

**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
 AMBULATORY SURGERY
 MANUAL ABSTRACT REPORTING FORM
 Effective with Encounters 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 97251 through 97265, 97267 and 97268)

FACILITY ID NUMBER <input style="width:100%; height: 20px;" type="text"/>	ABSTRACT RECORD NUMBER (Optional) <input style="width:100%; height: 20px;" type="text"/>	PATIENT'S SOCIAL SECURITY NUMBER <input style="width:20%; height: 20px;" type="text"/> <input style="width:10%; height: 20px;" type="text"/> <input style="width:20%; height: 20px;" type="text"/> <i>Report 000 00 0001 if SSN is Unknown</i>
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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"/> <small>XXXXX = Unknown YYYYY = Does not reside in the U.S.</small>	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"/>	HOMELESSNESS INDICATOR Y Yes <input style="width:20px; height: 20px;" type="checkbox"/> N No U Unknown
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DATE OF BIRTH <input style="width:100%; height: 20px;" type="text"/> <small>Month Day Year (4-digit)</small>	RACE R1 American Indian or Alaska Native <input style="width:20px; height: 20px;" type="text"/> R2 Asian <input style="width:20px; height: 20px;" type="text"/> R3 Black or African American <input style="width:20px; height: 20px;" type="text"/> R4 Native Hawaiian or Other Pacific Islander <input style="width:20px; height: 20px;" type="text"/> R5 White <input style="width:20px; height: 20px;" type="text"/> R9 Other <input style="width:20px; height: 20px;" type="text"/> 99 Unknown <input style="width:20px; height: 20px;" type="text"/>	ETHNICITY E1 Hispanic or Latino <input style="width:20px; height: 20px;" type="text"/> E2 Non Hispanic or Latino 99 Unknown
SEX M Male <input style="width:20px; height: 20px;" type="checkbox"/> F Female U Unknown	SERVICE DATE <input style="width:100%; height: 20px;" type="text"/> <small>Month Day Year (4-digit)</small>	

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

(Continued on next page)

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TOTAL CHARGES

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*Report whole dollars only,
right justified*

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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