

Clinical Indicators of Hospice Eligibility

*** STARRED ITEMS MUST BE PRESENT FOR SPECIFIC ADMITTING DIAGNOSIS**

Coverage for hospice care may still be appropriate for patients not meeting these determinants due to co-morbidity or rapid decline.

For a complete LCD guide including all criteria guidance, please contact us or reference the CMS website.

ALS/MUSCULAR DYSTROPHY

MYASTHENIA GRAVIS

MULTIPLE SCLEROSIS

Dyspnea at rest, O₂ dependent, vital capacity 30%, dysphagia, no BiPAP/ventilator, bed/chair bound, assist with all ADL's, O₂ 88% on RA.

Recent progression to: Bed/chair bound, barely intelligible or unintelligible speech, assist with all ADL's, pureed diet, documented weight loss, NO feeding tube, documented hypovolemia and dehydration

Recent progression to: bed/chairbound, barely intelligible or unintelligible speech, assist with all ADL's, pureed diet, sepsis, recurrent aspiration PNA, pyelonephritis, recurrent fevers, stage 3 or 4 pressure ulcers.

CVA/STROKE

- * Decreased LOC
- * PPS score $\leq 40\%$

Albumin ≤ 2.5

No artificial hydration or nutrition without decline or weight loss

Weight loss of 10% in past 6 months or 7.5% in the last 3 months

Unable to intake adequate nutrition

Recurrent infections

Assist with all ADL's

Post stroke dementia

CANCER

- * Metastasis to multiple sites
- * Choosing palliative care and to stop chemotherapy/radiation
- Small cell lung, brain and pancreatic cancers do not require metastasis
- Weight loss
- Karnofsky $\leq 70\%$

DEMENTIA/ALZHEIMER'S

- * FAST 7A or beyond
- * Unable to walk without physical assistance
- * Assist with bathing, dressing and ambulating
- * Less than 6 intelligible words, or no consistent meaningful conversation
- * At least 2 of the following complications within last 12 months: PNA, UTI, sepsis, pyelonephritis, stage 3 or 4 pressure ulcers, recurrent fevers
- * Urinary and fecal incontinence, either intermittently or constantly
- Difficulty swallowing
- Albumin ≤ 2.5

PARKINSON'S DISEASE

- * Tremors in extremities
- * Dysphagia
- * Garbled speech
- * Ambulation decline
- Dyspnea at rest
- Increased assistance with ADL's

HEART DISEASE/CAD/CHF

- * NYHA Class IV (for pts w/CHF or angina)
- * Arrhythmias resistant to treatment
- * No BiPAP unless will DC in near future
- EF 20% or less
- Physical symptoms at rest
- Inability to tolerate vasodilators
- BNP ≥ 1000
- Symptomatic despite max medical tx
- Hx of syncope or cardiac arrest
- Cardiogenic embolic CVA

PROTEIN CALORIE MALNUTRITION

- * Albumin ≤ 2.5
- * Extreme, unintentional weight loss
- * Weakness/Falls
- * Assist with all ADLs
- * Bed/chair existence
- * NO feeding tube without continued decline and weight loss
- * Recent documented infections
- BMI of 22 or less
- Recent ER visit/hospitalizations

RENAL DISEASE

- * Plan for discontinuing dialysis
- * At least 2 of the following: serum creatinine ≥ 8.0 or ≥ 6.0 for Diabetics, uremia (confusion, nausea, pruritus, restlessness), oliguria ($< 400\text{cc/day}$), uremic pericarditis, hepatorenal syndrome, intractable fluid overload, or creatinine clearance of $\leq 10\text{cc/min}$ or 15cc/min for diabetics, hyperkalemia (Potassium ≥ 7.0)
- GFR $\leq 10\text{mL/min}$

HIV/AIDS

- * Wasting syndrome
- * CNS lymphoma/Kaposi's sarcoma
- * Viral load $\geq 100,000$
- PPS $\leq 50\%$
- Co-morbidities/severe infections
- Albumin ≤ 2.5
- CD4 + ≤ 25

LIVER DISEASE

- * PT ≤ 5 or INR ≥ 1.5
- * Albumin ≤ 2.5
- * At least 2 of the following: ascites, peritonitis, hepatorenal syndrome, (elevated BUN & Creatinine with oliguria 400mL/day & urine sodium concentration $\leq 10\text{mEq/L}$), recurrent variceal bleeding, hepatic encephalopathy with somnolence
- Malnutrition, continued active alcoholism, Hep B positive, hepatocellular carcinoma, Hep C refractory to interferon treatment

PULMONARY DISEASE/COPD

- * O₂ dependent
- * Poor response to bronchodilators
- * O₂ $\leq 88\%$ on room air
- * Recurrent pulmonary infections
- * Resting tachycardia
- * Hypercapnia/hypoxemia
- * Dyspnea at rest
- * Bed to chair existence
- * Increased ER visits/hospitalizations
- * No BiPAP unless will DC in near future
- Weight loss of 10% in past 6 months
- Cor Pulmonale/Right Heart Failure



For more information or to make a referral call:

Agape Georgia 24/7: (404) 763-1456
 Elevation Colorado 24/7: (720) 608-2181
 Elevation Utah 24/7: (801) 610-1868
 Sage Arizona 24/7: (480) 777-5117

CLINICAL INDICATORS HOSP ELG / SAGE-FOC / CLF / 10-17-2024-v1