



**Data Submitter Users Group  
Teleconference Minutes  
February 15 and 20, 2007**

**Present:** There were approximately 50 participants registered for the 2/15 call and 40 participants registered for the 2/20 call.

**Staff Present:** Debbie Rickelman, Shannon Verbos and Brian Competente

**Race and Ethnicity Follow-up**

Ms. Rickelman reminded facilities that during the transition to the new Race and Ethnicity coding system for 2007, there would be two coding systems used simultaneously due to the staggered submission deadline for the regular vs. Other Hospital Outpatient (OHO) data. The quarter that the patient record is in will determine which coding system should be used.

If facilities are still looking for possible solutions to implement the new Race and Ethnicity coding, please refer to Ms. Verbos' document distributed at the 1/18/07 conference call:

[http://www.whainfocenter.com/dsug\\_minutes/RaceCodingChanges.pdf](http://www.whainfocenter.com/dsug_minutes/RaceCodingChanges.pdf)

Ms. Rickelman also developed a Frequently Asked Questions document for Race and Ethnicity:

[http://www.whainfocenter.com/dsug\\_minutes/FAQS\\_RE.pdf](http://www.whainfocenter.com/dsug_minutes/FAQS_RE.pdf)

Ms. Rickelman announced that the registration is full for the Race and Ethnicity webinar sponsored by WHA and DHFS. WHA will be posting the PowerPoint presentation on its website under the quality and safety section after the webinar.

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

Ms. Rickelman has been receiving a number of questions regarding the CPT coding requirements as they relate to the outpatient data submission. She has also created a Frequently Asked Questions document on this topic.

[http://www.whainfocenter.com/dsug\\_minutes/CPT\\_CodingRequirements\\_FAQS.pdf](http://www.whainfocenter.com/dsug_minutes/CPT_CodingRequirements_FAQS.pdf)

WHAIC plans to convene a workgroup to further understand outpatient data input and how that may affect WHAIC's plan for accurate and reliable data output. Ms. Rickelman is looking for representatives from a cross-section of hospitals/health systems/ambulatory surgery centers. Each organization/system that volunteers must be willing to include a coding supervisor/manager, a billing supervisor/manager, and a representative from the organization that analyzes and uses the data output. Each

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organization that volunteers and is selected may also include their software vendor and/or the primary contact for data submission. Please contact Ms. Rickelman if you are interested in volunteering your facility.

Ms. Rickelman clarified during the 2/20/07 teleconference that WHAIC does not plan to dictate billing practices. Rather, IC wants to develop a better understanding of billing practices so the data output is developed with better insight into any limitations that exist.

### **Impact of 0480 Revenue Code on Outpatient Surgery Data**

The 0480 revenue code is typically assigned for echocardiograms, electrophysiology studies, and transesophageal echocardiography. Even though most facilities consider these nonsurgical procedures, the 0480 revenue code is currently assigned to Place of Service 1 – Outpatient Surgery. The Wlpop system does not require a principal procedure to be reported when a 0480 revenue code is used without a 0481 revenue code. The reason 0480 was originally assigned to POS 1 is because it can also be used for cardiac catheterizations (per the UB code editor).

Analysis of 2005 outpatient surgery data (POS 1) shows that there were approximately 39,000 records that had a 0480 revenue code without the 0481 revenue code. The principal procedure field was blank on these records. Because of the high volume of nonsurgical procedures in the OPS data set WHAIC is proposing moving the 0480 revenue code to Place of Service 5 – which is where the revenue codes for ECGs and EKGs are located. It is proposed this would become effective with 7/1/07 dates of service.

Since there were no objections to this recommendation the 0480 revenue code will be moved to place of service 5 effective with 7/1/07 dates of service.

### **Present on Admission Indicator Update**

Ms. Rickelman has joined a workgroup of the National Association of Health Data Organizations to better understand the requirements and the implementation guidelines related to the Present on Admission Indicator (POA). According to members of this workgroup, who are also on the NUBC and the X12 Subcommittee, CMS will be releasing a transmittal soon regarding their October 1, 2007 requirements.

Ms. Rickelman has also created a Frequently Asked Questions document for POA: [http://www.whainfocenter.com/dsug\\_minutes/POA\\_FAQs.pdf](http://www.whainfocenter.com/dsug_minutes/POA_FAQs.pdf)

Ms. Rickelman also wanted to note that there are no reporting requirements to WHAIC by payer type for POA. A question was also asked why POA only applies to Medicare. She replied that Medicare is just the first payer to require POA reporting on the claims. The POA official reporting guidelines are not payer specific.



### **NPI Reporting**

Ms. Rickelman recently learned from the NAHDO POA workgroup that CMS would probably delay their requirement to report the NPI on claims as of 5/23/07 dates of service. That is because the NPI Dissemination Policy has not been distributed, which would allow facilities to validate the NPIs. We should be receiving official communication from CMS on this delay soon, but in any event WHAIC will make a final decision by March 15 on how this will impact their reporting requirements. WHAIC planned to require facilities to report organizational and provider NPIs as of 7/1/07 discharge dates for IP and ED records, 7/1/07 procedure dates for OPS records, and a 7/1/07 statement through date for other hospital outpatient records. If CMS delays distribution of the Dissemination Policy WHAIC would not be able to validate NPIs.

### **Blue Cross Blue Shield Plan Codes**

WHAIC was notified that Blue Cross Blue Shield plan codes are no longer on some member ID cards. This makes it difficult for facilities to collect the 3-digit plan code for submission. WHAIC has added the code "BCS" for facilities to submit, if they cannot determine what the 3-digit code should be. Facilities can continue to submit the 3-digit numeric code, but they must be valid codes. Addition of the "BCS" code is effective immediately.

### **Statement From and Through Dates**

Per the WHAIC manual the **statement covers period** applies to hospital outpatient records other than outpatient surgery and emergency department records. The statement period covers from and through dates should be the same as the beginning and ending service dates on the record submitted. Recent analysis of the Q1 06 OHO data shows that 67 hospitals are not following this definition in more than 10% of their records, 31 hospitals do not follow the definition in more than 20% of their records, and 19 hospitals are not following the definition in more than 30% of their records. When the data output does not represent what is defined in the data dictionary users of the data may make false assumptions about facility practice patterns and related charges.

WHAIC will implement a new validation report starting with Q4 06 OHO data to inform facilities of the records that are not within the parameters of the statement covers period definition. Facilities will not be required to correct the records on the validation report. An edit will be implemented starting with Q2 07 OHO data that will flag a record if the statement from and through dates are not consistent with the beginning and ending service dates on the record. The up-front edit will replace the validation reports.

**Next Conference Call will be March 15 at 10am.**