Advance Care Planning (ACP) Implementation for Outpatient Prospective Payment System (OPPS) Claims

Provider Types Affected

This MLN Matters® Article is intended for physicians and providers submitting claims on Type of Bill 13x to Medicare Administrative Contractors (MACs) for Advance Care Planning (ACP) services payable under the Outpatient Prospective Payment System (OPPS).

Provider Action Needed

This article is based on Change Request (CR) 9862 which implements system changes necessary to process Advance Care Planning (ACP) services for OPPS claims. Make sure that your billing staffs are aware of these changes.

Background

The Centers for Medicare & Medicaid Services (CMS) made Current Procedural Terminology (CPT) code 99497 for Advance Care Planning (ACP) separately payable for OPPS claims when the service meets the criteria for separate payment under the OPPS. This policy changes will be implemented through the annual Medicare Physician Fee Schedule Database (MPFSDB) update.

Effective for dates of service on or after January 1, 2016, payment for CPT code 99497 (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) is conditionally packaged under the OPPS and is consequently assigned to a conditionally packaged payment status indicator of “Q1.” When
this service is furnished with another service paid under the OPPS, payment is packaged; when it is the only service furnished, payment is made separately.

CPT code 99498 (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)) is an add-on code and therefore payment for the service described by this code is unconditionally packaged (assigned status indicator “N”) in the OPPS in accordance with 42 CFR 419.2(b)(18).

CMS is including voluntary ACP as an optional element of the Annual Wellness Visit (AWV). ACP services furnished on the same day and by the same provider as an AWV are considered a preventive service. Therefore, the deductible and coinsurance are not applied to the codes used to report ACP services when performed as part of an AWV and billed with a covered AWV code. However, if the AWV payment is denied, MACs will apply the deductible and coinsurance. Remember that the deductible and coinsurance for ACP billed with an AWV can only be waived once a year. When ACP services are furnished on the same day and by the same provider as a covered AWV, they are reimbursed under the MPFSDB rates.

Voluntary ACP means the face-to-face service between a physician (or other qualified health care professional) and the patient discussing advance directives, with or without completing relevant legal forms. An advance directive is a document appointing an agent and/or recording the wishes of a patient pertaining to his/her medical treatment at a future time should he/she lack decisional capacity at that time.

Voluntary ACP, upon agreement with the patient, is an optional element of the AWV. When ACP services are provided as a part of an AWV, practitioners would report CPT code 99497 (plus add-on code 99498 for each additional 30 minutes, if applicable) for the ACP services in addition to either of the HCPCS AWV codes G0438 (Annual wellness visit; includes a Personalized Prevention Plan of Service (PPPS), initial visit) and G0439 (Annual wellness visit, includes a Personalized Prevention Plan of Service (PPPS), subsequent visit). When voluntary ACP services are furnished as a part of an AWV, the coinsurance and deductible do not apply for ACP. The deductible and coinsurance does apply when ACP is not furnished as part of a covered AWV.

MACs will adjust claims ACP claims processed incorrectly from January 1, 2016 forward when ACP was an optional element of the Annual Wellness Visit (AWV).

**Additional Information**


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