September 16, 2015

Andy Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
200 Independence Ave., SW
Washington, DC 20201

Dear Administrator Slavitt,

On behalf of the American Academy of Family Physicians (AAFP), which represents 120,900 family physicians and medical students across the country, I write to request to request that the Centers for Medicare & Medicaid Services (CMS) review and revise, as necessary, its coverage and payment policies to recognize ambulatory primary care physicians as specialists for the purposes of consulting on their hospitalized patients and to allow for payment when a consultation is requested from the patient's primary care physician by a hospitalist or a specialist attending physician, even if the hospitalist or attending is of the same specialty. As described below, we believe that there are benefits to having a patient's primary care physician involved in the patient's hospital care, even in those cases in which a hospitalist of the same specialty is involved.

Many primary care physicians have chosen to no longer practice hospital medicine, due either to lifestyle choices or to the hospitalist movement. In other cases, some hospitals and insurance companies have chosen to exclude primary care physicians from admitting patients, forcing patients to be admitted by hospitalists who are likely unaware of the patient's history.

Unfortunately, lack of communication between hospitals, hospitalists, and the patient's primary care physician leads to unnecessary testing, medications which may have been tried on the patient previously without success, and therefore, generally poorer outcomes as compared to when the patient's primary care physician is involved in a patient's hospital care. Unnecessary testing, numerous specialty consultations, and prolonged hospitalizations, in turn, generally lead to increased costs of hospitalizations.

We believe that there is value in paying primary care physicians to see their patients in a hospital setting and that there is some evidence to suggest that doing so has benefits in terms of both improved outcomes and cost savings to the health system. Gorroll and Hunt make the case for this model in the January 22, 2015, issue of the *New England Journal of Medicine* (Allan H. Goroll, M.D., and Daniel P. Hunt, M.D. "Bridging the Hospitalist–Primary Care Divide through Collaborative Care." N Engl J Med 2015; 372:308-309).

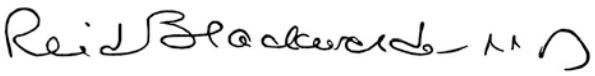
We recognize that as of January 1, 2010, CMS no longer recognizes consultation codes for Medicare Part B payment. Presently, all Medicare participating physicians must code patient evaluation and management (E/M) visits with codes that represent where the visit occurs and that identify the complexity of the visit performed, per section 30.6.10 of chapter 12 of the Medicare Claims Processing Manual. As a result of this

determination, if a family physician is asked to see one of her own patients at the request of a hospitalist who is otherwise caring for the patient, the family physician must bill an appropriate hospital E/M code for the service. Further, as noted in section 30.6.9 of chapter 12 in the Medicare Claims Processing Manual, "If the physicians are each responsible for a different aspect of the patient's care, pay both visits if the physicians are in different specialties and the visits are billed with different diagnoses. There are circumstances where concurrent care may be billed by physicians of the same specialty." Further Medicare coverage of concurrent care is described in section 30.E of chapter 15 of the Medicare Benefit Policy Manual.

Our concern is that when hospitalists ask the patient's primary care physician to consult on the patient's care, the primary care physician's service is too often viewed as medically unnecessary concurrent care, especially when the hospitalist and primary care physician are of the same specialty. We feel that CMS does not recognize the value that the patient's primary care physician brings to the hospital in these situations. Accordingly, we ask that CMS review and revise, as necessary, its coverage and payment policies to recognize ambulatory primary care physicians as specialists for the purposes of consulting on their hospitalized patients and to allow for payment when a consultation is requested from the patient's primary care physician by a hospitalist or a specialist attending physician, even if the hospitalist or attending physician is of the same specialty.

Thank you for your time and consideration. If you or your staff has any questions about this matter or if we may further facilitate matters in this regard, please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,



Reid B. Blackwelder, MD, FAAFP
Board Chair