

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

**Effective with discharges occurring on or after
January 1, 2019**

Version 4.1
Revised July 2019

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

Effective with discharges occurring on and after January 1, 2019

SUMMARY OF CHANGES

Title Page

- Removed 'MIRCal' from Title
- Changed Version Number from '4.0' to '4.1'
- Changed Revision Date from May 1, 2017 to July 2019
- Removed MIRCal logo

Page 3

Additional Requirements

- Removed 'if zipped, submit the zipped file with a ".zip" extension'

Page 8

Race-Ethnicity

- Codes: Updated 'E1 = Hispanic or Latino' to 'E1 = Hispanic or Latino Ethnicity'

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 1231 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"

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

Standard Record Format

Data Element	Start	End	Type & Size ¹
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	18	A/N (2)
Race	19	28	A/N (10)
ZIP Code	29	33	A/N (5)
Admission Date	34	45	N (12)
Source of Admission			
Point of Origin	46	46	A/N (1)
Route of Admission	47	47	N (1)
Type of Admission	48	48	N (1)
Discharge Date	49	60	N (12)
Principal Diagnosis	61	67	A/N (7)
Present on Admission for Principal Diagnosis	68	68	A (1)
Other Diagnoses and Present on Admission	69	260	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 character:			
24 x 7 = 168 and 24 X 1 = 24			
Total number of spaces: 168 + 24 = 192			
Principal Procedure Code	261	267	A/N (7)
Principal Procedure Date	268	275	N (8)
Other Procedure Codes and			
Other Procedures Dates	276	635	A/N (360)
These are in pairs:			
Up to 24 Other Procedure Codes, each with 7 A/N characters and			
Up to 24 Other Procedure Dates, each with 8 N character:			
24 x 7 = 168 and 24 X 8 = 192			
Total number of spaces: 168 + 192 = 360			
External Causes of Morbidity			
and Present on Admission	636	731	A/N (96)
These are in pairs:			
Up to 12 External Causes, each with 7 A/N characters and			
Up to 12 Present on Admission Indicators each with 1 A character:			
12 x 7 = 84 and 12 X 1 = 12			
Total number of spaces: 84 + 12 = 96			

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

Standard Record Format (continued)

Data Element	Start	End	Type & Size¹
Patient's Social Security Number	732	740	N (9)
Disposition of Patient	741	742	N (2)
Total Charges	743	750	N (8)
Abstract Record Number	751	762	A/N (12)
Prehosp Care & Resuscitation-DNR Order	763	764	A (2)
Expected Source of Payment			
Payer Category	765	766	N (2)
Type of Coverage	767	767	N (1)
Plan Code Number	768	771	N (4)
Preferred Language Spoken	772	795	A/N (24)
<i>Not in Use</i>	796	1231	X (436)

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 through 18
Data Length: 2
Data Type: Alphanumeric

Codes: E1 = Hispanic or Latino Ethnicity
E2 = Non Hispanic or Latino Ethnicity
99 = Unknown

RACE

Record Position: 19 through 28
Maximum of 5 Race codes

Data Length: 10
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

Special Instructions: Fill from the left-most position and **DO NOT** skip fields

ZIP CODE

Record Position: 29 through 33
Data Length: 5
Data Type: Alphanumeric

Codes: 5-digit ZIP Code
XXXXX = Unknown
YYYYY = Persons who do not reside in the U.S.
ZZZZZ = Homeless

ADMISSION DATE

Record Position: 34 through 45
Data Length: 12
Data Type: Numeric

Codes: 9999 99 99
Year Month Day

Special Instructions: Single-digit months and days must include a preceding zero
Date must be left-justified and space-filled

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

SOURCE OF ADMISSION

POINT OF ORIGIN

Record Position: 46
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

ROUTE OF ADMISSION

Record Position: 47
Data Length: 1
Data Type: Numeric

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

TYPE OF ADMISSION

Record Position: 48
Data Length: 1
Data Type: Numeric

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

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

DISCHARGE DATE

Record Position: 49 through 60
Data Length: 12
Data Type: Numeric

Codes: 9999 99 99
 Year Month Day

Special Instructions: Single-digit months and days must include a preceding zero
 Date must be left-justified and space-filled

PRINCIPAL DIAGNOSIS

Record Position: 61 through 67
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: 68
Data Length: 1
Data Type: Alpha

Codes: Y = Yes
 N = No
 U = Unknown
 W = Clinically undetermined
 ‘ ’ (blank) = Code is exempt from POA reporting

OTHER DIAGNOSES

Record Position: For each Other Diagnosis code:
69-75; 77-83; 85-91; 93-99; 101-107; 109-115; 117-123;
125-131; 133-139; 141-147; 149-155; 157-163; 165-171;
173-179; 181-187; 189-195; 197-203; 205-211; 213-219;
221-227; 229-235; 237-243; 245-251; and 253-259

Maximum of 24 Other Diagnosis codes, ending in position 259

Data Length: 7
Data Type: Alphanumeric

Codes: ICD-10-CM code set

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

OTHER DIAGNOSIS (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

PRESENT ON ADMISSION FOR OTHER DIAGNOSES

Record Position: For each Other POA Indicator:
76, 84, 92, 100, 108, 116, 124, 132, 140, 148, 156, 164,
172, 180, 188, 196, 204, 212, 220, 228, 236, 244, 252,
and 260

Data Length: Maximum of 24 POA fields ending in position 260
1

Data Type: Alpha

Codes: Y = Yes
N = No
U = Unknown
W = Clinically undetermined
' ' (blank) = Exempt from POA reporting

PRINCIPAL PROCEDURE

Record Position: 261 through 267

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

PRINCIPAL PROCEDURE DATE

Record Position: 268 through 275

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

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

OTHER PROCEDURES

Record Position: For each Other Procedure code:
276-282; 291-297; 306-312; 321-327; 336-342; 351-357;
366-372; 381-387; 396-402; 411-417; 426-432; 441-447;
456-462; 471-477; 486-492; 501-507; 516-522; 531-537;
546-552; 561-567; 576-582; 591-597; 606-612; and 621-
627

Maximum of 24 Other Procedure codes, ending in position
627

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:
283-290; 298-305; 313-320; 328-335; 343-350; 358-365;
373-380; 388-395; 403-410; 418-425; 433-440; 448-455;
463-470; 478-485; 493-500; 508-515; 523-530; 538-545;
553-560; 568-575; 583-590; 598-605; 613-620; and 628-
635

Maximum of 24 Other Procedure Dates, ending in
position 635

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

EXTERNAL CAUSES OF MORBIDITY

Record Position: For each External Cause of Morbidity code:
636-642; 644-650; 652-658; 660-666; 668-674; 676-682;
684-690; 692-698; 700-706; 708-714; 716-722; and 724-
730

Maximum of 12 External Cause codes, ending in
position 730

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

EXTERNAL CAUSES OF MORBIDITY (continued)

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

PRESENT ON ADMISSION FOR EXTERNAL CAUSES OF MORBIDITY

Record Position: For each POA Indicator:
643, 651, 659, 667, 675, 683, 691, 699, 707, 715, 723,
and 731

Data Length: Maximum of 12 POA fields, ending in position 731
1

Data Type: Alpha

Codes: Y = Yes
N = No
U = Unknown
W = Clinically undetermined
' ' (blank) = Exempt from POA reporting

PATIENT'S SOCIAL SECURITY NUMBER

Record Position: 732 through 740
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: 741 through 742
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

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

DISPOSITION OF PATIENT (continued)

- Codes:
- 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
 - 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

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

DISPOSITION OF PATIENT (continued)

- Codes:
- 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
 - 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

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

TOTAL CHARGES

Record Position:	743 through 750
Data Length:	8
Data Type:	Numeric
Codes:	Whole dollars only—no cents Code 99999999 for Total Charges exceeding 8 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:	751 through 762
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:	763 through 764
Data Length:	2
Data Type:	Alpha
Codes:	Y = Yes N = No
Special Instructions:	The DNR Order must be left-justified and space-filled

EXPECTED SOURCE OF PAYMENT

PAYER CATEGORY

Record Position:	765 through 766
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

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

EXPECTED SOURCE OF PAYMENT (continued)

PAYER CATEGORY

Special Instructions: Single-digit codes must include a preceding zero

TYPE OF COVERAGE

Record Position: 767

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

PLAN CODE NUMBER

Record Position: 768 through 771

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)

PREFERRED LANGUAGE SPOKEN

Record Position: 772 through 795

Data Length: 24

Data Type: Alphanumeric

Codes: Refer to Section 97234, of the California Inpatient Data Reporting Manual

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

PREFERRED LANGUAGE SPOKEN (continued)

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
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NOT IN USE

Record Position:	796 through 1231
Data Length:	436
Data Type:	Unused
Codes:	Space-filled