

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11236	Date: January 27, 2022
	Change Request 12572

SUBJECT: Updating the Exempt Diagnosis Codes Present on Admission (POA) File to Accommodate Multiple Effective and Termination Dates

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to expand the POA file to accommodate multiple effective and termination dates for the exempt diagnosis codes from POA. Currently, the file only allows a code to be terminated once.

EFFECTIVE DATE: July 1, 2022

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: July 5, 2022

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: CMS requires hospitals to report present on admission indicators for both primary and secondary diagnoses when submitting claims for discharges on or after October 1, 2007. Some diagnosis codes are exempt from POA reporting.

This change request is to expand the exempt diagnosis codes for POA to include multiple effective and termination dates for each code within the Fiscal Intermediary Shared System (*FISS*).

B. Policy: The policy remains the same.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12572.1	The contractor shall modify their process for the exempt diagnosis codes from reporting POA to include multiple effective and termination dates for each code.					X				
12572.1.1	The contractor shall allow up to five effective and termination dates.					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Cindy Pitts, Cindy.Pitts@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0