Advance Care Planning (ACP) –
Annual Wellness Visit (AWV) is an opportunity to discuss Advance Care Planning.

Advance care planning is a process involving the discussion among patients, caregivers, and the healthcare providers about patients’ beliefs regarding their future healthcare choices. Once the decisions are made, patients can let others know about their preferences, often by putting them into an advance directive (AD).

Advance directive is a legal document that goes into effect only if a patient is incapacitated and unable to speak for him or herself. AD helps ensure that patients receive care consistent with their wishes. Inova’s website has resources (VA Medical AD form and a document called Your Right to Decide) to help you discuss Advance Care Planning with your patients: https://www.inova.org/advanceddirectives

Coding for ACP:
Use the following CPT codes in Epic Charge Capture section to appropriately code for ACP services –

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>wRVU</th>
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</thead>
<tbody>
<tr>
<td>99497</td>
<td>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, and/or surrogate</td>
<td>1.50</td>
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<tr>
<td>99498</td>
<td>Each additional 30 minutes (in addition to 99497)</td>
<td>1.40</td>
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</tbody>
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- **Completion of an advance directive form is not a requirement for billing this service.**
- To drop CPT code 99497, it is recommended that you spend **16+ minutes** in providing ACP services (document the time in patient’s chart).
- There is no limit to how many times a year this service can be billed; document appropriately when billing.
- No specific diagnosis is required for billing these codes. Report a condition for which you are counseling the beneficiary, or a well exam diagnosis when furnished as part of the Medicare Annual Wellness Visit.