

**State of California  
Office of Administrative Law**

**In re:**  
**Department of Health Care Access and  
Information**

**Regulatory Action:**

**Title 22, California Code of Regulations**

**Adopt sections:**

**Amend sections: 97215, 97219, 97222,  
97226, 97231, 97246,  
97255, 97259, 97264**

**Repeal sections:**

**NOTICE OF APPROVAL OF REGULATORY  
ACTION**

**Government Code Section 11349.3**

**OAL Matter Number: 2022-0603-02**

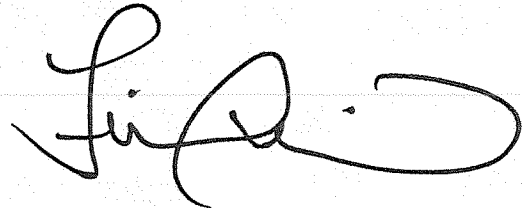
**OAL Matter Type: Regular (S)**

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This rulemaking action by the Department of Health Care Access and Information updates patient data reporting requirements for hospitals and other covered entities to align state regulations with national standards.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 7/18/2022.

**Date: July 18, 2022**



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**Lindsey S. McNeill  
Senior Attorney**

**For: Kenneth J. Pogue  
Director**

**Original: Elizabeth Landsberg, Director  
Copy: Natasha Warrington**

## NOTICE PUBLICATION/REGULATIONS PERMISSIO

STD. 400 (REV. 10/2019)

**REGULAR**

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2022-0315-07	REGULATORY ACTION NUMBER 222-0603-025	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

OFFICE OF ADMIN. LAW  
2022 JUN 9 AM 9:12

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY

Department of Health Care Access and Information

AGENCY FILE NUMBER (If any)

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

JUL 18 2022

3:19 pm

**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER	FAX NUMBER (Optional)
<b>OAL USE ONLY</b>		ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) HCAI Patient Data Reporting Requirements	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	ADOPT
	AMEND 97215, 97219, 97222, 97226, 97231, 97246, 97255, 97259, and 97264
	REPEAL 22

3. TYPE OF FILING			
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Other (Specify)		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal	
<input type="checkbox"/> Other (Specify)			

7. CONTACT PERSON Natasha Warrington	TELEPHONE NUMBER 916-326-3946	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) natasha.warrington@hcai.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE Elizabeth A Landsberg Digitally signed by Elizabeth A Landsberg Date: 2022.05.31 18:06:10 -0700	DATE 5/31/2022
TYPED NAME AND TITLE OF SIGNATORY Elizabeth Landsberg, Director	

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

JUL 18 2022

Office of Administrative Law

**HCAI** Department of Health Care  
Access and Information

2020 West El Camino Avenue, Suite 800  
Sacramento, CA 95833  
hcai.ca.gov



**FINAL CHANGES TO REGULATIONS**

**CALIFORNIA CODE OF REGULATIONS**

**TITLE 22, DIVISION 7, CHAPTER 10,  
ARTICLE 8: PATIENT DATA REPORTING REQUIREMENTS  
§§ 97215, 97219, 97222, 97226, 97231, 97246, 97255, 97259, and 97264**

**97215. Format.**

(a) Hospital Discharge Abstract Data reports for discharges up to and including December 31, 2022 shall comply with the Office's Format and File Specifications for Online Transmission: Inpatient Data Version 4.1 as revised July 2019 and hereby incorporated by reference. Hospital Discharge Abstract Data reports for discharges occurring on or after January 1, 2023 shall comply with the Office's Format and File Specifications for Online Transmission: Inpatient Data Version 5.0 as revised September 2021 and hereby incorporated by reference.

(b) Emergency Care Data reports for encounters up to and including December 31, 2022 shall comply with the Office's Format and File Specifications for Online Transmission: Emergency Care and Ambulatory Surgery Data Version 2.1 as revised July 2019 and hereby incorporated by reference. Emergency Care Data reports for encounters occurring on or after January 1, 2023 shall comply with the Office's Format and File Specifications for Online Transmission: Emergency Care and Ambulatory Surgery Data Version 3.0 as revised September 2021 and hereby incorporated by reference.

(c) Ambulatory Surgery Data reports for encounters up to and including December 31, 2022 shall comply with the Office's Format and File Specifications for Online Transmission: Emergency Care and Ambulatory Surgery Data Version 2.1 as revised July 2019 and hereby incorporated by reference. Ambulatory Surgery Data reports for encounters occurring on or after January 1, 2023 shall comply with the Office's Format and File Specifications for Online Transmission: Emergency Care and Ambulatory Surgery Data Version 3.0 as revised September 2021 and hereby incorporated by reference.

(d) The Office's Format and File Specifications for Online Transmission as named in (a), (b), and (c) are available for download from the OSHPD website. The Office will make a hardcopy of either set of Format and File Specifications for Online Transmission available to a reporting facility or designated agent upon request.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 128735, 128736 and 128737, Health and Safety Code.

**97219. Definition of Data Element for Inpatients - ZIP Code Patient Address.**

(a) Effective with discharges on or after January 1, 2019, up to and including December 31, 2022, the "ZIP code," a unique code assigned to a specific geographic area by the U.S. Postal Service, for the patient's usual residence shall be reported for each patient discharge. If the patient has a 9-digit ZIP code, only the first five digits shall be reported. Do not report the ZIP Code of the hospital, third party payer, or billing address if it is different from the usual residence of the patient.

- (1) If the city of residence is known, but not the street address, report the first three digits of the ZIP code, and the last two digits as zeros.
- (2) Unknown ZIP codes shall be reported as "XXXXX."
- (3) ZIP codes for persons who do not reside in the U.S. shall be reported as "YYYYY."
- (4) ZIP codes for persons who are "homeless" (patients who at admission lack a residence) shall be reported as "ZZZZZ."

(b) Effective with discharges on or after January 1, 2023, the patient's address shall be reported. The address shall include the address number and street name, city, state, and ZIP Code. Do not report the address of the hospital. If more than one address is available for the patient, report the address of the patient's usual residence. If exact address is unknown or the patient is experiencing homelessness, provide as much information as possible.

- (1) The address number and street name shall be reported.
  - (A) If the address number and/or street name are unknown, leave blank.
  - (B) If the address is not part of the United States, leave blank.
- (2) The city shall be reported.
  - (A) If the city is unknown, leave blank.
  - (B) If the city is not part of the United States, leave blank.
- (3) The state shall be reported using a standard two letter abbreviation.
  - (A) If the state is unknown, leave blank.
  - (B) If the state is not part of the United States, leave blank.
- (4) The ZIP Code shall be reported using the unique code assigned to a specific geographic area by the United States Postal Service.
  - (A) If the patient has a 9-digit ZIP Code, only the first five digits shall be reported.
  - (B) Unknown ZIP Codes shall be reported as "XXXXX."
  - (C) ZIP Codes for persons who do not reside in the U.S. shall be reported as "YYYYY."
- (5) For patients with a non-US residence, report the country.
- (6) Indicate whether a patient was experiencing homelessness at the time of admission. This may include chronic, episodic, or transitional homelessness, or in temporary shelter:

- (A) Include "Y" for patients experiencing homelessness.
- (B) Include "N" for patients not experiencing homelessness.
- (C) "U" for Unknown.

Authority: Section 128810, Health and Safety Code. Reference: Sections 128735 and 128738, Health and Safety Code.

**97222. Definition of Data Element for Inpatients - Source of Admission.**

(a) Effective with discharges on or after January 1, 2017, up to and including December 31, 2022, in order to describe the patient's source of admission, it is necessary to address two aspects of the source: first, the point of patient origin for this admission; and second, the route by which the patient was admitted. One alternative shall be selected from the list following each aspect:

(1) The point of patient origin. Use the appropriate code from the list below:

<b>Code</b>	<b>Point of Origin for patients with Type of Admission other than "Newborn"</b>
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
<b>Code</b>	<b>Point of Origin for patients with Type of Admission "Newborn"</b>
5	Born Inside this Hospital
6	Born Outside of this Hospital

(2) Route of admission.

(A) Your Emergency Department. Any patient admitted as an inpatient after being treated or examined in this hospital's emergency department.

(B) Another Emergency Department. Any patient directly admitted as an inpatient after being transferred from another hospital's emergency department.

(C) Not admitted from an Emergency Department.

(b) Effective with discharges occurring on or after January 1, 2023, in order to describe the patient's source of admission, it is necessary to address two aspects of the source: first, the

point of patient origin for this admission; and second, the route by which the patient was admitted. One alternative shall be selected from the list following each aspect:

(1) The point of patient origin. Use the appropriate code from the list below:

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

(2) Route of admission.

(A) Your Emergency Department. Any patient admitted as an inpatient after being treated or examined in this hospital's emergency department.

(B) Another Emergency Department. Any patient directly admitted as an inpatient after being transferred from another hospital's emergency department.

(C) Not admitted from an Emergency Department.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128735, Health and Safety Code.

**97226. Definition of Data Element for Inpatients – Other Diagnoses and Present on Admission Indicator.**

(a) For discharges occurring on and after October 1, 2015, up to and including December 31, 2022: The patient's other diagnoses are defined as all conditions that coexist at the time of admission, that develop subsequently during the hospital stay, or that affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode that have no bearing on the current hospital stay are to be excluded. Diagnoses shall be coded according to the ICD-10-CM. ICD-10-CM codes from External Causes of Morbidity (V00-Y99) shall not be reported as other diagnoses.

(b) For discharges occurring on or after January 1, 2023: The patient's other diagnoses are defined as all conditions that coexist at the time of admission, that develop subsequently during the hospital stay, or that affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode that have no bearing on the current hospital stay are to be excluded. Diagnoses shall be coded according to the ICD-10-CM. ICD-10-CM codes from Social Determinants of Health (Z55-Z65) shall be included if they are documented in the medical record. ICD-10-CM codes from External Causes of Morbidity (V00-Y99) shall not be reported as other diagnoses.

~~(b)~~(c) Effective with discharges on or after July 1, 2008, whether the patient's other diagnosis was present on admission shall be reported as one of the following:

- (1) Y. Yes. Condition was present at the time of inpatient admission.
- (2) N. No. Condition was not present at the time of inpatient admission.
- (3) U. Unknown. Documentation is insufficient to determine if the condition was present at the time of inpatient admission.
- (4) W. Clinically undetermined. Provider is unable to clinically determine whether the condition was present at the time of inpatient admission.
- (5) (blank) Exempt from present on admission reporting.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128735, Health and Safety Code.

**97231. Definition of Data Element for Inpatients - Disposition of Patient.**

~~(4)~~(a) Effective with discharges on or after January 1, 2015, up to and including December 31, 2022, the patient's disposition, defined as the consequent arrangement or event ending a patient's stay in the reporting facility, shall be reported using the code for one of the following:

<b>Code</b>	<b>Patient Disposition</b>
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
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
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



(b) Effective with discharges occurring on or after January 1, 2023, the patient's disposition, defined as the consequent arrangement or event ending a patient's stay in the reporting facility, shall be reported using the code for one of the following:

<u>Code</u>	<u>Patient Disposition</u>
<u>01</u>	<u>Discharged to home or self care (routine discharge)</u>
<u>02</u>	<u>Discharged/transferred to a short term general hospital for inpatient care</u>
<u>03</u>	<u>Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care</u>
<u>04</u>	<u>Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility)</u>
<u>05</u>	<u>Discharged/transferred to a designated cancer center or children's hospital</u>
<u>06</u>	<u>Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care</u>
<u>07</u>	<u>Left against medical advice or discontinued care</u>
<u>20</u>	<u>Expired</u>
<u>21</u>	<u>Discharged/transferred to court/law enforcement</u>
<u>43</u>	<u>Discharged/transferred to a federal health care facility</u>
<u>50</u>	<u>Hospice - Home</u>
<u>51</u>	<u>Hospice - Medical facility (certified) providing hospice level of care</u>
<u>61</u>	<u>Discharged/transferred to a hospital-based Medicare approved swing bed</u>
<u>62</u>	<u>Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital</u>
<u>63</u>	<u>Discharged/transferred to a Medicare certified long term care hospital (LTCH)</u>
<u>64</u>	<u>Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare</u>
<u>65</u>	<u>Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital</u>
<u>66</u>	<u>Discharged/transferred to a Critical Access Hospital (CAH)</u>
<u>69</u>	<u>Discharged/transferred to a Designated Disaster Alternate Care Site</u>
<u>70</u>	<u>Discharged/transferred to another type of health care institution not defined elsewhere in this code list</u>
<u>81</u>	<u>Discharged to home or self care with a planned acute care hospital inpatient readmission</u>
<u>82</u>	<u>Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission</u>
<u>83</u>	<u>Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission</u>
<u>84</u>	<u>Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility) with a planned acute care hospital inpatient readmission</u>
<u>85</u>	<u>Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission</u>
<u>86</u>	<u>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</u>

87	<u>Discharged/Transferred to court/law enforcement with a planned acute care hospital inpatient readmission</u>
88	<u>Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission</u>
89	<u>Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission</u>
90	<u>Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission</u>
91	<u>Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission</u>
92	<u>Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal) but not certified under Medicare with a planned acute care hospital inpatient readmission</u>
93	<u>Discharged/transferred to a psychiatric hospital or a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission</u>
94	<u>Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission</u>
95	<u>Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission</u>
00	<u>Other</u>

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128735, Health and Safety Code.

#### **97246. Data Transmittal Requirements.**

(a) Data shall be submitted using the Office's online submission system to file or submit each report. The following information must be included: the facility name, the unique identification number specified in Section 97210, the beginning and ending dates of the report period, the number of records in the report and the following statement of certification:

I certify under penalty of perjury that I am an official of this facility and am duly authorized to submit these data; and that, to the extent of my knowledge and information, the accompanying records are true and correct, and that the applicable definitions of the data elements as set forth in Article 8 (Patient Data Reporting Requirements) of Chapter 10 (Health Facility Data) of Division 7 of Title 22 of the California Code of Regulations, have been followed by this facility.

(b) Reporting facilities with an approved exemption to submit records using a method other than the Office's online submission system must submit the following information: facility name, the unique identification number specified in Section 97210, the data type of the report, the report period of the records submitted, the number of records in the report, the medium of accompanying records, the certification language as provided in (a) above, with a signature of the authorized representative of the facility and contact information. The information shall accompany the report.

(c) A facility's administrator may designate User Account Administrators. For each User Account Administrator, there must be a signed facility User Account Administrator Agreement form (OSH-~~ISD-773~~HCAI-ISD-773-User Account Administrator Agreement Rev. July 2019/September 2021), hereby incorporated by reference, submitted to the Office.

(d) Forms may be obtained from the Department of Health Care Access and Information OSHPD web site at www.hcaieshpd.ca.gov or by contacting the Department's Patient Data Program at (916) 326-3935.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 128735, 128736 and 128737, Health and Safety Code.

**97255. Definition of Data Element for ED and AS - ZIP Code Patient Address.**

(a) For encounters occurring up to and including December 31, 2022, the The "ZIP Code," a unique code assigned to a specific geographic area by the U.S. Postal Service, for the patient's usual residence shall be reported for each record. If the patient has a 9-digit ZIP Code, only the first five digits shall be reported. Do not report the ZIP Code of the hospital, third party payer, or billing address if it is different from the usual residence of the patient.

~~(a) For encounters occurring on or after January 1, 2019:~~

(1) If the city of residence is known, but not the street address, report the first three digits of the ZIP code, and the last two digits as zeros.

(2) Unknown ZIP codes shall be reported as "XXXXX."

(3) ZIP codes for persons who do not reside in the U.S. shall be reported as "YYYYY."

(4) ZIP codes for persons who are "homeless" (patients who at start of care lack a residence) shall be reported as "ZZZZZ."

(b) Effective with encounters occurring on or after January 1, 2023, the patient's address shall be reported. The address shall include the address number and street name, city, state, and ZIP Code. Do not report the address of the hospital. If more than one address is available for the patient, report the address of the patient's usual residence. If exact address is unknown or the patient is experiencing homelessness, provide as much information as possible.

(1) The address number and street name shall be reported.

(A) If the address number and/or street name are unknown, leave blank.

(B) If the address number and street name are not part of the United States, leave blank.

(2) The city shall be reported.

(A) If the city of residence is unknown, leave blank.

(B) If the city of residence is not part of the United States, leave blank.

(3) The state shall be reported using the two letter abbreviation.

(A) If the state of residence is unknown, leave blank.

(B) If the state of residence is not part of the United States, leave blank.

(4) The ZIP Code shall be reported using the unique code assigned to a specific geographic area by the United States Postal Service.

(A) If the patient has a 9-digit ZIP Code, only the first five digits shall be reported.

- (B) Unknown ZIP Codes shall be reported as "XXXXX."
- (C) ZIP Codes for persons who do not reside in the U.S. shall be reported as "YYYYY."

(5) For patients with a non-US residence, report the country.

(6) Indicate whether a patient was experiencing homelessness at the time of admission. This may include chronic, episodic, transitional homelessness, or in temporary shelter:

- (A) Include "Y" for patients experiencing homelessness.
- (B) Include "N" for patients not experiencing homelessness.
- (C) "U" for Unknown.

Authority: Section 128810, Health and Safety Code. Reference: Sections 128736, and 128737 and 128738, Health and Safety Code.

**97259. Definition of Data Element for ED and AS - Other Diagnoses.**

(a) For encounters occurring on and after October 1, 2015, up to and including December 31, 2022: The patient's other diagnoses are defined as all conditions that coexist at the time of the encounter for emergency or ambulatory surgery care, that develop subsequently during the encounter, or that affect the treatment received. Diagnoses shall be coded according to the ICD-10-CM. ICD-10-CM codes from External Causes of Morbidity (V00-Y99) shall not be reported as other diagnoses.

(b) For encounters occurring on or after January 1, 2023: The patient's other diagnoses are defined as all conditions that coexist at the time of the encounter for emergency or ambulatory surgery care, that develop subsequently during the encounter, or that affect the treatment received. ICD-10-CM Social Determinants of Health codes (Z55-Z65) shall be included if they are documented in the medical record. Diagnoses shall be coded according to the ICD-10-CM. ICD-10-CM codes from External Causes of Morbidity (V00-Y99) shall not be reported as other diagnoses.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 128736 and 128737, Health and Safety Code.

**97264. Definition of Data Element for ED and AS - Disposition of Patient.**

(a) The patient's disposition, defined as the consequent arrangement or event ending a patient's encounter in the reporting facility, shall be reported as one of the following for encounters on or after January 1, 2015, up to and including December 31, 2022:

<b>Code</b>	<b>Patient Disposition</b>
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
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 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 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

(b) The patient's disposition, defined as the consequent arrangement or event ending a patient's encounter in the reporting facility, shall be reported as one of the following for encounters occurring on or after January 1, 2023:

<u>Code</u>	<u>Patient Disposition</u>
<u>01</u>	<u>Discharged to home or self care (routine discharge)</u>
<u>02</u>	<u>Discharged/transferred to a short term general hospital for inpatient care</u>
<u>03</u>	<u>Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care</u>
<u>04</u>	<u>Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility)</u>
<u>05</u>	<u>Discharged/transferred to a designated cancer center or children's hospital</u>
<u>06</u>	<u>Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care</u>
<u>07</u>	<u>Left against medical advice or discontinued care</u>
<u>20</u>	<u>Expired</u>
<u>21</u>	<u>Discharged/transferred to court/law enforcement</u>
<u>43</u>	<u>Discharged/transferred to a federal health care facility</u>
<u>50</u>	<u>Hospice – Home</u>
<u>51</u>	<u>Hospice - Medical facility (certified) providing hospice level of care</u>
<u>61</u>	<u>Discharged/transferred to a hospital-based Medicare approved swing bed</u>
<u>62</u>	<u>Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital</u>
<u>63</u>	<u>Discharged/transferred to a Medicare certified long term care hospital (LTCH)</u>
<u>64</u>	<u>Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare</u>
<u>65</u>	<u>Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital</u>
<u>66</u>	<u>Discharged/transferred to a Critical Access Hospital (CAH)</u>
<u>69</u>	<u>Discharged/transferred to a Designated Disaster Alternate Care Site</u>
<u>70</u>	<u>Discharged/transferred to another type of health care institution not defined elsewhere in this code list</u>
<u>81</u>	<u>Discharged to home or self care with a planned acute care hospital inpatient readmission</u>
<u>82</u>	<u>Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission</u>
<u>83</u>	<u>Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission</u>

<u>84</u>	<u>Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility) with a planned acute care hospital inpatient readmission</u>
<u>85</u>	<u>Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission</u>
<u>86</u>	<u>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</u>
<u>87</u>	<u>Discharged/Transferred to court/law enforcement with a planned acute care hospital inpatient readmission</u>
<u>88</u>	<u>Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission</u>
<u>89</u>	<u>Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission</u>
<u>90</u>	<u>Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission</u>
<u>91</u>	<u>Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission</u>
<u>92</u>	<u>Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal) but not certified under Medicare with a planned acute care hospital inpatient readmission</u>
<u>93</u>	<u>Discharged/transferred to a psychiatric hospital or a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission</u>
<u>94</u>	<u>Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission</u>
<u>95</u>	<u>Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission</u>
<u>00</u>	<u>Other</u>

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 128736 and 128737, Health and Safety Code.





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## **FINAL STATEMENT OF REASONS**

### **CALIFORNIA CODE OF REGULATIONS**

#### **TITLE 22, DIVISION 7, CHAPTER 10, ARTICLE 8: PATIENT DATA REPORTING REQUIREMENTS**

Sections 97215, 97219, 97222, 97226, 97231, 97246, 97255, 97259, and 97264

#### **UPDATE TO INITIAL STATEMENT OF REASONS**

Requirements as specified in Subsection (b)(1-4) of Health and Safety Code Section 128738 Subsection were complied with in sections 97219 and 97255 of the regulations text.

#### **Nonsubstantial Change**

In response to a public comment to a potential drafting error, HCAI has made the following nonsubstantial change to the regulations text: The effective date in Section 97222(b) has been corrected to January 1, 2023. This change was made to align the effective date in Section 97222(b) with the effective date in Section 97222(a) which includes discharges through December 31, 2022 and the effective date of the Format and File Specifications for Online Transmission: Inpatient Version 5.0. Code 'G' is being adopted to align with the national standard and there is no state or federal statute that would authorize a retroactive effective date. This change does not materially alter any requirement, right, responsibility, condition, prescription or other regulatory element of any California Code of Regulations provision.

#### **LOCAL MANDATE DETERMINATION**

The proposed regulations do not impose any mandate on local agencies or school districts.

#### **INCORPORATION BY REFERENCE**

The below Format and File Specifications documents have been incorporated by reference because they are lengthy and detailed. This is an update to existing documents currently incorporated by reference and already in use.

1. Format and File Specifications for Online Transmission: Inpatient Data effective with discharges occurring on or after January 1, 2023 Version 5.0 Revised September 2021



2. Format and File Specifications for Online Transmission: Emergency Care and Ambulatory Surgery Data effective with encounters occurring on or after January 1, 2023 Version 2.0 Revised September 2021

The below form has been incorporated by reference as it would be unduly burdensome to print in the California Code of Regulations. This is an update to an existing form currently incorporated by reference and already in use.

1. HCAI-ISD-773-User Account Administrator Agreement Revised September 2021

The documents were available upon request and available on the Department of Health Care Access and Information (HCAI) website during the Notice period.

### **SUMMARY AND RESPONSE TO COMMENTS RECEIVED DURING THE NOTICE PERIOD OF MARCH 28, 2022 THROUGH MAY 9, 2022**

During the Notice period, HCAI received six comments.

**Comment 1:** Comment 1 is from Creed Cole. The author is concerned about the privacy of their healthcare data.

**Response:** The Department is unclear if the privacy concerns mentioned by the author in their comment are related to the current rulemaking proposal or other data collected by HCAI. Under Health and Safety Code Sections 128735, subdivision (h); 128736, subdivision (b); and 128737, subdivision (b), "It is the expressed intent of the Legislature that the patient's rights of confidentiality shall not be violated in any manner. Patient social security numbers and any other data elements that the department believes could be used to determine the identity of an individual patient shall be exempt from the disclosure requirements of the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code)." No changes were made in response to Comment 1.

**Comment 2:** Comment 2 is from Sidra Goldman-Mellor, a Professor at UC Merced. The author supports the adoption of the proposed regulations. The author asks for HCAI to consider adding the Census Tract of the residential address to address privacy concerns and enhance usefulness of the data for research purposes.

**Response:** The Department appreciates your support for the proposal. HCAI will not be adding a requirement for facilities to report Census Tract to the proposed regulations. The Department does not intend on releasing full patient address data. The address will be converted to a geospatial component. Under Health and Safety Code Sections 128735, subdivision (h); 128736, subdivision (b); and 128737, subdivision (b), "It is the expressed intent of the Legislature that the patient's rights of confidentiality shall not be violated in any manner. Patient social security numbers and any other data elements that the department believes could be used to determine the identity of an individual patient shall be exempt from the disclosure requirements of the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code)." No changes were made in response to Comment 2.

**Comment 3:** Comment 3 is from Jesse Lane, a data consultant at Kaiser Permanente. The author states full patient address reporting should not be necessary because ZIP Codes are

currently reported. The author states ZIP Codes should be sufficient for research purposes. In addition, the author is concerned about a patient's full address being attached to their healthcare data record. The author recommends allowing patients to opt-in or opt-out of patient address data reporting.

**Response:** As noted in the Initial Statement of Reasons, ZIP Code only reporting has limitations as ZIP Codes cross census-designated boundaries and do not reflect a uniform geographic or population size. Full patient address reporting will address these limitations and enhance the precision, accuracy, and utility of the data in many different use cases. The Department has considered the privacy concerns addressed in this comment. As noted in response to Comment 2, the Department does not intend to release full patient address data. HCAI will not be adding a provision to allow patients to opt-in or opt-out of full patient address reporting. If a patient chooses to not report their address to a reporting facility, unknown address components will be left blank for HCAI reporting. No changes were made in response to Comment 3.

**Comment 4:** Comment 4 is from the County of Alameda and the Alameda Health Care Services Agency. The author recommends the regulations be adopted as proposed.

**Response:** No changes were made in response to Comment 4.

**Comment 5:** Comment 5 is from the California Hospital Association. The author recommends continuing use of the ZZZZZ ZIP Code and the Social Determinants of Health codes that are currently used to identify homeless patients rather than the proposed homeless indicator. The author states the proposed homeless indicator would require a new field to be added to the reporting systems used by hospitals. In addition, the author mentions hospitals may need additional tools to appropriately capture the full range of Social Determinants of Health Codes. In order to comply with the proposed requirement, the author requests HCAI provide a minimum of 6 months advance notice. The author states there is a potential error with the written effective date in Section 97222(b) of the proposed regulations text.

**Response:** The Department has considered the recommendation to continue using the current ZZZZZ ZIP Code for individuals experiencing homelessness. HCAI will move forward with the proposal to add a homeless indicator. An individual experiencing homelessness may choose to provide the address of the location they are staying, which may include a homeless shelter, group home, or a partial address. A separate homeless indicator will allow for any applicable address components to be reported for an individual experiencing homelessness, which will provide information for research purposes. Using Social Determinants of Health codes as a method to indicate housing status may not account for all individuals experiencing homelessness due to the nature of the codes indicating a patient's hospitalization is a result of their housing status. HCAI has considered the request to provide sufficient time for hospitals to make any necessary updates for Social Determinants of Health codes reporting. As noted in the proposed regulations text, any Social Determinants of Health codes present in the record would be reported to HCAI in the existing Other Diagnoses field. HCAI will provide as much time as possible to allow hospitals to make any necessary changes. The effective date in Section 97222(b) will be amended to reflect the proposed January 1, 2023 effective date.

**Comment 6:** Comment 6 is from the Office of Epidemiology and Evaluation (OEE) within the Public Health, Policy, and Planning division of San Mateo County Health (SMCH). The author supports the adoption of regulations as proposed.

**Response:** No changes were made in response to Comment 6.

### **ALTERNATIVES THAT WOULD LESSEN ADVERSE ECONOMIC IMPACT ON SMALL BUSINESS**

No alternatives were proposed to HCAI that would lessen the adverse economic impact on small business.

### **ALTERNATIVES DETERMINATION**

HCAI has determined that no reasonable alternative considered by HCAI or that has otherwise been identified and brought to the attention of HCAI would be more effective in carrying out the purpose for which the action is proposed, would be as effective and less burdensome to affected private persons than the proposed action, or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law. No reasonable alternatives were identified that would achieve the goals of this rulemaking.

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

**Effective with discharges occurring on or after  
~~January 1, 2019~~ January 1, 2023**

**Version 4.15.0  
Revised ~~July 2019~~ September 2021**

# INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

Effective with discharges occurring on and after ~~January 1, 2019~~ January 1, 2023

## SUMMARY OF CHANGES

### Title Page

Changed Effective Date from 'January 1, 2019' to 'January 1, 2023'

Changed Version Number from '4.1' to '5.0'

Changed Revision Date from 'July 2019' to 'September 2021'

### Standard Record Format (Pages 4 – 5)

Removed 'ZIP Code' and replaced it with 'Not in Use'

Added Patient Address data elements consisting of the following:

- Address Number and Street Name
- City
- State
- ZIP Code
- Country Code
- Homeless Indicator

### Facility ID Number (Page 7)

Replaced 'OSHDP' with 'HCAI'.

### ZIP Code (Page 8)

Replaced 'ZIP Code' with 'Not in Use'

### Source of Admission (Page 9)

Added Point of Origin Code 'G - Transfer from a Designated Disaster Alternate Care Site'

### Disposition (Page 15)

Updated Disposition Code 69 from "Discharged/transferred to a designated Disaster Alternative Care Site" to "Discharged/transferred to a Designated Disaster Alternate Care Site".

Updated Disposition Code 86 from "Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission" to "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".

### Patient Address (Pages 18 – 19)

Added Patient Address data elements consisting of the following:

- Address Number and Street Name
- City
- State
- ZIP Code
- Country Code
- Homeless Indicator

### Not in Use (Page 19)

Updated character length due to the introduction of Patient Address

## INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

### **Title Page**

~~Removed 'MIRCaI' from Title~~  
~~Changed Version Number from '4.0' to '4.1'~~  
~~Changed Revision Date from May 1, 2017 to July 2019~~  
~~Removed MIRCaI 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**

<b>Data Element</b>	<b>Start</b>	<b>End</b>	<b>Type &amp; Size<sup>1</sup></b>
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)
<del>ZIP Code</del> <i>Not in Use</i>	29	33	<del>A/N</del> (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)**

<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)
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)
<u>Patient Address</u>			
<u>Address Number and Street Name</u>	<u>796</u>	<u>835</u>	<u>A/N (40)</u>
<u>City</u>	<u>836</u>	<u>865</u>	<u>A (30)</u>
<u>State</u>	<u>866</u>	<u>867</u>	<u>A (2)</u>
<u>ZIP Code</u>	<u>868</u>	<u>872</u>	<u>N (5)</u>
<u>Country Code</u>	<u>873</u>	<u>874</u>	<u>A (2)</u>
<u>Homeless Indicator</u>	<u>875</u>	<u>875</u>	<u>A (1)</u>
<i>Not in Use</i>	<del>796</del> <u>876</u>	<del>1231</del>	X ( <del>436</del> <u>345</u> )

**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 OSHPDHCAI). 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 NOT IN USE**

Record Position: 29 through 33  
Data Length: 5  
Data Type: Alphanumeric Unused  
  
Codes: ~~5 digit ZIP Code~~  
~~XXXXX = Unknown~~  
~~YYYYY = Persons who do not reside in the U.S.~~  
~~ZZZZZ = Homeless~~  
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 FOR ONLINE TRANSMISSION

### 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 **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

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) = 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

## INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

### 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

Data Length: Maximum of 24 Other Procedure codes, ending in position 627  
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

Data Length: Maximum of 24 Other Procedure Dates, ending in position 635  
8  
Data Type: Numeric

Codes: 9999      99      99  
Year      Month      Day



## INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

### OTHER PROCEDURE DATES (continued)

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

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

Maximum of 12 POA fields, ending in position 731

Data Length: 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

## 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~~ Designated Disaster ~~Alternative~~ 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

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### 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

<u>Record Position:</u>	<u>796 through 835</u>
<u>Data Length:</u>	<u>40</u>
<u>Data Type:</u>	<u>Alphanumeric</u>
<u>Codes:</u>	
<u>Special Instructions:</u>	

#### CITY

<u>Record Position:</u>	<u>836 through 865</u>
<u>Data Length:</u>	<u>30</u>
<u>Data Type:</u>	<u>Alpha</u>
<u>Codes:</u>	
<u>Special Instructions:</u>	

#### STATE

<u>Record Position:</u>	<u>876 through 867</u>
<u>Data Length:</u>	<u>2</u>
<u>Data Type:</u>	<u>Alpha</u>
<u>Codes:</u>	
<u>Special Instructions:</u>	

#### ZIP CODE

<u>Record Position:</u>	<u>878 through 872</u>
<u>Data Length:</u>	<u>5</u>
<u>Data Type:</u>	<u>Alphanumeric</u>
<u>Codes:</u>	<u>5-digit ZIP Code</u> <u>XXXXX = Unknown</u> <u>YYYYY = Persons who do not reside in the U.S.</u>

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

**COUNTRY CODE**

Record Position: 883 through 874  
Data Length: 2  
Data Type: Alpha  
Codes:  
Special Instructions:

**HOMELESS INDICATOR**

Record Position: 885 through 875  
Data Length: 1  
Data Type: Alpha  
Codes:  
Special Instructions:

***NOT IN USE***

Record Position: ~~796~~876 through 1231  
Data Length: ~~436~~356  
Data Type: Unused  
  
Codes: Space-filled

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

**Effective with encounters occurring on or after  
~~January 1, 2019~~ January 1, 2023**

**Version 2.13.0  
Revised ~~July 2019~~ September 2021**



# ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

Effective with encounters occurring on and after ~~January 1, 2019~~ January 1, 2023

## SUMMARY OF CHANGES

### Title Page

Changed Effective Date from 'January 1, 2019' to 'January 1, 2023'  
Changed Version Number from '2.1' to '3.0'  
Changed Revision Date from 'July 2019' to 'September 2021'

### Standard Record Format (Page 4)

Added Patient Address data elements consisting of the following:

- Address Number and Street Name
- City
- State
- ZIP Code
- Country Code
- Homeless Indicator

### Facility ID Number (Page 6)

Replaced 'OSHPD' with 'HCAI'

### ZIP Code (Page 6)

Replaced 'ZIP Code' with 'Not in Use'

### Disposition (Pages )

Updated Disposition Code 69 from "Discharged/transferred to a designated Disaster Alternative Care Site" to "Discharged/transferred to a Designated Disaster Alternate Care Site".

Updated Disposition Code 86 from "Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission" to "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".

### Patient Address (Page 14)

Added Patient Address data elements consisting of the following:

- Address Number and Street Name
- City
- State
- ZIP Code
- Country Code
- Homeless Indicator

### Not in Use (Page 14)

Updated character length due to the introduction of Patient Address

### Title Page

Removed 'MIRCaI' from Title  
Changed Version Number from '2.0' to '2.1'  
Changed Revision Date from May 1, 2017 to July 2019

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

Removed MIRCa logo

### Page 3

#### **Standard Record Format**

Removed "All fields are left justified and padded with spaces on the right"

#### **Additional Requirements**

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

### Page 8

#### **Ethnicity**

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

#### **Disposition of Patient**

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

### Page 11

#### **Expected Source of Payment**

Codes: Updated 'Health Maintenance Organization' to 'Health Maintenance Organization (HMO)'

# 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  
FOR ONLINE TRANSMISSION**

**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)
<del>ZIP Code</del> <i>Not In Use</i>	28	32	<del>A/N</del>	(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)
<b>Patient Address</b>				
<u>Address Number and Street Name</u>	<u>500</u>	<u>539</u>	<u>A/N</u>	<u>(40)</u>
<u>City</u>	<u>540</u>	<u>569</u>	<u>A</u>	<u>(30)</u>
<u>State</u>	<u>570</u>	<u>571</u>	<u>A</u>	<u>(2)</u>
<u>ZIP Code</u>	<u>572</u>	<u>576</u>	<u>N</u>	<u>(5)</u>
<u>Country Code</u>	<u>577</u>	<u>578</u>	<u>A</u>	<u>(2)</u>
<u>Homeless Indicator</u>	<u>579</u>	<u>579</u>	<u>A</u>	<u>(1)</u>
<i>Not In Use</i>	<del>500</del> <u>580</u>	<u>583</u>	X	<del>(844)</del>

Footnotes are on the next page

# ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

## 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 OSHPDHCAI)  
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  
**DO NOT** use hyphens  
Enter 000000001 (Unknown) if the SSN is not recorded in the patient's medical record

**ZIP CODE NOT IN USE**

Record Position: 28 through 32  
Data Length: 5  
Data Type: Alphanumeric Unused

Codes: 5-digit ZIP Code

XXXXX - Unknown  
YYYYY - Persons who do not reside in the U.S.  
ZZZZZ - Homeless  
Space-filled

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

### 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

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

### 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~~Designated Disaster ~~Alternative~~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 FOR ONLINE TRANSMISSION

### 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  
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

### EXTERNAL CAUSES OF MORBIDITY

Record Position: For each External Cause of Morbidity code:  
259-265; 266-272; 273-279; 280-286; 287-293; 294-300;  
301-307; 308-314; 315-321; 322-328; 329-335; and 336-342

Data Length: Maximum of 12 External Cause codes, ending in position  
342

Data Type: 7  
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

### 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

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

### OTHER PROCEDURES

Record Position: For each Other Procedure code:  
348-352; 353-357; 358-362; 363-367; 368-372; 373-377;  
378-382; 383-387; 388-392; 393-397; 398-402; 403-407;  
408-412; 413-417; 418-422; 423-427; 428-432; 433-437;  
438-442; 443-447; 448-452; 453-457; 458-462; and 463-  
467

Data Length: Maximum of 24 Other Procedure codes, ending in  
position 467  
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 **DO NOT** skip fields  
When there are no Other Procedures, the default value is all  
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  
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

### TOTAL CHARGES

Record Position: 492 through 499

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

**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  
Codes:  
Special Instructions:

**CITY**

Record Position: 540 through 569  
Data Length: 30  
Data Type: Alpha  
Codes:  
Special Instructions:

**STATE**

Record Position: 570 through 571  
Data Length: 2  
Data Type: Alpha  
Codes:  
Special Instructions:

**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:  
Special Instructions:

**HOMELESS INDICATOR**

Record Position: 579 through 579  
Data Length: 1  
Data Type: Alpha  
Codes:  
Special Instructions:

**NOT IN USE**

Record Position: 500580 through 583  
Data Length: 844  
Data Type: Unused  
  
Codes: Space-filled

# User Account Administrator (UAA) Agreement

Please print clearly

## Section 1: User Account Administrator Information (all information is required)

1. FACILITY ID NUMBER:	2. FACILITY NAME:
3. NAME (FIRST, MIDDLE INITIAL, LAST AND CREDENTIALS):	
4. POSITION (TITLE):	5. SUPERVISOR NAME:
6. BUSINESS ADDRESS (MAILING ADDRESS):	
7. BUSINESS PHONE:	8. BUSINESS FAX:
9. EMAIL ADDRESS:	
10. AUTHENTICATION WORDS: Remember these words. You may be asked to identify yourself with this information if you call to reset your password.	
a. Name of high school/college you attended:	b. Your city of birth:
<p>I understand that as an appointed User Account Administrator on behalf of the facility, I have the responsibility to:</p> <ol style="list-style-type: none"> <li>1. Create/add and inactivate user accounts for other users on behalf of my facility. Creating a user account includes granting access roles for an individual to read, submit and/or correct my facility's confidential data. Removing granted access roles and/or inactivating user accounts revokes this access.</li> <li>2. Modify the information for my facility's Primary, Secondary and Administrator Contacts. This notifies HCAI of any changes in name, mailing address, phone number, and email address for each contact. Modifying user account contact information directly changes the information on the HCAI database.</li> <li>3. Change passwords for users within my facility. In the event that a user misplaces or forgets their password, they will be directed to contact their User Account Administrator to have it reset. The User Account Administrator should authenticate the user prior to resetting the password and issuing a new password.</li> <li>4. Reactivate inactive accounts. NOTE: After 270 consecutive days (9 months) of inactivity, user accounts may be inactivated.</li> </ol> <p>By signing this document I acknowledge reading, understanding, and agreeing to its contents.</p>	
11. USER ACCOUNT ADMINISTRATOR SIGNATURE:	12. DATE:

## Section 2: Facility Administrator\* Approval \*The person in charge of the day-to-day operation of the facility (CEO or equivalent).

13. FACILITY ADMINISTRATOR NAME (please print):	14. FACILITY ADMINISTRATOR SIGNATURE:
15. DATE:	16. PHONE NUMBER:

The completed form shall be sent to HCAI for each User Account Administrator needing UAA access. Fax to: (916) 327-1262

## Section 3: For HCAI use only

Date Received:	Date Authenticated/Enrolled:	By:
User Name:	Note:	

ADAPT

## User Account Administrator (UAA) Agreement Instructions

Make a copy of the completed form for your records.

**SECTION 1: User Account Administrator Information** (All fields must be completed) -- **To be completed by the prospective User Account Administrator.**

1. **Facility ID Number:** Provide your HCAI assigned six digit facility number.
2. **Facility Name:** Provide the licensed name of your facility.
3. **Name and Credentials:** Provide your full name and credentials (if applicable).
4. **Position (Title):** Provide the position held at your facility.
5. **Supervisor Name:** Provide the name of your supervisor/manager.
6. **Business Address (Mailing Address):** Enter the business address where you can receive mail.
7. **Business Phone:** Provide a phone number where you can be contacted.
8. **Business Fax:** Provide a fax number where you can receive faxes.
9. **Email Address:** Provide an email address where you can be contacted.
10. **Authentication Words:** The authentication words provided may be used to identify you in the event that a password reset is required. It is important to remember this information.
  - a. Provide the name of the high school or college you attended.
  - b. Provide your city of birth.
11. **User Account Administrator Signature:** If you acknowledge reading, understanding and agreeing to the contents of this document, provide your signature.
12. **Date:** Provide the date of signature.

**SECTION 2: Facility Administrator Approval** (All fields must be completed) – **To be completed by the Facility Administrator (CEO or equivalent). This should be the person who is in charge of the day-to-day operation of the facility. HCAI will cross reference this name against the name supplied by your facility as the Facility Administrator contact person.**

13. **Facility Administrator Name:** Print name.
14. **Facility Administrator Signature:** After you have reviewed and approved the completed User Account Administrator Agreement, provide your signature indicating approval of this person to act as a User Account Administrator.
15. **Date:** Provide the date of signature.
16. **Phone Number:** Provide a phone number.

**SECTION 3: For HCAI Use Only**



**Repealed**

# User Account Administrator (UAA) Agreement

Please print clearly

## Section 1: User Account Administrator Information *(all information is required)*

1. FACILITY ID NUMBER:		2. FACILITY NAME:	
3. NAME (FIRST, MIDDLE INITIAL, LAST AND CREDENTIALS):			
4. POSITION (TITLE):		5. SUPERVISOR NAME:	
6. BUSINESS ADDRESS (MAILING ADDRESS):		7. UNIQUE EMPLOYEE IDENTIFIER : <i>Note: An identifier that uniquely distinguishes you within your organization.</i>	
8. BUSINESS PHONE:		9. BUSINESS FAX:	
10. EMAIL ADDRESS:			
11. AUTHENTICATION WORDS: <i>Remember these words. You may be asked to identify yourself with this information if you call to reset your password.</i>			
a. <i>Your mother's maiden name:</i>		b. <i>Your city of birth:</i>	
<p>I understand that as an appointed User Account Administrator on behalf of the facility, I have the responsibility to:</p> <ol style="list-style-type: none"> <li>1. Create/add and inactivate user accounts for other users on behalf of my facility. Creating a user account includes granting access roles for an individual to read, submit and/or correct my facility's confidential data. Removing granted access roles and/or inactivating user accounts revokes this access.</li> <li>2. Modify the information for my facility's Primary, Secondary and Administrator Contacts. This notifies OSHPD of any changes in name, mailing address, phone number, and email address for each contact. Modifying user account contact information directly changes the information on the OSHPD database.</li> <li>3. Change passwords for users within my facility. In the event that a user misplaces or forgets their password, they will be directed to contact their User Account Administrator to have it reset. The User Account Administrator should authenticate the user prior to resetting the password and issuing a new password.</li> <li>4. Unlock user accounts. User accounts will be locked after three (3) unsuccessful log on attempts. When the account is locked, users will be required to contact their User Account Administrator to unlock their account.</li> <li>5. Reactivate inactive accounts. NOTE: After 270 consecutive days (9 months) of inactivity, user accounts may be inactivated.</li> </ol> <p>By signing this document I acknowledge reading, understanding, and agreeing to its contents.</p>			
12. USER ACCOUNT ADMINISTRATOR SIGNATURE:		13. DATE:	

## Section 2: Facility Administrator Approval *Authorized by the person in charge of the day-to-day operation of the facility (CEO or equivalent).*

14. FACILITY ADMINISTRATOR NAME <i>(please print):</i>		15. FACILITY ADMINISTRATOR SIGNATURE:	
16. DATE:		17. PHONE NUMBER:	

The completed form shall be sent to OSHPD for each User Account Administrator needing UAA access. **Fax to: (916)327-1262**

## Section 3: For OSHPD use only

Date Received:	Date Authenticated/Enrolled:	By:
User Name:	Note:	

## User Account Administrator (UAA) Agreement Instructions

Make a copy of the completed form for your records.

### **SECTION 1: User Account Administrator Information** (All fields must be completed) -- To be completed by the prospective User Account Administrator.

1. Facility ID Number: Provide your OSHPD assigned six digit facility number.
2. Facility Name: Provide the licensed name of your facility.
3. Name and Credentials: Provide your full name and credentials (if applicable).
4. Position (Title): Provide the position held at your facility.
5. Supervisor Name: Provide the name of your supervisor/manager.
6. Business Address (Mailing Address): Enter the business address where you can receive mail.
7. Unique Employee Identifier: Provide an identifier that your facility uses that uniquely distinguishes you from other employees within your organization. (e.g. title, badge number, employee number, etc.)
8. Business Phone: Provide a phone number where you can be contacted.
9. Business Fax: Provide a fax number where you can receive faxes.
10. Email Address: Provide an email address where you can be contacted.
11. Authentication Words: The authentication words provided may be used to identify you in the event that a password reset is required. It is important to remember this information.
  - a. Provide your mother's maiden name.
  - b. Provide your city of birth.
12. User Account Administrator Signature: If you acknowledge reading, understanding and agreeing to the contents of this document, provide your signature.
13. Date: Provide the date of signature.

### **SECTION 2: Facility Administrator Approval** (All fields must be completed) -- To be completed by the Facility Administrator (CEO or equivalent). This should be the person who is in charge of the day-to-day operation of the facility. OSHPD will cross reference this name against the name supplied by your facility as the Facility Administrator contact person.

14. Facility Administrator Name: Print name.
15. Facility Administrator Signature: After you have reviewed and approved the completed User Account Administrator Agreement, provide your signature indicating approval of this person to act as a User Account Administrator.
16. Date: Provide the date of signature.
17. Phone Number: Provide a phone number.

### **SECTION 3: For OSHPD Use Only**