

**ALABAMA QUALITY ASSURANCE FOUNDATION**  
**Medical Peer Review**

**PRO GENERAL MEMORANDUM NO. 93/96-09**

**FOR IMMEDIATE DISTRIBUTION TO YOUR MEDICAL STAFF  
AND UTILIZATION REVIEW - QUALITY ASSURANCE DEPARTMENTS**

**TO: ADMINISTRATORS AND CHIEFS OF STAFF - ALL ALABAMA HOSPITALS; AMBULATORY SURGERY CENTERS; HOSPITAL OUT-PATIENT FACILITIES**

**FROM: H. TERRELL LINDSEY  
PRESIDENT AND CHIEF EXECUTIVE OFFICER**

**DATE: DECEMBER 1, 1993**

**SUBJECT: ICD-9-CM CODING CLARIFICATIONS**

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**I. PURPOSE:**

This General Memorandum is to inform physicians and hospitals on ICD-9-CM coding clarifications from the Health Care Financing Administration (HCFA). These coding clarifications are effective with discharges occurring on or after December 1, 1993.

**II. ICD-9-CM coding clarifications addressed in this memorandum include:**

- A. Admission For Electrophysiology Study (EPS)
- B. Senile Dementia
- C. Adverse Reaction/Poisoning From Coumadin
- D. Evaluation Of A Previous Cerebrovascular Accident

**III. DISCUSSION:**

**A. ADMISSION FOR ELECTROPHYSIOLOGY STUDY (EPS)**

**Question:**

What is the appropriate principal diagnosis for a patient admitted for electrophysiology study (EPS)? This is a follow-up admission to a previously performed radiofrequency ablation of atrioventricular by-pass for supraventricular tachycardia. Although the patient does not have cardiac abnormalities on admission, the EPS is performed to ascertain the long term success of the ablation. The patient has the potential of recurrent supraventricular tachycardia. The EPS does not identify any abnormalities.

**Answer:**

The principal diagnosis is V67.59, Follow-up Examination Following Other Treatment. Secondary codes of V45.81, Aortocoronary By-pass Status and V12.5, Personal History of Diseases of Circulatory System may be added.

**B. SENILE DEMENTIA**

**Question:**

A 77-year old patient was admitted to the hospital with diagnoses of both senile dementia (listed as principal) and Alzheimer's disease, unspecified diabetes mellitus, urinary tract infection, and vaginal candidiasis. A C.A.T. scan of the head was performed. Review of the record reveals all of these medical problems to be long standing or chronic in nature. However, record review also revealed the patient was admitted due to the family's insistence, rather than an acute medical condition requiring admission. Should the principal diagnosis be V61.8, Other Specified Family Circumstances, even though Medicare's code editor program will not accept this code as being an acceptable principal diagnosis? This admission was eventually denied as not medically necessary.

**Answer:**

Assign code 290.0, Senile Dementia, Uncomplicated as the principal diagnosis, with additional diagnoses of 331.0, Alzheimer's Disease; 250.00, Diabetes Mellitus Without Mention of Complication, Type II or Unspecified Type; 599.0, Urinary Tract Infection, Site Not Specified; and 112.1, Candidiasis Of Vulva And Vagina. Even though the admission was later deemed "not medically necessary", the patient's dementia was evaluated via C.A.T. scan during the admission and is correctly coded as the principal diagnosis. Assign code V61.8, Other Specified Family Circumstance, as an additional diagnosis to reflect the family's insistence on the admission.

**C. ADVERSE REACTION/POISONING FROM COUMADIN**

**Question:**

An 80-year old female patient is status-post right sided CVA with left sided weakness, and has a history of atrial fibrillation and is receiving Coumadin prophylaxis. Her usual prothrombin time has been less than 5. The prothrombin time had been gradually increasing, and is now 39. The physician had documented etiology for the elevated prothrombin time would fall into one of three categories:

- (1) improper dosing or inadequate compliance;
- (2) drug interaction resulting in decreased Coumadin metabolism; or
- (3) liver disease or malfunction which would result in decreased clotting factors.

The patient was admitted in atrial fibrillation, and to determine the etiology of this high prothrombin time. The patient was treated by giving fresh frozen plasma. Should the principal diagnosis be V58.2, Encounter For Blood Transfusion?

**Answer:**

From the information provided, this appears to be either a poisoning or an adverse effect of Coumadin. If it is a poisoning, assign code 964.2, Poisoning By Anticoagulants, with an additional code of 427.31, Atrial Fibrillation. If it is an adverse effect, assign code 790.92, Abnormal Coagulation Profile, as the principal diagnosis, with additional codes of E934.2, Agent Primarily Affecting Blood Constituents, Anticoagulants, and 427.31, Atrial Fibrillation. It would be inappropriate to use code 286.5, Hemorrhagic Disorder Due to Circulating Anticoagulants, as no hemorrhagic disorder was documented by the physician.

**D. EVALUATION OF A PREVIOUS CEREBROVASCULAR ACCIDENT**

**Question:**

A 78-year old female was admitted via the Emergency Room for evaluation of previous cerebrovascular accident and weakness. She had been falling frequently at home. The record indicated that the patient's husband was unable to handle her at home, and it was felt that the patient may need subsequent nursing home placement. Physical examination showed her to have right hemiparesis as a result of a previous left cerebrovascular accident. She also has expressive aphasia, congestive heart failure, and emotional volatility. Would V63.2, Person Awaiting Admission To Other Facility, be appropriate as the principal diagnosis? After review it was determined that the admission was not justified.

**Answer:**

Assign code 342.9, Hemiplegia, Unspecified, as the patient was admitted for evaluation for her medical condition. Also code 438, Late Effects Of Cerebrovascular Disease, and codes for all other residuals and conditions which were treated. Although medical review may have shown that the admission was not justified, the reason for the admission was not to wait for admission to another facility.

- IV. If you have any questions regarding this information, please contact Ms. Pam Baber, RRA, CCS, Director of Review Support at (205) 970-1600, Extension 3204 or 1-(800)-760-4550, Extension 3204.

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