

Medical Professionals

Getting Paid for Your Work

Advance care planning (ACP) is important and valuable work. Many insurance payers, including Medicare, have created codes for ACP services for patients with serious illnesses. You may combine ACP along with an E&M visit, or you may bill for the ACP code alone if a patient comes in for a planning-only session.

These are time-based codes that pay about \$90 per 16-30 minutes of face-to-face time with the patient or their surrogate.

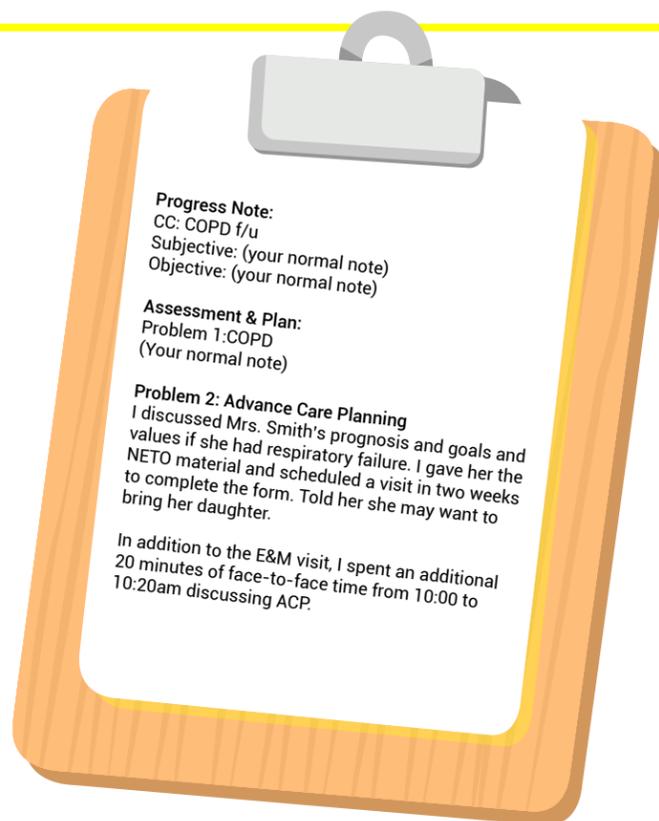
99497 for the first 16-30 minutes

99498 for each unit of 16-30 minutes

If you see a COPD patient for a routine visit, then spend 16 to 46 minutes discussing their Advance Care Planning. You should bill one code for the E&M visit, and code 99497 for the ACP visit. Your note should have a short section that describes the planning (see example).

If you saw the patient ONLY for Advanced Care Planning Problem 2 could serve as a stand-alone note.

- No physical exam is required.
- Document their serious illness diagnosis (i.e. advanced COPD) and the general content of your discussion along with the amount of time spent.



Instructions for transferring patients with NETO forms:

1. Receiving a patient with an existing NETO form:

- a. The form has two sides: "Orders" and "Declaration." The ORDERS are valid in any out-of-hospital setting. The DECLARATION page is used to direct treatment if the patient is unable to speak for themselves.
- b. The original NETO form should be posted/kept in a prominent location in the patient's residence.
- c. A copy of the form should be included in the patient's medical record. It is an advance directive, so it should be filed in that section of the medical or facility record.
- d. Only the most recent NETO form is valid. Older versions of the form can be marked "revoked/ revised" and/or destroyed by the patient.

2. Transferring a patient with a NETO form:

- a. When arranging transport, please inform EMS Personnel that the patient has a NETO form.
- b. The ORIGINAL bright yellow NETO form should be given to EMS or transport personnel.
- c. The ORIGINAL form should be the top page of the transferring documents.
- d. The facility may keep a copy of the NETO in their records.

MEDICAL PROVIDER'S GUIDE TO

NETO

Nebraska Emergency Treatment Orders



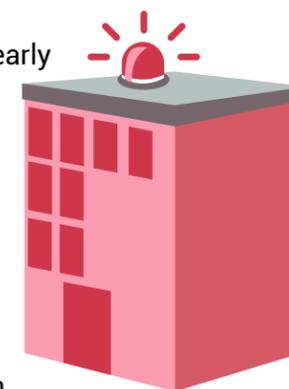
Help Patients Plan for Emergencies

- Patients present to emergency rooms every day for treatment of unexpected medical emergencies and life-threatening accidents.
- Many patients don't have a basic plan for common events like car accidents, sudden heart attacks or stroke.
- There is a growing number of patients who have some form of advanced, complex illness such as heart failure, COPD, end-stage renal disease, metastatic malignancies or the medical frailty of advanced age. They need guidance to help navigate the utility of various treatment options as their illness progresses and their overall health and quality of life decline.
- Help patients prepare for unexpected health emergencies the way they do for tornados and blizzards. They hope they are never hit, but they have candles and flashlights just in case.

A New Initiative and Tool to Improve Planning

Nebraska Emergency Treatment Orders form (NETO): NETO combines a structured living will (called a "Declaration" under Nebraska law) with standard orders for Emergency Medical Services regarding CPR, intubation and transport.

- NETO is a living will that is clearly actionable in emergency settings.
- NETO is general enough for most patients regardless of their age or illness.
- NETO is a simple form but provides specific direction to emergency personnel when time is crucial.



Although NETO is designed to be used in a medical emergency when patients are unable to speak for themselves, conversations needed to complete the form can also help guide their day-to-day treatment goals.

Decisions are indicated on the NETO form based on the patient's goals and preferences today. If changes in the patient's lifestyle or illnesses impact their choices, you can easily write a new NETO form to reflect those changes.

What is the legal basis for NETO?

Federal law, Nebraska law and U.S. Common Law support a patient's rights to:

- Refuse medical treatment for any reason
- Have their advance directives put into writing
- Have those directives honored across all settings of care

These laws provide protections for proper use, and penalties for misuse. The Joint Commission regularly surveys medical facilities to ensure policies and procedures are in place to utilize these documents.

The NETO form provides orders for EMS or other first responders to initiate or withhold CPR, intubation and transport, in accordance with patient wishes. These out-of-hospital orders are permitted under Nebraska EMS protocols.

Why not let my patient's family or Power of Attorney make healthcare decisions when they can't speak for themselves?

Making decisions about the life and death of a loved one is extremely difficult. Research shows that loved ones are often burdened long after the event, and question decisions that were made. Even those who know what their loved ones want find it difficult to tell doctors to limit treatment when the time comes—especially if it means their loved one may die.

Careful planning and conversations before a crisis can help the patient direct their care within clearly established guidelines, leaving fewer decisions for family.

NETO: Page One

The Patient Declaration

This is the patient's legal declaration of their acceptance or refusal of treatment:

- The patient initials their specific choices in each section of the declaration.
- The declaration is intended to guide both healthcare professionals and family.
- If the patient is unable to speak for themselves, this declaration should be used in direct care.
- If the patient is able to make decisions, this form may be used as a point of reference when discussing treatment decisions.

Section A: Scope of Initial Treatment Desired

- 1. INTENSIVE**
Patient wants all life-prolonging treatment available.
- 2. GENERAL/LIMITED:**
Patient requests limited general medical interventions (medications, fluids, blood, etc.). Does not want to be intubated. Would like to avoid surgery or ICU if possible.
- 3. COMFORT:**
Patient wants to be allowed to die naturally. Use medical treatment for comfort only.

Section B: Stopping Treatment

NETO separates decisions to **START** treatment from decisions to **STOP** treatment.

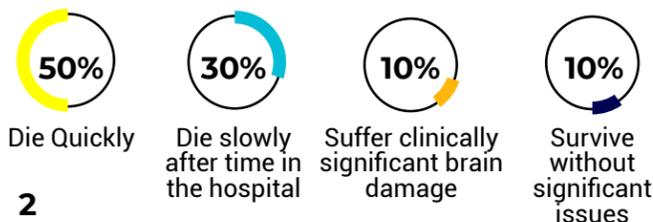
1. The patient chooses to receive all medical treatment available and would agree to long-term life support as long as medically indicated.
2. The patient indicates the situations they would want medical treatment stopped: If treatment isn't working; if the outcomes of treatment would be unacceptable; and/or allowing family members to outweigh the benefits.

Section C: Resuscitation status for Cardiopulmonary Arrest

There are only two choices. There is no evidence to support "partial code" options, so none are offered.

1. Attempt CPR 2. Do not attempt CPR (DNR)

The "average person" who has cardiac (in or out of the hospital) has only 8% to 10% chance of survival with good neurological outcomes. The success rate changes with age and illness. Of the patients who code in the hospital:



Nebraska Emergency Treatment DECLARATION

Name: _____ DOB: _____ DATE: _____

SECTION A: Scope of Medical Treatment Desired

1. I want ALL medically indicated interventions, including intensive life-sustaining measures required to attempt to treat the emergency condition.

2. I want LIMITED medically indicated interventions (general medical interventions including, but not limited to, medications, fluids, blood products, and ventilators). I DO NOT WANT TO BE INTUBATED. I want to avoid surgery and anesthesia.

3. I DO NOT want to treat the emergency condition. I want to die naturally, using medical treatment for comfort purposes only. I DO NOT want artificial life support. I agree to resuscitate if indicated for my care.

SECTION B: Stopping Treatment

1. I wish to continue on life support as long as medically indicated. I understand this may require a transfer to a long-term care facility, or a transfer to a long-term care facility.

2. I request my physicians and surrogates to stop any of the reasons I have indicated below:

a. I am unable to eat or drink. I am unable to take oral medications. I am unable to take oral fluids. I am unable to take oral nutrition. I am unable to take oral hydration.

b. I am unable to breathe. I am unable to breathe on my own. I am unable to breathe with a ventilator.

c. I am unable to move. I am unable to move on my own. I am unable to move with a ventilator.

d. I am unable to communicate. I am unable to communicate with my family. I am unable to communicate with my healthcare providers.

SECTION C: Resuscitation status for Cardiopulmonary Arrest

1. ATTEMPT CARDIOPULMONARY RESUSCITATION. I have indicated, I want resuscitation.

2. DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION. I have indicated, I do not want resuscitation.

SECTION D: Long-Term Medically Administered Nutrition and Hydration

1. I WANT NUTRITION provided through a tube surgically placed in my stomach.

2. I DO NOT WANT a tube surgically placed in my stomach and a tube surgically placed in my stomach and a tube surgically placed in my stomach.

Section D: Long-Term Medically Administered Nutrition & Hydration

This is consent to accept or refuse a PEG tube for long-term nutrition if the patient can't take food or water by mouth. Short-term artificial nutrition is common during active treatment, so it is not part of this decision.

1. The patient wants nutrition provided through a tube surgically into their stomach.
2. The patient does not want a tube surgically placed in their stomach, and refuses medically administered nutrition and hydration.

Witnessing the Document:

The patient's signature must be witnessed by a Notary Public OR two adults. One of the witnesses can be a healthcare personnel. Family members are allowed to be witnesses. The physician, physician assistant or nurse practitioner who signs the orders should not serve as a witness.



NETO: Page Two

Medical Orders & Attestation

Orders:

- EMS must have a physician's, physician's assistant or nurse practitioner's orders to deviate from their standard protocols.
- The medical orders for resuscitation status and intubation status should be completed in NETO in accordance with patient's choices in sections A and C on page one of the form.
- Patients who want only comfort measures may request an order to refuse transportation from their residence.

Attestation:

- This states that you have discussed these decisions with the patient.
- The patient appeared to understand the decisions and they were competent at the time they completed the form with you.



Note: All options include language about treatment that is "medically indicated." It is helpful to remind patients that medicine can't cure everything, especially for people who are already very sick.

While standard procedure is to offer all treatment that will help the patient, there are times when some treatments are not available because they are likely to cause more harm than good.

Patients have a right to refuse any treatment. They have a right to participate in decision making, but they don't have a right to "demand" treatment that isn't medically indicated. They may seek transfer to another doctor or institution who is willing to offer that treatment.

- You are not saying that you agree with their choices; patients have the right to make any choices they wish

- If you, in good conscious, cannot sign the attestation or the requested orders based on your beliefs, you should inform the patient and offer the opportunity to see a different provider to complete the form.

- There are inconsistencies in Nebraska law that give surrogates the right to make decisions, but not to complete a declaration on behalf of the patient. This means a surrogate may not complete a NETO for an incapacitated patient, but they can ask a physician to write orders for that patient. A separate form is available to EMS Stand-Alone Orders only for those patients.

- The attestation is a unique feature of the NETO form. It provides a level of assurance for our colleagues who receive this form that the patient understood the information and was competent when they completed the NETO form.

Nebraska Emergency Treatment ORDERS

Name: _____ DOB: _____ DATE: _____

MEDICAL ORDERS AND ATTESTATION

Resuscitation Status:

Attempt CPR (includes "trauma" orders): YES NO

Intubation Status: Intubate Do not intubate

Transportation:

Transport per protocol: YES NO

DESCRIPTION AND AUTHORITY

The Nebraska Emergency Treatment Declaration and Orders document was created by Nebraska physicians and attorneys to improve patient and family participation in critical decision making. Page 1 is the "Treatment Declaration" for patients to express their right to accept or refuse medical care and treatment if they are unable to speak for themselves, in accordance with U.S. Common Law and the Nebraska Rights of the Terminally Ill Act (SIC-404). It is an Advance Directive and should be entered into the patient's medical record as such. This form replaces any predated declarations, which may also be known as "living wills."

Page 2 is a set of Out-of-Hospital orders for Emergency Medical Services which are consistent with Nebraska EMS Protocols, and are written so that patients indicate only the emergency treatments they desire.

INSTRUCTIONS FOR USE OF COMPLETED FORM

This form is intended to follow the patient from location to location. When transferring a patient, keep a copy of the form, and send the original with the patient. The original form is on bright yellow paper. A copy of the original form is considered valid.

The Treatment Declaration form should be presumed valid unless there is compelling evidence to suggest it has been altered. It is void unless and until replaced by another Treatment Declaration or revoked by the patient, who may destroy it or write "revoked" across it with date and signature.

Decisions can, and should, be revised when a change in the patient's medical condition warrants completion of a new form.

This completed, witnessed Treatment Declaration may not be changed or altered. If the patient's directives change, a new form should be completed.

Surrogate medical decision maker(s) are not allowed by Nebraska law to initiate or modify a Treatment Declaration. For a patient who lacks capacity, however, surrogates may make decisions consistent with the patient's best known wishes and current medical condition. A Declaration is considered the strongest evidence of a patient's wishes.

Anyone who tampers with or withholds a Treatment Declaration document is subject to legal penalty.

This form is completely voluntary. No one is required to complete a NETO form.

This form is only available through licensed medical providers.

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____

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