Steps:

1. **Go to: https://www.regulations.gov/document?D=CMS-2016-0116-0006**

2. **Select "Comment Now" (top right corner)**

3. **Complete data fields and use the following suggested language below:**

Please Finalize G-Code "GPPP7" Proposal for Gastroenterologists

I am a practicing gastroenterologist in _____ and writing to urge that CMS finalize an add-on code for beneficiaries who require extensive face-to-face assessment and care planning. As proposed, GPPP7 would be used to account for the additional work and effort for evaluation and management, or chronic care management services that are currently undervalued. This proposal should include patients requiring significant cognitive service but may have the requisite qualification to be eligible under the current chronic care management codes.

The growing complexity of the diagnosis and management of a patient with inflammatory bowel disease (IBD) is an example of grappling with extraordinarily complicated disease features of bleeding, abdominal pain, diarrhea, fistula, abscess, obstruction, postoperative sequelae, biologic therapies and changing paradigms of therapy. This is further confounded by the increasing obstacles of polypharmacy and social care in the Medicare patient population. All of these efforts are essential to ensure a correct diagnosis with subsequent management. This is vital to intelligent and coordinated care, but is not reflected in the current evaluation and management services that gastroenterologists provide patients.

Beginning in CY 2017, CMS also proposes to recognize CPT codes 99358 (Prolonged evaluation and management service before and/or after direct patient care, first hour) and 99359 (Prolonged evaluation and management service before and/or after direct patient care, each additional 30 minutes). While I thank CMS for proposing to recognize CPT codes 99538 and 99359 for CY 2017, I urge CMS to revise this proposal and not require these services to be furnished on the same day by the same physician. Complex cases require significant work in preparation for, and subsequent to, prolonged face-to-face patient visits. It is unrealistic that any physician can spend this amount of time in one day to focus on one patient. The same day requirement is also counter to the overarching goal of capturing the range and intensity of nonprocedural physician activities, and the complexity of cognitive work in gastroenterology.