

Local Coverage Determination (LCD): HOSPICE - Renal Care (L34559)

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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

[Back to Top](#)

LCD Information

Document Information

LCD ID L34559	Original Effective Date For services performed on or after 10/01/2015
Original ICD-9 LCD ID L31538	Revision Effective Date For services performed on or after 05/04/2017
LCD Title HOSPICE - Renal Care	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).

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 100-01, Medicare General Information, Eligibility, and Entitlement Manual, Ch 5, §§60, 60.1 and 60.2

CMS Internet-Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 9, §§10, 20.1, 20.2.1, 40, and 80

CMS Internet-Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 11, §40

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

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

End stage renal disease (ESRD) may support a prognosis of six months or less under many clinical scenarios. The identification of specific structural/functional impairments, together with any relevant activity limitations, should serve as the basis for palliative interventions and care planning. The structural and functional impairments associated with a primary diagnosis of ESRD are often complicated by comorbid and/or secondary conditions. Comorbid conditions affecting beneficiaries with ESRD are by definition distinct from the ESRD itself- examples include vascular disease manifested as coronary heart disease (CHD), peripheral vascular disease (PVD), and vascular dementia. Secondary conditions, on the other hand, are directly related to a primary condition. In the case of ESRD, examples include secondary hyperparathyroidism, calciphylaxis, nephrogenic systemic fibrosis, electrolyte abnormalities and anorexia. The important roles of comorbid and secondary conditions are described below in order to facilitate their recognition and assist providers in documenting their impact. Use of the *International Classification of Functioning, Disability and Health (ICF)* is suggested, but not required.

Medicare rules and regulations 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. For beneficiaries with ESRD the identification of relevant comorbid and secondary 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:

ESRD 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 - related to the secondary condition. The occurrence of secondary conditions in beneficiaries with ESRD is facilitated by the presence of impairments in such body functions as urinary excretory function, water, mineral and electrolyte function, and endocrine gland functions. Such functional impairments contribute to the increased incidence of secondary conditions such as hyperkalemia, fluid overload, and secondary hyperparathyroidism observed in Medicare beneficiaries with ESRD. 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, the combined effects of the ESRD and any secondary condition should be such that most beneficiaries with ESRD and similar 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 - related to the comorbid condition. For example, a beneficiary with ESRD and clinically significant CHD would have specific impairments of cardiovascular structure/function (e.g., narrowing of coronary arteries, dyspnea, orthopnea, chest pain) which may or may not respond/be amenable to treatment. The identified impairments in cardiovascular structure/function may be associated with activity limitations (e.g., mobility, self-care). Ultimately, the combined effects of the ESRD and any comorbid condition should be such that most beneficiaries with ESRD and similar impairments would have a prognosis of six months or less.

The documentation of structural/functional impairments and activity limitations facilitates the selection of intervention strategies (palliative vs. long-term disease management/curative) and provides 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.

[Back to Top](#)

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
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
N17.0	Acute kidney failure with tubular necrosis
N17.1	Acute kidney failure with acute cortical necrosis
N17.2	Acute kidney failure with medullary necrosis
N17.8	Other acute kidney failure
N17.9	Acute kidney failure, unspecified
N18.6	End stage renal disease
N19	Unspecified kidney failure

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 must be legible, relevant and sufficient to justify the services billed. This documentation must be made available to the A/B MAC upon request.
2. The documentation in the hospice patient's medical record should contain sufficient "clinical" information to support the certification or the individual as having a terminal illness with a life expectancy of 6 or fewer months, if the illness runs its normal course.
3. For beneficiaries with ESRD, the identification of relevant comorbid and secondary 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.
4. Recertification for hospice care requires that the same standards be met as for initial certification.

Sources of Information and Basis for Decision

Murray AM, Arko C, Chen SC, Gilbertson DT, Moss AH. Use of Hospice in the United States Dialysis Population. *Clin J Am Soc Nephrol.* 2006;1(6):1248-1255.

Daram SR, Cortese CM, Bastani B. Nephrogenic fibrosing dermopathy/nephrogenic systemic fibrosis: Report of a new case with literature review. *Amer Jour of Kidney Dis.*2005;46(4):754-759.

Himmelfarb J. Core Curriculum in Nephrology: Hemodialysis Complications. *Amer Jour of Kidney Dis.* 2005;45(6):1122-1131.

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

Moss AH, Holley JL, Davison SN, et al. Core Curriculum in Nephrology: Palliative Care. *Amer Jour of Kidney Dis.* 2004;43(1):172-185.

Wiggins J. Core Curriculum in Nephrology: Geriatrics. *Amer Jour of Kidney Dis.* 2005;46(1):147-158. [Back to Top](#)

Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
05/04/2017	R8	Under CMS National Coverage Policy added the citation "CMS Internet-Only Manual, Pub100-01, Medicare General Information, Eligibility, and Entitlement Manual, Ch 5, §§60, 60.1 and 60.2".	<ul style="list-style-type: none"> • Provider Education/Guidance
01/01/2017	R7	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
05/12/2016	R6		<ul style="list-style-type: none"> • Provider Education/Guidance • Typographical Error • Other (Formatting changes)

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
01/01/2016	R5	<p>Under CMS National Coverage Policy added "is" to Title XVIII of the Social Security Act, §1862 (a)(6). The verbiage "with an" was deleted and revised to read "and" for Title XVIII of the Social Security Act, §1812 (a)(4). Section 20.2 was deleted from the following cited reference: CMS Internet –Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 9. 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.</p> <p>Under Sources of Information and Basis for Decision added author's initial to the first cited reference, corrected the volume number for the last cited reference, and corrected capitalization for numerous journal titles.</p> <p>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.</p>	<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes
10/01/2015	R4	<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>	<ul style="list-style-type: none"> Other (Bill type and/or revenue code removal)
10/01/2015	R3	<p>Under CMS National Coverage Policy added reference to CMS Internet-Only Manual 100-02, Medicare benefit policy Manual, Chapter 11, Section 40.</p> <p>Under Sources of Information and Basis for Decision corrected all sources to AMA formatting.</p>	<ul style="list-style-type: none"> Provider Education/Guidance Other (Annual Validation)
10/01/2015	R2	<p>Under CMS National Coverage Policy in the Title XVIII's added "the term 'hospice care' means the services provided to a hospice patient"; "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"; "items and services which constitute personal comfort items (except, in the case of hospice care, as it otherwise permitted under paragraph"; "items and services where such expenses are for custodial care (except in the case of hospice care, as is otherwise permitted under paragraph"; "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"; "drugs and biologicals provided in a hospice program"; and "certifying the patient for hospice." Added "Medicare General Information, Eligibility, and Entitlement Manual" to CMS Internet-Only Manual Pub 100-01. Added "Medicare Benefit Policy Manual" to CMS Internet-Only Manual Pub 100-02.</p>	<ul style="list-style-type: none"> Other (Previous inadvertent removal of information)
10/01/2015	R1		<ul style="list-style-type: none"> Provider Education/Guidance Other (Maintenance Annual Validation)

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
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Under **CMS National Coverage Policy** in the Title XVIII's removed "the term 'hospice care' means the services provided to a hospice patient"; "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"; "items and services which constitute personal comfort items (except, in the case of hospice care, as it otherwise permitted under paragraph"; "items and services where such expenses are for custodial care (except in the case of hospice care, as is otherwise permitted under paragraph"; "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"; "drugs and biologicals provided in a hospice program"; and "certifying the patient for hospice." Under same section, added Hospice Care to 42 CFR, Part 418.

Removed "Medicare General Information, Eligibility, and Entitlement Manual" and "Medicare Benefit Policy Manual". Under **Sources of Information and Basis for Decision** updated references to follow AMA format. Made grammatical and punctuation corrections throughout policy.

[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 04/28/2017 with effective dates 05/04/2017 - N/A Some older versions have been archived. Please visit the [MCD Archive Site](#) to retrieve them. [Back to Top](#)

Keywords

- Hospice Renal Care
- Hospice
- Renal Care
- Renal

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