

(610) 617-2400 • FAX (610) 617-2407

## Medical Guidelines for Determining Appropriateness for Hospice

### PROSTATE 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 *Prostate 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 decreasing functional status and/or evidence of metastatic disease
- \_\_\_ **2. Disease Stage:** 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 is refractory to or 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)  $\leq 50$  OR Palliative Performance Score (PPS)  $\leq 50\%$
  - \_\_\_ (b) KPS  $\leq 70$  OR PPS  $\leq 70\%$ , if patient has progressive disease on therapy OR declines therapy OR does not qualify for further therapy
- \_\_\_ **4. Symptomatology and clinical signs:**

___ (a) Visceral metastases, bone metastases	___ (b) Bone Marrow involvement requiring transfusion
___ (c) Meningeal carcinomatosis	___ (d) Pain, nausea or vomiting
___ (e) Thrombosis or disseminated intravascular coagulation	
- \_\_\_ **5. Laboratory abnormalities**
  - \_\_\_ (a) Hypercalcemia  $\geq 12$
  - \_\_\_ (b) Albumin  $< 2.5$
- \_\_\_ **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/orchiectomy or patient refuses hormonal therapy/orchiectomy

**Coding Guidelines** One of the codes from ICD-9 series 185 must be present for the provisions of the policy to apply.

**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: \_\_\_\_\_