

(c) ~~Ambulatory Surgery Data reports for encounters occurring on or after January 1, 2009 up to and including December 31, 2014 shall comply with the Office's Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data, as revised on March 20, 2008. For encounters occurring on or after January 1, 2015, Ambulatory Surgery Data reports shall comply with the Office's Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data Version 1.9, as revised on April 14, 2014~~January 26, 2015 and hereby incorporated by reference.

(d) The Office's Format and File Specifications for MIRCal Online Transmission as named in (a), (b), and (c) are available for download from the MIRCal website. The Office will make a hardcopy of either set of Format and File Specifications for MIRCal Online Transmission available to a reporting facility or designated agent upon request.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 128735, 128736, 128737 and 128755, Health and Safety Code.

97216. Definition of Data Element for Inpatients - Date of Birth.

(a) For discharges occurring up to and including December 31, 2016, the~~The patient's~~ birth date shall be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year of birth. The numeric form for days and months from 1 to 9 must have a zero as the first digit. When the complete date of birth is unknown, as much of the date as is known shall be reported. At a minimum, an appropriate year of birth shall be reported. If only the age is known, the estimated year of birth shall be reported, and the month and day shall be reported as 01 for month and 01 for day.

(b) For discharges occurring on or after January 1, 2017:

(1) For online transmission of data reports as electronic data files, the patient's date of birth shall be reported in numeric form as follows: the 4-digit year, the 2-digit month, and the 2-digit day. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(2) For online entry of individual records, the patient's date of birth shall be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(3) When the complete date of birth is unknown, as much of the date as is known shall be reported. At a minimum, an approximate year of birth shall be reported. If only the age is known, the estimated year of birth shall be reported and the month and day can be reported as 01 for month and 01 for day.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128735, Health and Safety Code.

97217. Definition of Data Element for Inpatients - Sex.

(a) For discharges occurring up to and including December 31, 2016, the The patient's gender shall be reported as male, female, other or unknown. "Other" includes sex changes, undetermined sex and live births with congenital abnormalities that obscure sex identification. "Unknown" indicates that the patient's sex was undetermined or not available from the medical record.

(b) For discharges occurring on or after January 1, 2017, the patient's sex shall be reported as recorded at admission as male, female or unknown. Unknown indicates that the patient's sex was undetermined.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128735, Health and Safety Code.

97221. Definition of Data Element for Inpatients - Admission Date.

(a) For discharges occurring up to and including December 31, 2016, the The patient's date of admission shall be reported in numeric form as follows: the 2-digit month, the 2-digit day and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit. For discharges representing a transfer of a patient from one level of care within the hospital to another level of care within the hospital, as defined by Subsection (x) of Section 97212 and reported pursuant to Section 97212, the admission date reported shall be the date the patient was transferred to the level of care being reported on this record.

(b) For discharges occurring on or after January 1, 2017:

(1) For online transmission of data reports as electronic data files, the patient's admission date shall be reported in numeric form as follows: the 4-digit year, the 2-digit month, and the 2-digit day. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(2) For online entry of individual records, the patient's admission date shall be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(3) For discharges representing a transfer of a patient from one level of care within the hospital to another level of care within the hospital, as defined by Subsection (x) of Section 97212 and reported pursuant to Section 97212, the admission date reported

shall be the date the patient was transferred to the level of care being reported on this record.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128735, Health and Safety Code.

97222. Definition of Data Element for Inpatients - Source of Admission.

(a) Effective with discharges on or after January 1, 1997, up to and including discharges occurring on December 31, 2016, in order to describe the patient's source of admission, it is necessary to address three aspects of the source: first, the site from which the patient originated; second, the licensure of the site from which the patient originated; and, third, the route by which the patient was admitted. One alternative shall be selected from the list following each of three aspects:

(1-a) The site from which the patient was admitted.

(A4) Home. A patient admitted from the patient's home, the home of a relative or friend, or a vacation site, whether or not the patient was seen at a physician's office, or a clinic not licensed or certified as an ambulatory surgery facility, or had been receiving home health services or hospice care at home.

(B2) Residential Care Facility. A patient admitted from a facility in that the patient resides and that provides special assistance to its residents in activities of daily living, but that provides no organized health care.

(C3) Ambulatory Surgery. A patient admitted after treatment or examination in an ambulatory surgery facility, whether hospital-based or a freestanding licensed ambulatory surgery clinic or certified ambulatory surgery center. Excludes physicians' offices and clinics not licensed or certified as an ambulatory surgery facility.

(D4) Skilled Nursing/Intermediate Care. A patient admitted from skilled nursing care or intermediate care, whether freestanding or hospital-based, or from a Congregate Living Health Facility.

(E5) Acute Hospital Care. A patient who was an inpatient at a hospital, and who was receiving inpatient hospital care of a medical/surgical nature, such as a perinatal, pediatric, intensive care, coronary care, respiratory care, newborn intensive care, or burn unit of a hospital.

(F6) Other Hospital Care. A patient who was an inpatient at a hospital, and who was receiving inpatient hospital care not of a medical/surgical nature, such as in a psychiatric, physical medicine rehabilitation, or chemical dependency recovery treatment unit.

(G7) Newborn. A baby born alive in this hospital.

(H8) Prison/Jail. A patient admitted from a correctional institution.

(I9) Other. A patient admitted from a source other than mentioned above. Includes patients admitted from an inpatient hospice facility.

(2b) Licensure of the site.

(A4) This Hospital. The Ambulatory Surgery, Skilled Nursing/Intermediate Care, Acute Hospital Care, or Other Hospital Care from which the patient was admitted was operated as part of the license of this hospital. Includes all newborns.

(B2) Another Hospital. The Ambulatory Surgery, Skilled Nursing/Intermediate Care, Acute Hospital Care, or Other Hospital Care from which the patient was admitted was operated as part of the license of some other hospital.

(C3) Not a Hospital. The site from which the patient was admitted was not operated under the license of a hospital. Includes all patients admitted from Home, Residential Care, Prison/Jail, and Other sites. Includes patients admitted from Ambulatory Surgery or Skilled Nursing/Intermediate Care sites that were not operated under the authority of the license of any hospital. Excludes all patients admitted from Acute Hospital Care or Other Hospital Care.

(3e) Route of admission.

(A4) Your Emergency Room. Any patient admitted as an inpatient after being treated or examined in this hospital's emergency room. Excludes patients seen in the emergency room of another hospital.

(B2) Not Your Emergency Room. Any patient admitted as an inpatient without being treated or examined in this hospital's emergency room. Includes patients seen in the emergency room of some other hospital and patients not seen in any emergency room.

(b) Effective with discharges on or after January 1, 2017, in order to describe the patient's source of admission, it is necessary to address two aspects of the source: first, the point of patient origin for this admission; and second, the route by which the patient was admitted. One alternative shall be selected from the list following each aspect:

(1) The point of patient origin. Use the appropriate code from the list below:

<u>Code</u>	<u>Point of Origin for patients with Type of Admission other than "Newborn"</u>
<u>1</u>	<u>Non-Health Care Facility Point of Origin</u>

<u>2</u>	<u>Clinic or Physician's Office</u>
<u>4</u>	<u>Transfer from a Hospital (Different Facility)</u>
<u>5</u>	<u>Transfer from a SNF, ICF, or Assisted Living Facility (ALF)</u>
<u>6</u>	<u>Transfer from another Health Care Facility</u>
<u>8</u>	<u>Court/Law Enforcement</u>
<u>9</u>	<u>Information not Available</u>
<u>D</u>	<u>Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</u>
<u>E</u>	<u>Transfer from Ambulatory Surgery Center</u>
<u>F</u>	<u>Transfer from a Hospice Facility</u>
<u>Code</u>	<u>Point of Origin for patients with Type of Admission</u> <u>"Newborn"</u>
<u>5</u>	<u>Born Inside this Hospital</u>
<u>6</u>	<u>Born Outside of this Hospital</u>

(2) Route of admission.

(A) Your Emergency Department. Any patient admitted as an inpatient after being treated or examined in this hospital's emergency department.

(B) Another Emergency Department. Any patient directly admitted as an inpatient after being transferred from another hospital's emergency department.

(C) Not admitted from an Emergency Department.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128735, Health and Safety Code.

97223. Definition of Data Element for Inpatients - Type of Admission.

(a) Effective with discharges on January 1, 1995, up to and including discharges occurring on December 31, 2016, the patient's type of admission shall be reported using one of the following categories:

(a1) Scheduled. Admission was arranged with the hospital at least 24 hours prior to the admission.

(b2) Unscheduled. Admission was not arranged with the hospital at least 24 hours prior to the admission.

(c3) Infant. An infant less than 24 hours old.

(d4) Unknown. Nature of admission not known. Does not include stillbirths.

(b) Effective with discharges on and after January 1, 2017, the patient's type of admission shall be reported using the appropriate code from the list below:

<u>Code</u>	<u>Type of Admission</u>
<u>1</u>	<u>Emergency</u>
<u>2</u>	<u>Urgent</u>
<u>3</u>	<u>Elective</u>
<u>4</u>	<u>Newborn</u>
<u>5</u>	<u>Trauma</u>
<u>9</u>	<u>Information not available</u>

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128735, Health and Safety Code.

97224. Definition of Data Element for Inpatients - Discharge Date.

(a) For discharges occurring up to and including December 31, 2016, theThe patient's date of discharge shall be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(b) For discharges occurring on or after January 1, 2017:

(1) For online transmission of data reports as electronic data files, the patient's discharge date shall be reported in numeric form as follows: the 4-digit year, the 2-digit month, and the 2-digit day. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(2) For online entry of individual records, the patient's discharge date shall be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128735, Health and Safety Code.

97228. Definition of Data Element for Inpatients - Principal Procedure and Date.

(a) For discharges occurring up to and including September 30, 2015: The patient's principal procedure is defined as one that was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or was necessary to take care of a complication. If there appear to be two procedures that are principal, then the one most related to the principal diagnosis should be selected as the principal procedure. Procedures shall be coded according to the ICD-9-CM. If only non-therapeutic procedures were performed, then a non-therapeutic procedure should be reported as the principal procedure, if it was a significant procedure. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or is needed for MS-DRG assignment. The date the principal procedure was performed shall be reported in numeric form as follows: the 2-digit month, the 2-digit day and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(b) For discharges occurring on and after October 1, 2015, up to and including December 31, 2016: The patient's principal procedure is defined as one that was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or was necessary to take care of a complication. If there appear to be two procedures that are principal, then the one most related to the principal diagnosis should be selected as the principal procedure. Procedures shall be coded according to the ICD-10-PCS. If only non-therapeutic procedures were performed, then a non-therapeutic procedure should be reported as the principal procedure, if it was a significant procedure. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or is needed for MS-DRG assignment. The date the principal procedure was performed shall be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(c) For discharges occurring on or after January 1, 2017: The patient's principal procedure is defined as one that was performed for definitive treatment (rather than one performed for diagnostic or exploratory purposes) or was necessary to take care of a complication. If there appear to be two procedures that are principal, then the one most related to the principal diagnosis should be selected as the principal procedure. Procedures shall be coded according to the ICD-10-PCS. If only non-therapeutic procedures were performed, then a non-therapeutic procedure should be reported as the principal procedure, if it was a significant procedure. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or is needed for MS-DRG assignment. The date the principal procedure was performed shall be reported in numeric form as follows: the 4-digit year, the 2-digit month, and the 2-digit day. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128735, Health and Safety Code.

97229. Definition of Data Element for Inpatients - Other Procedures and Dates.

(a) For discharges occurring up to and including September 30, 2015: All significant procedures are to be reported. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or is needed for MS-DRG assignment. Procedures shall be coded according to the ICD-9-CM. The dates shall be recorded with the corresponding other procedures and be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(b) For discharges occurring on and after October 1, 2015, up to and including December 31, 2016: All significant procedures are to be reported. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or is needed for MS-DRG assignment. Procedures shall be coded according to the ICD-10-PCS. The dates shall be recorded with the corresponding other procedures and be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(c) For discharges occurring on or after January 1, 2017: All significant procedures are to be reported. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or is needed for MS-DRG assignment. Procedures shall be coded according to the ICD-10-PCS. The dates shall be recorded with the corresponding other procedures and be reported in numeric form as follows: the 4-digit year, the 2-digit month, and the 2-digit day. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128735, Health and Safety Code.