



QUICK REFERENCE GUIDE

FOR DETERMINING
HOSPICE ELIGIBILITY



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Palm Beach County
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561.227.5140
888.848.5200
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Coverage of hospice care depends upon a physician's certification of an individual's prognosis of a life expectancy of six months or less if the terminal illness runs its normal course. Recognizing that determination of life expectancy during the course of a terminal illness is difficult, Palmetto, the Medicare fiscal intermediary for Hospice of Palm Beach County, has established medical criteria for determining prognosis of certain non-cancer diagnoses. These guidelines form a reasonable approach to the determination of life expectancy based on available research.

If a patient meets the medical criteria, they are by definition eligible to receive hospice services. Some patients may not meet the criteria, but may still be eligible for hospice care because of other comorbidities or rapid functional decline. It is the physician's clinical judgment regarding the normal course of the individual's illness that determines a prognosis of 6 months or less.

Hospice of Palm Beach County is dedicated to providing hospice care to every person eligible for hospice services, regardless of their ability to pay. This Quick Reference Guide for Determining Hospice Eligibility is designed to assist physicians in determining hospice eligibility. Hospice of Palm Beach County follows these guidelines for Medicare patients, as well as all other patients.

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

The patient has:

Critically impaired breathing capacity as demonstrated by all the following characteristics:

- Vital capacity (VC) less than 30% of normal
- Significant dyspnea at rest
- Requires supplemental oxygen at rest
- Patient declines artificial ventilation

or

Rapid progression of ALS in the preceding 12 months evidenced by:

- Progression from independent ambulation to wheelchair or bedbound 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

ALS

and

Critical nutritional impairment evidenced by:

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

or

Rapid progression of ALS and life-threatening complications in the preceding 12 months as evidenced by one or more of the following:

- Recurrent aspiration pneumonia (with or without tube feedings)
- Upper urinary tract infection (pyelonephritis)
- Sepsis
- Recurrent fever after antibiotic therapy



CANCER

The patient has:

- Clinical findings of malignancy with widespread, aggressive or metastatic disease

or

- Decline in performance status and/or significant unintentional weight loss

Please note: The patient may still be receiving disease-specific treatment if it is palliative

CANCER

A physician may determine that a patient has a life expectancy of 6 months or less even if the above findings are not present. Comorbidities also support eligibility for hospice care.



CARDIOVASCULAR DISEASE

The patient has:

- Poor response to optimal treatment with diuretics and vasodilators, including angiotensin converting enzyme (ACE) inhibitors or the combination of hydralazine and nitrates

or

- Patients having angina pectoris, at rest, resistant to standard nitrate therapy and are either not candidates or decline invasive procedures

and

CARDIAC

CARDIAC

- The presence of significant symptoms of recurrent congestive heart failure (CHF) at rest and classified as New York Heart Association (NYHA) Class IV (inability to carry on any physical activity without discomfort, symptoms of heart failure or angina at rest or increased discomfort even with minimal exertion)

Supporting documentation:

- Treatment resistant symptomatic supraventricular or ventricular arrhythmias
- History of cardiac arrest or resuscitation
- History of unexplained syncope
- Brain embolism of cardiac origin
- Concomitant HIV disease
- Documentation of ejection fraction $\leq 20\%$



END - STAGE DEMENTIA

The patient has dementia, which has progressed to include all of the following characteristics:

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

and

Patients must have had one of the following within the past 12 months:

- Aspiration pneumonia
- Pyelonephritis or other upper urinary tract infection
- Septicemia
- 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



ADULT FAILURE TO THRIVE

The patient has, within six months of certification:

- Unexplained weight loss resulting in:

Body Mass Index (BMI) $< 22\text{kg/m}^2$

$$\text{BMI} = 703 \times \frac{\text{weight in pounds}}{\text{height in inches}^2}$$

and the patient is either declining enteral/parenteral nutrition or has not responded to such support

and

- Karnofsky or Palliative Performance Scale $\leq 40\%$

FAILURE TO THRIVE

*A physician may determine that a patient
has a life expectancy of 6 months or less even
if the above findings are not present.
Comorbidities also support eligibility for hospice care.*



HIV DISEASE

The patient has:

CD4+ Count <25 cells/mcL

or

Persistent viral load >100,000 copies/ml

and

At least one of the following:

CNS lymphoma

Wasting (loss of 33% lean body mass), untreated, or not responsive to treatment

Mycobacterium avium complex (MAC) bacteremia, untreated, unresponsive to treatment, or treatment refused

Progressive multifocal leukoencephalopathy

Systemic lymphoma

Visceral Kaposi's sarcoma, unresponsive to therapy

Renal failure in the absence of dialysis

HIV

HIV

- Cryptosporidium infection
- Toxoplasmosis, unresponsive to therapy

and

- Karnofsky or Palliative Performance Scale $\leq 50\%$

Supporting documentation:

- Chronic persistent diarrhea for one year
- Persistent serum albumin < 2.5 gm/dl
- Concomitant, active substance abuse
- Age > 50 years
- Absence of antiretroviral, chemotherapeutic and prophylactic drug therapy related specifically to HIV disease
- Advanced AIDS dementia complex
- Toxoplasmosis
- Congestive heart failure, symptomatic at rest



LIVER DISEASE

The patient has:

- Prothrombin time (PT) more than 5 seconds over control, or International Normalized Ratio (INR) > 1.5

and

- Serum albumin < 2.5 gm/dl

and

End stage liver disease with one or more of the following conditions:

- Ascites, refractory to treatment or patient non-compliant
- Spontaneous bacterial peritonitis
- Hepatorenal syndrome
- Hepatic encephalopathy, refractory to treatment or patient non-compliant
- Recurrent variceal bleeding, despite intensive therapy

LIVER

LIVER

Supporting documentation:

- 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 may be certified for the Hospice benefit and discharged if a donor is procured.



PULMONARY DISEASE

The patient has advanced pulmonary disease with:

- Disabling dyspnea at rest with little or no response to bronchodilators, resulting in decreased functional capacity, fatigue and cough

and

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

and

- Hypoxemia at rest on room air, as evidenced by $pO_2 \leq 55$ mmHg or oxygen saturation $\leq 88\%$, or hypercapnia, as evidenced by $pCO_2 \geq 50$ mmHg

Supporting documentation:

- Cor pulmonale and right heart failure (RHF) secondary to pulmonary disease

- Unintentional progressive weight loss of greater than 10% of body weight

- Resting tachycardia $>100/\text{min}$

- Forced expiratory volume in one second (FEV1), after bronchodilator, less than 30% of predicted

- Documentation of serial decrease of FEV1 $>40 \text{ ml/year}$



RENAL DISEASE

Acute Renal Failure

- Not seeking dialysis or transplant
and
- Creatinine clearance < 10 cc/min
(< 15 cc/min for diabetics)
and
- Serum Creatinine > 8.0 mg/dl
(> 6.0 mg/dl for diabetics)

Supporting documentation:

- Mechanical ventilation
- Malignancy
- Chronic lung disease
- Advanced cardiac or liver disease
- Sepsis
- Immunosuppression/AIDS
- Albumin < 3.5 gm/dl
- Cachexia
- Platelet count $< 25,000$
- Disseminated intravascular coagulation
- Gastrointestinal bleeding

RENAL DISEASE

Chronic Renal Failure

- Not seeking dialysis or transplant

and

- Creatinine Clearance <10 cc/mm
(≈ 15 cc/min for diabetes)

and

- Serum creatinine >8.0 mg/dl
(>6.0 mg/dl for diabetes)

Supporting documentation:

- Uremia
- Oliguria (<400 cc/day)
- Hyperkalemia (>7.0) not responsive to treatment
- Uremic pericarditis
- Hepatorenal syndrome
- Intractable fluid overload



STROKE AND COMA

Karnofsky or Palliative

- Performance Scale of $\leq 40\%$
 - Mainly in bed
 - Unable to work, extensive disease
 - Mainly needs assistance in self-care
 - Normal to reduced food/fluid intake
 - Fully conscious or drowsy/confused

and

- 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
 - Pulmonary aspiration
 - Inadequate caloric/fluid intake

or

- Relevant comorbidity and/or rapid decline

STROKE/ COMA

Supporting documentation:

- Coma, with any 3 of the following on day three of coma
 - Abnormal brain stem response
 - Absent verbal response
 - Absent withdrawal response to pain
 - Serum creatinine > 1.5 mg/dl



KARNOFSKY PERFORMANCE STATUS

Description of Function

<i>Activities/Needs:</i>	<i>Index</i>
Normal, no complaints, no evidence of disease	100%
Able to carry on normal activity, minor signs of symptoms of disease	90%
Normal activity with effort, some signs of symptoms of disease	80%
Cares for self, unable to carry on normal activity or to do active work	70%
Requires occasional assistance but is able to care for most of own needs	60%
Requires considerable assistance and frequent medical care	50%
<50% = Hospice Referral	
Disabled, requires special care and assistance	40%
Severely disabled, hospitalization indicated although death not imminent	30%
Very sick, hospitalization necessary, active supportive treatment necessary	20%
Moribund, fatal processes progressing rapidly	10%
Dead	0%

KARNOFSKY

The Karnofsky Performance Status Scale is one objective means of documenting a patient's clinical decline. Most patients with a Karnofsky scale of less than 50% are eligible for hospice care.

*PALLIATIVE PERFORMANCE SCALE

<i>Activity & Evidence of Disease</i>	<i>Ambulation</i>	<i>PPS Level</i>
Normal activity & work No evidence of disease	Full	100%
Normal activity & work Some evidence of disease	Full	90%
Normal activity with effort Some evidence of disease	Full	80%
Unable to do normal job/work Significant disease	Reduced	70%
Unable to do hobby/housework Significant disease	Reduced	60%
Unable to do any work Extensive disease	Mainly sit/lie	50%
Unable to do most activity Extensive disease	Mainly in bed	40%
Unable to do any activity Extensive disease Normal oral intake	Totally bed bound	30%
Unable to do any activity Extensive disease Minimal oral intake	Totally bed bound	20%
Unable to do any activity Extensive disease Mouth care only	Totally bed bound	10%

*This is an abbreviated version of the Palliative Performance Scale (PPSv2) version 2, modified for use in this guide only.

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Hospice of Palm Beach County, Inc.
5300 East Avenue · West Palm Beach, FL · 33407
561.227.5140 · 888.848.5200
www.hpsc.com

Charles W. Gerstenberg Hospice Center
West Palm Beach, FL

Jay Robert Lauer Hospice & Palliative Care Unit
JFK Medical Center, Atlantis, FL

Bethesda Memorial Hospice & Palliative Care Unit
Bethesda Memorial Hospital, Boynton Beach, FL

Good Samaritan Hospice & Palliative Care Unit
Good Samaritan Hospital, West Palm Beach, FL

**Palm Beach Gardens Medical Center
Hospice & Palliative Care Unit**
Palm Beach Gardens Medical Center, Palm Beach Gardens, FL

Pinecrest Delray Hospice & Palliative Care Unit
Pinecrest Delray, Delray Beach, FL





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JCAHO Gold Seal Approved Accreditation

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Edited by Gail Austin Cooney, M.D.

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