



**Data Submitter Users Group  
Teleconference Minutes  
November 3, 2005**

**Present:** Ellen Bassette, Sandi Bruckert, Liz Cramer, Vicki Gorsuch, Merrilee Kaulitz, Iris Krisch, Victoria Leavitt, Don Martin, LuAnn Matyas, Karen Miller, Joyce Potter, Becky Ruhnau-Gee, Cathy Sanders, Jen Sawle, Donna Schmidt, Michael Stempski, Sue Summerfield, Lois Tetzke, Kim Thompson, Debbie Trochinski, Faye Wieser

**Staff Present:** Debbie Rickelman, Julie Callies and Brian Competente

*Other Hospital Outpatient Profile Reports*

Ms. Rickelman presented a revised draft of the other hospital outpatient profile report based on suggestions gathered from the Wlpop training sessions. What was presented was only a partial report because WHA Information Center (WHAIC) did not have enough time to make the recommended changes to the report after the training sessions. Ms. Rickelman pointed out that on the first page all outpatient records have been compiled as a summary on the report. The following sections are the demographics pages reporting sex, state and ZIP broken down by data type. The next section is Statement Period Length in Days, which is calculated from the Statement From and Through Dates. She stated that the number of records per diagnosis group would be added in summary format and also by data type. Also, a charge addendum and a revenue center listing will be included in this profile report.

Some facilities expressed concern that they were not really comparing apples-to-apples with this profile report and their internal reports; however they can draw general conclusions about whether the data is accurate.

*Change in Place of Service Hierarchy for Observation Services*

The proposed change to the place of service hierarchy is moving Place of Service 3 - Observation Services to the top of the hierarchy. Records that contain any observation revenue codes would be assigned a place of service 3, regardless of any emergency department or outpatient surgery revenue codes on the record. This change would help with the service date edits facilities are encountering. The selection criteria would then be based on the Statement Covers Period Through dates, and not the discharge dates or procedure dates.

If the proposed change were accepted by facilities, the observation services records would be included with the inpatient, emergency department and outpatient surgery submissions timeline. WHAIC believes that many of the observation records are already being included with these data sets. The observation records would also be subject to the physician review process.

Feedback was favorable from all facilities. These changes would be implemented for January 1, 2006, dates of service. Ms. Rickelman will work on updating the specifications for this change to the hierarchy and send out to facilities by the end of next week. Programming changes would include:

- Revenue codes 760 and 762 would over-ride place of service 1 and 2 revenue codes.
- Observation records are pulled by Statement Covers Period Through dates.
- The attending physician field would be required.

CPT Coding Requirement for Hospital Outpatient Services in 2007

Ms. Rickelman noted that Wisconsin data is sent to HCUP on the federal level. Most states do require CPT coding, and have been encouraged at the national level to do so. WHAIC will require CPT or HCPCS Level II coding on hospital outpatient records starting with January 1, 2007, dates of service.

Some concerns expressed by facilities at the training sessions were:

- Groupers have limitations.
  - Response: Groupers should be based on standard coding guidelines for APCs and CPT coding.
- Procedures are not assigned as either principal or additional.
- There is no priority of CPT codes coming from the charge master.
  - Response: Some facilities that are pulling their procedure codes from the charge master are assigning the procedure with the highest charge as the principal procedure. This is an acceptable method. Ms. Rickelman will be contacting other state associations to see how they are dealing with this issue.

A facility asked if they were reporting CPT codes in both the primary record and revenue record, would that be duplicate coding? The response is no. The primary record and revenue records are used for different purposes. Primary records should demonstrate clinically significant procedures. Revenue records should include charge elements. Ms. Rickelman will also look into the possibility of building a hierarchy for CPT codes using the surgical revenue codes.

Other

Some facilities voiced concerns in regard to dates of service edits they are receiving due to preadmit testing. Some facilities are correcting edits because of pre-admit testing done from five to 30 days prior to admission or prior to the outpatient surgery date. Ms. Rickelman will look further into this issue.

Ms. Rickelman also noted that there is a new Medicare Change Request #4047 that clarifies differences in recurring and repetitive services. WHAIC will not make any



changes in the data submission requirements for repetitive services at this time, but may address the issue in the future.

A request was made to combine the profile report and addendums into one PDF file instead of separate files. WHAIC staff will consider this as an option for facilities.