

**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)

<b>TYPE OF CARE</b> 1 Acute      5 Chem Dep <input type="checkbox"/> 3 SN/IC     6 Physical Rehab <input type="checkbox"/> 4 Psychiatric	<b>FACILITY ID NUMBER</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>DATE OF BIRTH</b> <input style="width: 100%; height: 20px;" type="text"/> <i>Month   Day   Year (4-digit)</i>	<b>SEX</b> M Male <input type="checkbox"/> F Female U Unknown
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<b>ETHNICITY</b> E1 Hispanic or Latino <input style="width: 20px; height: 20px;" type="text"/> E2 Non Hispanic or Latino 99 Unknown	<b>RACE</b> 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*

<b>STATE</b> <input style="width: 30px; height: 20px;" type="text"/>	<b>ZIP CODE</b> <input style="width: 100%; height: 20px;" type="text"/> XXXXX = Unknown YYYYY = Does not reside in the U.S.	<b>COUNTRY CODE</b> Use an ISO 3166 alpha-2, two-digit country code from the list available at <a href="http://www.iso.org/iso-3166-country-codes.html">www.iso.org/iso-3166-country-codes.html</a> <input style="width: 30px; height: 20px;" type="text"/>
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<b>HOMELESSNESS INDICATOR</b> Y Yes <input type="checkbox"/> N No U Unknown	<b>ADMISSION DATE</b> <input style="width: 100%; height: 20px;" type="text"/> <i>Month   Day   Year (4-digit)</i>
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<b>SOURCE OF ADMISSION</b> 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 <u>With Type of Admission "Newborn"</u> 5 Born Inside this Hospital 6 Born Outside of this Hospital	<b>ROUTE OF ADMISSION</b> 1 Your ED 2 Another ED 3 Not Admitted from an ED <input style="width: 30px; height: 20px;" type="checkbox"/>
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<p><b>TYPE OF ADMISSION</b></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><b>DISCHARGE DATE</b></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><b>PATIENT'S SOCIAL SECURITY NUMBER</b></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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**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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<p><b>TOTAL CHARGES</b></p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p><i>Report whole dollars only, right justified</i></p>	<p><b>ABSTRACT RECORD NUMBER (Optional)</b></p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<p><b>PREHOSPITAL CARE AND RESUSCITATION</b></p> <p>DNR orders at admission or within 24 hrs of admission</p> <p>Y Yes <input type="checkbox"/></p> <p>N No <input type="checkbox"/></p>
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<b>EXPECTED SOURCE OF PAYMENT</b>		<b>TYPE OF COVERAGE</b>	<b>NAME OF PLAN</b>
<b>PAYER CATEGORY</b> 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 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	1 Managed Care - Knox - Keene/ COHS 2 Managed Care - Other 3 Traditional Coverage <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <p align="center"><i>0001 - 9999 Plan Code Number</i></p>

**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](http://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.

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

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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**

<input type="checkbox"/>
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Y = Yes  
N = No  
U = Unknown  
W = Clinically Undetermined  
blank = Exempt from POA reporting

h.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<input type="checkbox"/>
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