DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION AMBULATORY SURGERY MANUAL ABSTRACT REPORTING FORM

Page 1 of 3

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 ADDRESS NUMBER AND ST	ABSTRACT RECORD NUMBER (Optional)	PATIENT'S SOCIAL SECURITY NUMBER Report 000 00 0001 if SSN is Unknown	
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			
	COUNTRY CODE Use an ISO 3166 alpha-2, two-docountry code from the list availal www.iso.org/iso-3166-country	ble at N No	
DATE OF BIRTH Month Day Year (4-dig	RACE R1 American Indian or Alaska a. Native R2 Asian R3 Black or African American R4 Native Hawaiian or Other c.	ETHNICITY E1 Hispanic or Latino E2 Non Hispanic or Latino 99 Unknown	
SEX M Male F Female U Unknown	Pacific Islander R5 White d. R9 Other 99 Unknown e.	SERVICE DATE Month Day Year (4-digit)	
Discharged to home or self care (routine discharge) Discharged/transferred to a short term general hospital for inpatient care Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility) Discharged/transferred to a designated cancer center or children's hospital Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care Left against medical advice or discontinued care Expired Discharged/transferred to court/law enforcement Discharged/transferred to a federal health care facility Hospice - Home Hospice - Medical facility (certified) providing hospice level of care Discharged/transferred to a hospital-based Medicare approved swing bed			

HCAI 1370.AS Revised December 2022

Page 2 of 3

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)

DISPOSITION OF PATIENT (continued) Discharged/transferred to an inpatient rehabilitation facility (IRF) including a rehabilitation distinct part units of a hospital 62 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) Discharged/transferred to a Designated Disaster Alternate Care Site 69 70 Discharged/transferred to another type of health care institution not defined elsewhere in this code list Discharged to home or self care with a planned acute care hospital inpatient readmission 81 Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission 82 83 Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility) with a planned 84 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** Self Pay DS Disability 09 Health Maintenance Organization 11 Other Non-federal programs HM 12 Preferred Provider Organization (PPO) MA Medicare Part A 13 Point of Service (POS) MB Medicare Part B 14 Exclusive Provider Organization (EPO) MC Medicaid (Medi-Cal) Health Maintenance Organization (HMO) Medicare Risk 16 OF Other Federal program AM Automobile Medical TV Title V BL Blue Cross/Blue Shield (FFS only) VA Veterans Affairs Plan WC CH CHAMPUS (TRICARE) Workers' Compensation Health Claim CI Commercial Insurance Company 00 Other 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 spaces provided.

HCAI 1370.AS Revised December 2022

Page 3 of 3

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)

TOTAL CHARGES Report whole dollars only, right justified	
PRINCIPAL DIAGNOSIS ICD-10-CM CODE OTHER DIAGNOSIS ICD-10-CM CODE a. b. c. d. e. f.	g.
ICD-10-CM CODE a. b. c.	d.
PRINCIPAL PROCEDURE CPT-4 CODE OTHER PROCEDURES CPT-4 CODE a. f. g.	k. p. u. v. d. v.
c. h. i. e. j.	m. r. w. x. x. o. t.