

DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
AMBULATORY SURGERY
MANUAL ABSTRACT REPORTING FORM
Effective with Discharges on or after January 1, 2019

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

ZIP CODE

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XXXXX = Unknown ZZZZZ = Homeless
 YYYYY = Does not reside in the U.S.

DATE OF BIRTH

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

Month | Day | Year (4-digit)

SEX

M Male ☐
 F Female
 U 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. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> b. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> c. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	d. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> e. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
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ETHNICITY

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

SERVICE DATE

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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
- 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

(Continued on next page)

Page 2 of 3

DISPOSITION OF PATIENT (continued)

- EXPECTED SOURCE OF PAYMENT**

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[illegible]

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Page 3 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)

PRINCIPAL DIAGNOSIS

ICD-10-CM CODE

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OTHER DIAGNOSIS

ICD-10-CM CODE

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EXTERNAL CAUSES OF MORBIDITY

ICD-10-CM CODE

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PRINCIPAL PROCEDURE

CPT-4 CODE

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OTHER PROCEDURES

CPT-4 CODE

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