

December 8, 2014

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Marilynn Tavenner
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Re: Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule, Clinical Laboratory Fee Schedule, Access to Identifiable Data for the Center for Medicare and Medicaid Innovation Models and Other Revisions to Part B for CY 2015; Final Rule (CMS-1612-FC)

Dear Administrator Tavenner,

The Society of Hospital Medicine (SHM), representing the nation's 44,000 hospitalists writes to provide comments on the Physician Fee Schedule Final Rule (CMS-1612-FC), in regards to reimbursing Current Procedural Terminology (CPT) codes 99497 and 99498, which would allow providers to bill for end of life care consultations with Medicare beneficiaries.

Hospitalists work primarily in acute care hospitals, as well as increasingly in post-acute care facilities. They specialize in the care for hospitalized patients, which includes a large number of Medicare beneficiaries. Hospitalists are critical team leaders for coordinating care, often being highly involved in the end of life care for patients. They are at the front lines of these conversations, often being asked to help patients plan for their end of life care needs and then ensuring that the system is set up to meet those needs. Many of their patients are acutely ill and often face these critical decisions in real time.

Too often, hospitalists participate in end of life care conversations that are long overdue, which increases uncertainty and adds further stress to patients and their families at a time when they are at their most vulnerable. The American Medical Association created CPT codes 99497 and 99498 to help alleviate this problem by allowing providers to be reimbursed for their consultation in end of life care conversations and to encourage the conversations to occur prior to their being clinically necessary. End of life care cannot be improved without placing added significance on these important conversations between physicians and their patients.

Proper end of life conversations require care, time, and significant medical expertise. Patients should be able to discuss and convey their end of life plans with the expectation that their wishes and concerns will be addressed at every potential sector of the health care system. This includes the notion that, through proper reimbursement, doctors are able to provide patients with the proper time, space, and expertise that these important conversations require.

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In the Physician Fee Schedule Final Rule for 2015, the Centers for Medicare and Medicaid Services (CMS) opted not to begin reimbursing these CPT codes. Instead, CMS only *considered* whether or not to reimburse providers for these consultations in the future, citing a need for more time to go “through notice and comment rulemaking” on the subject. SHM finds this decision disappointing — reimbursing these codes will go a long way towards improving patient care and in ensuring that patients are receiving care that follows their wishes.

SHM urges CMS to reconsider reimbursement for these critical codes to ensure that patients have access to timely end of life care conversations. If you seek further information or clarification, do not hesitate to contact Josh Boswell, Director of Government Relations, at 267-702-2632 or jboswell@hospitalmedicine.org. Thank you for the opportunity to provide further comments on this important issue.

Sincerely,



Burke T. Kealey, MD, SFHM
President, Society of Hospital Medicine