

APPENDIX C-DIAGNOSIS CODE CRITERIA

Diagnosis code(s) are required when submitting request for hospice services. Certain codes require criteria that must be met before request are approved. The specified codes are identified with an asterisk. Appropriate documentation is required for these codes. This list is not all inclusive. Additional codes may be added upon request with documentation and justification as to why the patient has a prognosis of 6 months or less with this diagnosis. Each code submitted will be considered on a case by case basis.

(*) Must provide documentation of treatment failure, cannot be removed surgically, metastatic disease, patient refused surgery and /or treatment.

(**) Lymphoma, Leukemia Myeloma and others will meet criteria if there is a failure of treatment. (Must provide documentation)

(***) Dementia of any type must have proper documentation of advance dementia with mental minimum score of less than 10.

Hospice Appropriate Diagnosis Codes

Number	Description
042	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE
046.3	PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY
140.4	*MALIGNANT NEOPLASM OF LOWER LIP INNER ASPECT
141.0	*MALIGNANT NEOPLASM OF BASE OF TONGUE
141.6	*MALIGNANT NEOPLASM OF LINGUAL TONSIL
141.9	*MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED
142.0	*MALIGNANT NEOPLASM OF PAROTID GLAND
144	*MALIGNANT NEOPLASM OF FLOOR OF MOUTH
144.0	*MALIGNANT NEOPLASM OF ANTERIOR PORTION OF FLOOR OF MOUTH
145	*MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED PARTS
145.2	*MALIGNANT NEOPLASM OF HARD PALATE
145.3	*MALIGNANT NEOPLASM OF SOFT PALATE
145.5	*MALIGNANT NEOPLASM OF PALATE UNSPECIFIED
145.8	*MALIGNANT NEOPLASM OF OTHER SPECIFIED PARTS OF MOUTH
145.9	*MALIGNANT NEOPLASM OF MOUTH UNSPECIFIED
146.0	*MALIGNANT NEOPLASM OF TONSIL
146.9	*MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED SITE
147.9	*MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED SITE
148.1	*MALIGNANT NEOPLASM OF PYRIFORM SINUS
148.9	*MALIGNANT NEOPLASM OF HYPOPHARYNX UNSPECIFIED SITE
149.0	*MALIGNANT NEOPLASM OF PHARYNX UNSPECIFIED
149.9	*MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE LIP, ORAL CAVITY AND PHARYNX
150.0	*MALIGNANT NEOPLASM OF CERVICAL ESOPHAGUS
150.3	*MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS
150.8	*MALIGNANT NEOPLASM OF OTHER SPECIFIED PART OF ESOPHAGUS UNSPECIFIED SITE
150.9	*MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED SITE
151.0	*MALIGNANT NEOPLASM OF CARDIA
151.4	*MALIGNANT NEOPLASM OF BODY OF STOMACH
151.8	*MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF STOMACH
151.9	*MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED SITE
152.0	*MALIGNANT NEOPLASM OF DUODENUM
152.9	*MALIGNANT NEOPLASM OF SMALL INTESTINE UNSPECIFIED
153	*MALIGNANT NEOPLASM OF COLON

Number	Description
153.0	*MALIGNANT NEOPLASM OF HEPATIC FLEXURE
153.2	*MALIGNANT NEOPLASM OF DESCENDING COLON
153.3	*MALIGNANT NEOPLASM OF SIGMOID COLON
153.4	*MALIGNANT NEOPLASM OF CECUM
153.5	*MALIGNANT NEOPLASM OF APPENDIX VERMIFORMIS
153.6	*MALIGNANT NEOPLASM OF ASCENDING COLON
153.7	*MALIGNANT NEOPLASM OF SPLENIC FLEXURE
153.8	*MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF LARGE INTESTINE
153.9	*MALIGNANT NEOPLASM OF COLON UNSPECIFIED SITE
154.0	*MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION
154.1	*MALIGNANT NEOPLASM OF RECTUM
154.2	*MALIGNANT NEOPLASM OF ANAL CANAL
154.3	*MALIGNANT NEOPLASM OF ANUS UNSPECIFIED SITE
154.8	*MALIGNANT NEOPLASM OF OTHER SITES OF RECTUM RECTOSIGMOID JUNCTION
155	*MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE
155.0	*MALIGNANT NEOPLASM OF LIVER PRIMARY
155.1	*MALIGNANT NEOPLASM OF INTRAHEPATIC BILE DUCTS
155.2	*MALIGNANT NEOPLASM OF LIVER NOT SPECIFIED AS PRIMARY OR SECONDARY
156.0	*MALIGNANT NEOPLASM OF GALLBLADDER
156.1	*MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCTS
156.2	*MALIGNANT NEOPLASM OF AMPULLA OF VATER
156.8	*MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF GALLBLADDER
156.9	*MALIGNANT NEOPLASM OF BILIARY TRACT PART UNSPECIFIED
157	*MALIGNANT NEOPLASM OF PANCREAS
157.0	*MALIGNANT NEOPLASM OF HEAD OF PANCREAS
157.1	*MALIGNANT NEOPLASM OF BODY OF PANCREAS
157.2	*MALIGNANT NEOPLASM OF TAIL OF PANCREAS
157.8	*MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF PANCREAS
157.9	*MALIGNANT NEOPLASM OF PANCREAS PART UNSPECIFIED
158.0	*MALIGNANT NEOPLASM OF RETROPERITONEUM
158.8	*MALIGNANT NEOPLASM OF SPECIFIED PARTS OF PERITONEUM
158.9	*MALIGNANT NEOPLASM OF PERITONEUM UNSPECIFIED
159.0	*MALIGNANT NEOPLASM OF INTESTINAL TRACT PART UNSPECIFIED
159.1	*MALIGNANT NEOPLASM OF SPLEEN NOT ELSEWHERE CLASSIFIED
159.8	*MALIGNANT NEOPLASM OF OTHER SITES OF DIGESTIVE SYSTEM AND INTRA-ABDOMINAL ORGANS
159.9	*MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE DIGESTIVE ORGANS AND PERITONEUM
160.0	*MALIGNANT NEOPLASM OF NASAL CAVITIES, MIDDLE EAR AND ACCESSORY SINUSES
160.1	*MALIGNANT NEOPLASM OF AUDITORY TUBE MIDDLE EAR AND MASTOID AIR CELLS
160.2	*MALIGNANT NEOPLASM OF MAXILLARY SINUS
160.8	*MALIGNANT NEOPLASM OF OTHER ACCESSORY SINUSES
160.9	*MALIGNANT NEOPLASM OF ACCESSORY SINUS UNSPECIFIED
161.0	*MALIGNANT NEOPLASM OF GLOTTIS
161.1	*MALIGNANT NEOPLASM OF SUPRAGLOTTIS
161.2	*MALIGNANT NEOPLASM OF SUBGLOTTIS

Number	Description
161.3	*MALIGNANT NEOPLASM OF LARYNGEAL CARTILAGES
161.8	*MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF LARYNX
161.9	*MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED
162	*MALIGNANT NEOPLASM OF TRACHEA, BRONCHUS, AND LUNG
162.0	*MALIGNANT NEOPLASM OF TRACHEA
162.2	*MALIGNANT NEOPLASM OF MAIN BRONCHUS
162.3	*MALIGNANT NEOPLASM OF UPPER LOBE BRONCHUS OR LUNG
162.4	*MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS OR LUNG
162.5	*MALIGNANT NEOPLASM OF LOWER LOBE BRONCHUS OR LUNG
162.8	*MALIGNANT NEOPLASM OF OTHER PARTS OF BRONCHUS OR LUNG
162.9	*MALIGNANT NEOPLASM OF BRONCHUS AND LUNG UNSPECIFIED
163.8	*MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF PLEURA
163.9	*MALIGNANT NEOPLASM OF PLEURA UNSPECIFIED
164.0	*MALIGNANT NEOPLASM OF THYMUS
164.1	*MALIGNANT NEOPLASM OF HEART
164.8	*MALIGNANT NEOPLASM OF OTHER PARTS OF MEDIASTINUM
164.9	*MALIGNANT NEOPLASM OF MEDIASTINUM PARTS UNSPECIFIED
170.0	*MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE EXCEPT MANDIBLE
170.1	*MALIGNANT NEOPLASM OF MANDIBLE
170.2	*MALIGNANT NEOPLASM OF VERTEBRAL COLUMN EXCLUDING SACRUM AND COCCYX
170.3	*MALIGNANT NEOPLASM OF RIBS STERNUM AND CLAVICLE
170.6	*MALIGNANT NEOPLASM OF PELVIC BONES SACRUM AND COCCYX
170.7	*MALIGNANT NEOPLASM OF LONG BONES OF LOWER LIMB
170.9	*MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE
171.0	*MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE-HEAD, FACE AND NECK (must specify)
171.2	*MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE-UPPER LIMB INCLUDING SHOULDER (must specify)
171.3	*MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE-LOWER LIMB INCLUDING HIP (must specify)
171.5	*MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE-ABDOMEN
171.6	*MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE-PELVIS
172	*MALIGNANT MELANOMA OF SKIN (must specify)
172.3	*MALIGNANT MELANOMA OF SKIN OF OTHER AND UNSPECIFIED PARTS OF FACE (must specify area)
172.4	*MALIGNANT MELANOMA OF SKIN OF SCALP AND NECK
172.5	*MALIGNANT MELANOMA OF SKIN OF TRUNK EXCEPT SCROTUM (must specify)
172.7	*MALIGNANT MELANOMA OF SKIN OF LOWER LIMB INCLUDING HIP (must specify area)
173.4	*OTHER MALIGNANT NEOPLASM OF SCALP AND SKIN OF NECK
173.6	*OTHER MALIGNANT NEOPLASM OF SKIN OF UPPER LIMB INCLUDING SHOULDER (must specify)
173.7	*OTHER MALIGNANT NEOPLASM OF SKIN OF LOWER LIMB INCLUDING HIP (must specify)
174.4	*MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST (must specify)
174.5	*MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF FEMALE BREAST (must specify)
174.6	*MALIGNANT NEOPLASM OF AXILLARY TAIL OF FEMALE BREAST
174.8	*MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE BREAST (must specify)
174.9	*MALIGNANT NEOPLASM OF BREAST (FEMALE) UNSPECIFIED
175	*MALIGNANT NEOPLASM OF MALE BREAST
176.1	*KAPOSI'S SARCOMA SOFT TISSUE

Number	Description
179	*MALIGNANT NEOPLASM OF UTERUS-PART UNSSPECIFIED
180.0	*MALIGNANT NEOPLASM OF ENDOCERVIX
180.8	*MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF CERVIX
180.9	*MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED SITE
182.0	*MALIGNANT NEOPLASM OF CORPUS UTERI EXCEPT ISTHMUS
183.0	*MALIGNANT NEOPLASM OF OVARY (specify area)
183.3	*MALIGNANT NEOPLASM OF BROAD LIGAMENT OF UTERUS
183.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF UTE
183.9	MALIGNANT NEOPLASM OF UTERINE ADNEXA UNSPECIFIED SITE
184.0	*MALIGNANT NEOPLASM OF VAGINA
184.4	*MALIGNANT NEOPLASM OF VULVA UNSPECIFIED SITE
185	*MALIGNANT NEOPLASM OF PROSTATE
186.9	*MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED TESTIS
187.3	*MALIGNANT NEOPLASM OF BODY OF PENIS
188.0	*MALIGNANT NEOPLASM OF TRIGONE OF URINARY BLADDER
188.4	*MALIGNANT NEOPLASM OF POSTERIOR WALL OF URINARY BLADDER
188.8	*MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF BLADDER
188.9	*MALIGNANT NEOPLASM OF BLADDER PART UNSPECIFIED
189	*MALIGNANT NEOPLASM OF KIDNEY AND OTHER AND UNSPECIFIED
189.0	*MALIGNANT NEOPLASM OF KIDNEY EXCEPT PELVIS
189.1	*MALIGNANT NEOPLASM OF RENAL PELVIS
189.2	*MALIGNANT NEOPLASM OF URETER
189.3	*MALIGNANT NEOPLASM OF URETHRA
189.9	*MALIGNANT NEOPLASM OF URINARY ORGAN SITE UNSPECIFIED
191.0	*MALIGNANT NEOPLASM OF CEREBRUM EXCEPT LOBES AND VENTRICLES
191.1	*MALIGNANT NEOPLASM OF FRONTAL LOBE
191.2	*MALIGNANT NEOPLASM OF TEMPORAL LOBE
191.4	*MALIGNANT NEOPLASM OF OCCIPITAL LOBE
191.6	*MALIGNANT NEOPLASM OF CEREBELLUM NOS
191.7	*MALIGNANT NEOPLASM OF BRAIN STEM
191.8	*MALIGNANT NEOPLASM OF OTHER PARTS OF BRAIN
192.1	*MALIGNANT NEOPLASM OF CEREBRAL MENINGES
192.2	*MALIGNANT NEOPLASM OF SPINAL CORD
193	*MALIGNANT NEOPLASM OF THYROID GLAND
194.0	*MALIGNANT NEOPLASM OF ADRENAL GLAND
194.3	*MALIGNANT NEOPLASM OF PITUITARY GLAND AND CRANIOPHARYNGEAL
194.8	*MALIGNANT NEOPLASM OF OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES
194.9	*MALIGNANT NEOPLASM OF ENDOCRINE GLAND SITE UNSPECIFIED
195.0	*MALIGNANT NEOPLASM OF HEAD FACE AND NECK
195.1	*MALIGNANT NEOPLASM OF THORAX
195.2	*MALIGNANT NEOPLASM OF ABDOMEN
195.3	*MALIGNANT NEOPLASM OF PELVIS
195.5	*MALIGNANT NEOPLASM OF LOWER LIMB (must specify)
196.0	*SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES

Number	Description
196.1	*SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRATHORACIC LYMPH NODES
196.3	*SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES
196.6	*SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRAPELVIC LYMPH NODES
197.0	*SECONDARY MALIGNANT NEOPLASM OF LUNG
197.3	*SECONDARY MALIGNANT NEOPLASM OF OTHER RESPIRATORY ORGANS -trachea
197.4	*SECONDARY MALIGNANT NEOPLASM OF SMALL INTESTINE INCLUDING DUODENUM
197.5	*SECONDARY MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM
197.7	*MALIGNANT NEOPLASM OF LIVER SECONDARY
197.8	*SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS AND SPLEEN
198.0	*SECONDARY MALIGNANT NEOPLASM OF KIDNEY
198.1	*SECONDARY MALIGNANT NEOPLASM OF OTHER URINARY ORGANS
198.2	*SECONDARY MALIGNANT NEOPLASM OF SKIN OF BREAST
198.3	*SECONDARY MALIGNANT NEOPLASM OF BRAIN AND SPINAL CORD
198.4	*SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM -meninges-cerebral-spinal
198.5	*SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW
198.6	*SECONDARY MALIGNANT NEOPLASM OF OVARY
198.81	*SECONDARY MALIGNANT NEOPLASM OF BREAST (must specify)
198.82	*SECONDARY MALIGNANT NEOPLASM OF GENITAL ORGANS
198.89	*SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITE
199.0	*DISSEMINATED MALIGNANT NEOPLASM
199.1	*OTHER MALIGNANT NEOPLASM OF UNSPECIFIED SITE
200.0	*RETICULOSARCOMA
200.08	*RETICULOSARCOMA INVOLVING LYMPH NODES OF MULTIPLE
200.1	*LYMPHOSARCOMA
200.2	*BURKITT'S TUMOR OR LYMPHOMA
200.5	*PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA
200.80	**OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA
201	**HODGKIN'S DISEASE
201.2	**HODGKIN'S SARCOMA
202.00	**NODULAR LYMPHOMA UNSPECIFIED SITE
202.8	**OTHER MALIGNANT LYMPHOMAS
202.80	**OTHER MALIGNANT LYMPHOMAS UNSPECIFIED SITE
202.83	**OTHER MALIGNANT LYMPHOMAS INVOLVING INTRA-ABDOMINA
202.90	**OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE
203.0	**MULTIPLE MYELOMA
203.00	**MULTIPLE MYELOMA WITHOUT REMISSION
203.80	**OTHER IMMUNOPROLIFERATIVE NEOPLASMS WITHOUT REMISSION
204.00	**LYMPHOID LEUKEMIA ACUTE WITHOUT REMISSION
204.10	**LYMPHOID LEUKEMIA CHRONIC WITHOUT REMISSION
204.80	**OTHER LYMPHOID LEUKEMIA WITHOUT REMISSION
204.81	**OTHER LYMPHOID LEUKEMIA IN REMISSION
205.00	**MYELOID LEUKEMIA ACUTE WITHOUT REMISSION
205.1	**MYELOID LEUKEMIA, CHRONIC
205.10	**MYELOID LEUKEMIA CHRONIC WITHOUT REMISSION

Number	Description
205.8	**OTHER MYELOID LEUKEMIA
205.80	**OTHER MYELOID LEUKEMIA WITHOUT REMISSION
205.90	**UNSPECIFIED MYELOID LEUKEMIA WITHOUT REMISSION
208.0	**LEUKEMIA OF UNSPECIFIED CELL TYPE, ACUTE
208.90	**UNSPECIFIED LEUKEMIA WITHOUT REMISSION
222.2	**BENIGN NEOPLASM OF PROSTATE
223.3	**BENIGN NEOPLASM OF BLADDER
225.0	**BENIGN NEOPLASM OF BRAIN
225.2	**BENIGN NEOPLASM OF CEREBRAL MENINGES
230.0	**CARCINOMA IN SITU OF LIP ORAL CAVITY AND PHARYNX
230.1	**CARCINOMA IN SITU OF ESOPHAGUS
230.2	**CARCINOMA IN SITU OF STOMACH
230.3	**CARCINOMA IN SITU OF COLON
230.4	**CARCINOMA IN SITU OF RECTUM
230.8	**CARCINOMA IN SITU OF LIVER AND BILIARY SYSTEM
231.0	**CARCINOMA IN SITU OF LARYNX
231.2	**CARCINOMA IN SITU OF BRONCHUS AND LUNG
233.0	**CARCINOMA IN SITU OF BREAST
233.1	**CARCINOMA IN SITU OF CERVIX UTERI
233.2	**CARCINOMA IN SITU OF OTHER AND UNSPECIFIED PARTS OF UTERUS
233.4	**CARCINOMA IN SITU OF PROSTATE
234.0	**CARCINOMA IN SITU OF EYE
234.8	**CARCINOMA IN SITU OF OTHER SPECIFIED SITES (endocrine gland)
235.2	**NEOPLASM OF UNCERTAIN BEHAVIOR OF STOMACH INTESTINE
236.2	**NEOPLASM OF UNCERTAIN BEHAVIOR OF OVARY
236.5	**NEOPLASM OF UNCERTAIN BEHAVIOR OF PROSTATE
236.9	**NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED
238.0	**NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE
238.1	**NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE
238.7	**NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER LYMPHATIC AND HEMATOPOIETIC TISSUES
239.0	**NEOPLASM OF UNSPECIFIED NATURE OF DIGESTIVE SYSTEM
239.1	**NEOPLASM OF UNSPECIFIED NATURE OF RESPIRATORY SYSTEM
239.2	**NEOPLASM OF UNSPECIFIED NATURE OF BONE SOFT TISSUE
239.3	**NEOPLASM OF UNSPECIFIED NATURE OF BREAST
239.5	**NEOPLASM OF UNSPECIFIED NATURE OF OTHER GENITOURIN
239.6	**NEOPLASM OF UNSPECIFIED NATURE OF BRAIN
239.7	**NEOPLASM OF UNSPECIFIED NATURE OF ENDOCRINE GLANDS
268.2	**OSTEOMALACIA UNSPECIFIED
273.3	**MACROGLOBULINEMIA
277.5	**MUCOPOLYSACCHARIDOSIS
277.86	**ZELLWEGER SYNDROME
282.60	SICKLE-CELL DISEASE, UNSPECIFIED
282.62	HB-SS DISEASE WITH CRISIS
284.8	OTHER SPECIFIED APLASTIC ANEMIAS

Number	Description
288.64	PLASMACYTOSIS
290.0	***SENILE DEMENTIA UNCOMPLICATED
290.2	***SENILE DEMENTIA WITH DELUSIONAL OR DEPRESSIVE FEATURES
290.21	***SENILE DEMENTIA WITH DEPRESSIVE FEATURES
290.3	***SENILE DEMENTIA WITH DELIRIUM
290.40	***ARTERIOSCLEROTIC DEMENTIA UNCOMPLICATED
290.41	***ARTERIOSCLEROTIC DEMENTIA WITH DELIRIUM
290.42	***ARTERIOSCLEROTIC DEMENTIA WITH DELUSIONAL FEATURES
290.43	***ARTERIOSCLEROTIC DEMENTIA WITH DEPRESSIVE FEATURES
290.9	***UNSPECIFIED SENILE PSYCHOTIC CONDITION
291.2	***OTHER ALCOHOLIC DEMENTIA
294.1	***DEMENTIA IN CONDITIONS CLASSIFIED ELSEWHERE
294.10	***DEMENTIA IN CONDITIONS CLASSIFIED ELSEWHERE Without BEHAVIORAL DISTURBANCE
294.11	***DEMENTIA IN CONDITIONS CLASSIFIED ELSEWHERE WITH BEHAVIORAL DISTURBANCE
294.8	***OTHER SPECIFIED ORGANIC BRAIN SYNDROMES-CHRONIC
294.9	***UNSPECIFIED ORGANIC BRAIN SYNDROME-CHRONIC
320.2	STREPTOCOCCAL MENINGITIS
320.9	MENINGITIS DUE TO UNSPECIFIED BACTERIUM
323.9	UNSPECIFIED CAUSE OF ENCEPHALITIS
324.0	INTRACRANIAL ABSCESS
326	LATE EFFECTS OF INTRACRANIAL ABSCESS OR PYOGENIC INFECTION
330.0	LEUKODYSTROPHY
331.0	***ALZHEIMER'S DISEASE
331.11	***PICK'S DISEASE
331.19	***OTHER FRONTOTEMPORAL DEMENTIA
331.2	***SENILE DEGENERATION OF BRAIN
331.3	***COMMUNICATING HYDROCEPHALUS
331.4	***OBSTRUCTIVE HYDROCEPHALUS
331.82	***DEMENTIA WITH LEWY BODIES
331.89	***OTHER CEREBRAL DEGENERATION (CEREBRAL ATAXIA)
332	***PARKINSON'S DISEASE
332.1	***SECONDARY PARKINSONISM
333.2	***MYOCLONUS
333.4	***HUNTINGTON'S CHOREA
334.2	PRIMARY CEREBELLAR DEGENERATION
334.9	SPINOCEREBELLAR DISEASE UNSPECIFIED
335.10	SPINAL MUSCULAR ATROPHY UNSPECIFIED
335.20	AMYOTROPHIC LATERAL SCLEROSIS
336.0	SYRINGOMYELIA AND SYRINGOBULBIA
340	MULTIPLE SCLEROSIS
348.1	ANOXIC BRAIN DAMAGE
348.30	ENCEPHALOPATHY, UNSPECIFIED
348.31	METABOLIC ENCEPHALOPATHY
358.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION

Number	Description
359.0	CONGENITAL HEREDITARY MUSCULAR DYSTROPHY
359.1	HEREDITARY PROGRESSIVE MUSCULAR DYSTROPHY
403.01	*MALIGNANT HYPERTENSIVE RENAL DISEASE WITH RENAL FAILURE
403.11	*BENIGN HYPERTENSIVE RENAL DISEASE WITH RENAL FAILURE
404.98	CONJESTIVE HEART FAILURE
414.00	CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL, NATIVE OR GRAFT
414.01	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY
414.05	CORONARY ATHEROSCLEROSIS OF UNSPECIFIED BYPASS GRAFT
414.11	ANEURYSM OF CORONARY VESSELS
414.9	CHRONIC ISCHEMIC HEART DISEASE UNSPECIFIED
416.0	PRIMARY PULMONARY HYPERTENSION
421.0	ACUTE AND SUBACUTE BACTERIAL ENDOCARDITIS
423.0	HEMOPERICARDIUM
425.8	CARDIOMYOPATHY IN OTHER DISEASES CLASSIFIED ELSEWHERE
427.5	CARDIAC ARREST
428	HEART FAILURE
428.0	CONGESTIVE HEART FAILURE UNSPECIFIED
428.1	LEFT HEART FAILURE
429.2	CARDIOVASCULAR DISEASE UNSPECIFIED
429.3	CARDIOMEGALY
430	SUBARACHNOID HEMORRHAGE
431	INTRACEREBRAL HEMORRHAGE
432	OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE
432.0	NONTRAUMATIC EXTRADURAL HEMORRHAGE
432.1	SUBDURAL HEMORRHAGE
433.01	OCCLUSION AND STENOSIS OF BASILAR ARTERY WITH CEREBRAL INFRACTION
433.11	OCCLUSION AND STENOSIS OF CAROTID ARTERY WITH CEREBRAL INFRACTION
433.21	OCCLUSION AND STENOSIS OF VERTEBRAL ARTERY WITH CEREBRAL INFRACTION
433.31	OCCLUSION AND STENOSIS OF MULTIPLE AND BILATERAL PRECEREBAL ARTERY
433.81	OCCLUSION AND STENOSIS OF OTHER SPECIFIED PRECEREBRAL
433.91	OCCLUSION AND STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERIES (UNSPECIFIED PRECEREBRAL ARTERY) WITH CEREBRAL INFRACTION
434.01	CEREBRAL THROMBOSIS WITH CEREBRAL INFARCTION
434.11	CEREBRAL EMBOLISM WITH CEREBRAL INFARCTION
434.91	CEREBRAL ARTERY OCCLUSION UNSPECIFIED WITH CEREBRA
436	ACUTE BUT ILL-DEFINED CEREBROVASCULAR DISEASE
438.82	DYSPHAGIA CEREBROVASCULAR DISEASE
441.01	DISSECTION OF AORTA THORACIC
441.02	DISSECTION OF AORTA ABDOMINAL
441.1	THORACIC ANEURYSM RUPTURED
441.3	ABDOMINAL ANEURYSM RUPTURED
443.1	THROMBOANGIITIS OBLITERANS (BUERGER'S DISEASE)
446.4	WEGENER'S GRANULOMATOSIS
486	PNEUMONIA ORGANISM UNSPECIFIED
491.20	OBSTRUCTIVE CHRONIC BRONCHITIS, WITHOUT EXACERBATION

Number	Description
491.21	OBSTRUCTIVE CHRONIC BRONCHITIS, WITH (ACUTE) EXACERBATION
492	EMPHYSEMA
494.1	BRONCHIECTASIS WITH ACUTE EXACERBATION
507.0	PNEUMONITIS DUE TO INHALATION OF FOOD OR VOMITUS
515	POSTINFLAMMATORY PULMONARY FIBROSIS
516.3	IDIOPATHIC FIBROSING ALVEOLITIS
518.5	PULMONARY INSUFFICIENCY FOLLOWING TRAUMA AND SURGE
518.81	ACUTE RESPIRATORY FAILURE
518.84	ACUTE AND CHRONIC RESPIRATORY FAILURE
519.2	MEDIASTINITIS
557.0	ACUTE VASCULAR INSUFFICIENCY OF INTESTINE
560.1	PARALYTIC ILEUS
569.81	FISTULA OF INTESTINE EXCLUDING RECTUM AND ANUS
570	ACUTE AND SUBACUTE NECROSIS OF LIVER (must have documentation of end stage liver disease -primary diagnosis)
571	CHRONIC LIVER DISEASE AND CIRRHOSIS (must have documentation of end stage liver disease -primary diagnosis)
571.0	ALCOHOLIC FATTY LIVER (must have documentation of end stage liver disease -primary diagnosis)
571.2	ALCOHOLIC CIRRHOSIS OF LIVER (must have documentation of end stage liver disease -primary diagnosis)
571.3	ALCOHOLIC LIVER DAMAGE UNSPECIFIED (must have documentation of end stage liver disease -primary diagnosis)
571.5	CIRRHOSIS OF LIVER WITHOUT ALCOHOL (must have documentation of end stage liver disease -primary diagnosis)
571.6	BILIARY CIRRHOSIS (must have documentation of end stage liver disease -primary diagnosis)
571.8	OTHER CHRONIC NONALCOHOLIC LIVER DISEASE (must have documentation of end stage liver disease -primary diagnosis)
571.9	UNSPECIFIED CHRONIC LIVER DISEASE WITHOUT ALCOHOL (must have documentation of end stage liver disease -primary diagnosis)
572.2	HEPATIC COMA (must have documentation of end stage liver disease -primary diagnosis)
572.4	HEPATORENAL SYNDROME (must have documentation of end stage liver disease -primary diagnosis)
572.8	OTHER SEQUELAE OF CHRONIC LIVER DISEASE (must have documentation of end stage liver disease -primary diagnosis)
576.8	OTHER SPECIFIED DISORDERS OF BILIARY TRACT
581.81	NEPHROTIC SYNDROME IN DISEASES CLASSIFIED ELSEWHERE (must have primary diagnosis of end stage disease. Documentation patient elected no treatment)
584.5	*ACUTE RENAL FAILURE WITH LESION OF TUBULAR NECROSIS (must have primary diagnosis of end stage disease. Documentation patient elected no treatment)
584.6	*ACUTE RENAL FAILURE WITH LESION OF RENAL CORTICAL NECROSIS (must have primary diagnosis of end stage disease. Documentation patient elected no treatment)
584.7	*ACUTE RENAL FAILURE WITH LESION OF RENAL MEDULLARY (PAPILLARY) (must have primary diagnosis of end stage disease. Documentation patient elected no treatment)
584.8	*ACUTE RENAL FAILURE WITH OTHER SPECIFIED PATHOLOGICAL LESION IN KIDNEY (must have primary diagnosis of end stage disease. Documentation patient elected no treatment)
584.9	*ACUTE RENAL FAILURE UNSPECIFIED (must have primary diagnosis of end stage disease. Documentation patient elected no treatment)
585	*CHRONIC RENAL FAILURE (must have primary diagnosis of end stage disease. Documentation patient elected no treatment)
585.6	*END STAGE RENAL DISEASE (must have documentation patient elected no treatment)
586	*RENAL FAILURE UNSPECIFIED (Must have primary diagnosis of end stage disease. Documentation patient elected no treatment)
591	*HYDRONEPHROSIS (must have primary diagnosis of end stage disease. Documentation patient elected no treatment)
593.9	UNSPECIFIED DISORDER OF KIDNEY AND URETER
674.04	POSTPARTUM CEREBROVASCULAR DISORDERS
710.0	SYSTEMIC LUPUS ERYTHEMATOSUS
728.2	MUSCULAR WASTING AND DISUSE ATROPHY NOT ELSEWHERE
730.0	ACUTE OSTEOMYELITIS
730.15	CHRONIC OSTEOMYELITIS INVOLVING PELVIC REGION AND
730.20	UNSPECIFIED OSTEOMYELITIS SITE UNSPECIFIED
740.0	ANENCEPHALUS

Number	Description
742.1	MICROCEPHALUS
742.2	CONGENITAL REDUCTION DEFORMITIES OF BRAIN
742.3	CONGENITAL HYDROCEPHALUS
746.7	HYPOPLASTIC LEFT HEART SYNDROME
750.3	CONGENITAL TRACHEOESOPHAGEAL FISTULA ESOPHAGEAL ATRESIA AND STENOSIS
767.0	SUBDURAL AND CEREBRAL HEMORRHAGE DUE TO BIRTH TRAU
768.7	HYPOXIC ISCHEMIC ENCEPHALOPATHY
783.7	ADULT FAILURE TO THRIVE
785.52	SEPTIC SHOCK (not listed as primary diagnosis)
786.09	RESPIRATORY ABNORMALITY OTHER
793.6	NONSPECIFIC ABNORMAL FINDINGS ON RADIOLOGICAL AND
799.1	RESPIRATORY ARREST
799.3	***DEBILITY UNSPECIFIED
851.05	CORTEX (CEREBRAL) CONTUSION WITHOUT OPEN INTRACRANIAL WOUND
851.15	CORTEX (CEREBRAL) CONTUSION WITH OPEN INTRACRANIAL WOUND
851.25	CORTEX (CEREBRAL) LACERATION WITHOUT OPEN INTRACRANIAL WOUND
851.35	CORTEX (CEREBRAL) LACERATION WITH OPEN INTRACRANIAL WOUND
851.45	CEREBELLAR OR BRAIN STEM CONTUSION WITHOUT OPEN INTRACRANIAL WOUND
851.55	CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND
851.65	CEREBELLAR OR BRAIN STEM LACERATION WITHOUT OPEN INTRACRANIAL WOUND
851.75	CEREBELLAR OR BRAIN STEM LACERATION WITH OPEN INTRACRANIAL WOUND
851.85	OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION, WITHOUT MENTION OF OPEN INTRACRANIAL WOUND
851.95	OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION, WITH OPEN INTRACRANIAL WOUND
852.00	SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND
852.15	SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND
852.2	SUBDURAL HEMORRHAGE FOLLOWING INJURY WITHOUT MENTION OF INTRACRANIAL WOUND
852.25	SUBDURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND
852.35	SUBDURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND
852.45	EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND
852.55	EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND
853.05	OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND
853.15	OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND
854	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE
854.05	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE-WITHOUT MENTION OF OPEN INTRACRANIAL WOUND
854.15	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE-WITH OPEN INTRACRANIAL WOUND
996.81	COMPLICATIONS OF TRANSPLANTED KIDNEY
996.82	COMPLICATIONS OF TRANSPLANTED LIVER
996.83	COMPLICATIONS OF TRANSPLANTED HEART
996.84	COMPLICATIONS OF TRANSPLANTED LUNG
996.85	COMPLICATIONS OF TRANSPLANTED BONE MARROW
996.89	COMPLICATIONS OF OTHER SPECIFIED TRANSPLANTED ORGAN (must specify)
996.9	COMPLICATIONS OF REATTACHED EXTREMITY OR BODY PART (must specify)
997.02	IATROGENIC CEREBROVASCULAR INFARCTION OR HEMORRHAGE