The following criteria will support a prognosis of six months or less if the terminal illness runs its normal course for patients with **Cancer** on initial certification.

**Non-disease specific hospice baseline guidelines**: (both 1 and 2 should be met)

1) **Physiologic impairment of function status** as demonstrated by Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) < 70% due to progression of disease. KPS or PPS (circle one) Score: ____________%

2) **Dependence** on assistance for **2 or more** activities of daily living (ADLs):
   - Feeding
   - Ambulation
   - Continence
   - Transfer
   - Bathing
   - Dressing

**PLUS**

**Disease Specific Guidelines:**

A. □ Disease with **distant metastases** at presentation

   OR

B. **Progression from an earlier stage** of disease to metastatic disease **with either**:
   1) □ A continued decline in spite of definitive therapy

   OR

   2) □ Patient **declines further disease directed therapy**

   OR

   Certain **cancers with poor prognoses** (e.g., small cell lung cancer and pancreatic cancer) **may be hospice eligible without fulfilling the other criteria in this section.**

   - □ Small cell lung cancer
   - □ Pancreatic cancer

**Note**: Lack of certain documentation such as tissue diagnosis for cancer will **not create non-eligibility for the hospice benefit** but does necessitate **other supportive documentation.**

**Comorbidities**: A diagnosis that is **not** the primary hospice diagnosis nor related to the primary hospice diagnosis, but the presence and severity of such disease is likely to contribute to a life expectancy of 6 months or less. Such diseases are **not** related to the hospice diagnosis and do **not** therefore imply financial responsibility under the hospice benefit.

- □ Chronic obstructive pulmonary disease (COPD)
- □ Congestive heart failure (CHF)
- □ Neurological disease (CVA, MS, Parkinson’s)
- □ Acquired immune deficiency syndrome (AIDS)
- □ Diabetes Mellitus
- □ Liver Disease
- □ Ischemic heart disease
- □ Renal failure
- □ Neoplasia
- □ Dementia

Form completed by: ____________________________ Date: ____________________________