Health Care Quality Performance (HCQP) Program

HOSPITAL SUBCOMMITTEE

3-4:30pm, December 2, 2009
Quality Partners of Rhode Island

Goals/Objectives

- Obtain hospital end-user input necessary to finalize plans for Present on Admission (POA) inclusion in the Hospital Discharge Data Set (HDDS)

Attendees

- HCQP Project staff
- Hospital Subcommittee members
- Hospital coders and other end-users (as appropriate/applicable)
- Stakeholders and members of the public

Time	Topic/Notes
3:00pm	**Welcome & Meeting Objective** *Samara Viner-Brown, MS, Chair* - Review meeting objectives - Recommended/approved in March 2009: • Use of the AHRQ measure specifications and POA • Until the POA is available, 60-day preview period to validate incidence - Update on Q1 2009 60-day preview period
3:10pm	**Adding the POA Indicator** *Rosa Baier, MPH* *Gina Rocha, RN, MPH* *Samara Viner-Brown, MS, Chair* - Outcomes from HARI's 11/9 HDDS User's Group Call: • Sent Thompson-Reuters a letter requesting the POA (HEALTH; handout) • Drafted a sample file format (Thompson-Reuters; handout) • Need hospital end-user input on the file format (Subcommittee) - Discussion: • Input on sample file format • End-user considerations and recommendations • Estimated timeline for HDDS inclusion & incidence reporting

Time	Topic/Notes
3:40pm	**Reporting the Updated AHRQ Measure** *Rosa Baier, MPH* *Gina Rocha, RN, MPH* *Samara Viner-Brown, MS, Chair* - Review plans for using the POA-based AHRQ measure: • Updated AHRQ measure specifications (including inclusions/exclusions) • Incidence reporting methodology - Policy & Procedure for preview period: • Rationale • Applicable measures (i.e., those without validation) • Length • Process - Advance planning for reporting: • Educational needs • Discussion topics • Meetings
3:55am	**Action Items & Next Steps** *Samara Viner-Brown, MS, Chair* - Review action items - Schedule next meeting, as needed

Department of Health

Three Capitol Hill
Providence, RI 02908-5097

TTY: 711
www.health.ri.gov

Jamey Motter
Thomson Reuters
6100 Wilkinsburg Road
Raleigh, NC 27612

November 24, 2009

Dear Ms. Motter:

In response to the October 2008 introduction of the Present on Admission (POA) indicator, the Department of Health is requesting that all Rhode Island hospitals amend their Hospital Discharge Data Set (HDDS) reporting to include the POA for all diagnoses codes, effective with discharges beginning January 1, 2010.

Section 17.1 of the Uniform Reporting System regulations states: "Each hospital shall establish and maintain records and data in such a manner as to make uniform the system of periodic reporting. The manner in which the requirements of this regulation may be met shall be prescribed from time to time in directives promulgated by the ..." The POA data fields are necessary to enable the Department to calculate and publicly report pressure ulcer incidence as part of the state's mandated public reporting program.

All hospitals will use a standardized HDDS file format. The updated format will be approved by the Hospital Association of Rhode Island's User's Group, which includes hospital IT staff, and the Department's Hospital Subcommittee, which oversees the public reporting program's hospital reporting work.

Please contact me with any questions (samara.viner-brown@health.ri.gov or 401-222-5935).

Thank you.

Sincerely,

Samara Viner-Brown

Samara Viner-Brown, MS
Chief, Center for Health Data and Analysis

cc: Mike Souza and Gina Rocha, Hospital Association of Rhode Island

Field #	Field Name	PIC	Source Column	Start Position	End Position	Notes
01	Patient Control Number	X(20)	pcn	1	20	**Required**
02	Bill Type	999	billtype	21	23	**Required**
03	Federal Tax Number	X(10)	fedtaxid	24	33	**Required**
04	Statement Covers From MMDDYYYY	9(8)		34	41	**Required**
05	Statement Covers Thru MMDDYYYY	9(8)	covthru	42	49	**Required**
06	Patient ZIP Code	X(9)	patzip	50	58	**Required**
						YYYYY = Foreign Country
						XXXXX = Unknown/No address given
07	Patient Date of Birth MMDDYYYY	9(8)	bthdat	59	66	**Required**
08	Patient Sex	X	patsex	67	67	**Required**
09	Admission Date MMDDYYYY	9(8)	admdate	68	75	**Required**
10	*Admission Hour*	*99*	*admhr*	*76*	*77*	***Required for Emergency and Observation patients***
11	Admission Type	X	admtyp	78	78	**Required**
12	Source of Admission	X	admsrc	79	79	**Required**
13	Patient Status	99	patstat	80	81	**Required**
14	Medical Record Number	X(17)	mrn	82	98	**Required**
15	Revenue Code Line 1	9999	revcode01	99	102	**Required**
16	Charges Line 1	S9(8)V99	revchrg01	103	112	**Required** Do not submit commas. Commas will cause the value to be invalid.
17	Revenue Code Line 2	9999	revcode02	113	116	**Required, if applicable**
18	Charges Line 2	S9(8)V99	revchrg02	117	126	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
19	Revenue Code Line 3	9999	revcode03	127	130	**Required, if applicable**
20	Charges Line 3	S9(8)V99	revchrg03	131	140	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
21	Revenue Code Line 4	9999	revcode04	141	144	**Required, if applicable**
22	Charges Line 4	S9(8)V99	revchrg04	145	154	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
23	Revenue Code Line 5	9999	revcode05	155	158	**Required, if applicable**
24	Charges Line 5	S9(8)V99	revchrg05	159	168	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
25	Revenue Code Line 6	9999	revcode06	169	172	**Required, if applicable**
26	Charges Line 6	S9(8)V99	revchrg06	173	182	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
27	Revenue Code Line 7	9999	revcode07	183	186	**Required, if applicable**
28	Charges Line 7	S9(8)V99	revchrg07	187	196	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
29	Revenue Code Line 8	9999	revcode08	197	200	**Required, if applicable**
30	Charges Line 8	S9(8)V99	revchrg08	201	210	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
31	Revenue Code Line 9	9999	revcode09	211	214	**Required, if applicable**

Field #	Field Name	PIC	Source Column	Start Position	End Position	Notes
32	Charges Line 9	S9(8)V99	revchrg09	215	224	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
33	Revenue Code Line 10	9999	revcode10	225	228	**Required, if applicable**
34	Charges Line 10	S9(8)V99	revchrg10	229	238	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
35	Revenue Code Line 11	9999	revcode11	239	242	**Required, if applicable**
36	Charges Line 11	S9(8)V99	revchrg11	243	252	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
37	Revenue Code Line 12	9999	revcode12	253	256	**Required, if applicable**
38	Charges Line 12	S9(8)V99	revchrg12	257	266	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
39	Revenue Code Line 13	9999	revcode13	267	270	**Required, if applicable**
40	Charges Line 13	S9(8)V99	revchrg13	271	280	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
41	Revenue Code Line 14	9999	revcode14	281	284	**Required, if applicable**
42	Charges Line 14	S9(8)V99	revchrg14	285	294	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
43	Revenue Code Line 15	9999	revcode15	295	298	**Required, if applicable**
44	Charges Line 15	S9(8)V99	revchrg15	299	308	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
45	Revenue Code Line 16	9999	revcode16	309	312	**Required, if applicable**
46	Charges Line 16	S9(8)V99	revchrg16	313	322	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
47	Revenue Code Line 17	9999	revcode17	323	326	**Required, if applicable**
48	Charges Line 17	S9(8)V99	revchrg17	327	336	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
49	Revenue Code Line 18	9999	revcode18	337	340	**Required, if applicable**
50	Charges Line 18	S9(8)V99	revchrg18	341	350	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
51	Revenue Code line 19	9999	revcode19	351	354	**Required, if applicable**
52	Charges Line 19	S9(8)V99	revchrg19	355	364	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
53	Revenue Code Line 20	9999	revcode20	365	368	**Required, if applicable**
54	Charges Line 20	S9(8)V99	revchrg20	369	378	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.

Field #	Field Name	PIC	Source Column	Start Position	End Position	Notes
55	Revenue Code Line 21	9999	revcode21	379	382	**Required, if applicable**
56	Charges Line 21	S9(8)V99	revchrg21	383	392	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
57	Revenue Code Line 22	9999	revcode22	393	396	**Required, if applicable**
58	Charges Line 22	S9(8)V99	revchrg22	397	406	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
59	Revenue Code Line 23	9999	revcode23	407	410	**Required, if applicable**
60	Charges Line 23	S9(8)V99	revchrg23	411	420	**Required, if applicable** Do not submit commas. Commas will cause the value to be invalid.
61	*Patient Type Indicator*	*XX*	*pattype2*	*421*	*422*	***Required***
						1=Inpatient
						2=Observation
						3=Emergency
62	Filler	XX	filler1	423	424	
63	*Observation Hours*	*9(6)*	*observhrs*	*425*	*430*	***Required (Total hours in Observation)***
64	*Discharge Hour*	*9(2)*	*dishrs*	*431*	*432*	***Required***
65	*Geographic Premise*	*XX*		*433*	*434*	***Required***
			premise			*0 = Hospitals Has Only One Premise*
						1 = St. Joseph Health Services of RI - Our Lady of Fatima Hosp
						2 = St. Joseph Health Services of RI - St. Joseph Hosp for Specialty Care
						3 = Rhode Island Hospital - Adult
						4 = Rhode Island Hospital - Hasbro
66	*Mode of Arrival*	*XX*	*marrival*	*435*	*436*	***Required***
						0 = Not Applicable
						1 = Rescue Service/Ambulance
						2 = Helicopter
						3 = Law Enforcement or Social Services Agency
						4 = Personal or Public Transportation
						5 = Other
						9 = Information Not Available
67	*Reason for Visit*	*X(6)*	*reason*	*437*	*442*	***Required for Emergency patients, omit decimal***
68	Principal Diagnosis Code	X(6)	pdx	443	448	**Required, omit decimal**
	Other Diagnosis Code 1	X(6)	dx1	449	454	**Required** if applicable, omit decimal
70	Other Diagnosis Code 2	X(6)	dx2	455	460	**Required** if applicable, omit decimal
71	Other Diagnosis Code 3	X(6)	dx3	461	466	**Required** if applicable, omit decimal

Field #	Field Name	PIC	Source Column	Start Position	End Position	Notes
72	Other Diagnosis Code 4	X(6)	dx4	467	472	**Required** if applicable, omit decimal
73	Other Diagnosis Code 5	X(6)	dx5	473	478	**Required** if applicable, omit decimal
74	Other Diagnosis Code 6	X(6)	dx6	479	484	**Required** if applicable, omit decimal
75	Other Diagnosis Code 7	X(6)	dx7	485	490	**Required** if applicable, omit decimal
76	Other Diagnosis Code 8	X(6)	dx8	491	496	**Required** if applicable, omit decimal
77	Other Diagnosis Code 9	X(6)	dx9	497	502	**Required** if applicable, omit decimal
78	Other Diagnosis Code 10	X(6)	dx10	503	508	**Required** if applicable, omit decimal
79	Other Diagnosis Code 11	X(6)	dx11	509	514	**Required** if applicable, omit decimal
80	Other Diagnosis Code 12	X(6)	dx12	515	520	**Required** if applicable, omit decimal
81	Other Diagnosis Code 13	X(6)	dx13	521	526	**Required** if applicable, omit decimal
82	Other Diagnosis Code 14	X(6)	dx14	527	532	**Required** if applicable, omit decimal
83	*Other Diagnosis Code 15*	*X(6)*	*dx15*	*533*	*538*	***Required*** *if applicable, omit decimal*
84	*Other Diagnosis Code 16*	*X(6)*	*dx16*	*539*	*544*	***Required*** *if applicable, omit decimal*
85	*Other Diagnosis Code 17*	*X(6)*	*dx17*	*545*	*550*	***Required*** *if applicable, omit decimal*
86	*Other Diagnosis Code 18*	*X(6)*	*dx18*	*551*	*556*	***Required*** *if applicable, omit decimal*
87	*Other Diagnosis Code 19*	*X(6)*	*dx19*	*557*	*562*	***Required*** *if applicable, omit decimal*
88	*Other Diagnosis Code 20*	*X(6)*	*dx20*	*563*	*568*	***Required*** *if applicable, omit decimal*
89	*Other Diagnosis Code 21*	*X(6)*	*dx21*	*569*	*574*	***Required*** *if applicable, omit decimal*
90	*Other Diagnosis Code 22*	*X(6)*	*dx22*	*575*	*580*	***Required*** *if applicable, omit decimal*
91	*Other Diagnosis Code 23*	*X(6)*	*dx23*	*581*	*586*	***Required*** *if applicable, omit decimal*
92	*Other Diagnosis Code 24*	*X(6)*	*dx24*	*587*	*592*	***Required*** *if applicable, omit decimal*
93	*Admitting Diagnosis*	*X(6)*	*adx*	*593*	*598*	***Required for Inpatient and Observation patients, omit decimal***
94	E Code	X(6)	ecode	599	604	**Required** if applicable, omit decimal
95	Principal Procedure Code	X(7)	ppx	605	611	**Required** if applicable, omit decimal
96	Principal Procedure Date MMDDYY	9(6)	ppxdate	612	617	**Required** if applicable
97	Other Procedure Code 1	X(7)	px1	618	624	**Required** if applicable, omit decimal
98	Other Procedure Date 1 MMDDYY	9(6)	pxdate1	625	630	**Required** if applicable
99	Other Procedure Code 2	X(7)	px2	631	637	**Required** if applicable, omit decimal
100	Other Procedure Date 2 MMDDYY	9(6)	pxdate2	638	643	**Required** if applicable
101	Other Procedure Code 3	X(7)	px3	644	650	**Required** if applicable, omit decimal

Field #	Field Name	PIC	Source Column	Start Position	End Position	Notes
102	Other Procedure Date 3 MMDDYY	9(6)	pxdate3	651	656	**Required** if applicable
103	Other Procedure Code 4	X(7)	px4	657	663	**Required** if applicable, omit decimal
104	Other Procedure Date 4 MMDDYY	9(6)	pxdate4	664	669	**Required** if applicable
105	Other Procedure Code 5	X(7)	px5	670	676	**Required** if applicable, omit decimal
106	Other Procedure Date 5 MMDDYY	9(6)	pxdate5	677	682	**Required** if applicable
107	Other Procedure Code 6	X(7)	px6	683	689	**Required** if applicable, omit decimal
108	Other Procedure Date 6 MMDDYY	9(6)	pxdate6	690	695	**Required** if applicable
109	Other Procedure Code 7	X(7)	px7	696	702	**Required** if applicable, omit decimal
110	Other Procedure Date 7 MMDDYY	9(6)	pxdate7	703	708	**Required** if applicable
111	Other Procedure Code 8	X(7)	px8	709	715	**Required** if applicable, omit decimal
112	Other Procedure Date 8 MMDDYY	9(6)	pxdate8	716	721	**Required** if applicable
113	Other Procedure Code 9	X(7)	px9	722	728	**Required** if applicable, omit decimal
114	Other Procedure Date 9 MMDDYY	9(6)	pxdate9	729	734	**Required** if applicable
115	Other Procedure Code 10	X(7)	px10	735	741	**Required** if applicable, omit decimal
116	Other Procedure Date 10 MMDDYY	9(6)	pxdate10	742	747	**Required** if applicable
117	Other Procedure Code 11	X(7)	px11	748	754	**Required** if applicable, omit decimal
118	Other Procedure Date 11 MMDDYY	9(6)	pxdate11	755	760	**Required** if applicable
119	Other Procedure Code 12	X(7)	px12	761	767	**Required** if applicable, omit decimal
120	Other Procedure Date 12 MMDDYY	9(6)	pxdate12	768	773	**Required** if applicable
121	Other Procedure Code 13	X(7)	px13	774	780	**Required** if applicable, omit decimal
122	Other Procedure Date 13 MMDDYY	9(6)	pxdate13	781	786	**Required** if applicable
123	Other Procedure Code 14	X(7)	px14	787	793	**Required** if applicable, omit decimal
124	Other Procedure Date 14 MMDDYY	9(6)	pxdate14	794	799	**Required** if applicable
125	*Other Procedure Code 15*	*X(7)*	*px15*	*800*	*806*	***Required*** *if applicable, omit decimal*
126	*Other Procedure Date 15 MMDDYY*	*9(6)*	*pxdate15*	*807*	*812*	***Required*** *if applicable*
127	*Other Procedure Code 16*	*X(7)*	*px16*	*813*	*819*	***Required*** *if applicable, omit decimal*
128	*Other Procedure Date 16 MMDDYY*	*9(6)*	*pxdate16*	*820*	*825*	***Required*** *if applicable*
129	*Other Procedure Code 17*	*X(7)*	*px17*	*826*	*832*	***Required*** *if applicable, omit decimal*
130	*Other Procedure Date 17 MMDDYY*	*9(6)*	*pxdate17*	*833*	*838*	***Required*** *if applicable*
131	*Other Procedure Code 18*	*X(7)*	*px18*	*839*	*845*	***Required*** *if applicable, omit decimal*
132	*Other Procedure Date 18 MMDDYY*	*9(6)*	*pxdate18*	*846*	*851*	***Required*** *if applicable*
133	*Other Procedure Code 19*	*X(7)*	*px19*	*852*	*858*	***Required*** *if applicable, omit decimal*
134	*Other Procedure Date 19 MMDDYY*	*9(6)*	*pxdate19*	*859*	*864*	***Required*** *if applicable*
135	*Other Procedure Code 20*	*X(7)*	*px20*	*865*	*871*	***Required*** *if applicable, omit decimal*
136	*Other Procedure Date 20 MMDDYY*	*9(6)*	*pxdate20*	*872*	*877*	***Required*** *if applicable*
137	*Other Procedure Code 21*	*X(7)*	*px21*	*878*	*884*	***Required*** *if applicable, omit decimal*
138	*Other Procedure Date 21 MMDDYY*	*9(6)*	*pxdate21*	*885*	*890*	***Required*** *if applicable*
139	*Other Procedure Code 22*	*X(7)*	*px22*	*891*	*897*	***Required*** *if applicable, omit decimal*
140	*Other Procedure Date 22 MMDDYY*	*9(6)*	*pxdate22*	*898*	*903*	***Required*** *if applicable*

Field #	Field Name	PIC	Source Column	Start Position	End Position	Notes
141	*Other Procedure Code 23*	*X(7)*	*px23*	*904*	*910*	***Required*** *if applicable, omit decimal*
142	*Other Procedure Date 23 MMDDYY*	*9(6)*	*pxdate23*	*911*	*916*	***Required*** *if applicable*
143	*Other Procedure Code 24*	*X(7)*	*px24*	*917*	*923*	***Required*** *if applicable, omit decimal*
144	*Other Procedure Date 24 MMDDYY*	*9(6)*	*pxdate24*	*924*	*929*	***Required*** *if applicable*
145	Attending Physician State License Number	X(22)	attmd	930	951	**Required** if applicable, use physician state license number
146	Operating Physician State License Number	X(22)	opermd	952	973	**Required** if applicable, use physician state license number (Surgeon of Principal Procedure)
147	Other Physician State License Number	X(22)	othmd1	974	995	**Required** if applicable, use
148	Units of Service Line 1	9(7)	svcunits01	996	1002	**Required**
149	Units of Service Line 2	9(7)	svcunits02	1003	1009	**Required**, if applicable
150	Units of Service Line 3	9(7)	svcunits03	1010	1016	**Required**, if applicable
151	Units of Service Line 4	9(7)	svcunits04	1017	1023	**Required**, if applicable
152	Units of Service Line 5	9(7)	svcunits05	1024	1030	**Required**, if applicable
153	Units of Service Line 6	9(7)	svcunits06	1031	1037	**Required**, if applicable
154	Units of Service Line 7	9(7)	svcunits07	1038	1044	**Required**, if applicable
155	Units of Service Line 8	9(7)	svcunits08	1045	1051	**Required**, if applicable
156	Units of Service Line 9	9(7)	svcunits09	1052	1058	**Required**, if applicable
157	Units of Service Line 10	9(7)	svcunits10	1059	1065	**Required**, if applicable
158	Units of Service Line 11	9(7)	svcunits11	1066	1072	**Required**, if applicable
159	Units of Service Line 12	9(7)	svcunits12	1073	1079	**Required**, if applicable
160	Units of Service Line 13	9(7)	svcunits13	1080	1086	**Required**, if applicable
161	Units of Service Line 14	9(7)	svcunits14	1087	1093	**Required**, if applicable
162	Units of Service Line 15	9(7)	svcunits15	1094	1100	**Required**, if applicable
163	Units of Service Line 16	9(7)	svcunits16	1101	1107	**Required**, if applicable
164	Units of Service Line 17	9(7)	svcunits17	1108	1114	**Required**, if applicable
165	Units of Service Line 18	9(7)	svcunits18	1115	1121	**Required**, if applicable
166	Units of Service Line 19	9(7)	svcunits19	1122	1128	**Required**, if applicable
167	Units of Service Line 20	9(7)	svcunits20	1129	1135	**Required**, if applicable
168	Units of Service Line 21	9(7)	svcunits21	1136	1142	**Required**, if applicable
169	Units of Service Line 22	9(7)	svcunits22	1143	1149	**Required**, if applicable
170	Units of Service Line 23	9(7)	svcunits23	1150	1156	**Required**, if applicable
171	Infant Birth Weight (in grams)	9(4)	bthwt	1157	1160	**Required**
172	Ethnicity	9(1)	ethnic	1161	1161	**Required**
						1 = Hispanic or Latino
						2 = Not Hispanic or Latino
						3 = Not Provided
173	Patient Race	X(1)	patrace	1162	1162	**Required**
						A = White
						B = Black
						C = Asian
						D = American Indian or Alaska Native (AIAN)
						E = Native Hawaiian or Other Pacific Islander (NOHP)
						F = White & Black
						G = White & Asian
						H = White & AIAN
						I = White & NHOPI
	Patient Race (Continue)					J = Black & Asian
						K = Black & AIAN
						L = Black & NHOPI
						M = Asian & AIAN

Field #	Field Name	PIC	Source Column	Start Position	End Position	Notes
						N = Asian & NHOPI
						O = AIAN & NHOPI
						P = All Other
						Q = Not Provided
174	Primary Payer Classification Code	XX	ppay	1163	1164	**Required**
						B = Out of State Blue Cross
						C = CHAMPUS
						D = Medicaid Fee for Service
						H = Coordinated Health Partners
						M = Medicare Fee for Service
						N = Neighborhood Health Plan (NHP)
						O = Other
						P = Self Pay - No Insurance
						R = RI Blue Cross
						U = United
						W = Worker Compensation
175	Medicaid Provider Number	X(12)	mcaidid	1165	1176	**Required**
176	Medicare Provider Number	X(12)	mcareid	1177	1188	**Required**
177	Patient's Social Security Number	X(9)	patssn	1189	1197	**Required**
178	Primary Payer Sub ID	X(4)	subid	1198	1201	**Required**
						2000 = Commercial Insurance Plan
						3000 = Medicaid (managed care)
						4000 = Medicare (managed care)
179	Patient State	XX	state	1202	1203	***Required (Used for census tract coding)***
						XX=Unknown/No Address Given
						FC = Not Applicable
180	Patient City	X(15)	city	1204	1218	**Required** (Used for census tract coding)
181	Patient Address 1	X(30)	pataddress1	1219	1248	**Required** (Used for census tract coding)
182	Patient Address 2	X(30)	pataddress2	1249	1278	**Required,** if applicable (Used for census tract coding)
183	Principal Diagnosis Code POA	X	pdxpoa	1279	1279	**Required**
184	Other Diagnosis Code 1 POA	X	dx1poa	1280	1280	**Required**
185	Other Diagnosis Code 2 POA	X	dx2poa	1281	1281	**Required**
186	Other Diagnosis Code 3 POA	X	dx3poa	1282	1282	**Required**
187	Other Diagnosis Code 4 POA	X	dx4poa	1283	1283	**Required**
188	Other Diagnosis Code 5 POA	X	dx5poa	1284	1284	**Required**
189	Other Diagnosis Code 6 POA	X	dx6poa	1285	1285	**Required**
190	Other Diagnosis Code 7 POA	X	dx7poa	1286	1286	**Required**
191	Other Diagnosis Code 8 POA	X	dx8poa	1287	1287	**Required**
192	Other Diagnosis Code 9 POA	X	dx9poa	1288	1288	**Required**
193	Other Diagnosis Code 10 POA	X	dx10poa	1289	1289	**Required**
194	Other Diagnosis Code 11 POA	X	dx11poa	1290	1290	**Required**
195	Other Diagnosis Code 12 POA	X	dx12poa	1291	1291	**Required**
196	Other Diagnosis Code 13 POA	X	dx13poa	1292	1292	**Required**
197	Other Diagnosis Code 14 POA	X	dx14poa	1293	1293	**Required**
198	Other Diagnosis Code 15 POA	X	dx15poa	1294	1294	**Required**
199	Other Diagnosis Code 16 POA	X	dx16poa	1295	1295	**Required**

Field #	Field Name	PIC	Source Column	Start Position	End Position	Notes
200	Other Diagnosis Code 17 POA	X	dx17poa	1296	1296	Required
201	Other Diagnosis Code 18 POA	X	dx18poa	1297	1297	Required
202	Other Diagnosis Code 19 POA	X	dx19poa	1298	1298	Required
203	Other Diagnosis Code 20 POA	X	dx20poa	1299	1299	Required
204	Other Diagnosis Code 21 POA	X	dx21poa	1300	1300	Required
205	Other Diagnosis Code 22 POA	X	dx22poa	1301	1301	Required
206	Other Diagnosis Code 23 POA	X	dx23poa	1302	1302	Required
207	Other Diagnosis Code 24 POA	X	dx24poa	1303	1303	Required
208	E Code POA	X	ecodepoa	1304	1304	Required
209	Filler	X(296)	filler3	1305	1600	

From: Michael Souza [mikes@hari.org]
Sent: Thursday, November 19, 2009 1:19 PM

CMS POA Indicator Options and Definitions

Code	Reason for Code
Y	Diagnosis was present at time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as "Y" for the POA Indicator.
N	Diagnosis was not present at time of inpatient admission. CMS will **not** pay the CC/MCC DRG for those selected HACs that are coded as "N" for the POA Indicator.
U	Documentation insufficient to determine if the condition was present at the time of inpatient admission. CMS will **not** pay the CC/MCC DRG for those selected HACs that are coded as "U" for the POA Indicator.
W	Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as "W" for the POA Indicator.
1	Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank on the UB-04, however; it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The "1" POA Indicator should not be applied to any codes on the HAC list. For a complete list of codes on the POA exempt list, see page 110 of the Official Coding Guidelines for ICD-9-CM. http://www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/icdguide08.pdf