

Care Management: Advanced Care Planning

10/3/2023

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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.

Today's Presenter

Provider Outreach and Education Consultants

- Carleen Parker



- Care Management Team

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





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 nonfacility 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 Codes and Descriptions

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 AWW for exceeds 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



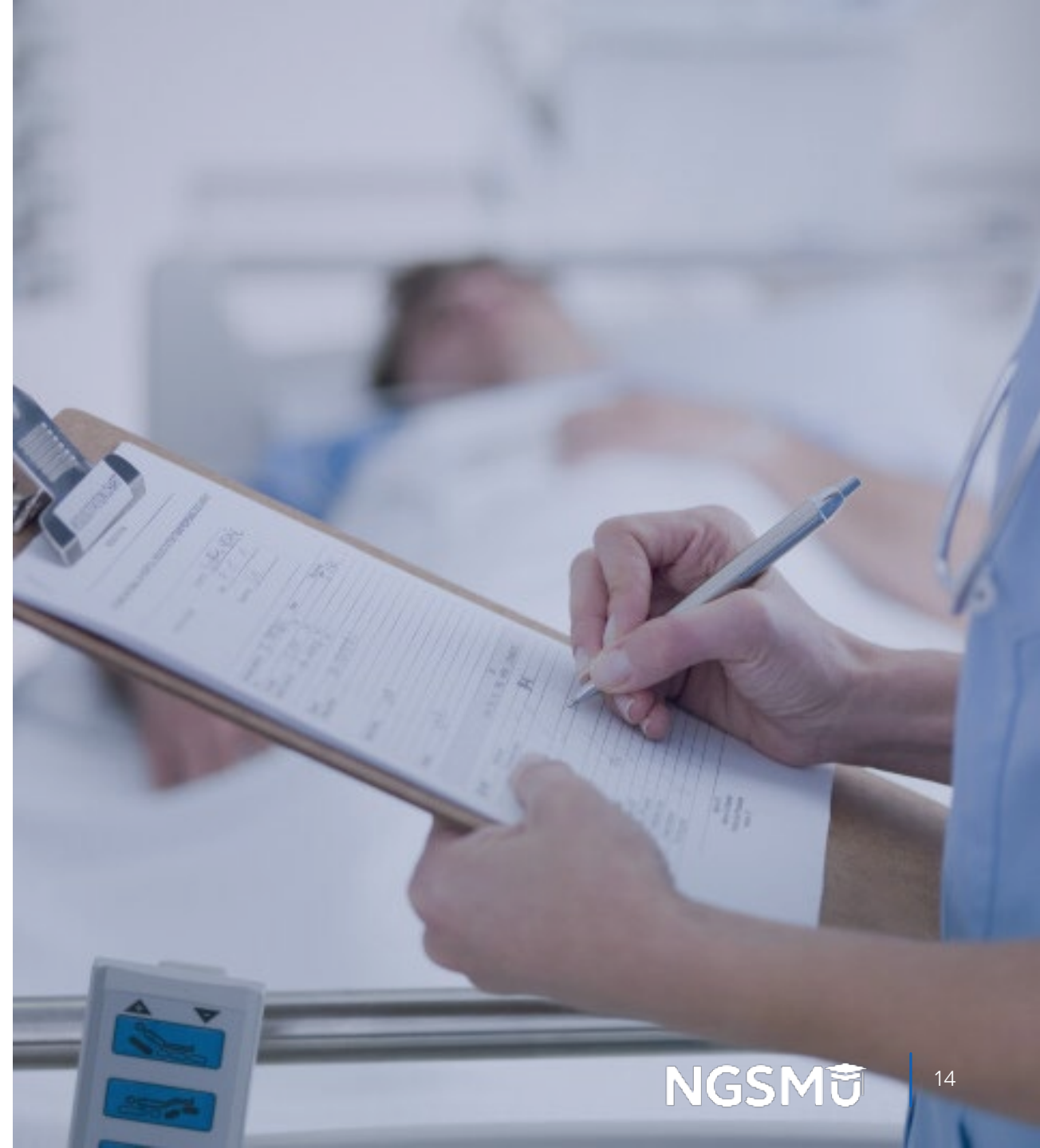
ACP and E/M

- 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



FAQs

ACP: Advance and If

- Two key words in CMS description of this service are “**advance**” and “**if**,” because these words define important parameters around service
- 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



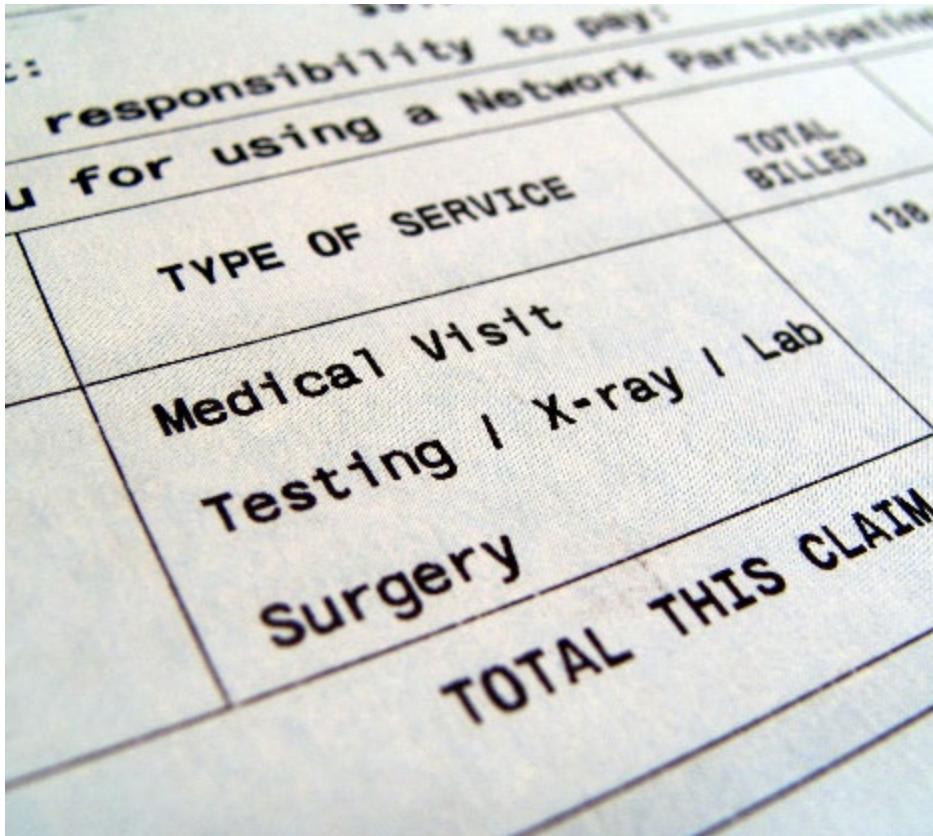
- CMS approved this service representing bedside decision in medical and/or surgical crisis
- Once patient has lost the mental or physical capacity to make ACP decisions, a provider can document patient's advanced wishes
- FALSE

ACP or E/M

- If required minimum time is not spent with beneficiary, family member(s) and/or surrogate to bill CPT codes 99497 or 99498, provider may consider billing different evaluation and management (E/M) service such as an office visit, provided requirements for billing other E/M service are met
- TRUE

TYPE OF SERVICE	TOTAL BILLED
Medical Visit	128
Testing X-ray Lab	
Surgery	
TOTAL THIS CLAIM	

ACP and E/M



The image shows a close-up of a medical claim form. The table has two main columns: 'TYPE OF SERVICE' and 'TOTAL BILLED'. The rows are labeled with service types: 'Medical Visit', 'Testing | X-ray | Lab', and 'Surgery'. The 'TOTAL BILLED' column has a value of '128' next to the 'Testing | X-ray | Lab' row. At the bottom of the table, there is a row labeled 'TOTAL THIS CLAIM'.

TYPE OF SERVICE	TOTAL BILLED
Medical Visit	
Testing X-ray Lab	128
Surgery	
TOTAL THIS CLAIM	

- CPT codes 99497 and 99498 may be billed on same day or different day as most other E/M services as long as the ACP time doesn't overlap with active management of those conditions
- TRUE

ACP and AWW/IPPE

- ACP **with** AWW/IPPE
- Optional element of annual wellness visit (AWV) or initial preventive physical exam (IPPE)
 - 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)
- ACP **without** AWW/IPPE
- Separate Medicare Part B medically necessary service
- If we deny the AWW for exceeding once-per-year limit, we can still pay for the ACP as separate Part B medically necessary service
- In this case, we apply deductible and coinsurance to ACP service

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?

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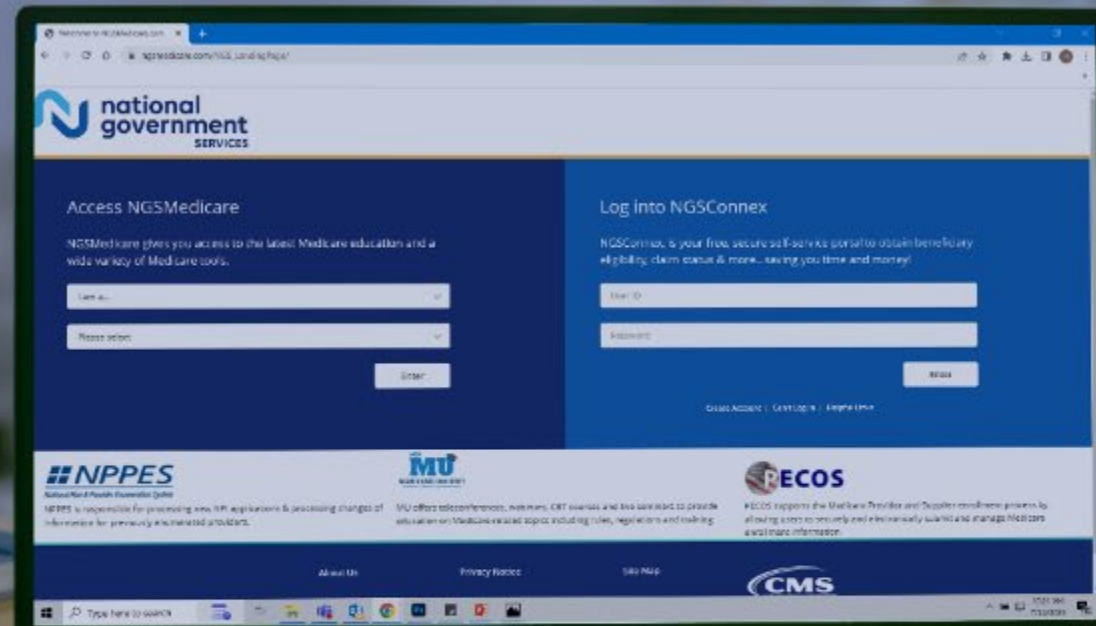
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