

## **Ambulatory Surgery Data Elements to be reported**

Date of Birth	Sex
Race	Ethnicity
Zip Code	Patient Social Security Number
Service Date	Abstract Record Number
Principal Diagnosis	Other Diagnoses
Principal Procedure	Other Procedures
Principal External Cause of Morbidity	Other External Causes of Morbidity
Disposition of Patient	Expected Source of Payment
Preferred Language Spoken	Facility Identification Number