PULMONARY DISEASE - Initial

Guideline Worksheet for Determining Terminal Prognosis – Pulmonary Disease – Initial Certification

Patient Name: __________________________________________  ID# __________________  Certification Date: _____________

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

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

1) Physiologic impairment of function status as demonstrated by:
   a. 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: The criteria refer to patients with various forms of advanced pulmonary disease who eventually follow a final pathway for End Stage (ES) Pulmonary Disease

Guideline 1 and 2 should^1 be present.

1) Severe chronic lung disease as documented by both a and b:
   a) □ Disabling dyspnea at rest, poorly or unresponsive to bronchodilators, resulting in decreased functional capacity, e.g., bed-to-chair existence, fatigue, and cough:
      Documentation of Forced Expiratory Volume in One Second (FEV1), after bronchodilator, less than 30% of predicted is objective evidence for disabling dyspnea, but is not necessary to obtain.
      FEV1: _________________%  
   b) □ Progression of ES pulmonary disease, as evidenced by increasing visits to the emergency room or hospitalizations for pulmonary infections and/or respiratory failure or increasing physician home visits prior to initial certification.
      Documentation of serial decrease of FEV1>40% ml/year is objective evidence for disease progression, but is not necessary to obtain.
      Serial decrease of FEV1: _________________% ml/year

2) Hypoxemia at rest on room air, as evidenced by pO2 < 55 mmHg or O2 Saturation < 88% on supplemental O2 determined either by arterial blood gases or O2 Saturation monitors: (These values may be obtained from recent hospital records.)
   □ Hypercapnia, as evidenced by pCO2 > 50 mmHg. (This value may be obtained from recent [3 months] hospital records  pCO2: _________________ mmHg
   □ PO2: _____________mmHg  or  O2 Saturation: _________%  (circle one: ABG  O2 saturation monitor)

Documentation of #3, 4, and 5 will lend supporting documentation (but is not required) to establish eligibility for hospice care:

3) □ Right heart failure (RHF) secondary to pulmonary disease (Cor pulmonale) (e.g., not secondary to left heart disease or valvulopathy)

4) □ Unintentional progressive weight loss of greater than 10% of body weight over the preceding six months
   Wt. loss over the previous 6 months: __________ lbs.

5) □ Resting tachycardia > 100/min:
   Pulse/Heart Rate: ___________________ / min

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

Form completed by: ____________________________________________________________ Date: ___________________

^1The word “should” in the disease specific guidelines means that on medical review the guideline so identified will be given great weight in making coverage determination but does not mean, however, that meeting the guideline is obligatory.