

Interpretive Guidance: V520

Tag Number	Regulation	Interpretive Guidance
V520	<p>(2) At least monthly for unstable patients including, but not limited to, patients with the following:</p> <p>(i) Extended or frequent hospitalizations;</p> <p>(ii) Marked deterioration in health status;</p> <p>(iii) Significant change in psychosocial needs; or</p> <p>(iv) Concurrent poor nutritional status, unmanaged anemia and inadequate dialysis.</p>	<p>The criteria listed here are the minimum criteria for classifying patients as “unstable.” The IDT members have the flexibility to use their professional judgment to develop more stringent policies regarding the definition of “unstable,” based on their unique patient population and patient characteristics and to add other assessment criteria.</p> <p>“Extended hospitalizations” would include hospitalizations longer than 15 days, which was longer than the average length of stay nationally at the time these regulations were published.</p> <p>“Frequent hospitalizations” would include more than three hospitalizations in a month, which was more than the average number of hospitalizations annually at the time these regulations were published. The reason for hospitalization may also result in a patient being classified as “unstable,” for example, if the hospitalization results in amputation of a limb.</p> <p>“Marked deterioration in health status” would be specifically identified and documented by the IDT. The following conditions have been suggested by representatives of the renal community:</p> <ul style="list-style-type: none"> • Change in ambulation severe enough to interfere with the patient’s ability to follow aspects of the treatment plan; • Hypotension, restlessness, pruritus or other symptoms severe enough to prevent completion of the majority of dialysis treatments; • Sudden onset of recurrent cardiac arrhythmias; • Recurrent infections (not recurring hospitalization); • Chronic congestive heart failure with chronic hypotension; • Advanced or metastatic cancer or other organ system disease which interferes with the patient’s ability to follow aspects of the treatment plan; • Chronic or recurrent peritonitis <p>“Significant change in psychosocial needs” would include any event that interferes with the patient’s ability to follow aspects of the treatment plan. Such events may include instability in one’s own or immediate family member’s employment, physical or emotional abuse, deterioration in mental or functional status, amputation, housing instability, death or major illness in the family,</p>

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		<p>consideration of terminating treatment, and loss of emotional support. In addition, any patient considered at risk for involuntary discharge or transfer must be considered “unstable.” Note that V767 requires that patients at risk for involuntary discharge be reassessed.</p> <p>“Poor nutritional status” would include failure to thrive symptoms, with loss of body weight and low serum albumin.</p> <p>“Unmanaged anemia” would include continued lab findings of hemoglobin/hematocrit values which are out of range as defined by community-accepted standards or Centers for Medicare and Medicaid Services (CMS) Clinical Performance Measures (CPMs). Refer to the Measures Assessment Tool (MAT) which lists the current professionally-accepted clinical standards and current CMS CPMs.</p> <p>“Inadequate dialysis” would include a trend of results for Kt/V or URR which do not meet minimum expectations as defined by community-accepted standards or CMS CPMs for a three month period of time. Refer to the MAT. Inadequate dialysis would also include symptoms related to fluid management such as volume overload or depletion; intradialytic symptoms such as syncope or congestive heart failure; hypertension; or the need for extra treatment(s) for fluid removal.</p> <p>Facilities must have a method for classifying patients as “unstable.” Documentation should be available of a monthly re-assessment and plan of care revision that addresses the issues related to the classification of the patient as “unstable” until the issues have been resolved or the IDT (including the patient if possible) determine that the condition is chronic and the active care plan adequately addresses the issues.</p> <p>Some “changes” leading to the patient classification of “unstable” are clearly within the purview of a specific member of the IDT. For example, while housing instability falls within the realm of the social worker, expect to see documentation of communication regarding a change in housing between the social worker and other members of the IDT who can determine the specific impact of that change on their specialty. The participation of some team members around some changes that do not impact their specialty may be limited.</p>

