

DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION  
HOSPITAL INPATIENT  
MANUAL ABSTRACT REPORTING TOOL  
Effective with Discharges on or after January 1, 2023

Page 1 of 4

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

☐

**FACILITY ID NUMBER**

**DATE OF BIRTH**

  
Month | Day | Year (4-digit)

**SEX**

- M Male  
F Female  
U Unknown

☐

**ETHNICITY**

- E1 Hispanic or Latino  
E2 Non Hispanic or Latino  
99 Unknown

**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

a.

d.

b.

e.

c.

**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)

**HOMELESSNESS INDICATOR**

- Y Yes  
N No  
U Unknown

☐

**ADMISSION DATE**

  
Month | Day | Year (4-digit)

**SOURCE OF ADMISSION**

**POINT OF ORIGIN**

**With Type of Admission other than "Newborn"**

- 1 Non-Health Care Facility  
2 Clinic of 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

- E Ambulatory Surgery Center  
F Hospice Facility  
G Designated Disaster Alternate Care Site

☐

**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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Page 2 of 4

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(Title 22, Sections 97216 through 97234)

**TYPE OF ADMISSION**

- |             |                             |                          |
|-------------|-----------------------------|--------------------------|
| 1 Emergency | 5 Trauma                    | <input type="checkbox"/> |
| 2 Urgent    | 6 Information Not Available |                          |
| 3 Elective  |                             |                          |
| 4 Newborn   |                             |                          |

**DISCHARGE DATE**

|       |  |     |  |                |  |  |  |
|-------|--|-----|--|----------------|--|--|--|
|       |  |     |  |                |  |  |  |
| Month |  | Day |  | Year (4-digit) |  |  |  |

**PATIENT'S SOCIAL SECURITY NUMBER**

|                                      |  |  |  |  |  |  |  |
|--------------------------------------|--|--|--|--|--|--|--|
|                                      |  |  |  |  |  |  |  |
| Report 000 00 0001 if SSN is Unknown |  |  |  |  |  |  |  |

**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
- 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

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Page 3 of 4

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**TOTAL CHARGES**

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Report whole dollars only, right justified

**ABSTRACT RECORD NUMBER (Optional)**

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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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|  |
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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         |                   |

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**TYPE OF COVERAGE**

- 1 Managed Care -  
Knox - Keene/  
COHS
- 2 Managed Care - Other
- 3 Traditional Coverage

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**NAME OF PLAN**

|  |  |  |  |
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0001 - 9999 Plan Code Number

**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](http://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 space provided.

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**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

**OTHER DIAGNOSIS**

**PRESENT ON ADMISSION**

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Page 4 of 4

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PRINCIPAL PROCEDURE AND DATE

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Month | Day | Year (4-digit)

OTHER PROCEDURES AND DATES

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EXTERNAL CAUSES OF MORBIDITY

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PRESENT ON ADMISSION

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Y = Yes  
N = No  
U = Unknown  
W = Clinically Undetermined  
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