

Lung Disease/COPD

The patient has severe chronic lung disease as documented by 1, 2 and 3:

1a. Disabling dyspnea at rest

1b. Poor response to bronchodilators

1c. Decreased functional capacity, e.g., bed to chair existence, fatigue and cough

- An FEV1 <30% is objective evidence for disabling dyspnea but is not required

AND

2. Progression of disease as evidenced by a recent history of increased visits to MD office, home or emergency room and/or hospitalizations for pulmonary infections and/or respiratory failure

AND

3. Documentation within the past three months of a or b:

a. Hypoxemia at rest ($pO_2 < 55$ mgHg by ABG) or oxygen saturation <88%

b. Hypercapnia evidenced by $pCO_2 > 50$ mm Hg

Supporting evidence for hospice eligibility:

- Cor pulmonale and right heart failure secondary to pulmonary disease
- Unintentional progressive weight loss >10% over the preceding six months
- Resting tachycardia >100 bpm

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.