

**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
EMERGENCY DEPARTMENT
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 <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	ABSTRACT RECORD NUMBER (Optional) <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div>	PATIENT'S SOCIAL SECURITY NUMBER <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <p style="font-size: small; text-align: center;">Report 000 00 0001 if SSN is Unknown</p>
ZIP CODE <div style="border: 1px solid black; width: 80px; height: 20px; margin-top: 5px;"></div> <p style="font-size: x-small;">XXXXX = Unknown ZZZZZ = Homeless YYYYY = Does not reside in the U.S.</p>	DATE OF BIRTH <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p style="font-size: x-small; text-align: center;">Month Day Year (4-digit)</p>	SEX M Male <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 10px;"></div> 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		ETHNICITY E1 Hispanic or Latino <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div> E2 Non Hispanic or Latino 99 Unknown
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 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 </div> <div style="width: 45%;"> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">a. <div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> <div style="text-align: center;">d. <div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">b. <div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> <div style="text-align: center;">e. <div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">c. <div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> </div> </div> </div>		SERVICE DATE <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p style="font-size: x-small; text-align: center;">Month Day Year (4-digit)</p>
DISPOSITION OF PATIENT <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div> 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)

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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

EXPECTED SOURCE OF PAYMENT

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- | | |
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| 09 Self Pay
11 Other Non-federal programs
12 Preferred Provider Organization (PPO)
13 Point of Service (POS)
14 Exclusive Provider Organization (EPO)
16 Health Maintenance Organization (HMO) Medicare Risk
AM Automobile Medical
BL Blue Cross/Blue Shield (FFS only)
CH CHAMPUS (TRICARE)
CI Commercial Insurance Company | DS Disability
HM Health Maintenance Organization
MA Medicare Part A
MB Medicare Part B
MC Medicaid (Medi-Cal)
OF Other Federal program
TV Title V
VA Veterans Affairs Plan
WC Workers' Compensation Health Claim
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 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*

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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

a.	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>						
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