AmeriHealth.

PROVIDER BULLETIN
#01-2015

TO: Participating acute care hospitals

FROM: Provider Networks and Value-Based Solutions

DATE: February 20, 2015

SUBJECT: Reminder: Present on admission indicator billing requirements

AmeriHealth HMO, Inc. enforces industry standards for AmeriHealth Pennsylvania claims processed on our new operating platform.

This bulletin is a reminder of the present on admission (POA) indicator billing requirements and claims processing policies for acute-care hospitals. AmeriHealth Pennsylvania claims processed on the new operating platform on or after January 1, 2014, without a valid POA indicator (as applicable) will be rejected. All hospitals are required to follow instructions from the Centers for Medicare & Medicaid Services regarding identification of the POA for all diagnosis codes for inpatient claims submitted on the UB-04 and ASC X12N 837 Institutional (837I) forms. The POA indicator reporting instructions are attached for your reference.

Note: The number "1" is **no longer valid** on electronic claim submissions under the version 5010 format. The POA field should instead be **left blank** for codes exempt from POA reporting.

Please ensure that your Information Systems department and/or your software vendor are aware of these reporting instructions to reduce rejections and/or claim denials for claims processed on the new platform.

For more information

If you have any questions about this bulletin, please contact your Network Coordinator. For more information about our system and process changes, please visit our dedicated site at *www.amerihealth.com/pnc/changes*. On this site, you will find a communication archive and Frequently Asked Questions document.

continued on next page

We encourage you to share this information with appropriate members of your staff.

Present on Admission (POA) Indicator Reporting Instructions

POA code set definitions

The following grid outlines POA codes and their definitions:

Code	Reason for code
Y	Diagnosis was present at time of inpatient admission.
N	Diagnosis was not present at 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.

Electronic claims

For electronic claims submitted via the 837I Health Care Claim, document the POA indicator (as applicable) in the HIXX-9 field "Yes/No condition or response code." List an applicable POA code with each related diagnosis code on the claims submission.

Note: The number "1" **is no longer valid** on electronic claim submissions under the version 5010 format, as of January 1, 2011. The POA field should instead be **left blank** for codes exempt from POA reporting.

Paper claims

On the UB-04 Form, report the applicable POA indicator (Y, N, U, or W) for the principal diagnosis code and any secondary diagnosis code:

- Record the applicable POA as the eighth digit in field Principal Diagnosis FL 67 for the principal diagnosis.
- Record the applicable POA as the eighth digit in Secondary fields FL 67 A through Q for each secondary diagnosis.

Note: If the diagnosis code is exempt from POA reporting, report "1" as the eighth digit for principal and secondary diagnoses.

Exempt facilities

We exempt the same facility types from the POA requirements as the Centers for Medicare & Medicaid Services. The following facility types are exempt:

- critical access hospitals
- long-term care hospitals
- cancer hospitals
- children's inpatient facilities
- inpatient rehabilitation facilities
- psychiatric hospitals