



A Public Entity

Inland Empire Health Plan



**To:** IEHP UB04 Submitters  
**From:** IEHP Provider Relations Team  
**Date:** April 26, 2019  
**Subject:** **IEHP Clean Claims Rules Implementation - May 1, 2019**

**ACTION REQUIRED!**

As previously communicated, Inland Empire Health Plan (IEHP) is amending its claims validation rules (clean claims rules). These mandatory changes are focused on ensuring the completeness and quality of claims data that is received to improve IEHP’s ability to submit complete encounter data to the Department of Health Care Services (DHCS) and the Centers for Medicare and Medicaid Services (CMS). This will improve our ability to provide accurate and timely payment and to collect more comprehensive information on services provided to our Members.

The following mandatory changes to the UB04 claims submission requirements will be implemented **effective May 1, 2019**. Clearing Houses have already been advised about these changes. Any claims received without the required information after this date will be rejected upon receipt.

Form Locator #	Description	Loop, Segment / Data Element	Requirements
UB04 - #66	Primary Diagnosis Code	2300 HI01-2 Where HI01-1 = ‘ABK’	Primary Diagnosis Code cannot be an External Cause of Injury (ECI) Diagnosis Code. Refer to Classification Chapter 20 ICD10 codes.
UB04 – #67 Part of Diagnosis Codes	Present on Admission (POA Indicator)  For Hospitals Only	2300 HI01-9 on all HI segments (mainly where HI01-1 = ABK / ABF)	<ol style="list-style-type: none"> <li>1. POA indicators are a national standard and the same for both Medi-Cal and Medicare. Acceptable POA indicators are: Y, N, U, W, or blank. Submission values to be other than Y, N, U, W, or blank should not be accepted.</li> <li>2. <u>Hospitals</u> are required to include the POA indicator associated with the principal and all secondary diagnosis code(s) when submitting institutional inpatient claims.</li> </ol>

			<p>Logic for inpatient claims are detailed below:</p> <p>When the four-digit bill type of the claim contains a “1,” “2,” or “7” in the third place of the code, then the claim is for inpatient services. Example: Bill type 0111 represents an inpatient hospital claim.</p> <p>For the purpose of coding Clean Claim logic, all other bill types would be considered outpatient.</p> <p>The two exceptions to the POA indicator requirement are as follows:</p> <ol style="list-style-type: none"><li>a. Exempt diagnosis codes do not require a POA indicator and should be submitted as a blank. These diagnosis codes should be updated annually within your validation process. Below is the link to the exempt diagnosis codes <a href="https://www.cms.gov/Medicare/Coding/ICD10/index.html">https://www.cms.gov/Medicare/Coding/ICD10/index.html</a> *Use active year</li><li>b. Hospitals designated as “Critical access hospitals” are not subject to POA billing requirements. These hospitals should be exempt from POA requirements.</li></ol> <p><b>Additional Information:</b> For the official guidelines on how to apply the POA indicator, as well as information on complete and accurate documentation, code assignment and reporting of diagnoses and procedures, please refer to <a href="https://www.cdc.gov/nchs/icd/icd10cm.htm">https://www.cdc.gov/nchs/icd/icd10cm.htm</a></p>
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As a reminder, all communications sent by IEHP can also be found on our Provider Portal at the following address: <https://www.iehp.org/en/providers/plan-updates>.

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054, Monday – Friday, 8am – 5pm.