



Hospital Acquired Conditions Payment Policy

Policy

Fallon Community Health Plan (FCHP) has identified ten conditions for which hospitals will not receive additional payment if the condition was not present on admission.

Definition

Present on admission (POA) is defined as present at the time the order for inpatient admission occurs. Conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered POA.

FCHP will follow the list of Hospital Acquired Conditions (HAC) identified by CMS in the IPPS payment provision. These are:

1. Foreign object retained after surgery
2. Air embolism
3. Blood incompatibility
4. Stage III and IV pressure ulcers
5. Falls and trauma
 - Fractures
 - Dislocations
 - Intracranial injuries
 - Crushing injuries
 - Burns
 - Electric shock
6. Manifestations of poor glycemic control
 - Diabetic ketoacidosis
 - Nonketotic hyperosmolar coma
 - Hypoglycemic coma
 - Secondary diabetes with ketoacidosis
 - Secondary diabetes with hyperosmolarity
7. Catheter-associated urinary tract infection (UTI)
8. Vascular catheter-associated infection
9. Surgical site infection following:
 - Coronary artery bypass graft (CABG) - mediastinitis
 - Bariatric surgery
 - Laparoscopic gastric bypass
 - Gastroenterostomy
 - Laparoscopic gastric restrictive surgery
 - Orthopedic procedures
 - Spine
 - Neck
 - Shoulder
 - Elbow
10. Deep vein thrombosis (DVT)/pulmonary embolism (PE) following:
 - Total knee replacement
 - Hip replacement

Benefits application

Commercial

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Major Medical
- Fallon Preferred Care

Senior Plan

- Fallon Senior Plan™
- Fallon Senior Plan Preferred
- Summit ElderCare®

Reimbursement

For discharges occurring on or after September 1, 2009, providers will not receive additional payment for cases where one of the identified HACs was not present on admission or when documentation is insufficient to determine if the condition was present at the time of admission.

Hospital Acquired Condition	ICD-9 Codes
1. Foreign object retained after surgery	998.4 998.7
2. Air embolism	999.1
3. Blood incompatibility	999.6
4. Stage III and IV pressure ulcers	707.23 707.24
5. Falls and Trauma Fractures Dislocations Intracranial injuries Crushing injuries Burns Electric shock	800-829 830-839 850-854 925-929 940-949 991-994
6. Manifestations of poor glycemic control Diabetic ketoacidosis Nonketotic hyperosmolar coma Hypoglycemic coma Secondary diabetes with ketoacidosis Secondary diabetes with hyperosmolarity	250.1-250.13 250.20-250.23 251.0 249.10-249.11 249.20-249.21
7. Catheter-associated urinary tract infection (UTI)	996.64 Also, if one of the following are on the same claim, then not POA: 112.2, 590.10, 590.11, 590.2, 590.3, 590.80, 590.81, 595.0, 597.0, 599.0
8. Vascular catheter-associated infection	999.31
9. Surgical site infection following: Coronary artery bypass graft (CABG) - mediastinitis	519.2 and one of the following procedure codes: 36.40-36.19

Bariatric surgery Laparoscopic gastric bypass Gastroenterostomy Laparoscopic gastric restrictive surgery Orthopedic procedures Spine Neck Shoulder Elbow	278.01, 998.59 and one of the following procedure codes: 44.38, 44.39, 44.95 996.67, 998.59 and one of the following procedure codes: 81.01-81.08, 81.23-81.24, 81.31-81.38, 81.83, 81.85
10. Deep vein thrombosis (DVT)/pulmonary embolism (PE) Following: Total knee replacement Hip replacement	415.11, 415.19, 453.40-453.42 and one of the following procedure codes: 00.85–00.87, 81.51-81.52, 81.54

Referral/notification/preauthorization requirements

POA indicator reporting is mandatory for all claims involving inpatient admissions to general acute care hospitals or other facilities.

Billing/coding guidelines

The POA indicator must be assigned to report present on admission information for both primary and secondary diagnoses when submitting information for inpatient services where the discharge was on or after September 1, 2009.

<i>POA Indicator</i>	<i>Description</i>	<i>Reimbursed?</i>
Y	Diagnosis was present at time of inpatient admission.	Yes
N	Diagnosis was not present at time of inpatient admission.	No
U	Documentation insufficient to determine if condition was present at the time of inpatient admission.	No
W	Clinically undetermined. Unable to clinically determine whether or not the condition was present at the time of inpatient admission or not.	Yes
1	Exempt from POA reporting. This indicator is the equivalent of a blank on the UB-04.	N/A

Place of service

This policy applies to services rendered in the inpatient setting (POS 21) in general acute care hospitals or other facilities.

At this time, the following hospitals are exempt from the POA indicator and HAC payment policy.

- Critical access hospitals (CAHs)
- Long-term care hospitals (LTCHs)
- Maryland Waiver hospitals
- Cancer hospitals
- Children's inpatient facilities
- Rural health clinics
- Federally qualified health centers

- Religious Non-Medical Health Care Institutions
- Inpatient psychiatric hospitals
- Inpatient rehabilitation facilities
- Veterans Administration/Department of Defense hospitals

Policy history

Origination date: 09/01/09
Previous revision date(s): N/A
Connection date & details: 07/01/09 – new policy

This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for FCHP. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. FCHP reserves the right to apply this payment policy to all FCHP companies and subsidiaries.