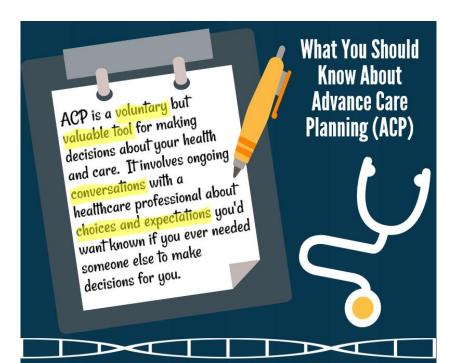


Physician Fee Schedule recognizes importance of Advance Care Planning for older adults

November 2 2015





Who participates in ACP?



Patients and their healthcare providers, as well as family members and caregivers at the patient's discretion.

What are the benefits of ACP?



- -Better care
- Higher patient/family satisfaction with health and care
- Fewer unwanted hospitalizations
- Less caregiver distress, depression, & lost productivity

What does ACP involve?



Comprehensive, ongoing discussions about your values, treatment options/preferences, and healthcare goals.



Documenting these discussions using special written tools like advance directives can help ensure that your wishes are known and can be respected in the future.

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Advance Care Planning is a voluntary but valuable tool for making decisions about your health and care. It involves ongoing conversations with a healthcare professional about choices and expectations you'd want known if you ever needed someone else to make decisions for you. Credit: (C) 2015, American Geriatrics Society

Reflecting recommendations from the American Geriatrics Society (AGS) and 65 other partner organizations, the Centers for Medicare and Medicaid Services (CMS) announced that voluntary Advance Care Planning (ACP)—a comprehensive, ongoing, person-centered approach to communication about future healthcare choices—will for the first time become a recognized, reimbursable benefit for Medicare recipients. Specifically, the recently released 2016 Medicare Physician Fee Schedule, which health providers use to orchestrate care, includes two new current procedural terminology (CPT) codes endorsed by the AGS and its partners to help Medicare-eligible professionals provide and track ACP services beginning in January of next year.

"We know and now can act upon the knowledge that ACP is an important service for <u>older adults</u> and their families, who often look to us for help when planning for future care needs," said Steven R. Counsell, MD, AGSF, President of the AGS and its more than 6,000 geriatrics healthcare professional members. "We commend CMS and its 2016 Physician Fee Schedule for supporting high-quality, personcentered care," Dr. Counsell added.

As outlined in an earlier proposed rule released in July of this year, the now final Physician Fee Schedule establishes separate payment and a payment rate for two ACP codes: 99497 (a CPT code for a person's first



30-minute discussion with a Medicare-eligible health professional, resulting in completion of an advance directive) and 99498 (an add-on code for each additional 30 minutes of ACP discussion). As AGS CEO Nancy E. Lundebjerg, MPA, notes: "The CMS's recognition of these codes acknowledges that quality of care can be improved dramatically when older adults and their healthcare professionals work together through serious and often complex health issues to deliver respectful, responsive care."

The AGS and 65 other organizations representing patients, health professionals, caregivers, faith-based healthcare systems, and a cadre of other advocates joined together earlier this year in urging CMS to include payment for voluntary ACP in the Physician Fee Schedule. Their advocacy efforts reflect research and clinical experience pointing to ACP as a platform for increasing satisfaction with the healthcare system while also leading to fewer unnecessary hospitalizations and reduced caregiver distress, depression, and lost productivity. A 2014 Institute of Medicine report even cited reimbursement for ACP as one of five core recommendations for improving care quality and adhering to patient goals.

The 2016 Medicare Physician Fee Schedule will take effect Jan. 1, 2016, at which time doctors, advanced practice nurses, and other health providers eligible to accept Medicare for their work with older adults will be able to use the new ACP codes to provide and track ACP services across the country.

Provided by American Geriatrics Society

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