

DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
AMBULATORY SURGERY
MANUAL ABSTRACT REPORTING TOOL
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

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

XXXXXX = Unknown

YYYYYY = 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

--	--

HOMELESSNESS INDICATOR

Y Yes

N No

U Unknown

--

DATE OF BIRTH

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

Month | Day | Year (4-digit)

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

99 Unknown

--	--

--	--

--	--

--	--

e.

--	--

ETHNICITY

E1 Hispanic or Latino

E2 Non Hispanic or
Latino

99 Unknown

--	--

SEX

M Male

F Female

U Unknown

--

SERVICE DATE

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

Month | Day | Year (4-digit)

DISPOSITION OF PATIENT

--	--

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)

Page 2 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)

DISPOSITION OF PATIENT (continued)

- | | |
|----|--|
| 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 Alternate 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 in anticipation of covered skilled care 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 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 |

EXPECTED SOURCE OF PAYMENT

--	--

- | | | | | |
|----|---|--|----|------------------------------------|
| 09 | Self Pay | | DS | Disability |
| 11 | Other Non-federal programs | | HM | Health Maintenance Organization |
| 12 | Preferred Provider Organization (PPO) | | MA | Medicare Part A |
| 13 | Point of Service (POS) | | MB | Medicare Part B |
| 14 | Exclusive Provider Organization (EPO) | | MC | Medicaid (Medi-Cal) |
| 16 | Health Maintenance Organization (HMO) Medicare Risk | | OF | Other Federal program |
| AM | Automobile Medical | | TV | Title V |
| BL | Blue Cross/Blue Shield (FFS only) | | VA | Veterans Affairs Plan |
| CH | CHAMPUS (TRICARE) | | WC | Workers' Compensation Health Claim |
| CI | Commercial Insurance Company | | 00 | Other |

PREFERRED LANGUAGE SPOKEN

Enter a valid 3-letter PLS Code from HCAL's list of PLS Codes in the Inpatient Reporting Manual, Section 97234. If the language is not on the list, then consult the ISO 639-2 at www.loc.gov/standards/iso639-2

If the patient's preferred language is not listed in the ISO 639-2, then enter the language spoken in the spaces provided.

[illegible]

DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
AMBULATORY SURGERY
MANUAL ABSTRACT REPORTING TOOL
Effective with Encounters on or after January 1, 2023

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)

TOTAL CHARGES

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

Report whole dollars only,
right justified

PRINCIPAL DIAGNOSIS

ICD-10-CM CODE

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

OTHER DIAGNOSIS

ICD-10-CM CODE

EXTERNAL CAUSES OF MORBIDITY

ICD-10-CM CODE

PRINCIPAL PROCEDURE

CPT-4 CODE

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

OTHER PROCEDURES

CPT-4 CODE

