

Advance Care Plan

*This measure is to be reported for all patients aged 65 years and older seen by the clinician — a minimum of **once** during the reporting period.*

Measure description

Percentage of patients aged 65 years and older with documentation of a surrogate decision-maker or advance care plan in the medical record

What will you need to report for each patient aged 65 years and older for this measure?

If you select this measure for reporting, you will report:

- Whether or not you documented a surrogate decision-maker or advance care plan in the medical record

What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to document a surrogate decision-maker or advance care plan in the medical record, due to:

- Patient reasons (eg, patient does not wish to discuss advance care planning)

In these cases, you will need to indicate that the patient reason applies, specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

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PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information

Billing Information

Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 65 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
If No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient meet or have an acceptable reason for not meeting the measure?			
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Surrogate Decision-Maker or Advance Care Plan Documented	<input type="checkbox"/>	<input type="checkbox"/>	1080F
Not documented for the following reason: • Patient (eg, patient does not wish to discuss advance care planning)	<input type="checkbox"/>	<input type="checkbox"/>	1080F-2P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 1080F-8P (Surrogate decision-maker or advance care plan not documented in the medical record, reason not otherwise specified.)

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Coding Specifications

Codes required to document a visit occurred:

A CPT E/M service code is required to identify patients to be included in this measure.

CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office-new patient),
- 99212, 99213, 99214, 99215 (office-established patient),
- 99218, 99219, 99220 (initial observation care),
- 99221, 99222, 99223 (initial inpatient hospital care),
- 99231, 99232, 99233 (subsequent inpatient hospital care),
- 99234, 99235, 99236 (observation or inpatient hospital care),
- 99281, 99282, 99283, 99284, 99285 (emergency department visit),
- 99291 (critical care),
- 99304, 99305, 99306, 99307, 99308, 99309, 99310 (nursing facility),
- 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 (domiciliary),
- 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 (home visit),
- 99387 (preventive medicine services — new patient),
- 99397 (preventive medicine services — established patient),
- 99401, 99402, 99403, 99404 (preventive medicine services — individual counseling)

Quality codes for this measure (one of the following for every eligible patient):

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate combination of codes.)

- **CPT II 1080F:** Surrogate decision maker or advance care plan documented in the medical record
- **CPT II 1080F-2P:** Documentation of patient reason(s) for no documentation of a surrogate decision maker or advance care plan in the medical record (eg, patient does not wish to discuss advance care planning)
- **CPT II 1080F-8P:** Surrogate decision maker or advance care plan not documented in the medical record, reason not otherwise specified

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