about medication price and out-of-pocket costs for prescription medications sold at both retail and mail order/online pharmacies, including but not limited to Medicare's drug-pricing dashboard.

Citation: CMS Rep. 6, A-03; Appended: Res. 107, A-07; Reaffirmed in lieu of: Res. 207, A-17; Appended: Alt. Res. 806, I-17; Reaffirmed: BOT Rep. 14, A-18; Appended: CMS Rep. 07, A-18; Reaffirmed: A-19; Appended: Res. 126, A-19