

Diagnosis codes used to identify patients with CHF and COPD (source: Partnership Health Plan)

Class	Diagnosis	ICD9	ICD10
CHF	Cardiomyopathy	425	I50.1 - I50.9
	Heart Failure	428	I11.0, I13.0, I13.2
COPD	Asbestosis	501	J61
	Bronchiectasis	494	J47
	Chronic bronchitis	491	J41, J42,
	COPD	496	J44.0, J44.1, J44.9
	Emphysema	492	J43.1, J43.2, J43.9

SB 1004 Palliative Care Eligibility Criteria for Patients with CHF or COPD (Source: DHCS APL)

DHCS' minimum eligibility criteria requires a beneficiary to meet all requirements for the general eligibility criteria and at least one of the four disease-specific eligibility requirements.

A. General Eligibility Criteria:

1. The beneficiary is likely to or has started to use the hospital or emergency department as a means to manage his/her advanced disease. This refers to unanticipated decompensation and does not include elective procedures.
2. The beneficiary has an advanced illness, as defined in section B below, with appropriate documentation of continued decline in health status, and is not eligible for or declines hospice enrollment.
3. The beneficiary's death within a year would not be unexpected based on clinical status.
4. The beneficiary has either received appropriate patient-desired medical therapy or is a beneficiary for whom patient-desired medical therapy is no longer effective. Patient is not in reversible acute decompensation.
5. The beneficiary and, if applicable, the family/patient-designated support person, agrees to:
 - a. Attempt, as medically/clinically appropriate, in-home, residential-based, or outpatient disease management/palliative care instead of first going to the emergency department; and
 - b. Participate in Advance Care Planning discussions.

B. Disease-Specific Eligibility Criteria:

1. Congestive Heart Failure (CHF): Must meet (a) and (b)
 - a. The beneficiary is hospitalized due to CHF as the primary diagnosis with no further invasive interventions planned OR meets criteria for New York Heart Association (NYHA) heart failure classification III or higher¹; AND
 - b. The beneficiary has an Ejection Fraction of less than 30 percent for systolic failure OR significant co-morbidities.
2. Chronic Obstructive Pulmonary Disease (COPD): Must meet (a) or (b)

¹ NYHA classifications are available at:

http://www.heart.org/HEARTORG/Conditions/HeartFailure/AboutHeartFailure/Classes-of-HeartFailure_UCM_306328_Article.jsp#.WefN7rpFxxo

- a. The Beneficiary has a Forced Expiratory Volume (FEV)₁ less than 35 percent of predicted AND a 24-hour oxygen requirement of less than three liters per minute; OR
- b. The beneficiary has a 24-hour oxygen requirement of greater than or equal to three liters per minute.

If a beneficiary continues to meet the above minimum eligibility criteria, he or she may continue to access both palliative care and curative care until the condition improves, stabilizes, or results in death. Medi-Cal managed health plans (MCPs) should periodically assess the beneficiary for changes in his/her condition or palliative care needs. MCPs may discontinue palliative care that is no longer medically necessary or reasonable.