



September 8, 2015

Mr. Andrew Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Room 445-G
Hubert H. Humphrey Building,
200 Independence Avenue SW,
Washington, DC 20201

REF: CMS-1631-P

Re: Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2016; Proposed Rule

Dear Administrator Slavitt,

On behalf of the Catholic Health Association of the United States (CHA), the national leadership organization of more than 2,000 Catholic health care systems, hospitals, long-term care facilities, sponsors, and related organizations and the Supportive Care Coalition (SCC), a national coalition of Catholic health care systems providing palliative care in 45 states, we appreciate the opportunity to submit comments on certain aspects of the referenced proposed rule published in the Federal Register on July 15, 2015 (80 Fed. Reg. 41686).

In the CY 2015 final rule with comment published in the Federal Register on November 13, 2014, CMS noted that the Current Procedural Terminology (CPT) Editorial Panel had created two new codes for CY 2015 addressing advance care planning but chose at that time to designate these codes with a PFS status indicator of "I" (Not valid for Medicare purposes. Medicare uses another code for the reporting and payment of these services) and declined to adopt the codes for payment in CY 2015. However, CMS indicated in the preamble that it would consider using the codes for payment after a future period of notice and comment rulemaking. At that time, CHA and SCC wrote to urge CMS to pursue rulemaking on the advance care planning codes. We commend CMS for now proposing adopting these codes for payment.

Specifically, CMS is proposing to recognize and provide separate payment for CPT codes 99497 and 99498:

- CPT code 99497: Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health professional; first 30 minutes, face-to-face with the patient, family member(s) and/or surrogate); and
- CPT code 99498: Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health professional; each additional 30 minutes (List separately in addition to code for primary procedure).

We strongly urge CMS to assign status indicator “A”, Active code to these two codes beginning in CY 2016 as proposed.

The Catholic health ministry is a strong supporter of advance care planning and many of our members are leaders in developing robust advance care planning programs in their facilities. Advance care planning with a health care provider allows a patient to understand their medical situation and to assess future treatment options in light of their own values, religious beliefs, family needs and desired health outcomes. Such planning requires a discussion or series of discussions to help the patient, and often the patient’s family, to understand the patient’s health care options in light of the current circumstances of his or her actual illness and the trajectories of chronic illnesses. It further allows the health care professional to attend to the patient’s values and beliefs in relation to the clinical options available.

Conversations like these take time. Physicians and other providers who engage with their Medicare patients over advance care planning sometimes seek reimbursement under other Medicare-covered services, frequently using evaluation and management codes. However, these codes are not always appropriate for the kind of in-depth discussions entailed in advance care planning. Medicare beneficiaries deserve to know that their doctor can and will take the time to help them plan the future course of their care in a manner that reflects their values and needs. Physicians, and appropriate non-physician providers, deserve to be reimbursed properly for their time. That is why we support CMS’s proposal to recognize these CPT codes to allow payment for the time providers spend with Medicare patients planning together for the future. We urge CMS to provide clarification in the final rule confirming that nurse practitioners, physician’s assistants, clinical nurse specialists, social workers and other appropriate non-physician providers are included in the term “qualified health professional” and eligible for reimbursement under these two new codes.

CMS has invited commenters to address whether payment for advance care planning is appropriate in other circumstances, such as during the annual wellness visit at the beneficiaries. We agree that the annual wellness visit would be an appropriate setting for advance care planning discussions to occur and urge CMS to allow payment in that context.

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Thank you again for the opportunity to share our views on these matters. If you have any questions about these comments or need more information, please do not hesitate to contact either one of us.

Sincerely,

A handwritten signature in dark ink that reads "Michael Rodgers". The signature is written in a cursive style with a long, sweeping underline.

Michael Rodgers
Senior Vice President
Public Policy and Advocacy
The Catholic Health Association

A handwritten signature in dark ink that reads "Tina Picchi". The signature is written in a cursive style with a long, sweeping underline.

Tina Picchi
Executive Director
Supportive Care Coalition