May 12, 2015

The Honorable Sylvia Mathews Burwell  
Secretary of Health and Human Services  
The Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, DC 20201

Dear Secretary Burwell:

The undersigned organizations would like to express our support for Medicare reimbursement of advance care planning (ACP) services and urge the Administration to start making separate payment for these codes in CY 2016.

As you may know, the American Medical Association (AMA) through the Current Procedural Terminology (CPT) Editorial Panel developed two new codes – 99497 and 99498 – that describe complex ACP. These codes were carefully considered and crafted by physician representatives of interested medical societies, as part of the AMA’s CPT process. This process included the opportunity for input from caregivers and other providers.

Complex ACP involves one or more meeting(s), lasting 30 minutes or more, during which the patient’s values and preferences are discussed and documented, and used to guide decisions regarding future care for serious illnesses. These consultations are voluntary on the part of the patient and the patient’s preferences are paramount. The patient may choose to include his/her family, caregiver (if applicable) in the decision making process.

Published, peer-reviewed research shows that ACP leads to better care, higher patient and family satisfaction, fewer unwanted hospitalizations, and lower rates of caregiver distress, depression and lost productivity. ACP is particularly important for Medicare beneficiaries because many have multiple chronic illnesses, receive care at home from family and other caregivers, and their children and other family members are often involved in making medical decisions.

ACP has become a standard of care and consensus regarding its value is widespread. The 2014 Institute of Medicine (IOM) report “Dying in America” cited payment for ACP as one of its five key recommendations. The report states that “payers and health care delivery organizations should adopt these standards and their supporting processes, and integrate them into assessments, care plans and the reporting of health care quality.” The Centers for Disease Control and Prevention (CDC) has also advocated for increased use of ACP.

Making separate payment for ACP will not only promote these services for beneficiaries, but will also allow Medicare to track how these services are being furnished and to assess their impact on the quality of life and effectiveness of care. Programs like the physician quality reporting system already ask physicians to report on whether or not they did advance care planning with patients. Payment for this service will align with these quality reporting mechanisms and promote higher quality and value in the system.
Thank you for your consideration of this request. If you would like to discuss this matter further, please contact Paul Rudolf at paul.rudolf@aporter.com or 202-942-6426.

Sincerely,

AARP
Alzheimer's Association
Alzheimer’s Foundation of America
AMDA – The Society for Post-Acute and Long-Term Care Medicine
American Academy of Family Physicians
American Academy of Home Care Medicine
American Academy of Hospice and Palliative Medicine
American Academy of Neurology
American Assisted Living Nurses Association
American Association for Long Term Care Nursing
American Association of Nurse Assessment Coordination
American Cancer Society Cancer Action Network
American College of Chest Physicians
American College of Emergency Physicians
American College of Osteopathic Family Physicians
American College of Physicians
American Federation for Aging Research
American Geriatrics Society
American Heart Association
American Medical Association
American Nurses Association
American Osteopathic Association
American Psychological Association
American Psychosocial Oncology Society
American Society for Blood and Marrow Transplantation
American Society of Clinical Oncology
American Thoracic Society
Ascension Health
Association of Directors of Geriatric Academic Programs
Association of Oncology Social Work
Center for Elder Care and Advanced Illness, Altarum Institute
Center to Advance Palliative Care
Children’s National PANDA Palliative Care Program
Coalition for Supportive Care of Kidney Patients
Community Catalyst
Gerontological Advanced Practice Nurses Association
Gerontological Society of America
Hartford Institute for Geriatric Nursing
Health in Aging Foundation
Hospice and Palliative Nurses Association
LeadingAge
– LIVESTRONG Foundation
– Lung Cancer Alliance
– National Academy of Elder Law Attorneys
– National Alliance for Caregiving
– National Association for Geriatric Education
– National Association for Home Care & Hospice
– National Association of Directors of Nursing Administration in Long Term Care
– National Association of Geriatric Education Centers
– National Coalition for Hospice and Palliative Care
– National Comprehensive Cancer Network
– National Council on Aging
– National Gerontological Nurses Association
– National Hospice and Palliative Care Organization
– National Partnership for Women & Families
– Oncology Nursing Society
– Partnership for Palliative Care
– PHI (Paraprofessional Healthcare Institute)
– Providence Health & Services
– Renal Physicians Association
– Society of Hospital Medicine
– Supportive Care Coalition
– The Conversation Project
– The Pew Charitable Trusts
– Trinity Health
– Visiting Nurse Associations of America

cc: Andrew M. Slavitt, Administrator (Acting), Centers for Medicare and Medicaid Services