

MANUAL ABSTRACT REPORTING FORM

Effective with Discharges on or after October 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)

TYPE OF CARE 1 Acute 5 Chem Dep 3 SN/IC 6 Physical Rehab 4 Psychiatric		FACILITY ID NUMBER		ABSTRACT RECORD NUMBER (Optional)							
DATE OF BIRTH				PATIENT'S SOCIAL SECURITY NUMBER				SEX			
Month Day Year (4 - Digit)				Report 000 00 0001 if SSN is Unknown				1 Male 3 Other 2 Female 4 Unknown			
ETHNICITY 1 Hispanic 2 Non-Hispanic 3 Unknown				RACE 1 White 4 Asian/Pacific 2 Black Islander 3 Native American/ 5 Other Eskimo/Aleut 6 Unknown				ZIP CODE XXXXX=Unknown YYYYY=Foreign ZZZZZ=Homeless			
ADMISSION DATE				DISCHARGE DATE				TOTAL CHARGES			
Month Day Year (4 - Digit)				Month Day Year (4 - Digit)				(Report whole dollars only, right justified)			
SOURCE OF ADMISSION											
SITE											
1 Home 7 Newborn											
2 Residential Care Facility 8 Prison/Jail											
3 Ambulatory Surgery 9 Other											
4 SN/IC											
5 Acute Inpatient Hospital Care											
6 Other Inpatient Hospital Care											
LICENSURE OF SITE											
1 This Hospital											
2 Another Hospital											
3 Not a Hospital											
ROUTE											
1 Your ER											
2 Not Your ER (or no ER)											
TYPE OF ADMISSION				PREHOSPITAL CARE AND RESUSCITATION							
1 Scheduled				DNR orders at admission or within 24 hrs of admission							
2 Unscheduled				Y = Yes							
3 Infant, under 24 hrs old				N = No							
4 Unknown											
EXPECTED SOURCE OF PAYMENT											
PAYER CATEGORY											
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											
TYPE OF COVERAGE											
1 Managed Care - Knox - Keene/ MCOHS											
2 Managed Care - Other											
3 Traditional Coverage											
NAME OF PLAN											
(0001 - 9999 Plan Code Number)											

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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 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 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

Page 3 of 4

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)

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

[illegible]

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7

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

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
HOSPITAL INPATIENT
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Page 4 of 4

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 (Title 22, Sections 97216 through 97234)

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

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PRINCIPAL PROCEDURE AND DATE

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OTHER PROCEDURES AND DATES

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