



April 11, 2024

**TO:** CHAPCA Provider Members

**FROM:** CHAPCA Regulatory Team

**RE: Billing Correctly for Advance Care Planning – YES, hospice can bill**

Advance Care Planning was featured as a compliance topic in the April 11, 2024 edition of [MLN Connects Newsletter](#).

**OIG Report on Advance Care Planning:** The OIG published a report on advance care planning stating that “Medicare providers who billed for advance care planning (ACP) services in an office setting didn’t always comply with federal requirements.” They go on to say that “\$42.3 million for ACP services that did not comply with Federal requirements. These payments occurred because the providers did not understand the Federal requirements for billing ACP services.”

**Advance Care Planning Services for Patients Receiving Hospice Services:** ACP services are not limited to a particular specialty. For patients receiving hospice benefits, ACP services can be billed under Medicare Part B, only if the practitioner is not employed by the hospice agency; otherwise, the ACP services would be billed on the Type of Bill 081x or 082x when performed by hospice employed physicians or by physicians who are under arrangement with the hospice.

**Fact Sheet on ACP Services:** The MLN [Advance Care Planning \(PDF\)](#) fact sheet is very helpful and spells out how to document discussions and follow time-based coding requirements. For easy reference, the tables below provides the CPT codes for ACP and

**Table 1. 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) |



**Table 2. ACP Minutes & Corresponding CPT Codes & Units**

| ACP Minutes | CPT Code & Units   |
|-------------|--|
| 15 or less  | Don't bill any ACP services                                    |
| 16–45       | CPT code 99497 (1 unit)  |
| 46–75       | CPT code 99497 (1 unit) <b>and</b><br>CPT code 99498 (1 unit)  |
| 76–105      | CPT code 99497 (1 unit) <b>and</b><br>CPT code 99498 (2 units) |

Other resources for clinicians and billers:

- [Billing and Coding: ACP](#) local coverage article
- [ACP](#) local coverage determination

### **Advance Care Planning: Bill Correctly for Services**

In a [report](#), the Office of the Inspector General found that Medicare providers who billed for advance care planning (ACP) services in an office setting didn't always comply with federal requirements.

More Information:

- [Billing and Coding: ACP](#) local coverage article
- [ACP](#) local coverage determination

<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=58664>

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