Hospice Eligibility Guidelines

The simple answer to the question of eligibility is this: the hospice benefit is available to anyone with a life expectancy of six months or less if the terminal illness or disease runs its normal course. The patient, of course, must choose to elect hospice, and the patient's eligibility must be certified by you, their physician (often in conjunction with the hospice's medical director). To help you, we've compiled these basic guidelines. If you have questions about your patient's eligibility for hospice care, please call us for a consultation.

Contents

ADVANCED END STAGE SENESCENCE OR DEBILITY

The patient has:

- *Karnofsky Performance Status* (see Resources section) < 50% *and*

At least one of the following conditions 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*
- A serum albumin of < 2.5 gm/dl
- Significant dysphagia with associated aspiration measured objectively (e.g., swallowing test or a history of choking/gagging with feeding)

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

The patient has:

Rapid progression of ALS in the preceding 12 months evidenced by:

- Progression from independent ambulation to wheelchair or bed bound status
- Progression from normal to barely intelligible or unintelligible speech
- Progression from normal to pureed diet
- Progression from independence in most or all activities of daily living (ADLs) to needing major assistance by caretaker in all ADLs.

At least one of the following must also apply:

Critically impaired breathing capacity evidenced by:

- Vital capacity (VC) less than 30% of normal
- Significant dyspnea at rest
- Requires supplemental oxygen at rest
- Patient declines artificial ventilation

Critical nutritional impairment evidenced by:

- Oral intake insufficient
- Continuing weight loss
- Dehydration or hypovolemia
- Absence of artificial feeding methods

Life-threatening complications

- Recurrent aspiration pneumonia
- Upper urinary tract infection (pyelonephritis)
- Sepsis
- Recurrent fever after antibiotic therapy

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CANCER

The patient has:

- Clinical findings of malignancy with widespread, aggressive or metastatic disease
  or
- Decline in performance status and/or significant unintentional weight loss

Note: The patient may still receive disease-specific treatment if it is palliative

The following information will be needed if available:

- This patient has evidence of malignant histopathology (define the cell type)
- A neoplastic histopathology is not available because (describe circumstances and basis for presumptive diagnosis)

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.

The following categories are considered "hospice appropriate" due to the small probability that treatment would result in cure or cessation of disease. Since categories 1 and 2 include diseases with a greater probability for successful outcome, they are not included in this section.

Category 3: Malignancies that are treatable but incurable (when metastatic) in a large percentage of patients, with favorable prognosis.

DISEASES

- Prostate carcinoma
- Breast carcinoma
- Chronic lymphocytic leukemia
- Chronic myelocytic leukemias
- Other advanced myeloproliferative disorders
- Non-Hodgkin's lymphomas other than large cell
- Multiple myeloma and the immunoproliferative disorders
- Myelodysplastic syndrome

CHARACTERISTICS

- Often may be controlled for prolonged periods with oral hormonal therapy or chemotherapy.
- Often require no therapy or are only treated when symptoms occur.
- These patients generally have a history of having received and failed one or more (dependent on the illness) standard therapeutic regimens, and should have symptoms compatible with disease progression before considering the hospice option.

Category 4: Includes malignancies which are treatable in only a small percentage of patients; with less favorable prognoses.

DISEASES

- Invasive bladder carcinomas
- Primary brain tumors-glioblastoma
- Gynecological carcinomas other than ovary
- Colorectal carcinoma
- Gastric carcinoma
- Head and neck carcinomas
- Esophageal carcinoma
- Non-small cell bronchogenic carcinomas
- Soft tissue sarcomas

CHARACTERISTICS

- Majority are adult solid tumors.
- Presence of metastatic disease is generally indicative of terminal prognosis.
- Usually 40% or less of patients have an objective response to chemotherapy.
- Chemotherapy responses are usually not durable.
- Impact of chemotherapy on symptoms and quality of life is not well documented in the medical literature.
- As chemotherapy is of limited benefit to most patients once these diseases have metastasized such patients could be offered the option of hospice services in lieu of chemotherapy.
- If chemotherapy is chosen by the patient as a therapeutic option, failure of first-line therapy should prompt serious consideration of hospice as the most appropriate second-line treatment.

Category 5: Malignancies which are virtually untreatable.

DISEASES

- Renal cell carcinoma (hypernephroma)
- Pancreatic carcinoma
- Malignant melanoma

CHARACTERISTICS

- Generally resistant to currently available chemotherapeutic modalities.
- With the lack of efficacious systemic therapy available, patients who suffer from these illnesses and have metastatic disease should be offered hospice as an option on presentation.

CARDIOVASCULAR DISEASE

The patient has:

- Poor response to optimal treatment with diuretics and vasodilators, including angiotensin converting enzyme (ACE) inhibitors *and*
- The presence of significant symptoms of recurrent congestive heart failure (CHF) at rest and classified as New York Heart Association (NYHA) Class IV (inability to carry on any physical activity without discomfort, symptoms of heart failure or angina at rest or increased discomfort even with minimal exertion

Supporting documentation:

- Ejection fraction < 20%
- 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

Please see the resources section for NYHA Functional Classification information, to help you in determining the functional ability of your patient.

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.

END-STAGE DEMENTIA

The patient has dementia, which has progressed to:

- Stage seven or beyond according to the Functional Assessment Staging Scale
- Unable to ambulate without assistance
- Unable to dress without assistance
- Unable to bathe without assistance
- Urinary and fecal incontinence, intermittent or constant
- No meaningful verbal communication, stereotypical phrases only, or ability to speak is limited to six or fewer intelligible words and

Patients must 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

  A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.

ADULT FAILURE TO THRIVE

The patient has:

- Unexplained weight loss resulting in:
  Body Mass Index (BMI) ≤ 22kg/m2
  $$\text{BMI} = 703 \times \frac{\text{weight in pounds}}{(\text{height in inches})^2}$$

  and

- *Karnofsky Performance* Status ≤ 40% (See Resources section)

Accepted ICD-9- CM Codes for Adult Failure to Thrive:

783.4 Failure to Thrive
799.3 Debility Unspecified
799.9 Other unknown and unspecified causes of morbidity and mortality

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HIV DISEASE

The patient has:

- CD4 + Count < 25 cells/mcL *or*
- Persistent viral load > 100,000 copies/ ml *plus*

At least one of the following:

- CNS Lymphoma
- Wasting (loss of 33%lean body mass), untreated, or not responsive to treatment
- Mycobacterium avium complex (MAC) bactermia, untreated, unresponsive to treatment, or treatment refused
- Progressive multifocal leukoenecephalopathy
- Systemic lymphoma
- Visceral Kaposi's sarcoma unresponsive to therapy
- Renal failure in the absence of dialysis
- Cryptosporidium infection
- Toxoplasmosis, unresponsive to therapy
- *Karnofsky Performance* Status (KPS) < 50% (See Resources section)
- Advanced AIDS dementia complex

Supporting documentation:

- Chronic persistent diarrhea for one year
- Persistent serum albumin < 2.5
- Concomitant, active substance abuse
- Age > 50 years
- Absence of antiretroviral, chemotherapeutic and prophylactic drug therapy related specifically to HIV disease
- Congestive heart failure, systematic at rest

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LIVER DISEASE

The patient has:

- Prothrombin time (PT) more than 5 seconds over control, or International Normalized Ratio (INR) >1.5
- Serum albumin <2.5 gm/dl *and*

One or more of the following conditions:

- Ascities, refractory to treatment or patient non-compliant
- Spontaneous bacterial peritonitis
- Hepatorenal syndrome; elevated creatinine and BUN; oliguria {< 400 ml/day}; urine sodium concentration < 10 mEq/l; cirrhosis and ascites
- Hepatic encephalopathy, refractory to treatment or patient non-compliant
- Recurrent variceal bleeding, despite intensive therapy

Supporting documentation:

- Progressive malnutrition
- Muscle wasting with reduced strength and endurance
- Continued active alcoholism (>80 gm ethanol/day)
- Hepatocellular carcinoma
- HbsAg (Hepatitis B) positivity

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.

MULTIPLE SCLEROSIS

The patient has:

Critical nutritional impairment evidenced by:

- Oral intake of nutrients and fluids insufficient to sustain life
- Continuing weight loss

Rapid disease progression or complications in the preceding 12 months evidenced by:

- Progression from independent ambulation to wheelchair or bed bound status
- Progression from normal to barely intelligible or unintelligible speech
- Progression from normal to pureed diet
- Progression from independent in most or all activities of daily living (ADLs) to needing major assistance by caretaker in all ADLs

Life-threatening complications in the preceding 12 months as evidenced by one or more of the following:

- Critically impaired breathing capacity
- Dyspnea at rest
- The requirement of supplemental oxygen at rest
- The patient declines artificial ventilation
- Recurrent aspiration pneumonia (with or without tube feedings)
- Upper urinary tract infection (pyelonephritis)
- Sepsis
- Recurrent fever after antibiotic therapy
- Stage 3 or 4 decubitus ulcers

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.

NEUROMUSCULAR DISEASE

The patient has:

Critical breathing capacity with the following findings:

- Dyspnea at rest
- The requirement of supplemental oxygen at rest
- The patient declines artificial ventilation *or*
  Critical nutritional impairment evidenced by:
- Oral intake of nutrients and fluids insufficient to sustain life
- Continuing weight loss
- Dehydration or hypovolemia
- Absence of artificial feeding methods *or*
  Rapid disease progression or complications in the preceding 12 months evidenced by:
- Progression from independent ambulation to wheelchair or bed bound status
- Progression from normal to barely intelligible or unintelligible speech
- Progression from normal to pureed diet
- Progression from independent in most or all activities of daily living (ADLs) to needing major assistance by caretaker in all ADLs

Life-threatening complications in the preceding 12 months as evidenced by one or more of the following:

- Recurrent aspiration pneumonia (with or without tube feedings)
- Upper urinary tract infection (pyelonephritis)
- Sepsis
- Recurrent fever after antibiotic therapy
- Stage 3 or 4 decubitus ulcers

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.

PARKINSON'S DISEASE

The patient has:

Critical nutritional impairment evidenced by:

- Oral intake of nutrients and fluids insufficient to sustain life
- Continuing weight loss
- Dehydration or hypovolemia
- Absence of artificial feeding methods *or*
  Rapid disease progression or complications in the preceding 12 months evidenced by:
- Progression from independent ambulation to wheelchair or bed bound status
- Progression from normal to barely intelligible or unintelligible speech
- Progression from normal to pureed diet
- Progression from independent in most or all activities of daily living (ADLs) to needing major assistance by caretaker in all ADLs
  Supporting evidence:
- Dyspnea at rest
- The requirement of supplemental oxygen at rest
- The patient declines artificial ventilation
- Recurrent aspiration pneumonia (with or without tube feedings)
- Upper urinary tract infection (pyelonephritis)
- Sepsis
- Recurrent fever after antibiotic therapy
- Stage 3 or 4 decubitus ulcers

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.

PULMONARY DISEASE

The patient has:

- Disabling dyspnea at rest or with minimal exertion and little or no response to bronchodilators, resulting in decreased functional capacity, fatigue and cough *and*
- Progression of end stage pulmonary disease, as evidenced by prior increasing visits to the emergency department or prior hospitalizations for pulmonary infections and/or respiratory failure *and*
- Room air findings of hypoxemia, as evidenced by pO2 < 55 mmHg and oxygen saturation < 88% or hypercapnia, as evidenced by pCO2 > 50 mmHg
- Corpulmonale and right heart failure (RHF) secondary to pulmonary disease (e.g., not secondary to left heart disease or valvulopathy)
- Unintentional progressive weight loss greater than 10% of body weight over the preceding six months
- Resting tachycardia > 100/mm

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.

RENAL DISEASE

A patient has:

- Acute Renal Failure *or*
- Chronic Renal Failure (ESRD) *and*
- The patient is not undergoing dialysis *and*
- Creatinine clearance < 10 cc/min (< 15 cc/min for diabetics) *or*
- Serum creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetics)
  Supporting documentation:
- Mechanical ventilation
- Malignancy (other organ system)
- Chronic lung disease
- Advanced cardiac disease
- Advanced liver disease
- Sepsis
- Immunosuppression/AIDS
- Albumin < 3.5 gm/dl
- Cachexia
- Platelet count < 25,000
- Disseminated intravascular coagulation
- Gastrointestinal bleeding
- Uremia
- Oligura (<400 cc/day)
- Intractable hyperkalemia (>7.0) not responsive to treatment
- Uremic pericarditis
- Hepatorenal syndrome
- Intractable fluid overload

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.

STROKE AND COMA

The patient has findings of:

Acute hemorrhagic or ischemic stroke evidenced by:

- Coma or persistent vegetative state secondary to stroke, beyond 3 days duration *or*
- Coma or severe obtundation, secondary to post anoxic stroke, accompanied by severe myoclonus, persisting beyond 3 days after the anoxic event *or*
- Dysphagia, which prevents sufficient intake of food and fluids to sustain life in a patient who does not receive artificial nutrition and hydration

Chronic phase of hemorrhagic or ischemic stroke evidenced by:

- Post-stroke dementia, stage 7 or beyond according to the Functional Assessment Scale (see Dementia)
- Poor functional status with *Karnofsky Performance Status* (see Resources section)50% or less *or*
- Poor nutritional status, whether on artificial nutrition or not, with inability to maintain sufficient fluid and calorie intake with > 10% weight loss during the previous six months or serum albumin < 2.5 gm/dl *or*

Coma (any etiology) with any three of the following on day three of coma:

- Abnormal brain stem response
- Absent verbal response
- Absent withdrawal response to pain
- Serum creatinine > 1.5 mg/dl

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.

Resources

Karnofsky Performance Scale

The Karnofsky Performance Scale Index allows patients to be classified as to their functional impairment. This can be used to compare effectiveness of different therapies and to assess the prognosis in individual patients. The lower the Karnofsky score, the worse the survival for most serious illnesses.

Performance	Percentage Criteria of Ability
Able to carry on normal activity and to work; no special care needed.	**100%** Normal no complaints; no evidence of disease. **90%** Able to carry on normal activity; minor signs or symptoms of disease. **80%** Normal activity with effort; some signs or symptoms of disease.
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed.	**70%** Cares for self; unable to carry on normal activity or to do active work. **60%** Requires occasional assistance, but is able to care for most of his personal needs. **50%** Requires considerable assistance and frequent medical care.
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly.	**40%** Disabled; requires special care and assistance. **30%** Severely disabled; hospital admission is indicated although death not imminent. **20%** Very sick; hospital admission necessary; active supportive treatment necessary. **10%** Moribund; fatal processes progressing rapidly. **0%** Dead

NYHA Functional Classification

This scale assists in the determination of functional ability in patients with cardiac disease.

Class I

Patients with cardiac disease, but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.

Class II

Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea or anginal pain.

Class III

Patients with marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain.

Class IV

Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.