Centers for Medicare & Medicaid Services

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

Contractor Information

Contractor Name	Contractor Number	Contractor Type
Palmetto GBA	11004	HHH MAC

LCD Information

Document Information

LCD ID Number
L31539

LCD Title
Hospice Alzheimer's Disease &Related Disorders

Contractor's Determination Number
J11AH-11-010-L

AMA CPT/ADA CDT Copyright Statement

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

Oversight Region
Region IV

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

Original Determination Ending Date

Revision Effective Date
For services performed on or after 10/01/2011

Revision Ending Date

CMS National Coverage Policy

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

42CFR Chapter IV, Part 418

CMS Manual System, Pub 100-01, Medicare General Information, Eligibility, and Entitlement, Chapter 4, Section 60 and 80

CMS Manual System, Pub 100-01, Medicare General Information, Eligibility, and Entitlement, Chapter 5,Section 60, 60.1 and 60.2

CMS Manual System, Pub 100-02, Medicare Benefit Policy, Chapter 9, Sections 10, 20.1, 20.2, 20.3,40, 50, 60, and 70

Indications and Limitations of Coverage 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 bath 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 (stage 7) 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 (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.

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
GroupName
HCPCS codes for applicable physician services

XX000	Not Applicable

ICD-9 Codes that Support Medical Necessity

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

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

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

General Information

Documentations 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.

Appendices
N/A

Utilization Guidelines

N/A

Sources of Information and Basis for Decision
Shuster JL Palliative Care for Advanced Dementia Clinics in Geriatric Medicine Volume 16, Number 2, May 2000

Committee on a National Agenda for the Prevention of Disabilities *Disability in America: Toward A National Agenda for Prevention.* National Academy Press, 1991(ISBN 0-309-04378-6)

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

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

Hodges JR, Frontotemporal Dementia (Pick's Disease): Clinical Features and Assessment. *Neurology,* 56(11) June 2001

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

Geldmacher DS. Differential Diagnosis of Dementia Syndromes. *Clinics in Geriatric Medicine,* 20(1), February 2004

Advisory Committee Meeting Notes
This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the Intermediary, this policy was developed in cooperation with advisory groups, which include representatives from the Hospice providers. The Advisory Committee Meeting Date:

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period
12/09/2010

Revision History Number
Revision #1, 10/01/2011

Revision History Explanation
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

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.

Reason for Change
HCPCS/ICD9 Descriptor Change

Related Documents
This LCD has no Related Documents.

LCD Attachments
There are no attachments for this LCD.

All Versions

Updated on 09/23/2011 with effective dates 10/01/2011 - N/A
Updated on 11/30/2010 with effective dates 01/24/2011 - N/A

Read the **LCD Disclaimer**

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