

# Local Coverage Determination (LCD): HOSPICE - HIV Disease (L34566)

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## Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
<a href="#">Palmetto GBA</a>	A and B and HHH	MAC 11004 - HHH MAC	J - M	Alabama Arkansas Florida Georgia Illinois Indiana Kentucky Louisiana Mississippi North Carolina New Mexico Ohio Oklahoma South Carolina Tennessee Texas

[Back to Top](#)

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## LCD Information

### Document Information

LCD ID L34566	Original Effective Date For services performed on or after 10/01/2015
Original ICD-9 LCD ID <a href="#">L31535</a>	Revision Effective Date For services performed on or after 12/07/2017
LCD Title HOSPICE - HIV Disease	Revision Ending Date N/A
Proposed LCD in Comment Period N/A	Retirement Date N/A
Source Proposed LCD N/A	Notice Period Start Date N/A
AMA CPT / ADA CDT / AHA NUBC Copyright Statement	Notice Period End Date N/A

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#### CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862 (a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, §1862 (a)(1)(6) constitutes personal comfort items (except, in the case of hospice care, as is otherwise permitted).

Title XVIII of the Social Security Act, §1862 (a)(1)(9) expenses for custodial care (except in the case of hospice care, as is otherwise permitted).

Title XVIII of the Social Security Act, §1812 (a)(4) in lieu of certain benefits, hospice care with respect to the individual during up to two periods of 60 days each with respect to which the individual makes an election.

Title XVIII of the Social Security Act, §1813 (a)(4)(A)(i) drugs and biologicals provided in a hospice program

Title XVIII of the Social Security Act, §1814 (a)(7)(A)(i) certifying the patient for hospice

#### 42 CFR Chapter IV, Part 418 Hospice Care

CMS Internet-Only Manual, Pub 100-01, Medicare General Information, Eligibility, and Entitlement Manual, Chapter 4, §60

CMS Internet-Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 9, §§10, 20-20.4, 40-40.5, and 80-80.2

CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 11, §§30.2, 30.2.2, and 30.3

#### Coverage Guidance

#### **Coverage Indications, Limitations, 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 Medicare Administrative Contractor 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  $\leq 50$

**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

**Summary of Evidence**

N/A

## Analysis of Evidence (Rationale for Determination)

N/A

[Back to Top](#)

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## 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.

N/A

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.

N/A

CPT/HCPCS Codes

**Group 1 Paragraph:** HCPCS codes for applicable physician services

**Group 1 Codes:**

G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
G0300	DIRECT SKILLED NURSING SERVICES OF A LICENSED PRACTICAL NURSE (LPN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES

ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

ICD-10 Codes	Description
B20	Human immunodeficiency virus [HIV] disease

ICD-10 Codes that DO NOT Support Medical Necessity

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

ICD-10 Codes	Description
R75	Inconclusive laboratory evidence of human immunodeficiency virus [HIV]
Z20.5	Contact with and (suspected) exposure to viral hepatitis
Z20.6	Contact with and (suspected) exposure to human immunodeficiency virus [HIV]
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status

## General Information

### Associated Information

#### Documentation Requirements

1. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to the A/B MAC upon request
2. Documentation certifying terminal status must contain enough information to confirm terminal status upon review. Documentation meeting the criteria outlined under "**Coverage Indications, Limitations and/or Medical Necessity**" section of this policy would meet this requirement.
3. If the patient does not meet the criteria outlined under "**Coverage Indications, Limitations 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.

### Sources of Information

N/A

#### Bibliography

CDC. Revised Guidelines for Performing CD4+ T-cell Determinations in Persons infected with Human Immunodeficiency Virus (HIV). *Morbidity and Mortality Weekly Report*. 1997;46(RR-2):1-29

Medical Guidelines for Determining Prognosis in Selected Non-Cancer Diseases, ©1996 National Hospice Organization (NHO). *Hospice Journal*. 1996; 11(2): 47-63

Karnofsky DA, Burchenal JH. The Clinical Evaluation of Chemotherapeutic Agents in Cancer. In McLeod CM *Chemotherapy of Cancer*. New York: Columbia University Press; 1949:191-205.

Medicare Contractors Medical Directors Hospice Workgroup

[Back to Top](#)

## Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		Under <b>CMS National Coverage Policy</b> corrected grammatical errors.	
12/07/2017	R6	<i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Typographical Error</li> </ul>
01/05/2017	R5	Under <b>CMS National Coverage Policy</b> added the verbiage "Hospice Care" to 42 CFR Chapter IV, Part 418. Change Request 9369, Transmittal 3378, dated October 16, 2015 was deleted as the information has been manualized and the following reference was added: CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 11, §§30.2, 30.2.2, and 30.3. Under <b>Sources of Information and Basis for Decision</b> added supplement numbers and journal titles to various resources.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Other (Annual Validation)</li> </ul>
01/01/2017	R4		

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		Under <b>CPT/HCPCS Codes</b> the description was revised for HCPCS code G0300. This revision is due to the 2017 Annual CPT/HCPCS Code Update and becomes effective 1/1/17.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
01/07/2016	R3	Under <b>CMS National Coverage Policy</b> added CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Change Request 9369, Transmittal 3378 dated October 16, 2015; added reference to sections 20.1-20.4 to Publication 100-02, Chapter 9; added reference to sections 40.1-40.5 to Publication 100-02, chapter 9; and added reference to sections 80.1-80.2 to Publication 100-02, Chapter 9. Under <b>Coverage Indications, Limitations and/or Medical Necessity</b> changed intermediary to Medicare Administrative Contractor and made a few punctuation corrections throughout. Under <b>CPT/HCPCS Codes</b> added HCPCS codes G0299 and G0300.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Public Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> <li>• Typographical Error</li> <li>• Other (Annual validation)</li> </ul>
10/01/2015	R2	Per CMS Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 13, §13.1.3 LCDs consist of only "reasonable and necessary" information. All bill type and revenue codes have been removed.	<ul style="list-style-type: none"> <li>• Other (Bill type and revenue code removal)</li> </ul>
10/01/2015	R1	Under <b>CMS National Coverage Policy</b> removed Title XVIII Section 1861 (dd) and Internet-Only Manual reference to 100-08, Chapter 13. Under <b>Associated Information</b> corrected the section title references to read "Coverage Indications, Limitations and /or Medical Necessity". Under <b>Sources of Information and Basis for Decision</b> corrected all sources to meet AMA compliance and added source for CDC guidelines for performing CD4+ determinations	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Other (Annual Validation)</li> </ul>

[Back to Top](#)

## Associated Documents

Attachments N/A

Related Local Coverage Documents Article(s) [A53056 - Hospice: Documenting Weight Loss for Beneficiaries with Non-Neoplastic Conditions](#)

Related National Coverage Documents N/A

Public Version(s) Updated on 12/02/2017 with effective dates 12/07/2017 - N/A [Updated on 12/29/2016 with effective dates 01/05/2017 - 12/06/2017](#) Some older versions have been archived. Please visit the [MCD Archive Site](#) to retrieve them. [Back to Top](#)

## Keywords

- HIV

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