# Medical Policy

## Advance Care Planning (ACP)

Policy Number: PG0380
Last Review: 06/01/2023

PARAMOUNT

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

**GUIDELINES:**

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

**SCOPE:**

X Professional
_ Facility

**DESCRIPTION:**

Patients have a right to take an active role in their own health care. Unfortunately, there are times, such as sudden illness or an accident, when this is not possible.

Advance care planning (ACP) affords patients the opportunity to exercise their right to make determinations regarding their medical care in advance in the event they become incapable of active participation in health care decisions. The process provides individuals with the opportunity to determine their goals regarding health and medical treatment based on personal values, attitudes, and beliefs surrounding health care, illness, and death. It also enables individuals to communicate their wishes to their primary care physician, their proxy, and loved ones. As a result of this process, if a patient becomes incapacitated, parties involved in the patient's care should have a mutual understanding of the patient's health care wishes and what the patient would have wanted.

**POLICY:**

**Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans**

- **Advance care planning (99497, 99498) does not require prior authorization for Paramount Commercial Insurance Plans and Medicare Advantage Plans when the coverage criteria indicated below is met.**

**Additional medical policy reference:**
**PG0137 Preventative Services**
**PG0033 "Welcome to Medicare" Preventive Physical Exam and Annual Wellness Visit**

**COVERAGE CRITERIA:**

**Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans**

Paramount will reimburse qualified health professionals who submit claims for advance care planning for end-of-life services with their patients if all the following conditions are met:

1. The face-to-face visit that should consist of an informative discussion between qualified health professionals, patient, and/or the patient's family regarding end-of-life treatment options.
2. The discussion must be clearly documented in the medical record. Documentation should include:

• The voluntary nature of the visit
• The explanation of advance directives
• Who was present
• The time spent discussing ACP during the face-to-face encounter
• Any change in health status or health care wishes if the patient becomes unable to make their own decisions

3. Advanced Care Planning Services are Time Based
   - You must follow CPT rules about minimum time requirements to report and bill ACP.
   - You should not discuss any other active management of a patient's issues for the time reported when you bill ACP codes.
   - When you perform another service concurrently as a time-based service, do not include the time spent on the concurrent service with the time-based service.
   - Do not bill any ACP discussion of 15 minutes or less as ACP services. Bill a different Evaluation and Management (E/M) service, like an office visit (if you meet the other service's requirements).

Services must be provided face-to-face at a time when the patient is present for some or all the discussion. Services must be provided by a licensed care provider (MSW, PA, NP, etc.) or provided under the supervision of a licensed physician.

Services may include completion of legal advance directive documents, such as a living will or health care power of attorney, portable medical orders such as the Medical Orders for Scope of Treatment (MOST), and/or other instructions for preferred medical treatment.

Each qualified health professional is allowed to bill multiple times in a year, however, if this service is billed more than once, it is expected that a change in the patient's health status and/or wishes about end-of-life care would be clearly documented.

Should records be requested for review of multiple ACP claims, documentation would be expected to support the reasonable and necessary use of ACP as evidenced by the following:

- The content and the medical necessity of the ACP related discussion.
- Voluntary participation in ACP by the patient, or in the case of absent decision-making capacity, by the family member or surrogate.
- A change in health status or advance care wishes to support repetitive provision of ACP services.
- The scenario for the service: face to face, by phone, as a telehealth service including audio and/or video communication.
- The time spent solely for provision of ACP services; and
- The names of participants involved in the discussion

**CODING/BILLING INFORMATION:**

**The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.**

| CPT CODES | |
|---|---|
| **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) **(Use 99498 in conjunction with 99497)** |

**REVISION HISTORY EXPLANATION:** ORIGINAL EFFECTIVE DATE: 12/13/2016

| Date | Explanation & Changes |
|---|---|
| **12/13/2016** | • Policy created to reflect most current clinical evidence per Medical Policy Steering Committee |
| **12/28/2020** | • Medical policy placed on the new Paramount Medical policy format |
| **02/28/2023** | • Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023 |
| **06/01/2023** | • Medical Policy reviewed and updated to reflect the most current clinical evidence<br>• No changes to policy statement |
| **04/08/2024** | • Medical Policy placed on the new Paramount Medical Policy format |

**Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to** https://www.paramounthealthcare.com/providers/medical-policies/policy-library

**REFERENCES/RESOURCES**


Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services https://www.ama-assn.org/amaone/cpt-current-procedural-terminology

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update

U.S. Preventive Services Task Force, https://www.uspreventiveservicestaskforce.org/uspstf/
Industry Standard Review

Hayes, Inc., https://www.hayesinc.com/

Industry Standard Review

**Medical Policy History – Prior to 04/01/2024**

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**Additional medical policy reference:**
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**Paramount Advantage Medicaid**

- **Advance care planning (99497, 99498) is non-covered for Paramount Advantage Medicaid.**

**Paramount Advantage Medicaid**
Advance care planning (99497, 99498) is non-covered.