CODEX

CODING DECODED

Discharge Data Set

Patient Discharge Status Codes for Accurate Reimbursement

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The discharge status code identifies where a patient goes at the conclusion of a health care encounter, and it plays a direct role in how the encounter is reimbursed. Coders must apply these codes accurately to avoid claim denials and compliance risk.

1. Discharge Status Codes — Overview

- Two-digit code.
- Identifies where the patient is at the conclusion of health care treatment.
- Impacts reimbursements for the hospital.

UB-04 Data Specifications Manual is maintained by the National Uniform Billing Committee.

Discharge Status Code Examples

- 01 — Discharged to Home or Self Care (Routine Discharge)
- 02 — Discharged/transferred to Short-term General Hospital for Inpatient Care
- 03 — Discharged/transferred to SNF with Medicare Certification in Anticipation of Skilled Care
- 04 — Discharged/transferred to ICF

Accurate discharge data set coding is essential for correct reimbursement in Medicare and insurance claims. Improper coding can lead to denied claims, reduced payments, Medicare penalties, and compliance risks.

2. Worked Example — Discharge Status Coding Error

Error

- Patient is discharged to Home Health Care, but the hospital incorrectly codes “Discharged to Home” (Code 01) instead of “Discharged to Home Health” (Code 06).

Impact

- Medicare denies the Home Health claim, leading to payment loss for the home health provider.
- The hospital will miss out on reimbursement adjustments for home-based care.

3. Patient Discharge Status Codes — Full Reference (UB-04 Manual)

Required on all institutional claims — i.e., 837I or 837P. A code indicating the disposition or discharge status of the patient at the end of the period covered by the bill/record or claim.

Code	Description / Usage Note
01	Discharged to home or self-care (routine discharge). 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.
02	Discharged/transferred to another short-term general hospital for inpatient care.
03	Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care. For hospitals with an approved swing bed arrangement, use Code 61. For discharges/transfers to a non-certified SNF, use Code 04 or Code 64.
04	Discharged/transferred to a facility that provides custodial or supportive care. Typically defined at the state level for specifically designated intermediate care facilities (ICF); also used for patients discharged/transferred to a nursing facility with neither Medicare nor Medicaid certification, and for state-designated Assisted Living Facilities.
05	Discharged/transferred to a designated Cancer Center or Children's Hospital. A Medicare distinct-part unit or facility must meet certain Medicare requirements and is exempt from the IPPS. Transfers to non-designated cancer hospitals should use Code 02.
06	Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care. Not used for home health services provided by a DME supplier or a Home IV provider for home IV services (effective 2/23/05).

Code	Description / Usage Note
07	Left against medical advice (AMA) or discontinued care.
08	Reserved for assignment by the NUBC.
09	Admitted as an inpatient to this hospital. For use only on Medicare outpatient claims that begin more than three days prior to admission.
20	Expired. Per NUBC: Occurrence code 55 also required.
21	Discharge/Transfer to Court/Law Enforcement. Includes transfers to incarceration facilities such as jail, prison, or other detention facilities.
30	Still patient.
40	Expired at home. For use only on Medicare and Tricare claims for hospice care. Do not send to WHAIC / WIpop.
41	Expired in a medical facility such as a hospital, SNF, ICF, or freestanding hospice. For use only on Medicare and Tricare hospice claims.
42	Expired, place unknown. For use only on Medicare and Tricare hospice claims.
43	Discharged/transferred to a federal health care facility, such as a Department of Defense hospital or a Veteran's Administration hospital/SNF. Used whenever the destination is a federal health care facility.
50	Discharged to Hospice — Home. Report this code if the patient is discharged to home or an alternative home-like setting and 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. Valid code for Medicare billing for hospitals, SNFs, HHAs, and RNHCIs.
62	Discharged/transferred to an inpatient rehabilitation facility (IRF), including rehabilitation distinct-part units of a hospital.
63	Discharged/transferred to a Medicare-certified long-term care hospital (LTCH), certified as a short-term acute care hospital with average inpatient LOS greater than 25 days.
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	Discharged/transferred to a designated disaster alternative care site.
70	Discharged/transferred to another type of healthcare institution not defined elsewhere in this code list.
81	Discharged to home or self-care with a planned acute care hospital inpatient readmission.
82	Discharged/transferred to a short-term general hospital for inpatient care with a planned acute care inpatient readmission.
83	Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission.
84	Discharged/transferred to a facility that provides custodial or supportive care 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 an organized home health service organization with a planned acute care hospital inpatient readmission.
87	Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission.
88	Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission.
89	Discharged/transferred to a hospital-based Medicare-approved swing bed with a planned acute care hospital inpatient readmission.
90	Discharged/transferred to an inpatient rehabilitation facility (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 (LTCH) with a planned acute care hospital

Code	Description / Usage Note
	inpatient readmission.
92	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital inpatient readmission.
93	Discharged/transferred to a psychiatric distinct-part unit of a hospital with a planned acute care hospital inpatient readmission.
94	Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission.
95	Discharged/transferred to another type of health care institution not defined elsewhere in this code list, with a planned acute care hospital inpatient readmission.