

**Hospice of Marion County**  
**Guideline for Determining Terminal Prognosis –Heart Disease - Initial**

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

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

- 1) **Physiologic impairment of function status** as demonstrated by:
  - a) Kamofsky Performance Status (KPS) or Palliative Performance Score (PPS)  $\leq 70\%$  due to progression of disease
- 2) **Dependence** on assistance for **2 or more** activities of daily living (ADLs):
 

<input type="checkbox"/> Feeding	<input type="checkbox"/> Ambulation	<input type="checkbox"/> Continence
<input type="checkbox"/> Transfer	<input type="checkbox"/> Bathing	<input type="checkbox"/> Dressing

**PLUS**

**Disease Specific Guidelines:**

Guideline **1 and 2** should<sup>1</sup> be present.

- 1) At the time of initial certification or recertification for hospice:
  - Patient is **or** has been **already optimally treated**<sup>2</sup> for heart disease
  - or**
  - Patient is **not a candidate for surgical procedures**
  - or**
  - Patient **declines surgical interventions**
- 2)  Patient is classified as **New York Heart Associations (NYHA) Class IV** (see classification scale below)
  - and**
  - Patient **may** have **significant symptoms** of heart failure **or** angina **at rest**.
    - *(Class IV patients with heart disease have an inability to carry on any physical activity without discomfort. Symptoms of heart failure or anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.)*
    - *Significant CHF may be documented by an ejection fraction of  $\leq 20\%$ , but is not required if it is not already available.*

New York Heart Association (NYHA) Functional Classification of Heart Failure	
Class I	Patient has no physical limitations & is asymptomatic
Class II	Patient has mild symptoms while doing light exercise or activities of daily living (ADLs)
Class III	Patient has difficulty doing simple ADLs
Class IV	Patient is frequently bed- or chair-ridden for most of the day and is too weak and short-of-breath (SOB) to do simple activities

Practice Guidelines 2001 [www.hfsa.org/pdf/lvsd\\_heart\\_failure.pdf](http://www.hfsa.org/pdf/lvsd_heart_failure.pdf)

- 3) Documentation of the following factors will **support** but is **not required** to establish eligibility for hospice care:
  - Treatment resistant **symptomatic supraventricular or ventricular arrhythmias**
  - History of cardiac **arrest or resuscitation**
  - History of **unexplained syncope**
  - Brain embolism** of cardiac origin
  - Concomitant **HIV disease**

**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.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Chronic obstructive pulmonary disease (COPD)     | <input type="checkbox"/> Diabetes Mellitus      | <input type="checkbox"/> Renal failure |
| <input type="checkbox"/> Liver disease                                    | <input type="checkbox"/> Neoplasia              | <input type="checkbox"/> Dementia      |
| <input type="checkbox"/> Neurological disease (CVA, ALS, MS, Parkinson's) | <input type="checkbox"/> Ischemic heart disease |  |
| <input type="checkbox"/> Acquired immune deficiency syndrome (AIDS)       |   |  |

These determinants and indicators reflect the criteria sets established by the NHPCO Clinical Indicators (1996) and CAHABA (7/31/03) and are endorsed by Hospice of Marion County.

<sup>1</sup> The 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.

<sup>2</sup> **Optimally treated** means that patients who are not on vasodilators have a medical reason for refusing these drugs, e.g., hypotension or renal disease.