



HOSPICE TERMINAL PROGNOSIS

Heart Disease

WHAT IS THE SIX-MONTH TERMINAL PROGNOSIS?

To be eligible for the hospice benefit, the patient must be considered to be terminally ill. Terminally ill means that the patient's life expectancy is 6 months or less, if the illness runs its normal course.

As a condition of payment under the Medicare hospice benefit, the six-month terminal prognosis must be supported in the medical record. The physician's clinical judgment must be supported by clinical information and other documentation that provides a basis for the six-month prognosis. Diagnosis alone may not support terminal prognosis; therefore, documentation in the medical record must support the terminal status.

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.):

NOTE: These guidelines are to be used in conjunction with the "Non-disease specific baseline guidelines" described in Part II of the basic policy.

1. At the time of initial certification or recertification for hospice, the patient is or has been already optimally treated for heart disease or is not a candidate for a surgical procedure or has declined a procedure. (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. The patient is classified as New York Heart Association (NYHA) Class IV and may have significant symptoms of heart failure or angina at rest. (Class IV patients with heart disease have an 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.) Significant congestive heart failure may be documented by an ejection fraction of $\leq 20\%$, but is not required if not already available.
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.

PART II. NON-DISEASE SPECIFIC BASELINE GUIDELINES (BOTH OF THESE SHOULD BE MET)

1. Physiologic impairment of functional status as demonstrated by: Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) $< 70\%$.
2. Dependence on assistance for **two or more** activities of daily living (ADLs)

a. Feeding	c. Continence	e. Bathing
b. Ambulation	d. Transfer	f. Dressing

PART III. 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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| a. Chronic obstructive pulmonary disease | g. Liver Disease |
| b. Congestive heart failure | h. Neoplasia |
| c. Ischemic heart disease | i. Acquired immune deficiency syndrome |
| d. Diabetes mellitus | j. Dementia |
| e. Neurologic disease (CVA, ALS, MS, Parkinson's) | |
| f. Renal failure | |

WHERE DO I FIND MORE INFORMATION?

- Medicare Benefit Policy Manual (CMS Pub. 100-02), Ch. 9: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c09.pdf>
- Local Coverage Determination (LCD) L34538, "Hospice Determining Terminal Status": <https://www.cgsmedicare.com/hhh/coverage/index.html>