



THE RIGHT CARE FOR EVERY PERSON EVERY TIME

Case Review Connection

The Medicare Quality Improvement Organization for Florida

Case Review Connection

July 1, 2007 will be here soon. Hospitals still have the opportunity to attend Hospital Discharge Appeal Workshops 2007. There will be one in Fort Myers on June 13 and another in Orlando on June 21. Come and learn all about the new discharge process.

To register, click [here](#).

Fort Myers - June 13 - 8-11 am
Courtyard Marriott Fort Myers
4455 Metro Parkway
Fort Myers, FL 33916

Orlando - June 21 - 8-11 am
Marriott Lake Mary
1501 International Parkway
Lake Mary, FL 32746

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HPMP Updates

PEPPER Webinar recordings are now available for viewing at www.HPMPResources.org.

CMS Inpatient Only List - To begin, request your username and password from your hospital Interqual contact. Go to www.interqual.com. Click on "Clients Only" and enter the username and password. Click Products, Level of Care, and then CMS Inpatient Only List. Scroll down and select the zip file: Addendum E. Accept the terms of the License Agreement for Use of *Current Procedural Terminology*, Fourth Edition. Unzip the Excel file of the codes and descriptions. You may want to save the file on your computer for easy reference.

For those patients whose procedure/surgery is on the inpatient only list, Medicare will only pay for specifically inpatient-tagged services if the patient is admitted per Medicare criteria and the hospital must have a physician's order for the beneficiary to be considered "properly admitted."

Hospitals can start using the 2007 Interqual as soon as received. Make a note in your UR files regarding the date of conversion for any future review purposes.

When submitting a record for a higher adjusted DRG, it might be valuable to complete a UR review for appropriateness of admission.

Coding Corner

Patient Discharge Status Codes

A patient discharge status is a two digit numerical code indicating the disposition/discharge status of an inpatient at the end of service (time of discharge/transfer). A suggestion to keep in mind when assigning the discharge status code is to ensure the code assigned is to the highest level of care that is known. For example, if a patient is discharge to home with a home health plan, discharge status code 06 should be assigned rather than 01.

Below are the Discharge Status codes and their definitions; effective March 1, 2007:

- 01 Discharged to Home (Includes Jail or Law Enforcement). Includes patients discharged on home oxygen/DME services without home health services
- 02 Discharged/transferred to a Short-Term General Hospital for Inpatient Care
- 03 Discharged/transferred to SNF with Medicare Certification in anticipation of covered skilled care
- 04 Discharged/transferred to an Intermediate Care Facility - (Typically defined at the state level for specifically designated intermediate care facilities. Also for patients who are discharged/transferred to a nursing facility with neither Medicare nor Medicaid certification and for discharges/transfers to state designated Assisted Living Facilities)
- 05 Discharged/transferred to another type of health care institution (examples: Cancer hospitals excluded from Medicare PPS and children's hospitals)
- 06 Discharged/transferred to Home Health Service - (Not used for home health services provided by a DME supplier or from a home IV provider for home IV services)
- 07 Left Against Medical Advice or discontinued care
- 20 Expired
- 43 Discharged/transferred to a Federal Health Care Facility - (To be used whenever the destination at discharge is a federal health facility, whether the patient lives there or not)
- 50 Hospice - Home
- 51 Hospice - Certified Medical Facility
- 61 Discharged/transferred to a Hospital-Based Medicare approved Swing Bed
- 62 Discharged/transferred to an Inpatient Rehab Facility, including Rehab distinct part Units of a hospital
- 63 Discharged/transferred to a Medicare Certified Long Term Care Hospital - (For hospitals that meet the Medicare criteria for LTCH certification)
- 64 Discharged/transferred to a Nursing Facility Certified under Medicaid, not Medicare
- 65 Discharged/transferred to a Psychiatric Hospital, including Psychiatric distinct units of a hospital
- 66 Discharged/transferred to a Critical Access Hospital

Under Medicare's post acute transfer policy (42 CFR 413.4), a discharge of a hospital inpatient is considered a transferred when one of the 190 specific post-acute care DRGs is assigned and the discharge is one of the following:

To a hospital or distinct part hospital unit excluded from the IPPS (Inpatient Rehab Facilities, LTCHs, Psychiatric, Cancer and Children's Hospitals)

To a skilled nursing facility (not swing beds)

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

Patient Discharge Status Codes 03, 05, 06, 62, 63, and 65 are affected with regards to the above.



Coding Corner (continued)

Below are some tips when assigning Patient Discharge Status Codes:

If a patient is discharged from an acute inpatient hospital to a SNF, use 03. Status code 03 is also used if the patient moves from an acute inpatient hospital to a rehab unit in a SNF.

If the patient is triaged and leaves without being seen by the physician, assign 07, since the patient discontinued the care.

Use discharge status 06 if the patient is discharged home under the care of organized home health services with oxygen. If the patient is discharged home with oxygen that is not provided through a home health plan of care, then 01 should be used.

A Long Term Care Facility (63) provides acute inpatient care with an ALOS greater than 25 days. A SNF certified by Medicare is coded to 03 and an ICF is coded to 04. A nursing facility that is not Medicare-certified is coded to 64.

If the patient is being transferred to a facility that has multiple types of care ie: SNF and hospice. Documentation in the medical record must be clearly indicated to confirm the appropriate status code.

Effective 10/01/07, a new status code (70) will take effect to be used when a health care institution is not defined elsewhere in the status code list. An example is a patient who is discharged to a chemical dependency treatment facility that is not part of a hospital.

Use discharge status code 04 when a patient is transferred to a nursing facility for a non-skilled/custodial/residential level of care.

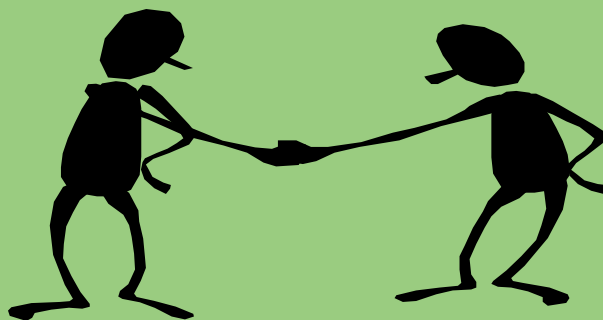
Use status code 51 if a patient is discharged from acute hospital care but remains at the same hospital under hospice care.

For more detailed information regarding Patient Discharge Status codes, you can refer to the National Uniform Billing Committee (NUBC) Data Specifications Manual.

If you have any input or would like to suggest future topics for Coding Corner, please email Dina Fanti, RHIT, CCS at dfanti@flqio.sdps.org.

ADR

Alternative dispute resolution is a program offered by the QIO to providers and beneficiaries. It is an opportunity for beneficiaries and/or their representatives to talk with the provider about their concerns. This can be a way to reach a better understanding about what occurred during their care, to bring some resolution or closure to the matter or to decide how to approach care in the future. If you have an opportunity to use this service, it can be a good way to improve patient relations.



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