

2009 Annual Training Questions and Answers

1	<p>Q. What type of admission visit code should be used when a Trauma Center revenue code 068x is used?</p> <p>A. Trauma Center services are indicated by a revenue code of 068x. A record containing revenue code 068x must be coded with a Type of Admission/Visit as "5". This is the code indicating priority of the admission.</p>
2	<p>Q. When should we use Place of Service (POS) 7, Repetitive Services?</p> <p>A. Records containing multiple service dates should be submitted with a POS 3, 4, 5 or 6 depending on the type of service provided. However, there are limited circumstances when a POS 7 may be used to indicate repetitive service records. For example, a record that has repetitive physical therapy services (record may include multiple service dates during that month or quarter) should be submitted with a place of service 4; however, if this record also contains an incidental ED, OPS, or OBS service that occurred during the billing cycle, then a POS 7 could be used to bypass the service date edits prompted by these additional services submitted in conjunction with the physical therapy record.</p> <p>If your facility has the ability to split out non-OHO data and charges from the OHO record, WHAIC strongly recommends this alternative instead of the place of service 7 option.</p>
3	<p>Q. Whom should we contact for NPI questions or submission of our NPIs?</p> <p>A. To submit updated spreadsheets or NPI numbers, please contact Brian Competente at 608-268-1835 or email at bcompetente@wha.org</p>
4	<p>Q. Will you require Non Wisconsin NPI numbers on data submissions?</p> <p>A. Yes, WHAIC will require the 10-digit NPI, as of Q1 2010, for all physicians (MDs and DOs).</p>
5	<p>Q. Beginning Q1 2010, will you also require the State License number in addition to the NPI?</p> <p>A. The only acceptable physician value will be the 10-digit NPI. Neither the state license number nor UPIN will be allowed after Q1 2010. For additional information, please see the Inpatient/Outpatient Submittal Data Dictionary Pg. 2-3 "Attending Physician Identification Number and Operating Physician Identification Number."</p>
6	<p>Q. Do non-physician providers such as NPs, DPMs and other ancillary providers have NPI numbers?</p> <p>A. Yes, all practitioners have an NPI number. WHAIC collects MD and DO NPIs for inpatient and outpatient surgery data records. Records, for all other licensed practitioners, in the "Other Physicians 1 and 2" fields or "Attending Physician" field - should be zero-filled. Please see WHAIC Updates, December 18, 2009 for additional information regarding the NPI.</p>

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7	<p>Q. How do we report Podiatrists (DPMs) once the NPI number is required?</p> <p>A. Facilities should continue to zero-fill DPMs in 2010 with 10 zeroes for inpatient and outpatient data.</p>
8	<p>Q. Does the WHAIC database of NPI numbers only contain MD and DO provider numbers?</p> <p>A. No, WHAIC maintains all provider type NPIs.</p>
9	<p>Q. Can we run our own patient control and payer ID reports?</p> <p>A. No, not at this time, however WHAIC can run that report for you. In the coming year we will be working on developing a report that will allow facilities to run their own Patient Control and Payer ID reports.</p>
10	<p>Q. How is WHAIC handling the new E-codes?</p> <p>A. There is a new section of External Cause Status (E000) and Activity (E001-E030) E-codes that have been added to the E-code chapter of the ICD-9-CM 2010. These codes are used to indicate the status and/or activity the person was engaged in when the injury or other health condition occurred.</p> <p>When an injury diagnosis is present, WHAIC requires at least 1 E-code representing the cause of injury. Effective with Q4 2009 data submissions, WHAIC will accept the new status and activity e-codes with appropriate edits in place to ensure it is a valid code.</p> <p>For reference, the new Activity codes may be used with non-injury related diagnosis and WHAIC will accept them as long as they are valid codes.</p> <p>For more information on E-codes, please refer to the WHAIC website WHAIC Updates – December 3, 2009 E-Code Submissions.</p>
11	<p>Q. What edits apply to the “Certificate Number” field?</p> <p>A. WHAIC currently has an edit in place to ensure no patient identifiable data is submitted in the Certificate Number field for self-pay patients. When facilities submit a “self-pay” patient, Wlpop requires the submitter to leave blank or zero fill this field. Please refer to the Inpatient/Outpatient Data Submitter Manual Pg. 2-6 “Certificate Number” for further information on self-pay patients.</p>
12	<p>Q. What is Wisconsin Cancer Registry’s role with WHAIC for reporting the Race and Ethnicity?</p> <p>A. WHAIC supports the efforts of the Wisconsin Cancer Registry; however, WHAIC will continue to use UB-04 standards for race and ethnicity reporting. For facilities that choose to use and report the more specific codes as requested by the WCRS, WHAIC provided a crosswalk reference during our 2009 training session that allows data submitters to translate the more specific codes to the WHAIC user submission requirements. For more information on WCRS Race and Ethnicity reporting: http://www.wha.org/qualityAndPatientSafety/raceEthnicity.aspx .</p>

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13	<p>Q. Does Wlpop allow facilities to delete multiple line items (i.e. Revenue codes, Diagnosis codes, Procedure codes) at the same time?</p> <p>A. No, not at this time. In the coming year WHAIC will begin working on developing a systematic approach for deleting multiple line items simultaneously.</p>
14	<p>Q. What should we do if the person who signs the affirmation statement is gone during the 10 days we are allotted to have it signed?</p> <p>A. Generally, the CEO or designee signs the affirmation. If the CEO or designee is not available to sign the statement, WHAIC recommends that facilities have another senior executive or individual close to the submission process affirm the data and sign the statement.</p>
15	<p>Q. What does WHAIC do to help facilities identify hospice patients inadvertently reported as inpatient?</p> <p>A. WHAIC currently has a report available for facilities to identify patients who died and were in the hospital with an inpatient stay of over 30 days.</p> <p>There is not a valid edit to put in place because a discharge status of “41” represents where the patient is going; it does not represent the patient’s status in the hospital. Facilities are responsible for reviewing their quarter- end validation reports –as noted above this report is intended to identify possible hospice patients.</p>
16	<p>Q. In general, what types of reports are available from WHAIC to assist facilities in reviewing/validating our quarterly submissions?</p> <p>A. WHAIC runs multiple reports during our internal validation process to identify records or sets of records that contain possible errors. These include:</p> <p>Emergency Room Visits with Length of Stay greater than three days. (Possible admit/discharge date error) Observation Visits with Lengths of Stay greater than two days. (Possible service date error) Possible Hospice records. See #15 above Zero Charges. Unknown Sex</p> <p>For more information on reports, feel free to contact us at WHAInfoCenter@wha.org</p>
17	<p>Q. Will the PowerPoint Training information be available online?</p> <p>A. Yes, WHAIC has posted the training information online on the front page of our website – or Click here for a copy.</p>