

HOSPICE ELIGIBILITY CRITERIA



CANCER

Patient meets ALL of the following:

1. Clinical findings of malignancy with widespread, aggressive or progressive disease as evidenced by increasing symptoms, worsening lab values and/or evidence of metastatic disease
2. Palliative Performance Scale (PPS) \leq 70%
3. Refuses further life-prolonging therapy OR continues to decline in spite of definitive therapy

Supporting documentation includes:

- + Hypercalcemia $>$ 12
- + Cachexia or weight loss of 5% in past 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.)

DEMENTIA

The patient has both 1 and 2:

1. Stage 7A or beyond according to the FAST Scale **AND**
2. One or more of the following conditions in the last 12 months:
 - + Aspiration pneumonia;
 - + Pyelonephritis;
 - + Septicemia;
 - + Multiple pressure ulcers (stage 3-4);
 - + Recurrent Fever; or
 - + 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)

HIV/AIDS

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

- 1A. CD4+ $<$ 25 cells/mcL **OR**
- 1B. Viral load $>$ 100,000 **AND**
2. At least one (1) of the following:
 - + CNS lymphoma, untreated or refractory wasting (loss of $>$ 33% lean body mass), (MAC) bacteremia;
 - + Progressive multifocal leukoencephalopathy;
 - + Systemic lymphoma, visceral KS, Renal failure no HD; or
 - + Cryptosporidium infection, Refractory toxoplasmosis **AND**
3. PPS of $<$ 50%

HEART DISEASE

The patient has 1 and either 2 or 3.

4. CHF with NYHA Class IV symptoms and both:
 - + Significant symptoms at rest; and
 - + Inability to carry out even minimal physical activity without dyspnea or angina
5. Patient is optimally treated (ie diuretics, vasodilators, ACE inhibitors and nitrates)
6. 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;
- + History of cardiac related syncope, CVA 2/2 cardiac embolism; or
- + History of cardiac resuscitation, concomitant HIV disease

PULMONARY DISEASE

Severe chronic lung disease as documented by 1, 2, and 3.

1. 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 and cough) **AND**
2. Progression of disease as evidenced by a recent history of increasing office, home, or ED visits and/or hospitalizations for pulmonary infection and/or respiratory failure **AND**
3. Documentation within the past 3 month \geq 1:
 - + Hypoxemia at rest on room air (pO₂ \leq 55 mmHg by ABG) **OR**
 - + Oxygen saturation \leq 88%
 - + Hypercapnia evidenced by pCO₂ $>$ 50 mmHg

Supporting documentation includes:

Corpulmonale and right heart failure, or Unintentional weight loss

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):

1. Critically impaired breathing capacity, with all:
Dyspnea at rest, Vital capacity < 30%, Need O2 at rest, patient refuses artificial ventilation **OR**
2. 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; or
 - + Independence in most ADLs to needing major assistance in all ADLs. **AND**
 - + Critical nutritional impairment demonstrated by all of the following in the previous 12 months:
 - + Oral intake insufficient to sustain life;
 - + Continuing weight loss;
 - + Dehydration or hypovolemia; and
 - + Absence of artificial feeding methods. **OR**
- B. Life-threatening complications in the past 12 months as demonstrated by ≥ 1 : Recurrent aspiration pneumonia; Pyelonephritis; Sepsis; Recurrent fever; Stage 3 or 4; or pressure ulcer(s)

RENAL FAILURE

The patient has 1, 2, and 3.

1. The patient is not seeking dialysis or renal transplant **AND**
2. Creatinine clearance is < 10 cc/min (<15 for diabetics) **AND**
3. 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, or Intractable fluid overload.

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

STROKE OR COMA

The patient has both 1 and 2.

4. Poor functional status PPS $\leq 40\%$ **AND**
2. 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 to improve dysphagia and decrease aspiration

Supporting documentation includes:

Coma (and etiology) with 3 of the following on the third (3rd) day of coma:

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

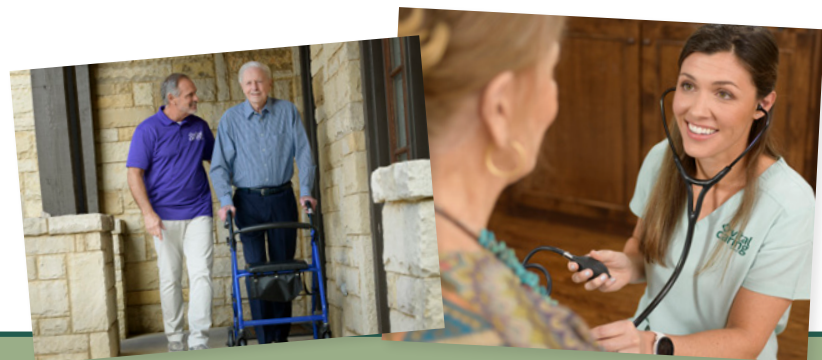
LIVER DISEASE

The patient has both 1 and 2.

1. End stage liver disease as demonstrated by A or B, & C: A. PT > 5 sec **OR** B. INR > 1.5 **AND** C. Serum albumin < 2.5 gm/dl
2. One or more of the following conditions:
 - + Refractory Ascites;
 - + History of spontaneous bacterial peritonitis;
 - + Hepatorenal syndrome;
 - + Refractory hepatic encephalopathy; or
 - + History of recurrent variceal bleeding.

Supporting documentation includes:

- + Progressive malnutrition;
- + Muscle wasting with decreased strength;
- + Ongoing alcoholism (> 80 gm ethanol/day);
- + Hepatocellular CA HBsAg positive; or
- + Hep. C refractory to treatment.



VitalCaring is a national leader in the home health care and hospice industry. We're serving patients throughout the Southern United States, including Texas, Oklahoma, Louisiana, Mississippi, Alabama and Florida.

From our base in the South, we're expanding to serve even more communities nationwide. Call us today to find out more about the markets we serve.

VITALCARING.COM