

One Presidential Blvd. Suite 125 Bala Cynwyd, PA 19004-9927
(610) 617-2400 FAX (610) 617-2409

Medical Guidelines for Determining Appropriateness for Hospice

LUNG CANCER

Patient Name: _____ Diagnosis: _____ 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.

Information supplied by: _____ On: _____ (Check one) Hospital SNF Physician office Other
Information recorded by: _____ Hospice RN on _____ Assessment by: _____ Hospice RN
Physician signature: _____ Physician name printed: _____ Date: _____