

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
HOSPITAL INPATIENT**

**MANUAL ABSTRACT REPORTING FORM
Effective with Discharges on or after January 1, 2019**

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 <input type="checkbox"/> 3 SN/IC 6 Physical Rehab <input type="checkbox"/> 4 Psychiatric	FACILITY ID NUMBER <input style="width:100%; height: 20px;" type="text"/>	ABSTRACT RECORD NUMBER (Optional) <input style="width:100%; height: 20px;" type="text"/>
--	---	--

DATE OF BIRTH <input style="width:100%; height: 20px;" type="text"/> <i>Month Day Year (4 - Digit)</i>	PATIENT'S SOCIAL SECURITY NUMBER <input style="width:33%; height: 20px;" type="text"/> <input style="width:33%; height: 20px;" type="text"/> <input style="width:33%; height: 20px;" type="text"/> <i>(Report 000 00 0001 if SSN is Unknown)</i>	SEX M Male <input type="checkbox"/> F Female U Unknown
---	---	--

ETHNICITY E1 Hispanic or Latino E2 Non Hispanic or Latino Ethnicity <input style="width:30px; height: 20px;" type="text"/> 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. <input style="width:30px; height: 20px;" type="text"/> c. <input style="width:30px; height: 20px;" type="text"/> e. <input style="width:30px; height: 20px;" type="text"/> b. <input style="width:30px; height: 20px;" type="text"/> d. <input style="width:30px; height: 20px;" type="text"/>
---	--	---

ADMISSION DATE <input style="width:100%; height: 20px;" type="text"/> <i>Month Day Year (4 - Digit)</i>	DISCHARGE DATE <input style="width:100%; height: 20px;" type="text"/> <i>Month Day Year (4 - Digit)</i>	ZIP CODE <input style="width:100%; height: 20px;" type="text"/> <i>XXXXX=Unknown ZZZZZ=Homeless YYYYY=Persons who do not reside in the U.S.</i>
--	--	--

SOURCE OF ADMISSION POINT OF ORIGIN <u>With Type of Admission other than "Newborn"</u> 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	ROUTE OF ADMISSION 1 Your ED 2 Another ED 3 Not admitted from an ED D One Distinct Unit to another Distinct Unit of the Same Hospital E Ambulatory Surgery Center F Hospice Facility <input style="width:30px; height: 20px;" type="text"/> <u>With Type of Admission "Newborn"</u> 5 Born Inside this Hospital 6 Born Outside of this Hospital
---	---

TYPE OF ADMISSION 1 Emergency 5 Trauma 2 Urgent 9 Information Not Available <input type="checkbox"/> 3 Elective 4 Newborn	PREHOSPITAL CARE AND RESUSCITATION DNR orders at admission or within 24 hrs of admission Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/>	TOTAL CHARGES <input style="width:100%; height: 20px;" type="text"/> <i>(Report whole dollars only, right justified)</i>
--	---	---

EXPECTED SOURCE OF PAYMENT PAYER CATEGORY 01 Medicare 07 Other Indigent 02 Medi-Cal 08 Self Pay <input style="width:30px; height: 20px;" type="text"/> 03 Private Coverage 09 Other Payer <input style="width:30px; height: 20px;" type="text"/> 04 Workers' Compensation 05 County Indigent Programs 06 Other Government	TYPE OF COVERAGE 1 Managed Care - Knox - Keene/COHS <input type="checkbox"/> 2 Managed Care - Other 3 Traditional Coverage	NAME OF PLAN <input style="width:100%; height: 20px;" type="text"/> <i>(0001 - 9999 Plan Code Number)</i>
--	--	--

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
HOSPITAL INPATIENT

MANUAL ABSTRACT REPORTING FORM
Effective with Discharges on or after January 1, 2019

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)

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

MANUAL ABSTRACT REPORTING FORM

Effective with Discharges on or after January 1, 2019

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

a.

--	--	--	--	--	--	--	--	--	--

PRESENT ON ADMISSION

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.

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--