Local Coverage Determination (LCD): Hospice - Neurological Conditions (L31537)

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
L31537

LCD Title
Hospice - Neurological Conditions

Jurisdiction
Alabama
Arkansas
Florida
Georgia
Illinois
Indiana
Kentucky
Louisiana
Mississippi
North Carolina
New Mexico
Ohio
Oklahoma
South Carolina
Tennessee
Texas

Original Effective Date
For services performed on or after 01/24/2011

Revision Effective Date
For services performed on or after 08/28/2014

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
12/09/2010

Notice Period End Date
N/A

CMS National Coverage Policy Title XVIII of the Social Security Act, §1861 (dd)(1)

Title XVIII of the Social Security Act, §1862 (a)(1)(A); and(a)(6); and(1)(C); and (a)(9)

Title XVIII of the Social Security Act, §1812 (a)(4)and(d)(1)

Title XVIII of the Social Security Act, §1813 (a)(4)(A)(i)

Title XVIII of the Social Security Act, §1814 (a)(7)(A)(i)

42 CFR Part 418 Hospice Care

CMS Internet-Only Manual, Pub. 100-01, Chapter 1, §10.1

CMS Internet-Only Manual, Pub. 100-01, Chapter 4, §60

CMS Internet-Only Manual, Pub 100-02, Chapter 9, §§10, 20.1, 20.2, 20.2.1, 40, and 80

Coverage Guidance
Coverage Indications, Limitations, and/or Medical Necessity

Neurological conditions are associated with impairments, activity limitations, and disability. Their impact on any given individual depends on the individual's over-all health status. Health status includes environmental factors, such as the availability of palliative care services. The objective of this policy is to present a framework for identifying, documenting, and communicating the unique health care needs of individuals with neurological conditions and thus promote the over-all goal of the right care for every person, every time.

Neurological conditions may support a prognosis of six months or less under many clinical scenarios. Medicare rules and regulations addressing hospice services require the documentation of sufficient "clinical information and other documentation" to support the certification of individuals as having a terminal illness with a life expectancy of 6 or fewer months, if the illness runs its normal course. The identification of specific structural/functional impairments, together with any relevant activity limitations, should serve as the basis for palliative interventions and care-planning. Use of the *International Classification of Functioning, Disability and Health* (ICF) to help identify and document the unique service needs of individuals with neurological conditions is suggested, but not required.

The health status changes associated with neurological conditions can be characterized using categories contained in the ICF. The ICF contains domains and categories (e.g., structures of the nervous system, mental functions, sensory functions and pain, neuromusculoskeletal and movement related functions, communication, mobility, and self-care) that allow for a comprehensive description of an individual's health status and service needs. Information addressing relevant ICF categories, defined within each of these domains and categories, should form the core of the clinical record and be incorporated into the care plan, as appropriate.

Additionally the care plan may be impacted by relevant secondary and/or comorbid conditions. Secondary conditions are directly related to a primary condition. In the case of neurological conditions, examples of secondary conditions could include dysphagia, pneumonia, and pressure ulcers. Comorbid conditions affecting beneficiaries with neurological conditions are, by definition, distinct from the primary condition itself, however, services aimed at the comorbid condition may indeed be related to the palliation and/or management of the terminal condition. An example of a comorbid condition would be Chronic Obstructive Pulmonary Disease (COPD).

The important roles of secondary and comorbid conditions are described below in order to facilitate their recognition and assist providers in documenting their impact. The identification and documentation of relevant secondary and comorbid conditions, together with the identification and description of associated structural/functional impairments, activity limitations, and environmental factors would help establish hospice eligibility and maintain a beneficiary-centered plan of care.

Secondary Conditions:

Neurological conditions 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 and restriction in participation - related to the secondary condition. The occurrence of secondary conditions in beneficiaries with neurological conditions results from the presence of impairments in such body functions as consciousness, attention, sequencing complex movements, ingestion (which includes chewing, manipulation of food in the mouth, and swallowing), muscle power, tone, and endurance. These impairments contribute to the increased incidence of secondary conditions such as dysphagia, pneumonia, and pressure ulcers observed in Medicare beneficiaries with neurological conditions. 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, in order to support a hospice plan of care, the combined effects of the primary neurological condition and any identified secondary condition(s) should be such that most beneficiaries with the identified impairments would have a prognosis of six months or less.

Comorbid Conditions:

The significance of a given comorbid condition is best described by defining the structural/functional impairments - together with any limitation in activity and restriction in participation - related to the comorbid condition. For example a beneficiary with a primary neurological condition such as Amyotrophic Lateral Sclerosis (ALS) and a comorbidity of COPD could have specific COPD-related structural and functional impairments of respiration (e.g., structural impairments of the bronchoalveolar tree resulting in increased respiratory rate, cough and impaired gas exchange) that contribute to the activity limitations and participation restrictions already present due to the respiratory muscle weakness often observed with ALS.

Such a combination could affect the palliative care-plan by contributing to the individual's dyspnea and impaired exercise tolerance. Further description/documentation using the activities and participation component of the ICF (e.g., mobility, self-care, and interpersonal interactions and relationships), would help complete the clinical picture. Palliative care aimed at relieving the dyspnea and improving the individual's health status would be the goal.

Ultimately, in order to support a hospice plan of care, the combined effects of the primary neurologic condition and any identified comorbid condition(s) should be such that most beneficiaries with the identified impairments would have a prognosis of six months or less.
The documentation of structural/functional impairments, together with the observed activity limitations, facilitate the selection of the most appropriate intervention strategies (palliative/hospice vs. long-term disease management) 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.

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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: N/A

Group 1 Codes:
XX000 Not Applicable

ICD-9 Codes that Support Medical Necessity
Group 1 Paragraph: While there are no specific ICD-9-CM codes for neurological conditions, the ICD-9-CM code describing the most relevant illness,
disorder, or injury contributing to the prognosis of six months or less should be coded.

Group 1 Codes:
XX000 Not Applicable

ICD-9 Codes that DO NOT Support Medical Necessity
N/A

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General Information

Associated Information
Documentation Requirements

1. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and 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
listed under the ***Coverage Indications, Limitations and/or Medical Necessity*** section of this LCD would contribute to this requirement.

3. If the patient does not meet the criteria outlined under ***Coverage Indications, Limitations 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 the initial certification.

Sources of Information and Basis for Decision
World Health Organization (WHO).International Classification of Functioning, Disability and Health. Geneva: World Health Organization; 2001.

Stier-Jarmer M, Grill E, Ewert T, et al. ICF Core Set for patients with neurological conditions in early post-acute rehabilitation facilities. *Disabil Rehabil.* 2005; 27(7/8):389-395.

Ewert T, Grill E, Bartholmeyczik S, et al. ICF Core Set for patients with neurological conditions in the acute hospital. *Disabil Rehabil.* 2005; (7/8):367-373.
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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
08/28/2014	R4		• Provider Education/Guidance

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		Under **CMS National Coverage Policy** In the Title XVIII's removed "the term 'hospice care' means the services provided to a hospice patient;" "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;" "Items and services which constitute personal comfort items (except, in the case of hospice care, as it otherwise permitted under paragraph;" "items and services where such expenses are for custodial care (except in the case of hospice care, as is otherwise permitted under paragraph;" "in lieu of certain other benefits, hospice care with respect to the individual during up to two periods of 90 days each with an unlimited number of subsequent periods of 60 days each with respect to which the individual makes an election under subsection;" "drugs and biologicals provided in a hospice program;" and "certifying the patient for hospice." In the 42 CFR, removed "and the conditions that a hospice program must meet in order to participate in the Medicare program." Changed all Manual System's to read Internet-Only Manual. Removed "Medicare General Information, Eligibility, and Entitlement Manual." Under **Coverage Indications, Limitations and/or Medical Necessity** removed "Health status mediates the much studied relationship between ICD-9-CM diagnosis and care outcomes." Made grammatical and punctuation corrections throughout policy.	• Other (Maintenance - Annual Validation)
11/15/2013	R3	Under ***CMS National Coverage Policy*** updated the following citations: Title XVIII of the Social Security Act §1961 (dd) added (1) and corrected a typographical error in the word provided. §1862 (a)(1)(6) was changed to (a)(6) and the definition was expanded to include "Items and services." §1862 (a)(1)(9) was changed to (a)(9) and the definition was expanded to include "items and services where such expense are .." §1812 (a)(4) changed 60 days to 90 days. The definition was expanded to read "with unlimited number of subsequent periods of 60 days each..". The word respect had a typographical error that was corrected. §1813 (a)(4) was changed to (a)(4)(A)(i). §1814 (a)(7) was changed to (a)(7)(A)(i). 42 CFR Part 418, removed Chapter IV. Pub 100-02, Medicare Benefit Policy Manual, Chapter 9, §20 was expanded to §§20.1, 20.2 and 20.2.1. CMS Manual System, Pub. 100-08 Medicare Program Integrity Manual, Chapter 13, §§13.1.1-13.13.14 was deleted. Under ***Coverage Indications, Limitations, and/or Medical Necessity*** the book *International Classification of Functioning, Disability and Health* was italicized. Under ***Associated Information*** #2 and 3 included the complete title of ***Coverage Indications, Limitations and/or Medical Necessity***. Under ***Sources of Information and Basis for Decision*** punctuation was corrected.	• Provider Education/Guidance • Typographical Error
05/30/2013	R2	Under ***CMS National Coverage Policy*** deleted the following citation: CMS Manual System, Pub. 100-08 Medicare Program Integrity Manual, Chapter 13, §§13.1.1-13.13.14. ***Documentation Requirements*** has been moved to ***Associated Information.***	N/A
11/29/2012	R1	Revision #1,11/29/2012	N/A

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		Under ***CMS National Coverage Policy*** the following citations have been deleted: CMS Manual System, Pub 100-01, Medicare General Information, Eligibility, and Entitlement Manual, Chapter 5, §§60, 60.1 and 60.2, CMS Manual System, Pub 100-01, Medicare General Information, Eligibility, and Entitlement Manual.Ch 4, §80 and CMS Manual System, Pub 100-02, Medicare Benefit Policy Manual, Chapter 9, §§30, 40, 50, 60 and 70. Under ***Documentation Requirements*** added #1 regarding legible documentation and #3 documentation required is patient does not meet the criteria outlined in this LCD. 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.**	

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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 08/18/2014 with effective dates 08/28/2014 - N/A Updated on 11/08/2013 with effective dates 11/15/2013 - 08/27/2014 Some older versions have been archived. Please visit the MCD Archive Site opens in new window to retrieve them. Back to Top

Keywords

- Hospice
- Neurological Conditions

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