

FINAL STATEMENT OF REASONS

CALIFORNIA CODE OF REGULATIONS
TITLE 22, DIVISION 7, CHAPTER 10, HEALTH FACILITY DATA
ARTICLE 8: PATIENT DATA REPORTING REQUIREMENTS Sections 97212, 97215,
97225, 97226, 97227, 97228, 97229, 97244, 97248, 97258, 97259, 97260, and 97261.

UPDATE TO INITIAL STATEMENT OF REASONS

Notice of this rulemaking was published on September 27, 2013. On October 5, 2013 AB 1382 was signed into law (Chapter 599, Statutes of 2013). AB 1382 changed the name of several data elements listed in Health and Safety Code sections 128735, 128736 and 128737 to align with the terminology used in ICD-10. Effective January 1, 2014 the term "external cause of injury" (which is used in ICD-9) has been replaced with the term "external cause of morbidity" (which is used in ICD-10). The two terms have the same meaning. OSHPD has determined that these changes to the original text of the regulations are nonsubstantial as that term is used in Title 1, CCR, §40. AB 1382 changes will not cause any confusion as the clarifying statutory changes were made to follow the nomenclature of the ICD-10 code sets. There will be no effect on hospital operations or business practices, or on the reporting obligations of the hospitals.

As a result of the statutory change, and in response to a comment received, several non-substantive changes have been made to the text that was proposed. Changes were made to data element definitions and to the Format and File Specifications documents that are incorporated by reference.

One additional terminology change was made by AB 1382: Principal Language Spoken data element was renamed Preferred Language Spoken data element. This data element is not part of the changes to the regulation text in this action and will be accommodated in a subsequent regulatory action. However, this data element has been changed in the Format and File Specifications documents that are incorporated by reference.

A typographical error misstating the end of the range of codes describing Causes of Morbidity as V99 was corrected to Y99 in section 97227.

The revised text of the regulation showing all of the nonsubstantive changes made to the regulations after the 45-day notice is attached as Exhibit A. A detailed narrative of the changes is attached as Exhibit B.

NONSUBSTANTIVE CHANGES MADE TO THE INCORPORATED DOCUMENTS SINCE MARCH 20, 2008

The final Format and File Specifications documents with revision dates of January 1, 2014 are attached as Exhibits C and D. These two documents show all changes made to them since they were last updated on March 20, 2008.

Also included are detailed narrative descriptions of nonsubstantive updates made to the File and Format Specification documents since 2008; those changes are presented in these documents

Summary of Changes for IP ICD-10 File Specs_Jan 1 2014 Revision, and Summary of Changes for ED-AS ICD-10 File Specs_Jan 1 2014 Revision and are attached as Exhibits E and F.

Updates were made to terminology in the Format and File Specifications documents. Because the terminology updates do not change the proposed ICD-10 reporting requirements the changes are nonsubstantial changes. These changes are in the name of the data elements only, and not in the content. These changes will not cause any confusion as the statutory changes were made to follow the nomenclature of the industry. There will be no effect on hospital operations or business practices, or on the reporting obligations of the hospitals.

None of the terminology updates materially alter any requirement, right, responsibility, condition, prescription or other regulatory element of any provision. This text alterations are nonsubstantial changes as defined in Title 1, CCR, §40.

INCORPORATION BY REFERENCE

The Format and File Specifications for MIRCAl Online Transmission: Inpatient Data Effective with discharges occurring on or after July 1, 2014 Revised January 1, 2014 and the Format and File Specifications for MIRCAl Online Transmission: Emergency Department and Ambulator Surgery Data Effective with encounters occurring on or after October 1, 2014, Revised January 1, 2014 are incorporated by reference. These documents would be cumbersome, unduly expensive and otherwise impractical to publish in the California Code of Regulations. The documents are available upon request and can be printed from the OSHPD MIRCAl website.

SUMMARY AND RESPONSE TO COMMENTS RECEIVED DURING THE NOTICE PERIOD OF SEPTEMBER 29, 2013 THROUGH NOVEMBER 9, 2013.

Two letters were received during the comment period.

COMMENT NO. 1 was received from a software vendor who had a question about the impact of the regulations on her clients.

Response: She did not suggest any changes to the regulatory proposal. No changes were made in response to her letter.

COMMENT NO. 2 was received from Robyn Strong regarding AB 1382.

Response: Changes were made as explained above regarding AB 1382 and also as described in sections 97215, 97227, 97244, 97260 and 97261.

ALTERNATIVES DETERMINATION

The federal HIPAA regulations have been amended (45 CFR §162.1002) to require that covered entities switch, as of October 1, 2014, from using ICD-9-CM to using a newer version of the International Classification of Diseases. The newer code set is known as ICD-10, and has two parts - International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) and the International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS). ICD-10 is being adopted because it is updated and has a higher level of detail and specificity.

Providers of health care are expected to be preparing for the transition to ICD-10 on October 1, 2014. With the adoption of these regulations OSHPD is cost-effectively aligning its reporting requirements with this ongoing industry-wide transition in order that ICD-10 coding can be used to report data to OSHPD on the same October 1, 2014 timeline.

OSHPD does not want to require facilities to code patient data using an outdated system that is inconsistent with current business practices and federal requirements. A failure by OSHPD to move to ICD-10 coding would be very burdensome and costly to facilities.

OSHPD has determined that no alternative considered would be more effective in carrying out the purpose for which the regulation is proposed, would be as effective and less burdensome to affected private persons than the adopted regulation, or would be more cost effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

LOCAL MANDATE DETERMINATION

The proposed regulations do not impose a mandate on local agencies or school districts.

Ogbonna, Irene@OSHPD

From: Strong, Robyn@OSHPD
Sent: Wednesday, November 06, 2013 3:32 PM
To: Ogbonna, Irene@OSHPD
Subject: MIRCal Proposed Regulations: Comment

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Ms. Ogbonna,

I am a manager in the Patient Data Section which operates and maintains the MIRCal system. Currently, OSHPD is in a Public Comment Period for a regulatory proposal that would synchronize the reporting of ICD-10 coded data to MIRCal with the October 1, 2014 conversion date as required by the Health Insurance Portability Accountability Act. OSHPD is not a HIPAA covered entity; however the regulatory proposal will allow facilities to report ICD-10 coded data to MIRCal. This will provide data with more detail for data users and allow facilities who have already converted to using ICD-10 coding to send ICD-10 coded data to MIRCal.

On October 5, 2013, during the Public Comment Period, a bill numbered AB 1382 was signed into law, becoming Chapter 599, Statutes of 2013. Chapter 599 makes technical changes to sections 127835, 128736 and 128737 of OSHPD's statutes. Specifically, each of these three sections includes a list of data elements that must be reported to OSHPD, and each includes one or more data elements that include the phrase "external cause of injury". However, with ICD-10 the phrase "external cause of injury" will be replaced with the term "external cause of morbidity." Therefore, to remain consistent with current terminology, AB 1382 changed the term in statute. The two terms have the same meaning.

I am submitting this Public Comment because I would like to have the regulatory text for the ICD-10 incorporation updated to reflect this statutory change. It is a non-substantive change because it does not alter any requirement or add any new reporting requirement; the proposed regulation as drafted already requires the use of ICD-10 coding.

Please let me know if you have any questions.

Respectfully,

Robyn Strong | Staff Services Manager I | Patient Data Section | Healthcare Information Division
Office of Statewide Health Planning & Development
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Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs

Ogbonna, Irene@OSHPD

From: Shamla Samannan <Shamla.Samannan@sourcemed.net>
Sent: Monday, October 14, 2013 9:52 AM
To: Ogbonna, Irene@OSHPD
Cc: Angie Hicks
Subject: Question on the Draft - proposed regulation.- California

Hello Ms.Ogbonna,

My name is Shamla Samannan and I work in the Product Management division of Source Medical.

Source Medical is a leading software vendor and we have many ASC and Surgical hospital clients in California who use our software to extract discharge data and submit to the state.

We have the below concerns/questions after reviewing the proposed patient data reporting regulation for ICD-10 (draft) for both ASC and IP submissions.

- It is mentioned in the document (both IP, ED&AS) that for *“For encounters on and after October 1, 2014, International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes shall be reported and consist of 7 alphanumeric characters, without the decimal point, left-justified and space-filled.”*
 - Some of our clients (Non HIPAA covered entities) are not required to use ICD 10 on or after October 1, 2014 and can continue to use ICD 9 procedure and diagnosis code for their encounters. Can you please clarify us on the expectation for these cases? Should these encounters be left out of the state file or can these be reported with ICD 9 codes after October 1, 2014? Please advise.

Thanks for your help in this regard,
Shamla.

Thanks,

Shamla Samannan

Business Systems Designer



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Connect with us today:



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**INPATIENT FORMAT FILE AND SPECIFICATIONS
FOR ONLINE TRANSMISSION**

FOOTNOTES

¹Type & Size indicate data type and length (in parentheses). Data type is defined as:

- A = Alpha
- N = Numeric
- A/N = Alphanumeric

² Principal and Other Diagnoses

- For discharges through September 30, 2014, International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes will be reported and consist of 5 alphanumeric characters, without the decimal point, left-justified, and spaced-filled.
- For discharges on and after October 1, 2014, International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes will be reported and consist of 7 alphanumeric characters, without the decimal point, left-justified and space-filled.

³ Principal and Other Procedures

- For discharges through September 30, 2014, ICD-9-CM codes will be reported and consist of 4 alphanumeric characters, without the decimal point, left-justified, and spaced-filled.
- For discharges on and after October 1, 2014, International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) codes will be reported and consist of all 7 alphanumeric characters, without the decimal point, left-justified and spaced-filled.

⁴ Principal and Other External Causes of Morbidity

- For discharges through September 30, 2014, ICD-9-CM codes will be reported and consist of 5 alphanumeric characters, without the decimal point, left-justified, and space-filled.
- For discharges on and after October 1, 2014, ICD-10-CM codes will be reported and consist of 7 alphanumeric characters, without the decimal point, left-justified and space-filled.

**ED and AS STANDARD FORMAT AND SPECIFICATIONS
FOR ONLINE TRANSMISSION**

FOOTNOTES

¹Type & Size indicate data type and length (in parentheses). Data type is defined as:

- A = Alpha
- N = Numeric
- A/N = Alphanumeric

² Principal and Other Diagnoses

- For encounters on and after October 1, 2014, International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes shall be reported and consist of 7 alphanumeric characters, without the decimal point, left-justified and space-filled.

³ Principal and Other External Causes of Morbidity

- For encounters on and after October 1, 2014, ICD-10-CM codes shall be reported and consist of 7 alphanumeric characters, without the decimal point, left-justified and space-filled.

Thanks,

Shamla Samannan

Business Systems Designer



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