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**To: All Acute Care Hospitals**  
**Contracts Affected: All Lines of Business**

## Present on Admission (POA) Indicator Needed for Acute Care Hospital Claims

*The following bulletin contains important information regarding submission of POA values.*

Effective October 1, 2008, BlueCross BlueShield of Western New York will now require Present on Admission (POA) values on all claim submissions from Acute Care Hospitals. Please ensure that valid POA values are submitted on electronic or paper claim forms. Claims submissions received without valid POA values indicated will be returned.

The following information from the UB-04 Data Specifications Manual is provided to help you understand how and when to code POA indicators.

### General Reporting Requirements

- Present on admission is defined as a condition 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 as present on admission.
- A POA indicator is assigned to the principal and secondary diagnoses (as defined in Section II of the Official Guidelines for Coding and Reporting) and the external cause of injury codes.

As determined by the Centers for Medicare and Medicaid Services (CMS) and the National Uniform Billing Committee (NUBC), the reporting options and definitions for POA values are as follows:

Reporting Options and Definitions
<b>Y</b> = Yes. (Condition present at the time of inpatient admission.)
<b>N</b> = No. (Condition not present at the time of inpatient admission.)
<b>U</b> = Unknown. (Documentation is insufficient to determine if the condition was present at the time of inpatient admission.)
<b>W</b> = Clinically Undetermined. (The provider is unable to clinically determine whether the condition was present at the time of inpatient admission or not.)
<b>1</b> = Unreported/Not used – exempt from POA reporting. (This code is the equivalent of a blank on the UB-04. Since it has been determined that blanks are undesirable when submitting electronically, this POA indicator should be utilized instead of a blank.)

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The POA appears in the last or 8th position of the diagnosis code field on a UB-04 paper claim and in the K3 segment of the 837 Institutional Electronic claim submission.

If you have any questions regarding this bulletin, please contact Provider Services at 1-800-950-0051 or 1-716-884-3461. For FEP contracts, call 1-888-234-6008.