



**Data Submitter Users Group  
Teleconference Minutes  
April 19, 2007**

**Present:** There were approximately 30 participants registered for the call.

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

**NPI Update**

Ms. Rickelman distributed a letter drafted by AHA regarding the NPI contingency plan. The contingency plan allows facilities, who acted in "good faith" in seeking to become NPI compliant, another 12 months (until May 23, 2008) to continue using legacy numbers. CMS still has not indicated when the NPI dissemination notice will be made available. The NPI dissemination policy is still under review by the Office of Management and Budget (OMB). OMB received the policy on February 26, but they do have 90-days to review it. Once the dissemination policy is finalized, WHA Information Center (WHAIC) will follow-up with facilities and determine when NPIs can be required to be submitted to the Wlpop system.

Ms. Rickelman reminded facilities that they could submit its organizational NPI, as long as the proper documentation is sent to WHAIC to verify the NPI assignment. Facilities have already begun sending organizational NPIs to WHAIC to build a lookup table in the database.

**Present on Admission Indicator Update**

Please refer to the updated questions on the Present on Admission Indicator FAQs. [http://www.whainfocenter.com/dsug\\_minutes/POA\\_FAQs.pdf](http://www.whainfocenter.com/dsug_minutes/POA_FAQs.pdf)

**Update from National Workgroup**

Ms. Rickelman participated in a national workgroup conference call on April 5. The main issue of the call was a clarification on ER charges on an inpatient bill. Hospitals should code conditions in the ER as present on admission, even if the patient's ER charges are included on an IP claim.

There was also mention of the group recommending the use of an alpha character, instead of the number "1", for exempt codes. This process could take up to 2 years to implement as a national standard, if approved. WHAIC has elected to allow the current CMS requirement on exempt codes (a "1" in the field) or the field can be blank.

WHA was one of many state data organizations that endorsed a letter that was sent to CMS expressing difficulties, with delayed decisions by CMS, in trying to implement changes for POA.



#### *Update from WMS*

Their noon teleconference for physicians on POA has been re-scheduled to July 24.

#### *Collaborative Workgroup*

This group is comprised of Amphion Medical Consulting, RWHC, WHIMA, WMS and WHA. They developed a few questions to be sent to NCHS regarding the Present on Admission Indicator. The group will continue to meet monthly via teleconference.

[http://www.whainfocenter.com/dsug\\_minutes/POA\\_CodingQuestions\\_041307.pdf](http://www.whainfocenter.com/dsug_minutes/POA_CodingQuestions_041307.pdf)

In the Medicare guidelines, POA does not have to be assigned to an E code that is submitted in the E code field. But, it does need POA assigned if it's submitted in the additional diagnosis field. WHAIC is requiring all E codes to have POA assigned. WHAIC is thinking that Medicare cannot deny claims if they receive additional information that is not required.

Of the participants on the call, most of the hospitals populate the E code field on the claim with the first E code listed in the medical record abstract.

#### *WHA Education*

WHA is looking to direct the topic of POA to a more generalized audience by offering a webinar. This presentation would not be specific to coders. WHA is hoping this would attract more of the senior executives and hospitals to participate. A tentative timeframe for the webinar is July.

#### *Vendor applications for POA*

Facilities and vendors are welcome to provide updates to this table:

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

#### **UB-04 Testing Process and Findings to Date**

Due to staffing changes, there has been a delay in the availability of facilities to test the UB-04 changes via the user interface. Facilities can still contact Brian Competente to send test files to WHAIC to be submitted for testing. WHAIC is anticipating opening up the user interface by the end of May. Two facilities have already submitted test files, and overall everything does look good. One facility however submitted provider NPIs, which are not allowed until further notice.

Facilities can submit POA starting with Q3 2007 data (not required until Q1 2008), and WHAIC would be able to provide feedback to the facility on data quality.

#### **Exclusion of Hospice Records**

Ms. Rickelman reminded facilities that WHAIC does not want hospice records included in the data submission – patients being **admitted** as hospice patients. WHAIC only wants records of acute care patients. WHAIC was considering implementing edits in

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Wlpop to exclude hospice records by possibly excluding revenue codes 0655 or 0656, and HCPCS code Q5005. After further discussion with participants on the call, WHAIC decided that edits could not be implemented because there is a possibility that a patient may not be admitted as hospice but may be transmitted to hospice status during their stay and WHAIC does want those records included in the data submission. It will be a facility's responsibility to verify that hospice patients are not included in their Wlpop submission.

Ms. Rickelman also noted a new condition code that is available on the UB04 for public reporting – condition code P1 (DNR). The use of condition code P1 could help identify patients that have some degree of expected mortality. In order for this code to accurately reflect expected mortality, facilities must all be using the code uniformly. Some of the issues related to the use of this code include who and how would assign the code, who has access to a directive, and is there a method for a facility to add this code to its claims?

### **Outpatient Workgroup**

The Outpatient Workgroup met yesterday. They agreed to address issues related to the existing outpatient data (outpatient surgery, ER, and observation), before working on the new Other Hospital Outpatient (OHO) data. There were two issues addressed during the conference call: 1) Inconsistencies with facilities sending injection procedures because of revenue code variances – needs more research on this and 2) Timeline of submissions – can this be changed?

A few more facilities could volunteer to join this group, but WHAIC would like to limit it to ten facilities. To participate, a facility would need a representative from a number of departments, for example, a data submitter, data consumer/user, IT and HIM.

### **Medically Unlikely Edits**

Ms. Rickelman was looking for feedback regarding a recent CMS transmittal discussing how service units can be defined. This transmittal could affect how service units are submitted to Wlpop. She will do more research on this.

### **Race & Ethnicity Updates**

WHAIC has looked at preliminary results at Q1 2007 data regarding the new race and ethnicity coding system implemented. Indications are that some facilities may not have updated to the new race and ethnicity coding system. Another issue is some facilities have very high volumes of "not asked" submitted. Ms. Rickelman did expect to see a few problems with facilities transitioning to the new codes, but there appears to be more problems than expected. WHAIC will contact facilities individually and see what the status is in correcting this problem.



**Source of Admission Codes**

Below is a link to a document written by Bob Davis giving an update on Source of Admission codes. **WHAIC will also report the effective date when it is available.**

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

**Fall Training**

Ms. Rickelman was looking for feedback regarding times and locations for the fall training sessions. Would any hospitals be willing to host a session, as WHAIC would cover the costs? Parking and catering services need to be available for groups of 50-100. Janet Spitzer, Coding Supervisor for Wheaton Franciscan, stated their outpatient facility on the corner of Bluemound Rd. and Hwy 100 may be available. WHAIC may also follow-up with some other technical colleges around the state.

**Next Meeting: Thursday, May 17 @ 10am**