

Hospice Local Coverage Determination (LCD)

FUNCTIONAL ASSESSMENT SCALE (FAST)

- 1 No difficulty either subjectively or objectively
- 2 Complains of forgetting location of objects. Subjective work difficulties.
- 3 Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity.*
- 4 Decreased ability to perform complex tasks, (e.g., planning dinner for guests, handling personal finances, such as forgetting to pay bills, etc.)
- 5 Requires assistance in choosing proper clothing to wear for the day, season or occasion, (e.g. pt may wear the same clothing repeatedly, unless supervised.)*
- 6 Occasionally or more frequently over the past weeks. *For the following:
 - a) Improperly putting on clothes without assistance or cueing
 - b) Unable to bathe properly (not able to choose proper water temp)
 - c) Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly dispose of toilet tissue)
 - d) Urinary incontinence
 - e) Fecal incontinence
- 7
 - a) Ability to speak limited to approximately ≤ 6 intelligible different words in the course of an average day or in the course of an intensive interview.
 - b) Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview
 - c) Ambulatory ability is lost (cannot walk without personal assistance.)
 - d) Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair.)
 - e) Loss of ability to smile
 - f) Loss of ability to hold up head independently

*Scored primarily on information obtained from a knowledgeable informant.
Psychopharmacology Bulletin, 1988 24:653-659

PALLIATIVE PERFORMANCE SCALE (PPS)

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Levels of Conscious
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 assistance required	Normal or reduced	Full or confusion
40	Mainly in bed	Unable to do any work, extensive disease	Mainly assistance	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	-	-	-	-

DECLINE POLICY

Part I, can be used with specific Dx

- 1 Progression of disease as documented by:
 - a) Recurrent/intractable infections (e.g. pneumonia, UTI)
 - b) Progressive inanition: weight loss or decreasing measurements or decreased serum albumin or cholesterol
 - c) Dysphagia w/ recurrent aspiration and/or decreased intake
- 2 Symptoms such as Dyspnea, increased respiratory rate, intractable cough, nausea or diarrhea and pain needing incr major analgesics
- 3 Signs such as: ascites, circulatory obstruction d/t mets, edema, pleural/pericardial effusion, weakness, or change in level of consciousness
- 4 Labs, such as: increasing pCO2 or decreasing pO2 or SaO2, Increasing CA, creatinine or liver function tests, or increasing tumor markers (CEA, PSA), or increasing serum sodium or potassium
- 5 Decline in KPS or PPS from $<70\%$ due to disease progression
- 6 Progressive decline in FAST for dementia pts (from >7)
- 7 Progression to dependence on assist with additional ADLs
- 8 Progressive stage 3-4 pressure ulcers, in spite of optimal care

HOSPICE ELIGIBILITY CRITERIA

Non-specific guidelines for all additional Dx
(use in combination with each specific disease)

- 1 KPS/PPS $<70\%$ (note if HIV or Stroke/Coma, then the guidelines establish a lower KPS/PPS)
- 2 Dependence on assist for two or more ADLs: Feeding, ambulation, continence, transfers, bathing or dressing

CANCER

Patient meets ALL of the following

- 1 Clinical findings of malignancy with widespread, aggressive or progressive disease as evidenced by increasing sx, worsening lab values and/or evidence of metastatic disease
- 2 Refuses further life-prolonging therapy OR continues to decline in spite of definite therapy

Supporting documentation includes

- Hypercalcemia >12
- Cachexia or weight loss of 5% in past 3 months
- Recurrent disease after surgery/radiation/chemotherapy
- Signs and sx of advanced disease (e.g. nausea, requirement for transfusions, malignant ascites or pleural effusion, etc.)

DEMENTIA

The patient has both 1 and 2

- 1 Stage 7 or beyond according to the FAST Scale, and without assist the patient is:
- 2 Unable to ambulate
- 3 Unable to dress
- 4 Unable to bathe
- 5 Incontinent of B&B
- 6 Has no consistent meaningful communication/words are six or less

And should have had ONE or MORE of the following conditions in the last 12 months

- Aspiration pneumonia
- Pyelonephritis or other UTI
- Septicemia
- Multiple pressure ulcers (stage 3-4)
- Recurrent Fever
- Other Significant condition that suggests a limited prognosis
- Inability to maintain sufficient fluid and calorie intake in the past 6 months (10% weight loss or albumin < 2.5 gm/dl)

HEART DISEASE

The patient has 1, and 2 must be present

- CHF with NYHA Class IV* sx and both:
Significant sx at rest:
 - Marked limitation of physical activity
 - Activity causes dyspnea, angina, palpitation or fatigue
- Patient is optimally treated (i.e. diuretics, vasodilators, ACEI, or hydralazine and nitrates)
- The patient has angina pectoris at rest, resistant to standard nitrate therapy, and is either not a candidate for/or has declined invasive procedures.

Supporting Documentation Includes

EF \leq 20%, Treatment resistant symptomatic dysrhythmias
h/o cardiac related syncope, CVA secondary to cardiac embolism,
h/o cardiac arrest or resuscitation, concomitant HIV disease.

HIV/AIDS

The patient has either 1A or 1B; and 2 and 3

- | | | | |
|----|--|----|----------------------|
| 1A | CD4+ < 25 cells/mcL | 1B | Viral load > 100,000 |
| 2 | At least ONE (1): <ul style="list-style-type: none">CNS lymphoma(MAC) bacteremiaSystemic lymphomaRenal failure no HDRefractory toxoplasmosisUntreated or refractory wasting (loss of > 33% lean body mass)Progressive multifocal leukoencephalopathyVisceral KSCryp-tosporidium infection | | |
| 3 | PPS* or KPS < /= 50% | | |

PULMONARY DISEASE

Severe chronic lung disease as documented by 1 and 2 or 3

- The patient has ALL of the following:
Disabling dyspnea at rest
Little or no response to bronchodilators
Decreased functional capacity (e.g. bed to chair existence, fatigue & cough)
- Progression of disease as evidenced by a recent h/o increasing office, home, or ED visits and/or hospitalizations for pulmonary infection and/or respiratory failure.
- Documentation within the past 3 months \geq 1:
Hypoxemia at rest on room air (pO₂, 50 mmHg by ABG) OR
Oxygen saturation < 88%
Hypercapnia evidenced by pCO₂ > 50 mmHg

Supporting documentation includes
Cor pulmonal and right heart failure. Unintentional progressive weight loss

RENAL DISEASE

The patient has 1, and 2 or 3 must be present

- The patient is not seeking dialysis or renal transplant
- Creatinine clearance* is < 10 cc/min (< 15 for diabetics) with comorbidity of CHF
- Serum creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetics)

Supporting documentation for chronic renal failure includes
Uremia, Oliguria (urine output < 400 cc in 24 hours), Intractable hyperkalemia (> 7.0),
Uremic pericarditis, Hepatorenal syndrome, Intractable fluid overload.

Supporting documentation for acute renal failure includes
Mechanical ventilation, Malignancy (other organ system) Chronic lung disease,
Advanced cardiac disease, Advanced liver disease

NEUROLOGIC DISEASE

(Chronic degenerative conditions such as ALS, Parkinson's, Muscular Dystrophy, Myasthenia Gravis or Multiple Sclerosis)
The patient must meet at least one of the following criteria (1 or 2A or 2B)

- Critically impaired breathing capacity, with all:
Dyspnea at rest, Vital capacity < 30%, Need O₂ at rest, patient refuses artificial ventilation, external ventilation used for comfort patients only.
 - Rapid disease progression with either A or B below
Progression from:
 - Independent ambulation to wheelchair or bed-bound status
 - Normal to barely intelligible or unintelligible speech
 - Normal to pureed diet
 - Independence in most ADLs to needing major assistance in all ADLs
- | | |
|--|---|
| a) Critical nutritional impairment demonstrated by all of the following in the preceding 12 months: <ul style="list-style-type: none">Oral intake of nutrients and fluids insufficient to sustain lifeContinuing weight lossDehydration or hypovolemiaAbsence of artificial feeding methods | b) Life-threatening complications in the past 12 months as demonstrated by 1 of the following: <ul style="list-style-type: none">Recurrent aspiration pneumoniaUTISepsisRecurrent feverStage 3 or 4 pressure ulcer(s) |
|--|---|

LIVER DISEASE

The patient has both 1 and 2

- End stage liver disease as demonstrated by A or B, and C:
 - PT > 5 sec
 - INR > 1.5
 - Serum albumin < 2.5 gm / dl
- One or more of the following conditions:
 - Refractory Ascites
 - Hepatorenal Syndrome
 - h/o Recurrent Variceal Bleeding
 - h/o Spontaneous Bacterial Peritonitis
 - Refractory Hepatic Encephalopathy

Supporting Documents Include

Progressive malnutrition, Muscle wasting with dec. strength. Ongoing alcoholism (> 80 gm ethanol/day), Hepatocellular CA HBsAg positive, Hep. C refractory to treatment

STROKE

The patient has both 1 and 2

- Poor functional status PPS* or KPS \leq 40%
- Poor nutritional status with inability to maintain sufficient fluid and calorie intake with 1 of the following:
 - \geq 10% weight loss in past 6 months
 - \geq 7.5% weight loss in past 3 months
 - Serum albumin < 2.5 gm/dl
 - Current history of pulmonary aspiration without effective response to speech therapy interventions.
 - Sequential calorie counts documenting inadequate caloric/fluid intake.
 - Dysphagia severe to prevent patient from receiving food or fluids to sustain life.

COMA

Any three of the following

- Abnormal brain stem response
- Absent verbal response
- Absent withdrawal response to pain
- Serum creatinine > 1.5 mg/dl

Supporting Documentation Includes

Aspiration Pneumonia, UTI, Sepsis, Stage 3 or 4 decubitus ulcers, Recurrent fever