

## **Aetna Better Health® of Kansas**

### **Reminder on Billing POA Indicators on Inpatient Claim**

#### **Present on Admission (POA) Indicators**

POA is defined as 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 POA. The POA indicator is assigned to principal and secondary or other diagnoses (as defined in Appendix I of the *Official Coding Guidelines for Coding and Reporting*) and the external cause of injury codes.

Present on Admission Indicator(s) for External Cause of Injury Diagnosis codes are required for all inpatient claims. All claims involving inpatient admissions to general acute-care hospitals will require submission of present on admission (POA) indicator(s).

*The validity of the POA indicator will be edited and claims are subject to denying when the POA indicator is invalid.* The hospital will need to supply the correct POA indicator(s) and resubmit the claim. A POA indicator for the external cause of injury code is not required unless it is being reported as an “other diagnosis” on the UB-04.

External cause of injury (ECI) codes (Chapter 20 ICD10-CM) are exempt from present on admission (POA) reporting. Reference Chapter 20 of the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) publication for a complete list of these ECI diagnosis codes. The POA indicator is still required for Chapter 19 codes (injuries, poisonings, and certain other consequences of external causes) unless exempt. Reference chapter 20 of the *International Classification of Diseases*, 10th revision, Clinical Modification (ICD-10-CM) publication for a complete list of ECI diagnosis codes.

#### **POA INDICATOR DEFINITIONS**

- Y (for yes): Present at the time of inpatient admission.
- N (for no): Not present at the time of inpatient admission.
- U (for unknown): The documentation is insufficient to determine if the condition was present at the time of inpatient admission.

- W (for clinically undetermined): The provider is unable to clinically determine whether the condition was present at the time of inpatient admission or not.
- Exempt from POA reporting: 5010 claim billing an exempt diagnosis code, leave the POA indicator field blank.

**Questions?**

If you have general questions about this communication, please contact our Provider Experience Department:

By Phone: **1-855-221-5656**

By Email: [providerexperience\\_ks@aetna.com](mailto:providerexperience_ks@aetna.com)