UNIVERSITY HEALTHCARE ALLIANCE

CODING CORNER

Advance Care Planning (ACP)

Advance Care Planning (ACP) is the face-to-face conversation between a physician (or other qualified health care professional) and a beneficiary to discuss the beneficiary's wishes and preferences for medical treatment if they are unable to speak or make decisions in the future.

ACP 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; *first 30 minutes*, 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; *each additional 30 minutes* (List separately in addition to code for primary procedure)

Documentation requirements include:

- An account of the discussion with the beneficiary (or family members and/or surrogate) regarding the voluntary nature of the encounter
- Documentation indicating the explanation of advance directives (along with completion of those forms, when performed)
- Who was present
- Time spent in the face-to-face encounter

Documentation Examples

Mrs. Jones expressed her interest in discussing long term treatment options and if she is unable to make decision in the future. I spent 30 minutes face to face with Mrs. Jones reviewing and answering questions.

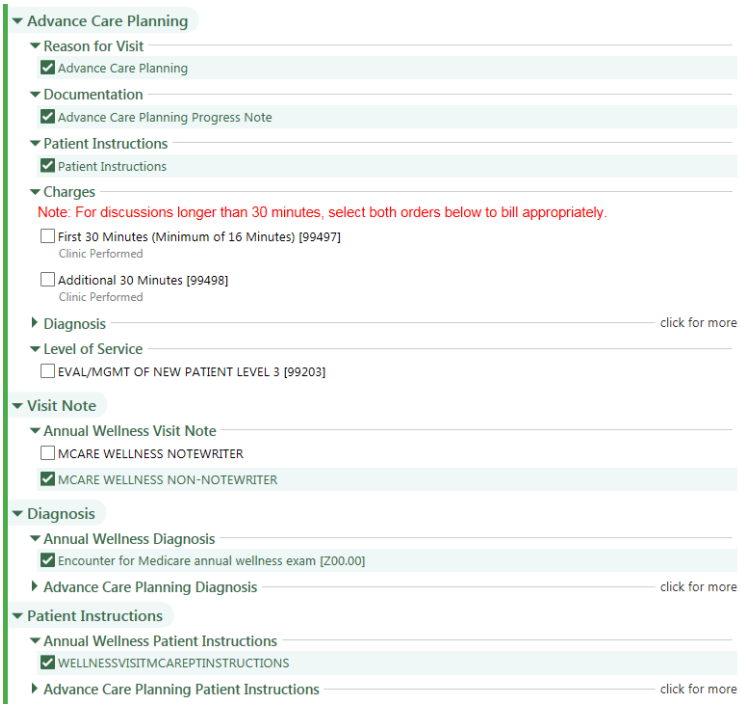
Patient agrees to discuss Advance Directive. In addition to the Annual Wellness Visit, I spent 35 minutes face to face with Mrs. Jones and her family reviewing and answering questions about the advance directive of Mrs. Jones.

EPIC Smartphrase for documentation

.ACP

A voluntary discussion with {PATIENT &/OR:18140::"Patient"} for *** minutes was devoted to long-term treatment options and wishes related to future care and treatment, if an adverse event occurs. Start time:*** min Stop time***min.

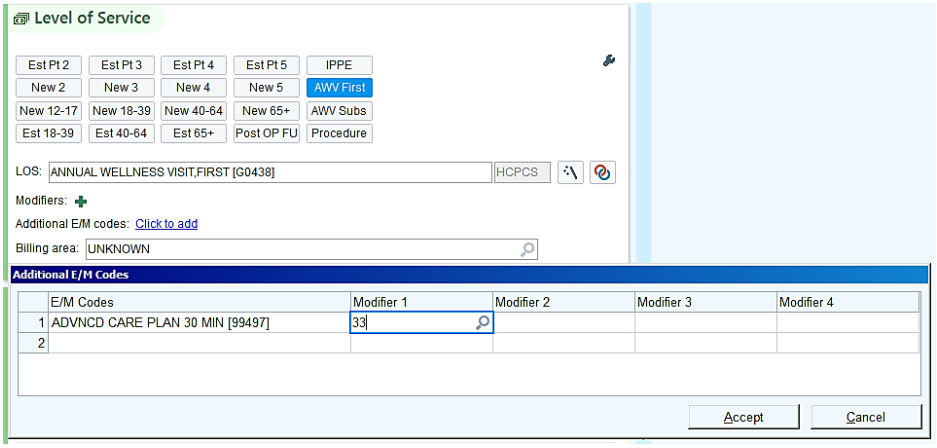
EPIC Smartset for AWV and ACP



There are no limits on the number of times you can report ACP for a given beneficiary in a specific time period. When you bill the service multiple times for a given beneficiary, document the beneficiary's changed health status and wishes regarding their end-of-life care.

ACP can be reported in addition to the Evaluation and Management with modifier 25 and other services.

ACP on the same day as Annual Wellness Visit by the same provider, waives the deductible and coinsurance for ACP when billed with modifier 33 (Preventive Services). Since payment for an AWV is limited to only once a year, the deductible and coinsurance can only be waived once a year. Otherwise, Medicare applies the deductible and coinsurance to the ACP service.



Frequently Asked Questions (CMS/MLN links below)

Q. In what settings can ACP services be provided and billed- Inpatient? Nursing home? Other?
A. *There are no place of service limitations on the ACP codes. As we stated in the CY 2016 PFS final rule (80 Fed. Reg. 70956), ACP services may be appropriately furnished in a variety of settings depending on the needs and condition of the beneficiary. The codes are separately payable to the billing physician or practitioner in both facility and non-facility settings and are not limited to any specialty*.

Q. Does the beneficiary/practice have to complete an advance directive to bill the service?
A. *No, the CPT code descriptors indicate "when performed," so completion of an advance directive is not a requirement for billing the service.*

Resources:

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/FAQ-Advance-Care-Planning.pdf