

Medical Guidelines for Determining Appropriateness for Hospice
LUNG CANCER

Patient Name: _____ ID # _____ Date: _____

INDICATIONS & LIMITATIONS OF COVERAGE AND/OR MEDICAL NECESSITY

The following criteria will support a prognosis of six months or less for patients with *Lung 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 Stage**
 - ___ (a) Stage IV (Any T, Any N, M,) at initial diagnosis
 - ___ (b) Stage III disease with pleural effusion or
 - ___ (c) A patient with stage III disease who continues to decline in spite of definitive therapy, or refuses further therapy (*Patients who had not previously been staged need NOT undergo formal staging.*)
- ___ **3. Performance Status:**
 - ___ (a) Karnofsky Performance Status (KPS) ≤ 70 OR Palliative Performance Score (PPS) $\leq 70\%$
- ___ **4. Symptomatology and clinical signs:**

___ (a) Pain, nausea or vomiting	___ (b) Dyspnea
___ (c) Significant hemoptysis	___ (d) Superior vena cava syndrome
___ (e) Lymphangitic lung involvement	___ (f) Recurrent pneumonia (2 or more episodes in 3 months)
___ (g) Visceral metastases	___ (h) Thrombosis or disseminated intravascular coagulation
___ (i) Bone metastases	___ (j) Bone marrow involvement requiring transfusion
___ (k) Pericardial or pleural effusion	
- ___ **5. Laboratory abnormalities**
 - ___ (a) LDH \geq twice normal
 - ___ (b) Albumin ≤ 2.5
 - ___ (c) Calcium ≥ 12.0
- ___ **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**

Coding Guidelines: One of the codes from ICD-9 series 162.0-162.9 must be present for the provisions of the policy to apply. Additional ICD-9 codes 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 does 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: _____