



**Data Submitter Users Group
Teleconference Minutes
June 15, 2006**

Present: Liz Cramer, Barb Gaulke, Carla Gechas, Vicki Gorsuch, Merrilee Kaulitz, Cheryl Krainz, Iris Krisch, Dawn Lee, Victoria Leavitt, LuAnn Matyas, Karen Miller, Cheryl Page, Kim Rosario, Pam Roy, Cathleen Sanders, Cathy Smith, Michelle Sieracki, LaVonne Smith, Michael Stempski, Lisa Teel, Lois Tetzke, Betsy Wiegel, Mary Jane Wilson, *Gundersen Lutheran*

Staff Present: Julie Callies, Debbie Rickelman, Shannon Verbos and Brian Competente

Unknown Gender

Ms. Rickelman noted that unknown (U) is a valid response for gender on the UB92 and the upcoming UB04. The Bureau of Health Information (BHI) did not allow this when it was collecting data because they were concerned with the misuse of this code. WHA Information Center (WHAIC) has now allowed it to be collected within the Wlpop system.

WHAIC will monitor the use of the unknown gender code each quarter when conducting internal validation. WHAIC will check the diagnoses and procedures to see if the unknown gender code is being used appropriately. Facilities should monitor the use of this code to prevent additional work at quarter end.

Ms. Rickelman will update the manual with the additional code for gender. It will be made clear that the unknown gender code be used when it is clinically unknown.

Race and Ethnicity Definitions as of 1/1/07

Ms. Rickelman discussed the proposed race and ethnicity categories to be implemented as of 1/1/07 dates of service. The categories and definitions are based on the Office of Management and Budget of the Executive Office of the President that have been in effect since 1/1/03. Ms. Rickelman confirmed with Bob Davis of the National Association of Health Data Organization, who is also on the NUBC, that these are the categories to be used on the UB92 and UB04 when required by the state for public health reporting. To follow the order of the categories laid out previously, "Native Hawaiian or other Pacific Islander" had been inserted as a '4', placing it ahead of "White" ('5') and behind other previous race codes.

After discussing with the group, it was decided to keep the numbering system similar to what is being proposed in the UB04 changes to prevent additional programming for facilities. Ms. Rickelman will follow-up on this issue after the changes are released.



Outpatient Surgery Procedure Code Requirements as of 1/1/07

As of 1/1/07, Wlpop will no longer accept ICDs as procedures on outpatient records (POS 1-7). Ms. Rickelman developed a **guide** for facilities that identify the principal procedure from the chargemaster or revenue record, rather than from codes identified by coding professionals. It was noted that the CPT/HCPCS codes included in the revenue records are intended to be in the primary record only if they meet the definition of a principal and/or additional procedure as defined in the Wlpop manual. The facility has the discretion to determine whether the principal and additional procedure fields should be filled. An exception to this is that the WI statute does require that each outpatient surgery record (POS 1) include a principal procedure. WHAIC will continue to have an edit in place to assure that this occurs except in the situation when a procedure is cancelled.

Ms. Rickelman will consider any additional feedback on this document and then distribute the final copy.

National Provider ID

As of 5/23/07 transactions, facilities will be required to use National Provider IDs (NPIs) on the claims. There will be organization NPIs, as well as individual provider NPIs. The provider fields in Wlpop are already set to the appropriate length to collect the NPIs (10 digits). Wlpop will allow NPIs to be submitted starting 1/1/07, assuming the dissemination of NPIs by CMS has occurred. WHAIC will require NPIs to be submitted as of 7/1/07 dates of service (discharge date for IP and ED records, procedure date for OPS records, statement through date for POS 3-7 records).

WHAIC will require facilities to submit both the Wlpop FacilityID and the organization NPI for at least one year to verify that sub-parts are accurately crosswalked to the parent organization.

Ms. Rickelman asked facilities if any of them have received organization NPIs. There were no responses.

Other UB04 Changes

Ms. Rickelman started going through differences in the Wlpop format compared to the new UB04 format.

- ❖ *Patient control number*

The UB04 will allow numbers up to a length of 24.

- ❖ *Race & Ethnicity*

This was already discussed earlier in the meeting. The numbering system is still pending Ms. Rickelman's review of the UB04 release.

❖ *Principal Diagnosis*

The UB04 will allow seven digits for the code. Wlpop will implement a new field that will be collecting the present on admission (POA) indicator (one of four codes). The POA indicator can be left blank for certain ICD codes that are to be determined by the four cooperating parties responsible for changes in the ICD coding system. After the meeting Ms. Rickelman verified the POA indicator is only required for inpatient records.

❖ *Admitting/Patient's Reason for Visit Diagnosis*

The UB04 will allow seven digits for the code, and the present on admission indicator does not apply. Three new fields will also need to be added into Wlpop to allow up to three reason for visit codes for ER, urgent care and observation records. Wlpop will require that one reason for visit field is filled on each ED record as is currently required.

❖ *E code*

The paper version of the UB04 will allow for three E codes, and the electronic version will allow up to 12 E codes to be collected. The present on admission indicator does apply to E codes for inpatient records. Further discussion will take place at the next DSUG meeting regarding the number of E codes to allow for in Wlpop.

❖ *Physician ID fields*

As of 5/23/07 claim transactions, the NPI will be required to be submitted. Wlpop will allow the state license number, UPIN, or NPI as of 1/1/07 for all data types. Wlpop will require the NPI as of 7/1/07 dates of service.

Wlpop already has three physician fields: PINA, PINB and PINC. PINA (attending physician) will continue to be the provider who has overall responsibility for the patient's medical care and treatment reported in the claim. It will continue to be required on IP, ED and OBS records, and will be optional on other data types. PINB (operating physician) is for the provider performing the surgical procedure and is required in Wlpop whenever the principal procedure field is filled. Per the UB04 definitions the third provider field (Wlpop's PINC) is for the referring provider, or the other operating physician, or the rendering provider (the health professional who delivers or completes a particular medical service or non-surgical procedure). A new field will be created to collect the two-digit codes to designate the referring provider, rendering provider and other operating physician.

After discussion it was decided to continue to require that PINB is filled when the principal procedure field is filled, regardless of whether the principal procedure is surgical or non-surgical.



Other

Due to time restraints a follow-up conference call will be scheduled next week to discuss the remaining of the UB04 changes. The implementation dates will also be discussed. Additional facility staff are welcome to attend the teleconference to adequately address the issues.