



Texas Health Care Information Council

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Visit our Web site at <http://www.thcic.state.tx.us>

February 3, 2000

TO: Chief Executive Officers of Texas Hospitals

FROM: Jim Loyd, Executive Director

THCIC Hospital Numbered Letter - Volume 3 Number 1

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- 1** Certification Process Orientation and Training Classes

THCIC will be presenting orientation sessions on the data certification process and on the submission and data correction processes. Hospital representatives are encouraged to sign-up for the data certification orientation. The application form is included in this numbered letter (see last page). Registration form must be completed and return to Dee Shaw by fax (512-424-6491) by February 24. Manuals will be provided at the orientation.

Submission/Corrections Orientation 9:00am - 12:30pm Certification Orientation 1:30pm - 4:00pm

DATE	CITY	LOCATION	Street Address	Ph. # of Hotel
March 6, 2000	Houston	Howard Johnsons	9604 South Main	713-666-1411
March 7, 2000	Corpus Christi	Ramada Inn Bayfront	601 North Water Street	361-882-8100
March 8, 2000	Dallas	Best Western Dallas North	13333 North Stemmons Freeway	972-241-8521
March 9, 2000	Lubbock	Holiday Inn Park Plaza	3201 Loop 289 South	806-797-3241
March 13, 2000	Austin	TDH Boardroom, Moreton Building	1100 West 49th Street, M-739	

Please fax your registration to Dee Shaw at 512-424-6491 by February 24.

2 Certification Pilot Project is in progress

The Texas Health Care Information Council appreciates the participation of the following hospitals in the certification pilot test program:

Austin State Hospital *Austin*
 Baylor/Richardson Medical Center *Richardson*
 Baylor University Medical Center *Dallas*
 BHC Millwood Hospital *Arlington*
 Healthcare Rehabilitation Center of Austin *Austin*
 Henderson Memorial Hospital *Henderson*
 Nix Health Care System *San Antonio*
 Parkland Memorial Hospital *Dallas*
 Presbyterian Hospital of Kaufman *Kaufman*
 San Marcos Treatment Center *San Marcos*
 University Hospital *San Antonio*

3 General Findings from Pilot study

Approximately 1/3 of the pilot hospitals had few or no errors incurred by building the encounters using their data. Of those that received errors and warning from the encounter build, several had to void and resubmit some claims.

Some of the issues that have come to our attention include:

- a. UB-92 Records being out of sequence Two causes for this messages include:

1. Some claims contained an "0001" revenue code at the end of the "50 Record" and at the end of the "60 Record". Only one revenue code "0001" is allowed and should be at the end of the "60 Record" unless no revenue codes are placed in the "60 Record", such as having a revenue code of "100" -All-inclusive room and board plus ancillary charges.
2. Some claims had duplicate "60 Records".

Edits to check for these errors are being set-up to be put in place to allow for return of these errors at the time of corrections. The Council is working on temporary solutions to handle these situation until the edits can be installed (We anticipate this will be in place for discharges occurring after March 31, 2000).

- b. Number of "22 Records" is different than the number of "30 Records". Some claims did not contain a corresponding "22 Record" for each "30 Record"; therefore, the "non-standard source of payment codes" do not match up. This is one of the most common errors that has been encountered during the pilot test.

The Council anticipates an edit to be in place for discharges after June 30, 2000. The Council currently plans only to publish the primary payer codes in the public use data file.

- c. Missing sequence numbers. A missing sequence number in the "22 Records". Resulted in encounters that could not be built. Record sequence numbers (Field 2, positions 3 - 4) are standard requirements for UB-92 Electronic Claim records 10, 22-80 when those records appear.

An edit is being prepared and should be in place for discharges after March 31, 2000.

- d. Non-contiguous dates. Two hospitals had claims where the "statement covers period" dates did not match correctly in order accurately reflect the dates of service for the patients. These were identified in the encounter build process and will be marked on incomplete encounter reports.
- e. Void transactions. The Council recognized a problem with submitting "Void/ Cancel previous claims" (XX8), in that the claim must match exactly to be voided out. We are developing a solution for the problem.

4 Replacement of Primary Key Field Information

If a hospital discovers that one of the following data elements (Patient Control Number, Medical Record Number, Admission Date, Admission Hour, Statement Covers Period From Date, Statement Covers Period Through Date) needs to be changed for a previously submitted claim, you must use one of the following processes:

- a. To change any or all of the key data elements, the original record must be voided using the XX8 and a new claim (original bill type) resubmitted.
- b. Data Correction Software can be used to change to the following Key data elements: Medical Record Number, Admission Date, Admission Hour, Statement Covers Period From Date, Statement Covers Period Through Date. The data correction software cannot be used to change the patient control number (Changing PCN is covered in option "a").

5 Physician edits turned back on

Reminder: House Bill 1513 (76th Texas Legislature) requires the Council to edit the physician identifier fields beginning January 1, 2000. The uniform physician identifier must be included in the public use data

file minimum data sets for patients released on or after January 1, 2000. These edits were in place when Commonwealth Clinical Systems initially started processing data, but due to technical difficulty in obtaining physician and other health professional data files from the licensing agencies the edits were turned off. The following edits are reinstated for discharges after December 31, 1999:

- a. Physician qualifying code of "SL" or "UP" in Record 80 Field 04, *Error Message 922*
- b. License number must be in a valid format (Examples: UPIN - XNNNNN, MD/DO - XNNNN, DC - NNNN, DDS - NNNNN, DPM - NNNN, Psychologist - NNNNN, Nurses - NNNNNN and the License Number and Physician Name must match licensing boards License Number and Physician Name (Names must be in the format as specified below (THIN Implementation Guide Section 11, page 11.38). *Error Messages 915, 916, 918 and 919.*

The Edit List and Edit Logic are available on the THCIC website.

6 A Reminder about Physician Name format for HCFA UB-92 Electronic File version 05.0

HCFA UB-92 Electronic File format requires the following format:

80-09 Attending Physician Name

Enter the attending physician's name using the following format.

Last name positions 91 - 106 (16 positions)

First name positions 107 - 114 (8 positions)

Middle initial position 115 (1 position)

80-10 Other or Operating Physician Name

Enter the other or operating physician's name using the following format.

Last name positions 116 - 131 (16 positions)

First name positions 132 - 139 (8 positions)

Middle initial position 140 (1 position)

80-11 Other Physician Name 1

Enter the other physician's name using the following format.

Last name positions 141 - 156 (16 positions)

First name positions 157 - 164 (8 positions)

Middle initial position 165 (1 position)

80-12 Other Physician Name 2

Enter the other physician's name using the following format.

Last name positions 166 - 181 (16 positions)

First name positions 182 - 189 (8 positions)

Middle initial position 190 (1 position)

7 Other New Edits That Go Into Effect For Discharges Dated After March 31, 2000 Or Have Been Implemented

(a) THIN has implemented the following global edits:

- Check for valid date range for Birth Date (Record 20 Field 08) the age calculated from the current date (THIN process date) minus the Birth Date must not be greater than 115 or less than zero years (in the future). Implemented June 1999. *Error Message 340*
- Check for valid date range for Admit/Start of Care Date (Record 20 Field 17) the date calculated from current date (THIN process date) minus the Admit/Start of Care date must not be greater than 50 years and less than zero years (in the future). Implemented June 1999. *Error Message 340*

- Check for valid date range for Statement Covers Period From Date (Record 20 Field 19). The date calculated from current date (THIN process date) minus Statement Covers Period From Date must not be greater than 50 years and less than zero years (in the future). Implemented June 1999. *Error Message 340*
 - Check for valid date range for Occurrence Dates (Record 40 Fields 09, 11, 13, 15, 17, 19, 21) the date calculated from current date (THIN process date) minus the Occurrence Date must not be greater than 110 years and less than negative ten (-10) years. Implemented June 1999. *Error Message 340*
 - Check for sequence number in "30 Records" (Record 30 Field 02). The sequence number must match the sequence order of the record. *Error Messages 311, 312, 313*
 - Check for matching "Bill Types" (Record 40 Field 04) when multiple "40 Records" occur. *Error Message 325*
- (b) CCS will be implementing the following claim level edits (does not include the edits listed in section 3 or 5) of this numbered letter:
- Check valid state code in Record 20 Field 15.
 - Check for duplicate Standard Source of Payment Codes between different "30 Records" (Record 30 Field 04). Duplicates will be marked with a warning message code.

8 HCFA Updates To UB-92 Electronic Version 06.0

In January, HCFA sent out transmittal letter 1788 which effects the following: Hospital Outpatient, Community Mental Health Centers, Skilled Nursing Facilities (SNF) and Home Health prospective payment billing, as well as SNF consolidated billing, Home Health 15 minute increment billing and outpatient therapies must now have HCPCs on every line. This new law could effect Skilled Nursing Units in hospitals and those facilities would be required to submit claims in version 060 beginning April 2000. Recent conversations with THIN suggest that HCFA has moved the deadline back to July 1, 2000. THCIC has been in conversation with HCFA and THIN in an attempt to clarify whether version 060 and 050 will be able to passed through THIN to CCS. THCIC will continue to consult with HCFA and THIN on the progress of this change.