Letters

Invited Commentary

Advance Care Planning Codes—Getting Paid for Quality Care

In 2017, Sudore et al[1(p14)] developed a consensus definition of advance care planning (ACP) as "a process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care. The goal of ACP is to help ensure that people receive medical care that is consistent with their values, goals, and preferences during serious and chronic illness." The discussion around ACP has evolved for decades. Originally, efforts focused on documenting advance directives or surrogate decision makers, interventions that alone were not effective.[2] Now defined as a process, ACP discussions focus on eliciting patient values based on personal experiences, choosing a proxy that understands their role, and communicating their decisions to family members.[3] More than 70% of patients are unable to participate in their own end-of-life care decisions, and values and preferences are known to change over time, so ongoing discussions with patients about their wishes are imperative.[4]

Related articles

Advance care planning discussions improve patient satisfaction and are associated with lower rates of in-hospital death and greater hospice use.[2] Despite these benefits, most health care professionals do not engage their patients in ACP discussions. Health care professionals have identified many barriers to these conversations, including insufficient time, difficulty conveying complex treatment options, decreased interaction with patients near end of life, lack of communication training, patient hesitation to ponder death, and inability to electronically transfer ACP information across care settings.[4,5]

The Centers for Medicare & Medicaid Services recognized the importance of ACP discussions and aimed to incentivize this component of high-quality care by reimbursing physicians and nurse practitioners for the time engaged in these important conversations. In January 2016, Centers for Medicare & Medicaid Services instituted 2 *Current Procedural Terminology* (*CPT*) codes under the Medicare Physician Fee Schedule and Hospital Outpatient Prospective Payment System. To be reimbursed, the discussions must be held face-to-face with patients and/or surrogates and documented within the medical record, but no legal forms need to be completed.[6] The *CPT* code 99497 is used for the first 30 minutes, allowing for reimbursement of approximately $86 in the outpatient setting and $80 in the inpatient setting. The *CPT* code 99498 can be used for each additional 30-minute period with a reimbursement of $75. Payment can be billed through Medicare Part B or as part of the patient's annual visit.

In this issue of *JAMA Internal Medicine*, studies by Pelland et al[7] and Belanger et al[8] examine the frequency and pattern of use of the novel ACP billing codes. Pelland et al[7] found that less than 1% of Medicare beneficiaries in New England had an ACP claim in 2016. Belanger et al[8] found a similarly low rate nationally (1.9%) that rose to 2.2% of beneficiaries in 2017. Both groups[7,8] observed significant variations based on practice specialty, region, and patient care setting. The rate of use of ACP *CPT* codes may not accurately represent how often health care professionals participate in these discussions. As Belanger et al[8] found, two-thirds of hospice and palliative medicine physicians, who are more likely to participate in ACP, did not have an ACP bill filed during 2016. This finding may be due to lack of awareness of these *CPT* codes, uncertainty about appropriate code use, or billing for these discussions is not part of standard workflow. Regardless, the low rates of utilization of ACP codes is alarming and highlights the need to create strategies to integrate ACP discussions into standard practice and build ACP documentation and billing in clinical workflow.

Many educational tools are available to help health care professionals and patients engage in ACP. For clinicians, VitalTalk, a national 501c3 nonprofit, supports a range of evidence-based training programs designed to build health care professionals' communication skills.[9] Targeted skills training is also available through a VitalTalk smartphone app and a series of online modules at the Center to Advance Palliative Care (https://www.capc.org). Patients can be encouraged to engage in the ACP process by exploring the PREPARE website (https://prepareforyourcare.org).[10] This website helps patients navigate choosing a decision maker, reflect on the care they would want in the setting of a serious illness, and communicate their wishes to their family and health care professional via a 5-step process along with instructional videos. Use of PREPARE has been shown to significantly increase ACP documentation.[10] Expanding access to such tools that support health care professionals and empower patients to initiate ACP discussions is clearly needed.

Engaging patients in ACP and using appropriate billing codes allows health care professionals to provide care that is in line with patient values and obtain appropriate reimbursement for this critical service. Although the number of ACP codes billed has significantly increased since 2016, the overall number of claims is still low.[8] Raising awareness of the billing codes and various resources that can help facilitate the interaction between patients and health care professionals can help deliver the quality care that all patients deserve.

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