

CAN I GET PAID TO TALK ABOUT ADVANCE DIRECTIVES?



Recorded April 2022

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ACP—CPT® codes

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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 each additional 30 minutes

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CPT® editorial comments

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“Used to report the face-to-face service between a physician or other qualified healthcare professional and a patient, family member, or surrogate....”



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Advance directive

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Per CPT® “a document appointing an agent and/or recording the wishes of the patient pertaining to his/her medical treatment at a future time, should he/she lack decisional capacity at that time.”

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CPT® rules

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- With/without completion of forms
- Face-to-face discussion with “patient, family member, or surrogate in counseling and discussion of advance directives”
- Examples: health care proxies, durable power of attorney for health care, living will, medical orders for life-sustaining treatments

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Same day as E/M service

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- ACP may be performed on the same day as another E/M service
- Remember: don't double count on time of E/M service
- ACP may not be reported on the same day adult or pediatric critical care codes

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CMS example

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CMS example: 68 y.o. male patient with heart failure and diabetes on multiple meds sees physician for an E/M service, including medication adjustment. In addition to short term treatment options, patient wants to talk about long term, such as possibility of a heart transplant if condition worsens

Could be on the same or different day as E/M

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ACP per the Final Rule

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- May be performed the same day as the Annual Wellness Visits
- If done on same day as AWV, append modifier 33



“Under these circumstances, ACP should be reported with modifier -33 and there will be no Part B coinsurance or deductible, consistent with the AWV.”

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ACP

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- The code is valued as work performed by a physician/NPP, not staff
 - 99497 wRVU of 1.5
 - 99498 wRVU of 1.4
- Patient will be charged a copay/deductible unless done on the same day as an annual wellness visit

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Who may perform

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- CMS commented that CPT® defines this as a physician or NPP service and that it agrees with CPT®

“We agree that ...ACP is primarily the provenance of patients and physicians.”

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CPT® time rule

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“A unit of time is attained when the mid-point is passed. For example, an hour is attained when 31 minutes have elapsed (more than midway between zero and sixty minutes). A second hour is attained when a total of 91 minutes have elapsed.”

CPT® Professional edition

- Use 99497 for 16-45 minutes of discussion
- Use 99498 for 46 minutes or more

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ACP

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- No frequency limits set by CMS
- May be performed in facility and non-facility locations
 - Could be helpful for inpatients in some circumstances
- May be performed on same day as an E/M (not critical care)

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Thank you



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