



DIAGNOSIS: PULMONARY

MEDICARE EVALUATION TOOL | MEDICARE GUIDELINES

The patient listed or the patient's loved ones have expressed interest in Yolo Hospice's services. Please return this form *by fax ONLY* to: 530-758-9017.

From: _____ Phone: _____

Patient Name: _____ Date: _____

PATIENT INFORMATION

Medicare requires documentation of need for hospice through prognostic data. Please supply that below:

DOCUMENTATION

Both 1 and 2 below should be present. Factors from 3 help support the prognosis.

1. Severe chronic lung disease as documented by both a and b:
 - a. Disabling dyspnea at rest, poor or unresponsive to bronchodilators, resulting in decreased functional capacity (e.g., bed-to-chair existence, fatigue, and cough.)
Documentation of FEV1, after bronchodilator, less than 30% of predicted is objective evidence for disabling dyspnea, but is not required.
 - b. Progression of end stage pulmonary disease, as evidenced by increasing ER visits *or* hospitalizations for pulmonary infections *and/or* respiratory failure *or* increased physician home visits prior to initial certification.
Documentation of serial decrease of FEV1 > 40ml a year is objective evidence of disease progression, but is not required
2. Hypoxemia at rest on room air, as evidenced by $pO_2 \leq 55\text{mmHg}$; or O_2 saturation $\leq 88\%$, determined either by arterial blood gases or oxygen saturation monitors or hypercapnia as evidenced by $pCO_2 \geq 50\text{mmHg}$, 50mmHg
This information may be obtained from recent (within 3 months) hospital records.

SUPPORTING DATA

3. The following factors also lend support to a terminal diagnosis of pulmonary disease. Document them if they are present.
 - Right heart failure (RHF) secondary to pulmonary disease (cor pulmonale)
 - Unintentional progressive weight loss of greater than 10% of body weight over the preceding six months.
 - Resting tachycardia > 100/min.

Based on the information indicated above, the above named patient has a medical prognosis that life expectancy is six (6) months or less, if the terminal illness runs its normal course.

Physician Signature

Date