



P.O. Box 30449  
Salt Lake City, UT 84130-0449

<<Date>>

«Name of Group»  
«Address»  
«Address\_2»  
«City», «State» «Zip»

**RE: Provider Preventable Conditions: Health Care Acquired Conditions Reimbursement Policy**

Dear Provider,

UnitedHealthcare Community Plan implemented a Health Care Acquired Conditions (HCAC) Reimbursement Policy effective July 1, 2012. Ten categories of conditions/diagnoses were selected for the HCAC payment provision as provided in the Centers for Medicare & Medicaid Services (CMS) regulations.

Under this policy, we will reduce the reimbursement to hospitals for HCAC treatment if these conditions/diagnoses are not Present on Admission (POA):

- Foreign object retained after surgery
- Air embolism
- Blood incompatibility
- Stage III and IV pressure ulcers
- Falls and trauma causing:
  - Fractures
  - Dislocations
  - Intracranial injuries
  - Crushing injuries
  - Burns
  - Electric shock
- Manifestations of poor glycemic control causing:
  - Diabetic ketoacidosis
  - Nonketotic hyperosmolar coma
  - Hypoglycemic coma
  - Secondary diabetes with ketoacidosis
  - Secondary diabetes with hyperosmolarity
- Catheter-associated urinary tract infection (CAUTI)
- Vascular catheter-associated infection

- Surgical site infection following:
  - Coronary artery bypass graft (CABG)—mediastinitis
  - Bariatric surgery
    - Laparoscopic gastric bypass
    - Gastroenterostomy
    - Laparoscopic gastric restrictive surgery
  - Orthopedic procedures
    - Spine
    - Neck
    - Shoulder
    - Elbow
- Deep vein thrombosis (DVT)/pulmonary embolism (PE) following:\*
- Total knee replacement
- Hip replacement

*\* Obstetric and pediatric patients are excluded from the DVT/PE component only.*

There will be no reduction in payment if the condition is indicated to be POA by utilizing the appropriate POA indicator on the submitted claim.

\*\*Note: The POA indicator is required for hospital admission claims with dates of service on or after July 1, 2012. Claims that are not submitted with this requirement will be denied. This process will be applicable to hospitals that provide services to UnitedHealthcare Community Plan members.

This policy, in its entirety, can be obtained at:

[uhcommunityplan.com/health-professionals/DE/reimbursement-policy](http://uhcommunityplan.com/health-professionals/DE/reimbursement-policy)

Thank you for your continued service to our UnitedHealthcare Community Plan members. If you have any questions, please contact Provider Service at 800-600-9007.

Sincerely,

/signature/

[Leader Name]

[Title]