March 2, 2016

Anastasia Dodson, Associate Director
California Department of Health Care Services
1501 Capitol Ave.
Sacramento, CA 95814

Re: CPT Codes for Advance Care Planning

Dear Ms. Dodson:

As you know, effective January 1, 2016, Medicare allowed billing for advance care planning (ACP) discussions by physicians and other appropriate health care providers ("providers") under the Center for Medicare & Medicaid 2016 Physician Fee Schedule. Medicare now allows reimbursement for current procedural terminology (CPT) codes 99497 and 99498, related to advance care planning. Such planning discussions are opportunities for patients and loved ones to meet with their health providers to discuss advanced illness and its impact on preferences for care, options for treatment, and patient goals.

Medicare providers now have the authority and incentive to conduct quality ACP conversations, and Medicare beneficiaries have an enhanced opportunity to discuss concerns with providers and seek answers to guide their personal decisions.

This long-awaited decision is a significant step forward in acknowledging advance care planning as an essential part of routine health care. The Coalition for Compassionate Care of California (CCCC) is writing your office to request that California follow the federal government's lead and take the next logical step – reimbursing Medi-Cal providers for advance care planning discussions.

It just makes good sense – both from a public service standpoint, and from a view of value-based care aligned with patient preferences and evidence-based decision making. Advance care planning is an invaluable public service, offering individuals more control in directing their health care, particularly care and treatment during serious illness. While the importance of advance care planning is gaining national recognition, studies show that 4 in 10 Americans age 65 and older do not have advance directives if a time comes when they cannot speak on their own.[1] Additionally, we know minority populations and those with lower incomes or education levels are less likely to complete advance directives, another important reason for Medi-Cal to support provider reimbursement for advance care planning.[2]

[1] Pew Research Center, "Views on End-of-Life Medical Treatments," November 2013, http://www.pewforum.org/2013/11/21/views-on-end-of-life-medical-treatments/.

[2] Anne Wilkinson, Neil Wenger, and Lisa R. Shugarman, "Literature Review on Advance Directives" HHS Office of the Assistant Secretary for Planning and Evaluation, June 2007, available at http://aspe.hhs.gov/daltcp/reports/2007/advdirlr.pdf; Deborah Carr, "Racial Differences in End-of-Life Planning: Why Don't Blacks and Latinos Prepare for the Inevitable?" OMEGA 2011;63(1):1-20; GB Zaide et al., "Ethnicity, race, and advance directives in an inpatient palliative care consultation service," Palliat Support Care 2013;11(1):5-11; Lauren H. Nicholas et al., "Regional Variation in the Association Between Advance Directives and End-of-Life Medicare Expenditures," JAMA 2011;306(13):1447-53; Kimberly S.

In the absence of articulated advance care plans, patients who become incapacitated have little control over their medical treatment plan and are more likely subject to treatments and tests they do not want. Unwanted care is a burden not only for patients and families, but also for health care providers and the Medi-Cal system. By encouraging conversations, and planning important medical decisions in advance, patients have the opportunity to share their goals of life, goals for treatment, hopes and fears – before a crisis occurs.

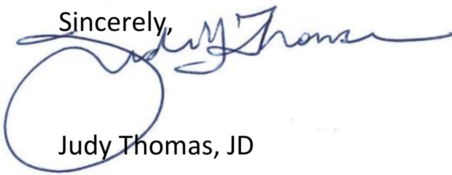
By adopting reimbursement rules for ACP similar to those now allowed under Medicare, Medi-Cal would similarly recognize the importance of such discussions. Building on the work of Medicare, Medi-Cal could adopt the CPT codes and apply Medi-Cal fee schedule rules.

In California, the Let's Get Healthy California (LGHC) Task Force identified advance care planning as a key indicator for determining whether patients are obtaining the kinds of services that would enable them to maintain independence and dignity, to the greatest degree possible, during advanced illness, consistent with their wishes. The LGHC Innovation awards recently recognized three innovative models for promoting ACP discussions. California's SB 1004, which directs Medi-Cal to make palliative care available to Medi-Cal managed care enrollees, supports the value of ensuring that ACP discussions are part of those services. Finally, the Department's Delivery System Reform Incentive Payment 2.0 and 1115 Waiver policy documents similarly promote Comprehensive Advanced Illness Planning and Care. We are encouraged by this recognition of the value of ACP and hopeful the Medi-Cal program can support these policy efforts and endorsements.

Please see the recent CCCC "Frequently Asked Questions – Advance Care Planning: Reimbursable Under Medicare" for further information related to Medicare's reimbursement for these CPT codes. If you have any questions related to this issue, please call us.

Thank you for your consideration of this request.

Sincerely,



Judy Thomas, JD
CEO

Johnson, Maragatha Kuchibhatla, and James A. Tulsky, "What explains racial differences in the use of advance directives and attitudes toward hospice care?" J Am Geriatr Soc 2008;56(10):1953-58.