

# Appendix L - Ambulatory Surgery

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### AMBULATORY SURGERY

### MANUAL ABSTRACT REPORTING FORM

Effective with Encounters on or after January 1, 2015

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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, and 97267)

|   |   |  |   |
|---|---|--|---|
| <b>FACILITY ID NUMBER</b><br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>  | <b>ABSTRACT RECORD NUMBER (Optional)</b><br><div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px 0;"></div>   |  |   |
| <b>DATE OF BIRTH</b><br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>Month</span> <span>Day</span> <span>Year (4-digit)</span> </div>  | <b>SEX</b><br>F Female<br>M Male<br>U Unknown<br><br><div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div>  | <b>RACE</b><br>R1 American Indian or Alaska Native<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><div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> | <b>ETHNICITY</b><br>E1 Hispanic or Latino<br>E2 Non-Hispanic or Non-Latino<br>99 Unknown<br><br><div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> |
| <b>ZIP CODE</b><br><div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px 0;"></div> <div style="font-size: small; margin-top: 5px;">99999 = Unknown</div>   | <b>PATIENT'S SOCIAL SECURITY NUMBER</b><br><div style="display: flex; justify-content: space-around; margin: 5px 0;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="font-size: small; margin-top: 5px;">Report 000000001 (Unknown) if not recorded in the patient's medical record</div> |  |   |
| <b>SERVICE DATE</b><br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>Month</span> <span>Day</span> <span>Year (4-digit)</span> </div>   |   |  |   |
| <b>PREFERRED LANGUAGE SPOKEN</b><br>Enter a valid 3-letter PLS Code from either OSHPD's list of PLS Codes in the ED & AS Reporting Manual, Section 97267; or from the ISO 639-2 Code List at <a href="http://www.loc.gov/standards/iso639-2">www.loc.gov/standards/iso639-2</a><br><br>If the patient's language is not included in either of these lists, then enter the language spoken in the space provided.<br><br><div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px 0;"></div>   |   |  |   |
| <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <b>EXPECTED SOURCE OF PAYMENT</b><br/><br/> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 09 Self Pay<br/> 11 Other Non-federal programs<br/> 12 Preferred Provider Organization (PPO)<br/> 13 Point of Service (POS)<br/> 14 Exclusive Provider Organization (EPO)<br/> 16 Health Maintenance Organization (HMO) Medicare Risk<br/> AM Automobile Medical<br/> BL Blue Cross/Blue Shield<br/> CH CHAMPUS (TRICARE)<br/> CI Commercial Insurance Company </div> <div style="width: 48%;"> DS Disability<br/> HM Health Maintenance Organization<br/> MA Medicare Part A<br/> MB Medicare Part B<br/> MC Medicaid (Medi-Cal)<br/> OF Other Federal program<br/> TV Title V<br/> VA Veterans Affairs Plan<br/> WC Workers' Compensation Health Claim<br/> 00 Other </div> </div> </div> </div> |   |  |   |

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**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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(Title 22, Sections 97251 through 97265, and 97267)

**PRINCIPAL DIAGNOSIS**  
ICD-9-CM CODE

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**OTHER DIAGNOSES**  
ICD-9-CM CODE

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**PRINCIPAL EXTERNAL CAUSE OF MORBIDITY**  
ICD-9-CM CODE

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| E |  |  |  |  |
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**OTHER EXTERNAL CAUSES OF MORBIDITY**  
ICD-9-CM CODE

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| a. | E |  |  |  |
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**PRINCIPAL PROCEDURE**  
CPT-4 CODE

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**OTHER PROCEDURES**  
CPT-4 CODE

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