



EFFECTIVE DATE: 12|01|2013

POLICY LAST UPDATED: 03|07|2017

OVERVIEW

End-of-life planning is verbal or written information that 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 healthcare decisions.

PRIOR AUTHORIZATION

None

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

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. Blue Cross & Blue Shield of Rhode Island (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 the 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 Products

Benefits may vary between groups/contracts. Please refer to the appropriate Member Certificate or Subscriber Agreement for applicable office visit coverage/benefits.

CODING

BlueCHiP for Medicare and Commercial Products

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

The following CPT codes if filed for this service will deny as use alternate code

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 healthcare 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 healthcare professional; each additional 30 minutes (list separately in addition to code for primary procedure)

RELATED POLICIES

None

PUBLISHED

Provider Update, May 2017

Provider Update, August 2016

Provider Update, November 2013

Provider Update, May 2006

Provider Update, January 2006

REFERENCES

1. <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6223.pdf>

2. http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf

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