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OIG to Audit Advance Care Planning, Which Has No Billing Cap

By Nina Youngstrom

In a reminder that regular audits continue amid the scourge of the COVID-19 public health emergency (PHE), the HHS Office of Inspector General (OIG) has added advance care planning (ACP) to its Work Plan.[1] Because this is a national audit, billing patterns for the two CPT codes of ACP apparently set off alarm bells loud enough to wind up on the Work Plan, which tends to be jam-packed right now with items related to the PHE.

It looks like OIG's data mining surfaced outlier billing for ACP, and auditors will take it from there with a deeper dive, said Regina Alexander, senior consultant at VantagePoint HealthCare Advisors in Hamden, Connecticut. Maybe that shouldn't come as a surprise because Medicare doesn't limit the number of times physicians and other qualified health care professionals (e.g., nurse practitioners and physician assistants) may bill for ACP if they can support the medical necessity of the services with documentation, she said. Sometimes that opens the door for overpayments.

Voluntary ACP is a face-to-face service with patients to discuss their health care wishes in the event they are unable to make decisions about their care. Medicare pays for ACP either as an optional element of the annual wellness visit or as a separate part of a Part B service, according to an *MLN Fact Sheet*.[2] ACP may be provided in facility and nonfacility settings, CMS said. Hospitals, physicians and other practitioners should bill one of these two codes for ACP: