

**FORMAT and FILE SPECIFICATIONS
for
MIRCaI ONLINE TRANSMISSION:
INPATIENT DATA**

**Effective with discharges occurring on or after
January 1, 2017**

Version 3.0

Revised January 30, 2015



Medical Information Reporting for California

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INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

Effective with discharges occurring on and after January 1, 2017

SUMMARY OF CHANGES

Title Page

Changed Effective Date from January 1, 2015 to January 1, 2017
Changed Version Number from '2.9' to '3.0'
Changed Revision Date from January 26, 2015 to January 30, 2015

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Standard Record Format

Removed footnotes 2, 3 and 4
Replaced Sex Date Type 'N' with 'A'
Replaced Source of Admission-Site Data Type 'N' with 'A/N'
Replaced Source of Admission 'Licensure of Site' with 'Do Not Use'
Replaced Source of Admission-Licensure of Site Data Type 'N' with 'X'

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Footnotes

Added 'X = Unused' to footnotes 1
Removed footnotes 2, 3 and 4

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Date of Birth

Codes: Changed date format from 'MMDDCCYY' to 'CCYYMMDD'

Sex

Data Type: Replaced 'Numeric' with 'Alpha'
Codes: Replaced codes '1-4' with a new code set

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Admission Date

Codes: Changed date format from 'MMDDCCYY' to 'CCYYMMDD'

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Source of Admission: Site

Data Type: Replaced 'Numeric' with 'Alphanumeric'
Codes: Replaced codes '1-9' with a new code set

Source of Admission: Licensure of Site

Replaced 'Licensure of Site' with 'Do Not Use'
Data Type: Replaced 'Numeric' with 'Unused'
Codes: Replace codes '1-3' with 'Space-filled'

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Source of Admission: Route of Admission

Codes: Replaced codes '1 & 2' with a new code set

Type of Admission

Codes: Replaced codes '1-4' with a new code set

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

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Discharge Date

Codes: Changed date format from 'MMDDCCYY' to 'CCYYMMDD'

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Principal Diagnosis

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

Other Diagnoses

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

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Principal Procedure

Codes: Replaced 'For discharges through September 30, 2015, use the ICD-9-CM code set' and 'For discharges on and after October 1, 2015, use the ICD-10-PCS code set' with: 'ICD-10-PCS code set'

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Principal Procedure Date

Codes: Changed date format from 'MMDDCCYY' to 'CCYYMMDD'

Other Procedures

Codes: Replaced 'For discharges through September 30, 2015, use the ICD-9-CM code set' and 'For discharges on and after October 1, 2015, use the ICD-10-PCS code set' with: 'ICD-10-PCS code set'

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Other Procedure Dates

Codes: Changed date format from 'MMDDCCYY' to 'CCYYMMDD'

Principal External Cause of Morbidity

Codes: Replaced 'For discharges through September 30, 2015, use the ICD-9-CM code set', 'Include the 'E' in the data file', and 'For discharges on and after October 1, 2015, use the ICD-10-CM code set' with: 'ICD-10-CM code set'

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Other External Causes of Morbidity

Codes: Replaced 'For discharges through September 30, 2015, use the ICD-9-CM code set', 'Include the 'E' in the data file', and 'For discharges on and after October 1, 2015, use the ICD-10-CM code set' with: 'ICD-10-CM code set'

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Disposition of Patient

Codes: Removed disposition codes 01-13 with an end date of December 31, 2014

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

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)

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

Standard Record Format

Data Element	Start	End	Type & Size¹
Type of Care	1	1	N (1)
Facility Identification Number	2	7	N (6)
Date of Birth	8	15	N (8)
Sex	16	16	A (1)
Race			
Ethnicity	17	17	N (1)
Race	18	18	N (1)
ZIP Code	19	23	A/N (5)
Admission Date	24	31	N (8)
Source of Admission			
Site	32	32	A/N (1)
<i>Do Not Use</i>	33	33	X (1)
Route of Admission	34	34	N (1)
Type of Admission	35	35	N (1)
Discharge Date	36	43	N (8)
Principal Diagnosis	44	50	A/N (7)
Present on Admission for Principal Diagnosis	51	51	A/N (1)
Other Diagnoses and Present on Admission	52	243	A/N (192)
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 x 7 = 168 and 24 X 1 = 24			
Total number of spaces: 168 + 24 = 192			
Principal Procedure Code	244	250	A/N (7)
Principal Procedure Date	251	258	N (8)
Other Procedure Codes and			
Other Procedures Dates	259	558	N (300)
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 x 7 = 140 and 20 X 8 = 160			
Total number of spaces: 140 + 160 = 300			
Principal External Cause of Morbidity	559	565	A/N (7)
Present on Admission for Principal External			
Cause of Morbidity	566	566	A/N (1)
Other External Causes of Morbidity			
and Present on Admission	567	598	A/N (32)
These are in pairs:			
Up to 4 Other External Causes, each with 7 A/N characters and			
Up to 4 Present on Admission Indicators each with 1 A/N character:			
4 x 7 = 28 and 4 X 1 = 4			
Total number of spaces: 28 + 4 = 32			

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

Standard Record Format

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

Footnotes are on the next page

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

FOOTNOTES

¹Type & Size indicate data type and field length (in parentheses). Data type is defined as:

A = Alpha

N = Numeric

A/N = Alphanumeric

X = Unused

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

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: 9999 99 99
Year Month Day

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

SEX

Record Position: 16
Data Length: 1
Data Type: Alpha

Codes: M = Male
F = Female
U = Unknown

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

RACE

ETHNICITY

Record Position: 17
Data Length: 1
Data Type: Numeric

Codes: 1 = Hispanic
2 = Non-Hispanic
3 = Unknown

RACE

Record Position: 18
Data Length: 1
Data Type: Numeric

Codes: 1 = White
2 = Black
3 = Native American/Eskimo/Aleut
4 = Asian/Pacific Islander
5 = Other
6 = Unknown

ZIP CODE

Record Position: 19 through 23
Data Length: 5
Data Type: Alphanumeric

Codes: 5-digit ZIP Code
XXXXX = Unknown
YYYYY = Foreign
ZZZZZ = Homeless

ADMISSION DATE

Record Position: 24 through 31
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

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

SOURCE OF ADMISSION

SITE

Record Position: 32
Data Length: 1
Data Type: Alphanumeric

Codes: Point of Origin for patients with Type of Admission other than "Newborn"
1 = Non-Health Care Facility Point of Origin
2 = Clinic or Physician's Office
4 = Transfer from a Hospital (Different Facility)
5 = Transfer from a SNF, ICF, or Assisted Living Facility (ALF)
6 = Transfer from another Health Care Facility
8 = Court/Law Enforcement
9 = Information not Available
D = Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer
E = Transfer from Ambulatory Surgery Center
F = Transfer from a Hospice Facility

Point of Origin for patients with Type of Admission "Newborn"
5 = Born Inside this Hospital
6 = Born Outside of this Hospital

Do NOT USE

Record Position: 33
Data Length: 1
Data Type: Unused

Codes: Space-filled

ROUTE OF ADMISSION

Record Position: 34
Data Length: 1
Data Type: Numeric

Codes: 1 = Your Emergency Department
2 = Another Emergency Department
3 = Not admitted from an Emergency Department

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

TYPE OF ADMISSION

Record Position: 35
Data Length: 1
Data Type: Numeric

Codes: 1 = Emergency
2 = Urgent
3 = Elective
4 = Newborn
5 = Trauma
9 = Information not available

DISCHARGE DATE

Record Position: 36 through 43
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

PRINCIPAL DIAGNOSIS

Record Position: 44 through 50
Data Length: 7
Data Type: Alphanumeric

Codes: 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

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

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

OTHER DIAGNOSES

Record Position: For each Other Diagnosis 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 codes, ending in
position 242

Data Length: 7
Data Type: Alphanumeric

Codes: 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 Diagnoses, the default value is all
spaces
Do not include External Cause codes in Other Diagnoses
fields

PRESENT ON ADMISSION FOR OTHER DIAGNOSES

Record Position: For each Other POA 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
W = Clinically undetermined
' ' (blank) = Exempt from POA reporting
1 and E are also accepted for exempt diagnosis codes

PRINCIPAL PROCEDURE

Record Position: 244-250
Data Length: 7
Data Type: Alphanumeric

Codes: ICD-10-PCS code set

Special Instructions: Do not include the decimal point in the data file
When there is no Principal Procedure, the default value is all
spaces

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

PRINCIPAL PROCEDURE DATE

Record Position: 251-258
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
When there is no Principal Procedure Date, the default value is all spaces

OTHER PROCEDURES

Record Position: For each Other Procedure code:
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
Maximum of 20 Other Procedure codes, ending in position 550

Data Length: 7
Data Type: Alphanumeric

Codes: ICD-10-PCS 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 Procedures, the default value is all spaces.

OTHER PROCEDURE DATES

Record Position: For each Other Procedure Date:
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
Maximum of 20 Other Procedure Dates, ending in position 558

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
When there are no Other Procedure Dates, the default value is all spaces

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

PRINCIPAL EXTERNAL CAUSE OF MORBIDITY

Record Position:	559 through 565
Data Length:	7
Data Type:	Alphanumeric
Codes:	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

PRESENT ON ADMISSION FOR PRINCIPAL EXTERNAL CAUSE OF 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

OTHER EXTERNAL CAUSES OF MORBIDITY

Record Position:	For each Other External Cause of Morbidity code: 567-573; 575-581; 583-589; 591-597 Maximum of 4 Other External Cause codes, ending in position 597
Data Length:	7
Data Type:	Alphanumeric
Codes:	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

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

PRESENT ON ADMISSION FOR OTHER EXTERNAL CAUSES OF MORBIDITY

Record Position:	For each Other POA 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

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 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 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

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

DISPOSITION OF PATIENT (continued)

- Codes:
- 43 Discharged/transferred to a federal health care facility
 - 50 Hospice - Home
 - 51 Hospice - Medical facility (certified) providing hospice level of care
 - 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

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

DISPOSITION OF PATIENT (continued)

- Codes:
- 88 Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission
 - 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 a 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

TOTAL CHARGES

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

Codes: Whole dollars only—no cents
Code 9999999 for Total Charges exceeding 7 positions

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

ABSTRACT RECORD NUMBER (OPTIONAL)

Record Position: 617 through 628
Data Length: 12
Data Type: Alphanumeric

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

ABSTRACT RECORD NUMBER (OPTIONAL) (Continued)

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

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

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

EXPECTED SOURCE OF PAYMENT (continued)

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

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
Special Instructions:	This is a free-text field 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