

Pain Management Coding Alert

Reader Question: Try These New Codes for Advance Care Planning

Question: I've heard there's been some recent reforms for reporting advance care planning services. Are there any reforms afoot? Can we finally code for advance care planning with evaluation and management (E/M) codes?

North Dakota Subscriber

Answer: Yes, you can now report advance care planning with other services. A major reform in advance care planning this year is that physicians, nurse practitioners (NPs), physicians' assistants (PAs), and specialists can now code these services in both facility and non-facility settings. Last year, these codes were bundled as a part of an E/M visit and not separately reportable.

Now, you might be able to use these two codes for advance care planning:

- 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).

Boost for claims: The codes □ 99497 and 99498 □ are now payable under the 2016 Fee Schedule revision. These codes will pay approximately \$86 for the initial 30-minute face-to-face visit (99497) and \$75 for each additional 30-minutes (99498).

Keep track of time: Ensure your provider documents the time spent for advance care planning services. You need a minimum of 16 minutes in order to report 99497 and a minimum of 46 minutes in order to report 99497 and 99498.

Documentation: The providers can work with their patients to create end of life plans after discussing the needs of the patient and his family. Also make sure your surgeon has documented the discussion details and the response of the patient. Use state-regulated forms where possible.