



**Present on Admission Indicator
Frequently Asked Questions
5/17/07**

1. Will CMS require POA reporting on IP claims as of 10/1/07 as stated in previous communications?

Answer: Recent communications with representatives of the NUBC and X12 Committee, indicate that CMS will release a transmittal in the next few weeks regarding POA reporting requirements. It is predicted that the transmittal will state POA reporting is required as of 10/1/07 on all Medicare claims (paper and electronic). The POA will apply to all diagnosis codes on the claim including E codes, excluding the list of exempt codes in the official reporting guidelines. POA will be reported on the 4010A1 electronic form via the K3 section of the 2300 loop.

3/16/07 Update: CMS must issue the transmittal by 5/1/07 to implement POA by 10/1/07.

4/19/07 Update: CMS is postponing implementation of the POA until 1/1/08 per an email released to members of the NUBC. One NUBC member, Bob Davis of NAHDO, informed NAHDO members via email. **WHAIC will postpone required submission of the POA indicator on inpatient records to coincide with CMS' date.**

5/17/07 Update: Although CMS will 'require' POA as of 10/1/07 WHAIC will not require POA until 1/1/08. CMS will not edit for POA until 4/1/08. CMS will send remarks on records without POA during the first quarter of 2008. WHAIC will allow POA as of 7/1/07.

2. How does CMS reporting requirements compare to WHAIC reporting requirements?

Answer: The basic reporting requirements are the same. Differences include the fact that WHA Information Center will allow facilities to report POA as of 7/1/07 discharge dates, however this early reporting is optional. CMS may require POA reporting as of 10/1/07 **transaction** dates. This will need to be clarified when the transmittal is released. WHAIC must require POA reporting as of the 10/1/07 **discharge dates** to coincide with our quarterly submission requirements.

4/19/07 Update: As noted above the CMS and WHAIC required implementation dates has been postponed to 1/1/08. WHAIC received unofficial communication from NAHDO that CMS will base their reporting criteria on discharge dates, not claim transaction dates.

5/17/07 Update: As noted under #1 above.



3. Will CMS and/or WHAIC require critical access hospitals to report the POA indicator as of 10/1/07, **now 1/1/08**?

Answer: CMS has not made a formal statement regarding POA reporting requirements for CAHs. WHA Information Center will require POA reporting from CAHs and all specialty hospitals that are required to report. WHAIC cannot implement reporting requirements based on payer. There are several advantages for CAHs and specialty hospitals to report POA. They include increased knowledge and accuracy about pre-existing conditions vs. complications based on ICD-9-CM coding, decreased false positives on patient safety incidents, improved accuracy of safety and quality measures, improved accuracy of mortality risk adjustment, and improved design of pay-for-performance programs.

5/17/07 Update: CAHs, LTCH, cancer hospitals and children's hospitals are exempt from reporting POA to CMS. **All hospitals that report data to WHAIC must include the POA indicator per the national guidelines.**

4. Is there any more information available on physician vs. coder responsibilities?

Answer: There is a national workgroup discussing this issue at length. WHAIC is participating on the workgroup. When further recommendations are made they will be released to WI hospitals via an IC update and an article in Valued Voice. Hospital staff is encouraged to forward any recommendations or questions related to this topic to Debbie Rickelman.

4/19/07 Update: The collaborative workgroup of Amphion Medical Consulting, RWHC, WHA, WHIMA, and WMS representatives developed a list of three questions thus far that will be forward to Donna Pickett at NCHS for review and comment.

5/17/07 Update: There needs to be continued emphasis on the coder/physician roles and responsibilities. Efforts need to be made to educate physicians regarding the importance of accurate and complete documentation as it relates to POA. Coders need to query physicians when they feel documentation is lacking. We will continue to provide support and clarification on this issue.

5. Will CMS or WHAIC have POA reporting edits on a record (or claim) level basis?

Answer: CMS has not yet released a plan for claim level edits, although it is expected they will do so. WHAIC will not allow POA reporting on the list of exempt ICD-9-CM codes. An edit will be generated if the POA code is not reported on a code that is not on the exempt list. Additional edits may be developed over time.

5/17/07 Update: Please see CMS Transmittal 1240 effective 10/1/07, Section II, Page 4, Business Requirements Table. This document outlines CMS scheduled edits to date.



6. Will CMS or WHAIC have any audits or evaluations post POA reporting?

Answer: CMS has not yet released a plan for post payment audits. WHAIC will incorporate POA evaluation in their validation process. Reporting thresholds from California will be considered when developing the IC methodology. Input from hospital representatives will be included in the development of this process.

7. Which states are currently reporting POA? Are there other states planning to implement POA in the near future?

Answer: To the best of our knowledge, there are five states currently collecting POA. They include California and New York (implemented in the 1990s), Florida (1/1/07), Massachusetts (1/1/07), and Maine (3/1/07). Illinois and Texas plan to implement 1/1/08. Other states are in the discussion and planning phases include Arizona, New Jersey and Pennsylvania.

8. Have all of the coding and billing software vendors incorporated a field and logic for the POA? Is the blank for the exempt codes a problem? Have any of the vendors built-in edits?

Answer: Some vendors have modified their software to accommodate the POA indicator one-digit field. There are some vendors that require the field to be filled with a dummy code such as an "E" or "1" when the code is on the exempt list. The dummy code is extracted prior to transmitting the bill or creating the extract for the state data agency. Further inquiries will be made to vendors over the next few weeks and results will be shared at the April meeting.

4/19/07 Update: Vendor POA applications that WHAIC are aware of are listed on the attached handout. Please submit additional vendor information to WHAIC and the list will be updated. WHAIC will allow a blank or a "1" in the POA field for exempt codes to accommodate extracts pulled from CMS claims.

5/17/07 Update: Per CMS Transmittal 1240, Page 3, CMS Reporting Options and Definitions – '1' = Unreported/Not Used – Exempt from POA reporting. The transmittal further states this is equivalent to a blank on the paper UB-04. Because the blank is allowed on the paper form, and a '1' is required on the electronic form WHAIC will allow either a blank or a '1' in the data submission and convert the blanks to '1s' for codes that are on the exempt list. When a blank is submitted with a code not on the exempt list the record will edit.

9. Will the POA indicator be added to the CMS grouper logic?

Answer: Contact is being made with CMS to obtain an answer to this question. It is presumed the answer is "yes," but the question is more a matter of when.



5/17/07 Update: Per CMS Transmittal 1240, Business Requirement 5499.2.1, effective for discharges on or after January 1, 2008, this data shall be captured and included with other data sent to MCE and GROUPER programs.