**DRAFT Template letter**

Dear Acting Administrator Slavitt:

In this proposed rule, CMS proposes to revise the current CPT evaluation and management (E/M) codes or construct a new set of E/M codes for complex care patients. The goal is to more accurately describe and value the physician work (time and intensity) in complex care patients specific to primary care and other cognitive specialties. CMS agreed with stakeholders that it is important for Medicare to use codes that accurately describe the services furnished to Medicare beneficiaries and to accurately reflect the relative resources involved with furnishing those services. Thus, CMS is seeking public comment on ways to recognize the different resources (particularly in cognitive work) involved in delivering broad-based, ongoing treatment, beyond those resources already incorporated in the codes that describe the broader range of E/M services.

As a practicing gastroenterologist, I agree with these stakeholders and appreciate CMS’ recognizing this need for complex cognitive work to be incorporated in the valuations of new codes. For example, the growing complexity of diagnosis and management of inflammatory bowel disease (IBD) patient is an example of grappling with extraordinary complicating disease features of fistula, abscess, obstruction, postoperative sequelae, biologic therapies and changing paradigms of therapy. This is further confounded by the growing elderly patient populations' obstacles of co-morbidities, polypharmacy, cognitive and social care which are not reflected by the RVU system much less the time required to review all prior data and communicating with past physicians, radiologist, surgeons. All of these efforts are essential to ensure a correct diagnosis with subsequent management so vital to intelligent care but is virtually ignored by the present E/M valuations. The incredible time commitment required for discussion with each patient and family members is equally ignored.

I also want to emphasize that any new set of codes for these complex and cognitive service should not, however, be limited to primary care. Rather, recognize that these issues persist in other specialties such as gastroenterology as noted above.