Cognition in Primary Care

Version: 3/14/2024

Advance Directives for Dementia

"Imagine if your loved one could look on themselves
now, what might they say they would want?"

1. Dementia Directive

Available for download from: **Dementia-directive.org**

Best time to offer a Dementia Directive is:

- *Before* signs of cognitive impairment occur.
- Consider: for everyone over age 65.

- Structured guide for sharing preferences, vehicle to have conversation with family.
- Brief descriptions of mild, moderate, severe dementia, then below each stage, space to document what they would want the goals-of-their-care to be at that stage.

2. Durable Power for Health Care (DPOA-HC)

- All patients *with early signs of cognitive impairment* – need DPOA-HC as soon as possible – because their legal-default person might not be able to serve as DPOA many years from now, and this might be past when patient has capacity to assign a backup.

3. POLST/ MOLST form

- High value as a communication tool between care teams. More than just guidance for medics who arrive at the home. POLST/ MOLST forms serve as clear documentation, carried portably to an ER or a SNF, if a decision is made for example for comfort-focused care, or for resuscitation (or not) if patient suffers cardiac or respiratory arrest.

- Example phrase to consider: "I worry that, due to dementia, if your loved one were to survive a cardiac arrest or an extremely severe pneumonia, that they would likely be at high risk of being in a much worse state than they are now." And that maybe a more peaceful death is what they would have wanted.

How to Bill for Advance Care Planning at an AWV

Medicare pays for Advance Care Planning (ACP)! It's easy. Here's how.

This ACP billing code is great to use as part of a Medicare Annual Wellness Visit (AWV).

The RVU for this code is large (1.5) It **doubles** the usual (1.5) RVU for an Annual Wellness Visit.

When part of an AWV, the increased billing (to Medicare) is no-added-cost to the patient.
(There is no cost sharing, no co-pay, no deductible for the patient.)

This ACP code can also be added to a regular E+M visit. The patient will generally have additional out of pocket costs in that case.

Note: There is no limit to the number of times in a patient's lifetime this code can be billed.
Note: If added to a **not-Medicare** Preventive Visit, the ACP code **may or may not** be covered.

What documentation is needed in your note?

1. You should say how long you spent discussing advance care planning (for billing this code, time spent must be >15 minutes) (i.e. 16 minutes or more)

2. Add a very brief statement about what you learned about the patient's preferences. Consider making your own text phrase in your EHR. A perfectly acceptable example is:

   *Advance Care Planning: Patient would like DPOA to be <spouse>. Patient preference if cardiac arrest then: <full code> <DNR>. Forms on file are: ***. Dementia directive discussed. I spent *** minutes (> 15 to bill) face to face with the patient discussing preferences for future care. Patient agreed to having this service.*

How to add this billing code to an Annual Wellness Visit:

1. Enter the usual visit code (such as Medicare Annual Wellness Visit, Subsequent) then add an "**Additional E/M Code.**"

2. The additional E/M code to add for ACP planning is: **ADVANCE CARE PLANNING [99497]**

3. Then add a "**Modifier**" to this code: Use modifier **33** if you are adding the code to an AWV. (Modifier 33 is the code to add when adding the ACP code to a "preventive" service.)