[redacted]	
SUBJECT: ADVANCE CARE PLANNING	**DEPARTMENT**: Coding Compliance
ORIGINAL EFFECTIVE DATE: 01/2016	**DATE(S) REVIEWED / REVISED:** 01/16; 08/16, 01/17, 01/18, 1/19, 01/20
APPROVED BY: [redacted]	**NUMBER**: 98.0 **PAGE:** 1 of 2

POLICY:
[redacted] will reimburse a discussion for advance care planning when performed by a provider who is credentialed with PHP and who may report Evaluation and Management services codes.

DEFINITION:
Advance care planning is a face-to-face service between a physician (*or other qualified health care professional*) and a patient for counseling and discussion about advance directives, with or without completion of 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. Examples of written advance directives include, but are not limited to, Health Care Proxy, Durable Power of Attorney for Health Care, Living Will, and Medical Orders for Life-Sustaining Treatment (MOLST) (*also known as Physician Orders for Life-Sustaining Treatment, or POLST*).

The codes addressed in this policy may not be used without documentation showing a face-to-face discussion with the patient concerning all advance care options available and the ramifications of each option. **If the patent simply fills out a POLST form (or any other written advance directive form), and the form is filed in the chart without documentation of a discussion with the physician, an additional code may not be reported**.

APPLIES TO:
All Lines of Business
Participating Providers Only

PROCEDURE:
Advance care planning will be reimbursed using CPT codes **99497** and **99498**. Payment for **99497** is limited to three times within a 12-month period. Code **99498** may **not** be reported without **99497**.

- **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

- **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)

Codes **99497** and **99498** may be reported on the same day as another Evaluation and Management (E&M) service if the documentation clearly shows a discussion with the provider about advance care directives that is separate from the E&M service. Modifier **25** (Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service) must be appended to the E&M code.

DOCUMENTATION REQUIREMENTS:

- Documentation must include the total time of the visit, the amount of time spent counseling, and the details of discussion, to include a statement of the patient's goals of care and the medical treatment options chosen.
- Documentation must show the time spent face-to-face with the patient and must clearly show that this time is separate from any other services provided on that date.
- Documentation must show a discussion with the patient of at least **16-30 minutes** to report CPT code **99497**. The documentation must show a discussion of **at least 46 minutes** to support reporting CPT code **99498** in addition to CPT code **99497**.
- If forms are completed, these should be noted in the documentation.

Advance care planning may take place in the hospital, SNF, patient's home, or physician's office.