

# Local Coverage Determination (LCD) Criteria For Hospice Eligibility

**Debility**

Dependence on 2 or more ADLs  
Decreasing PPS <70%  
10% weight loss within 6 months  
Decreasing anthropomorphic measurements (MAC)  
Decreasing serum albumin (<2.5) Cholesterol (<150)  
Decreasing food portions. Dysphagia leading to aspiration  
Recent Infections: Pneumonia, sepsis or pyelonephritis  
BMI<22  
Stage 3 or 4 pressure wounds  
History of increasing ER visits or hospitalizations  
\*Comorbidities

**Cancer**

Dependence on 2 or more ADLs  
Decreasing PPS <70%  
Disease with metastasis on presentation  
Progression from earlier stage of disease to metastatic with either:

- A continued decline in spite of therapy
- Patient declines further disease related therapy

Note: Certain Cancers with poor prognoses (small cell lung, brain, pancreatic) may be hospice eligible without fulfilling the other criteria in this section.  
\*Comorbidities

**ALS**

Dependence on 2 or more ADLs  
Decreasing PPS <70%  
Two critical factors: Critically impaired respiratory function and severe nutritional insufficiency.  
FVC<40% predicted and two or more of the following or three if no FPT  
Dyspnea at rest, orthopnea, accessory muscle use, RR>20, paradoxical abdominal motion, weakened cough, reduced speech/vocal volume, daytime somnolence, excessive daytime sleepiness or unexplained headaches, confusion, anxiety, nausea.  
Dysphagia with at least 5% weight loss with or without G tube  
\*Comorbidities

**Dementia**

Dependence on 2 or more ADLs  
Decreasing PPS <70%  
FAST 7A or greater (6 or fewer intelligible words)  
Within last 12 months: Aspiration pneumonia, pyelonephritis, septicemia, stage 3-4 pressure wounds, recurrent fever  
10% weight loss during previous 6 months or serum albumin <2.5  
\*Comorbidities

**Heart Disease** *Heart*

Dependence on 2 or more ADLs  
Decreasing PPS <70%  
Optimally treated with vasodilators & diuretics and/or not a surgical candidate  
NYHA Class IV of CHF/angina  
Symptoms of CHF/angina at rest  
LVEF = or <20% but not required  
Supporting documentation: syncope, cardiac arrest, brain embolism of cardiac origin, treatment resistant SVT or ventricular arrhythmias, concomitant HIV  
\*Comorbidities

**HIV**

Dependence on 2 or more ADLs  
Decreasing PPS <50%  
CD4+Count <25cells/mcl(2 assays 1 month apart) or viral load >100,000 copies/ml and one of the following:  
CNS lymphoma, wasting (10%) untreated/unresponsive MAC, PML, systemic lymphoma, unresponsive KS, toxoplasmosis, cryptosporidium.  
Supporting documentation: diarrhea for 1 year, albumin <2.5, active substance abuse, >50 yrs, advanced AIDS dementia complex, toxoplasmosis, liver disease, CHF (symptoms at rest) absence or resistance to retrovirals  
\*Comorbidities

**Liver Disease** *Liver*

Dependence on 2 or more ADLs  
Decreasing PPS <70%  
PT prolonged >5 seconds over control or INR >1.5 and Serum Albumin <2.5  
ESLD and one of the following: Ascites or hepatic encephalopathy refractory to treatment or patient noncompliance, bacterial peritonitis, recurrent variceal bleeding, hepatorenal syndrome(BUN/Cr elevation with oliguria(<400ml/d) and urine Na <10mEq/L  
Supporting documentation: Hepatitis B and C, hepatocellular carcinoma, progressive malnutrition, muscle wasting with reduced strength and endurance, continued active alcoholism (>80Gm ETOH/day)  
\*Comorbidities

**Pulmonary Disease** *Lung*

Dependence on 2 or more ADLs  
Decreasing PPS <70%  
Disabling dyspnea at rest, poor or unresponsive to bronchodilators, bed to chair existence, fatigue or cough or FEV1 after bronchodilator <30% predicted and increased MD/Hospitalizations for respiratory failure or pulmonary infections.  
Hypoxemia at rest on room air(SaO2< or = 88% or PO2 < or =55mm/Hg)  
Supporting documentation: Right sided heart failure due to pulmonary disease (Cor Pulmonale), >10% weight loss over last 6 months, resting tachycardia >100  
\*Comorbidities

**Renal Disease** *Kidneys*

Dependence on 2 or more ADLs  
Decreasing PPS <70%  
ARF: No dialysis and Cr clearance <10cc/min(<15 diabetics) or <15 (<20 diabetics) with CHF. Serum Cr>8mg/dl(>6 for diabetics), eGFR <10ml/min. Comorbidities of mechanical ventilation, malignancy, lung/cardiac/liver disease, albumin <3.5, DIC, GI bleeding, AIDS, Plt<25,000.  
CKD: No dialysis and Cr clearance <10cc/min(<15 diabetics) or <15 (<20 diabetics) with CHF. Serum Cr>8mg/dl(>6 for diabetics), symptoms of uremia, oliguria(<400ml/24h), K<7.0 not responsive to treatment, uremic pericarditis, hepatorenal syndrome, intractable fluid overload. eGFR <10ml/min.  
\*Comorbidities

**Stroke/Coma** *Brain*

Dependence on 2 or more ADLs  
Stroke: Decreasing PPS <40% and one of the following: Wt loss >10% in 6 mo. Or >7.5% in 3 mo., albumin <2.5, current pulmonary aspiration or sequential calorie counts, severe dysphagia preventing life sustaining food/fluids and not receiving artificial nutrition/hydration. Diagnostic Imaging factors (see LCD)  
Coma: On day 3: any 3 of the following: abnormal brain stem response, absent verbal response, absent withdrawal to pain, serum Cr >1.5mg/dl, aspiration pneumonia, pyelonephritis, sepsis, stage 3 or 4 pressure wounds, recurrent fever  
\*Comorbidities

## KPS (Karnofsky Performance Scale)

### Palliative Performance Scale (PPS)

	Ambulation	Activity & disease	Self Care	Intake	LOC
100%	Full	Normal activity no evidence of disease	Full	Normal	Full
90%	Full	Normal activity some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with effort some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable to do normal work, some evidence of disease	Full	Normal or reduced	Full
60%	Reduced	Unable to do hobby or some housework, significant disease	Occasional assist necessary	Normal or reduced	Full or confusion
50%	Mainly sit/lie	Unable to do any work, extensive disease	Considerable assist required	Normal or reduced	Full, drowsy or confusion
40%	Mainly in bed	Unable to do any work, extensive disease	Mainly assist	Normal or reduced	Full, drowsy or confusion
30%	Totally bed bound	Unable to do any work, extensive disease	Total Care	Reduced	Full, drowsy or confusion
20%	Totally bed bound	Unable to do any work, extensive disease	Total Care	Minimal sips	Full, drowsy or confusion
10%	Totally bed bound	Unable to do any work, extensive disease	Total Care	Mouth care only	Drowsy or coma
0	Death	Unable to do any work, extensive disease	-	-	-

\*Comorbidities = COPD, CHF, Ischemic Heart Disease, DM, RF, Liver disease, Neurologic disease (CVA, ALS MS, Parkinson's), Neoplasia, AIDS/HIV, Dementia, Refractory Severe autoimmune disease.

#### ADLs

Ambulation, Continence, Transfer, Dressing, Feeding, Bathing

### Functional Assessment Scale (FAST) - Dementia

1	No difficulty subjectively or objectively
2	c/o forgetting location of objects. Subjective work difficulty
3	Decreased job functioning evident to coworkers. Difficulty traveling to new locations. Decreased organizational capacity
4	Decreased ability to perform complex tasks. (planning dinner for guests, personal finances)
5	Requires assistance in choosing proper clothing to wear for the day, season or occasion, (may wear same thing unless supervised)*
6	Occasionally or more frequently in past weeks*: A. Improperly putting on clothes without assistance or cueing B. Unable to bathe properly (unable to choose proper water temp) C. Unable to handle mechanics of toileting (forget to flush, doesn't wipe or dispose of tissue properly) D. Urinary Incontinence E. Fecal Incontinence
7	A. Ability to speak limited to <6 intelligible words B. Speech limited to single intelligible word/day or interview C. Cannot walk without personal assistance D. Cannot sit up without assistance (falls over) E. Loss of ability to smile F. Loss of ability to hold up head independently *scored primarily on information from knowledgeable informant

NYHA I - patients with cardiac disease but without limited physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea or angina  
NYHA II - patients with cardiac disease with slightly limited physical activity. Comfortable at rest. Ordinary activity results in fatigue, palpitation, dyspnea or angina  
NYHA III - Patients with cardiac disease & marked limitation of physical activity. Comfortable at rest. < ordinary activity causes fatigue, palpitation, dyspnea, angina  
NYHA IV - Patients with cardiac disease & inability to carry on any physical activity without discomfort. Symptoms of heart failure or angina may be present at rest. If any physical activity is undertaken discomfort is increased

\* If prognosis is less than six months, if everything continues as is. If p.t. has high