FORMAT and FILE SPECIFICATIONS
for
MIRCal ONLINE TRANSMISSION:
INPATIENT DATA

Effective with discharges occurring on or after July 1, 2008

July 1, 2014

Revised March 20, 2008 January 1, 2014

Medical Information Reporting for California
State of California
Office of Statewide Health Planning and Development
Patient Data Section
400 R Street, Suite 270
Sacramento, CA 95811
(916) 326-3935
INPATIENT FORMAT FILE AND SPECIFICATIONS FOR ONLINE TRANSMISSION

MINIMUM PC CONFIGURATION

1. Access to a personal computer (with the following minimum configuration)
   - 300MHz processor, 64 MB RAM, 4 GB hard drive (at least 500MB free)
   - High speed Internet connection (preferred) or 56k modem or faster
   - Microsoft Internet Explorer version 5.0 (or higher) with 128-bit Secure Socket Layer (SSL)
   - Adobe Acrobat Reader version 4.0 (or higher)
   - Virus Checking Software
   - File Compression Program MIRCal accepts files that are 3MB or less. Data files over 3MB must be compressed in order to be accepted by MIRCal.

2. Internet access (ISP)

3. E-mail

STANDARD RECORD FORMAT

Deviation from the format will not be accepted
- One reporting facility and time period per file
- Standard ASCII character coding
- Record length 670 characters followed by a carriage return and line feed

ADDITIONAL REQUIREMENTS

- No packed or binary data
- No Null Values
- The data file must be a text file with the extension of "txt" (if zipped, submit the zipped file with a "zip" extension)

FILE COMPRESSION

Data files may be compressed (zipped) to speed up the file uploading time. The following compression applications are supported and can be obtained from the manufacturer’s website:
- gzip
- Pkzip
- Winzip

Effective with discharges occurring on or after 7/1/2008
### Standard Record Format

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Start</th>
<th>End</th>
<th>Type &amp; Size</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Care</td>
<td>1</td>
<td>1</td>
<td>N (1)</td>
<td></td>
</tr>
<tr>
<td>Facility Identification Number</td>
<td>2</td>
<td>7</td>
<td>N (6)</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>8</td>
<td>15</td>
<td>N (8)</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>16</td>
<td>16</td>
<td>N (1)</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>17</td>
<td>17</td>
<td>N (1)</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>18</td>
<td>18</td>
<td>N (1)</td>
<td></td>
</tr>
<tr>
<td>ZIP Code</td>
<td>19</td>
<td>23</td>
<td>A/N (5)</td>
<td></td>
</tr>
<tr>
<td>Admission Date</td>
<td>24</td>
<td>31</td>
<td>N (8)</td>
<td></td>
</tr>
<tr>
<td>Source of Admission</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site</td>
<td>32</td>
<td>32</td>
<td>N (1)</td>
<td></td>
</tr>
<tr>
<td>Licensure of Site</td>
<td>33</td>
<td>33</td>
<td>N (1)</td>
<td></td>
</tr>
<tr>
<td>Route of Admission</td>
<td>34</td>
<td>34</td>
<td>N (1)</td>
<td></td>
</tr>
<tr>
<td>Type of Admission</td>
<td>35</td>
<td>35</td>
<td>N (1)</td>
<td></td>
</tr>
<tr>
<td>Discharge Date</td>
<td>36</td>
<td>43</td>
<td>N (8)</td>
<td></td>
</tr>
<tr>
<td>Principal Diagnosis</td>
<td>44</td>
<td>50</td>
<td>A/N (7)</td>
<td></td>
</tr>
<tr>
<td>Present on Admission for Principal Diagnosis</td>
<td>51</td>
<td>51</td>
<td>A/N (1)</td>
<td></td>
</tr>
<tr>
<td>Other Diagnoses and Present on Admission</td>
<td>52</td>
<td>243</td>
<td>A/N (192)</td>
<td></td>
</tr>
</tbody>
</table>

These are in pairs:
- Up to 24 Other Diagnoses, each with 7 A/N characters and
- Up to 24 Present on Admission Indicators each with 1 A/N character:
  - $24 \times 7 = 168$ and $24 \times 1 = 24$
  - Total number of spaces: $168 + 24 = 192$

**Principal Procedure Code**

<table>
<thead>
<tr>
<th>244</th>
<th>250</th>
<th>A/N (7)</th>
</tr>
</thead>
</table>

**Principal Procedure Date**

<table>
<thead>
<tr>
<th>251</th>
<th>258</th>
<th>N (8)</th>
</tr>
</thead>
</table>

**Other Procedure Codes and Other Procedures Dates**

<table>
<thead>
<tr>
<th>259</th>
<th>558</th>
<th>N (300)</th>
</tr>
</thead>
</table>

These are in pairs:
- Up to 20 Other Procedure Codes, each with 7 A/N characters and
- Up to 20 Other Procedure Dates, each with 8 A/N character:
  - $20 \times 7 = 140$ and $20 \times 8 = 160$
  - Total number of spaces: $140 + 160 = 300$

**Principal External Cause of Injury E-Code Morbidity**

<table>
<thead>
<tr>
<th>559</th>
<th>565</th>
<th>A/N (7)</th>
</tr>
</thead>
</table>

**Present on Admission for Principal External Cause of Morbidity Injury E-Code**

<table>
<thead>
<tr>
<th>566</th>
<th>566</th>
<th>A/N (1)</th>
</tr>
</thead>
</table>

**Other External Causes of Injury E-Code Morbidity**

<table>
<thead>
<tr>
<th>567</th>
<th>598</th>
<th>A/N (32)</th>
</tr>
</thead>
</table>

These are in pairs:
- Up to 4 Other E-Codes External Causes, each with 7 A/N characters and
- Up to 4 Present on Admission Indicators each with 1 A/N character:
  - $4 \times 7 = 28$ and $4 \times 1 = 4$
  - Total number of spaces: $28 + 4 = 32$

*Reference: AB 1382, Chapter 599, Statutes of 2013 Health and Safety Code, Section 128735. Data element names have been updated to reflect ICD-10 terminology. The update is in terminology only, the two terms have the same meaning. The content of the data elements is not*

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INPATIENT FORMAT FILE AND SPECIFICATIONS
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changed. These changes will not cause any confusion as the statutory changes were made to follow nomenclature of the industry. Because the terminology update does not change the proposed ICD-10 reporting requirements the changes are nonsubstantive changes as defined in Title 1, CCR, Section 40.

Standard Record Format

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Start</th>
<th>End</th>
<th>Type &amp; Size¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s Social Security Number</td>
<td>599</td>
<td>607</td>
<td>N (9)</td>
</tr>
<tr>
<td>Disposition of Patient</td>
<td>608</td>
<td>609</td>
<td>N (2)</td>
</tr>
<tr>
<td>Total Charges</td>
<td>610</td>
<td>616</td>
<td>N (7)</td>
</tr>
<tr>
<td>Abstract Record Number</td>
<td>617</td>
<td>628</td>
<td>A/N (12)</td>
</tr>
<tr>
<td>Prehosp Care &amp; Resuscitation-DNR Order</td>
<td>629</td>
<td>629</td>
<td>A (1)</td>
</tr>
<tr>
<td>Expected Source of Payment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payer Category</td>
<td>630</td>
<td>631</td>
<td>N (2)</td>
</tr>
<tr>
<td>Type of Coverage</td>
<td>632</td>
<td>632</td>
<td>N (1)</td>
</tr>
<tr>
<td>Plan Code Number</td>
<td>633</td>
<td>636</td>
<td>N (4)</td>
</tr>
<tr>
<td>National Provider ID</td>
<td>637</td>
<td>646</td>
<td>N (10)</td>
</tr>
<tr>
<td>Principal Preferred Language Spoken</td>
<td>647</td>
<td>670</td>
<td>A/N (24)</td>
</tr>
</tbody>
</table>

Footnotes are on the next page

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FOOTNOTES

1 Type & Size indicate data type and length (in parentheses). Data type is defined as:
   A = Alpha
   N = Numeric
   A/N = Alphanumeric

2 Principal and Other Diagnosis fields allow for expansion to accommodate ICD-10-CM codes,
   which are 7 alphanumeric characters, without the decimal point. Until ICD-10-CM
   implementation, ICD-9-CM codes will be reported, and consist of 5 alphanumeric characters,
   without the decimal point, with the last two (2) positions space-filled.

3 Principal and Other Procedure Code fields allow for expansion to accommodate ICD-10-PCS
   codes, which are 7 alphanumeric characters without the decimal point. Until
   ICD-10-PCS implementation, ICD-9-CM codes will be reported, and consist of 4 alphanumeric
   characters, without the decimal point, with the last three (3) positions space-filled.

4 Principal and Other Cause of Injury E-Codes fields allow for expansion to accommodate ICD-10-
   CM codes, which are 7 alphanumeric characters, without the decimal point. Until ICD-10-PCS
   implementation, ICD-9-CM codes will be reported, and consist of 5 alphanumeric characters,
   without the decimal point, with the last two (2) positions space-filled.

2 Principal and Other Diagnoses
   • For discharges through September 30, 2014, International Classification of Diseases,
     9th Revision, Clinical Modification (ICD-9-CM) codes will be reported and consist of 5
     alphanumeric characters, without the decimal point, left-justified, and spaced-filled.

   • For discharges on and after October 1, 2014, International Classification of Diseases,
     10th Revision, Clinical Modification (ICD-10-CM) codes will be reported and consist of
     7 alphanumeric characters, without the decimal point, left-justified and space-filled.

3 Principal and Other Procedures
   • For discharges through September 30, 2014, ICD-9-CM codes will be reported and
     consist of 4 alphanumeric characters, without the decimal point, left-justified, and spaced-
     filled.

   • For discharges on and after October 1, 2014, International Classification of Diseases, 10th
     Revision, Procedure Coding System (ICD-10-PCS) codes will be reported and consist of
     7 alphanumeric characters, without the decimal point, left-justified and spaced-filled.

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FOOTNOTES

Principal and Other External Causes of Morbidity

- For discharges through September 30, 2014, ICD-9-CM codes will be reported and consist of 5 alphanumeric characters, without the decimal point, left-justified, and space-filled.

- For discharges on and after October 1, 2014, ICD-10-CM codes will be reported and consist of 7 alphanumeric characters, without the decimal point, left-justified and space-filled.
INPATIENT FORMAT FILE AND SPECIFICATIONS
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TYPE OF CARE
Record Position: 1
Data Length: 1
Data Type: Numeric
Codes:
1 = Acute Care
3 = Skilled Nursing/Intermediate Care
4 = Psychiatric Care
5 = Chem Dependency Recovery Care
6 = Physical Rehabilitation Care

FACILITY IDENTIFICATION NUMBER
Record Position: 2 through 7
Data Length: 6
Data Type: Numeric
Codes: Facility Identification Number (the unique facility number assigned by OSHPD). This field is required for each record

DATE OF BIRTH
Record Position: 8 through 15
Data Length: 8
Data Type: Numeric
Codes: 99 99 9999
Month Day Year
Special Instructions: Single-digit months and days must include a preceding zero

SEX
Record Position: 16
Data Length: 1
Data Type: Numeric
Codes:
1 = Male
2 = Female
3 = Other
4 = Unknown

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## INPATIENT FORMAT FILE AND SPECIFICATIONS
### FOR ONLINE TRANSMISSION

### RACE

<table>
<thead>
<tr>
<th>Field</th>
<th>Record Position</th>
<th>Data Length</th>
<th>Data Type</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>17</td>
<td>1</td>
<td>Numeric</td>
<td>1 = Hispanic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 = Non-Hispanic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3 = Unknown</td>
</tr>
</tbody>
</table>

### RACE

<table>
<thead>
<tr>
<th>Field</th>
<th>Record Position</th>
<th>Data Length</th>
<th>Data Type</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18</td>
<td>1</td>
<td>Numeric</td>
<td>1 = White</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 = Black</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3 = Native American/Eskimo/Aleut</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4 = Asian/Pacific Islander</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5 = Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6 = Unknown</td>
</tr>
</tbody>
</table>

### ZIP CODE

<table>
<thead>
<tr>
<th>Field</th>
<th>Record Position</th>
<th>Data Length</th>
<th>Data Type</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19 through 23</td>
<td>5</td>
<td>Alphanumeric</td>
<td>5-digit ZIP Code</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>XXXXXX = Unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YYYYYY = Foreign</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ZZZZZZ = Homeless</td>
</tr>
</tbody>
</table>

### ADMISSION DATE

<table>
<thead>
<tr>
<th>Field</th>
<th>Record Position</th>
<th>Data Length</th>
<th>Data Type</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24 through 31</td>
<td>8</td>
<td>Numeric</td>
<td>99 99 9999 Month  Day  Year</td>
</tr>
</tbody>
</table>

**Special Instructions:** Single-digit months and days must include a preceding zero.

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### SOURCE OF ADMISSION

**Site**

<table>
<thead>
<tr>
<th>Record Position:</th>
<th>32</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Length:</td>
<td>1</td>
</tr>
<tr>
<td>Data Type:</td>
<td>Numeric</td>
</tr>
</tbody>
</table>

**Codes:**

1 = Home  
2 = Residential Care Facility  
3 = Ambulatory Surgery  
4 = Skilled Nursing/Intermediate Care  
5 = Acute (Inpatient) Hospital Care  
6 = Other (Inpatient) Hospital Care  
7 = Newborn  
8 = Prison/Jail  
9 = Other

### LICENSURE OF SITE

<table>
<thead>
<tr>
<th>Record Position:</th>
<th>33</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Length:</td>
<td>1</td>
</tr>
<tr>
<td>Data Type:</td>
<td>Numeric</td>
</tr>
</tbody>
</table>

**Codes:**

1 = This Hospital  
2 = Another Hospital  
3 = Not a Hospital

### ROUTE OF ADMISSION

<table>
<thead>
<tr>
<th>Record Position:</th>
<th>34</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Length:</td>
<td>1</td>
</tr>
<tr>
<td>Data Type:</td>
<td>Numeric</td>
</tr>
</tbody>
</table>

**Codes:**

1 = Your Emergency Room  
2 = Not Your Emergency Room

### TYPE OF ADMISSION

<table>
<thead>
<tr>
<th>Record Position:</th>
<th>35</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Length:</td>
<td>1</td>
</tr>
<tr>
<td>Data Type:</td>
<td>Numeric</td>
</tr>
</tbody>
</table>

**Codes:**

1 = Scheduled  
2 = Unscheduled  
3 = Infant, under 24 hrs old  
4 = Unknown

*Effective with discharges occurring on or after 7/1/2009*
INPATIENT FORMAT FILE AND SPECIFICATIONS
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DISCHARGE DATE
Record Position: 36 through 43
Data Length: 8
Data Type: Numeric
Codes: 99 99 9999
Month Day Year
Special Instructions: Single-digit months and days must include a preceding zero

PRINCIPAL DIAGNOSIS
Record Position: 44 through 50
Data Length: 7 (Allows for future reporting of ICD-10-CM)
Data Type: Alphanumeric

Codes: International Classification of Diseases, 9th Revision, Clinical Modification
For discharges through September 30, 2014, use the ICD-9-CM code set
For discharges on and after October 1, 2014, use the ICD-10-CM code set

Special Instructions: The ICD-9-CM codes must be left-justified and space-filled. Do not code the decimal point. Do not include the decimal point in the data file.
Example: Code the diagnosis as '80521 - '. (The last 2 positions are spaces.) Do not include E-codes or M-codes. The default value is all spaces.

PRESENT ON ADMISSION (POA) for PRINCIPAL DIAGNOSIS
Record Position: 51
Data Length: 1
Data Type: Alphanumeric

Codes: Y = Yes
N = No
U = Unknown
W = Clinically undetermined
' ' (blank) = Code is exempt from POA reporting
1 and E are also accepted for exempt diagnosis codes

Special Instructions: When there is an exempt diagnosis code, the value for POA is a space.

Effective with discharges occurring on or after 7/1/2008
OTHER DIAGNOSES AND PRESENT ON ADMISSION

OTHER DIAGNOSES

Record Position:
For each Other Diagnosis field-code:
52-58; 60-66; 68-74; 76-82; 84-90; 92-98;
100-106; 108-114; 116-122; 124-130; 132-138; 140-146;
148-154; 156-162; 164-170; 172-178; 180-186; 188-194;
196-202; 204-210; 212-218; 220-226; 228-234; and 236-
242
Maximum of 24 Other Diagnosis fields codes, ending in
position 242

Data Length:
7 (Allows for future reporting of ICD-10-CM)

Data Type:
Alphanumeric

Codes:
International Classification of Diseases, 9th Revision, Clinical
Modification
For discharges through September 30, 2014, use ICD-9-CM
code set

For discharges on and after October 1, 2014, use ICD-10-
CM code set

Special Instructions:
The ICD-9-CM code must be left-justified and space-filled
Fill from the left-most position and DO NOT skip fields
Do not code the decimal point. Do not include the decimal
point in the data file
When there are no Other Diagnoses, the default value is all
spaces
Do not include External Cause codes in Other Diagnoses
fields

Example: For position 52-58, code the diagnosis as '80521
- (The last 2 positions are spaces.)
Do not include E-codes or M-codes. The default value is all
spaces.

PRESENT ON ADMISSION FOR OTHER DIAGNOSES

Record Position:
For each Other POA field Indicator:
59, 67, 75, 83, 91, 99, 107, 115, 123, 131, 139, 147,
155, 163, 171, 179, 187, 195, 203, 211, 219, 227, 235,
and 243
Maximum of 24 POA fields ending in position 243

Data Length:
1

Data Type:
Alphanumeric

Codes:
Y = Yes
N = No
U = Unknown

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W = Clinically undetermined
• (blank) = Exempt from POA reporting
1 and E are also accepted for exempt diagnosis codes

Special Instructions: When there is an exempt diagnosis code, the value for POA is a space.

PRINCIPAL PROCEDURE
Record Position: 244-250
Data Length: 7 (Allow for future reporting of ICD-10-PCS)
Data Type: Alphanumeric

Codes: International Classification of Diseases, 9th Revision, Clinical Modification
For discharges through September 30, 2014, use the ICD-9-CM code set
For discharges on and after October 1, 2014, use the ICD-10-PCS code set

Special Instructions: The Principal Procedure Code must be left-justified and space-filled.
Do not code include the decimal point in the data file
Example: Code the procedure as ‘0523’. (The last 3 positions are spaces.)
When there is no Principal Procedure, the default value is all spaces

PRINCIPAL PROCEDURE DATE
Record Position: 251-258
Data Length: 8
Data Type: Numeric

Codes: 99 99 9999
Month Day Year

Special Instructions: Single-digit months and days must include a preceding zero
When there is no Principal Procedure, the default value is all spaces

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OTHER PROCEDURES AND DATES

OTHER PROCEDURE CODES

Record Position: For each Other Procedure field-

259-265; 274-280; 289-295; 304-310; 319-325; 334-340;
349-355; 364-370; 379-385; 394-400; 409-415; 424-430;
439-445; 454-460; 469-475; 484-490; 499-505; 514-520;
529-535; and 544-550.

Data Length: Maximum of 20 Other Procedures codes, ending in

7 (Allows for future reporting of ICD-10-PCS)

Data Type: Alphanumeric

Codes: International Classification of Diseases, 9th Revision, Clinical

Modification

For discharges through September 30, 2014, use the ICD-9-

CM code set

For discharges on and after October 1, 2014, use the ICD-

10-PCS code set

Special Instructions:

Other Procedure Codes must be left-justified and space-

filled

Fill from the left-most position and DO NOT skip fields

Do not code include the decimal point in the data file

Example: In position 259-265, code the procedure as ‘0523’

(The last 3 positions are spaces.)

When there are no Other Procedures, the default value is all

spaces.

OTHER PROCEDURE DATES

Record Position: For each Other Procedure Date fields-

266-273; 281-288; 296-303; 311-318; 326-333; 341-348;
356-363; 371-378; 386-393; 401-408; 416-423; 431-438;
446-453; 461-468; 476-483; 491-498; 506-513; 521-528;
536-543; and 551-558

Data Length: Maximum of 20 Other Procedure Dates, ending in

8

Data Type: Numeric

Codes: 99 99 9999

Month Day Year

Special Instructions: Single-digit months and days must include a preceding zero

When there are no Other Procedures Dates, the default

value is all spaces

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INPATIENT FORMAT FILE AND SPECIFICATIONS
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PRINCIPAL EXTERNAL CAUSE OF INJURY E-CODE MORBIDITY
Record Position: 559 through 565
Data Length: 7 (Allows for future reporting of ICD-10-CM)
Data Type: Alphanumeric

Codes:
International Classification of Diseases, 9th Revision, Clinical Modification
For discharges through September 30, 2014, use the ICD-9-CM code set
Include the 'E' in the data file

For discharges on and after October 1, 2014, use the ICD-10-CM code set

Special Instructions: The ICD-9-CM code Code must be left-justified and space-filled
Do not include the decimal point in the data file
Example: Code the cause of injury as 'E8799'. (The last 2 positions are spaces.)
When there is no Principal E-Code-External Cause code, the default value is all spaces

PRESENT ON ADMISSION FOR PRINCIPAL EXTERNAL CAUSE OF INJURY E-CODE MORBIDITY
Record Position: 566
Data Length: 1
Data Type: Alphanumeric

Codes:
Y = Yes
N = No
U = Unknown
W = Clinically undetermined
'' (blank) = Exempt from POA reporting
1 and E are also accepted for exempt external cause codes

Special Instructions: When there is an exempt E-code, the value is a space.

Effective with discharges occurring on or after 7/1/2008
OTHER EXTERNAL CAUSES OF INJURY E-CODE & PRESENT ON ADMISSION-MORBIDITY
OTHER EXTERNAL CAUSE OF INJURY E-CODE

Record Position: For each Other External Cause of Injury E-code
Morbidity code:
567-573; 575-581; 583-589; 591-597
Maximum of 4 Other E-Code fields External Cause
codes, ending in position 597

Data Length: 7-(Allows for future reporting of ICD-10-CM)
Data Type: Alphanumeric

Codes: International Classification of Diseases, 9th Revision, Clinical
Modification
For discharges through September 30, 2014, use the ICD-9-
CM code set
Include the ‘E’ in the data file

For discharges on and after October 1, 2014, use the ICD-
10-CM code set

Special Instructions:
The ICD-9-CM codes Codes must be left-justified and
space-filled Code the “E” on the file, but do not code the
decimal-point.
Fill from the left-most position and DO NOT skip fields
Do not include the decimal point in the data file
Example: In field 567-573, code as ‘E8799.’ (The last 2
positions are spaces.)
When there are no Other E-Codes-External Cause codes,
the default value is all spaces

PRESENT ON ADMISSION FOR OTHER EXTERNAL CAUSES OF INJURY E-CODE
MORBIDITY

Record Position: For each Other POA Field-Indicator:
574, 582, 590, 598
Maximum of 4 POA fields, ending in position 598

Data Length: 1
Data Type: Alphanumeric

Codes: Y = Yes
N = No
U = Unknown
W = Clinically undetermined
'' (blank) = Exempt from POA reporting
1 and E are also accepted for exempt external cause codes

Special Instructions: When there is an exempt E-code, the value is a space

Effective with discharges occurring on or after 7/1/2008
INPATIENT FORMAT FILE AND SPECIFICATIONS
FOR ONLINE TRANSMISSION

PATIENT’S SOCIAL SECURITY NUMBER
Record Position: 599 through 607
Data Length: 9
Data Type: Numeric

Codes:
Enter the full 9-digit SSN including zeroes
DO NOT use code hyphens
Enter 000000001 (Unknown) if the SSN is not recorded in the patient’s medical record

DISPOSITION OF PATIENT
Record Position: 608 through 609
Data Length: 2
Data Type: Numeric

Codes:
01 - Routine Discharge
02 - Acute Care within This Hospital
03 - Other Type of Hospital Care within this Hospital
   (Psych, Chem Dep, Physical Rehab)
04 - Skilled Nursing/Intermediate Care within This Hospital
05 - Acute Care at Another Hospital
06 - Other Type of Hospital Care at Another Hospital (Not Skilled Nursing/Intermediate Care) (Psych, Chem Dep,
   Physical Rehab)
07 - Skilled Nursing/Intermediate Care Elsewhere
08 - Residential Care Facility
09 - Prison/Jail
10 - Against Medical Advice
11 - Died
12 - Home Health Service
13 - Other

Special Instructions: Single digit values must include a preceding zero

TOTAL CHARGES
Record Position: 610 through 616
Data Length: 7
Data Type: Numeric

Codes:
Whole dollars only—no cents
Code 99999999 for Total Charges exceeding 7 positions

Special Instructions: Total Charges must be right-justified, zero-filled, and unsigned
The default value is all zeroes

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INPATIENT FORMAT FILE AND SPECIFICATIONS
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ABSTRACT RECORD NUMBER (OPTIONAL)
Record Position: 617 through 628
Data Length: 12
Data Type: Alphanumeric
Codes: Optional medical record number or any patient identification number assigned by the facility
Special Instructions: The Abstract Record Number must be left-justified and space-filled. If not reported, the default value is all spaces.

PREHOSPITAL CARE & RESUSCITATION - DNR ORDER
Record Position: 629
Data Length: 1
Data Type: Alpha
Codes: Y = Yes
N = No

EXPECTED SOURCE OF PAYMENT
PAYER CATEGORY
Record Position: 630 through 631
Data Length: 2
Data Type: Numeric
Codes: 01 - Medicare
02 - Medi-Cal
03 - Private Coverage
04 - Workers’ Compensation
05 - County Indigent Programs
06 - Other Government
07 - Other Indigent
08 - Self Pay
09 - Other Payer
Special Instructions: Single-digit codes must include a preceding zero

TYPE OF COVERAGE
Record Position: 632
Data Length: 1
Data Type: Numeric
Codes: 1 - Managed Care – Knox-Keene or Medi-Cal County Organized Health System
2 - Managed Care – Other
3 - Traditional Coverage

Effective with discharges occurring on or after 7/1/2008
INPATIENT FORMAT FILE AND SPECIFICATIONS
FOR ONLINE TRANSMISSION

Special Instructions: Type of Coverage MUST be reported if Payer Category
equals 01, 02, 03, 04, 05, or 06
If Payer Category equals 07, 08, or 09, then the default
value is zero

PLAN CODE NUMBER
Record Position: 633 through 636
Data Length: 4
Data Type: Numeric

Codes: For a list of valid codes, refer to the Definitions of Data
Elements – Expected Source of Payment, Section 97232
(3), of the California Inpatient Data Reporting Manual

Special Instructions: The Plan Code Number must be right-justified
The Plan Code Number MUST be reported if Type of
Coverage equals 1
If Type of Coverage equals 2 or 3, then the default value
is zero (0000)

NATIONAL PROVIDER IDENTIFIER (NPI)
Record Position: 637 through 646
Data Length: 10
Data Type: Numeric

Codes: Assigned by the CMS National Plan and Provider
Enumeration System (NPPES)

Special Instructions: This is a placeholder for the National Provider Identifier
Facilities may report their NPI, but it is not required by
OSHPD
The default value is all zeroes

Effective with discharges occurring on or after 7/1/2008
**PRINCIPAL PREFERRED LANGUAGE SPOKEN**

**Record Position:** 647 through 670  
**Data Length:** 24  
**Data Type:** Alphanumeric

**Codes:** Refer to Section 97234, of the California Inpatient Data Reporting Manual for a list of valid codes.

**Special Instructions:** To be reported on discharges occurring on or after January 1, 2009.  
This is a free-text field  
Enter either one 3-digit value, or if the Principal Language Spoken is not one of the codes listed in the Reporting Manual, then enter the Principal Language Spoken, up to 24 characters. The default value is all spaces.  
Enter one 3-character PLS code listed in Section 97234 of the Inpatient Reporting Manual  
If the Preferred Language Spoken is not one of the codes listed enter the full name of the language, up to 24 characters

3-character PLS Codes from the ISO 639-2 Code List are also accepted

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**Effective with discharges occurring on or after 7/1/2008**