

Generations Hospice

Service Corporation

Medicare LCD for Hospice: Heart Disease

INDICATIONS AND LIMITATIONS OF COVERAGE 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 intermediary 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. Skillful palliation in patients with end stage heart disease, including judicious use of diuretics and vasodilators, particularly angiotensin-converting enzyme (ACE) inhibitors, may promote survival for long periods with extremely severe symptoms. Conversely, some patients with advanced coronary disease may die suddenly and unexpectedly from acute ventricular arrhythmias. 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.

The medical criteria listed below would support a terminal prognosis for individuals with a diagnosis of heart disease. Medical criteria 1 and 2 are important indications of the severity of heart disease and would thus support a terminal prognosis if met:

1. At the time of initial certification or re-certification for hospice
 - a. Patient is already optimally treated with diuretics and vasodilators, which may include angiotensin-converting enzymes (ACE) inhibitors or the combination of hydralazine and nitrates. If side effects, such as hypotension or hyperkalemia, prohibit the use of ACE inhibitors or the combination of hydralazine and nitrates, this must be documented in the medical records OR
 - b. Patients having angina pectoris, at rest, resistant to standard nitrate therapy and are either not candidates or decline invasive procedures.
2. The patient has significant symptoms of recurrent congestive heart failure (CHF) at rest, and is classified as a New York Heart Association (NYHA) Class IV:
 - a. Unable to carry on any physical activity without symptoms
 - b. Symptoms are present even at rest
 - c. If any physical activity is undertaken, symptoms are increased
3. Documentation of the following factors may provide additional support for end stage heart disease:
 - a. Treatment resistant symptomatic supraventricular or ventricular arrhythmias
 - b. History of cardiac arrest or resuscitation
 - c. History of unexplained syncope
 - d. Brain embolism of cardiac origin
 - e. Concomitant HIV disease
 - f. Documentation of ejection fraction of 20% or less



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February is American Heart Month



Heart Disease is the Number One Cause of Death

Heart disease is the leading cause of death in the United States and is a major cause of disability. The most common heart disease in the United States is coronary heart disease, which often appears as a heart attack. In 2008, an estimated 770,000 Americans will have a new coronary attack, and about 430,000 will have a recurrent attack. About every 26 seconds, an American will have a coronary event, and about one every minute will die from one.

The chance of developing coronary heart disease can be reduced by taking steps to prevent and control factors that put people at greater risk. Additionally, knowing the signs and symptoms of heart attack are crucial to the most positive outcomes after having a heart attack. People who have survived a heart attack can also work to reduce their risk of another heart attack or a stroke in the future.

Diseases and Conditions That Put Your Heart at Risk

Other conditions that affect your heart or increase your risk of death or disability include arrhythmia, heart failure, and peripheral artery disease (PAD). High cholesterol, high blood pressure, obesity, diabetes, tobacco, and secondhand smoke are also risk factors associated with heart disease.

Know Your Signs and Symptoms

Some heart attacks are sudden and intense; however, most heart attacks start slowly, with mild pain or discomfort. Often people affected aren't sure what's wrong and wait too long before getting help. Here are signs that can mean a heart attack is happening:

- Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness, or pain.
- Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw, or stomach.
- Shortness of breath. May occur with or without chest discomfort.
- Other signs: These may include breaking out in a cold sweat, nausea, or lightheadedness.

The American Heart Association and the National Heart, Lung, and Blood Institute have launched a new "Act in Time" campaign to increase people's awareness of heart attack and the importance of calling 9-1-1 immediately at the onset of heart attack symptoms.

Healthy Lifestyle: Diet and Nutrition, Exercise and Fitness

A healthy diet and lifestyle are the best weapons you have to fight heart disease. Many people make it harder than it is. It is important to remember that it is the overall pattern of the choices you make that counts. As you make daily food choices, base your eating pattern on these American Heart Association recommendations:*

- Choose lean meats and poultry without skin and prepare them without added saturated and trans fat.
- Select fat-free, 1% fat, and low-fat dairy products.
- Cut back on foods containing partially hydrogenated vegetable oils to reduce trans fat in your diet.
- Cut back on foods high in dietary cholesterol. Aim to eat less than 300 mg of cholesterol each day.
- Cut back on beverages and foods with added sugars.
- Choose and prepare foods with little or no salt. Aim to eat less than 2,300 mg of sodium per day (or less than 1,500 mg if you are in a higher risk group for high blood pressure).
- If you drink alcohol, drink in moderation. That means no more than one drink per day if you're a woman and two drinks per day if you're a man.
- Follow the American Heart Association recommendations when you eat out, and keep an eye on your portion sizes.

Physical activity in your daily life is an important step to preventing heart disease. You can take a few simple steps at home, at work, and at play to increase the amount of physical activity in your life.