

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, 2017

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

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FACILITY ID NUMBER

ABSTRACT RECORD NUMBER (Optional)

DATE OF BIRTH

Month | Day | Year (4 - Digit)

PATIENT'S SOCIAL SECURITY NUMBER

(Report 000 00 0001 if SSN is Unknown)

SEX

- M Male
F Female
U 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 ZZZZZ=Homeless

YYYYY=Foreign

ADMISSION DATE

Month | Day | Year (4 - Digit)

DISCHARGE DATE

Month | Day | Year (4 - Digit)

TOTAL CHARGES

(Report whole dollars only, right justified)

SOURCE OF ADMISSION

POINT OF ORIGIN

With Type of Admission other than "Newborn"

- 1 Non-Health Care Facility
2 Clinic or Physician's Office
4 Hospital (Different Facility)
5 SNF, ICF or ALF
6 Another Health Care Facility
8 Court/Law Enforcement
9 Information Not Available

- D One Distinct Unit to another Distinct Unit
of the Same Hospital
E Ambulatory Surgery Center
F Hospice Facility

☐With Type of Admission "Newborn"

- 5 Born Inside this Hospital
6 Born Outside of this Hospital

ROUTE OF ADMISSION

- 1 Your ED
2 Another ED
3 Not admitted from an ED

☐

TYPE OF ADMISSION

- 1 Emergency 5 Trauma
2 Urgent 9 Information Not Available
3 Elective
4 Newborn

☐

PREHOSPITAL CARE AND RESUSCITATION

DNR orders at admission or within 24 hrs of admission

Y = Yes

N = No

☐

EXPECTED SOURCE OF PAYMENT

PAYER CATEGORY

- 01 Medicare 07 Other Indigent
02 Medi-Cal 08 Self Pay
03 Private Coverage 09 Other Payer
04 Workers' Compensation
05 County Indigent Programs
06 Other Government

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

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Enter a valid 3-letter PLS Code from either OSHPD's list of PLS Codes in the Inpatient Reporting Manual, Section 97234; or from the ISO 639-2 Code List at www.loc.gov/standards/iso639-2

[illegible]

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7

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

Four identical 4x4 grids are shown, each containing a single blue dot in the second column, second row from the top.

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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.							
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