



# Medical Order for Scope of Treatment (MOST)

## Policy & Procedure Template

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### I. Purpose

To ensure all individuals who are facing a terminal condition as defined in §34-12D-1 have been given the opportunity to discuss their condition with their medical provider and have had the opportunity to express their values and preferences for life-sustaining treatment documented in a medical order.

### II. General Information

The MOST form supports advance care planning and improves the quality of care for patients who are diagnosed with a terminal illness by creating a **voluntary** process that elicits, documents, communicates and honors patient medical treatment wishes through shared decision-making and portable medical orders that are honored across all care settings, and all facilities, including the home.

The duty of medicine is to care for patients even when they cannot be cured. Physicians, nurse practitioners and physician assistants, and their patients must evaluate the use of technology at their disposal based on available information. Judgments about the use of technology to maintain life must reflect the inherent dignity of the patient and the purpose of medical care.

Everyone is to be treated with dignity and respect, including social, psychological and spiritual wellbeing. All nursing and comfort measures to relieve pain and suffering as well as hygienic and other beneficial care will be provided to all patients at all times.

### III. Procedure

#### Initiating a MOST

- A. The South Dakota MOST complements an advance health care directive and is not intended to replace that document.
- B. The South Dakota MOST form completion is always voluntary and may be canceled by the patient at any time.

- C. Completion of a MOST form must occur between the patient (or authorized representative) and medical provider after having a conversation about goals of care. The goals of care conversation and completion of the MOST should be documented in the patient's chart to include who participated in the conversation; the decisions made; how the decisions reflect the patient's goals of care. The MOST form:
  - 1. Must be completed by a physician, nurse practitioner or physician assistant based on patient's preferences and/or best interests, and medical indications.
  - 2. Must be signed and dated by a MD, DO, NP or PA to be valid.
  - 3. Must be signed by the patient or the patient's authorized representative.
  - 4. Use of original form is strongly encouraged. Photocopies and faxes of signed and dated South Dakota MOST are legal and valid.
- D. MOST form is only to be used with patients who are diagnosed with a terminal illness.

#### **IV. Standard Care for a Person With a MOST**

- A. Relief of pain and suffering and measures to promote comfort should be provided to all patients regardless of the level of medical intervention they choose on their MOST form. Any section that does not include an indication of the patient's or authorized representative's preference, is a directive to health care providers to use all necessary and appropriate medical interventions.
- B. Patients are to be offered food and fluids as tolerated; for patients who are unable to safely swallow and decline other treatment modalities such as a feeding tube, food and fluids should be offered for comfort and as safely as possible. Artificial nutrition and hydration is optional when it cannot reasonably be expected to prolong life, would be more burdensome than beneficial, would cause significant physical discomfort, or patient had previously expressed a personal desire to forego artificial nutrition by tube.

#### **V. Documentation of a MOST**

- A. MOST is a medical order which must be placed in the patient's chart/medical record.
- B. The MOST form must be updated upon the patient's request.
- C. The MOST form may be updated any time based on patient treatment preference changes. This must be done with the patient's medical provider.

#### **VI. Revocation of a MOST**

- A. A patient may revoke his/her MOST at any time by notifying his/her medical provider.
- B. An authorized representative may revoke the MOST only if the MOST was executed by the authorized representative. A revocation is effective upon communication to the medical provider. A medical provider who is informed of a revocation shall record the date and time of the notification of revocation in the patient's medical record.
- C. To VOID a MOST form:
  - 1. Write "VOID" in large letters on the form

2. Draw line through sections A through D
3. Date, initial, and retain in the patient's medical record via scanned copy
4. Document the discussion in the patient's medical record and update the plan of care
5. Work with patient to create a new MOST if desired

## **VII. Clarification of a MOST**

- A. Where there is question of interpretation of MOST or where there is dispute regarding the authority of the individual completing the MOST form, it is advisable to request a Palliative Medicine or ethics and/or legal consult to aid in resolving such an impasse.
- B. If there is a conflict between the patient's MOST document and the patient's written directives in any previously executed and unrevoked durable power of attorney or living will, the health care provider will treat the patient in accordance with the instructions in the MOST.

## **VIII. Physician Billing**

### [CMS guidance on Billing the Physician Fee Schedule for Advance Care Planning Services](#)

Effective January 1, 2016, the Centers for Medicare & Medicaid Services (CMS) pays for voluntary Advance Care Planning (ACP) under the Medicare Physician Fee Schedule (PFS) and the Hospital Outpatient Prospective Payment System (OPPS).

Medicare pays for ACP as either:

- A separate Part B medically necessary service
- An optional element of a patient's Annual Wellness Visit (AWV)

Critical Access Hospitals (CAHs) may bill for ACP using type of bill 85X with revenue codes 96X, 97X, and 98X. The CAH Method II payment is based on the lesser of the actual charge or the facility-specific Medicare PFS.

CPT Code 99497- Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate

CPT Code 99498- each additional 30 minutes (List separately in addition to code for primary procedure)

## **IX. References**

South Dakota Statutes/Definitions

Advance health care directive. A durable power of attorney executed under §§ 59-7-2.1 to 59-7-2.4, inclusive, a living will executed under chapter 34-12D, or an EMS cardiopulmonary resuscitation directive executed pursuant to chapter 34-12F

Authorized representative. A person authorized to make health care decisions for a patient pursuant to chapters 29A-5 or 34-12C or §§ 59-7-2.1 to 59-7-2.4, inclusive

Health care provider. Defined in § 34-12D-1; any licensed health care facility or any person, corporation, or organization licensed, certified, or otherwise authorized or permitted by law to administer health care

Life-sustaining treatment. Defined in subdivision 34-12D-1(4); any medical procedure or intervention that, when administered to a patient, will serve only to postpone the moment of death or to maintain the patient in a condition of permanent unconsciousness. The term does not include the provision of appropriate care to maintain comfort, hygiene and human dignity, the oral administration of food and water, or the administration of any medication or other medical procedure deemed necessary to alleviate pain

Medical provider. A physician, physician assistant or certified nurse practitioner designated by a patient or the patient's authorized representative, to have responsibility SB No. 118 Page 1 for the patient's health care;

Terminal condition. Defined in § 34-12D-1. An incurable and irreversible condition such that, in accordance with accepted medical standards, death is imminent if life-sustaining treatment is not administered, or a coma or other condition of permanent unconsciousness that, in accordance with accepted medical standards, will last indefinitely without significant improvement and in which the individual is unable to communicate verbally or nonverbally, demonstrates no purposeful movement or motor ability, and is unable to interact purposefully with environmental stimulation.