Local Coverage Determination (LCD): Hospice - HIV Disease (L31535)

Contractor Information

Contractor Name	Contract Number	Contract Type
Palmetto GBA opens in new window	11004	HHH MAC

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LCD Information

Document Information

LCD ID
L31535

LCD Title
Hospice - HIV Disease

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12/09/2010

Notice Period End Date
N/A

CMS National Coverage Policy Title XVIII of the Social Security Act, §1861 (dd) the term "hospice care" means the services providered to a hospice patient

Title XVIII of the Social Security Act, §1862 (a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, §1862 (a)(1)(6), which consitute personal comfort items (except, in the case of hospice care, as it otherwise permitted under paragraph (1)(C)

Title XVIII of the Social Security Act, §1862 (a)(1)(9) expenses for custodial care (except in the case of hospice care, as is otherwise permitted under paragraph (1)(C)

Title XVIII of the Social Security Act, §1812 (a)(4) in lieu of certain benefits, hospice care with respect to the individual during up to two periods of 60 days each with respoce to which the individual makes an election under subsection (d)(1)

Title XVIII of the Social Security Act, §1813 (a)(4) drugs and biologicals provided in a hospice program

Title XVIII of the Social Security Act, §1814 (a)(7) certifying the patient for hospice

42 CFR Chapter IV, Part 418

CMS Internet-Only Manual, Pub. 100-01, Medicare General Information, Eligibility, and Entitlement Manual, Chapter 4, §60

CMS Internet-Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 9, §§10, 20, 40, and 80

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Medicare coverage of hospice care depends upon a physician's certification of an individual's prognosis of a life expectancy of six months or less, if the terminal illness runs its normal course. Recognizing that determination of life expectancy during the course of a terminal illness is difficult, this intermediary has established medical criteria for determining prognosis for non-cancer diagnoses. These criteria form a reasonable approach to the determination of life expectancy based on available research, and may be revised, as more research is available. Coverage of hospice care for patients not meeting the criteria in this policy may be denied. However, some patients may not meet the criteria, yet still be appropriate for hospice care, because of other comorbidities or rapid decline. Coverage for these patients may be approved on an individual consideration basis.

Patients will be considered to be in the terminal stage of their illness (life expectancy of six months or less) if they meet the following criteria:

HIV Disease (1 **and** 2 must be present; factors from 3 will add supporting documentation)

1. CD4+ Count <25 cells/mcL or persistent viral load >100,000 copies/ml, plus **one** of the following:

a. CNS lymphoma

b. Untreated, or not responsive to treatment, wasting (loss of 33% lean body mass)

c. Mycobacterium avium complex (MAC) bacteremia, untreated, unresponsive to treatment, or treatment refused

d. Progressive multifocal leukoencephalopathy

e. Systemic lymphoma, with advanced HIV disease and partial response to chemotherapy

f. Visceral Kaposi's sarcoma unresponsive to therapy

g. Renal failure in the absence of dialysis

h. Cryptosporidium infection

i. Toxoplasmosis, unresponsive to therapy

2. Decreased performance status, as measured by the Karnofsky Performance Status (KPS) scale, of ≤ 50

3. Documentation of the following factors will support eligibility for hospice care:

a. Chronic persistent diarrhea for one year

b. Persistent serum albumin <2.5

c. Concomitant, active substance abuse

d. Age > 50 years

e. Absence of antiretroviral, chemotherapeutic and prophylactic drug therapy related specifically to HIV disease

f. Advanced AIDS dementia complex

g. Toxoplasmosis

h. Congestive heart failure, symptomatic at rest

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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:
042 HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE

ICD-9 Codes that DO NOT Support Medical Necessity

Paragraph: N/A

Codes:
795.71 NONSPECIFIC SEROLOGIC EVIDENCE OF HUMAN IMMUNODEFICIENCY VIRUS (HIV)
V01.79 CONTACT OR EXPOSURE TO OTHER VIRAL DISEASES
V08 ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION STATUS

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General Information

Associated Information
Documentation Requirements

1.Documentation must be legible, relevant and sufficient to justify the services billed. This documentation must be made available to the A/B MAC upon request.

2. Documentation certifying terminal status must contain enough information to confirm terminal status upon review. Documentation meeting the criteria outlined under ***"Indications and Limitations of Coverage and/or Medical Necessity"*** section of this policy would meet this requirement.

3. If the patient does not meet the criteria outlined under ***"Indications and Limitations of Coverage and/or Medical Necessity"*** section of this policy, yet is deemed appropriate for hospice care, sufficient documentation of the patient's condition that justifies terminal status, in the absence of meeting the above criteria, would be necessary.

4. Recertification for hospice care requires that the same standards be met as for initial certification.

Sources of Information and Basis for Decision
Medical Guidelines for Determining Prognosis in Selected Non-Cancer Diseases, ©1996 National Hospice Organization (NHO)

Karnofsky, DA & Burchenal, JH. (1949). "The Clinical Evaluation of Chemotherapeutic Agents in Cancer." In McLeod CM (Ed), *Evaluation of Chemotherapeutic Agents.* Columbia Univ Press, 1949. Page 196.

Consultants, and other Medicare Medical Directors
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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
03/20/2014	R3	Under ***CMS National Coverage Policy*** the following citation was deleted: CMS Manual System, Pub 100-08 Medicare Program Integrity Manual, Chapter 13, §§13.1.1-13.13.14. On applicable citations the words ***CMS Manual Policy*** was changed to *CMS Internet-Only Manual. Under* ***Associated Information*** *the first statement under* ***Documentation Requirements*** *was revised.*	• Provider Education/Guidance • Public Education/Guidance
05/03/2013	R2	***Documentation Requirements*** has been move to ***Associated Information.***	• Provider Education/Guidance

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
11/29/2012	R1	Revision #1, effective 11/29/2012 Under ***CMS National Policy*** the following citation is no longer valid: CMS Manual System, Pub. 100-01, Medicare General Information, Eligibility, and Entitlement Manual, Chapter 4, §80 and CMS Manual System, Pub. 100-01, Medicare General Information, Eligibility, and Entitlement Manual, Chapter 5, §§60, 60.1 and 60.2. Under ***Documentation Requirements*** changed the word "Intermediary" to "A/B MAC." This revision becomes effective on 11/29/2012 **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.**	N/A

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Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 03/12/2014 with effective dates 03/20/2014 - N/A Updated on 04/19/2013 with effective dates 05/03/2013 - 03/19/2014 Some older versions have been archived. Please visit the MCD Archive Site opens in new window to retrieve them. Back to Top

Keywords

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