



November 10, 2016

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
M E M O R A N D U M**

TO: Chief Medical Officers, Member Hospitals and Health Systems
Chief Nurse Executives

Please route to: Medical Records Department
Directors of Maternity Departments

FROM: Lance Kovacs, Policy Manager, Regulatory

SUBJECT: Final Rule Amending the Illinois Health and Hazardous Substances Registry Code

Effective immediately, the Illinois Department of Public Health has made several changes to the Illinois Health and Hazardous Substances Registry Code (Part 840) as published in the [September 23 Illinois Register](#) beginning on page 13397. The first set of rule changes update the Illinois State Cancer Registry (ISCR) to remove the manual reporting form as a method of reporting while also updating codes for case findings to include ICD-10-CM Diagnosis or Procedure Codes.

The second portion of these amendments focus on the Adverse Pregnancy Outcomes Reporting System (APORS), including changes to which infants need to be reported and the fields that are required. Finally, it removes requirements that hospitals distribute a copy to local health agencies.

Illinois State Cancer Registry

Subpart B covering the Illinois State Cancer Registry has been amended to remove the option of reporting cancer incidences under this section via paper format. Effective immediately, hospitals must electronically submit the report in the North American Association of Central Cancer Registries (NAACCR) data exchange format, using the version set forth by the Registry under Section 840.20. Reports should include text documentation that is sufficient to support the diagnosis, stage and treatment.

Additionally, the reporting requirements were updated to include certain ICD-10-CM Diagnosis codes that should be included as part of the patient's clinical record. These additions can be found on pages 13418-13421.

Adverse Pregnancy Outcomes Reporting System

Subpart C covering adverse pregnancy outcomes reporting has been amended, making several changes in the types of pregnancies that hospitals should be reporting and how hospitals should be reporting that information. These changes include:

- Changes to what is considered an adverse pregnancy outcome for an infant have been modified by replacing “birth weight of less than 1500 grams” with “gestational age of less than 31 completed weeks”;
- Clarifying the section on positive toxicology for any controlled substances excluding positive tests for cannabis or drugs administered during labor and delivery. The rule also adds a maternal admission to illicit drug use, other than cannabis, under this section;
- ICD-10-CM Diagnosis codes have been updated in this section and can be found on pages 13422-13424;
- When hospitals report newborn infant cases to the Department under this section, the following information in the report has been modified:
 - The full name of the infant (first, middle, last), birth mother and father must be included. The four-digit facility identification number no longer needs to be reported;
 - Clarification that the report of drugs that the infant is exposed to should exclude cannabis or drugs administered during labor and delivery; and
 - In addition to current information on Hepatitis B vaccinations, the times of each immunization as well as type must now be included.
- Hospitals are no longer required to submit a copy of this report to the local health department or health agency in the county where the infant resides; and
- Any reporting by clinical laboratories related to a newborn’s positive toxicology for controlled substances must include the newborn’s middle name.

If you have any questions, please contact me at lkovacs@team-iha.org or 630-276-5474.