

Hospice Medicare Guidelines

Revised 2016

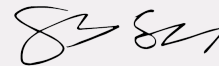


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Hospice care is a critical resource for patients and their loved ones facing the final months of life. Modern health care is usually focused on curative treatments, often at the expense of comfort, quality of life and advance care planning. Identifying terminal illness in a timely manner allows for care transitions that focus on comfort measures and quality of life, usually resulting in patients living even longer than expected.

Advance care planning encompasses discussions of “goals of care” and personal values in choosing health care options. The information in this booklet provides a framework for determining hospice care eligibility, but should not replace the sound clinical judgment of health care providers. Patients may choose to revoke hospice services at any time, and there are no limitations on how long hospice services are provided, as long as patients continue to meet eligibility criteria.



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Cancer

Please send the appropriate ICD-10 code.

1. Disease with metastases at presentation

or

2. Poor functional status with expected progression of disease:

- a. Despite treatment
- b. Patient declines treatment

Note: Certain metastatic cancers, such as breast and prostate with metastases to the bone only, may have a greater than six-month prognosis.

Note: Certain cancers with poor prognoses (e.g., small-cell lung cancer, brain cancer and pancreatic cancer) may be eligible for hospice care without fulfilling the other criteria in this section.

COPD

ICD-10: J44.9

Items 1 and 2 should be present.

1. End-stage lung disease as supported by:

- a. Disabling dyspnea at rest or with minimal exertion
- b. Bed-to-chair existence (due to poor activity tolerance)

- c. Poor response to bronchodilators
- d. Chronic fatigue and cough (due to poor pulmonary function)

2. Increasing emergency visits, hospitalizations or home or office visits for pulmonary infections or respiratory distress

Additional supportive evidence:

- a. Room air oxygen saturation of 88 percent or less at rest, or $pO_2 \leq 55$ mmHg on RA ABG

or

- b. $pCO_2 \geq 50$ mmHg on RA ABG
- c. Cor pulmonale and right heart failure secondary to pulmonary disease
- d. Progressive weight loss of ≥ 10 percent in the preceding six months
- e. Resting tachycardia > 100 /minute

CVA

ICD-10: I69.20 Unspecified

1. Karnofsky Performance Status (KPS) or Palliative Performance Scale (PPS) of < 40 percent
(see *Appendix B*)
2. One of the following:
 - a. Weight loss > 10 percent in the last six months or > 7.5 percent in the past three months
 - b. Serum albumin < 2.5 gm/dl
 - c. Current history of pulmonary aspiration not responsive to speech language pathology intervention
 - d. Sequential calorie counts documenting inadequate caloric or fluid intake
 - e. Dysphagia severe enough to prevent patient from continuing fluids or foods necessary to sustain life, and patient does not receive artificial nutrition and hydration
3. Additional supportive evidence — in the past 12 months has had at least one of the following:
 - a. Aspiration pneumonia
 - b. Pyelonephritis
 - c. Refractory pressure ulcers, stage 3 or 4
 - d. Fever recurrent after antibiotics
4. Diagnostic imaging factors that support poor prognosis include:
 - a. Large volume hemorrhage or infarction
 - b. Ventricular extension of hemorrhage
 - c. Surface area hemorrhage equal to 30 percent of cerebrum
 - d. Midline shift ≥ 1.5 cm
 - e. Obstructive hydrocephalus

Dementia

ICD-10: G31.1

F03.91 with behaviors

F03.90 without behaviors

1. Patient demonstrates the following finding:
 - a. Functional Assessment Staging Tool (FAST) score: FAST usually no better than 7
(see *Appendix A*)
2. One of the following in the past 12 months:
 - a. Aspiration pneumonia
 - b. Pyelonephritis
 - c. Septicemia
 - d. Multiple pressure ulcers, stage 3 or 4
 - e. Fever recurrent after antibiotics
 - f. 10 percent weight loss in the previous six months or a serum albumin < 2.5 gm

Heart Disease

ICD-10: I50.9 Unspecified

Items 1 and 2 should be present.

1. NYHA Class IV = symptoms at rest
2. The patient must be on maximum medical therapy. This can be defined as no further reasonable medical therapy available or the patient refuses further medical therapy. If a patient cannot tolerate further medical therapy, then they also qualify even if such therapy exists.

Additional supportive evidence:

- a. Treatment-resistant symptomatic supraventricular or ventricular arrhythmias
- b. History of cardiac arrest or resuscitation
- c. History of unexplained syncope
- d. History of embolic CVA of cardiac origin

Liver Failure

Please send the appropriate ICD-10 code.

Items 1 and 2 should be present.

1. The patient should have both a and b:
 - a. INR > 1.5 (not on anticoagulant medications)
 - b. Serum albumin < 2.5 gm/dl
2. End-stage liver disease with at least one of the following features:
 - a. Refractory ascites (includes due to non-compliance)
 - b. History of spontaneous bacterial peritonitis
 - c. Hepatorenal syndrome
 - d. Refractory hepatic encephalopathy (includes due to non-compliance)
 - e. History of recurrent variceal bleeding despite intensive therapy

Additional supportive evidence:

- a. Progressive malnutrition
- b. Muscle wasting with reduced strength and endurance
- c. Continued active alcoholism

- d. Hepatocellular carcinoma
- e. HBsAg positive
- f. Hepatitis C refractory to therapy

Renal Failure

ICD-10: N18.9 Unspecified

Chronic Renal Failure: Items 1 and either 2 or 3 should be present.

1. Any patient who is not seeking or has discontinued dialysis
2. Creatinine clearance < 10 cc/min (< 15 cc/min for diabetics)
3. Serum creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetics)

Additional supportive evidence:

- a. Uremia
- b. Oliguria (< 400 cc of urine per day)
- c. Intractable hyperkalemia (> 7.0)
- d. Uremic pericarditis
- e. Hepatorenal syndrome
- f. Intractable fluid overload

Note: A patient can be admitted to hospice and stay on dialysis if the admitting diagnosis is something other than renal disease.

Supporting Criteria

If patients do not clearly qualify under a disease category listed in this booklet, the following additional signs and symptoms are supportive evidence.

1. Clinical Status

- a. Recurrent or intractable infections
- b. Wasting as documented by:
 - Unexpected weight loss
 - Decreasing serum albumin or cholesterol
- c. Dysphagia leading to recurrent aspiration and/or leading to inadequate oral intake

2. Symptoms

- a. Dyspnea or increasing respiratory rate
- b. Intractable cough
- c. Nausea and vomiting
- d. Intractable diarrhea
- e. Increasing pain

3. Signs

- a. Hypotension (off antihypertensive medications)
- b. Ascites
- c. Venous, arterial or lymphatic obstruction due to local progression or metastatic disease
- d. Edema
- e. Pleural/pericardial effusion
- f. Weakness
- g. Change in level of consciousness

4. Labs

- a. Increasing pCO₂ or decreasing pO₂ or decreasing SaO₂
- b. Increasing calcium, creatinine or liver function studies
- c. Increasing tumor marker
- d. Decreasing sodium or increasing potassium

Continued

5. Decline in Karnofsky Performance Status (KPS) or Palliative Performance Scale (PPS) to < 70 percent (*see Appendix B*)
6. Progressive decline in Functional Assessment Staging Tool (FAST) (*see Appendix A*)
7. Increased assistance with ADLs (ambulation, bathing, continence, dressing, feeding and transfer)
8. Progressive stage 3 or 4 pressure ulcers despite optimal care
9. Increasing visits of any type related to the hospice diagnosis

Referral Process

If the patient has not been hospitalized at a Sharp facility within the last six months, the following information is suggested:

- Physician order
- Demographics
- Hospice diagnosis

You can provide the information in one of the following ways:

1. By **phone**: 619-667-1900
2. By **fax**: 619-740-8584
3. From hospitals — via **Allscripts ECIN** under Sharp HealthCare/HospiceCare in the provider database.

For additional information about our programs, please visit our *Professionals* section at www.sharp.com/hospice.

Appendix A

Functional Assessment Staging Tool (FAST)

Score	Description
1	No difficulty either subjectively or objectively
2	<ul style="list-style-type: none"> Complains of forgetting location of objects Subjective work difficulties
3	<ul style="list-style-type: none"> Decreased job functioning evident to co-workers Difficulty in traveling to new location Decreased organization capacity
4	<p>Decreased ability to perform complex tasks such as:</p> <ul style="list-style-type: none"> Planning dinner for guests Handling personal finances (e.g., forgetting to pay bills) Difficulty shopping, etc.
5	<ul style="list-style-type: none"> Requires assistance in choosing proper clothing to wear for the day, season or occasion Repeatedly observed wearing the same clothing, unless supervised

Score	Description
6	<ul style="list-style-type: none"> Improperly putting on clothes without assistance or cueing (e.g., shoes on wrong feet, day clothes over night clothes, difficulty buttoning) Unable to bathe properly (e.g., difficulty adjusting bath water temperature) Unable to handle mechanics of toileting (e.g., forgets to flush the toilet, does not wipe properly or properly dispose of toilet tissue) Urinary incontinence — intermittent or constant Fecal incontinence — intermittent or constant
7	<ul style="list-style-type: none"> Limited ability to speak six or more intelligible words in an average day or interview Speech ability is limited to the use of a single intelligible word in a normal interaction — demonstrates repetitive actions Ambulatory ability is lost (cannot walk without personal assistance) Cannot sit up without assistance, or falls over if no lateral arm rests on chair Loss of ability to smile Loss of ability to hold up head independently

Appendix B

Palliative Performance Scale (PPS)

Adapted Karnofsky Performance Status (KPS)

%	Ambulation ①	Activity and Evidence of Disease ②	Self-Care ③	Intake ④	Conscious Level ⑤
100	Full	Normal Activity, No Evidence of Disease	Full	Normal	Full
90	Full	Normal Activity, Some Evidence of Disease	Full	Normal	Full
80	Full	Normal Activity With Effort, Evidence of Disease	Full	Normal or Reduced	Full
70	Reduced	Unable to Do Normal Work	Full	Normal or Reduced	Full
60	Reduced	Unable to Do Most Activities, Significant Disease	Occasional Assistance	Normal or Reduced	Full
50	Mainly Chair	Minimal Activity, Extensive Disease	Considerable Assistance	Normal or Reduced	Full ± Confusion
40	Mainly Bed	As Above	Mainly Assisted	Normal or Reduced	Full or Drowsy ± Confusion
30	Bed Bound	As Above	Total Care	Reduced	Full or Drowsy ± Confusion
20	Moribund	As Above	Total Care	Sips	Full or Drowsy ± Confusion
10	Moribund	As Above	Total Care	Mouth Care Only	Drowsy or Coma
0	Death	0	0	0	0
Rate					

To calculate score:

1. Determine value for each of the five categories.
2. Add all values together.
3. Divide the total value by five.

* Average score must be less than 50.

Example:

$$\textcircled{1} = 50 \quad \textcircled{2} = 40 \quad \textcircled{3} = 40 \quad \textcircled{4} = 20 \quad \textcircled{5} = 50$$

$$\text{Total: } \frac{200}{5} = 40$$

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