

September 6, 2023

The Honorable Kevin McCarthy
Speaker of the House
2468 Rayburn House Office Building
Washington, DC 20515

The Honorable Hakeem Jefferies
Minority Leader
2433 Rayburn House Office Building
Washington, DC 20515

The Honorable Chuck Schumer
Majority Leader
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
317 Russell Senate Office Building
Washington, DC 20510

Dear Speaker McCarthy, Leader Jefferies, Leader Schumer, and Leader McConnell,

On behalf of the Cognitive Specialty Coalition, representing physicians, students, and health professionals who provide cognitive care to patients across the country, we write to inform Congress of our support of CMS fully implementing Medicare billing code, G2211, in 2024. This code will ensure that Medicare beneficiaries with complex conditions can access high quality care.

Our members, representing allergists, endocrinologists, infectious disease physicians, neurologists, neuro-ophthalmologists, psychiatrists, and rheumatologists, primarily provide evaluation and management 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 needs to be fully accounted for in CMS coding and payment policies. This work often includes extensive review of prior records as well as communication and coordination with referring providers. The expertise of the cognitive specialists is often cost-saving to Medicare, as they can diagnose and treat the condition without ordering unnecessary tests or treatments.

The G2211 code recognizes the extra work that is required to serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. The code was finalized in the calendar year (CY) 2021 Medicare Physician Fee Schedule (MPFS) rule and is billed as an add-on to office/outpatient evaluation and management (E/M) visits. However, before it could be implemented in 2021, Congress imposed a moratorium on G2211 until January 1, 2024, in order to finance conversion factor relief to all Part B clinicians during the COVID-19 pandemic. While this code was important for our members, we appreciate Congress providing this relief for clinicians as well as additional relief provided in 2022 and 2023.

As the moratorium is set to end as of January 1, 2024, CMS has once again included the G2211 code in the CY 2024 MPFS rule. Our organizations applaud CMS for continuing to recognize the importance of the inherent complexity of visits our members provide and we support full implementation for the following reasons:

- **G2211 will help ensure patients have timely access to care for complex, cognitive services.** This code will allow our members to spend more time with their patients, which is particularly important for visits provided by cognitive care providers. By reimbursing for additional time and work associated with chronic disease management tracking, review of consult and lab reports, and medication monitoring, Medicare beneficiaries will be able to more easily access the specialized care and monitoring they need to appropriately manage their conditions.
- **G2211 will allow cognitive specialists to be adequately reimbursed for the services they are already providing.** As noted by CMS, the time and work associated with visits delivered by cognitive specialists is not adequately covered by the current series of E/M codes.¹ While the recent reevaluation of these codes provided more appropriate coding and payment policies across E/M visits, G2211 is an integral element in ensuring that the amount of time and work associated with delivering care to complex patients is adequately accounted for in CMS coding and payment policies. This is because the resources needed for these visits are greater due to increases in the probability of morbidity and mortality and a vital need for collaboration between providers.
- **G2211 will help sustain cognitive care physicians and address the shortage of medical students seeking to enter these specialties.** Medical students take on an average of \$200,000 of student loan debt on top of any pre-medical student loans, which influences their choice of specialty to practice, thereby impacting the supply of cognitive care physicians. Over time, the MPFS has passively devalued cognitive care due to budget neutrality requirements.² This has decreased the compensation of cognitive care physicians, making these specialties less appealing to many medical students. While CMS has taken steps to appropriately revalue E/M codes in the MPFS, the G2211 code will further help to close compensation disparities and bolster the cognitive care workforce.

For the above stated reasons, we urge Congress to allow for implementation of the G2211 code in the 2024 MPFS in order to allow patients across the country to access the quality, cognitive care they need.

We also understand that, by statute, all changes to the MPFS must be budget neutral. This will force CMS to reduce payments for some services as it increases payments for others. Due to this statutory requirement, CMS has proposed a cut to the Medicare conversion factor that is partially attributable to additional spending from the implementation of the G2211 code. We note that the proposed cut to the conversion factor is driven by CMS' projections relating to utilization that may be overestimating the impact of implementing this code. Budget neutrality requirements, as well as expiring relief for physicians from the Consolidated Appropriations Act of 2023, will result in lower Medicare payment for all services under the MPFS in 2024. We urge Congress to address the underlying issues that force CMS to make these decisions rather than disrupt the implementation of the G2211 code and thereby making it harder for patients to access high-quality cognitive services.

¹ 88 Fed. Reg. at 52352

² ¹ "Rebalancing Medicare's Physician Fee Schedule toward Ambulatory Evaluation and Management Services." Report to the Congress: Medicare and the Health Care Delivery System, Medicare Payment Advisory Commission, June 2018, https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/reports/jun18_ch3_medpacreport_sec.pdf.

We ask Congress to support the implementation of G2211 and not to take any actions that would halt or further delay the appropriate implementation of this code by CMS. While underlying issues with physician payment under Medicare need to be addressed, this should not come at the expense of necessary investments in primary and cognitive care.

Sincerely,

American Academy of Neurology

American College of Rheumatology

American Psychiatric Association

Coalition of State Rheumatology Organizations

Endocrine Society

North American Neuro-Ophthalmology Society