

**RULES
OF
TENNESSEE DEPARTMENT OF HEALTH
POLICY PLANNING AND ASSURANCE
OFFICE OF HEALTH STATISTICS AND RESEARCH**

**CHAPTER 1200-20-13
TRAUMATIC BRAIN INJURY REGISTRY**

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1200-20-13-.01 DEFINITIONS

- (1) “Advisory Council” means the Traumatic Brain Injury Council established by T.C.A. 68—55—102.
- (2) “Commissioner” means the Commissioner of the Department of Health.
- (3) “County of injury” is the county in which the patient was injured. If the patient was injured out-of-state, “Out-of-State” is acceptable instead of the county name.
- (4) “County of residence” is the county in which the patient lives. If the patient lives out-of-state, “Out-of-State” is acceptable instead of the county name.
- (5) “Date of Birth” (month, day, and year) should be reported; if date of birth is unavailable, age must be reported.
- (6) “Department” means the Department of Health.
- (7) “Discharge disposition” refers to the disposition of the patient with the traumatic brain injury.
- (8) “External causes” (E-Code) is used to permit the classification of environmental events, circumstances, and conditions as the cause of the injury, poisoning, and other adverse effects.
- (9) “Hospital” shall be defined as in T.C.A. 68—11—201(21).
- (10) “Inconsistent data” is defined as data that is incomplete or inconsistent with the specifications in the Traumatic Brain Injury Data System procedure manual.
- (11) “Medical record number” means the unique number assigned to the patient by the hospital and should not be confused with the financial reporting number unless they are the same.
- (12) “Patient identifiers” shall be defined to include the following data elements: medical record number assigned by the hospital, social security number, name, and date of birth.
- (13) “Principal diagnosis” means the primary reason the patient was admitted to the hospital; however, this code does not have to be a traumatic brain injury code. The reason for admission may be more life threatening than the brain injury.
- (14) “Race/Ethnicity” is a combination field including race and ethnicity. Hispanic origin is an ethnic group, not a race.

(Rule 1200-20-13-.01, continued)

- (15) “Reportable case” means the patient must have at least one traumatic brain injury code (ICD-9-CM) and must stay in the hospital greater than 24 hours, except patients who expired. If the patient had at least one traumatic brain injury code and expired as a result of the accident, they must be reported regardless of the length of stay. After receiving written notification from the Department subsequent to the promulgation of these rules, traumatic brain injury cases which are seen only in a hospital emergency room shall be considered to be reportable cases.
- (16) “Reporting requirement” means that all hospitals are required to report information regarding patients seen due to traumatic brain injury for the appropriate time period to the Office of Health Statistics and Research. Hospitals with no traumatic brain injury cases must report that they had “zero” cases.
- (17) “State Hospital I.D. Number” means the unique number assigned to the hospital by the Office of Health Statistics and Research.
- (18) “Traumatic Brain Injury” means an acquired injury to the brain caused by an external physical force resulting in total or partial disability or impairment. Such term includes open and closed head injuries that may result in seizures, and/or in mild, moderate, or severe impairments in one or more areas including cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing, and speech. Such term does not include brain injuries caused by birth trauma, but may include brain injuries caused by anoxia and other related causes, infectious disease not of a degenerative nature, brain tumor, toxic chemical or drug reactions.
- (19) “Traumatic Brain Injury Code” means the codes defined in ICD-9-CM (International Classification of Diseases - 9th Revision - Clinical Modification). Included are ICD-9-CM Codes 800.0-800.9, 803.0-804.9, 850.0-854.1, 959.01.
- (20) “Traumatic Brain Injury Coordinator” means the person designated by the Commissioner pursuant to T.C.A. 68—55—201.
- (21) “Type of care” received describes the type of medical care or evaluation received by the injured person.
- (22) “Work related injury” is an occupation related injury.

Authority: T.C.A. 4—5—202, 68—55—101 et seq., and 68—55—201 et seq. **Administrative History:** Original rule filed April 17, 2000; effective July 1, 2000.

1200-20-13-.02 REQUIRED DATA ELEMENTS

- (1) The Tennessee Department of Health, Office of Health Statistics and Research will prepare the Traumatic Brain Injury Data System procedure manual. The manual will include the variables to be reported, their descriptions and reporting format, and other information associated with data submission. Reporting entities will be notified by the Department of all revisions. Revisions become effective 60 days following the date of notification. At that time, failure to meet the amended requirements are subject to penalties as prescribed by T.C.A. 68—55—204.
- (2) Data Elements
 - (a) Patient’s hospital medical record number
 - (b) Patient’s social security number
 - (c) Patient’s name - first, middle, last and generation I.D.
 - (d) Patient’s address - street, city, and zip code
 - (e) Patient’s county of residence
 - (f) Patient’s date of birth
 - (g) Patient’s age (if date of birth is unavailable)

(Rule 1200-20-13-.02, continued)

- (h) Patient's sex
 - (i) Patient's race/ethnicity
 - (j) Patient's principal diagnosis code
 - (k) Traumatic brain injury ICD-9-CM Codes
 - (l) External causes of injury ICD-9-CM Codes (E-Code)
 - (m) Date of injury
 - (n) Admission date
 - (o) State of injury
 - (p) Was the injury work related
 - (q) County of injury
 - (r) Type of care received
 - (s) Date of discharge
 - (t) Discharge disposition
 - (u) Name and telephone number of hospital staff member responsible for reporting the traumatic brain injury data
- (3) The required data elements must be submitted on a media and format provided by the Department.
- (4) All patients discharged when their length of stay was greater than 24 hours with at least one traumatic brain injury code are required to be reported. If the patient had at least one traumatic brain injury code and expired as a result of the accident, they must be reported regardless of the length of stay. This includes pre-hospital deaths. After receiving written notification from the Department subsequent to the promulgation of these rules, traumatic brain injury cases which are seen only in a hospital emergency room shall be considered to be reportable cases.
- (5) All required data should be received by the Department the first Monday six weeks following the close of the quarter.
- (6) All hospitals, which are required by T.C.A. 68—55—204(a) to report data, shall designate one staff member to be responsible for reporting to Health Statistics and Research.
- (7) All hospitals which are required by T.C.A. 68—55—204(a) to report data shall notify Health Statistics and Research on a form supplied by Health Statistics and Research of the name, title, work address, and work telephone number of the designated staff member.

Authority: T.C.A. 4—5—202, 68—55—201 et seq., and 68—55—204. **Administrative History:** Original rule filed April 17, 2000; effective July 1, 2000.

1200—20—13—.03 SUBMISSION TIME FRAME

- (1) Frequency of data submission is as follows: report monthly or quarterly.
- (2) Health Statistics and Research must receive all required data the first Monday six weeks following the end of the month or the close of the quarter.

(Rule 1200-20-13-.03, continued)

Reporting Schedule

Monthly	Date Due	Day	Quarterly	Date Due	Day
January	Mid March	Monday			
February	Mid April	Monday			
March	Mid May	Monday	Jan- March	Mid May	Monday
April	Mid June	Monday			
May	Mid July	Monday			
June	Mid Aug.	Monday	April-June	Mid Aug.	Monday
July	Mid Sept.	Monday			
August	Mid Oct.	Monday			
September	Mid Nov.	Monday	July-Sept.	Mid Nov.	Monday
October	Mid Dec.	Monday			
November	Mid Jan.	Monday			
December	Mid Feb.	Monday	Oct.-Dec.	Mid Feb.	Monday

Authority: T.C.A. 4—5—202 and 68—55—204. **Administrative History:** Original rule filed April 17, 2000; effective July 1, 2000.

1200-20-13-.04 PENALTY ASSESSMENT

- (1) A treating hospital, which intentionally fails to comply with reporting or confidentiality and disclosure requirements, is subject to a civil penalty. The penalty is for failure to report and is not based on the number of individual records. The penalty assessment will be based on the following: Not more than one hundred dollars for the first violation; not more than one thousand dollars for the second; not more than two thousand dollars for the third; not more than three thousand dollars for the fourth; not more than four thousand dollars for the fifth; and not more than five thousand for all subsequent violations.
- (2) Penalties will be initially assessed for all records due to be reported on the current quarter and every quarter thereafter.
- (3) Upon receipt of the penalty assessment, the hospital has the right to an informal conference with the Commissioner. A written request for an informal conference must be received by the Commissioner within thirty (30) days of the assessment with a copy being sent to the Director of Health Statistics and Research within the same time frame.
- (4) The penalty assessment will accrue for subsequent delinquent data until the records are received.
- (5) The Commissioner may grant a waiver from penalties to a hospital in cases of extraordinary circumstances clearly beyond the control of the hospital. The hospital must make a written request for the waiver and an informal conference within thirty (30) days following notification of the assessment which will not be subject to the Uniform Administrative Procedures Act.
- (6) After the conference with the Commissioner or the time frame for requesting a conference has expired, the Commissioner can collect the penalty fees unless the hospital appeals the Commissioner's decision. If the hospital wishes to appeal the decision of the Commissioner, a written request for a hearing before an Administrative Law Judge must be sent to the Commissioner within ten (10) business days of the receipt of the Commissioner's written determination. Issues involving collection of penalties directly from hospitals resolved by an Administrative Law Judge will be in accordance with the Uniform Administrative Procedures Act.

Authority: T.C.A. 4—5—202 and 68—55—204. **Administrative History:** Original rule filed April 17, 2000; effective July 1, 2000.

1200-20-13-.05 PROCESSING AND VERIFICATION

- (1) If errors, inconsistencies, or incomplete elements are identified by Health Statistics and Research. Health Statistics shall report the errors to the hospital in writing. Upon receiving written notification of errors, the hospital facility shall investigate the problem and shall supply correct information within thirty (30) days from notification. Failure to submit corrected data within thirty (30) days of receiving a notification will be considered an intentional failure to comply with reporting requirements, thereby subjecting the hospital to the penalties prescribed in T.C.A. 68—55—204(e).
- (2) Data reported in an incorrect format or with elements inconsistent with T.C.A. 68—55—204 will be considered in error and returned to the reporting entity.
- (3) Reported data will be compared to Vital Statistics Death System to identify persons who may have died at a later date from the injury or from other causes. These records are marked accordingly and will remain in the file, but will not be included in subsequent traumatic brain injury mailings.
- (4) Data will be compared to the Hospital Discharge data set at the appropriate time to determine if the numbers reported are within acceptable limits. Hospitals with significant discrepancies will be contacted regarding the differences.

Authority: T.C.A. 4—5—202 and 68—55—204. **Administrative History:** Original rule filed April 17, 2000; effective July 1, 2000.

1200-20-13-.06 REGISTRY MAINTENANCE

- (1) The maintenance of the registry is the responsibility of the Office of Health Statistics and Research.
- (2) Records are keyed immediately upon receipt and checked for inconsistencies.
- (3) Hospitals will be notified immediately of the discrepancies and requested to respond within thirty (30) days.

Authority: T.C.A. 4—5—202, 68—55—202, and 68—55—203. **Administrative History:** Original rule filed April 17, 2000; effective July 1, 2000.

1200-20-13-.07 DATA AVAILABILITY

- (1) Within ninety (90) days following the receipt of the data for each quarter, statewide data of a non-confidential nature will be released in provisional format to the hospitals and selected users within the state. The data will also be available to other users upon request.
- (2) The data will be available at all times to the Traumatic Brain Injury Coordinator in order to fulfill the functions of the Traumatic Brain Injury Program. No information on individuals who expired will be released to anyone except in tabulation form.
- (3) The Commissioner has the authority to delay release of any particular data element(s), if it is determined that the quality or completeness of the information is not acceptable.
- (4) Consistent with T.C.A. 10—7—504 (a) (1), selected data of a non-confidential nature will be released to the public following verification and editing by Health Statistics and Research.

Authority: T.C.A. 4—5—202 and 68—55—204. **Administrative History:** Original rule filed April 17, 2000; effective July 1, 2000.

1200-20-13-.08 CONFIDENTIAL INFORMATION

- (1) The Department of Health will not release information to the public in violation of Title 68, Chapter 55, or any other statutory provision for confidentiality of health records.
- (2) The department may use or authorize use of the compiled data for purposes that are necessary to provide for or protect the health of the population and as permitted by law. Patient identifier information shall only be used for the purpose of providing services to those individuals. However, for departmental internal use only, such information may be used to verify deaths reported to the Division of Vital Records.

Authority: T.C.A. 4—5—202, 68—55—203, and 68—55—204. **Administrative History:** Original rule filed April 17, 2000; effective July 1, 2000.