Advance Care Planning (ACP)

The Advance Care Planning measure evaluates older adults 66 - 80 years of age and older with advanced illness, an indication of frailty or who are receiving palliative care, and persons 81 years of age and older who had a discussion with their physician about preferences for resuscitation, life-sustaining treatment and end of life care in the measurement period.

Definitions

- **Advance care planning:** A discussion or documentation about preferences for resuscitation, life-sustaining treatment and end of life care

Product lines	Quality programs affected	Collection and reporting method
• Medicare	• NCQA Ratings System	• Administrative • Claim data

Numerator compliance	Evidence of advance care planning during the measurement year		
Time period	Jan. 1, 2026 – Dec. 31, 2026		
Billing codes	**Description**	**Code type**	**Code**
	Advance care planning	CPT	99483, 99497
		CPT II	1123F, 1124F, 1157F, 1158F
		HCPCS	S0257
		ICD10 diagnosis	Z66
		SNOMED	3011000175104, 3021000175108, 3031000175106, 3041000175100, 3061000175101, 310301000, 310302007, 310303002, 310305009, 423606002, 425392003, 425393008, 425394002, 425395001, 425396000, 425397009, 4921000175109, 699388000, 713058002, 713580008, 713600001, 713602009, 713603004, 713662007, 713665009, 714361002, 714748000,719238004, 719239007, 719240009, 87691000119105
Frequency/occurrence	Every year		
Required exclusions	Patients who use hospice services or elect to use hospice benefit any time during the measurement year or elect to use a hospice benefit any time during the measurement year.		
Test, service or procedure to close care opportunity	• A discussion and documentation about preferences for resuscitation, life-sustaining treatment and end of life care • Advanced directive, actionable medical orders, living will, surrogate decision maker are all examples of advance care planning		

Medical record documentation (including but not limited to)	Medical record dates: 01/01/2026 - 12/31/2026 • Advance care plan • Documented discussion or evidence of an advance care plan in the medical record or advanced care planning discussion with a physician and the date it was discussed **Submit medical record documentation for open gaps of care to Priority Health HEDIS department:** • Electronically uploading medical records – contact ***HEDIS@PriorityHealth.com*** to get a file set up or for more information • Email: ***HEDIS@PriorityHealth.com*** • Fax: 616.975.8897 • Mail: HEDIS at 1231 E Beltline, NE Mail Stop 1280, Grand Rapids, MI, 49525
Claim deficiencies	Not submitting CPT II codes on claims submissions

Tips and best practices

→ Document advance care planning during preventive and sick visits
→ Advance care planning may be conducted over the phone by any care provider type including registered nurses and medical assistants when rendered with a medical visit
→ Use EHR/EMR alerts for patients due for an advance care planning review
→ Use CPT II codes which help identify clinical outcomes such as advance care planning
→ A note stating the member declined to discuss advance care planning is considered evidence that the provider initiated a discussion and meets criteria
→ **Advance care plans can be accepted as supplemental data**