CODEX

CODING DECODED

Present on Admission (POA),

Hospital-Acquired Conditions & Patient Safety Indicators

A Practical Reference for Medical Coders

CODING DECODED

1. Present on Admission (POA) Indicators

Definition: POA indicators are codes assigned to diagnoses to indicate whether a condition was present at the time of the patient's hospital admission.

Importance

- Helps identify conditions that develop during hospitalization versus those that were pre-existing.
- Affects hospital reimbursement under payment models like the Hospital-Acquired Conditions (HAC) Reduction Program.
- Ensures quality and patient safety by distinguishing between community-acquired and hospital-acquired conditions.
- Compliance with regulatory requirements and reporting accuracy.

POA Indicator Codes

"Y" — Present on Admission	Indicates a condition that was clearly documented at the time of admission.
"N" — Not Present on Admission	Represents a condition that developed after admission, i.e. during the stay at hospital.
"U" — Documentation Insufficient	Documentation lacks adequate information to determine presence at admission.
"W" — Clinically Undetermined	Provider unable to clinically determine if condition was present at admission.
"1" — Exempt from Reporting	Condition is exempt from POA reporting requirements.

Example

Scenario

A 65-year-old male patient with a history of Hypertension is admitted to the hospital with complaints of severe chest pain and shortness of breath. Upon admission, the physician documents a diagnosis of acute myocardial infarction (AMI). During the hospital stay, the patient develops hospital-acquired pneumonia (HAP) on the third day.

POA Indicator Assignment

- **Acute Myocardial Infarction (AMI):** POA Indicator Y (Yes) — the condition was present at the time of admission.
- **Hospital-Acquired Pneumonia (HAP):** POA Indicator N (No) — the condition was not present at the time of admission but developed during the hospital stay.
- **Hypertension (HTN, documented in the Past Medical History):** POA Indicator Y (Yes) — the condition existed before admission and is a chronic pre-existing condition.

2. Hospital-Acquired Conditions (HACs)

Hospital-Acquired Conditions (HACs) are medical conditions or complications that a patient develops during their hospital stay, which were not present at the time of admission. These conditions are typically considered preventable through proper medical care, hygiene, and hospital protocols.

Examples of Hospital-Acquired Conditions (HACs)

Foreign Object Retention	Example: Surgical instruments left inside a patient after surgery.
Stage III or IV Pressure Ulcers (Bedsores)	Example: Severe pressure ulcers developing during a prolonged hospital stay.
Falls and Trauma	Example: Fractures, dislocations, or head injuries occurring during hospitalization.
Catheter-Associated Urinary Tract Infections (CAUTI)	Example: Infections due to prolonged use of urinary catheters.

Why Are HACs Important?

Hospital-acquired conditions (HACs) have a significant impact on medical coding and billing, particularly in relation to reimbursement, compliance, and hospital quality reporting. Proper identification and documentation of HACs are critical for accurate coding, which directly influences hospital financial performance and regulatory compliance.

HACs directly impact the hospital's revenue cycle due to several billing implications:

Reduced Reimbursement (Medicare and Medicaid Policies)

- CMS does not reimburse hospitals for additional costs associated with treating HACs that were not present on admission.
- HACs may lead to lower Diagnosis-Related Group (DRG) reimbursement, as CMS applies a payment reduction if an HAC results in a higher-paying DRG.

Denial of Claims

- Private insurers may deny payments for conditions categorized as preventable if coded incorrectly or without supporting documentation.

3. Patient Safety Indicators (PSIs)

"The Patient Safety Indicators (PSIs) provide information on potentially avoidable safety events that represent opportunities for improvement in the delivery of care." Main idea for PSI = check the quality of service.

- Patient Safety Indicators (PSIs) are a set of measures developed by the Agency for Healthcare Research and Quality (AHRQ) to identify potential hospital-acquired complications or adverse events.
- They help in quality monitoring, coding audits, and reimbursement impact.
- Commonly used in value-based purchasing programs and hospital performance measurement.
- Hospitals with high PSI rates face penalties under the CMS Value-Based Purchasing Program.
- Total no. of PSI indicators is 18.

Categories of PSIs

- Surgical Complications (e.g., postoperative infections, retained surgical items)
- Hospital-Acquired Conditions (e.g., pressure ulcers, falls with fractures)
- Medication Safety Issues (e.g., adverse drug reactions)

How PSI Indicators Are Determined

- Based on correct documentation.
- Correctly assign codes for conditions that develop after hospital admission.
- Present on Admission (POA) indicators are primarily used to determine whether a condition is hospital-acquired.

Some of the PSI's

PSI Code	PSI Description
PSI 3	Pressure Ulcer Rate
PSI 6	Iatrogenic Pneumothorax
PSI 7	Central Venous Catheter-Related Bloodstream Infection (CLABSI)
PSI 8	Postoperative Hip Fracture
PSI 12	Postoperative Pulmonary Embolism or Deep Vein Thrombosis
PSI 15	Accidental Puncture or Laceration

Example

A 65-year-old female is admitted for gallbladder removal (laparoscopic cholecystectomy) due to symptomatic cholelithiasis. On postoperative day 2, she develops shortness of breath and chest pain. A CT angiogram confirms a pulmonary embolism (PE). The provider documents "Postoperative pulmonary embolism" in the discharge summary.

Review Above Documentation

- **Principal diagnosis:** K80.20 (Calculus of gallbladder without cholecystitis) — POA indicator Y
- **New complication:** I26.99 Pulmonary embolism (PE) diagnosed after surgery — POA indicator N
- **Procedure performed:** Laparoscopic cholecystectomy

As Pulmonary Embolism POA Indicator was N and the patient developed a pulmonary embolism after surgery, this falls under PSI 12 — Postoperative Pulmonary Embolism or Deep Vein Thrombosis (DVT).