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I. General Description

The data contained in the data sets were reported to WHA Information Center pursuant to Chapter 153, Wis. Stats. That reported information contains patient demographic data, admission and discharge data, charge and payer data, and diagnostic and procedure data, among other data. Four types of data were reported:

1. Inpatient Data (INP) were reported by all of Wisconsin's acute care, non-federal hospitals, including General Medical/Surgical, Psychiatric, AODA, Rehabilitation, and State institutions pursuant to the above statutes.
 - Reportable hospital inpatient records were defined as ones with a UB-04 FL 4 "Type of Bill" codes 11x and 12x.
 - A record was submitted for each discharge.
2. Emergency Department (ED) Data were reported by all of Wisconsin's hospitals offering ED services pursuant to the above statutes.
 - Reportable emergency department visit records were selected by discharge date and revenue codes 0450, 0451, 0452, and 0459.
3. Outpatient Surgery Data (OPS) were reported by Wisconsin hospitals, affiliated ambulatory surgery centers, and freestanding ambulatory surgery centers pursuant to the above statutes.
 - Reportable hospital outpatient surgery records are reported by procedure date and outpatient surgery revenue codes that include one of the following: 036x, 0481, 049x, and 0750.
4. Observation Visit Data were reported by Wisconsin hospitals pursuant to the above statutes. There are 3 different data sets available: Observation Visit Data ONLY (OBS), Observation Visit Data with Outpatient Surgery Data (OBS-OPS), and Observation Visit Data with OBS-ED data. OBS data set available in the relational format only.
 - Reportable observation visit data ONLY (OBS) should be selected by the "through" date in the statement covers period (UB Form locator 6B) that include OBS revenue codes 0760 and/or 0762 only (observation only data available in the Relational Data Format)
 - The OBS-OPS should be selected by the "through" date in the statement covers period (UB Form locator 6B) that include OBS revenue codes 0760 and/or 0762 and outpatient Surgery revenue codes that include one of the following: 036x, 0480, 0481, 049x, and 0750.
 - The OBS-ED should be selected by the "through" date in the statement covers period (UB Form locator 6B) that include OBS revenue codes 0760 and/or 0762 and Emergency Department Data that include one of the following ED revenue codes: 0450, 0451, 0452, and 0459.

Definitions of data elements reported to WHA Information Center are based on uniform billing forms, either the Center for Medicare and Medicaid Services (CMS) Form 1500 or Uniform Billing Form 04 (UB-04). Freestanding Ambulatory Surgery Centers should submit a record for each surgical case that occurs within a specific quarter. Each submitted record contained items or aggregations of items from the billing forms.

The submitted data were edited for errors. During the submission process, errors were identified, and facilities were responsible for correcting all invalid records. After successful submission of verified data, a summary profile of each facility's data was provided for facility review and reconciliation with internal records. This sometimes led to further corrections, deletion of duplicate records, or the submission of additional discharge records. The editing process is substantially described in the Patient Data Submission Manual, which also details facilities' reporting requirements. The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) Manual, the CPT Coding Manual, the HCPCS Level II Coding Manual, and the UB-04 Manual contain some additional descriptions or specifications for particular items.

The data sets consist of either raw data items obtained directly from facilities or computed and derived items calculated from the raw data items or derived from another source. Raw data items that could identify a patient are not included in the data sets. Some elements are regrouped.

CPT codes submitted in ED and AMB files were converted to ICD-9-CM procedure codes using the 2009 Thomson Reuters *Procedure Conversion Files*. Effective with Q1 2007 data, all Outpatient records are required to submit CPT procedure codes (not ICD-9-CM procedure codes).

In the fixed width data sets; when a CPT code does not convert to an ICD-9-CM code, four 'X' characters (XXXX) were placed in the ICD field. There are six (6) CPT code fields (Principal CPT and five Other CPT fields) which contain the CPT codes that are originally submitted on the record. Each quarter, the list of CPT codes that translate to more than one ICD-9-CM code appears as part of the CPT2ICD Conversion Caveats document that accompanies this documentation. When only one CPT code is submitted and converts to two ICD procedure codes on a record, both ICD codes appear on the record on the data file. When more than one CPT code is submitted, and one or more CPT code(s) converts to two ICD codes on a record, only one ICD procedure code (ICD1) appears for each CPT code submitted.

In the relational data sets; when a CPT code does not convert to an ICD-9-CM code, four 'X' characters (XXXX) were placed in the ICD1 field. An unlimited number of CPT code fields (Principal and Additional) contain the CPT codes that are originally submitted on the record, while the ICD1 and ICD2 fields contain codes converted from the Thomson Reuters cross-walk.

The body of the documentation includes a file layout as well as a more detailed description of each data item available on the data file. Other sections contain a list of facility identification numbers, and county and state codes.

NOTE: Definitions of data elements reported to WHA Information Center are based on uniform billing forms, either the Center for Medicare and Medicaid Services (CMS) Form 1450, also known as Uniform Billing Form 92 (UB-92), Uniform Billing Form 04 (UB-04), or CMS Form 1500 (CMS-1500). Beginning with Q1 2010, WHAIC will no longer provide reference to the UB-92. If you would like to obtain a crosswalk of the UB-92 to UB-04, please see: The National Uniform Billing Committee (NUBC) website at www.nubc.org.

Note: WHAIC assumed full responsibility for the collection, analysis and dissemination of health care information from hospitals and ambulatory surgery centers pursuant to s. 153, Stats., on July 1, 2004. Beginning with Q1 2010 data release, WHAIC will no longer provide reference to the BHI material. If you have questions, please contact the Information Center.