

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 851</b>	<b>Date: January 28, 2011</b>
	<b>Change Request 7280</b>

**SUBJECT: 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**

**I. SUMMARY OF CHANGES:** This instruction modifies FISS logic to auto-populate the End of POA indicator "Z" for Inpatient Prospective Payment System hospital providers using the version 5010 837I health care claim format. This ensures grouper will apply the appropriate Hospital Acquired Condition logic, when applicable.

**EFFECTIVE DATE: July 1, 2011**

**IMPLEMENTATION DATE: July 5, 2011**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revise information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

#### **IV. ATTACHMENTS:**

##### **One-Time Notification**

*\*Unless otherwise specified, the effective date is the date of service.*

## Attachment – One-Time Notification

Pub. 100-20	Transmittal: 851	Date: January 28, 2011	Change Request: 7280
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**SUBJECT: 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**

**Effective Date:** July 1, 2011

**Implementation Date:** July 5, 2011

### I. GENERAL INFORMATION

**A. 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 in the 3M grouper for Inpatient Prospective Payment System (IPPS) hospital providers due to their inability to report this indicator. The grouper relies on the End of POA indicator to apply the appropriate Hospital Acquired Condition (HAC) logic to IPPS providers.

This instruction modifies FISS logic to auto-populate the End of POA indicator ‘Z’ for IPPS hospitals providers using the version 5010 837I health care claim format. This ensures grouper will apply the appropriate HAC logic, when applicable.

**B. Policy:** The End of POA indicator is no longer billable with the version 5010 837I electronic health care claim format.

### II. BUSINESS REQUIREMENTS TABLE

*Use “Shall” to denote a mandatory requirement*

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B  M A C	D M E  M A C	F I  M M A C	C A R R I E R	R H I	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
7280.1	Medicare contractors shall code a ‘Z’ in the end of POA indicator field for IPPS facilities so the 3M Grouper applies the appropriate HAC logic to these claims.						X				
7280.2	Medicare contractors shall disable temporary workarounds previously created based off instruction provided in JSM/TDL-11064, released on December 3, 2010.	X		X							

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I  I E R	C A R I E R	R H I  I S S	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
7280.3	<p>A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>	X		X							

#### IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A**

*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: For all other recommendations and supporting information, use this space: N/A**

#### V. CONTACTS

**Pre-Implementation Contact(s):** Cindy Pitts at [Cindy.Pitts@cms.hhs.gov](mailto:Cindy.Pitts@cms.hhs.gov) or Jason Kerr at [Jason.Kerr@cms.hhs.gov](mailto:Jason.Kerr@cms.hhs.gov).

**Post-Implementation Contact(s):** Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

## **VI. FUNDING**

### **Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

### **Section B: For *Medicare Administrative Contractors (MACs)*, include the following statement:**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.