

# Advance Care Planning (ACP) Under Medicare

Physicians or other certified professionals may now fee for end-of-life consultations with patients, whereas many clinics used to do it without payment. Medicare will start paying for conversations on advanced care planning on January 1, 2016. The Centers for Medicare and Medicaid Services (CMS) released the November 2015 Final Rule, which outlines the authorization for payment.

CPT Code	Description
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 physicians or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure).

Current Procedural Terminology (CPT) Description states that "Codes 99497 and 99498 are used to report the face-to-face services between a physician or other qualified health care professional and a patient, family member, or surrogate in counseling and discussing advance directives, with or without completing relevant legal forms." A Health Care Proxy, Durable Power of Attorney for Health Care, Living Will, and/or execution of a Medical Order for Life-Sustaining Treatment (MOLST) are a few examples of pertinent legal documents.

## Which patients qualify for this service?

Anyone with Medicare is eligible for this service. According to CMS, it is crucial to discuss ACPs with patients who are at the end stages of chronic illnesses, those who require family involvement in ACP planning (such as those with early dementia or mental health issues), and those who lack authority (such as developmentally disabled adults or minor children) and lack decision-making capacity. The ACP codes can be used to bill without a specific diagnosis being specified.

## Is there a cost to the patient for the ACP discussion?

If the ACP discussion is part of the AWW, there is no Part B coinsurance or deductible payment. Patients will have a copay any time the service is provided outside of the Medicare AWW.

## Which providers can bill these codes?

The "managing physician" for the patient or the person directly supervising the licensed health care provider having the ACP conversation must be the provider billing the codes. The codes may be billed by physicians or "nonphysician practitioners" (NPPs) who are permitted to independently bill Medicare for the services covered by the codes and whose scope of practice includes those services.

## Can the ACP codes be used with other Evaluation and Management (E/M) codes?

YES. CPT codes 99497 and 99498 may be billed on the same day or a different day as most other E/M services.

**Netrin Health is extending its services and will be providing ACP services and support available to authorized patients. We understand you might have some questions. You may also use the button below for any questions you might have. The response will come from our [info@netrinhealth.com](mailto:info@netrinhealth.com) email address.**