

PATIENT ABSTRACT – NATIONAL HOSPITAL DISCHARGE SURVEY

A. STUDY-SPECIFIC INFORMATION

1. Hospital Number _____	2. HDS Number _____	3. Sampling Stratum 1 = Observation 2 = Normal Newborn 3 = AMI 4 = End-of-Life 6 = All Non-Statified 9 = Inpatient, Other
4. Medical Record Number:		5. Discharge Date : MM ___ DD ___ YY ___

B. INFORMATION THAT IS REQUESTED ON THE UB-04 CLAIM FORM

6. Patient Name (FL08, line 2b)			
<i>Last</i> _____	<i>First</i> _____	<i>Middle Name or Initial</i> _____	
7. Patient Street Address (FL09, line 1a):			8. City (FL09, line 2b)
9. State (FL09, line 2c) _____ If in US, complete items 9 and 10, but skip item 11	10. ZIP (FL09, line 2d) _____-_____ _____	11. Country Code (FL09, line 2e) _____-_____ _____	12a. Birth Date (FL10) MM ___ DD ___ YYYY _____ (Only if DOB is unavailable from the UB-04 Medical Record Face Sheet, record age) 12b. Age : _____ Units: <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days
13. Sex (FL11) M = Male F = Female U = Unknown	14. Admission Date (FL12) MM ___ DD ___ YY ___ (If the complete admission date is unavailable from the UB-04, record based on the Medical Record Face Sheet.)	15. Admission Type (FL14) 1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma 6-8 = Reserved for assignment by NUBC 9 = Info Not Available	
16. Admission Point of Origin (FL15) : Select Only One			
1 = Non-Health Care Facility Point of Origin 2 = Clinic 3 = Reserved for assignment by NUBC 4 = Transfer from a hospital (different facility) 5 = Transfer from a SNF or ICF 6 = Transfer from another health care facility 7 = Emergency Room 8 = Court / Law Enforcement 9 = Information not available		A = Reserved for assignment by NUBC B = Transfer from another home health agency C = Readmission to same home health agency D = Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to pay E = Transfers from ambulatory surgery center F = Transfer from hospice and is under a hospice plan of care or enrolled in a hospice program G-Z = Reserved for assignment by NUBC	
<u>Newborn Code Structure</u> 1-4 = Reserved for assignment by NUBC 5 = Born inside this hospital 6 = Born outside this hospital 7-9 = Reserved for assignment by the NUBC			

17. Discharge Status (FL17) : Select Only One Code

1 = Discharge to home or self care

2 = Discharge / transferred to short term general hosp for inpt care

3 = Discharge / transferred to SNF

4 = Discharge / transferred to ICF

5 = Discharge / transferred to a designated Cancer Center or Children's Hospital

6 = Discharge / transferred to home under care of organized home health service organization

7 = Left AMA or discontinued care

8 = Reserved for assignment by the NUBC

9 = Admitted as an Inpt to this hospital

10-19 = Reserved for assignment by the NUBC

20 = Expired

21-29 = Reserved for assignment by the NUBC

30 = Still Patient

31-39 = Reserved for assignment by the NUBC

40 = Expired at Home

41 = Expired in Medical Facility

42 = Expired – Place Unknown

43 = Discharge / transferred to Federal Health Care Facility

44-49 = Reserved for assignment by the NUBC

50 = Hospice - home

51 = Hospice – Medical Facility

52-60 = Reserved for assignment by the NUBC

61 = Discharge / transferred to a hospital-based Medicare Approved swing bed

62 = Discharge / transferred to an IRF including Rehabilitation Distinct Part Units of a Hospital

63 = Discharge / transferred to a Medicare Certified LTCH

64 = Discharge / transferred to a Nursing Facility Certified under Medicaid but not Certified under Medicare

65 = Discharge/ transferred to a Psychiatric Hospital or Psychia Distinct Part Unit of a Hospital

66 = Discharge/ transferred to a CAH

67-69 = Reserved for assignment by the NUBC

70 = Discharged /transferred to another Type of Health Care Institution not Defined Elsewhere in the Code List

71-99 = Reserved for assignment by the NUBC

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18. Units/Charges allocated to select revenue codes:

Revenue Code (FL42)	Revenue Code Description		# Days (FL46)	Total Charges (\$) (FL47)															
0170	Nursery	0=General																	
0171		1=Newborn Level 1																	
0172		2=Newborn Level 2																	
0173		3=Newborn Level 3																	
0174		4=Newborn Level 4																	
0175		5=Reserved																	
0176		6=Reserved																	
0177		7=Reserved																	
0178		8=Reserved																	
0179		9=Other nursery																	
0200	Intensive Care	0=General																	
0201		1=Surgical																	
0202		2=Medical																	
0203		3=Pediatric																	
0204		4=Psychiatric																	
0205		5=Reserved																	
0206		6=Intermediate ICU																	
0207		7=Burn Care																	
0208		8=Trauma																	
0209		9=Other Intensive Care																	
0210	Coronary Care Unit	0=General																	
0211		1=Myocardial Infarction																	
0212		2=Pulmonary Care																	
0213		3=Heart Transplant																	
0214		4=Intermediate CCU																	
0215		5=Reserved																	
0216		6=Reserved																	
0217		7=Reserved																	
0218		8=Reserved																	
0219		9=Other Coronary CCU																	
0001	Total Charges																		

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Instructions: Record up to 18 diagnoses and 4 E-Codes from the UB-04.

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Principal Diagnoses		
	19a. ICD-9-CM Code (FL67, FL67a-q)	19b. Present at Admission? (8th position of FL67 and FL67a-q)
Prin Dx		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> W
Oth Dx		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> W
Oth Dx		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> W
Oth Dx		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> W
Oth Dx		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> W
Oth Dx		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> W
Oth Dx		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> W
Oth Dx		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> W
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Oth Dx		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> W
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Oth Dx		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> W
Oth Dx		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> W
Oth Dx		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> W
20. Admitting Diagnosis (FL69) _____ ICD-9-CM		
21a. E-Code (FL72, 1a-c)		21 b. Present at Admission? (8th position of FL72, 1a-c)
<input type="checkbox"/> No E-codes		
E-Code 1		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> W
E-Code 2		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> W
E-Code 3		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> W
Instructions: Record up to 6 procedures.		
22. Principal Procedures (FL 74)		
<input type="checkbox"/> No procedures		

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	ICD-9-CM	Procedure Date
Prin Px		MM ____ DD ____ YY ____
Oth Px		MM ____ DD ____ YY ____
Oth Px		MM ____ DD ____ YY ____
Oth Px		MM ____ DD ____ YY ____
Oth Px		MM ____ DD ____ YY ____
Oth Px		MM ____ DD ____ YY ____

23. Attending Physician NPI (FL76) _____

24. Operating Physician NPI (FL77) _____

C. MEDICAL RECORD FACE SHEET INFORMATION

25. Encounter/Visit Number:

(Only ask question #26, if there is not complete data for either or both the admission or discharge dates.)

26. Length of Stay: _____ days

27. Ethnicity

- Hispanic
- Not Hispanic
- Unknown

28. Race: Please Check All That Apply

- White
- Black/African American
- Asian
- Native Hawaiian/Other Pacific Islander
- American Indian/ Alaska Native
- Other: Specify _____
- Unknown

29. Expected Source of Payment: Select Only One Per Category

Primary	Other 1	Other 2
<input type="checkbox"/> No source indicated <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid / SCHIP <input type="checkbox"/> Other Gov't (e.g., CHAMPUS, Tricare, VA) <input type="checkbox"/> Private / commercial insurance <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Self-pay <input type="checkbox"/> No charge <input type="checkbox"/> Other: Specify _____	<input type="checkbox"/> No source indicated <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid / SCHIP <input type="checkbox"/> Other Gov't (e.g., CHAMPUS, Tricare, VA) <input type="checkbox"/> Private / commercial insurance <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Self-pay <input type="checkbox"/> No charge <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No source indicated <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid / SCHIP <input type="checkbox"/> Other Gov't (e.g., CHAMPUS, Tricare, VA) <input type="checkbox"/> Private / commercial insurance <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Self-pay <input type="checkbox"/> No charge <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Not Applicable

30. Medicare #

- Not Documented
- _____

D. CURRENT EPISODE/HOSPITAL STAY INFORMATION

31.

If **NEWBORN** (Per item 3 {Sampling Stratum} code 2 "normal newborn" or item 15 {Adm Type} code 5

“newborn”), skip to Question 36.

<p>32. Vital Signs Value On First Presentation on the day of admission</p> <p>Height: ___ ft ___ in OR ___ ___ cm</p> <p>Weight: ___ ___ lbs OR ___ ___ kg</p>	<p>33. Clinical Laboratory Results: Initial Results on the day of admission</p> <p>Hematocrit (Hct): ___ ___ . ___ %</p> <p>White Cell Count (WBC): ___ ___ . ___ x1000/μL</p> <p>Platelet Count (Plt): ___ ___ ___ x1000/μL</p> <p>Sodium (Na): ___ ___ ___ mmol/L</p> <p>Potassium (K): ___ ___ . ___ mmol/L</p> <p>Urea Nitrogen (BUN): ___ ___ ___ mg/dL</p> <p>Creatinine (Cr): ___ ___ . ___ mg/dL</p>
<p>34.</p>	<p>35.</p>

FOR NEWBORNS (Per item 3 {Sampling Stratum} code 2 “normal newborn” or item 15 {Adm Type} code 5 “newborn”), ☐ If not a Newborn, Skip to Question 37

E. PATIENT CLINICAL VARIABLES (Obtained From Medical Records)

36. Birth Statistics

Weight: ___ ___ lbs ___ ___ oz **OR** ___ ___ ___ gm

Time of Delivery: ___ ___ : ___ ___ AM or PM (circle one)

Maternal Date of Birth: MM ___ ___ DD ___ ___ YY ___ ___

(Only complete Maternal Age if the Maternal date of birth is not available.)

Maternal Age: ___ ___ years

37.	<p>Medications Patient Was Taking Immediately Preceding Admission (Do not Include Medications Only Given in the Emergency Department)</p>
<p><input type="checkbox"/> None <input type="checkbox"/> Not applicable (newborn) <input type="checkbox"/> Unknown</p>	
<p>List up to 20 pre-admit medications</p>	
1.	
2.	
3.	

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38.	Medications Prescribed at Discharge
	<input type="checkbox"/> None <input type="checkbox"/> Not applicable (patient expired) <input type="checkbox"/> Unknown
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2	____/____/____	____/____/____				
3	____/____/____	____/____/____				

* Use most significant CPT procedure for previous observation status admissions.

G. ACUTE MYOCARDIAL INFARCTION SPECIFIC ITEMS (Items 42 – 46 To Be Completed Only for discharges with a sampling stratum code {Item 3} of “3” {AMI}. All others skip to item 47.)								
42. Date of First Hospital Contact MM ____ DD ____ YY ____				43. Time of First Hospital Contact ____ : ____ AM or PM (circle one)				
44. Troponin Levels <input type="checkbox"/> Check here if no Troponin Levels were obtained								
Troponin Level	Troponin Type (Check one)		Date MM/DD/YY	Time		Result	Units	ULN
	I	T		__ : __ HH:MM	AM PM Circle one			
Troponin #1			/ /	__ : __	AM PM			
Troponin #2			/ /	__ : __	AM PM			
Troponin #3			/ /	__ : __	AM PM			
45. Ischemic Pain Upon Admission <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				46. Elective (Planned) Cardiac Procedure Admission <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
H. END OF LIFE SPECIFIC ITEMS (Items 47 – 50 To Be Completed Only for discharges with a sampling stratum code {Item 3} of “4” {End-of-Life} or a discharge status {Item 17} code of “20”. All others skip to item 51.)								
47. Advanced Care Plan on Admission <input type="checkbox"/> Yes <input type="checkbox"/> No (Skip to question 49) <input type="checkbox"/> Don't Know (Skip to question 49)				48. Type of Advanced Care Plan on Admission (Check All That Apply) <input type="checkbox"/> Comfort Measures Only Order <input type="checkbox"/> Do Not Resuscitate Order <input type="checkbox"/> Do Not Intubate Order <input type="checkbox"/> Health Care Proxy / Durable Power of Attorney / Surrogate Decision Maker <input type="checkbox"/> Advanced Directive / Living Will / POLST (Physician Orders for Life Sustaining Treatment) or Other State Program <input type="checkbox"/> Other				
49. Do Not Resuscitate Order (During				50.				

