

COMPdata[®]
DATA SUBMISSION FAQs

TOPIC	QUESTION	ANSWER
06/21/11		
Bill Type Requirements for Charity Payer Primary Patients	Why am I getting a new rejection stating the Bill Type is invalid for a Charity case?	Patients who have Charity as their primary payer must have a Bill Type that ends in 0. (e.g. 110, 120, 130, 850). The 0 at the end of the Bill Type designates it as a non-payment case, which is the appropriate choice for Charity primary.
Accident State Designation for Out of Country Accidents	Since we must report Accident State for patients in and auto accident, what do I use to indicate that the accident occurred out of the country?	If a reportable auto accident has occurred outside of the United States, you may use 99 to indicate so, in place of the alphabetic state abbreviation.
Deletion of files sent to Production	Can COMPdata delete a file I sent to Production in error?	It is not COMPdata's policy to manually delete files in Production that a facility may have submitted in error. If you need to delete records in the Production System, please use the "XX8" process outlined in the Data Coordinator Manual.
Clinician NPIs	What type of NPI can I submit for a clinician?	The NPI reported for a clinician should be only his/her individual NPI. Do not report organizational NPIs for a clinician.
Test System File Size Limitation	How large of a file can I send to the Test System?	The test system has recently been adjusted so that only the first 100 cases in any file are processed. The test system is not set up to process large files and should not be used as an error scrubber prior to sending the same file to Production. The Test System should be used only for testing file format changes or system upgrades, using a file of 100 or less cases.
File Processing Schedule	Does COMPdata process data files every day of the week?	COMPdata processes data files Sunday – Friday. No processing is done on Saturday, due to weekly system maintenance. The details of our Production and Test system processing are available on our website: http://compdatainfo.com/datacollection/productionsystem.html http://compdatainfo.com/datacollection/testsystem.html



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08/09/10		
High File Submission Processing Time	Why are files taking longer to process than the usual overnight completion time?	The volume of data submitted impacts the time to process the data, and we have experienced unusually high volumes lately. We have been monitoring this and have identified changes that we can make to improve this process. These changes are currently being tested and should be implemented shortly. Also, we have plans to upgrade our hardware, which should help with the processing time. This should be in place by year's end.
Diagnosis Invalid Error	What does it mean when I receive an error that states Diagnosis Invalid?	An Invalid Diagnosis error could be caused when there is a typo in the diagnosis code, it is used improperly, or is incomplete. For example, often diagnoses are entered with only 4 digits, when coding requirements stipulate there must be 5 digits in that particular diagnosis code. Please see your facility's coder for assistance in correcting these errors.
COMPdata Challenge	What is the COMPdata Challenge?	The COMPdata Challenge is a quarterly voluntary contest for facilities to improve their submissions in any of 3 different areas. For details go to: www.compdatainfo.com and choose COMPdata Challenge in the menu on the left side of the screen.
Illinois Misadventure Reporting	When does the Misadventure reporting start for Illinois facilities?	The Misadventure reporting for Illinois begins with 01/01/11 discharges/cases. See Educator Newsletters dated 03/15/10 and 07/01/10 for details.
Test System Usage and File Size	How large of a file can I send through the Test System?	Test System files should be limited to 250 records. The Test System is <u>NOT</u> to be used as an error scrubber prior to submission to Production. It is exclusively used for testing accuracy of file formats. Shortly, an edit will be instituted to reject any Test files over 250 records.
Patient Information in Emails	Can I give you a Patient ID via email?	Patient IDs, names and dates of birth cannot be sent via email. Email is not secure, and therefore such transmission of protected patient information is against HIPAA regulations.
Contact Information in Emails	What contact information for me do you need when I send you an email?	Please make sure you provide your name, facility name, state, phone number, and email address in all communications with COMPdata, so we can properly respond to your inquiry. If your automated email signature contains this information, then that is sufficient. Please ensure that your vendor includes the same information when communicating directly with us.
Error Correction Help	What can I use to help me work through my error corrections?	The Data Coordinator Manual contains the Edit Error Code Reference Sheet, on which you can find the verbiage for any error message, and then determine the data element



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		involved and where to find the information in the manual. The Checklist for Reconciling Edit Error Rejections is available via the Tools and Aids web page (http://www.compdatainfo.com/datacollection/tools.html), and will walk you through the necessary steps for error correction.
Monthly Password Resets	What can I do to prevent getting locked out of my password every month?	Currently, the COMPdata systems are set to force you to reset your passwords on a monthly basis. If you don't reset them yourself each month, the system will lock you out, and you will need to go through the Help Desk to accomplish it. Be proactive, and put this task on your monthly calendar to avoid lockouts.
04/14/10		
IE8 and Java Compatibility	Is there a way to make my Internet Explorer 8 or Java 1.6 compatible with the COMPdata systems?	Both IE8 and Java 1.6 can be made compatible with COMPdata's systems by adjusting your browser settings appropriately. Please follow the instructions as listed in the troubleshooting sheet listed on our www.compdatainfo.com website as Browser Settings .
Centralized Website Access	Do I have to access each COMPdata system from a different website URL address?	If you so choose, you may still access each COMPdata site separately. However, our www.compdatainfo.com website provides one central location from which all other sites are linked. You can save the Info Site in your favorites and launch your browser to any other function from there with ease and convenience.
Usage Indicator	What is a Usage Indicator?	The Usage Indicator is a required single alpha character that must appear at the end of the very first segment of the 837 file format, called the ISA segment. This indicator is either a T = Test System or a P = Production System. Your file must contain the appropriate Usage Indicator for the system to which you are submitting. Please see the 837 Appendix or specs in your manual for a sample of this segment and indicator.



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File Processing Frequency	How often to files process in the Test and Production systems?	<p>Test files process periodically throughout the day, 7 days per week. Production files process only overnight, 6 days per week (excluding Saturday). Following are the times by which files must be submitted in order to be included in each processing batch:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Test Processing</td> </tr> <tr> <td style="text-align: center;">Files are processed every 2 hours from 4am-8pm Central Time.</td> </tr> <tr> <td style="text-align: center;">Files must be received at least an hour prior to the scheduled processing time to make each process batch.</td> </tr> <tr> <td style="text-align: center;">Production Processing</td> </tr> <tr> <td style="text-align: center;">Nightly processing 6 days a week, Sunday – Friday Saturday the system is down for general maintenance.</td> </tr> <tr> <td style="text-align: center;">Files must be Received by: 7PM CT</td> </tr> </table>	Test Processing	Files are processed every 2 hours from 4am-8pm Central Time.	Files must be received at least an hour prior to the scheduled processing time to make each process batch.	Production Processing	Nightly processing 6 days a week, Sunday – Friday Saturday the system is down for general maintenance.	Files must be Received by: 7PM CT
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Attestation Form	What is an Attestation Form and what do I need to do with it?	<p>An Attestation Form <u>applies only to Illinois hospitals and ASTCs</u>. These facilities are required to fill it out to attest to the completeness and accuracy of their data every quarter. The forms must be signed and emailed directly to the Illinois Department of Public Health (IDPH) within 15 calendar days after each data submission quarterly close date, as instructed on the form itself. This requirement has been in effect since 2007. You may access this form at: http://www.compdatainfo.com/datacollection/illinois/administrative.html.</p>						
10/05/09								
POA Exempt Diagnoses	Which listing of POA exempt diagnosis codes does COMPdata use?	<p>The Centers for Medicare and Medicaid Services (CMS) use the comprehensive list of POA exempt diagnoses that is published by the Centers for Disease Control and Prevention (CDC). As this is the national CMS standard, COMPdata also uses the CDC listing, which is available via the Federal Register and the CDC website.</p>						
Submitting Outpatient Procedures	How many outpatient procedures can be submitted and in which fields should they be populated?	<p>When submitting your outpatient procedure CPT and/or HCPCS codes, they are entered in both the Procedure Code and Service Line Item fields. The COMPdata system looks at only the 1st – 25th Procedure code fields to determine outpatient service category qualification. If your case contains multiple pages in order to accommodate additional</p>						



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		Revenue Codes, only the procedures in the Service Line Items should change from page to page to match one-to-one with the Revenue Codes. The 1 st – 25 th Procedure Code fields should remain the same from page to page. Should you enter different codes in the Procedure Code fields on subsequent pages of the case, only the 1 st – 25 th ones on the first page will be retained in the system.
Test System Usage	Can I use the Test System as an error scrubber before I submit to the Production System??	The Test System should be used solely for the purpose of testing the proper programming of data submission file formats. It should <u>not</u> be used as an error scrubber prior to every data submission. The Test System does not have the volume capacity to function as an error scrubber. Attempts to do so may cause delayed processing in the Test System overall. Once initial testing of format programming is complete, please submit data files only to the Production System, and make error corrections in that database.
Facility and Clinician IDs	What kinds of IDs can be used to identify facilities and clinicians in the data files?	As of 10/01/09, only NPIs will be accepted as valid IDs for both facilities and clinicians.
03/09/09		
Medicare 72 Hour Re-admittance Rule	When I have Medicare patients that are discharged, but then readmitted within 72 hours, they have to be submitted on the same claim/record. How do I account for the days away from the hospital so I don't get Length of Stay errors?	To account for the time away from the hospital, use Leave of Absence revenue code 0180, with units = days away, and zero charges.
KY KBSR Errors	I get rejections for missing data on my KBSR (Kentucky Birth Registry) patients. What qualifies a patient for the KBSR fields?	KBSR is the Kentucky Birth Registry for children ages 5 and below with certain congenital defects. The qualifying conditions are: 740-759, 259.4, 270-279 (Excl. 274, 276, 278), 282, 334-335, 343, 553.1, 760.7X, 773, 775.0, 779.0, 783.4, 764.0. Details on these conditions can be found on page 10 of the Data Coordinator Manual dated 02/12/09.
Missing Element Errors When	I use the 837 file format to submit my data and keep getting	The specific data may be valid in the segment, but if the correct and consistent element separator is not used, the segment cannot be read. The very 1 st element separator in



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Using 837 Format	errors that data elements are missing, but the information is in the file. Why am I getting this error?	the ISA segment defines the separator that must be used throughout the entire file. You must ensure that all element separators match what is in the ISA segment.
Procedure Code/Date Blank Errors	Why do I get Procedure Code or Procedure Date Blank errors when the data is actually in the file?	This occurs when procedure codes or dates are not populated in sequential fields. Any blank fields in between cause mismatch with codes and dates. Do not skip any fields in the sequence.
ZIP Code Invalid Errors	Why am I getting ZIP Code Invalid errors when the code seems valid?	COMPdata updates new ZIP codes from the post office every month. Check your ZIP code accuracy at www.usps.com . If your code is indeed valid, contact us at ubhelp@ihastaff.org .
09/05/08		
IL State Reporting Mandate	For Illinois, where can I access the State reporting mandate in writing?	This is located in the Illinois Department of Public Health's Consumer Guide Final Rules, which are published via the Illinois Register. It can be accessed at: http://ilsos.net/departments/index/register/register_volume_31_issue28.pdf , Page 199 (9848).
Present On Admission (POA) Guidelines	Where can I locate the official information on reporting Present on Admission (POA)?	The official national guidelines are from the CDC and NCHS. The original rules came out in September 2006 and can be found at: http://www.cdc.gov/nchs/data/icd9/POAGuideSep06.pdf . There have been updates since then, and those can be searched at: http://www.cdc.gov/nchs . New national coding changes are due out for implementation beginning 10/01/08.
Do Not Resuscitate (DNR) Reporting	When did the Do Not Resuscitate (DNR) element go into effect, and what are the specifics regarding this element?	This new element was implemented with January 1, 2008 inpatient discharges for IL, KY and OR. It is effective in MT as of July 1, 2008 inpatient discharges. It was included in the training for each state over the last 6 months to 2 years, depending on the state. <ul style="list-style-type: none"> • DNR is reported as Condition Code "P1" from the UB-04 • Review Expanded Flat File Format element 243 in the Data Coordinator manual for details. • The Data Quality Summary Report will provide a count of cases reported with DNR. • A standing DNR order must be reconfirmed on each visit. It should also be reported on each claim, and within each case submission, as they can always be revoked and cannot be assumed.



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		<ul style="list-style-type: none"> • When implementing DNR condition code P1 for your state data, if you send your claims to CMS and BCBS with this code on them, your claim may be declined due to invalid coding for payment. <ul style="list-style-type: none"> ✓ The DNR code is a valid code in the UB-04, but it is designated for Public Health Reporting purposes, not billing purposes. This means that if your facility comes across this issue, you will have to populate the DNR for the state data, but strip it off prior to sending your actual claims.
Patient's Reason for Visit Errors	Why am I getting error rejections for Patient's Reason for Visit Blank?	Per UB-04 guidelines, the 1 st Patient's Reason for Visit Diagnosis is required for any <u>unscheduled</u> outpatient visit. Any patient record coded as entry via the Emergency Dept. indicates an unscheduled visit, making the 1 st Patient's Reason a required field. COMPdata's edits cross check these areas and reject records accordingly.
Detailed Revenue Code Reporting	Why is it beneficial for my facility to report detailed revenue codes?	While facilities can often get paid using more generalized revenue codes, the use of detailed ones can actually speed up the payment process with payers. In addition, using detailed revenue codes provides a greater depth of information provided within your data to the state, such as the unit or service category. For Example: <ul style="list-style-type: none"> • 0110 = Room and Board (Private) – General Classification • 0113 = Room and Board (Private) – Pediatric Detailed revenue code reporting also improves the depth of the COMPdata reporting system used by Subscribers for internal facility analysis.
Newborn Errors	Why are my Newborns rejecting out for Admission Source code invalid?	The coding changed nationally in the UB-04 for this field as of 10/01/07. The element is no longer called Admission Source. It is now Point of Origin. All the former Newborn codes (1-4) were discontinued and replaced with new ones. The only acceptable codes in this field are now: 5 (born inside this hospital), and 6 (born outside this hospital). Systems and staff should be updated on this national change that has already been in effect for almost a year.
Prior Stay Reporting	Why is it important for me to report my Prior Stay information, and how do I report it?	In the states where it is a required element, Prior Stay is reported using Occurrence Span Code 71 and Date from UB-04 FL 35-36. Per the UB-04 Manual, this coding indicates "the from/through dates given by the patient of any hospital stay that ended within 60 days of this hospital... admission." For public reporting purposes and readmission tracking, it is



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		essential that it is captured properly. Reporting valid Prior Stays will assist with proper internal analysis of readmissions. This information will be publicly available and consumers should have access to figures based upon appropriate reporting. Prior Stay must be based upon dates that are <u>provided by the patient</u> . Please ensure that your coders are capturing Occurrence Span Code 71 and Date properly, and your system or vendor is set up to report it in your State data set.
07/29/08		
Newborn Errors	Why are my newborns rejecting out when I use Point of Origin/Admission Source codes 1, 2, 3, or 4?	As of 10/01/07 all the Point of Origin/Admission Source codes changed nationally. 1 – 4 are no longer valid. Only 5 (born inside this hospital) and 6 (born outside this hospital) are now allowed. See the UB-04 Manual updates for the current Point of Origin coding.
ISA Segment in 837 Format	In the 837 4010A1 File Format, what should be entered in the ISA Segment for Submitter ID and Receiver ID?	Please use your facility ID (NPI) as the Submitter ID, and "COMPdata" as the Receiver ID.
06/09/08		
Exempt POA Reporting	Why is the code of "E" for Exempt POA erring out on my feedback reports?	The acceptable coding to designate a POA exempt diagnosis is a "1" on the 837 Format and a "1" or blank field on the Flat File Format. "E" is not a valid code.
Length of Stay (LOS) Errors	What should I do when I get Length of Stay (LOS) errors?	Compare the Admission Date vs. the Discharge Date for discrepancies, and check the units for Room and Board charges (usually Revenue Codes 0219 and under, and 0724).
System Permission Denied	Why does the COMPdata system tell me that I do not have permission to access the system when I enter my ID and Password?	You are using the wrong type of ID for the function you are attempting to access. For submission of patient data files on the EFT website, you must use the ID that begins with your state alpha abbreviation. For retrieving your Feedback Reports on the Three Links website, you must use the ID that begins with DCUB.
05/07/08		
County Codes	Why are my 3 digit County Codes rejecting out?	County codes must be 5 characters for reporting, in a combination of the 2 character state code followed by the 3 digit county code. The state code is located at the top of



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		the state page on the FIPS website (http://www.itl.nist.gov/fipspubs/co-codes/states.htm). Please use the numeric state code, not the alpha state code.
County Codes	Why is the "Other" County Code of 99999 rejecting out for my border states?	A valid 5 digit county code must be provided for every county in your state AND every county in your border states. 99999 can only be used for areas outside of your border states.
04/17/08		
Correction of Errors	How do I correct the submission errors on my Edit Error Report?	Utilize the Error Correction Tips checklist on the Tools and Aids webpage. Link: http://www.compdatainfo.com/training/errorchecklist.pdf .
New Format Tips Sheet	What formatting and content problems should I look out for on the new file formats?	Utilize the New Format Tips checklist on the Tools and Aids webpage. Link: http://www.compdatainfo.com/training/checklist.pdf .
Coding Guidance	How should I code various data elements for special circumstances, e.g. Point of Origin coding for ED patients admitted to Inpatient service?	IHA/COMPdata cannot provide official guidance on how to specifically code any cases or billing. That guidance should come from the national source, which is the UB-04 Manual. Please reference the UB-04 Manual, which will provide usage notes and details for coding under specific circumstances. Your Billing or Coding Department should have a copy of the UB-04. You can obtain a UB-04 Manual and make official inquiries from the NUBC at http://www.nubc.org .
Reporting Charges Using Meditech Software	My hospital uses Meditech software and our Inpatient charges aren't adding properly. How do we correct this?	Ensure the following is done: <ul style="list-style-type: none">• In the Meditech claims dictionary, set "Print Service Date" to "No."• For further assistance, see your Meditech representative.