



Pulmonary Disease

If you have a patient who has Pulmonary Disease, they may be eligible for hospice care.

Only one in three people in the United States eligible for hospice care receive it – even though hospice is covered by Medicare and most Medicaid and commercial insurance plans for eligible patients. This even includes coverage for medications, equipment and supplies related to comfort care for the life-limiting illness.

Why aren't more people taking advantage of the benefit? Largely because people don't understand all that hospice can offer – or because they are not aware of the many diagnoses that can qualify a patient for hospice. If you have a patient with Pulmonary Disease that meets the following criteria, they may be eligible for hospice services:

THE PATIENT MUST MEET CRITERIA IN 1, 2, and 3

1. The patient has all of the following:
 - Disabling dyspnea at rest
 - Little or no response to bronchodilators
 - Decreased functional capacity (e.g. bed to chair existence, fatigue and cough)

Note: A serial decrease of FEV1 > 40 ml/yr is objective evidence for disease progression but is not required

AND

2. Progression of disease as evidenced by a recent history of increasing physician office, home, or emergency visits and/or hospitalizations for pulmonary infection and/or respiratory failure.

AND

3. Documentation within the past 3 months of one or more of the following:
 - Hypoxemia at rest on room air ($pO_2 < 55$ mmHg by ABG) or oxygen saturation < 88%
 - Hypercapnia evidenced by $pCO_2 > 50$ mmHg

SUPPORTING DOCUMENTATION INCLUDES:

- Cor pulmonale and right heart failure secondary to pulmonary disease (e.g. not secondary to the left heart disease or valvulopathy)
- Unintentional progressive weight loss > 10% of body weight over the preceding six months
- Resting tachycardia > 100 bpm

In the absence of one or more of these findings, rapid decline or co-morbidities may also support eligibility for hospice care. Patients are eligible for hospice care if in the physician's clinical judgment they have a life expectancy of six months or less if the disease runs its normal course. These determinants are to be used as guidelines and do not take the place of a physician's clinical judgment.

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