

**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION  
EMERGENCY DEPARTMENT  
MANUAL ABSTRACT REPORTING FORM  
Effective with Encounters on or after January 1, 2023**

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, 97267 and 97268)

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| <b>FACILITY ID NUMBER</b><br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>  | <b>ABSTRACT RECORD NUMBER (Optional)</b><br><div style="border: 1px solid black; width: 200px; height: 20px; margin-top: 5px;"></div>   | <b>PATIENT'S SOCIAL SECURITY NUMBER</b><br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 80px; height: 20px;"></div> </div> <p style="text-align: center; font-size: small;">Report 000 00 0001 if SSN is Unknown</p> |  |
| <b>ADDRESS NUMBER AND STREET NAME</b><br><div style="border: 1px solid black; width: 100%; height: 25px; margin-top: 5px;"></div> <p style="font-size: x-small; margin-top: 5px;">If the address is not part of the United States, leave blank</p>  |   |  |  |
| <b>CITY</b><br><div style="border: 1px solid black; width: 100%; height: 25px; margin-top: 5px;"></div> <p style="font-size: x-small; margin-top: 5px;">If the city is not part of the United States, leave blank</p>   |   |  |  |
| <b>STATE</b><br><div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div>  | <b>ZIP CODE</b><br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> <p style="font-size: x-small; margin-top: 5px;">XXXXX = Unknown<br/>YYYYY = Does not reside in the U.S.</p>  | <b>COUNTRY CODE</b><br><p style="font-size: x-small; margin-top: 5px;">Use an ISO 3166 alpha-2, two-digit country code from the list available at <a href="http://www.iso.org/iso-3166-country-codes.html">www.iso.org/iso-3166-country-codes.html</a></p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div>  | <b>HOMELESSNESS INDICATOR</b><br><p style="font-size: x-small; margin-top: 5px;">Y Yes<br/>N No<br/>U Unknown</p> <div style="border: 1px solid black; width: 30px; height: 20px; margin-top: 5px;"></div> |
| <b>DATE OF BIRTH</b><br><div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> <p style="font-size: x-small; margin-top: 5px;">Month   Day   Year (4-digit)</p>  | <b>RACE</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>R1 American Indian or Alaska Native</p> <p>R2 Asian</p> <p>R3 Black or African American</p> <p>R4 Native Hawaiian or Other Pacific Islander</p> <p>R5 White</p> <p>R9 Other</p> <p>99 Unknown</p> </div> <div style="width: 15%;"> <p>a. <div style="border: 1px solid black; width: 30px; height: 20px;"></div></p> <p>b. <div style="border: 1px solid black; width: 30px; height: 20px;"></div></p> <p>c. <div style="border: 1px solid black; width: 30px; height: 20px;"></div></p> <p>d. <div style="border: 1px solid black; width: 30px; height: 20px;"></div></p> <p>e. <div style="border: 1px solid black; width: 30px; height: 20px;"></div></p> </div> </div> |  | <b>ETHNICITY</b><br><p>E1 Hispanic or Latino</p> <p>E2 Non Hispanic or Latino</p> <p>99 Unknown</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div>               |
| <b>SEX</b><br><p>M Male</p> <p>F Female</p> <p>U Unknown</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin-top: 5px;"></div>   | <b>SERVICE DATE</b><br><div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> <p style="font-size: x-small; margin-top: 5px;">Month   Day   Year (4-digit)</p>   |  |  |
| <b>DISPOSITION OF PATIENT</b><br><div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> <p>01 Discharged to home or self care (routine discharge)</p> <p>02 Discharged/transferred to a short term general hospital for inpatient care</p> <p>03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care</p> <p>04 Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility)</p> <p>05 Discharged/transferred to a designated cancer center or children's hospital</p> <p>06 Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care</p> <p>07 Left against medical advice or discontinued care</p> <p>20 Expired</p> <p>21 Discharged/transferred to court/law enforcement</p> <p>43 Discharged/transferred to a federal health care facility</p> <p>50 Hospice - Home</p> <p>51 Hospice - Medical facility (certified) providing hospice level of care</p> <p>61 Discharged/transferred to a hospital-based Medicare approved swing bed</p> <p style="font-size: x-small; margin-top: 10px;">(Continued on next page)</p> |   |  |  |

## Page 2 of 3

**DISPOSITION OF PATIENT (continued)**

- EXPECTED SOURCE OF PAYMENT**

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- PREFERRED LANGUAGE SPOKEN**

If the language is not on the list, then consult the ISO 639-2 at [www.loc.gov/standards/iso639-2](http://www.loc.gov/standards/iso639-2)

[illegible]

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Page 3 of 3

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements  
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**TOTAL CHARGES**

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Report whole dollars only,  
right justified

**PRINCIPAL DIAGNOSIS**

ICD-10-CM CODE

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**OTHER DIAGNOSIS**

ICD-10-CM CODE

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**EXTERNAL CAUSES OF MORBIDITY**

ICD-10-CM CODE

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**PRINCIPAL PROCEDURE**

CPT-4 CODE

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**OTHER PROCEDURES**

CPT-4 CODE

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