

# Appendix L - Patient Discharge Data

## 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

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#### RACE

- 1 White                      4 Asian/Pacific  
2 Black                      Islander  
3 Native American/      5 Other  
Eskimo/Aleut              6 Unknown

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#### 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

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##### 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

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#### TYPE OF ADMISSION

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

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#### PREHOSPITAL CARE AND RESUSCITATION

DNR orders at admission or within 24 hrs of admission

Y = Yes

N = No

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#### 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

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##### NAME OF PLAN

(0001 - 9999 Plan Code Number)

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



**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**  
**HOSPITAL INPATIENT**  
**MANUAL ABSTRACT REPORTING FORM**  
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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 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**

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.																			
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