

# Local Coverage Determination (LCD): HOSPICE - Neurological Conditions (L34547)

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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

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## LCD Information

### Document Information

LCD ID L34547	Original Effective Date For services performed on or after 10/01/2015
Original ICD-9 LCD ID <a href="#">L31537</a>	Revision Effective Date For services performed on or after 05/24/2018
LCD Title HOSPICE - Neurological Conditions	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, §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 is otherwise permitted under paragraph (1)(C))

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 under paragraph (1)(C))

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 under subsection (d)(1)

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 1, §10.1

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, 20.2.1, 20.2.1.1, 40, 40.1, 40.1.1, 40.1.2, 40.1.3, 40.1.3.1, 40.1.3.2, 40.1.4, 40.1.5, 40.1.6, 40.1.7, 40.1.8, 40.1.9, 40.2.1, 40.2.2, 40.2.3, 40.2.4, 40.3, 40.4, 40.4.1, 40.4.1.1, 40.4.2, 40.4.2.1, 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 Indications, Limitations, and/or Medical Necessity**

Neurological conditions are associated with impairments, activity limitations, and disability. Their impact on any given individual depends on the individual's over-all health status. Health status includes environmental factors, such as the availability of palliative care services. The objective of this policy is to present a framework for identifying, documenting, and communicating the unique health care needs of individuals with neurological conditions and thus promote the over-all goal of the right care for every person, every time.

Neurological conditions may support a prognosis of six months or less under many clinical scenarios. Medicare rules and regulations addressing hospice services require the documentation of sufficient *clinical information and other documentation* to support the certification of individuals as having a terminal illness with a life expectancy of six or fewer months, if the illness runs its normal course. The identification of specific structural/functional impairments, together with any relevant activity limitations, should serve as the basis for palliative interventions and care-planning. Use of the International Classification of Functioning, Disability and Health (ICF) to help identify and document the unique service needs of individuals with neurological conditions is suggested, but not required.

The health status changes associated with neurological conditions can be characterized using categories contained in the ICF. The ICF contains domains and categories (e.g., structures of the nervous system, mental functions, sensory functions and pain, neuromusculoskeletal and movement related functions, communication, mobility, and self-care) that allow for a comprehensive description of an individual's health status and service needs. Information addressing relevant ICF categories, defined within each of these domains and categories, should form the core of the clinical record and be incorporated into the care plan, as appropriate.

Additionally, the care plan may be impacted by relevant secondary and/or comorbid conditions. Secondary conditions are directly related to a primary condition. In the case of neurological conditions, examples of secondary conditions could include dysphagia, pneumonia, and pressure ulcers. Comorbid conditions affecting beneficiaries with neurological conditions are, by definition, distinct from the primary condition itself, however, services aimed at the comorbid condition may indeed be related to the palliation and/or management of the terminal condition. An example of a comorbid condition would be Chronic Obstructive Pulmonary Disease (COPD).

The important roles of secondary and comorbid conditions are described below in order to facilitate their recognition and assist providers in documenting their impact. The identification and documentation of relevant secondary and comorbid conditions, together with the identification and description of associated structural/functional impairments, activity limitations, and environmental factors would help establish hospice eligibility and maintain a beneficiary-centered plan of care.

### **Secondary Conditions:**

Neurological conditions may be complicated by secondary conditions. The significance of a given secondary condition is best described by defining the structural/functional impairments - together with any limitation in activity and restriction in participation - related to the secondary condition. The occurrence of secondary conditions in beneficiaries with neurological conditions results from the presence of impairments in such body functions as consciousness, attention, sequencing complex movements, ingestion (which includes chewing, manipulation of food in the mouth, and swallowing), muscle power, tone, and endurance. These impairments contribute to the increased incidence of secondary conditions such as dysphagia, pneumonia, and pressure ulcers observed in Medicare beneficiaries with neurological conditions. Secondary conditions themselves may be associated with a new set of structural/functional impairments that may or may not respond or be amenable to treatment.

Ultimately, in order to support a hospice plan of care, the combined effects of the primary neurological condition and any identified secondary condition(s) should be such that most beneficiaries with the identified impairments would have a prognosis of six months or less.

### **Comorbid Conditions:**

The significance of a given comorbid condition is best described by defining the structural/functional impairments - together with any limitation in activity and restriction in participation - related to the comorbid condition. For example, a beneficiary with a primary neurological condition such as Amyotrophic Lateral Sclerosis (ALS) and a comorbidity of COPD could have specific COPD-related structural and functional impairments of respiration (e.g., structural impairments of the bronchoalveolar tree resulting in increased respiratory rate, cough and impaired gas exchange) that contribute to the activity limitations and participation restrictions already present due to the respiratory muscle weakness often observed with ALS.

Such a combination could affect the palliative care plan by contributing to the individual's dyspnea and impaired exercise tolerance. Further description/documentation using the activities and participation component of the ICF (e.g., mobility, self-care, and interpersonal interactions and relationships), would help complete the clinical picture. Palliative care aimed at relieving the dyspnea and improving the individual's health status would be the goal.

Ultimately, in order to support a hospice plan of care, the combined effects of the primary neurologic condition and any identified comorbid condition(s) should be such that most beneficiaries with the identified impairments would have a prognosis of six months or less. The documentation of structural/functional impairments, together with the observed activity limitations, facilitate the selection of the most appropriate intervention strategies (palliative/hospice vs. long-term disease management) and provide objective criteria for determining the effects of such interventions. The documentation of these variables is thus essential in the determination of reasonable and necessary Medicare Hospice Services.

### **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:** While there are no specific ICD-10-CM codes for neurological conditions, the ICD-10-CM code describing the most relevant illness, disorder, or injury contributing to the prognosis of six months or less should be coded.

### Group 1 Codes:

#### ICD-10 Codes Description

XX000 Not Applicable

ICD-10 Codes that DO NOT Support Medical Necessity N/A

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## 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 listed under the **Coverage Indications, Limitations and/or Medical Necessity** section of this Local Coverage Determination (LCD) would contribute to 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 the initial certification.

### Sources of Information

N/A

### Bibliography

Espinoza S, Walston JD. Frailty in older adults: Insights and interventions. *Clevel Clin Jour of Med.* 2005;72(12):1105-1112.

Ewert T, Grill E, Bartholomeyczik S, et al. ICF Core Set for patients with neurological conditions in the acute hospital. *Disabil Rehabil.* 2005;27(7/8):367-373.

Stier-Jarmer M, Grill E, Ewert T, et al. ICF Core Set for patients with neurological conditions in early post-acute rehabilitation facilities. *Disabil Rehabil.* 2005; 27(7/8):389-395.

International Classification of Functioning, Disability and Health (ICF). Geneva: World Health Organization; 2001.

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## Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
05/24/2018	R7		

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		Under <b>Associated Information</b> , second "Documentation Requirement" added the verbiage "Local Coverage Determination" in front of the "LCD" acronym.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Public Education/Guidance</li> </ul>
		<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>	
01/01/2017	R6	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>
		Under <b>CMS National Coverage Policy</b> added the verbiage "the term "hospice care" means the services provided to a hospice patient" to Title XVIII of the Social Security Act, §1861 (dd)(1). Title XVIII of the Social Security Act, §1862 (a)(1)(A) was separated and the verbiage "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" was added. Title XVIII of the Social Security Act, §1862 (a)(6) was separated and the verbiage " items and services which constitute personal comfort items (except, in the case of hospice care, as is otherwise permitted under paragraph (1)(C))" was added. Title XVIII of the Social Security Act, §1862 (a)(9) was separated and the verbiage " items and services where such expenses are for custodial care (except in the case of hospice care, as is otherwise permitted under paragraph (1)(C))" was added. The verbiage "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 under subsection (d)(1)" was added to the Title XVIII of the Social Security Act, §1812 (a)(4) and (d)(1). The verbiage "drugs and biologicals provided in a hospice program" was added to the Title XVIII of the Social Security Act, §1813 (a)(4)(A)(i). The verbiage "certifying the patient for hospice" was added to the Title XVIII of the Social Security Act, §1814 (a)(7)(A)(i). The title "Medicare General Information, Eligibility, and Entitlement" was added to CMS Internet-Only Manual Pub 100-01, Chapter 1, §10.1. The title "Medicare General Information, Eligibility, and Entitlement" was added to CMS Internet-Only Manual Pub 100-01, Chapter 4, §60. The title "Medicare Benefit Policy Manual" was added to CMS Internet-Only Manual, Pub 100-02, Chapter 9 and sections 20.2 and 40.2 were removed. 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 <b>Sources of Information and Basis for Decision</b> added an initial to an author's name and corrected the order of a reference.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Typographical Error</li> </ul>
06/30/2016	R5		
01/01/2016	R4	Under <b>CMS National Coverage Policy</b> section added CMS Internet-Only Manual, Pub 100-04 Medicare Claims Processing Manual, Change Request 9369, Transmittal 3378 dated October 16, 2015. Under <b>CPT/HCPCS Codes</b> section added HCPCS codes G0299 and G0300.	<ul style="list-style-type: none"> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
10/01/2015	R3		<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Typographical Error</li> </ul>

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2015	R2	<p>Under <b>CMS National Coverage Policy</b> added reference to Pub. 100-02 Chapter 9 for 20.2.1.1, 40.1, 40.1.1, 40.1.2, 40.1.3, 40.1.3.1, 40.1.3.2, 40.1.4, 40.1.5, 40.1.6, 40.1.7, 40.1.8, 40.1.9, 40.2, 40.2.1, 40.2.2, 40.2.3, 40.2.4, 40.3, 40.4, 40.4.1, 40.4.1.1, 40.4.2, 40.4.2.1, &amp; 40.5. Under <b>Coverage Indications, Limitations, and /or Medical Necessity</b> made a few grammatical and punctuation corrections.</p> <p>Under <b>ICD-10 Codes that Support Medical Necessity</b> added the paragraph "While there are no specific ICD-10-CM codes for neurological conditions, the ICD-10-CM code describing the most relevant illness, disorder, or injury contributing to the prognosis of six months or less should be coded". Under <b>Associated Information</b> made corrections to spacing and punctuation.</p> <p>Under <b>Sources of Information and Basis for Decision</b> corrected all sources to AMA formatting and added citation for Espinoza and Walston's article "Frailty in older adults: insights and interventions".</p> <p>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.</p> <p>Under CMS <b>National Coverage Policy</b> In the Title XVIII's removed "the term 'hospice care' means the services provided to a hospice patient;"</p> <p>"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;"</p> <p>"Items and services which constitute personal comfort items (except, in the case of hospice care, as it otherwise permitted under paragraph;"</p> <p>"items and services where such expenses are for custodial care (except in the case of hospice care, as is otherwise permitted under paragraph;"</p> <p>"in lieu of certain other benefits, hospice care with respect to the individual during up to two periods of 90 days each with an unlimited number of subsequent periods of 60 days each with respect to which the individual makes an election under subsection;"</p> <p>"drugs and biologicals provided in a hospice program;" and "certifying the patient for hospice." In the 42 CFR, removed "and the conditions that a hospice program must meet in order to participate in the Medicare program." Removed "Medicare General Information, Eligibility, and Entitlement Manual."</p> <p>Under <b>Coverage Indications, Limitations and/or Medical Necessity</b> removed "Health status mediates the much studied relationship between ICD-9-CM diagnosis and care outcomes."</p> <p>Made grammatical and punctuation corrections throughout policy.</p>	<ul style="list-style-type: none"> <li>• Other (Annual Validation)</li> <li>• Other (Bill type and revenue code removal)</li> </ul>
10/01/2015	R1	<p>Under <b>Coverage Indications, Limitations and/or Medical Necessity</b> removed "Health status mediates the much studied relationship between ICD-9-CM diagnosis and care outcomes."</p> <p>Made grammatical and punctuation corrections throughout policy.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Other (Maintenance - Annual Validation)</li> </ul>

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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 05/18/2018 with effective dates 05/24/2018 - N/A [Updated on 12/02/2016 with effective dates 01/01/2017 - 05/23/2018](#) Some older versions have been archived. Please visit the [MCD Archive Site](#) to retrieve them. [Back to Top](#)

# Keywords

- Hospice
- Neurological Conditions

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