OTHER DIAGNOSES AND PRESENT ON ADMISSION

Section 97226

(a) (1) 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.
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 on and after October 1, 2015:

### 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.

#### 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-10-CM Codes:

Refer to the official guidelines for coding and reporting the other diagnoses in *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)*
http://www.cdc.gov/nchs/icd/icd10cm.htm

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

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

**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-10-CM Official Guidelines for Coding and Reporting.
http://www.cdc.gov/nchs/icd/icd10cm.htm