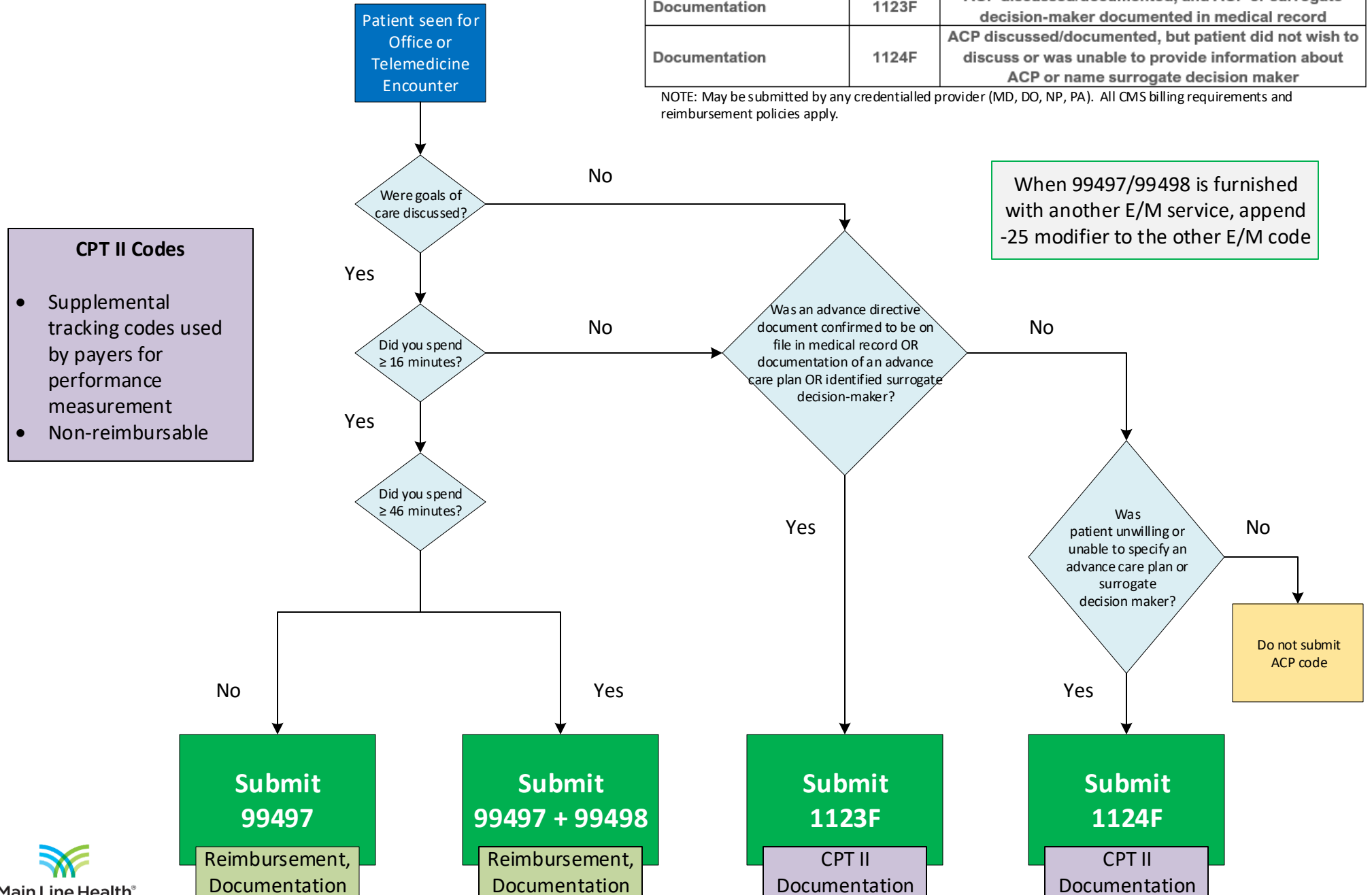# Advance Care Planning
Algorithm for Use of CPT and CPT II Codes

For guidance and the standard MLH advance directive document, see
www.mainlinehealth.org/patient-services/advance-care-planning

Version 072622

Submission Purpose	Code	Description of Code
Documentation, Reimbursement	99497	Provider performed 16-30 minutes of ACP (please see attachment for details)
Documentation, Reimbursement	99498	Add-on code when using 99497 Provider performed additional 16-30 minutes of ACP (please see attachment for details)
Documentation	1123F	ACP discussed/documented, and ACP or surrogate decision-maker documented in medical record
Documentation	1124F	ACP discussed/documented, but patient did not wish to discuss or was unable to provide information about ACP or name surrogate decision maker

NOTE: May be submitted by any credentialled provider (MD, DO, NP, PA). All CMS billing requirements and reimbursement policies apply.

Patient seen for Office or Telemedicine Encounter

CPT II Codes

- Supplemental tracking codes used by payers for performance measurement
- Non-reimbursable

Were goals of care discussed? — No

Yes

Did you spend ≥ 16 minutes? — No

Yes

Did you spend ≥ 46 minutes?

When 99497/99498 is furnished with another E/M service, append -25 modifier to the other E/M code

Was an advance directive document confirmed to be on file in medical record OR documentation of an advance care plan OR identified surrogate decision-maker? — No

Yes

Was patient unwilling or unable to specify an advance care plan or surrogate decision maker? — No

Yes

Do not submit ACP code

Submit 99497 — No
Reimbursement, Documentation

Submit 99497 + 99498 — Yes
Reimbursement, Documentation

Submit 1123F
CPT II Documentation

Submit 1124F
CPT II Documentation

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