

**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)

<b>FACILITY ID NUMBER</b> <input style="width:100%; height: 20px;" type="text"/>	<b>ABSTRACT RECORD NUMBER (Optional)</b> <input style="width:100%; height: 20px;" type="text"/>	<b>PATIENT'S SOCIAL SECURITY NUMBER</b> <input style="width:20%; height: 20px;" type="text"/> <input style="width:10%; height: 20px;" type="text"/> <input style="width:20%; height: 20px;" type="text"/> <i>Report 000 00 0001 if SSN is Unknown</i>
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**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*

<b>STATE</b> <input style="width:40px; height: 20px;" type="text"/>	<b>ZIP CODE</b> <input style="width:100%; height: 20px;" type="text"/> XXXXX = Unknown YYYYY = Does not reside in the U.S.	<b>COUNTRY CODE</b> 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> <input style="width:40px; height: 20px;" type="text"/>	<b>HOMELESSNESS INDICATOR</b> Y Yes <input style="width:20px; height: 20px;" type="checkbox"/> N No <input style="width:20px; height: 20px;" type="checkbox"/> U Unknown <input style="width:20px; height: 20px;" type="checkbox"/>
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<b>DATE OF BIRTH</b> <input style="width:100%; height: 20px;" type="text"/> <i>Month   Day   Year (4-digit)</i>	<b>RACE</b> R1 American Indian or Alaska Native <input style="width:40px; height: 20px;" type="text"/> R2 Asian <input style="width:40px; height: 20px;" type="text"/> R3 Black or African American <input style="width:40px; height: 20px;" type="text"/> R4 Native Hawaiian or Other Pacific Islander <input style="width:40px; height: 20px;" type="text"/> R5 White <input style="width:40px; height: 20px;" type="text"/> R9 Other <input style="width:40px; height: 20px;" type="text"/> 99 Unknown <input style="width:40px; height: 20px;" type="text"/> e.	<b>ETHNICITY</b> E1 Hispanic or Latino <input style="width:40px; height: 20px;" type="text"/> E2 Non Hispanic or Latino <input style="width:40px; height: 20px;" type="text"/> 99 Unknown <input style="width:40px; height: 20px;" type="text"/>
<b>SEX</b> M Male <input style="width:20px; height: 20px;" type="checkbox"/> F Female <input style="width:20px; height: 20px;" type="checkbox"/> U Unknown <input style="width:20px; height: 20px;" type="checkbox"/>	<b>SERVICE DATE</b> <input style="width:100%; height: 20px;" type="text"/> <i>Month   Day   Year (4-digit)</i>	

**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)*

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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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| <ul style="list-style-type: none"> <li>09 Self Pay</li> <li>11 Other Non-federal programs</li> <li>12 Preferred Provider Organization (PPO)</li> <li>13 Point of Service (POS)</li> <li>14 Exclusive Provider Organization (EPO)</li> <li>16 Health Maintenance Organization (HMO) Medicare Risk</li> <li>AM Automobile Medical</li> <li>BL Blue Cross/Blue Shield (FFS only)</li> <li>CH CHAMPUS (TRICARE)</li> <li>CI Commercial Insurance Company</li> </ul> | <ul style="list-style-type: none"> <li>DS Disability</li> <li>HM Health Maintenance Organization</li> <li>MA Medicare Part A</li> <li>MB Medicare Part B</li> <li>MC Medicaid (Medi-Cal)</li> <li>OF Other Federal program</li> <li>TV Title V</li> <li>VA Veterans Affairs Plan</li> <li>WC Workers' Compensation Health Claim</li> <li>00 Other</li> </ul> |
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**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 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




