

MEDICARE GUIDELINES FOR NON-CANCER DIAGNOSIS DETERMINATION FOR HOSPICE

ADULT FAILURE TO THRIVE

- 1. BMI must be < 22 kg/m²
- 2. Reason for Decline: (check all that apply)
 - o Not responding to nutritional support despite adequate caloric intake
 - o Patient declining enteral/parenteral support
- 3. Karnofsky Score: (must be 40 or below)
 - o 40 – Disabled / require much assistance / frequent medical care
 - o 30 – Severely disabled / require close monitoring
 - o 20 – Very sick / active supportive Tx
 - o 10 – Moribund / Imminent death

Comorbidities increase patient's hospice appropriateness

ICD-9 Codes that support medical necessity:

- 783.41 Failure to Thrive
- 783.7 Adult Failure to Thrive
- 799.3 Debility, unspecified
- 799.89 Other ill-defined conditions
- 799.9 Other unknown and unspecified causes of morbidity and mortality

LIVER DISEASE (Both 1 & 2 and at least 1 of 3 must be present)

End-Stage Liver Disease must have at least one of the following:

- Prolonged prothrombin time > 5 sec. over control or INR > 1.5
- Low serum albumin < 2.5 gm/dl
- Ascities
 - o Spontaneous bacterial peritonitis
 - o Hepatorenal syndrome
 - o Recurrent Variceal Bleeding
 - o Hepatic Encephalopathy

ICD-9 Codes that support medical necessity:

- 155.0 Liver Cancer
- 571.2 Alcoholic Cirrhosis of liver
- 571.40-571.49 Chronic hepatitis
- 571.5 Cirrhosis of liver w/o mention of alcohol
- 571.6 Biliary Cirrhosis
- 572.2 Hepatic coma
- 572.4 Hepatorenal syndrome

The Medicare Hospice Benefit is predicated upon physician-certification that an individual entitled to Part A of Medicare is terminally ill. An individual is considered to be terminally ill if the individual has a medical prognosis that his or her life expectancy is six months or less if the illness runs its normal course.

**Taken from Centers for Medicare / Medicaid
"Local Coverage Determination Policies 2004"***

HIV

- 1. CD + count < 25
- 2. Viral load > 100,000
- 3. Co-morbidity factors
- 4. The following HIV related opportunistic diseases are all associated with prognosis ≤ 6 months
 - o a.) CNS Lymphoma
 - o b.) Progressive multifocal leuencephalopathy
 - o c.) Cryptosporidiosis
 - o d.) Wasting (loss of 33% lean body mass)
 - o e.) MAC bacteremia, untreated
 - o f.) Visceral Kaposi's sarcoma, unresponsive to therapy
 - o g.) Renal failure, refuses or fails dialysis
 - o h.) Advanced AIDS dementia complex
 - o i.) Toxoplasmosis

KARNOFSKY SCALE

Must be at or below 40% for Hospice Appropriateness:

- 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

Please contact our offices if you would like to have one of our registered nurses perform an assessment of your patient to determine if hospice care is appropriate for them.



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WWW.AEHOSPICE.COM

The goal of A&E Hospice Care is to provide support and care for individuals through the course of an incurable illness, so that they can live as fully and comfortable as possible.

SERVICED PROVIDED:

Regular home care visits by RNs
CNA/ Homemaker Services
Symptom and Pain control
Medicines related to diagnosis plus comfort medications
Continuous Care (Crisis Care)
Respite Care
On staff Pharmacist and Pharmacy
Prescription pick up/delivery
Medical supplies/Medical equipment
Nutritional supplements
Professional Nursing 24/hours/day
Emotional Support/ Counseling
Spiritual Support/ Counseling
Volunteer services
Physical/ Speech Therapy
Dietary Counseling
Wound Specialist
Therapy animals (per patient request)
Arts and Entertainment Therapy
Pharmaceutical Patient Assistance Program
Bereavement Services
Massage Therapy

**A&E Hospice Care is available
24 hours/day, 7 days/week**

Serving 10 Counties in Alabama:

Lauderdale
Limestone
Franklin
Winston
Walker

Lawrence
Colbert
Lamar
Fayette
Marion

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HEART DISEASE

- 1. Patient is already optimally treated w/ diuretics and vasodilators (ACE Inhibitors) or Nitrates plus Hydralazine
- 2. NYHA Class IV

Supportive Documentation

1. O₂ Sat. <88%
2. Ejection Fraction of 20% or less
3. SV or Ventricular Arrhythmias
4. Hx. Of Cardiac Arrest
5. Hx. Of Syncope, unexplained
6. Brain embolism

*If patient can't tolerate ACE Inhibitors, MD must document why ICD-9 C odes that support medical necessity:

- 414.8 Chronic Ischemic Heart Disease
- 424.0-428.9 Congestive Heart Failure

PULMONARY DISEASE

- 1. Severe chronic lung disease documented by A and B
 - o A. Disabling Dyspnea at rest, poorly or unresponsive to bronchodilators, resulting in decreased functional capacity.

Documentation of forced expiratory volume in one second (FEV1) after bronchodilator, less than 30% predicated.

- o B. Progression of end-stage pulmonary disease, as evidenced by prior increasing visits to the emergency department of prior hospitalizations for pulmonary infections / respiratory failure

Documentation of serial decrease in FEV1 on serial testing of > 40 ml per year.

- 2. Hypoxemic at rest on room air, as evidenced by:
 - o pO₂, ≤ 55 mm Hg or
 - o O₂ saturation 88%
 - o Hypercapnia (pCO₂ ≤ 50 mm Hg)

Supportive Documentation

1. Cor pulmonale and right heart failure (RHF)
2. Progressive weight loss > than 10% over preceding 6 months
3. Resting tachycardia > 100/mm

ICD-9 Codes that support medical necessity:

Diagnoses for pulmonary disease, which leads to end-stage pulmonary disease, will be accepted.

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STROKE AND COMA

- 1. FAST Score (must be 7 or above)
 - o (7a) Speaks, 6 intelligent words or less
 - o (7b) All intelligible vocabulary lost
 - o (7c) Non-ambulation
 - o (7d) Can't sit without assistance
 - o (7e) Loss of ability to smile
 - o (7f) Unable to hold up head independently

- 2. Inability to maintain hydration and caloric intake with one of the following:

- o Weight loss > 10% during previous 6 months
- o Weight loss > 7.5% in previous 3 months
- o Serum albumin < 2.5 gm/dl
- o History of pulmonary aspiration
- o Inadequate caloric/fluid intake

ICD9 Codes that support medical necessity:

- 430 Subarachnoid hemorrhage
- 431 Intracerebral hemorrhage
- 431-436
- 850-854
- 997.02 Nervous system complication; iatrogenic cerebrovascular infraction or hemorrhage

ALZHEIMER'S DISEASE

- 1. FAST Score (must be 7 or above)
 - o (7a) Speaks, 6 intelligent words or less
 - o (7b) All intelligible vocabulary lost
 - o (7c) Non-ambulation
 - o (7d) Can't sit without assistance
 - o (7e) Loss of ability to smile
 - o (7f) Unable to hold up head independently

- 2. Comorbid or secondary conditions such as:

- o COPD
- o CHF
- o Fever recurrent after antibiotics
- o Recurrent aspiration pneumonia
- o Sepsis/ Septicemia
- o Upper UTA (e.g. pyelonephritis)
- o Progressive weight loss > 10% in past 6 months
- o Serum albumin < 2.5 gm/dl
- o Age > 70
- o Aspiration Pneumonia
- o Decubitus ulcers (multiple stage 3 -4)

ICD-9 Codes that support medical necessity:

- 290.3 Senile dementia with delirium
- 331.0 Alzheimer's disease
- 331.33 Pick's disease
- 331.2 Senile degeneration of the brain

Taken from Centers for Medicare / Medicaid
"Local Coverage Determination Policies 2004"

RENAL DISEASE (A, V, & C must be present)

- 1. Acute Renal Failure
 - o A. Patient is not seeking dialysis or renal transplant
 - o B. Creatinine clearance < 10 cc/min (< 15 cc/min for diabetes)
 - o C. Serum creatinine > 8.0 mg/dl (3.0 mg/dl for diabetes)

Supportive Documentation

Comorbid Conditions:

1. Mechanical Ventilation
2. Malignancy (other organ system)
3. Chronic lung disease
4. Advanced cardiac disease
5. Advanced liver disease
 - Sepsis
 - Immunosuppression / AIDS
 - Albumin < 3.5 gm/dl
 - Cachexia
 - Platelet count < 25,000
 - Disseminated intravascular coagulation
 - Gastrointestinal bleeding

- 2. Chronic Renal Failure
 - o A. Patient is not seeking dialysis or renal transplant
 - o B. Creatinine clearance < 10 cc/min (< 15 cc/min for diabetes)
 - o C. Serum creatinine > 8.0 mg/dl (3.0 mg/dl for diabetes)

Supportive Documentation

Signs and symptoms of renal failure:

1. Uremia
2. Oliguria (<400 cc/day)
3. Intractable Hyperkalemia (7.0) not responsive to treatment
4. Uremic pericarditis
5. Hepatorenal syndrome
6. Intractable fluid overload, not responsive to treatment

ICD-9 Codes that support medical necessity:

- 584.5 – 584.9 Acute Renal Failure
- 585 Chronic Renal Failure
- 586 Renal failure, unspecified

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Our Family Helping Yours

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