

Hospice of the Piedmont
Guideline Worksheet for Determining Terminal Prognosis – ALS – Initial Certification

Patient Name: _____ ID# _____ Certification Date: _____

The following criteria will support a prognosis of six months or less if the terminal illness runs its normal course for patients with **Amyotrophic Lateral Sclerosis (ALS)** on initial certification.

Non-disease specific hospice baseline guidelines: (both 1 and 2 should be met)

- 1) **Physiologic impairment of function status** as demonstrated by Karnofsky Performance Status (KPS) **or** Palliative Performance Score (PPS) \leq 70% due to progression of disease **KPS or PPS (circle one) Score: _____%**
- 2) **Dependence** on assistance for **2 or more** activities of daily living (ADLs):

<input type="checkbox"/> Feeding	<input type="checkbox"/> Ambulation	<input type="checkbox"/> Continence
<input type="checkbox"/> Transfer	<input type="checkbox"/> Bathing	<input type="checkbox"/> Dressing

PLUS

Disease Specific Guidelines: Criteria: Patients should¹:

- 1) Demonstrates **critically impaired breathing capacity** as demonstrated by **all** of the following characteristics occurring within the 12 months preceding initial hospice certification:
 - Vital capacity (VC) < 30% of normal, if available
 - Dyspnea at rest
 - Requiring supplemental O₂ at rest
 - Patient declines artificial ventilation & external ventilation used for comfort measures only
- 2) Demonstrates **both** rapid progression of ALS **and** critical nutritional impairment.
 - a) **Rapid progression of ALS** as demonstrated by **all** the following characteristics occurring within the 12 months preceding initial hospice certification:
 - Progression from independent ambulation to wheelchair to bed bound status;
 - Progression from normal to barely intelligible or unintelligible speech;
 - Progression from normal to pureed diet;
 - Progression from independence in most or all areas of ADLs to needing assistance by caretaker in **all** ADLs.
 - b) **Critical nutritional impairment** as demonstrated by **all** the following characteristics occurring within the 12 months preceding initial hospice certification:
 - Oral intake of nutrients & fluids insufficient to sustain life;
 - Continuing weight loss; **Wt. Loss in last 12 months: _____ lbs.**
 - Dehydration **or** Hypovolemia
 - Absence of artificial feeding methods, sufficient to sustain life, but not for relieving hunger
- 3) Demonstrates **both** rapid progression of ALS **and** life-threatening complications:
 - a) **Rapid progression** as demonstrated in 2a above.
 - b) **Life threatening complications** as demonstrated by **one** of the following characteristics occurring within the 12 months preceding initial hospice certification:

<input type="checkbox"/> Recurrent aspiration pneumonia (with or without tube feedings)	<input type="checkbox"/> Sepsis
<input type="checkbox"/> Upper UTI (e.g., pyelonephritis)	<input type="checkbox"/> Recurrent fever <u>after</u> antibiotic therapy
<input type="checkbox"/> Stage 3 or 4 decubitus ulcer(s)	

Comorbidities: A diagnosis that is not the primary hospice diagnosis nor related to the primary hospice diagnosis, but the presence and severity of such disease is likely to contribute to a life expectancy of 6 months or less. Such diseases are not related to the hospice diagnosis and do not therefore imply financial responsibility under the hospice benefit.

- | | | |
|---|---|--|
| <input type="checkbox"/> Chronic obstructive pulmonary disease (COPD) | <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Renal failure |
| <input type="checkbox"/> Congestive heart failure (CHF) | <input type="checkbox"/> Liver disease | <input type="checkbox"/> Neoplasia |
| <input type="checkbox"/> Neurological disease (CVA, MS, Parkinson's) | <input type="checkbox"/> Ischemic heart disease | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Acquired immune deficiency syndrome (AIDS) | | |

Examination by a neurologist within 90 days of assessment for hospice to confirm the diagnosis and assist with prognosis. (90 days or 90 days post SOC)

Date of Neurology Consultation: _____

Form completed by: _____ Date: _____

¹The word "should" in the disease specific guidelines means that on medical review the guideline so identified will be given great weight in making coverage determination but does not mean, however, that meeting the guideline is obligatory.