



AMERICAN ACADEMY OF
HOSPICE AND PALLIATIVE MEDICINE

New Current Procedural Terminology (CPT) Codes for Advance Care Planning Services

CMS proposes to make separate payment in 2016 – Submit comments by Sept. 8

Background

In 2014, the American Medical Association (AMA) CPT Editorial Panel created two new codes to describe complex advance care planning (ACP). AAHPM was one of the stakeholder specialty societies to subsequently survey its members and present findings to the AMA/Specialty Society Relative Value Scale Update Committee (RUC) which recommends relative values for new/revised codes to the Centers for Medicare and Medicaid Services (CMS). The Academy has since continued to advocate for the codes, including in meetings with CMS officials and congressional offices. In May 2015, AAHPM joined 65 organizations representing patients, health professionals, caregivers, faith-based healthcare systems, and other advocates in sending a [letter](#) urging CMS to include payment for voluntary ACP in the 2016 Medicare Physician Fee Schedule.

The codes are defined as:

99497: *Advanced 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: *Advanced care planning, each additional 30 minutes.*

No active management of medical problems is performed during this time period. An E/M service may be reported separately on the same date except for critical care, inpatient neonatal and pediatric critical care, and initial and continuing intensive care services.

CMS Proposes Paying Separately for Advance Care Planning Services

As part of the Medicare Physician Fee Schedule [proposed rule](#), CMS is considering separate payment for the new ACP codes beginning in 2016. The agency is accepting public comments on its proposal until Sept. 8, with specific questions about whether payment for ACP is needed and what types of incentives the proposal creates.

Here's how to weigh in:

Go to the proposed rule [webpage](#), and click the green box that says "Submit a Formal Comment."

Talking Points

AAHPM offers these suggestions for crafting your comments to CMS:

1. Thank CMS -- In your own words -- for taking an important step toward improving care for Medicare beneficiaries with serious illnesses by proposing to adopt new service codes for advance care planning (ACP) as part of the 2016 Medicare Physician Fee Schedule.
2. Tell CMS about the unique value of advance care planning, how it is 'separately and identifiably' necessary in addition to all other services, and that it should not be treated differently than any other type of medical care that research shows is effective.
3. Suggest that the ACP codes should be able to be billed whenever clinically valuable and not restricted to visit type or service location.
4. Include patient stories that illuminate a connection between high-quality advance care planning and better care for your patients.
5. Feel free to reference the literature about ACP services and palliative care, how the IOM report "*Dying in America*" cited coverage for ACP among its key recommendations, the importance of tracking utilization and outcomes of ACP services (which separate payment would allow), the needs of an older and sicker society etc., but keep in mind that it's always more powerful to speak from personal experience.
6. Remember: Be specific, be yourself, and write about what you know.
7. Offer a summary statement that urges CMS to finalize the ACP codes as proposed, without restriction on payment.