



## 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"> <li><input type="checkbox"/> 530.21 Ulcer of esophagus with bleeding</li> <li><input type="checkbox"/> 531.00 Acute gastric ulcer with hemorrhage without mention of obstruction</li> <li><input type="checkbox"/> 531.01 Acute gastric ulcer with hemorrhage with obstruction</li> <li><input type="checkbox"/> 531.20 Acute gastric ulcer with hemorrhage and perforation without obstruction</li> <li><input type="checkbox"/> 531.21 Acute gastric ulcer with hemorrhage and perforation with obstruction</li> <li><input type="checkbox"/> 531.40 Chronic or unspecified gastric ulcer with hemorrhage without mention of obstruction</li> <li><input type="checkbox"/> 531.41 Chronic or unspecified gastric ulcer with hemorrhage with obstruction</li> <li><input type="checkbox"/> 531.60 Chronic or unspecified gastric ulcer with hemorrhage and perforation without mention of obstruction</li> <li><input type="checkbox"/> 531.61 Chronic or unspecified gastric ulcer with hemorrhage and perforation with obstruction</li> <li><input type="checkbox"/> 532.00 Acute duodenal ulcer with hemorrhage without mention of obstruction</li> <li><input type="checkbox"/> 532.01 Acute duodenal ulcer with hemorrhage with obstruction</li> <li><input type="checkbox"/> 532.20 Acute duodenal ulcer with hemorrhage and perforation without mention of obstruction</li> <li><input type="checkbox"/> 532.21 Acute duodenal ulcer with hemorrhage and perforation with obstruction</li> <li><input type="checkbox"/> 532.40 Chronic or unspecified duodenal ulcer with hemorrhage without mention of obstruction</li> <li><input type="checkbox"/> 532.41 Chronic or unspecified duodenal ulcer with hemorrhage with obstruction</li> <li><input type="checkbox"/> 532.60 Chronic or unspecified duodenal ulcer with hemorrhage and perforation with out mention of obstruction</li> <li><input type="checkbox"/> 532.61 Chronic or unspecified duodenal ulcer with hemorrhage and perforation with obstruction</li> <li><input type="checkbox"/> 533.00 Acute peptic ulcer with hemorrhage without mention of obstruction</li> <li><input type="checkbox"/> 533.01 Acute peptic ulcer with hemorrhage with obstruction</li> <li><input type="checkbox"/> 533.20 Acute peptic ulcer with hemorrhage and perforation without mention of obstruction</li> <li><input type="checkbox"/> 533.21 Acute peptic ulcer with hemorrhage and perforation with obstruction</li> <li><input type="checkbox"/> 533.40 Chronic or unspecified peptic ulcer with hemorrhage without mention of obstruction</li> <li><input type="checkbox"/> 533.41 Chronic or unspecified peptic ulcer with hemorrhage with obstruction</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 533.60 Chronic or unspecified peptic ulcer with hemorrhage and perforation without mention of obstruction</li> <li><input type="checkbox"/> 533.61 Chronic or unspecified peptic ulcer with hemorrhage and perforation with obstruction</li> <li><input type="checkbox"/> 534.00 Acute gastrojejunal ulcer with hemorrhage without mention of obstruction</li> <li><input type="checkbox"/> 534.01 Acute gastrojejunal ulcer with hemorrhage with obstruction</li> <li><input type="checkbox"/> 534.20 Acute gastrojejunal ulcer with hemorrhage and perforation without mention of obstruction</li> <li><input type="checkbox"/> 534.21 Acute gastrojejunal ulcer with hemorrhage and perforation with obstruction</li> <li><input type="checkbox"/> 534.40 Chronic or unspecified gastrojejunal ulcer with hemorrhage without mention of obstruction</li> <li><input type="checkbox"/> 534.41 Chronic or unspecified gastrojejunal ulcer with hemorrhage with obstruction</li> <li><input type="checkbox"/> 534.60 Chronic or unspecified gastrojejunal ulcer with hemorrhage and perforation without mention of obstruction</li> <li><input type="checkbox"/> 534.61 Chronic or unspecified gastrojejunal ulcer with hemorrhage and perforation with obstruction</li> <li><input type="checkbox"/> 535.71 Eosinophilic gastritis, with hemorrhage</li> <li><input type="checkbox"/> 537.83 Angiodysplasia of stomach and duodenum with hemorrhage</li> <li><input type="checkbox"/> 562.02 Diverticulosis of small intestine with hemorrhage</li> <li><input type="checkbox"/> 562.03 Diverticulitis of small intestine with hemorrhage</li> <li><input type="checkbox"/> 562.12 Diverticulosis of colon with hemorrhage</li> <li><input type="checkbox"/> 562.13 Diverticulitis if colon with hemorrhage</li> <li><input type="checkbox"/> 569.85 Angiodysplasia of intestine with hemorrhage</li> <li><input type="checkbox"/> None of these</li> <li><input type="checkbox"/> Unable to specify_____</li> </ul> |
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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"> <li><input type="checkbox"/> 003.22 Salmonella pneumonia</li> <li><input type="checkbox"/> 482.0 Pneumonia due to Klebsiella pneumoniae</li> <li><input type="checkbox"/> 482.1 Pneumonia due to Pseudomonas</li> <li><input type="checkbox"/> 482.2 Pneumonia due to Hemophilus influenzae</li> <li><input type="checkbox"/> 482.30 Pneumonia due to Streptococcus, unspecified</li> <li><input type="checkbox"/> 482.31 Pneumonia due to Streptococcus, Group A</li> <li><input type="checkbox"/> 482.32 Pneumonia due to Streptococcus, Group B</li> <li><input type="checkbox"/> 482.39 Pneumonia due to Streptococcus, other Streptococcus</li> <li><input type="checkbox"/> 482.40 Pneumonia due to Staphylococcus, unspecified</li> <li><input type="checkbox"/> 482.41 Methicillin susceptible pneumonia due to Staphylococcus aureus</li> <li><input type="checkbox"/> 482.42 Methicillin resistant pneumonia due to Staphylococcus aureus</li> <li><input type="checkbox"/> 482.49 Other Staphylococcus pneumonia</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 482.81 Pneumonia due to Anaerobes</li> <li><input type="checkbox"/> 482.82 Pneumonia due to Escherichia coli (E. coli)</li> <li><input type="checkbox"/> 482.83 Pneumonia due to other gram-negative bacteria</li> <li><input type="checkbox"/> 482.84 Pneumonia due to Legionnaires' disease</li> <li><input type="checkbox"/> 482.89 Pneumonia due to other specified bacteria</li> <li><input type="checkbox"/> 507.0 Pneumonitis due to inhalation of food or vomitus</li> <li><input type="checkbox"/> 507.8 Pneumonitis due to other solids and liquids</li> <li><input type="checkbox"/> 510.0 Empyema, with fistula</li> <li><input type="checkbox"/> 510.9 Empyema, without mention of fistula</li> <li><input type="checkbox"/> 513.0 Abscess of lung</li> <li><input type="checkbox"/> None of these</li> <li><input type="checkbox"/> Unable to specify_____</li> </ul> |
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### Pericarditis

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

<b>Print Attending Physician's Name</b>	<b>Physician's Signature</b>	<b>Date</b>
<b>Patient Name:</b>		<b>NKC#:</b>