

Care Management: Advanced Care Planning

9/26/2024

Closed Captioning: *Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.*

Today's Presenter

- Provider Outreach and Education Consultant
 - Carleen Parker



- Care Management Team
 - Carleen Parker
 - Christine Obergfell
 - Jennifer Lee
 - Lori Langevin
 - Michelle Coleman
 - Nathan Kennedy





Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the [CMS website](#).



Recording

Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

Objective

Care Management: Making all-inclusive care plan a reality and by offering these sessions, we hope that our J6/JK providers have a better understanding with services that describe ACP and requirements.



Agenda

- Advanced Care Planning
 - [General](#)
 - [Coding](#)
 - [Billing](#)
 - [Documentation](#)
 - [Interactive ACP](#)

General

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: ACP alone or with optional element of patient's AWW or separate Medicare Part B medically necessary service



LIVING WILL (ADVANCE DIRECTIVE)

contains two parts. Both parts are for use when you can no longer
your health care wishes to your doctors. You may choose to sign one or

called a Health Care Directive, also known as a living will. The Health
wishes you to tell your health care providers your preferences for end of

called a Health Care Power of Attorney. This Health Care Power of
to appoint another person to make health care decisions on your
account your wishes.

dated and signed on ____ day of _____, 20____.

HEALTH CARE DIRECTIVE (LIVING WILL)

Fill out this form and just wish to designate a health care agent,
(see the following section)

_____, with a street address of _____, City

_____, County of _____, State of _____

_____, the last four (4) digits of my social security number

I, _____, may be referred to as the 'Principal') desire to
state my wishes for my health care in the event I

I do not wish to return me to an acceptable quality of
life, however, if my quality of life
is so poor that my doctors have determined that
there is no chance that all treatments that extend my

Advance Directives

- Providers may talk about advance directives with or without helping a patient complete legal forms
- [Advance Care Planning: Advance Directives for Health Care](#) can be different from state to state, and you can generally find them on your [state attorney general's](#) website
 - Examples: do not resuscitate orders, health care powers of attorney, health care proxies, instruction directives, living wills, medical orders for life-sustaining treatment, psychiatric advance directives
- [Advance Care Planning: Conversation Guide](#)

ACP Evidence-Based Benefits

- Allows healthcare professionals and caregivers to proactively arrange for patients near end of life to remain at home, in nursing home, or hospice facility rather than going to hospital
- Ensure patients receive care that is consistent with preferences
- Focuses on patients' personal preferences about medical care and treatments
- Helps providers to conduct structured, meaningful conversations with patients about wishes regarding treatment goals, preferences, and location of care
- Positively impacts quality of life and end-of-life care
- Raises likelihood that healthcare providers and families understand and comply with patient's preferences for medical care when patient lacks decision-making capacity
- Reduces decisional burden of family members as to whether they are making decisions that are consistent with individual preferences



ACP Practitioners

- CPT definition and CMS
- By physician or other qualified health care professional
- Physicians and certain nonphysician practitioners
 - MD and DO
 - Clinical nurse specialist
 - Nurse practitioners
 - Physician assistants



Coding

ACP Codes and Descriptions

Advanced Care Planning Codes	Descriptions
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 Coding for Practitioners

- Physicians and NPPs
 - Not limited to specific specialty
- Facility and nonfacility settings
 - Hospital, nursing home, office and home
- 99497 and 99498: face-to-face services by physician/NPP
 - Everything shall be documented in patient's medical record including time accounted for services
- If billing service more than once, document change in patient's health status and/or wishes about their end-of-life care

Billing

ACP Billing Table

ACP Minutes	CPT Code(s)	Unit(s)
<15 Minutes	Not billable	N/A
16-45 Minutes	99497	1 Unit
46-75 Minutes	99497 and 99498	1 Unit 99497 1 Unit of 99498



ACP Billing With AWW/IPPE

- Treated as preventive services
- Medicare waives ACP coinsurance and Part B deductible when
 - Rendered on same day as covered AWW/IPPE
 - Waived coinsurance and deductible (G0438 or G0439)
 - Waived deductible only for IPPE (G0402)
 - Offered by same provider as covered AWW/IPPE
 - 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
- One unit of time is billable when midpoint of allowable unit of time passes
 - You will not bill ACP discussion of 15 minutes or less
- If you meet other service requirements, bill another service code
- When performing another service concurrently as time-based service, don't include time spent on concurrent service with ACP time-based service
- If Medicare denies AWPV for exceeds once-per-year limit, Medicare can still make ACP payment as separate medically necessary services
 - When billing ACP outside of AWPV/IPPE, Medicare applies deductible and coinsurance to ACP service

ACP and E/M Visit

- According to CPT reporting instructions, physician and NPP may report ACP codes 99497 and 99498 in addition to E/M visit
- ACP time shall not overlap with active management of E/M
- Important note: E/M shall describe active management of care and coded appropriately; documentation will be also be key to supporting services



ACP and IPPE

- ACP **with** IPPE
- Optional element of initial preventive physical exam (IPPE)
 - Delivered on same day as covered IPPE (G0402)
 - Offered by same provider as covered IPPE
 - Billed with modifier 33 (Preventive Services)
 - Deductible waived
- ACP **without** IPPE
- Separate Medicare Part B medically necessary service
- If claim denies IPPE for exceeding one-year enrollment limit, Medicare can still pay for ACP as separate Part B medically necessary service
- In this case, deductible for ACP service applies

ACP and AWW

- ACP **with** AWW
- Optional element of annual wellness visit (AWV)
 - Delivered on same day as covered AWW (HCPCS codes G0438 or G0439)
 - Offered by same provider as covered AWW
 - Billed with modifier 33 (Preventive Services)
 - Deductible and coinsurance waived
- ACP **without** AWW
- Separate Medicare Part B medically necessary service
- If claim denies AWW for exceeding once-per-year limit, Medicare can still pay for ACP as separate Part B medically necessary service
- In this case, deductible and coinsurance for ACP service applies



Documentation



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

Interactive ACP

ACP Discussion

- True or false
- Approved by CMS to represent voluntary discussion between provider and patient, performed at a time when patient is fully cognizant and capable of making planning decisions, preliminary to any future point in time when patient may become unable to make such decisions
- True



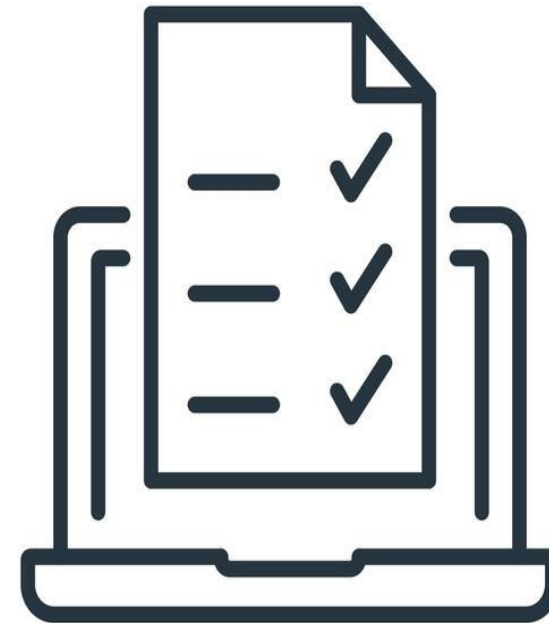
ACP Physical Capacity



- True or false
- CMS approved this service representing bedside decision in medical and/or surgical crisis
- Once patient has lost the mental or physical capacity to make ACP decisions, a provider can document patient's advanced wishes
- False

Documentation Requirements

- True or false
- You must document your ACP discussion with the patient and their family member, caregiver, and/or surrogate
 - Visit is voluntary
 - Explanation of advance directives
 - Who was present with patient
 - Time spent discussing ACP during face-to-face encounter
 - Any change in patient's health status
 - Patient's health care wishes if they become unable to make their own decisions
- True



Time Based



- True or false
- ACP CPT codes are not time based
- False

Coding

- True or false
- You can bill 99498 before billing 99497
 - False
- 99497 is the first 30 minutes of face-to-face discussion with patient
 - True
- 99498 each additional 30 minutes of additional time listed separately after 99497
 - True



ACP and E/M Example

- 68-year-old person takes multiple medications for HBP, heart failure, diabetes, and mild dementia. They see their physician for E/M of these three or more conditions, and physician adjusts their medications
- While discussing short-term treatment options, patient also wants to address long-term treatment concerns. They talk about a possible heart transplant if heart failure or dementia worsens. They also discuss ACP, including patient's desire for care and treatment if they have health event that adversely affects their decision-making abilities, and physician helps patient complete legal advance directive form from their state attorney general's office
- According to CPT reporting instructions, physician may report the ACP codes in addition to E/M visit code describing active management of HBP, heart failure, diabetes, and dementia and time spent for the appropriate level of E/M
- ACP time doesn't overlap with actively managing those E/M conditions

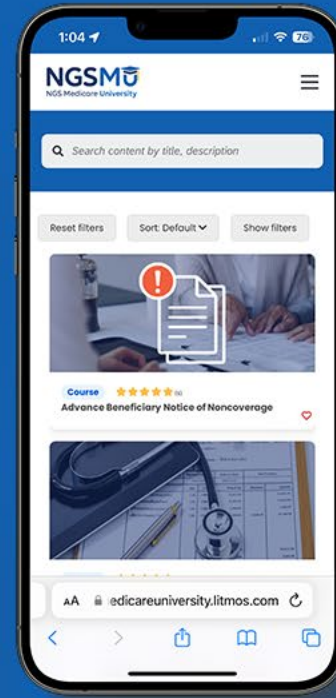
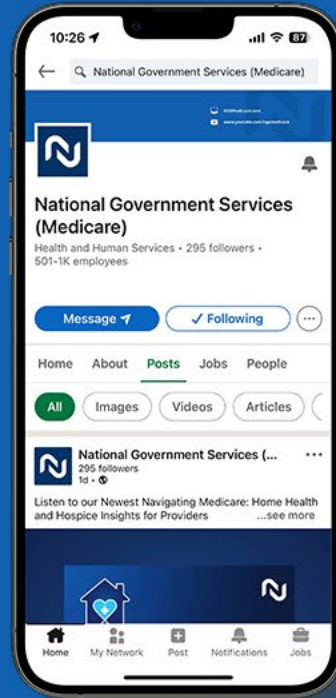
ACP Resources

- 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!



Connect with us on social media



[YouTube Channel](#)
Educational Videos

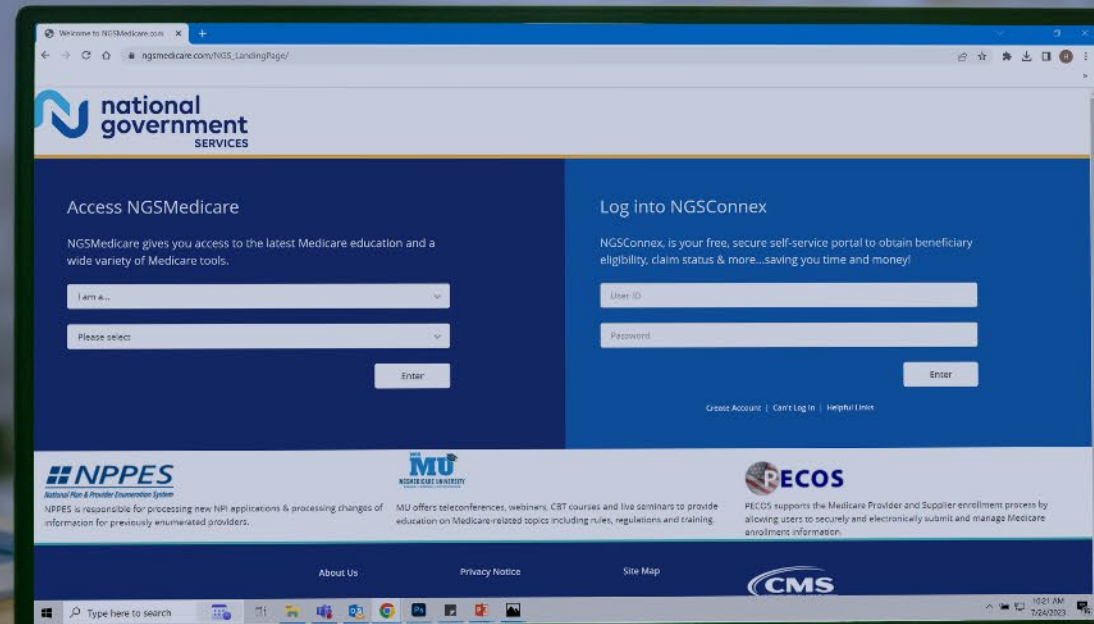


[Medicare University](#)
Self-paced online learning



[LinkedIn](#)
Educational Content

Find us online



www.NGS Medicare.com

Online resources, event calendar, LCD/NCD, and tools



[IVR System](#)

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



[NGSConnex](#)

Web portal for claim information



[Sign up for Email Updates](#)

Subscribe for Email updates at the top of any NGS Medicare.com webpage to stay informed of news