




DataMetrix

Helping you keep your promise

Hospital Acquired Conditions




Hospital Acquired Conditions (HACs)

Legislation required CMS to select at least two conditions by 10/01/2007, that were:

- High cost, high volume, or both;
- Assigned to a higher paying DRG when present as a secondary diagnosis;
- Could reasonably have been prevented through the application of evidence-based guidelines.


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Hospital Acquired Conditions and Present on Admission (POA)

- Present on Admission applies to each diagnosis code space within Form Locator 67 A-Q on UB-04
- POA indicators:
 - Y = Yes = present at the time of inpatient admission
 - N = No = not present at the time of inpatient admission
 - U = Unknown = documentation insufficient to determine if condition was present at time of inpatient admission
 - W = Clinically Undetermined = provider is unable to clinically determine whether condition was present at time of inpatient admission or not
 - 1 = Unreported/Not used – Exempt from POA reporting


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 **POA and UB-04**




Present On Admission location

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 **Hospital Acquired Conditions affect Payment**


- As of 10/01/2008, Medicare will no longer assign an inpatient hospital stay to a higher paying MS-DRG if a selected HAC was not present on admission (POA).
- The stay will be paid as if the secondary diagnosis was not present on admission.
- If the secondary diagnosis resulting in higher DRG was present on admission, Medicare will pay the higher weighted DRG

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 **Present on Admission (POA)**


- CMS pays the CC/MCC condition for selected HACs that are coded as "Y" & "W"
- CMS does NOT pay the CC/MCC condition for selected HACs that are coded "N" & "U"

MS-DRG Assignment (Examples for a single secondary dx)	POA Status of Secondary Dx	Average Payment
Principal Diagnosis: Stroke without CC/MCC MS-DRG 066	--	\$5,347.98
Principal Diagnosis: Stroke with CC MS-DRG 065 Example Secondary Diagnosis: • Injury due to a fall (code 836.4 (CC))	Y	\$6,177.43
Principal Diagnosis: Stroke with CC MS-DRG 066 Example Secondary Diagnosis: • Injury due to a fall (code 836.4 (CC))	N	\$5,347.98
Principal Diagnosis: Stroke with MCC MS-DRG 064 Example Secondary Diagnosis: • Stage III pressure ulcer (code 707.23 (MCC))	Y	\$8,030.28
Principal Diagnosis: Stroke with MCC MS-DRG 066 Example Secondary Diagnosis: • Stage III pressure ulcer (code 707.23 (MCC))	N	\$5,347.98




Never Events


- Different than HAC
- Wrong Patient
- Wrong Site Surgery
- Wrong Operation
- New e-codes proposed for 2010 to address these Never Events
- http://www.cdc.gov/nchs/data/icd9/agenda_Sep08.pdf





HAC and Diagnosis Code

Foreign Object Retained After Surgery	998.4 (CC) 998.7 (CC)
Air Embolism	999.1 (MCC)
Blood Incompatibility	999.6 (CC)
Pressure Ulcer Stages III & IV	707.23 (MCC) 707.24 (MCC)
Vascular Catheter-Associated Infection	999.31 (CC)


 HAC and Diagnosis Code	
Falls and Trauma: - Fracture - Dislocation - Intracranial Injury - Crushing Injury - Burn - Electric Shock	Codes within these ranges on the CC/MCC list: 800-829 830-839 850-854 925-929 940-949 991-994

 HAC and Diagnosis Code	
Catheter-Associated Urinary Tract Infection (UTI)	996.64 (CC) Also excludes the following from acting as a CC/MCC: 112.2 (CC) 590.10 (CC) 590.11 (MCC) 590.2 (MCC) 590.3 (CC) 590.80 (CC) 590.81 (CC) 595.0 (CC) 597.0 (CC) 599.0 (CC)


 HAC and Diagnosis Code	
Manifestations of Poor Glycemic Control	250.10-250.13 (MCC) 250.20-250.23 (MCC) 251.0 (CC) 249.10-249.11 (MCC) 249.20-249.21 (MCC)
Surgical Site Infection, Mediastinitis, Following Coronary Artery Bypass Graft (CABG)	519.2 (MCC) And one of the following procedure codes: 36.10-36.19
Surgical Site Infection Following Certain Orthopedic Procedures	996.67 (CC); 998.59 (CC) And one of the following procedure codes: 81.01-81.08, 81.23-81.24, 81.31-81.38, 81.83, 81.85


 **HAC and Diagnosis Code**

Surgical Site Infection Following Bariatric Surgery for Obesity	Principal Diagnosis – 278.01 998.59 (CC) And one of the following procedure codes: 44.38, 44.39, or 44.95
Deep Vein Thrombosis and Pulmonary Embolism Following Certain Orthopedic Procedures	415.11 (MCC) 415.19 (MCC) 453.40-453.42 (MCC) And one of the following procedure codes: 00.85-00.87, 81.51-81.52, or 81.54

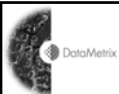
 **2010 HAC Changes**

- No changes in 2010 IPPS rule
- Two new ICD-9-CM codes included in existing HAC
 - 813.46 Torus fracture of ulna (CC)
 - 813.47 Torus fracture of radius and ulna (CC)



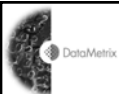
 **Future Possible Candidate HACs**

- Surgical site infections after Cardiac Pacemaker /Defibrillator
- Death or disability associated with drugs, devices or biologicals
- Dehydration
- Malnutrition



***Future Possible
Candidate HACS***

- Water borne pathogen infections (Legionella, pseudomonas, etc.)
- Surgical site infections following other procedures (orthopedic & non-orthopedic)
- Ventilator-associated pneumonia



***Hospital OP
Candidate HACS***

- Conditions related to medication administration/medication errors in the HOP setting
- Conditions related to HOP surgery or other procedures
- Infections related to HOP care



- Questions?
- <http://www.cms.hhs.gov/HospitalAcqCond/>
- http://federalregister.gov/OFRUpload/OFRData/2009-10458_PI.pdf
