

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.

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>)

Hospice Local Coverage Determination (LCD), "Determining Terminal Status" (https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34538&ContrId=236&ver=12&ContrVer=2&CtrctrSelected=236*2&Ctrctr=236&DocType=2&bc=AgACAACAAA&AA&)

Disease Specific Guidelines

Patients will be considered to be in the terminal stage of dementia (life expectancy of six months or less) if they meet the following criteria. Patients with dementia should show all the following characteristics:

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. Stage seven or beyond according to the Functional Assessment Staging Scale;
2. Unable to ambulate without assistance;
3. Unable to dress without assistance;
4. Unable to bathe without assistance;
5. Urinary and fecal incontinence, intermittent or constant;
6. No consistently meaningful verbal communication: stereotypical phrases only or the ability to speak is limited to six or fewer intelligible words.

Patients should have had one of the following within the past 12 months:

1. Aspiration pneumonia;
2. Pyelonephritis or other upper urinary tract infection;
3. Septicemia;
4. Decubitus ulcers, multiple, stage 3-4;
5. Fever, recurrent after antibiotics;
6. Inability to maintain sufficient fluid and calorie intake with 10% weight loss during the previous six months or serum albumin <2.5 gm/dl.

Note: *This section is specific for Alzheimer's Disease and related disorders, and is not appropriate for other types of dementia, such as multi-infarct dementia.*

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	C. Continence	E. Bathing
B. Ambulation	D. Transfer	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.

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| A. Chronic obstructive pulmonary disease | G. Liver Disease |
| B. Congestive heart failure | H. Neoplasia |
| C. Ischemic heart disease | I. Acquired immune deficiency syndrome |
| D. Diabetes mellitus | J. Dementia |
| E. Neurologic disease (CVA, ALS, MS, Parkinson's) | |
| F. Renal failure | |