2. DISCHARGE DATA COLLECTION OVERVIEW

This section defines the expectations and exceptions for the data submission requirements and limitations. See Section 5 for information on specific data submission and technical requirements.

Facilities must use the secured web-based submission tool known as WIpop [pronounced WHY POP] to submit its quarterly discharge data to WHAIC.

WIPOP users must register for and have an active WIpop account. Hospitals and ASCs are responsible **for managing access to WIpop and all registered users. Any changes to the list of users must be communicated to WHAIC staff. See Section 3 and Appendix 7.10 for more information on WIpop registration.**

Data submission files must pass basic formatting and compliance checks to be processed in the WIpop database. If a file is rejected for failing the format requirements an email notification will be sent to submitter and primary contact detailing the reason for failed formatting. For more information on file failures see section 6.1 *Facilities are accountable for their qualified vendor's failure to submit data and/or create the 837 claims file required by WHAIC.*

Examples of format failures:

- File contains PHI - patient name or social security number.
- Greater than 10% of records missing address to complete the census block group detail.
- Greater than 25% of records with a race or ethnicity of unavailable / denied *effective Q318
- Structurally insufficient or missing segments, facility ID, etc. File size is over 100Meg.
- Duplicating patient control numbers / encounters in the file.

Data must be reported quarterly, within 45 days of the close of the quarter. Calendar quarters end on March 31, June 30, September 30 and December 31. Monthly files are encouraged.

The WHAIC discharge data submission site includes both a WIpop Test site and a WIpop Production site.

**Edits should not be worked in the test site unless the facility is verifying something specific.*

The WHAIC discharge data submission site includes both a WIpop Test site and a **WIpop Production** site.

DO NOT work Edits in the test site

Data must be uploaded through the 837 File Handler or through the secured portal.

837 File Handler/Black Box Instructions from http://www.whainfocenter.com/WHAInfoCenter/media/DataSubmitters/WHAIC_837_Handler.zip

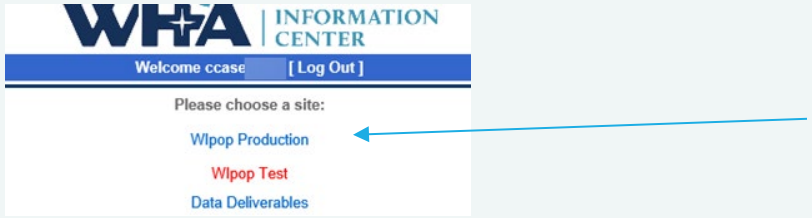
A. 837 File Handler / Black Box Functions

Function 1: Using the patient name, birth date and sex, the program will calculate and add the ECID and UCID to the 837file **and** remove the patient name.

Function 2: Transfer a file directly to WIpop, bypassing the need to upload the file using a browser.

- The program has a Windows installer and a graphical user interface end for ease of use. The GUI calls and passes parameters to a Windows console program, which performs the processing.
- The console program can be executed directly from automated batch processes.

B. Upload the discharge data to the **WIpop Production** site to be a valid submission and work edits for batch processing.



2.1 Discharge Data Parameters and Limitations

Freestanding ASCs are required to submit all types of ambulatory surgical procedures including cosmetic and self-pay services to WHAIC.

The benefit in submitting data using an 837-claim file format is all services rendered for each encounter are captured and reported on the claim.

- There is NO special CPT or HCPCS code mapping on ASC records. If it's on the claim and pertains to the outpatient surgery encounter, such as radiology / X-ray, laboratory and pathology codes, and any temporary codes they all need to be reported.
- There is no need to separate out services on patient encounters or submit multiple encounters for the same patient.

WHAIC assigns the principal and additional procedure in the WIpop system based on current coding guidelines. Our database program will not allow add-on codes to be pulled as a principal procedure.

Procedure Coding: Use Healthcare Common Procedure Coding System (HCPCS) Level I and II codes and Current Procedural Terminology (CPT) codes from the AMA to indicate services and/or procedures on all encounters.

As per DHS 120.13 Data to be submitted by freestanding ambulatory surgery centers.

1) DATA TO BE COLLECTED.

(a) *Types of procedures reported.* Freestanding ambulatory surgery centers shall report to the department information relating to any ambulatory patient surgical procedure within any of the following general types:

1. Operations on the integumentary system.
2. Operations on the musculoskeletal system.
3. Operations on the respiratory system.
4. Operations on the cardiovascular system.
5. Operations on the hemic and lymphatic systems.
6. Operations on the mediastinum and diaphragm.
7. Operations on the digestive system.
8. Operations on the urinary system.
9. Operations on the male genital system.
10. Intersex surgery.
11. Laparoscopy and hysteroscopy.
12. Operations on the female genital system.
13. Maternity care and delivery.

14. Operations on the endocrine system.
15. Operations on the nervous system.
16. Operations on the eye and ocular adnexa.

FASC must submit Bill Types (Type of Bills) as per State Statute, although not required on the 837P:

WHAIC will accept 0831 or 0999 – programmed accordingly.

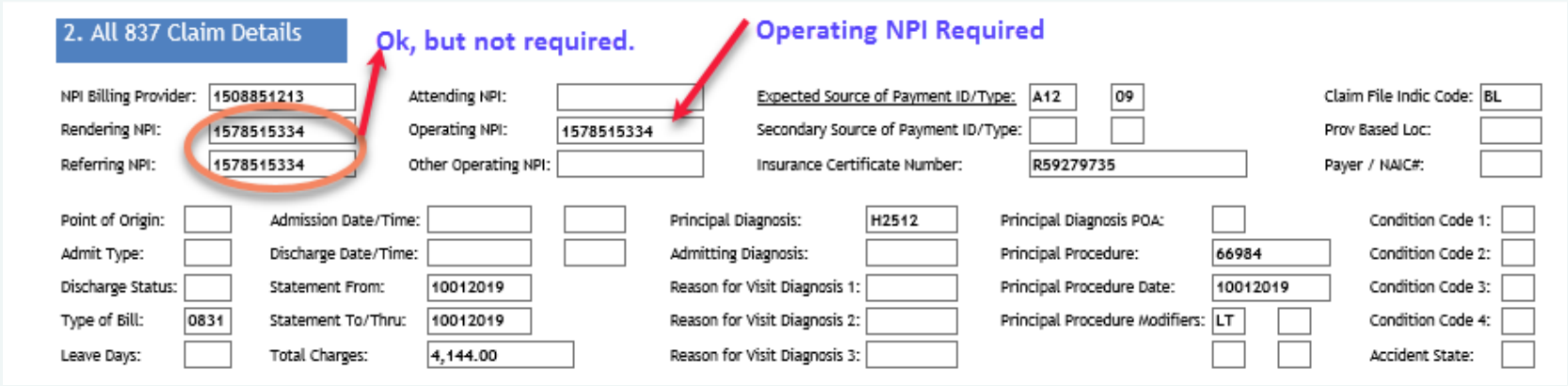
- We do not accept replacement, voided or corrected claims/encounters in any of the data. Unlike insurance companies, we have no mechanisms in place to automatically search and replace a previously submitted encounter or record. *The data is submitted and released for use by hospitals, policy makers, researchers and consumers based on calendar quarters, therefore it is impractical to replace a record/claim from a previous quarter once the data is released.*
    - For example, types of bills ending in 7 (example 0837) will be assigned an edit.

Revenue codes are not required as they are not produced and used on an 837P file. However, if an ASC uses a file that reports revenue codes: **Exclude revenue codes 096X to 098X**. As per state statute, we do not collect data for Professional Services.

External Cause of Injury (**ECI) Codes are required**, as per state statute, with a diagnosis code in S section and some T codes.

- External Cause Code required when diagnosis code is in this range: S00-T14, T20-T35, T69 see section 4.5.
- External Cause Codes are required on FASC records.

- **NPI numbers** in the **operating NPI field or Rendering NPI field**. If rendering NPI is the only NPI on claim in the file, WHAIC will copy that number during data processing to the Operating NPI field. Attending is NOT required/needed on ASC files.



Alerts are intended to generate discussion and allow submitters to find improvement in the data before the end of the quarter.

- Alerts were designed from the existing validation reports that are available in real-time following submission in WIpop under the Batch/Reports feature as well as part of the end of the quarter validation reports posted to the portal.
- ***Alerts are not Edits or Errors. Alerts create an opportunity to review the data more closely and timely.***
- * The **Alert bell** may draw a submitters attention to specific areas of race, ethnicity, payer and inpatient and observation stays. *Examples might include patients over 65 reported as non-Medicare, other/unknown payer, race declined/unavailable, OBS over 5 days, IP under 2 days, unknown payer, etc.*
- Further information and clarification about Alerts can be found on our website. http://www.whainfocenter.com/Data-Submitters/WiPop/Education-Training

2.2 Ambulatory (day/outpatient) Surgery Records (OPS)

Freestanding ambulatory surgery centers (FASC) are required to submit encounters for ambulatory surgeries, **including records of self-pay patients, workers comp, charity care, etc.**

ASCs are not required to use a revenue code, but if one is provided, we ask they comply with the codes used by hospitals:

> *036X – Operating Room Services *except revenue code 0361 – which is assigned to OHO POS 6 minor outpatient treatment. 0481 – Cardiology – Cardiac Cath; 049X – Ambulatory Surgical Care; and 0750 – GI Services*

*A **principal procedure code is required on outpatient surgery records*** as per statutory requirements.

WHAIC follows *official CPT and HCPCS coding guidelines* to assign and populate the principal procedure field and procedure date using the claims revenue line-item detail.

- *Assignment of principal procedure is based on the highest qualifying CPT/HCPCS **code charge**. If two or more revenue line items have the same (high) charge, the earliest service date will be marked as the principal procedure. Add-on codes will not be pulled as principal.*
  - *Modifiers will be carried over to principal procedure field as provided.*

Freestanding ambulatory surgery centers - (FASC) are not required to use (but will be accepted) select OP revenue codes.

- FASC typically bill on an 837P or CMS 1500 with the appropriate CPT or HCPCS codes for services, supplies, or other items.
- *ASCs are not required to report type of bill; however, this field is required in WIpop per state statute. WHAIC has asked facilities to map the data to 0999 or 0831 or a version of this. Under certain circumstances as defined in the manual, WHAIC will automatically assign an acceptable TOB to this field in WIpop – see the 837P specification for more information.*

The **procedure date** (not the statement from and through) is used to determine which quarter to use when reporting OPS.

- For example, if the procedure is performed on 06/30, but the patient had follow-up or on rare occasion discharged on 7/1, it should be included in the second quarter data submission.
- *Dates of service are not included in the discharge data if a claim makes it way into the next quarter, we ask that you change the DOS to match the quarter the data is submitted for and not delete the record.*

- *Exception Rules OPS:* Records for claims that occur within the 90-day global surgical period (such as cataract surgeries that are often performed on both eyes within the 90-day global surgery period), are exempt from the edit.
    - A service date up to 90 days after the principal procedure date will be allowed if a Left (LT) or Right (RT) modifier is on record.