



ADVANCE CARE PLANNING



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

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 about the type of care they get and where and when they get it. This fact sheet includes:

- Provider and patient eligibility information
- 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 Medicare physician (or other qualified health care professional) and a patient to discuss the patient's health care wishes if they become unable to make decisions about their care. As part of this discussion, the provider may talk about advance directives with or without completing relevant legal forms. An **advance directive** is a document that appoints an agent and/or records the person's wishes about their medical treatment based on personal values and preferences, to be used at a future time if the individual is unable to speak for themselves. "Advance directive" is a general term that refers to various documents such as a living will, instruction directive, health care proxy or health care power of attorney. State attorney generals' offices post forms on their websites.

PATIENT ELIGIBILITY

Medicare pays for ACP as either:

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

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

When a patient elects to get 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.

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.

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

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

DIAGNOSIS

CMS does not require a specific diagnosis to bill the ACP codes. Report the condition you are counseling the patient about 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 given 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 you meet all the following:

- 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 a preventive service when billed on the same claim with the AWV (HCPCS codes G0438 or G0439) on the same day by the same provider, so CMS waives the deductible and coinsurance for the service. If the AWV is denied for exceeding the once-per-year limit, Medicare can still make the ACP payment. 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 ACP services using type of bill 85X with revenue codes 96X, 97X, and 98X. Medicare bases the CAH Method II payment 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 sees his physician for the [Evaluation and Management](#) (E/M) of these two diseases and the physician adjusts medications if appropriate.

While discussing short-term treatment options, the patient wants to discuss long-term treatment options. The doctor and patient talk about a possible 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, and the physician helps him complete the form from his state attorney general's office.

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 in this example does not 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	FederalRegister.gov/d/2015-27943
2016 Medicare Physician Fee Schedule Final Rule (Medicare PFS policy governing ACP services) Pages 70955–70959	FederalRegister.gov/d/2015-28005
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 (ACP) Implementation for Outpatient Prospective Payment System (OPPS) Claims, MLN Matters Article MM9862	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9862.pdf
Advance Care Planning (information for Medicare patients)	Medicare.gov/Coverage/Advance-Care-Planning
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

Table 2. ACP Resources (cont.)

Resource	Website
Medicare Administrative Contractor Contact Information	Go.CMS.gov/MAC-website-list
Medicare Benefit Policy Manual Chapter 15, Covered Medical and Other Health Services, Section 280.5.1	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
Medicare Claims Processing Manual Chapter 18, Preventive and Screening Services, Section 140.8	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf
National Hospice and Palliative Care Organization (download your state's advance directives)	NHPCO.org/patients-and-caregivers/advance-care-planning/advance-directives
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 Diseases, Tenth Revision, Clinical Modification	https://www.cms.gov/Medicare/Coding/ICD10
Medicare Part B	https://www.medicare.gov/what-medicare-covers/what-part-b-covers

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