



January 14, 2020

The Honorable Chuck Grassley  
Chairman  
Committee on Finance  
The United States Senate  
219 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
The United States Senate  
219 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Richard Neal  
Chairman  
Committee on Ways and Means  
U.S. House of Representatives  
1102 Longworth House Office Building  
Washington, DC 20515

The Honorable Kevin Brady  
Ranking Member  
Committee on Ways and Means  
U.S. House of Representatives  
1139 Longworth House Office Building  
Washington, DC 20515

Dear Chairman Grassley, Chairman Neal, Ranking Member Wyden and Ranking Member Brady:

The Cognitive Care Alliance (CCA) was pleased the Centers for Medicare & Medicaid Services (CMS) recently finalized changes to payment for outpatient evaluation and management (E/M) services in the CY 2020 Physician Fee Schedule (PFS) final rule (CMS-1715-F). Our physician members, representing the cognitive specialties of general internal medicine, endocrinology, infectious diseases, gastroenterology, hematology, hepatology, and rheumatology, primarily provide E/M services to their patients.

CCA members are united in the belief that the existing E/M codes do not accurately describe the cognitive services delivered to patients and have exacerbated workforce shortages in primary care and internal medicine subspecialties. Because of this, we have strongly advocated for an evidence-based approach to improve the definitions and valuations of these services to ensure patients have access to the thorough cognitive care they need. The changes CMS finalized represent an important first step toward appropriately valuing the cognitive care that patients need to achieve optimal health.

CMS began exploring changes to the outpatient E/M codes in the CY 2019 PFS rulemaking in order to reduce the documentation burden of these services. In the CY 2020 PFS, CMS adopted the outpatient E/M code definitions and documentation requirements as revised by the American Medical Association (AMA) Current Procedural Terminology (CPT®) Editorial Panel as well as the relative value units recommended by the Relative Value Scale Update Committee (RUC). CMS also finalized a complex care add-on code, GPC1X, that physicians may use to report the work associated with ongoing comprehensive care or visits that are part of ongoing care related to a patient's single, serious, or complex chronic condition. The creation of the complex care add-on code is critical as the revised code set does not fully capture the complex services that many of our patients need. The members of our respective professional societies have spent years pursuing advanced training so as to provide specialized cognitive care in the various fields that CCA represents that this add-on code and other policy changes will more appropriately recognize.

These E/M policies will be implemented on January 1, 2021 unless CMS makes additional revisions in the CY 2021 PFS rulemaking cycle. We are extremely grateful CMS has chosen to address the outpatient E/M codes. These policy changes address the longstanding payment inaccuracies in the PFS and are an overdue first step toward appropriately recognizing the value of the essential cognitive care that patients receive from CCA members. Furthermore, these changes will help to protect patient access to cognitive care services by addressing the compensation gap for cognitive care and improve physician workforce shortages within the specialties we represent.

The CCA would like to see the changes to the office visit E/M codes implemented without change in CY 2021, and we write to ask for your support for these changes. **Please contact CMS and urge them to implement their policy as finalized in the FY 2020 PFS - it will have profound benefits for our patients.**

We appreciate your attention to this request. If you require any further information, please contact Erika Miller, Executive Director of the Cognitive Care Alliance, at [emiller@dc-crd.com](mailto:emiller@dc-crd.com) or (202) 484-1100.

Sincerely,

A handwritten signature in black ink, appearing to read "John Goodson MD", with a stylized flourish at the end.

John Goodson, MD  
Chair

**Cognitive Care Alliance Member Organizations:**

American Association of the Study of Liver Diseases  
American College of Rheumatology  
American Gastroenterological Association  
American Society of Hematology  
Coalition of State Rheumatology Organizations  
Endocrine Society  
Infectious Diseases Society of America  
Society of General Internal Medicine