Terminal Diagnosis Local Coverage Determinations (LCDs)

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The Leaders in Home Health and Hospice Care

Objectives

- The participant will be able to discuss the guidelines to LCDs Part I
- The participant will be able to discuss the guidelines to LCDs Part II
- The participant will be able to discuss the guidelines to LCDs Part III

Terminal Diagnosis

- Terminal Illness – Illness or condition most likely to result in death
- Hospice benefit covers palliation and management of the terminal illness and related conditions

Co-Morbid Conditions

- **Should code and report coexisting or additional diagnoses to more fully describe patient**
- **Co-morbidities may be related or unrelated- this should be determined by the Medical Director and documented**
  - Report on the claim all co-morbid conditions related to the terminal illness
  - Do not report co-morbid conditions that are unrelated to the terminal illness on the claim – but they should be added to the plan of care

Supporting Comorbidities

- COPD
- CHF
- Ischemic Heart Disease
- Diabetes
- Neurologic Disease (CVA,ALS,MS,Parkinsons)
- Renal Failure
- Liver Disease
- Cancer
- Dementia
- AIDS

Local Coverage Determinations (LCDs)

- LCDs are the accepted industry standard for determining Hospice eligibility
- Also called Unipolicy
- Establish “indications and limitations of coverage and/or medical necessity”
- Medical necessity must be evaluated and clearly and objectively documented in the clinical record

Local Coverage Determinations (LCDs)

- Paint a picture as to why and how the patient is eligible
- Explain why we believe this particular patient has a prognosis of 6 months or less
- Provide enough detail to allow documentation of decline when time to recertify

Answering the Question: Why Hospice? Why now?

- What triggered the referral?
- Change in condition?
- Hospitalization?
- New or worsening symptoms?
- New or worsening co-morbidity?
- Need for additional care?
- Change in caregiver status or setting of care?

LCD Guidelines Part I

- Decline in clinical status guidelines
- Used for any diagnosis
- Based upon baseline and follow-up assessments/data

LCD Guidelines Part I

- Patients will be considered to have a life expectancy of 6 months or less if they meet Part 1 of the LCD guidelines and there is documented evidence of decline/disease progression that is not considered reversible.

LCD Guidelines Part I

- Progression of disease as documented by worsening clinical status, symptoms, signs and laboratory results

LCD Guidelines Part I
Clinical Status

- Recurrent or intractable serious infections
- Progressive signs and symptoms of weight loss, dysphagia

LCD Guidelines Part I Symptoms

- Dyspnea with increasing respiratory rate
- Cough
- Intractable nausea, vomiting and diarrhea
- Pain requiring increasing doses of major analgesics

LCD Guidelines Part I
Signs

- Decline in systolic BP or progressive hypotension
- Ascites
- Venous, arterial or lymphatic obstruction
- Edema
- Pleural/pericardial effusion
- Weakness
- Change in level of consciousness

LCD Guidelines Part I
Labs (if available)

- Increasing pCO_2 or decreasing pO_2 or decreasing SaO_2
- Increasing calcium, creatinine or liver function studies
- Increasing tumor markers (e.g. CEA, PSA)
- Progressively decreasing or increasing serum sodium or increasing serum potassium

LCD Guidelines Part I
Scales and Tools

- Decline in Karnofsky Performance Status (KPS) due to progression of disease
- Decline in Palliative Performance Score (PPS) due to progression of disease
- Progressive decline in Functional Assessment Staging (FAST) for dementia (from 7A on the FAST)

LCD Guidelines Part I
Scales and Tools

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

- History of increasing ER visits, hospitalizations, or physician visits related to the Hospice primary diagnosis prior to election of the Hospice benefit

LCD Guidelines Part II

- Non-disease specific baseline guidelines (used in combination with Part III)
- Impaired functional status, ADL limitations and burdens associated with co-morbidities

LCD Guidelines Part II

Impaired Functional Status Required

- Karnofsky Performance Status (KPS) <70
- Palliative Performance Score (PPS) <70

LCD Guidelines Part II

- **Dependence on assistance for 2 or more ADLs required**
  - Ambulation
  - Continence
  - Transfer
  - Dressing
  - Feeding
  - Bathing

LCD Guidelines Part II
ADL Documentation

- **How much caregiver support?**
  - None
  - Minimal
  - Moderate
  - Total
  - Time-to-completion of tasks

LCD Guidelines Part II
ADL Documentation Example

- Patient is totally dependent when transferring from bed to chair. Able to sit up for 1 hour or less. Requires assistance with feeding. Takes approximately 20 minutes to complete a meal due to periods of choking and difficulty chewing and swallowing.

LCD Guidelines Part II

Co-morbidities Contribute to Disease Burden

- CHF
- COPD
- Dementia
- Diabetes
- Neurological diseases, etc

LCD Guidelines Part II

Co-morbidities VS Secondary Conditions

Co-Morbid Conditions	Secondary Conditions
Are unrelated to or separate and distinct from, the primary Hospice diagnosis	Are related to, or caused by, the primary Hospice diagnosis

LCD Guidelines Part III
Disease Specific Guidelines

- **Cancer**

- **Non-cancer**
  - ALS
  - Dementia
  - Heart disease
  - HIV disease
  - Liver disease
  - Pulmonary disease
  - Renal disease
  - Stroke & coma

Documentation- MEASURABLE, OBJECTIVE CRITERIA

- **Comparisons –specific numbers**
  - Weighed 135# in December 2014. Now weighs 115 # (Shows a 20 # , >10 % weight loss in less than 6 months)
- **Use of scales**
  - Was 40% PPS in January 2015- is now 30% PPS as evidenced by patient is now totally bed bound
  - Was 7c on FAST Scale; is now 7e as evidenced by the patient has lost the ability to smile
- **Documentation must justify:**
  Patient eligible for hospice care
- **Narratives/Comments**
  - Individualize and "Paint the picture" of the patient more clearly

Eligibility Summary

- The same LCD-based eligibility criteria apply to both admission and recertification; although progressive decline is required for some diagnosis.

Summary

- Hospice eligibility is demonstrated through documentation
- Compare your findings with the criteria outlined in the LCD guidelines and make determinations accordingly
- Record and track both objective and subjective assessment findings – they are key to recertification

If a patient improves and/or stabilizes

- If patient no longer has a prognosis of six months or less from the most recent recertification evaluation the patient should be considered for discharge from the Medicare Hospice benefit

- Such patients can be re-enrolled for a new benefit period when a decline in their clinical status is such that their life expectancy is again six months or less

Admission Determinants

- Review “Hospice Eligibility” Fact Sheet
- Review “Admission Determinants” Fact Sheet