

# Present on Admission Frequently Asked Questions (FAQs)

**Q. When is POA data required on claims?**

A. Per The Centers of Medicaid and Medicare (CMS) regulation, the Plan has already implemented this requirement for all inpatient claim submissions.

**Q. Do the POA and Hospital-Acquired Conditions (HAC) programs apply to outpatient or ambulatory surgery services?**

A. No, this program is only for inpatient acute care admissions.

**Q. What facilities are exempt from the POA and HAC programs?**

A. Aside from Medicaid in New York, institutions in all other states are exempt as listed below:

- Critical Access Hospitals
- Long-term Care Hospitals
- Maryland Waiver Hospitals
- Cancer Hospitals
- Children’s Inpatient Hospitals
- Inpatient Rehabilitation Facilities
- Psychiatric Hospitals
- Hospitals outside of the 50 states and outside Puerto Rico

**Q. I thought that the POA indicator for exempt diagnosis codes was a “blank”, not a “1”.**

A. It is a “blank” according to UB-04 guidelines, but a Medicare transmittal stated that on Medicare claims, exempt diagnosis codes should get a POA indicator of “1”.

**Q. If the POA indicator is not on the claim, will the claim be returned to me?**

A. Beginning with claims with discharges on or after October 1, 2008, if hospitals do not report a valid POA code for each diagnosis on the claim, the claim will be returned to the hospital for correct submission of POA information.

<http://www.cms.hhs.gov/transmittals/downloads/R1240CP.pdf>

**DEFINITIONS & GUIDELINES**

**Present on Admission or POA**

Present at the time the order for inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered POA.

The POA indicator is required for all claims involving Medicare inpatient admissions to general acute care hospitals with the \*exception of:

- Critical Access Hospitals
- Long-term Care Hospitals
- Maryland Waiver Hospitals
- Cancer Hospitals
- Children’s Inpatient Hospitals
- Inpatient Rehabilitation Facilities
- Psychiatric Hospitals

*\*exceptions not valid for Medicaid in New York State*

**CMS POA Indicator Reporting Options and Definitions**

| Indicator | Definition/Reporting Option   |
|-----------|---|
| Y         | Diagnosis was present at the time of inpatient admission.   |
| N         | Diagnosis was not present at the time of inpatient admission.   |
| U         | Documentation insufficient to determine if condition was present at the time of inpatient admission.  |
| W         | Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission.  |
| 1         | Exempt from POA reporting. This code is the equivalent of a blank on the UB-04, however, it was determined that blanks were undesirable on Medicare claims when submitting this data via the 004010/0010A1. |

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**Q. Are Skilled Nursing Facilities and swing beds exempt from billing with the POA Indicator?**

A. Yes. In order to group diagnoses into the proper DRG, CMS needs to capture a POA indicator for all claims involving inpatient admissions to general acute care hospitals. The law requires that these POA indicators be reported on all claims for inpatient admissions to general acute care hospitals with discharge dates on or after October 1, 2007. Critical Access Hospitals, Maryland Waiver Hospitals, LTCH, Cancer Hospitals and Children's Inpatient Facilities are exempt from this requirement as are all hospitals paid under any other type of PPS system than the acute care hospital PPS system.

This information is located in Change Request 5679 which can be found at <http://www.cms.hhs.gov/transmittals/downloads/R289OTN.pdf>

**Q. Which diagnoses should the POA be assigned to?**

A. Only the principal and secondary diagnosis (as defined in Section II of the Official Guidelines for Coding and Reporting), and the external cause of injury codes.

**Q. Does CMS require a POA indicator for the external cause of injury code?**

A. Not unless it is being reported as "other diagnosis".

**Q. Who is responsible for tying-up loose ends related to inconsistent, missing or unclear documentation?**

A. The provider is still expected to resolve any of these issues.

Please visit the HAC & POA Web page at <http://www.cms.hhs.gov/hospitalacgcond/> on the CMS Web site for more information.