



National Hospice and Palliative Care Organization
Palliative Care Resource Series

ADVANCE CARE PLANNING

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In the 2015 Medicare Physician Fee Schedule Final Rule, CMS established two CPT codes for billing for advance care planning. However, there are no payment rates established by CMS for these two codes, so they remain unimplemented for 2015 from a Medicare perspective. The two CPT codes are:

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

Each additional 30 minutes (list separately in addition to primary procedure)

MEDICARE PAYMENTS

At this time, there is no payment from Medicare for these two codes. However, the advance care planning conversation can be included in another Medicare service, the “Initial Preventive Physical Exam (G0402)”. The Initial Preventive Physical Exam is limited to a new beneficiary during the first 12 months of Medicare enrollment. Continued advocacy is needed on the establishment of a payment rate for these two codes.

OTHER PAYERS

Other payers may be willing to pay for advance care planning services, so coverage should be confirmed for non-Medicare patients.

Resources and Links

- CY 2015 Medicare PFS Final Rule (CMS-1612-FC)

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