

January 6, 2016

VIA E-MAIL FILING: patientrelationshipcodes@cms.hhs.gov

**CMS PATIENT RELATIONSHIP CATEGORIES AND CODES**

The American Association of Hip and Knee Surgeons (“AAHKS”) appreciates the opportunity to submit comments to the Centers for Medicare & Medicaid Services (“CMS”) on the categories of patient relationship codes for use in the Medicare Quality Payment Program (“QPP”) as required by the Medicare Access and CHIP reauthorization Act (“MACRA”).

AAHKS is the foremost national specialty organization of 2,900 physicians with expertise in total joint arthroplasty (“TJA”) procedures. Many of our members conduct research in this area and are experts on the evidence based medicine issues associated with the risks and benefits of treatments for patients suffering from lower extremity joint conditions. AAHKS offers these comments in anticipation of continued close collaboration with CMS on implementation of the many facets of the QPP.

Our response to one of the December 2016 Questions for Consideration follows:

- 1. Are the draft categories clear enough to enable clinicians to consistently and reliably self-identify an appropriate patient relationship category for a given clinical situation?***

**AAHKS Response:** We believe that edits to the *Episodic/broad* category are necessary to allow for consistent and appropriate category identification without confusion. Specifically, characterizing the work of this provider as “comprehensive” may create difficulties in distinguishing from an *Episodic/focused* specialist who may also have a broad and comprehensive responsibility for treatment during the episode.

Under this category, the hospitalist example is characterized as having “responsibility for the comprehensive needs of the patients” . . . “providing comprehensive and general care to a patient.” This characterization is at odds with the real-life role of many specialists who would fall into the *Episodic/focused* category. CMS provides an orthopedic surgeon as an example of an *Episodic/focused* specialist. In reality, such a specialist will have broader and more comprehensive input into the patient’s care over a longer-period of time during the episode than a hospitalist who may only see the patient as few as 1-3 times during a stay.

We recognize the need for a category to capture a non-specialist physician whose relationship with the patient is limited to the episode. The confusion in the Episodic/broad category derives from the use of the term “comprehensive” and therefore recommend it be edited as follows:

**Episodic/~~broad~~general:** This category could include clinicians that have ~~broad~~ general responsibility for the ~~comprehensive~~ general needs of the patients, not otherwise directed by a specialist, but only during a defined period and circumstance, such as a hospitalization.

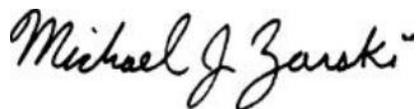
**Examples include, but are not limited to:** A hospitalist providing ~~comprehensive and~~ general care to a patient while admitted to the hospital.

We further recognize that the definitions of these episodes will be refined in the subsequent process to create specific HCPCS Level II modifiers for each. We urge that the modifier designation process also avoid the term “comprehensive” in defining this category, as either the hospitalist or orthopedic surgeon could have responsibility for nearly comprehensive care.

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AAHKS appreciates your consideration of our feedback. If you have any questions, you can reach me at [mzarski@aaahks.org](mailto:mzarski@aaahks.org), or you may contact Joshua Kerr at [jkerr@aaahks.org](mailto:jkerr@aaahks.org).

Sincerely,



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AAHKS