

Medical Necessity for More Frequent Dialysis

All co-morbid or related diagnosis for more frequent dialysis must have documentation in the medical record. Please select the appropriate ICD-10 code.

□ Disorder of phosphorus metabolism, unspecified: **E83.30**

- □ Acidosis: **E87.2**
- □ Hyperkalemia: **E87.5**
- □ Fluid overload, unspecified: **E87.70**
- □ Other fluid overload: **E87.79**
- □ Acute pericarditis, unspecified: **I30.9**
- □ Left ventricular failure, unspecified: **I50.1**
- □ Unspecified systolic (congestive) heart failure: **I50.20**
- □ Unspecified diastolic (congestive) heart failure: **I50.30**
- □ Right heart failure, unspecified: **I50.810**
- □ End stage heart failure: **I50.84**
- □ Heart failure, unspecified: **I50.9**
- □ Hypotension of hemodialysis: **I95.3**
- □ Acute pulmonary edema: **J81.0**
- □ Secondary hyperparathyroidism of renal origin: N25.81
- □ Generalized edema: R60.1
- □ Abnormal weight gain: **R63.5**
- □ Supervision of other high-risk pregnancies, unspecified trimester: **009.899**

I attest that as of the signature date below, more frequent hemodialysis is medically necessary to treat the above noted condition(s) and these condition(s) could return or be exacerbated without ongoing therapeutic management.

Physician's Name (Print):	
Physician Signature:	Date: