**ADULT FAILURE TO THRIVE**
- 1. BMI must be < 22 kg/m²
- 2. Reason for Decline: (check all that apply)
  - Not responding to nutritional support despite adequate caloric intake
  - Patient declining enteral/parenteral support
- 3. Karnofsky Score: (must be 40 or below)
  - 40 – Disabled / require much assistance / frequent medical care
  - 30 – Severely disabled / require close monitoring
  - 20 – Very sick / active supportive Tx
  - 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
- Ascites
  - Spontaneous bacterial peritonitis
  - Hepatorenal syndrome
  - Recurrent Variceal Bleeding
  - 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

**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

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**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
  - a.) CNS Lymphoma
  - b.) Progressive multifocal leukoencephalopathy
  - c.) Cryptosporidiosis
  - d.) Wasting (loss of 33% lean body mass)
  - e.) MAC bacteremia, untreated
  - f.) Visceral Kaposi’s sarcoma, unresponsive to therapy
  - g.) Renal failure, refuses or fails dialysis
  - h.) Advanced AIDS dementia complex
  - i.) Toxoplasmosis

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
- Lawrence
- Limestone
- Colbert
- Franklin
- Lamar
- Winston
- Fayette
- Walker
- Marion

**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.**

**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.**

**A&E HOSPICE CARE**
Our Family Helping Yours

PHONE (256) 764-5579
TOLL FREE (866) 764-5579
IN MOUNTAIN (256) 905-4566
IN ATHENS (256) 614-1009
FAX (256) 764-7413

235 AZALEA DRIVE  FLORENCE, AL 35630
WWW.AEHOSPICE.COM

**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***
**HEART DISEASE**
- 1. Patient is already optimally treated w/ diuretics and vasodilator (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 Arrythmias
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

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

- 2. Inability to maintain hydration and caloric intake with one of the following:
  - Weight loss > 10% during previous 6 months
  - Weight loss > 7.5% in previous 3 months
  - Serum albumin < 2.5 gm/dl
  - History of pulmonary aspiration
  - 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)
  - (7a) Speaks, 6 intelligent words or less
  - (7b) All intelligible vocabulary lost
  - (7c) Non-ambulation
  - (7d) Can’t sit without assistance
  - (7e) Loss of ability to smile
  - (7f) Unable to hold up head independently

- 2. Comorbid or secondary conditions such as:
  - COPD
  - CHF
  - Fever recurrent after antibiotics
  - Recurrent aspiration pneumonia
  - Sepsis/ Septicemia
  - Upper UTA (e.g. pylonephritis)
  - Progressive weight loss > 10% over preceding 6 months
  - Serum albumin < 2.5 gm/dl
  - Age > 70
  - Aspiration Pneumonia
  - 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

**RENAL DISEASE (A, V, & C must be present)**
- 1. Acute Renal Failure
  - A. Patient is not seeking dialysis or renal transplant
  - B. Creatinine clearance < 10 cc/min (< 15 cc/min for diabetes)
  - C. Serum creatinine > 8.0 mg/dl (3.0 mg/dl for diabetes)

**Supportive Documentation**
- Sepsis
- Immunosuppression / AIDS
- Albumin < 3.5 gm/dl
- Cachexia
- Platelet count < 25,000
- Disseminated intravascular coagulation
- Gastrointestinal bleeding

**PULMONARY DISEASE**
- 1. Severe chronic lung disease documented by A and B
  - 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% predicted.*
  - 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:
  - pO₂ ≤ 55 mm Hg or
  - O₂ saturation 88%
  - Hypercapnia (pCO₂ ≤ 50 mm Hg)

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

**ICD-9 Codes that support medical necessity:**
- 584.5 – 584.9 Acute Renal Failure
- 585 Chronic Renal Failure
- 586 Renal failure, unspecified

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

**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

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.

**Supportive Documentation**
- Albumin < 3.5 gm/dl
- Cachexia
- Platelet count < 25,000
- Disseminated intravascular coagulation
- Gastrointestinal bleeding

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