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Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1524-P  
P.O. Box 8013  
Baltimore, MD 21244-8013

Subject: CMS-1524-P

August 30, 2011

Dear Doctor Berwick,

We are the organizations that represent the vast majority of primary care and other cognitive physicians who perform evaluation and management (E/M) services in the long-term care and residential settings in our country. We are writing to express our concern with the Physician Fee Schedule's (PFS) proposal requesting that the American Medical Association/Specialty Society Relative Value Scale Update Committee (RUC) review E/M codes that were noted as the highest PFS expenditures for each specialty. The proposal further directs the RUC to prioritize review of the codes and provide recommendations on physician times, work relative value units, and direct practice expense inputs of at least half of these codes by July 2012.

While we recognize that this proposal aims to properly reimburse primary care and chronic disease management, we feel that proceeding through the current Resource-Based Relative Value Scale (RBRVS) system has significant limitations in evaluating and deriving appropriate values for the cognitive services encountered in current practice. We support the review of alternative methods to properly value E/M services as recently discussed on the joint AMA RUC and CPT teleconference.

One alternative to properly valuing cognitive services would be to restructure the CPT codes to accurately describe the services physicians perform by considering other related activities such as medication regimen review, advance directives/end-of-life care, coordination of care among multiple health professionals and the variety of non face-to-face services that are becoming increasingly prevalent, such as literature review and multi-platform communication. The current CPT codes were developed more than 20 years ago and describe an episode of care for patients with defined problem(s) that were intended to be resolved within the timeframe of the visit event. They do not describe the longitudinal care provided to patients with multiple chronic conditions who require extensive care coordination, lifestyle education, and caregiver support – none fully valued in the mid-1980 Harvard Study and therefore not included even in today’s relative value unit (RVU) valuations

That said, we believe the CMS proposal is intended to achieve the goal of properly describing and valuing modern primary care in all of the settings it is practiced, and across the expanded range of patient complexity. We are anxious to work with CMS and the RUC to achieve this joint goal and stand ready to seriously discuss and consider options that would reach this goal.

Sincerely,

American Medical Directors Association  
American Academy of Home Care Physicians  
American Geriatrics Society