

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) of the rule.

PURPOSE: This amendment updates the list of Medicare Hospital Acquired Conditions which are incorporated by reference.

(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 *[are]* **is incorporated by reference and made part of this rule as** published by The Centers for Medicare & Medicaid Services (CMS) at their website at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10_hacs.html, *[September 8, 2020]* **August 11, 2021.** *[A copy of the list of Medicare Hospital Acquired Conditions from September 8, 2020, is incorporated by reference and made a part of this rule, as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Ct, Jefferson City, MO 65109, at its website at <https://dssruletracker.mo.gov/dss-proposed-rules/welcome.action>.]* This rule does not incorporate any subsequent amendments or additions published by CMS after *[September 8, 2020]* **August 11, 2021.**

(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 designee, will identify the occurrence of HCACs based on the POA indicator and calculate the payment recoupments based on the facts of each HCAC.

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.*

**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-Rulemaking, P.O. Box 1527, Jefferson City, MO 65102-1527, or by email to 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.