

# When is a patient ready for hospice?

Patients are eligible for hospice care when the attending physician and hospice medical director make a clinical determination that life expectancy is six months or less, if the disease follows its usual course. To help make this determination, Optum™ Palliative and Hospice Care offers this guide as a convenient reference for hospice eligibility. These indicators do not replace professional judgment, CMS regulations or local coverage determinations (LCDs).

To access the hospice clinical indicators online, including a link to local coverage determinations, visit [optumhospice.com/refer](http://optumhospice.com/refer).

## NON-DISEASE SPECIFIC INDICATORS

Each patient also requires a primary disease-specific diagnosis.

- Objective disease progression
- Increased hospitalizations, emergency room visits or physician visits
- Intractable symptoms
- Recurrent infections or fever
- Worsening clinical status
- Systolic blood pressure <90
- Refractory edema or plural effusion
- Inability to perform activities of daily living (ADL) plus decline in performance status
- Malnutrition, refractory weight loss
- Ascites
- Comorbidities

Presence and severity of significant:

- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Ischemic cardiomyopathy
- Diabetes
- Neurologic disease
- Renal failure
- Cancer
- Acquired immunodeficiency syndrome (AIDS)
- Dementia

## DISEASE-SPECIFIC INDICATORS - DECLINE IN CLINICAL STATUS

### CANCER

- Metastatic cancer
- Continued decline despite chemotherapy and other treatments
- Patient declines further disease-directed treatment
- Cancer diagnoses often eligible for hospice without other criteria:
  - Small cell lung cancer
  - Primary CNS malignancy
  - Pancreatic cancer

### CARDIAC

- Patient is optimally treated with medical therapy and declines/ineligible for further surgical intervention
- NYHA Class IV (e.g., chest pain or shortness of breath at rest or minimal exertion)
- Ejection fraction of 20% or less (supportive but not required)
- Cachexia
- Factors that support eligibility:
  - Treatment-resistant arrhythmia
  - Prior cardiac arrest
  - Syncope
  - Stroke due to cardiac embolism
  - HIV disease

## DEMENTIA

Criteria may vary with etiology, must explain mortality risk based on factors below or another rationale.

- Complete dependence for ADLs
  - Incontinent bladder and bowel
  - Inability to ambulate, dress or bathe without assistance
- Inconsistent meaningful verbal communication; ability to speak is limited to six or fewer intelligible words
- Factors that support eligibility:
  - Aspiration pneumonia
  - Pyelonephritis or septicemia
  - Pressure ulcer
  - Recurrent fever despite antibiotics
  - 10% weight loss in six months or serum albumin <2.5 gm/dl

## HIV DISEASE

- CD4+ count <25 cells/mcL or persistent viral load >100,000 copies/m , PLUS ONE of the following:
  - Persistent wasting
  - MAI
  - Progressive multifocal leukoencephalopathy
  - Lymphoma
  - Visceral Kaposi's sarcoma
  - Renal failure
  - Cryptosporidium infection
  - Toxoplasmosis
- Decreased ability to complete ADLs without assistance
- Factors that support eligibility:
  - Persistent diarrhea for one year
  - Serum albumin <2.5 gm/dl
  - Concomitant substance abuse
  - Age >50
  - Inability to tolerate or refusal of antiretrovirals
  - AIDS dementia complex
  - Toxoplasmosis
  - CHF
  - Advanced liver disease

## LIVER DISEASE

Medicare patients awaiting liver transplant may be certified for hospice care and remain on the transplant list.

- INR >1.5 or serum albumin <2.5 gm/dl, PLUS ONE of the following:
  - Refractory ascites
  - Spontaneous bacterial peritonitis
  - Hepatorenal syndrome
  - Hepatic encephalopathy
  - Recurrent variceal bleeding
- Factors that support eligibility:
  - Progressive malnutrition
  - Muscle wasting
  - Continued alcohol abuse
  - Hepatocellular carcinoma
  - Hepatitis B or C

## AMYOTROPHIC LATERAL SCLEROSIS/PARKINSON'S DISEASE/MULTIPLE SCLEROSIS

No single variable deteriorates at a uniform rate in all patients

- Critically impaired breathing or swallowing
- Rapidly progressive decline predicts high risk of death
- Life-threatening complications often seen prior to death:
  - Recurrent aspiration pneumonia
  - Pyelonephritis or other sepsis
  - Weight loss or dehydration
  - Stage 3 pressure ulcers

## PULMONARY

- Dyspnea at rest
- Increased emergency room, physician visits or hospitalizations
- Hypoxia on room air <55 mmHg
- Hypercapnia >55 mmHg
- Bed to chair existence
- Supporting clinical variables:
  - Right heart failure (cor pulmonale)
  - Unintentional weight loss
  - Resting tachycardia >100/min
  - Recurrent pulmonary infections
  - FEV1 <30% predicted

## RENAL

- Patient is not seeking dialysis
- Hepatorenal syndrome
- Creatinine >8 mg/dl (>6 mg/dl for diabetics)  
OR
- Creatinine clearance <10 cc/min (<15 cc/min for diabetics) or <20 cc/min with diabetes mellitus and heart failure
- Factors that support eligibility:
  - Advanced lung or cardiac disease
  - Uremia
  - Uremic pericarditis

## STROKE

- Low performance status (bedbound or bed to chair status)
- Aspiration
- Assistance with most or all ADLs
- Weight loss (e.g., 10% in six months, 7.5% in three months, 5% in one month)
- Serum albumin <2.5 gm/ml
- Dysphagia that prevents sufficient nutrition where tube feeding is declined
- Pressure ulcer

# Palliative Performance Scale

(PPSv2) Version 2

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable normal job/work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	—	—	—	—

## INSTRUCTIONS FOR USE OF PPS

1. PPS scores are determined by reading horizontally at each level to find a 'best fit' for the patient which is then assigned as the PPS% score.
2. Begin at the left column and read downwards until the appropriate ambulation level is reached, then read across to the next column and downwards again until the activity/evidence of disease is located. These steps are repeated until all five columns are covered before assigning the actual PPS for that patient. In this way, 'leftward' columns (columns to the left of any specific column) are 'stronger' determinants and generally take precedence over others.
3. PPS scores are in 10% increments only. Sometimes, there are several columns easily placed at one level but one or two which seem better at a higher or lower level. One then needs to make a 'best fit' decision. Choosing a 'half-fit' value of PPS 45%, for example, is not correct. The combination of clinical judgment and 'leftward precedence' is used to determine whether 40% or 50% is the more accurate score for that patient.
4. PPS may be used for several purposes. First, it is an excellent communication tool for quickly describing a patient's current functional level. Second, it may have value in criteria for workload assessment or other measurements and comparisons. Finally, it appears to have prognostic value.

## Karnofsky Performance Status

General Category	Index	Specified Criteria
Able to carry on normal activity and to work; no special care needed	100	Normal, no complaints; no evidence of disease
	90	Able to carry on normal activity; minor signs or symptoms of disease
	80	Normal activity with effort; some signs or symptoms of disease
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed	70	Cares for self; unable to carry on normal activity or to do active work
	60	Requires occasional assistance, but is able to care for most of his or her personal needs
	50	Requires considerable assistance and frequent medical care
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly	40	Disabled; requires special care and assistance
	30	Severely disabled; hospital admission is indicated although death not imminent
	20	Very sick; hospital admission necessary; active supportive treatment necessary
	10	Moribund; fatal processes progressing rapidly
	0	Dead

To speak with the local medical director or care team about a potential referral candidate, please contact us at: **1-877-765-4445** or visit [optumhospice.com/refer](http://optumhospice.com/refer).



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