# ADVANCE CARE PLANNING

**ICN 909289 August 2016**

> **Please note:** The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).
>
> Table 3. Hyperlink Table, at the end of the document, provides the complete URL for each hyperlink.

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

ACP enables Medicare beneficiaries to make important decisions that give them control over the type of care they receive and when they receive it. This publication includes:

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

# Coding

Hospitals, physicians, and other practitioners should use the following Current Procedural Terminology (CPT) codes 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) |

Voluntary ACP means discussion about the **care** you would want to receive if you become unable to speak for yourself 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 professional face-to-face with the patient, family member(s), and/or surrogate.

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

# Beneficiary Eligibility

Medicare pays for ACP as either:

- A separate Part B service when it is medically necessary
- An optional element of a beneficiary's Annual Wellness Visit (AWV)

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

Per CPT, there are no limits on the number of times ACP can be reported for a given beneficiary in a given time period. Likewise, CMS has not established any frequency limits. When the service is billed multiple times for

a given beneficiary, we would expect to see a documented change in the beneficiary's health status and/or wishes regarding his or her end-of-life care.

# Provider and Location Eligibility

ACP services **may be billed by physicians and non-physician practitioners (NPPs)** whose scope of practice and Medicare benefit category include the services described by the CPT codes above. They may also be billed by hospitals.

There are no place-of-service limitations on the new ACP codes. ACP services can be appropriately furnished in **both facility and non-facility settings**, and are not limited to particular physician specialties.

# Diagnosis

No specific diagnosis is required for the ACP codes to be billed. It would be appropriate to report a condition for which you are counseling the beneficiary, 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 AWV.

# Billing

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

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

When it is billed with the AWV, the deductible and coinsurance for ACP are waived. If the AWV is billed with ACP and denied for exceeding the once per year limit, payment could be made for the ACP service if it is medically necessary. In that case, the deductible and coinsurance are applied to the ACP.

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

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

# 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, and ACP. That includes discussing 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 would report 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.

# Resources

**Table 2. ACP Resources**

| Resource | Website |
|---|---|
| 42 Code of Federal Regulations, Part 489, Subpart I (policy governing Advance Directives) | GPO.gov/fdsys/pkg/CFR-2015-title42-vol5/pdf/CFR-2015-title42-vol5-part489-subpartI.pdf |
| 2016 Hospital Outpatient Prospective Payment Systems Final Rule (OPPS policy governing ACP services)<br>Pages 70469–70470 | GPO.gov/fdsys/pkg/FR-2015-11-13/pdf/2015-27943.pdf |
| 2016 Medicare Physician Fee Schedule Final Rule (MPFS policy governing ACP services)<br>Pages 70955–70959 | GPO.gov/fdsys/pkg/FR-2015-11-16/pdf/2015-28005.pdf |
| "A Physician's Guide to Talking About End-of-Life Care," Journal of General Internal Medicine | NCBI.NLM.NIH.gov/PMC/Articles/PMC1495357 |
| ACP Frequently Asked Questions | CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/FAQ-Advance-Care-Planning.pdf |

**Table 2. ACP Resources (cont.)**

| Resource | Website |
|---|---|
| "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 (ACP) as an Optional Element of an Annual Wellness Visit (AWV)" MLN Matters® Article | CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9271.pdf |
| Medicare Administrative Contractor (MAC) Contact Information | CMS.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map |
| 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 |
| "MLN Guided Pathways: Provider Specific Medicare Resources" Booklet | CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.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/Publication/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 |