

EFFECTIVE
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NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

186 NAC 2

TITLE 186 HEALTH REGISTRIES AND RELEASE OF INFORMATION

CHAPTER 2 BRAIN INJURY REGISTRY

2-001 SCOPE AND AUTHORITY: The purpose of the brain injury registry is to provide a central data bank of accurate, precise and current information concerning persons with brain or head injury. The information from the data bank will assist in the statistical identification, the need for treatment, the rehabilitation of persons with brain or head injury, and the prevention of such injury. These regulations are authorized by and implement the Brain Injury Registry Act, Neb. Rev. Stat. §§ 81-653 to 81-662.

In classification of brain or head injuries, the Department is guided by the standards and definitions of the International Classification of Disease, Ninth Revision, Clinical Modifications (ICD-9-CM). This is the uniform system of classification used by the World Health Organization to identify brain or head injury that is consistent with medically and clinically accepted standards and definitions for use in reporting. Specific ICD-9-CM codes are identified in 186 NAC 2-003.01, item 6.

186 NAC 2 applies to each treating physician and psychologist licensed to practice in the State of Nebraska, all hospitals, and each rehabilitation center located within a hospital within the State of Nebraska. 186 NAC 2 sets forth procedures for the reporting of such cases and information to the Department by health practitioners, hospitals, and each rehabilitation center located within a hospital in the State of Nebraska. 186 NAC 2 also provides procedures and standards that govern access to registry data pursuant to Neb. Rev. Stat. §§ 81-663 to 81-675.

2-002 DEFINITIONS

Brain or head injury means clinically evident neurotrauma resulting directly or indirectly from closed or penetrating brain or head trauma, infection, febrile condition, anoxia, vascular lesions, toxin, or spinal cord injury, not related primarily to congenital or degenerative conditions, chemical dependency, or aging processes, which impairs mental, cognitive, behavioral, or physical functioning.

Department means the Department of Health and Human Services.

Disposition upon discharge means, for the purpose of this Registry, the destination of the patient following dismissal (i.e. home, skilled care, rehabilitation care, nursing home, transfer to another acute care hospital, against medical advice, expired, etc.).

2-003 DATA REQUIREMENTS: Data to be abstracted from medical records or made available through medical records for abstracting as specified by reporting requirements as set forth in 186 NAC 2-004 through 2-007.

2-003.01 Physician, Psychologist, Hospital, and Rehabilitation Center Reporting: A report must contain the following information about the person who has sustained the brain or head injury, if known:

1. Name;
2. Date of birth;
3. Gender;
4. Residence;
5. Date of the injury;
6. Final diagnosis or classification of the injury in the following categories, according to the International Classification of Disease, Ninth Revision, Clinical Modification Coding System of the World Health Organization (ICD-9-CM), incorporated herein by reference and available for viewing at the Nebraska Department of Health and Human Services, Division of Public Health, Office of Health Statistics, 301 Centennial Mall South, Lincoln, Nebraska 68509-5026:
 - 800.0-801.99: Fracture of the vault or base of the skull
 - 803.0-804.9: Other and unqualified and multiple fractures of the skull
 - 805.0-805.9: Fracture of vertebral column without mention of spinal cord lesion
 - 806.0-806.9: Fracture of vertebral column with spinal cord lesion
 - 850.0-854.19: Intracranial injury, including concussion, contusion, laceration and hemorrhage
 - 907.0: Late effect of intracranial injury
 - 907.2: Late effect of spinal cord injury
 - 950.1-950.3: Injury to optic chiasm, optic pathways, and visual cortex
 - 952.00-952.9: Spinal cord lesion without evidence of spinal bone injury
 - 953.0-953.9: Injury to nerve roots and spinal plexus
 - 959.01: Unspecified head injury
 - 995.55: Shaken infant syndrome
7. Cause of the injury, and, if practicable, whether the injury resulted from an accident involving the use of alcohol;
8. Place or site of occurrence of the injury;
9. Identification of the reporting source;
10. Disposition upon discharge;
11. Payor source; and
12. Any additional information the Department deems necessary and appropriate to carry out the purposes of the Brain Injury Registry Act.

2-004 HOSPITAL REPORTING REQUIREMENTS: If a person with brain or head injury is admitted to or treated at a hospital or a rehabilitation center located within a hospital in this state, the hospital

or rehabilitation center must provide a report of the injury to the Department within 30 days after the discharge of the person from the hospital or rehabilitation center.

2-005 PHYSICIAN OR PSYCHOLOGIST REPORTING REQUIREMENTS: If a person with a brain or head injury is treated in this state in the office of a physician or psychologist licensed to practice in the State of Nebraska but is not admitted to a hospital within this state, the treating physician or psychologist must provide a report of such injury to the Department within 30 days after such treatment and identification of the person sustaining the injury.

2-006 AVAILABILITY OF MEDICAL RECORDS: Each facility must make available medical records which document the diagnosis and treatment received by individuals with head and brain injury. For the Department's purpose of recording and auditing specific data, such medical records must be made available to the Department or its authorized representative on the premises of the facility during normal working hours. The Department or its authorized representative will present proper identification.

2-007 CONFIDENTIALITY AND RELEASE OF INFORMATION: No patient identifying data as identified in Neb. Rev. Stat. § 81-664 will be disclosed, made public, or released by the Department to any public or private person or entity. All data and information obtained from records of individuals with brain or head injury are classified as Class I, Class II, or Class IV data as defined by Neb. Rev. Stat. § 81-667 and 186 NAC 5 Release of Medical Records and Health Information.

2-007.01 Release of Statistical Information: Statistical reports developed pursuant to Neb. Rev. Stat. § 81-656, containing information obtained from patient data, will be considered Class I data as described in Neb. Rev. Stat. § 81-667.

2-007.02 Any de-identified data (other than Class III data) asked for by and furnished to a researcher may not be intentionally re-identified in any manner. Should a recipient of de-identified information unintentionally or accidentally be able to identify any individual, they must not use that information in any way. The recipient must also notify the Department of the means of accidental re-identification in order for the Department to consider additional procedures to safeguard against breaches in confidentiality.

2-008 INFORMATION REGARDING SERVICES: Within 30 days after receiving a report of brain or head injury, the Department will provide relevant and timely information to the person with the injury to assist the person in accessing necessary and appropriate services relating to the injury. The Department may develop the information or utilize information developed by other sources and approved by the Department. The Department may provide the information directly or contract with an appropriate entity to provide the information.