Diagnosis Guidelines

The following Diagnosis Guidelines are for the most common illnesses. The guidelines are not required criteria for admission, but rather are guidelines adopted by the Centers for Medicare and Medicaid Services to assist physicians in determining hospice appropriateness.

- Adult Immuno-Deficiency Syndrome
- Amyotrophic Lateral Sclerosis
- Cancer
- Cardiac Disease
- Coma
- Dementia
- Liver Disease
- Pulmonary Disease
- Renal Disease
- Chronic Renal Failure
- Stroke

Adult Immuno-Deficiency Syndrome

Medical criteria for the terminal diagnosis of HIV disease are met if the patient has BOTH 1 and 2, with 3 providing supporting documentation, but not required:

1. CD4+ Count < 25 cells/mcL or persistent viral load > 100,000 copies/ml; AND ONE OF THE FOLLOWING:
   - CNS lymphoma
   - Untreated, or not responsive to treatment, wasting (loss of 33% lean body mass)
   - Mycobacterium avium complex (MAC) bacteremia, untreated, unresponsive to treatment, or treatment refused
   - Progressive multifocal leukoencephalopathy
   - Systemic lymphoma, with advanced HIV disease and partial response to chemotherapy
   - Renal failure in the absence of dialysis
   - Cryptosporidium infection
   - Toxoplasmosis, unresponsive to therapy

AND

2. Decrease performance status, as measured by the Karnofsky Performance Status (KPS) scale of 50 or less
3. Documentation of the following factors will support eligibility for hospice care:
   - Chronic persistent diarrhea for one year
   - Persistent serum albumin <2.5
   - Concomitant substance abuse
   - Age >50 years
   - Absence of antiretroviral, chemotherapeutic and prophylactic drug therapy related specifically to HIV disease
   - Advanced AIDS dementia complex
   - Congestive heart failure, symptomatic at rest

- Chronic persistent diarrhea

Amyotrophic Lateral Sclerosis

Patients will be considered to be in the terminal stage of ALS if they meet the following criteria (should fulfill 1,2, or 3)

1. The patient should demonstrate critically impaired breathing capacity with ALL of the following characteristics in the past 12 months preceding initial hospice certification:
    - Vital capacity (VC) <30% of normal
    - Significant dyspnea at rest
    - Requiring supplemental 02 at rest
    - Patient declines artificial ventilation

OR

2. Patient should demonstrate BOTH: Rapid progression of ALS as demonstrated by ALL of the following within the 12 months preceding initial hospice certification:
    - Progression from independent ambulation to wheelchair or bed-bound 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.

AND

Critical nutritional impairment as demonstrated by ALL the following within 12 months preceding initial hospice certification:
- Oral intake of nutrients and fluids insufficient to sustain life
- Continuing weight loss
- Dehydration or hypovolemia
- Absence of artificial feeding methods

OR

3. Both of the following:

Rapid progression of ALS (2.A. above)

AND

Life-threatening complications as demonstrated by ONE of the following within the last 12 months preceding initial hospice certification:
- Recurrent aspiration pneumonia (with or without tube feedings)
- Upper UTI, e.g. pyelonephritis
- Sepsis
- Recurrent fever after antibiotic therapy
- Decubitus ulcers, multiple, Stage 3-4
- In end-stage ALS, two factors are critical in determining prognosis: ability to breathe, and to a lesser extent, ability to swallow.

Cancer

Patients will be considered to be in the terminal stage of cancer if they meet the criteria (1 and 2 should be present):

1. Definition Diagnosis
    - Patient has tissue diagnosis of malignancy that may be metastatic
    - Patient has received optimal treatment for their cancer or they do not wish further treatment
    - Patient has been on an investigational protocol or clinical trail and has failed on that protocol or trial and they do not wish further treatment

- Patient is not a candidate for any further treatment
- Patient has experienced severe complications from their treatments(s), e.g., radiation burns, pain, nausea and vomiting, fatigue/debility, etc. and they do not wish further treatment.
- Individuals who have been chosen care that focuses on symptom management rather than a curative treatment
- Patient or family has decided to focus on quality vs. quantity of life
- Patient or family wishes palliative measures or comfort care

2. Presumptive Diagnosis
- Diagnostic work-up by imaging techniques revealed a mass or multiple lesions consistent with a widely spread malignancy
- Patient is not a candidate for aggressive chemotherapy or radiation therapy
- Patient or family do not wish any treatment(s)
- Patient or family wish palliative/symptom management or comfort care

<u>Cardiac Disease</u>

Patients will be considered to be in the terminal stage of cardiac disease if they meet the following criteria (1 and 2 should be present; factors from 3 lend supporting documentation, but are not required):

1. At the time of initial certification or recertification for hospice:

Patient is already optimally treated with diuretics and vasodilators, which may include Angiotensin-converting enzyme (ACE) inhibitors or the combination of hydrolyzing and nitrates. If side effects, such as hypotension or hyperkalemia, prohibit the use of ACE inhibitors or the combinations of hydrolyzing and nitrates, this should be documented in the medical records; OR Patients having angina pectoris, at rest, resistant to standard nitrate therapy and are either not candidates or decline invasive procedures.

AND
- Unable to carry on any physical activity without symptoms
- Symptoms are present even at rest
- If any physical activity is undertaken, symptoms are increased

2. The patient has significant systems of recurrent congestive heart failure (CHF) at rest, and is classified as a New York Heart Association (NYHA) Class IV.
- 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 of 20% or less

<u>Coma</u>

The medical criteria listed below would support a terminal prognosis for individuals with a diagnosis of come (any etiology). Comatose patients with any 3 of the following on day three of coma are considered terminal:
- Abnormal brain stem response
- Absent verbal response
- Absent withdrawal response to pain
- Serum creatinine > 1.5 mg/dl

<u>Dementia</u>

Patients will be considered to be in the terminal stage of dementia if they meet the following criteria (BOTH 1 and 2):

1. Stage 7 on the Functional Assessment Staging (FAST) Scale, described as:
- Unable to ambulate without assistance

- Unable to dress without assistance
- Unable to bathe without assistance
- Urinary and fecal incontinence, intermitted or constant
- No consistency meaningful verbal communication: stereotypical phrases only or the ability to speak is limited to six or fewer intelligible words

2. Patients should have had one of the following within the past 12 months:
    - Aspiration pneumonia
    - Pyelonephritis or upper urinary tract infection
    - Septicemia
    - Decubitus ulcers, multiple, stage 3-4
    - Fever, recurrent after antibiotics
    - Inability to maintain sufficient fluid and calorie intake demonstrated by either of the following:
        - 10% weight loss during the previous six months OR <2.5 gm/dl

<u>Liver Disease</u>

Patients will be considered to be in the terminal stage of liver disease if they meet the following criteria (1 and 2 should be present; factors from 3 will lend supporting documentation):

1. The patient has end stage liver disease as evidenced by BOTH of the following:
    - Prothrombin time prolonged more than 5 seconds over control, or International Normalized Ratio (IRN) > 1.5 AND Serum albumin <2.5 gm/dl

AND

2. The patient shows at least ONE of the following:
    - Ascites, refractory to treatment or patient non-compliant
    - Spontaneous bacterial peritonitis
    - Hepatorenal syndrome (elevated creatinine and BUN with oliguria (<400ml/day) and urine sodium concentration <10mEq/l)
    - Hepatic encephalopathy, refractory to treatment, or patient non-compliant
    - Recurrent variceal bleeding, despite intensive therapy
3. Documentation of the following factors will support eligibility for hospice care:
    - 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 who otherwise fit the above criteria may be certified for the Medicare hospice benefit, but if a donor organ is procured, the patient should be discharged from hospice.

<u>Pulmonary Disease</u>

Pulmonary DiseasePatients will be considered to be in the terminal stage of pulmonary disease if they meet the following criteria (1 and 2 should be present; factors 3, 4 and/or 5 provide supporting documentation):

1. Severe chronic lung disease as documented by both:
    - 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 to obtain].
    - Progression of end stage pulmonary disease, as evidenced by increasing visits to the emergency department or hospitalizations for pulmonary infections and/or respiratory failure (documentation of serial decrease in FEV1 of greater than 40 ml/year is objective evidence for disease progression, but is

not necessary to obtain).

2. Hypoxemia, as evidenced by:
   - Oxygen saturation of 88% or less on room air
   - O2<=55mmHg

   (These values may be obtained from recent hospital records.)

   Documentation of the following factors may provide additional support for end stage pulmonary disease.

3. Cor pulmonale or right heart failure (RHF) secondary to pulmonary disease (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.

<u>Renal Disease</u>

Patients will be considered to be in the terminal stage of renal disease if they meet the following criteria:
Acute Renal Failure (1, 2 AND 3 should be present; factors from 4 will lend supporting documentation):

1. The patient is not seeking dialysis or renal transplant.

AND

2. Creatinine clearance < 10 cc/min (< 15 cc/min. for diabetes)

AND

3.Serum creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetes)
4.Supporting documentation of comorbidities:
- History of mechanical ventilation
- Malignancy (other organ system)
- Chronic lung disease
- Advanced cardiac disease
- Advanced liver disease
- Sepsis
- Immunosuppression/AIDS
- Albumin < 3.5 gm/d
- Cachexia
- Platelet count < 25,000
- Disseminated intravascular coagulation
- Gastrointestinal bleeding

<u>Chronic Renal Failure</u>

(1, 2, and 3 should be present; factors from 4 will lend supporting documentation):

1.The patient is not seeking dialysis or renal transplant.

AND

2.Creatinine clearance < 10 cc/min (< 15 cc/min. for diabetes)

AND

3.Serum creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetes)
4.Supporting documentation of comorbidities:
- Uremia
- Urine output < 400 cc/day
- Intractable hyperkalemia (> 7.0) not responsive to treatment
- Uremic pericarditis
- Hepatorenal syndrome
- Intractable fluid overload, not responsive to treatment

Stroke

1. Poor functional status with a Palliative Performance Scale (PPS) of 40 or less. All criteria in number 1 should be met:

- Mainly bed-bound
- Unable to do work   Requires maximal assistance to perform self-care
- Food/fluid intake are normal/reduced
- Either fully conscious or drowsy/confused

AND

2. 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
- Current history of pulmonary aspiration without effective response to speech language   pathology interventions to improve dysphagia and decrease aspiration events
- Calorie counts documenting inadequate caloric/fluid intake
- Dysphagia severe enough to prevent the patient from receiving food/fluids that is necessary to   sustain life in a patient who does not receive artificial nutrition/hydration

3. Documentation of medical complications within the previous 12 months, in the context of progressive clinical decline, will help support eligibility for hospice care.

- Recurrent or intractable infections such as pneumonia or other URI
- Urinary tract infection
- Sepsis
- Refractory stage 3-4 decubitus ulcers
- Fever recurrent after antibiotics

If a patient meets the medical criteria above, they are by definition eligible to receive hospice services. Some patients may not meet the criteria, but may still be eligible for hospice care due to comorbidities or rapid functional decline. Contact Unity Hospice for further information.