Medicare Learning Network
MLN Matters®
CMS
Information for Medicare Fee-For-Service Health Care Professionals

News Flash - A new preventive services brochure entitled *Bone Mass Measurements,* ICN# 006437, is now available on the Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network (MLN). This tri-fold brochure provides health care professionals with an overview of Medicare's coverage of bone mass measurement services. The brochure is available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Bone_Mass.pdf on the CMS website.

MLN Matters Number: MM5764

Related Change Request (CR) #: 5764

Related CR Release Date: November 2, 2007

Effective Date: April 1, 2008

Related CR Transmittal #: R1361CP

Implementation Date: April 7, 2008

Note: This article was updated on September 24, 2012, to reflect current Web addresses. All other information remains the same.

New Patient Status Discharge Code 70 to Define Discharges or Transfers to Other Types of Health Care Institutions not Defined Elsewhere in the UB-04 (CMS-1450) Manual Code List

Provider Types Affected

Providers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), and Part A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries

Provider Action Needed

STOP – Impact to You

This article is based on Change Request (CR) 5764, which provides implementing instructions for a new patient discharge status code 70 and a definition change to existing patient discharge status code 05.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

CAUTION – What You Need to Know

New patient discharge status code 70 was created in order for providers to be able to indicate discharges/transfers to another type of health care institution not defined elsewhere in the code list. This code is effective for use by providers for discharge dates on or after April 1, 2008, and patient discharge status code 05 has been redefined to indicate a discharge/transfer to a designated cancer center or children's hospital.

GO – What You Need to Do

See the Background and Additional Information Sections of this article for further details regarding these changes.

Background

The UB-04 claim form includes the Patient Status Code as Field Locator 17. The Patient Status Code is a two digit code to indicate the disposition or discharge status of the beneficiary on a submitted claim, and it is a required field on all institutional claims. Several members of the NUBC participated in a workgroup to ensure the clarity of the definitions of patient discharge status codes, and as a result of the NUBC workgroup meeting, the following patient discharge status code changes are being implemented by NUBC effective April 1, 2008:

- New patient discharge status code 70 was created in order for providers to be able to indicate discharges/transfers to another type of health care institution not defined elsewhere in the code list. This code is effective for use by providers for discharges/to dates on or after April 1, 2008.

Patient Status Code	Descriptor
70	Discharge/transfer to another type of health care institution not defined elsewhere in the code list

- Patient discharge status code 05 has been redefined, effective April 1, 2008, to indicate a discharge/transfer to a designated cancer center or children's hospital.

Note: For Inpatient Prospective Payment System (IPPS) hospitals, the post-acute transfer payment policy will not apply to claims that contain patient discharge status code 70.

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CR5764 also revises the *Medicare Claims Processing Manual*, Chapter 1, Section 50.2.1 (Inpatient Billing from Hospitals and SNFs), to reflect these patient status code changes and these revisions can be found in the attachment to CR5764.

Additional Information

The official instruction, CR5764, issued to your FI and A/B MAC regarding this change may be viewed at http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1361CP.pdf on the Centers for Medicare & Medicaid Services (CMS) website.

If you have any questions, please contact your Medicare FI or A/B MAC at their toll-free number, which may be found at *http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html* on the CMS website.

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