Present-on-Admission (POA) Coding

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POA and Coding Guidelines (1)

- Unless otherwise specified, a POA modifier must be assigned to each principal and secondary diagnosis.

- POA does not apply to conditions that are not coded and reported based on current coding guidelines.

- A diagnosis is POA if it is present at the time the order for inpatient admission occurs.
Current coding guidelines are not affected by the POA modifier

POA coding must be supported by medical record documentation by a qualified healthcare practitioner

Issues of inconsistent, missing, conflicting or unclear documentation must be resolved by a qualified healthcare practitioner
Valid POA Codes

- **Y** = present at time of order to admit
- **N** = not present at time of order to admit
- **U** = insufficient documentation to determine if Y or N
- **W** = provider unable to determine if Y or N
- **blank** = diagnosis exempt from POA reporting
Assigning POA Indicators (1)

• Conditions on “Exempt from Reporting” list

• Conditions explicitly documented Y or N

• Conditions diagnosed prior to inpatient admission (Y)

• Conditions that develop during outpatient encounter prior to inpatient admission (Y)
Assigning POA Indicators (2)

- Acute conditions present on admission (Y)
- Conditions diagnosed with combination codes when all parts of code are present on admission (Y)
- Chronic conditions regardless of when diagnosed (Y)
Assigning POA Indicators (3)

- Conditions diagnosed during admission but clearly present prior to admission (Y)

- Infection codes with causal organism when infection or signs of infection present on admission but organism not known until after admission (Y)
Assigning POA Indicators (4)

• Comparative or contrasting diagnoses, each present or suspected on admission (Y for each)

• Acute conditions not present on admission (N)

• Chronic condition with acute exacerbation during admission (N for combination codes with acute component; Y for exclusively chronic codes)
Assigning POA Indicators (5)

- Conditions documented on discharge as possible, probable, suspected, or rule-out (diagnosis suspected on admission [Y] or, if diagnosis not suspected on admission, associated symptoms or clinical findings present on admission [Y], otherwise [N])

- Conditions documented on discharge as impending or threatened (if associated symptoms or clinical findings present on admission [Y], otherwise [N])
Assigning POA Indicators (6)

- Documentation does not indicate whether condition was present on admission (attempt to clarify)

- Documentation that qualified practitioner cannot determine whether condition was or was not present on admission (W)

- Coder unable to obtain information about whether condition was present on admission (U)
Assigning POA Indicators (7)

- For pregnant patients, POA assignment is determined by relation of pregnancy-related conditions or complications to admission and is not affected by whether or not the patient delivers (if present on admission [Y], otherwise [N])

- If obstetrical code includes more than one diagnosis and any included diagnosis not present on admission (N)
Assigning POA Indicators (8)

- For an obstetrical code that include non-diagnostic information (eg, conversion of breech to cephalic presentation), ignore timing of non-diagnostic information (all diagnoses present on admission but non-diagnostic information relates to post-admission events [Y])

- For newborns, in utero conditions are present on admission (ie, the time of birth) (Y)
Assigning POA Indicators (9)

- For newborn, complications that occur during delivery (Y)
- All congenital conditions and anomalies (Y)
- POA for E codes are based on the relation of the time of injury to the time of admission (when injury is prior to admission [Y], otherwise [N])
POA – Example #1

• A patient is admitted for a diagnostic work-up of severe cough and difficulty breathing

• The final diagnosis is *malignant neoplasm of the middle lobe of the lung*
POA Code for Example #1

- A patient is admitted for a diagnostic work-up of severe cough and difficulty breathing

- The final diagnosis is malignant neoplasm of the middle lobe of the lung

- ICD-9-CM = 162.4; POA = Y

- Although the malignant neoplasm is not diagnosed until after admission, it is clearly present on admission
• During the recovery period after outpatient surgery, a patient develops atrial fibrillation and subsequently is admitted to the hospital as an inpatient.
POA Code for Example #2

- During the recovery period after outpatient surgery, a patient develops atrial fibrillation and subsequently is admitted to the hospital as an inpatient

- ICD-9-CM = 427.31; POA = Y

- Atrial fibrillation develops prior to a written order for inpatient admission
POA – Example #3

• While being treated in Observation, a patient falls out of bed and breaks a hip

• The patient subsequently is admitted to the hospital as an inpatient with a closed transcervical fracture of the base of the neck of the femur
POA Code for Example #3

- While being treated in Observation, a patient falls out of bed and breaks a hip

- The patient subsequently is admitted to the hospital as an inpatient with a closed transcervical fracture of the base of the neck of the femur

- ICD-9-CM = 820.03; POA = Y

- The hip fracture develops prior to a written order for inpatient admission
POA – Example #4

• A patient with known chronic systolic heart failure is admitted to the hospital after developing decompensated heart failure
POA Code for Example #4

• A patient with known chronic systolic heart failure is admitted to the hospital after developing decompensated heart failure

• ICD-9-CM = 428.23; POA = Y

• Both elements of the combination code for acute on chronic systolic heart failure occur prior to admission
POA – Example #5

• A patient develops fever after inpatient surgery and is treated aggressively

• The physician’s final diagnosis is “possible postoperative infection”
POA Code for Example #5

- A patient develops fever after inpatient surgery and is treated aggressively
- The physician’s final diagnosis is “possible postoperative infection”
- ICD-9-CM = 998.51; POA = N
- Symptom or finding on which possible, probable, suspected, or rule-out diagnosis is based is not present on admission
• A patient develops a **pulmonary embolism** after coronary artery bypass surgery
• A patient develops a **pulmonary embolism** after coronary artery bypass surgery

• **ICD-9-CM = 415.11; POA = N**

• This acute condition is not present on admission
POA – Example #7

- A patient who has a prior subendocardial myocardial infarction is admitted with an impending acute myocardial infarction

- The physician’s final diagnosis is “acute subendocardial myocardial infarction”
POA Code for Example #7

- A patient who has a prior subendocardial myocardial infarction is admitted with an impending acute myocardial infarction

- The physician’s final diagnosis is “acute subendocardial myocardial infarction”

- ICD-9-CM = 410.71; POA = Y

- This acute condition is present on admission
POA – Example #8

- A patient with uncomplicated type II diabetes mellitus develops uncontrolled diabetes on day 3 of a hospitalization
POA Code for Example #8

- A patient with uncomplicated type II diabetes mellitus develops uncontrolled diabetes on day 3 of a hospitalization

- ICD-9-CM = 250.02; POA = N

- The acute portion of this combination code is not present on admission
POA – Example #9

• A patient admitted with pneumonia and high fever rapidly deteriorates and becomes septic

• Discharge diagnoses include sepsis and pneumonia with no specified organism, and it is unclear from the medical record precisely when the sepsis developed
POA Code for Example #9 (step 1)

• A patient admitted with pneumonia and high fever rapidly deteriorates and becomes septic.

• Discharge diagnoses include sepsis and pneumonia with no specified organism, and it is unclear from the medical record precisely when the sepsis developed.

• Query the physician to determine organism and whether sepsis was present on admission.
POA Code for Example #9 (step 2)

- A patient admitted with pneumonia and high fever rapidly deteriorates and becomes septic

- Discharge diagnoses include sepsis and pneumonia

- Physician confirms that the organism is unknown and that she is unsure whether sepsis was present on admission

- ICD-9-CM = 038.9; POA = W
POA – Example #10

A patient is admitted for elective repair of an abdominal aortic aneurysm; however, the aneurysm ruptures prior to surgery but after hospital admission.
POA Code for Example #10

- A patient is admitted for elective repair of an abdominal aortic aneurysm; however, the aneurysm ruptures prior to surgery but after hospital admission

- ICD-9-CM = 441.3; POA = N

- The acute portion of this combination code does not occur until after admission
POA – Example #11

- A patient is admitted with **viral hepatitis B** and progresses to **hepatic coma** after admission
POA Code for Example #11

- A patient admitted with **viral hepatitis B** and progresses to **hepatic coma** after admission
- ICD-9-CM = 070.2; POA = N
- The acute portion of this combination code does not occur until after admission
• A patient with a history of varicose veins and ulceration accidentally injures his leg while hospitalized and the ulcerated area bleeds profusely

• The physician’s final diagnosis is “varicose veins with ulcer and hemorrhage”
A patient with a history of varicose veins and ulceration accidentally injures his leg while hospitalized and the ulcerated area bleeds profusely.

The physician’s final diagnosis is “varicose veins with ulcer and hemorrhage”.

ICD-9-CM = 454.0; POA = Y

The hemorrhage occurs after admission, but it is not included in the ICD-9-CM code.
POA – Example #13 (a trick question)

- A female patient has a normal delivery in the hospital
POA Code for Example #13

- A female patient has a normal delivery in the hospital
- ICD-9-CM = 650; POA = (blank)
- Normal delivery is on the “exempt from reporting” list
POA – Example #14

• A patient in late pregnancy is admitted with excessive vomiting

• During hospitalization she goes into premature labor
POA Code for Example #14

• A patient in late pregnancy is admitted with excessive vomiting

• During hospitalization she goes into premature labor

• ICD-9-CM = 643.2; POA = Y
  ICD-9-CM = 644.2; POA = N

• Excessive vomiting is present on admission
  Premature labor is not present on admission
After normal delivery of a hospitalized patient, a **breast abscess** is noted when she attempts to breast feed.

The physician is unable to determine whether the abscess was present on admission.
POA Code for Example #15

- After normal delivery of a hospitalized patient, a breast abscess is noted when she attempts to breast feed.
- The physician is unable to determine whether the abscess was present on admission.
- ICD-9-CM = 611.0; POA = W
- Healthcare provider is unable to determine when breast abscess occurred.
POA – Example #16

- After patient is admitted in active labor
- After 12 hours of labor, **fetal distress** is noted and a Cesarean section is performed
POA Code for Example #16

• After patient is admitted in active labor

• After 12 hours of labor, fetal distress is noted and a Cesarean section is performed

• ICD-9-CM = 656.8; POA = N

• Fetal distress is not present on admission
POA – Example #17

- A newborn developed diarrhea that is thought to be due to the hospital baby formula
A newborn developed **diarrhea** that is thought to be due to the hospital baby formula

- **ICD-9-CM = 787.91; POA = N**

- Diarrhea develops after the newborn’s admission (ie, the time of birth)
POA – Example #18

- A single live infant is delivered in the hospital by Cesarean section
- The physician lists **fetal bradycardia during labor** in the final diagnoses in the newborn record
• A single live infant is delivered in the hospital by Cesarean section

• The physician lists fetal bradycardia during labor in the final diagnoses in the newborn record

• ICD-9-CM = 653.82; POA = Y

• Bradycardia develops prior to the newborn’s admission (ie, the time of birth)