

Hospice Services (for North Carolina Only)

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[Instructions for Use](#)

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Related Policies
<ul style="list-style-type: none"> Home Health, Skilled, and Custodial Care Services (for North Carolina Only) Private Duty Nursing Services (for North Carolina Only)

Application

This Medical Policy only applies to the State of North Carolina.

Coverage Rationale

For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, Community-Based Services: 3D, Hospice Services](#).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
*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
*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)
*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

HCPCS Code	Description
*T2046	Hospice long-term care, room and board only; per diem

Codes labeled with an asterisk (*) are not on the State of North Carolina Medicaid Fee Schedule and therefore may not be covered by the State of North Carolina Medicaid Program.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Hospice care services are services rendered by licensed health care professionals and, therefore, not subject to regulation by the FDA.

References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Hospice Services, 1A-30. Available at: <https://medicaid.ncdhhs.gov/3d-hospice-services/download?attachment>. Accessed May 14, 2025.

Policy History/Revision Information

Date	Summary of Changes
07/01/2025	<ul style="list-style-type: none"> Routine review; no change to coverage guidelines Archived previous policy version CSNC.CDG.102.03

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.