

**IP** Inpatient Discharges

**ED** Emergency Department

**AS** Ambulatory Surgery

## Submitting ED and AS Data

This issue of Quick Notes includes some tips to ensure accurate reporting of your ED and AS data. We have also included the proposed web entry form, file layout, and system requirements for submitting ED and AS data.

Medical Information Reporting for California (MIRCal) is a secure web-based application for healthcare facilities and/or their designated agents (vendor) to submit patient level data to OSHPD. There are two ways to submit data through MIRCal, both via the internet:

1. Using the file submission function, you will send a report that includes records of all encounters that occurred in each calendar quarter. The report must be in the OSHPD-defined fixed length file format. A condensed file layout is included in this issue.
2. Using the online record entry function, you will enter individual records directly online using the web entry form available in MIRCal. A condensed example of this form is included in this issue. Please note, this is not the actual form and should not be used for official use.

Full definitions of the mandated data elements are proposed in the California Code of Regulations, Title 22, Division 7, Chapter 10 *Health Facility Data*, Article 8 *Patient Data Reporting Requirements*. The text of regulation draft and all associated documents are available in the "What's New" section of the OSHPD website at [www.oshpd.ca.gov/hid/MIRCal](http://www.oshpd.ca.gov/hid/MIRCal). Here you will also find the new (April 2004) *Format and File Specifications for MIRCal Online Transmission – ED and AS Data*. Hospitals, please note there is a difference between the current inpatient data content and the new outpatient data content. Outpatient data content is consistent with HIPAA standards.

**ED AS**

## Tips For ED and AS Data Submission

1. Submission requirements include using a fixed length file format.
2. Unknown Social Security Numbers must be reported as 000000001.
3. Unknown ZIP Codes must be reported as 99999. There are no generic zip codes for homeless or foreign patients.
4. For online file submission, dates are to be reported in the CCYYMMDD format (e.g., a date of birth of 04/15/2004 would be 20040415).
5. For online web entry of individual records, dates are to be reported in the MMDDCCYY format (e.g., 04152004)
6. Service date is the "begin date" when service was provided.
7. Unknown Race or Unknown Ethnicity must be reported as 99.
8. Values for Disposition and Expected Source of Payment are in the regulation definitions and on the web entry abstract reporting forms.
9. ICD-9-CM codes are to be reported for all diagnoses and external causes of injury (E-codes). The file layout allows spaces for future transition to ICD-10-CM code lengths.
10. No fields (such as diagnoses or dates) should include decimal points or any special characters.
11. CPT-4 codes are to be reported for all procedures.
12. National Provider Identifier Number is a placeholder for the future.

## Minimum PC System Requirements for MIRCal Online Transmission

1. Access to a personal computer (with the following minimum configuration)
  - 300MHz processor, 64 MB RAM, 4 GB hard drive (at least 500MB free)
  - High speed Internet connection (preferred) or 56k modem or faster
  - Microsoft Internet Explorer version 5.0 (or higher)
  - 128-bit Secure Socket Layer (SSL). You can confirm that this component of your Microsoft Internet Explorer (version 5.0 or higher) browser is installed by opening your browser and clicking on the Help menu then on About Internet Explorer. Within the pop-up window it should state "Cipher Strength: 128-bit." This component must be installed for you to access the MIRCal system.
  - Adobe Acrobat Reader version 4.0 (or higher). This is a FREE product that can be downloaded from the Internet.
  - Virus Checking Software
  - File Compression Program. MIRCal accepts files that are 3MB or less. Data files that are more than 3MB must be zipped in order to be submitted successfully. The following compression applications are supported and can be obtained from the manufacturer's website: Winzip, Pkzip, or gzip.
- Optional
  - CD-ROM
2. Internet access through an Internet Service Provider (ISP).
3. E-mail account. MIRCal sends e-mail reminders and notices to the facility's primary contact and administrator.

### ***Important Announcement!***

With the addition of our new outpatient data collection programs, we could no longer remain as the Patient Discharge Data Section. We are now officially the Patient Data Section (PDS).

### ***Contact Us***

For questions or comments, please contact us by using any of the methods shown in the upper right-hand corner of the front page.

### ***CHIA 2004 Convention***

Visit OSHPD representatives in the exhibit hall at the California Health Information Association (**CHIA**) annual convention June 14-16 in Rancho Mirage, California. A Patient Data Section representative will be speaking at the vendors' showcase on the 15<sup>th</sup> at 3:00pm. For more information about CHIA and the conference, visit their web site at:

<http://www.californiahia.org/control.cfm>

***Next Issue: Regulations***

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
EMERGENCY CARE OR AMBULATORY SURGERY DATA RECORD  
MANUAL ABSTRACT REPORTING FORM**

*For use with encounter visits on or after October 1, 2004*

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements  
(Title 22, Sections 97251 through 97265)

|  |   |     |   |                |   |   |   |  |       |  |     |   |                |  |  |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |   |
|--|---|-----|---|----------------|---|---|---|--|-------|--|-----|---|----------------|--|--|--|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|---|
| <b>A. FACILITY ID NUMBER</b><br><br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>  | <b>B. ABSTRACT RECORD NUMBER</b><br><br><div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px 0;"></div>   |     |   |                |   |   |   |  |       |  |     |   |                |  |  |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |   |
| <b>1. DATE OF BIRTH</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25px; height: 20px;"></td> </tr> <tr> <td colspan="2">Month</td> <td colspan="2">Day</td> <td colspan="4">Year (4-digit)</td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>C</td><td>C</td><td>Y</td><td>Y</td> </tr> </table>   |   |     |   |                |   |   |   |  | Month |  | Day |   | Year (4-digit) |  |  |  | M | M | D | D | C | C | Y | Y | <b>2. SEX</b><br>F Female<br>M Male<br>U Unknown<br><br><input style="width: 20px; height: 20px;" type="checkbox"/>                       | <b>3. RACE</b><br>R1 American Indian or Alaska Eskimo<br>R2 Asian<br>R3 Black or African American<br>R4 Native Hawaiian or Other Pacific Islander<br>R5 White<br>R9 Other Race<br>99 Unknown<br><br><input style="width: 20px; height: 20px;" type="checkbox"/> | <b>4. ETHNICITY</b><br>E1 Hispanic or Latino<br>E2 Non-Hispanic or Non-Latino<br>99 Unknown<br><br><input style="width: 20px; height: 20px;" type="checkbox"/> |  |  |  |  |   |
|  |   |     |   |                |   |   |   |  |       |  |     |   |                |  |  |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |   |
| Month  |   | Day |   | Year (4-digit) |   |   |   |  |       |  |     |   |                |  |  |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |   |
| M  | M   | D   | D | C              | C | Y | Y |  |       |  |     |   |                |  |  |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |   |
| <b>5. ZIP CODE</b><br><br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> 99999 = Unknown  | <b>6. PATIENT'S SOCIAL SECURITY NUMBER</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25px; height: 20px;"></td> </tr> </table> Report 90000901(Unknown) not contained in the patient's medical record   |     |   |                |   |   |   |  |       |  |     |   |                |  |  |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |   |
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| <b>7. SERVICE DATE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25px; height: 20px;"></td> </tr> <tr> <td colspan="2">Month</td> <td colspan="2">Day</td> <td colspan="4">Year (4-digit)</td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>C</td><td>C</td><td>Y</td><td>Y</td> </tr> </table>  |   |     |   |                |   |   |   |  | Month |  | Day |   | Year (4-digit) |  |  |  | M | M | D | D | C | C | Y | Y | <b>8. PRINCIPAL DIAGNOSIS</b><br>ICD-9-CM CODE<br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> |   |  |  |  |  |  |   |
|  |   |     |   |                |   |   |   |  |       |  |     |   |                |  |  |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |   |
| Month  |   | Day |   | Year (4-digit) |   |   |   |  |       |  |     |   |                |  |  |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |   |
| M  | M   | D   | D | C              | C | Y | Y |  |       |  |     |   |                |  |  |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |   |
| <b>9. OTHER DIAGNOSES</b><br>ICD-9-CM CODE<br>a. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div><br>b. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div><br>c. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div><br>d. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div><br>e. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div><br>f. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div><br>g. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div><br>h. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div><br>i. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div><br>j. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> | <b>10. OTHER E-CODES</b><br>ICD-9-CM CODE<br>a. <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px;">E</td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table><br>b. <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px;">E</td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table><br>c. <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px;">E</td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table><br>d. <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px;">E</td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table><br>e. <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px;">E</td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table><br>f. <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px;">E</td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> | E   |   |                |   |   | E |  |       |  |     | E |                |  |  |  | E |   |   |   |   | E |   |   |   |   | E  |  |  |  |  | <b>12. PRINCIPAL PROCEDURE</b><br>CPT-4 CODE<br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> |
| E  |   |     |   |                |   |   |   |  |       |  |     |   |                |  |  |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |   |
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| E  |   |     |   |                |   |   |   |  |       |  |     |   |                |  |  |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |   |
| <b>13. OTHER PROCEDURES</b><br>CPT-4 CODE<br>a. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div><br>b. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div><br>c. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div><br>d. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div><br>e. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div><br>f. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div><br>g. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div><br>h. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div><br>i. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div><br>j. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>  |   |     |   |                |   |   |   |  |       |  |     |   |                |  |  |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |   |

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
EMERGENCY CARE OR AMBULATORY SURGERY DATA RECORD  
MANUAL ABSTRACT REPORTING FORM**

*For use with encounter visits on or after October 1, 2004*

**A. FACILITY ID NUMBER**

|  |  |  |  |  |  |  |  |  |  |
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**B. ABSTRACT RECORD NUMBER**

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**1. DATE OF BIRTH (MMDDCCYY)**

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**7. SERVICE DATE (MMDDCCYY)**

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**9. OTHER DIAGNOSES**

ICD-9-CM CODE

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**14. DISPOSITION OF PATIENT**

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- 01 Discharged to home or self care (routine discharge)
- 02 Discharged/transferred to another short term general hospital for inpatient care
- 03 Discharged/transferred to skilled nursing facility (SNF)
- 04 Discharged/transferred to an intermediate care facility (ICF)
- 05 Discharged/transferred to another type of institution for inpatient care
- 06 Discharged/transferred to home under care of organization or home health service org.
- 07 Left against medical advice or discontinued care
- 08 Discharged/transferred to home under care of a home Intravenous (IV) provider
- 20 Expired
- 43 Discharged/transferred to a federal hospital
- 50 Discharged to home with hospice care
- 51 Discharged to a medical facility with hospice care
- 61 Discharged to hospital-based Medicare approved skilled nursing facility
- 62 Discharged/transferred to another rehabilitation facility including rehabilitation distinct part unit of a hospital
- 63 Discharged/transferred to a long term care hospital
- 64 Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
- 65 Discharged/transferred to a private psychiatric hospital or psychiatric distinct part unit of a hospital
- 00 Other

**13. OTHER PROCEDURES**

PT-4 CODE

|    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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- 09 Other
- 10 Federal Certification
- 11 Other Non-federal programs
- 12 Preferred Provider Organization (PPO)
- 13 Point of Service (POS)
- 14 Exclusive Provider Organization (EPO)
- 15 Indemnity Insurance
- 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
- LI Liability
- LM Liability Medical
- MA Medicare Part A
- MB Medicare Part B
- MC Medicaid (Medi-Cal or Medi-Cal Managed Care Plan)
- OF Other federal program
- TV Title V
- VA Veterans Affairs Plan
- WC Workers' Compensation Health Claim
- ZZ Mutually Defined; Unknown
- 00 Other

For official forms see [www.oshpd.ca.gov/miricalprograms/ED/EDAbstract.pdf](http://www.oshpd.ca.gov/miricalprograms/ED/EDAbstract.pdf)  
[www.oshpd.ca.gov/miricalprograms/IAS/IASAbstract.pdf](http://www.oshpd.ca.gov/miricalprograms/IAS/IASAbstract.pdf)  
 Condensed for Quick Notes

DRAFT

**Proposed Fixed Length File Layout  
EMERGENCY DEPARTMENT and AMBULATORY SURGERY DATA**

| No.   | Field  | Beginning Position | Ending Position | Length | Type    | Content                | Content Form                             |
|---|--|--------------------|-----------------|--------|---------|------------------------|--|
| 1   | OSHPD FACILITY ID NUMBER                               | 1                  | 6               | 6      | NUMERIC | 999999                 | Left justified                           |
| 2   | ABSTRACT RECORD NUMBER<br>(AKA: Medical Record Number) | 7                  | 18              | 12     | TEXT    | XXXXXXXXXXXX           | Left justified, blank filled             |
| 3   | PATIENT SOCIAL SECURITY NUMBER (SSN)                   | 19                 | 27              | 9      | NUMERIC | 999999999              | Left justified                           |
| 4   | ZIP CODE (PATIENT)                                     | 28                 | 32              | 5      | TEXT    | 99999                  | Left justified                           |
| 5   | DATE OF BIRTH  | 33                 | 40              | 8      | DATE    | CCYYMMDD               | Left justified                           |
| 6   | SEX  | 41                 | 41              | 1      | TEXT    | M, F, U                | Left justified, upper case               |
| 7   | RACE   | 42                 | 43              | 2      | TEXT    | R1, R2, R3, R4, R9, 99 | Left justified, upper case               |
| 8   | ETHNICITY  | 44                 | 45              | 2      | TEXT    | E1, E2, 99             | Left justified, upper case               |
| 9   | SERVICE DATE   | 46                 | 53              | 8      | DATE    | CCYYMMDD               | Left justified                           |
| 10  | DISPOSITION OF PATIENT                                 | 54                 | 55              | 2      | TEXT    | XX                     | Left justified, upper case               |
| 11  | EXPECTED SOURCE OF PAYMENT (ESOP)                      | 56                 | 57              | 2      | TEXT    | XX                     | Left justified, upper case               |
| 12  | PRINCIPAL DIAGNOSIS                                    | 65                 | 71              | 7      | TEXT    | X9999 or 99999         | Left justified, blank filled, upper case |
| 13  | OTHER DIAGNOSES 01-24                                  | 65                 | 71              | 7      | TEXT    | X9999 or 99999         | Left justified, blank filled, upper case |
| <b>#13 through #36: Repeat #13 length, type, and content for 24 OTHER DIAGNOSES fields in positions 65 through 232.</b>   |  |                    |                 |        |         |                        |  |
| 37  | PRINCIPAL E-CODE                                       | 233                | 239             | 7      | TEXT    | E9999                  | Left justified, blank filled, upper case |
| 38  | OTHER E-CODES 01-04                                    | 240                | 246             | 7      | TEXT    | E9999                  | Left justified, blank filled, upper case |
| <b>#38 through #41: Repeat #38 length, type, and content for 4 OTHER E-CODES fields in positions 240 through 267.</b>     |  |                    |                 |        |         |                        |  |
| 42  | PRINCIPAL PROCEDURE                                    | 268                | 272             | 5      | TEXT    | 9999X or 99999         | Left justified, upper case               |
| 43  | OTHER PROCEDURES 01-20                                 | 273                | 277             | 5      | TEXT    | 9999X or 99999         | Left justified, upper case               |
| <b>#43 through #62: Repeat #43 length, type, and content for 20 OTHER PROCEDURES fields in positions 273 through 372.</b> |  |                    |                 |        |         |                        |  |
| 63  | NATIONAL PROVIDER IDENTIFIER NUMBER                    | 373                | 382             | 10     | NUMERIC | 9999999999             | Left justified                           |