



Related MLN Matters® Article #: SE0801 **Revised**

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Clarification of Patient Discharge Status Codes and Hospital Transfer Policies- JA0801

Note: JA0801 was revised to update the Web address on page 3 for accessing the list of designated cancer centers. All other information is the same.

Key Words

SE0801, Discharge, Status, Hospital

Provider Types Affected

Providers billing Medicare Fiscal Intermediaries (FIs) or Part A/B Medicare Administrative Contractors (A/B MACs)

Key Points

- MLN Matters® article SE0801 is provided to assist providers in determining the right discharge status code to use with their claims.
- Assigning the correct patient discharge status code is just as important as any other coding used when filing a claim. The same processes should be applied for patient discharge status codes as with any other coding.
- Choosing the patient discharge status code correctly avoids claim errors and helps you receive payment for your claim sooner.
- A patient discharge status code is a two-digit code that identifies where the patient is at the conclusion of a health care facility encounter (this could be a visit or an actual inpatient stay) or at the time end of a billing cycle (the 'through' date of a claim).
- The Centers for Medicare & Medicaid Services (CMS) requires patient discharge status codes for:
 - Hospital Inpatient Claims (type of bills (TOBs) 11X and 12X);
 - Skilled Nursing Claims (TOBs 18X, 21X, 22X and 23X);
 - Outpatient Hospital Services (TOBs 13X, 14X, 71X, 73X, 74X, 75X, 76X and 85X); and
 - All Hospice and Home Health Claims (TOBs 32X, 33X, 34X, 81X and 82X).

- It is important to select the correct patient discharge status code. In cases in which two or more patient discharge status codes apply, providers should code the highest level of care known.
- Omitting a code or submitting a claim with an incorrect code is a claim billing error and could result in the provider's claim being rejected or their claim being cancelled and payment being taken back.
- Applying the correct code will help assure that the providers receive prompt and correct payment.

Patient Discharge Status Codes and Their Appropriate Use

01- Discharge to Home or Self Care (Routine Discharge)

- This code includes discharge to home; jail or law enforcement; home on oxygen if durable medical equipment (DME) only; any other DME only; group home, foster care, and other residential care arrangements; outpatient programs, such as partial hospitalization or outpatient chemical dependency programs; assisted living facilities that are not state-designated.

02 - Discharged/Transferred to a Short Term General Hospital for Inpatient Care

- This patient discharge status code should be used when the patient is discharged or transferred to a short-term acute care hospital. Discharges or transfers to long-term care hospitals (LTCHs) should be coded with Patient discharge status Code 63.

03 - Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification in Anticipation of Skilled Care

- This code indicates that the patient is discharged/transferred to a Medicare-certified nursing facility in anticipation of skilled care. For hospitals with an approved swing bed arrangement, providers should use Code 61- Swing Bed.
- This code should be used regardless of whether or not the patient has skilled benefit days and regardless of whether the transferring hospital anticipates that this SNF stay will be covered by Medicare.
- For reporting other discharges/transfers to nursing facilities, providers should see codes 04 and 64.
- Code 03 should **not** be used if the patient is admitted to a non-Medicare certified area.

04 - Discharged/Transferred to an Intermediate Care Facility (ICF)

- Patient discharge status code 04 is typically defined at the state level for specifically designated intermediate care facilities. It is also used:
 - To designate patients that are discharged/transferred to a nursing facility with neither Medicare nor Medicaid certification, or
 - For discharges/transfers to state designated Assisted Living Facilities.

05 - Discharged/Transferred to Another Type of Health Care Institution Not Defined Elsewhere in This Code List

- Cancer hospitals excluded from Medicare Prospective Payment System (PPS) and children's hospitals are examples of such other types of health care institutions.

New Definition for Patient Discharge Status Code 05 - Effective, per National Uniform Billing Committee (NUBC), on April 1, 2008:

- 05 - Discharged/Transferred to a Designated Cancer Center or Children's Hospital

Usage Note: Transfers to non-designated cancer hospitals should use Code 02. A list of (National Cancer Institute) Designated Cancer Centers can be found at http://cancercenters.cancer.gov/cancer_centers/cancer-centers-names.html on the Internet.

06 - Discharged/Transferred to Home Under Care of Organized Home Health Service Organization in Anticipation of Covered Skilled Care

- This code should be reported when a patient is:
 - Discharged/transferred to home with a written plan of care for home care services (tailored to the patient's medical needs) -- whether home attendant, nursing aides, certified attendants, etc.;
 - Discharged/transferred to a foster care facility with home care; and
 - Discharged to home under a home health agency with durable medical equipment (DME).
- This code should **not** be used for home health services provided by a:
 - DME supplier or
 - Home IV provider for home IV services.

07 - Left Against Medical Advice or Discontinued Care

- The important thing to remember about this patient discharge status code is that it is to be used when a patient leaves against medical advice or the care is discontinued. According to the NUBC, discontinued services may include:
 - Patients who leave before triage, or are triaged and leave without being seen by a physician; or
 - Patients who move without notice, and the home health agency is unable to complete the plan of care.

08 - Reserved for National Assignment

- This patient discharge status code is reserved for national assignment.

09 - Admitted as an Inpatient to this Hospital

- This code is for use only on Medicare outpatient claims, and it applies only to those Medicare outpatient services that begin greater than three days prior to an admission.

10-19 - Reserved for National Assignment

- These patient discharge status codes are reserved for national assignment.

20 - Expired

- This code is used only when the patient dies.

21-29 - Reserved for National Assignment

- These patient discharge status codes are reserved for national assignment.

30 - Still Patient or Expected to Return for Outpatient Services

- This code is used when the patient is still within the same facility and is typically used when billing for leave of absence days or interim bills. It can be used for both inpatient or outpatient claims.
- It is used for inpatient claims when billing for leave of absence days or interim billing (i.e., the length of stay is longer than 60 days).
- On outpatient claims, the primary method to identify that the patient is still receiving care is the bill type frequency code (e.g., Frequency Code 3: Interim - Continuing Claim).

31-39 - Reserved for National Assignment

- These patient discharge status codes are reserved for national assignment.

40 - 42 Hospice Patient discharge status Codes - Hospice Claims Only (TOBs: 81X & 82X)

- The following patient discharge status codes should only be used when submitting hospice claims:
 - 40 - Expired at Home - This code is for use only on Medicare and TRICARE claims for hospice care;
 - 41 - Expired in a Medical Facility, such as a hospital, SNF, ICF, or free-standing hospice; and
 - 42 - Expired - Place Unknown; This code is for use only on Medicare and TRICARE claims for hospice care.

43 - Discharged/Transferred to a Federal Hospital

- This code applies to discharges and transfers to a government operated health care facility including:
 - Department of Defense hospitals;
 - Veteran's Administration hospitals; or
 - Veteran's Administration nursing facilities.
- This patient discharge status code should be used whenever the destination at discharge is a federal health care facility, whether the patient resides there or not.
- The NUBC has also clarified that this code should also be used when a patient is transferred to an inpatient psychiatric unit of a Veterans Administration hospital.

44-49 Reserved for National Assignment

- These patient discharge status codes are reserved for national assignment.

50 and 51 - Discharged/Transferred to a Hospice

- These two patient discharge status codes are used to identify when a patient is discharged or transferred to hospice care.
- The level of care that will be provided by the hospice upon discharge is essential to determining the proper code to use.
- NUBC clarified the following Hospice Levels of Care:

- Routine or Continuous Home Care - Patient discharge status **code "50: Hospice home"** should be used if the patient went to his/her own home or an alternative setting that is the patient's "home," such as a nursing facility, and will receive in-home hospice services;
- General Inpatient Care - Patient discharge status **code "51: Hospice medical facility"** should be used if the patient went to an inpatient facility that is qualified and the patient is to receive the general inpatient hospice level of care; and
- Inpatient Respite - Patient discharge status **code "51: Hospice medical facility"** should be used if the patient went to a facility that is qualified and the patient is receiving hospice inpatient respite level of care. Unless a patient has already been admitted to/accepted by a hospice, level of care cannot be determined. Therefore, it is recommended that if a patient is going home or to an institutional setting with a hospice "referral only" (without having already been accepted for hospice care by a hospice organization), the patient discharge status code should simply reflect the site to which the patient was discharged; not hospice (i.e., **01: home or self care, or 04: an intermediate care nursing facility, assuming it is not a Medicare SNF admission**).

Additional Guidance on Use of Patient discharge status Code 50 or 51

- Patient discharge status Code 50 should be used if the patient went to his/her own home or an alternative setting that is the patient's "home," such as a nursing facility, and will receive in-home hospice services.
- Patient discharge status Code 51 should be used when a patient is:
 - Discharged from acute hospital care but remains at the same hospital under hospice care,
 - Transferred from an inpatient acute care hospital to a Medicare-certified SNF under the following conditions:
 - The patient has elected the hospice benefit and will be receiving hospice care under arrangement with a hospice organization; the patient is receiving residential care only;
 - The patient does not qualify for skilled level of care outside the hospice benefit for conditions unrelated to the terminal illness; and
 - The patient is admitted from home (a private residence) to an acute setting. Upon discharge, the patient is transferred as a new nursing home placement to a designated hospice unit/bed.

52-60 - Reserved for National Assignment

- These patient discharge status codes are reserved for national assignment.

61 - Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed

- This code is used for reporting patients discharged/transferred to a SNF level of care within the hospital's approved swing bed arrangement.
- When a patient is discharged from an acute hospital to a Critical Access Hospital (CAH) swing bed, use patient discharge status code 61. Swing beds are not part of the post acute care transfer policy.

62 - Discharged/Transferred to an Inpatient Rehabilitation Facility Including Distinct Part Units of a Hospital

- Inpatient rehabilitation facilities (or designated units) are those facilities that meet a specific requirement that 75% of their patients require intensive rehabilitative services for the treatment of certain medical conditions. This code should be used when a patient is transferred to a facility or designated unit that meets this qualification.

63 - Discharged/Transferred to Long Term Care Hospitals (LTCHs)

- This code is for hospitals that meet the Medicare criteria for LTCH certification. LTCHs are facilities that provide acute inpatient care with an average length of stay of 25 days or greater.
- This code should be used when transferring a patient to a LTCH.
- If providers are not sure whether a facility is a LTCH or a short-term care hospital, they should contact the facility to verify their facility type before assigning a patient discharge status code.

64 - Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare

- Nursing facilities may elect to certify only a portion of their beds under Medicare, and some nursing facilities choose to certify all of their beds under Medicare. Still others elect not to certify any of their beds under Medicare.
- When a patient is transferred to a nursing facility that has no Medicare certified beds, this code should be used. If any beds at the facility are Medicare certified, then the provider should use either patient discharge status code 03 or 04, depending on:
 - The level of care the patient is receiving; and
 - Whether the bed is Medicare certified or not.

65 - Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital

- This code should be used when a patient is transferred to an inpatient psychiatric unit or inpatient psychiatric designated unit.

Note: This code **should not be used** when a patient is transferred to an inpatient psychiatric unit of a federal hospital (e.g., Veterans Administration Hospitals). In this case, see Patient discharge status Code 43.

66 - Discharged/Transferred to a CAH

- Patient discharge status Code 66 is used to identify a transfer to a critical access hospital (CAH) for inpatient care. Providers will need to establish a process for identifying whether a hospital is paid under the PPS or whether the facility is designated as a CAH.

Note: Discharges or transfers to a CAH swing bed should still be coded with Patient discharge status Code 61.

67-69 - Reserved for National Assignment

- These patient discharge status codes are reserved for national assignment.

New Patient Discharge Status Code 70 – Per NUBC, Effective April 1, 2008

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

- 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 (See Code 05).

71-99 - Reserved for National Assignment

- These patient discharge status codes are reserved for national assignment.

Patient Discharge Status Codes Affected by the Hospital Transfer Policies for Inpatient PPS (IPPS) and Inpatient Rehabilitation Facility (IRF) PPS

- The IPPS Acute to Acute Transfer policy applies to transfers coded with patient discharge status code 02 and applies to ALL diagnosis-related groups (DRGs) and when the length of stay is less than the average length of stay for the DRG.
- Under Medicare’s Post Acute Care Transfer policy (42 Code of Federal Regulations (CFR) 412.4) a discharge of a hospital inpatient is considered to be a post acute care transfer when the patient’s discharge is assigned to one of the qualifying DRGs, and the discharge is made under any of the following circumstances:
 - To a hospital or distinct part hospital unit excluded from the inpatient PPS (includes: IRFs, LTCHs, psychiatric hospitals, cancer hospitals and children’s hospitals);
 - To a SNF (not swing beds); and
 - To home under a written plan of care for the provision of home health services from a home health agency and those services begin within 3 days after the date of discharge.

Note: A list of the Fiscal Year 2008 DRGs is available in Table 5 of the IPPS final rule for 2008. That table is available at <http://www.cms.hhs.gov/AcuteInpatientPPS/downloads/FY2008FinalRuleTable5.zip> on the CMS website.

- Based on the above, the IPPS Post-Acute Care Transfer Policy applies to claims coded with patient discharge status codes 03, 05, 06, 62, 63, and 65.
- IRFs: The following patient discharge status codes are applicable under the IRF Transfer Policy for IRF PPS: 02, 03, 61, 62, 63, and 64 (42 CFR 412.624(f)).
- Identifying the appropriate patient discharge status code can sometimes be confusing. Providers should be sure to read the Frequently Asked Questions Section starting on page 9 of MLN Matters® article SE0801 for further guidance.

Important Links

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0801.pdf> on the CMS website.