# 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

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<tr>
<td>a. Recurrent infection: pneumonia, sepsis, pyelonephritis</td>
<td>BP ↓ to &lt; 90 or postural hypotension; ascites; venous, lymphatic or arterial obstruction; edema; pleural/pericardial effusions; weakness; ↓ LOC</td>
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<td>b. Inanition with one of:</td>
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<td>1. weight loss &gt; 10% in 6 months</td>
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<td>2. ↓ arm circumference; abdominal girth;</td>
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<td>3. clothes loose, ↓ skin turgor, ↑ skin folds</td>
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<td>4. ↓ albumin or cholesterol</td>
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<td>5. dysphagia + aspiration or ↓ oral intake</td>
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## 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
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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