

7.13 Terms, Acronyms, and Definitions

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| Affirmation Statement | A document that when electronically signed and submitted by an authorized representative of the facility, it affirms, to the best of the signer's knowledge, all data submitted are complete and accurate. The primary contact must access the Affirmations Statement from the Data Deliverables / Affirmations tab through the Portal. |
| Caveat | If data errors are discovered after the validation period closes or WHAIC releases the data the facility may notify WHAIC of data errors to be documented in future datasets. |
| Data Profile | A summary of all submitted data and a summary of the number of records received by WHAIC from a facility. |
| Data Type | Inpatient, Outpatient, Outpatient Surgery, Observation, Emergency Room. |
| Enhanced Ambulatory Patient Groupings (EAPG) | Enhanced Ambulatory Patient Groups (EAPGs) is a visit- based patient classification system used to organize and pay services with similar resource consumption across multiple settings. |
| Emergency Department (ED) | The department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care. Emergency department personnel may also respond to certain situations within the hospital such cardiac arrests. The emergency department is also called the emergency room or ER. |
| Inpatient | A patient is admitted to a room for an overnight stay or for numerous days with continuous general nursing services in an area of an acute care facility. Examples of treatment areas for admission: ICU, Labor and Delivery, Cardiology Units or General Medicine Units. |
| Medicare Advantage | The definition by Medicare.Gov is that it's a plan that beneficiaries can collect Medicare benefits through private insurance companies approved by and under contract with Medicare |

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| Non-OHO | A term used by WHAIC to represent data types for patients in the hospital setting: Inpatient, Emergency Room, Outpatient Surgery and Observation encounters. |
| Observation | <i>Observation status</i> is an administrative classification of patients seen and/or treated in a hospital setting who have unstable or uncertain conditions potentially serious enough to warrant close observation, but usually not so serious to warrant admission to the hospital. These patients may be placed in beds usually for less than 24 hours without formal admission to the hospital. These hospital patients are neither inpatient nor outpatient. Patients are placed in a hospital bed (often in an inpatient unit) after displaying signs or symptoms that require additional medical work up or evaluation in order to provide a more definitive diagnosis—but do not need the level of services provided in an inpatient setting. Observation stays are usually limited to 24 hours then the physician must determine whether patients' condition warrants an inpatient admission or discharge. |
| Ordering Physician | <p>A physician or, when appropriate, a non-physician practitioner who orders non-physician services for the patient. See Pub. 100-02, Medicare Benefit Policy Manual, chapter 15 for non-physician practitioner rules. Examples of services that might be ordered include diagnostic laboratory tests, clinical laboratory tests, pharmaceutical services, durable medical equipment, and services incident to that physician's or non-physician practitioner's service.</p> <p>The ordering/referring requirement became effective January 1, 1992, and is required by §1833(q) of the Act. All claims for Medicare covered services and items that are the result of a physician's order or referral shall include the ordering/referring physician's name.</p> <ul style="list-style-type: none"> • Effective for claims with dates of service on or after October 1, 2012, all claims for physical therapy, occupational therapy, or speech-language pathology services, including those furnished incident to a physician or nonphysician practitioner, require that the name and NPI of the certifying physician or nonphysician practitioner of the therapy plan of care be entered as the referring physician in Items 17 and 17b. |
| Other Hospital Outpatient Data (OHO) | Also known as OHO. Records that do not fall in the category of inpatient, outpatient surgery, observation or ER. These records have associated revenue codes and distinct place of services based on the location or service. |

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| Outpatient | A patient that receives a diagnosis and/or treatment at a hospital but does not stay overnight. Examples of treatment in this environment: observation care, emergency department, clinic, radiology or laboratory service. |
| Outpatient Surgery | This term is also referred to as ambulatory surgery, same-day surgery or day surgery in which patients have a surgical procedure that <u>does not</u> require an overnight hospital stay. Outpatient surgery can be a distinct unit within a hospital or a freestanding ambulatory surgery facility. |
| Patient | The person is receiving health care services. The term patient in this guide is intended to convey the case where the Patient loop (Loop ID-2000C) is used. In Loop ID-2000C, the patient is not the same person as the subscriber, and the patient is a person (for example, spouse, children, others) who is covered by the subscriber's insurance plan and does not have a unique member identification number. However, the patient receiving services can be the same person as the subscriber. In that case, all information about that person is carried in the Subscriber loop (Loop ID-2000B). |
| POS (Place of Service) | The location of where a service is rendered to a patient. Patients can be inpatient or outpatient and based on revenue code and the hierarchy in the Wlpop manual, WHAIC will assign the location. |
| Primary Record | Demographic and patient claim details of services rendered and by whom. |
| Rendering Provider | If the practitioner rendering the service is part of a billing group (even two people), report the individual practitioner's National Provider Identifier (NPI) in the Rendering Physician # area (2310B loop, segments NM108 [XX] and NM109 [NPI], of the 837P electronic claim or Item 24J of the CMS-1500 paper claim form). |
| Reference Lab | Any lab performing clinical laboratory diagnostic tests (or the interpretation /report of such tests, or both) <u>without</u> a face-to-face encounter between the individual and the lab billing for the test and/or interpretation/report. |

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| Referring physician | A referring physician is a physician who requests an item or service for the beneficiary for which payment may be made under the Medicare program. Ordering physicians is defined as a physician or when appropriate a non- physician practitioner who orders services for the patient. |
| Revenue Record | This is unique to the Wlpop system. Revenue Center codes, HCPCS/CPT/HIPPS Rates, number of units and total charges. |
| Service Provider | In many instances the Service Provider is an organization; therefore, the Service Provider NPI reported would belong to an organization health care provider. The Service Provider may be an individual only when the services were performed by, and will be paid to, an independent, non-incorporated individual. When an organization health care provider has determined that it has subparts requiring enumeration, that organization health care provider will report the NPI of the subpart as the Service Provider. The subpart reported as the Service Provider MUST always represent the most detailed level of enumeration as determined by the organization health care provider and MUST be the same identifier sent to any trading partner. |
| Summary Profile | A summary of the number of records submitted to WHAIC, broken down by quarter, year to quarter and month. Also includes tables, graphs and a 12 month overview of total records. |
| Student | An individual who participates in an accredited educational program (e.g., a medical school) that is not an approved GME program. A student is never considered to be an intern or resident. |
| Validation | The action taken by the facility to check or prove the validity or accuracy of the data submitted. |
| Value Code | A code structure to relate amounts or values to identify data elements necessary to process this claim as qualified by the payer organization. It has two pieces - a code and an amount. Examples include: Units of Blood furnished; Patient Liability Amount; Professional Component Charges which are combined billed; etc. |

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| AHA | American Hospital Association |
| AHIMA | American Health Information Management Association |
| AMA | American Medical Association |
| ASC | Ambulatory Surgery Center |
| CAH | Critical Access Hospital |
| CDC | Center for Disease Control |
| CM | Clinical Modification (i.e. diagnosis codes) |
| CMS | Center for Medicaid and Medicare Services |
| CPT | Current Procedural Terminology |
| CRM | Contact Relationship Management |
| DHS | Wisconsin Department of Health Services |
| EAPG | Enhanced Ambulatory Payment Group |
| EDAS | Electronic Data Affirmation Statement |
| FASC | Free Standing Ambulatory Surgery Center |

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| FAQ | Frequently asked questions |
| FL | Field Length |
| FY | Fiscal year |
| HCPCS | Health Care Procedural Coding Set |
| HIPAA | Health Insurance Portability and Accountability Act |
| IC | Information Center |
| ICD-10 | International Classification of Disease tenth revision |
| INP | Inpatient |
| IPPS | Inpatient Prospective Payment System |
| IT | Information Technology |
| NCCI | National Correct Coding Initiative |
| NCHS | National Center for Health Statistics |
| NPI | National Provider Identifier |
| NUBC | National Uniform Billing Committee (UB-04) |

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| OBS | Observation Records |
| OHO | Other Hospital Outpatient data |
| OIG | Office of Inspector General |
| OP | Outpatient |
| OPPS | Outpatient Prospective Payment System |
| OPS | Outpatient Surgery |
| PBL | Provider Based Location |
| PCS | Procedural Coding System |
| PHI | Protected Health Information |
| PII | Patient identifiable information |
| POA | Present on Admission |
| PoO | Point of Origin |
| SPR | Summary Profile Report |
| TOB | Type of Bill |

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| UCID | Unique Case Identifier (64 Character – WHAIC Specific) |
| WHA | Wisconsin Hospital Association |
| WHAIC | Wisconsin Hospital Association Information Center |
| Wlpop | Wisconsin inpatient and outpatient (data submission system) |