



Wlpop (Version UB-04) Testing Data Submission Issues

Revenue Line Items

- IP – can 'roll' up charges and units into revenue centers
- OP – should submit each line item separately
 - Allows STPERIODF & STPERIODT edit to validate properly
 - Modifier information – line items that are for 'halves' of a procedure can be combined into one line item, but both modifiers should be listed on the line if combined
- Professional Charges should never be included

Procedure Code Selection (Principal and Additional Procedures)

- IP – ICD-9-CM based on coded procedures (no CPT/HCPCS codes)
- OP – CPT-4 based on procedures identified (no ICD-9-CM codes)
 - OPS – utilize revenue code range and recommended procedure range
 - EDV/OBS/OHO – utilize recommended procedure range
 - Procedures should be submitted for all appropriate records, based upon recommended procedure range

Procedure Code / Revenue Lines

- OP – do not 'remove' the HCPCS/CPT procedure code from the revenue line item. The HCPCS/CPT procedure code should appear in the revenue line item HCPCSRATE field, and if identified as an appropriate principal or additional procedure, should be duplicated in those fields for submission.

E-Codes

E-Codes should not be pulled into the Diagnosis Record (D) at all anymore. There are twelve fields in the Primary Record (A) designated for E-Codes in Wlpop (Version UB-04). E-Codes should be submitted in the order of importance (1-12).

Reason for Visit Codes

One code required for identified records (primarily EDV & OBS) by Type of Bill (TOB) 013x and 085x, with Revenue Codes 045x, 0516, 0526, or 0762. Up to three codes allowed for any outpatient record. (UB-04 FL 70a-70c)

NPI

The NPI database has not been built yet (waiting on the CMS downloadable database)