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Health Services

# **EMS & Trauma Registries Webinar**

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**LTAC/Rehabilitation Patient Data  
Reporting Training**

**May 24, 2017**



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# Agenda

- Reporting Requirements
- TBI/SCI Inclusion Criteria
- What's New?
- Data Dictionary
- Patient Record Creation/Completion
- Questions/Contact Information

# Reporting Requirements

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- [Texas Administrative Code Title 25](#), Part 1, Chapter 103
- An acute or post-acute rehabilitation facility (if reporting for a physician) shall submit all traumatic brain injuries and spinal cord injuries within ninety calendar days of the date of discharge from their facility.
- Monthly submissions are recommended.



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# TBI Inclusion Criteria

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- Definition: An acquired injury to the brain, including brain injuries caused by anoxia due to submersion incidents.
- ICD-9-CM:
  - 800.0-801.9, 803.0-804.9, and 850.0-854.1
  - 348.1 or 994.1 (Traumatic brain injury caused by anoxia due to submersion)
- ICD-10-CM:
  - S02.0-S02.91, S04.0-S04.049, S06.0-S06.9X9, S07.1, T74.4 (Shaken infant syndrome), T75.1 (Anoxia due to submersion)



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# SCI Inclusion Criteria

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- Definition: An acute, traumatic lesion of the neural elements in the spinal canal, resulting in any degree of sensory deficit, motor deficits, or bladder/bowel dysfunction.
- ICD-9-CM:
  - 806.0-806.9 and 952.0-952.9
- ICD-10-CM:
  - S14.0-S14.159, S24.0-S24.159, S34.0-S34.139, S34.3



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# What's New?

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- Old Patient Record
  - 53 Questions
  - Several questions were required
- New TBI/SCI Patient Record
  - 16 Questions
  - 10 Required Questions
  - All questions are specific to TBI or SCI events only

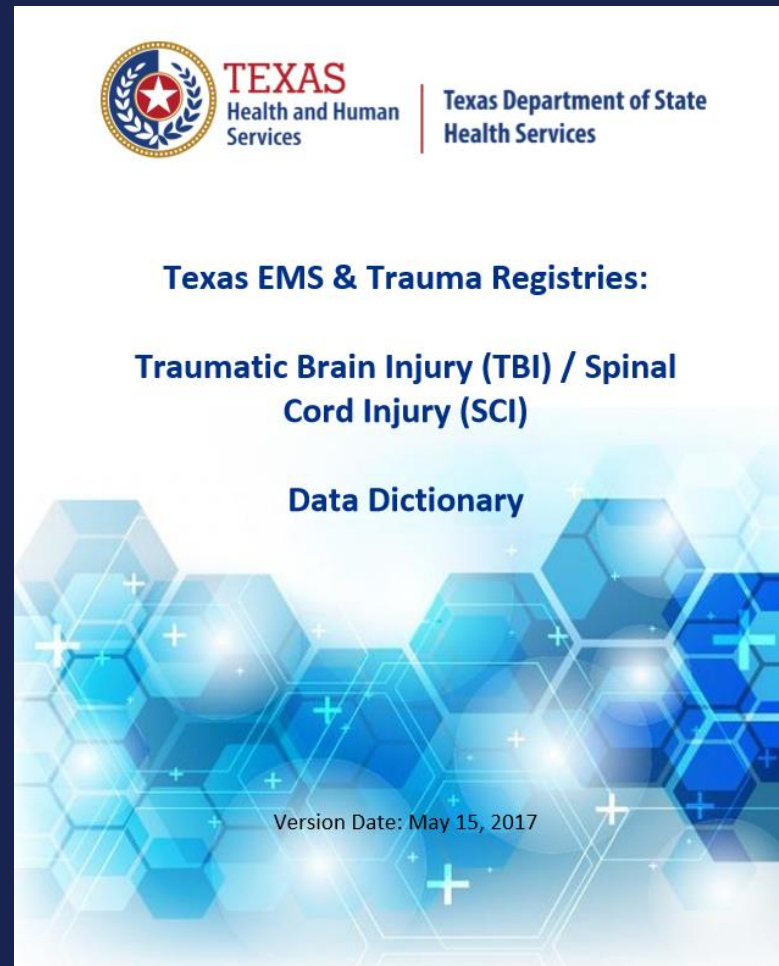


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# Data Dictionary

- [TBI/SCI Data Dictionary](#)



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# Patient Record Creation/Completion

- [Texas EMS & Trauma Registries](#)

## Texas EMS/Trauma Reporting System

### Texas EMS/Trauma Reporting System Terms and Conditions of Use.

If you do not agree to be bound by the terms and conditions, promptly exit this application.

This System and related services are provided subject to your compliance with the terms and conditions set forth below. Please read the following information carefully. If you do not agree to be bound by the terms and conditions, promptly exit this application.

This AGREEMENT is entered into by and between the State of Texas, Department of State Health Services ("DSHS") and you, the "User" of the Department's Trauma Registry System (TRIS).

Login	
Username:	<input type="text"/>
Password:	<input type="password"/>
Application:	Main <input type="button" value="v"/>
<input type="button" value="Login"/>	
<a href="#">Forgot Username/Reset Password</a>	

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# Questions

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## Contact Information

- Email
  - [injury.web@dshs.texas.gov](mailto:injury.web@dshs.texas.gov)