

ICD-9-CM and 2015 ICD-10-CM Present of Admission (POA) list of exempt codes

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Under the Inpatient Prospective Payment System (IPPS), acute care hospitals have been assigning a Present on Admission (POA) indicator for the principal and all secondary diagnoses since October 1, 2007. Since that time, hospitals have not received payment for cases where a diagnosis was not present on admission, because that indicates a hospital acquired condition (HAC). However, there are certain diagnosis codes that are exempt from POA requirements.

The Present on Admission (POA) Reporting Guidelines are located in Appendix I of the Official Guidelines for Coding and Reporting for both ICD-9-CM and ICD-10- CM. The two sets of POA Guidelines are only slightly different from each other, and include listings of the Categories and Codes Exempt from Diagnosis Present on Admission Requirements.

- ICD-9-CM Official Guidelines for Coding and Reporting, http://www.cdc.gov/nchs/data/icd/icd9cm_guidelines_2011.pdf
- ICD-10-CM Official Guidelines for Coding and Reporting 2015, http://www.cdc.gov/nchs/data/icd/ICD10cmguidelines_2015%209_26_2014.pdf

Medical record documentation is crucial to determine POA requirements. The documentation can be from any provider involved in the care and treatment of the patient, and may be used to support the determination of whether a condition was present on admission or not. The Official Guidelines for Coding and Reporting consider the term “provider” as a physician or any qualified health care practitioner who is legally accountable for establishing the patient’s diagnosis. The provider should be queried if any assistance is needed on the signs/symptoms, timing of test results, and the timing of findings.

The POA Guidelines in Appendix I include the “Exempt from Reporting” list. If any code on a discharged patient case is on this list, then the POA field is left blank. This is the only circumstance in which the field may be left blank.

Present on admission is defined as present at the time the order for inpatient admission occurs—conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered as present on admission. The POA indicator is assigned to principal and all secondary diagnoses and the external cause of injury codes.

Reporting Options		
Y	Yes	Present at the time of inpatient admission
N	No	Not present at the time of inpatient admission
U	Unknown	Documentation is insufficient to determine if condition is present on admission
W	Clinically undetermined	Provider is unable to clinically determine whether condition was present on admission or not
Unreported/Not	(Exempt from POA	See Exempt List in Appendix I

used	reportinga)	
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Hospitals that are not under IPPS reimbursement are exempt from the POA provision:

- 1 Critical Access Hospitals;
- 2 Long Term Care Hospitals;
- 3 Maryland Waiver Hospitals;*
- 4 Cancer Hospitals;
- 5 Children's Inpatient Facilities;
- 6 Religious Non-Medical Health Care Institutions;
- 7 Inpatient Psychiatric Hospitals;
- 8 Inpatient Rehabilitation Facilities; and
- 9 Veterans Administration/Department of Defense Hospitals.

* *Maryland Waiver Hospitals must report the POA indicator on all claims.* [n](#)

Resources

ICD-9-CM Official Guidelines for Coding and Reporting, http://www.cdc.gov/nchs/data/icd/icd9cm_guidelines_2011.pdf
ICD-10-CM Official Guidelines for Coding and Reporting, http://www.cdc.gov/nchs/data/icd/ICD10cmguidelines_2015%209_26_2014.pdf
ICD-10-CM POA Exempt List for 2015 – zip file, <http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html>
CMS Fact Sheet - Hospital-Acquired Conditions and Present on Admission Indicator Reporting, <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/wPOAFactSheet.pdf>

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