

MEDICARE BILLING FOR ADVANCE CARE PLANNING CONVERSATIONS



On Oct. 30, 2015, the Centers for Medicare and Medicaid Services (CMS) released the final 2016 Medicare Physician Fee Schedule including two CPT codes to reimburse for advance care planning. The Center for Medicare and Medicaid Services began reimbursing for these consultations January 1, 2016.

Medicare reimbursement for advance care planning (ACP) is a game changer in the world of patient-centered care and informed medical decision making. It lowers barriers to discussions and offers compensation for the time-intensive process.

The two ACP billing codes are:

- 99497, for an initial 30-minute voluntary advance care planning consultation (Final RVU 1.5; ~\$86.00)
- 99498, as an add-on code for additional 30-minute time blocks needed (Final RVU-1.4; ~\$75.00)

Both 99497 and 99498 may be billed on the same day. However, 99497 must always be billed for the first 30-minute period of the discussion. If the conversation goes longer, 99498 (the add-on code) must be billed for each additional 30 minutes, with no limit. If an ACP discussion is initiated later in the same day, or on a separate day, 99497 is again used for the first 30 minutes and 99498 is used for each subsequent 30-minute period of those discussions.

In order to be billable under Medicare, advance care planning discussions must be **face-to-face conversations with Medicare patients and/or their surrogates (the patient does not need be present)**, and cover the patient's specific health conditions, their options for care and what care best fits their personal wishes, and the importance of sharing those wishes in the form of a written document.

Completion of legal advance directive forms or medical orders such as a living will, medical power of attorney, or Medical Orders for Scope of Treatment, is not required as an outcome of the conversation.

The provider billing the codes must be the patient's "managing physician" or must be providing direct supervision to the qualified health professional conducting the ACP conversation. If the billing provider does not actually conduct the ACP conversation, there is an expectation that he or she will manage, contribute, or participate meaningfully in the provision of the ACP services.

The codes may be billed by physicians or "non-physician practitioners" (NPPs) whose scope of practice includes the services described by the code and who is authorized to independently bill Medicare for such services. Providers must be in compliance with all applicable Medicare rules regarding authorization to bill (hold an active license, etc.)