DELAWARE VALLEY ACO
an accountable care organization

Advance Care Planning

Goal focused care is pursued through the process of advance care planning (ACP). This helps patients (or their surrogate medical decision maker) understand their diagnosis, prognosis, and treatment options. It helps health care professionals understand what matters most to their patients. ACP involves shared decision making to ensure that health care professionals make care recommendations that are sensitive to what matters most to patients, and that patients and surrogates always have the opportunity to make informed care decisions.

There are no limits on the number of times a provider (physician, NP, PA) can document and bill an ACP for a given patient in a given time period; however, when billing the service multiple times for a given patient, providers must document the change in the patient's health statusand/or wishes regarding their end-of-life care.

The establishment of an Advance Care Plan will be assessed through CPT or Category II CPT Codes billed during the Clinical Episode.

ACP and one of the below corresponding CPT codes is recommended for all patients with serious illness (SIP) and the presence of one of these codes is increasingly becoming a measure of quality in value-based care programs (BPCI-A, PCF, MIPs, HEDIS).

- Documentation would include:
  - An account of the discussion with the beneficiary (or family members and/or surrogate) patient consent
  - 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.
- May be provided by physicians or using a team-based approach under the order and medical management of the beneficiary's treating physician.
- Billing code documented and submitted.
- POLST document to be completed, if appropriate.

CPT Code	Description	Time Requirement	Providers	Claim Form-Office/ Professional	Claim Form-ClinicalTeam Member ONLY/ Provider Based
99497	Advance Care Planning, 30 Minutes, face to face with patient, family and/or surrogate	Minimum 16 minutes	Physicians, Advance Practice Providers (APP) and clinical team members of the physician/APP	CMS 1500	UB92
+99498	Advance Care Planning, **additional** 30 minutes	Minimum 46 minutes	Physicians, Advance Practice Providers (APP) and clinical team members of the physician/APP	CMS 1500	UB92
CPT II, Quality Reporting	**Description**	**Time Requirement**	**Providers**	**Claim Form-Office/ Professional**	**Claim Form-Clinical Team Member ONLY/ Provider Based**
1123F	Advance Care Planning, discussed and documented ACP or surrogate decision maker documented in medical record	None	Physicians, Advance Practice Providers (APP) and clinical team members of the physician/APP	CMS 1500	N/A
1124F	Advance Care Planning, patient did not wish or was not able to name a surrogate decision maker or provide and advance care plan	None	Physicians, Advance Practice Providers (APP) and clinical team members of the physician/APP	CMS 1500	N/A
*Quality-CPT II Codes MUST be reported with one of the following CPT codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0402, G0438, G0439. Additional Requirement for reporting above CPT II codes: Patient must be ≥ 65 years old.					

➔ No place of service or physician specialty limitations and no specific diagnosis needed (**CPT II codes 1123F & 1124F cannot be performed in the Emergency Department).**

➔ Can be billed on the same day or a different day as most other E/M services as well as during the same service period as transitional care management services or chronic care management services or within global surgical periods. **1123F & 1124F MUST be billed with one of the above listed codes *.**[1]

[1] Center to Advance Palliative Care https://www.capc.org/documents/654/