



ADVANCE CARE PLANNING

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Updates

We revised this product with the following content updates:

- Added Information – You can offer ACP services during [Medicare Wellness Visits \(MWVs\)](#) (which covers both the Annual Wellness Visit [AWV] and the Initial Preventive Physical Examination [IPPE]).

Voluntary Advance Care Planning (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, you may talk about advance directives (ADs) with or without completing legal forms. An AD appoints an agent and/or records the person's wishes about their medical treatment based on their values and preferences. You can generally find ADs on your State attorney generals' office website. Examples of ADs include:

- Living wills
- Instruction directives
- Health care proxy
- Health care power of attorney

Medicare pays for ACP as either:

- An optional element of a patient's **MWV**
- A separate [Medicare Part B](#) medically necessary service

Billing & Payment

If you bill this service more than once, document the change in the patient's health status and/or wishes about their end-of-life care. There's no **limit** on the number of times you can report ACP for a patient.

You can offer ACP services in **facility and non-facility settings**.

When a patient gets ACP services outside the MWVs, we **encourage** you to tell the patient Part B cost sharing applies as it does for other physicians' services.

Diagnosis

Report the condition you counsel the patient about using an [International Classification of Diseases, Tenth Revision, Clinical Modification](#) (ICD-10-CM) code. This code shows an administrative examination, or a well exam diagnosis when part of the **MWVs**. You don't need to report a specific diagnosis to bill ACP.

Coding

Hospitals, physicians or non-physician practitioners (NPP) may bill ACP services if the practice scope and Medicare benefit category include the services described below.

CPT Codes & 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)

NOTE: There are no limits on the number of times you can report ACP for a given patient in a given time period.

Billing

Medicare waives the ACP coinsurance and the Part B deductible when the ACP is:

- Delivered on the same day as a covered MWV (HCPCS codes G0438 or G0439)
- Offered by the same provider as a covered MWV
- Billed with modifier –33 (Preventive Services)

If Medicare denies the MWV for exceeding the once-per-year limit, Medicare can still make the ACP payment as a separate [Medicare Part B](#) medically necessary service.

In that case, Medicare applies the [deductible and coinsurance](#) to the ACP service.

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.

Resources

- [42 Code of Federal Regulations, Part 489, Subpart I \(Advance Directives policy\)](#)
- [2016 Hospital Outpatient Prospective Payment Systems Final Rule \(OPPS policy for ACP services\) Pages 70469–70470](#)
- [2016 Medicare Physician Fee Schedule Final Rule \(Medicare PFS policy for ACP services\) Pages 70955–70959](#)
- [Advance Care Planning \(information for Medicare patients\)](#)
- [Medicare Benefit Policy Manual Chapter 15, Covered Medical and Other Health Services, Section 280.5.1](#)
- [Medicare Claims Processing Manual Chapter 18, Preventive and Screening Services, Section 140.8](#)
- [MWV](#)
- [National Hospice and Palliative Care Organization \(download your state's advance directives\)](#)

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