

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

Page 1 of 4

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 3 SN/IC 6 Physical Rehab 4 Psychiatric	FACILITY ID NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>	DATE OF BIRTH <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year (4-digit) </div>	SEX M Male F Female U Unknown
ETHNICITY E1 Hispanic or Latino E2 Non Hispanic or Latino 99 Unknown <div style="border: 1px solid black; width: 40px; height: 20px; margin: 10px;"></div>		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 <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <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; margin-top: 10px;"> <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="text-align: center; margin-top: 10px;">c. <div style="border: 1px solid black; width: 30px; height: 20px;"></div></div>	
		ZIP CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> XXXXX = Unknown ZZZZZ = Homeless </div> YYYYY = Does not reside in the U.S.	
		ADMISSION DATE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year (4-digit) </div>	
SOURCE OF ADMISSION POINT OF ORIGIN <u>With Type of Admission other than "Newborn"</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 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 of the Same Hospital </div> <div style="width: 45%;"> E Ambulatory Surgery Center F Hospice Facility G Designated Disaster Alternate Care Site <u>With Type of Admission "Newborn"</u> 5 Born Inside this Hospital 6 Born Outside of this Hospital </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ROUTE OF ADMISSION 1 Your ED 2 Another ED 3 Not Admitted from an ED </div> <div style="width: 45%; text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 10px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 10px;"></div> </div> </div>			
TYPE OF ADMISSION 1 Emergency 5 Trauma 2 Urgent 6 Information Not Available 3 Elective 4 Newborn	DISCHARGE DATE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year (4-digit) </div>		PATIENT'S SOCIAL SECURITY NUMBER <div style="display: flex; justify-content: space-around;"> <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> <div style="text-align: center; font-size: x-small;">Report 000 00 0001 if SSN is Unknown</div>
DISPOSITION OF PATIENT <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="margin-top: 10px;"> 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 </div> <div style="margin-top: 10px; font-size: small;">(Continued on next page)</div>			

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DISPOSITION OF PATIENT (continued)

- 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

TOTAL CHARGES

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Report whole dollars only, right justified

ABSTRACT RECORD NUMBER (Optional)

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PREHOSPITAL CARE AND RESUSCITATION

DNR orders at admission or within 24 hrs of admission

Y Yes ☐
 N No ☐

EXPECTED SOURCE OF PAYMENT

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

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TYPE OF COVERAGE

- 1 Manage Care -
Knox - Keene/
COHS
- 2 Manage Care - Other
- 3 Traditional Coverage

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NAME OF PLAN

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0001 - 9999 Plan Code Number

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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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