

# Local Coverage Determination (LCD): Hospice Alzheimer's Disease & Related Disorders (L34567)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Palmetto GBA	A and B and HHH MAC	11004 - HHH MAC	J - M	Alabama Arkansas Florida Georgia Illinois Indiana Kentucky Louisiana Mississippi North Carolina New Mexico Ohio Oklahoma South Carolina Tennessee Texas

## LCD Information

### Document Information

**LCD ID**

L34567

**Original ICD-9 LCD ID**

[L31539](#)

**LCD Title**

Hospice Alzheimer's Disease & Related Disorders

**Proposed LCD in Comment Period**

N/A

**Source Proposed LCD**

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright****Original Effective Date**

For services performed on or after 10/01/2015

**Revision Effective Date**

For services performed on or after 07/04/2019

**Revision Ending Date**

N/A

**Retirement Date**

N/A

**Notice Period Start Date**

N/A

**Notice Period End Date**

**Statement**

N/A

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**CMS National Coverage Policy**

Title XVIII of the Social Security Act, §§1812(a)(4) and (d), 1813(a)(4), 1814(a)(7) and (D)(i), 1862(a)(1)(A), (6), and (9), and 1861(dd)

42 CFR Chapter IV, Part 418, Hospice Care

CMS Internet-Only Manual, Pub 100-01, Medicare General Information, Eligibility, and Entitlement Manual, Chapter 1, §10.1

CMS Internet-Only Manual, Pub 100-01, Medicare General Information, Eligibility, and Entitlement Manual, Chapter 4, §§60 and 80

CMS Internet-Only Manual, Pub 100-01, Medicare General Information, Eligibility, and Entitlement Manual, Chapter 5, §§60, 60.1 and 60.2

## Coverage Guidance

### Coverage Indications, Limitations, and/or Medical Necessity

Alzheimer's Disease (AD) and related disorders may support a prognosis of 6 months or less under many clinical scenarios. The identification of specific structural/functional impairments, together with any relevant activity limitations, should serve as the basis for palliative interventions and care planning. The structural and functional impairments associated with a primary diagnosis of AD are often complicated by comorbid and/or secondary conditions. Comorbid conditions affecting beneficiaries with AD are by definition distinct from the AD itself. Examples include coronary heart disease (CHD) and chronic obstructive pulmonary disease (COPD). Secondary conditions, on the other hand, are directly related to a primary condition. In the case of AD examples include delirium and pressure ulcers. The important roles of comorbid and secondary conditions are described below in order to facilitate their recognition and assist providers in documenting their impact.

The Reisberg Functional Assessment Staging (FAST) scale has been used for many years to describe Medicare beneficiaries with AD and a prognosis of 6 months or less. The FAST scale is a 16-item scale designed to parallel the progressive activity limitations associated with AD. Stage 7 identifies the threshold of activity limitation that would support a 6 month prognosis. The FAST scale does not address the impact of comorbid and secondary conditions. These 2 variables are thus considered separately by this policy.

#### FAST Scale Items:

Stage #1: No difficulty, either subjectively or objectively

Stage #2: Complains of forgetting location of objects; subjective work difficulties

Stage #3: Decreased job functioning evident to coworkers; difficulty in traveling to new locations

Stage #4: Decreased ability to perform complex tasks (e.g., planning dinner for guests; handling finances)

Stage #5: Requires assistance in choosing proper clothing

Stage #6: Decreased ability to dress, bathe, and toilet independently:

- Sub-stage 6a: Difficulty putting clothing on properly
- Sub-stage 6b: Unable to bathe properly; may develop fear of bathing
- Sub-stage 6c: Inability to handle mechanics of toileting (i.e., forgets to flush, does not wipe properly)
- Sub-stage 6d: Urinary incontinence
- Sub-stage 6e: Fecal incontinence

Stage #7: Loss of speech, locomotion, and consciousness:

- Sub-stage 7a: Ability to speak limited (1 to 5 words a day)
- Sub-stage 7b: All intelligible vocabulary lost
- Sub-stage 7c: Non-ambulatory
- Sub-stage 7d: Unable to sit up independently
- Sub-stage 7e: Unable to smile
- Sub-stage 7f: Unable to hold head up.

#### Comorbid Conditions:

The significance of a given comorbid condition is best described by defining the structural/functional impairments, together with any limitation in activity, related to the comorbid condition. For example a beneficiary with AD and clinically significant CHD or COPD would have specific impairments of cardiorespiratory function (e.g., dyspnea, orthopnea, wheezing, chest pain), which may or may not respond or be amenable to treatment. The identified impairments in cardiorespiratory function would be associated with both specific structural impairments of the coronary arteries or bronchial tree, and may be associated with activity limitations (e.g., mobility, self-care). Ultimately, the combined effects of the AD (FAST stage 7 or beyond) and any comorbid condition should be such that most beneficiaries with AD (FAST stage 7 or beyond) and similar impairments would have a prognosis of 6 months or less.

**Secondary Conditions:**

AD may be complicated by secondary conditions. The significance of a given secondary condition is best described by defining the structural/functional impairments, together with any limitation in activity, related to the secondary condition. The occurrence of secondary conditions in beneficiaries with AD is facilitated by the presence of impairments in such body functions as mental functioning and movement functions. Such functional impairments contribute to the increased incidence of secondary conditions, such as delirium and pressure ulcers, observed in Medicare beneficiaries with Alzheimer’s Disease. Secondary conditions themselves may be associated with a new set of structural/functional impairments that may or may not respond or be amenable to treatment. Ultimately, the combined effects of the AD (FAST stage 7 and beyond) and any secondary condition should be such that most beneficiaries with AD and similar impairments would have a prognosis of months or less.

The documentation of structural/functional impairments and activity limitations facilitate the selection of intervention strategies (palliative vs. curative) and provide objective criteria for determining the effects of such interventions. The documentation of these variables is thus essential in the determination of reasonable and necessary Medicare Hospice Services.

**Summary:**

For beneficiaries with AD to be eligible for hospice the individual should have a FAST level of greater than or equal to 7 and specific comorbid or secondary conditions meeting the above criteria.

**Summary of Evidence**

N/A

**Analysis of Evidence  
(Rationale for Determination)**

N/A

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# Coding Information

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

**CPT/HCPCS Codes****Group 1 Paragraph:**

N/A

**Group 1 Codes:**

CODE	DESCRIPTION
XX000	Not Applicable

**ICD-10 Codes that Support Medical Necessity****Group 1 Paragraph:**

N/A

**Group 1 Codes:**

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

**ICD-10 Codes that DO NOT Support Medical Necessity**

N/A

**Additional ICD-10 Information**

N/A

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# General Information

## Associated Information

### Documentation Requirements

Documentation certifying terminal status must contain enough information to confirm terminal status upon review. Documentation meeting the criteria listed under the **Coverage Indications, Limitations and/or Medical Necessity** section of this Local Coverage Determination (LCD) would contribute to this requirement. Re-certification for hospice care requires that the same standards be met as for the initial certification.

Documentation should be legible and made available to the A/B MAC (HHH) upon request.

### Sources of Information

N/A

### Bibliography

Geldmacher DS. Differential diagnosis of dementia syndromes. *Clinics in Geriatric Medicine*. 2004;20(1):27-43.

Hodges JR. Frontotemporal dementia (pick's disease):clinical features and assessment. *Neurology*. 2001;56(11 Suppl 4):S6-10.

International classification of functioning, disability and health: ICF. Geneva: *World Health Organization*, 2001.

Kertesz A, Munoz DG. Frontotemporal dementia. *Medical Clinics of North America*. 2002;86(3):501-18.

Pope AM, Tarlov AR. *Disability in America: toward a national agenda for prevention*. Washington, DC: National Academy Press; 1991.

Reisberg B. Functional assessment staging (FAST). *Psychopharmacology Bulletin*. 1988;24(4):653-659.

Shuster JL. Palliative care for advanced dementia. *Clinics in Geriatric Medicine*. 2000;16(2):373-386.

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# Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
07/04/2019	R9	<p>All coding located in the <b>Coding Information</b> section has been moved into the related Billing and Coding: Hospice Alzheimer's Disease &amp; Related Disorders A56639 article and removed from the LCD.</p> <p>Formatting, punctuation and typographical errors were corrected throughout the LCD.</p>	<ul style="list-style-type: none"><li>• Provider Education/Guidance</li></ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<i>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i>	
05/02/2019	R8	<p>Under <b>Bibliography</b> changes were made to citations to reflect AMA citation guidelines. Punctuation and typographical errors were corrected throughout the LCD. Acronyms were inserted where appropriate throughout the LCD.</p> <p><i>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
04/26/2018	R7	<p>Under <b>CMS National Coverage Policy</b> added section 80 to the CMS Internet-Only Manual, Publication 100-02, Medicare Benefit Policy Manual, Chapter 9, and added (D) to Title XVIII of the Social Security Act, Section 1814(D)(i). Under <b>Coverage Indications, Limitations and/or Medical Necessity</b> changed each of the words "scale" to lower case in the second paragraph, removed bold lettering from the Stage #7 subheading, and changed the slash to "or" in the paragraph titled <b>Comorbid Conditions</b>. All Citations were moved from the <b>Sources of Information and Basis for Decision</b> section to the Bibliography section. Under <b>Bibliography</b> changes were made to citations to reflect AMA citation guidelines. Punctuation was corrected throughout the policy.</p> <p><i>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
01/01/2017	R6	Under <b>CPT/HCPCS Codes</b> the description was revised for HCPCS code G0300. This revision is due to the 2017 Annual CPT/HCPCS Code Update and becomes effective 1/1/17.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
			Changes
04/28/2016	R5	Under <b>CMS National Coverage Policy</b> deleted the following sections cited for Title XVIII of the Social Security Act:§§1102 and 1871. The verbiage "Manual" was added to 4 cited references. Section 20.2 was deleted and sections 20.2.1, 20.2.1.1, 20.2.2, 20.2.3, and 20.2.4 were added to the following: CMS Internet-Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 9, §§10, 20.1, 20.2, 20.3,40, 50, 60, and 70. Change Request 9369 was deleted as the information has been manualized and the following reference was added: CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 11, §§30.2, 30.2.2, and 30.3. Under <b>Sources of Information and Basis for Decision</b> author initials and page numbers were added to Kertesz A, Munoz DG. Frontotemporal Dementia. <i>Medical Clinics of North America</i> . 2002;86(3):501-18. The author name "Link" was deleted and corrected to now read "Tarlov" in the following: Pope AM, Tarlov AR. Disability in America: Toward a National Agenda for Prevention. Washington, DC: National Academy Press; 1991. The supplement number was added for Reisberg B. Functional Assessment Staging (FAST). <i>Psychopharmacology Bulletin</i> . 1988;24(4):653-659.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Other</li> </ul>
01/01/2016	R4	Under <b>CMS National Coverage Policy</b> section added CMS Internet-Only Manual, Pub 100-04 Medicare Claims Processing Manual, Change Request 9369, Transmittal 3378 dated October 16, 2015. Under <b>CPT/HCPCS Codes</b> section added HCPCS codes G0299 and G0300.	<ul style="list-style-type: none"> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
10/01/2015	R3	Per CMS Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 13, §13.1.3 LCDs consist of only "reasonable and necessary" information. All bill type and revenue codes have been removed.	<ul style="list-style-type: none"> <li>• Other (Bill type and/or revenue code removal)</li> </ul>
10/01/2015	R2	Under <b>Coverage Indications, Limitations and/or Medical Necessity</b> under the section Comorbid Conditions in the last sentence added "FAST Stage 7 and beyond" after Alzheimer's disease. In section Secondary Conditions in the last sentence added "and beyond". Under <b>Associated Information</b> documentation requirements added "Coverage" to second sentence and corrected the title to read Coverage Indications, Limitations and /or Medical Necessity.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Other (Annual Validation)</li> </ul>



REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2015	R1	<p>In <b>CMS National Coverage Policy</b> under the 42 CFR added Hospice Care.</p> <p>In <b>Coverage Indications, Limitations and/or Medical Necessity</b> made a few grammatical and punctuation corrections. Under Comorbid Conditions subheading changed (stage 7) to read (FAST Stage 7 and beyond).</p> <p>In <b>Sources of Information and Basis for Decision</b> corrected citations to conform to AMA formatting.</p>	<ul style="list-style-type: none"> <li>Other (Maintenance - Annual validation)</li> </ul>

## Associated Documents

### Attachments

N/A

### Related Local Coverage Documents

Article(s)

A56639 - Billing and Coding: Hospice Alzheimer's Disease & Related Disorders

A53056 - Hospice: Documenting Weight Loss for Beneficiaries with Non-Neoplastic Conditions

### Related National Coverage Documents

N/A

### Public Version(s)

Updated on 06/14/2019 with effective dates 07/04/2019 - N/A

Updated on 04/26/2019 with effective dates 05/02/2019 - 07/03/2019

Updated on 04/20/2018 with effective dates 04/26/2018 - 05/01/2019

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

## Keywords

- Hospice
- Alzheimer's Disease
- Hospice Alzheimer's Disease & Related Disorders