

**FORMAT and FILE SPECIFICATIONS  
for  
MIRCaI ONLINE TRANSMISSION:  
EMERGENCY DEPARTMENT and AMBULATORY SURGERY DATA**

**Effective with encounters occurring on or after  
January 1, 2015**

**Version 1.9**  
Revised January 26, 2015



Medical Information Reporting for California

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# **ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION**

**Effective with encounters occurring on and after January 1, 2015**

## **SUMMARY OF CHANGES**

### **Title Page**

Added 'Version 1.9'

Changed Revision Date from April 14, 2014 to January 26, 2015

### **Page 3**

Removed 'Minimum PC Configuration' and 'File Compression' requirements

# **ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION**

## **STANDARD RECORD FORMAT**

Deviation from the format will not be accepted

- One reporting facility and report period per file
- Standard ASCII character coding
- Record length 406 characters followed by a carriage return and line feed
- All fields are left-justified and padded with spaces on the right

## **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)

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**Standard Record Format**

<b>Data Element</b>	<b>Start</b>	<b>End</b>	<b>Type &amp; Size<sup>1</sup></b>	
Facility Identification Number	1	6	N	(6)
Abstract Record Number (Optional)	7	18	A/N	(12)
Patient's Social Security Number	19	27	N	(9)
ZIP Code	28	32	N	(5)
Date of Birth	33	40	N	(8)
Sex	41	41	A	(1)
Race	42	43	A/N	(2)
Ethnicity	44	45	A/N	(2)
Service Date	46	53	N	(8)
Disposition of Patient	54	55	N	(2)
Expected Source of Payment	56	57	A/N	(2)
Principal Diagnosis	58	64	A/N	(7)
Other Diagnoses	65	232	A/N	(7) <sup>2</sup>
Principal External Cause of Morbidity	233	239	A/N	(7)
Other External Causes of Morbidity	240	267	A/N	(7) <sup>3</sup>
Principal Procedure	268	272	A/N	(5)
Other Procedures	273	372	A/N	(5)
National Provider Identifier No.	373	382	N	(10)
Preferred Language Spoken	383	406	A/N	(24)

**Footnotes are on the next page**

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## FOOTNOTES

<sup>1</sup>Type & Size indicates data type and field length (in parentheses). Data type is defined as:

A = Alpha

N = Numeric

A/N = Alphanumeric

<sup>2</sup>Principal and Other Diagnoses

- For encounters through September 30, 2015, International Classification of Diseases, 9<sup>th</sup> 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 encounters on and after October 1, 2015, International Classification of Diseases, 10<sup>th</sup> Revision, Clinical Modification (ICD-10-CM) codes shall be reported and consist of 7 alphanumeric characters, without the decimal point, left-justified and space-filled.

<sup>3</sup>Principal and Other External Causes of Morbidity

- For encounters through September 30, 2015, ICD-9-CM codes will be reported and consist of 5 alphanumeric characters, without the decimal point, left-justified, and space-filled.
- For encounters on and after October 1, 2015, ICD-10-CM codes shall be reported and consist of 7 alphanumeric characters, without the decimal point, left-justified and space-filled.

## ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

### FACILITY IDENTIFICATION NUMBER

Record Position:	1 through 6
Data Length:	6
Data Type:	Numeric
Codes:	Facility Identification Number (the unique facility number assigned by OSHPD) This field is required for each record

### ABSTRACT RECORD NUMBER (OPTIONAL)

Record Position:	7 through 18
Data Length:	12
Data Type:	Alphanumeric
Codes:	If not reported, the default value is all spaces

### PATIENT'S SOCIAL SECURITY NUMBER

Record Position:	19 through 27
Data Length:	9
Data Type:	Numeric
Codes:	Enter the full 9-digit SSN including zeroes <b>DO NOT</b> use hyphens Enter 000000001 (Unknown) if the SSN is not recorded in the patient's medical record

### ZIP CODE

Record Position:	28 through 32
Data Length:	5
Data Type:	Numeric
Codes:	5-digit ZIP Code 99999 (Unknown)

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**DATE OF BIRTH**

Record Position: 33 through 40  
Data Length: 8  
Data Type: Numeric

Codes: 9999      99      99  
Year      Month      Day

Special Instructions: Single-digit months and days must include a preceding zero  
The transmittal process will populate the database field by moving the first 4 digits to the end of the field  
EXAMPLE: Field in File equals 20040301  
Database value will contain 03012004  
The database value represents the date format mmddccyy

**SEX**

Record Position: 41  
Data Length: 1  
Data Type: Alpha

Codes: M Male  
F Female  
U Unknown

**RACE**

Record Position: 42 through 43  
Data Length: 2  
Data Type: Alphanumeric

Codes: R1 American Indian or Alaska Native  
R2 Asian  
R3 Black or African American  
R4 Native Hawaiian or Other Pacific Islander  
R5 White  
R9 Other Race  
99 Unknown

**ETHNICITY**

Record Position: 44 through 45  
Data Length: 2  
Data Type: Alphanumeric

Codes: E1 Hispanic or Latino  
E2 Non-Hispanic or Non-Latino  
99 Unknown

## ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

### SERVICE DATE

Record Position: 46 through 53  
Data Length: 8  
Data Type: Numeric

Codes: 9999      99      99  
Year      Month      Day

Special Instructions: Single-digit months and days must include a preceding zero. The transmittal process will populate the database field by moving the first 4 digits to the end of the field.

EXAMPLE: Field in File equals 20040301. Database value will contain 03012004. The database value represents the date format mmddccyy.

### DISPOSITION OF PATIENT

Record Position: 54 through 55  
Data Length: 2  
Data Type: Alphanumeric

Codes: New disposition codes 69 and 81 through 95, and changes to existing codes are effective with encounters on and after January 1, 2015

- 01 Discharged to home or self care (routine discharge)
- 02 Discharged/transferred to a short term general hospital for inpatient care
- 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care
- 04 Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility)
- 05 Discharged/transferred to a designated cancer center or children's hospital
- 06 Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care
- 07 Left against medical advice or discontinued care
- 20 Expired
- 21 Discharged/transferred to court/law enforcement
- 43 Discharged/transferred to a federal health care facility
- 50 Hospice - Home
- 51 Hospice - Medical facility (certified) providing hospice level of care

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**DISPOSITION OF PATIENT (continued)**

- Codes:
- 61 Discharged/transferred to a hospital-based Medicare approved swing bed
  - 62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital
  - 63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)
  - 64 Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
  - 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
  - 66 Discharged/transferred to a Critical Access Hospital (CAH)
  - 69 Discharged/transferred to a designated Disaster Alternative Care Site
  - 70 Discharged/transferred to another type of health care institution not defined elsewhere in this code list
  - 81 Discharged to home or self care with a planned acute care hospital inpatient readmission
  - 82 Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission
  - 83 Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission
  - 84 Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility) with a planned acute care hospital inpatient readmission
  - 85 Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission
  - 86 Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission
  - 87 Discharged/Transferred to court/law enforcement with a planned acute care hospital inpatient readmission
  - 88 Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission

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**DISPOSITION OF PATIENT (continued)**

- Codes:
- 89 Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission
  - 90 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission
  - 91 Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission
  - 92 Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal) but not certified under Medicare with a planned acute care hospital inpatient readmission
  - 93 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission
  - 94 Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission
  - 95 Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission
  - 00 Other
- Special Instructions: Single digit values must include a preceding zero

**EXPECTED SOURCE OF PAYMENT**

Record Position: 56 through 57  
Data Length: 2  
Data Type: Alphanumeric

- Codes:
- 09 Self Pay
  - 11 Other Non-federal programs
  - 12 Preferred Provider Organization (PPO)
  - 13 Point of Service (POS)
  - 14 Exclusive Provider Organization (EPO)
  - 16 Health Maintenance Organization (HMO)  
Medicare Risk
  - AM Automobile Medical
  - BL Blue Cross/Blue Shield
  - CH CHAMPUS (TRICARE)
  - CI Commercial Insurance Company
  - DS Disability
  - HM Health Maintenance Organization

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**EXPECTED SOURCE OF PAYMENT (continued)**

Codes	MA Medicare Part A
	MB Medicare Part B
	MC Medicaid (Medi-Cal)
	OF Other federal program
	TV Title V
	VA Veteran's Affairs Plan
	WC Workers' Compensation Health Claim
	00 Other

**PRINCIPAL DIAGNOSIS**

Record Position:	58 through 64
Data Length:	7
Data Type:	Alphanumeric

Codes:	For encounters through September 30, 2015, use the ICD-9-CM code set
	For encounters on and after October 1, 2015, use the ICD-10-CM code set

Special Instructions:	Code must be left-justified and space-filled Do not include the decimal point in the data file
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**OTHER DIAGNOSES**

Record Position:	For each Other Diagnosis code: 65-71; 72-78; 79-85; 86-92; 93-99; 100-106; 107-113; 114-120; 121-127; 128-134; 135-141; 142-148; 149-155; 156-162; 163-169; 170-176; 177-183; 184-190; 191-197; 198-204; 205-211; 212-218; 219-225; and 226-232. Maximum of 24 Other Diagnoses codes, ending in position 232
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Data Length:	7
Data Type:	Alphanumeric

Codes:	For encounters through September 30, 2015, use the ICD-9-CM code set
	For encounters on and after October 1, 2015, use the ICD-10-CM code set

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### OTHER DIAGNOSES (continued)

Special Instructions: Codes must be left-justified and space-filled  
Fill from the left-most position and **DO NOT** skip fields  
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

### PRINCIPAL EXTERNAL CAUSE OF MORBIDITY

Record Position: 233 through 239  
Data Length: 7  
Data Type: Alphanumeric

Codes: For encounters through September 30, 2015, use the ICD-9-  
CM code set  
Include the 'E' in the data file

For encounters on and after October 1, 2015, use the ICD-10-  
CM code set

Special Instructions: Code must be left-justified and space-filled  
Do not include the decimal point in the data file  
When there is no Principal External Cause code, the default  
value is all spaces

### OTHER EXTERNAL CAUSES OF MORBIDITY

Record Position: For each Other External Cause of Morbidity code:  
240-246; 247-253; 254-260; and  
261-267  
Maximum of 4 Other External Cause codes, ending in  
position 267

Data Length: 7  
Data Type: Alphanumeric

Codes: For encounters through September 30, 2015, use the ICD-9-  
CM code set  
Include the 'E' in the data file

For encounters on and after October 1, 2015, use the ICD-10-  
CM code set

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

## ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

### PRINCIPAL PROCEDURE

Record Position:	268 through 272
Data Length:	5
Data Type:	Alphanumeric
Codes:	CPT-4 code set (Current Procedural Terminology, 4 <sup>th</sup> Edition)
Special Instructions:	When there is no Principal Procedure, the default value is all spaces

### OTHER PROCEDURES

Record Position:	For each Other Procedure code: 273-277; 278-282; 283-287; 288-292; 293-297; 298-302; 303-307; 308-312; 313-317; 318-322; 323-327; 328-332; 333-337; 338-342; 343-347; 348-352; 353-357; 358-362; 363-367; and 368-372. Maximum of 20 Other Procedure codes, ending in position 372
Data Length:	5
Data Type:	Alphanumeric
Codes:	CPT-4 code set (Current Procedural Terminology, 4 <sup>th</sup> Edition)
Special Instructions:	Fill from the left-most position and <b>DO NOT</b> skip fields When there are no Other Procedures, the default value is all spaces

### NATIONAL PROVIDER IDENTIFIER (NPI)

Record Position:	373 through 382
Data Length:	10
Data Type:	Numeric
Codes:	Assigned by the CMS National Provider 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 OSHDP The default value is all zeroes

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**PREFERRED LANGUAGE SPOKEN**

Record Position: 383 through 406

Data Length: 24

Data Type: Alphanumeric

Codes: Refer to Section 97267, of the California ED and AS Data Reporting Manual

Special Instructions: This is a free-text field  
Enter one 3-character PLS code listed in Section 97267 of the ED & AS 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