



WHA Information Center
Data Set Documentation

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I. General Description

The data contained in the data sets were reported to WHA Information Center (WHAIC) 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. Below are the data types 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 (OBS)** 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.
5. **Other Hospital Outpatient (OHO) Data** were reported by Wisconsin hospitals also pursuant to the above statutes. Hospital outpatient departments are required to submit selected items or aggregations (e.g. repetitive services such as PT visits) of items on all outpatient visits, except hospital reference diagnostic services. The OHO data set does not include inpatient, emergency department, ambulatory surgery, or observation data as these are included in the above data sets.

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Hospital Outpatient records are submitted based on the Statement Covers Period. The beginning and ending service dates of the period included on the record submitted. For services received on the same day, the “from” and “through” dates will be the same.

The OHO data set is provided in a relational format only. The reported information contains patient demographic data, charge and payer data, and diagnostic and procedure data, among other data elements.

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 (UB-04). Freestanding Ambulatory Surgery Centers 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.

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 WHAIC Data Submission Manual, which also details facilities’ reporting requirements. The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-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.

Effective with the Q1 2018 data submissions, WHAIC transitioned data collection formats to a modified 837 claims file format. In 2015, WI Act 287 the Wisconsin Health Care Data Modernization Act was passed. The Act removed outdated provisions in Chapter 153 and included an opportunity to bring data collection into greater alignment with the national ANSI 837 EDI Claim standard. This change presented WHAIC with a wide variety of opportunities to improve the data it currently receives, streamline how the data is collected, and expand the data elements it collects.

In data submissions prior to Q4 2015, CPT codes submitted in ED and OPS files were converted to ICD-9-CM procedure codes using the current Thomson Reuters *Procedure Conversion Files*. **Effective with Q4 2015 data, with the move to ICD-10, WHAIC will no longer provide the crosswalk of CPT procedure codes to ICD procedure codes.** The crosswalk product will no longer be available to WHAIC.

The CPT to ICD procedure code crosswalk fields will remain within the fixed-width and relational file layout, but the code values will be NULL. WHAIC did not want to change the file layout as much as it could.

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

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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.