

Advance Care Plan

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.

All measure-specific coding should be reported ON THE SAME CLAIM.

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),
- 99231, 99232, 99233 (subsequent inpatient hospital care),
- 99234, 99235, 99236 (observation or inpatient hospital care),
- 99291¹ (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)

Quality codes for this measure:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code.)

- **CPT II 1123F:** Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record
- **CPT II 1124F:** Advance Care Planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan²
- **CPT II 1123F-8P:** Advance care planning not documented, reason not otherwise specified

¹Clinicians indicating the place of service as the emergency department (23) will not be included in this measure.

²May also include, as appropriate, that the patient's cultural and/or spiritual beliefs preclude a discussion of advance care planning, as it would be viewed as harmful to the patient's beliefs and thus harmful to the physician-patient relationship.

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