



Advanced Care Planning (ACP) Coding, Billing and Documentation

Medical Compliance Services Office of Billing Compliance



Advance Care Planning (ACP)

Two new codes have been created for advance care planning, including completion of advance directives. Although this service is frequently provided by oncology physicians, it must be completely documented in the medical record in order to bill the following codes:

- **99497:** Advance care planning (ACP), 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 healthcare professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate.
- **99498:** each additional 30 minutes and should be listed separately and in addition to 99497.

ACP (Advanced Care Planning)

- An advance directive is a document that appoints an agent and/or records the wishes of a patient pertaining to his or her medical treatment at a future time should he or she lack decisional capacity at that time.

Examples are:

- Healthcare Proxy
- Durable Power of Attorney for Healthcare
- Medical Orders for Life-Sustaining Treatment



- To bill ACP code(s):
 - the patient does not need to be present;
 - The discussion can be between a physician or qualified healthcare professional (ARNP, PA, CNS) and a family member or surrogate.
 - Because the purpose of the visit is the discussion, no active management of the problem(s) is undertaken during this time period.

Advanced Care Planning (ACP)

- Can bill Evaluation and Management (E&M) services, but not Critical Care or Neonatal/Pediatric Critical care codes. (99291, 99292, 99468-99476, and 99477-99480), on the same day.

Documentation Requirements

- **TIME** must be documented (start and stop time or total duration of time spent providing advanced care planning, including time spent filling out any legal forms, if performed.)
- In the office setting Place of Service (POS 11), if the ARNP, PA, CNS, provides the ACP service “incident to” (An integral, although incidental, part of the physician’s professional service), it may be billed under the Supervising Physician’s name and NPI #. Physician must be in the office suite (direct supervision) during the time the qualified non-physician provider is rendering the ACP service. The qualified non-physician provider must be an employed by the clinical department/physician group. **Cannot be an employee of the hospital.**
- If the physician is not in the office suite during the provision of the service, it must be billed under the qualified non-physician provider’s name and NPI # and reimbursement is made at 85% of the Medicare Physician Fee Schedule (MPFS).

ACP (Advanced Care Planning)

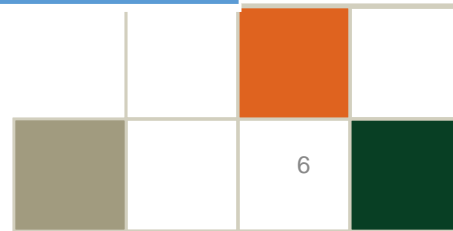
- **ACP services may be billed on the same day as other evaluation and management services.**
- They may be billed during the same period as Transitional Care Management Services (99495, 99496); or
- During the same period as Chronic Care Management Services (99490); and
- Within global surgical periods with modifier -24
- They may also be provided on the same day as a Medicare annual wellness visit (AWV) - initial visit (G0438) and subsequent visit (G0439) and billed separately with modifier -33 (preventive services).

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- In the outpatient hospital setting Place of service (POS 22), if the clinical department employed qualified non-physician provider provides the ACP service instead of the physician, the services would be billed under the qualified non-physician provider name and NPI #, since the “incident to” rule does not apply in the hospital setting.
- Medicare Payment for New Codes**

CODE	MEDICARE REIMBURSEMENT (Miami)
99497	\$ 92.27 Office \$ 85.61 Inpatient/Outpatient Hospital
99498	\$80.92 Office \$80.55 Inpatient/Outpatient Hospital

CODE	MEDICARE REIMBURSEMENT (Broward, Collier, Palm Beach)
99497	\$ 89.41 Office \$ 82.77 Inpatient/Outpatient Hospital
99498	\$78.08 Office \$77.71 Inpatient/Outpatient Hospital



Available Resources at University of Miami, UHealth and the Miller School of Medicine

- If you have any questions or concerns regarding coding, billing, documentation, and regulatory requirement issues, please contact:
 - *Gemma Romillo, Assistant Vice President of Clinical Billing Compliance and HIPAA Privacy Officer; or*
 - *Iliana De La Cruz, RMC, Executive Director Office of Billing Compliance*
 - *Phone: (305) 243-5842*
 - **[Email: Officeofbillingcompliance@med.miami.edu](mailto:Officeofbillingcompliance@med.miami.edu)**
- Also available is The University's fraud and compliance hotline via the web at www.canewatch.ethicspoint.com or toll-free at 877-415-4357 (24hours a day, seven days a week).
- Office of billing Compliance website: **www.obc.med.miami.edu**