CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1615	**Date: February 4, 2016**
	Change Request 9503

SUBJECT: Advance Care Planning (ACP) Services furnished by Rural Health Clinics (RHCs)

I. SUMMARY OF CHANGES: This Change Request (CR) provides instruction on how to apply coinsurance when advance care planning services are furnished in Rural Health Clinics.

EFFECTIVE DATE: January 1, 2016
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: July 5, 2016

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1615	Date: February 4, 2016	Change Request: 9503

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I. GENERAL INFORMATION

A. Background: In the calendar year (CY) 2016 Physician Fee Schedule Final Rule, CMS finalized a policy on payment for advance care planning (ACP) and finalized a policy on payment for ACP as an element of the annual wellness visit (AWV). Since January 1, 2016, ACP has been be a stand-alone billable visit in a Rural Health Clinic (RHC) when furnished by an RHC practitioner and all other program requirements have been met. To act in accordance with policy, this change request modifies the claims processing instructions to the Medicare Administrative Contractors (MACs) to waive the coinsurance and deductible when paying for ACP as an element of the AWV under the all-inclusive rate (AIR) for RHCs.

B. Policy: When ACP is furnished as an element of the annual wellness visit (AWV) in an RHC, only one visit will be paid under the AIR and the coinsurance and deductible will be waived for AWV and ACP services. When ACP is furnished as a stand-alone billable visit or with billable services other than AWV on the same day in an RHC, only one visit will be paid under the AIR and coinsurance and deductible will be applied.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
9503.1	Contractors shall ensure deductible and coinsurance are not applied to RHC claims when ACP (99497) is billed on the same day with a covered AWV (G0438 or G0439) for dates of service on or after January 1, 2016.					X				
9503.2	Contractors shall ensure deductible and coinsurance are applied to RHC claims when ACP (99497) is billed alone or with services other than AWV.					X				
9503.3	Contractors are not required to search history for claims with ACP and AWV billed on the same day, but shall adjust claims brought to their attention.	X								

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Simone Dennis, 410-786-8409 or Simone.Dennis@cms.hhs.gov , Tracey Mackey, 410-786-5736 or Tracey.Mackey@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0