

CMS (Center for Medicare & Medicaid Services) activated advance care planning (ACP) payment codes effective January 1, 2016

ACP Definition: Advance Care Planning is a discussion between individuals and their healthcare providers to understand, reflect on and make future health care decisions should that individual become unable to make their own decisions.

Purpose of ACP: To facilitate meaningful conversation about what truly matters to each individual as they live their life and are impacted by life changes that journey brings. These necessary but challenging conversations bring to the surface what matters most in relationships, prompt hospice referral to determine eligibility and help prepare loved ones and family/friends for what the future may hold.

Who Can Bill: Only physicians and non-physician practitioners (NPPs) who are authorized to independently bill Medicare for these services may bill using CPT codes indicated below. CMS expects physicians and/or NPPs to have managed, participated, and meaningfully contributed in provision of services in order to bill.

Location of Services: ACP services can be provided in a variety of settings and separately payable to the health care practitioner in both non-facility and facility settings without regard to physician specialties.

Part of Annual Wellness Visit (AWV): CMS added ACP as a voluntary, separately payable element of the AWV and must meet billing parameters

of CPT codes 99497, 99498 noted below (duration/content) with modifier 33, no Part B coinsurance or deductible charged (consistent with AWV).

Beneficiary Cost-sharing: CMS recommends that beneficiaries be informed by practitioners that ACP is voluntary and subject to separate cost sharing (unless a part of AWV).

- **CPT code 99497:** covers explanation/discussion of advance directives, completing standard forms by physician or other qualified health professional: first 30 minutes, face-to-face with patient, family and/or surrogate.
- **CPT code 99498 add-on:** covers each additional 30 minutes for explanation/discussion of advance directives, completion of forms as above. List separately in addition to code for primary procedure.

**May be billed on the same or different day from billing other Evaluation and Management (E&M) services.*

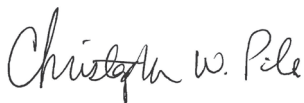
Relative Value Units (RVUs): Activation of these codes means they are separately payable under the Physician Fee Schedule and assigned work relative value units (RVUs) of 1.5 (99497) and 1.4 (99498).

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