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 pO2≤55mmHg; or 02 saturation≤88%, determined either by arterial blood gases or oxygen saturation monitors or hypercapnia as evidenced by pCO2≥50mmHg,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.
   a. □ Right heart failure (RHF) secondary to pulmonary disease (cor pulmonale)
   b. □ Unintentional progressive weight loss of greater than 10% of body weight over the preceding six months.
   c. □ 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

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