Part I: Clinical Indicators: 1 and 2 should be present.
3 will add supporting documentation.
1. At the time of the initial certification or recertification for hospice, the patient is or has been already optimally treated for heart disease or is not a candidate for a surgical procedure or has declined a procedure. (Optimally treated means that patients who are not on vasodilators have a medical reason for refusing these drugs, e.g., hypotension or renal disease).

2. Classified as New York Heart Association (NYHA) Class IV and may have significant symptoms of heart failure or angina at rest. (Class IV patients with heart disease have an inability to carry on any physical activity without discomfort. Symptoms of heart failure or of the angina syndrome may be present even at rest. If documented by an ejection fraction of ≤20%, but is not required if not already available.

3. Documentation of the following factors will support but is not required to establish eligibility for hospice care:
   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

Part II. Non-disease specific baseline guidelines
• Hospital readmission with the same admitting diagnosis, 3 hospital admissions within 60 days or readmission within 72 hours of hospital discharge.
• Physiologic impairment of functional status as demonstrated by: Karnofsky Performance Status (KPS) or Palliative Performance Score (PCS) <70
• Dependence on assistance for two or more activities of daily living (ADLs)
• Progressive Stage 3-4 pressure ulcers in spite of optimal care

Part III. Co-morbidities
Although not the primary hospice diagnosis, the presence of co-morbidities, the severity of which is likely to contribute to a life expectancy of six months or less, should be considered in determining hospice eligibility.