



January 6, 2017

Centers for Medicare & Medicaid Services,
Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-8013.

RE: Quality Payment Program- New CMS Patient Relationship Categories and Codes

Submitted electronically at: patientrelationshipcodes@cms.hhs.gov

Dear Acting Administrator Slavitt:

The Society of Interventional Radiology (SIR) appreciates the opportunity to submit comments to the Centers for Medicare and Medicaid Services (CMS) regarding the revised draft document on Patient Relationship Categories and Codes.

The Society of Interventional Radiology (SIR) is a professional medical association that represents approximately 6,500 members, including most US physicians who are practicing in the specialty of vascular and interventional radiology. Interventional Radiologists (IRs) consult with patients and perform procedures in a variety of care settings, admit and discharge patients, and see patients for follow up and long term monitoring of specific disease states. Under the proposed categories, we believe that on a typical day, an IR would mostly engage in “episodic/focused” patient care relationships, but could also have “continuous/focused” or “only as ordered” patient relationships. The SIR believes that these relationship categories are clearly defined and adequately capture the majority of IR patient relationships.

Comments:

- SIR is grateful for the flexibility shown by CMS in responding to stakeholder comments and refining patient relationship categories into a more granular set that better captures complex physician-patient relationships.
- SIR appreciates the effort that the Agency has invested in this, but there are still many implementation details that need to be addressed. We hope that the 2018

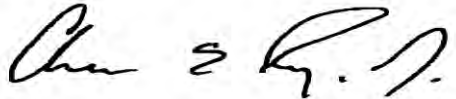
proposed Medicare Physician Fee schedule will give all parties a final chance to comment before these codes go into effect in 2018.

- It is still unclear to SIR the scope of use of these proposed Level II HCPCS modifier codes. Do the proposed modifiers apply to all CPT Level I codes or do the proposed codes apply only to a subset of the Level I codes (and if so, what is that subset)? We encourage CMS to elucidate its thinking in this regard.
- There are often multiple CPT codes reported to describe a single physician – patient encounter, particularly in the procedural arena. Does CMS envision that all codes reported in the encounter be modified? While it may seem ideal that a relationship category would be fixed within a single day/encounter, we assert there are instances, especially in Interventional Radiology, where a patient relationship may change within a 24 hour period. For example, an IR might read a CT scan in the morning as requested by a referring physician, and then be asked to consult on the patient for a separate issue later in the day. This underscores the possibility that unrelated services could be rendered to the patient, creating entirely different relationships on the same day. SIR encourages CMS to continue to strategize about ways to report patient relationships that allow flexibility, are sufficiently granular, and not dependent on a single identifier.
- Since the patient relationship categories/codes will ultimately be used with respect to resource use measures, SIR continues to request a rigorous pilot program as an important implementation step prior to required reporting under MIPS in 2018.
- The Agency is no doubt aware that there might be practical difficulties to actually assess, critique and comment on these patient relationship categories without the ability to conduct some actual analysis and modeling. If the Clinical Committee can be as transparent as possible within the next few months, it would be of great assistance to smaller medical specialties like SIR which do not have easy access to large claims datasets. Like other CMS rules, making available data files would allow the public to more fully understand the proposed categories, and how they would affect the majority of IRs.

In closing, our specialty thanks CMS for your consideration of our comments, and we look forward to being of future assistance to the Clinical Committee in any way CMS sees fit.

If we can be of any future assistance, please do not hesitate to contact Susan Sedory Holzer, SIR's Executive Director, at (703) 691-1805, or sholzer@sirweb.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Charles E. Ray Jr." with a stylized flourish at the end.

Charles E. Ray Jr., MD, PhD, FSIR
2016-2017 President
Society of Interventional Radiology