



## New Codes for Select Care Program

### General Overview:

Physicians who participate in a Select Program will now be able to use the Advance Care Planning (ACP) — also known as Palliative Care — Current Procedural Terminology (CPT<sup>®</sup>) codes in conjunction with Evaluation & Management (E&M) codes. Below is a description of the codes and a few helpful tips to follow when billing.

### ACP CPT Code Descriptions:

- 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** Each additional 30 minutes (List separately in addition to code for primary procedure)

### Tips for billing ACP codes on the same day as an E&M code:

- CPT code **99497** requires documentation of at least 16 minutes face-to-face with patient
- CPT code **99498** is an add-on code to CPT code **99497** which requires documentation of at least 46 minutes face-to-face with the patient. Time must be stated in the documentation. "time spent must be more than half that defined in the code" (CPT 2016)
- Use the same diagnosis as used with the Office Visit (E&M), except for routine office visit
- Any E&M code can be billed with ACP codes with place-of-service of home or office
- Cannot file additional time with CPT code **99498**

### Example of billing ACP code(s) with an E&M visit:

The patient, family member(s) and/or surrogate sees the PCP for an evaluation and management visit, and the provider spends 47 additional minutes discussing the patient's wishes regarding end-of-life care. Forms for advanced directive are discussed, and the patient will complete the forms after discussing with her children.

CPT Code	CPT Description	Diagnosis***	Diagnosis Description
<b>99497</b>	ACP, first 30 minutes	<b>G31.0, F02.81</b>	Alzheimer's disease, w/behavioral disturbances
<b>99213</b>	Established OV, level 3	<b>G30.0, F02.81</b>	Alzheimer's disease, w/ behavioral disturbances
<b>99498</b>	ACP, add. 30 minutes	<b>G31.0, F02.81</b>	Alzheimer's disease, w/behavioral disturbances

\*\*\*Coding Tip – Routine diagnosis codes will reject.

### New Non-Compliance ICD-10-CM Codes:

The non-compliance codes can be helpful in tracking patients who have extenuating circumstances beyond normal. These codes should be used for reporting purposes only and may not affect value based reimbursement score.

#### Descriptions:

- Z91.11** Patient's medical noncompliance, dietary regimen
- Z91.14** Patient's medication under-dosing medical regimen, other
- Z91.15** Patient's noncompliance, renal dialysis
- Z91.120** Patient's intentional under-dosing of medication, due to financial hardship
- Z91.128** Patient's intentional under-dosing of medication regimen
- Z91.130** Patient's unintentional under-dosing of medication regimen, due to age related debility
- Z91.138** Patient's unintentional under-dosing of medication regimen, for other reasons
- Z91.19** Patient's noncompliance with other medical treatment and regimen