Local Coverage Determination (LCD): HOSPICE - Liver Disease (L34544)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Palmetto GBA	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

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LCD Information

Document Information

LCD ID
L34544

Original ICD-9 LCD ID
L31536

LCD Title
HOSPICE - Liver Disease

Proposed LCD in Comment Period
N/A

Source Proposed LCD
N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

Original Effective Date
For services performed on or after 10/01/2015

Revision Effective Date
For services performed on or after 06/07/2018

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
N/A

Notice Period End Date
N/A

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CMS National Coverage Policy
Title XVIII of the Social Security Act, §1861 (dd)(1) the term "hospice care" means the services provided to a hospice patient

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)(6) items and services which constitute personal comfort items (except, in the case of hospice care, as it otherwise permitted)

Title XVIII of the Social Security Act, §1862 (a)(9) items and services where such expenses are 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 90 days each and unlimited number of subsequent 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 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, 20.1, 20.2, 20.2.1, 40-40.5, and 80

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 A/B MAC 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 liver disease (life expectancy of six months or less) if they meet the following criteria (1 and 2 must be present; factors from 3 will lend supporting documentation):

1. The patient should show both a and b:

    a. Prothrombin time prolonged more than 5 seconds over control, or International Normalized Ratio (INR)> 1.5

    b. Serum albumin <2.5 gm/dl

2. End stage liver disease is present and the patient shows at least one of the following:

    a. ascites, refractory to treatment or patient non-compliance

    b. spontaneous bacterial peritonitis

    c. hepatorenal syndrome (elevated creatinine and blood urea nitrogen (BUN) with oliguria (<400 ml/day) urine and sodium

    concentration <10 mEq/l).

    d. hepatic encephalopathy, refractory to treatment, or patient non-compliance

    e. recurrent variceal bleeding, despite intensive therapy

3. Documentation of the following factors will support eligibility for hospice care:

    a. progressive malnutrition

    b. muscle wasting with reduced strength and endurance

    c. continued active alcoholism (> 80 gm ethanol/day)

    d. hepatocellular carcinoma

    e. Hepatitis B virus surface antigen (HBsAg)positivity

    f. hepatitis C refractory to interferon treatment

Patients awaiting liver transplant who otherwise fit the above criteria may be certified for the Medicare hospice benefit, but if a donor organ is procured, the patient must be discharged from hospice.

Summary of Evidence

N/A

Analysis of Evidence
(Rationale for Determination)

N/A

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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: N/A

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
C22.0	Liver cell carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K70.41	Alcoholic hepatic failure with coma
K71.0	Toxic liver disease with cholestasis
K71.10	Toxic liver disease with hepatic necrosis, without coma
K71.11	Toxic liver disease with hepatic necrosis, with coma
K71.2	Toxic liver disease with acute hepatitis
K71.3	Toxic liver disease with chronic persistent hepatitis
K71.4	Toxic liver disease with chronic lobular hepatitis

ICD-10 Codes	Description
K71.50	Toxic liver disease with chronic active hepatitis without ascites
K71.51	Toxic liver disease with chronic active hepatitis with ascites
K71.6	Toxic liver disease with hepatitis, not elsewhere classified
K71.7	Toxic liver disease with fibrosis and cirrhosis of liver
K71.8	Toxic liver disease with other disorders of liver
K71.9	Toxic liver disease, unspecified
K72.01	Acute and subacute hepatic failure with coma
K72.11	Chronic hepatic failure with coma
K72.91	Hepatic failure, unspecified with coma
K73.0	Chronic persistent hepatitis, not elsewhere classified
K73.1	Chronic lobular hepatitis, not elsewhere classified
K73.2	Chronic active hepatitis, not elsewhere classified
K73.8	Other chronic hepatitis, not elsewhere classified
K73.9	Chronic hepatitis, unspecified
K74.0	Hepatic fibrosis
K74.3	Primary biliary cirrhosis
K74.4	Secondary biliary cirrhosis
K74.5	Biliary cirrhosis, unspecified
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K75.2	Nonspecific reactive hepatitis
K75.3	Granulomatous hepatitis, not elsewhere classified
K75.4	Autoimmune hepatitis
K75.81	Nonalcoholic steatohepatitis (NASH)
K76.4	Peliosis hepatis
K76.7	Hepatorenal syndrome
K76.81	Hepatopulmonary syndrome

ICD-10 Codes that DO NOT Support Medical Necessity N/A
ICD-10 Additional Information Back to Top

General Information

Associated Information
Documentation Requirements

1. Documentation supporting 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 in the **Coverage Indications, Limitations and/or Medical Necessity** section of this Local Coverage Determination (LCD) would meet this requirement.

3. If the patient does not meet the criteria outlined in the **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 the initial certification.

Sources of Information
N/A
Bibliography
Medical guidelines for determining prognosis in selected non-cancer diseases. The National Hospice Organization. *Hosp Jour.*1996;11(2):47-63.

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
06/07/2018	R7	Under ***Coverage Indications, Limitations and/or Medical Necessity*** 1.b. added "<2.5 gm/dl" after "Serum albumin", 2.c. revised the verbiage to read "hepatorenal syndrome (elevated creatinine and blood urea nitrogen (BUN) with oliguria (<400ml/day) and urine sodium concentration <10 mEq/l)" and 3.e. added the verbiage "Hepatitis B virus surface antigen" in front of the acronym "HBsAG" and removed the verbiage "Hepatitis B". Under ***Associated Information – Documentation Requirements*** 2***.*** removed the word "policy" and replaced with "Local Coverage Determination (LCD)", 3.added the word "above" in front of the word "criteria" and 4. added the word "the" in front of the word "initial". Formatting, punctuation and typographical errors were corrected throughout the policy. *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.*	• Provider Education/Guidance • Public Education/Guidance
01/01/2017	R6	Under ***CPT/HCPCS Codes*** 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.	• Provider Education/Guidance • Revisions Due To CPT/HCPCS Code Changes
07/28/2016	R5	Under ***CMS National Coverage Policy*** in the Title XVIII of the Social Security Act, §1862 (a)(6) and Title XVIII of the Social Security Act, §1862 (a)(9) the verbiage "under paragraph (1)(c)" was deleted and punctuation corrected. The verbiage in the Title XVIII of the Social Security Act, §1812 (a)(4) was revised to read "in lieu of certain benefits, hospice care with respect to the individual during up to two periods of 90 days each and unlimited number of subsequent periods of 60 days each with respect to which the individual makes an election ". Change Request 9369 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 ***Associated Information – Documentation Requirements*** removed the word "the" in front of the verbiage "medical necessity" in the first sentence.	• Provider Education/Guidance • Typographical Error
01/01/2016	R4	Under **CMS National Coverage Policy** section added CMS Internet -Only Manual, Pub 100-04 Medicare Claims Processing Manual, Change Request 9369, Transmittal 3378 dated October 16, 2015. Under **CPT/HCPCS Codes** section added HCPCS codes G0299 and G0300.	• Revisions Due To CPT/HCPCS Code Changes
10/01/2015	R3	Under **CMS National Coverage Policy** added reference to CMS IOM 100-02, Chapter 9 sections 40.1-40.5 all inclusive. Under **Coverage Indications, Limitations and/or Medical Necessity** made a few punctuation and spacing corrections.	• Provider Education/Guidance • Typographical Error

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		Under **Sources of Information and Basis for Decision** corrected source title.	• Other (Annual Validation)
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.	• Other (Bill type and revenue code removal)
10/01/2015	R1	Under **CMS National Coverage Policy** added Hospice Care to 42 CFR, Part 418. Under **Sources of Information and Basis for Decision** updated reference to follow AMA format.	• Provider Education/Guidance • Other (Maintenance Annual Validation)

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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 06/01/2018 with effective dates 06/07/2018 - N/A Updated on 12/02/2016 with effective dates 01/01/2017 - 06/06/2018 Some older versions have been archived. Please visit the MCD Archive Site to retrieve them. Back to Top

Keywords

- Hospice Liver Disease
- Liver Disease
- Hospice

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