

## How to Bill for Advance Care Planning at an AWW

Medicare now pays for Advance Care Planning. It's easy. Here's how.

The RVU for this is large (1.5) It **doubles** the usual (1.5) RVU for an Annual Wellness Visit.

This ACP billing code is great to use as part of a Medicare Annual Wellness Visit (AWV.)

When part of an AWW, the increased billing to Medicare is no-added-cost to the patient. (There is no cost sharing, no co-pay, no deductible for the patient.)

This ACP code can also be added to a regular E+M visit. The patient will generally have additional out of pocket costs in that case.

Note: There is no limit to the number of times in a patient's lifetime this code can be billed.

Note: If added to a **not-Medicare** Preventive Visit, the ACP code **may or may not** be covered.

### What documentation is needed in your note?

1. You should say how long you spent discussing advance care planning (for billing this code, time spent must be >15 minutes) (i.e. 16 minutes or more)
2. Add a very brief statement about what you learned about the patient's preferences. Consider making your own Epic .dotphrase. Here is a perfectly acceptable example:

*Advance Care Planning: Patient would like DPOA to be <spouse>. Patient preference if cardiac arrest then: <full code> <DNR>. Forms on file are: \*\*\*. Dementia directive discussed. I spent \*\*\* minutes (> 15 to bill) face to face with the patient discussing preferences for future care. Patient agreed to having this service.*

### Here's how to add this billing code to an Annual Wellness Visit:

1. Enter the usual visit code (such as Medicare Annual Wellness Visit, Subsequent) then add "**Additional E/M Code.**"
2. The additional E/M code to add for ACP planning is: **ADVANCE CARE PLANNING [99497]**  
At UW Medicine: if you type in "**ADV**" this code comes right up.
3. Then add a "**Modifier**" to the code: Use code **33** if adding to an AWW (code 33 is the code when adding a modifier as a "preventive" service.)