Health Care Acquired Condition (HCAC) / Present on Admission (POA)

*all red text is new for 03/15/2021

The PPACA (Patient Protection and Affordable Care Act) requires that states not pay for provider preventable conditions including health care acquired conditions (HCACs) and other provider-preventable conditions (OPPCs). Providers currently report HCACs using Present on Admission (POA) indicators on inpatient claims.

For inpatient claims with dates of admission 10/1/2015 and after, hospitals will not receive the higher DRG payment for cases when one of the selected conditions (see table 1 and 2) is acquired during hospitalization (i.e., was not present on admission).

The Connecticut Medical Assistance Program (CMAP) will not pay for services identified as HCACs. The predetermined list of diagnosis codes that DSS considers to be a HCAC, if there was no indication that the condition was present on admission, will not be considered when assigning the APR DRG for the claim.

HCAC is identified by POA indicator = N (Diagnosis was not present at time of inpatient admission) or U (Documentation insufficient to determine if condition was present at the time of inpatient admission).

The ICD-10 HAC list is available here: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10_hacs

Table 1

The diagnosis code has an associated POA indicator of 'N' or 'U' and the diagnosis is one of the following values:

HCAC	HAC List
Foreign Object Retained after Surgery	HAC 01
Air Embolism	HAC 02
Blood Incompatibility	HAC 03
Pressure Ulcer Stages III & IV	HAC 04
Falls and Trauma: • Fracture • Dislocation • Injury • Crushing Injury • Burn • Other Injuries	HAC 05
Catheter-Associated Urinary Tract Infection (UTI)	HAC 06
Vascular Catheter-Associated Infection	HAC 07
Manifestations of Poor Glycemic Control • Diabetic Ketoacidosis	HAC 09

• Nonketotic Hyperosmolar Coma • Hypoglycemic Coma • Secondary Diabetes with Ketoacidosis • Secondary Diabetes with Hyperosmolarity	

Or

Table 2

The diagnosis code has an associated POA indicator of 'N' or 'U' and the diagnosis and one of the listed surgical procedure codes on the claim are as follows:

HCAC	CC/MCC(ICD-10-CM Codes)	Procedure codes
Surgical Site Infection, Mediastinitis, Following Coronary Artery Bypass Graft (CABG)	J9851, J9859	HAC 08
Surgical site infection following certain Orthopedic procedures: • Spine • Neck • Shoulder • Elbow	HAC 12 Secondary Diagnosis	HAC 12
Surgical site infection following Bariatric Surgery for Obesity: Primary dx = E6601 • Laparoscopic Gastric Bypass • Gastroenterostomy • Laparoscopic Gastric Restrictive Surgery	HAC 11 Secondary Diagnosis	HAC 11
Surgical site infection following Cardiac Implantable Electronic Device (CIED)	HAC 13 Secondary Diagnosis	HAC 13
Deep Vein Thrombosis and Pulmonary Embolism Following Certain Orthopedic Procedures. Exclude Pediatric (based on age < 21) and exclude obstetrics. Total Knee Replacement Hip Replacement	HAC 10 Secondary Diagnosis	HAC 10
Latrogenic Pneumothorax with Venous Catheterization	J95811	HAC 14

HCAC / POA FAQ

1. Are there any billing changes in relation to HCAC and POA for inpatient admission on or after January 1, 2015?

   A. There are no scheduled billing changes in relation to HCAC and POA indicators on hospital claims submissions as of January 1, 2015.

2. Will the DRG implementation impact the processing of Other Provider Preventable Conditions?

    A. No. Wrong surgical or other invasive procedure performed on a wrong body part or on the wrong patient will continue to deny the claim.

Present on Admission (POA) Indicator

Code	Description
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 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.
Blank	As long as the corresponding diagnosis is on the POA exempt list. For a complete list of codes on the POA exempt list, see the Official Coding Guidelines for ICD10-CM.

Helpful Links:

CC/MCC List - scroll to the bottom and click on table 6A-6K in the downloads section which will then open a zip file (6J) and 6(I): https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2020-IPPS-Final-Rule-Home-Page-Items/FY2020-IPPS-Final-Rule-Tables

https://www.medicaid.gov/medicaid/financial-management/provider-preventable-conditions/index.html

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10_hacs

POA Exempt List - https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Coding