



Inland Empire Health Plan



To: IEHP Contracted Hospitals and Acute Hospitals
From: IEHP – Provider Relations
Date: September 5, 2018
Subject: **POA Reporting for Hospital Paper Claim Submitters**

As a reminder, when submitting **paper** UB-04 claims involving inpatient admissions to general acute care hospitals, each diagnosis code must be accompanied by a Present on Admission (POA) indicator for all claims.

Below are the CMS's POA indicator Options and Definitions guidance, which should also be used for Medi-Cal claims that are paid at DRG rates:

Code	Reason for Code
Y	Diagnosis was present at time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as "Y" for the POA Indicator.
N	Diagnosis was not present at time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "N" for the POA Indicator.
U	Documentation insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "U" for the POA Indicator.
W	Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as "W" for the POA Indicator.
1	Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank on the UB-04, however; it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list. For a complete list of codes on the POA exempt list, see the Official Coding Guidelines for ICD-9-CM. http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm

With regards to diagnosis codes that are exempt from POA reporting, IEHP occasionally receives paper claims where a blank POA code is incorrectly submitted, instead of a "1". This has resulted in some claim payment delays or denials. To avoid unnecessary denials or payment delays, please ensure the following:

- Diagnosis codes that are not exempt from POA reporting contain a Y, N, U or W as described above
- Diagnosis codes that are exempt from POA reporting contain a 1 (paper claims only)
- Electronic claim submitters (only) should use a blank to report Diagnosis codes that are exempt from POA reporting

Further information on POA reporting requirements, including access to the entire list of Exempt POA diagnosis codes are described on the below CMS website:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Coding.html>

As a reminder, all communications sent by IEHP can also be found on our Provider portal at the following address: <https://ww3.iehp.org/en/providers/correspondence/>.

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.