

# POA Examples

## General Medical Surgical

1. Patient is admitted for diagnostic work-up for cachexia. The final diagnosis is malignant neoplasm of lung with metastasis.

*Assign “Y” on the POA field for the malignant neoplasm. The malignant neoplasm was clearly present on admission, although it was not diagnosed until after the admission occurred.*

2. A patient undergoes outpatient surgery. During the recovery period, the patient develops atrial fibrillation and the patient is subsequently admitted to the hospital as an inpatient.

*Assign “Y” on the POA field for the atrial fibrillation since it developed prior to a written order for inpatient admission.*

3. A patient is treated in observation and while in Observation, the patient falls out of bed and breaks a hip. The patient is subsequently admitted as an inpatient to treat the hip fracture.

*Assign “Y” on the POA field for the hip fracture since it developed prior to a written order for inpatient admission.*

4. A patient with known congestive heart failure is admitted to the hospital after he develops decompensated congestive heart failure.

*Assign “Y” on the POA field for the congestive heart failure. The ICD-9-CM code identifies the chronic condition and does not specify the acute exacerbation.*

5. A patient undergoes inpatient surgery. After surgery, the patient develops fever and is treated aggressively. The physician’s final diagnosis documents “possible postoperative infection following surgery.”

*Assign “N” on the POA field for the postoperative infection since final diagnoses that contain the terms “possible”, “probable”, “suspected” or “rule out” and that are based on symptoms or clinical findings that were not present on admission should be reported as “N”.*

6. A patient with severe cough and difficulty breathing was diagnosed during his hospitalization to have lung cancer.

*Assign “Y” on the POA field for the lung cancer. Even though the cancer was not diagnosed until after admission, it is a chronic condition that was clearly present before the patient’s admission.*

7. A patient is admitted to the hospital for a coronary artery bypass surgery. Postoperatively he developed a pulmonary embolism.

*Assign “N” on the POA field for the pulmonary embolism. This is an acute condition that was not present on admission.*

8. A patient is admitted with a known history of coronary atherosclerosis, status post myocardial infarction five years ago is now admitted for treatment of impending myocardial infarction. The final diagnosis is documented as “impending myocardial infarction.”

*Assign “Y” to the impending myocardial infarction because the condition is present on admission.*

9. A patient with diabetes mellitus developed uncontrolled diabetes on day 3 of the hospitalization.

*Assign “N” to the diabetes code because the “uncontrolled” component of the code was not present on admission.*

10. A patient is admitted with high fever and pneumonia. The patient rapidly deteriorates and becomes septic. The discharge diagnosis lists sepsis and pneumonia. The documentation is unclear as to whether the sepsis was present on admission or developed shortly after admission.

*Query the physician as to whether the sepsis was present on admission, developed shortly after admission, or it cannot be clinically determined as to whether it was present on admission or not.*

11. A patient is admitted for repair of an abdominal aneurysm. However, the aneurysm ruptures after hospital admission.

*Assign “N” for the ruptured abdominal aneurysm. Although the aneurysm was present on admission, the “ruptured” component of the code description did not occur until after admission.*

12. A patient with viral hepatitis B progresses to hepatic coma after admission.

*Assign “N” for the viral hepatitis B with hepatic coma because part of the code description did not develop until after admission.*

13. A patient with a history of varicose veins and ulceration of the left lower extremity strikes the area against the side of his hospital bed during an inpatient hospitalization. It bleeds profusely. The final diagnosis lists varicose veins with ulcer and hemorrhage.

*Assign “Y” for the varicose veins with ulcer. Although the hemorrhage occurred after admission, the code description for varicose veins with ulcer does not mention hemorrhage.*

14. The nursing initial assessment upon admission documents the presence of a decubitus ulcer. There is no mention of the decubitus ulcer in the physician documentation until several days after admission.

*Query the physician as to whether the decubitus ulcer was present on admission, or developed after admission. Both diagnosis code assignment and determination of whether a condition was present on admission must be based on provider documentation in the medical record (per the definition of “provider” found at the beginning of these POA guidelines and in the introductory section of the ICD-9-CM Official Guidelines for Coding and Reporting). If it cannot be determined from the provider documentation whether or not a condition was present on admission, the provider should be queried.*

- 15. A urine culture is obtained on admission. The provider documents urinary tract infection when the culture results become available a few days later.**

*Assign “Y” to the urinary tract infection since the diagnosis is based on test results from a specimen obtained on admission. It may not be possible for a provider to make a definitive diagnosis for a period of time after admission. There is no required timeframe as to when a provider must identify or document a condition to be present on admission.*

- 16. A patient tested positive for Methicillin resistant Staphylococcus (MRSA) on routine nasal culture on admission to the hospital. During the hospitalization, he underwent insertion of a central venous catheter and later developed an infection and was diagnosed with MRSA sepsis due to central venous catheter infection.**

*Assign “Y” to the positive MRSA colonization. Assign “N” for the MRSA sepsis due to central venous catheter infection since the patient did not have a MRSA infection at the time of admission.*

## **Obstetrics**

1. A female patient was admitted to the hospital and underwent a normal delivery.

*Leave the “present on admission” (POA) field blank. Code 650, Normal delivery, is on the “exempt from reporting” list.*

2. Patient admitted in late pregnancy due to excessive vomiting and dehydration. During admission patient goes into premature labor

*Assign “Y” for the excessive vomiting and the dehydration.  
Assign “N” for the premature labor*

3. Patient admitted in active labor. During the stay, a breast abscess is noted when mother attempted to breast feed. Provider is unable to determine whether the abscess was present on admission

*Assign “W” for the breast abscess.*

4. Patient admitted in active labor. After 12 hours of labor it is noted that the infant is in fetal distress and a Cesarean section is performed

*Assign “N” for the fetal distress.*

5. **Pregnant female was admitted in labor and fetal nuchal cord entanglement was diagnosed. Physician is queried, but is unable to determine whether the cord entanglement was present on admission or not.**

*Assign “W” for the fetal nuchal cord entanglement.*

## **Newborn**

1. A single liveborn infant was delivered in the hospital via Cesarean section. The physician documented fetal bradycardia during labor in the final diagnosis in the newborn record.

*Assign “ Y” because the bradycardia developed prior to the newborn admission (birth).*

2. A newborn developed diarrhea which was believed to be due to the hospital baby formula.

*Assign “ N” because the diarrhea developed after admission.*

3. **A newborn born in the hospital, birth complicated by nuchal cord entanglement.**

*Assign “Y” for the nuchal cord entanglement on the baby’s record. Any condition that is present at birth or that developed in utero is considered present at admission, including conditions that occur during delivery.*