

## **Data Submitters Users Group Teleconference September 8, 2004**

**Present:** Laura Newcomb, Greg Walrath, Peggy Babcock, Heidi Danko, Larry Reeder, Kim Rosario, Lois Tetzke, Ronda Bloom, Marianne Baumgarten, Michael Stempski, Iris Krisch, Paul Triezenberg, Laura Rentmeester, Lavonne Smith, and Ellen Bassette, Laura Clark, Ann Krautkramer, Merilee Kaulitz and Cathy Sanders

**Staff Present:** Joe Kachelski, 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](http://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 2005.

### 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 Clients' 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 that 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](mailto: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. Will WHA Information Center accept medical license numbers of residents?**

Yes, WHA Information Center will accept valid medical license numbers and UPIN numbers of residents.

#### **2. How many CPT/HCPCS modifiers will WHA Information Center accept per code?**

*WHA Information Center will accept one modifier per CPT/HCPCS code. When there are two or more modifiers that apply to a specific code, the modifier that has the most impact on payment should be submitted to WHA Information Center.*

#### **3. Can you provide us with a list of critical access hospitals?**

Yes, the link to this document on the Office of Rural Health Web site is:  
[http://www.worh.org/pdf\\_etc/WisCAHStatus.pdf](http://www.worh.org/pdf_etc/WisCAHStatus.pdf).

#### **4. Is it appropriate to sequence the most resource-intensive procedure first when two procedures are equally related to the principal diagnosis?**

*Yes, this is outlined in #8 in the Frequently Asked Questions.*

### Next Meeting

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