
CHAPTER 24: HOSPICE

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HOSPICE DIAGNOSIS CODES

Diagnosis code(s) are required when submitting a request for hospice services. Certain codes require criteria that must be met before the associated request can be approved and appropriate documentation is required on submission. This list is not all inclusive and additional codes may be added upon request with documentation and justification as to why the patient has a prognosis of six months or less with this diagnosis. Each code submitted will be considered on a case-by-case basis.

All claims/authorizations must use the applicable diagnosis codes that reflect the policy intent.