

**PROVIDER BULLETIN**  
#07-2014

**TO:** Participating hospitals

**FROM:** Contracting and Provider Networks

**DATE:** March 13, 2014

**SUBJECT:** Present on admission indicator billing requirements

On November 1, 2013, we began transitioning our Independence Blue Cross (IBC) membership to a new operating platform. As a result of this transition, we began enforcing industry standards for claims processed on the new platform (including Federal Employee Program [FEP] members and Host BlueCard<sup>®</sup> claims). If you have been submitting claims based on industry standards, as has been communicated to you in the past, you will have no issues with the information in this bulletin. However, if you have not, please be advised that you will see an increase in rejections and/or claim denials for claims processed on the new platform.

As part of these industry standards, IBC enforces present on admission (POA) indicator billing requirements and claims processing policies for acute-care hospitals. Claims processed on the new platform with dates of service on or after November 1, 2013, 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*Note:* The number “1” is no longer valid on electronic claim submissions under the version 5010 format, effective January 1, 2011. The POA field should instead be left blank for codes exempt from POA reporting.

Please share this information with your Information Systems department and/or your software vendor.

**For more information**

If you have any questions about this bulletin, please contact your Network Coordinator. For more information about our Business Transformation, please visit our dedicated site at [www.ibx.com/pnc/businessstransformation](http://www.ibx.com/pnc/businessstransformation). 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 claims submissions under the version 5010 format, effective 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