

Advanced Care Planning and How to Get Paid

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Advanced Care Planning...

► Why are we talking about Advanced Care Planning?

- It is the right thing to do.
- The need is not being met.
- There is money on the table.

Background

Background: 2015 ACA (HealthCare Recovery Act) included provisions allowing for coding and billing of Advanced Care Planning

This is specifically different from acute care management and requires separate charting, patient consent, time based documentation

What are the Key Elements of Advanced Care Planning?

Key Elements

- ▶ Must Involve patient or surrogate decision maker if unable to make own
 - ▶ (view also ACOI Lecture at 4:20 on Surrogate Decision Makers)
- ▶ Voluntary
- ▶ Time-based documentation
- ▶ Recorded in Chart

Educational Objectives

At the end of this plenary session, it is our goal to:

- ▶ Clearly lay out the intent of the ACA's policy to encourage providers to dialogue about patient's care plans for *their own* future
- ▶ Define why and how the language is left vague to encourage patient-provider dialogue
- ▶ Show clinical best practices for advanced care planning
- ▶ Provide a clear list of the CPT codes associated for provider billing of Advanced Care Planning

Show me the *Money*!

CPT 99589- Advanced Care Planning for the first 30 minutes

CPT 99989- Advanced Care Planning for each additional 30 minutes

CPT 99589

- ▶ Advanced Care Planning for the first 30 minutes
- ▶ “Advance care planning 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 health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate”

CPT 99989

- ▶ Advanced Care Planning for each additional 30 minutes
- ▶ “Advance care planning 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 health care professional; each additional 30 minutes (list separately in addition to code for primary procedure)”
- ▶ Link: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf>

Question:

Is the CMS ACP
Code an Annual
Benefit?

► Answer:

► No

- CMS takes great care to explain:
- “Some people may need ACP multiple times in a year if they are quite ill and their circumstances change. Others may not need the service at all in a year.”
- Link: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf>

Question:

Can the ACP codes be billed with Annual Medicare Wellness Visit (AMVW)?

► Answer:

► Yes

- With AMVW, patient's copay and deductible are waived
- Use Modifier -33 for Preventive Services
- Link: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf>

Details:

ACP code with AMWV

- ▶ “Billing Medicare waives both the coinsurance and the Medicare Part B deductible for ACP when it is:
- ▶ • Provided on the same day as a covered AWV (AWV codes G0438 and code G0439)
- ▶ • Furnished by the same provider as a covered AWV
- ▶ • Billed with modifier -33 (Preventive Services)”

▶ Source: [CMS Advanced Care Planning](#)

Question:

Can the ACP Codes
be billed with
standard E/M
Codes?

► Answer:

► Yes

- When outside of the Annual Medicare Wellness Visit, Medicare Part B copay and deductibles do apply
- Unlimited frequency “at the providers best judgement.”
- Link: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf>

Details:

E/M code with AMWV

- ▶ Associated E/M codes and related diagnosis

Diagnosis

- ▶ “No specific diagnosis is required for the ACP codes to be billed. It would be appropriate to report a condition for which you are counseling the beneficiary, an International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) code to reflect an administrative examination, or a well exam diagnosis when furnished as part of the Medicare AWV.”

▶ Sources: [CMS](#)

Question:

Can the ACP Codes
be billed as the
sole billing event?

► Answer:

► Yes

► Here again, Medicare Part B copay and deductibles do apply

► Link: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf>

Question:

Can the code be billed by Physicians and Allied Health Providers?

► Answer:

► Yes

- When outside of the Annual Medicare Wellness Visit, part B copay and deductibles do apply
- Unlimited frequency “at the providers best judgement.”
- Link: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf>

Details: Who, What When, Where?

Physicians, Allied Providers
in *multiple / all* specialties

This also is not restricted in
location of care

- ▶ “Provider and Location Eligibility ACP services may be billed by physicians and non-physician practitioners (NPPs) whose scope of practice and Medicare benefit category include the services described by the CPT codes above. They may also be billed by hospitals. There are no place-of-service limitations on the new ACP codes. ACP services can be appropriately furnished in both facility and non-facility settings, and are not limited to particular physician specialties.”

- ▶ Link: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf>

Details

A few exceptions:

- ▶ Some Critical Care Codes
- ▶ Some Pediatric care codes

There are a few
limitations

Question:

What are some easy, take home best practices?

- ▶ Provide clear consent and document this
- ▶ Make the discussion natural and conversational
- ▶ Consider the Annual Medicare Wellness Visit as part of your practice's core tenants or new product lines
- ▶ Document the time-based measure

Question: How do you Utilize this service?

- ▶ [St Johns Internal Medicine, P.C.](#) has always deeply engaged in knowing the cultural values of each our clients.
- ▶ We talk, we share and we tell stories.
- ▶ Life conversations do occur and are very relevant at significant transitions of health or care setting. Our office calls out new and worrisome diagnostic pathways are excellent segways to ACP discussion.
- ▶ We take the push away moments to look our patients directly in the eye and speak answers to their questions.

Question: How do you Utilize this service?

- ▶ One of my long term clients and I spoke three times this week in the hospital about code status and skilled nursing care. At age 88 he provided very clear insight as to why he wanted to be full code after 13+ years of his statement of “No machines for my wife and I.”
- ▶ We do complete ACP discussion as part of our Annual Medicare Wellness Visits.
- ▶ All admits to my acute care setting require documentation of advanced care planning. Some are as simple as Full Code / DNR, other specify out subtleties in urgent response.
- ▶ “Allow Death to Occur Naturally”

Use this link to State Specific forms

National Hospice and
Palliative Care

- ▶ <http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3289>

How does this impact Osteopathic Paradigm of Medicine?



Tough Discussions Made Easier

- ▶ A Physician's Guide to Talking about End of Life Care
 - ▶ Dr Richard Balaban, MD
 - ▶ [J Gen Intern Med](#). 2000 Mar; 15(3): 195-200.
- ▶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495357/>

What are the Reimbursements?

CPT 99497

- ▶ “Effective January 1, 2016, Medicare will pay **\$86** for 30 minutes of ACP in a physician's office and will pay **\$80** for the same service in a hospital (CPT billing code 99497).”

CPT 99498

- ▶ “In both settings, Medicare will pay up to **\$75** for 30 additional minutes of consultation (add-on CPT billing code 99498).”
- ▶ Source: The Hospitalist Nov 2015(11) Zeitou, MD FHM
- ▶ www.the-hospitalist.org/.../new-medicare-rule-will-reimburse-physicians-advance-care

Sources for additional detail:

1. Centers for Medicare Service www.CMS.org Guide to Advanced Care Planning
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf>
2. American College of Physicians, Guide to Advanced Care Planning.
https://www.acponline.org/system/files/documents/practice-resources/business-resources/payment/advance_care_planning_toolkit.pdf
3. Federal Register Vol 80 No. 220 November 16, 2015 pages 7055 to 7059 Department of Health and Human Services
<https://www.gpo.gov/fdsys/pkg/FR-2015-11-16/pdf/2015-28005.pdf>
4. Medicare Fee Schedule 2016
<https://www.gpo.gov/fdsys/pkg/FR-2015-11-16/pdf/2015-28005.pdf>
5. [J Gen Intern Med](#). 2000 Mar; 15(3): 195–200. A Physician's Guide to Talking About End-of-Life Care