## 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.  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 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. The conversion link for ICD-9 and ICD-10 codes can be found in Appendix D of this manual chapter.