

Program Memorandum Intermediaries

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal A-03-059

Date: JULY 3, 2003

CHANGE REQUEST 2638

Corrects Transmittal A-03-032, Change Request 2638, dated May 2, 2003, which should be discarded. (We removed the word "discharge" from requirements since standard systems do not code these based on discharge date. We also removed 2 requirements that standard systems do not edit for.)

SUBJECT: Addition of Patient Status Code 43, Deletion of Patient Status Codes 71 and 72, and Information on New Patient Status Code 65

I. GENERAL INFORMATION

Form Locator 22 patient status on the UB 92 or the electronic equivalent is a required field for all Part A inpatient, skilled nursing facility (SNF), hospice, home health agency (HHA), and outpatient hospital services, and indicates a patient's status as of the "Through" date of the billing period.

A. Effective October 1, 2003, the National Uniform Billing Committee (NUBC) has approved a new patient status code 43.

43 Discharged/transferred to a Federal hospital

CMS intends to use this code to track the frequency of discharges and transfers to government owned hospitals such as Veteran's Administration and Department of Defense Hospitals. This code is to be used whenever the destination at discharge is a Federal hospital, whether the patient lives there or not.

The use of patient status code 43 will not have any affect on payment to hospitals, SNFs, HHAs, or hospices, but these facilities are required to use this code when discharging a patient to a Federal hospital.

B. Effective October 1, 2003, the NUBC and CMS are discontinuing patient status codes 71 and 72 (discharged/transferred/referred for outpatient services specified by the discharge plan of care).

C. Effective April 1, 2004, the NUBC has approved a new patient status code 65.

65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.

We will issue a separate instruction on this new patient status code closer to implementation. Providers are not required to use this new code until 4/1/04.

II. BUSINESS REQUIREMENTS

Requirement #	Requirements	Responsibility
2638.1	The Medicare Part A standard systems and Common Working File (CWF) shall accept patient status code 43, discharged/transferred to a Federal hospital.	FISS, APASS, CWF

2638.2	<p>The fiscal intermediaries (FI) shall post to their Web site the following educational information within two weeks of the receipt date of this PM:</p> <ul style="list-style-type: none"> • Providers shall begin using patient status code 43 for discharges/transfers to Federal hospitals on or after October 1, 2003. • Providers shall discontinue using patient status code 71 when discharging/transferring/referring patients to another institution for outpatient services when specified by the discharge plan of care. • Providers shall discontinue using patient status code 72 when discharging/transferring/referring patients within their institution for outpatient services when specified by the discharge plan of care. 	FIs
2638.2.1	<p>The FIs shall publish in their next regularly scheduled bulletin the following educational information:</p> <ul style="list-style-type: none"> • Providers shall begin using patient status code 43 for discharges/transfers to Federal hospitals on or after October 1, 2003. • Providers shall discontinue using patient status code 71 when discharging/transferring/referring patients to another institution for outpatient services when specified by the discharge plan of care. • Providers shall discontinue using patient status code 72 when discharging/transferring/referring patients within their institution for outpatient services when specified by the discharge plan of care. 	FIs

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations:

X-Ref Requirement #	Recommendation for Medicare System Requirements
2638.1	Patient status code 43 maps to review code 00 in the inpatient Pricer program.
2638.1	Patient status code 43 is not included in the list of patient status codes allowed in a same day transfer situation. For benefit purposes, 43 is not subject to the same day transfer edits because a Federal hospital is not part of the Medicare program.

C. Interfaces:

X-Ref Requirement #	Instructions
2638.1	The MCE/Grouper shall accept patient status code 43 on and after October 1, 2003.
Reference to B in background section	The MCE/Grouper will no longer accept patient status code 71 on and after October 1, 2003.
Reference to B in background section	The MCE/Grouper will no longer accept patient status code 72 on and after October 1, 2003.
Reference to C in background section.	The MCE/Grouper will include patient status code 65 in the October update, although Medicare standard systems and CWF will not accept this code until a later date.

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. ATTACHMENT(S): None

Implementation Date: October 1, 2003	Effective Date: October 1, 2003
Discard Date: May 1, 2004	Funding: These instructions should be implemented within your current operating budget.
Pre-Implementation Contact: Sarah Shirey, sshirey@cms.hhs.gov	Post-Implementation Contact: Regional Office