

Quick Notes

Issue No. 22

January 7, 2010

IP Inpatient Discharges

ED Emergency Department

AS Ambulatory Surgery

Regulations Are Approved!

Welcome to MIRCal's regulation edition of Quick Notes. This edition is designed to give you an overview of the newly approved regulations and explain how they affect reporting to MIRCal. The approved regulatory changes, which took effect January 1, 2010, expand and add clarity to several existing requirements. No new data elements have been added at this time. We encourage you to review all regulatory changes which are posted on the MIRCal [Regulation page](#).

Here is a summary of the approved changes:

- All External Causes of Injury codes on IP, ED, and AS data are to be reported, including misadventures and abnormal reactions.
- ED and AS disposition codes have been updated to accommodate changes made by the NUBC.
- Additional languages are included on the list of Principal Languages Spoken.
- IP reporting of partial date of birth is now aligned with national standards and is now consistent with ED and AS partial birth date reporting.
- IP Expected Source of Payment Plan Code Table is updated.
- The IP, ED, and AS Manual Abstract Record forms have been removed from regulation. These forms have not been used for data submissions to OSHPD since 2003, but they will still be available on our website as reference guides.

OSHPD would like to thank those who provided their valuable insight during the public comment period last year. Please contact your MIRCal analyst if you have any additional questions.



Activity and Status E-Codes

The changes to the External Cause of Injury Codes (E-codes) effective October 1, 2009, have caused some confusion. With this article we intend to clarify the new E-codes with information from the American Hospital Association (AHA), Centers for Medicare and Medicaid Services (CMS), the ICD-9-CM Official Guidelines for Coding and Reporting (effective 10/1/2009), and Monica Leisch, RHIA, CCS, as written in the Dec/Jan 2010 issue of the *CHIA Journal*.

Activity E-Codes

New Activity E-codes were created to show the activity of the patient when the injury occurred. These E-codes, category E001-E030, reference activities such as sports, exercise, animal care, and in-home activities. The Activity E-code may be reported to OSHPD if there is available space on the record.

Status E-Codes

New Status E-codes were created to indicate the status of the person at the time the event occurred. A new category, E000, has been added to report these codes. Just as with the Activity E-codes, the Status E-codes may be reported to OSHPD if there is available space. With the addition of the Status E-codes, an injury may now show five E-codes or more to completely tell the story of the circumstances of the occurrence.

Do not report Activity or Status E-codes for poisonings, adverse effect, misadventures or late effects.

Activity and Status E-Codes (continued)

OSHPD Reporting

In accordance with regulation, the only required E-codes are the Cause of Injury (if the diagnosis is injury or poisoning), Misadventures and Abnormal Reactions (E870-E879, effective 1/1/2010), and the Place of Occurrence E849 code, if the place of occurrence is not described within the cause of injury E-code.

The new Activity and Status E-codes are not required to be reported to OSHPD. If they are reported, OSHPD will not flag these as an error unless it is an invalid code such as a missing digit. The sequential order of secondary E-codes will not be edited. If there is not enough room on the record to report all E-codes, then be sure to include the cause (how did it happen) as the principal E-code and the place of occurrence (E849), if applicable, as an other E-code. This way the facility will be in compliance with the California state regulations.

New Faces in PDS

Due to several retirements occurring within the Patient Data Section (PDS) this past year, many new faces have joined our staff. Please join us in welcoming Cristal Schoenfelder as the new Section Manager here at PDS.

We also have several new analysts who will be providing assistance with your MIRCAl data submission. The Primary Contact as listed in MIRCAl will be notified if your facility has been reassigned to a different MIRCAl analyst.



ED & AS Disposition Changes

The National Uniform Billing Committee (NUBC) has made changes to the ED & AS Patient Disposition, effective October 1, 2009. Code "21" was introduced; category changes were made to code "01"; and the description of code "04" was changed. See the detailed description of the changes below. Current California Regulations have been amended to reflect the new Patient Disposition code "21". OSHPD will accept code "21" for encounters on or after October 1, 2009, and will require facilities to report this code effective with the January – March 2010 report period. Changes to code 01 did not require a regulatory change and are accepted on or after October 1, 2009. OSHPD will also accept code "04" for encounters on or after October 1, 2009. However, it is not required to report the revised code "04" until it is approved in regulation.

NUBC change already approved in regulation

21: Discharged/Transferred to Court/Law Enforcement

NUBC Usage Note: Includes transfers to incarceration facilities such as jail, prison, or other detention facilities.

NUBC change not requiring a regulatory change

01: Discharged to Home of Self Care (Routine Discharge)

The following categories have been removed:

- Discharges to Jail or law enforcement. (See Code "21")
- Assisted living facilities that are not state-designated. (See Code "04")

Revised NUBC Usage Note: Includes discharge to home; home on oxygen if DME only; any other DME only; group home, foster care, independent living and other residential care arrangements; outpatient programs, such as partial hospitalization or outpatient chemical dependency programs.

NUBC change to be updated in regulation

04: Discharged/transferred to a facility that provides custodial or supportive care.

(Previous description: Discharged/transferred to an intermediate care facility ICF)

Revised NUBC Usage Note: Includes intermediate care facilities if specifically designated at the state level. Also used to designate patients who are discharged/transferred to a nursing facility with neither Medicare nor Medicaid (Medi-Cal) certification and for discharges/transfers to assisted living facilities.

Updated Manuals Available

New editions to the following manuals are available on the [Manuals and Guides](#) page of our website:

- ICD-9-CM Coding Edit Manual
- Inpatient Data Reporting Manual
- Emergency Department and Ambulatory Surgery Data Reporting Manual.

Questions:

If you have any questions regarding MIRCal or data reporting to OSHPD, please contact your assigned analyst. For employee contact information, please see the bottom of our [Contact Us](#) page.



Properly Reporting Principal Language Spoken

OSHPD began collecting Principal Language Spoken (PLS) January 1, 2009. Overall, facilities have done a great job reporting PLS to OSHPD. However, there are two reporting issues that should be improved to ensure accurate and complete reporting. These two issues are the misreporting of the language category code and the misuse of PLS "Unknown".

Once your data is submitted to MIRCAl for processing, data reported in the PLS field is compared against the regulatory list of established languages to find if there is a match and is then grouped accordingly. If there is no match, the data is left as reported and grouped in an "Other" category which includes all write-in values once the data is standardized. For example, if a facility correctly reports English as "English" or the required three letter code "ENG", all records are grouped together in English. However, if a facility reports a misspelling such as "Engsh" or a non-regulatory abbreviation such as "EN", the language will be grouped into "Other".

Misspellings and use of non-regulatory abbreviation can have a serious impact on PLS reporting. For example, for the ED and AS reporting period of April – June, 2009, facilities misreported 3392 ED records and 820 AS records that presumably should have been Spanish. The most common mistake was reporting "SP", "SPN", or "SPAN" instead of "Spanish" or "SPA" as required in regulation. This error accounts for over 1% of the Spanish Language category for both ED and AS data. OSHPD is working on new edits for the PLS field to aid facilities in reporting accurately. Until then facilities need to ensure they follow regulatory requirements and report each language appropriately.

Properly Reporting Principal Language Spoken (continued)

When using the write-in field to report PLS, be sure to use the regulatory three letter code for each language. The main function of the write-in field is to allow facilities to report languages that are not specifically listed with a three letter code in regulation. When reporting such languages, OSHPD asks that facilities write out languages completely and as accurately as possible.

Another PLS reporting issue is the overuse of "999 Unknown". The Unknown category should only be used in instances when a patient's language cannot be determined, such as when someone arrives alone in a comatose state and is treated but dies or ends the encounter without speaking. A patient who is capable of clearly communicating or is accompanied by someone who can indicate the patient's PLS should not be reported as PLS "Unknown".

Please evaluate your data every reporting period to ensure you are reporting PLS accurately and according to regulations. The best place to start is by reviewing your Data Distribution Report (DDR) before formal approval. MIRCAl users can access their DDR on the Error Reports page of MIRCAl. If you need any assistance in reviewing your data, please contact your OSHPD analyst.

**** IMPORTANT 2010 DATES ****

IP Due Dates:

July 1, 2009 – Dec 31, 2009	Due: March 31, 2010
Jan 1, 2010 – June 30, 2010	Due: September 30, 2010

ED & AS Due Dates:

Oct 1, 2009 – Dec 31, 2009	Due: Feb 14, 2010
Jan 1, 2010 – Mar 31, 2010	Due: May 15, 2010
Apr 1, 2010 – June 30, 2010	Due: August 14, 2010

California Health Information Association (CHIA)

Annual Convention:

June 14-17, 2010 – Sacramento, CA