

**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
HOSPITAL INPATIENT
MANUAL ABSTRACT REPORTING FORM
Effective with Discharges 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 97216 through 97234)

TYPE OF CARE 1 Acute 5 Chem Dep <input type="checkbox"/> 3 SN/IC 6 Physical Rehab <input type="checkbox"/> 4 Psychiatric	FACILITY ID NUMBER <input style="width: 100%; height: 20px;" type="text"/>	DATE OF BIRTH <input style="width: 100%; height: 20px;" type="text"/> <i>Month Day Year (4-digit)</i>	SEX M Male <input type="checkbox"/> F Female <input type="checkbox"/> U Unknown
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ETHNICITY E1 Hispanic or Latino <input style="width: 20px; height: 20px;" type="text"/> 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. <input style="width: 20px; height: 20px;" type="text"/> b. <input style="width: 20px; height: 20px;" type="text"/> c. <input style="width: 20px; height: 20px;" type="text"/>	d. <input style="width: 20px; height: 20px;" type="text"/> e. <input style="width: 20px; height: 20px;" type="text"/>
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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

STATE <input style="width: 30px; height: 20px;" type="text"/>	ZIP CODE <input style="width: 100%; height: 20px;" type="text"/> 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 <input style="width: 30px; height: 20px;" type="text"/>
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HOMELESSNESS INDICATOR Y Yes <input type="checkbox"/> N No U Unknown	ADMISSION DATE <input style="width: 100%; height: 20px;" type="text"/> <i>Month Day Year (4-digit)</i>
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SOURCE OF ADMISSION POINT OF ORIGIN <u>With Type of Admission other than "Newborn"</u> 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 <input style="width: 20px; height: 20px; margin-left: 100px;" type="checkbox"/>	ROUTE OF ADMISSION 1 Your ED 2 Another ED 3 Not Admitted from an ED <input style="width: 20px; height: 20px; margin-left: 100px;" type="checkbox"/>
<u>With Type of Admission "Newborn"</u> 5 Born Inside this Hospital 6 Born Outside of this Hospital	

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<p>TYPE OF ADMISSION</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 Emergency</td> <td style="width: 50%;">5 Trauma</td> <td rowspan="4" style="width: 20%; text-align: center; vertical-align: middle;"><input style="width: 20px; height: 20px;" type="checkbox"/></td> </tr> <tr> <td>2 Urgent</td> <td>6 Information Not Available</td> </tr> <tr> <td>3 Elective</td> <td></td> </tr> <tr> <td>4 Newborn</td> <td></td> </tr> </table>	1 Emergency	5 Trauma	<input style="width: 20px; height: 20px;" type="checkbox"/>	2 Urgent	6 Information Not Available	3 Elective		4 Newborn		<p>DISCHARGE DATE</p> <table style="width: 100%; border: none; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2">Month</td> <td colspan="2">Day</td> <td colspan="4">Year (4-digit)</td> </tr> </table>									Month		Day		Year (4-digit)				<p>PATIENT'S SOCIAL SECURITY NUMBER</p> <table style="width: 100%; border: none; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="10">Report 000 00 0001 if SSN is Unknown</td> </tr> </table>											Report 000 00 0001 if SSN is Unknown									
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Month		Day		Year (4-digit)																																											
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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TOTAL CHARGES <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <i>Report whole dollars only, right justified</i>	ABSTRACT RECORD NUMBER (Optional) <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div>	PREHOSPITAL CARE AND RESUSCITATION DNR orders at admission or within 24 hrs of admission Y Yes <input type="checkbox"/> N No <input type="checkbox"/>
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EXPECTED SOURCE OF PAYMENT		TYPE OF COVERAGE	NAME OF PLAN
PAYER CATEGORY 01 Medicare 02 Medi-Cal 03 Private Coverage 04 Workers' Compensation 05 County Indigent Programs 06 Other Government	07 Other Indigent 08 Self Pay 09 Other Payer	1 Managed Care - Knox - Keene/ COHS 2 Managed Care - Other 3 Traditional Coverage	<div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <i>0001 - 9999 Plan Code Number</i>

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

If the patient's preferred language is not listed in the ISO 639-2, then enter the language spoken in the space provided.

PRINCIPAL DIAGNOSIS <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div>	PRESENT ON ADMISSION <input type="checkbox"/>	Y = Yes N = No U = Unknown W = Clinically Undetermined blank = Exempt from POA reporting
OTHER DIAGNOSIS a. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> b. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> c. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> d. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> e. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> f. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> g. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> h. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> i. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> j. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> k. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> l. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div>	PRESENT ON ADMISSION <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	m. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <input type="checkbox"/> n. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <input type="checkbox"/> o. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <input type="checkbox"/> p. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <input type="checkbox"/> q. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <input type="checkbox"/> r. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <input type="checkbox"/> s. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <input type="checkbox"/> t. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <input type="checkbox"/> u. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <input type="checkbox"/> v. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <input type="checkbox"/> w. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <input type="checkbox"/> x. <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <input type="checkbox"/>

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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

Y = Yes
N = No
U = Unknown
W = Clinically Undetermined
blank = Exempt from POA reporting

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