

Eli's Hospice Insider

Education: Spread The Word To Referring Physicians On ACP Billing Clarifications

CMS issues Advance Care Planning billing FAQ.

Physicians who refer patients to your hospice can now obtain Medicare reimbursement for services they were often providing anyway. A few new pointers from CMS should make that easier.

Tip #1: It's not just the physician herself who is eligible for Advance Care Planning reimbursement, the **Centers for Medicare & Medicaid Services** says in a new Frequently Asked Question document on 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) and CPT Code 99498 (...each additional 30 minutes). Services under codes 99497 and 99498 "are appropriately provided by physicians or using a team-based approach provided by physicians, nonphysician practitioners (NPPs) and other staff under the order and medical management of the beneficiary's treating physician," CMS explains in the FAQ. These codes may "be billed by the physicians and NPPs whose scope of practice and Medicare benefit category include the services described by the CPT codes and who are authorized to independently bill Medicare for those services," CMS continues. Plus, "we expect the billing physician or NPP to manage, participate and meaningfully contribute to the provision of the services in addition to providing a minimum of direct supervision. The usual PFS payment rules regarding 'incident to' services apply."

Tip #2: While it's up to the Medicare Administrative Contractors to set out explicit documentation requirements, "examples of appropriate documentation would include an account of the discussion with the beneficiary [or family members and/or surrogate] regarding the voluntary nature of the encounter; documentation indicating the explanation of advance directives [along with completion of those forms, when performed]; who was present; and the time spent in the face-to-face encounter."

Tip #3: The patient doesn't have to complete an advance directive form for the doc to be able to bill, CMS confirms.

Resource: See the three-page FAQ document at

www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/FAQ-Advance-Care-Planning.pdf.