HOSPICE of the PIEDMONT
Sharing the Journey

Greetings colleagues and friends,

As the Medical Director for Hospice of the Piedmont, I often hear questions and misconceptions relating to the hospice provider referral process. To assist in this process, we created this document for you, the provider, to use as a **guideline for common diagnosis information for referring patients to Hospice of the Piedmont**.

I am very proud of Hospice of the Piedmont's rich history in our community, as we are the only community-based, nonprofit hospice serving Charlottesville and the surrounding area. Hospice of the Piedmont was founded more than 33 years ago by a group of proactive community members after they attended a transformational UVA lecture given by the founder of the hospice movement, Dame Cicely Saunders. Through this legacy, our dedicated, experienced, and highly trained medical staff has worked with patients, families, and primary care physicians to provide the highest level of care. Our mission and vision serve as a compass to guide what we do every day.

Our Mission: To positively transform the way people view and experience serious illness, dying, and grief.

Our Vision: To achieve a day when no one in central Virginia has to die alone or in pain.

Hospice is an interdisciplinary team approach to care. Each patient is assigned a registered nurse, social worker, chaplain, and physician who work as a team to provide **physical, emotional, and spiritual support to individuals with a terminal disease**, as well as support for patients' loved ones. Our care is delivered at the patient's place of residence, whether that's in their home, a nursing facility, an independent or assisted living facility, a group home setting, or our very own Hospice House.

Qualification for Hospice is determined by the criteria listed below. The Medicare Hospice Benefit requires that these three criteria be met for a beneficiary to qualify for hospice, and every Medicare beneficiary has the legal right to elect the hospice benefit. (Please see the back of this flyer for specific common diagnosis guidelines.)

1. A terminal disease process has been identified;
2. The physician determines that the patient's life is limited to six months or less if the disease runs its expected course; and
3. The patient, or legal representative, desires comfort care rather than curative or aggressive interventions which are intended to prolong the patient's life.

Quality of life is at the core of hospice care. The patient, family members, friends, physicians, nurses, pastors, home health agencies, community representatives, or anyone who believes that hospice care is an appropriate option can initiate a referral to hospice. Hospice of the Piedmont will follow up with the patient's attending physician to determine if the above criteria are met and determine the most appropriate primary hospice diagnosis and eligibility.

If you have any questions about your patient, eligibility, or about referring patients to Hospice of the Piedmont, please call our office and ask to speak with me or one of our highly trained admission intake coordinators. If desired, we can provide a free information visit to the patient and family.

I look forward to working with you and, with your help, achieving a day when no one in central Virginia has to die alone or in pain.

Best regards,

Angela R. Stiltner, MD
Medical Director - Hospice of the Piedmont

For referrals or more information, call 1-800-975-5501 or 434-817-6900 | Fax: 434-293-6405| www.hopva.org
675 Peter Jefferson Parkway, Suite 300, Charlottesville, VA 22911

Hospice of the Piedmont Reference Guide for Providers

General Eligibility Guidelines for Common Diagnoses

The most important element in determining hospice eligibility is the clinical judgment of the attending physician. However, there are guidelines that can help with selected common diagnoses. The guidelines we listed below are not meant to be exhaustive. Please don't hesitate to call us for more information about hospice eligibility.

DEMENTIA

- ❒ Inability to ambulate, bathe, and dress without assistance
- ❒ Urinary and fecal incontinence, intermittent or constant
- ❒ No consistent meaningful verbal communication
- ❒ FAST* stage 7a or beyond
- ❒ Meets one of the following criteria within the last 12 months:
  - ❒ Aspiration pneumonia
  - ❒ Pyelonephritis or upper UTI
  - ❒ Septicemia
  - ❒ Decubitus ulcers (multiple, stage 3-4)
  - ❒ Fever, recurrent after antibiotics
  - ❒ Impaired nutritional status – inability to maintain sufficient fluid and caloric intake with 10% weight loss during last 6 months or serum albumin < 2.5 gm/dl

HEART DISEASE

- ❒ Optimally treated for heart disease, ***or*** is not a candidate for surgical procedures or refuses those procedures
- ❒ Patient with CHF or angina is NYHA class IV (dyspnea or chest pain at rest)
- ❒ EF <= 20%, if available

RENAL FAILURE

- ❒ Discontinuing dialysis or not seeking dialysis or renal transplant
- ❒ Creatinine clearance < 10cc/min (< 15cc/min for diabetics); or < 15 cc/min (< 20 cc/min for diabetics) with comorbid CHF- ***or***- Serum creatinine > 8 mg/dl (> 6 mg/dl for diabetics)

LIVER DISEASE

- ❒ PT prolonged more than 5 seconds over control or INR > 1.5 ***and*** Serum albumin < 2.5 gm/dl
- ❒ Meets one of the following criteria:
  - ❒ Ascites
  - ❒ Spontaneous bacterial peritonitis
  - ❒ Hepatic encephalopathy
  - ❒ Recurrent variceal bleeding
  - ❒ Hepatorenal syndrome

PULMONARY DISEASE

- ❒ Severe chronic lung disease documented by:
  - Disabling dyspnea at rest
  - Poor response to bronchodilators
  - Decreased functional capacity
  - Bed to chair existence
  - Fatigue and cough
  - Increasing visits to physician, ED or hospitalizations for pulmonary infections or respiratory failure
- ❒ Hypoxemia at rest on room air, O_2 sat < 88% (pO_2 <= 55 mmHg) ***or*** Hypercapnia (pCO_2 >= 50 mmHg)

CANCER

- ❒ Disease with distant metastases at presentation
  -OR-
- ❒ Progression from an earlier stage of disease to metastatic disease (either continued decline despite further disease related therapy –***or***- patient refuses further disease directed therapy

STROKE

- ❒ Functional impairment (*PPS <= 40%)
- ❒ Inability to maintain hydration and caloric intake with one of the following:
  - Weight loss > 10% total body weight in past 6 months or > 7.5% in last 3 months
  - Serum albumin < 2.5 gm/dl
  - History of pulmonary aspiration not responsive to speech therapy
  - Sequential calorie counts documenting inadequate caloric/fluid intake
  - Dysphagia severe enough to prevent continuation of food/fluids to sustain life and patient dose not receive artificial nutrition/hydration

*For more information on Functional Assessment Staging (FAST) and the Palliative Performance Scale (PPS), or for any other questions regarding our services, referrals, or eligibility, please contact us.

Hospice Levels of Care: There are four levels of hospice care, each of which is developed to help your patient remain comfortable and pain-free either at home or in a familiar setting:

1. **Routine Care**: Hospice services provided at a patient's primary residence; a single family dwelling, apartment, mobile home, foster home, assisted living, supervisory care or a contracted nursing home.

2. **Continuous Care**: This level occurs in the patient's primary residence and is used during periods of crisis to provide comfort and symptom management to the patient, as well as additional support in the home. Eight hours is the minimum duration; out of every twenty-four hours (12:00 a.m. to 11:59 p.m.), at least 50% of care is skilled nursing.

3. **General Inpatient Care**: A short-term alternative when pain, symptoms, or family dynamics indicate that symptoms cannot be reasonably managed in other settings as determined by the Hospice Interdisciplinary Group. The level of care requires more intensive treatment or management of the medical condition.

4. **Respite Care**: An inpatient stay in a nursing facility with a five consecutive day maximum benefit for the relief of caregivers. Routine level of care services are provided to a Hospice patient on a respite level of care for the five day stay.

*For more information about Physician Billing Guidelines, visit www.hopva.org/for-physicians/payment-guide or contact us.

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