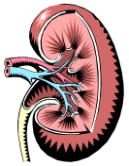
NEUROLOGIC DISEASE

(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 O_2 at rest, patient refuses artificial ventilation
OR
2. Rapid disease progression with either A or B below:
Progression from :
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 ulcer(s)



RENAL FAILURE

The patient has 1, 2, and 3.

1. The pt 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

STROKE OR COMA

The 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 3rd day of coma:
Abnormal brain stem response
Absent verbal responses
Absent withdrawal response to pain
Serum creatinine > 1.5 gm/dl

REFERENCES:

1.Centers for Medicare & Medicaid services, HHS § 418.22 Certification of terminal illness. https://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol3/pdf/CFR-2011-title42-vol3-sec418-22.pdf Accessed 4/12/18
2. Medicare Program; FY 2018 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements https://www.federalregister.gov/documents/2017/08/04/2017-16294/medicare-program-fy-2018-hospice-wage-index-and-payment-rate-update-and-hospice-quality-reporting Accessed 4/12/2018
3.Anderson F, Downing GM, Hill J. Palliative Performance Scale (PPS): a new tool. J Palliat Care. 1996; 12(1): 5-11.
4.Morita T, Tsunoda J, Inoue S, et al. Validity of the Palliative Performance Scale from a survival perspective. J Pain Symp Manage. 1999; 18(1):2-3.
5. Virik K, Glare P. Validation of the Palliative Performance Scale for inpatients admitted to a palliative care unit in Sydney, Australia. *J Pain Symp Manage.* 2002; 23(6):455-7.
6. Myers J, Kim A, Flanagan J. Palliative performance scale and survival among outpatients with advanced cancer. Supportive Care in Cancer 2015; 23.4: 913-918.

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Hospice Criteria Card

Hospice is a program designed to care for the dying & their special needs. All hospice programs should include:
(a) **Control of pain and other symptoms** through medication, environmental adjustment and education.
(b) **Psychosocial support** for both the patient and family, including all phases from diagnosis through bereavement.
(c) **Medical services** commensurate with patient needs.
(d) **Interdisciplinary Team (IDT)** approach to patient care, patient/ and family support, and education.
(e) Integration into existing facilities where possible.
(f) Specially trained personnel with expertise in care of the dying and their families.

Hospice Eligibility Criteria
In order to be eligible to elect hospice care under Medicare, an individual must be— (a) Entitled to Part A of Medicare; and (b) Certified as being terminally ill in accordance with § 418.22.

Duration of hospice care coverage—Election periods:
(1) An initial 90-day period;
(2) A subsequent 90-day period; or
(3) An unlimited number of subsequent 60-day periods.*

Hospice Face-To-Face (FTF) encounter Must include documentation that a hospice physician or a hospice nurse practitioner had a FTF encounter with the patient. This encounter is used to gather clinical findings to determine continued eligibility for hospice care. The FTF must occur within 30 days calendar prior to the start of the *3rd benefit period and every subsequent recertification period.

Hospice Levels of Care
Routine Home Care (RHC): Core services of hospice interdisciplinary team provided at patient's home (place of residence)
Continuous Home Care (CHC): intended to support patient and their caregivers through brief periods of crisis. CHC provides care for 8-24 hours a day. ≥50% of care must be primarily provided by an LPN or RN. Home health aid or homemaker services can be used to cover the needs.
Inpatient Respite Care (IRC): short term care to provide relief to family/ primary caregiver. Limited to 5 consecutive days
General Inpatient Care (GIP): care provided in acute hospital or other setting with intensive nursing & other support outside of the home. For management of uncontrolled distressing physical symptoms (e.g. uncontrolled pain, respiratory distress, etc.) or psychosocial problems (e.g. unsafe home or imminent death when family can't cope at home)

Hospice Principal Diagnosis
Identify the condition that is the main contributor to the person's terminal prognosis. Non-specific diagnoses such as Debility or Adult Failure to Thrive (AFTT) may no longer be listed as a principal terminal diagnosis. Debility and AFTT can and should be listed as secondary (related) conditions to support prognosis if indicated.

Terminal Illness: GENERAL (non-specific)

Terminal condition not attributed to a single specific illness.

AND

Rapid decline over past 3-6 months as evidenced by:
Progression of disease evidenced by sx, signs & test results
Decline in PPS to ≤ 50%
Involuntary weight loss >10% and/or Albumin <2.5 (helpful)

CANCER

Patient meets ALL of the following:

1.Clinical findings of malignancy with widespread, aggressive or progressive disease as evidenced by increasing symptoms worsening lab values and/or evidence of metastatic disease
2.Palliative performance Scale (PPS) ≤ 70%
3.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 sx of advanced disease (e.g. nausea, requirement for transfusions, malignant ascites or pleural effusion, etc.)

Functional Assessment Scale (FAST) for Alzheimer's Type Dementia	
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 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. pt 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 cueing . **B)** Unable to bathe properly (not able to choose proper water temp) **C)** Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly 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.

Palliative Performance Scale (PPS)

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

A Survival post-admission to an inpatient palliative unit, all diagnoses (Virik 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).

DEMENTIA

The 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)

HEART DISEASE

The patient has 1 and either 2 or 3.
1. CHF with **NYHA Class IV* symptoms & both:**
Significant symptoms at rest
Inability to carry out even minimal physical activity without dyspnea or angina
2. Patient is optimally treated
(ie diuretics, vasodilators, ACEI, or hydralazine and nitrates)
3. The 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 ≤ 20%, Treatment resistant symptomatic dysrythmias
h/o cardiac related syncope, CVA 2/2 cardiac embolism
H/o cardiac resuscitation, concomitant HIV disease

HIV/AIDS

The 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 (1) : 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%

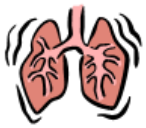
LIVER DISEASE

The 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, h/o spontaneous bacterial peritonitis, Hepatorenal syndrome , refractory hepatic encephalopathy, h/o 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

PULMONARY DISEASE

Severe chronic lung disease as documented by 1, 2, and 3.
1. The patient has all of the following:
Disabling dyspnea at rest
Little of no response to bronchodilators
Decreased functional capacity (e.g. bed to chair existence, fatigue and cough)
AND
2. Progression of disease as evidenced by a recent h/o increasing office, home, or ED visits and/or hospitalizations for pulmonary infection and/or respiratory failure.
AND
3. Documentation within the past 3 months ≥1:
Hypoxemia at rest on room air (p02 < 55 mmHg by ABG) or oxygen saturation < 88%
Hypercapnia evidenced by pC02 > 50 mmHg



Supporting documentation includes:
Cor Pulmonale and right heart failure.
Unintentional progressive weight loss