

## Coding Snapshot: Advanced Care Planning

### Coding

Hospitals, physicians, and other practitioners should use the following Current Procedural Terminology (CPT) codes to file claims for ACP services.

**Table 1. CPT Codes and Descriptors**

CPT Codes	Billing Code Descriptors
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; <b>first 30 minutes</b> , face-to-face with the patient, family member(s), and/or surrogate
99498	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; <b>each additional 30 minutes</b> (list separately in addition to code for primary procedure)

Voluntary ACP means discussion about the **care** you would want to receive if you become unable to speak for yourself 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 professional face-to-face with the patient, family member(s), and/or surrogate.

Some people may need ACP multiple times in a year if they are quite ill and their circumstances change. Others may not need the service at all in a year.