



**DSUG Teleconference
Minutes
10/11/07**

Present: There were approximately 80 participants on both calls.

Staff Present: Julie Callies, Shannon Verbos, Ashley Austin and Brian Competente

Introduction – Ashley Austin

Ms. Austin is taking Debbie Rickelman's position as Manager of the WHA Information Center (WHAIC). She will be responsible for coding, compliance and education. She is coming to WHAIC from PIC Wisconsin where she worked as a Risk Management Consultant and previous to that the Director of Health Information for Tomah Memorial Hospital.

Q3 2007 Testing

With the standard deadline for submitting 3Q 2007 INP, OPS, EDV and OBS rapidly approaching, it is important for facilities to start testing data submissions to the Wlpop_UB-04 test system as soon as possible. If you have not yet begun testing, please contact Brian Competente (bcompetente@wha.org) to obtain a new username and password to access the test system.

About 50 facilities have begun testing files. Most facilities on the two calls mentioned they are waiting for new programming from their vendors to begin testing.

As facilities test data, please keep in mind that the WHAIC is also verifying that the new edits are working properly. Please contact us if you are encountering an edit which you believe is incorrect.

One of the new fields being implemented is Reason for Visit. The Reason for Visit field is taking the place of admitting diagnosis for most ER and observation records. The Reason for Visit field is populated if two criteria are met: Type of bill is 013x and/or 085x, with revenue codes 045x, 0516, 0526 or 0762.

In discussing the Reason for Visit field, participants had suggested if the WHAIC would look into modifying the record specifications only to note which fields are required, which fields are allowed, and which fields cannot be populated at all. The Reason for Visit field will be required for Q3 2007 dates of service.

Participants had also requested that the 'dxa' field for ER records be allowed to be populated (in addition to the first Reason for Visit field). WHAIC is still determining



whether or not this is feasible. Once a determination is made regarding this field, notification will be sent to all data submitters.

NPI Dissemination Update

Although CMS recently released a National Provider Identifier (NPI) database (after months of delay), the files the WHAIC have downloaded contain numerous problems that have prevented the WHAIC from building a lookup table that the Wlpop system can use to validate physician NPIs submitted by hospitals.

Ms. Verbos has run into the following issues after reviewing the CMS download:

- WHAIC was under the impression the database size would be downloadable to Access; however, the size of the database doesn't allow for this.
- CMS provides no technical assistance on this download.
- WHAIC has provided feedback to CMS regarding the issues it has encountered.
- Legacy numbers and physician data fields are not standardized throughout the database.

WHAIC's Database Administrator will need to work on a process to clean and scrub the entire database each month to implement it into the Wlpop system. CMS originally announced that monthly updates would be available for download, but that is not the case. CMS will be providing the entire database each month as a replacement file.

Wlpop_UB04 will not allow physician NPIs to be submitted earlier than Q1 2008 submission. WHAIC will notify facilities once physician NPIs can be submitted. Participants on the call requested something 'in writing' that could be sent off to vendors regarding the timeline for Physician NPI implementation. WHAIC has included a letter with these minutes for this purpose.

Facility NPIs must be submitted beginning with Q3 2007 dates of service. Please send facility NPIs to Brian Competente (bcompetente@wha.org). WHAIC is creating its own database while it works through the CMS database cleanup and implementation process. Facilities will see edits until their own facility NPIs are implemented into the lookup table.

POA Update

Present on Admission (POA) will be required in Wlpop_UB04 starting with Q1 2008 dates of service. Facilities can start submitting POA with Q3 2007 submissions. It will be allowed then, but not yet required. Ms. Callies also included a sample physician query form from another state for facilities to reference for their own purposes. WHAIC will also look into what is being done regarding documentation for POA.



As discussed previously, all reporting hospitals, regardless if Critical Access Hospitals (CAH) or not, must submit POA. POA will be used on all payer types and not just Medicare claims. The reasoning behind this is that data submission has never been payer-driven due to the constant changes with payers, and it ensures consistent reporting across all hospitals, regardless of payer. WHAIC has always followed national standards with coding guidelines. Ms. Callies also noted that risk-adjusted severity and mortality rates could be negatively affected if POA was not incorporated with CAHs. Additionally, the quality measurements will be impacted since the Agency for Healthcare Quality (AHRQ) will also be incorporating the POA determination into their software to allow more accurate assignment of quality indicator rates.

WHAIC will not be releasing POA data for at least a year after collection. This will allow WHAIC to analyze and provide feedback to all facilities related to the submission. However, the driving factor was the consistent reporting among hospitals. Since POA may eventually become a “non-Medicare” requirement on claims, the decision was made to place this on all records regardless of payers. If your facility has any concerns please have them contact Julie Callies or Joe Kachelski.

Ms. Callies noted other states that require all hospitals to submit POA. In looking at the National Association Health Care Data Organizations (NAHDO) data, some of the states requiring all hospitals to submit POA are Maine, Arizona, Tennessee, and New York.

Ms. Verbos clarified that the POA fields can be left blank or submitted with a ‘1’ for diagnosis codes on the exempt list. A link to the Coding Guidelines, which contains the exempt list, is below – the web site linked to has many ICD-9-CM resource links, the coding guidelines are listed as the first bullet point on the page.

<http://www.cdc.gov/nchs/datawh/ftpserv/ftp9/ftp9.htm>

Outpatient Workgroup Update – Principal Procedure Recommended Range

Analysis was done on Q1 2007 outpatient surgery records. About 6,800 records were submitted into Wlpop with a principal procedure not in the recommended range. Eighty-five facilities appeared on this list.

The analysis of the records showed:

- Highest charge was used as only factor in determining principal procedure.
- Principal procedure was pulled from a non-outpatient surgery revenue code when an appropriate outpatient surgery revenue code was present on the record.
- Facilities’ programming is picking the first “match” from the recommended range.



The analysis did include records with only 0480 revenue codes. WHAIC will wait to do further analysis on Q3 2007 data since it will no longer include 0480 only revenue codes on the report. The 0480 revenue code will be moved to Place of Service 5 if it's the only revenue code on the record. WHAIC will also provide record-level detail in its analysis. After review, some codes may need to be added to the recommended range for procedures.

Ms. Callies also reminded facilities to keep the principal procedure in the revenue records. It appears some facilities were moving the code from the revenue records to the primary records if there was an edit on a record. The principal procedure code should be submitted in both the primary record and revenue record. Ms. Verbos added that an edit was not implemented at the start of Wlpop that would check for revenue codes requiring a HCPCS code because a national guideline was not available. After providing a new list from the NUBC that lists revenue codes requiring a HCPCS code, participants provided feedback that this list was not being interpreted correctly by WHAIC. WHAIC will do more research on this list and return to the group with results before any recommendation for implementation of an edit is made.

Training Sessions

WHAIC is again offering a series of fall data submitter training sessions.

- Monday, October 29 – Rice Lake Technical College
- Tuesday, November 6 – Wheaton Franciscan Health Care, Wauwatosa
- Thursday, November 8 – Wisconsin Hospital Association, Madison
- Tuesday, November 13 – Radisson Paper Valley Hotel, Appleton
- Thursday, November 15 – Wisconsin Hospital Association, Madison

All facilities are encouraged to send at least one representative to a training session. The UB-04 implementation to Wlpop will be a focus of these training sessions. More information on the meetings and an online registration form can be found at <http://www.wha.org/wipopreg.htm>. There is no cost to attend the events.

Topics at the training sessions:

- Common edits facilities are receiving during testing and submissions
- Review of Validation checks
- Discussion of profile reports for Q3 2007 with POA information now available

Other

Admission Source Changes

Ms. Callies reported that there is a verbiage change from Source of Admission to Point or Origin. Appendices 3 and 4 were updated in the online manual. There were also changes to the following codes:

Appendix 3:

- '3' – HMO referral (Discontinued 10/1/07)
- 'A' – Transfer from Critical Access Hospital (Discontinued 10/1/07)
- 'E' – Transfer from Ambulatory Surgery Center (Effective 10/1/07)
- 'F' – Transfer from Hospice and is under a Hospice Plan of Care or enrolled in a Hospice Program (Effective 10/1/07)

Appendix 4:

- '1' thru '4' (Discontinued 10/1/07)
- '5' – Born inside the Hospital (Effective 10/1/07)
- '6' – Born outside of this Hospital (Effective 10/1/07)
- '9' – Information Not Available; Reserved for national assignment (Discontinued 10/1/07)

Patient Status

New definitions for codes '05' and '70' will be effective 4/1/08.

- '05' – Discharged/transferred to a Designated Cancer Center or Children's Hospital. Usage Note: Transfers to non-designated cancer hospitals should use Code 02. A list of (National Cancer Institute) Designated Cancer Centers can be found at <http://www3.cancer.gov/cancercenters/centerslist.html>.
- '70' – Discharged/transferred to another type of healthcare institution not defined elsewhere in this code list.

Next Meeting

The next conference call will be scheduled after all of the training sessions are completed. An email will be sent out later to invite participants.