



October 2, 2019

Scott Josephs, MD  
Chief Medical Officer  
Cigna  
900 Cottage Grove Road  
Bloomfield, CT 06002

Dear Dr. Josephs:

On behalf of the Cognitive Specialty Coalition (CSC), representing physicians from nine cognitive specialty organizations, we are writing to you regarding Cigna's new policy on Evaluation and Management (E/M) (R30) which will result in Cigna discontinuing payment for consultation services as of October 19, 2019. We have serious concerns about the impact of this policy change on our respective members and we urge you to continue appropriate reimbursement for cognitive subspecialists.

Our members, representing allergists, endocrinologists, infectious diseases physicians, neurologists, neuro-ophthalmologists, psychiatrists, and rheumatologists, primarily provide evaluation and management (E/M) services and have a high level of expertise that has been developed through fellowship training and ongoing scholarship. Their assistance is often requested by primary care and other referring physicians to address patients' most challenging and complex medical problems.

The specialty training background and work required to address these complex problems goes well beyond that required for a new patient visit. This work often includes extensive review of prior records as well as communication/coordination with referring providers. The expertise of the cognitive specialist is often cost-saving to the insurance carrier, as they can diagnose and treat the condition without ordering unnecessary tests or treatments. For many cognitive specialists, appropriate valuation of the consultation code is the only means by which the expense of their additional specialty training is recognized/reimbursed. Failing to acknowledge the difference in work between a consultation and a simpler new patient evaluation is misguided, inappropriate and will predictably limit access to providers willing to consult on complex cases.

The undervaluation of cognitive care in our country is a serious concern. The Centers for Medicare and Medicaid Services recently acknowledged this by proposing an increase in

reimbursement for many evaluation and management (E/M) services in the CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule proposed rule. This increase, if adopted, will be effective in 2021 and will favorably impact many time-intensive healthcare services such as those provided by cognitive specialists. We applaud CMS's leadership in this area and urge Cigna to similarly recognize and value cognitive care services.

Given that the current healthcare environment is trending towards an appropriate valuation of cognitive care, Cigna's decision to stop recognizing consultation codes is alarming. We appreciate Cigna's stated desire to follow CMS's lead as rationale for eliminating consultation codes, however it is now clear that CMS is moving toward increased valuation of cognitive specialty care, and elimination of consultation codes contradicts this movement. Furthermore, if the stated purpose is to align with CMS initiatives, Cigna will clearly need to update their E+M reimbursement schedules in order to avoid appearing arbitrary in which CMS initiatives it follows. **Given the need to accurately value cognitive work while protecting patient access and workforce shortages, we ask that, at a minimum, Cigna delay this policy for one year to allow for thoughtful and appropriate updates to the overall valuation of cognitive care in line with recent CMS initiatives.**

We appreciate your review of our concerns and urge you to ensure appropriate reimbursement for all cognitive subspecialists. If you have additional questions, please contact Meredith Strozier with the American College of Rheumatology at [mstrozier@rheumatology.org](mailto:mstrozier@rheumatology.org) or (404)633-3777.

Sincerely,

American Academy of Allergy, Asthma & Immunology  
American Academy of Neurology  
American Association of Clinical Endocrinologists  
American College of Rheumatology  
American Psychiatric Association  
Endocrine Society  
Infectious Diseases Society of America  
North American Neuro-Ophthalmology Society

CC:

John Keats, MD  
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