

# Alaska Birth Defect Registry Reporting Guide

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## Questions / Comments / Input

Contact the Registry at:  
[hssbirthdefreg@alaska.gov](mailto:hssbirthdefreg@alaska.gov)  
tel 907.269.8097  
fax 907.269.3493



## Reporting Alternatives

### A. Use a secure digital system.

The Alaska Health information Exchange (<http://www.ak-ehealth.org>) provides a secure messaging system (Direct Secure Mail or DSM) that allows you to submit reports via email.

If you have not done so already, please set up an account on the above website to use this service.

If your organization has a secure mail system, contact me with information on how to set up an account for the Registry to receive reports. Using this system is very easy and HIPAA compliant. The secure ABDR address is:  
[akdhss.dph\\_abdr@direct.alaskahie.com](mailto:akdhss.dph_abdr@direct.alaskahie.com)

Please use the format included in this guide for reporting. Use the spreadsheet as a template for reporting.

If you have problems getting an account set up please contact me. I can help with the process.

B. Email me at [hssbirthdefreg@alaska.gov](mailto:hssbirthdefreg@alaska.gov) and I will reply with an excel file to you can use as a template for reporting. Please include the name of your organization, and contact information for the person responsible for reporting.

C. Fax the information to: 907.269.3493 .

If you are faxing the information use legal paper if possible. Many Faxes are unreadable if the text is too small.

D. Mail the report to this address:

Alaska Birth Defects Registry  
Suite 358  
3601 C Street  
Anchorage, Alaska 99503  
Attn: Data Manager

If you have no report to submit, please send an email to that effect.

We encourage you to use a secure mail system. It is both convenient and secure. Delivering the data digitally helps reduce data entry errors that take significant amounts of effort to resolve. A template is included below, which includes a data layout, key to data, examples and the list of reportable ICD codes.

The simplest way to report would be to use the , fill it in and email me at [akdhss.dph\\_abdr](mailto:akdhss.dph_abdr) via the DSM system above.

However you respond please use the format provided.

If you have any questions or problems with any part of the Registry, or reporting please don't hesitate to ask.

We will do our best to make reporting a simple and straightforward process. Thanks again for all your help and support of the Alaska Birth Defects Registry.

Data Manager  
[hssbirthdefreg@alaska.gov](mailto:hssbirthdefreg@alaska.gov)  
Alaska Birth Defects Registry  
AK Dept. of Health & Social Services  
MCH-Epidemiology  
3601 C St., Ste. 358 | Anchorage, AK  
99503 tel: 907-269-8097 | fax:  
907-269-3493



Reporting Parameters:

- A. Report only a single encounter and ICD-9 /10 for each child.
  - B. Reporting agencies do not need to report continued treatment for a prior-reported child and ICD-9/10 code.
  - C. Please do not include unreportable codes or conditions in your descriptions.
  - D. If the data is unavailable for a column, Please include the column with a blank entry.
  - E. All of the data is repeated for each combination of individual and diagnosis code.
- See the example page 5 for examples.

Key to report Data

Please report only a single occurrence of a child and diagnosis code.

If you have reported the child and ICD 9/10 code in the past there is no need for an additional report.

Patient Data -

Date of Service (Encounter / Discharge) –

Numbers only MM/DD/YYYY, 8 numbers

Last Name – Any Text

First Name – Any Text

Middle Name/ Initial – Any Text

Date Of Birth – Date of Patient’s birth.

Numbers only MM/DD/YYYY, 8 numbers

Sex – M F

Race - Any combination of up to five letters from the list below, Caps

N - Alaska Native/American Indian

P - Asian/ Pacific Islander

B - Black

U - Other/Unknown

W - White

City of Residence – In what city does the patient live.

City of Birth – In what city was the patient born.

Provider Data -

Medical Record Number – the medical record number of the patient at your facility

ICD-9 Code – Diagnostic code

For multiple diagnostic codes on the same day of service please enter each code on a new line.

Please repeat all patient data for each different code

Condition Narrative / Description – Description of the preceding ICD code

Optional -

Diagnosis - Do you have documentation to confirm this condition in your records? , Y or N

Referred From - The referring agency



>>>>>>>> Submit this form using a secure transmittal system / process <<<<<<<<<<

**Please update any changed information:**

Agency Name:

Address1:

Address2:

City:

State:  Zip:

Contact Name:

email:

Tel:  Ext:

Fax:

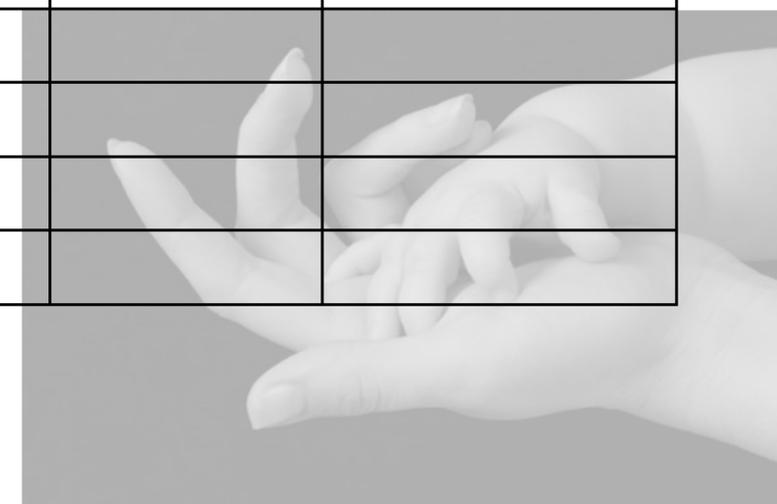
**Report Date:**

MM/DD/YYYY

Date of Service	Last Name	First Name	Middle Name	MM/DD/YYYY	F M	NABWU	City of Residence	City of Birth	Your Facility Medical Record Number	###.###	Description	Optional	Referred From (Agency or Clinic)
				Date Of Birth	Sex	Race				ICD Code		Confirmation of Condition is available in your patient record Y N	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													

**SAMPLE ONLY**

**NOT FOR DATA SUBMISSION**



														Optional	
Examples	Date of Encounter / Discharge Date	Last Name	First Name	Middle Name	Date Of Birth	Sex	Race	City of Residence	City of Birth	Medical Record Number	ICD Code	Description	Confirmation of Condition is available in your patient record Y N	Referred From (Agency or Clinic)	
<b>Below is a standard entry: a single date / patient / Diagnosis Code.</b>															
	01/23/2015	LLLLL...	FFFFFF	MMMMM	12/11/2001	M	NA	KODIAK	WILL BAY	9999999	999.9	Disorder 1	Y	ANMC	
<b>If a patient was seen on multiple days with the same Diagnosis Code enter a single line.</b>															
Multiple visits and same ICD code:	01/23/2015	LLLLL...	FFFFFF	MMMMM	12/11/2001	M	NA	KODIAK	WILL BAY	9999999	999.9	Disorder 1	N	ANMC	
	03/06/2015	LLLLL...	FFFFFF	MMMMM	12/11/2001	M	NA	KODIAK	WILL BAY	9999999	999.9	Disorder 1	N	ANMC	
	03/23/2015	LLLLL...	FFFFFF	MMMMM	12/11/2001	M	NA	KODIAK	WILL BAY	9999999	999.9	Disorder 1	Y	ANMC	
Report as a Single Entry - >>>>>>>>	01/01/2015	LLLLL...	FFFFFF	MMMMM	12/11/2001	M	NA	KODIAK	WILL BAY	9999999	999.9	Disorder 1	Y	ANMC	
<b>Multiple ICD-9 Codes / Same or different dates</b>															
Each <u>unique ICD code and individual</u> are entered on a separate line.															
	07/01/1914	D	W	Z	12/11/2001	MALE	W	KODAIK	UNKNOWN	9999991	999.9	Disorder 1	N	PROV	
	07/01/1914	D	W	Z	12/11/2001	MALE	W	KODAIK	UNKNOWN	9999991	999.1	Disorder 2	Y	TALKEETNA UROLOGY	
	07/01/1914	D	W	Z	12/11/2001	MALE	W	KODAIK	UNKNOWN	9999991	754.36	Disorder 3	N	FBX MEMORIAL	
	Date used is the first date of occurrence										Separate ICD Codes				
<b>Please do not include unreportable codes or conditions in your descriptions. See Below:</b>															
	<b>ICD Code</b>	<b>Description</b>													
	753.3	SCREENING PULMONARY TB ROUTINE CHILD HEALTH EXAM KIDNEY ANOMALY NEC	753.3 is a reportable code. TB screening and Routine child health exam are not reportable ICD codes and should not be reported. The entry should read: 753.3, Kidney Anmololy NEC on a single row.  Please describe only the reportable condition, not all of the services rendered.												



"7 AAC 27.012. Birth defects registry

(a) A hospital, physician, surgeon, or other health care facility or health care provider diagnosing, screening, or providing treatment to a patient shall report to the department, within three months of the date of diagnosis, screening, or treatment, information about the patient, including name, date of birth, place of birth, sex, race, ethnicity, community of residence, date of diagnosis, and specific type of each birth defect diagnosed or treated for a child less than six years old with a birth defect or other congenital condition listed in (b) of this section.

The ICD-9 code and the description of anomaly should be specific. For example, report "sickle cell anemia" with an ICD-9 code of 282.60. Do not write "hereditary anemia" with ICD-9 code 282; this does not report a specific condition.

Reportable ICD-9 Codes

- |              |   |              |  |
|--------------|---|--------------|--|
| 237.7-237.72 | Neurofibromatosis   | 750.0-750.9  | Other congenital anomalies of upper alimentary tract   |
| 243          | Congenital hypothyroidism                                       | 751.0-751.9  | Other congenital anomalies of digestive system   |
| 255.2        | Adrenogenital disorders   | 752.0-752.9  | Congenital anomalies of genital organs   |
| 270.0-270.9  | Amino acid metabolic disorders                                  | 753.0-753.9  | Congenital anomalies of urinary system   |
| 271.0-271.1  | Glycogenosis and galactosemia                                   | 754.0-754.89 | Certain congenital musculoskeletal deformities   |
| 277.0-277.9  | Other and unspecified disorders of metabolism                   | 755.0-755.9  | Other congenital anomalies of limbs  |
| 279.0-279.9  | Disorders involving the immune mechanism                        | 756.0-756.9  | Other congenital musculoskeletal anomalies   |
| 282.0-282.9  | Hereditary hemolytic anemias                                    | 757.0-757.9  | Congenital anomalies of the integument   |
| 284          | Constitutional aplastic anemia                                  | 758.0-758.9  | Chromosomal anomalies  |
| 331.3-331.9  | Other cerebral degenerations                                    | 759.0-759.9  | Other and unspecified congenital anomalies   |
| 334.0-334.9  | Spinocerebellar disease   | 760.0-760.9  | Fetus or newborn affected by maternal conditions which may be unrelated to present pregnancy |
| 335.0-335.9  | Anterior horn cell disease                                      | 760.71       | Alcohol affecting fetus via placenta or breast milk, including fetal alcohol syndrome        |
| 343.0-343.9  | Infantile cerebral palsy  |              |  |
| 359.0-359.9  | Muscular dystrophies and other myopathies                       |              |  |
| 362.74       | Pigmentary retinal dystrophy                                    |              |  |
| 389.0-389.9  | Hearing loss  |              |  |
| 740.0-740.2  | Anencephalus and similar anomalies                              |              |  |
| 741.0-741.9  | Spina bifida  |              |  |
| 742.0-742.9  | Other congenital anomalies of nervous system                    |              |  |
| 743.0-743.9  | Congenital anomalies of eye                                     |              |  |
| 744.0-744.9  | Congenital anomalies of ear, face and neck                      |              |  |
| 745.0-745.9  | Bulbus cordis anomalies and anomalies of cardiac septal closure |              |  |
| 746.0-746.9  | Other congenital anomalies of heart                             |              |  |
| 747.0-747.9  | Other congenital anomalies of circulatory system                |              |  |
| 748.0-748.9  | Congenital anomalies of respiratory system                      |              |  |
| 749.0-749.25 | Cleft palate and cleft lip                                      |              |  |

