

ALABAMA QUALITY ASSURANCE FOUNDATION

PRO GENERAL MEMORANDUM NO. 96/99-04

**FOR IMMEDIATE DISTRIBUTION TO YOUR MEDICAL
RECORDS DEPARTMENT AND CODING STAFF**

TO: ADMINISTRATORS AND CHIEFS OF STAFF - All Alabama
Hospitals, Out-Patient Departments, and Ambulatory Surgery Centers

FROM: H. Terrell Lindsey
President and Chief Executive Officer

DATE: December 10, 1996

SUBJECT: Common ICD-9-CM Coding Errors

I. PURPOSE

AQAF chart review has identified several common coding errors. This memorandum provides information on how to correctly code diagnoses listed in Section II.

**II. ICD-9-CM CODING CLARIFICATIONS ADDRESSED IN THIS MEMO
INCLUDE:**

- A. Chronic Obstructive Asthma.
- B. Aplastic Anemia.
- C. Pulmonary Fibrosis.
- D. Angina Pectoris.
- E. Hypotension.
- F. Prolonged QT Interval.
- G. Hydroureter.

III. DISCUSSION

A. Chronic Obstructive Asthma 493.20

Obstructive asthma is defined as asthma with COPD. In a patient with chronic obstructive asthma, there is continuous obstruction of airflow. (Per Coding Clinic, 2nd Qtr, 1990). We have contacted the American Health Information Management Association (AHIMA), HCFA, and pulmonary specialists who agree with this definition of chronic obstructive asthma. The cases reviewed only documented non-obstructed asthma without the presence of COPD--these cases would be coded to Asthma, NOS 493.90.

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B. Aplastic Anemia 284.8

Aplastic Anemia is a form of anemia which is unresponsive to certain anti-anemia therapies. It is a blood defect in which the bone marrow stops producing blood cells. Malignancies, chemicals, radiation, and other drugs are some of the etiologies of aplastic anemia. Several cases were reviewed in which only a slight low hematocrit was present without evaluation or treatment. These cases should be coded to anemia, NOS 285.9, rather than aplastic anemia.

C. Pulmonary Fibrosis 515

If pulmonary fibrosis is only a chest x-ray finding and does not present any symptoms or require treatment, it should not be coded.

D. Angina Pectoris 413.9

Angina pectoris should only be coded if it is causing symptoms and/or currently being treated.

E. Hypotension 458.9

Hypotension is a cardiac “cc”; however, it should not be coded when it occurs in conjunction with an acute MI. (Coding Clinic, 2nd Qtr, 1995).

F. Prolonged QT Interval 426.89

Several cases were reviewed where coders have tried to identify prolonged QT interval by coding 426.89 conduction disorder. A prolonged QT interval is not a conduction disorder. ICD-9 does not include a specific code for this insignificant EKG finding.

G. Hydroureter 593.5

Hydroureter is an abnormal distention of the ureter with urine/fluid due to obstruction from any cause. Cases were reviewed where patients had ureteral stones but there was no documentation of a hydroureter or distention of the ureter. This should not be coded unless specifically documented on the record.

If you have any questions please contact Anita Meyers, ART, Ext 3217, or Lisa Thompson, ART, Ext 3218 at (205) 970-1600 or 1-800-760-4550.

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