

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

## HOSPITAL INPATIENT

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## MANUAL ABSTRACT REPORTING FORM

Effective with Discharges on or after January 1, 2015

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements (Title 22, Sections 97216 through 97234)

<b>TYPE OF CARE</b> 1 Acute            5 Chem Dep <input type="checkbox"/> 3 SN/IC         6 Physical Rehab 4 Psychiatric	<b>FACILITY ID NUMBER</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>
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(Title 22, Sections 97216 through 97234)

## DISPOSITION OF PATIENT

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- 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 a rehabilitation distinct part unit 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 unit 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

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If the patient's language is not included in either of these lists, then enter the language spoken in the space provided.

[illegible]

E				
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7

blank = Exempt from POA reporting (1 or E also accepted)

[illegible]


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**HOSPITAL INPATIENT**  
**MANUAL ABSTRACT REPORTING FORM**  
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**PRINCIPAL DIAGNOSIS**

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**PRESENT ON ADMISSION**

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Y = Yes

N = No

U = Unknown

W = Clinically Undetermined

blank = Exempt from POA reporting (1 or E also accepted)

**OTHER DIAGNOSES**

a.					
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					
j.					
k.					
l.					

**PRESENT ON ADMISSION**


m.					
n.					
o.					
p.					
q.					
r.					
s.					
t.					
u.					
v.					
w.					
x.					


**PRINCIPAL PROCEDURE AND DATE**

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*Month | Day | Year (4-Digit)*

**OTHER PROCEDURES AND DATES**

a.									
b.									
c.									
d.									
e.									
f.									
g.									
h.									
i.									
j.									

k.									
l.									
m.									
n.									
o.									
p.									
q.									
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s.									
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