



**Data Submitter Users Group  
Teleconference Minutes  
January 18, 2007**

**Present:** There were approximately 90 participants registered for the call. Roll call was not taken due to the high volume of participants.

**Staff Present:** Joe Kachelski, Debbie Rickelman, Shannon Verbos, Bob Metzger and Brian Competente

**Race and Ethnicity Changes – Effective 1/1/07**

❖ *Q1 2007 Data*

Facilities will be required to submit the new race and ethnicity codes starting with the Q1 2007 data submission. Ms. Rickelman received a few inquiries from facilities regarding which race and ethnicity code set to use when the patient is admitted in 2006 and discharged in 2007. In response, Ms. Rickelman clarified that for inpatient and ED records the discharge date will determine the appropriate code set, for outpatient surgery records the procedure date will determine the correct code set, and for observation and other hospital outpatient records the statement through date will determine the appropriate code set. For example if a patient is admitted in 2006 as an inpatient and discharged in 2007 the code set that was effective 1/1/07 should be used. WHIAC recognizes this will require some mapping between the 2006 and 2007 code sets.

Ms. Verbos recommended some possible solutions that are outlined on the attached document. Facility staff should contact Ms. Verbos if they need assistance with the mapping.

A few facilities identified challenges in their organization with the implementation of the new race and ethnicity codes. They suggested that for the new categories WHAIC assign numeric values that have not previously been used. It was also noted the transition would require time for staff training. One facility stated that their programming does not allow using codes according to dates of service.

WHAIC staff responded that the numeric values 1-5 assigned to the race and ethnicity categories are the same numeric values and same categories used at the national level by the Office of Management and Budget and the CDC. If Wisconsin does not use the standard national codes it makes it difficult to compare our data to that of other states. The new race and ethnicity codes can be found on the CDC website.

WHAIC realizes that this transition may not run smoothly for all facilities, but are asking facilities to do their best in implementing the new codes. Facilities should

contact Ms. Rickelman if they know their Q1 07 data submission has some inaccuracies. This information will be entered in the caveats.

- ❖ *When the patient chooses Hispanic ethnicity what are the race options?*  
Ms. Rickelman stated the literature indicates that the best answer to this question is that any option the patient chooses is the best answer. However, feedback from sources at the national level indicates many patients who choose Hispanic ethnicity choose 'other' or 'white' for race.
- ❖ *AHA Training – 2/28/07*  
Ms. Rickelman announced that DHFS and WHA is be sponsoring a webinar on race and ethnicity training on February 28. Debbie Pierce, from AHA, will be conducting the training and giving the national perspective on this issue. She is also aware of Wisconsin's reporting requirements. If you are interested, please contact Lisa Geishirt of WHA (608-274-1820) to register.

### **CPT Codes on All Hospital Outpatient Records – Effective 1/1/07**

- ❖ *Primary Record and Procedure Record*  
Ms. Rickelman reminded facilities that CPT codes are required in the primary and procedure records for all outpatient records starting with 1/1/07 dates of service. The revenue records will not be affected.
- ❖ *Manual References*  
Ms. Rickelman has updated and distributed a document listing recommended CPT/HCPCS codes that can be used as a principal procedure (copy attached). The CPT/HCPCS ranges are also referred to in the 2007 Wlpop manual, in the Data Dictionary and the Frequently Asked Questions, Question #41. This list can be used for those facilities that are identifying their principal and additional procedures from the chargemaster rather than having them identified by the coders.
- ❖ *Sequencing from the Chargemaster/Revenue Record*  
As for the development of a method in sequencing CPT codes, it is up to the facility to decide what is best for itself. Ms. Rickelman noted that some facilities are using the CPT code with the highest charge, which is acceptable.

### **Present on Admission (POA) Indicator**

Ms. Rickelman noted that guidelines for the Present on Admission Indicator have been published in *Coding Clinic*, Volume 23, Number 4, 4Q 2006, pages 241-254. They are also available on the NCHS website: [www.cdc.gov/nchs/data/icd9/POAguideSep06.pdf](http://www.cdc.gov/nchs/data/icd9/POAguideSep06.pdf).

Ms. Rickelman also reported several organizations have held audio conferences on this topic as listed on the agenda. AHIMA has an audio conference scheduled for February 1. Ms. Rickelman verified with AHIMA after the meeting that the 2/1 audio conference is



focused just on POA, whereas the audio conference AHIMA held in November included all of the UB04 data elements.

Other states are sharing information on POA. Massachusetts and Florida implemented the POA Indicator on 1/1/07. Texas, New Jersey and Illinois are also scheduled to implement the POA indicator in 2007.

Accurate and complete implementation of the POA will require several departments working together in each hospital. The organization leadership needs to understand how the POA was developed and how it will impact reimbursement, quality reports, and risk adjustment. Physicians need to be educated regarding how their documentation will affect assignment of the POA indicator and the impact it will have on the organization. Coders need to be educated regarding the coding guidelines for POA. A system needs to be developed to query physicians if the documentation is inadequate to assign the code.

The question was raised as to who should lead the education and implementation of the POA indicator in the hospitals. Ms. Rickelman responded that the literature suggests the following department be involved in the implementation of the POA: HIM/coding, medical staff services, quality/case management, infection control, finance and IT. There may be others depending on the structure of the organization. The senior leadership in each organization needs to decide who will lead the project.

A question was raised regarding required reporting of the POA on the UB04 paper claim. The UB04 paper claim **allows for** reporting of the POA in the eighth digit of form locators 67, 67A-Q, and 72. (These specific form locators were not provided during the teleconference.) CMS will not **require** reporting of the POA until 10/1/07 discharge dates, which is the same time WHAIC will require reporting of this data element. Per page 179 of the UB04 manual, "health plans that receive POA information on the claims should not reject the claim if their claims processing systems have no use for any of the POA information."

#### **Other UB04 Data Elements**

Ms. Rickelman stated that the new Wlpop version, that includes the UB04 elements, would be available for testing in March. The Q3 07 data submission must be submitted in the new file layout. Facilities must submit paper UB claims transactions on the new UB04 as of 5/23/07 transactions. As stated in the fall training sessions, this will require facilities to work between the UB04 claims systems and the current Wlpop data submission system until it is time to submit the Q3 07 data.

Facilities did not have further comments on the other UB04 data elements. Ms. Rickelman added that no new information has been released.



As for the NPI, WHAIC cannot collect any of the NPIs from facilities until the data dissemination policy has been released from CMS so that the NPIs can be verified.

***The next Data Submitters User Group Conference Call – February 15.***