

## Eli's Hospice Insider

### Referrals: Physician Advance Care Planning Payment Could Boost Hospice

#### Medicare signals it's ready to support advance care planning.

Medicare appears ready to put its money where its mouth is when it comes to end-of-life services and physicians.

In its proposed rule for the 2016 physician fee schedule, the **Centers for Medicare & Medicaid Services** aims to "make advance care planning services a separately payable service under Medicare," the agency says in a release.

"The Medicare statute currently provides coverage for advance care planning under the 'Welcome to Medicare' visit available to all Medicare beneficiaries, but they may not need these services when they first enroll," CMS notes in a fact sheet about the rule. "Establishing separate payment for advance care planning codes provides beneficiaries and practitioners greater opportunity and flexibility to utilize these planning sessions at the most appropriate time for patients and their families."

Beneficiaries would be able to pursue advance care planning, which "is a service that includes early conversations between patients and their practitioners, both before an illness progresses and during the course of treatment, to decide on the type of care that is right for them," CMS explains in the sheet.

For CY 2015, the CPT Editorial Panel created two new codes describing advance care planning services: 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 an add-on 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)), CMS notes in the proposed rule published in the July 15 Federal Register. But CMS didn't make those codes payable under Medicare, citing the need for further rulemaking.

Now CMS is soliciting comments on "whether payment is needed and what type of incentives this proposal creates," it says in the rule. It also seeks feedback on whether the service should be an optional element of the annual wellness visit. Comments are due Sept. 8.

"CMS' proposed coverage of advance care planning is a vital step toward improving quality of care and ensuring patient involvement and self-determination in the health care decision-making process," the **National Association for Home Care & Hospice** says in its member newsletter. "Its purpose is to allow patients □ on a voluntary basis □ to better understand the options available to them and to make care choices that best suit their interests and beliefs. We applaud CMS' proposal to empower consumers in this way, and support this change as part of an overall effort to improve care for individuals with life-threatening conditions."

The **National Hospice and Palliative Care Organization** "enthusiastically supports this new proposed rule," it says in a release. "NHPCO has long championed the need for Americans to talk about and document their healthcare preferences with their loved ones and healthcare professionals," says NHPCO head **J. Donald Schumacher**.

"Patients deserve assistance with advance care planning and it's essential that these conversations take place before a crisis happens," says Schumacher. "We are pleased that CMS recognizes the value of these meaningful discussions between physicians and their patients."

Note: The rule is at [www.gpo.gov/fdsys/pkg/FR-2015-07-15/pdf/2015-16875.pdf](http://www.gpo.gov/fdsys/pkg/FR-2015-07-15/pdf/2015-16875.pdf) □ the brief advance care planning section

starts on p. 41773.