

HIV/AIDS

If you have a patient with HIV/AIDS, they may be eligible for hospice.

Only one in three people in the United States eligible for hospice care receives it – even though hospice is covered by Medicare and most Medicaid and commercial insurance plans for eligible patients. This even includes coverage for medications and supplies related to the life-limiting illness. Why aren't more people taking advantage of the benefit? Largely because people don't understand all that hospice can offer – or because they are not aware of the many diagnoses that can qualify a patient for hospice.

If you have a patient with **HIV/AIDS** that meets the following criteria, they may be eligible for hospice services:

The patient has either 1A or 1B and 2 and 3.

1A. CD4+ Count < 25 cells/mcL

OR

1B. Persistent viral load > 100,000 copies/ml from two (2) or more assays at least one month apart

AND

2. At least one (1) of the following conditions:

- CNS lymphoma
- Untreated or refractory wasting (loss of > 33% lean body mass)
- Mycobacterium avium complex (MAC) bacteremia, untreated, refractory or treatment refused
- Progressive multifocal leukoencephalopathy
- Systemic lymphoma with advanced HIV disease and partial response to chemotherapy
- Refractory visceral Kaposi's sarcoma
- Renal failure in the absence of dialysis
- Cryptosporidium infection
- Refractory toxoplasmosis

AND

3. Palliative Performance Scale* of \leq 50% (requires considerable assistance and frequent medical care, activity limited mostly to bed or chair)

Supporting documentation includes:

- Chronic persistent diarrhea for one year
- Persistent serum albumin < 2.5
- Concomitant active substance abuse
- Age > 50 years
- Absence of antiretroviral chemotherapeutic and prophylactic drug therapy related specifically to HIV
- Advanced AIDS dementia complex
- Toxoplasmosis
- Congestive Heart Failure, symptomatic at rest

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care. Patients are eligible for hospice care if in the physician's clinical judgment they have a life expectancy of six months or less. These determinants are to be used as guidelines and do not take the place of a physician's clinical judgment. Coverage for hospice care may still be appropriate for patients not meeting these determinations due to comorbidity or rapid decline.

* See the following page for Palliative Performance Scale.

Please contact VistaCare at 1-866-VISTACARE if you would like to refer a patient or have any additional questions about hospice eligibility. Or, feel free to use our online Hospice Referral Form at <http://www.VistaCare.com/eligibility/referral>.



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Palliative Performance Scale (PPS)

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Level of Conscious
100	Full	Normal activity, no evidence of disease	Full	Normal	Full
90	Full	Normal activity, some evidence of disease	Full	Normal	Full
80	Full	Normal activity with effort, some evidence of disease	Full	Normal or reduced	Full
70	Reduced	Unable to do normal work, some evidence of disease	Full	Normal or reduced	Full
60	Reduced	Unable to do hobby or some housework, significant disease	Occasional assist necessary	Normal or reduced	Full or confusion
50	Mainly sit/lie	Unable to do any work, extensive disease	Considerable assistance required	Normal or reduced	Full or confusion
40	Mainly in bed	Unable to do any work, extensive disease	Mainly assistance	Normal or reduced	Full, drowsy, or confusion
30	Totally bed bound	Unable to do any work, extensive disease	Total care	Reduced	Full, drowsy, or confusion
20	Totally bed bound	Unable to do any work, extensive disease	Total care	Minimal sips	Full, drowsy, or confusion
10	Totally bed bound	Unable to do any work, extensive disease	Total care	Mouth care only	Drowsy or coma
0	Death	—	—	—	—

At VistaCare, we're committed to the exceptional delivery of compassionate, patient-focused hospice care that meets our patients and families where they are, with the care that's right for them. We can help care for patients in the following ways:

- Expertise in pain management and end-of-life care.
- Medical Director services available.
- Registered nurses available around-the-clock.
- Help patients remain at home or other residence of choice.
- Relieve the patient of financial obligations associated with the terminal illness.
- Reinforce your commitment to quality patient care.
- Accept all eligible patients.

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