



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

July 23, 2015

Andy Slavitt,  
Acting Administrator  
Centers for Medicare & Medicaid Services  
200 Independence Ave., SW  
Washington, DC 20201

Dear Administrator Slavitt,

On behalf of the American Academy of Family Physicians (AAFP), which represents 120,900 family physicians and medical students across the country, I write to congratulate the Centers for Medicare & Medicaid Services (CMS) and offer our full support for establishing in the [2016 proposed Medicare physician fee schedule](#) policies that recognize advance care planning (ACP) services. The AAFP will submit further comments on the entire 2016 proposals, but we offer the following comments on advance care planning services (II.I.c).

In 2015 the CPT Editorial Panel created two new CPT codes describing ACP services:

- 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
- Add-on 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).

For 2016, CMS proposes to establish separate payment for CPT codes 99497 and 99498 by assigning each a status indicator "A". The AAFP supports this proposal since published, peer-reviewed research shows that ACP services lead to better care, higher patient and family satisfaction, fewer unwanted hospitalizations, and lower rates of caregiver distress, depression and lost productivity. ACP services are particularly important for Medicare beneficiaries because many have multiple chronic illnesses, receive care at home from family and other caregivers, and have their children and other family members often involved in making medical decisions.

However, the proposed rule notes that the status indicator "A" associated with ACP codes does not mean that Medicare has made a national coverage determination regarding the service, and the proposed rule also notes that contractors remain responsible for local coverage decisions in the absence of a national Medicare policy. The AAFP strongly encourages CMS to prevent what will quickly become inconsistent local interpretations, which will be particularly confusing for physician practices that serve patients in two or more local coverage areas. Instead, CMS should promptly begin the process of making a national coverage determination for ACP services. The AAFP also urges CMS and agency contractors to consider inclusion of these codes in the final 2016 rule as a national policy applicable to all Medicare beneficiaries

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regardless of their locality. As needed, we also call on all Medicare contractors to update their local coverage decisions to recognize and include ACP services.

CMS proposes to adopt the RUC recommended values (work RVUs, time, and direct PE inputs) for CPT codes 99497 and 99498 beginning in 2016. The AAFP fully supports this proposal and encourages CMS to monitor utilization of these services over the next few years to determine if the RUC recommended values remain appropriate.

Physicians' services are covered and paid by Medicare for services that are reasonable and necessary for the diagnosis or treatment of illness or injury. In the advanced care planning portion of the 2016 proposed rule, CMS includes an example that these services, "could occur in conjunction with the management or treatment of a patient's current condition, such as a 68 year old male with heart failure and diabetes on multiple medications seen by his physician for the evaluation and management (E/M) of these two diseases, including adjusting medications as appropriate. In addition to discussing the patient's short-term treatment options, the patient expresses interest in discussing long-term treatment options and planning, such as the possibility of a heart transplant if his congestive heart failure worsens and advance care planning including the patient's desire for care and treatment if he suffers a health event that adversely affects his decision-making capacity. In this case the physician would report a standard E/M code for the E/M service and one or both of the ACP codes depending upon the duration of the ACP service. However, the ACP service as described in this example would not necessarily have to occur on the same day as the E/M service." The AAFP fully supports not requiring E/M services to be performed on the same day as ACP services. Patients may want time to reflect on the recent E/M visit and potentially new diagnoses. Furthermore, the patient may wish to schedule the ACP visit at a later date, so family members and caregivers can accompany them to the ACP appointment. However, consistent with the example given by CMS in the proposed rule, we also fully support the agency's intent to allow the services to be performed on the same day, since some practices and patients may have the ability, foresight, and desire to schedule both an E/M visit and an ACP appointment on the same day.

Finally, CMS seeks comment on whether ACP services are appropriate in other circumstances, such as an optional element, at the beneficiary's discretion, of the annual wellness visit (AWV). Similar to comments made about E/M codes, the AAFP definitely believes that Medicare patients should have access to AWV and ACP services on the same day and that CMS should not require the codes to be performed on the same day. The AAFP supports giving Medicare patients' flexibility in how they seek their care. We equally support providing that same flexibility for medical practices offering these services.

We again thank CMS for including ACP services in the proposed rule. The AAFP strongly urges CMS to include ACP codes in the final rule, since advance care plans help patients receive the care they want. Knowing a person's wishes regarding medical care in advance eases patients' and families' burden as they grapple with difficult decisions in the face of life-limiting illness or injury. Helping families understand the medical underpinnings for such decisions requires deliberate conversations based on the family physician's expertise. For any questions you might have please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or [rbennett@aafp.org](mailto:rbennett@aafp.org).

Sincerely,



Reid B. Blackwelder, MD, FAAFP  
Board Chair