

Local Coverage Determination (LCD): Hospice Alzheimer's Disease & Related Disorders (L31539)

Contractor Information

Contractor Name Palmetto GBA opens in new window Back to Top	Contract Number 11004	Contract Type HHH MAC
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LCD Information

Document Information

LCD ID L31539	Jurisdiction Alabama Arkansas Florida Georgia Illinois Indiana Kentucky Louisiana Mississippi North Carolina New Mexico Ohio Oklahoma South Carolina Tennessee Texas
LCD Title Hospice Alzheimer's Disease & Related Disorders	Original Effective Date For services performed on or after 01/24/2011
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	Notice Period End Date N/A

CMS National Coverage Policy Title XVIII of the Social Security Act, §§1102, 1812(a)(4) and (d), 1813(a)(4), 1814(a)(7) and (I), 1862(a)(1)(A), (6), and (9), 1861(dd), 1871

42 CFR Chapter IV, Part 418, Hospice Care

CMS Internet-Only Manuals, Pub 100-01, Medicare General Information, Eligibility, and Entitlement, Chapter 1, §10.1

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Alzheimer's Disease and related disorders may support a prognosis of six months or less under many clinical scenarios. The identification of specific structural/functional impairments, together with any relevant activity limitations, should serve as the basis for palliative interventions and care planning. The structural and functional impairments associated with a primary diagnosis of Alzheimer's Disease are often complicated by comorbid and/or secondary conditions. Comorbid conditions affecting beneficiaries with Alzheimer's Disease are by definition distinct from the Alzheimer's Disease itself- examples include coronary heart disease (CHD) and chronic obstructive pulmonary disease (COPD). Secondary conditions on the other hand are directly related to a primary condition – in the case of Alzheimer's Disease examples include delirium and pressure ulcers. The important roles of comorbid and secondary conditions are described below in order to facilitate their recognition and assist providers in documenting their impact.

The Reisberg Functional Assessment Staging (FAST) Scale has been used for many years to describe Medicare beneficiaries with Alzheimer's Disease and a prognosis of six months or less. The FAST Scale is a 16-item scale designed to parallel the progressive activity limitations associated with Alzheimer's Disease. Stage 7 identifies the threshold of activity limitation that would support a six-month prognosis. The FAST Scale does not address the impact of comorbid and secondary conditions. These two variables are thus considered separately by this policy.

FAST Scale Items:

Stage #1: No difficulty, either subjectively or objectively

Stage #2: Complains of forgetting location of objects; subjective work difficulties

Stage #3: Decreased job functioning evident to coworkers; difficulty in traveling to new locations

Stage #4: Decreased ability to perform complex tasks (e.g., planning dinner for guests; handling finances)

Stage #5: Requires assistance in choosing proper clothing

Stage #6: Decreased ability to dress, bathe, and toilet independently:

- Sub-stage 6a: Difficulty putting clothing on properly
- Sub-stage 6b: Unable to bathe properly; may develop fear of bathing
- Sub-stage 6c: Inability to handle mechanics of toileting (i.e., forgets to flush, does not wipe properly)
- Sub-stage 6d: Urinary incontinence
- Sub-stage 6e: Fecal incontinence

Stage #7: Loss of speech, locomotion, and consciousness:

- Sub-stage 7a: Ability to speak limited (1 to 5 words a day)
- Sub-stage 7b: All intelligible vocabulary lost
- Sub-stage 7c: Non-ambulatory
- Sub-stage 7d: Unable to sit up independently
- Sub-stage 7e: Unable to smile
- Sub-stage 7f: Unable to hold head up

Comorbid Conditions:

The significance of a given comorbid condition is best described by defining the structural/functional impairments - together with any limitation in activity - related to the comorbid condition. For example a beneficiary with Alzheimer's Disease and clinically significant CHD or COPD would have specific impairments of cardiorespiratory function (e.g., dyspnea, orthopnea, wheezing, chest pain) which may or may not respond/be amenable to treatment. The identified impairments in cardiorespiratory function would be associated with both specific structural impairments of the coronary arteries or bronchial tree and may be associated with activity limitations

(e.g., mobility, self-care). Ultimately, the combined effects of the Alzheimer's Disease (FAST stage 7 and beyond) and any comorbid condition should be such that most beneficiaries with Alzheimer's Disease and similar impairments would have a prognosis of six months or less.

Secondary Conditions:

Alzheimer's Disease may be complicated by secondary conditions. The significance of a given secondary condition is best described by defining the structural/functional impairments - together with any limitation in activity - related to the secondary condition. The occurrence of secondary conditions in beneficiaries with Alzheimer's Disease is facilitated by the presence of impairments in such body functions as mental functioning and movement functions. Such functional impairments contribute to the increased incidence of secondary conditions such as delirium and pressure ulcers observed in Medicare beneficiaries with Alzheimer's Disease. Secondary conditions themselves may be associated with a new set of structural/functional impairments that may or may not respond/be amenable to treatment. Ultimately, the combined effects of the Alzheimer's Disease (FAST stage 7) and any secondary condition should be such that most beneficiaries with Alzheimer's Disease and similar impairments would have a prognosis of six months or less.

The documentation of structural/functional impairments and activity limitations facilitate the selection of intervention strategies (palliative vs. curative) and provide objective criteria for determining the effects of such interventions. The documentation of these variables is thus essential in the determination of reasonable and necessary Medicare Hospice Services.

Summary:

For Beneficiaries with Alzheimer's Disease to be eligible for hospice the individual should have a FAST level of greater than or equal to 7 and specific comorbid or secondary conditions meeting the above criteria.

[Back to Top](#)

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

081x Hospice (non-Hospital based)
082x Hospice (hospital based)

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

0651 Hospice Service - Routine Home Care
0652 Hospice Service - Continuous Home Care
0655 Hospice Service - Inpatient Respite Care
0656 Hospice Service - General Inpatient Care Non-Respite
0657 Hospice Service - Physician Services

CPT/HCPCS Codes

Group 1 Paragraph: HCPCS codes for applicable physician services

Group 1 Codes:

XX000 Not Applicable

ICD-9 Codes that Support Medical Necessity

Group 1 Paragraph: N/A

Group 1 Codes:

290.3 SENILE DEMENTIA WITH DELIRIUM
294.21 DEMENTIA, UNSPECIFIED, WITH BEHAVIORAL DISTURBANCE
331.0 ALZHEIMER'S DISEASE
331.11 PICK'S DISEASE
331.2 SENILE DEGENERATION OF BRAIN
331.6 CORTICOBASAL DEGENERATION

ICD-9 Codes that DO NOT Support Medical Necessity

N/A

[Back to Top](#)

General Information

Associated Information

Documentation Requirements

Documentation certifying terminal status must contain enough information to confirm terminal status upon review. Documentation meeting the criteria listed under the **Indications and Limitations of Coverage and/or Medical Necessity** section of this LCD would contribute to this requirement. Recertification for hospice care requires that the same standards be met as for the initial certification.

Documentation should be legible and made available to the A/B MAC upon request.

Sources of Information and Basis for Decision

Geldmacher DS. Differential Diagnosis of Dementia Syndromes. *Clinics in Geriatric Medicine*. 2004;20(1):27-43

Hodges JR. Frontotemporal Dementia (Pick's Disease): Clinical Features and Assessment. *Neurology*. 2001;56(11):S6-10

International Classification of Functioning, Disability and Health: ICF. Geneva: World Health Organization, 2001

Kertesz A, Munoz D. Frontotemporal Dementia. *Medical Clinics of North America*. 2002;86(3)

Pope AM, Link AR. Disability in America: Toward a National Agenda for Prevention. Washington, DC: National Academy Press; 1991

Reisberg B. Functional Assessment Staging (FAST). *Psychopharmacology Bulletin*. 1988;24:653-659

Shuster JL. Palliative Care for Advanced Dementia. *Clinics in Geriatric Medicine*. 2000;16(2):373-386

[Back to Top](#)

Revision History Information

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		In the CMS National Coverage Policy under the 42 CFR added Hospice Care and changed "Manual System" to read "Internet-Only Manuals."	
08/14/2014	R3	In Coverage Indications, Limitations and/or Medical Necessity made a few grammatical and punctuation corrections. Under Comorbid Conditions subheading changed (stage 7) to read (FAST Stage 7 and beyond).	<ul style="list-style-type: none"> Other (Maintenance-Annual validation)
11/07/2013	R2	In Sources of Information and Basis for Decision corrected citations to conform to AMA formatting. Under CMS National Coverage Policy the following citation was added: CMS Manual System, Pub 100-01, Medicare General Information, Eligibility, and Entitlement, Chapter 1, §10.1. Documentation Requirements and Utilization Guidelines have moved under Associated Information . Revision #2, 11/16/2012 Under Documentation Requirements added, "Documentation should be legible and submitted to the A/B MAC upon request." Annual Review completed. This revision becomes effective 11/16/2012.	<ul style="list-style-type: none"> Provider Education/Guidance
11/16/2012	R1	Revision #1, 10/01/2011 Under ICD-9 Codes That Support Medical Necessity added ICD-9 codes 294.11 and 331.6. This revision becomes effective 10/01/2011	N/A
		01/24/2011 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Palmetto GBA Title 18 RHHI (00380) was removed from this LCD and implemented to Palmetto GBA J11 HH and H MAC (11004). Effective date of this Implementation is January 24, 2011.	

[Back to Top](#)

Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 08/06/2014 with effective dates 08/14/2014 - N/A [Updated on 10/30/2013 with effective dates 11/07/2013 - 08/13/2014](#) Some older versions have been archived. Please visit the [MCD Archive Site opens in new window](#) to retrieve them. [Back to Top](#)

Keywords

- Hospice
- Alzheimer's Disease
- Hospice Alzheimer's Disease & Related Disorders

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