

## QUICK GUIDE MEDICARE ADVANCE CARE PLANNING SERVICES

To promote conversations between patients and their practitioners about long-term treatment options and planning, the Centers for Medicare & Medicaid Services (CMS) established separate payments for two advance care planning (ACP) services provided to Medicare beneficiaries by physicians and other practitioners, effective Jan. 1, 2016. CMS finalized the use of CPT codes 99497 and 99498 for ACP services. This document provides an overview of the ACP requirements. Practices are encouraged to check with their Medicare Administrative Contractor for further information.

### INTERSECTION WITH OTHER MEDICARE SERVICES

Medicare previously covered ACP as part of the “Welcome to Medicare” visit; however, not all beneficiaries need these services when they first enroll. By establishing separate payment for ACP services, CMS offers practitioners greater flexibility to utilize these planning sessions at the most appropriate time for patients and their families. Beginning in 2016, ACP services may be billed on the same day as other evaluation and management services, during the same service period as transitional care management or chronic care management services and within global surgical periods. They may also be furnished during an annual wellness visit (AWV) and billed separately with modifier -33 (preventive services). ACP services may not be billed on the same day as certain critical care services, such as neonatal and pediatric critical care.

### ACP PAYMENT AND BENEFICIARY COST-SHARING

CMS finalized the following RVUs and payments for 2015. Specific payments vary based on Medicare geographic practice cost indices (GPCIs).

CPT/ HCPCS	DESCRIPTION	PHYSICIAN WORK RVUS	NON-FACILITY PE RVUS	MALPRACTICE RVUS	TOTAL NON-FACILITY RVUS	AVERAGE NATIONAL PAYMENT
99497	ACP 30 min	1.50	0.80	0.10	2.40	\$85.99
99498	ACP additional 30 min	1.40	0.59	0.10	2.09	\$74.88

When ACP services are provided during an AWV, the beneficiary’s Part B deductible and coinsurance will be waived under the exception for preventive services. However, when these services are furnished separately from an AWV, as with most Medicare services, 20% beneficiary cost-sharing applies. Beneficiaries may also be responsible for a deductible payment, if appropriate.

### FURNISHING ACP SERVICES

CMS believes these services should be provided by physicians or using a team-based approach where ACP is provided by physicians, non-physician practitioners (NPPs) and other staff under the order and medical management of the beneficiary’s treating physician. However, ACP services are not limited to particular physician specialties and may be furnished by physicians or NPPs whose scope of practice includes these services and who may independently bill Medicare. These services may also be provided by qualified auxiliary personnel under direct supervision of a physician or practitioner if all incident to service requirements are met.