Hospice Eligibility for Non-Cancer Diagnoses

ALS (Amyotrophic Lateral Sclerosis) - DETERMINING TERMINAL STATUS AND HOSPICE APPROPRIATENESS

Criteria:
Patients will be considered to be in the terminal stage of ALS (life expectancy of six months or less) if they meet the following criteria. (Must fulfill 1, 2, or 3)

1. Patient must demonstrate critically impaired breathing capacity.
   a. Critically impaired breathing capacity as demonstrated by all the following characteristics occurring within the 12 months preceding initial hospice certification:
      i. Vital capacity (VC) less than 30% of normal
      ii. Dyspnea at rest
      iii. Requiring supplemental oxygen at rest
      iv. Patient declines artificial ventilation; external ventilation used for comfort measures only

2. Patient must demonstrate both rapid progression of ALS and critical nutritional impairment.
   a. Rapid progression of ALS as demonstrated by all the following characteristics occurring within the 12 months preceding initial hospice certification:
      i. Progression from independent ambulation to wheelchair to bedbound status
      ii. Progression from normal to barely intelligible or unintelligible speech
      iii. Progression from normal to pureed diet
      iv. Progression from independence in most or all activities of daily living (ADLs) to needing major assistance by caretaker in all ADLs
   b. Critical nutritional impairment as demonstrated by all the following characteristics occurring within the 12 months preceding initial hospice certification:
      i. Oral intake of nutrients and fluids insufficient to sustain life
      ii. Continuing weight loss
      iii. Dehydration of hypovolemia
      iv. Absence of artificial feeding methods, sufficient to sustain life, but not for relieving hunger

3. Patient must demonstrate both rapid progression of ALS and life-threatening complications.
   a. Rapid progression of ALS, see 2.a above.
   b. Life-threatening complications as demonstrated by one of the following characteristics occurring within the 12 months preceding initial hospice certification:
      i. Recurrent aspiration pneumonia (with or without tube feedings)
      ii. Upper urinary tract infection, e.g., pyelonephritis
      iii. Sepsis
      iv. Recurrent fever after antibiotic therapy
      v. Stage 3 or 4 decubitus ulcer(s)
HEART DISEASE - DETERMINING TERMINAL STATUS AND HOSPICE APPROPRIATENESS

Patients will be considered to be in the terminal stage of heart disease (life expectancy of six months or less) if they meet the following criteria. (1 and 2 must be present. Factors from 3 will add supporting documentation.)

1. At the time of initial certification or re-certification for hospice, the patient is or has been already optimally treated for congestive heart failure with diuretics and vasodilators, usually including angiotensin-converting enzymes (ACE) inhibitors or have angina pectoris at rest which is resistant to intensive medical therapy or are patients who are either not candidates for revascularization procedures or who decline those procedures. (Optimally treated means that patients who are not on vasodilators have a medical reason for refusing these drugs, e.g., hypotension or renal disease.

2. The patient is classified as New York Heart Association (NYHA) Class IV and has significant symptoms of recurrent congestive heart failure (CHF) at rest. (Class IV patients with heart disease have an inability to carry on any physical activity without discomfort. Symptoms of heart failure or of an anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.)

3. Documentation of the following factors will support but is not required to establish eligibility for hospice care:
   a. Treatment resistant symptomatic supraventricular or ventricular arrhythmia’s
   b. History of cardiac arrest or resuscitation
   c. History of unexplained syncope
   d. Brain embolism of cardiac origin
   e. Concomitant HIV disease

DEMENTIA - DETERMINING TERMINAL STATUS AND HOSPICE APPROPRIATENESS IN

Patients will be considered to be in the terminal stage of dementia (life expectancy of six months or less) if they meet the following criteria.

Patients with dementia must show all the following characteristics:

1. Stage seven or beyond according to the Functional Assessment Staging Scale [Refer to Figure 5 in Module 1 Supplemental Materials]
2. Unable to ambulate without assistance
3. Unable to dress without assistance
4. Unable to bathe without assistance
5. Urinary and fecal incontinence, intermittent or constant
6. No consistently meaningful verbal communication
7. Stereotypical phrases only or the ability to speak is limited to six or fewer intelligible words
Patients must have had one of the following within the past 12 months:
1. Aspiration pneumonia
2. Pyelonephritis or other urinary tract infection
3. Septicemia
4. Decubitus ulcers, multiple, stage 3-4
5. Fever, recurrent after antibiotics
6. Inability to maintain sufficient fluid and calorie intake with 10% weight loss during the previous six months or serum albumin <2.5 gm/dl

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<th>HIV DISEASE - DETERMINING TERMINAL STATUS AND HOSPICE APPROPRIATENESS</th>
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Patients will be considered to be in the terminal stage of their illness (life expectancy of six months or less) if they meet the following criteria:

**HIV DISEASE** (1 and 2 must be present; factors from 3 will add supporting documentation)

1. CD4+ Count <25 cells/mcl or persistent (2 or more assays at least one month apart) viral load > 100,000 copies/ml, plus one of the following:
   a. CNS lymphoma
   b. Untreated, or persistent despite treatment, wasting (loss of 33% lean body mass)
   c. Mycobacterium avium complex (MAC) bacteremia, untreated, unresponsive to treatment, or treatment refused
   d. Progressive multifocal leukoencephalopathy
   e. Systemic lymphoma, with advanced HIV disease and partial response to chemotherapy
   f. Visceral Kaposi’s sarcoma unresponsive to therapy
   g. Renal failure in the absence of dialysis
   h. Cryptosporidium infection
   i. Toxoplasmosis, unresponsive to therapy

2. Decreased performance status, as measured by the Karnofsky Performance Status (KPS) scale of ≤50%.

3. Documentation of the following factors will support eligibility for hospice care:
   a. Chronic persistent diarrhea for one year
   b. Persistent serum albumin <2.5
   c. Concomitant, active substance abuse
   d. Age >50 years
   e. Absence of antiretroviral, chemotherapeutic and prophylactic drug therapy related specifically to HIV disease
   f. Advanced AIDS dementia complex
   g. Toxoplasmosis
   h. Congestive heart failure, symptomatic at rest
PULMONARY DISEASE - DETERMINING TERMINAL STATUS AND HOSPICE APPROPRIATENESS

Patients will be considered to be in the terminal stage of pulmonary disease (life expectancy of six months or less) if they meet the following criteria. The criteria refer to patients with various forms of advanced pulmonary disease who eventually follow a final common pathway for end stage pulmonary disease. (1, 2, and 3 must be present. Documentation of 4, 5, and/or 6 will lend support documentation.):

1. Severe chronic lung disease as documented by both a. and b.:
   a. Disabling dyspnea at rest, poorly or unresponsive to bronchodilators, resulting in decreased functional capacity, e.g. bed to chair existence, fatigue, and cough:
      (Documentation of Forced Expiratory Volume in One Second (FEV1), after bronchodilator, less than 30% of predicted is objective evidence for disabling dyspnea, but is not necessary to obtain).
   b. Progression of end stage pulmonary disease, as evidenced by increasing visits to the emergency department or hospitalizations for pulmonary infections and/or respiratory failure or increasing physician home visits prior to initial certification.
      (Documentation of serial decrease of FEV1>40 ml/year is objective evidence for disease progression, but is not necessary to obtain).

2. Hypoxemia at rest on room air, as evidenced by pO2 <55 mmHg or oxygen saturation <88% on supplemental oxygen determined either by arterial blood gases or oxygen saturation monitors. (These values may be obtained from recent hospital records.) Or Hypercapnia, as evidenced by pCO2>50 mmHg. (This value may be obtained from recent [within 3 months] hospital records.)

3. Right heart failure (RHF) second to pulmonary disease (Cor pulmonale) (e.g., not secondary to left heart disease or valvulopathy).

4. Unintentional progressive weight loss of greater than 10% of body weight over the preceding six months.

5. Resting tachycardia >100/min.

RENAL DISEASE - DETERMINING TERMINAL STATUS AND HOSPICE APPROPRIATENESS

Patients will be considered to be in terminal stage of renal disease (life expectancy of six months or less) if they meet the following criteria:

Chronic renal failure (1 and either 2 or 3 must be present. Factors from 4 will lend supporting documentation):

1. The patient is not seeking dialysis or renal transplant
2. Creatinine clearance <10cc/min (<15cc/min for diabetics); or <15cc/min (<20cc/min for diabetics) with comorbidity of congestive heart failure
3. Serum creatinine >8.0 mg/dl (>6.0 mg/dl for diabetics)
4. Signs and symptoms of renal failure:
   a. Uremia
   b. Oliguria
c. Intractable hyperkalemia (>7.0) not responsive to treatment  
d. Uremic pericarditis  
e. Hepatorenal syndrome  
f. Intractable fluid overload, not responsive to treatment.

**STROKE AND COMA - DETERMINING TERMINAL STATUS AND HOSPICE APPROPRIATENESS**

Patients will be considered to be in terminal stage of stroke or coma (life expectancy of six months or less) if they meet the following criteria:

**Acute phase of hemorrhagic or ischemic stroke** (1, 2, or 3 must be present):
1. Coma or persistent vegetable state secondary to stroke, beyond three days duration  
2. In post anoxic stroke, coma or severe obtundation, accompanied by severe myoclonus, persisting beyond three days past the anoxic event  
3. Dysphasia, which prevents sufficient intake of foods and fluids to sustain life, in a patient who does not receive artificial nutrition and hydration

**Chronic phase of hemorrhagic or ischemic stroke** (1, 2, or 3 must be present):
1. Post stroke dementia (all the following)  
   a. Stage seven or beyond according to the Functional Assessment Staging Scale [Refer to Figure 5 in Module 1 Supplemental Materials]  
   b. Unable to ambulate without assistance  
   c. Unable to dress without assistance  
   d. Unable to bathe without assistance  
   e. Urinary and fecal incontinence, intermittent or constant  
   f. No consistently meaningful verbal communication; stereotypical phrases or ability to speak is limited to six or fewer intelligible words  
2. Poor functional status with Karnofsky score 40% or less  
3. Poor nutritional status, whether on artificial nutrition or not, with inability to maintain sufficient fluid and calorie intake with >10% weight loss during the previous six months OR serum albumin <2.5 gm/dl.

**Coma (any etiology)** Comatose patients with any 3 of the following on day three of coma:  
   a. Abnormal brain stem response  
   b. Absent verbal response  
   c. Absent withdrawal response to pain  
   d. Serum creatinine >1.5 mg/dl

Documentation of the following factors will support eligibility for **hospice care**:
Documentation of medical complications, in the context of progressive clinical decline, within the previous 12 months, which support a terminal prognosis:  
   a. Aspiration pneumonia  
   b. Upper urinary tract infection (pyelonephritis)  
   c. Sepsis
d. Refractory stage 3-4 decubitus ulcers
e. Fever recurrent after antibiotics

Documentation of diagnostic imaging factors which support poor prognosis after stroke include:
For non-traumatic hemorrhagic stroke:
1. Large-volume hemorrhage on CT:
   a. Infratentorial: ≥20ml.
   b. Supratentorial: ≥50ml.
2. Ventricular extension of hemorrhage.
3. Surface area of involvement of hemorrhage ≥30% of cerebrum.
4. Midline shift ≥1.5 cm.
5. Obstructive hydrocephalus in patient who declines, or is not a candidate for, ventriculoperitoneal shunt.

LIVER DISEASE - DETERMINING TERMINAL STATUS AND HOSPICE APPROPRIATENESS

Patients will be considered to be in terminal stage of liver disease (life expectancy of six months or less) if they meet the following criteria: (1 and 2 must be present, factors from 3 will lend supporting documentation.)
1. The patient should show both a and b:
   a. Prothrombin time prolonged more than 5 seconds over control, or International Normalized Ratio (INR) >1.5;
   b. Serum albumin <2.5 gm/dl.
2. End stage liver disease is present and the patient shows at least one of the following:
   a. Ascites, refractory to treatment or patient non-compliant;
   b. Spontaneous bacterial peritonitis;
   c. Hepatorenal Syndrome
   d. Hepatic encephalopathy
   e. Recurrent variceal bleeding

Adapted from: