Patient discharge status code reporting

A “discharge” occurs when a Medicare beneficiary leaves an acute care hospital after receiving acute care treatment; or dies in the hospital.

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 or at the end of a billing cycle (the ‘through' date of a claim).

The patient discharge status codes listed below is not an all-inclusive list. For these and other discharge codes, and for assistance in the proper reporting of patient discharge status, please refer to the [National Uniform Billing Committee](http://www.nubc.org/).

Discharge codes

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| Discharge code | Definition |
| 01 | Discharge to home or self-care (routine discharge)  This code includes discharge to home; home on oxygen if 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. |
| 03 | Discharged / transferred to a skilled nursing facility with Medicare certification in anticipation of skilled care. |
| 04 | Discharged / transferred to an intermediate care facility. |
| 05 | Discharged / transferred to a designated cancer center or children’s hospital. |
| 06 | Discharged / transferred to home under care of organized home health service organization in anticipation of covered skilled care. |
| 07 | Left against medical advice or discontinued care. |
| 09 | Admitted as an inpatient to this hospital. |
| 20 | Expired (report only when the patient dies). |
| 21 | Discharged / transferred to court/law enforcement.  Usage includes transfers to incarceration facilities such as jails, prisons, or other detention facilities. |
| 30 | Still patient or expected to return for outpatient services. |
| 43 | Discharged / transferred to a federal hospital: department of defense hospital, Veteran's administration hospital, Veteran’s administration nursing facility (to be used whether the patient lives there or not); also used when a patient is transferred to an inpatient psychiatric unit of a VA hospital. |
| 50 | Discharged / transferred to a hospice for routine or continuous home care.  This code 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. |
| 51 | Discharged / transferred to a hospice for general inpatient care.  This code 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. |
| 61 | Discharged / transferred to a hospital-based Medicare approved swing bed. |
| 62 | Discharged / transferred to an inpatient rehabilitation facility including distinct part units of a hospital. |
| 63 | Discharged / transferred to long term care hospitals (LTCH). |
| 64 | Discharged / transferred to a nursing facility certified under Medicaid, 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 | Discharge / transfer to a designated disaster alternative care site. |
| 70 | Discharged / transferred to another type of health care institution not defined elsewhere in this list. |
| 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 SNF with Medicare certification 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. |
| 90 | Discharged / transferred to an IRF including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission. |
| 91 | Discharged/transferred to a Medicare certified long term care hospital 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 CAH with a planned acute care hospital inpatient readmission. |

Guidelines

Medicare requires that when discharging a patient from an inpatient stay, the discharging facility reports the discharge disposition in the “Patient Discharge Status” field (FL 17).

The claim must include the discharge status code that most accurately reflects the discharge of the patient. However, in certain instances (left against medical advice, same day readmissions, etc.) the Fiscal Intermediary Shared System cannot decipher between a discharge and readmission on the same day, which may cause claims to return to you indicating that the prior claim submission does not reflect the correct discharge disposition related to the same day inpatient readmission. In this instance, the facility that discharged the patient must bill the discharge status code reflecting same day admission to the subsequent facility. The patient discharge status code must reflect the most appropriate readmitting facility type.

Examples

Scenario 1

* Patient is discharged from hospital X to home.
* Patient is subsequently readmitted the same day to hospital Y.
* Hospital X billed with patient status code 01 reflecting a discharge to home.
* Hospital Y is unable to get their claim processed.
* Hospital X must submit a claim adjustment to reflect a discharge to hospital Y (patient status code 02).
* Hospital Y can resubmit their claim once hospital X’s claim finalizes.

Scenario 2

* Patient is discharged against medical advice from hospital X.
* Patient is subsequently readmitted the same day to hospital Y.
* Hospital X billed with patient status code 07 reflecting a discharge against medical advice.
* Hospital Y is unable to get their claim processed.
* Hospital X must submit a claim adjustment to reflect a discharge to hospital Y (patient status code 02).
* Hospital Y can resubmit their claim once hospital X’s claim finalizes.

References

* CMS Change Request, [CR10602 - Update to the Hospital Transfer Policy for Early Discharges to Hospice Care](https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R2094OTN.pdf)
* [CMS IOM Publication 100-04, Claims Processing Manual, Chapter 3, Section 40.2.4A](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c03.pdf)
* MLN Matters® article, [MM6385-New Patient Discharge Status Code 21 to Define Discharges or Transfers to Court/Law Enforcement](https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/MM6385.pdf)
* [SE1411-Clarification of Patient Discharge Status Codes and Hospital Transfer Policies](https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/se1411.pdf)