

**COLORADO REFERENCE SHEET FOR PATIENT DISCHARGE STATUS CODES**  
**FOR INPATIENT DISCHARGES**  
**WITH AN EFFECTIVE DATE OF 7/1/11**

Revised August 2011 with information effective 7/1/11 by Sue M. Malone, MA, MBA, RHIA, FAHIMA

The bolded texts inside quotation marks are quotes taken directly from the NUBC *Official UB-04 Data Specifications Manual 2012*, Version 6.00, July 2011. Additional information not in quotes was added by the editor. All references to effects on pay to hospitals are for Medicare patients only, although some commercial payers and some state Medicaid's have adopted the Medicare model or otherwise may use these codes to affect reimbursement. This reference sheet is **for inpatient discharges only** – there are additional discharge status codes for other types of discharges, such as discharges from outpatient, from hospice, and other categories.

Licensure status of facilities in Colorado is a constantly moving target. To look up the licensure status of any facility mentioned in a medical record, go to <http://www.cdphe.state.co.us/hf/> and follow the search directions on the screen. CDPHE stands for Colorado Department of Public Health and Environment. The lists of facilities under each code below are correct to the best of our knowledge, but changes can occur at any time. Please report any item that needs correction so the reference sheet can be updated.

**01**     **“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, independent living and other residential care arrangements; outpatient programs, such as partial hospitalization or outpatient chemical dependency programs.”** Note that effective 10/1/09, discharges to jail are coded to code 21 and discharges to all assisted living facilities are coded to code 04, whether state-designated or not. Code 01 does not affect pay to the discharging hospital.

**02**     **“Discharged/transferred to a Short-Term General Hospital for Inpatient Care.”** Code 02 can reduce pay to the discharging hospital for almost all MS-DRGs. The CDPHE classifies these hospitals as “general.”

Notice that transfers to *non-designated* cancer centers are coded to code 02, while transfers to *designated* cancer centers are coded to code 05. See the explanation under code 05 for further information about what “designated” means. Notice also that hospitals with “children’s hospitals” within their facilities are coded to code 02 unless the children’s hospital is separately licensed as a “Medicare Certification Children’s” hospital. See the explanation under code 05 for further information about children’s hospitals. The following children’s hospitals are not separately licensed as children’s hospitals and are coded to code 02.

- Children’s Hospital at Memorial Hospital, Colorado Springs
- Rocky Mountain Children’s Hospital at Presbyterian-St. Luke’s

**03**     **“Discharged/transferred to Skilled Nursing Facility (SNF) with Medicare certification in anticipation of 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 other discharges/transfers to nursing facilities see 04 and 64.”** Code 03 can reduce pay to the discharging hospital for most MS-DRGs. Most SNF discharges will fall into code 03. To verify SNF licensure, if necessary, check the CDPHE website.

Notice that the word “covered” has been removed from the code definition. It used to read, “...in anticipation of *covered* skilled care.” This change was approved at the NUBC’s 9/19/07 meeting. The minutes included a lengthy discussion and rationale for this change. Formerly, when a patient’s skilled care benefits were exhausted, hospitals could code discharges to code 04 for skilled care instead of code 03, thus preventing reduction in pay for the acute care stay. But with this change, exhaustion of a patient’s covered days for skilled care is no longer grounds for coding code 04 instead of code 03. Coverage is no longer a consideration for differentiating code 03 from code 04.

**04**     **“Discharged/transferred to a Facility that Provides Custodial or Supportive Care. Usage Note: Includes intermediate care facilities (ICFs) if specifically designated at the state level. Also used to designate patients that are discharged/transferred to a nursing facility with neither Medicare nor Medicaid certification and for discharges/transfers to Assisted Living Facilities.”** Note that the code description and usage note have been changed effective 10/1/09. Code 04 is a collection of three different kinds of facilities and usages: ICFs, SNFs and ALFs. Code 04 does not affect pay to the discharging hospital.

**ICFs** are intermediate care facilities that are state designated and licensed facilities that care for the developmentally disabled. The CDPHE website has a special section on these facilities at <http://www.cdphe.state.co.us/hf/icfmr/index.html> explaining the special status of these facilities for individuals with mental retardation or related conditions.

- Bethesda Lutheran Communities operates four facilities. This is a private, non-profit organization based in Littleton.
  - Caley Drive Home, Littleton (6 beds)
  - Delaware Circle Home, Littleton (4 beds)
  - Sherman Street Home, Centennial (5 beds)
  - Wellington Street Home, Centennial (6 beds)
- Grand Junction Regional Center, Grand Junction, owned and operated by the State of Colorado (46 beds)
- Wheat Ridge Regional Center, Wheat Ridge operates numerous facilities, owned and operated by the State of Colorado
  - 105th Place, Broomfield (8 beds)
  - 49th House, Golden (8 beds)
  - 53rd Street, Denver (8 beds)
  - 17767 West 59th Place, Golden (8 beds)
  - 67th Group Home, Arvada (8 beds)
  - 68th House, Arvada (8 beds)
  - Depew, Denver (8 beds)
  - Independence, Lakewood (8 beds)
  - Iris House, Arvada (8 beds)
  - Kipling Village, Wheat Ridge (30 beds)
  - Lamar, Arvada (8 beds)
  - Nelson, Lakewood (8 beds)
  - Perry, Denver (8 beds)
  - Secrest House, Arvada (8 beds)
  - Xenon, Golden (8 beds)

**SNFs:** NUBC FAQs indicate that code 04 is used for discharge to a nursing facility when the patient is not receiving skilled care (see FAQ 25). Code 04 is also used when the patient is discharged to a SNF that is neither Medicare nor Medicaid certified (i.e., private pay only). As of the date of this revision, there were 5 SNFs in Colorado that were neither Medicare nor Medicaid certified, private pay only, which code to code 04:

- Aspen Siesta, Denver
- Balfour Retirement Community of Boulder County, Louisville
- Englewood Meridian Health Center, Englewood
- Lakewood Meridian Health Center, Lakewood
- Wide Horizon, Inc., Wheat Ridge

**ALFs.** Effective 10/1/09, code 04 is used for all assisted living facilities (whether state-designated or not) without SNF or home care. Not all states designate assisted living facilities. (The state of Colorado *does* designate assisted living facilities.) This led to some states formerly using code 01 for non-state designated ALFs and other states using code 04 for state-designated ALFs. With the change on 10/1/09 to code all ALFs to code 04, this inconsistency across state lines has been eliminated. This change should not affect codes in the state of Colorado, because ALFs in Colorado are state-designated, and coders should have been using code 04 all along to code discharges to ALFs in the state of Colorado.

If SNF services are provided within the ALF, use the SNF rules for codes 03, 04 and 64. If home care services are provided within the ALF, use code 06. If hospice has been elected, use the hospice rules for codes 50 and 51.

**05** “Discharged/transferred to a Designated Cancer Center or Children’s Hospital. 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>.”

Code 05 can reduce pay to the discharging hospital for most MS-DRGs. This version of code 05 was effective on 4/1/08. Note that since 4/1/08, code 05 has no longer been an “other” category. Only two categories now fall into code 05, cancer and children’s hospitals. Nothing else should be coded to code 05. Code 70 has been created to use as the “other” category.

**Designated Cancer Centers.** The only Colorado hospital on the designated cancer center list as of 8/1/11 is the University of Colorado Cancer Center. Therefore, code transfers to the University Hospital Cancer Center to code 05, and transfers to any other cancer center in Colorado to code 02. Code to code 05 the following:

- University of Colorado Cancer Center

**Children’s Hospitals.** Neither Children’s Hospital at Memorial Hospital in Colorado Springs nor Rocky Mountain Children’s Hospital at Presbyterian-St. Luke’s is separately licensed as a children’s hospital in the state of Colorado and so should be classified as a transfer to an acute general hospital, code 02. The Children’s Hospital in Denver is licensed as a “Medicare Certification Children’s”, and would therefore code to code 05. Code to code 05 the following:

- The Children’s Hospital, Denver

**06 “Discharged/transferred to Home Under Care of Organized Home Health Service Organization in Anticipation of Covered Skilled 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 services. Not used for home health services provided by a DME supplier or from a Home IV provider for home IV services.”** Code 06 can reduce pay to the discharging hospital for most MS-DRGs.

Home care must (1) be specified in written plan of care, (2) relate to the inpatient stay, and (3) commence within three days of discharge from inpatient stay. If the patient is discharged with DME only, use code 01. If the patient is discharged to home with home care, but the home care is not related to the inpatient stay, still code 06 but append condition code 42. If the patient is discharged to home with home care, but the home care is not started within 3 days of discharge, still code 06 but append condition code 43.

**07 “Left Against Medical Advice or Discontinued Care.”** Code 07 does not affect pay to the discharging hospital. If, however, the patient is admitted to another hospital on the same day the patient leaves AMA, CMS will retroactively change the discharge disposition to 02 and potentially reduce pay to hospitals for most MS-DRGs.

~~08 Home IV.~~ This code was **DISCONTINUED** effective 10/1/05.

**20 “Expired.”** Code 20 does not affect pay to the discharging hospital.

**21 “Discharged/transferred to Court/Law Enforcement. Usage note: Includes transfers to incarceration facilities such as jail, prison or other detention facilities.”** This was a new code effective 10/1/09. These discharges were formerly coded to code 01. Code 21 does not affect pay to the discharging hospital. The intent for the creation of code 21 was to provide an equivalent to the point of origin code 8 which designates a patient admitted from court/law enforcement. Therefore, if a patient is admitted from jail and discharged back to jail, the point of origin code would be code 8 and the discharge status code would be code 21.

If a patient is discharged back to jail, but is placed in the jail’s infirmary, code to code 21.

Included in code 21 is:

- Federal Correctional Institute, Littleton (low security prison for male offenders)

**30 “Still Patient. Usage Note: Used when patient is still within the same facility; typically used when billing for leave of absence days or interim bills.”**

**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 nursing facility. To be used whenever the**

**destination at discharge is a federal health care facility, whether the patient lives there or not.”** If the patient lives at the VA, still use code 43 and not code 01. Code 43 was changed in May 2004 to specifically **include** VA nursing homes.

Until recently, Code 43 has not affected pay to the discharging hospital. But CMS has implemented the following change: "Effective October 1, 2010, the transfer regulations at 42 CFR 412.4(b) include IPPS hospital transfers to a Critical Access Hospital (CAH) and a transfer to a non-participating hospital." (CMS Transmittal 807, Change Request 7141, dated November 12, 2010.) CAH's are clearly spelled out (see discharge status code 66, CAH, below). The vaguer "non-participating hospital" is not clearly spelled out. Presumably, this provision applies to VA Hospitals. But there is no provision in this transmittal that applies to federal health care facilities that are not hospitals, such as VA nursing homes. It is not clear how Medicare payment agencies would be able to distinguish between a VA hospital and a VA nursing home from code 43 on the UB-04. Therefore, it is not clear at this point whether Code 43 does or does not affect pay to the discharging hospital.

Code 43 includes Colorado State Veterans Nursing Homes. Colorado constructed five veterans nursing homes in partnership with the federal Department of Veterans Affairs (VA), which provided 65% of the construction costs for each home. In return for this funding, the VA requires each state veterans home to maintain a 75% veteran population. The VA provides a per diem payment to eligible veterans residing in a state veterans nursing home.

- Colorado State Veterans Nursing Home – Bruce McCandless, Florence (100 beds)
- Colorado State Veterans Nursing Home at Fitzsimons, Aurora (180 beds)
- Colorado State Veterans Nursing Home, Rifle (89 beds)
- Colorado State Veterans Nursing Home, Walsenburg (120 beds)
- Colorado State Veterans Nursing Home, Homelake (60 beds)
- Evans U.S. Army Hospital, Fort Carson
- U.S. Air Force Academy Hospital, USAFA (27 beds)
- VA Medical Center, Denver (128 beds)
- VA Medical Center, Grand Junction (53 beds)
- VA Nursing Home, Denver
- VA Nursing Home, Pueblo

**50** **“Hospice – home.”** Code 50 does not affect pay to the discharging hospital. If the patient has actually made a hospice election and is discharged to home, use code 50. If the patient only has a hospice referral but has not actually made the hospice election, then use code 01. (FAQ #39)

**51** **“Hospice – Medical Facility (Certified) Providing Hospice Level of Care.”** Code 51 does not affect pay to the discharging hospital. If the patient has actually made a hospice election and is discharged to a medical facility, use code 51. If the patient only has a hospice referral but has not actually made the hospice election, then use the code that reflects the type of medical facility to which the patient has been discharged and not code 51. (FAQ #39)

**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.”** Code 61 does not affect pay to the discharging hospital. Use code 61 if the transfer was from acute to swing bed within the *same* hospital, and also if the transfer was from an acute care hospital to a *different* hospital with the swing bed. Swing beds are frequently, but not always, located in CAHs. Medicare-certified swing beds are located at:

- Aspen Valley Hospital, Aspen
- Colorado Plains Medical Center, Fort Morgan
- East Morgan County Hospital District, Brush
- Estes Park Medical Center, Estes Park
- Family Health West Hospital, Fruita
- Grand River Medical Center, Rifle
- Gunnison Valley Hospital, Gunnison
- Haxtun Hospital, Haxtun
- Heart of the Rockies Regional Medical Center, Salida
- Keefe Memorial Hospital, Cheyenne Wells



**64 “Discharged/transferred to a Nursing Facility Certified under Medicaid but not Certified under Medicare.”** Code 64 does not affect pay to the discharging hospital. As of the date of this revision, there were 13 in Colorado:

- Arkansas Valley Regional Medical Center – Nursing Care Center, La Junta (note that the ECF is Medicare certified)
- Centura Health – Namaste Alzheimer Center, Colorado Springs
- Cheyenne Manor, Cheyenne Wells
- Evergreen Terrace Care Center LLC, Lakewood
- Family Health West Nursing Home, Fruita
- Good Samaritan Society Simla, Simla
- Grand Junction Regional Center, Grand Junction
- Little Sisters of the Poor Mullen Home, Denver
- Park Forest Care Center, Inc., Westminster
- Sedgwick County Memorial Nursing Home, Julesburg
- Southeast Colorado Hospital LTC Center, Springfield
- Walsh Healthcare Center, Walsh
- Weisbrod Memorial County Hospital and Nursing Home, Eads

**65 Discharged/transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital.”** Code 65 can reduce pay to the discharging hospital for most MS-DRGs.

HOSPITALS	Aspire Behavioral Health of Colorado, LLC, Denver (25 beds)
	Cedar Springs Behavioral Health System, Colorado Springs (52 beds)
	Centennial Peaks Hospital, Louisville (72 beds)
	Colorado Mental Health Institute at Ft. Logan (114 beds)
	Colorado Mental Health Institute at Pueblo – Psych (475 beds)
	Colorado West Psychiatric Hospital, Grand Junction (32 beds)
	Eating Recovery Center – A Behavioral Hospital, Denver (29 beds)
	Eating Recovery Center – A Behavioral Hospital for Children and Adolescents, Denver (17 beds)
	Haven Behavioral Senior Care of North Denver, Thornton (40 beds)
	Haven Behavioral War Heroes Hospital, Pueblo (23 beds)
	Highlands Behavioral Health System, Littleton (86 beds)
	Peak View Behavioral Health, Colorado Springs (24 beds)

UNITS WITHIN HOSPITALS:

Boulder	Boulder Community Hospital
Colorado Springs	Centura Health – Penrose-St. Francis Health Services
Denver area	Centura Health – Porter Adventist Hospital
	Denver Health Medical Center
	Exempla Lutheran Medical Center – West Pines
	The Medical Center of Aurora
Fort Collins	Poudre Valley Hospital
Fort Morgan	Colorado Plains Medical Center
Greeley	North Colorado Medical Center
Longmont	Longmont United Hospital
Pueblo	Parkview Medical Center

**66 “Discharged/transferred to a Critical Access Hospital (CAH).”** Effective 10/1/10, Code 66 can reduce pay to the discharging hospital for most MS-DRGs, per CMS Transmittal 807, Change Request 7141, dated November 12, 2010.

Do not confuse critical access with critical care. The definition of CAHs has nothing to do with critical care.

CAHs are limited service hospitals located in rural areas. They provide 24-hour emergency care services, have an average length of stay of 96 hours or less and are located more than 35 miles from a hospital or another CAH or more than 15 miles in areas with mountainous terrain or only secondary roads OR are certified by the state as being a “necessary provider” of healthcare services to residents in the area. CAH’s

are excluded from inpatient and outpatient prospective payment systems and are paid on a cost-plus basis. Typically, swing beds are located in CAHs. If the discharge is to a swing bed, use code 61. If the discharge is to acute care at the CAH, use code 66. CAHs in Colorado include:

- Aspen Valley Hospital, Aspen
- Conejos County Hospital, La Jara
- East Morgan County Hospital, Brush
- Estes Park Medical Center, Estes Park
- Family Health West Hospital, Fruita
- Grand River Medical Center, Rifle
- Gunnison Valley Hospital, Gunnison
- Haxtun Hospital District, Haxtun
- Heart of the Rockies Regional Medical Center, Salida
- Kit Carson County Memorial Hospital, Burlington
- Kremmling Memorial Hospital, Kremmling
- Lincoln Community Hospital, Hugo
- Melissa Memorial Hospital, Holyoke
- Mt. San Rafael Hospital, Trinidad
- Pagosa Mountain Hospital, Pagosa Springs
- Pikes Peak Regional Hospital, Woodland Park
- Pioneers Medical Center, Meeker
- Prowers Medical Center, Lamar
- Rangely District Hospital, Rangely
- Rio Grande Hospital, Del Norte
- Sedgwick County Memorial Hospital, Julesburg
- Southeast Colorado Hospital, Springfield
- Southwest Memorial Hospital, Cortez
- Spanish Peaks Regional Health Center, Walsenburg
- St. Vincent General Hospital District, Leadville
- The Memorial Hospital, Craig
- Weisbrod Memorial County Hospital, Eads
- Wray Community District Hospital, Wray
- Yuma District Hospital, Yuma

**70 “Discharged/transferred to another Type of Health Care Institution not Defined Elsewhere in this Code List.”** This code was effective 4/1/08. Code 70 does not affect pay to the discharging hospital.

Code 70 was created to be an “other” default code, to be used instead of code 05. It is not intended for strictly *residential* facilities that are non-healthcare in nature (which code to 01). It is not intended for *outpatient* health services (which code to 01). It is not intended for any kind of *non-healthcare* facility. It should be used only for healthcare services provided on an inpatient basis that do not fall under another code in this list. An example of usage is a live-in drug/chemical dependency rehab center (but if it were an *outpatient* chemical dependency center, it would code to code 01). Facilities reported by coders that fall into this category include the following. Coders are requested to report additional specific facilities to include on this list for future revisions.

- Harmony House, Estes Park (residential chemical dependency)
- Parker Valley Hope, Parker (Inpatient drug/alcohol rehab, 50 beds)
- Arapahoe House (128 residential and 98 detox beds in 12 facilities) Detox units are at:
  - Aurora Emergency Treatment Unit (ETU), Aurora (30 beds)
  - Detox West, Wheat Ridge (40 beds)
  - Detox North, Commerce City (28 beds)

Note that the Lighthouse in Colorado Springs has been closed.

~~71 and 72~~ To institutions for outpatient services. These codes were **DISCONTINUED** effective 4/1/03. Use Code 01 for discharge to outpatient services.