

West Virginia Health Care Authority Hospital Inpatient Data System

On-Line Editor (OLE) Enhancement Release Notes February 8, 2011

OVERVIEW

This document contains the highlights of several changes that have been made to the OLE. These changes are effective with the submission of **January 1, 2011** discharges. The changes are as follows:

1. New Point of Origin (Admit Source) Edits to comply with NUBC changes for ER admissions.
2. Enhanced Present on Admission (POA) Edits
3. Enhanced edit for HCODEs.

ENHANCEMENT DETAILS

I. Point of Origin and Admit from ER Condition Code

Effective 7/1/2010, NUBC made the following updates to the UB04 billing codes surrounding patient admissions:

- Three Point of Origin codes are eliminated and will no longer be valid for use:
 - Code 7: Emergency Room
 - Code B: Transfer from Another Home Health Agency
 - Code C: Readmission to the Same Home Health Agency
- Definitions for both Codes 1 and 2 have been modified
 - Code 1 is now less specific (i.e. “upon order of a physician” removed)
 - Code 2 now includes both clinic and physician office as points of origin
- New Condition Code (P7) added to indicate patient was admitted directly from this facility’s Emergency Room/Department

As previously announced, beginning with January 1, 2011 discharges, hospitals are required by WVHCA to report the P7 value in the Condition Code field to identify inpatient admissions from the ER. The OLE will look for this field to be populated at both a batch level and record level.

Valid Values for the Condition Code field: P7

Batch Level Error:

For discharges with an Acute Care (510xxx), Critical Access (511xxx), or Psych Unit (51Sxxx) provider number, the system will look to see what percentage of records contain the P7 code in the Condition Code field. If the % of records with a P7 is <30% or >70% the OLE will present a WARNING.

New Edit Code:

E161 Questionable number of admissions from ER

Record Level Warning/Errors:

1. The edit for the Admission Source/Point of Origin field has been modified. Beginning with 1/1/2011 discharges, the values of “7”, “B” or “C” are invalid. The presence of these codes is now considered an ERROR. The ERROR code has not changed for this field.
2. For **Acute Care hospitals (i.e. hospitals with a provider number 510xxx)** the OLE will evaluate the data several different ways.
 - a. If a revenue code of 045x is found in any revenue field, the OLE will look for the P7 code to be in the Condition Code field. If it is not found, the OLE will present a WARNING that the P7 code is missing. You may enter the P7 code in the appropriate field in the OLE if it is valid for that record.

New Edit Code:

E164 P7 Code Missing

- b. If there is a P7 in the Condition Code field and no revenue code of 045x in any revenue field the OLE will present an ERROR.

New Edit Code:

E163 No Revenue Code of 45x found

II. New POA Edits

New POA edits are being implemented to improve the reporting of exempt diagnosis codes. In the past, the OLE accepted a blank or a value of “1” in the POA field without checking for the type of hospital submitting the data. That is, the OLE did not produce errors if hospitals required to report POA submitted exempt POA codes for non-exempt diagnosis codes.

Beginning with 1/1/2011 discharges, non-exempt facilities **cannot** submit a POA value of “1” for non-exempt codes. Exempt facilities **may** continue submit a “1” for all diagnosis codes.

Record Level Error:

The new Error is for non-exempt hospitals only.

If a diagnosis code is non-exempt and POA=1, then an ERROR will be presented.

New Edit Code:

E166 POA=1 for non-exempt Facility and Dx code

Exempt Facilities are determined by the PROV field and based on the number beginning with 511xxx, 512xxx, 513xxx, 514xxx, 51Sxxx, and 51Txxx

III. New Payer Code (HCODE) Warning

Upon review of the database, we are finding that there are a lower number of discharges with a primary payer of Medicare than expected. This could be in part due to the new Medicare Part B/Managed care plans being coded in the data as Commercial (H4xxx) rather than as Medicare (H11xx). Therefore, we are implementing a new WARNING for the HCODE field.

If the patient’s age is 65 or older (based on DOB) and the primary payer code on the discharge is not Medicare, the OLE will present a WARNING. Please note there are circumstances when it is acceptable for Medicare to be a secondary or tertiary payer. In these cases, the primary payer should not be changed to Medicare.

New Edit Code:

E165 Questionable Medicare payer