

## Part B Insider (Multispecialty) Coding Alert

### Reader Question: CMS Reps Address Time Thresholds for Advance Care Planning

**Question:** The new advance care planning code (99497) descriptor refers to "first 30 minutes face to face." Is there a threshold that a practice must perform a minimum of 16 minutes before they can report one unit of the code? That is the case for other timed codes.

**Answer:** Depending on your payer, that should be acceptable. "I believe that based on the way that the CPT® codes are written, for those codes like advance care planning that have a time component, CPT® has maintained that 16 minutes is that minimum threshold," said CMS's Marge Watchorn during a Dec. 9 Medicare Physician Open Door Forum

Keep in mind that you shouldn't try and bill for an even shorter visit using the new advance care planning codes. When another caller to the Dec. 9 forum asked whether 14 minutes would be acceptable, CMS's William Rogers, MD replied that 16 minutes "Seems like a pretty reasonable minimum to me even if it's not written into the rules...I hate the thought of people doing them quicker."