

## Corporate Reimbursement Policy

### Advanced Illness/Advance Directives

**File Name:** advanced\_illness\_advance\_directives  
**Origination:** 2/2016  
**Last Review:** 2/2016  
**Next Review:** 2/2017

**This policy is not effective until March 15, 2016**

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#### Description

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Advance care planning affords patients the opportunity to exercise their right to make determinations regarding their medical care, prior to becoming incapable of active participation in health care decisions. Advanced illness care planning involves discussions between patients, caregivers, and providers regarding medical care decisions associated with end-of-life care.

Advance care planning is especially appropriate prior to cases wherein an illness or injury causes the patient to be unable to make proper decisions regarding treatment. In some cases where doctors believe recuperation of injury or cure of disease is no longer possible, decisions should be made on the use of emergency treatment to keep a patient alive. Generally, these decisions are centered around the utilization of interventions such as:

- Cardiopulmonary resuscitation (CPR)
- Artificial hydration or nutrition
- Ventilator use
- Palliative care

A patient's wishes on the utilization of such interventions are influenced by the verbal and written information provided, personal values, medical history, and conversations with trusted healthcare providers. Through careful consideration of treatment options, patients often prepare an advance directive document, such as a living will or a health care power of attorney. Advance directives, in particular, are legal documents that go into effect *only* if a patient is incapacitated and unable to speak for him or herself. This could be the result of illness or severe injury, irrespective of age. Advance directives allow patients to express their values and guide providers to administer the preferred end-of-life medical care. An advance directive is a legal document that can be altered as information or health status changes.

Portable medical orders such as the Medical Orders for Scope of Treatment (MOST) or Portable Do Not Resuscitate Order, are issued by physicians (and if applicable by PAs or NPs), with the consent of the patient or the patient's personal representative. Unlike advance directives, which guide end-of-life-care decisions, portable medical orders direct care.

According to the National Institute on Aging, one of the 27 institutes of the National Institutes of Health (NIH), people who document their preferences for end-of-life treatment using advance directives are more likely to get the care they prefer at the end of life than people who do not.

The North Carolina Department of the Secretary of State maintains the North Carolina Advance Health Care Directive Registry. It is the state's official legal voluntary knowledgebase for any advance health care directive; however, an advance directive is not required to be filed with the

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North Carolina Advance Health Care Directive Registry to be effective.

## Policy

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**Blue Cross Blue Shield North Carolina (BCBSNC) will reimburse advance illness care planning when the criteria outlined in this policy are met.**

## Benefits Application

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This policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this policy.

## Reimbursement Guidelines

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Counseling patients and their caregivers on advance care planning for end-of-life is an important part of their care. BCBSNC will reimburse qualified health professionals who submit claims for advance care planning for end-of-life counseling services with their patients. Payment consideration may be made for the Evaluation and Management (E&M) service if all of the following conditions are met:

- I. The face-to-face visit that should consist of an informative discussion between qualified health professionals, patient, and/or the patient's family regarding end-of-life treatment options.
- II. The discussion must be clearly documented in the medical record.
- III. A -25 modifier must be submitted with the E&M code for proper adjudication to indicate a significant, separately identifiable, evaluation and management service was performed.

## Policy Guidelines

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Services must be provided face-to-face at a time when the patient is present for some or all of the discussion.

Services must be provided by a licensed care provider (MSW, PA, NP, etc.) or provided under the supervision of a licensed physician.

Counseling may include completion of legal advance directive documents, such as a living will or health care power of attorney, portable medical orders such as the Medical Orders for Scope of Treatment (MOST), and/or other instructions for preferred medical treatment.

Other evaluation and management (E&M) services may be billed for the same patient on the same date of service; however Modifier -25 must be used to indicate that the evaluation and management service was significant and separately identifiable.

The codes in this policy may be included in other editing such as Correct Coding Initiative instituted by CMS. Providers may use C3 to check various code combinations being submitted for possible edits and applicable rationale.

**For additional federal information on Advanced Care Planning from the NIH, please visit:**

National Institute on Aging <http://www.nia.nih.gov/health/publication/advance-care-planning>

National Cancer Institute

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<http://www.cancer.gov/cancertopics/cancerlibrary/epeco/selfstudy/module-13>

**For additional state-wide/local information on resources related to Advanced Care Planning, please visit:**

The North Carolina Partnership for Compassionate Care: <http://compassionatecarenc.org>

The Carolina's Center for Hospice and End of Life Care <http://www.cchospice.org>

The North Carolina Department of the Secretary of State Advance Health Care Directive Registry  
<https://www.secretary.state.nc.us/ahcdr/>

**For provider training modules, resources, and information please visit:**

The Center to Advance Palliative Care: Palliative Care Tools, Training & Technical Assistance  
<http://www.capc.org/> (Membership Needed)

Vital Talk  
<http://www.vitaltalk.org/clinicians>

The American Medical Association  
<http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/about-ethics-group/ethics-resource-center/end-of-life-care/advance-care-directives.page>

The California State University Institute for Palliative Care  
<http://www.csupalliativecare.org/>

## Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*The codes in this policy may be included in other editing such as Correct Coding Initiative instituted by CMS. Providers may use C3 to check various code combinations being submitted for possible edits and applicable rationale.*

*Applicable service codes: 99497, 99498, S0257*

## Scientific Background and Reference Sources

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See Policy Guidelines

Senior Medical Director 1/2016

National Institute on Aging <http://www.nia.nih.gov/health/publication/advance-care-planning>

The North Carolina Department of the Secretary of State Advance Health Care Directive Registry  
<https://www.secretary.state.nc.us/ahcdr/>

# Advanced Illness/Advance Directives

## **Policy Implementation/Update Information**

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2/29/2016 New policy developed. Blue Cross Blue Shield North Carolina (BCBSNC) will reimburse advanced illness care planning when the criteria outlined in this policy are met. Senior Medical Director review 1/2016. Specialty Matched Consultant Advisory Panel review 8/2015. **Policy effective date 3/15/2016.**

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.