



## Medical Orders for Scope of Treatment (MOST)

### FAQs

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#### **What is MOST?**

MOST stands for Medical Orders for Scope of Treatment. It is a medical provider's **order** that outlines a plan of care respecting the patient's wishes after being diagnosed with a terminal illness in the last year of life. MOST is a transportable medical order signed by a health care provider which is valid across all care settings and in all facilities, including the home. The goal of the MOST initiative is to inform and empower patients to clearly state their end-of-life care wishes, and to authorize health care providers to carry out those wishes.

#### **How does MOST compare to POLST, POST, MOLST, etc?**

Forms like MOST are identified as part of the POLST Paradigm (POLST, Physician Orders for Life-Sustaining Treatment) which was developed in Oregon in 1991. The POLST Paradigm is a process designed to improve patient care and reduce medical errors by creating a system using a portable medical order form (aka "POLST/MOST Form") that records patients' treatment wishes. MOST stands for "Medical" Order for Scope of Treatment, meaning it does not have to be limited to just a physician (MD) who signs the order.

#### **What is a MOST form?**

A MOST form is a standardized medical provider's order that helps you keep control over what medical care you wish to receive at the end of life when you are in a terminal state. It is a tool to be used in advance care planning and helps providers and family members understand your wishes if you become incapacitated. The form provides medical orders regarding CPR-code or no code status; and level of medical intervention (comfort measures, limited additional interventions, or full intervention).

#### **Who can complete a MOST form?**

The MOST form must be prepared by a medical professional, defined as a physician, physician assistant or certified nurse practitioner, in consultation with the patient or patient's authorized representative if patient is unable.

#### **Is a MOST form required?**

No, a MOST form is 100% voluntary and only to be used when the patient has a terminal illness and wishes to develop a comprehensive plan for end-of-life treatment.

**Why do I need a MOST form?**

MOST is appropriate for patients who have been diagnosed with a terminal illness and whose life expectancy is less than one year to ensure your treatment wishes are honored at end of life.

**What happens if my medical condition changes, can I change my MOST form?**

Yes, a patient can change his/her MOST form at any time. If a patient wishes to change the MOST form, the medical provider will work with the patient to create a new form, which will be placed in the patient's medical record. The change takes effect when it is communicated to the medical provider. The medical provider will follow instructions on voiding the previous form.

**Does a MOST form limit the type of treatment I can get?**

A MOST form gives you more control over receiving treatments you want to receive and avoiding treatments you do not want to receive in the event you are unable to speak for yourself during a medical emergency.

**Does a MOST form allow for basics like food and water?**

Yes. Ordinary measures to improve the patient's comfort, and food and fluid by mouth as tolerated, are always provided.

**Does a MOST form replace an advance directive?**

A MOST does not replace an advance directive; rather it is another mechanism to ensure that patient wishes for medical treatment at the end of life are known and honored. Unlike an advance directive, a MOST is always completed in consultation with a medical provider who is able to provide information to the patient or the patient's authorized representative about the risks, benefits, and other implications of different types and levels of medical treatment.

**If I already have an advance directive, do I need a MOST form?**

Yes. Both documents work together to identify a patient's wish for medical treatment in the event of a terminal illness. A MOST form is an actionable medical order which is required for a service to be provided. An order identifies medical care that the patient is to receive from medical providers. An Advance Directive is a legal document which identifies your wishes concerning medical treatments.

**Does a MOST form replace a Do Not Resuscitate (DNR) order?**

No, a DNR order tells health care providers in a hospital setting that the patient does NOT want to be resuscitated. A portable DNR order, such as Comfort One, tells health care providers, and EMS only, that the patient does NOT want to be resuscitated. A MOST is for patients with a terminal illness and includes decisions regarding code status and other types and levels of treatment.

**What if I travel to another state, will my MOST form be valid?**

Yes. A MOST form is a valid, transportable, medical order if signed by a qualified health professional. If you are traveling to another state, it is a good idea to take your Advance Directive and your MOST form with you. Both documents will help healthcare professionals know your wishes and a new MOST form can be completed.

**Who is considered a Medical Provider?**

A medical provider, as defined by [SB No. 118](#) Page 1, is a physician, physician assistant or certified nurse practitioner designated by a patient or the patient's authorized representative, to have responsibility for the patient's health care.

**What if I move to another state, will my MOST form be valid?**

If you are moving, you should bring your MOST form with you to your first appointment with your new health care professional to put your wishes on that state's MOST form. You should also talk to your attorney about updating your advance directive as some states require you use a specific form in order for your advance directive to be valid.

**Where can I get a MOST form?**

Since MOST is a medical order, the forms will be available to patients or their authorized representatives through medical providers or health care facilities, including agencies such as home health or hospice. A MOST form is also available on the State of South Dakota, Department of Health website, however, in order for a MOST form to be valid, it must be signed by a medical provider. More information on MOST can be found at <https://sdaho.org/most/>

**When did South Dakota pass the MOST law?**

Senate Bill 118 was signed in to law by Governor Kristi Noem on March 27, 2019, effective on July 1, 2019.

**How long is a MOST form valid?**

A MOST form is always valid unless a medical provider is given different instructions regarding the patient's wishes.

**Where should the MOST form be saved?**

A MOST form will always be saved in the patient's medical record. A copy of the MOST form shall be given to the patient to save and share with their family or authorized representative. If the patient is at home, the MOST should be readily available and posted in an obvious and visible location.

**Does MOST meet the Ethical and Religious Directives (ERDs)?**

A MOST allows patients to make decisions consistent with the United States Conference of Catholic Bishops *Ethical and Religious Directives for Catholic Health Care Services (ERDs)*.

**Who can I contact if I have additional questions on MOST?**

Patients should contact his/her medical provider.

### **Does MOST/IPOST/POLST replace Comfort One in South Dakota?**

A terminal patient may still have a Comfort One and MOST/IPOST/POLST

### **How does a MOST/IPOST/POLST differ from a Comfort One in South Dakota?**

A MOST/IPOST/POLST is only for patients who would not be expected to live more than 12 months; Comfort One does not have this requirement.

Comfort One is specific to a Do Not Resuscitate order and is intended for emergency medical personnel; MOST/IPOST/POLST includes several other care options, including medical interventions, and artificial nutrition and hydration.

### **Which CPT codes may be included for the discussions required to complete such documents?**

Physicians and non-physician practitioners (NPPs) may bill ACP services. Hospitals may also bill them. There are no place-of-service limitations on ACP services. You can appropriately furnish ACP services in facility and non-facility settings. ACP services are not limited to a particular physician specialty.

CMS requires no specific diagnosis to bill the ACP codes. Report the condition for which you are counseling the patient using an International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) code to reflect an administrative examination, or well exam diagnosis when furnished as part of the Medicare AWW.

**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, family member(s), and/or surrogate.

**99498:** 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; each additional 30 minutes (list separately in addition to code for primary procedure).