



**Data Submitter Users Group
Teleconference Minutes
March 2nd and 10th, 2010**

Present: Approximately 25 participants were registered between the two calls.

Staff Present: Julie Callies, Cindy Case and Brian Competente

Reporting HCPCS/CPT line item detail on the Revenue Record

WHAIC's goal is to ensure all revenue-line item detail from the claim is being submitted to Wlpop, regardless of data type.

In December 2009, WHAIC requested facilities to validate whether the HCPCS/CPT codes were populated in the revenue record's HCPCS/rate field for revenue line items that contained specific outpatient surgery records (revenue codes 036x, 0481, 049x and 0750). Based on preliminary findings, some facilities may have incorrectly assumed their extract was pulling in all HCPCS/CPT codes.

In 2010, WHAIC will continue to work with facilities to ensure all HCPCS/CPT line item detail provided **on the claim** is submitted to Wlpop, regardless of data type.

Questions:

Q 1. If a record contains multiple revenue line items for a specific revenue code such as 0360, but only one revenue line item is populated with a total charge or CPT/HCPCS code (bundling of services/charges), is that okay?

Q1 Answer: The revenue record in Wlpop should reflect what is on the claim. If your facility bundles charges, WHAIC will accept that as well.

Q2. Does WHAIC want the principal procedure code reported on both the primary record and on the revenue record?

Q2 Answer: Yes. If your facility is identifying the principal procedure from the revenue record (HCPCS/RATE field), you must report that CPT/HCPCS code in both the revenue record and primary record. The primary record represents the clinical detail of the patient; the revenue record details the charges from the patient's claim. For more information, refer to question #41 in Appendix XIX of the Data Submitter User Manual.

Changes to the Point of Origin and Condition Codes – Effective 7/1/2010

WHAIC discussed the impending changes that are taking place for Point of Origin (formerly Source of Admission) code sets and Condition codes that go into effect on July 1, 2010.

Itemized Changes:

❖ **Three Point of Origin codes will be discontinued:**

- Code 7 – Emergency Room

- Code B – Transfer from another home health agency (replaced with Condition Code 47)
- Code C – Readmission to same home health agency

➤ **NOTE:** *There is no replacement for code '7'. The Point of Origin code is where the patient came from prior to presenting at the hospital, regardless of what happens once he/she gets there. Therefore, facilities should code the visit or inpatient admission using one of the remaining codes that best fits the situation.*

❖ **The definitions of Point of Origin Code 1 and 2 have been modified.**

- Code 1- Example and definition language has been updated. Removed the term “physician’s office” from the usage language.
- Code 2 -Definition includes clinic and physician office points of origin.

NOTE: Wlpop Manual - Appendix III (updated): Point of Origin (now includes Point of Origin for Newborns)

❖ **New Condition Codes:**

1. P7 – indicates that the patient was admitted directly from the facility’s Emergency Room /Department. This code is for public health reporting only.
2. 47 – Transfer from another home health agency
3. Wlpop Manual – Appendix IV (**New**): Condition Code
 - ❖ Condition Code 1 will remain the same, the only accepted value is ‘17’ Homeless.
 - ❖ Condition Code fields 2 and 3 (in Wlpop): **Effective Q3 2010**, WHAIC will accept any of the following four condition codes (60, 61, P7, or 47) in these fields.

- ❖ WHAIC will provide additional information as it becomes available.

References: Please find below multiple links to publications that we have found resourceful.

- Billing Alert from the National Uniform Billing Committee (NUBC) – explains the impending changes to the Point of Origin code set:
http://www.nubc.org/public/whatsnew/12_03_09%20NUBC%20Billing%20Alert.pdf
- MedicareMentor Blog – provides discussion on how the new codes read and the effect it may have on facilities: <http://blogs.hcpro.com/medicarefind/2010/02/>
- Point of Origin for Admission or visit codes update to the UB-04 (CMS-1450) manual code list – how the changes impact providers submitting claims to Medicare:
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6801.pdf>
- Changes to the CMS Manual System:
<http://www.cms.gov/Transmittals/downloads/R1929CP.pdf>
- Provider Inquiry Assistance – Medicare Learning Network – information to providers:
<http://www.cms.hhs.gov/ContractorLearningResources/downloads/JA6801.pdf>



NPI Reminder – Effective 1/1/2010

Effective Q1 2010, the NPI will be the only accepted identifier for physicians and providers on records submitted to Wlpop. Contact WHA Information Center to assist you with NPI issues or questions related to NPI edits.

Hospice Records – Reminder to submitters

As a reminder, WHAIC does not accept Hospice or Swing bed records. It has been identified that some hospitals are inadvertently submitting hospice records to Wlpop with a non-hospice type of bill code. Julie noted inclusion of hospice records leads to inaccurate public reporting of mortality rates. WHAIC will modify the profile and affirmation statement to highlight potential hospice patients. WHAIC will also work with facilities that offer hospice services to ensure hospice patients are not submitted to Wlpop. We will provide additional information as it becomes available

Thank you for your participation.