

(610) 617-2400 • FAX (610) 617-2407

Medical Guidelines for Determining Appropriateness for Hospice

BREAST CANCER

Patient Name: _____ ID # _____ Date: _____

The following criteria will support a prognosis of six months or less for patients with **Breast Cancer** :

Basic Criteria: Criteria 1,2, and 3 should be met and

Supportive Criteria: Criteria 4-8 provide supporting evidence

List of Criteria

- _____ 1. **Progressive disease:** increasing symptoms and/or worsening lab values and/or decreasing functional status and/or evidence of metastatic disease
- _____ 2. **Disease Sage:** Stage IV (Any T, Any N, M.) at presentation, or progression from an earlier stage of disease to metastatic disease with either of the following:
 - (a.) Patient continues to decline in spite of definitive therapy
 - (b.) The patient refuses further disease directed therapy
(*Patients who had not previously been staged need NOT undergo formal staging.*)
- _____ 3. **Performance Status:**
 - (a.) Karnofsky Performance Status (KPS) ≤ 50
 - (b.) KPS ≤ 70 OR, if patient has progressive disease on therapy, OR declines therapy OR does not qualify for further therapy
- _____ 4. **Symptomatology and clinical signs:**

_____ a. Pain, nausea or vomiting	_____ g. Malignant ascites or pleural effusion
_____ b. Lymphangitic carcinomatosis of lung	_____ h. Malignant pericardial effusion
_____ c. Visceral metastases, bone metastases	_____ i. Thrombosis or disseminated intravascular coagulation
_____ d. Brain metastases (untreated or recurrent after treatment)	_____ j. Superior vena cava syndrome
_____ e. Bone marrow involvement requiring transfusion	
_____ f. Meningeal carcinomatosis	
- _____ 5. **Laboratory abnormalities**
 - _____ a. Hypercalcemia ≥ 12
- _____ 6. **Cachexia or weight loss** of 5% or more in last 3 months due to progressive disease, or irreversible dysphagia or loss of appetite
- _____ 7. **Presence of co-morbidities the severity of which contribute to a life expectancy of six months or less, including but not limited to:**

_____ a. Chronic obstructive pulmonary disease	_____ b. Congestive heart failure
_____ c. Diabetes mellitus	_____ d. Neurologic disease (CVA, ALS, MS)
_____ e. Renal failure	_____ f. Liver disease
_____ g. Acquired immune deficiency syndrome	_____ h. Dementia
- _____ 8. **Recurrent disease after surgery/radiation/chemotherapy unresponsive to hormonal therapy or patient refuses hormonal therapy**

Coding Guidelines: One of the codes from ICD-9 series 174. 0-174.9 or 175,0-175.9 must be present for the provisions of the policy to apply. Additional ICD-9 coded indicating co-morbidities, laboratory abnormalities or symptoms, if available, should be entered on the claim.

Documentation Requirements: Documentation certifying terminal status must contain enough Information to support terminal diagnosis upon review. Documentation meeting the above criteria would meet this requirement. If the patient dose not meet the above criteria sufficient documentation of the patient's condition to support a life expectancy of less than six months, in the absence of meeting the criteria, would be necessary. Documentation must also include history and physical findings consistent with the patient's current clinical conditions.

RN Signature: _____ Date: _____