

**Hospice of Marion County  
Guideline for Determining Terminal Prognosis – HIV Disease - Initial**

The following criteria will support a prognosis of six months or less if the terminal illness runs its normal course for patients with **HIV Disease** on initial certification

**Non-disease specific baseline guidelines: (both 1 and 2 should be met)**

- 1) **Physiologic impairment of function status:** See *Disease Specific Guideline #2 below*
- 2) **Dependence** on assistance for **2 or more** activities of daily living (ADLs):
 

<input type="checkbox"/> Feeding	<input type="checkbox"/> Ambulation	<input type="checkbox"/> Continence
<input type="checkbox"/> Transfer	<input type="checkbox"/> Bathing	<input type="checkbox"/> Dressing

**PLUS**

**Disease Specific Guidelines:**

Guidelines **1 and 2** should<sup>1</sup> be present:

- 1)  **CD4+ Count < 25 cells/mcl**  

**or**

 **Persistent** (2 or more assays at least one month apart) **viral load > 100,000 copies/ml**  
**Plus one (1) of the following:**
  - CNS lymphoma**
  - Untreated, **or** persistent despite treatment, **wasting** (loss of at least 10% lean body mass)
  - Mycobacterium avium complex (**MAC**) **bacteremia**, untreated, unresponsive to treatment, **or** treatment refused
  - Progressive **multifocal leukoencephalopathy**
  - Systemic lymphoma**, with advanced HIV disease **and** **partial response to chemotherapy**
  - Visceral Kaposi's sarcoma unresponsive** to therapy
  - Renal failure in absence of dialysis**
  - Cryptosporidium infection**
  - Toxoplasmosis, unresponsive**
- 2) Decreased performance status, as measured by the **Karnofsky Performance Status (KPS) Scale**, of **≤ 50%**
- 3) Documentation of the following factors **will support** (but is **not required**) eligibility for hospice care:
  - Chronic **persistent diarrhea** for **one year**
  - Persistent serum albumin <2.5 gm/dl**
  - Concomitant, **active substance abuse**
  - Age > 50 years**
  - Absence of, or resistance to effective antiretroviral, chemotherapeutic and prophylactic drug therapy** related specifically to HIV disease
  - Advanced AIDS dementia complex**
  - Congestive heart failure (CHF), symptomatic at rest**
  - Advanced liver disease**

**Comorbidities:** A diagnosis that is **not** the primary hospice diagnosis nor related to the primary hospice diagnosis, but the presence and severity of such disease is likely to contribute to a life expectancy of 6 months or less. Such diseases are **not** related to the hospice diagnosis and do **not** therefore imply financial responsibility under the hospice benefit.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Chronic obstructive pulmonary disease (COPD)     | <input type="checkbox"/> Diabetes Mellitus      | <input type="checkbox"/> Renal failure |
| <input type="checkbox"/> Congestive heart failure (CHF)                   | <input type="checkbox"/> Liver disease          | <input type="checkbox"/> Neoplasia     |
| <input type="checkbox"/> Neurological disease (CVA, ALS, MS, Parkinson's) | <input type="checkbox"/> Ischemic heart disease | <input type="checkbox"/> Dementia      |

These determinants and indicators reflect the criteria sets established by the NHPCO Clinical Indicators (1996) and CAHABA (7/31/03) and are endorsed by Hospice of Marion County.

<sup>1</sup> The word "should" in the disease specific guidelines means that on medical review the guideline so identified will be given great weight in making coverage determination but does not mean, however, that meeting the guideline is obligatory.