Medicare Coverage of Advance Care Planning

Medicare Part B covers voluntary advance care planning—i.e., discussions of beneficiary preferences for end-of-life care. Coverage for this service arose out of recommendations from a wide range of stakeholders and bipartisan members of Congress, and began in 2016.

What is advance care planning?

Advance care planning is a service that supports conversations between patients and their doctors and non-physician practitioners (NPPs) to decide what type of care may be right for them in the event of life-limiting conditions or incapacitating illness.

During these conversations, doctors/NPPs may talk through and help the person plan for a time when he/she cannot make his/her own medical decisions. If the beneficiary has a life-threatening condition, the practitioner may discuss creating a disease-specific plan, help the beneficiary explore his/ her understanding of the illness progression, and discuss his/her own and their family's hopes, fears, and concerns. They may also talk about care choices during a critical event, and how aggressive they would like their treatment to be (e.g., whether to use resuscitation, antibiotics, and feeding tubes).

Is advance care planning the same as an advance directive?

Advance care planning is not the same as an advance directive. An advance directive is a legal document that specifies what should happen if a person is no longer able to make his/her own medical decisions. Advance directives take many forms, such as living wills and durable powers of attorney for health care. Beneficiaries looking to prepare an advance directive should download their state forms and complete these according to their state’s rules to make the documents legally binding. The doctor/NPP can assist with the completion of these forms.

Does a person have to have a terminal illness to take advantage of this benefit?

No. The advance care planning benefit is open to anyone with Medicare. Indeed, often the best time to begin to discuss end-of-life care may be before a person is diagnosed with a life-threatening condition, when there is plenty of time to consider one’s preferences.

Having these discussions early also may be useful in guiding future care and treatment decisions by family members and caregivers should the person become incapacitated and unable to make his/her choices known.

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Advance care planning is not meant to be a one-time conversation, but a series of discussions over the course of a person’s life.

*Can the beneficiary change his mind about end-of-life plans later on?*

Absolutely. Advance care planning is a continuous discussion. Should the beneficiary complete any forms, such as an advance directive, this can be revoked at any time, so long as he/she still has the capacity to make that decision or complete new forms.

*What’s the difference between advance care planning and hospice care?*

Advance care planning may include a discussion about hospice care, how it works, and how it fits in to choices about end-of-life care.

Hospice care is a care choice that a person may make if he/she is diagnosed with a terminal illness with a life expectancy of six months or less. When a beneficiary chooses hospice, he/she signs a statement saying that he/she accepts palliative care instead of other Medicare-covered treatments for the illness. Learn more about how hospice works.

*What do my clients need to know about Medicare costs for this service?*

There are two ways the beneficiary can receive advance care planning; each has different cost implications:

- If a client chooses to have this service in conjunction with his/her [Annual Wellness Visit](https://www.cms.gov/Medicare/Prescription-Drugs-and-Medicare-Advantage/Prescription-Drug-Coverage/Annual-Wellness-Visit.html), there is no cost-sharing liability (though the physician can bill Medicare for both the Annual Wellness Visit and advance care discussion separately).
- If the beneficiary receives advance care planning separate from the Annual Wellness Visit, he/she will have to pay the 20% cost-sharing (after the [Part B deductible](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLNProducts001869.html)) associated with using this service, as they would with other Medicare-covered services.

*References*

