'Incident to' ACP Reporting

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

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.

ACP Billing Pocket Guide

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)

Description of ACP Documentation

ACP documentation could include:

1. The names of participants
2. The voluntary nature of the conversation
3. The topics discussed
4. Documents discussed and completed, if any
5. The medical necessity for the conversation
6. The start time and end time of the conversation

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

Sample ACP documentation template

Met with (patient name), who was willing to discuss advance care planning. [OR, if patient unable to participate: *Met with (healthcare agent name) to discuss advance care planning for (patient name).* (Patient name) *was unable to participate in this conversation due to (reason).] (Patient name)'s current medical state is (description).*

Our advance care planning conversation included a discussion about:
— *The value and importance of advance care planning.*
— *Experiences with loved ones who have been seriously ill or have died.*
— *Exploration of personal, cultural, or spiritual beliefs that might influence medical decisions.*
— *Exploration of goals of care in the event of a sudden injury or illness.*
— *Identification of a healthcare agent.*
— *Review and update, or completion of, an advance directive.*

Start time: _____ End time: _____

Description of ACP Services

ACP services must be:

1. Voluntary, e.g., the patient may decline the invitation to discuss ACP.
2. In-person, face-to-face conversation with a patient who has capacity to participate. (**NOTE:** May be face-to-face with surrogate if patient unable to participate, e.g., patient on ventilator or advanced dementia or virtually face-to-face if Medicare telehealth criteria are met.)

ACP services should:

1. Be specific to a patient's medical status and condition.
2. Include ACP-specific content *(see below)* and/or documentation.

Examples of ACP-specific content

For patients who have not planned:

- Introduce and discuss the value and importance of Basic ACP.
- Explore current and past experiences; reflect on goals, values, and beliefs that form preferences for future healthcare decisions.
- Identify and/or prepare a healthcare agent.
- Can include, but does not require, completing or updating an advance directive (AD) document.
- Transfer patient preferences into actionable medical orders.

Respecting Choices®
PERSON-CENTERED CARE

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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.

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