



**Advance Care Planning:  
An Overview of CMS Reimbursement for End-of-Life Care Discussions**

Effective January 1, 2016, the Centers for Medicare and Medicaid Services (CMS) will reimburse physicians and other qualified health care professionals if they choose to have advance care planning, or end-of-life care, discussions with their Medicare patients. This new rule will help to ensure that patients receive the type of care they want in the event that they are diagnosed with a life-limiting illness or are no longer able to speak for themselves.

These advance care planning discussions will be reimbursed by CMS as a separate and billable service. There are currently two procedural terminology (CPT) billing codes for advance care planning. These codes can be used alone or in addition to an E&M (if a separately identifiable service is provided) with the 25 modifier.

- **CPT Code 99497:** This code covers a discussion of advance directives with the patient, a family member or health care representative with or without completing relevant legal forms for up to 30 minutes.
- **CPT Code 99498:** This code is an add-on to CPT Code 99497 and covers an additional 30 minutes of discussion regarding advance care planning.

Under the 2016 fee schedule, advance care planning can also be an optional and reimbursable element of Medicare's annual wellness visit with the use of the 33 modifier.

Health care providers and professionals will need to document advance care planning discussions. This documentation should include the patient's name, the date of the conversation, the length of the conversation, the topics discussed and an overview of any materials or resources given to the patient as well as the outcome of the conversation. An example of how to document such a discussion follows:

*“ On Jan. 1, 2016, I had a 30 minute discussion with Jane Doe about advance care planning. We discussed the need for a health care power of attorney to identify the person who will make decisions about her care if she becomes unable to make those decisions for herself. I provided her with blank copies of health care power of attorney and advance directive forms along with information about how to complete these documents and make such decisions. Jane will return these documents on her next visit after discussing them with her family.”*