

DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
EMERGENCY DEPARTMENT
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

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ABSTRACT RECORD NUMBER (Optional)

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PATIENT'S SOCIAL SECURITY NUMBER

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Report 000 00 0001 if SSN is Unknown

ADDRESS NUMBER AND STREET NAME

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

CITY

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

STATE

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ZIP CODE

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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

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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

R2 Asian

R3 Black or African American

R4 Native Hawaiian or Other
Pacific Islander

R5 White

R9 Other

99 Unknown

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ETHNICITY

E1 Hispanic or Latino

E2 Non Hispanic or
Latino

99 Unknown

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SEX

M Male

F Female

U Unknown

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SERVICE DATE

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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)

- 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

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- | | |
|--|---------------------------------------|
| 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 HCAI'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.

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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

EXTERNAL CAUSES OF MORBIDITY

ICD-10-CM CODE

PRINCIPAL PROCEDURE

CPT-4 CODE

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OTHER PROCEDURES

CPT-4 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.					