

Notes/Questions:

This form goes under the Hospice Menu

(Effective Date)

11/29/2012

(Form Title- Between Logo and Button):

(Centered)

LCD ID #L31541 (Adult Failure to Thrive Syndrome)

(Medicare Statement:)

(Left Justified)

Medicare will consider adult failure to thrive syndrome medically reasonable and when the following conditions are met:

(Indications – Blue Box header)

Indications for Adult Failure to Thrive Syndrome: *(Please check all that apply)*

(Checkbox- All must be checked)

- ☐ The adult failure to thrive syndrome (capitalize initial letters of each word) is characterized by:

(Checkbox – must be checked)

- ☐ Disability.

AND

(Checkbox – at Least one Checkbox)

- ☐ Unexplained weight loss
☐ Malnutrition

AND

- ☐ Thee nutritional impairment and disability associated with the adult failure to thrive syndrome is severe enough to impact on the patient's short term survival.

AND

- ☐ The adult failure to thrive syndrome manifests as an irreversible progression in the patient's nutritional impairment/disability despite a trial of therapy (i.e., treatment intended to effect the primary condition responsible for the patient's clinical presentation).

(Checkbox – All must be Checked)

- ☐ The presence of comorbid conditions may hasten the patient's clinical progression and as such should be identified and addressed.
☐ This hospice policy addresses these cases where reversible causes of severe nutritional impairment and disability (i.e., the adult failure to thrive syndrome) have been canceled.

(Informational Red Bordered Yellow box – Not Printed On Report)

The Medicare Hospice Benefit is predicated upon physician-certification that an individual entitled to Part A of Medicare is terminally ill.

- ☐ An individual is considered to be terminally ill if the individual has a medical prognosis that his or her life expectancy is six months or less if the illness runs its normal course.³
☐ The medical criteria listed below would support a terminal prognosis for individuals with the adult failure to thrive syndrome.
☐ Medical criteria of weight loss, malnutrition, disability and presence of comorbid conditions are important indicators of nutritional and functional status respectively, and would thus support a terminal prognosis if met.

(End Yellow)

AND

- ☐ The nutritional impairment associated with the adult failure to thrive syndrome is severe enough to impact on a beneficiary's weight.

(Informational Red Bordered Yellow Box – Not Printed On Report)

$BMI (kg/m^2) = 703 \times (\text{weight in pounds}) \text{ divided by } (\text{height in inches})^2$

(End Yellow)

(Checkbox- All must be Checked)

Figure 1

- ☐ It is expected that the Body Mass Index (BMI) of beneficiaries electing the Medicare Hospice Benefit for the adult failure to thrive syndrome will be below 22 kg/m²
- ☐ The patient is either declining enteral/parenteral nutritional support or has not responded to such nutritional support, despite an adequate caloric intake.

AND

- ☐ The disability associated with the adult failure to thrive syndrome is such that the individual is significantly disabled as demonstrated by a Karnofsky or Palliative Performance Scale value less than or equal to 40. 4

(Checkbox - Not required to be Checked)

- ☐ Both the beneficiary's BMI and level of disability were determined using measurements/observations made within six months (180 days) of the most recent certification/recertification date.

(Informational Red Bordered Yellow box - Not Printed On Report)

If enteral nutritional support has been instituted prior to the election of the Hospice Medicare Benefit and will be continued, the BMI and level of disability should be determined using measurements/observations made at the time of the initial certification and at each subsequent recertification,

(End Yellow)

(Checkbox - Not required to be Checked)

- ☐ At the time of recertification recumbent measurement(s) (anthropometry) such as mid-arm muscle area in cm² was substituted for BMI with documentation as to why a BMI could not be measured.

(Informational Red Bordered Yellow box - Not Printed On Report)

(End Yellow)

(Informational Red Bordered Yellow box - Not Printed On Report)

In the event a beneficiary presenting with a nutritional impairment and disability does not meet the medical criteria listed above, but is still thought to be eligible for the Medicare Hospice Benefit, an alternate diagnosis that best describes the clinical circumstances of the individual beneficiary should be selected (e.g. 783.21 "abnormal loss of weight" and 799.4

"Cachexia").

(End Yellow)

Bill Type Codes - Blue box header

Bill Type Codes: *(Please check all that apply)*

(Informational Red Bordered Yellow box - Not Printed On Report)

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

(End Yellow)

(Radio Button - One Must Be Checked)

- ☐ 81x - Hospice (non-Hospital based)

- ☐ 82x - Hospice (hospital based)

(Title - Underlined)

Revenue Codes:

(Informational Red Bordered Yellow box - Not Printed On Report)

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

(End Yellow)

(Checkbox - At least one checked)

- ☐ 651 - Hospice Service - Routine Home Care.
- ☐ 652 - Hospice Service - Continuous Home Care.
- ☐ 655 - Hospice Service - Inpatient Respite Care.
- ☐ 656 - Hospice Service - General Inpatient Care Non-Respite.
- ☐ 657 - Hospice Service - Physician Services.

(ICD - Codes - Blue box header)

Figure 1 (continued)

(Effective date)
11/29/2012

(Form Title -- Between Logo and Buttons):
(Centered)

LCD ID #L31541 (Adult Failure to Thrive Syndrome)

(Medicare Statement):
(Left Justified)

Medicare will consider adult failure to thrive syndrome medically reasonable and necessary when the following conditions are met:

(Indications -- Blue box checked)

(Indications for Adult Failure to Thrive Syndrome: *(Please check all that apply)*)

(Checkbox- All must be checked)

- ☐ The adult failure to thrive syndrome (capitalize initial letters of each word) is characterized by:
(Checkbox - Must be Checked)

☐ Disability.

AND

(At least one Checked)

☐ Unexplained weight loss

☐ Malnutrition

AND.

- ☐ The nutritional impairment and disability associated with the adult failure to thrive syndrome is severe enough to impact on the patient's short-term survival.

AND

- ☐ The adult failure to thrive syndrome manifests as an irreversible progression in the patient's nutritional impairment/disability despite a trial of therapy (i.e., treatment intended to effect the primary condition responsible for the patient's clinical presentation).
(Checkbox -- All must be checked)
- ☐ The presence of comorbid conditions may hasten the patient's clinical progression and as such should be identified and addressed.
- ☐ This hospice policy addresses those cases where reversible causes of severe nutritional impairment and disability (i.e., the adult failure to thrive syndrome) have been excluded.

(Informational Red Bordered Yellow box- Not Printed On Report)

The Medicare Hospice Benefit is predicated upon physician-certification that an individual entitled to Part A of Medicare is terminally ill.

- ☐ An individual is considered to be terminally ill if the individual has a medical prognosis that his or her life expectancy is six months or less if the terminal illness runs its normal course.
- ☐ The medical criteria listed below would support a terminal prognosis for individuals with the adult failure to thrive syndrome.
- ☐ Medical criteria of weight loss, malnutrition, disability and presence of comorbid conditions are important indicators of nutritional and functional status respectively, and would thus support a terminal prognosis if met.

(End Yellow)

AND

- ☐ The nutritional impairment associated with the adult failure to thrive syndrome is severe enough to impact on a beneficiary's weight.

(Informational Red Bordered Yellow box -- Not Printed On Report)

$BMI (kg/m^2) = 703 \times (\text{weight in pounds}) \text{ divided by } (\text{height in inches})^2$

(End Yellow)

(Checkbox- All must be Checked)

Figure 2

- ☐ It is expected that the Body Mass Index (BMI) of beneficiaries electing the Medicare Hospice Benefit for the adult failure to thrive syndrome will be below 22 kg/m²
- ☐ The patient is either declining enteral/parenteral nutritional support or has not responded to such nutritional support, despite an adequate caloric intake.

AND

- ☐ The disability associated with the adult failure to thrive syndrome is such that the individual is significantly disabled as demonstrated by a Kamofsky or Palliative Performance Scale value less than or equal to 40%.⁴

(Checkbox - Not required to be Checked)

- ☐ Both the beneficiary's BMI and level of disability were determined using measurements/observations made within six months (180 days) of the most recent certification/recertification date.

(Informational Red Bordered Yellow box- Not Printed On Report)

If enteral nutritional support has been instituted prior to the election of the Hospice Medicare Benefit and will be continued, the BMI and level of disability should be determined using measurements/observations made at the time of the initial certification and at each subsequent recertification.

(End Yellow)

(Checkbox Not Required to be Checked)

- ☐ At the time of recertification recumbent measurement(s) (anthropometry) such as mid-arm muscle area in cm² was substituted for BMI with documentation as to why a BMI could not be measured.

(Informational Red Bordered Yellow box - Not Printed on Report)

This information will be subject to review on a case by case basis.

(End Yellow)

(Informational Red Bordered Yellow box – Not Printed on Report)

In the event a beneficiary presenting with a nutritional impairment and disability does not meet the medical criteria listed above, but is still thought to be eligible for the Medicare Hospice Benefit, an alternate diagnosis that best describes the clinical circumstances of the individual beneficiary should be selected (e.g. 783.21 "abnormal loss of weight" and 799.4 "Cachexia").

(End Yellow)

(Bill Type Codes - Blue box header)

Bill Type Codes: *(Please check all that apply)*

(Informational Red Bordered Yellow box- Not Printed On Report)

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

(End Yellow)

(Radio Button - One Must Be Checked)

- ☐ 081x- Hospice (non-Hospital based)
- ☐ 082x - Hospice (hospital based)

(Title -- Underlined).

Revenue Codes:

(Informational Red Bordered Yellow box- Not Printed On Report)

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

(End Yellow)

(Checkbox- At least one checked)

- ☐ 0651 - Hospice Service - Routine Home Care.
- ☐ 0652- Hospice Service- Continuous Home Care.
- ☐ 0655 -Hospice Service - Inpatient Respite Care.

Figure 2 (continued)

- ☐ 656 -Hospice Service - General Inpatient Care Non-Respite. IZI
- ☐ 0657 -Hospice Service - Physician Services.

(ICD-9 Codes- Blue box header):

ICD-9 Codes that support medical necessity: *(Please select one or more)*

(At least one checked)

- ☐ 783.41-FAILURE TO THRIVE.
- ☐ 783.7- ADULT FAILURE TO THRIVE.
- ☐ 799.3 -DEBILITY UNSPECIFIED.
- ☐ 799.89- OTHER ILL-DEFINED CONDITIONS.
- ☐ 799.9 -OTHER UNKNOWN AND UNSPECIFIED CAUSE OF MORBIDITY OR MORTALITY.

(Documentation - Blue box header):

Documentation Requirements:

(Informational Red Bordered Yellow box – Not Printed On Report)

- ☐ Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to the Intermediary upon request.
- ☐ Documentation certifying terminal status must contain sufficient information to confirm terminal status upon review.
- ☐ Documentation meeting the criteria outlined in the *Indications and Limitations of Coverage and/or Medical Necessity* section of this policy would support this requirement.
- ☐ While data collection instruments such as checklists may facilitate the evaluation of nutritional impairments and disability at the time of certification/recertification, the medical record should substantiate the degree of nutritional impairment/disability noted on such instruments.
- ☐ A current BMI determined using the beneficiary's height and weight measured:
 - ☐ within six months (180 days) of the most recent certification/recertification date for beneficiaries without enteral nutritional support.
 - ☐ at the time of initial certification and at each subsequent recertification for beneficiaries receiving enteral nutritional support.
- ☐ If recumbent anthropometry is substituted for BMI at recertification the rationale should be documented.
- ☐ A current evaluation of the beneficiary's functional status demonstrating a level of disability equivalent to that described by a Karnofsky or Palliative Performance Scale value of less than or equal to 40%, determined:
 - ☐ within a six month period (180 days) from the most recent certification/recertification date for beneficiaries with enteral nutritional support.
 - ☐ at the time of initial certification and at each subsequent recertification for beneficiaries receiving enteral nutritional support.
- ☐

(Treatment Logic - Blue box header - Use Treatment Logic format)

Treatment Logic

(Checkbox must be checked)

- ☐ The following treatment logic is considered:

(Smaller Font - font6)

The syndrome has been associated with multiple primary conditions (e.g., infections and malignancies), but always includes two defining clinical elements, namely nutritional impairment and disability.

(Scientific Basis - Blue box header - Use Scientific Basis format:)

Scientific Basis Of Treatment And Bibliography:

(Checkbox - Must be checked)

- ☐ The treating physician does not consider this procedure experimental and has included the following sources of information as a basis for the treatment decisions that are in the best interest of the patient.

(Smaller Font- font6)

Figure 2 (continued)

Notes/Questions:

This form goes under the Hospice Menu

(Effective date)

11/29/2012

(Form Title - Between Logo and Buttons):

(Centered)

LCD ID #L31541 (Adult Failure to Thrive Syndrome)

-

(Medicare Statement:)

(Left Justified)

Medicare will consider adult failure to thrive syndrome medically reasonable and necessary when the following conditions are met:

(Indications - Blue box header):

Indications for Adult Failure to Thrive Syndrome: (Please check all that apply)

(Checkbox - All must be checked)

* The adult failure to thrive syndrome (capitalize initial letters of each word) is characterized by:

(Checkbox - Must be Checked)

* Disability.

AND

(Checkbox - At least one Checked)

* Unexplained weight loss.

* Malnutrition

AND

Figure 3

- * The nutritional impairment and disability associated with the adult failure to thrive syndrome is severe enough to impact on the patient's short-term survival.

AND

- * The adult failure to thrive syndrome manifests as an irreversible progression in the patient's nutritional impairment/disability despite a trial of therapy (i.e., treatment intended to effect the primary condition responsible for the patient's clinical presentation) *

(Checkbox - All must be Checked)

- * The presence of comorbid conditions may hasten the patient's clinical progression and as such should be identified and addressed.

- * This hospice policy addresses those cases where reversible causes of severe nutritional impairment and disability (i.e., the adult failure to thrive syndrome) have been excluded.

(Informational Red Bordered Yellow box - Not Printed On Report)

The Medicare Hospice Benefit certification is predicated upon physician-certification that an individual entitled to Part A of Medicare is terminally ill.

- * An individual is considered to be terminally ill if the individual has a medical prognosis that this or her life expectancy is six months or less if the terminal illness runs its normal course. 3

- * The medical criteria listed below would support a terminal prognosis for individuals with the adult failure to thrive syndrome.

- * Medical criteria of weight loss, malnutrition, disability and presence of comorbid conditions are important indicators of nutritional and functional status respectively, and would thus support a terminal prognosis if met.

(End Yellow)

AND

- * The nutritional impairment associated with the adult failure to thrive syndrome is severe

Figure 3 (continued)

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#-----
---->
#----->
under the Hospice Menu
#----->
#----->
#----->
#----->
8 heading cannot parse 11/29/2012
***** Error line
#----->
#----->
Between Logo and Buttons):
#----->
#----->
(Adult Failure to Thrive Syndrome)
# $Revision$
#
# $Log$
#
# AAA If this log is bigger than one entry, it is likely that this file
has strayed from its original generation format.
#This version was generated by the form generator on 07/23/2014 22:06:05
based on the specifications provided.
# Form generator version: 1.53 with common core version: 1.5
#

#####
#####
# HEADER
#####
#####
T|Module|ModuleNameOverride|LCD ID #L31541 (Adult Failure to Thrive.
Syndrome)|ModuleTitle|LCD ID #L31541 (Adult Failure to Thrive
Syndrome)|ModuleName|LCD ID #L31541 (Adult Failure to Thrive
Syndrome)|Identifier||FormPost|Disssw
T|HTML|
T|Head|
T|Body|
T|Div|Class|commonPage|EnableCallAtEnd|Yes
T|Form| T|Header
T|Div|Class|examBorder|
T|Menu
T|Div|Class|spacer4Point

#####
#####
# PATIENT
#####
#####
T|Group|GroupName|Patient
T|InputPatientID|GroupName|Patient
T|Div|Class|spacer4Point

#-----> e 18 normal

```

Figure 4

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#----->          E 20  normal:      (Medicare
Statement:)
#----->          e 22  medicare:    (Left Justified)
#----->          e 24  medicare:    Medicare      will
consider adult failure to thrive syndrome medically reasonable and
necessary when the following conditions are met:

#####
#####
# Medicare Statement
#####
#####
      T|Div|Class|spacer4Point
      T|Div|Class|boxFloat
      T|Text|Text|Medicare will consider adult failure to thrive
syndrome medically reasonable and necessary when the following conditions
are met:

      T|Div|Class|spacer4Point
#----->          e 27  normal:
#----->          e 28  normal:      (Indications
Blue box header):
#----->          e 30  to indication:
      Indications for Adult Failure to Thrive Syndrome: (Please check all
that apply)

#####
#####
# indication
#####
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      T|Div|Class|spacer4Point
      T|Div|Class|spacer4Point
      T|Div|Class|widthFull
      T|Div|Class|boxOuterWhiteFullBold
      T|Div|Class|promptBoxBlueBackgroundB1
      T|Div|Class|widthFullBlueBold|
      T|Text|Text|Indications for Adult Failure to Thrive Syndrome:
<i>(Please check all that apply)</i>
      T|Div|Class|spacer4Point
      T|Group|GroupName|glind
#----->          e 32  indication: (Checkbox - All
must be checked)
#----->          e 34  indication: *      The      adult
failure to thrive syndrome (capitalize initial letters of each word) is
characterized by:
      T|Nothing|HTML|indent|0|\\
ParseUnset|SummaryValue|ParseUnset2|DetailValue|ParseUnset3|Segment1|Parse
Unset4|D|splayValue|ParseUnset5|OverrideRadioName|HideChild|1|\\
SummaryFirstPrefix|<u><b>Indications for Adult Failure to Thrive
Syndrome:</b></u><br>Indications for adult failure to thrive syndrome
are: |\\
SummaryMiddlePrefix|, |\\
SummaryLastPrefix| and |\\

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Figure 4 (continued)

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SummaryFirstSuffix||\
SummaryMiddleSuffix||\
SummaryLastSuffix|.|\
DetailFirstPrefix|<u><b>Indications    for    Adult    Failure    to    Thrive
Syndrome:</b></u><br>|\
DetailMiddlePrefix|<br>|\
DetailLastPrefix|<br>|\
DetailFirstSuffix|  |\
DetailMiddleSuffix|  |\
DetailLastSuffix||

        T|InputCheckbox|Segment|s1|Value|The    adult    failure    to
        thrive    syndrome    (capitalize    initial    letters    of    each    word)    is
characterized by: |DisplayValue|The adult failure to thrive syndrome (capitalize
initial letters of each word) is characterized by:
|SummaryValue|the adult failure to thrive syndrome (capitalize
initial letters of each word) is characterized by:

T|SiblingsinSegmentValidation|Segment|s1|ReverseIfSelected|Parent|ParseUn
set| RequiredCount| CheckAll| Yes| ErrorValue| All of the inputs in the
section starting with \"The adult failure to thrive syndrome (capitalize
initial letters of each word) is characterized by:\" must be checked.
#----->          e 37 input:      (Checkbox - Must
be Checked)
#----->          e 39 input:      * Disability.

T|RequiredCountValidation|CheckAll|No|ErrorValue|Something must be
checked under the \"The adult failure to thrive syndrome (capitalize
initial letters of each word) is characterized by\" checkbox. |1\
ParseUnset|SummaryValue|ParseUnset2|DetailValue|ParseUnset3|DisplayValue|
ParseUnset4|Segment|ParseUnset5|OverrideRadioName|HTMLindent|2|HideChild|
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DetailFirstSuffix1 | \
DetailMiddleSuffix1 | \
DetailLastSuffix1 |

        T|InputCheckbox|Value|Disability.
        T|RequiredFieldValidataon|ErrorValue|The indication
checkbox \"Disability.\" checkbox must be selected.
#----->          e 41 input:      AND
#----->          e 43 input:      (Checkbox - At
least one Checked)
#----->          e 45 input:      * Unexplained
weight loss.

```

Figure 4 (continued)

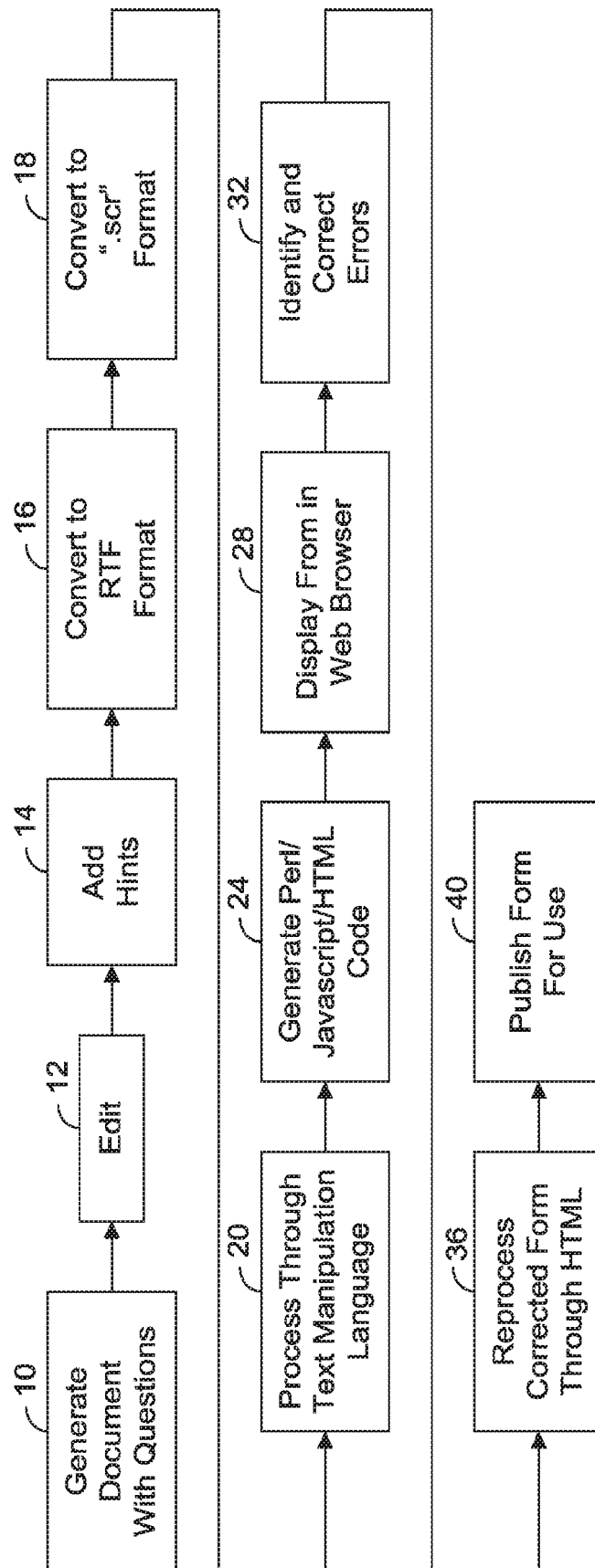


Figure 5

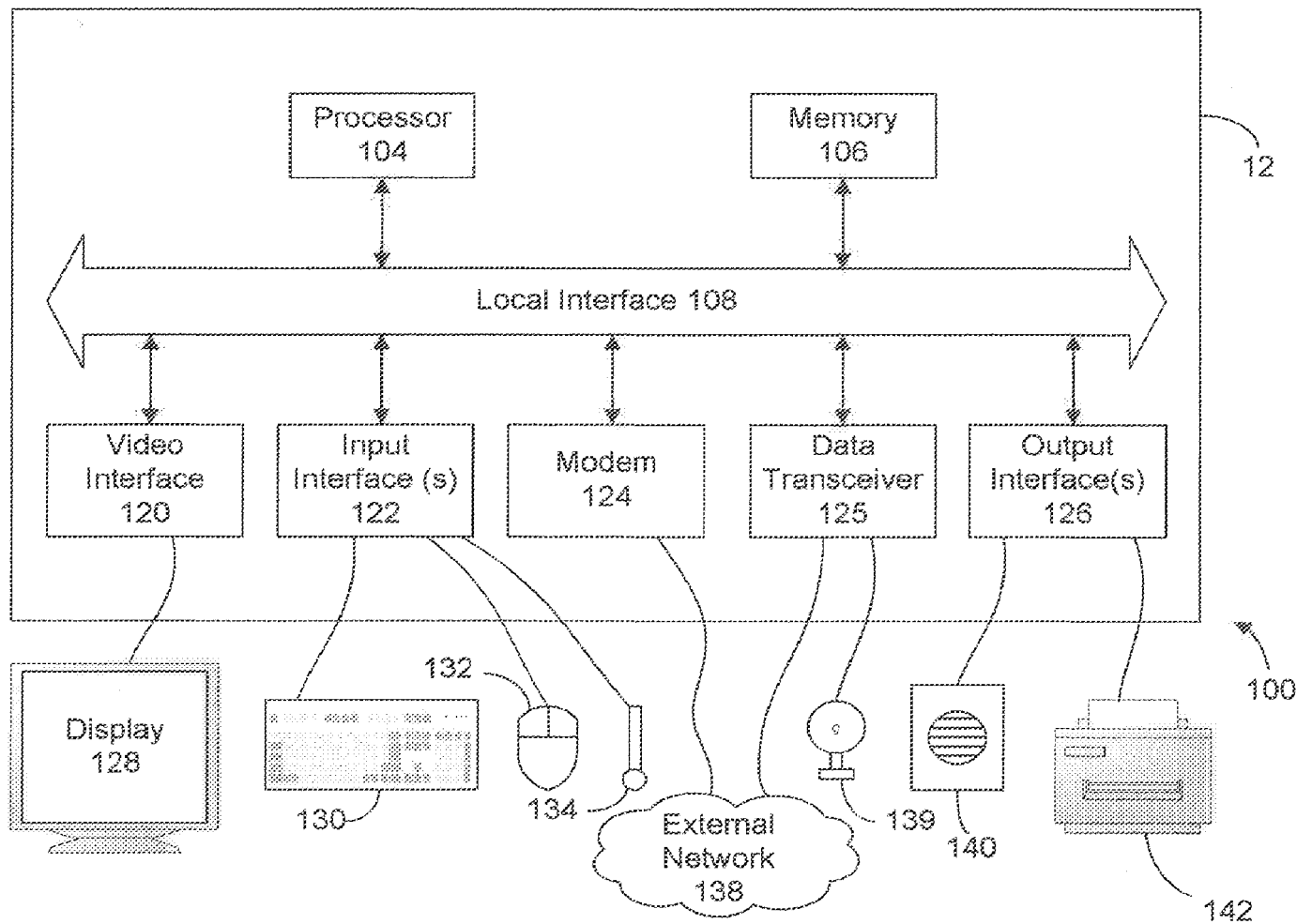


Figure 6