Hospice Eligibility Medical Guide

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CORSO CARE
HOSPICE

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Physical, Emotional and Spiritual Care When it's Needed Most

Hospice services are available in the home or wherever the patient may live, including hospitals, senior living communities and nursing homes. In any setting, the CorsoCare team is there to guide patients and their loved ones through this process, keeping them comfortable and ensuring each day is on their terms.

Our approach to end-of-life care for each patient and family is to treat the whole person. That's why we provide physical, emotional and spiritual support tailored to each individual's needs.

Compassion is at the heart of everything we do.

Do you have a question about who may qualify? Please call to speak with one of our clinical staff members.

Phone: 248-438-8535
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Hospice Eligibility Guidelines

Hospice is a philosophy of caring for patients whose medical conditions are not responding to treatment or for those patients who choose not to seek aggressive medical care at the end stage of life. Hospice care focuses on comfort care, not curative care. The goal of hospice care is for the patient to remain as comfortable and pain-free as possible. To be eligible for hospice medical care, the patient's physician and the hospice medical director must certify that the patient is terminal and expected to live six months or less, if the disease follows its natural course.

General guidelines

The hospice diagnosis guidelines provided on the following pages are applicable to certain disease categories provided in the Centers for Medicare and Medicaid Services (CMS) hospice policy. Although these guidelines are limited to certain diagnoses, the hospice benefit coverage policy is applicable to all hospice patients. It is intended to be used to identify a patient whose current clinical status and anticipated progression of disease is more likely than not to result in a life expectancy of six months or less.

Individuals may be appropriate for hospice care if:

- They have chosen a course of treatment that focuses on comfort care and symptom management, rather than an attempted curative approach.
- They are not taking any extreme measures to prolong life.

These individuals may exhibit some or all of the following signs and symptoms:

- Increased or uncontrolled pain.
- Not eating / lack of appetite.
- Progressive weight loss.
- Shortness of breath.
- Swallowing difficulties.
- Increased edema.
- History of multiple falls.
- Sudden decline in disease.
- No active treatment for disease.

Amyotropic Lateral Sclerosis (ALS)

Patients will be considered to be in the terminal stage of ALS if they meet the following criteria: should fulfill **1**, **2** or **3**:

1. **Patient should demonstrate critically impaired breathing capacity as demonstrated by all the following characteristics occurring within the 12 months preceding initial hospice certification:**
   - FVC <40% of normal.
   - Dyspnea at rest.
   - Patient declines mechanical ventilation; external ventilation used for comfort measures only.
   - No invasive ventilation.

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2. **If unable to perform the FVC test, patient should demonstrate BOTH:**

A. Rapid progression of ALS as demonstrated by all the following characteristics occurring within the 12 months preceding initial hospice certification:

- Progression from independent ambulation to wheelchair to 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.
- Difficulty breathing at rest or a respiratory rate greater than 20 breaths per minute.
- Unexplained confusion or anxiety.
- Weakening cough.

B. **Critical nutritional impairment as demonstrated by all the following characteristics occurring within the 12 months preceding initial hospice certification:**

- Oral intake of nutrients and fluids insufficient to sustain life.
- Difficulty swallowing with a continuing weight loss of 5% or more.
- Dehydration or hypovolemia.
- Absence of artificial feeding methods, sufficient to sustain life, but not for relieving hunger.

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3. **Patient should demonstrate BOTH:**

A. Rapid progression of ALS, see 2.a above

B. Life-threatening complications as demonstrated by one of the following characteristics occurring within the 12 months preceding initial hospice certification:

- Recurrent aspiration pneumonia (with or without tube feedings); upper urinary tract infection, e.g., pyelonephritis, sepsis; recurrent fever or infection after antibiotic therapy; Stage 3 or 4 decubitus ulcer(s).

Dementia

This section is specific for Alzheimer's disease and related disorders, and is not appropriate for other types of dementia, such as multi-infarct dementia.*

Patients will be considered to be in the terminal stage of dementia if they meet the following criteria:

1. **Patients with dementia should show ALL of the following characteristics:**

   - Stage 7 or beyond according to the Functional Assessment Staging Scale Tool (FAST).
   - Unable to ambulate without assistance.
   - Unable to dress or bathe without assistance.
   - Urinary and fecal incontinence, intermittent or constant.
   - No consistently meaningful verbal communication: stereotypical phrases only or the ability to speak is limited to six or fewer intelligible words.

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

   - Aspiration pneumonia.
   - Pyelonephritis or other upper urinary tract infection.
   - Septicemia.
   - Skin breakdown/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.

*Please refer to FAST scale on page 33.

Heart Disease

Patients will be considered to be in the terminal stage of heart disease if they meet the following criteria: **1** and **2** should be present; factors from **3** will lend supporting documentation:

1 **At the time of initial certification or recertification for hospice:**

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. (Optimally treated means that patients who are not on vasodilators have a medical reason for refusing these drugs or the drugs are no longer working, e.g., hypotension or renal disease.)

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2 **The patient is classified as New York Heart Association (NYHA) class IV and may have significant symptoms of heart failure or angina at rest.**

- 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.

3 **Documentation of the following factors will support but is not required to establish eligibility for hospice care:**

- Treatment–resistant symptomatic supraventricular or ventricular arrhythmias.
- History of cardiac arrest or resuscitation.
- History of unexplained syncope.
- Brain embolism of cardiac origin.
- Concomitant HIV.
- Significant congestive heart failure may be documented by an ejection fraction of ≤20% but is not required if not already available.

Human Immunodeficiency Virus (HIV)

Patients will be considered to be in the terminal stage of their illness if they meet the following criteria: **1** should be present; factors from **2** will lend supporting documentation:

1 **CD4+ count <25 cells/mcl or persistent (2 or more assays at least one month apart) viral load >100,000 copies/ml, plus one of the following:**

- CNS lymphoma.
- Untreated, or persistent despite treatment, wasting (loss of at least 10% lean body mass).
- Mycobacterium avium complex (MAC) bacteremia, untreated, unresponsive to treatment or treatment refused.
- Progressive multifocal leukoencephalopathy.
- Systemic lymphoma, with advanced HIV and partial response to chemotherapy.
- Visceral Kaposi Sarcoma unresponsive to therapy.
- Renal failure in the absence of dialysis.
- Cryptosporidium infection.
- Toxoplasmosis, unresponsive to therapy.

2 **Documentation of the following factors will 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, or resistance to, effective antiretroviral, chemotherapeutic and prophylactic drug therapy related specifically to HIV.
- Advanced AIDS dementia complex.
- Congestive heart failure, symptomatic at rest.
- Advanced liver disease.

Liver Disease

Patients will be considered to be in the terminal stage of liver disease if they meet the following criteria: **1** and **2** should be present; factors from **3** will lend supporting documentation:

1 **The patient should show both criteria below:**

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

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2 **End-stage liver disease is present and the patient shows AT LEAST ONE criteria below:**

- Ascites, refractory to treatment or patient non-compliant.
- Spontaneous bacterial peritonitis.
- Hepatorenal syndrome (elevated creatinine and BUN with oliguria (<400 ml/day) and urine sodium concentration <10 mEq/l).
- Hepatic encephalopathy, refractory to treatment or patient non-compliant.
- Recurrent variceal bleeding, despite intensive therapy.

3 **Documentation of the following factors will support eligibility for hospice care:**

- Progressive malnutrition.
- Muscle wasting with reduced strength and endurance.
- Continued active alcoholism (>80 gm ethanol / day).
- Hepatocellular carcinoma.
- HBsAg (Hepatitis B) positivity.
- Hepatitis C refractory to interferon treatment.

Patients awaiting liver transplant who otherwise fit the above criteria may be certified for the Medicare hospice benefit, but if a donor organ is procured, the patient should be discharged from hospice.

Parkinson's Disease

Patients will be considered to be in the terminal stage of Parkinson's disease if they meet the following criteria: **1** and **2** should be present; factors from **3** will lend supporting documentation:

1. **Physiologic impairment of functional status as demonstrated by Palliative Performance Scale (PPS) of 70% or less.**

2. **Patient is dependent on assistance for two or more of the following activities of daily living (ADLs):**

   - Feeding
   - Transfer
   - Ambulation
   - Bathing
   - Continence
   - Dressing

3. **Documentation of the following factors will support, but is not required to establish, eligibility for hospice care:**

   - Hoehn and Yahr Stage V: (circle appropriate conditions) cachectic stage, invalidism is complete, inability to walk or stand, requires constant care.
   - All drug therapies fail/do not meet medical criteria for sterotactic neurosurgery for relief of symptoms.
   - Increase in dementia as evidenced by: confusion, disorientation, anxiety, depression, withdrawal, irritability.
   - Difficulty swallowing food or refusal to eat, sufficiently severe that the patient cannot maintain sufficient fluid and calorie intake to sustain life.
   - Serum albumin level is less than 2.5 gm/dl.
   - Progressive weight loss >10% body weight over the past six months.
   - Severe dysphagia resulting in frequent choking episodes.

Pulmonary Disease

Patients will be considered to be in the terminal stage of pulmonary disease if they meet the following criteria. The criteria refer to patients with various forms of advanced pulmonary disease who eventually follow a final common pathway for end-stage pulmonary disease. **1** and **2** should be present; documentation of **3**, **4** or **5** will lend supporting documentation:

1. **Severe chronic lung disease as documented by both criteria below:**

   - Disabling dyspnea at rest, poorly or unresponsive to bronchodilators, resulting in decreased functional capacity, e.g., bed-to-chair existence, fatigue and cough (documentation of forced expiratory volume in one second (FEV1), after bronchodilator, less than 30% of predicted is objective evidence for disabling dyspnea, but is not necessary to obtain).
   - Progression of end-stage pulmonary disease; as evidenced by increasing visits to the emergency department, hospitalizations for pulmonary infections, respiratory failure or increasing physician home visits prior to initial certification. (Documentation of serial decrease of FEV1 > 40 ml/year is objective evidence for disease progression but is not necessary to obtain.)

2. **Hypoxemia at rest on room air,** as evidenced by pO2 ≤ 55 mmHg; or oxygen saturation ≤88%, determined either by arterial blood gases or oxygen saturation monitors (these values may be obtained from recent hospital records) **or Hypercapnia,** as evidenced by pCO2 ≥50 mmHg (this value may be obtained from recent — within 3 months — hospital records).

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

3. Right heart failure (RHF) secondary to pulmonary disease (Cor pulmonale) (e.g., not secondary to left heart disease or valvulopathy).

4. Unintentional progressive weight loss of greater than 10% of body weight over the preceding six months.

5. Resting tachycardia > 100/min.

Renal Disease

Patients will be considered to be in the terminal stage of renal disease if they meet the following criteria: **1** and either **2** or **3** should be present; factors from **4** will lend supporting documentation.

1. **The patient is not seeking dialysis or renal transplant or is discontinuing dialysis.**

2. **Creatinine clearance < 10 cc/min** (<15 cc/min. for diabetics) based on measurement or calculation; **or < 15 cc/min** (<20cc/min for diabetics) with comorbidity of congestive heart failure.

3. **Serum creatinine > 8.0 mg/dl** (> 6.0 mg/dl for diabetics).

4. **Signs and symptoms of Acute Renal Failure:**

   - 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

4. **Signs and symptoms of Chronic Renal Failure:**

   - 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

Stroke and Coma

Patients will be considered to be in the terminal stage of stroke if they meet the following criteria: **1** and **2** should be present; factors from **3** will lend supporting documentation:

1. **Palliative Performance Scale (PPS) of 40% or less**

2. **Inability to maintain hydration and caloric intake with one of the following:**
   - Weight loss > 10% in the last six months or > 7.5% in the last three 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.

3. **Documentation of diagnostic imaging factors which support poor prognosis after stroke include:**

A. **For non-traumatic hemorrhagic stroke**
   - Large-volume hemorrhage on CT.
   - Infratentorial: ≥20 ml.
   - Supratentorial: ≥50 ml.
   - Ventricular extension of hemorrhage.
   - Surface area of involvement of hemorrhage ≥30% of cerebrum.
   - Midline shift ≥1.5 cm.
   - Obstructive hydrocephalus in patient who declines, or is not a candidate for, ventriculoperitoneal shunt.

B. **For thrombotic / embolic stroke**

Large anterior infarcts with both cortical and subcortical involvement.
   - Large bihemispheric infarcts.
   - Basilar artery occlusion.
   - Bilateral vertebral artery occlusion.

Continued on the next page

Stroke and Coma (continued)

Patients will be considered to be in the terminal stage of coma if they meet the following criteria: **1** should be present; factors from **2** will lend supporting documentation:

1. **Comatose patients with any three of the following:**
   - Abnormal brain stem response
   - Absent verbal response
   - Absent withdrawal response to pain
   - Serum creatinine >1.5 mg/dl

2. **Documentation of medical complications, in the context of progressive clinical decline, within the previous 12 months, which supports a terminal prognosis:**
   - Aspiration pneumonia
   - Upper urinary tract infection (pyelonephritis)
   - Sepsis
   - Refractory stage 3-4 decubitus ulcers
   - Fever recurrent after antibiotics

Cancer

Patients will be considered to be in the terminal stage of cancer if they meet the following criteria: **1** or **2** should be present.

1. **Disease with distant metastases at presentation.**

2. **Progression from an earlier stage of disease to metastatic disease with either:**
   - A continued decline in spite of therapy.
   - Patient declines further disease-directed therapy.

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

APPENDIX

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BODY MASS INDEX TABLE

HEIGHT, INCHES \ WEIGHT, LBS	90	100	110	120	130	140	150	160	170	180	190
4′8″	20	22	25	27	29	31	34	36	38	40	43
4′9″	19	22	24	26	28	30	32	35	37	39	41
4′10″	19	21	23	25	27	29	31	33	36	38	40
4′11″	18	20	22	24	26	28	30	32	34	36	38
5′0″	18	20	21	23	25	27	29	31	33	35	37
5′1″	17	19	21	23	25	26	28	30	32	34	36
5′2″	16	18	21	22	24	26	27	29	31	33	35
5′3″	16	18	20	21	23	25	27	28	30	32	34
5′4″	15	17	19	21	22	24	26	27	29	31	33
5′5″	15	17	19	20	22	23	25	27	28	30	32
5′6″	15	16	18	19	21	23	24	26	27	29	31
5′7″	14	16	18	19	20	22	24	25	27	28	30
5′8″	14	15	17	18	20	21	23	24	26	27	29
5′9″	13	15	17	18	19	21	22	24	25	27	28
5′10″	13	14	16	17	19	20	22	23	24	26	27
5′11″	13	14	16	17	18	20	21	22	24	25	27
6′0″	12	14	15	16	18	19	20	22	23	24	26
6′1″	12	13	15	16	17	18	20	21	22	24	25
6′2″	12	13	15	15	17	18	19	21	22	23	24
6′3″	11	13	14	15	16	18	19	20	21	23	24
6′4″	11	12	14	15	16	17	18	19	21	22	23
6′5″	11	12	13	14	15	17	18	19	20	21	23
6′6″	10	12	13	14	15	16	17	18	20	21	22
6′7″	10	11	12	14	15	16	17	18	19	20	21
6′8″	10	11	12	13	14	15	16	18	19	20	21
6′9″	10	11	12	13	14	15	16	17	18	19	20
6′10″	9	10	12	13	14	15	16	17	18	19	20

HEIGHT, INCHES \ WEIGHT, LBS	200	210	220	230	240	250	260	270	280	290
4′8″	45	47	49	52	54	56	58	61	63	65
4′9″	43	45	48	50	52	54	56	58	61	63
4′10″	42	44	46	48	50	52	54	56	59	61
4′11″	40	42	44	46	48	51	53	55	57	59
5′0″	39	41	43	45	47	49	51	53	55	57
5′1″	38	40	42	43	45	47	49	51	53	55
5′2″	37	38	40	42	44	46	48	49	51	53
5′3″	35	37	39	41	43	44	46	48	50	51
5′4″	34	36	38	39	41	43	45	46	48	50
5′5″	33	35	37	38	40	42	43	45	47	48
5′6″	32	34	36	37	39	40	42	44	45	47
5′7″	31	33	34	36	38	39	41	42	44	45
5′8″	30	32	33	35	37	38	40	41	43	44
5′9″	30	31	33	34	35	37	38	40	41	43
5′10″	29	30	32	33	34	36	37	39	40	42
5′11″	28	29	31	32	33	35	36	38	39	40
6′0″	27	28	30	31	33	34	35	37	38	39
6′1″	26	28	29	30	32	33	34	36	37	38
6′2″	26	27	28	29	31	32	33	35	36	37
6′3″	25	26	28	28	30	31	33	34	35	36
6′4″	24	26	27	27	29	30	32	33	34	35
6′5″	24	25	26	27	28	30	31	32	33	34
6′6″	23	24	25	26	28	29	30	31	32	34
6′7″	23	24	25	26	27	28	29	30	32	33
6′8″	22	23	24	25	26	27	29	30	31	32
6′9″	21	24	24	25	26	27	28	29	30	31
6′10″	21	22	23	24	25	26	27	28	29	30

Extremely obese

Obese

Overweight

INCREASED RISK ↑

Healthy

↓ REDUCED RISK

Underweight

Palliative Performance Scale (PPS)

%	Ambulation	Activity and Evidence of Disease	Self-care	Intake	Level of Consciousness
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. Some evidence of disease.	Full	Normal or reduced	Full
70	Reduced	Unable to do normal job/work. Some evidence of disease.	Full	Normal or reduced	Full
60	Reduced	Unable to do normal hobby/housework. Significant disease.	Occasional assistance necessary	Normal or reduced	Full or confusion
50	Mainly sit / lie	Unable to do any work. Extensive disease.	Considerable assistance necessary	Normal or reduced	Full or confusion
40	Mainly in bed	Unable to do any work. Extensive disease.	Mainly assistance	Normal or reduced	Full or confusion
30	Totally bed-bound	Unable to do any work. Extensive disease.	Total care	Reduced	Full or drowsy or confusion
20	Totally bed-bound	Unable to do any work. Extensive disease.	Total care	Minimal sips	Full or drowsy or confusion
10	Totally bed-bound	Unable to do any work. Extensive disease.	Total care	Mouth care only	Drowsy or coma
0	Death	—	—	—	—

New York Heart Association (NYHA) Functional Classification

Class	Description
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.
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.
III	Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea or anginal pain.
IV	Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases.

FLACC Pain Scale

Scoring	0	1	2
Face	No particular expression or smile.	Occasional grimace or frown, withdrawn, disinterested.	Frequent to constant quivering chin, clenched jaw.
Legs	Normal position or relaxed.	Uneasy, restless, tense.	Kicking, or legs drawn up.
Activity	Lying quietly, normal position, moves easily.	Squirming, shifting back and forth, tense.	Arched, rigid or jerking.
Cry	No cry (awake or asleep).	Moans or whimpers; occasional complaint.	Crying steadily, screams or sobs, frequent complaints.
Consola-bility	Content, relaxed.	Reassured by occasional touching, hugging or being talked to, distractable.	Difficulty to console or comfort.

The FLACC Pain Scale is a behavior pain scale that can be used in pediatric patients from infants to 3-year-olds and other non-verbal patients unable to provide reports of pain. To score, access the patients in each of the five categories, total the score and evaluate the total using the 0-10 pain scale parameters.

Functional Assessment Staging Tool (FAST)

1. No difficulty either subjectively or objectively.

2. Complains of forgetting location of objects.
   Subjective work difficulties.

3. Decreased job functioning evident to co-workers.
   Difficulty in traveling to new locations.
   Decreased organizational capacity.*

4. Decreased ability to perform complex tasks such as:*
   - Planning dinner for guests.
   - Handling personal finances (e.g., forgetting to pay bills).
   - Difficulty shopping, etc.

5.
   - Requires assistance in choosing proper clothing to wear for the day, season or occasion.*
   - Repeatedly observed wearing the same clothing, unless supervised.

6.
   - Improperly putting on clothes without assistance or cueing* (e.g., may put street clothes on over night clothes, put shoes on wrong feet, have difficulty buttoning clothing).
   - 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.*
   - Fecal incontinence.*

7.
   - Limited ability to speak less than six intelligible different words in an average day or interview.*
   - Speech ability is limited to the use of a single intelligible word in a normal interaction; repetitive actions.*
   - Ambulatory ability is lost (cannot walk without personal assistance).
   - Cannot sit up without assistance (individual falls over if no lateral armrests on chair).*
   - Loss of ability to smile.*
   - Loss of ability to hold head up independently.*

Check highest consecutive level of disability.
Hospice appropriate with FAST score of 7 or beyond.

*Occasionally or more frequently over the past weeks.

Notes

Notes

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