

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
CALIFORNIA INPATIENT DATA REPORTING MANUAL,
MEDICAL INFORMATION REPORTING FOR CALIFORNIA, SEVENTH EDITION**

**OTHER DIAGNOSES AND PRESENT ON ADMISSION
INDICATOR**

Section 97226

(a) (1) For discharges occurring up to and including September 30, 2015: The patient's other diagnoses are defined as all conditions that coexist at the time of admission, that develop subsequently during the hospital stay, or that affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode that have no bearing on the current hospital stay are to be excluded. Diagnoses shall be coded according to the ICD-9-CM. ICD-9-CM codes from the Supplementary Classification of External Causes of Injury and Poisoning (E800-E999) and codes from Morphology of Neoplasms (M800-M997 codes) shall not be reported as other diagnoses.

(2) For discharges occurring on and after October 1, 2015: The patient's other diagnoses are defined as all conditions that coexist at the time of admission, that develop subsequently during the hospital stay, or that affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode that have no bearing on the current hospital stay are to be excluded. Diagnoses shall be coded according to the ICD-10-CM. ICD-10-CM codes from External Causes of Morbidity (V00-Y99) shall not be reported as other diagnoses.

(b) Effective with discharges on or after July 1, 2008, whether the patient's other diagnosis was present on admission shall be reported as one of the following:

- (1) Y. Yes. Condition was present at the time of inpatient admission.*
- (2) N. No. Condition was not present at the time of inpatient admission.*
- (3) U. Unknown. Documentation is insufficient to determine if the condition was present at the time of inpatient admission.*
- (4) W. Clinically undetermined. Provider is unable to clinically determine whether the condition was present at the time of inpatient admission.*
- (5)(blank). Exempt from present on admission reporting.*

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Specifications for reporting this data element with the Record Entry Form for online web entry of individual records or online data file transmission for discharges occurring up to and including September 30, 2015.:

<p>PRINCIPAL DIAGNOSIS CODE</p> <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> </tr> </table>						<p>PRESENT ON ADMISSION</p> <table border="1" style="width: 40px; height: 25px; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 100%;"></td> </tr> </table> <p>Y = Yes N = No U = Uncertain W = Clinically Undetermined (blank) = Exempt from POA reporting</p>																							
<p>OTHER DIAGNOSES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: right;">a.</td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: right;">b.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">c.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">d.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	a.						b.						c.						d.						<p>PRESENT ON ADMISSION</p> <table border="1" style="width: 40px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table>				
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b.																													
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Reporting Requirements

Other Diagnoses:

Number of Other Diagnoses: Up to twenty-four other diagnoses may be reported to OSHPD. Discharge data becomes increasingly useful and valuable for research when all diagnoses that indicate risk factors are reported. Please report all relevant diagnoses.

Psychiatric Reporting: All other diagnoses (in Axis I, II, and III) either co-exist at the time of admission, develop subsequently during the stay, affect the treatment received, or affect the length of stay. This includes medical conditions (in Axis III). In order to comply with the State's reporting requirements to OSHPD, these medical conditions should be reported. The medical conditions are listed as ICD-9-CM codes in Appendix G of DSM-IV codebook.

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While it is true that outside providers treat medical conditions, psychiatric facilities, including PHFs, also provide ongoing healthcare to patients with chronic problems, such as hypertension, diabetes, seizures, or heart conditions with medications and monitor medical conditions. Refer to Title 22 for Licensing and Certification of Acute Psychiatric Hospitals or Psychiatric Health Facilities. The medical conditions under ongoing treatment or that coexist at the time of admission or develop during the stay should be reported to OSHPD. If medication reactions due to drugs (i.e., nausea, dizziness, depression, drowsiness, rapid heartbeat, rash) occur during the stay, these reactions should be reported along with E code(s) for the drug causing the medical reactions.

Other Coding Systems:

- Morphology Codes are not accepted by OSHPD.
- SNODO codes are not accepted by OSHPD.
- DSM-IV codes are not accepted by OSHPD.

ICD-9-CM Codes:

Refer to the official guidelines for coding and reporting the other diagnoses in *Coding Clinic for ICD-9-CM*.

http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm

Duplicate diagnosis codes on the same inpatient discharge data record will not be accepted.

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Conditions should be coded that affect patient care in terms of requiring:

- Clinical evaluation
- Therapeutic treatment
- Diagnostic procedures
- Extended length of hospital stay
- Increased nursing care and/or monitoring

Codes from the Supplementary Classification of External Causes of Injury and Poisoning (E000-E030, E800-E999) will never be reported in the other diagnosis code fields. Such codes must only be reported in the External Causes of Injury code fields.

Parameters for Reporting Present on Admission on or after July 1, 2009:

Follow the reporting requirements in the Appendix “Present on Admission Reporting Guidelines” in the ICD-9-CM Official Guidelines for Coding and Reporting.

http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm