

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2014

Advance Care Planning

In October 2013, the CPT Editorial Panel created two new codes to describe the face-to-face encounter and time that a patient's treating physician spends with the patient, his/her family, or healthcare power of attorney discussing advance directive planning. Factors considered in this discussion include the patient's current disease state, disease progression, available treatments, cardiopulmonary resuscitation/life sustaining measures, do not resuscitate orders, life expectancy considering the patient's age and co-morbidities, and clinical recommendations of the treating physician; including reviews of patient's past medical history and medical documentation/reports as well as response(s) to previous treatments.

The RUC noted concern for potential over reporting of this service when only general advance directive services are conducted. The specialty societies noted and the Committee agreed that regular advanced directives may already currently be reported as part of an Evaluation and Management (E/M) service; however CPT codes 99497 and 99498 include separate advanced directive planning, palliative care and detailed advance care planning determinations.

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

The RUC reviewed the survey results from 273 physicians and determined that the survey median of 1.50 work RVUs and 5 minutes of pre-service time, 30 minutes of intra-service time and 10 minutes of immediate post-service time accurately account for the physician work required to perform this service. The Committee noted that the specialty society decreased the pre-service time from 10 to 5 minutes to account for any duplication when performed with an E/M. The Committee compared 99497 to key reference service 99214 *Office or other outpatient visit for the evaluation and management of an established patient*, (work RVU = 1.50) and agreed that the physician work required to perform these services is the same. The Committee also compared 99497 to 90832 *Psychotherapy, 30 minutes with patient and/or family member* (work RVU = 1.50) which requires the same physician work and the same physician time of 5 minutes pre-service, 30 minutes intra-service and 10 minutes immediate post-service time. **The RUC recommends a work RVU of 1.50 for CPT code 99497.**

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)

The specialty societies indicated that the typical 99498 add-on service is a continuation of more than 45 minutes of discussion typically involving consensus of the patient and or multiple children/family members of the patient.

The RUC reviewed the survey results from 273 physicians and determined that the survey median of 1.40 work RVUs and 30 minutes intra-service time accurately accounts for the physician work required to perform this service. The Committee compared 99498 to key reference service 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* (work RVU = 2.25 and 30 minutes intra-service time), noting 99292 requires more physician work. The Committee also compared 99498 to CPT code 90832 *Psychotherapy, 30 minutes with patient and/or family member* (work RVU = 1.50, if multiplied by 2 totals 60 minutes and 3.00 work RVUs) and determined that an 60 minutes of advance care planning, 99497 + 99498 = 2.90, is more intense than 60 minutes of 90832 because the last 30 minutes of psychotherapy is less intense than the physician work associated 99498. The Committee determined that a work RVU of 1.40 for CPT code 99498 appropriately places this service in the proper rank order relative to other similar services. **The RUC recommends a work RVU of 1.40 for CPT code 99498.**

Future Review

The RUC recommends review of 99497 and 99498 in 3 years (September 2017).

Referred to CPT Assistant

The RUC recommends that codes 99497 and 99498 be referred to CPT Assistant to educate physicians on how to code this service correctly.

Practice Expense

The RUC reviewed and approved the direct practice expense inputs with minor modifications as recommended by the Practice Expense Subcommittee.

| CPT Code (●New) | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|---|--------------------|--|------------------|----------------------------|
| <p>Category I Evaluation and Management <u>Advance Care Planning</u></p> <p><u>The following codes are used to report the face-to-face service between a physician or other qualified health care professional and a patient, family member or surrogate in counseling and discussing advance directives, with or without completing relevant legal forms. An advance directive is a document appointing an agent and/or recording the wishes of a patient pertaining to his/her medical treatment at a future time should he/she lack decisional capacity at that time. Examples of written advance directives include, but are not limited to, Health Care Proxy, Durable Power of Attorney for Health Care, Living Will and Medical Orders for Life-Sustaining Treatment (MOLST).</u></p> <p><u>When using these codes, no active management of the problem(s) is undertaken during the time period reported.</u></p> <p><u>These codes may be reported separately if these services are performed on the same day as another Evaluation and Management service (99201-99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99224, 99225, 99226, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381-99397, 99495, 99496)</u></p> | | | | |
| ●99497 | H1 | 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 | XXX | 1.50 |

| | | | | |
|-----------------|----|--|------------|------|
| + ●99498 | H2 | <p>each additional 30 minutes (List separately in addition to code for primary procedure)</p> <p><u>(Use 99498 in conjunction with 99497)</u></p> <p><u>(Do not report 99497 and 99498 on the same date of service as critical care services 99291, 99292 and neonatal and pediatric critical care 99468, 99469, 99471, 99472, 99475, 99476, 99477, 99478, 99479, 99480)</u></p> | <i>ZZZ</i> | 1.40 |
|-----------------|----|--|------------|------|

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code:99497 Tracking Number H1 Original Specialty Recommended RVU: **1.50**
 Presented Recommended RVU: **1.50**
 Global Period: XXX RUC Recommended RVU: **1.50**

CPT Descriptor: Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s) and/or surrogate

(Do not report 99497 and 99498 on the same date of service as critical care services codes 99291,99292 and neonatal and pediatric critical care codes 99468-99476, 99477-99480)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68 year old male with heart failure and diabetes on multiple medications is seen with his wife to discuss advanced care planning.

Percentage of Survey Respondents who found Vignette to be Typical: 73%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Additional pre-service work typically includes: review of existing advanced directive documents (living wills, durable power of attorney for health care, physician/medical orders for life-sustaining treatment (POLST/MOLST), etc) and/or advanced care planning documents.

Description of Intra-Service Work:

The physician or other qualified healthcare professional performs a cognitive evaluation to determine the patient's capacity to understand risks, benefits, alternatives to advance care-planning choices. There is discussion of the risks, benefits, and alternatives to the various advanced care planning tools (e.g., living will, durable power-of-attorney). The physician gives the patient and/or spouse/family member/surrogate an opportunity to view a blank, advance care directive, and a blank "Physician Orders for Life-Sustaining Treatment" (POLST) form. The physician explains and discusses advance directives with the patient and caregiver. This includes a discussion of the patient's values and overall goals for treatment. As appropriate for the patient's conditions, they talk about palliative care options, ways to avoid hospital readmission, and the patient's desire for care if he/she suffers a health event that adversely affects the patient's decision-making capacity. The latter includes a discussion of the role of a designated agent as a substitute decision-maker if the patient loses decisional capacity. The patient and caregivers' questions are answered. The patient may complete and sign the form at the visit, or may take it home.

Description of Post-Service Work:

The patient and/or the spouse/family member/surrogate is given a copy of all forms (signed and unsigned) and the original signed form(s) are stored in the patient's medical record. The physician notifies the other physicians or qualified healthcare professionals about the patient's wishes and sends the document(s), as appropriate, to those providers. The physician or other qualified healthcare professional documents, in the medical record, the discussion, decisions, and other information provided during the visit. Post-service work also includes any writing of orders directly relating to the advance care planning tool; for example, a "do not resuscitate" bracelet order form.

SURVEY DATA

| | | | | | |
|---|---|--------------------------------------|--------------------|-----------------------------|---------------------------------|
| RUC Meeting Date (mm/yyyy) | 01/2014 | | | | |
| Presenter(s): | John Agens, MD (AGS), Mary Newman, MD (ACP), Alan Plummer, MD (ACCP/ATS), Phil Rodgers, MD (guest of AGS), Marianna Spanaki, MD (AAN), Tom Weida, MD (AAFP) | | | | |
| Specialty(s): | AGS, ACP, ACCP, ATS, AAN, AAFP | | | | |
| CPT Code: | 99497 | | | | |
| Sample Size: | 4287 | Resp N: | 273 | Response: 6.3 % | |
| Description of Sample: | random | | | | |
| | Low | 25th pctl | Median* | 75th pctl | High |
| Service Performance Rate | 0.00 | 10.00 | 25.00 | 72.00 | 1200.00 |
| Survey RVW: | 0.01 | 1.30 | 1.50 | 2.00 | 3.50 |
| Pre-Service Evaluation Time: | | | 10.00 | | |
| Pre-Service Positioning Time: | | | 0.00 | | |
| Pre-Service Scrub, Dress, Wait Time: | | | 0.00 | | |
| Intra-Service Time: | 0.00 | 20.00 | 30.00 | 30.00 | 75.00 |
| Immediate Post Service-Time: | 10.00 | | | | |
| Post Operative Visits | Total Min** | CPT Code and Number of Visits | | | |
| Critical Care time/visit(s): | 0.00 | 99291x 0.00 | 99292x 0.00 | | |
| Other Hospital time/visit(s): | 0.00 | 99231x 0.00 | 99232x 0.00 | 99233x 0.00 | |
| Discharge Day Mgmt: | 0.00 | 99238x 0.00 | 99239x 0.00 | 99217x 0.00 | |
| Office time/visit(s): | 0.00 | 99211x 0.00 | 12x 0.00 | 13x 0.00 | 14x 0.00 15x 0.00 |
| Prolonged Services: | 0.00 | 99354x 0.00 | 55x 0.00 | 56x 0.00 | 57x 0.00 |
| Sub Obs Care: | 0.00 | 99224x 0.00 | 99225x 0.00 | 99226x 0.00 | |

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

| | | | | |
|---|-------|---|---|---|
| CPT Code: | 99497 | Recommended Physician Work RVU: 1.50 | | |
| | | Specialty Recommended Pre-Service Time | Specialty Recommended Pre Time Package | Adjustments/Recommended Pre-Service Time |
| Pre-Service Evaluation Time: | | 5.00 | 0.00 | 5.00 |
| Pre-Service Positioning Time: | | 0.00 | 0.00 | 0.00 |
| Pre-Service Scrub, Dress, Wait Time: | | 0.00 | 0.00 | 0.00 |
| Intra-Service Time: | | 30.00 | | |

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

| | | | | |
|-------------------------------------|--|--|--|--|
| | | Specialty Recommended Post-Service Time | Specialty Recommended Post Time Package | Adjustments/Recommended Post-Service Time |
| Immediate Post Service-Time: | | 10.00 | 0.00 | 10.00 |

| <u>Post-Operative Visits</u> | <u>Total Min**</u> | <u>CPT Code and Number of Visits</u> | | | |
|--------------------------------------|--------------------|--------------------------------------|--------------------|--------------------|---------------------------------|
| Critical Care time/visit(s): | <u>0.00</u> | 99291x 0.00 | 99292x 0.00 | | |
| Other Hospital time/visit(s): | <u>0.00</u> | 99231x 0.00 | 99232x 0.00 | 99233x 0.00 | |
| Discharge Day Mgmt: | <u>0.00</u> | 99238x 0.0 | 99239x 0.0 | 99217x 0.00 | |
| Office time/visit(s): | <u>0.00</u> | 99211x 0.00 | 12x 0.00 | 13x 0.00 | 14x 0.00 15x 0.00 |
| Prolonged Services: | <u>0.00</u> | 99354x 0.00 | 55x 0.00 | 56x 0.00 | 57x 0.00 |
| Sub Obs Care: | <u>0.00</u> | 99224x 0.00 | 99225x 0.00 | 99226x 0.00 | |

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

| <u>Key CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------|---------------|-----------------|--------------------|
| 99214 | XXX | 1.50 | RUC Time |

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

| <u>MPC CPT Code 1</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Most Recent Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|---|
| 99215 | XXX | 2.11 | RUC Time | 9,577,362 |

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

| <u>MPC CPT Code 2</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Most Recent Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|---|
| 57452 | XXX | 1.50 | RUC Time | 10,566 |

CPT Descriptor 2 Colposcopy of the cervix including upper/adjacent vagina;

| <u>Other Reference CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------------------|---------------|-----------------|--------------------|
| 76510 | XXX | 1.55 | RUC Time |

CPT Descriptor Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 119 % of respondents: 43.5 %

| <u>TIME ESTIMATES (Median)</u> | CPT Code: 99497 | Key Reference CPT Code: 99214 | Source of Time RUC Time |
|---|----------------------------|--|------------------------------------|
| Median Pre-Service Time | 5.00 | 0.00 | |
| Median Intra-Service Time | 30.00 | 25.00 | |
| Median Immediate Post-service Time | 10.00 | 10.00 | |
| Median Critical Care Time | 0.0 | 0.00 | |
| Median Other Hospital Visit Time | 0.0 | 0.00 | |
| Median Discharge Day Management Time | 0.0 | 0.00 | |
| Median Office Visit Time | 0.0 | 0.00 | |
| Prolonged Services Time | 0.0 | 0.00 | |
| Median Subsequent Observation Care Time | 0.0 | 0.00 | |
| Median Total Time | 45.00 | 40.00 | |
| Other time if appropriate | | | |

INTENSITY/COMPLEXITY MEASURES (Mean) (of those that selected Key Reference code)

Mental Effort and Judgment (Mean)

| | | |
|--|------|------|
| The number of possible diagnosis and/or the number of management options that must be considered | 3.56 | 3.72 |
| The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed | 3.82 | 3.52 |
| Urgency of medical decision making | 3.10 | 2.98 |

Technical Skill/Physical Effort (Mean)

| | | |
|--------------------------|------|------|
| Technical skill required | 3.08 | 3.20 |
| Physical effort required | 2.12 | 2.32 |

Psychological Stress (Mean)

| | | |
|---|------|------|
| The risk of significant complications, morbidity and/or mortality | 3.36 | 3.28 |
| Outcome depends on the skill and judgment of physician | 3.92 | 3.80 |
| Estimated risk of malpractice suit with poor outcome | 2.56 | 2.94 |

INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference
Service 1****Time Segments (Mean)**

| | | |
|------------------------------------|------|------|
| Pre-Service intensity/complexity | 2.59 | 2.61 |
| Intra-Service intensity/complexity | 3.92 | 3.66 |
| Post-Service intensity/complexity | 2.33 | 2.44 |

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The advisors of the participating specialty organizations met by conference call to review the survey results. Upon review, the advisors noted the following with respect to code 99497:

- The survey yielded 273 responses spread appropriately among the participating specialties; this is a very robust response.
- 73% of respondents found the vignette to be typical.
- 88% of respondents said that this service was typically provided at the same encounter as an E/M service.

Based on these observations and the rest of the survey results, the specialties are recommending the following with respect to physician time and work.

Time*Pre-service: 5 minutes*

Although this service is typically provided at the same encounter as an E/M service, both survey respondents and the specialty advisors believe that there is some pre-service work associated with this service that is separate and distinct from that associated with the E/M service. As noted elsewhere in the SOR, this distinct pre-service work includes:

- physician or other qualified healthcare professional contact with the patient/family member/surrogate;
- review of existing advanced directive documents (living wills, durable power of attorney for health care, physician/medical orders for life-sustaining treatment (POLST/MOLST), etc.);
- review of advanced care planning content from previous clinical encounters;

Survey respondents indicated that this pre-service work takes 10 minutes (survey median). Upon review and consideration, the advisors believe that 5 minutes (survey 25th percentile) is a more appropriate estimate.

Intra-service: 30 minutes

The median intra-service time reported by survey respondents was 30 minutes. The advisors agree, given the extensive discussion required in order to meet the minimal requirements of this service (see description of intra-service work), that this is a reasonable estimate of the face-to-face time spent in such conversations with the typical patient as described in the vignette. In support of this view, the advisors note that 30 minutes falls at the mid-point of the time range in which this code may be reported (i.e. 15 to 45 minutes), based on CPT time-based reporting rules.

Post-service: 10 minutes

Although this service is typically provided at the same encounter as an E/M service, both survey respondents and the specialty advisors believe that there is post-service work associated with this service that is separate and distinct from that associated with the E/M service. As noted elsewhere in the SoR, this distinct post-service work includes:

- Sharing copies of both forms with the patient and/or the spouse/family member/surrogate and storing original signed documents in the medical record;
- Post-visit notification about, and transmission of, the document to other physicians/qualified healthcare professionals;
- Documentation of the informed consent process/education provided in the medical record;
- Writing orders directly relating to the advance care planning tool.

Survey respondents indicated that this post-service work takes 10 minutes (survey median). Furthermore, breaking down survey data by practice location, practice type, and specialty showed similar times for all subgroups.

Upon review and consideration, the advisors agree with that assessment.

Work

Survey respondents recommended a median work RVU of 1.50, based on a comparison to the key reference service 99214 (Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family). Code 99214 also has a work value of 1.50.

The advisors noted that code 99497 is estimated to involve more intra-service (30 versus 25) and total (45 versus 40) time than 99214, which would make 99497 less intense than 99214, given the same work value. This is consistent with survey respondents' comparative rating of the two codes on intensity/complexity measures; survey respondents rated 99497 as less intense/complex than 99214 on 6 of those 11 measures.

| Code | Pre-Service | Intra-Service | Post-Service | Total Time | Work RVU | IWPUT |
|-------|-------------|---------------|--------------|------------|----------|--------|
| 99497 | 5 | 30 | 10 | 45 | 1.50 | 0.0388 |
| 99214 | 5 | 25 | 10 | 40 | 1.50 | 0.0466 |

The advisors also noted that a comparison of 99497 to other services with time and work equal to or greater than that recommended for 99497 also supports the survey median value of 1.50:

| Code | Short Description | Pre-Service | Intra-Service | Post-Service | Total Time | Work RVU | IWPUT |
|--------|---|-------------|---------------|--------------|------------|----------|--------|
| 99497 | Advance care planning | 5 | 30 | 10 | 45 | 1.50 | 0.0388 |
| 90832* | Psytx pt&family 30 minutes | 5 | 30 | 10 | 45 | 1.50 | 0.0388 |
| 57452 | Colposcopy, cervix and vagina | 15 | 15 | 10 | 40 | 1.50 | 0.0627 |
| 95076 | Ingest challenge ini 120 min | 7 | 30 | 5 | 42 | 1.50 | 0.0410 |
| 76510 | Ophthalmic ultrasound | 5 | 30 | 10 | 45 | 1.55 | 0.0405 |
| 99348 | Home visit estab patient | 7 | 30 | 5 | 42 | 1.56 | 0.0454 |
| 99395 | Preventive medicine visit, established pt.; 18-39 years | 5 | 30 | 10 | 45 | 1.75 | 0.0471 |
| G0438 | Annual wellness visit | 5 | 30 | 10 | 45 | 2.43 | 0.0697 |

*Note values for time and RVW from CY 2014 final rule published November 27, 2013.

Further analyses of the survey data—broken down by practice location, practice type, and physician specialty—consistently showed a survey median of approximately 1.50. Based on all of these comparisons, the advisors believe that code 99497 is appropriately valued at 1.50 and thus recommend the survey median for the RUC's approval.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- Multiple codes allow flexibility to describe exactly what components the procedure included.
- Multiple codes are used to maintain consistency with similar codes.
- Historical precedents.
- Other reason (please explain) For convenience, the advance care planning is typically provided on the same date of service with an E/M visit.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.
- 3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) This service was not previously reported. See attached frequency estimations.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
 If the recommendation is from multiple specialties, please provide information for each specialty.

- Specialty How often?
- Specialty How often?
- Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
 If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

- Specialty Frequency Percentage %
- Specialty Frequency Percentage %
- Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

- Specialty Frequency Percentage %
- Specialty Frequency Percentage %
- Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Evaluation Management

BETOS Sub-classification:

Office visit

BETOS Sub-classification Level II:

Established

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99214

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code:99498 Tracking Number H2

Original Specialty Recommended RVU: **1.40**Presented Recommended RVU: **1.40**

Global Period: ZZZ

RUC Recommended RVU: **1.40**

CPT Descriptor: Advance care planning including the explanation and discussion of advance directives such as standard forms (completion of such forms), by the physician or other qualified healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year old male with heart failure and diabetes on multiple medications who was recently discharged after being hospitalized in the intensive care unit is seen with his wife to discuss advanced care planning.

Percentage of Survey Respondents who found Vignette to be Typical: 72%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: No additional, incremental pre-service work.

Description of Intra-Service Work: The work of this service is an extension of the work of 9949X7. This service is performed when the time required to perform 9949X7 is greater than 45 minutes. There is additional discussion of the patient's condition and prognosis due to the presence of a new, unexpected or sudden illness, complicated family dynamics, or disagreement or controversy over advance directives or shared decision making for an adult not competent to make his/her own decisions. Extra time is needed to explain and discuss the advanced care direction options and to resolve any personal or family issues.

Description of Post-Service Work: No additional, incremental post-service work.

SURVEY DATA

| | | | | | |
|---|---|--------------------------------------|--------------------|-----------------------------|---------------------------------|
| RUC Meeting Date (mm/yyyy) | 01/2014 | | | | |
| Presenter(s): | John Agens, MD (AGS), Mary Newman, MD (ACP), Alan Plummer, MD (ACCP/ATS), Phil Rodgers, MD (guest of AGS), Marianna Spanaki, MD (AAN), Tom Weida, MD (AAFP) | | | | |
| Specialty(s): | AGS, ACP, ACCP, ATS, AAN, AAFP | | | | |
| CPT Code: | 99498 | | | | |
| Sample Size: | 4284 | Resp N: | 273 | Response: 6.3 % | |
| Description of Sample: | random | | | | |
| | Low | 25th pctl | Median* | 75th pctl | High |
| Service Performance Rate | 0.00 | 1.00 | 10.00 | 25.00 | 1000.00 |
| Survey RVW: | 0.01 | 1.00 | 1.40 | 1.90 | 3.00 |
| Pre-Service Evaluation Time: | | | 0.00 | | |
| Pre-Service Positioning Time: | | | 0.00 | | |
| Pre-Service Scrub, Dress, Wait Time: | | | 0.00 | | |
| Intra-Service Time: | 0.00 | 20.00 | 30.00 | 30.00 | 120.00 |
| Immediate Post Service-Time: | 0.00 | | | | |
| Post Operative Visits | Total Min** | CPT Code and Number of Visits | | | |
| Critical Care time/visit(s): | 0.00 | 99291x 0.00 | 99292x 0.00 | | |
| Other Hospital time/visit(s): | 0.00 | 99231x 0.00 | 99232x 0.00 | 99233x 0.00 | |
| Discharge Day Mgmt: | 0.00 | 99238x 0.00 | 99239x 0.00 | 99217x 0.00 | |
| Office time/visit(s): | 0.00 | 99211x 0.00 | 12x 0.00 | 13x 0.00 | 14x 0.00 15x 0.00 |
| Prolonged Services: | 0.00 | 99354x 0.00 | 55x 0.00 | 56x 0.00 | 57x 0.00 |
| Sub Obs Care: | 0.00 | 99224x 0.00 | 99225x 0.00 | 99226x 0.00 | |

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

| | | | | |
|---|-------|---|---|---|
| CPT Code: | 99498 | Recommended Physician Work RVU: 1.40 | | |
| | | Specialty Recommended Pre-Service Time | Specialty Recommended Pre Time Package | Adjustments/Recommended Pre-Service Time |
| Pre-Service Evaluation Time: | | 0.00 | 0.00 | 0.00 |
| Pre-Service Positioning Time: | | 0.00 | 0.00 | 0.00 |
| Pre-Service Scrub, Dress, Wait Time: | | 0.00 | 0.00 | 0.00 |
| Intra-Service Time: | | 30.00 | | |

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

| | | | | |
|-------------------------------------|--|--|--|--|
| | | Specialty Recommended Post-Service Time | Specialty Recommended Post Time Package | Adjustments/Recommended Post-Service Time |
| Immediate Post Service-Time: | | 0.00 | 0.00 | 0.00 |

| <u>Post-Operative Visits</u> | <u>Total Min**</u> | <u>CPT Code and Number of Visits</u> | | | |
|--------------------------------------|--------------------|--------------------------------------|--------------------|--------------------|---------------------------------|
| Critical Care time/visit(s): | <u>0.00</u> | 99291x 0.00 | 99292x 0.00 | | |
| Other Hospital time/visit(s): | <u>0.00</u> | 99231x 0.00 | 99232x 0.00 | 99233x 0.00 | |
| Discharge Day Mgmt: | <u>0.00</u> | 99238x 0.0 | 99239x 0.0 | 99217x 0.00 | |
| Office time/visit(s): | <u>0.00</u> | 99211x 0.00 | 12x 0.00 | 13x 0.00 | 14x 0.00 15x 0.00 |
| Prolonged Services: | <u>0.00</u> | 99354x 0.00 | 55x 0.00 | 56x 0.00 | 57x 0.00 |
| Sub Obs Care: | <u>0.00</u> | 99224x 0.00 | 99225x 0.00 | 99226x 0.00 | |

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

| <u>Key CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------|---------------|-----------------|--------------------|
| 99292 | <i>ZZZ</i> | 2.25 | RUC Time |

CPT Descriptor Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

| <u>MPC CPT Code 1</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Most Recent Medicare Utilization</u> |
|-------------------------|---------------|-----------------|--------------------|---|
| <u>CPT Descriptor 1</u> | | | | |
| <u>MPC CPT Code 2</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Most Recent Medicare Utilization</u> |

CPT Descriptor 2

| <u>Other Reference CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------------------|---------------|-----------------|--------------------|
| 13122 | <i>ZZZ</i> | 1.40 | RUC Time |

CPT Descriptor Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 171 **% of respondents:** 62.6 %

TIME ESTIMATES (Median)

| <u>CPT Code:</u> | <u>Key Reference CPT Code:</u> | <u>Source of Time RUC Time</u> |
|------------------|--------------------------------|--------------------------------|
| 99498 | <u>99292</u> | |

| | | |
|---|--------------|--------------|
| Median Pre-Service Time | 0.00 | 0.00 |
| Median Intra-Service Time | 30.00 | 30.00 |
| Median Immediate Post-service Time | 0.00 | 0.00 |
| Median Critical Care Time | 0.0 | 0.00 |
| Median Other Hospital Visit Time | 0.0 | 0.00 |
| Median Discharge Day Management Time | 0.0 | 0.00 |
| Median Office Visit Time | 0.0 | 0.00 |
| Prolonged Services Time | 0.0 | 0.00 |
| Median Subsequent Observation Care Time | 0.0 | 0.00 |
| Median Total Time | 30.00 | 30.00 |
| Other time if appropriate | | |

INTENSITY/COMPLEXITY MEASURES (Mean) (of those that selected Key Reference code)

Mental Effort and Judgment (Mean)

| | | |
|--|------|------|
| The number of possible diagnosis and/or the number of management options that must be considered | 4.13 | 4.03 |
| The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed | 4.18 | 4.08 |
| Urgency of medical decision making | 3.79 | 4.04 |

Technical Skill/Physical Effort (Mean)

| | | |
|--------------------------|------|------|
| Technical skill required | 3.92 | 3.82 |
| Physical effort required | 2.61 | 2.90 |

Psychological Stress (Mean)

| | | |
|---|------|------|
| The risk of significant complications, morbidity and/or mortality | 3.98 | 4.15 |
| Outcome depends on the skill and judgment of physician | 4.50 | 4.33 |
| Estimated risk of malpractice suit with poor outcome | 3.23 | 3.69 |

INTENSITY/COMPLEXITY MEASURES **CPT Code** **Reference Service 1**

Time Segments (Mean)

| | | |
|------------------------------------|------|------|
| Pre-Service intensity/complexity | 0.00 | 0.00 |
| Intra-Service intensity/complexity | 4.20 | 4.12 |
| Post-Service intensity/complexity | 0.00 | 0.00 |

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The advisors of the participating specialty organizations met by conference call to review the survey results. Upon review, the advisors noted the following with respect to code 99498:

- The survey yielded 273 responses spread appropriately among the participating specialties; this is a very robust response.
- 72% of respondents found the vignette to be typical.
- 88% of respondents said that this service was typically provided at the same encounter as an E/M service.

Based on these observations and the rest of the survey results, the specialties are recommending the following with respect to physician time and work.

Time

Pre-service: 0 minutes

Both survey respondents and the advisors recognized that this is an add-on code and agreed that it has no pre-service work of its own.

Intra-service: 30 minutes

The median intra-service time reported by survey respondents was 30 minutes. The advisors agree, given the description of intra-service work, that this is a reasonable estimate of the face-to-face time spent in such conversations with the typical patient as described in the vignette. As with the base code, the advisors note that 30 minutes falls at the mid-point of the time range in which this code may be reported (i.e. 15 to 45 minutes), based on CPT time-based reporting rules.

Post-service: 0 minutes

Both survey respondents and the advisors recognized that this is an add-on code and agreed that it has no post-service work of its own.

Work

Survey respondents recommended a median work RVU of 1.40, based on a comparison to the key reference service 99292 (Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes). Code 99292 has a work value of 2.25. The survey median of 1.40 appropriately reflects that 99498 is a less intense service than 99292, which otherwise involves the same time as 99498.

| Code | Pre-Service | Intra-Service | Post-Service | Total Time | Work RVU | IWPUT |
|--------|-------------|---------------|--------------|------------|----------|--------|
| 9949X7 | 0 | 30 | 0 | 30 | 1.40 | 0.0467 |
| 99292 | 0 | 30 | 0 | 30 | 2.25 | 0.0750 |

The advisors also noted that a comparison with other ZZZ services of similar time, each of which involves more work than 99498, also supports the survey median value of 1.40:

| Code | Short Description | Pre-Service | Intra-Service | Post-Service | Total Time | Work RVU | IWPUT |
|--------|---|-------------|---------------|--------------|------------|----------|--------|
| 99498 | Advance care planning | 0 | 30 | 0 | 30 | 1.40 | 0.0388 |
| *90833 | Psytx pt&/fam w/e&m 30 min | 0 | 30 | 3 | 33 | 1.50 | 0.0478 |
| 13122 | Repair each additional 5 cm or less | 0 | 30 | 0 | 30 | 1.44 | 0.0480 |
| 31649 | Removal of bronchial valve each additional lobe | 0 | 30 | 0 | 30 | 1.44 | 0.0480 |
| 44955 | Incidental appendectomy during abdominal | 0 | 30 | 0 | 30 | 1.53 | 0.0510 |

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

| | | | |
|-----------|-----------|------------|---|
| Specialty | Frequency | Percentage | % |
|-----------|-----------|------------|---|

| | | | |
|-----------|-----------|------------|---|
| Specialty | Frequency | Percentage | % |
|-----------|-----------|------------|---|

| | | | |
|-----------|-----------|------------|---|
| Specialty | Frequency | Percentage | % |
|-----------|-----------|------------|---|

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

| | | | |
|-----------|-----------|------------|---|
| Specialty | Frequency | Percentage | % |
|-----------|-----------|------------|---|

| | | | |
|-----------|-----------|------------|---|
| Specialty | Frequency | Percentage | % |
|-----------|-----------|------------|---|

| | | | |
|-----------|-------------|-----------------|---|
| Specialty | Frequency 0 | Percentage 0.00 | % |
|-----------|-------------|-----------------|---|

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99214

99497 Frequency Information

Rationale for estimated frequencies:

There are 318,000,000 adults in the US. Our expert panel's consensus is that:

- 0.10% of US adults will get an ACD of some type, in a year
 - Of those, 90% will get an 99497 ACD in a year

There are 47,000,000 persons enrolled in Medicare. Our expert panel's consensus is that:

- 0.1% of Medicare enrollees will get an ACD of some type, in a year
 - Of those, 90% will get a 99497 ACD in a year

The specialty distributions are based on the Medicare Part B specialty utilization distributions seen for CPT code 99214, and on the relative sizes of the medical specialties.

How often do physicians in your specialty perform this service (i.e., commonly, sometimes, or rarely)? If the recommendation is from multiple specialties, please provide information for each specialty.

| Specialty | How often? |
|-----------|------------|
| AAFP | Sometimes |
| AAN | Sometimes |
| ACP | Sometimes |
| AGS | Frequently |
| ACCP/ATS | Sometimes |
| AMDA | Frequently |
| AAHCP | sometimes |

Estimate the number of times this service might be provided nationally in a one-year period? 286,200

If the recommendation is from multiple societies, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

A table of the frequency information, by specialty, is attached.

Estimate the number of times this service might be provided to Medicare in a one-year period? 42,300

If the recommendation is from multiple societies, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

A table of the frequency information, by specialty, is attached.

ISSUE: Advance Care Planning

TAB: 19

| Source | CPT | Short DESC | Resp | IWPUT | RVW | | | | | Total Time | PRE EVAL | INTRA | | | | | IMMD POST | SURVEY EXPERIENCE | | | | |
|---------|-------|---|------|--------|------|------|------|------|------|------------|----------|-------|------|-----|------|-----|-----------|-------------------|------|-----|------|------|
| | | | | | MIN | 25th | MED | 75th | MAX | | | MIN | 25th | MED | 75th | MAX | | MIN | 25th | MED | 75th | MAX |
| Key REF | 99214 | Office visit for the E/M of an established patient... Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family. | 119 | 0.0466 | | | 1.50 | | | 40 | 5 | | | 25 | | | 10 | | | | | |
| SVY-T | 99497 | Advance care planning; first 30 minutes | 273 | 0.0351 | 0.01 | 1.30 | 1.50 | 2.00 | 3.50 | 50 | 10 | 0 | 20 | 30 | 30 | 75 | 10 | 0 | 10 | 25 | 72 | 1200 |
| REC | 99497 | Advance care planning; first 30 minutes | | 0.0388 | 1.50 | | | | | 45 | 5 | | | 30 | | | 10 | | | | | |

| Source | CPT | Short DESC | Resp | IWPUT | RVW | | | | | Total Time | PRE EVAL | INTRA | | | | | IMMD POST | SURVEY EXPERIENCE | | | | |
|---------|-------|--|------|--------|------|------|------|------|------|------------|----------|-------|------|-----|------|-----|-----------|-------------------|------|-----|------|------|
| | | | | | MIN | 25th | MED | 75th | MAX | | | MIN | 25th | MED | 75th | MAX | | MIN | 25th | MED | 75th | MAX |
| Key REF | 99292 | Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes | 171 | 0.0750 | | | 2.25 | | | 30 | | | | 30 | | | | | | | | |
| SVY-T | 99498 | Advance care planning; each additional 30 minutes | 273 | 0.0467 | 0.01 | 1.00 | 1.40 | 1.90 | 3.00 | 30 | | 0 | 20 | 30 | 30 | 120 | | 0 | 1 | 10 | 25 | 1000 |
| REC | 99498 | Advance care planning; each additional 30 minutes | | 0.0467 | 1.40 | | | | | 30 | | | | 30 | | | | | | | | |

____19____
Tab Number

__End of Life Care-Advance Directive Plan__
Issue

____9949X7 – 9949X8____
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

__Marianna V. Spanaki, MD, PhD, MBA_____
Printed Signature

__American Academy of Neurology_____
Specialty Society

__12/17/2014_____
Date

19
Tab Number

Advance Care Planning
Issue

9949X7, 9949X8
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Burt Lesnick, MD
Printed Signature

American College of Chest Physicians
Specialty Society

December 19, 2013
Date

19
Tab Number

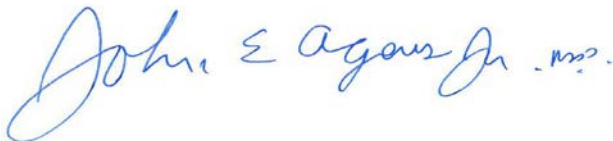
Advance Care Planning
Issue

9949X7, 9949X8
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

John Agans
Printed Signature

American Geriatrics Society
Specialty Society

December 17, 2013
Date

19
Tab Number

Advance Care Planning
Issue

9949X7, 9949X8
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Alan Plummer, MD
Printed Signature

American Thoracic Society
Specialty Society

December 19, 2013
Date

19 _____
Tab Number

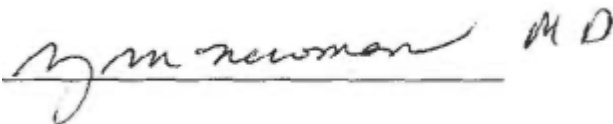
Advance Care Planning _____
Issue

9949X7 – 9949X8 _____
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

MARY NEWMAN, MD

Printed Signature

American College of Physicians

Specialty Society

December 19, 2013 _____
Date

19
Tab Number

End of Life Care-Advanced Directive Plan
Issue

9949X7 and 9949X8
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)


Signature

Thomas Weida, M.D.
Printed Signature

American Academy of Family Physicians
Specialty Society

12/18/13
Date

**AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs**

CPT Long Descriptor:

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.

Global Period: XXX Meeting Date: January 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The AAFP, AAN, ACP, AGS and ATS convened a consensus panel via telephone and email to develop the inputs for this code.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: The surveying societies agreed upon E/M code 99213 as the reference code based upon the direct PE inputs and because it is the most likely E/M code to be billed with 99497.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Clinical staff meets with patient and/or spouse/family member/surrogate prior to meeting with the physician to explain the nature of the service will focus on the patient's goals for care should they become unable to participate in medical treatment decisions and to answer questions. Advance Care Directive documents are given to patient.

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

Clinical staff assists with the transition of patient and or spouse/family members/surrogate out of the office following the conversation with the physician. The family /surrogate is educated about the appropriate storage of the advance directive documents, (eg a secure readily accessible location) and management of the documents following the visit, including carrying a wallet size card with directive and contact information. Other materials are distributed by clinical staff such as a *do not resuscitate* bracelet order form.

Clinical staff provides guidance on how to explain the content of the documents to other family members / surrogates not present for the visit. The clinical staff advises the patient /family to review the advance directive documents periodically to determine if the documents continue to reflect the patient's wishes and preferences.

Photo copies of the Advance Care Directive and Physician Orders for Life-Sustaining Treatment form are made and distributed as appropriate to other physicians involved with the patient's care.

**AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs**

CPT Long Descriptor:

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

Global Period: ZZZ Meeting Date: January 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The AAFP, AAN, ACP, AGS and ATS convened a consensus panel via telephone and email to develop the inputs for this code.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: The surveying societies agreed upon E/M code 99213 as the reference code based upon the direct PE inputs and because it is the E/M service most likely to be reported with 99498.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

The surveying societies agree there are no clinical labor activities / PE inputs for this service.

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

N/A

| | A | B | C | D | E | F | G | H | I |
|----|---|------------|------------|---|----------|--|----------|--|----------|
| 1 | | | | REFERENCE CODE | | | | | |
| 2 | <p>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</p> <p>**Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the PE Spreadsheet Instructions document for an example.</p> | | | 99213 | | 99497 | | 99498 | |
| 3 | <p>Meeting Date: January 2014 - Revised 1/30/14</p> <p>Tab: 19</p> <p>Specialty: AAFP, AAN, ACP, AGS, ATS</p> | CMS Code | Staff Type | Office or other outpatient visit for the evaluation and management of an established patient, | | Advance care planning including the explanation and discussion of advance directives such as | | Advance care planning including the explanation and discussion of advance directives such as | |
| 4 | LOCATION | | | Non Fac | Facility | Non Fac | Facility | Non Fac | Facility |
| 5 | GLOBAL PERIOD | | | XXX | | XXX | | ZZZ | |
| 6 | TOTAL CLINICAL LABOR TIME | L037D | RN/LPN/MTA | 36.0 | 0.0 | 7.0 | 0.0 | 0.0 | 0.0 |
| 7 | TOTAL PRE-SERV CLINICAL LABOR TIME | L037D | RN/LPN/MTA | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 8 | TOTAL SERVICE PERIOD CLINICAL LABOR TIME | L037D | RN/LPN/MTA | 31.0 | 0.0 | 7.0 | 0.0 | 0.0 | 0.0 |
| 9 | TOTAL POST-SERV CLINICAL LABOR TIME | L037D | RN/LPN/MTA | 5.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 10 | PRE-SERVICE | | | | | | | | |
| 11 | Start: Following visit when decision for surgery or procedure made | | | | | | | | |
| 12 | Complete pre-service diagnostic & referral forms | | | | | | | | |
| 13 | Coordinate pre-surgery services | | | | | | | | |
| 14 | Schedule space and equipment in facility | | | | | | | | |
| 15 | Provide pre-service education/obtain consent | | | | | | | | |
| 16 | Follow-up phone calls & prescriptions | | | | | | | | |
| 17 | *Other Clinical Activity - specify: | | | | | | | | |
| 18 | End: When patient enters office/facility for surgery/procedure | | | | | | | | |
| 19 | SERVICE PERIOD | | | | | | | | |
| 20 | Start: When patient enters office/facility for surgery/procedure: | | | | | | | | |
| 21 | Greet patient, provide gowning, ensure appropriate medical records are available | | | 5 | | | | | |
| 22 | Obtain vital signs | | | 5 | | | | | |
| 23 | Provide pre-service education/obtain consent | | | 5 | | 2 | | | |
| 24 | Prepare room, equipment, supplies | | | 2 | | | | | |
| 25 | Setup scope (non facility setting only) | | | | | | | | |
| 26 | Prepare and position patient/ monitor patient/ set up IV | | | 2 | | | | | |
| 27 | Sedate/apply anesthesia | | | | | | | | |
| 28 | *Other Clinical Activity - specify: (Review history, systems and medications) | | | 6 | | | | | |
| 29 | Intra-service | | | | | | | | |
| 30 | Assist physician in performing procedure | | | 3 | | | | | |
| 31 | Assist physician/moderate sedation (% of physician time) | | | | | | | | |
| 32 | Post-Service | | | | | | | | |
| 33 | Monitor pt. following moderate sedation | | | | | | | | |
| 34 | Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation) | | | | | | | | |
| 35 | Clean room/equipment by physician staff | | | 3 | | | | | |
| 36 | Clean Scope | | | | | | | | |
| 37 | Clean Surgical Instrument Package | | | | | | | | |
| 38 | Complete diagnostic forms, lab & X-ray requisitions | | | | | | | | |
| 39 | Review/read X-ray, lab, and pathology reports | | | | | | | | |
| 40 | Check dressings & wound/ home care instructions /coordinate office visits /prescriptions | | | | | | | | |
| 41 | *Other Clinical Activity - specify: Provide post visit education to patient | | | | | 5 | | | |
| 42 | Dischrg mgmt same day (0.5 x 99238) (enter 6 min) | | | n/a | | n/a | | n/a | |
| 43 | Dischrg mgmt (1.0 x 99238) (enter 12 min) | | | n/a | | n/a | | n/a | |
| 44 | Dischrg mgmt (1.0 x 99239) (enter 15 min) | | | n/a | | n/a | | n/a | |
| 45 | End: Patient leaves office | | | | | | | | |
| 46 | POST-SERVICE Period | | | | | | | | |
| 47 | Start: Patient leaves office/facility | | | | | | | | |
| 48 | Conduct phone calls/call in prescriptions | | | 5 | | | | | |
| 49 | Office visits: List Number and Level of Office Visits | | | # visits | # visits | # visits | # visits | # visits | # visits |
| 50 | 99211 | 16 minutes | 16 | | | | | | |
| 51 | 99212 | 27 minutes | 27 | | | | | | |
| 52 | 99213 | 36 minutes | 36 | | | | | | |
| 53 | 99214 | 53 minutes | 53 | | | | | | |
| 54 | 99215 | 63 minutes | 63 | | | | | | |
| 55 | Total Office Visit Time | | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 56 | *Other Clinical Activity - specify: | | | | | | | | |
| 57 | End: with last office visit before end of global period | | | | | | | | |

| | A | B | C | D | E | F | G | H | I |
|----|--|-----------------|-------------------|---|-----------------|--|-----------------|--|-----------------|
| 1 | | | | REFERENCE CODE | | | | | |
| 2 | <p>*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.</p> <p>**Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the <i>PE Spreadsheet Instructions</i> document for an example.</p> | | | 99213 | | 99497 | | 99498 | |
| 3 | <p>Meeting Date: January 2014 - Revised 1/30/14</p> <p>Tab: 19</p> <p>Specialty: AAFP, AAN, ACP, AGS, ATS</p> | CMS Code | Staff Type | Office or other outpatient visit for the evaluation and management of an established patient, | | Advance care planning including the explanation and discussion of advance directives such as | | Advance care planning including the explanation and discussion of advance directives such as | |
| 4 | LOCATION | | | Non Fac | Facility | Non Fac | Facility | Non Fac | Facility |
| 5 | GLOBAL PERIOD | | | XXX | | XXX | | ZZZ | |
| 58 | MEDICAL SUPPLIES** | | CODE | UNIT | | | | | |
| 59 | pack, EM visit | SA047 | pack | 1 | | | | | |
| 60 | Reproduced patient worksheet | SK115 | item | | | 1 | | | |
| 61 | patient education booklet | SK062 | item | | | 1 | | | |
| 62 | | | | | | | | | |
| 63 | | | | | | | | | |
| 64 | | | | | | | | | |
| 65 | EQUIPMENT | | CODE | | | | | | |
| 66 | otoscope-ophthalmoscope (wall unit) | EQ189 | | 36 | | 30 | | 30 | |
| 67 | table, exam | EF023 | | 36 | | 30 | | 30 | |
| 68 | | | | | | | | | |
| 69 | | | | | | | | | |
| 70 | | | | | | | | | |