

Current Acute Conditions - Check ALL that apply

Gastrointestinal Bleeding - WITH HEMORRHAGE - NKC requires documentation of associated hemorrhage with a GI tract bleed. Please send documentation per instructions below.

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| <ul style="list-style-type: none"> <input type="checkbox"/> 530.21 Ulcer of esophagus with bleeding <input type="checkbox"/> 531.00 Acute gastric ulcer with hemorrhage without mention of obstruction <input type="checkbox"/> 531.01 Acute gastric ulcer with hemorrhage with obstruction <input type="checkbox"/> 531.20 Acute gastric ulcer with hemorrhage and perforation without obstruction <input type="checkbox"/> 531.21 Acute gastric ulcer with hemorrhage and perforation with obstruction <input type="checkbox"/> 531.40 Chronic or unspecified gastric ulcer with hemorrhage without mention of obstruction <input type="checkbox"/> 531.41 Chronic or unspecified gastric ulcer with hemorrhage with obstruction <input type="checkbox"/> 531.60 Chronic or unspecified gastric ulcer with hemorrhage and perforation without mention of obstruction <input type="checkbox"/> 531.61 Chronic or unspecified gastric ulcer with hemorrhage and perforation with obstruction <input type="checkbox"/> 532.00 Acute duodenal ulcer with hemorrhage without mention of obstruction <input type="checkbox"/> 532.01 Acute duodenal ulcer with hemorrhage with obstruction <input type="checkbox"/> 532.20 Acute duodenal ulcer with hemorrhage and perforation without mention of obstruction <input type="checkbox"/> 532.21 Acute duodenal ulcer with hemorrhage and perforation with obstruction <input type="checkbox"/> 532.40 Chronic or unspecified duodenal ulcer with hemorrhage without mention of obstruction <input type="checkbox"/> 532.41 Chronic or unspecified duodenal ulcer with hemorrhage with obstruction <input type="checkbox"/> 532.60 Chronic or unspecified duodenal ulcer with hemorrhage and perforation with out mention of obstruction <input type="checkbox"/> 532.61 Chronic or unspecified duodenal ulcer with hemorrhage and perforation with obstruction <input type="checkbox"/> 533.00 Acute peptic ulcer with hemorrhage without mention of obstruction <input type="checkbox"/> 533.01 Acute peptic ulcer with hemorrhage with obstruction <input type="checkbox"/> 533.20 Acute peptic ulcer with hemorrhage and perforation without mention of obstruction <input type="checkbox"/> 533.21 Acute peptic ulcer with hemorrhage and perforation with obstruction <input type="checkbox"/> 533.40 Chronic or unspecified peptic ulcer with hemorrhage without mention of obstruction <input type="checkbox"/> 533.41 Chronic or unspecified peptic ulcer with hemorrhage with obstruction | <ul style="list-style-type: none"> <input type="checkbox"/> 533.60 Chronic or unspecified peptic ulcer with hemorrhage and perforation without mention of obstruction <input type="checkbox"/> 533.61 Chronic or unspecified peptic ulcer with hemorrhage and perforation with obstruction <input type="checkbox"/> 534.00 Acute gastrojejunal ulcer with hemorrhage without mention of obstruction <input type="checkbox"/> 534.01 Acute gastrojejunal ulcer with hemorrhage with obstruction <input type="checkbox"/> 534.20 Acute gastrojejunal ulcer with hemorrhage and perforation without mention of obstruction <input type="checkbox"/> 534.21 Acute gastrojejunal ulcer with hemorrhage and perforation with obstruction <input type="checkbox"/> 534.40 Chronic or unspecified gastrojejunal ulcer with hemorrhage without mention of obstruction <input type="checkbox"/> 534.41 Chronic or unspecified gastrojejunal ulcer with hemorrhage with obstruction <input type="checkbox"/> 534.60 Chronic or unspecified gastrojejunal ulcer with hemorrhage and perforation without mention of obstruction <input type="checkbox"/> 534.61 Chronic or unspecified gastrojejunal ulcer with hemorrhage and perforation with obstruction <input type="checkbox"/> 535.71 Eosinophilic gastritis, with hemorrhage <input type="checkbox"/> 537.83 Angiodysplasia of stomach and duodenum with hemorrhage <input type="checkbox"/> 562.02 Diverticulosis of small intestine with hemorrhage <input type="checkbox"/> 562.03 Diverticulitis of small intestine with hemorrhage <input type="checkbox"/> 562.12 Diverticulosis of colon with hemorrhage <input type="checkbox"/> 562.13 Diverticulitis if colon with hemorrhage <input type="checkbox"/> 569.85 Angiodysplasia of intestine with hemorrhage <input type="checkbox"/> None of these <input type="checkbox"/> Unable to specify _____ |
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Bacterial Pneumonia - NKC requires radiographic diagnosis in support of this code. Please send documentation per instructions below.

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| <ul style="list-style-type: none"> <input type="checkbox"/> 003.22 Salmonella pneumonia <input type="checkbox"/> 482.0 Pneumonia due to Klebsiella pneumoniae <input type="checkbox"/> 482.1 Pneumonia due to Pseudomonas <input type="checkbox"/> 482.2 Pneumonia due to Hemophilus influenzae <input type="checkbox"/> 482.30 Pneumonia due to Streptococcus, unspecified <input type="checkbox"/> 482.31 Pneumonia due to Streptococcus, Group A <input type="checkbox"/> 482.32 Pneumonia due to Streptococcus, Group B <input type="checkbox"/> 482.39 Pneumonia due to Streptococcus, other Streptococcus <input type="checkbox"/> 482.40 Pneumonia due to Staphylococcus, unspecified <input type="checkbox"/> 482.41 Methicillin susceptible pneumonia due to Staphylococcus aureus <input type="checkbox"/> 482.42 Methicillin resistant pneumonia due to Staphylococcus aureus <input type="checkbox"/> 482.49 Other Staphylococcus pneumonia | <ul style="list-style-type: none"> <input type="checkbox"/> 482.81 Pneumonia due to Anaerobes <input type="checkbox"/> 482.82 Pneumonia due to Escherichia coli (E. coli) <input type="checkbox"/> 482.83 Pneumonia due to other gram-negative bacteria <input type="checkbox"/> 482.84 Pneumonia due to Legionnaires' disease <input type="checkbox"/> 482.89 Pneumonia due to other specified bacteria <input type="checkbox"/> 507.0 Pneumonitis due to inhalation of food or vomitus <input type="checkbox"/> 507.8 Pneumonitis due to other solids and liquids <input type="checkbox"/> 510.0 Empyema, with fistula <input type="checkbox"/> 510.9 Empyema, without mention of fistula <input type="checkbox"/> 513.0 Abscess of lung <input type="checkbox"/> None of these <input type="checkbox"/> Unable to specify _____ |
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Pericarditis

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| <ul style="list-style-type: none"> <input type="checkbox"/> 420.0 Acute pericarditis in diseases classified elsewhere <input type="checkbox"/> 420.90 Other and unspecified pericarditis, acute pericarditis, unspecified <input type="checkbox"/> 420.91 Other and unspecified pericarditis, acute idiopathic pericarditis | <ul style="list-style-type: none"> <input type="checkbox"/> 420.99 Other acute pericarditis <input type="checkbox"/> None of these <input type="checkbox"/> Unable to specify _____ |
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FORWARDING INSTRUCTIONS

NKC requires documentation in the NKC medical record to support the ICD-9 code you select.

For New and Newly Referred Patients – please place a check mark in the box for ALL CURRENT Co-Morbid conditions that apply, SIGN and forward this form to NKC Patient Admitting with the patient's Initial Physician's Orders.

For Existing NKC patients - please place a check mark in the box for any NEW Co-Morbid conditions that apply, SIGN and forward to the Nurse Educator/Case Manager at the patient's NKC treating unit for placement in the patient's medical record.

Print Attending Physician's Name	Physician's Signature	Date
Patient Name:		NKC#: