# Eli's Hospice Insider

## Hospice News: Share Code Timing Clarification For ACP With Your Docs

You can help your referring physicians figure out how to obtain additional reimbursement for some patients with a new tip from CMS.

CMS's new Advance Care Planning code (99497) went into effect in 2016 (see Eli's Hospice Insider, Vol. 8, No. 12). The code's descriptor refers to "first 30 minutes face to face." Physicians have been wondering whether they must perform a minimum of 16 minutes before they can report one unit of the code, which is the case for other timed physician codes.

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 the **Centers for Medicare & Medicaid Services' Marge Watchorn** during a Dec. 9 Physician Open Door Forum.

But docs should keep in mind that they shouldn't try and bill for an even shorter visit using the new ACP 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."