



MEDICARE HOSPICE CRITERIA

(condensed for quick reference; final decisions require physician judgment and full LCDs)

Need Part I OR (Part II + Part III)

PART I General Decline = irreversible progression shown by

A1. Clinical

- a. Recurrent infection: pneumonia, sepsis, pyelonephritis
- b. Inanition with one of:
 1. weight loss > 10% in 6 months
 2. ↓ arm circumference; abdominal girth;
 3. clothes loose, ↓ skin turgor, ↑ skin folds
 4. ↓ albumin or cholesterol
 5. dysphagia + aspiration or ↓ oral intake

A2. Symptoms

Dyspnea + RR ↑; intractable cough; nausea/vomit despite tx; intractable diarrhea; pain + ↑ need major analgesia

A3. Signs

BP ↓ to < 90 or postural hypotension; ascites; venous, lymphatic or arterial obstruction; edema; pleural/pericardial effusions; weakness; ↓ LOC

A4. Lab

pCO2 ↑, pO2 or O2 sat ↓; Calcium, Cr, or Liver tests ↑; tumor markers ↑; Na or K ↑ or ↓

A5. KPS or PPS ↓

A6. FAST ↓ to 7a or below

A7. Progression to dependence on >1 ADL

(bath, feed, dress, transfer, ambulate, continence)

A8. Stage 3-4 pressure ulcers despite care

A9. ↑ medical visits for hospice dx

PART II Need A+B; C supports

- A. KPS or PPS < 70% (≤50% HIV; <40% stroke)
- B. Dependence on >1 ADL (bath, feed, dress, transfer, ambulate, continence)
- C. Comorbidities such as COPD, CHF, CAD, DM, Stroke, ALS, MS, Parkinson's, CKD, Liver, Cancer, AIDS, Dementia, Immune or Autoimmune, RA, SLE

PART III Disease specific criteria

Cancer: Poor prog (small cell, pancreatic, brain) or Mets + decline despite tx or declines tx

Alzheimer's Dementias:

- 1. FAST 7 = <7 words/visit + no consistent meaning to speech
- 2. Needs assistance for all ADL's (see Part II)
- 3. In the last year, one of: aspiration pneumonia, pyelonephritis, sepsis, stage 3-4 ulcer, fever post antibiotic, albumin < 2.5, wgt ↓ >10%

Heart Disease: 1 + 2; 3 supports

- 1. Optimally treated or declines treatment
- 2. NYHA Class IV (mostly bedbound, symptoms at rest) or EF < 20% in CHF
- 3. SVT/arrhythmias, hx resuscitation/arrest, hx unexplained syncope, cardiogenic stroke, HIV

Liver: 1 + 2; 3 supports

- 1. INR > 1.5 AND albumin < 2.5
- 2. One of: ascites, spontaneous bacterial peritonitis, hepatorenal syn, refractory encephalopathy, recurrent variceal bleeding despite therapy
- 3. Malnutrition, muscle wasting, alcoholism (> 80g/d), hepatocellular Ca, Hep Bs Ag+, refractory Hep C



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PART III.....Disease specific criteria continued

Pulmonary: 1 + 2; 3 supports

- 1a. Disabling SOB (fatigue, cough, bed to chair) or document FEV1 < 30% post tx and
b. Increasing medical visits or declining FEV1 > 40 ml/yr
2. pO2 < 56 mm or sat < 89% OR pCO2 > 49 mm
3. R CHF, wgt ↓ > 10% over 6 months, resting tachycardia > 100

Renal: 1 + 2; 3 supports

1. Dialysis stopped or needed and chosen against
2. One of : CrCl < 10 cc/min (< 15 CHF/;< 20 DM) OR Cr > 8.0 mg/dl (> 6.0 DM)
OR *in ARF*: eGFR < 10 cc/min; OR *in CKD*: s/s of uremia: u/o < 400 cc/24 hr, K>7.0 w/ tx, uremic pericarditis, hepatorenal syn, fluid overload
3. *In ARF*: comorbid vent, cancer, advanced lung/ CV / liver dz, AIDS, albumin < 3.5, Plt < 25, DIC, GI bleed; OR *In CKD*: eGFR < 10 cc/min

Stroke: 1 + 2 + 3

1. KPS/PPS < 40%
2. Cannot maintain adequate Intake
3. One of : wgt ↓ > 10% in 6 months or 7.5% in 3 months; albumin < 2.5, aspiration despite evaluation, calorie counts w/ inadequate intake, dysphagia w/o artificial hydration/nutrition

Coma: 1; 2 - 4 supports

1. On day 3: three of: abn brainstem response, absent verbal, absent withdrawal to pain, Cr > 1.5
2. In last year: aspiration pneumonia, pyelonephritis, Stage 3-4 ulcers, fever post antibiotics
3. CT findings: *Hemorrhagic*: ventricular blood, > 20 cc infratentorial or > 50 cc supratentorial, > 30% surface area, midline shift > 1.5 cm, obstructive hydrocephalus not treated by shunt
4. *Thrombotic*: large anterior with cortical and subcortical involvement; bihemispheric stroke; basilar or bilateral vertebral artery

ALS: 1 + (2 or 3) + 4 and/or 5 supports

1. Trajectory consistent with 6 months prognosis with muscle denervation widespread, no assisted ventilation
2. Impaired breathing + FVC < 40% predicted + 2 out of: SOB rest, orthopnea, accessory muscle use, abdominal breathing, RR > 20, reduced speech due to breathing, weak cough, sleep disordered breathing, PND or awakening due to breathing, somnolence, unexplained headaches, confusion, anxiety, nausea
3. 3 of the above symptoms (if cannot get FVC)
4. Impaired swallowing with dysphagia AND at least 5% wgt loss
5. Neurology opinion within 3 months of hospice admission

HIV/AIDS: 1 + 2; 3 supports

1. CD4 < 25 cells/ ml or viral load persists > 100,000/ml + 1 of: CNS lymphoma, > 10% wgt ↓, cryptosporidium, progressive multifocal leukoencephalopathy, systemic lymphoma, visceral Kaposi's, renal failure, toxoplasmosis or MAC despite tx or refuses tx
2. KPS/PPS ≤ 50%
3. Chronic diarrhea, albumin < 2.5, substance abuse, age > 50, refuses or resistance to HIV tx, AIDS, CHF, liver failure, toxoplasmosis despite tx

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PART III.....Disease specific criteria continued

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