

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

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

**Version 5.1**

Revised November 2022

# INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

Effective with discharges occurring on and after January 1, 2023

## SUMMARY OF CHANGES

### Title Page

Changed Version Number from '5.0' to '5.1'

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

### Page 5

#### Standard Record Format

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

Changed Not in Use Size from '345' to '356'

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#### Present on Admission for Other Diagnoses

Codes: Updated “ ” (blank) = Exempt from POA reporting' to “ ” (blank) = Code is exempt from POA reporting'

### Page 13

#### Present on Admission for External Causes of Morbidity

Codes: Updated “ ” (blank) = Exempt from POA reporting' to “ ” (blank) = Code is exempt from POA reporting'

### Page 18

#### 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 – State

Record Position: Updated '876 through 867' to '866 through 867'

#### Patient Address – ZIP Code

Record Position: Updated '878 through 872' to '686 through 872'

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#### Patient Address – Country Code

Record Position: Updated '883 through 874' to '873 through 874'

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

#### Patient Address – Homeless Indicator

Record Position: Updated '885 through 875' to '875'

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

# **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 <sup>1</sup>
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)
<i>Not in Use</i>	29	33	X (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 = <b>192</b>			
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 = <b>96</b>			

**INPATIENT FORMAT AND FILE SPECIFICATIONS  
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**Standard Record Format (continued)**

<b>Data Element</b>	<b>Start</b>	<b>End</b>	<b>Type &amp; Size<sup>1</sup></b>
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)
Prehospital 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)
Patient Address			
Address Number and Street Name	796	835	A/N (40)
City	836	865	A (30)
State	866	867	A (2)
ZIP Code	868	872	A/N (5)
Country Code	873	874	A (2)
Homeless Indicator	875	875	A (1)
<i>Not in Use</i>	876	1231	X (356)

**Footnotes are on the next page**

# INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

## FOOTNOTES

<sup>1</sup>Type & 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 HCAI). 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  
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**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

***NOT IN USE***

Record Position: 29 through 33  
Data Length: 5  
Data Type: Unused  
  
Codes: Space-filled

**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
- G = Transfer from a Designated Disaster Alternate Care Site

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

**INPATIENT FORMAT AND FILE SPECIFICATIONS  
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**TYPE OF ADMISSION (continued)**

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

**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

## INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

### 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
Special Instructions:	Codes must be left-justified and space-filled Fill from the left-most position and <b>DO NOT</b> 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
	Maximum of 24 POA fields ending in position 260
Data Length:	1
Data Type:	Alpha
Codes:	Y = Yes N = No U = Unknown W = Clinically undetermined ' ' (blank) = Code is exempt from POA reporting

### PRINCIPAL PROCEDURE

Record Position:	261 through 267
Data Length:	7
Data Type:	Alphanumeric
Codes:	ICD-10-PCS code set

## INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

### PRINCIPAL PROCEDURE (continued)

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

### 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



## INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

### PATIENT'S SOCIAL SECURITY NUMBER (continued)

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
  - 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

## INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

### DISPOSITION OF PATIENT (continued)

- Codes:
- 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
  - 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

## INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

### DISPOSITION OF PATIENT (continued)

Codes:                                    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:                        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



## INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

### 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

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)

## INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

### 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
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

### PATIENT ADDRESS

#### ADDRESS NUMBER AND STREET NAME

Record Position:	796 through 835
Data Length:	40
Data Type:	Alphanumeric
Special Instructions:	The Address Number and Street Name must be left-justified and space-filled

#### CITY

Record Position:	836 through 865
Data Length:	30
Data Type:	Alpha
Special Instructions:	The City must be left-justified and space-filled

#### STATE

Record Position:	866 through 867
Data Length:	2
Data Type:	Alpha

#### ZIP CODE

Record Position:	868 through 872
Data Length:	5
Data Type:	Alphanumeric
Codes:	5-digit ZIP Code XXXXX = Unknown YYYYY = Persons who do not reside in the U.S.

**INPATIENT FORMAT AND FILE SPECIFICATIONS  
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**PATIENT ADDRESS (continued)**

**COUNTRY CODE**

Record Position: 873 through 874

Data Length: 2

Data Type: Alpha

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

**HOMELESS INDICATOR**

Record Position: 875

Data Length: 1

Data Type: Alpha

Codes: Y - Yes  
N - No  
U - Unknown

***NOT IN USE***

Record Position: 876 through 1231

Data Length: 356

Data Type: Unused

Codes: Space-filled