beta
BRINGING EMPATHY TO ALL
PALLIATIVE AND HOSPICE CARE

Hospice eligibility at a glance

REFER AT ANY HOUR
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A physician certifies a life expectancy of six months or less if the illness runs its normal course (42 CFR 418.22). These Medicare LCD L33393 indicators support that judgment; they do not replace it.

DIAGNOSIS	CRITERIA	ALSO SUPPORTS
Cancer **Needs any one**	(A) **Metastatic** at presentation (B) Progression to **metastatic or advanced** disease, with decline in spite of therapy **OR** therapy declined	Baseline: **PPS or KPS 70% or less**; help with **2 or more ADLs**. Small cell lung, brain and pancreatic cancer may qualify without other indicators (LCD).
Dementia **Needs both**	☐ **FAST 7** or beyond: needs help to walk, dress and bathe · incontinent · about **6 or fewer** intelligible words ☐ **Any 1 in the past 12 months:** aspiration pneumonia · upper UTI · septicemia · multiple **stage 3 to 4** ulcers · fever recurrent after antibiotics · poor intake with **10% weight loss** in 6 months **OR** albumin **under 2.5 g/dL**	Comorbidities and the rate of decline.
Heart disease **Needs both**	☐ **NYHA class IV**: heart failure or angina at rest ☐ **Any 1:** optimally treated · not a candidate for surgical procedures · declines them	**EF 20% or less** (no new echo needed) · resistant symptomatic arrhythmias · prior cardiac arrest · unexplained syncope · cardioembolic stroke · HIV.
Pulmonary disease **Needs all 3**	☐ **Disabling dyspnea at rest**, poor bronchodilator response (bed-to-chair) ☐ Progression: rising ED visits or admissions for pulmonary infection or respiratory failure ☐ **Any 1:** room-air **pO2 55 mmHg or less** · room-air **SpO2 88% or less** · **pCO2 50 mmHg or more**	Cor pulmonale · weight loss **over 10%** in 6 months · resting heart rate **over 100**. FEV1 not required.
Kidney disease **Needs both**	☐ No dialysis or transplant **OR** stopping dialysis (documented decision) ☐ **Any 1:** CrCl **under 10 cc/min** (**under 15** with diabetes) · creatinine **over 8.0 mg/dL** (**over 6.0** with diabetes)	Uremia · oliguria · intractable hyperkalemia · uremic pericarditis · hepatorenal syndrome · fluid overload. Higher CrCl cutoffs with heart failure (LCD).
Liver disease **Needs all 3**	☐ PT **over 5 seconds** above control **OR** INR **over 1.5** ☐ Albumin **under 2.5 g/dL** ☐ **Any 1:** refractory ascites · SBP · hepatorenal syndrome · refractory encephalopathy · recurrent variceal bleeding	Malnutrition · muscle wasting · active alcohol use · hepatocellular carcinoma · HBsAg positive or refractory hepatitis C.
Stroke and coma **Needs both**	☐ **PPS or KPS 40% or less** ☐ **Any 1, poor fluids and calories:** weight loss **over 10%** in 6 months or **over 7.5%** in 3 · albumin **under 2.5 g/dL** · aspiration in spite of speech therapy · poor calorie counts · dysphagia without artificial nutrition	Coma of any cause: day-three bedside findings (LCD).
ALS **Needs any one**	(A) Critically impaired breathing, for example vital capacity **under 30%** predicted, dyspnea at rest, ventilation declined (full list in the LCD) (B) Rapid progression **AND** critical nutritional impairment (C) Rapid progression **AND** a complication: aspiration pneumonia · upper UTI · sepsis · recurrent fever · **stage 3 to 4** ulcer	Rapid progression: walking to bed bound, speech to unintelligible, diet to pureed, ADLs to major help.
Parkinson's disease	***No disease-specific LCD section*** Use the ALS pathways, with progression and complications within **12 months**. Oxygen at rest counts in the breathing pathway.	A falling PPS and the comorbidities carry weight.

ANY DIAGNOSIS: SIGNS OF DECLINE THAT SUPPORT THE PROGNOSIS

- Falling PPS or KPS
- New or progressive ADL dependence
- Weight loss, falling albumin, poor intake
- Recurrent pneumonia, sepsis or upper UTI
- Dysphagia with aspiration
- Repeated hospital or ED visits
- Worsening dyspnea, pain, edema; falling systolic BP
- Progressive stage 3 or 4 pressure ulcers

Document serial scores and weights with dates: two or more show decline. **Debility, failure to thrive:** are not accepted as the principal diagnosis (since October 2014): code the condition driving the prognosis, and use BMI under 22, PPS 40% or less and weight loss as support.

Condensed from Medicare hospice LCD L33393 (Wellpoint Federal, formerly National Government Services). Full criteria by diagnosis: **betahospice.com/eligibility**. A guide for clinicians, not a coverage determination. Draft for medical director review.

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