

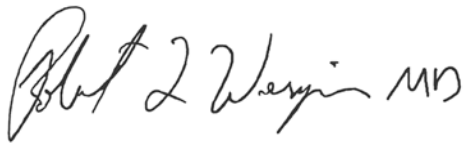
Acting Administrator Slavitt
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August 12, 2016

The AAFP agrees there are situations where multiple clinicians would have the same relationship to a patient. For example, during an inpatient stay, there could be a (iii.) clinician who takes responsibility for providing or coordinating the overall health care of the patient during an acute episode, multiple providers functioning as (iv.) clinicians who are consultants during the acute episode, as well as multiple providers functioning as (v.) clinicians who furnish care to the patient only as ordered by another clinician. CMS must identify straightforward and administratively simple reporting mechanisms that allow for this to occur, so that it is clinically accurate.

One potential method would be to continue using the A1 modifier, which CMS recommended in 2010 when consultation codes were discontinued from the Medicare Physician Fee Schedule. This modifier is used on inpatient claims to “identify the physician who oversees the patient’s care from all other physicians who may be furnishing specialty care.”

We appreciate the opportunity to comment on patient relationship categories and make ourselves available for any questions you might have. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,

A handwritten signature in black ink that reads "Robert L. Wergin MD". The signature is written in a cursive style with a large initial "R" and "W".

Robert L. Wergin, MD, FAAFP
Board Chair