



ADVANCE CARE PLANNING



Target Audience: Medicare Fee-For-Service Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

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Effective January 1, 2016, the Centers for Medicare & Medicaid Services (CMS) pays for **voluntary** Advance Care Planning (ACP) under the Medicare Physician Fee Schedule (PFS) and the Hospital Outpatient Prospective Payment System (OPPS).

ACP helps Medicare patients make important decisions controlling the type of care they receive and when they receive it. This fact sheet includes:

- Provider and patient eligibility information
- Information on how to code ACP services
- How to bill ACP services
- An example of ACP in practice
- Resources

WHAT IS VOLUNTARY ACP?

Voluntary ACP is a face-to-face service between a physician (or other qualified health care professional) and a patient discussing advance directives with or without completing relevant legal forms. An advance directive is a document in which a patient appoints an agent and/or records the wishes of a patient pertaining to their medical treatment at a future time if they cannot decide for themselves at that time.

PATIENT ELIGIBILITY

Medicare pays for ACP as either:

- A separate [Part B](#) medically necessary service
- An optional element of a patient's [Annual Wellness Visit](#) (AWV)

When a patient elects to receive ACP services outside of the AWV, we encourage practitioners to notify the patient that Part B cost sharing applies as it does for other physicians' services.

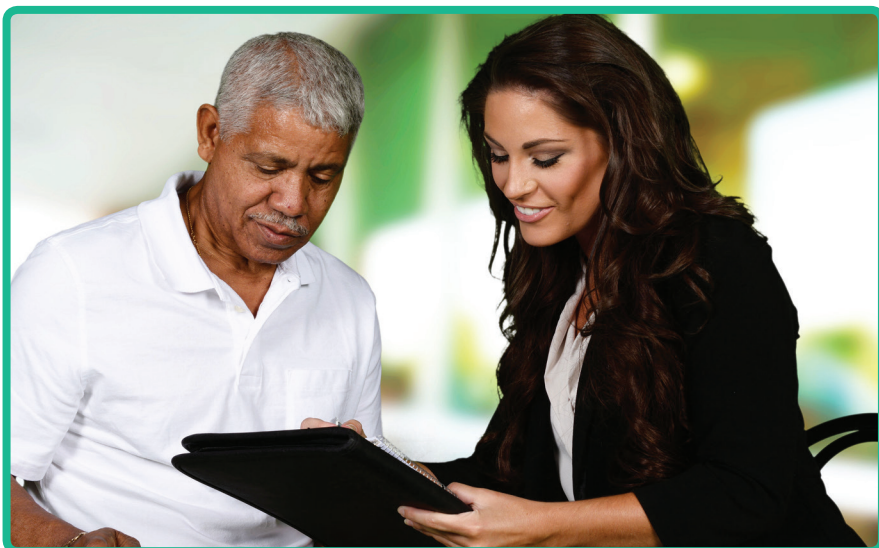
There are no limits on the number of times you can report ACP for a given patient in a given time period. When billing the service multiple times for a given patient, document the change in the patient's health status and/or wishes regarding their end-of-life care.

Some people may need ACP multiple times in a year if they are quite ill and/or their circumstances change. Others may not need the service at all in a year.

PROVIDER AND LOCATION ELIGIBILITY

Physicians and non-physician practitioners (NPPs) may bill ACP services if their scope of practice and Medicare benefit category include the services described by the Current Procedural Terminology (CPT) codes in Table 1. Hospitals may also bill them.

There are no place-of-service limitations on ACP services. You can appropriately furnish ACP services in **facility and non-facility settings**. ACP services are not limited to a particular physician specialty.



DIAGNOSIS

CMS requires no specific diagnosis to bill the ACP codes. Report the condition for which you are counseling the patient using an [International Classification of Diseases, Tenth Revision, Clinical Modification](#) (ICD-10-CM) code to reflect an administrative examination, or a well exam diagnosis when furnished as part of the Medicare AWP.

CODING

Hospitals, physicians, and NPPs should use the CPT codes in Table 1 to file claims for ACP services.

Table 1. CPT Codes and Descriptors

CPT Codes	Billing Code Descriptors
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 care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
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 care professional; each additional 30 minutes (List separately in addition to code for primary procedure)

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BILLING

Medicare waives the coinsurance and the Medicare Part B deductible for ACP when:

- Provided on the same day as a covered AWV
- Furnished by the same provider as a covered AWV
- Billed with modifier –33 (Preventive Services)

Voluntary ACP is considered a preventive service when billed with the AWV on the same day by the same provider, so CMS waives the deductible and coinsurance for ACP. When AWV is medically necessary and billed with ACP, but the AWV is denied for exceeding the once-per-year limit, payment can still be made for the ACP. In that case, CMS applies the deductible and coinsurance to the ACP service.

The deductible and coinsurance DOES apply when ACP is provided outside the covered AWV.

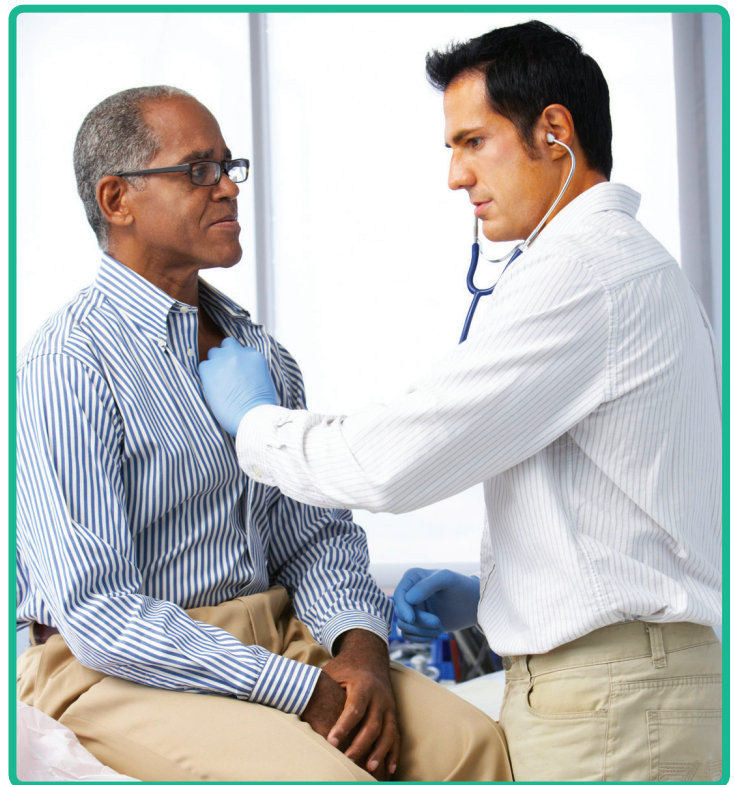
NOTE: Critical Access Hospitals (CAHs) may bill for ACP using type of bill 85X with revenue codes 96X, 97X, and 98X. The CAH Method II payment is based on the lesser of the actual charge or the facility-specific Medicare PFS.

ACP EXAMPLE

A 68-year-old male with heart failure and diabetes is on multiple medications. He is 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 his interest in discussing long-term treatment options. The doctor and patient talk over the possibility of a heart transplant if his congestive heart failure worsens. They also discuss ACP, including the patient's desire for care and treatment if he suffers a health event that adversely affects his decision-making abilities.

In this case, the physician reports a standard E/M code for the E/M service and one or both of the ACP codes depending on the duration of the ACP service. The ACP service described in this example does not necessarily have to occur on the same day as the E/M service.



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RESOURCES

Table 2. ACP Resources

Resource	Website
42 Code of Federal Regulations, Part 489, Subpart I (policy governing Advance Directives)	eCFR.gov/cgi-bin/text-idx?SID=2925ab372ec5eb080d597363ee17a6cc&mc=true&node=pt42.5.489&rgn=div5#sp42.5.489.i
2016 Hospital Outpatient Prospective Payment Systems Final Rule (OPPS policy governing ACP services) Pages 70469–70470	GPO.gov/fdsys/pkg/FR-2015-11-13/pdf/2015-27943.pdf
2016 Medicare Physician Fee Schedule Final Rule (Medicare PFS policy governing ACP services) Pages 70955–70959	GPO.gov/fdsys/pkg/FR-2015-11-16/pdf/2015-28005.pdf
ACP Frequently Asked Questions	CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/FAQ-Advance-Care-Planning.pdf
Advance Care Planning (ACP) as an Optional Element of an Annual Wellness Visit (AWV), MLN Matters® Article MM9271	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9271.pdf
Advance Care Planning: An Introduction for Public Health and Aging Services Professionals (free course offering continuing education credit)	CDC.gov/Aging/AdvanceCarePlanning/Care-Planning-Course.htm
Advance Care Planning (information for Medicare patients)	Medicare.gov/Coverage/Advance-Care-Planning.html
A Physician's Guide to Talking About End-of-Life Care, Journal of General Internal Medicine	NCBI.NLM.NIH.gov/PMC/Articles/PMC1495357
Billing for Advance Care Planning (ACP) Claims, MLN Matters Article MM10000	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10000.pdf
Medicare Administrative Contractor Contact Information	Go.CMS.gov/MAC-website-list

Table 2. ACP Resources (cont.)

Resource	Website
Medicare Benefit Policy Manual Chapter 15, Covered Medical and Other Health Services	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
Medicare Claims Processing Manual Chapter 18, Preventive and Screening Services	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf
National Hospice and Palliative Care Organization Download Your State's Advance Directives	CaringInfo.org/i4a/pages/index.cfm?pageid=3289
National Institute on Aging Advance Care Planning	NIA.NIH.gov/Health/Caregiving/Advance-Care-Planning

Table 3. Hyperlink Table

Embedded Hyperlink	Complete URL
Annual Wellness Visit	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1246474.html
Evaluation and Management	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243514.html
International Classification of Disease, Tenth Revision, Clinical Modification	https://www.cms.gov/Medicare/Coding/ICD10
Part B	https://www.medicare.gov/what-medicare-covers/part-b/what-medicare-part-b-covers.html

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