

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

**Effective with encounters occurring on or after  
January 1, 2023**

**Version 3.1**  
November 2022

# ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

Effective with encounters occurring on and after January 1, 2023

## SUMMARY OF CHANGES

### Title Page

Changed Version Number from '3.0' to '3.1'

Changed Revision Date from 'September 2021' to 'November 2022'

### Page 4

#### Standard Record Format

Changed ZIP Code Type from 'Numeric' to 'Alphanumeric'

### Page 14

#### Patient Address – Address Number and Street Name

Special Instructions: Added 'The Address Number and Street Name must be left-justified and space-filled'

#### Patient Address – City

Special Instructions: Added 'The City must be left-justified and space-filled'

#### Patient Address – Country Code

Codes: Added 'Enter a two-digit country code from the ISO 3166 alpha-2 list'

#### Patient Address – Homeless Indicator

Record Position: Replaced '579 through 579' with '579'

Codes: Added 'Y – Yes, N – No, and U – Unknown'

## **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 583 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"

**ED and AS FORMAT AND FILE SPECIFICATIONS  
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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)   |
| <i>Not In Use</i>                 | 28           | 32         | X                                  | (5)   |
| Date of Birth                     | 33           | 40         | N                                  | (8)   |
| Sex                               | 41           | 41         | A                                  | (1)   |
| Race                              | 42           | 51         | A/N                                | (10)  |
| Ethnicity                         | 52           | 53         | A/N                                | (2)   |
| Service Date                      | 54           | 65         | N                                  | (12)  |
| <i>Not In Use</i>                 | 66           | 78         | X                                  | (13)  |
| Disposition of Patient            | 79           | 80         | N                                  | (2)   |
| Expected Source of Payment        | 81           | 83         | A/N                                | (3)   |
| Principal Diagnosis               | 84           | 90         | A/N                                | (7)   |
| Other Diagnoses                   | 91           | 258        | A/N                                | (168) |
| External Causes of Morbidity      | 259          | 342        | A/N                                | (84)  |
| Principal Procedure               | 343          | 347        | A/N                                | (5)   |
| Other Procedures                  | 348          | 467        | A/N                                | (120) |
| Preferred Language Spoken         | 468          | 491        | A/N                                | (24)  |
| Total Charges                     | 492          | 499        | N                                  | (8)   |
| Patient Address                   |              |            |                                    |       |
| Address Number and Street Name    | 500          | 539        | A/N                                | (40)  |
| City                              | 540          | 569        | A                                  | (30)  |
| State                             | 570          | 571        | A                                  | (2)   |
| ZIP Code                          | 572          | 576        | A/N                                | (5)   |
| Country Code                      | 577          | 578        | A                                  | (2)   |
| Homeless Indicator                | 579          | 579        | A                                  | (1)   |
| <i>Not In Use</i>                 | 580          | 583        | X                                  | (4)   |

**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

X = Unused

## 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 HCAI)<br>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<br><b>DO NOT</b> use hyphens<br>Enter 000000001 (Unknown) if the SSN is not recorded in the patient's medical record |

### **NOT IN USE**

|                  |               |
|------------------|---------------|
| Record Position: | 28 through 32 |
| Data Length:     | 5             |
| Data Type:       | Unused        |
| Codes:           | Space-filled  |

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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 51  
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

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**ETHNICITY**

Record Position: 52 through 53  
Data Length: 2  
Data Type: Alphanumeric

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

**SERVICE DATE**

Record Position: 54 through 65  
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  
The transmittal process will populate the database field by moving the first 4 digits to the end

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

Date must be left-justified and space-filled

**NOT IN USE**

Record Position: 66 through 78  
Data Length: 13  
Data Type: Unused  
Codes: Space-filled

**DISPOSITION OF PATIENT**

Record Position: 79 through 80  
Data Length: 2  
Data Type: Alphanumeric

Codes: 01 Discharged to home or self care (routine discharge)  
02 Discharged/transferred to a short term general hospital for inpatient care



## ED and AS 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 Alternate 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

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

**DISPOSITION OF PATIENT (continued)**

- Codes:
- 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 in anticipation of covered skilled care\_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 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

**ED and AS FORMAT AND FILE SPECIFICATIONS  
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**EXPECTED SOURCE OF PAYMENT**

Record Position: 81 through 83  
Data Length: 3  
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 (HMO)
- MA Medicare Part A
- MB Medicare Part B
- MC Medicaid (Medi-Cal)
- OF Other federal program
- TV Title V
- VA Veterans Affairs Plan
- WC Workers' Compensation Health Claim
- 00 Other

Special Instructions: Code must be left-justified and space-filled

**PRINCIPAL DIAGNOSIS**

Record Position: 84 through 90  
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

**OTHER DIAGNOSES**

Record Position: For each Other Diagnosis code:  
91-97; 98-104; 105-111; 112-118; 119-125; 126-132; 133-139; 140-146; 147-153; 154-160; 161-167; 168-174; 175-181; 182-188; 189-195; 196-202; 203-209; 210-216; 217-223; 224-230; 231-237; 238-244; 245-251; and 252-258

Maximum of 24 Other Diagnoses codes, ending in position 258

Data Length: 7  
Data Type: Alphanumeric

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

### OTHER DIAGNOSES (continued)

|                       |   |
|-----------------------|---|
| Codes:                | ICD-10-CM code set  |
| Special Instructions: | Codes must be left-justified and space-filled<br>Fill from the left-most position and <b>DO NOT</b> skip fields<br>Do not include the decimal point in the data file<br>When there are no Other Diagnoses, the default value is all spaces<br>Do not include External Cause codes in Other Diagnoses fields |

### EXTERNAL CAUSES OF MORBIDITY

|                       |   |
|-----------------------|---|
| Record Position:      | For each External Cause of Morbidity code:<br>259-265; 266-272; 273-279; 280-286; 287-293; 294-300;<br>301-307; 308-314; 315-321; 322-328; 329-335; and 336-342   |
|                       | Maximum of 12 External Cause codes, ending in position 342  |
| Data Length:          | 7   |
| Data Type:            | Alphanumeric  |
| Codes:                | ICD-10-CM code set  |
| Special Instructions: | Codes must be left-justified and space-filled<br>Fill from the left-most position and <b>DO NOT</b> skip fields<br>Do not include the decimal point in the data file<br>When there are no Other External Cause codes, the default value is all spaces |

### PRINCIPAL PROCEDURE

|                       |  |
|-----------------------|--|
| Record Position:      | 343 through 347  |
| 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    |

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### OTHER PROCEDURES

|                       |   |
|-----------------------|---|
| Record Position:      | For each Other Procedure code:<br>348-352; 353-357; 358-362; 363-367; 368-372; 373-377;<br>378-382; 383-387; 388-392; 393-397; 398-402; 403-407;<br>408-412; 413-417; 418-422; 423-427; 428-432; 433-437;<br>438-442; 443-447; 448-452; 453-457; 458-462; and 463-<br>467 |
|                       | Maximum of 24 Other Procedure codes, ending in<br>position 467  |
| 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<br>When there are no Other Procedures, the default value is all<br>spaces  |

### PREFERRED LANGUAGE SPOKEN

|                       |   |
|-----------------------|---|
| Record Position:      | 468 through 491   |
| Data Length:          | 24  |
| Data Type:            | Alphanumeric  |
| Codes:                | Refer to Section 97267, of the California ED and AS Data<br>Reporting Manual  |
| Special Instructions: | This is a free-text field<br>Enter one 3-character PLS code listed in Section 97267 of<br>the ED & AS Reporting Manual<br>If the Preferred Language Spoken is not one of the codes<br>listed enter the full name of the language, up to 24<br>characters<br><br>3-character PLS Codes from the ISO 639-2 Code List are<br>also accepted |

### TOTAL CHARGES

|                       |   |
|-----------------------|---|
| Record Position:      | 492 through 499   |
| Data Length:          | 8   |
| Data Type:            | Numeric   |
| Codes:                | Whole dollars only—no cents<br>Code 99999999 for Total Charges exceeding 8 positions                |
| Special Instructions: | Total Charges must be right-justified, zero-filled, and unsigned<br>The default value is all zeroes |

# ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

## PATIENT ADDRESS

### ADDRESS NUMBER AND STREET NAME

Record Position: 500 through 539  
Data Length: 40  
Data Type: Alphanumeric

Special Instructions: The Address Number and Street Name must be left-justified and space-filled

### CITY

Record Position: 540 through 569  
Data Length: 30  
Data Type: Alpha

Special Instructions: The City must be left-justified and space-filled

### STATE

Record Position: 570 through 571  
Data Length: 2  
Data Type: Alpha

### ZIP CODE

Record Position: 572 through 576  
Data Length: 5  
Data Type: Alphanumeric

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

### COUNTRY CODE

Record Position: 577 through 578  
Data Length: 2  
Data Type: Alpha

Codes: Enter a two-digit country code from the ISO 3166 alpha-2 list

### HOMELESS INDICATOR

Record Position: 579  
Data Length: 1  
Data Type: Alpha

Codes: Y – Yes  
N – No  
U – Unknown

**ED and AS FORMAT AND FILE SPECIFICATIONS  
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***NOT IN USE***

|                  |                 |
|------------------|-----------------|
| Record Position: | 580 through 583 |
| Data Length:     | 4               |
| Data Type:       | Unused          |
| Codes:           | Space-filled    |