

**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION**  
**AMBULATORY SURGERY**  
**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)

**FACILITY ID NUMBER**

--	--	--	--	--	--	--	--	--	--

**ABSTRACT RECORD NUMBER (Optional)**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**PATIENT'S SOCIAL SECURITY NUMBER**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Report 000 00 0001 if SSN is Unknown

**ADDRESS NUMBER AND STREET NAME**

--

If the address is not part of the United States, leave blank

**CITY**

--

If the city is not part of the United States, leave blank

**STATE**

--	--

**ZIP CODE**

--	--	--	--	--	--

XXXXX = Unknown

YYYYY = Does not reside in the U.S.

**COUNTRY CODE**

Use an ISO 3166 alpha-2, two-digit  
country code from the list available at

[www.iso.org/iso-3166-country-codes.html](http://www.iso.org/iso-3166-country-codes.html)

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**HOMELESSNESS INDICATOR**

Y Yes

N No

U Unknown

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**DATE OF BIRTH**

--	--	--	--	--	--	--	--

Month | Day | Year (4-digit)

**RACE**

R1 American Indian or Alaska  
Native

a. 

--	--

R2 Asian

b. 

--	--

R3 Black or African American

c. 

--	--

R4 Native Hawaiian or Other  
Pacific Islander

d. 

--	--

R5 White

e. 

--	--

R9 Other

99 Unknown

**ETHNICITY**

E1 Hispanic or Latino

E2 Non Hispanic or  
Latino

99 Unknown

--	--

**SEX**

M Male

F Female

U Unknown

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**SERVICE DATE**

--	--	--	--	--	--	--	--

Month | Day | Year (4-digit)

**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

(Continued on next page)

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**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

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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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