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DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION AMBULATORY SURGERY

MANUAL ABSTRACT REPORTING FORM

Effective with Discharges on or after January 1, 2019

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		
ZIP CODE DATE OF BIRTH XXXXXX = Unknown ZZZZZ = Homeless YYYYY = Does not reside in the U.S.	SEX M Male F Female U Unknown		
RACE R1 American Indian or Alaska Native a. d.	ETHNICITY E1 Hispanic or Latino E2 Non Hispanic or Latino 99 Unknown		
Pacific Islander c. R5 White R9 Other 99 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 18 Expired 19 Discharged/transferred to court/law enforcement 19 Discharged/transferred to a federal health care facility 19 Hospice - Home 19 Hospice - Home 10 Discharged/transferred to a hospital-based Medicare approved swing bed 10 Discharged/transferred to a hospital-based Medicare approved swing bed 10 Discharged/transferred to a Medicare certified long term care hospital (LTCH) 10 Discharged/transferred to a Medicare certified under Medicaid (Medi-Cal), but not certified under Medicare 10 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital 10 Discharged/transferred to a Designated Disaster Alternate Care Site 10 Discharged/transferred to a Designated Disaster Alternate Care Site 11 Discharged/transferred to a short term general hospital for inpatient readmission 12 Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission 13 Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission			

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DISPOSITION OF PATIENT (continued)

- 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

09 11 12	Self Pay Other Non-federal programs Preferred Provider Organization (PPO)	DS Disability HM Health Maintenance Organization MA Medicare Part A		
13	Point of Service (POS)	MB Medicare Part B	Medicare Part B	
14	Exclusive Provider Organization (EPO)	MC Medicaid (Medi-Cal)		
16	Health Maintenance Organization (HMO) Medicare Risk	OF Other Federal program		
		TV Title V		
BL Blue Cross/Blue Shield (FFS only) VA Veterans Affairs Pl				
CH	CHAMPUS (TRICARE)	•		
CI	Commercial Insurance Company	00 Other		
PREFERRED LANGUAGE SPOKEN Enter a valid 3-letter PLS Code from OSHPD'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				
WWV	v.loc.gov/standards/iso639-2			
	patient's preferred language is not listed in the ISO 639-2, then ent	•	whole dollars only, ght justified	
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DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION AMBULATORY SURGERY MANUAL ARSTRACT REPORTING FORM

MANUAL ABSTRACT REPORTING FORM

Effective with Discharges on or after January 1, 2019

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)

PRINCIPAL DIAGNOSIS EXTERNAL CAUSES OF MORBIDITY ICD-10-CM CODE ICD-10-CM CODE а **OTHER DIAGNOSIS** ICD-10-CM CODE a. m. b. d. p. e. f. g. h. PRINCIPAL PROCEDURE CPT-4 CODE **OTHER PROCEDURES** CPT-4 CODE a. g. b. h. d.