HOSPICE TERMINAL PROGNOSIS
HIV 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 their illness (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. CD4+ Count 100,000 copies/ml, plus one of the following:
   - CNS lymphoma;
   - Untreated, or persistent despite treatment, wasting (loss of at least 10% lean body mass);
   - Mycobacterium avium complex (MAC) bacteremia, untreated, unresponsive to treatment, or treatment refused;
   - Progressive multifocal leukoencephalopathy;
   - Systemic lymphoma, with advanced HIV disease and partial response to chemotherapy;
   - Visceral Kaposi's sarcoma unresponsive to therapy;
   - Renal failure in the absence of dialysis;
   - Cryptosporidium infection;
   - Toxoplasmosis, unresponsive to therapy.
2. Decreased performance status, as measured by the Karnofsky Performance Status (KPS) scale, of ≤50%
3. Documentation of the following factors will support eligibility for hospice care:
   - Chronic persistent diarrhea for one year;
   - Persistent serum albumin <2.5 gm/dl;
   - Concomitant, active substance abuse;
   - Age >50 years;
   - Absence of, or resistance to effective antiretroviral, chemotherapeutic and prophylactic drug therapy related specifically to HIV disease;
   - Advanced AIDS dementia complex;
   - Toxoplasmosis;
   - Congestive heart failure, symptomatic at rest;
   - Advanced liver 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%.

   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.

a. Chronic obstructive pulmonary disease
b. Congestive heart failure
c. Ischemic heart disease
d. Diabetes mellitus
e. Neurologic disease (CVA, ALS, MS, Parkinson's)
f. Renal failure
g. Liver Disease
h. Neoplasia
i. Acquired immune deficiency syndrome
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
- Local Coverage Determination (LCD) L34538, "Hospice Determining Terminal Status": https://www.cgsmedicare.com/hhh/coverage/index.html