

# Non-Specific Terminal Illness

**If you have a patient with a non-specific terminal illness, 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 a **non-specific terminal illness** that meets the following criteria, they may be eligible for hospice services:

**The patient has a terminal medical condition that cannot be attributed to a single specific illness. The physician believes there is a limited prognosis of six months or less based on a constellation of signs, symptoms, test results and/or clinical decline.**

**The clinical impression of six months or less is based both on 1 and 2.**

1. Decline is not attributable to a known primary disease process

**AND**

2. Rapid decline over the past 3-6 months evidenced by all of the following:
  - Progression of disease evidenced by symptoms, signs and test results
  - Decline in PPS\* to 50% or lower
  - Weight loss not due to reversible causes and/or declining serum albumin levels

**Supporting documentation includes:**

- Dysphagia leading to inadequate nutritional intake or recurrent aspiration
- Decline in systolic blood pressure to below 90 systolic or progressive postural hypotension
- Decline in Functional Assessment Staging (FAST)\* for dementia
- Multiple progressive Stage 3-4 pressure ulcers in spite of optimal care

*In the absence of one or more of these findings, 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 pages for Palliative Performance Scale and Functional Assessment Staging 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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## Functional Assessment Staging (FAST)

Check highest consecutive level of disability:

- 1. No difficulty either subjectively or objectively.
- 2. Complains of forgetting location of objects. Subjective work difficulties.
- 3. Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity.\*
- 4. Decreased ability to perform complex tasks, e.g., planning dinner for guests, handling personal finances (such as forgetting to pay bills), difficulty marketing, etc.\*
- 5. Requires assistance in choosing proper clothing to wear for the day, season, or occasion, e.g., patient may wear the same clothing repeatedly unless supervised.\*
- 6.
  - a) Improperly putting on clothes without assistance or cueing (e.g., may put street clothes on over night clothes, or put shoes on wrong feet, or have difficulty buttoning clothing) occasionally or more frequently over the past weeks.\*
  - b) Unable to bathe properly (e.g., difficulty adjusting the bath-water temperature) occasionally or more frequently in the past weeks.\*
  - c) Inability to handle mechanics of toileting (e.g., forgets to flush the toilet, does not wipe properly or properly dispose of toilet tissue) occasionally or more frequently over the past weeks.\*
  - d) Urinary incontinence (occasionally or more frequently over the past weeks).\*
  - e) Fecal incontinence (occasionally or more frequently over the past weeks).\*
- 7.
  - a) Ability to speak limited to approximately a half a dozen intelligible different words or fewer, in the course of an average day or in the course of an intensive interview.
  - b) Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview (the person may repeat the word over and over).
  - c) Ambulatory ability is lost (cannot walk without personal assistance).
  - d) Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair).
  - e) Loss of ability to smile.
  - f) Loss of ability to hold head up independently.

\* Scored primarily on the basis of information obtained from knowledgeable informant and/or category.

Reisburg, B. Functional assessment staging (FAST). *Psychopharmacology Bulletin* 1988; 24:653-659

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