**Statewide PIP Denominator Exclusion Criteria: Diagnoses and CPT codes related to: Neoplasm-related pain, end-of-life care, palliative care, or hospice care**

|  |  |
| --- | --- |
| **ICD \*** | **Title** |
| ICD9 338.3 | Neoplasm-related pain (acute) (chronic) |
| ICD10 G89.3 |

**\*** CMS required the use of ICD10 codes for claims with a date of service on or after October 1, 2015.

| **Diagnoses and CPT codes related to: end-of-life care, palliative care, or hospice care** | | |
| --- | --- | --- |
| **DX** |  |  |
| V66 | Convalescence and palliative care |  |
| V667 | Encounter for palliative care |  |
| Z515 | Encounter for palliative care |  |
|  |  |  |
| **CPT** |  |  |
| 4350F | Cnslng Provided Symp Mngmnt | Counseling Provided On Symptom Management, End Of Life Decisions, And Palliation (Dem) |
| 4553F | Pt Asst Re End Life Issues | Patient Offered Assistance In Planning For End Of Life Issues (Als) |
| 99377 | Hospice Care Supervision | Physician Supervision Of Patient Hospice Services, 15-29 Minutes Per Month |
| 99378 | Hospice Care Supervision | Physician Supervision Of Patient Hospice Services, 30 Minutes Or More Per Month |
| G0065 | Physician Supervision Of A Hospice Patient | Physician Supervision Of A Hospice Patient |
| G0151 | Hhcp-Serv Of Pt,Ea 15 Min | Services Performed By A Qualified Physical Therapist In The Home Health Or Hospice Setting, Each 15 minutes |
| G0152 | Hhcp-Serv Of Ot,Ea 15 Min | Services Performed By A Qualified Occupational Therapist In The Home Health Or Hospice Setting, Each |
| G0153 | Hhcp-Svs Of S/L Path,Ea 15mn | Services Performed By A Qualified Speech-Language Pathologist In The Home Health Or Hospice Setting, |
| G0154 | Hhcp-Svs Of Rn,Ea 15 Min | Direct Skilled Nursing Services Of A Licensed Nurse (Lpn Or Rn) In The Home Health Or Hospice Setting |
| G0155 | Hhcp-Svs Of Csw,Ea 15 Min | Services Of Clinical Social Worker In Home Health Or Hospice Settings, Each 15 Minutes |
| G0156 | Hhcp-Svs Of Aide,Ea 15 Min | Services Of Home Health/Hospice Aide In Home Health Or Hospice Settings, Each 15 Minutes |
| G0157 | Hhc Pt Assistant Ea 15 | Services Performed By A Qualified Physical Therapist Assistant In The Home Health Or Hospice Setting |
| G0158 | Hhc Ot Assistant Ea 15 | Services Performed By A Qualified Occupational Therapist Assistant In The Home Health Or Hospice Set |
| G0182 | Hospice Care Supervision | Physician Supervision Of A Patient Under A Medicare-Approved Hospice (Patient Not Present) Requiring |
| G0337 | Hospice Evaluation Preelecti | Hospice Evaluation And Counseling Services, Pre-Election |
| G8768 | Doc Med Reas No Lipid Profle | Documentation Of Medical Reason(S) For Not Performing Lipid Profile (E.G., Patients With Palliative |
| G8892 | Doc Med Reas No Ldl-C Test | Documentation Of Medical Reason(S) For Not Performing Ldl-C Test (E.G. Patients With Palliative Goal |
| G9380 | Off Assis Eol Iss | Patient Offered Assistance With End Of Life Issues During The Measurement Period |
| G9381 | Doc Med Reas No Offer Eol | Documentation Of Medical Reason(S) For Not Offering Assistance With End Of Life Issues (Eg, Patient |
| G9382 | No Off Assis Eol | Patient Not Offered Assistance With End Of Life Issues During The Measurement Period |
| G9433 | Death, Nhres, Hospice | Death, Permanent Nursing Home Resident Or Receiving Hospice Or Palliative Care Any Time During The M |
| G9433 | Death, Nhres, Hospice | Death, Permanent Nursing Home Resident Or Receiving Hospice Or Palliative Care Any Time During The M |
| HC100 | Omap: Nf Hospice Care | Omap: Nf Hospice Care |
| Q5001 | Hospice Or Home Hlth In Home | Hospice Or Home Health Care Provided In Patient'S Home/Residence |
| Q5002 | Hospice/Home Hlth In Asst Lv | Hospice Or Home Health Care Provided In Assisted Living Facility |
| Q5003 | Hospice In Lt/Non-Skilled Nf | Hospice Care Provided In Nursing Long Term Care Facility (Ltc) Or Non-Skilled Nursing Facility (Nf) |
| Q5004 | Hospice In Snf | Hospice Care Provided In Skilled Nursing Facility (Snf) |
| Q5005 | Hospice, Inpatient Hospital | Hospice Care Provided In Inpatient Hospital |
| Q5006 | Hospice In Hospice Facility | Hospice Care Provided In Inpatient Hospice Facility |
| Q5007 | Hospice In Ltch | Hospice Care Provided In Long Term Care Facility |
| Q5008 | Hospice In Inpatient Psych | Hospice Care Provided In Inpatient Psychiatric Facility |
| Q5009 | Hospice/Home Hlth, Place Nos | Hospice Or Home Health Care Provided In Place Not Otherwise Specified (Nos) |
| Q5010 | Hospice Home Care In Hospice | Hospice Home Care Provided In A Hospice Facility |
| S0255 | Hospice Refer Visit Nonmd | Hospice Referral Visit (Advising Patient And Family Of Care Options) Performed By Nurse, Social Work |
| S0257 | End Of Life Counseling | Counseling And Discussion Regarding Advance Directives Or End Of Life Care Planning And Decisions, W |
| S0271 | Home Hospice Case 30 Days | Physician Management Of Patient Home Care, Hospice Monthly Case Rate (Per 30 Days) |
| S5150 | Unskilled Respite Care /15m | Unskilled Respite Care, Not Hospice; Per 15 Minutes |
| S5151 | Unskilled Respitecare /Diem | Unskilled Respite Care, Not Hospice; Per Diem |
| S9126 | Hospice Care, In The Home, P | Hospice Care, In The Home, Per Diem |
| T2042 | Hospice Routine Home Care | Hospice Routine Home Care; Per Diem |
| T2043 | Hospice Continuous Home Care | Hospice Continuous Home Care; Per Hour |
| T2044 | Hospice Respite Care | Hospice Inpatient Respite Care; Per Diem |
| T2045 | Hospice General Care | Hospice General Inpatient Care; Per Diem |
| T2046 | Hospice Long Term Care, R&B | Hospice Long Term Care, Room And Board Only; Per Diem |