Local Coverage Determination (LCD): Hospice - Renal Care (L31538)

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
L31538

LCD Title
Hospice - Renal Care

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 09/11/2014

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) the term "hospice care" means the services provided 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)(6), items and services which constitute 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)(9) items and services where such expenses are 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 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 (d)(1)

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

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

42 CFR, Part 418 Hospice Care

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, 20.1, 20.2, 20.2.1, 40, and 80

Federal Register, Volume 70, No. 224, dated Tuesday, November 22, 2005, page 70537

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

End stage renal disease (ESRD) 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 ESRD are often complicated by comorbid and/or secondary conditions. Comorbid conditions affecting beneficiaries with ESRD are by definition distinct from the ESRD itself- examples include vascular disease manifested as coronary heart disease (CHD), peripheral vascular disease (PVD), and vascular dementia. Secondary conditions, on the other hand, are directly related to a primary condition. In the case of ESRD, examples include secondary hyperparathyroidism, calciphylaxis, nephrogenic systemic fibrosis, electrolyte abnormalities and anorexia. The important roles of comorbid and secondary conditions are described below in order to facilitate their recognition and assist providers in documenting their impact. Use of the *International Classification of Functioning, Disability and Health* (ICF) is suggested, but not required.

Medicare rules and regulations 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. For beneficiaries with ESRD the identification of relevant comorbid and secondary 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:

ESRD 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 ESRD is facilitated by the presence of impairments in such body functions as urinary excretory function, water, mineral and electrolyte function, and endocrine gland functions. Such functional impairments contribute to the increased incidence of secondary conditions such as hyperkalemia, fluid overload, and secondary hyperparathyroidism observed in Medicare beneficiaries with ESRD. 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 ESRD and any secondary condition should be such that most beneficiaries with ESRD and similar 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 - related to the comorbid condition. For example, a beneficiary with ESRD and clinically significant CHD would have specific impairments of cardiovascular structure/function (e.g., narrowing of coronary arteries, dyspnea, orthopnea, chest pain) which may or may not respond/be amenable to

treatment. The identified impairments in cardiovascular structure/function may be associated with activity limitations (e.g., mobility, self-care). Ultimately, the combined effects of the ESRD and any comorbid condition should be such that most beneficiaries with ESRD and similar impairments would have a prognosis of six months or less.

The documentation of structural/functional impairments and activity limitations facilitates the selection of intervention strategies (palliative vs. long-term disease management/curative) and provides 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: CPT 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:

403.11	HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
584.5	ACUTE KIDNEY FAILURE WITH LESION OF TUBULAR NECROSIS
584.6	ACUTE KIDNEY FAILURE WITH LESION OF RENAL CORTICAL NECROSIS
584.7	ACUTE KIDNEY FAILURE WITH LESION OF RENAL MEDULLARY [PAPILLARY] NECROSIS
584.8	ACUTE KIDNEY FAILURE WITH OTHER SPECIFIED PATHOLOGICAL LESION IN KIDNEY
584.9	ACUTE KIDNEY FAILURE, UNSPECIFIED
585.6	END STAGE RENAL DISEASE
586	RENAL FAILURE UNSPECIFIED

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. The documentation in the hospice patient's medical record should contain sufficient "clinical" information to support the certification or the individual as having a terminal illness with a life expectancy of 6 or fewer months, if the illness runs its normal course.

3. For beneficiaries with ESRD, the identification of relevant comorbid and secondary 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.

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

Sources of Information and Basis for Decision
Murray AM, Arko C, Chen SC, Gilbertson D, Moss A. Use of Hospice in the United States Dialysis Population. *Clin J Am Soc Nephrol.* 2006;1(6):1248-1255.

Daram SR, Cortese CM, Bastani B. Nephrogenic fibrosing dermopathy/nephrogenic systemic fibrosis: Report of a new case with literature review. *American Journal of Kidney Diseases*;2005;46(4):754-759.

Himmelfarb J. Core curriculum in nephrology: Hemodialysis complications. *American Journal of Kidney Diseases*. 2005;45(6):1122-1131.

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

Moss AH, Holley JL, Davison SN, et al. Core curriculum in nephrology: Palliative care. *American Journal of Kidney Diseases*. 2004;43(1):172-185.

Wiggins J. Core curriculum in nephrology: Geriatrics. *American Journal of Kidney Diseases*. 2005;43(1):147-158.
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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
09/11/2014	R4		

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		Under ***CMS National Coverage Policy*** in the Title XVIII's added "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." Added "Medicare General Information, Eligibility, and Entitlement Manual" to CMS Internet-Only Manual Pub 100-01. Added "Medicare Benefit Policy Manual" to CMS Internet-Only Manual Pub 100-02.	• Other (Previous inadvertent removal of information)
08/28/2014	R3	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." Under same section, added Hospice Care to 42 CFR, Part 418. Changed all Manual System's to read Internet-Only Manual. Removed "Medicare General Information, Eligibility, and Entitlement Manual" and "Medicare Benefit Policy Manual". Under ***Sources of Information and Basis for Decision*** updated references to follow AMA format. Made grammatical and punctuation corrections throughout policy.	• Other (Maintenance Annual Validation)
11/15/2013	R2	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 period 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. ***Documentations Requirements*** and ***Utilization Guidelines*** were moved to ***Associated Information.*** Under ***Associated Information*** the word "Intermediary" was changed to "A/B MAC". Under ***Sources of Information and Basis for Decision*** corrections were made to the punctuation.	• Provider Education/Guidance • Typographical Error
11/29/2012	R1	Revision #1, Effective 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. 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 09/03/2014 with effective dates 09/11/2014 - N/A Updated on 08/19/2014 with effective dates 08/28/2014 - 09/10/2014 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 Renal Care
- Hospice
- Renal Care
- Renal

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