



**BlueCross BlueShield
of Alabama**

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Serious Preventable Events Billing Questions

September 25, 2008

Which hospitals are impacted by this change in hospital claims filing guidelines?

All hospitals, regardless of type of inpatient facility or their intent to participate, are impacted by this change to claims filing guidelines. If one of the hospital-acquired condition ICD-9 codes are on the claim, the Present on Admission (POA) indicator must be valid, and not left blank.

What is Present on Admission (POA)?

CMS defines Present on Admission as a set of specified conditions that are present at the time the order for inpatient admission occurs. Conditions that develop during an outpatient encounter, including the emergency room, observation, or outpatient surgery, are considered Present on Admission, and would be coded with POA “Y”, present at the time of the inpatient admission.

What are the POA indicators, and what do they mean?

Y = Yes. Diagnosis was present at time of inpatient admission.

N = No. Diagnosis was not present at time of inpatient admission.

U = No information in the record. Documentation insufficient to determine if the 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.

When should a POA be used?

The POA indicator should be used when a claim containing one of the following conditions is filed:

- Object left in the body after surgery - Unintended retention of a foreign object in a patient after surgery or other procedure
- Air embolism - Patient death or serious disability directly attributable to an intravascular air embolism that occurs while being cared for in a healthcare facility
- Blood incompatibility - Patient death or serious disability directly attributable to a hemolytic reaction due to the administration of ABO/HLA-incompatible blood or blood products
- Hospital-acquired pressure ulcers (decubitus ulcers) - stage three and four
- Hospital-acquired catheter-associated urinary tract infections
- Hospital-acquired vascular catheter - associated infection

- Hospital-acquired mediastinitis after coronary artery bypass surgery
- Falls and trauma (hospital-acquired) - fractures, dislocations, intracranial injuries, crushing injuries and burns

What International Classification of Diseases (ICD-9) codes should have a POA indicator?

- ICD-9 codes 998.4 and 998.7 - Unintended retention of a foreign object in a patient after surgery or other procedure
- 999.1 - Patient death or serious disability directly attributable to an intravascular air embolism that occurs while being cared for in a healthcare facility
- 999.6 - Patient death or serious disability directly attributable to a hemolytic reaction due to the administration of ABO/HLA-incompatible blood or blood products
- 707.23 and 707.24 - Hospital-acquired pressure ulcers (decubitus ulcers) - stage three and four
 - *Note:* These codes will not be available until October 1, 2008.
- 996.64 - Hospital-acquired catheter associated urinary tract infections
 - *Note:* 996.64 would not need to be coded as POA if one of the following codes is present on the claim, also: 112.2, 590.10, 590.11, 590.2, 590.3, 590.80, 590.81, 595, 597, 599
- 999.31 - Hospital-acquired vascular catheter-associated infection
- 519.2 and one of the following procedure codes 36.10-36.19 - Hospital-acquired mediastinitis after coronary artery bypass surgery
- 800-829, 830-839, 850-854, 925-929, 940-949, 991-994 - Falls and trauma (hospital acquired) - fractures, dislocations, intracranial injuries, crushing injuries and burns

What if my facility submits a claim with one of the above ICD-9 codes but leaves the POA field blank?

For dates of service on or after October 1, 2008, a blank POA for one of the above ICD-9 codes will result in the claim being rejected. This applies to all inpatient facilities submitting a claim for both Blue Cross private business and Blue Advantage. The POA can be “Y,” “N,” “W,” or “U.”

How do I report noncovered charges on a claim associated with a Present on Admission condition?

If noncovered days are being billed as a result of a hospital-acquired condition, the number of noncovered days will be shown with Value Code 81. The charges associated with the noncovered day(s) would be shown in the noncovered charges location of the claim form (FL 48 on the hardcopy claim).

How do I report charges that are patient liability?

When POA indicator “N” is used, indicating that the condition is hospital-acquired, Value Code 31 should be used to show any patient liability amounts. The amount shown as patient liability with value code 31 will be deducted from the total noncovered charge amount. The remaining noncovered charges will be applied to the hospital’s contractual write-off amount.

Will value code 31/patient liability amount, work for other situations when patient liability occurs?

Value Code 31 will only be used when POA “N” is received on the claim. We hope to expand the use of this value code to other patient liability situations at a later date.

What happens if I submit POA “N” on my claim, but no value code 31?

The entire noncovered amount will be applied to the hospital’s contractual write-off amount on the remittance.

Does this policy apply to outpatient or inpatient?

This policy applies only to inpatient admissions. Following CMS guidelines, emergency room visits, observation beds, and outpatient surgeries are all considered outpatient and do not apply to this amendment.

Will Blue Advantage claims be included in the Serious Preventable Events billing policy?

Yes, Blue Advantage is part of this amendment. Blue Advantage claims should be filed following the CMS guidelines, using the appropriate POA indicator on the claim.