Physician uses all available information to evaluate for:
- Terminal prognosis of 6 months or less
- Terminal and related diagnoses that contribute to the terminal prognosis
- Symptoms caused or exacerbated by terminal diagnosis, related diagnosis or treatment of terminal and related diagnoses

**Note:** Determining relatedness is a continuous process by the hospice physician which takes into account the changes in the patient’s condition.

**Identify the PRINCIPAL (TERMINAL) HOSPICE DIAGNOSIS***

Are there other diagnoses caused by or exacerbated by the PRINCIPAL HOSPICE DIAGNOSIS?*

Yes → RELATED

No → Are there additional DIAGNOSES or SYMPTOMS that contribute to the 6 month or less prognosis?

Yes → RELATED

No → Are there additional DIAGNOSES, CONDITIONS, or SYMPTOMS caused or exacerbated by treatment of the RELATED CONDITIONS?

Yes → RELATED

No → Not Related

The physician narrative statement and the clinical record is the appropriate documentation location for the certifying physician to reference the principal hospice diagnosis,* related diagnoses, patient prognosis, and eligibility.

**NOTE:**
- The decision about relatedness is determined by the hospice physician and is individualized based on the patient’s clinical status. (patient-by-patient, case-by-case)
- Decisions about relatedness change as the patient’s condition changes.
- Clinical examples related to this process flow are included in the “Determining Relatedness in Hospice” resource.

*The following are used as equivalent terms:
  terminal hospice diagnosis = principal hospice diagnosis = primary terminal diagnosis = primary hospice condition