

Local Coverage Determination (LCD): HOSPICE Cardiopulmonary Conditions (L34548)

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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 L34548	Original Effective Date For services performed on or after 10/01/2015
Original ICD-9 LCD ID L31540	Revision Effective Date For services performed on or after 05/24/2018
LCD Title HOSPICE Cardiopulmonary Conditions	Revision Ending Date N/A
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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, §§1812(a)(4), 1813(a)(4), 1814(a)(7) and (i), 1862(a)(1)(A), (6) and (9), 1861(dd)

42 CFR Chapter IV, 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 and 80

CMS Internet-Only Manual, Pub. 100-01, Medicare General Information, Eligibility, and Entitlement Manual, Chapter 5, §§60, 60.1 and 60.2

CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 9, §§10, 20.1, 30, 40, 50, 60, 70 and 80

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 10, §40.2

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

Federal Register, Volume 70, No. 224, dated Tuesday, November 22, 2005, page 70537

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Cardiopulmonary 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 measures of functioning, physical illness, and mental wellbeing, as well as, 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 cardiopulmonary conditions and thus promote the over-all goal of the appropriate care for every person, every time.

Cardiopulmonary 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 6 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 cardiopulmonary conditions is suggested, but not required.

The health status changes associated with cardiopulmonary conditions can be characterized using categories contained in the ICF. The ICF contains domains (e.g., structures of cardiovascular and respiratory systems, functions of the cardiovascular and respiratory system, 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, 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 cardiopulmonary conditions, examples of secondary conditions could include delirium, pneumonia, stasis ulcers and pressure ulcers. Comorbid conditions affecting beneficiaries with cardiopulmonary conditions are, by definition, distinct from the primary condition itself. An example of a comorbid condition would be End Stage Renal Disease (ESRD).

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:

Cardiopulmonary 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 cardiopulmonary conditions results from the presence of impairments in such body functions as heart/respiratory rate and rhythm, contraction force of ventricular muscles, blood supply to the heart, sleep functions, and depth of respiration. These impairments contribute to the increased incidence of secondary conditions such as delirium, pneumonia, stasis ulcers and pressure ulcers observed in Medicare beneficiaries with cardiopulmonary conditions. Secondary conditions themselves may be associated with a new set of structural/functional impairments that may or may not respond/be amenable to treatment.

Ultimately, in order to support a hospice plan of care, the combined effects of the primary cardiopulmonary 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 cardiopulmonary condition and ESRD could have specific ESRD-related impairments of water, mineral and electrolyte balance functions coexisting with the cardiopulmonary impairments associated with the primary cardiopulmonary condition (e.g., Aortic Stenosis, Chronic Obstructive Pulmonary Disease, or Heart Failure).

Ultimately, in order to support a hospice plan of care, the combined effects of the primary cardiopulmonary 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 and activity limitations facilitate the selection of the most appropriate intervention strategies (palliative/hospice versus 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 end stage cardiopulmonary 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

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. Recertification for hospice care requires that the same standards be met as for the initial certification.

Documentation should be legible and made available to the A/B MAC upon request.

Sources of Information

N/A

Bibliography

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Del Fabbro E, Dalal S, Bruera E. Symptom control in palliative care-part III: Dyspnea and delirium. *J Palliat Med.* 2006;9(2):422-36.

International classification of functioning, disability and health: ICF. Geneva: World Health Organization, 2001.

Rich MW. Heart failure in older adults. *Med Clin North Amer.* 2006;90(5):863-865.

Stuart B. Palliative care and hospice in advanced heart failure. *J Palliat Med.* 2007;10(1):210-228.

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
05/24/2018	R7	Under Associated Information in the first sentence added the verbiage "Local Coverage Determination" in front of the acronym "LCD". Under Sources of Information , revisions were made to reflect AMA citation guidelines. <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"> Risk Identified by a Zone Program Integrity Contractor (ZPIC)
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.	<ul style="list-style-type: none"> Provider Education/Guidance Revisions Due To CPT/HCPCS Code Changes
06/03/2016	R5	Under CMS National Coverage Policy Change Request 9369, Transmittal 3378 was deleted as this was manualized and is now found in the following manual citations: CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 10, §40.2 and CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 11, §§30.2, 30.2.2, 30.3. Under Coverage Indications, Limitations and/or Medical Necessity added "and" before mental wellbeing to the first paragraph verbiage. Under Associated Information-Documentation Requirements bolded and italicized Coverage Indications, Limitations and/or Medical Necessity , added an "A" initial to author's name and corrected punctuation.	<ul style="list-style-type: none"> Provider Education/Guidance Typographical Error

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
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.	<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes
10/01/2015	R3	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. Under Coverage Indications, Limitations and/or Medical Necessity in the first paragraph, third sentence add "measures of functioning, physical illness, mental wellbeing, as well as," to clarify health status, and changed the word "right" to appropriate in the last sentence.	<ul style="list-style-type: none"> Other (Bill type and/or revenue code removal)
10/01/2015	R2	Under ICD-10 Codes that support Medical Necessity added the statement "While there are no specific ICD-10-CM codes for end stage cardiopulmonary 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 Associated Information corrected the sentence "...Indications and Limitations of Coverage..." To read "...Coverage Indications, Limitations and/or Medical Necessity...". Under Sources of Information and Basis for Decision corrected all sources to AMA formatting.	<ul style="list-style-type: none"> Provider Education/Guidance Other (Annual Validation)
10/01/2015	R1	Under CMS National Coverage Policy added Hospice Care to 42 CFR Chapter IV, Part 41. Under Coverage Indications, Limitations and /or Medical Necessity removed "Health status mediates the much studied relationship between ICD-9-CM diagnosis and care outcomes."	<ul style="list-style-type: none"> Other (Maintenance (Annual Review))

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[Associated Documents](#)

Attachments N/A

Related Local Coverage Documents Article(s) [A53054 - Going Beyond Diagnosis®: Hospice Cardiopulmonary Conditions](#) [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
- Cardiopulmonary Conditions

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