

Data Submitters Users Group Teleconference September 7, 2004

Present: Kim Niesen, Sue Johnson , Diane Graczyk, Cathy McGrath, Ella Enger, Cindy Birkholz, Julie Konen, Sue Wessing, Jackie Lippe, Roxanne Pilachowski, Corinne Pearson, Blaine Peterson, Rick Hancock, Ann Trombley, Carla Ambrosius, Monica Krause, Adrian Powell, Brenda Vander Linden, Sheila Minett, Laura Smolarek, Ed Sakowicz, Alisha Raehsler, and Toni Brown

Staff Present: Joe Kachelski, Julie Callies, Shannon Schumann and Debbie Rickelman

General Update

Joe Kachelski stated since the July 8 DSUG meeting the Wlpop 2005 final file layout and data definitions have been published and posted to the WHA Information Center Web site: www.whainfocenter.com.

Based on feedback from the July 8 meeting staff researched the diagnostic referenced lab services issue. Since this information is reported via the Physician Office Visit Data (POVD) collection process, WHA Information Center will not collect this information in Wlpop.

Key Changes and Clarifications since July 8, 2004

File Size Limitations

Shannon Schumann stated the file size limitations would be based solely on file size, not number of records. The file size limitation will be 10 MB maximum. This is due to the amount of transmission time required for large files. Files beyond 10 MB can be dealt with in one of two ways. One is to open the file in Wordpad or Notepad and cut and paste a portion of the file to a new document (as long as primary records and related records stay together in files). The other option is to transfer files using SSL over FTP. For the latter option the facility would be required to use a client that supports SSL transfer. FTP clients with SSL can be purchased for \$30-\$50. Examples of products are: CuteFTP Professional, WS_FTP Professional, and SmartFTP. *Please see 'Recommended FTP Transfer' document .*

Record Qualifications

Record qualifications for Wlpop are outlined in #13 of the Frequently Asked Questions (posted on the WHA Information Center Web site). Of note is that hospital outpatient records with the Place of Service 3, 4, 5, and 6 will qualify based on the 'through date' of the Statement Covers field (UB-92 Form Locator 6).

Ambulatory Surgery Range

Thank you to all the facilities that provided feedback on possible expansion of the ambulatory surgery range. Since there is considerable variation among facilities on how to define ambulatory surgery records, WHA Information Center will eliminate the reportable procedure range based on ICD/CPT/HCPCS procedure codes in the 2005 Wlpop file layout. Records will qualify as 'outpatient surgery' (Place of Service 1) based on revenue codes 036X, 0480, 0481, 049X or 0750. If a patient is admitted through the

ED and has outpatient surgery the record would qualify as outpatient surgery rather than ED if one of the above-stated revenue codes were on the record, similar to the current data submission requirements.

ED Procedure Coding

One of the purchasers of the ED data contacted WHA Information Center and stated his perception is that the procedures that appear in the ED data set may not include all procedures that are performed in emergency departments (FAQ #3). This information is being shared with facilities as 'information only' since WHA Information Center is not able to determine if there are omissions in ED procedure codes submitted in the quarterly data submissions.

Diagnosis Codes

Definitions of 'principal and other diagnoses' are noted in FAQ #7. The definition covers both inpatient and outpatient records. All recorded 'other diagnoses' should be submitted. Since the file layout allows for all 'other diagnoses,' facilities can submit 'other diagnoses' in any order.

Procedure Codes

Definitions of 'principal and other procedures' are noted in FAQ #8. The definition covers both inpatient and outpatient records. All recorded 'other diagnoses' should be submitted. Since the file layout allows for all 'other procedures,' facilities can submit 'other procedures' in any order.

Service Line Charges

Service line charges should be recorded in field 9 of the revenue record. Staff received feedback from some facilities while they report individual revenue codes they do not report line-item charges when there are multiple line items that reflect a procedure episode. In these cases they report the package price on the first line and report \$0-\$1.00 on subsequent lines. Other facilities provide line-item charges for each operative episode.

Interim Bills

Outpatient services that are reported on interim bills (serial accounts) must be reported to WHA Information Center in 2005. Appendix VIII of the data definitions outlines the type of bill codes that should be used for interim claims. The third digit of the type of bill code indicates whether it is a first claim, continuing claim, or final claim. **Multiple continuing claims will not be identified as duplicates if the dates of service are different.** The dates of services on the record should not be before the admit date or after the discharge date in the statement covers period field.

Services at 'No Charge'

Records of community services, such as free blood pressure clinics, should not be reported to WHA Information Center. Records of services for which the hospital normally charges a fee should be reported. The charge should be reported, not what the patient is expected to pay.

Professional Charges

The current practice of not reporting professional charges to WHA Information Center should continue in 2005. If WHA Information Center receives a revenue code that

reflects professional charges the facility will receive an edit stating the code is not a reportable service.

Vendor Contacts

WHA Information Center is willing to communicate directly with IT vendors if the facility requests the direct communication. Please submit an email to the WHA Information Center email address (whainfocenter@wha.org) if your facility would like WHA staff to routinely send updates directly to your vendor. WHA Information Center staff will address questions and concerns from vendors.

Other Questions and Concerns

1. Should facilities report urgent-care services as ED services (outpatient place of service 2)?

One facility reported it has a walk-in clinic at the hospital. Some payers require the facility to use rev code 0510 to report the services and other payers require the use of rev code 0456. Rev code 0456 falls in the current reportable range for ED services.

Facilities should use place of service 6 when revenue code 0456 appears on a record. Revenue codes to be included in place of service 2 are 0450, 0451, 0452 and 0459.

2. Is it documented in the specifications that reference diagnostic laboratory services should be excluded?

The exclusion is documented in Appendix IX of the data definitions. It is the last statement under the description for Place of Service 5.

Could you also make note of it on Appendix VIII – Type of Bill?

Hospital referenced diagnostic services will be noted as an exclusion in Appendix VIII under the second digit of '4.'

3. Are the specifications 'final?'

Yes, the specifications are final and will be noted as such on the Web site. However, they are always subject to revision as coding standards are changed or clarified.

4. Can an email be sent to the IT contacts to inform them the specifications are final?

Yes, an email will be sent to the IT contacts to inform them the specifications are final with a link to the specifications on the WHA Information Center Web site.

Next Meeting

The next teleconference for the DSUG meeting is scheduled for the week of October 4, tentatively October 5 at 10:00 am and October 7 at 2:00 pm.