

Hospice and Palliative Care Exclusions

Many Healthcare Effectiveness Data and Information Set (HEDIS®) measures have exclusions for patients who receive palliative care, and some Medicare Part D Pharmacy Quality Alliance (PQA) and HEDIS® measures have exclusions for patients who are in or use hospice services. See the [Quality and Coding Tools Tip Sheets](#) for measures to learn more.

APPLICABLE LINES OF BUSINESS

- Commercial
- Medicare

EXCLUSION CODES

PALLIATIVE CARE*

Palliative care HCPCS ⁱ	Definition
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a Medicare-approved demonstration project)
M1017	Patient admitted to palliative care services
Palliative care ICD-10 ⁱⁱ	Definition
Z51.5	Encounter for palliative care

*SNOMED palliative care codes are not listed here. Palliative Care codes are not used for PQA measures.

HOSPICE*

Hospice CPT ⁱⁱⁱ	Definition
99377	Physician supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy

99378	Physician supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy
Hospice HCPCS	Definition
G0182	Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more
G9473	Services performed by chaplain in the hospice setting
G9474	Services performed by dietary counselor in the hospice setting
G9475	Services performed by other counselor in the hospice setting
G9476	Services performed by volunteer in the hospice setting
G9477	Services performed by care coordinator in the hospice setting
G9478	Services performed by other qualified therapist in the hospice setting
G9479	Services performed by qualified pharmacist in the hospice setting
Q5003	Hospice care provided in nursing long term care facility (LTC) or non-skilled nursing facility (NS)
Q5004	Hospice care provided in skilled nursing facility (SNF)
Q5005	Hospice care provided in inpatient hospital
Q5006	Hospice care provided in inpatient hospice facility
Q5007	Hospice care provided in long term care facility
Q5008	Hospice care provided in inpatient psychiatric facility (Q5008)
Q5003	Hospice care provided in nursing long term care facility (LTC) or non-skilled nursing facility (NF)
Q5010	Hospice home care provided in a hospice facility
S9126	Hospice care, in the home, per diem
T2042	Hospice routine home care; per diem
T2043	Hospice continuous home care; per hour
T2044	Hospice inpatient respite care; per diem
T2045	Hospice general inpatient care; per diem
T2046	Hospice long term care, room and board only; per diem

*SNOMED and UBREV hospice codes are not listed here.

ⁱ HCPCS Level II codes and descriptors are approved and maintained jointly by the alpha-numeric editorial panel (consisting of Centers for Medicare & Medicaid Services, America's Health Insurance Plans, and the Blue Cross Blue Shield Association)

ⁱⁱ ICD-10-CM created by the National Center for Health Statistics (NCHS), under authorization by the World Health Organization. World Health Organization-copyright holder

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