HEALTH PLANS
UNIVERSITY OF UTAH

Administrative Policy

Hospice Eligibility Determination Policy

Policy ADMIN-016

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Current Effective Date: 01/24/2024

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.
5. Provisions and terms of the provider contract may supersede this policy.

Description:

Hospice is a program designed to care for the dying & their special needs. All hospice programs should include certain elements including control of pain and other symptoms through medication, environmental adjustment and education, psychosocial support for both the patient and family, including all phases from diagnosis through bereavement, medical services commensurate with patient needs, interdisciplinary Team (IDT) approach to patient care, patient/family support and education, integration into existing facilities where possible, and specially trained personnel with expertise in care of the dying and their families.

Hospice care is provided when individuals have been identified to have a terminal condition for which there are no longer effective curative therapies or which palliative therapies are futile. It is also understood that the natural history of the disease would likely lead to demise of the patient within 6 months without continued intervention.

Policy Statement and Criteria

1. Commercial Plans/CHIP

U of U Health Plans covers hospice care when specific eligibility criteria are met.

Criteria for Hospice Eligibility (Must meet ALL):

A. The member is certified as terminally ill Certification as the result of a face to face encounter with either a hospice physician or nurse practitioner AND the members attending practitioner for the first certification period (only certification from EITHER hospice or attending practitioner for subsequent periods);

B. Written certification of terminal ill status contains the following information (must contain ALL):

    i. The certification statement specifies the individuals' life expectancy is 6 months or less if the terminal illness runs its normal course

    ii. The statement must contain specific clinical information extracted from the medical record with appropriate medical records attached explaining why the member will not likely survive for a period beyond 6 months

    iii. The attending provider making the attestation has signed the statement acknowledging he/she composed the narrative based on his/her review of the patient's medical record and/or examination of the member.

    iv. The hospice physician or nurse practitioner who performs the face-to-face encounter with the member attests in writing that he or she had a face-to-face encounter with the patient, including the date of that visit. The attestation of the nurse practitioner or a non-certifying hospice physician shall state that the clinical findings of that visit were provided to the certifying physician for use in determining continued eligibility for hospice care.

    v. The statements by the providers are a narrative composed specific to individual patient and do not contain check box answers or template responses

    vi. All provider statements are signed and dated and indicate the benefit for period for which the certification or re-certification period applies.

C. Member's hospice qualifying condition is not a simple consequence of the aging process but due to a specific condition provided in certifying statements;

D. The member has one of the following conditions and meets associated criteria for coverage (must meet only one condition's criteria):

    i. Neurological Disease;

    ii. Renal Failure;

    iii. Stroke/Coma;

    iv. Terminal Illness;

    v. Cancer;

    vi. Dementia;

    vii. Heart disease;

viii. HIV/AIDS;

ix. Liver Disease; or

x. Pulmonary Disease.

Details of Specific Condition Criteria to be met:

Neurologic Disease

Criteria are very similar for chronic degenerative conditions such as ALS, Parkinson's, Muscular Dystrophy, Myasthenia Gravis or Multiple Sclerosis. The patient must meet at least one of the following criteria (A or B1 or B2):

A. Critically impaired breathing capacity, with all:

   i. Dyspnea at rest; and

   ii. Vital capacity < 30%; and

   iii. Need O2 at rest; and

   iv. Patient refuses artificial ventilation;

OR

B. Rapid disease progression from (and either 1 or 2):

   i. Independent ambulation to wheelchair or bed-bound status; and

   ii. Normal to barely intelligible or unintelligible speech; and

   iii. Normal to pureed diet; and

   iv. Independence in most ADLs to needing major assistance in all ADLs;

AND

1) Critical nutritional impairment demonstrated by ALL of the following in the preceding 12 months:

   a. Oral intake of nutrients and fluids insufficient to sustain life; and

   b. Continuing weight loss; and

   c. Dehydration or hypovolemia; and

   d. Absence of artificial feeding methods;

2) Life-threatening complications in the past 12 months as demonstrated by at least 2 of the following:

   a. Recurrent aspiration pneumonia; and

   b. Pyelonephritis; and

   c. Sepsis; and

d. Recurrent fever; and

e. Stage 3 or 4 pressure ulcer(s).

Renal Failure

Patient must have ALL (A, B and C):

A. The patient is not seeking dialysis or renal transplant; and

B. Creatinine clearance* is < 10 cc/min (<15 for diabetics); and

C. Serum creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetics).

Supporting documentation for renal failure includes:

- Uremia
- Oliguria (urine output < 400 cc in 24 hours)
- Intractable hyperkalemia (> 7.0)
- Uremic pericarditis
- Hepatorenal syndrome
- Intractable fluid overload

Supporting documentation for acute renal failure includes:

- Mechanical ventilation
- Malignancy (other organ system)
- Chronic lung disease
- Advanced cardiac disease
- Advanced terminal condition not attributed to a single specific illness

Coma (any etiology)

A. Comatose patients with any 3 of the following on the 3rd day of coma:

   i. Abnormal brain stem response

   ii. Absent verbal responses

   iii. Absent withdrawal response to pain

   iv. Serum creatinine > 1.5 gm/dl

B. Documentation of medical complications, in the context of progressive clinical decline, within the previous 12 months, which support a terminal prognosis:

   i. Aspiration pneumonia;

   ii. Pyelonephritis;

   iii. Refractory stage 3-4 decubitus ulcers;

   iv. Fever recurrent after antibiotics.

C. Documentation of diagnostic imaging factors which support poor prognosis after stroke include:

   i. For non-traumatic hemorrhagic stroke:

      1) Large-volume hemorrhage on CT:

         a. Infratentorial: greater than or equal to 20 ml;

         b. Supratentorial: greater than or equal to 50 ml.

      2) Ventricular extension of hemorrhage;

      3) Surface area of involvement of hemorrhage greater than or equal to 30% of cerebrum;

      4) Midline shift greater than or equal to 1.5 cm.;

      5) Obstructive hydrocephalus in patient who declines, or is not a candidate for, ventriculoperitoneal shunt.

   ii. For thrombotic/embolic stroke:

      1) Large anterior infarcts with both cortical and subcortical involvement

      2) Large bihemispheric infarcts

      3) Basilar artery occlusion

      4) Bilateral vertebral artery occlusion.

Stroke

Patient must have both A and B:

A. Poor functional status of Karnofsky Performance Status (KPS)◊ or Palliative Performance Scale (PPS)* ≤ 40%;

B. Poor nutritional status with inability to maintain sufficient fluid and calorie intake with 1 or more of the following:

   i. ≥ 10% weight loss in past 6 months;

   ii. ≥7.5% weight loss in past 3 months;

   iii. Serum albumin <2.5 gm/dl;

   iv. Current history of pulmonary aspiration without effective response to speech therapy interventions to improve dysphagia and decrease aspiration events;

   v. Dysphagia severe enough to prevent patient from continuing fluids/foods necessary to sustain life and patient does not receive artificial nutrition and hydration.

HIV/AIDS

The patient has either A or B along with C and D:

A. CD4+ < 25 cells/mcl; **OR**

B. Viral load > 100,000;

AND

C. PPS* or KPS◊ of < 50%; **AND**

D. At least one of the following:

i. CNS lymphoma;

ii. Untreated or refractory wasting (loss of > 33% lean body mass);

iii. Mycobacterium avium complex (MAC) bacteremia;

iv. Progressive multifocal leukoencephalopathy;

v. Systemic lymphoma;

vi. Visceral Kaposi's sarcoma (KS);

vii. Renal failure no HD;

viii. Cryptosporidium infection;

ix. Refractory toxoplasmosis.

◊**KARNOFSKY PERFORMANCE (KPS) SCALE**

Able to carry on normal activity and to work; no special care needed.	100	Normal no complaints; no evidence of disease.
	90	Able to carry on normal activity; minor signs or symptoms of disease.
	80	Normal activity with effort; some signs or symptoms of disease.
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed.	70	Cares for self; unable to carry on normal activity or to do active work.
	60	Requires occasional assistance, but is able to care for most of his personal needs.
	50	Requires considerable assistance and frequent medical care.
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly.	40	Disabled; requires special care and assistance.
	30	Severely disabled; hospital admission is indicated although death not imminent.
	20	Very sick; hospital admission necessary; active supportive treatment necessary.
	10	Moribund; fatal processes progressing rapidly.
	0	Dead.

Terminal Illness General (non-specific)

All must be met:

A. Terminal condition not attributed to a single specific illness; and

B. Rapid decline over past 3-6 months as evidenced by:

i. Progression of disease evidenced by symptoms, signs & test results; and

ii. Decline in PPS* to ≤ 50%; and

iii. Involuntary weight loss >10% and/or Albumin <2.5 (helpful).

Cancer

Patient must meet ALL of the following:

A. Clinical findings of malignancy with widespread, aggressive or progressive disease as evidenced by increasing symptoms worsening lab values and/or evidence of metastatic disease; and

B. PPS* ≤ 70%; and

C. Refuses further life-prolonging therapy OR continues to decline in spite of definitive therapy.

Supporting Documentation for cancer includes:

- Hypercalcemia > 12
- Cachexia or weight loss of 5% in past 3 months
- Recurrent disease after surgery/radiation/chemotherapy
- Signs and symptoms of advanced disease (e.g. nausea, requirement for transfusions, malignant ascites or pleural effusion, etc.)

Dementia

Patient has both A and B:

A. Stage 7C or beyond according to the Functional Assessment Scale (FAST) Scale; **AND**

B. One or more of the following conditions in the past 12 months:

i. Aspiration pneumonia;

ii. Pyelonephritis;

iii. Septicemia;

iv. Multiple pressure ulcers (stage 3-4);

v. Recurrent Fever;

vi. Other significant condition that suggests a limited prognosis;

vii. Inability to maintain sufficient fluid and calorie intake in the past;

viii. 6 months (10% weight loss or albumin < 2.5 gm/dl).

Functional Assessment Scale (FAST) for Alzheimer's Type Dementia	
1.	No difficulty either subjectively or objectively.
2.	Complains of forgetting location of objects. Subjective work difficulties.

3.	Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity~
4.	Decreased ability to perform complex task, (e.g., planning dinner for guests, handling personal finances e.g. forgetting to pay bills, etc.)
5.	Requires assistance in choosing proper clothing to wear for the day, season or occasion, (e.g. patient may wear the same clothing repeatedly, unless supervised~
6.	Occasionally or more frequently over the past weeks~ for the following: A) Improperly putting on clothes without assistance or cueing B) Unable to bathe properly (not able to choose proper water temp) C) Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly dispose of toilet tissue) D) Urinary incontinence E) Fecal incontinence
7.	A) Ability to speak limited to approximately ≤ 6 intelligible different words in the course of an average day or in the course of an intensive interview B) Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview C) Ambulatory ability is lost (cannot walk without personal assistance) D) Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair) E) Loss of ability to smile F) Loss of ability to hold up head independently

~Scored primarily on information obtained from a knowledgeable informant.

Heart Disease

Patient has either A or B and C:

A. The patient is optimally treated (i.e., either diuretics, vasodilators, ACEI, or hydralazine and nitrates); **OR**

B. The patient has angina pectoris at rest, resistance to standard nitrate therapy and is either not a candidate for/or has declined invasive procedures;

AND

C. CHF with NYHA Class IV symptoms and both:

   i. Significant symptoms at rest; and

   ii. Inability to carry out even minimal physical activity without dyspnea or angina.

Supporting documentation includes:

- EF ≤ 20%
- Treatment resistant symptomatic dysrhythmias
- H/O cardiac related syncope
- CVA 2/2 cardiac embolism
- H/O cardiac resuscitation
- Concomitant HIV disease

Liver Disease

The patient has both A and B:

A. End stage liver disease as demonstrated by (i or ii and iii):
    i. PT > 5 seconds; **OR**
    ii. INR > 15; **AND**
    iii. Serum albumin < 2.5 gm/dl.

AND

B. One or more of the following conditions:
    i. Refractory ascites;
    ii. H/O spontaneous bacterial peritonitis;
    iii. Hepatorenal syndrome;
    iv. Refractory hepatic encephalopathy;
    v. H/O recurrent variceal bleeding.

Supporting documents include:

- Progressive malnutrition
- Muscle wasting with decreased strength
- Ongoing alcoholism (> 80 gm ethanol/day)
- Hepatocellular
- CA HBsAg positive
- Hep. C refractory to treatment

Pulmonary Disease

Severe chronic lung disease as documented by ALL the following:

A. The patient has all of the following:
    i. Disabling dyspnea at rest;
    ii. Little of no response to bronchodilators;
    iii. Decreased functional capacity (e.g. bed to chair existence, fatigue and cough); **AND**

B. Progression of disease as evidenced by a recent h/o in-creasing office, home, or ED visits and/or hospitalizations for pulmonary infection and/or respiratory failure; **AND**

C. Documentation within the past 3 months of at least one of the following:
    i. Hypoxemia at rest on room air (p02 < 55 mmHg by ABG) or oxygen saturation < 88%;
    ii. Hypercapnia evidenced by pC02 > 50 mmHg.

Supporting documentation includes:

- Cor pulmonale and right heart failure
- Unintentional progressive weight loss

***PPS (Palliative Performance Score)**

%	Ambulation	Activity Level Evidence of Disease	Self-Care	Intake	Level of Consciousness	Estimated Median Survival in Days A	B	C
100	Full	Normal/No Disease	Full	Normal	Full	N/A	N/A	108
90	Full	Normal/Some Disease	Full	Normal	Full			
80	Full	Normal with Effort/Some Disease	Full	Normal or Reduced	Full			
70	Reduced	Can't Do Normal Job-Work/ Some Disease	Full	Normal or Reduced	Full	145		
60	Reduced	Can't Do Hobbies/House-work/Significant Disease	Occasional Assistance Needed	Normal or Reduced	Full or Confusion	29	4	
50	Mainly Sit/Lie	Can't Do Any Work/ Extensive Disease	Considerable Assistance Needed	Normal or Reduced	Full or Confusion	30	11	41
40	Mainly in Bed	Can't Do Any Work/ Extensive Disease	Mainly Assistance	Normal or Reduced	Full/Drowsy/ Confusion	18	8	
30	Bed Bound	Can't Do Any Work/ Extensive Disease	Total Care	Reduced	As Above	8	5	
20	Bed Bound	Can't Do Any Work/ Extensive Disease	Total Care	Minimal Sips	As Above	4	2	6
10	Bed Bound	Can't Do Any Work/ Extensive Disease	Total Care	Mouth Care Only	Drowsy or Coma	1	1	
0	Death	-	-	-	-	-	-	-

A -Survival post-admission to an inpatient palliative unit, all diagnoses (Virik 2002). **B** -Days until inpatient death following admission to an acute hospice unit, diagnoses not specified (Anderson 1996). **C** -Survival post admission to an inpatient palliative unit, cancer patients only (Morita 1999).

2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: https://medicaid.utah.gov/utah-medicaid-official-publication or the Utah Medicaid code Look-Up tool

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

Clinical Rationale

Hospice Principal Diagnosis

Identify the condition that is the main contributor to the person's terminal prognosis. Non-specific diagnoses such as Debility or Adult Failure to Thrive (AFTT) may no longer be listed as a principal terminal diagnosis. Debility and AFTT can and should be listed as secondary (related) conditions to support prognosis if indicated.

Hospice Face-To-Face (FTF) encounter

Must include documentation that a hospice physician or a hospice nurse practitioner had a FTF encounter with the patient. This encounter is used to gather clinical findings to determine continued

eligibility for hospice care. The FTF must occur within 30 days calendar prior to the start of the *3rd benefit period and every subsequent recertification period.

Duration of hospice care coverage—Election periods:

1. An initial 90-day period;
2. A subsequent 90-day period; or
3. An unlimited number of subsequent 60-day periods.

Hospice Levels of Care

Routine Home Care (RHC): Core services of hospice interdisciplinary team provided at patient's home (place of residence)

Continuous Home Care (CHC): Intended to support patient and their caregivers through brief periods of crisis. CHC provides care for 8-24 hours a day. ≥50% of care must be primarily provided by an LPN or RN. Home health aide or homemaker services can be used to cover the needs.

Inpatient Respite Care (IRC): Short term care to provide relief to family/ primary caregiver. Limited to 5 consecutive days

General Inpatient Care (GIP): Care provided in acute hospital or other setting with intensive nursing & other support outside of the home. For management of uncontrolled distressing physical symptoms (e.g. uncontrolled pain, respiratory distress, etc.) or psychosocial problems (e.g. unsafe home or imminent death when family can't cope at home).

Applicable Coding

CPT Codes

99374 Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, 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) (eg, legal guardian) 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, within a calendar month; 15-29 minutes

99375 ; 30 minutes or more

99377 Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, 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) (eg, legal guardian) 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, within a calendar month; 15-29 minutes

99378 ; 30 minutes or more

99379 Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, 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) (eg, legal guardian) 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, within a calendar month; 15-29 minutes

99380 ; 30 minutes or more

99424 Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.

99425 ; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

99491 Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.

99437 ; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

HCPCS Codes

G0151 Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes

G0152 Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes

G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes
G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)
G0181	Physician or allowed practitioner supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician or allowed practitioner development and/or revision of care plans
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
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes

G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes
G0337	Hospice evaluation and counseling services, pre-election
G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
G0495	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
G0496	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
G9475	Services performed by other counselor in the hospice setting, each 15 minutes
G9477	Services performed by care coordinator in the hospice setting, each 15 minutes
G9478	Services performed by other qualified therapist in the hospice setting, each 15 minutes
G9479	Services performed by qualified pharmacist in the hospice setting, each 15 minutes
Q5001	Hospice or home health care provided in patient's home/residence
Q5002	Hospice or home health care provided in assisted living facility
Q5003	Hospice care provided in nursing long-term care facility (LTC) or nonskilled nursing facility (NF)
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
Q5009	Hospice or home health care provided in place not otherwise specified (NOS)
Q5010	Hospice home care provided in a hospice facility

S0255	Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff
S0270	Physician management of patient home care, standard monthly case rate (per 30 days)
S0271	Physician management of patient home care, hospice monthly case rate (per 30 days)
S0272	Physician management of patient home care, episodic care monthly case rate (per 30 days)
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

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