

Chronic Co-Morbid Form

Current Chronic Conditions - Check All that apply

HEREDITARY HEMOLYTIC AND SICKLE CELL ANEMIA requires documentation of associated anemia diagnosis. Please send documentation per instructions below.

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| <ul style="list-style-type: none"> <input type="checkbox"/> D58.0 Hereditary spherocytosis <input type="checkbox"/> D58.1 Hereditary elliptocytosis <input type="checkbox"/> D55.0 Anemia due to glucose-6-phosphate dehydrogenase [G6PD] deficiency <input type="checkbox"/> D55.1 Anemia due to other disorders of glutathione metabolism <input type="checkbox"/> D55.2 Anemia due to disorders of glycolytic <input type="checkbox"/> D55.3 Anemia due to disorders of nucleotide metabolism <input type="checkbox"/> D55.8 Other anemias due to enzyme disorders <input type="checkbox"/> D55.9 Anemia due to enzyme disorder, <input type="checkbox"/> D57.40 Sickle-cell thalassemia without crisis <input type="checkbox"/> D57.411 Sickle-cell thalassemia with acute chest syndrome <input type="checkbox"/> D57.412 Sickle-cell thalassemia with splenic sequestration <input type="checkbox"/> D57.419 Sickle-cell thalassemia with crisis, <input type="checkbox"/> D56.0 Alpha thalassemia <input type="checkbox"/> D56.1 Beta thalassemia <input type="checkbox"/> D56.2 Delta-beta thalassemia | <ul style="list-style-type: none"> <input type="checkbox"/> D56.3 Thalassemia minor <input type="checkbox"/> D56.5 Hemoglobin E-beta thalassemia <input type="checkbox"/> D56.8 Other thalassemias <input type="checkbox"/> D57.1 Sickle-cell disease without crisis <input type="checkbox"/> D57.00 Hb-SS disease with crisis, unspecified <input type="checkbox"/> D57.01 Hb-SS disease with acute chest syndrome <input type="checkbox"/> D57.02 Hb-SS disease with splenic sequestration <input type="checkbox"/> D57.20 Sickle-cell/Hb-C disease without crisis <input type="checkbox"/> D57.211 Sickle-cell/Hb-C disease with acute chest syndrome <input type="checkbox"/> D57.212 Sickle-cell/Hb-C disease with splenic sequestration <input type="checkbox"/> D57.219 Sickle-cell/Hb-C disease with crisis, unspecified <input type="checkbox"/> D57.80 Other sickle-cell disorders without crisis <input type="checkbox"/> D57.811 Other sickle-cell disorders with acute chest syndrome <input type="checkbox"/> D57.812 Other sickle-cell disorders with splenic sequestration <input type="checkbox"/> D57.819 Other sickle-cell disorders with crisis, |
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Myelodysplastic Syndrome

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> D47.3 Essential (hemorrhagic) thrombocytopenia <input type="checkbox"/> D46.0 Refractory anemia without ring sideroblasts, so stated <input type="checkbox"/> D46.1 Refractory anemia with ring sideroblasts <input type="checkbox"/> D46.20 Refractory anemia with excess of blasts, unspecified <input type="checkbox"/> D46.21 Refractory anemia with excess of blasts 1 <input type="checkbox"/> D46.4 Refractory anemia, unspecified <input type="checkbox"/> D46.A Refractory c 8.16 9.48 -0icni-4.7(s)-11. | <ul style="list-style-type: none"> <input type="checkbox"/> D46.B Refractory cytopenia with multilineage dysplasia and ring sideroblasts <input type="checkbox"/> D46.22 Refractory anemia with excess of blasts 2 <input type="checkbox"/> D46.C Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality <input type="checkbox"/> D46.9 Myelodysplastic syndrome, unspecified <input type="checkbox"/> D46.Z Other myelodysplastic syndromes <input type="checkbox"/> D47.1 Chronic myeloproliferative disease <input type="checkbox"/> D47.3 Essential (hemorrhagic) thrombocytopenia |
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None of these.

Unable to specify _____

FORWARDING INSTRUCTIONS

NKC requires documentation in the NKC medical record to support the ICD-10 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

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