

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT201152

OCTOBER 25, 2011



## The IHCP updates list of hospital-acquired conditions

In conjunction with the October 1, 2011, updates to the *International Classification of Diseases, Ninth Edition (ICD-9)* that were identified in [BT201142](#), the Indiana Health Coverage Programs (IHCP) has updated the list of hospital-acquired conditions (HACs) to comply with the federally defined list.

As noted in [BT200928](#), the IHCP follows determinations made by the Centers for Medicare & Medicaid Services (CMS), including additions or changes to the current list of HAC conditions, as well as changes to diagnosis codes exempted from *present on admission* (POA) reporting. The CMS final rule containing the HAC diagnoses for federal fiscal year (FFY) 2012 was published in the *Federal Register* August 18, 2011. The following table identifies the diagnosis codes and diagnosis-procedure code combinations that have been added to the list of HACs effective October 1, 2011. No additions or changes were made to the diagnosis codes exempted from POA reporting for FFY 2012.

### *Diagnosis codes and diagnosis-procedure code combinations added to the list of HACs effective October 1, 2011*

HAC category	Diagnosis codes and diagnosis-procedure code combinations added to HAC list effective October 1, 2011
Falls and Trauma – Fracture	■ 808.44 ■ 808.54
Surgical Site Infection Following Bariatric Surgery for Obesity	■ 278.01 and 539.01 with procedure code 44.38, 44.39, or 44.95 ■ 278.01 and 539.81 with procedure code 44.38, 44.39, or 44.95
Deep Vein Thrombosis and Pulmonary Embolism Following Certain Orthopedic Procedures	■ 415.13 with procedure code 00.85, 00.86, 00.87, 81.51, 81.52, or 81.54

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**Important note for hospitals that do not currently report *present on admission* indicators on their claims:** CMS published a final rule in the June 6, 2011, *Federal Register* requiring that “States implement requirements for provider self-reporting of HCACs [Health Care Acquired Conditions] in the Medicaid claims payment process” (p 32820). In response to a comment, CMS further noted: “The *Affordable Care Act* requires that HACs identified under the Medicare Inpatient Prospective Payment System (IPPS) are applicable to all entities operating as Medicaid inpatient hospitals. We do not have the authority to exempt any Medicaid inpatient hospital providers from these requirements” (p 32822).

When the IHCP adopted the current HAC policy in October 2009 and began requiring hospitals to report *present on admission* (POA) indicators on their claims, not all hospitals were subject to the requirement. Hospitals exempted from POA indicator reporting are critical access hospitals, long-term acute care hospitals, inpatient psychiatric hospitals, and inpatient rehabilitation hospitals. While the CMS rule does not specifically require states to adopt POA reporting, to comply with the intent of the rule, the IHCP will expand its POA indicator reporting requirement to include all Medicaid-enrolled hospitals no later than July 1, 2012.

Further details will be forthcoming; however, the POA reporting requirements should mirror those set out in [BT200928](#). Hospitals that do not currently report POA indicators on their claims may want to refer to [BT200928](#) as they evaluate what system changes will be needed to comply with this change to IHCP policy.

#### QUESTIONS?

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