CHOICE HOSPICE
Compassion. Dignity. Peace.

Referral & Eligibility
Office (313) 551-4626 · Fax (313) 914-5162
ChoiceHospice.org

CLINICAL QUICK REFERENCE

Medicare Hospice Criteria

Condensed for quick reference. Final eligibility decisions require physician judgment and the full Local Coverage Determinations (LCDs).

Need Part I OR (Part II + Part III)

ELIGIBILITY LOGIC

PART I — General Decline — irreversible progression shown by any of the following

A1 · CLINICAL

- Recurrent infection: pneumonia, sepsis, pyelonephritis
- Inanition with one of: weight loss >10% in 6 months; ↓ arm circumference or abdominal girth; clothes loose, ↓ skin turgor, ↑ skin folds; ↓ albumin or cholesterol; dysphagia + aspiration or ↓ oral intake

A2 · SYMPTOMS

- Dyspnea + ↑ RR; intractable cough; nausea/vomiting despite treatment; intractable diarrhea; pain requiring ↑ major analgesia

A3 · SIGNS

- BP ↓ <90 or postural hypotension; ascites; venous, lymphatic or arterial obstruction; edema; pleural/pericardial effusions; weakness; ↓ level of consciousness

A4 · LAB

- ↑ pCO_2, ↓ pO_2 or O_2 sat; ↑ calcium, creatinine or liver tests; ↑ tumor markers; Na or K ↑ or ↓

A5 – A9

- KPS or PPS ↓ · FAST ↓ to 7a or below · progression to dependence on >1 ADL · stage 3–4 pressure ulcers despite care · ↑ medical visits for the hospice diagnosis

PART II Need A + B; C supports

- **A.** KPS or PPS < 70% (<50% HIV; <40% stroke)
- **B.** Dependence on >1 ADL (bath, feed, dress, transfer, ambulate, continence)
- **C.** Comorbidities such as COPD, CHF, CAD, DM, stroke, ALS, MS, Parkinson's, CKD, liver disease, cancer, AIDS, dementia, immune or autoimmune, RA, SLE

PART III Disease-specific criteria

CANCER

Poor prognosis (small cell, pancreatic, brain) **or** metastases + decline despite treatment, or the patient declines treatment.

ALZHEIMER'S / DEMENTIAS

1. FAST 7 = <7 words/visit + no consistent meaning to speech
2. Needs assistance for all ADLs
3. In the last year, one of: aspiration pneumonia, pyelonephritis, sepsis, stage 3–4 ulcer, fever post-antibiotic, albumin <2.5, weight ↓ >10%

HEART DISEASE

1 + 2; 3 supports.

1. Optimally treated or declines treatment
2. NYHA Class IV (mostly bedbound, symptoms at rest) or EF <20% in CHF
3. SVT/arrhythmias, hx resuscitation/arrest, unexplained syncope, cardiogenic stroke, HIV

PULMONARY

1 + 2; 3 supports.

1. Disabling SOB (fatigue, cough, bed-to-chair) or FEV_1 <30% post-tx, **and** increasing visits or FEV_1 decline >40 ml/yr
2. pO_2 <56 mm or sat <89%, or pCO_2 >49 mm
3. Right CHF, weight ↓ >10% over 6 mo, resting tachycardia >100

LIVER

1 + 2; 3 supports.

1. INR >1.5 **and** albumin <2.5
2. One of: ascites, spontaneous bacterial peritonitis, hepatorenal syndrome, refractory encephalopathy, recurrent variceal bleeding despite therapy
3. Malnutrition, muscle wasting, alcoholism (>80 g/d), hepatocellular Ca, Hep Bs Ag+, refractory Hep C

RENAL

1 + 2; 3 supports.

1. Dialysis stopped, or needed and chosen against
2. One of: CrCl <10 cc/min (<15 CHF; <20 DM); Cr >8.0 (>6.0 DM); ARF eGFR <10; CKD signs of uremia
3. ARF comorbidities or CKD eGFR <10

STROKE

1 + 2 + 3.

1. KPS/PPS <40%
2. Cannot maintain adequate intake
3. One of: weight ↓ >10%/6 mo or 7.5%/3 mo; albumin <2.5; aspiration despite evaluation; inadequate calorie counts; dysphagia without artificial hydration/nutrition

COMA

1; 2–4 support.

1. Day 3: three of — abnormal brainstem response, absent verbal, absent withdrawal to pain, Cr >1.5
2. Last year: aspiration pneumonia, pyelonephritis, stage 3–4 ulcers, fever post-antibiotics
3. Supportive CT findings (hemorrhagic or thrombotic)

ALS

1 + (2 or 3) + 4; 5 supports.

1. Trajectory consistent with 6-mo prognosis, widespread muscle denervation, no assisted ventilation
2. Impaired breathing + FVC <40% + 2 of the breathing symptoms
3. 3 of those symptoms if FVC unavailable
4. Impaired swallowing with dysphagia and ≥5% weight loss
5. Neurology opinion within 3 months of admission

HIV / AIDS

1 + 2; 3 supports.

1. CD4 <25 or viral load >100,000 + 1 of: CNS lymphoma, >10% wt loss, cryptosporidium, PML, systemic lymphoma, visceral Kaposi's, renal failure, toxoplasmosis or MAC despite/refusing tx
2. KPS/PPS <50%
3. Chronic diarrhea, albumin <2.5, substance abuse, age >50, refuses HIV tx, CHF, liver failure

Adapted from the National Hospice & Palliative Care Medicare LCD hospice eligibility criteria for clinical quick reference. This card does not replace the full LCDs or physician judgment. Abbreviations: KPS/PPS = performance scales · ADL = activity of daily living · FAST = Functional Assessment Staging · EF = ejection fraction.

Questions about eligibility?

Our clinical team will complete a no-obligation evaluation — anywhere the patient resides, any time.

(313) 551-4626
Fax (313) 914-5162
ChoiceHospice.org