

PROVIDER BULLETIN

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HOSPITAL BULLETIN

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PRESENT ON ADMISSION (POA)

MO HealthNet will require the Present on Admission (POA) indicator for all diagnosis codes submitted on inpatient hospital claims in accordance with state regulation 13 CSR 70-15.200. The POA indicator will be required for discharges beginning on or after March 1, 2011. If the POA indicator is not present, claim reimbursement could be affected. The POA indicator must be present for the "Principal" and "Other" diagnosis codes reported on claim forms UB-04 and 837 Institutional.

Present On Admission (POA) is defined as a condition present at the time the order for inpatient admission occurs. Conditions that develop during an outpatient encounter prior to an admission to inpatient, including emergency department, observation or outpatient surgery, are considered as present on admission. Use the UB-04 Data Specifications Manual and the ICD-9-CM Official Guidelines for Coding and Reporting for proper assignment of the POA indicator. The POA guidelines are not intended to provide guidance on when a condition should be coded, but rather, how to apply the POA indicator to the final set of assigned diagnosis codes.

PRESENT ON ADMISSION VALUES

As taken from the General Reporting Requirements in the ICD-9-CM Official Guidelines for Coding and Reporting, the following values are to be used when assigning the POA indicator:

Y = Yes – present at the time of inpatient admission.

N = No – not present at the time of inpatient admission.

U = Unknown – documentation is insufficient to determine if condition is present on admission.

W = Clinically undetermined – provider is unable to clinically determine whether condition was present on admission or not.

1 = Unreported/Not Used – exempt from POA reporting. (See the ICD-9-CM Official Guidelines for Coding and Reporting for list of exempt diagnosis codes)

REPORTING POA VALUES

The POA values are to be reported for all diagnosis codes in the following fields of the UB-04 and 837 Institutional claim forms:

UB-04 = eighth digit of Field 67& 67A-Q (shaded area)

837 Institutional (4010 vs.) = segment K3 in the 2300 loop, data element K301

The POA data element on electronic claims must contain the letters “POA”, followed by a single POA indicator for every diagnosis reported and in the order that the diagnosis code(s) were reported on the claim. The POA indicator for the “Principal” diagnosis should be the first indicator after “POA”, and (when applicable) the POA indicators for the “Other” (secondary) diagnosis would follow. The last POA indicator must be followed by the letter “Z” to indicate the end of the data element. For example, the segment may appear something like this: POANNY1WYZ.

MEDICAL RECORD DOCUMENTATION

As stated in the Introduction to the ICD-9-CM Official Guidelines for Coding and Reporting, a joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses. The importance of consistent, complete documentation in the medical record cannot be overemphasized. Medical record documentation from any provider involved in the care and treatment of the patient may be used to support the determination of whether a condition was present on admission or not. The context of the official coding guidelines, the term “provider” means a physician or any qualified healthcare practitioner who is legally accountable for establishing the patient’s diagnosis.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient’s MO HealthNet Managed Care health plan. Before delivering a service, please check the patient’s eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896