

Eli's Hospice Insider

Hospice News: Tell Referring Docs Advance Care Planning Rate Is Set

Physicians finally will have more financial incentive to discuss end-of-life choices, including hospice care, with their patients.

The codes for Advance Care Planning have been in physicians' CPT® books since January. But now the **Centers for Medicare & Medicaid Services** has set payment rates in the Medicare Physician Fee Schedule Final Rule for 2016.

"CMS is establishing separate payment and a payment rate for two advance care planning services provided to Medicare beneficiaries by physicians and other practitioners," the agency says in a Fact Sheet about the decision. The ACP codes are 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) and 99498 (...each additional 30 minutes...).

The agency assigned 1.50 work RVUs to 99497 and 1.40 RVUs to 99498. Officials noted that this will translate into payments of about \$86 for 99497 and \$75 for the add-on code 99498.

According to the Final Rule, docs can report 99497 and 99498 on the same date as other E/M services, transitional care management and chronic care management, and they can even bill them during global surgical periods. They cannot, however, report 99497 and 99498 on the same date as certain critical care services including neonatal and pediatric critical care.

Resource: The final rule is at www.gpo.gov/fdsys/pkg/FR-2015-11-16/pdf/2015-28005.pdf .