CMS expands Medicare reimbursement for advance care planning in 2016

With this new ruling, CMS has recognized the value of these extremely meaningful physician-patient conversations:

- Effective January 1, 2016, the Medicare Physician Fee Schedule will include two new CPT codes and billing rates for advance care planning (ACP)
  - CPT #99497, for the first 30-minute conversation
  - CPT #99498, an add-on code for additional 30-minute conversations
- Services include explanation and discussion of ACP, and completion of advance directive forms
  - May occur during the annual wellness visit or any routine office visit
  - Must be face-to-face with patient, family member(s) and/or surrogate
  - May be provided by any physician or qualified non-physician practitioner who bills Medicare Part B for services
- Offers more opportunities to have reimbursable ACP conversations when practitioners and patients feel it most appropriate
  - At the appropriate time, not just during the initial Welcome to Medicare visit
  - For the appropriate duration, recognizing that ACP discussions are often lengthy
- Consistent with the recommendations of the American Medical Association

Additional Information and Resources

- About the new CMS regulations:
- About advance care planning:
  www.vnsny.org/hospice/planning-and-support/advance-care-planning-tools

VNSNY appreciates the opportunity to continue as a trusted partner in meeting your patients’ needs and improving outcomes across the care continuum. As a leader in health at home, we offer an unparalleled range of programs and services, including home healthcare, hospice care and private pay home care services.

For more information please contact your VNSNY Account Team or call 1-844-FOR VNSNY.