

Centers for Medicare & Medicaid Services

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Local Coverage Determination (LCD) for **HOSPICE - HIV Disease (L31535)**

Contractor Information

Contractor Name
Palmetto GBA

Contractor Number
11004

Contractor Type
HHH MAC

LCD Information

Document Information

LCD ID Number
L31535

LCD Title
HOSPICE - HIV Disease

Contractor's Determination Number
J11AH-11-006-L

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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

Revision Ending Date

CMS National Coverage Policy

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

42 CFR Chapter IV, Part 418

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

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

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. 100-08 Medicare Program Integrity Manual, Chapter 13, §§13.1.1-13.13.14

Indications and Limitations of Coverage 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

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

ICD-9 Codes that Support Medical Necessity

042	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE
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Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

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

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation**Diagnoses that DO NOT Support Medical Necessity****General Information****Documentations Requirements**

1. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to the Intermediary 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.

Appendices**Utilization Guidelines****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

Advisory Committee Meeting Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rest with the Intermediary, this policy was developed in cooperation with advisory groups, with includes representatives from the hospice provider community. 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 History Explanation**

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**Related Documents**

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

All Versions

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

Read the **LCD Disclaimer**