

Appendix L - Emergency Department

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT EMERGENCY DEPARTMENT MANUAL ABSTRACT REPORTING FORM Effective with Encounters 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 97251 through 97265, and 97267)

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| FACILITY ID NUMBER <input style="width: 100%; height: 20px;" type="text"/> | ABSTRACT RECORD NUMBER (Optional) <input style="width: 100%; height: 20px;" type="text"/> | | | | |
| DATE OF BIRTH <input style="width: 100%; height: 20px;" type="text"/> <i>Month Day Year (4-digit)</i> | SEX F Female M Male U Unknown <input style="width: 20px; height: 20px;" type="checkbox"/> | RACE R1 American Indian or Alaska Native R2 Asian R3 Black or African American R4 Native Hawaiian or Other Pacific Islander R5 White R9 Other Race 99 Unknown <input style="width: 20px; height: 20px;" type="checkbox"/> | ETHNICITY E1 Hispanic or Latino E2 Non-Hispanic or Non-Latino 99 Unknown <input style="width: 20px; height: 20px;" type="checkbox"/> | | |
| ZIP CODE <input style="width: 100%; height: 20px;" type="text"/> <i>99999 = Unknown</i> | PATIENT'S SOCIAL SECURITY NUMBER <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <i>Report 000000001 (Unknown) if not recorded in the patient's medical record</i> | | | | |
| SERVICE DATE <input style="width: 100%; height: 20px;" type="text"/> <i>Month Day Year (4-digit)</i> | | | | | |
| PREFERRED LANGUAGE SPOKEN 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 www.loc.gov/standards/iso639-2 If the patient's language is not included in either of these lists, then enter the language spoken in the space provided. <input style="width: 100%; height: 20px;" type="text"/> | | | | | |
| EXPECTED SOURCE OF PAYMENT <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input style="width: 20px; height: 20px;" type="checkbox"/> <ul style="list-style-type: none"> 09 Self Pay 11 Other Non-federal programs 12 Preferred Provider Organization (PPO) 13 Point of Service (POS) 14 Exclusive Provider Organization (EPO) 16 Health Maintenance Organization (HMO) Medicare Risk AM Automobile Medical BL Blue Cross/Blue Shield CH CHAMPUS (TRICARE) CI Commercial Insurance Company </td> <td style="width: 50%; vertical-align: top;"> <input style="width: 20px; height: 20px;" type="checkbox"/> <ul style="list-style-type: none"> DS Disability HM Health Maintenance Organization MA Medicare Part A MB Medicare Part B MC Medicaid (Medi-Cal) OF Other Federal program TV Title V VA Veterans Affairs Plan WC Workers' Compensation Health Claim 00 Other </td> </tr> </table> | | | | <input style="width: 20px; height: 20px;" type="checkbox"/> <ul style="list-style-type: none"> 09 Self Pay 11 Other Non-federal programs 12 Preferred Provider Organization (PPO) 13 Point of Service (POS) 14 Exclusive Provider Organization (EPO) 16 Health Maintenance Organization (HMO) Medicare Risk AM Automobile Medical BL Blue Cross/Blue Shield CH CHAMPUS (TRICARE) CI Commercial Insurance Company | <input style="width: 20px; height: 20px;" type="checkbox"/> <ul style="list-style-type: none"> DS Disability HM Health Maintenance Organization MA Medicare Part A MB Medicare Part B MC Medicaid (Medi-Cal) OF Other Federal program TV Title V VA Veterans Affairs Plan WC Workers' Compensation Health Claim 00 Other |
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OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
EMERGENCY DEPARTMENT
MANUAL ABSTRACT REPORTING FORM
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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 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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PRINCIPAL DIAGNOSIS

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PRINCIPAL EXTERNAL CAUSE OF MORBIDITY

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OTHER EXTERNAL CAUSES OF MORBIDITY

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