

INTRODUCING.....

THE UNIPOLICY

What is the “Unipolicy?”

- The Unipolicy has 3 sections:
 - Part 1 – Decline in clinical status guidelines
 - Part 2 – Non-disease specific guidelines
 - Part 3 – Disease-specific guidelines

THE BASICS

- Medicare coverage of hospice:
 - Physician's certification that an individual's prognosis is a life expectancy of six months or less if the terminal illness runs its normal course.
- Unipolicy describes guidelines:
 - *Used by fiscal intermediary, NHIC, in reviewing hospice claims and,*
 - By hospice providers to determine eligibility of beneficiaries for hospice benefits.

BASICS.....continued

- It is intended to be used to identify any Medicare beneficiary whose current clinical status and anticipated progression of disease is more likely than not to result in a life expectancy of six months or less.

EVEN MORE BASICS...

- **Some patients may not meet these guidelines, yet still have a life expectancy of six months or less.**
 - **Coverage for these patients may be approved if documentation otherwise supporting a less than six-month life expectancy is provided**

THE ART AND SCIENCE OF PROGNOSTICATION

- **An amendment to the hospice regulations clarified that the certification is based on a clinical judgment regarding the usual course of a terminal illness, and recognizes the fact that making medical prognostications of life expectancy is not always exact.**
 - **The physician's clinical judgment does not negate the fact that there must be a basis for a certification – supporting documentation!**

PROGNOSTICATION.....

- A hospice needs to be certain that the physician's clinical judgment can be **supported by clinical information and other documentation** that provide a basis for the certification of 6 months or less if the illness runs its normal course.

PROGNOSTICATION.....

- If a patient improves and/or stabilizes sufficiently over time while in hospice such that he/she no longer has a prognosis of six months or less from the most recent recertification evaluation or definitive interim evaluation, that patient should be considered for discharge from the Medicare hospice benefit.
 - Discharge (planning) cannot be delayed until the end of the certification period, unless it is a reasonable amount of time, e.g., 2 weeks.

PROGNOSTICATION.....

- Patients in the terminal stage of their illness who originally qualify for the Medicare hospice benefit but stabilize or improve while receiving hospice care, *yet have a reasonable expectation of continued decline for a life expectancy of less than six months, remain eligible for hospice care.*

A FEW WORDS TO THE WISE

- Remember – they are “guidelines” not rigid rules
- The primary eligibility requirement for hospice is a prognosis of six months or less if the disease runs its normal course
 - Back up by supporting documentation
- Seek guidance & input for patients who appear eligible but do not meet the guidelines

ALS GUIDELINES



PATIENT NAME _____ ID _____ Date _____

(Both baseline and disease-specific guidelines should be met.)

BASELINE GUIDELINES

- 1) **Physiologic impairment of functional status as demonstrated by:** Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) < 70%. (PPS on back) **PPS Score** _____
- 2) **Dependence on assistance for two or more activities of daily living (ADLs):**
 - a) Ambulation;
 - b) Continence;
 - c) Transfer;
 - d) Dressing;
 - e) Feeding;
 - f) Bathing.
- 3) **Co-morbidities – although not the primary hospice diagnosis, the presence of disease such as the following, the severity of which is likely to contribute to a life expectancy of six months or less, should be considered in determining hospice eligibility.**
 - a) Chronic obstructive pulmonary disease
 - b) Congestive heart failure
 - c) Ischemic heart disease
 - d) Diabetes mellitus
 - e) Neurologic disease (CVA, ALS, MS, Parkinson's)
 - f) Renal failure
 - g) Liver Disease
 - h) Neoplasia
 - i) Dementia
 - j) Acquired Immune Deficiency Syndrome/HIV
 - k) Refractory severe autoimmune disease (e.g. Lupus or Rheumatoid Arthritis)

DISEASE-SPECIFIC GUIDELINES:

Patients are considered eligible for Hospice care if they do not elect tracheostomy and invasive ventilation and display evidence of critically impaired respiratory function (with or without use of NIPPV) and / or severe nutritional insufficiency (with or without use of a gastrostomy tube). While not necessarily a contraindication to Hospice care, the decision to institute either artificial ventilation or artificial feeding may significantly alter six month prognosis.

- A. Critically impaired respiratory function is as defined by:
 1. **FVC < 40% predicted (seated or supine) and 2 or more of the following symptoms and/or signs:**
 - Dyspnea at rest;
 - Orthopnea;
 - Use of accessory respiratory musculature;
 - Paradoxical abdominal motion;
 - Respiratory rate > 20;
 - Reduced speech / vocal volume;
 - Weakened cough;
 - Symptoms of sleep disordered breathing;
 - Frequent awakening;
 - Daytime somnolence / excessive daytime sleepiness;
 - Unexplained headaches;
 - Unexplained confusion;
 - Unexplained anxiety;
 - Unexplained nausea.

Continued on back

**ALS
LCD**



PATIENT NAME _____ **ID** _____

2. If unable to perform the FVC test patients meet this criterion if they manifest 3 or more of the above symptoms / signs.

B. Severe nutritional insufficiency is defined as:
 Dysphagia with progressive weight loss of at least five percent of body weight with or without election for gastrostomy tube insertion.

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity <i>with</i> Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance 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 most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

COMMENTS _____

COMPLETED BY _____ DATE _____

Liver Disease GUIDELINES



Patient Name _____ ID# _____ Date: _____

(both baseline and disease-specific guidelines should be met.)

BASELINE GUIDELINES

- 1) **Physiologic impairment of functional status as demonstrated by:** Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) < 70%. (PPS on back) **PPS Score** _____
- 2) **Dependence on assistance for two or more activities of daily living (ADLs):**
 - a) Ambulation;
 - b) Continence;
 - c) Transfer;
 - d) Dressing;
 - e) Feeding;
 - f) Bathing.
- 3) **Co-morbidities – although not the primary hospice diagnosis, the presence of disease such as the following, the severity of which is likely to contribute to a life expectancy of six months or less, should be considered in determining hospice eligibility.**
 - a) Chronic obstructive pulmonary disease
 - b) Congestive heart failure
 - c) Ischemic heart disease
 - d) Diabetes mellitus
 - e) Neurologic disease (CVA, ALS, MS, Parkinson's)
 - f) Renal failure
 - g) Liver Disease
 - h) Neoplasia
 - i) Dementia
 - j) Acquired Immune Deficiency Syndrome/HIV
 - k) Refractory severe autoimmune disease (e.g. Lupus or Rheumatoid Arthritis)

DISEASE SPECIFIC GUIDELINES

Patients will be considered to be in the terminal stage of liver disease (life expectancy of six months or less) if they meet the following criteria: **(1 and 2 must be present, factors from 3 will lend supporting documentation.)**

1. Patient should show **both** a. and b.
Laboratory indicators of severely impaired liver function should show both of the following:
 - a. Prothrombin time prolonged more than 5 sec. over control, or INR >1.5
 - b. Serum albumin <2.5 g/dl
2. Clinical indicators of end-stage liver disease (patient should show at least one of the following):
 - a. Ascites
 Refractory to treatment or patient non-compliant
 - b. Spontaneous bacterial peritonitis
 - c. Hepatorenal syndrome (elevated creatinine and BUN with oliguria (<400 ml/day) and urine sodium, concentration < 10 mg/day)
 - d. Hepatic encephalopathy refractory to treatment OR patient non-compliant
 - e. Recurrent variceal bleeding, despite intensive therapy
3. a. Documentation of the following factors will support eligibility for hospice care:

<input type="checkbox"/> Progressive malnutrition	<input type="checkbox"/> Hepatocellular carcinoma
<input type="checkbox"/> Muscle wasting with reduced strength and endurance	<input type="checkbox"/> HbsAg (Hepatitis B) positivity
<input type="checkbox"/> Continued active alcoholism (> 80g ethanol per day)	<input type="checkbox"/> Hepatitis C refractory to interferon treatment

**Liver Disease
LCD**



PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity <i>with</i> Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance 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 most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

COMMENTS _____

COMPLETED BY _____ DATE _____

Cancer Guidelines



Patient Name _____ ID# _____ Date: _____

(both baseline and disease-specific guidelines should be met.)

BASELINE GUIDELINES

- 1) **Physiologic impairment of functional status as demonstrated by:** Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) < 70%. (PPS on back) **PPS Score** _____
- 2) **Dependence on assistance for two or more activities of daily living (ADLs):**
 - a) Ambulation;
 - b) Continence;
 - c) Transfer;
 - d) Dressing;
 - e) Feeding;
 - f) Bathing.
- 3) **Co-morbidities – although not the primary hospice diagnosis, the presence of disease such as the following, the severity of which is likely to contribute to a life expectancy of six months or less, should be considered in determining hospice eligibility.**
 - a) Chronic obstructive pulmonary disease
 - b) Congestive heart failure
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 - d) Diabetes mellitus
 - e) Neurologic disease (CVA, ALS, MS, Parkinson's)
 - f) Renal failure
 - g) Liver Disease
 - h) Neoplasia
 - i) Dementia
 - j) Acquired Immune Deficiency Syndrome/HIV
 - k) Refractory severe autoimmune disease (e.g. Lupus or Rheumatoid Arthritis)

DISEASE-SPECIFIC GUIDELINES:

Cancer Diagnoses

- 1) Disease with metastases at presentation OR
- 2) Progression from an earlier stage of disease to metastatic disease with either:
 - a) A continued decline in spite of therapy; or
 - b) Patient declines further disease directed therapy.

Note: Certain cancers with poor prognoses (e.g., small cell lung cancer, brain cancer and pancreatic cancer) may be hospice eligible without fulfilling the other criteria in this section

**Cancer
LCD**



Merrimack
Valley Hospital

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
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0%	Death	-	-	-	-

COMMENTS _____

COMPLETED BY _____ DATE _____

Decline in Health Status GUIDELINES



Patient Name _____ ID# _____ Date: _____

Progression of disease as documented by worsening clinical status, symptoms, signs and laboratory results. No specific number of criteria must be met. Documented evidence must support terminal status.

1) Clinical Status:

- a) Recurrent or intractable serious infections such as pneumonia, sepsis or pyelonephritis;
- b) Progressive inanition as documented by:
 - i) Weight loss of at least 10% body weight in the prior six months, not due to reversible causes such as depression or use of diuretics;
 - ii) Decreasing anthropomorphic measurements (mid-arm circumference, abdominal girth), not due to reversible causes such as depression or use of diuretics;
 - iii) Observation of ill-fitting clothes, decrease in skin turgor, increasing skin folds or other observation of weight loss in a patient without documented weight;
 - iv) Decreasing serum albumin or cholesterol.
- c) Dysphagia leading to recurrent aspiration and/or inadequate oral intake documented by decreasing food portion consumption.

2) Symptoms:

- a) Dyspnea with increasing respiratory rate;
- b) Cough, intractable;
- c) Nausea/vomiting poorly responsive to treatment;
- d) Diarrhea, intractable;
- e) Pain requiring increasing doses of major analgesics more than briefly.

3) Signs:

- a) Decline in systolic blood pressure to below 90 or progressive postural hypotension;
- b) Ascites;
- c) Venous, arterial or lymphatic obstruction due to local progression or metastatic disease ;
- d) Edema;
- e) Pleural/pericardial effusion;
- f) Weakness;
- g) Change in level of consciousness.

4) Laboratory (When available. Lab testing is not required to establish hospice eligibility.):

- a) Increasing pCO₂ or decreasing pO₂ or decreasing SaO₂;
- b) Increasing calcium, creatinine or liver function studies;
- c) Increasing tumor markers (e.g. CEA, PSA);
- d) Progressively decreasing or increasing serum sodium or increasing serum potassium.

5) Decline in Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) from < 70% due to progression of disease. **(PPS on back) PPS Score** _____

6) Progressive decline in Functional Assessment Staging (FAST) for dementia (from 7A on the FAST) **(FAST on back) FAST Score** _____

7) Progression to dependence on assistance with additional activities of daily living:

8) Dependence on assistance for two or more activities of daily living (ADLs):

- a) Ambulation;
- b) Continence;
- c) Transfer;
- d) Dressing;
- e) Feeding;
- f) Bathing

9) Progressive stage 3-4 pressure ulcers in spite of optimal care.

10) History of increasing ER visits, hospitalizations, or physician visits related to the hospice primary diagnosis prior to election of the hospice benefit.

Decline in Health Status GUIDELINES



PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
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10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

FAST SCALE

- 7A Ability to speak is limited to approximately 6 intelligible words or fewer, in the course of an average day or in the course of an intensive interview.
- 7B Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview (the person may repeat the word over and over)
- 7C Ambulatory ability is lost (cannot walk without personal assistance).
- 7D Cannot sit up without assistance (e.g., patient will fall over if there are not lateral rests (arms) on the chair).
- 7E Loss of ability to smile.
- 7F Loss of ability to hold up head independently

COMMENTS _____

COMPLETED BY _____

**ALZHEIMER'S DISEASE
& RELATED DISORDERS GUIDELINES**



Merrimack
Valley Hospice

Patient Name _____ ID# _____ Date: _____
(both baseline and disease-specific guidelines should be met.)

BASELINE GUIDELINES

- 1) Physiologic impairment of functional status as demonstrated by: Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) from < 70%. (PPS on back) PPS Score _____
- 2) Co-morbidities – although not the primary hospice diagnosis, the presence of disease such as the following, the severity of which is likely to contribute to a life expectancy of six months or less, should be considered in determining hospice eligibility.
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 - d) Diabetes mellitus
 - e) Neurologic disease (CVA, ALS, MS, Parkinson's)
 - f) Renal failure
 - g) Liver Disease
 - h) Neoplasia
 - i) Dementia
 - j) Acquired Immune Deficiency Syndrome/HIV
 - k) Refractory severe autoimmune disease (e.g. Lupus or Rheumatoid Arthritis)

DISEASE SPECIFIC GUIDELINES

1. Patients should show at all of the following
 - a. Stage seven or beyond according to the Functional Assessment Staging Scale (see back)
FAST Score _____
 1. Unable to ambulate without assistance
 2. Unable to dress without assistance
 3. Unable to bathe without assistance
 4. Urinary and fecal incontinence, intermittent or constant
2. Patients should have had one of the following within the past 12 months:
 - a. Aspiration pneumonia;
 - b. Pyelonephritis;
 - c. Septicemia;
 - d. Decubitus ulcers, multiple, stage 3-4;
 - e. Fever, recurrent after antibiotics;
 - f. Inability to maintain sufficient fluid and calorie intake with 10% weight loss during the previous six months or serum albumin < 2.5 gm/dl.

**ALZHEIMER'S DISEASE
& RELATED DISORDERS GUIDELINES**

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
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10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

FAST SCALE

Check level:

- 7A Ability to speak is limited to approximately 6 intelligible words or fewer, in the course of an average day or in the course of an intensive interview.
- 7B Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview (the person may repeat the word over and over)
- 7C Ambulatory ability is lost (cannot walk without personal assistance).
- 7D Cannot sit up without assistance (e.g., patient will fall over if there are not lateral rests (arms) on the chair).
- 7E Loss of ability to smile.
- 7F Loss of ability to hold up head independently

COMMENTS _____

COMPLETED BY _____ DATE _____

Renal Disease GUIDELINES



Patient Name _____ ID# _____ Date: _____

(both baseline and disease-specific guidelines should be met.)

BASELINE GUIDELINES

- 1) **Physiologic impairment of functional status as demonstrated by:** Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) < 70%. (PPS on back) **PPS Score** _____
- 2) **Dependence on assistance for two or more activities of daily living (ADLs):**
 - a) Ambulation;
 - b) Continence;
 - c) Transfer;
 - d) Dressing;
 - e) Feeding;
 - f) Bathing.
- 3) **Co-morbidities – although not the primary hospice diagnosis, the presence of disease such as the following, the severity of which is likely to contribute to a life expectancy of six months or less, should be considered in determining hospice eligibility.**
 - a) Chronic obstructive pulmonary disease
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 - d) Diabetes mellitus
 - e) Neurologic disease (CVA, ALS, MS, Parkinson's)
 - f) Renal failure
 - g) Liver Disease
 - h) Neoplasia
 - i) Dementia
 - j) Acquired Immune Deficiency Syndrome/HIV
 - k) Refractory severe autoimmune disease (e.g. Lupus or Rheumatoid Arthritis)

DISEASE-SPECIFIC GUIDELINES:

Patients will be considered to be in the terminal stage of renal disease (life expectancy of six months or less) if they meet the following criteria.

Acute Renal Failure (1 and either 2, 3 or 4 should be present. Factors from 5 will lend supporting documentation.)

- 1) The patient is not seeking dialysis or renal transplant, or is discontinuing dialysis. (continuation of dialysis will significantly alter a patient's prognosis, and thus potentially impact that individual's eligibility.)
- 2) Creatinine clearance < 10 cc/min (<15 cc/min. for diabetics); or < 15cc/min (< 20cc/min for diabetics) with comorbidity of congestive heart failure.
- 3) Serum creatinine > 8.0 mg/dl (>6.0 mg/dl for diabetics).
- 4) Estimated glomerular filtration rate (GFR) <10 ml/min.
- 5) Comorbid conditions:
 - a) Mechanical ventilation;
 - b) Malignancy (other organ system);
 - c) Chronic lung disease;
 - d) Advanced cardiac disease;
 - e) Advanced liver disease;
 - f) Immunosuppression/AIDS;
 - g) Albumin < 3.5 gm/dl;
 - h) Platelet count < 25,000;
 - i) Disseminated intravascular coagulation;
 - j) Gastrointestinal bleeding.

CONTINUED ON BACK

**Renal Disease
LCD**



Chronic Kidney Disease (1 and either 2, 3 or 4 should be present. Factors from 5 will lend supporting documentation.)

- 1) The patient is not seeking dialysis or renal transplant, or is discontinuing dialysis; continuation of dialysis will significantly alter a patient's prognosis, and thus potentially impact that individual's eligibility.
- 2) Creatinine clearance <10 cc/min (< 15 cc/min for diabetics); or < 15cc/min (< 20cc/min for diabetics) with comorbidity of congestive heart failure.
- 3) Serum creatinine > 8.0 mg/dl (>6.0 mg/dl for diabetics).
- 4) Signs and symptoms of renal failure:
 - a) Uremia;
 - b) Oliguria (< 400 cc/24 hours);
 - c) Intractable hyperkalemia (> 7.0) not responsive to treatment;
 - d) Uremic pericarditis;
 - e) Hepatorenal syndrome;
 - f) Intractable fluid overload, not responsive to treatment.
- 5) Estimated glomerular filtration rate (GFR) <10 ml/min.

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
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10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

COMMENTS _____

COMPLETED BY _____ DATE _____

Heart Disease GUIDELINES



Merrimack
Valley Hospice

Patient Name _____ ID# _____ Date: _____
(both baseline and disease-specific guidelines should be met.)

BASELINE GUIDELINES

- 1) **Physiologic impairment of functional status as demonstrated by:** Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) < 70%. (PPS on back) PPS Score _____
- 2) **Dependence on assistance for two or more activities of daily living (ADLs):**
 - a) Ambulation;
 - b) Continence;
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 - f) Renal failure
 - g) Liver Disease
 - h) Neoplasia
 - i) Dementia
 - j) Acquired Immune Deficiency Syndrome/HIV
 - k) Refractory severe autoimmune disease (e.g. Lupus or Rheumatoid Arthritis)

DISEASE-SPECIFIC GUIDELINES:

Patients will be considered to be in the terminal stage of heart disease (life expectancy of six months or less) if they meet the following criteria. (1 and 2 should be present. Factors from 3 will add supporting documentation.)

- 1) At the time of initial certification or recertification for hospice, the patient is or has been already optimally treated for heart disease, or are patients who are either not candidates for surgical procedures or who decline those procedures. (Optimally treated means that patients who are not on vasodilators have a medical reason for refusing these drugs, e.g., hypotension or renal disease.)
- 2) Patients with congestive heart failure or angina should meet the criteria for the New York Heart Association (NYHA) Class IV. (Class IV patients with heart disease have an inability to carry on any physical activity. Symptoms of heart failure or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.) Significant congestive heart failure may be documented by an ejection fraction of less than or equal to 20%, but is not required if not already available. **(NYHA Criteria on back)**
- 3) Documentation of the following factors will support but is not required to establish eligibility for hospice care:
 - a) Treatment-resistant symptomatic supraventricular or ventricular arrhythmias;
 - b) History of cardiac arrest or resuscitation;
 - c) History of unexplained syncope;
 - d) Brain embolism of cardiac origin;
 - e) Concomitant HIV disease.



**NEW YORK HEART ASSOCIATION (NYHA)
FUNCTIONAL CLASSIFICATION**

- Class I.** Patients with cardiac disease, but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.
- Class II.** Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.
- Class III.** Patients with marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain.
- Class IV.** Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity <i>with</i> Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance 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 most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

COMMENTS _____

COMPLETED BY _____ DATE _____

HIV Disease GUIDELINES



Merrimack
Valley Hospice

Patient Name _____ ID# _____ Date: _____

(both baseline and disease-specific guidelines should be met.)

BASELINE GUIDELINES

- 1) Physiologic impairment of functional status as demonstrated by: Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) of less than or equal to 50. (PPS on back) PPS Score _____
- 2) **Dependence on assistance for two or more activities of daily living (ADLs):**
 - a) Ambulation;
 - b) Continence;
 - c) Transfer;
 - d) Dressing;
 - e) Feeding;
 - f) Bathing.
- 3) **Co-morbidities – although not the primary hospice diagnosis, the presence of disease such as the following, the severity of which is likely to contribute to a life expectancy of six months or less, should be considered in determining hospice eligibility.**
 - a) Chronic obstructive pulmonary disease
 - b) Congestive heart failure
 - c) Ischemic heart disease
 - d) Diabetes mellitus
 - e) Neurologic disease (CVA, ALS, MS, Parkinson's)
 - f) Renal failure
 - g) Liver Disease
 - h) Neoplasia
 - i) Dementia
 - j) Refractory severe autoimmune disease (e.g. Lupus or Rheumatoid Arthritis)

DISEASE SPECIFIC GUIDELINES

Patients will be considered to be in the terminal stage of their illness (life expectancy of six months or less) if they meet the following criteria. (1 and 2 should be present; factors from 3 will add supporting documentation.)

- 1) CD4+Count <25 cells/mcL or persistent(2 or more assays at least one month apart) viral load >100,000 copies/ml, plus **one** of the following:
 - a) CNS lymphoma
 - b) Untreated, or not responsive to treatment, wasting (loss of 10% lean body mass)
 - c) Mycobacterium avium complex (MAC) bacteremia, untreated, unresponsive to treatment, or treatment refused
 - d) Progressive multifocal leukoencephalopathy
 - e) Systemic lymphoma, with advanced HIV disease and partial response to chemotherapy
 - f) Visceral Kaposi's sarcoma unresponsive to therapy
 - g) Renal failure in the absence of dialysis
 - h) Cryptosporidium infection
 - i) Toxoplasmosis, unresponsive to therapy
- 2) Documentation of the following factors will support eligibility for hospice care:
 - a) Chronic persistent diarrhea for one year
 - b) Persistent serum albumin <2.5
 - c) Concomitant, active substance abuse
 - d) Age >50 years
 - e) Absence of, or resistance to, effective antiretroviral, chemotherapeutic and prophylactic drug therapy related specifically to HIV disease
 - f) Advanced AIDS dementia complex
 - g) Toxoplasmosis
 - i) Congestive heart failure, symptomatic at rest
 - ii) Advanced liver disease

**HIV Disease
LCD**



PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity <i>with Effort</i> Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance 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 most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

COMMENTS _____

COMPLETED BY _____ DATE _____

Stroke and Coma Guidelines



Patient Name _____ ID# _____ Date: _____

Non-disease specific baseline guidelines (*both baseline and disease-specific guidelines should be met.*)

- 1) **Physiologic impairment of functional status as demonstrated by:** Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) < 40%. (PPS on back) **PPS Score** _____
- 2) **Dependence on assistance for two or more activities of daily living (ADLs):**
 - a) Ambulation;
 - b) Continence;
 - c) Transfer;
 - d) Dressing;
 - e) Feeding;
 - f) Bathing.
- 3) **Co-morbidities – although not the primary hospice diagnosis, the presence of disease such as the following, the severity of which is likely to contribute to a life expectancy of six months or less, should be considered in determining hospice eligibility.**
 - a) Chronic obstructive pulmonary disease
 - b) Congestive heart failure
 - c) Ischemic heart disease
 - d) Diabetes mellitus
 - e) Neurologic disease (CVA, ALS, MS, Parkinson's)
 - f) Renal failure
 - g) Liver Disease
 - h) Neoplasia
 - i) Dementia
 - j) Acquired Immune Deficiency Syndrome/HIV
 - k) Refractory severe autoimmune disease (e.g. Lupus or Rheumatoid Arthritis)
 - l) _____

DISEASE-SPECIFIC GUIDELINES

Patients will be considered to be in the terminal stages of stroke or coma (life expectancy of 6 months or less if they meet the following criteria:

STROKE

- 1) Inability to maintain hydration and caloric intake with one of the following:
 - a) Weight loss > 10% in the last 6 months or > 7.5% in the last 3 months;
 - b) Serum albumin < 2.5 gm/dl;
 - c) Current history of pulmonary aspiration not responsive to speech language pathology intervention;
 - d) Sequential calorie counts documenting inadequate caloric/fluid intake;
 - e) Dysphagia severe enough to prevent patient from continuing fluids/foods necessary to sustain life and patient does not receive artificial nutrition and hydration.

COMA (any etiology):

- 1) Comatose patients with any 3 of the following on day three of coma:
 - a) abnormal brain stem response;
 - b) absent verbal response;
 - c) absent withdrawal response to pain;
 - d) serum creatinine > 1.5 mg/dl.
- 2) Documentation of the following factors will support eligibility for hospice care:
 - a) Documentation of medical complications, in the context of progressive clinical decline, within the previous 12 months, which support a terminal prognosis:
 - i) Aspiration pneumonia;
 - ii) Pyelonephritis;

CONTINUED ON BACK

Stroke and Coma



- iii) Refractory stage 3-4 decubitus ulcers;
 - iv) Fever recurrent after antibiotics.
- 3) Documentation of diagnostic imaging factors which support poor prognosis after stroke include:
- a) For non-traumatic hemorrhagic stroke:
 - (1) Large-volume hemorrhage on CT:
 - (a) Infratentorial: greater than or equal to 20 ml.;
 - (b) Supratentorial: greater than or equal to 50 ml.
 - (2) Ventricular extension of hemorrhage;
 - (3) Surface area of involvement of hemorrhage greater than or equal to 30% of cerebrum;
 - (4) Midline shift greater than or equal to 1.5 cm.;
 - (5) Obstructive hydrocephalus in patient who declines, or is not a candidate for, ventriculoperitoneal shunt.
 - b) For thrombotic/embolic stroke:
 - (1) Large anterior infarcts with both cortical and subcortical involvement;
 - (2) Large bihemispheric infarcts;
 - (3) Basilar artery occlusion;
 - (4) Bilateral vertebral artery occlusion.

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity <i>with</i> Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance 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 most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

COMMENTS _____

COMPLETED BY _____ DATE _____

Pulmonary Disease GUIDELINES



Patient Name _____ ID _____

(both baseline and disease-specific guidelines should be met.)

BASELINE GUIDELINES

- 1) **Physiologic impairment of functional status as demonstrated by:** Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) < 70%. (PPS on back) PPS Score _____
- 2) **Dependence on assistance for two or more activities of daily living (ADLs):**
 - a) Ambulation;
 - b) Continence;
 - c) Transfer;
 - d) Dressing;
 - e) Feeding;
 - f) Bathing.
- 3) **Co-morbidities – although not the primary hospice diagnosis, the presence of disease such as the following, the severity of which is likely to contribute to a life expectancy of six months or less, should be considered in determining hospice eligibility.**
 - a) Chronic obstructive pulmonary disease
 - b) Congestive heart failure
 - c) Ischemic heart disease
 - d) Diabetes mellitus
 - e) Neurologic disease (CVA, ALS, MS, Parkinson's)
 - f) Renal failure
 - g) Liver Disease
 - h) Neoplasia
 - i) Dementia
 - j) Acquired Immune Deficiency Syndrome/HIV
 - k) Refractory severe autoimmune disease (e.g. Lupus or Rheumatoid Arthritis)

DISEASE-SPECIFIC GUIDELINES:

Patients will be considered to be in the terminal stage of pulmonary disease (life expectancy of six months or less) if they meet the following criteria. The criteria refer to patients with various forms of advanced pulmonary disease who eventually follow a final common pathway for end stage pulmonary disease. (1 and 2 should be present. Documentation of 3, 4, and 5, will lend supporting documentation.)

- 1) Severe chronic lung disease as documented by both a and b:
 - a) 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 evidence for disabling dyspnea, but is not necessary to obtain.)
 - b) Progression of end stage pulmonary disease, as evidenced by increasing visits to the emergency department or hospitalizations for pulmonary infections and/or respiratory failure or increasing physician home visits prior to initial certification. (Documentation of serial decrease of FEV1 > 40 ml/year is objective evidence for disease progression, but is not necessary to obtain.)

Continued on back

**Pulmonary Disease
LCD**



Patient Name _____ **ID** _____

- 2) Hypoxemia at rest on room air, as evidenced by pO2 less than or equal to 55 mmHg, or oxygen saturation less than or equal to 88%, determined either by arterial blood gases or oxygen saturation monitors, (these values may be obtained from recent hospital records) OR hypercapnia, as evidenced by pCO2 greater than or equal to 50 mmHg. (This value may be obtained from recent [within 3 months] hospital records.)
- 3) Right heart failure (RHF) secondary to pulmonary disease (Cor pulmonale) (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.

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity <i>with</i> Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
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10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

COMMENTS _____

COMPLETED BY _____ DATE _____