Criteria for billing 'incident to':

- A qualified health professional (physician, advanced practice nurse [APRN], physician assistant [PA], other licensed professional), who has a National Provider Identifier (NPI) and is qualified to bill Medicare Part B, must initiate and establish care before using 'incident to' ACP reporting.
- ACP services can be provided by a physician but are delegated to a capable non-physician employee.
- The delegate must be an employee of the physician group/practice.
- ACP services must take place in a 'non-institutional setting' and billed with Place of Service (POS) 11 (clinic or office, not home).
- 'Incident to' reporting CANNOT be used in a hospital, skilled nursing facility, home/domiciliary setting, or hospital outpatient department (HOPD).
- A qualified health professional under whom the ACP service will be billed must be immediately available to provide direct supervision and address ACP questions as needed. They do not need to be the health professional who ordered the ACP services.
- If ACP services meet 'incident to' requirements listed above, the only time that needs to be counted is that of the delegated employee. There are no specific time requirements for the billing physician or other qualified health professional.

Note: The provider billing of services and supplies that are performed by a non-physician employee.

**Definition:** The provider billing of services and supplies that are performed by a non-physician employee.

**For Physicians and Advanced Practice Professionals**

| 99497 | • ACP conversation, assistance, and documentation (with or without completed ADs)  
|       | • Face-to-face with the patient, family member(s), and/or surrogate  
|       | • By physician or other qualified health professional  
|       | • First 30 minutes (requires at least 16 minutes) |

| 99497 + 99498 | • Meets criteria for 99497  
|              | • Includes an additional 30 minutes (requires at least 46 minutes) |

**Modifier Add-on to E/M codes**

- Use when reporting ACP codes with other services
- Modifier-33 with Medicare Annual Wellness Visit to avoid a copay
- Modifier-25 with all other evaluation and management (E/M) codes including CCM and TCM (except when critical care codes are reported by a critical care professional)

*Respecting Choices® disclaimer: The content in this ACP Billing Pocket Guide is a high-level overview of Medicare ACP CPT codes (current as of its published date) and coding and does not guarantee payment. Individuals and organizations should consult with their Regional Medicare Intermediary and their compliance and coding department policies.*

**Description of ACP Services**

- Explore current and past experiences
- Explore values and beliefs that influence medical decisions
- Explore personal, cultural, or spiritual beliefs that might influence medical decisions
- Explore with patients who have been seriously ill or have experienced with loved ones who have been seriously ill or have a discussion about what that means to them
- The value and importance of advance care planning
- The medical necessity for the conversation
- The start time and end time
- Documentation could include:
  1. Volunteered, e.g., patient may decide the invitation to ACP services should be changed to a request;
  2. In-person face-to-face conversation with a patient who has consented to participate, e.g., patient on ventilator or unable to participate;
  3. Transfer patient preferences into actionable medical orders.

*NOTE:* No formal documentation requirements exist for ACP codes.

- The start time and end time of the conversation
- The medical necessity for the conversation
- The patient unable to participate
- The patient unable to participate, e.g., patient on ventilator or unable to participate;
- Any other content that has been discussed with the patient or should be discussed
- Place of Service (POS) 11

**Sample ACP documentation template:**

- Start time: ____________ End time: ____________
- Review and update, or consideration of, an advance directive.
- Introduction of a healthcare agent.
- Exploration of goals of care in the event of a sudden injury or illness.
- Exploration of personal, cultural, or spiritual beliefs that might influence medical decisions.
- Exploration of personal, cultural, or spiritual beliefs that might influence medical decisions.
- The value and importance of advance care planning.
- The medical necessity for the conversation.
- ACP services should:
  1. Transfer patient preferences into actionable medical orders.

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For Physicians and Advanced Practice Professionals

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