

**Title 13—DEPARTMENT OF SOCIAL SERVICES**

**Division 70—MO HealthNet Division**

**Chapter 3—Conditions of Provider  
Participation, Reimbursement, and  
Procedure of General Applicability**

**13 CSR 70-3.230 Payment Policy for Provider Preventable Conditions** The department is amending section (2) and (3) of the rule.

*PURPOSE: This amendment updates the list of Medicare Hospital Acquired Conditions, which are incorporated by reference, and removes ambulatory surgical centers from sections (2) and (3) as the rules that apply to them are addressed in section (4).*

(2) Payment to hospitals *[or ambulatory surgical centers]* enrolled as MO HealthNet providers for care related only to the treatment of the consequences of a HCAC will be denied or recovered by the MO HealthNet Division when the HCAC is determined to have occurred during an inpatient hospital stay and would otherwise result in an increase in payment. HCAC conditions are identified in the list of Medicare Hospital Acquired Conditions, which is incorporated by reference and made part of this rule as published by the Centers for Medicare & Medicaid Services (CMS), **7500 Security Boulevard, Baltimore, MD 21244**, *[at their website at <https://www.cms.gov/medicare/payment/fee-for-service-providers/hospital-aquired-conditions-hac/icd-10>, August 3, 2023]* **November 13, 2024**. This rule does not incorporate any subsequent amendments or additions. *[published by CMS after August 3, 2023.]*

(A) Hospitals *[or ambulatory surgical centers]* enrolled as MO HealthNet providers shall include the “Present on Admission” (POA) indicator on the CMS 1450 UB-04 or electronic equivalent when submitting inpatient claims for payment. The POA indicator is to be used according to the Official Coding Guidelines for Coding and Reporting and the Center for Medicare and Medicaid Services (CMS) guidelines. The POA indicator prompts review of inpatient hospital claims with a HCAC diagnosis code.

(B) All MO HealthNet enrolled hospitals *[or ambulatory surgical centers]* must report HCACs on claims submitted to MO HealthNet for consideration of payment.

(C) The MO HealthNet Division, or **its** designee, will identify the occurrence of HCACs based on the POA indicator, and calculate the payment recoupments based on the facts of each HCAC, **for hospitals reimbursed on a per diem**.

**(D) The MO HealthNet Division, or its designee, will identify the occurrence for HCACs for hospitals paid on a Diagnosis Related Group (DRG) by identified diagnosis codes. The identified diagnosis code related to the HCAC will be excluded from the claim prior to assigning the All Patient Refined Diagnosis Related Group (APR-DRG) and severity level, which determines the level of payment to the provider.**

(3) Payment to hospitals *[or ambulatory surgical centers]* enrolled as MO HealthNet providers for care related only to the treatment of the consequences of an Other Provider-Preventable Condition (OPPC) will be denied or recovered by the MO HealthNet Division when the OPPC is determined to—

(A) Be within the control of the hospital *[or ambulatory surgical center]*;

(B) Have occurred during an inpatient hospital admission, outpatient hospital care, or care in an ambulatory surgical center;

- (C) Have resulted in serious harm;
- (D) Otherwise result in an increase in payment of the identified OPPC; and
- (E) Be a wrong surgical or other invasive procedure performed on a patient, surgical or other invasive procedure performed on the wrong body part, surgical or other invasive procedure performed on the wrong patient.

*AUTHORITY: sections 208.153, 208.201, and 660.017, RSMo 2016. \* Material in this rule originally filed as 13 CSR 70-15.200. Original rule filed Nov. 30, 2011, effective June 30, 2012. Amended: Filed Aug. 28, 2018, effective April 30, 2019. Amended: Filed Nov. 14, 2019, effective May 30, 2020. Amended: Filed Nov. 13, 2020, effective May 30, 2021. Amended: Filed Nov. 22, 2021, effective June 30, 2022. Amended: Filed July 16, 2025.*

*\*Original authority: 208.153, RSMo 1967, amended 1967, 1973, 1989, 1990, 1991, 2007, 2012; 208.201, RSMo 1987, amended 2007; and 660.017, RSMo 1993, amended 1995.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rule Making, PO Box 1527, Jefferson City, MO 65102-1527, or by email to [Rules.Comment@dss.mo.gov](mailto:Rules.Comment@dss.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*