



Advanced Care Planning

Average Medicare Reimbursement: 99497 \$87.48 99498 \$77.16

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)

Requirements for CPT Code 99497:

- Advance care planning, including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed)
- Provided by the physician or other qualified health care professional
- First 30 minutes face-to-face with the patient, family member(s), and/or surrogate (minimum of 16 minutes documented)
- As stated in the CPT code description, completion of an advance directive is only required “when performed.” It is not an overall requirement for billing ACP services.

Requirements for CPT Code 99498 (Add on code):

- Each additional 30 minutes face-to-face with the patient, family member(s), and/or surrogate (minimum of 16 minutes past the first 30 minutes documented)
- Listed separately in addition to code for primary procedure

Who Can Perform ACP?

- Physicians (any specialty)
- Nurse practitioners (NPs)
- Physician assistants (PAs)

Location it can be performed:

- Any Location (Facility and Non Facility)

Facts:

- ACP can be billed on same day as AWV as well as EM
- If ACP is billed on same day as AWV (Co-Ins and Deductible is waived and paid at full allowed amount.
- There are no limits on the number of times you can report ACP for a given patient in a given time period.
- When billing the service multiple times for a given patient, document the change in the patient’s health status and/or wishes regarding their end-of-life care.

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. 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.

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 described in this example does not necessarily have to occur on the same day as the E/M service.



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