



HOSPICE TERMINAL PROGNOSIS

Stroke and Coma

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 stroke or coma (life expectancy of six months or less) if they meet the following criteria.

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

Stroke

1. Karnofsky Performance Status (KPS) or Palliative Performance Scale (PPS) of 40% or less;
2. Inability to maintain hydration and caloric intake with one of the following:
 - a. Weight loss >10% in the last 6 months or >7.5% in the last 3 months
 - b. Serum albumin <2.5 gm/dl
 - c. Current history of pulmonary aspiration not responsive to speech language pathology intervention
 - d. Sequential calorie counts documenting inadequate caloric/fluid intake
 - e. Dysphagia severe enough to prevent the patient from receiving food and fluids necessary to sustain life, in a patient who declines or does not receive artificial nutrition and hydration.

Documentation of diagnostic imaging factors which support poor prognosis after stroke include:

For non-traumatic hemorrhagic stroke:

1. Large-volume hemorrhage on CT:
 - a. Infratentorial: ≥ 20 ml;
 - b. Supratentorial: ≥ 50 ml.
2. Ventricular extension of hemorrhage;
3. Surface area of involvement of hemorrhage $\geq 30\%$ of cerebrum;
4. Midline shift ≥ 1.5 cm.;
5. Obstructive hydrocephalus in patient who declines, or is not a candidate for, ventriculoperitoneal shunt.

For thrombotic/embolic stroke:

1. Large anterior infarcts with both cortical and subcortical involvement;
2. Large bihemispheric infarcts;
3. Basilar artery occlusion;
4. Bilateral vertebral artery occlusion.

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Coma (any etiology)

Comatose patients with any 3 of the following on day three of coma:

1. Abnormal brain stem response;
2. Absent verbal response;
3. Absent withdrawal response to pain;
4. Serum creatinine >1.5 mg/dl.

Documentation of the following factors will support eligibility for hospice care:

Documentation of medical complications, in the context of progressive clinical decline, within the previous 12 months, which support a terminal prognosis:

1. Aspiration pneumonia;
2. Upper urinary tract infection (pyelonephritis);
3. Sepsis;
4. Refractory stage 3-4 decubitus ulcers;
5. Fever recurrent after antibiotics.

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%.

Note that two of the disease specific guidelines (HIV Disease, Stroke and Coma) establish a lower qualifying KPS or PPS.

2. Dependence on assistance for **two or more** activities of daily living (ADLs)
 - a. Feeding
 - b. Ambulation
 - c. Continence
 - d. Transfer
 - e. Bathing
 - 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 | f. Renal failure |
| b. Congestive heart failure | g. Liver Disease |
| c. Ischemic heart disease | h. Neoplasia |
| d. Diabetes mellitus | i. Acquired immune deficiency syndrome |
| e. Neurologic disease
(CVA, ALS, MS, Parkinson's) | j. Dementia |

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>
- Hospice Local Coverage Determination (LCD), "Determining Terminal Status" - [https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34538&ContrId=236&ver=12&ContrVer=2&CntrctrSelected=236*2&Cntrctr=236&name=CGS+Administrators%2c+LLC+\(15004%2c+HHH+MAC\)&DocType=2&LCntrctr=236*2&bc=AgACAACAAAA&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34538&ContrId=236&ver=12&ContrVer=2&CntrctrSelected=236*2&Cntrctr=236&name=CGS+Administrators%2c+LLC+(15004%2c+HHH+MAC)&DocType=2&LCntrctr=236*2&bc=AgACAACAAAA&)