OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
HOSPITAL INPATIENT
MANUAL ABSTRACT REPORTING FORM
Effective with Discharges on or after July 1, 2020

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

ABSTRACT RECORD NUMBER (Optional)

DATE OF BIRTH

Month | Day | Year (4 - Digit)

PATIENT'S SOCIAL SECURITY NUMBER

(Report 000 00 0001 if SSN is Unknown)

SEX

M Male
F Female
U Unknown

ETHNICITY

E1 Hispanic or Latino
E2 Non Hispanic or
    Latino Ethnicity
99 Unknown

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 Race
99 Unknown

a.   c.   e.

b.   d.

ADMISSION DATE

Month | Day | Year (4 - Digit)

DISCHARGE DATE

Month | Day | Year (4 - Digit)

ZIP CODE

XXXXX=Unknown   ZZZZZ=Homeless
YYYYY=Persons who do not reside in the U.S.

SOURCE OF ADMISSION

POINT OF ORIGIN

With Type of Admission other than "Newborn"

1 Non-Health Care Facility
2 Clinic or 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

E Ambulatory Surgery Center
F Hospice Facility
G Designated Disaster Alternate Care Site

With Type of Admission "Newborn"

5 Born Inside this Hospital
6 Born Outside of this Hospital

ROUTE OF ADMISSION

1 Your ED
2 Another ED
3 Not admitted from an ED

TYPE OF ADMISSION

1 Emergency   5 Trauma
2 Urgent   9 Information Not
3 Elective   Available
4 Newborn

PREHOSPITAL CARE AND RESUSCITATION

DNR orders at admission or within 24 hrs of admission

Y = Yes
N = No

TOTAL CHARGES

(Report whole dollars only, right justified)

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

TYPE OF COVERAGE

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

NAME OF PLAN

(0001 - 9999 Plan Code Number)

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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 Alternative 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 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 with a planned 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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PREFERRED LANGUAGE SPOKEN
Enter a valid 3-letter PLS Code from OSHPD'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 space provided.

EXTERNAL CAUSES OF MORBIDITY   **PRESENT ON ADMISSION**

a.

b.

c.

d.

e.

f.

g.

h.

i.

j.

k.

l.

Y = Yes
N = No
U = Unknown
W = Clinically Undetermined
blank = Exempt from POA reporting

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)

PRINCIPAL DIAGNOSIS   **PRESENT ON ADMISSION**

Y = Yes
N = No
U = Unknown
W = Clinically Undetermined
blank = Exempt from POA reporting

OTHER DIAGNOSES   **PRESENT ON ADMISSION**

a.   m.
b.   n.
c.   o.
d.   p.
e.   q.
f.   r.
g.   s.
h.   t.
i.   u.
j.   v.
k.   w.
l.   x.

PRINCIPAL PROCEDURE AND DATE

Month | Day | Year (4-Digit)

OTHER PROCEDURES AND DATES

a.   m.
b.   n.
c.   o.
d.   p.
e.   q.
f.   r.
g.   s.
h.   t.
i.   u.
j.   v.
k.   w.
l.   x.