

Care Management: Advanced Care Planning

6/13/2023

Today's Presenter

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Objective

Care Management: Making all-inclusive care plan a reality and by offering these sessions, we hope that our J6 and JK providers have a better understanding on codes available that describe care management.



Care Management Continued Series Agenda

Advanced Care Management

General

Coding

Billing

Documentation

Resources

Care Management: Advanced Care Planning

ACP General

- Voluntary face-to-face service between physician/NPP and patient to discuss health care wishes
- Advance directives appoints an agent and/or records person's wishes about their medical treatment based on their values and preferences
 - Examples include living wills, instruction directives, health care proxy, health care power of attorney
- Medicare pays for ACP as either: an optional element of a patient's AWW or separate Medicare Part B medically necessary service





ACP Billing Practitioners

- Not limited to particular specialty
- Physicians and NPPs
- Facility and non-facility settings
 - Hospital, nursing home, office and home
- 99497 and 99498: face-to-face services
 - Everything is documented in patient's medical record
 - Time accounted
- Billing service more than once, document the change in patient's health status and/or wishes about their end-of-life care



ACP Billing Codes

ACP Codes	Description
99497	ACP including 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	ACP including 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)

ACP Billing With AWW

- Treated as preventive services
- Medicare waives ACP coinsurance and Part B deductible when
 - Rendered on same day as covered AWW (HCPCS codes G0438 or G0439)
 - Offered by same provider as covered AWW
 - Billed with modifier 33 (Preventive Services)
- Report condition discussed with patient using ICD-10-CM code
- Code shows an administrative exam or exam diagnosis when ACP services are part of the AWW or IPPE
 - You don't need to report a specific diagnosis to bill ACP

ACP Billing and Time

- Follow CPT rules about minimum time requirements to report
 - Face-to-face
- When performing another service concurrently as time-based service, don't include time spent on concurrent service with time-based service
- If you meet other service requirements, bill accordingly
- Don't bill any ACP discussion of 15 minutes or less as ACP services
- One unit of time is billable when midpoint of allowable unit of time passes
- If Medicare denies AWPV for exceeding once-per-year limit, Medicare can still make ACP payment as separate Medicare Part B medically necessary services
 - Medicare applies deductible and coinsurance to ACP service



ACP Billing Table

ACP Minutes	CPT Code(s)	Unit(s)
Less than 15	Not billable	N/A
16-45	99497	1 Unit
46-75	99497 and 99498	1 Unit 99497 1 Unit 99498
76-105	99497 and 99498	1 Unit 99497 2 Units 99498

ACP and E/M

- According to CPT reporting instructions, physician and NPP may report ACP codes 99497 and 99498 in addition to the E/M visit
- E/M shall describe active management of care and coded accordingly
- ACP time shall not overlap with active management of E/M



ACP Documentation

- Document ACP discussion with patient, family member, caregiver, or surrogate and include
 - Who was present
 - Voluntary nature of visit
 - Explanation of advance directives
 - Time spent discussing ACP during face-to-face encounter
 - ✓ Details and discussions, well-being goals, aspirations, needs, self-care, support, test results, summary of diagnosis, medication details and clinical notes
 - Any change in health status or health care wishes if patient becomes unable to make their own decisions



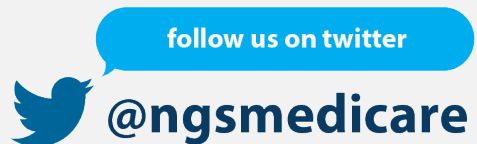
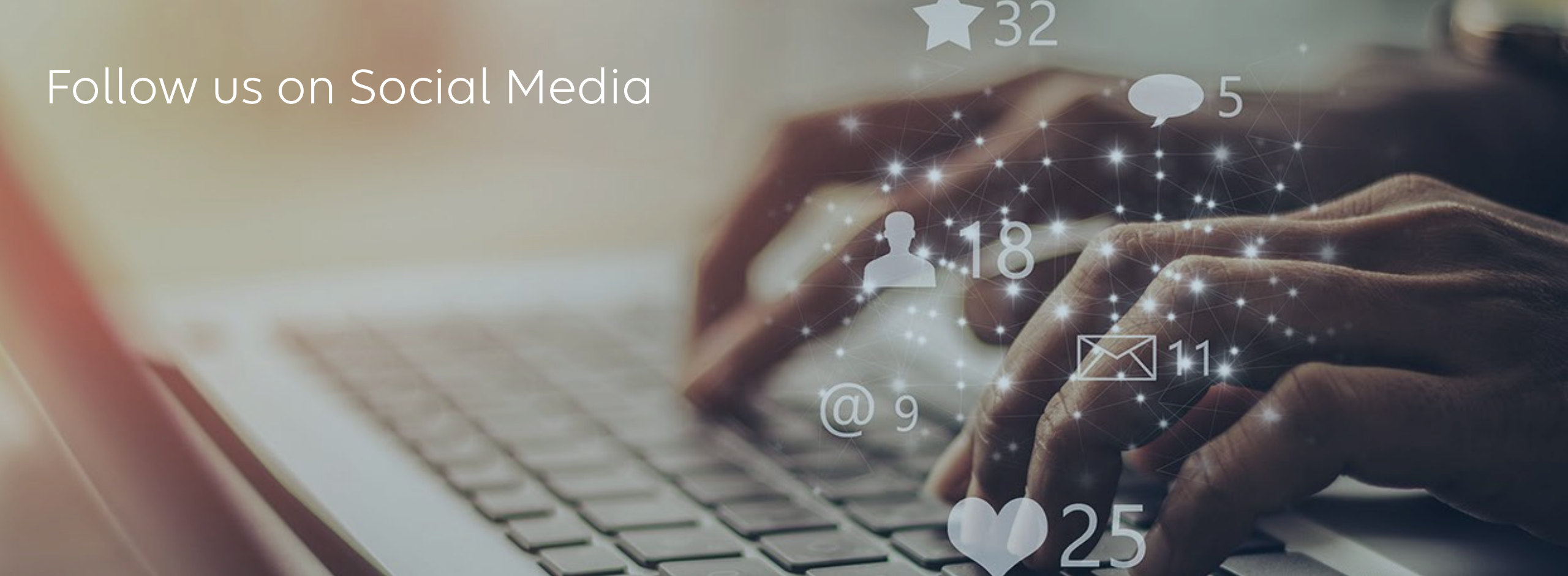
ACP Resources

- MLN® Fact Sheet: [Advance Care Planning](#)
- [Medicare IPPE and AWW](#)
- [OIG: Advanced Care Planning Services: Compliance With Medicare Requirements](#)
- [42 Code of Federal Regulations, Part 489, Subpart I \(Advance Directives policy\)](#)
- [Advance Care Planning \(information for Medicare patients\)](#)
- [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Covered Medical and Other Health Services, Section 280.5.1](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 18, Preventive and Screening Services, Section 140.8](#)

Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.

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