



# HOSPICE TERMINAL PROGNOSIS

## Liver 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 liver disease (life expectancy of six months or less) if they meet the following criteria. (1 and 2 should be present; factors from 3 will lend 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. The patient should show both a and b:
  - a. Prothrombin time prolonged more than 5 seconds over control, or International Normalized Ratio (INR) >1.5;
  - b. Serum albumin <2.5 gm/dl
2. End stage liver disease is present and the patient shows at least one of the following:
  - a. Ascites, refractory to treatment or patient non-compliant;
  - b. Spontaneous bacterial peritonitis;
  - c. Hepatorenal syndrome (elevated creatinine and BUN with oliguria);
  - d. Hepatic encephalopathy, refractory to treatment, or patient non-compliant;
  - e. Recurrent variceal bleeding, despite intensive therapy.
3. Documentation of the following factors will support eligibility for hospice care:
  - a. Progressive malnutrition;
  - b. Muscle wasting with reduced strength and endurance;
  - c. Continued active alcoholism (>80 gm ethanol/day);
  - d. Hepatocellular carcinoma;
  - e. HBsAg (Hepatitis B) positivity;
  - f. Hepatitis C refractory to interferon treatment.

Patients awaiting liver transplant who otherwise fit the above criteria may be certified for the Medicare hospice benefit, but if a donor organ is procured, the patient should be discharged from hospice.

### 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
  - b. Ambulation
  - c. Continence
  - d. Transfer
  - e. Bathing
  - f. Dressing



# HOSPICE TERMINAL PROGNOSIS

## Liver Disease

---

### 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             | 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<br>(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>
- Local Coverage Determination (LCD) L34538, "Hospice Determining Terminal Status": <https://www.cgsmedicare.com/hhh/coverage/index.html>