

# Guidelines for Hospital-Acquired Condition (HAC) and Present on Admission Indicator (POA) Reporting



Effective October 1, 2008, the Centers for Medicare & Medicaid Services (CMS) will no longer reimburse acute access hospitals for additional payment on cases where a specific condition or secondary diagnosis was not present on admission (POA)\*. Claims will be reimbursed as if the condition were not present. Passport Advantage will mirror this implementation for the effective codes below.

## **Conditions for which hospitals will NOT receive additional payment (unless POA) beginning October 1, 2008:**

### **Foreign Object Retained After Surgery**

- 998.4 or 998.7

### **Air Embolism**

- 999.1

### **Blood Incompatibility**

- 999.6

### **Pressure Ulcer Stages III and IV**

- 707.23 or 707.24

### **Falls and Trauma**

- 800-829, 830-839, 850-854, 925-929, 940-949, 991-994

### **Catheter-Associated Urinary Tract Infections (UTI)**

- 996.64

### **Vascular Catheter – Associated Infection**

- 999.31

### **Surgical Site Infection**

- Mediastinitis after Coronary Artery By Coronary Artery Bypass Graft (CABG)
  - 519.2 and any one of the following procedure codes 36.10-36.19
- Certain Orthopedic Procedures
  - 996.67 or 998.59 and any one of the following procedure codes 81.01-81.08, 81.23-81.24, 81.31-81.38, 81.83, 81.85
- Bariatric Surgery for Obesity
  - 278.01 and 998.59 any one of the following procedure codes 44.38, 44.39, 44.95

### **Falls and Trauma – Fractures, Dislocations, Intracranial Injuries, Crushing Injuries, and Burns**

- 800-829.00, 830.00-839.00, 850.00-854.00, 925.00-929.00, 940.00-949.00, 991.00-994.00

## Manifestations of Poor Glycemic Control

- 250.10-250.13, 250.20-250.23, 249.10-249.11, 249.20-249.21

## Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE)

- 415.11, 415.19, 452.40-450.42 or any one of the following procedure codes 00.85, 00.86, 00.87, 81.51, 81.52, 81.54

## Claim Submission Instructions for IPPS Hospitals:

Reason for Code	
<b>Y</b>	Diagnosis was present at the time of inpatient admission.
<b>N</b>	Diagnosis was not present at time of inpatient admission.
<b>U</b>	Documentation insufficient to determine if condition was present at the time of inpatient admission.
<b>W</b>	Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission.
<b>1</b>	Unreported/not used. Exempt from POA reporting.

Inpatient Prospective Payment System (IPPS) hospitals are required to continue reporting POA information for both principal and secondary diagnoses when submitting Passport Advantage claims for discharge, as follows:

## POA Indicator Reporting Codes and Definitions:

- **Paper Claims:**

Select the appropriate POA Indicator as described above, for the principal and any secondary diagnoses. Include the corresponding code as the eighth digit in the appropriate field on the UB-04:

- Principal Diagnosis = Field Locator 67
- Secondary Diagnosis = Field Locator 67 A-Q

Note: the eighth digit is located in the shaded box on the right side of each field.

- **Electronic Claims:**

Using the 837I, submit the appropriate POA Indicator in segment K3 in the 2300 loop, data element K301.

## Questions?

If you have questions regarding this communication, please contact your Provider Relations representative or the Provider Relations department at (502) 585-7943.

\*Source: Federal Register August 19, 2009 (Volume 73, Number 161), <http://edocket.access.gpo.gov/2008/E8-17914.htm>.