A patient will be considered to have a life expectancy of six (6) months or less if (s)he meets the non-disease specific “Decline in Clinical Status” guidelines described in Part 1 below. Alternately, the baseline non-disease specific guidelines described in Part II below plus the applicable disease specific guidelines listed on separate pages will establish the necessary expectancy. These base guidelines do not independently qualify a patient for hospice coverage.

Part I

Patients will be considered to have a life expectancy of six (6) months or less if there is documented evidence of decline in clinical status based on the guidelines listed below. Since determination of decline presumes assessment of a patient’s status over time, it is essential that both baseline and follow-up determinations be reported where appropriate. Baseline data may be established on admission to hospice or by using existing information from records. Other clinical variables not on this list may support a six (6) month or less life expectancy. These should be documented in the clinical progress notes.

These changes in clinical variables apply to patients whose decline is not considered to be reversible. They are examples of findings that generally connote a poor prognosis. However, some are more clearly more predictive than others; significant ongoing weight loss is a strong predictor, while decreased functional status is less so.

A. Progression of disease as documented by worsening clinical status, symptoms, signs and laboratory results:

1. Clinical Status:
   a. Recurrent or intractable serious infection such as pneumonia, sepsis or pyelonephritis
   b. Progressive inanition as documented by:
      1) Weight loss of at least 10% of body weight in previous 6 months due to reversible causes such as depression or use of diuretics
      2) Decreasing anthropomorphic measurements (mid-arm circumference, abdominal girth), due to reversible causes such as depression or use of diuretics.
      3) Observation of ill-fitting clothes, decrease in skin turgor, increasing skin folds or other observation of weight loss in a patient without documented weight.
      4) Decreasing serum albumin or cholesterol
5) Dysphagia leading to recurrent aspiration and/or inadequate oral intake documented by decreasing food portion consumption

2. Symptoms:
   a. Dyspnea with increasing respiratory rate
   b. Cough, intractable
   c. Nausea/vomiting poorly responsive to treatment
   d. Diarrhea, intractable
   e. Pain requiring increasing doses of major analgesics more than briefly

3. Signs:
   a. Decline in systolic BP to below 90 mmHg or Progressive postural hypotension
   b. Ascites
   c. Venous, arterial or lymphatic obstruction due to local progression or metastatic disease
   d. Edema
   e. Pleural/pericardial effusion
   f. Weakness
   g. Change in level of consciousness

4. Laboratory (when available – lab testing is not required to establish hospice eligibility)
   a. Increasing pCO2 or decreasing pO2 or decreasing SaO2
   b. Increasing calcium, creatinine or liver function studies
   c. Increasing tumor markers (e.g., CEA, PSA)
   d. Progressively decreasing or increasing serum sodium or increasing serum potassium

B. Decline in Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) due to progression of disease.

C. Progressive decline in Functional Assessment Staging (FAST) for dementia (from 7A on the FAST)

D. Progression to dependence on assistance with additional activities of daily living (See Part II, Section 2)

E. Progressive stage 3-4 pressure ulcers in spite of optimal care

F. History of increasing emergency room visits, hospitalizations, or physician’s visits related to the hospice primary diagnosis prior to election of hospice benefit.

Part II Non-disease specific baseline guidelines: (Both 1 and 2 should be met)

A. 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.
B. Dependence on assistance for two (2) or more activities of daily living (ADLs)
   1. Ambulation
   2. Continence
   3. Transfer
   4. Dressing
   5. Feeding
   6. Bathing

C. 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 (6) months or less, should be considered in determining hospice eligibility.
   1. Chronic obstructive pulmonary disease
   2. Congestive heart failure
   3. Ischemic heart disease
   4. Diabetes mellitus
   5. Neurologic disease (CVA, ALS, MS, Parkinson’s)
   6. Renal Failure
   7. Live disease
   8. Neoplasia
   9. Acquired immune deficiency syndrome (AIDS)
  10. Dementia
  11. AIDS/HIV
  12. Refractory severe autoimmune disease (eg Lupus or Rheumatoid arthritis)

D. See the separate disease specific guidelines to be used with these baseline guidelines. The baselines guidelines do not independently qualify a patient for hospice coverage.