HOSPICE TERMINAL PROGNOSIS
Renal 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 renal disease (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.

Acute Renal Failure

1 and either 2 or 3 should be present. Factors from 4 will lend supporting documentation.

1. The patient is not seeking dialysis or renal transplant or is discontinuing dialysis;
2. Creatinine clearance GFR <15 mL/min;
3. Serum creatinine >8.0 mg/dl (>6.0 mg/dl for diabetics);
4. Comorbid conditions:
    a. Mechanical ventilation;
    b. Malignancy (other organ system);
    c. Chronic lung disease;
    d. Advanced cardiac disease;
    e. Advanced liver disease;
    f. Sepsis;
    g. Immunosuppression/AIDS;
    h. Albumin;
    i. Cachexia;
    j. Platelet count <25,000;
    k. Disseminated intravascular coagulation;
    l. Gastrointestinal bleeding.

Chronic Renal Failure

1 and either 2 or 3 should be present. Factors from 4 will lend supporting documentation.

1. The patient is not seeking dialysis or renal transplant or is discontinuing dialysis;
2. Creatinine clearance GFR <15 mL/min;
3. Serum creatinine >8.0 mg/dl (>6.0 mg/dl for diabetics);
4. Signs and symptoms of renal failure:
    a. Uremia;
    b. Oliguria;
    c. Intractable hyperkalemia (>7.0) not responsive to treatment;
    d. Uremic pericarditis;

e. Hepatorenal syndrome;
f. Intractable fluid overload, not responsive to treatment.

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

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