KENTUCKY MEDICAL ASSOCIATION
Physicians Caring for Kentucky

KMA RESOURCE GUIDE

Coding and Billing for Advance Care Planning

Effective January 1, 2016 Medicare started paying physicians for advance care planning which includes counseling patients on end-of-life decisions. The voluntary counseling may be performed in any place of service depending on the needs and condition of the patient, and does not require the patient to complete an advance directive.

Coding Instructions

Current Procedural Terminology (CPT) established two time-based codes to bill for advance care planning:

- **CPT Code 99497** – Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms) by the physician (or other qualified health care professional) first 30 minutes, face-to-face with the patient, family member(s) and/or surrogate.

- **CPT Code 99498** – each additional 30 minutes (list separately in addition to code for primary procedure.

If the required minimum time is not spent with the Medicare patient, family member(s) and/or surrogate to bill for CPT codes 99497 or 99498, the physician may consider billing for the appropriate evaluation and management (E/M) service.

No specific diagnosis is required for the ACP codes to be billed although it would be appropriate to report a condition for which you are counseling the patient using an ICD-10-CM.

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Proper documentation should include:

- An account of the discussion with the patient (or family members and/or surrogate) regarding the voluntary nature of the encounter.

- Documentation indicating the explanation of advance directives along with completion of those forms when performed and who was present.

- The time spent in the face-to-face encounter.

Resources

- ACP Article
- FAQ
- Contact KMA at lady@kyma.org