



**DSUG Teleconference
Minutes
5/17/07**

Present: There were approximately 50 participants on the call.

Staff Present: Debbie Rickelman and Shannon Verbos

CPT and Race and Ethnicity Q1 07 Changes

Debbie noted that some facilities implemented the race and ethnicity changes a quarter early and some did not implement them as scheduled in Q1 07. WHAIC has been working with these facilities to correct the data. As more facilities close their files for Q1 07 WHAIC may identify additional facilities that have not implemented the race and ethnicity changes. If this occurs these facilities will be contacted to make necessary corrections.

A few facilities did not convert to CPT/HCPCS codes on outpatient records for Q1 07. These records need to be manually corrected or the facilities can resubmit their files.

Of note is that some facilities that did not make the necessary changes to the 1/1/07 format stated it was due to vendor issues. Debbie advised the participants to communicate frequently with their vendors as it is the facilities that are ultimately responsible for accurate, timely data submission.

AHA NPI Regulatory Advisory

Debbie referred to a handout from AHA that was distributed to the participants prior to the meeting. It is an update on the use of the NPI. The key information as it relates to the WHAIC data submission is on page 2, paragraph 4. The document notes that the Office of Management and Budget sent the dissemination policy to Health and Human Services (at the end of February). Since HHS has 90 days to respond we should receive the policy soon. The dissemination policy should outline how we can access the database of NPI numbers, which WHAIC needs to validate incoming NPI individual provider numbers.

UB-04 Testing

Facilities should be able to access the 7/1/07 file layout for testing early to mid next week. Each data submitter needs a new password and user ID for the test system. Please contact Brian Competente or Shannon Verbos for this information.

Shannon stated there are a few edits that are still not functioning properly, and if they are still problematic when the test site is opened, there will be a listing of 'known issues'



published on the Batch Review page of the Wlpop_UB04 web site. Please contact her directly throughout the testing process if you run into any unexpected issues with the submission system.

POA Update

Debbie referred to CMS Transmittal 1240 that was released on Friday, May 11. The following items were highlighted:

- CMS requires reporting as of 10/1/07 discharge dates (claims from fourth quarter without POA will not be returned and will not be noted with remarks).
- CMS will not return claims from Q1 08 without POA, but will send remarks to the provider.
- Claims without POA will be returned as of 4/1/08 discharge dates.
- POA will not be available on direct data entry screens until 1/1/08.
- CAH and children's hospitals are not required to report POA to CMS, **however all hospitals that report data to WHAIC must report POA.**
- CMS does not require POA for codes in the E code fields. **WHAIC does require POA for codes in the E code fields.**
- CMS is requiring '1' in the POA field for exempt codes for electronic claims. **After discussion with the participants consensus was that WHAIC should allow a blank or '1' since the paper UB-04 allows a blank.** Shannon stated WHAIC can convert the blank to a '1' if the blank is with a code on the exempt list.
- Facilities should note that their POA data will be sent to the MCE and GROUPER software as of 1/1/08 discharge dates.
- **Payment will be reduced for at least two conditions as of 10/1/08 based on POA information.**
- POA cannot be sent on electronic claims until 1/1/08 discharge dates. It should be sent in segment K3 in the 2300 loop, data element K301.

Florida's Experience with POA

Debbie attended a four-hour session regarding POA at the Florida Hospital Association on Friday, May 11. A summary of the session is attached. It is important to note the summary is a reflection of the Florida experience, not necessarily what is appropriate for Wisconsin hospitals. Participants are free to use the information as they feel appropriate. A POA query form and provider information sheet from one of the Florida hospitals will be revised to a generic form, and posted on WHAIC's Web site for any hospital to adapt to their use. As additional materials are available from FHA or Florida hospitals they will be posted.

Outpatient Workgroup Update

Debbie noted the outpatient workgroup met the previous day. One of the discussion items is the use of the *CPT/HCPCS Codes That May be Selected as a Principal*



Procedure (copy attached). The workgroup recommended that facilities should be required to submit only those CPT/HCPCS codes on the list so there is more consistency in the data. Debbie explained that if pursue this option the following parameters would have to be met:

- Revenue codes would still drive the record to a specific data set. For example, any record with a POS 1 revenue code would need to be submitted in the OPS file.
- Any CPT/HCPCS code on the required list that appears in the revenue record would need to be duplicated as a principal or additional procedure in the primary or procedure record.
- In order for the above to take place effectively and accurately there would need to be a list of revenue codes that must be submitted with a CPT/HCPCS code in the revenue record. WHAIC would edit off of this required list.

Debbie asked the facilities to review the CPT/HCPCS list we are currently using, make recommendations for changes as appropriate, and explain their rationale for the changes. WHAIC will review the recommendations and the ability to implement the above parameters. This topic will be a follow-up agenda item at the next meeting.

Next Meeting

The next meeting of the DSUG is schedule for Thursday, June 21 at 10:00 am. Please RSVP to Brian.