

PRO PREADMISSION REVIEW

Issue Date: May 10, 1990

Authority: [32 CFR 199.15\(d\)](#)

I. ISSUE

What is the extent to which DRG-reimbursed claims are subject to preadmission and prepayment review by state peer review organizations (PROs)?

II. EFFECTIVE DATE

Preadmission/prepayment review by PROs is effective for all referenced diagnoses and surgical operations performed on or after June 1, 1990 in the states indicated.

III. POLICY

A. Applicability

1. [32 CFR 199.15\(d\)](#) provides that "the following areas shall be subject to review to determine whether inpatient care was medically appropriate and necessary, was delivered in the most appropriate setting and met acceptable standards of quality. This review may include preadmission or prepayment review when appropriate.

2. The provision for preadmission/prepayment review shall be implemented selectively by state for certain DRG groupings, diagnoses, and procedures. The FI shall establish the capacity to selectively edit claims for evidence of preadmission/prepayment review in accordance with the specified groupings, diagnoses and procedures as applicable to each of the selected states and catchment areas. The edit requirements are identified in the [ADP Manual, Chapter 10](#).

B. Requirements and Applicable States

1. Surgical Review. The following procedures are subject to preadmission/prepayment review in the states of AR, OR, KS, IL, OH, CO, MS, NH, TN, UT, WV, NY, and PA:

- a. ICD-9-CM 74, excluding 74.3 (C-Section/Removal of Fetus).
- b. ICD-9-CM 68, excluding 68.0, 68.6, 68.7, and 68.8 (Other Uterine Incision or Excision).

- c. ICD-9-CM 28, excluding 28.7 (Tonsil and Adenoid Operations).
- d. ICD-9-CM 51 (Biliary Tract Operations).

2. Diagnostic Groupings Review. The following diagnostic groupings for the diagnoses and procedures identified within these groupings in [paragraph III.C.](#), below, are subject to preadmission/ prepayment review in the states of IA, MA, NC, ND, PR, TX, VA, and WI:

- a. DRGs 106-107 (Coronary Bypass Graft).
- b. DRG 112 (Vascular Procedures Except Major Reconstruction, Without Pump).
- c. DRGs 124-125 (Circulatory Disorders Except AMI, With Cardiac Catheterization).
- d. DRGs 182-184 (Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders).
- e. DRGs 96-98 (Bronchitis and Asthma).
- f. DRGs 89-91 (With Diagnosis of Simple Pneumonia).
- g. DRGs 197-198 (Total Cholecystectomy Without C.D.E.).
- h. DRGs 370-371 (Cesarean Section).
- i. DRGs 358-359 (Uterine and Adnexa Procedures for Non-Malignancy).

3. Expanded Preadmission/Prepayment Review. Most DRG-reimbursed claims shall be subject to PRO preadmission/prepayment review in the states of Connecticut and Alabama. The FI will utilize the written diagnosis and surgical procedure listing provided by the Alabama and Connecticut PRO to determine what claims will be subject to prepayment review.

C. Applicable Diagnoses and Surgical Operations by ICD-9-CM Codes

SIMPLE PNEUMONIA

- 485 Bronchopneumonia, organism unspecified
- 486 Pneumonia
- 487.0 Influenza with pneumonia

BRONCHITIS/ASTHMA

- 466.0 Acute bronchitis

- 466.1 Acute bronchiolitis
- 490 Bronchitis, not specified as acute or chronic
- 491.0 Simple chronic bronchitis
- 491.9 Unspecified chronic bronchitis
- 493.00 Extrinsic asthma w/o status asthmaticus
- 493.01 Extrinsic asthma w/status asthmaticus
- 493.10 Intrinsic asthma w/o status asthmaticus
- 493.11 Intrinsic asthma w/status asthmaticus
- 493.90 Asthma, unspecified w/o status asthmaticus
- 493.91 Asthma, unspecified w/status asthmaticus

CORONARY ARTERY BYPASS GRAFT

- 36.10 Aortocoronary bypass for heart revascularization, not otherwise specified
- 36.11 Aortocoronary bypass for one coronary artery
- 36.12 Aortocoronary bypass for two coronary arteries
- 36.13 Aortocoronary bypass for three coronary arteries
- 36.14 Aortocoronary bypass for four or more arteries
- 36.15 Single internal mammary-coronary artery bypass
- 36.16 Double internal mammary-coronary artery bypass
- 36.19 Other bypass anastomosis for heart revascularization

ANGIOPLASTY/ENDARTERECTOMY

- 36.01 Coronary (balloon) (single vessel)
- 36.02 With thromolytic agent infusion
- 36.05 Multiple vessels
- 38.12 Endarterectomy - head and neck

CARDIAC CATHETERIZATION

- 37.21 Right heart cardiac catheterization
- 37.22 Left heart cardiac catheterization
- 37.23 Combined right and left cardiac catheterization

88.55 Coronary arteriography - single catheter

88.56 Coronary arteriography - two catheter

88.57 Other and unspecified arteriography

ESOPHAGITIS

276.5 Dehydration

535.0 Acute gastritis

535.3 Alcoholic gastritis

535.5 Unspecified gastritis and duodenitis

552.3 Diaphragmatic hernia with obstruction

553.3 Diaphragmatic hernia

558.9 Other and unspecified noninfectious gastroenteritis and colitis

BILIARY TRACT OPERATIONS

51.21 Partial cholecystectomy

51.22 Total cholecystectomy

C-SECTION/REMOVAL OF FETUS

74.0 Classical cesarean section

74.1 Low cervical cesarean section

74.2 Extraperitoneal cesarean section

74.4 Cesarean section of other specified type

74.99 Other cesarean section of unspecified type

OTHER UTERINE INCISION OR EXCISION

68.4 Total abdominal hysterectomy

68.5 Vaginal hysterectomy

IV. EFFECTIVE DATE

Preadmission/prepayment review is effective for services rendered on and after June 1, 1990.

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