

Patient Status

(aka: Discharge Status)

UB-04 Form Locator 17

Definition: A code indicating patient status as of the ending service date of the period covered on the record.

01	<p>Discharged to home or self-care (routine discharge). Usage Note: 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. Note: discharge to jail or law enforcement is now code 21 effective 10/1/09.</p>
02	<p>Discharged/transferred to another short-term general hospital for inpatient care.</p>
03	<p>Discharged/transferred to skilled nursing facility (SNF) with Medicare Certification in Anticipation of Covered Skilled Care. Usage Note: Medicare—indicates that the patient is discharged/transferred to a Medicare certified nursing facility. For hospitals with an approved swing bed arrangement, use Code 61—Swing Bed. For reporting discharges/transfers to a non-certified SNF, the hospital must use Code 04 or Code 64.</p>
04	<p>Discharged/Transferred to a facility that provides Custodial or Supportive Care. Usage Note: Typically defined at the state level for specifically designated intermediate care facilities (ICF). Also used to designate patients that are discharged/transferred to a nursing facility with neither Medicare nor Medicaid certification, and for state designated Assistant Living Facilities. Per NUBC instructions, use this code when the patient is transferred to a nursing facility and: the nursing facility only has certified skilled beds, but the patient does not qualify for a skilled level of care, the nursing facility is certified for both skilled and intermediate level of care and the patient is transferred to intermediate, the facility is Medicare-certified and the patient resides there and receives only non-skilled services.</p>
05	<p>Discharged/transferred to a Designated Cancer Center or Children’s Hospital. Usage Note: A Medicare distinct part unit or facility must meet certain Medicare requirements and is exempt from the IPPS ; Children’s hospitals and cancer centers are two examples. Discharged/transferred to a Designated Cancer Center or Children’s Hospital. Also note, SNF’s or swing beds, IRFs LTCH and Psychiatric hospitals or psychiatric distinct parts have specific patient status codes. 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://www3.cancer.gov/cancercenters/centerslist.html</p>

06	Discharged/transferred to Home Under Care of organized home health service organization in anticipation of covered skill care. Usage Note: Report this code when the patient is discharged/transferred to home with a written plan of care (tailored to the patient's medical needs) for home care services. Not used for home health services provided by a DME supplier or from a Home IV provider for home IV services. (Effective 2/23/05)
07	Left against medical advice (AMA) or discontinued care.
08	Reserved for assignment by the NUBC.
09	Admitted as an inpatient to this hospital. Usage Note: For use on Medicare outpatient claims only. Applies only to those Medicare outpatient services that begin greater than three days prior to an admission.
20	Expired.
21	Discharge/Transfer to Court/Law Enforcement (Effective 10/1/09). Usage: This code includes transfers to incarceration facilities such as jail, prison, or other detention facilities.
40-42	Hospice related discharge status codes: Removed from list of eligible codes 7/1/10
43	Discharged/transferred to a federal health care facility. Usage Note: Discharges and transfers to a government operated health facility such as a Department of Defense hospital, a Veteran's Administration Hospital, or a Veteran's Administration skilled nursing facility. To be used at discharge whenever the destination at discharge is a federal health care facility, whether the patient resides there or not.
50	Discharged to Hospice—Home. Usage Note: Report this code if the patient is discharged to his or her home or an alternative setting that is the patient's home, such as a nursing facility, and the patient will receive in-home hospice service.
51	Discharged to hospice—medical facility (certified) providing hospice level of care.
61	Discharged/transferred to a hospital-based Medicare approved swing bed. Usage Note: Medicare—used for reporting patients discharged/transferred to a SNF level of care within the hospital's approved swing bed arrangement.
62	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital. Usage Note: This is a valid code for Medicare billing for hospitals, SNFs, HHAs and RNHCIs.
63	Discharged/transferred to a Medicare-certified long-term care hospital. Usage Note: For hospitals that meet the Medicare criteria for LTCH certification. Long-term care hospitals are certified under Medicare as short-term acute care hospitals with an average inpatient LOS greater than 25 days.

64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare. Usage Note: Acute care hospitals, SNFs, hospices, and outpatient hospital providers are required to report this patient status code, if appropriate, although the use of this code does not affect payment for these facilities.
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.
66	Discharged/transferred to a Critical Access Hospital. This code should be used when the hospital is a designated critical access hospital (CAH). CMS approved for use for Medicare patients effective 1/106.
70	Discharged/transferred to another type of healthcare institution not defined elsewhere in this code list. (Effective 4/1/08)