Demystifying the POLST Form: Navigating Conversations, Ensuring Accurate Documentation, and Optimizing Billing

57th Annual Primary Care Review

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No Financial Conflicts of Interest

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Learning Objectives

1

Explore and understand patients' wishes around end-of-life treatment choices.

2

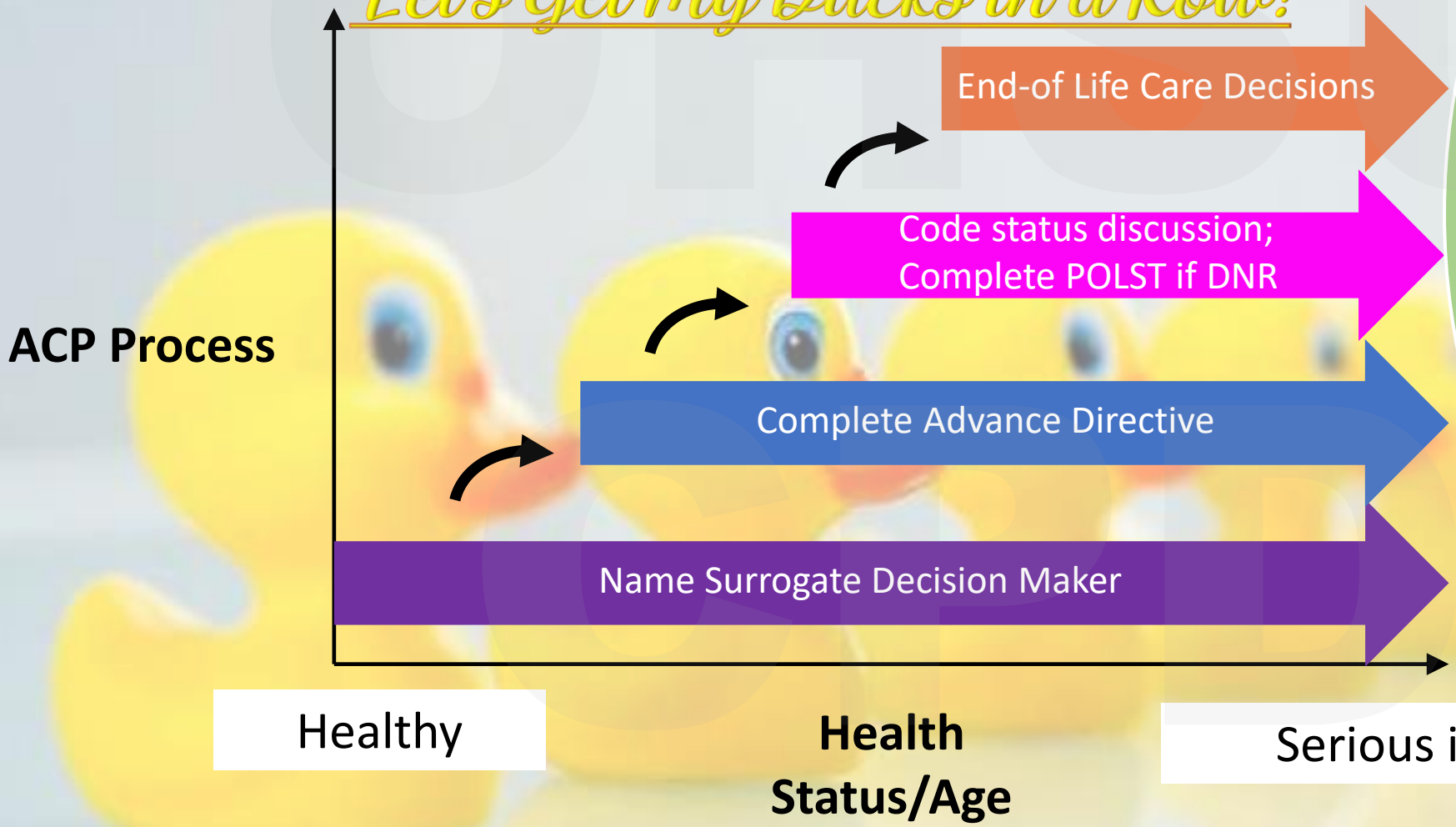
Identifying those who will benefit completing POLST and who does not.

3

Recognize which CPT codes (e.g., ACP codes, E/M codes) support reimbursement for advance care planning discussions.

My Journey in Advance Care Planning

Let's Get My Ducks in a Row!



Ongoing Conversations and Dialogue with Your Loved Ones and Medical Team

Advance Care Planning

≠

Advance Directive/POLST Completion

Let's Take a Look

Guidance for Oregon's Health Care Professionals

OREGON
POLST®
PORTABLE ORDERS FOR LIFE-SUSTAINING TREATMENT

Photo credit: Corky Miller

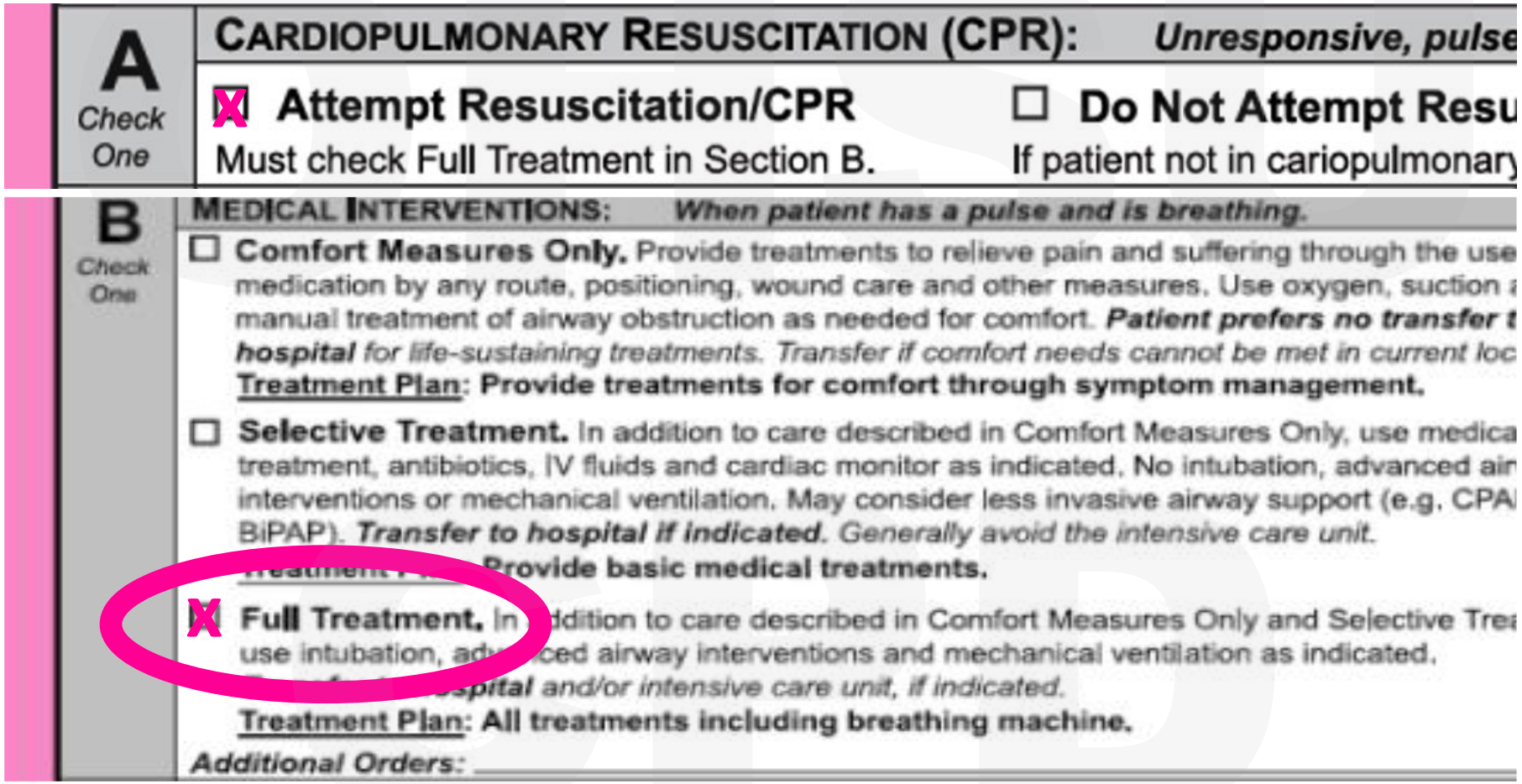
2023 POLST Form Version

Guidance for Oregon's Health Care Professionals

oregonpolst.org

Revised November 17, 2022

2023 POLST Revision



A *Check One*

CARDIOPULMONARY RESUSCITATION (CPR): ***Unresponsive, pulse***

☒ **Attempt Resuscitation/CPR**
Must check Full Treatment in Section B.

☐ **Do Not Attempt Resu**
If patient not in cariopulmonary

B *Check One*

MEDICAL INTERVENTIONS: ***When patient has a pulse and is breathing.***

☐ **Comfort Measures Only.** Provide treatments to relieve pain and suffering through the use medication by any route, positioning, wound care and other measures. Use oxygen, suction a manual treatment of airway obstruction as needed for comfort. ***Patient prefers no transfer t hospital*** *for life-sustaining treatments. Transfer if comfort needs cannot be met in current loc*
Treatment Plan: Provide treatments for comfort through symptom management.

☐ **Selective Treatment.** In addition to care described in Comfort Measures Only, use medica treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced air interventions or mechanical ventilation. May consider less invasive airway support (e.g. CPA BiPAP). ***Transfer to hospital if indicated.*** *Generally avoid the intensive care unit.*
Provide basic medical treatments.

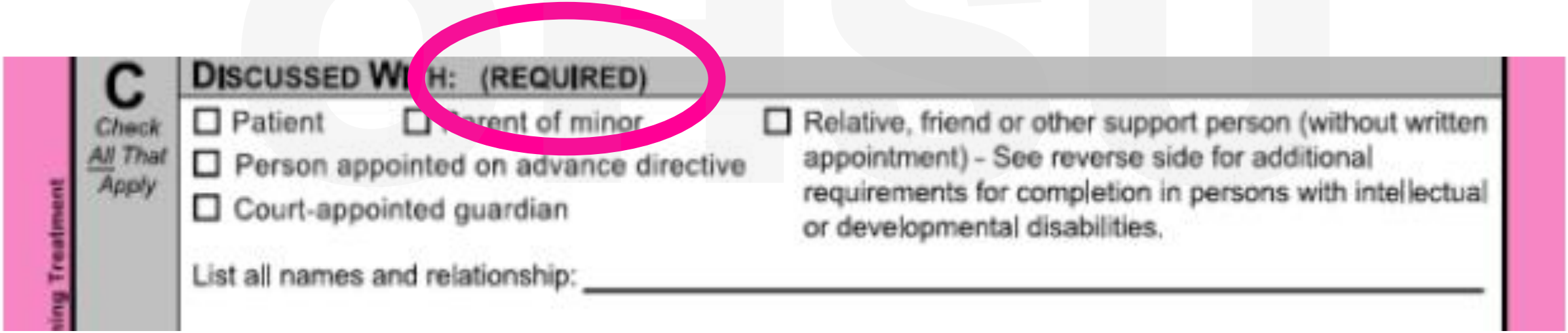
☒ **Full Treatment.** In addition to care described in Comfort Measures Only and Selective Trea use intubation, advanced airway interventions and mechanical ventilation as indicated. *ospital and/or intensive care unit, if indicated.*
Treatment Plan: All treatments including breathing machine.

Additional Orders:

If **“Attempt Resuscitation/CPR**” is selected in Section A, **“Full Treatment”** must be selected in Section B.

Appropriate Section A and B Combinations as of July 1, 2023

Section B / Section A	Comfort Measures Only	Selective Treatment	Full Treatment
CPR	Not Accepted	Not Accepted	Okay
DNR	Okay	Okay	Okay



- Section C is **Required.**
- Document everyone present for the conversation, including anyone who participated by phone or video.
- Requiring this documentation **reinforces** the patient's right to support person(s) for these important conversations.

From Guidance for Oregon's Health Care Professionals

Revised Nov 17, 2022

Purpose: Who Should Have a POLST Conversation?

- Patients with **advanced illness** or **frailty** where accurate predictions cannot be made but death is likely in the foreseeable future.

- The POLST form should be completed after a goals of care discussion and based on the patient's current treatment wishes

→ the treatments the patient would want if a crisis occurred tonight.

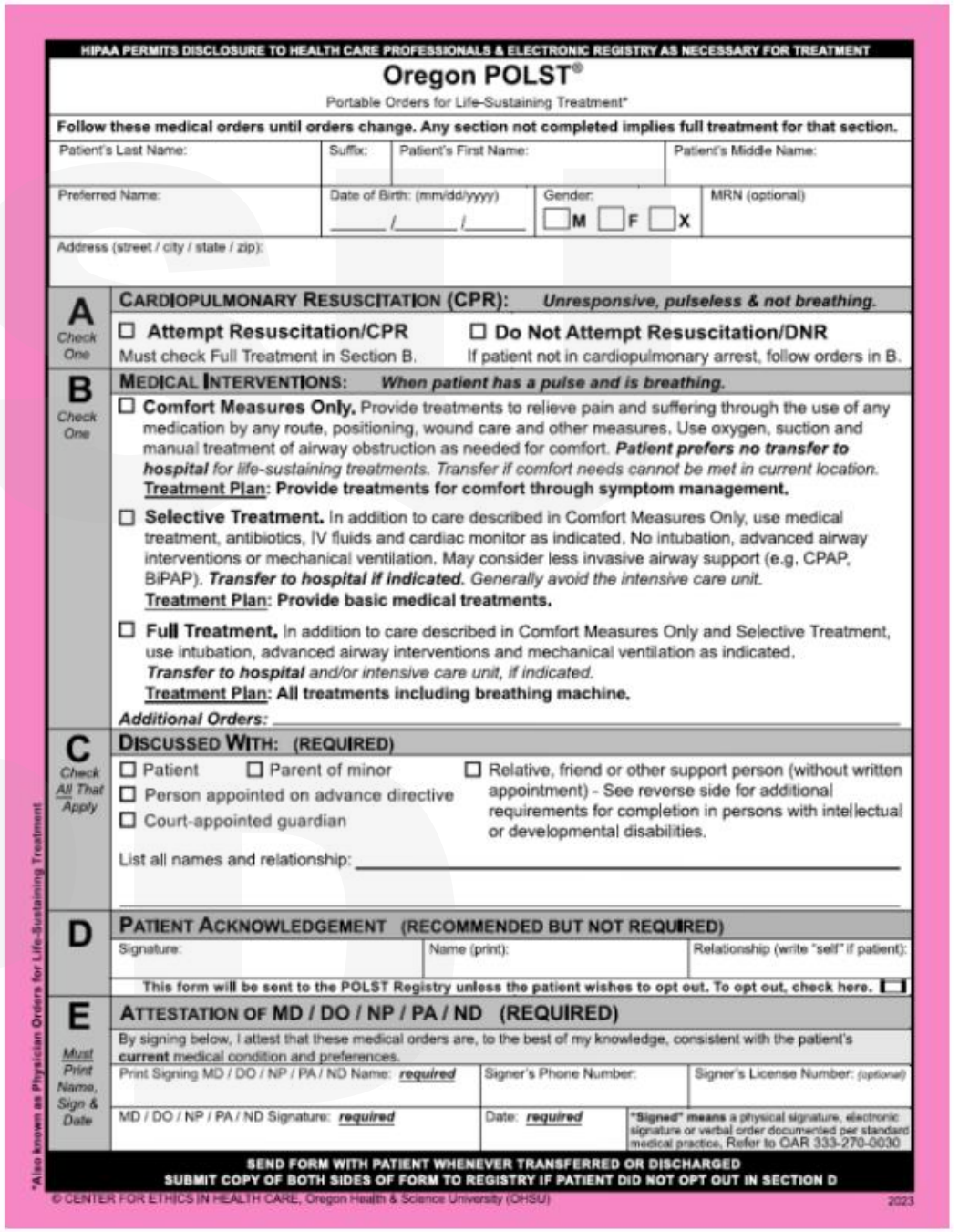
POLST: Guidance for Oregon's Health Care Professionals

Purpose: Who Should NOT Have a POLST Form?

- Patients with **stable** medical or functionally disabling problems who have many years of life expectancy.
- **Patients who would want all available treatments in some situations but not in others**
- **Reduce the overuse of POLST among those who are "too healthy."**
  - **Unneeded** for every patient being discharged to a Skilled Nursing Facility.
  - **Should NOT** be completed for healthy patients at Medicare wellness visits.
  - **Inappropriate** for healthy individuals who would want everything done in an emergency.

Let's Review The POLST Form

Section by Section



HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT

Oregon POLST®

Portable Orders for Life-Sustaining Treatment*

Follow these medical orders until orders change. Any section not completed implies full treatment for that section.

Patient's Last Name:	Suffix:	Patient's First Name:	Patient's Middle Name:
Preferred Name:	Date of Birth: (mm/dd/yyyy) ____/____/____	Gender: ☐M ☐F ☐X	MRN (optional)
Address (street / city / state / zip):			

A *Check One*

CARDIOPULMONARY RESUSCITATION (CPR): ***Unresponsive, pulseless & not breathing.***

☐ **Attempt Resuscitation/CPR** — Must check Full Treatment in Section B.

☐ **Do Not Attempt Resuscitation/DNR** — If patient not in cardiopulmonary arrest, follow orders in B.

B *Check One*

MEDICAL INTERVENTIONS: ***When patient has a pulse and is breathing.***

☐ **Comfort Measures Only.** Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Patient prefers no transfer to hospital*** *for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.*
Treatment Plan: **Provide treatments for comfort through symptom management.**

☐ **Selective Treatment.** In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). ***Transfer to hospital if indicated.*** *Generally avoid the intensive care unit.*
Treatment Plan: **Provide basic medical treatments.**

☐ **Full Treatment.** In addition to care described in Comfort Measures Only and Selective Treatment, use intubation, advanced airway interventions and mechanical ventilation as indicated. ***Transfer to hospital*** *and/or intensive care unit, if indicated.*
Treatment Plan: **All treatments including breathing machine.**

Additional Orders: _____

C *Check All That Apply*

DISCUSSED WITH: (REQUIRED)

☐ Patient ☐ Parent of minor
☐ Person appointed on advance directive
☐ Court-appointed guardian
☐ Relative, friend or other support person (without written appointment) - See reverse side for additional requirements for completion in persons with intellectual or developmental disabilities.

List all names and relationship: _____

D

PATIENT ACKNOWLEDGEMENT (RECOMMENDED BUT NOT REQUIRED)

Signature:	Name (print):	Relationship (write "self" if patient):

This form will be sent to the POLST Registry unless the patient wishes to opt out. To opt out, check here. ☐

E *Must Print Name, Sign & Date*

ATTESTATION OF MD / DO / NP / PA / ND (REQUIRED)

By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient's **current** medical condition and preferences.

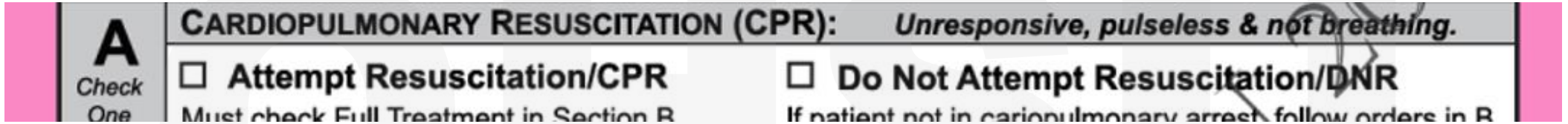
Print Signing MD / DO / NP / PA / ND Name: ***required***	Signer's Phone Number:	Signer's License Number: (optional)
MD / DO / NP / PA / ND Signature: ***required***	Date: ***required***	***"Signed" means*** a physical signature, electronic signature or verbal order documented per standard medical practice. Refer to OAR 333-270-0030

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED
SUBMIT COPY OF BOTH SIDES OF FORM TO REGISTRY IF PATIENT DID NOT OPT OUT IN SECTION D

*Also known as Physician Orders for Life-Sustaining Treatment

2023

Section A: Cardiopulmonary Resuscitation (CPR)



Apply only when the patient is unresponsive, pulseless, and not breathing

❑ **Attempt Resuscitation/CPR**
(RARELY should be used this way)

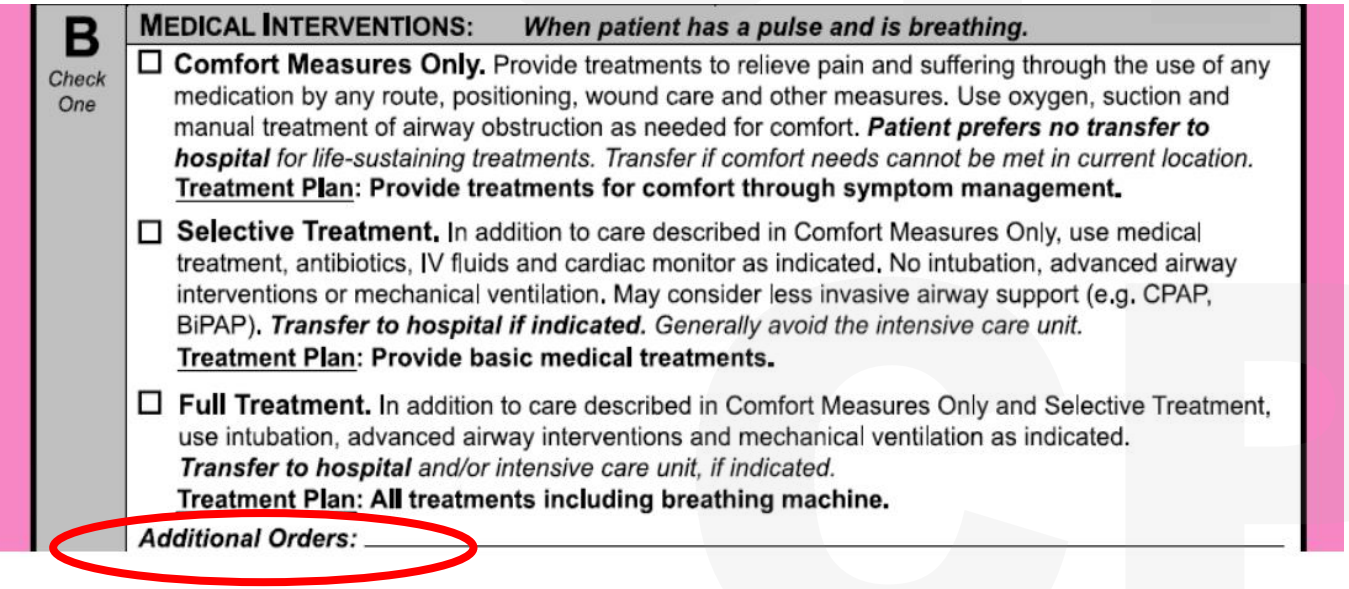
- If the patient **wants** emergency personnel to attempt CPR, check this box.

❑ **Do Not Attempt Resuscitation/DNR**
(POLST is mainly for this purpose)

- <u>If the patient has indicated that they do not want</u> CPR attempted in the event that there is no pulse or breathing, check this box.

Section B: Medical Interventions

Apply Only to Patients with a Pulse and Breathing



B *Check One*

MEDICAL INTERVENTIONS: ***When patient has a pulse and is breathing.***

☐ **Comfort Measures Only.** Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Patient prefers no transfer to hospital*** *for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.*
Treatment Plan: Provide treatments for comfort through symptom management.

☐ **Selective Treatment.** In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). ***Transfer to hospital if indicated.*** *Generally avoid the intensive care unit.*
Treatment Plan: Provide basic medical treatments.

☐ **Full Treatment.** In addition to care described in Comfort Measures Only and Selective Treatment, use intubation, advanced airway interventions and mechanical ventilation as indicated. ***Transfer to hospital*** *and/or intensive care unit, if indicated.*
Treatment Plan: All treatments including breathing machine.

Additional Orders: _____

❑ Comfort Measures Only

- Goals: **maximize comfort, symptom management** and **avoid hospitalization** (unless necessary to ensure meeting comfort needs)
- ***A care plan model (hospice care or a long-term care facility setting where CMO care can be provided recommended.***

❑ Selective Treatment

- Desires being hospitalized if needed, **avoid mechanical ventilation,** and generally **avoid the intensive care unit**.

❑ Full Treatment

- Desires all life-sustaining treatments: intubation, advanced airway interventions, and mechanical ventilation - as indicated. Transfer to hospital and/or intensive care unit, if indicated. No limits to treatment.

Section B: Medical Interventions

Additional Orders:

Patients sometimes request detailed additional orders, such as:

- *"Only code for < 5 minutes"*
- *“Intubation for 1-2 weeks.”*
- *“No tracheostomy.”*
- *“No Feeding-Tube!!” or “Tube feeding ok for a month.”*

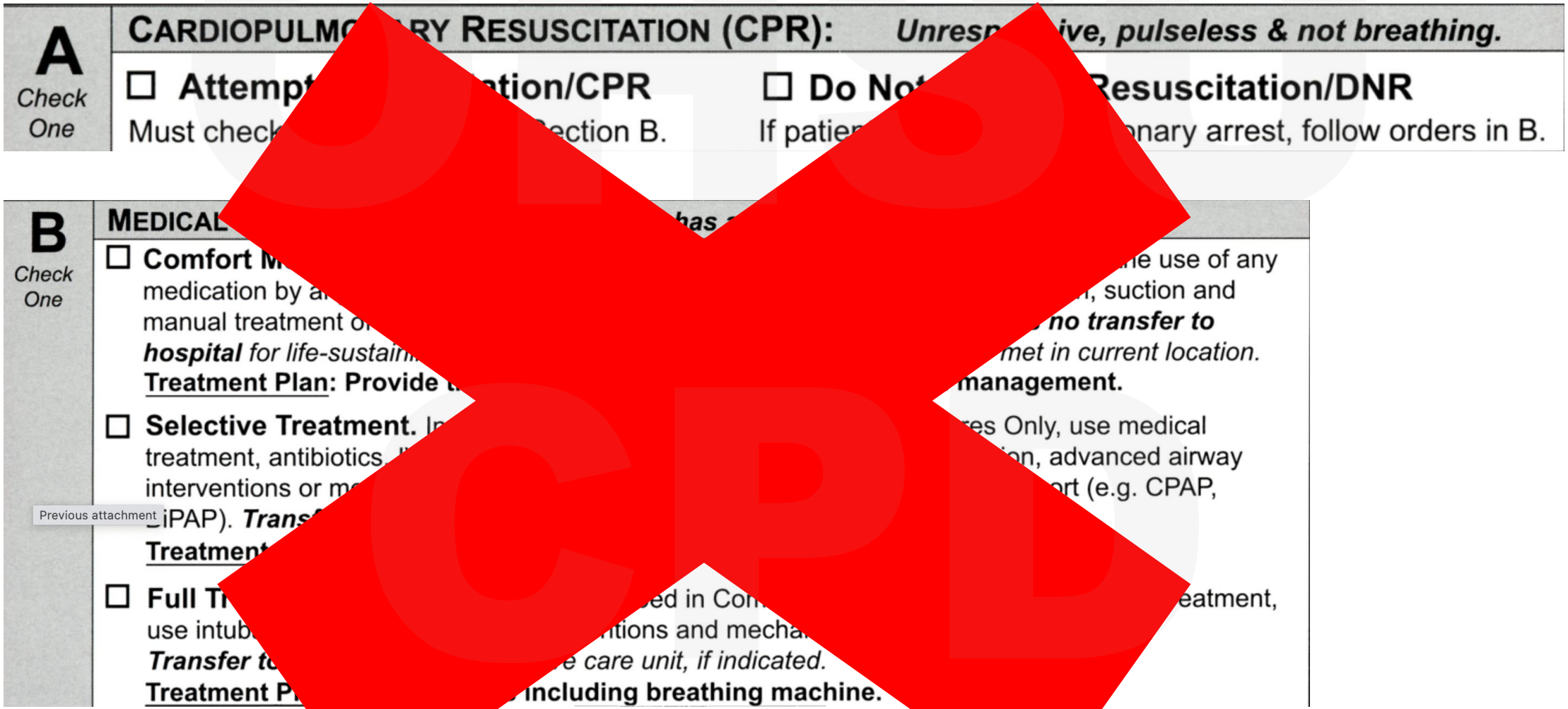
- **Many of these requests CANNOT be honored (ambulance teams follow protocols and so cannot follow an order to code for just a few minutes, for example).**
- **Many such requests are best documented in medical record/Advance Directive and discussed with surrogate decision maker.**

More than “Out of Hospital DNR”

- Mary has moderate dementia and lives in a nursing home.
- She has a POLST with treatment preferences for “DNR, selective interventions”

- When she has a fever, facility staff and emergency medical teams know that it would be consistent with her wishes to treat her in the hospital.
- However, she would not want to be put on mechanical ventilation (“life support”)

Avoid Using the POLST Form to Lead a POLST Conversation



Case Studies

David and Grace

- Recently moved to Oregon to be near their daughter and grandchildren.
- They would like to get their estate in order.
- Grace has diabetes and had a heart attack a few years ago. She had a stent placed and has recovered well.
- David has high blood pressure.
- They walk their dog every morning and pick up their grandchildren from preschool.
- Both Mr. and Mrs. Jones say “I wouldn’t want anything heroic” at the end of life.

- **What is your next step?**

"A Short Dictionary of Misunderstood Words"

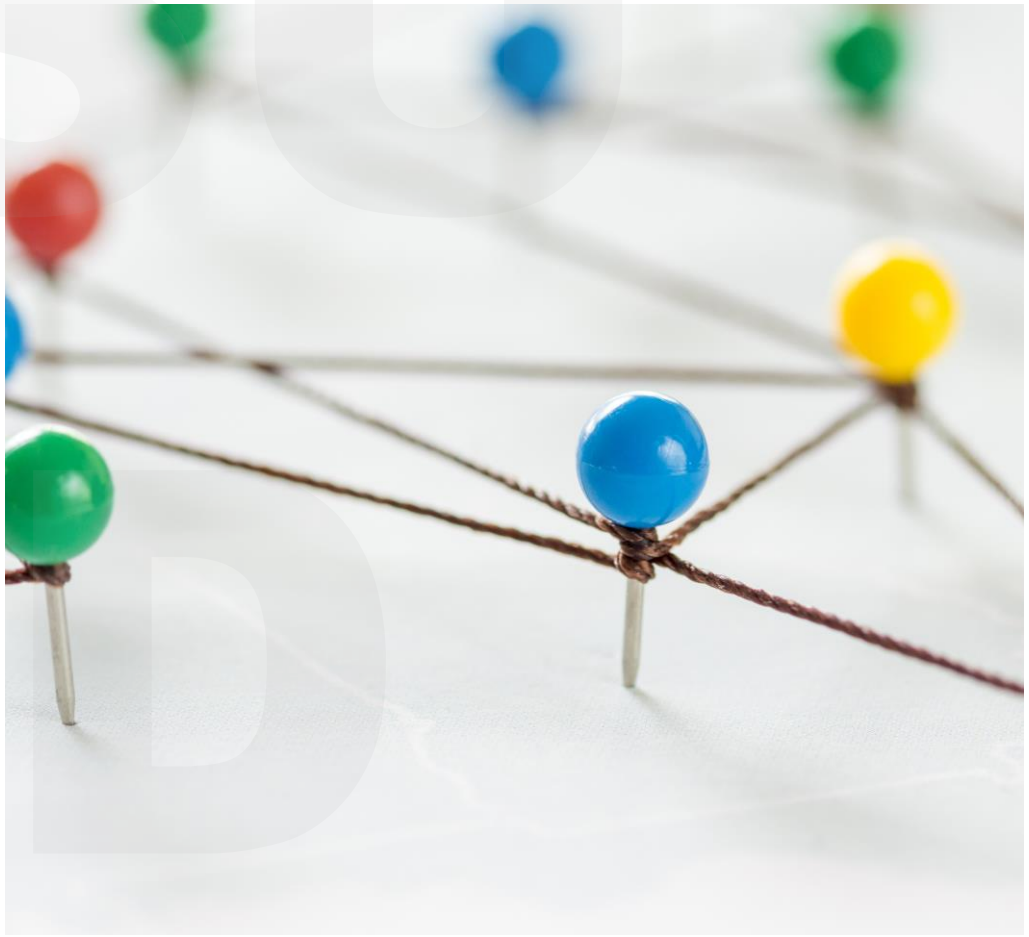
-Milan Kundera, *The Unbearable Lightness of Being*

- What do David and Grace mean when they say, *"nothing heroic?"*
- What are strategies to explore their preferences for treatment?

"A Short Dictionary of Misunderstood Words"

-Milan Kundera, *The Unbearable Lightness of Being*

- **Many common phrases used by patients and health care professionals when discussing end of life situations:**
  - *”Don’t want to be kept on machines"*
  - *”Kept alive as a vegetable"*
  - *”Want everything done"*
- **The <u>onus</u> is on the medical team to explore such statements:**
  - Better understand what is actually meant
  - Provide information to our patients so they understand their own particular medical situation
- **The goal is to achieve a treatment plan that is centered on the patient's values and preferences in context of their medical conditions.**



Techniques for Robust Conversations

Open-ended questions

- What are you worried about as you age?

Take Value-neutral approach

- Tell me about what experiences you have had with friends or family at the end of life. Has anyone been put on life support? What was that experience like?

Clarifying questions

- Tell me more about what “heroic measures” means to you.

David and Grace should be encouraged to complete an Advance Directive and to discuss their values and preferences with their surrogate decision makers.

They do not need a POLST.

Elise

Elise is a 76-year-old woman with chronic heart failure and mild cognitive impairment. She has mixed feelings about how much medical treatment she would want if she became critically ill.

There are times when she indicates she would “want everything,” and she is adamant that she would want CPR.

However, she also talks about avoiding “heroics.”

You get the impression that she is very leadable depending on how you present information.

Individuals with Incomplete Capacity

- **Supported decision making**
  - Individuals should be encouraged to participate in decisions about their health care to the fullest extent possible.
  - By Oregon law (Senate Bill 1606), hospitals must ensure that individuals with developmental or intellectual disability have a support person present for conversations that could result in a decision to limit or withdraw life-sustaining treatments. Patients may decline a support person.
- Support person: any individual selected by the patient to assist physically or emotionally to ensure effective communication. **Does not need to be a healthcare representative or surrogate decision maker.**
- If there is concern that she does not have full capacity despite support, then her healthcare representative must be included.

Mixed Feelings

- **Many people have mixed feelings about what treatments they would want!**
- **Let's explore this for Elise**
  - She is currently quite active, participating in tai chi classes at her independent living facility on a regular basis
  - On the other hand, she took care of her mother during the last year of her life and feels strongly about not living the last part of her life dependent on others to feed, bathe, and toilet her
  - In some situations, she would want all available treatments (intubation for critical illness from pneumonia that might be respond to treatment)
  - In other situations, she would want treatment to focus on comfort (massive stroke)
- **Elise is best served by an Advance Directive, not a POLST form.**

Full Code POLSTs—A nuanced discussion

Considerations about Full Code POLSTs

- **Remember, an order for "Full Code" is redundant. This is the treatment that is automatically given.**
- Most patients with “Yes to CPR” care preference are better served with discussion of Advance Directive or Serious Illness Conversation.
- Patient’s wishes for care are often complex, dependent on clinical situation, and may change over time. Having a POLST that expresses wishes for Full treatment can delay important conversations when a serious medical illness unfolds.
- Emotional stress on family

Revisiting Preferences Over Time

- Elise is 85. She has mild dementia, and her heart failure is more advanced. She has had several hospital admissions for heart failure exacerbations. These have been hard on her. Each hospitalization has been marked by delirium.
- She is becoming more focused on quality of life rather than length of life.
- Elise would be open to going to the hospital if she had an illness that needed inpatient treatment (such as pneumonia for which she needed IV antibiotics), but she does not want to be put on a breathing machine and she would not want CPR if her heart stopped.
- **Elise is ready for a POLST: DNR, selective treatments**
- **Her daughter, who is her healthcare representative, participated in the conversation**

Maria

- Maria was just diagnosed with metastatic pancreatic cancer. She has three children, one of whom lives in Oregon.
- Maria is thinking of appointing her daughter Luisa as her healthcare representative. “Luisa is a nurse, so she knows best.”
- She tells you her other two daughters would “have trouble letting go.”

Maria creates a DNR, Full Treatment POLST

- DNR ≠ “Do Not Treat”
- Importance of encouraging conversations with her family
- A year later, Maria has recently learned that her cancer has continued to progress despite chemotherapy. She has had multiple hospitalizations for pulmonary emboli and also GI bleeding. She says she does not want to go to the hospital anymore.
- It is time to update her POLST: DNR, Comfort Measures.
- Making decisions about what isn’t wanted is not the same thing as having a plan about what to do.

Factsheets for La

English

Arabic

Traditional Chinese

Korean

Ukrainian

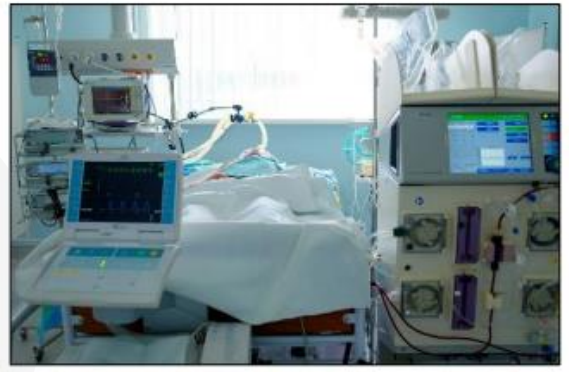
OREGON POLST
PORTABLE ORDERS FOR LIFE-SUSTAINING TREATMENT®

El POLST puede ayudar a usted y a sus seres queridos

¿Qué significa POLST?

POLST es la sigla en inglés para el formulario de Órdenes médicas de tratamiento para el sustento de vida.

Con ello, si usted se encuentra muy enfermo o enferma, sus deseos se vuelven órdenes médicas. Por ejemplo, si usted llama al 911 o va a la sala de emergencia se asegura que cumplirán con esas órdenes. Puede ser un gran alivio para su familia saber sus deseos.



Máquinas de vida artificial en el hospital

Algunas personas quieren estar en el hospital conectadas a máquinas de vida artificial para seguir viviendo. Otras personas quieren estar en casa con la familia sin esas máquinas cuando están muy enfermas.

La decisión es de usted.

¿Cuál es la función del POLST?

❖ Indica los tipos de tratamiento que una persona quiere o no si está muy enferma o

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS

- Sample -

Oregon

Portable Orders for Life-

Follow these medical orders until orders change. Any secti

Patient's Last Name:	Suffix:	Patient's First
Patient's Last Name		Patient's
Preferred Name:	Date of Birth: (mm/dd/yyy	
	Date / of / B	

Address (street / city / state / zip):

A *Check One*

CARDIOPULMONARY RESUSCITATION (CPR

■ **Attempt Resuscitation/CPR** ■

Must check Full Treatment in Section B. If p

B *Check One*

MEDICAL INTERVENTIONS: ***When patient***

■ **Comfort Measures Only.** Provide treatmen medication by any route, positioning, wound c manual treatment of airway obstruction as nee ***hospital*** *for life-sustaining treatments. Transfe*
Treatment Plan: Provide treatments for cor

■ **Selective Treatment.** In addition to care de treatment, antibiotics, IV fluids and cardiac mo interventions or mechanical ventilation. May c BiPAP). ***Transfer to hospital if indicated.*** *Ge*
Treatment Plan: Provide basic medical trea

■ **Full Treatment.** In addition to care describe use intubation, advanced airway interventions ***Transfer to hospital*** *and/or intensive care ur*
Treatment Plan: All treatments including b

Additional Orders: _____

C *Check*

DISCUSSED WITH: (REQUIRED)

☐ Patient ☐ Parent of minor ☐ Relative, friend or other support person (without written

HIPAA PERITE MOSTRAR A PROFESIONALES DE SALUD Y A UN REGISTRO ELECTRÓNICO SEGÚN LO REQUIERA EL TRATAMIENTO

Oregon POLST®

Órdenes Portátiles de Tratamiento para el Sustento de Vida*

Siga estas órdenes médicas hasta que las órdenes cambien. Cualquier sección incompleta implica tratamiento completo para esa sección.

Apellido del paciente:	Sufijos:	Nombre del paciente:	Segundo nombre del paciente:

Nombre Preferido:	Fecha de nacimi: (mes/día/año)	Sexo:	Nº de registro médico: (opcional)
	_____/_____/_____	☐ M ☐ F ☐ X	

Dirección: (calle / ciudad / estado /código postal):

A *Marque una*

RESUCITACIÓN CARDIOPULMONAR (RCP): ***No responde, sin pulso y sin respiración.***

☐ **Trate de resucitar/ RCP** — Debe consultar el tratamiento completo en la sección B.

☐ **No trate de resucitar/ No RCP** — Si el paciente no tiene paro cardiopulmonar, siga las órdenes de B.

B *Marque una*

INTERVENCIONES MÉDICAS: ***Cuando el paciente tiene pulso y está respirando.***

☐ **Solamente Medidas de Alivio.** Provea tratamientos para aliviar el dolor y sufrimiento mediante el uso de cualquier medicamento por cualquier vía, cambio de posición, cuidados de las heridas y otras medidas. Use oxígeno, succión y tratamiento manual para tratar la obstrucción de la vía respiratoria conforme sea necesario para el alivio. ***El paciente prefiere no ser trasladado al hospital*** para tratamiento de sustento de vida. *Trasládese si no se puede ofrecer alivio en la ubicación actual.*
Plan de tratamiento: Provea tratamientos para la comodidad mediante el manejo de síntomas.

☐ **Tratamiento Selectivo.** Además de los cuidados descritos en Solamente Medidas de Alivio, use tratamiento médico, antibióticos, fluidos intravenosos, y monitor cardíaco tal y como indicado. No intubación, intervención avanzada de la vía respiratoria o ventilación mecánica. Se podría considerar apoyo menos intrusivo (Presión positiva continua de la vía aérea (CPAP), Presión positiva de la vía aérea bi nivel (BiPAP)). ***Traslade al hospital si está indicado.*** *Generalmente evite la unidad de cuidados intensivos.*
Plan de Tratamiento: Suministre tratamientos médicos básicos.

☐ **Tratamiento Completo.** Además de los cuidados descritos en Solamente Medidas de Alivio y Tratamiento Selectivo, use intubación, intervención avanzada de la vía respiratoria y ventilación mecánica tal y como indicado. ***Traslade al hospital*** *y/o a la unidad de cuidados intensivos si está indicado.*
Plan de Tratamiento: Todos los tratamientos, incluyendo el respirador.

Órdenes adicionales: _____

C

SE HABLÓ CON: (OBLIGATORIO)

☐ Paciente
☐ Padre de un menor
☐ Familiar, amigo u otra persona de apoyo (sin nombramiento por escrito) (Consulte el dorso si desea ver los requisitos adicionales de participación para personas con

ACP and related Coding, Billing and Documentation

ACP Billing Codes and Charge

Time based: only include time directly engaged in goals of care discussion

99497 30 min (spend at least 16 minutes in ACP conversations)

99498 for each additional 30 min (spend at least 46 minutes)

Can be used by itself or with other CPT codes

Can be used as many times as needed

The patient may, or may not be present

Can be used in virtual/phone visits

CPT Codes –Establish Office Visits (2024)

Must meet 2 of 3 areas of Medical Decision Making (Problems, Data, Risk)

CPT Codes	Descriptions	Data Reviewed	Medical Decision-Making Level	Time (min)	Work RVU
Evaluation and Management (E/M)					
99214	**1 or more chronic illnesses with exacerbation or progression or 2 or more stable chronic illnesses or 1 acute illness with systemic symptoms**	Moderate (≥2 categories of data: - review & order of tests - independent historian - review of external records/images)	Moderate (e.g., Rx drug management, minor surgery with risk, social determinants impacting care) **ACP/POLST discussion**	30-39	1.92
99215	**1 or more chronic illnesses with severe exacerbation or 1 acute or chronic illness posing threat to life or function**	Extensive (≥3 categories of data: - multiple orders/reviews - discussion with external provider - test interpretation)	High (e.g., drug therapy with monitoring, decision regarding hospitalization or surgery, Decision/ consideration not to resuscitate or to de-escalate care because of poor prognosis)	40-54	2.80

CPT Codes –Establish Office Visits (2024)

CPT Codes	Descriptions	Time (minutes)	Work RVU
Advance Care Planning (ACP)			
99497	ACP conversation	First 30 (16)	1.50
99498	ACP conversation	Additional 30 (46)	1.40
Transitional Care Management (TCM)			
99495	F2F visits w/i 14 calendar days		2.11
99496	F2F visits w/i 7 calendar days		3.05
Medicare Wellness Exam (MWE)			
G0438	First **Annual Wellness Visit**		2.43
G0439	Updates previous assessments, screening schedules, and risk factors		1.92

ACP Combination Visits and CPT Codes – Establish Office Visits (2024)

Cases	CPT Codes	wRVU Total	Comments (Time required)
Routine office visit and ACP visit	99214 (example) 99497	1.92 + 1.5 = **3.42**	Likely need to have **40 min** appt spot (ACP needs **16 min**)
Routine office visit and ACP visit	99215 (example) 99497	2.80 + 1.5 = **4.30**	Likely need to have **40 min** appt spot at least (ACP needs **16 min**)
TCM and ACP visit	99495 or 99496 99497	2.11 + 1.5 = **3.61** 3.05 + 1.5 = **4.55**	Potential to complete a "**16 min**" ACP visit during the TCM visit **(Total visit time30-40 min)**
MWE and ACP visit	G0438 or G0439 99497	2.43 + 1.5 = **3.93** 1.92 + 1.5 = **3.42**	Likely for stable patients. Potential to complete a "**16 min**" ACP visit. **(Total visit time 30-40 min)**
ACP only visit	99497 + 99498	1.5 + 1.4 = **2.9**	Requires at least **16min or 46 min** visit time

Question Case 1

Mary has advanced Parkinson's disease, type 2 diabetes, HTN, and stage 3 CKD.
She has lost 15 pounds over the past 3 months because of worsening swallowing difficulty.
You are seeing her for a routine follow-up. You have had several short SIC with her over the past few months. Today, Mary and her husband ask to create a POLST form to **Do Not Resuscitate (DNR)**. Completing the POLST took about 5 minutes. You estimate her prognosis is likely **less than 6 months,** but they are not ready for hospice care yet. You order labs and plan to follow up soon.

The total face-to-face time is 20 minutes.

Which billing code would you choose?

a. 99214 Level 4
b. 99215 Level 5
c. ACP 99497 (≥16 minutes for ACP conversation)
d. Not sure

Case 1 Answer

Mary has advanced Parkinson's disease, type 2 diabetes, HTN, and stage 3 CKD.
She has lost 15 pounds over the past 3 months because of worsening swallowing difficulty. You are seeing her for a routine follow-up. You have had several short SIC with her over the past few months. Today, Mary and her husband ask to create a POLST form to **Do Not Resuscitate (DNR)**. Completing the POLST took about 5 minutes. You estimate her prognosis is likely **less than 6 months,** but they are not ready for hospice care yet. You order labs and plan to follow up soon.

The total face-to-face time is 20 minutes.
Which billing code would you choose?

a. 99214 Level 4

CPT Codes	Descriptions	Data Reviewed	Medical Decision-Making Level	Time (min)	Work RVU
99214	**1 or more chronic illnesses with exacerbation or progression**	Moderate (≥2 categories of data: - review & order of tests - independent historian - review of external records/images)	Moderate (e.g., Rx drug management, minor surgery with risk, social determinants impacting care) **ACP/POLST discussion**	30-39	1.92

Question Case 2

You followed up with Mary and her husband within a week. You reviewed her lab results together and discussed that her renal function is worsening. Her oral intake has continued to decline, and she has lost an additional 3 pounds. Mary and her husband shared that they are ready to pursue hospice care at home. You agreed with the plan and made the referral. The total face-to-face time was 20 minutes.

Which billing code would you choose?

a. 99214 Level 4
b. 99215 Level 5
c. ACP 99497 (≥16 minutes for ACP conversation)
d. Not sure

Case 2 Answer

You followed up with Mary and her husband within a week. You reviewed her lab results together and discussed that her renal function is worsening. Her oral intake has continued to decline, and she has lost an additional 3 pounds. Mary and her husband shared that they are ready to pursue hospice care at home. You agreed with the plan and made the referral. The total face-to-face time was 20 minutes.

Which billing code would you choose?

b. 99215 Level 5

CPT Codes	Descriptions	Data Reviewed	Medical Decision-Making Level	Time (min)	Work RVU
99215	**1 or more chronic illnesses with severe exacerbation or 1 acute or chronic illness posing threat to life or function**	Extensive (≥3 categories of data: - multiple orders/reviews - discussion with external provider - test interpretation)	High (e.g., drug therapy with monitoring, decision regarding hospitalization or surgery, Decision/ consideration not to resuscitate or to de-escalate care because of poor prognosis)	40-54	2.80

In Summary

1

Advance Care Planning documents (Advance Directive, POLST) should be the result of ongoing robust, compassionate conversations involving the patient and their loved ones.

2

POLST is most helpful for individuals with advanced illness (cancer that has spread, advanced heart/lung disease) or frailty, particularly if they wish to set limits on the care they would receive in an emergency.

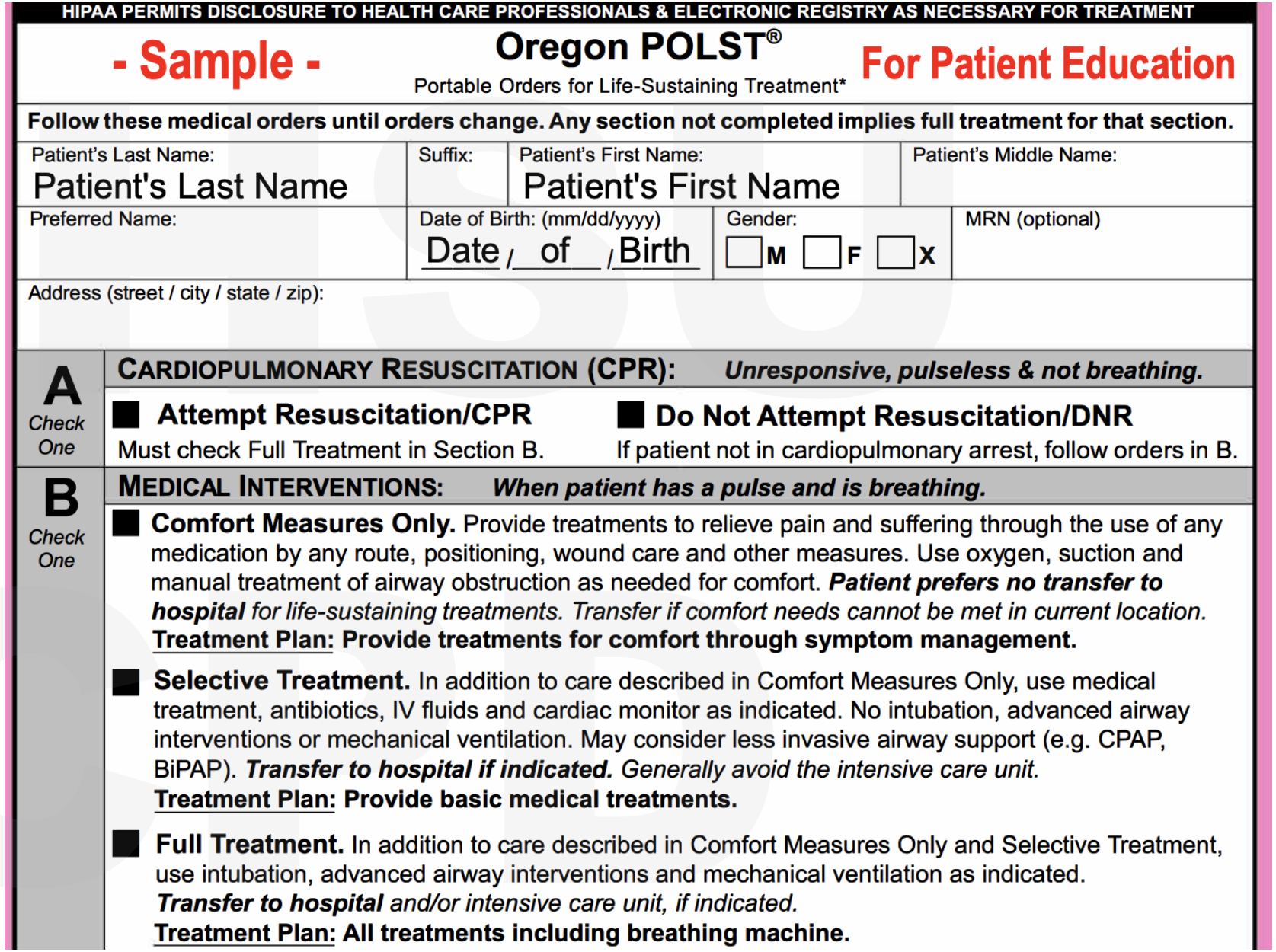
3

There are billing codes that support the important work of providing thoughtful, patient-centered care for individuals who are nearing the end of life.

Questions?

THANK YOU!

POLST Resources: oregonpolst.org



HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT

- Sample -

Oregon POLST®

Portable Orders for Life-Sustaining Treatment*

For Patient Education

Follow these medical orders until orders change. Any section not completed implies full treatment for that section.

Patient's Last Name:	Suffix:	Patient's First Name:	Patient's Middle Name:
Patient's Last Name		Patient's First Name	

Preferred Name:	Date of Birth: (mm/dd/yyyy)	Gender:	MRN (optional)
	Date / of / Birth	☐ M ☐ F ☐ X	

Address (street / city / state / zip):

A *Check One*

CARDIOPULMONARY RESUSCITATION (CPR): ***Unresponsive, pulseless & not breathing.***

■ **Attempt Resuscitation/CPR**
Must check Full Treatment in Section B.

■ **Do Not Attempt Resuscitation/DNR**
If patient not in cardiopulmonary arrest, follow orders in B.

B *Check One*

MEDICAL INTERVENTIONS: ***When patient has a pulse and is breathing.***

■ **Comfort Measures Only.** Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Patient prefers no transfer to hospital*** *for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.*
Treatment Plan: Provide treatments for comfort through symptom management.

■ **Selective Treatment.** In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). ***Transfer to hospital if indicated.*** *Generally avoid the intensive care unit.*
Treatment Plan: Provide basic medical treatments.

■ **Full Treatment.** In addition to care described in Comfort Measures Only and Selective Treatment, use intubation, advanced airway interventions and mechanical ventilation as indicated.
Transfer to hospital *and/or intensive care unit, if indicated.*
Treatment Plan: All treatments including breathing machine.

POLST Resources: oregonpolst.org

Portable Orders for Life-Sustaining Treatment (POLST®):
Guidelines on POLST Use for Persons with Significant Disabilities who are Now Near the End of Life

(Revised 01.23.2025)

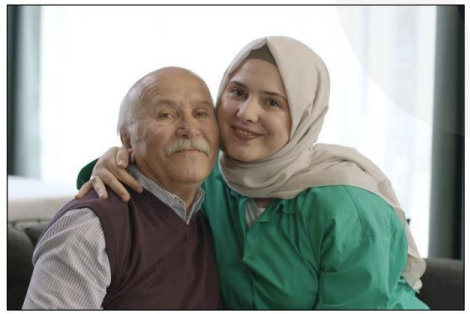
The Mission of the Oregon POLST® Coalition[1] is to improve the quality of life for Oregonians nearing the end of life by providing an evidence-based, patient-centered, voluntary process that elicits, records and honors the treatment goals of those with advanced illness and frailty in a compassionate manner that is respectful of the inherent dignity of the individual.

Appropriate Use of POLST for Persons with Intellectual/Developmental Disabilities

The **Portable Orders for Life-Sustaining Treatment** (POLST) Program was initiated in Oregon in the early 1990s to ensure patients' preferences for end-of life-care are honored across various care settings.[2] The POLST form transforms a patient's treatment plan and goals of care into a medical order. Emergency medical responders and emergency medicine health care professionals follow these orders unless there is new information from the patient or health care representative.[3]

When serving Oregonians with Intellectual or Developmental Disabilities (IDD), it is essential that fundamental safeguards be maintained in POLST use. The purpose of this document is to raise awareness of the appropriate use of POLST and specifically to **advise <u>against</u>** the use of POLST in **those with <u>stable</u> disabilities who do not have a serious illness that is in the advanced stages.**

POLST Resources: oregonpolst.org

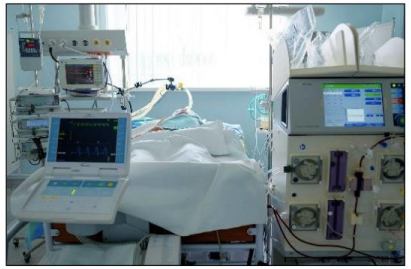


OREGON POLST
PORTABLE ORDERS FOR LIFE-SUSTAINING TREATMENT®

يمكن لـ POLST مساعدتك أنت وأحبائك

ماذا يعني POLST؟

POLST هو اختصار باللغة الإنجليزية للنموذج المسمى Portable Orders for Life-Sustaining Treatment (الأوامر القابلة للنقل لتقديم العلاج للحفاظ على الحياة).



معدات دعم الحياة في المستشفى

فمع POLST، إذا كنت مريضًا للغاية، تصبح رغباتك أوامر طبية. على سبيل المثال، إذا اتصلت على 911 أو ذهبت إلى غرفة الطوارئ، فيمكنك التأكد من أنهم سيتبعون هذه الأوامر. يمكن أن يكون ذلك مصدر ارتياح كبير لأسرتك لمعرفة رغباتك.

يريد بعض الأشخاص أن يكونوا في المستشفى متصلين بأجهزة دعم الحياة للبقاء على قيد الحياة. ويريد آخرون أن يكونوا في المنزل مع الأسرة بدون هذه المعدات عندما يشتد عليهم المرض.

القرار يعود إليك.

- Factsheet for Anyone New to POLST - English
- Factsheet for Anyone New to POLST - Spanish
- Factsheet for Anyone New to POLST - Arabic
- Factsheet for Anyone New to POLST - Simplified Chinese
- Factsheet for Anyone New to POLST - Traditional Chinese
- Factsheet for Anyone New to POLST - Japanese
- Factsheet for Anyone New to POLST - Korean
- Factsheet for Anyone New to POLST - Russian
- Factsheet for Anyone New to POLST - Ukrainian
- Factsheet for Anyone New to POLST - Vietnamese