



Welcome to the October issue of Maxim Coding CornerSM! As a leader in the HIM industry, [Maxim Health Information Services](#) is committed to providing you with coding-related topics that matter to you. This month, we are focusing on Present on Admission guidelines. Read on below to learn more and be sure to look for information at the end of this article about our new [Ask a Coding Question](#) feature!

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About Maxim Health Information Services

Maxim Health Information Services (MHIS) provides superior quality [coding, auditing, clinical documentation improvement, and health information technology services](#) to healthcare organizations across the country. MHIS offers on-site coding support, remote coding services, auditing and review services, education and training, HIM outsourcing solutions, and services to the Department of Veterans Affairs' Medical Centers. MHIS provides qualified healthcare professionals to

Present on Admission Guidelines

Acute care inpatient encounters have been assigned Present on Admission (POA) indicators since 2007. The guidelines for assignment of POAs act as a supplement to the official coding guidelines for coding and reporting. POA assignment specifically identifies the conditions a patient enters with when admitted to the hospital. Understanding the importance of complete medical record documentation, as well as mechanisms for education and review with coding staff and collaborative relationships with physicians is pivotal to successful applications. Correct assignment not only has financial implications, but it also impacts the facility's public data quality scorecards.

Generally speaking; the requirement to assign POA applies to all inpatient admissions to acute care hospitals excluding: (a) Critical Access Hospitals; (b) Maryland State Waiver Hospitals; (c) Cancer Hospitals; (d) Children's Inpatient facilities; and (e) Long Term Care Hospitals. The POA indicator defines the condition that is clearly present at the time of admission; but is also for a condition clearly present, but not diagnosed until after the time of admission. Conditions that develop during an outpatient encounter are to be considered present on admission. While the guidelines do not direct you on which conditions to code, they serve as guidance on how to assign the appropriate POA. The following are the accepted POA indicators:

Y: Yes - Present at the time of admission

N: No - Not present at the time of admission

customers to meet their needs in an efficient and cost-effective manner. MHIS has some of the best [career opportunities](#) in the industry, with positions including on-site coding, remote coding, travel coding, auditing, and more.

U: Unknown - Documentation is insufficient to determine if the condition is present on admission

W: Clinically undetermined - Provider is unable to clinically determine if the condition is present on admission

1: Not reported/Not used - Exempt from POA reporting (Refer to ICD-9-CM Guidelines for coding and reporting for exempt diagnosis codes.

Having complete medical record documentation is imperative. When documentation is not completely clear, the coder must query for clarification.

The following are guidelines to assist in POA assignment:

- Conditions diagnosed during an outpatient encounter – prior to an admission - are to be assigned POA "Y."
- Conditions diagnosed prior to admission (for example, Hypertension) are assigned POA "Y."
- Conditions diagnosed during an admission, but clearly present prior to the time of admission are assigned POA "Y." Coders should be aware that conditions confirmed during an admission, but were suspected at the time of admission or are likely to be the underlying cause of the symptom are considered present on admission.
- Conditions that are undetermined at the time of admission are assigned POA "W." When a condition cannot be determined clinically if it was present at the time of admission, "W" is assigned.
- For combination codes, assign "N" if any part of the combination code was not present at the time of admission (for example, Obstructive Chronic Bronchitis with acute exacerbation, or code 491.21. Assign POA "N" if the acute exacerbation occurred after the admission.

If the combination code only identifies the chronic condition (for example, acute exacerbation of CHF), assign POA "Y." Should all attributes of the combination code be present on admission (for example, diabetic neuropathy with uncontrolled diabetes), then assign POA "Y."

- For acute and chronic conditions, assign "Y" if the acute condition is POA. If the acute condition is not present, assign "N." Assign "Y" for all chronic conditions, even if it is not diagnosed until after the admission.
- For pre-existing chronic conditions, assign "Y" for any pre-existing chronic condition, demonstrating that this condition was present before or at the time of admission.
- For impending conditions, assign "Y" if a threatened or impending condition is present prior to or at the time of admission, and the diagnosis is based on symptoms/findings present on admission. An example of this scenario would be Impending Acute Myocardial Infarction (code 411.1). Unstable angina is acute worsening of chest pain.
- For two or more contrasting conditions, assign "Y" for each if the symptoms related to the two conditions were present at the time of admission. An example of this scenario would be if the patient is admitted with acute abdominal pain and the documentation stated

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diverticulitis vs. appendicitis (codes 562.11, 541). There are many occasions when the patient's condition improves and is discharged, or the patient may be transferred to another facility before a definitive diagnosis can be established. Since both conditions were felt to be responsible for the presenting symptom, both would be assigned "Y."

- If a symptom followed by comparative or contrasting conditions is present prior to or at the time of admission, all conditions will be assigned "Y." An example of this is chills due to pneumonia or UTI (codes 780.99, 486, 599.0). Because patients may be discharged or transferred prior to a definitive diagnosis, codes for the presenting diagnoses would be assigned "Y."
- For infection codes that include the organism, assign POA "Y" if the infection was present but the culture results are confirmed after the time of admission.
- If the final diagnosis is documented as possible, probable, suspected, or rule out at time of discharge and that diagnosis was suspected at the time of admission, assign POA "Y." However, if the final diagnosis contains possible, probable, suspected, rule out, and this diagnosis is based on symptoms or clinical findings that were not present at time of admission, assign POA "N."

Obstetrical Scenarios:

- Antepartum conditions: When an antepartum condition is present prior to or at the time of admission, assign "Y." Example: Pregnancy with fetal distress (code 656.33). While the majority of documentation for maternity care is documented by nursing staff, the physician should also document any conditions related to labor and treatments provided.
- Pre-Existing conditions: If a pregnant patient has a chronic condition present prior to admission, POA assignment will be "Y." An example of this would be hypertension that pre-exists the pregnancy (code 642.01). This guideline also follows that for patients, other than obstetrical cases.
- Acute conditions: If a pregnant patient develops an acute condition during delivery (not present at the time of admission) assign POA "N." Conditions developing at delivery are not present at the time of admission - since at the time of admission, the patient may not have progressed to the actual delivery. Example: First degree perineal laceration, delivered (code 664.01).
- Co-Existing conditions: If a patient has a condition and the documentation is unclear as to whether it was present at the time of the current admission, a physician query is required for clarification. If an answer is not able to be received, the POA assignment must be "U." The use of "U" should be limited, and coders should follow each facility's physician query process to illicit a clarification. Example: Pregnant patient delivers and is found to have a breast abscess (code 675.11).
- Outcome of delivery: Outcome of delivery coded to the mother's chart is assigned POA "Y." Coders should be aware that code V27.x (outcome of delivery) is the expected outcome.
- Birth: The V code representing the birth, coded on the baby's chart is assigned POA "Y." These circumstances are expected outcomes and always assigned "Y." Example: Single live born infant (code V30.xx).

- Congenital Anomalies: Assign POA "Y" for congenital anomalies, as these are always considered present on admission.

V Codes:

- Reason for encounter: V Codes indicating a reason that a patient presents is assigned POA "Y." Patients presenting for an encounter are usually planned/known ahead of time. An example of this would be when a patient is admitted for chemotherapy (code V58.11)
- History of V Codes: V codes indicating a history of a condition are assigned POA "Y." Information documented shows that the patient has already had the condition and that this information is known. Example: Personal history of colostomy status (code V44.3).

E Codes:

- External cause of injury: POA "Y" should be assigned to any external cause of injury or poisoning that occurred prior to the time of admission. Example: A patient fell out of bed at home and fractured the humeral shaft (codes 812.21, E884.4, E849.0)
- External cause of injury: Assign POA "N" if the cause of injury (or poisoning) occurred after the time of admission. Example: Patient fell out of bed while a patient and fractured the humeral shaft (codes 812.21, E884.4, E849.7).

Accurate assignment of Present on Admission indicators is certainly a challenge to today's coding staff. Complete and accurate medical record documentation, as well as open channels of communication between HIM professionals and any provider involved in the care and treatment of the patient is essential.

References:

ICD-9-CM Official Coding Guidelines

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5499.pdf>

<http://www.cdc.gov/nchs/data/icd9/POAguideSep06.pdf>

Ask a Coding Question

Have a coding-related question that you would like to get answered by an MHIS coding expert? Visit our new ["Ask a Coding Question"](#) page to submit your question for review. If your question is selected as the **Coding Question of the Month**, a full answer will be posted on our website for you and all MHIS website visitors to reference!

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