

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services



News Flash –The revised fact sheet titled “Acute Care Hospital Inpatient Prospective Payment System” (November 2010), which provides information about the basis for Acute Care Hospital Inpatient Prospective Payment System payment, payment rates, and how payment rates are set, is now available in print format from the Medicare Learning Network®. To place your order, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>, scroll down to “Related Links Inside CMS”, and select “MLN Product Ordering Page”.

MLN Matters® Number: MM7280 **Revised**

Related Change Request (CR) #: 7280

Related CR Release Date: January 28, 2011

Effective Date: July 1, 2011

Related CR Transmittal #: R8510TN

Implementation Date: July 5, 2011

Update to the Fiscal Intermediary Shared System (FISS) End of Present on Admission (POA) Indicator Logic for Version 5010 837I Electronic Health Care Claim Submissions

Note: This article was updated on August 14, 2012, to reflect current Web addresses. Previously, it was revised on May 10, 2011, to add a reference to MLN Matters® article SE1106 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1106.pdf>) for important reminders about the implementation of HIPAA 5010 and D.O., including Fee-for-service implementation schedule and readiness assessments.

Provider Types Affected

This article is for inpatient acute care hospitals that bill Medicare Fiscal Intermediaries (FIs) or Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

Provider Action Needed

Make sure your billing and coding staffs are aware of these changes and properly code the POA Indicator on every claim.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

Upon implementation of version 5010 of the 837I electronic health care claim, providers will no longer have the ability to report the End of POA indicator. This change has potential payment implications for Inpatient Prospective Payment System (IPPS) hospitals due to their inability to report this indicator on version 5010. The Grouper software relies on the End of POA indicator to apply the appropriate Hospital Acquired Condition (HAC) logic when determining the Diagnosis Related Group for claims from IPPS hospitals.

CR7280 modifies FISS logic to automatically populate the End of POA indicator with 'Z' for IPPS hospitals using the version 5010 837I health care claim format. This ensures Grouper will apply the appropriate HAC logic, when applicable.

Additional Information

The official instruction, CR7280 issued to your FI or MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R8510TN.pdf> on the CMS website.

If you have any questions, please contact your FI or MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

News Flash – Get Your Flu Vaccine - Not the Flu. Don't forget to immunize yourself and your staff. Protect your patients. Protect your family. Protect yourself. While seasonal flu outbreaks can happen as early as October, flu activity usually peaks in January. This year's vaccine will protect against three different flu viruses, including the H1N1 virus that caused so much illness last flu season. The risks for complications, hospitalizations, and deaths from the flu are higher among individuals aged 65 years and older. Medicare pays for the seasonal flu vaccine and its administration for seniors and others with Medicare with no co-pay or deductible. Health care workers, who may spread the flu to high risk patients, should get vaccinated too. **Remember** – the influenza vaccine plus its administration are covered Part B benefits. Note that the influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of the influenza vaccine and its administration, as well as related educational resources for health care staff, please visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Flu_Products.pdf and <http://www.cms.gov/Medicare/Prevention/Immunizations/index.html> on the Centers for Medicare & Medicaid Services (CMS) website.

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