

GUIDELINES FOR IDENTIFICATION OF HOSPICE APPROPRIATE PATIENTS

MEDICARE describes the hospice beneficiary as someone with a life-expectancy of 6 months or less if the terminal illness follows its expected course. The following are examples of hospice eligibility guidelines set forth by the National Hospice and Palliative Care Organization (NHPCO) and Medicare Administrative Contractors (MACs). The following examples are not meant to be inclusive. A consultation/evaluation would be necessary to make a definitive determination regarding hospice appropriateness.

CANCER

Patients with a diagnosis of cancer meet hospice eligibility criteria if they exhibit the following:

Disease with distant metastases at presentation OR progression from an earlier stage of disease to metastatic disease with either:

- Continued decline in spite of therapy
- Patient declines further disease directed therapy

PULMONARY DISEASE

Patients will be considered terminal if they meet all of these criteria:

- Disabling dyspnea at rest, poorly responsive to bronchodilators, resulting in decreased functional activity, ex: bed to chair existence. Exacerbated by other debilitating symptoms such as fatigue and cough.
- FEV1<30% of predicted value, post bronchodilator therapy (helpful but not required if not already available)
- Increasing visits to Emergency Department or hospitalizations for pulmonary infections and/or respiratory failure or increasing physician home visits prior to initial certification.
- Oxygen saturation less than or equal to 88% on room air.

Documentation of the following factors will help support eligibility for hospice services:

- Presence of Cor Pulmonale or right heart failure (RHF) (due to advanced pulmonary disease)
- Unintentional progressive weight loss of greater than 10% of body weight over preceding 6 months.
- Resting tachycardia greater than 100/minute (may be marginally controlled with medication)

Comorbidities and secondary conditions related to Pulmonary Disease should be included in documentation to support Hospice eligibility.

HEART DISEASE

Patients will be considered terminal if they meet all of these criteria:

- The patient is or has already been optimally treated for heart disease or is not a candidate for a surgical procedure or has declined a procedure
- The patient is classified as NYHA IV and may have significant symptoms of heart failure or angina at rest (Documented ejection fraction of <20% helpful but not required.)

Documentation of the following factors will help support eligibility for hospice services:

- Treatment resistant symptomatic supraventricular or ventricular arrhythmias
- History of cardiac arrest or resuscitation
- History of unexplained syncope
- Brain embolism of cardiac origin
- Concomitant HIV disease

Comorbidities and secondary conditions related to Heart Disease should be included in documentation to support Hospice eligibility.

DEMENTIA/ALZHEIMER'S

Patients will be considered terminal if they meet all of these criteria:

Should be at or beyond Stage Seven of the Functional Assessment Staging Scale (FAST).

- Should show ALL of the following characteristics:
 - » Unable to ambulate without assistance
 - » Unable to dress without assistance
 - » Unable to bathe properly
 - » Urinary and Fecal Incontinence (intermittent or constant)
 - » Unable to speak or communicate meaningfully (ability to speak is limited to approximately 1/2 dozen words or fewer intelligible words)

Patients should have had one of the following within the past 12 months:

- Aspiration pneumonia
- Pyelonephritis or other upper urinary tract infection
- Septicemia
- Decubitus ulcers, multiple, stage 3-4
- Fever, recurrent after antibiotics
- Inability to maintain sufficient fluid and calorie intake with 10% weight loss during the previous six months or serum albumin <2.5 gm/dl

Comorbidities and secondary conditions related to Dementia or Alzheimer's should be included in documentation to support Hospice eligibility.

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STROKE/COMA

Patients will be considered to be in the terminal stage of stroke or coma if they meet these criteria:

Stroke:

- Karnofsky Performance Status or Palliative Performance Scale of 40% or less
- Inability to maintain hydration and caloric intake evidenced by one of the following:
 - » Weight loss >10% in the last 6 months or >7.5% in the last 3 months
 - » Serum albumin >2.5 gm/dl
 - » Current history of pulmonary aspiration not responsive to speech language pathology intervention
 - » Sequential calorie counts documenting inadequate caloric/fluid intake
 - » Dysphagia severe enough to prevent the patient from receiving food and fluids necessary to sustain life in a patient who declines or does not receive artificial nutrition and hydration

Coma (any etiology):

- Comatose patients with any 3 of the following on day 3 of coma:
 - » Abnormal brain stem response
 - » Absent verbal response
 - » Absent withdrawal response to pain
 - » Serum creatinine >1.5 mg/dl

Documentation of the following factors will help support eligibility for hospice services:

- Aspiration pneumonia
- Upper urinary tract infection
- Sepsis
- Refractory stage 3-4 decubitus ulcers
- Fever recurrent after antibiotics

Comorbidities and secondary conditions related to Stroke or Coma should be included in documentation to support Hospice eligibility.

RENAL FAILURE

Patients will be considered terminal if they meet all of these criteria:

- The patient is not seeking dialysis or renal transplant or is discontinuing dialysis

Either of the following should be present:

- Creatinine clearance <10 cc/min (<15 cc/min for diabetics) with comorbidity of CHF
- Serum creatinine >8.0 mg/dl (>6.0 mg/dl for diabetics)

Documentation of the following factors will help support eligibility for hospice services:

- Comorbid conditions
- Uremia
- Oliguria (<400 cc/24 hours)
- Intractable hyperkalemia (>7.0) not responsive to treatment
- Uremic pericarditis
- Hepatorenal syndrome
- Intractable fluid overload, not responsive to treatment

Comorbidities and secondary conditions to Renal Failure should be included in documentation to support Hospice eligibility.

LIVER DISEASE

Patients will be considered terminal if they meet all of these criteria:

Patients should exhibit both of the following:

- Prothrombin time > 5 seconds over control
- Serum Albumin < 2.5 gm/dl

Patients should exhibit at least one of the following:

- Ascites
- Spontaneous bacteria peritonitis
- Hepatorenal syndrome
- Hepatic encephalopathy
- Recurrent variceal bleeding

Documentation of the following factors will help support eligibility for hospice services:

- Progressive malnutrition
- Muscle wasting w/ reduced strength/endurance
- Continued active alcoholism
- Hepatocellular carcinoma
- HBsAG positivity
- Hepatitis C refractory to interferon treatment

Comorbidities and secondary conditions related to Liver Disease should be included in documentation to support Hospice eligibility.

HIV DISEASE

Patients will be considered terminal if they meet all of these criteria:

All of the following symptoms must be present:

- CD4+ Count <25 cells/mcL or persistent viral load >100,000 copies/ml
- Decreased performance status as evidenced by Karnofsky status of <50

One of the following should be present:

- CNS lymphoma
- Untreated or unresponsive to treatment, wasting (loss of 33% lean body mass)
- Mycobacterium Avium Complex Bacteremia, untreated or unresponsive to treatment
- Progressive multifocal Leukoencephalopathy
- Systemic Lymphoma, with advanced HIV disease and partial response to chemo
- Visceral Kaposi's Sarcoma unresponsive to therapy
- Renal Failure in the absence of dialysis
- Cryptosporidium infection
- Toxoplasmosis, unresponsive to therapy

Documentation of the following will help support eligibility for hospice care:

- chronic, persistent diarrhea for one year
- persistent serum albumin <2.5
- concomitant active substance abuse
- age >50 years
- absence of antiretroviral, chemotherapeutic, or prophylactic drug therapy related specifically to HIV
- advanced AIDS dementia complex
- toxoplasmosis
- CHF that is symptomatic at rest

Comorbidities and secondary conditions related to HIV Disease should be included in documentation to support Hospice eligibility.