

Hospital Acquired Conditions

Effective October 1, 2008 The Centers for Medicare and Medicaid Services (CMS) will no longer reimburse hospitals for certain high burden, high-cost, hospital-acquired infections and injuries. Medicare considers these “Hospital Acquired Conditions” (HAC) to be reasonably preventable through the use of evidence-based guidelines. The following conditions are covered under Medicare’s HAC policy:

Foreign object retained after surgery

Air embolism

Blood incompatibility

Stage III and IV pressure ulcers

Falls and trauma, including fractures, dislocations, intracranial injuries, crushing injuries, burns, and electric shock

Catheter-associated urinary tract infections

Vascular catheter associated infection

Surgical site infection, mediastinitis after CABG

Deep vein thrombosis in the leg following knee or hip replacement

Complications stemming from poor blood sugar control

CMS also requires hospitals to have a “Present on Admission” (POA) indicator for all diagnoses reported on reimbursement claims. Documentation at the time of admission of all potential issues is crucial so the coders can capture conditions that were present prior to the patient being admitted to the hospital. For physicians, this means documenting all conditions, such as decubitus ulcers, urinary tract infections, or others, which are present at the time of admission. You may be reminded by nursing and case management staff when documentation in the medical record is necessary.

Conditions identified during an outpatient or observation level of care should be documented as “present on admission” (POA) if the patient moves from outpatient to inpatient status. This is important to accurately reflect the severity level of your patient.