



Billing for Advance Care Planning

CPT Code 99497:

Advance Care Planning including the explanation and discussion of advance directives such as standard forms (including the completion of such forms, when performed), by the physician or other qualified health professional; first 30 minutes, face-to-face with the patient, family members, and/or surrogate. Since the pandemic, this can be by phone or virtual visit (review current requirements).

CPT Code 99498 (add-on): Each additional 30 minutes.

Advance Care Planning may include:

- Discussion of goals and preferences for care.
- Complex medical decision-making regarding life-threatening or life-limiting illness.
- Explanation of relevant advance directives, including (but NOT requiring) completion of advance directives.
- Engaging patients, family members, and/or surrogate decision makers, as clinical situation requires.

Documentation necessary

- Document a brief summary of the voluntary conversation
 - Detail should vary based on length/complexity of the conversation, which would also justify time duration.
- Document the time and who was present
 - Either by start/stop time or total time in minutes.
- Form completion may or may not occur
 - If forms are completed, document which forms were completed and maintain a copy in the record.
- No diagnosis requirements
 - If a serious illness is a driver to the conversation, it is expected that such diagnosis will be reflected on the claim.

“Qualified” providers defined under Medicare Part B can report ACP codes for payment:

- Physicians (MD/DO), Nurse Practitioners, and Physician Assistants
- Other team members via applicable ‘incident to’ requirements
 - All other providers (social work, psychology, chaplains) may not report codes independently.

ACP codes may be billed by qualified providers in any clinical setting:

- Inpatient, observation
- ED
- Clinic
- Home or ‘domicile’ (adult foster care, assisted living, etc.)
- Skilled Nursing Facility – Long-term care

ACP codes **may not** be reported on the same day by the same provider who also reports Critical Care codes (adult, pediatric, neonatal).
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