Patients are eligible for hospice care if in the physician's clinical judgment they have a life expectancy of six months or less. These determinants are to be used as guidelines and do not take the place of a physician's clinical judgment. Coverage for hospice care may still be appropriate for patients not meeting these determinations due to co-morbidity or rapid decline.
Non-Specific Terminal Illness

The patient has a terminal medical condition that cannot be attributed to a single specific illness. The physician believes there is a limited prognosis of six months or less based on a constellation of signs, symptoms, test results and/or clinical decline.

1. Rapid decline over the past 3-6 months evidenced by all of the following:
   a. Progression of disease evidenced by symptoms, signs and test results.
   b. Decline in PPS 50% or lower
   c. Weight loss not due to reversible causes and/or declining serum albumin levels
   d. Decline is not attributable to disease process

2. Supporting factors:
   a. Dysphagia leading to inadequate nutritional intake or recurrent aspiration
   b. Decline in systolic BP to below 90 systolic or progressive postural hypotension
   c. Increasing emergency visits, hospitalization, or physician follow up
   d. Decline in Functional Assessment Staging (FAST) for dementia
   e. Multiple Stage 3-4 pressure ulcers in spite of optimal care

Adult Failure to Thrive

The patient meets ALL of the following:

1. Palliative Performance Scale equal to or less than 40%. (mainly in bed, requires significant assistance with ADL’s)
2. Body Mass Index (BMI) below 22 kg/m²
   a. Body Mass Index = 703 x (patient’s weight in pounds) ÷ (height in inches)²
3. The patient declines or is not responding to enteral or parenteral nutritional support

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.
Dementia

The patient has both 1 and 2:

1. Stage 7C or beyond on Functional Assessment Staging Scale (FAST) with all of the following:
   a. Inability to ambulate without personal assistance
   b. Inability to dress or bathe without assistance
   c. Urinary and fecal incontinence, intermittent or constant
   d. Speech ability is limited to the use of a single intelligible word in an average day or on the course of an intensive interview (the person may repeat the word over and over)

   AND

2. Has had at least one (1) of the following conditions within the past twelve (12) months:
   a. Aspiration pneumonia
   b. Pyelonephritis or other upper urinary tract infection
   c. Septicemia
   d. Decubitus ulcers, multiple, stage 3-4
   e. Fever, recurrent after antibiotics
   f. Other significant event or condition that suggests a limited prognosis
   g. Inability to maintain sufficient fluid and calorie intake demonstrated by either of the following:

      10% weight loss during the previous six (6) months

      OR

      Serum albumin < 2.5

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.
Heart Disease

The patient has either 1, 2 or 3. Number 4 gives supporting documentation but is not required,

1. Poor response to (or patient’s choice not to pursue) optimal treatment.

OR

2. The patient has coronary artery disease with angina pectoris at rest, and resistant to standard nitrate therapy and is not a candidate for invasive procedures and/or has declined revascularization procedures.

OR

3. The patient has congestive heart failure with New York Heart Association (NYHA) Class IV symptoms and both of the following:
   a. The presence of significant symptoms of recurrent Congestive Heart Failure (CHF) and/or angina at rest
   b. Inability to carry out even minimal physical activity without symptoms of heart failure (dyspnea) or angina

4. Documentation to support eligibility
   a. Echo demonstrating ejection fraction of 20% or less
   b. Treatment resistant symptomatic dysrythmias
   c. History of unexplained or cardiac related syncope
   d. CVA secondary to cardiac embolism
   e. History of cardiac arrest or resuscitation, concomitant HIV disease

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

*Patients awaiting heart transplant who otherwise meet the above criteria are eligible.

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.
New York Heart Association (NYHA)

FUNCTIONAL CLASSIFICATION
(Class & Description)

I
Patients with cardiac disease, but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, palpitations or anginal pain.

II
Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, dyspnea, palpitations or anginal pain.

III
Patients with limitations of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, dyspnea, palpitations or anginal pain.

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.

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.

Stroke or Coma

The patient has both 1 and 2. Number 3 supports eligibility:

1. Poor Functional status with Palliative Performance Scale of 40% or less (unable to care for self)
AND

2. Poor nutritional status with inability to maintain sufficient fluid and calorie intake with at least one of the following:
   a. > 10% weight loss over the previous six (6) months
   b. > 7.5% weight loss over the previous three (3) months
   c. Serum albumin < 2.5 gm/dl
   d. Current history of pulmonary aspiration without effective response to speech language pathology interventions to improve dysphagia and decrease aspiration

Supporting Documentation:

3. Coma (any etiology) with three (3) of the following on the third (3rd) day of coma:
   a. Abnormal brain stem response
   b. Absent verbal responses
   c. Absent withdrawal response to pain
   d. Serum creatinine > 1.5 gm/dl

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.
**Renal Failure**

The patient has 1, 2, and 3. Number 4 supports hospice eligibility

1. The patient is not seeking dialysis or transplant

AND

2. Creatinine clearance* is < 10cc/min ( < 15 cc/min for diabetics):

AND

3. Serum Creatinine > 8.0 mg/dl ( <6.0 mg/dl for diabetics)

4. Supporting evidence
   a. Uremia
   b. Oliguria (urine output is less than 400 cc in 24 hours)
   c. Intractable hyperkalemia (greater than 7.0) not responsive to treatment
   d. Uremic pericarditis
   e. Hepatorenal syndrome
   f. Immunosuppression/AIDS
   g. Intractable fluid overload, not responsive to treatment

*Creatinine Clearance Calculation

\[(140 – \text{age in years}) \times \text{(weight in Kg)}; \text{multiply by 0.85 for women} \div (72) \text{(serum creatinine in mg/dl)}\]

OR

\[(140 - \text{age in years}) \times \text{(weight in Kg)}; \text{multiply by 0.85 for women} \text{Ccreat} = (72) \text{(serum creatinine in mg/dl)}\]

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.

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**Cancer**

The patient has 1, 2, and 3:

1. Clinical findings of malignancy with widespread, aggressive, or progressive disease as evidenced by increasing symptoms, worsening lab values and/or evidence or metastatic disease

2. Refuses further life-prolonging therapy OR continues to decline in spite of definitive therapy

Supportive criteria include:

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

THE FOLLOWING INFORMATION WILL BE REQUIRED:

1. Tissue diagnosis of malignancy
2. Reasons why a tissue diagnosis is not available

In the absence of one or more of the above findings, rapid decline or comorbidities may also support eligibility for hospice care.

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.
**Chronic Degenerative Neurologic Disease**

Muscular Dystrophy, Myasthenia Gravis and Multiple Sclerosis are examples of diseases that fit this category.

The patient must meet at least one of the following criteria (1 or 2)

1. Critically impaired breathing capacity with all of the following findings:
   - Dyspnea at rest
   - Vital capacity less than 30%
   - The requirement of supplemental oxygen at rest
   - The patient declines artificial ventilation

OR

2. Rapid Disease progression with either A or B below:
   - 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 (either A or B below)

A. Critical nutritional impairment demonstrated by all of the following in the preceding 12 months
   - Oral intake of nutrients and fluids insufficient to sustain life
   - Continuing weight loss
   - Dehydration or hypovolemia
   - Absence of artificial feeding methods

B. Life threatening complications demonstrated by all of the following in the preceding 12 months
   - Recurrent aspiration pneumonia (with or without tube feedings)
   - Upper urinary tract infection (e.g., pyelonephritis)
   - Sepsis
   - Recurrent fever after antibiotic therapy
   - Stage 3 or Stage 4 decubitus ulcer (2)

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.

**Pulmonary Disease**

The patient has severe chronic lung disease as documented by 1, 2, and 3. Supporting data is provided by 4:

1. a. Disabling dyspnea at rest
   b. Poor response to bronchodilators
   c. Decreased functional capacity (e.g. bed to chair existence, fatigue and cough)
   1. An FEVI < 30% (after bronchodilator treatment) is objective evidence for severe lung disease but is not required

AND

2. Progression of disease as evidenced by a recent history of increasing office, home or emergency visits and/or hospitalizations for pulmonary infections and/or respiratory failure

AND

3. Documentation within the past 3 months of a or b or both:
   a. Hypoxemia at rest (pO2 ≤ mgHg by ABG) or oxygen saturation ≤ 88%
   OR
   b. Hypercapnia evidenced by pCO2 ≥ 50mmHg

4. Supporting conditions include: Corpulmonale and right heart failure secondary to pulmonary disease, unintentional progressive weight loss > 10% over the preceding six months, resting tachycardia > 100 bpm

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.
**HIV/AIDS**

The patient has either 1a or 1b, 2 and 3. Number 4 gives supporting documentation but is not required.

1a. CD4+ Count < 25 cells/mL

OR

1b. Persistent viral load > 100,000 copies/ml from two (2) or more assays at least one month apart

AND

2. At least one (1) of the following conditions:
   - CNS lymphoma
   - Untreated or refractory wasting (loss of > 33% lean body mass)
   - Mycobacterium avium complex (MAC) bacteremia, untreated, refractory or treatment refused
   - Progressive multifocal leukoencephalopathy
   - Systemic lymphoma
   - Refractory visceral Kaposi’s sarcoma
   - Refractory cryptosporidium infection
   - Refractory toxoplasmosis

AND

3. Palliative Performance Scale of ≤ 50% (requires considerable assistance and frequent medical care, activity limited mostly to bed or chair).

4. Supporting Factors:
   - Chronic persistent diarrhea for one year
   - Persistent serum albumin < 2.5
   - Concomitant active substance abuse
   - Age > 50 years
   - Absence of antiviral chemotherapeutic and prophylactic drug therapy related specifically to HIV disease
   - Advanced AIDS dementia complex
   - Toxoplasmosis
   - Congestive Heart Failure, symptomatic at rest

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.

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**Parkinson’s disease**

The patient must meet at least one of the following criteria (1 or 2):

1. Critically impaired breathing capacity with all of the following findings:
   - Dyspnea at rest
   - Vital capacity less than 30%
   - The requirement of supplemental oxygen at rest
   - The patient declines artificial ventilation

OR

2. Rapid Disease progression as evidenced by all of the following in the preceding twelve (12) months with either a or b below:
   - 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 (either a or b below)

A. Critical nutritional impairment demonstrated by all of the following in the preceding 12 months
   - Oral intake of nutrients and fluids insufficient to sustain life
   - Continuing weight loss
   - Dehydration or hypovolemia
   - Absence of artificial feeding methods

B. Life threatening complications demonstrated by all of the following in the preceding 12 months
   - Recurrent aspiration pneumonia (with or without tube feedings)
   - Upper urinary tract infection (e.g., pyelonephritis)
   - Sepsis
   - Recurrent fever after antibiotic therapy
   - Stage 3 or Stage 4 decubitus ulcer (2)

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.
**Huntington’s Disease**

The patient has end Stage Huntington’s disease with both 1 and 2:

1. Stage 7C or beyond according to the Functional Assessment Staging Scale (FAST) with all of the following:
   a. Inability to ambulate without personal assistance
   b. Inability to dress without personal assistance
   c. Urinary and fecal incontinence, intermittent or constant
   d. Speech ability is limited to the use of a single word in an average day or in the course of an intensive interview (the person may repeat the word over and over)

AND

2. Has had at least one of the following conditions within the past twelve (12) months:
   a. Aspiration pneumonia
   b. Pyelonephritis or other upper urinary tract infection
   c. Septicemia
   d. Decubitus ulcers, multiple Stage 3-4
   e. Fever, recurrent after antibiotics
   f. Inability to maintain sufficient fluid and calorie intake with one or more of the following during the preceding twelve (12) months
      i. 10% weight loss during the previous six (6) months
      ii. A serum albumin < 2.5 gm/dl
      iii. Significant dysphagia with associated aspiration measured objectively (e.g., swallowing test or a history of choking or gagging with feeding)

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

**Liver Disease**

The patient has both 1 and 2. Number 3 adds support

1. End Stage Liver Disease as demonstrated by a, b or c:
   a. Prothrombin time (PT) prolonged more than 5 seconds over control
   OR
   b. International Normalized Ratio (INR) > 1.5

AND

   c. Serum albumin < 2.5 gm/dl

AND

2. End-stage liver disease is present, and the patient has one or more of the following conditions:
   a. Ascites, patient is refractory to or non-compliant with treatment
   b. History of spontaneous bacterial peritonitis
   c. Hepatorenal syndrome (elevated creatinine with oliguria [400 ml/day] + urine sodium concentrate< 10 mEq/l.
   d. Hepatic Encephalopathy, patient is refractory to or non-compliant with treatment
   e. History of recurrent variceal bleeding despite intensive therapy or patient declines sclerosing therapy

3. Supporting conditions include: progressive malnutrition, muscle wasting with reduced strength, ongoing alcoholism (> 80 gm ethanol/day), hepatocellular carcinoma, Hepatitis B surface antigen positive, Hepatitis C refractory to interferon treatment.

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

A physician may determine that a patient has a life expectancy of six months or less even if the above findings are not present. Co-morbidities also support eligibility for hospice care.