

Appendix L - Ambulatory Surgery

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

AMBULATORY SURGERY

MANUAL ABSTRACT REPORTING FORM

Effective with Encounters on or after October 1, 2015

Page 1 of 3

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)

FACILITY ID NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	ABSTRACT RECORD NUMBER (Optional) <div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px 0;"></div>				
DATE OF BIRTH <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;"> Month Day Year (4-digit) </div>	SEX F Female M Male U Unknown <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div>	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 <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div>	ETHNICITY E1 Hispanic or Latino E2 Non-Hispanic or Non-Latino 99 Unknown <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div>		
ZIP CODE <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>	PATIENT'S SOCIAL SECURITY NUMBER <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>				
SERVICE DATE <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;"> Month Day Year (4-digit) </div>					
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. <div style="border: 1px solid black; width: 300px; height: 20px; margin: 5px 0;"></div>					
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> EXPECTED SOURCE OF PAYMENT <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px 0;"></div> </div> <div style="width: 50%;"> <table style="width: 100%; font-size: small;"> <tr> <td style="vertical-align: top;"> 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="vertical-align: top;"> 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> </div> </div>				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	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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Page 2 of 3

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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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Page 3 of 3

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PRINCIPAL DIAGNOSIS

ICD-10-CM CODE

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OTHER DIAGNOSES

ICD-10-CM CODE

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

i.							
j.							
k.							
l.							
m.							
n.							
o.							
p.							

q.							
r.							
s.							
t.							
u.							
v.							
w.							
x.							

PRINCIPAL EXTERNAL CAUSE OF MORBIDITY

ICD-10-CM CODE

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OTHER EXTERNAL CAUSES OF MORBIDITY

ICD-10-CM CODE

a.							
b.							
c.							
d.							

PRINCIPAL PROCEDURE

CPT-4 CODE

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OTHER PROCEDURES

CPT-4 CODE

a.						k.					
b.						l.					
c.						m.					
d.						n.					
e.						o.					
f.						p.					
g.						q.					
h.						r.					
i.						s.					
j.						t.					