



EFFECTIVE DATE: 12|01|2013
POLICY LAST UPDATED: 10|01|2013

OVERVIEW

End of life planning is verbal or written information which is provided to a patient regarding a patient's ability to prepare an advanced directive in the case that an illness or injury causes the patient to be unable to make health care decision

PRIOR AUTHORIZATION

None.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial:

Advanced care discussions are covered when the appropriate code is submitted as described in this policy

MEDICAL CRITERIA

None.

BACKGROUND

Counseling terminally ill patients and their caregivers on end-of-life and advance directive issues is an important part of their care. BCBSRI reimburses physicians who submit code S0257, along with an E&M code, as payment for advance directive and end-of-life counseling services with their patients as follows:

- The visit should consist of an informative discussion by eligible physicians with their patients and/or family regarding treatment issues and options at the end of life. That discussion must then be clearly documented in the medical record.
- As long as the services are provided face-to-face at a time when the patient is present for some or all of the discussion, it is appropriate to bill for E&M codes. This is true for services in all settings.
- The code selected is based upon the setting (e.g., office, hospital, nursing facility), type of service (e.g., consultation, established/new patient), and level.
- If counseling and coordination of care constitute greater than 50 percent of the service. In this case, the typical time is the basis for E&M code level selection. CPT® provides typical times and information regarding coding when counseling is the predominant service.

Each physician is allowed to bill for a maximum of two such services per patient per year. We will be auditing use of this code on a quarterly basis to gauge the effectiveness of the program. Furthermore, BCBSRI reserves the right to recoup any money paid to providers for claims ineligible for payment.

COVERAGE

BlueCHiP for Medicare and Commercial:

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement for applicable office visit coverage/benefits.

CODING

BlueCHiP for Medicare and Commercial:

Use HCPCS level II code S0257. The “S” code allows tracking the frequency of service. The S0257 code may be used whether the entire service is related to the counseling or whether the counseling took place in the context of other E&M services, such as a nursing facility admission or follow-up office visit for a chronically ill patient. It will also signal to BCBSRI that the visit was more extensive or complex than would have been the case without you addressing these important subjects.

S0257 Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate

RELATED POLICIES

None

PUBLISHED

Provider Update	Nov 2013
Provider Update	May 2006
Provider Update	Jan 2006

REFERENCES

None.

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