

A Guide for Navigating Hospice Eligibility

The information contained in this educational tool, when used together with your expertise, is intended to assist you in identifying patients that may meet Medicare Hospice eligibility requirements. The criteria contained in this guideline is not a final determination of eligibility as that must be based on a full patient evaluation performed in collaboration with the referring physician and a hospice medical director.

*Palliative Performance Scale (PPS)

Basic Criteria

In order to meet eligibility requirements a physician must reasonably believe the patient's prognosis to be six months or less if the disease runs its normal course. As each patient is unique in his or her response to disease processes, this guide assists providers in evaluating a patient's clinical data to reasonably support an opinion of declining prognosis. Please contact Tidewell Hospice at **(941) 894-1777** for assistance navigating this tool or to discuss questions regarding hospice eligibility.

%	Ambulation	Activity Level Evidence of Disease	Self-Care	Intake	Level of Consciousness	Estimated Median Survival in Days		
						A	B	C
100	Full	Normal <i>No Disease</i>	Full	Normal	Full	N/A	N/A	108
90	Full	Normal <i>Some Disease</i>	Full	Normal	Full			
80	Full	Normal with Effort <i>Some Disease</i>	Full	Normal or Reduced	Full			
70	Reduced	Can't do normal job/work <i>Some Disease</i>	Full	Normal or Reduced	Full	145	4	41
60	Reduced	Can't do hobbies/housework <i>Significant Disease</i>	Occasional Assistance Needed	Normal or Reduced	Full or Confusion	29		
50	Mainly sit/lie	Can't do any work <i>Extensive Disease</i>	Considerable Assistance Needed	Normal or Reduced	Full or Confusion	30	11	
40	Mainly in Bed	Can't do any work <i>Extensive Disease</i>	Mainly Assistance	Normal or Reduced	Full or Drowsy or Confusion	18	8	6
30	Bed Bound	Can't do any work <i>Extensive Disease</i>	Total Care	Reduced	Full or Drowsy or Confusion	8	5	
20	Bed Bound	Can't do any work <i>Extensive Disease</i>	Total Care	Minimal sips	Full or Drowsy or Confusion	4	2	
10	Bed Bound	Can't do any work <i>Extensive Disease</i>	Total Care	Mouth Care Only	Drowsy or Coma	1	1	-
0	Death	0	-	-	-	-	-	

A) Survival post-admission to an inpatient palliative unit, all diagnoses (Vink 2002). B) Days until inpatient death following admission to an acute hospice unit, diagnoses not specified (Anderson 1996). C) Survival post admission to an inpatient palliative unit, cancer patients only (Morita 1999).

GENERAL (non-specific)

Terminal Illness Guidelines

Rapid decline over past 3 to 6 months as evidenced by:

- Progression of disease evidenced by symptoms, signs and test results
- Decline in PPS to $\leq 50\%$
- Involuntary weight loss $>10\%$ and/or albumin <2.5 (helpful)

NEUROLOGIC DISEASE

(Criteria are very similar for chronic degenerative conditions such as ALS, Parkinson's, muscular dystrophy, myasthenia gravis or multiple sclerosis) The patient must meet at least one of the following criteria (1 or 2A or 2B):

1. Critically impaired breathing capacity, with all:

- Dyspnea at rest
- Vital capacity $< 30\%$
- Need O₂ at rest
- Patient refuses artificial ventilation

OR

- Rapid disease progression any of the following and either A or B below:
- Independent ambulation to wheelchair- or bed-bound status
- Normal to barely intelligible or unintelligible speech
- Normal to pureed diet
- Independence in most ADLs to needing major assistance in all ADLs

AND

A. Critical nutritional impairment demonstrated by all of the following in the preceding 12 months:

- Oral intake of nutrients and fluids insufficient to sustain life
- Continuing weight loss
- Dehydration or hypovolemia
- Absence of artificial feeding methods

OR

B. Life-threatening complications in the past 12 months as demonstrated by ≥ 1 :

- Recurrent aspiration pneumonia, pyelonephritis, sepsis
- Recurrent fever, Stage 3 or 4 pressure ulcers

CANCER

Patient meets ALL of the following:

- Clinical findings of malignancy with widespread, aggressive or progressive disease as evidenced by increasing symptoms, worsening lab values and/or evidence of metastatic disease
- Palliative Performance Scale (PPS) $\leq 70\%$
- Refuses further life-prolonging therapy OR continues to decline in spite of definitive therapy

Supporting documentation includes:

- Hypercalcemia > 12
- Cachexia or weight loss of 5% in past 3 months
- Recurrent disease after surgery/radiation/chemotherapy

- Signs and symptoms of advanced disease (nausea, requirement for transfusions, malignant ascites or pleural effusion, etc.)

HEART DISEASE

Patient has 1 and either 2 or 3.

1. CHF with NYHA Class IV* symptoms and both:

- Significant symptoms at rest
- Inability to carry out even minimal physical activity without dyspnea or angina

2. Patient is optimally treated (diuretics, vasodilators, ACEI, or hydralazine and nitrates)

3. Patient has angina pectoris at rest, resistant to standard nitrate therapy, and is either not a candidate for/or has declined invasive procedures.

Supporting documentation includes:

- EF $\leq 20\%$, treatment-resistant symptomatic dysrhythmias
- History of cardiac-related syncope
- CVA 2/2 cardiac embolism
- History of cardiac resuscitation

HIV/AIDS

Patient has either 1A or 1B and 2 and 3.

1A. CD4+ < 25 cells/mcL

OR

1B. Viral load $> 100,000$

AND

2. At least one:

- CNS lymphoma
- Untreated or refractory wasting (loss of > 33% lean body mass)
- MAC bacteremia
- Progressive multifocal leukoencephalopathy
- Systemic lymphoma
- Visceral KS
- Renal failure no HD
- Cryptosporidium infection
- Refractory toxoplasmosis

AND

3. PPS* of < 50%

STROKE OR COMA

Patient has both 1 and 2.

1. Poor functional status PPS* ≤ 40%

AND

2. Poor nutritional status with inability to maintain sufficient fluid and calorie intake with ≥1 of the following:
- ≥ 10% weight loss in past 6 months
 - ≥ 7.5% weight loss in past 3 months
 - Serum albumin <2.5 gm/dl
 - Current history of pulmonary aspiration without effective response to speech therapy interventions to improve dysphagia and decrease aspiration events

Supporting documentation includes:

Coma (any etiology) with 3 of the following on the third day of coma:

- Abnormal brain stem response
- Absent verbal responses
- Absent withdrawal response to pain

Serum creatinine > 1.5 gm/dl

DEMENTIA

Patient has both 1 and 2:

1. Stage 7C or beyond according to the FAST Scale

AND

2. One or more of the following conditions in the 12 months:

- Aspiration pneumonia
- Pyelonephritis
- Septicemia
- Multiple pressure ulcers (stage 3-4)
- Recurrent fever
- Other significant condition that suggests a limited prognosis

Inability to maintain sufficient fluid and calorie intake in the past 6 months (10% weight loss or albumin < 2.5 gm/dl)

LIVER DISEASE

Patient has both 1 and 2.

1. End-stage liver disease as demonstrated by A or B & C:

A. PT > 5 sec

OR

B. INR > 1.5

AND

C. Serum albumin < 2.5 gm / dl

AND

2. One or more of the following conditions:

- Refractory ascites
- History of spontaneous bacterial peritonitis
- Hepatorenal syndrome
- Refractory hepatic encephalopathy
- History of recurrent variceal bleeding

Supporting Documents includes:

- Progressive malnutrition
- Muscle wasting with decreased strength
- Ongoing alcoholism (> 80 gm ethanol/day)
- Hepatocellular CA HBsAg positive
- Hep. C refractory to treatment

Dementia Functional Assessment Scale (FAST)

1	No difficulty either subjectively or objectively.
2	Complaints 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 task (e.g., planning dinner for guests, handling personal finances e.g. forgetting to pay bills, etc.).
5	Requires assistance in choosing proper clothing to wear for the day, season or occasion (e.g. patient may wear the same clothing repeatedly, unless supervised).*
6	Occasionally or more frequently over the past weeks for the following: A) Improperly putting on clothes without assistance or cuing. B) Unable to bathe properly (not able to choose proper water temperature). C) Inability to handle mechanics of toileting (e.g., forget to flush the toilet does not wipe properly or dispose of toilet tissue). D) Urinary incontinence. E) Fecal incontinence.
7	A) Ability to speak limited to approximately < 6 intelligible different words in the course of an average day or in the course of an intensive interview. B) Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview. C) Ambulatory ability is lost (cannot walk without personal assistance). D) Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair). E) Loss of ability to smile. F) Loss of ability to hold up head independently.
* Scored primarily on information obtained from a knowledgeable informant.	

RENAL FAILURE

Patient has 1, 2 and 3.

1. Patient is not seeking dialysis or renal transplant

AND

2. Creatinine clearance* is < 10 cc/min (<15 for diabetics)

AND

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

Supporting documentation for chronic renal failure includes:

- Uremia
- Oliguria (urine output < 400 cc in 24 hours)
- Intractable hyperkalemia (> 7.0)
- Uremic pericarditis
- Hepatorenal syndrome
- Intractable fluid overload

Supporting documentation for acute renal failure includes:

- Mechanical ventilation
- Malignancy (other organ system)
- Chronic lung disease
- Advanced cardiac disease
- Advanced liver disease

PULMONARY DISEASE

Severe chronic lung disease as documented by 1, 2 and 3.

1. Patient has all of the following:

- Disabling dyspnea at rest
- Little if no response to bronchodilators
- Decreased functional capacity (bed to chair existence, fatigue and cough)

AND

2. Progression of disease as evidenced by a recent history of increasing physicians' office, home or ED visits and/or hospitalizations for pulmonary infection and/or respiratory failure

AND

3. Documentation within the past 3 months ≥:

- Hypoxemia at rest on room air (pO₂ < 55 mmHg by ABG) or oxygen saturation < 88%
- Hypercapnia evidenced by pCO₂ > 50 mmHg

Supporting documentation includes:

- Cor pulmonale and right heart failure
- Unintentional progressive weight loss

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