Please see page 3-H for requirements for reporting data on or after January 1, 2015.

(1) Effective with discharges on or after January 1, 1997, up to and including December 31, 2014, the patient’s disposition, defined as the consequent arrangement or event ending a patient’s stay in the reporting facility, shall be reported as one of the following:

(a) **Routine Discharge.** A patient discharged from this hospital to return home or to another private residence. Patients scheduled for follow-up care at a physician’s office or a clinic not licensed or certified as an ambulatory surgery facility shall be included. Excludes patients referred to a home health service.

(b) **Acute Care Within This Hospital.** A patient discharged to inpatient hospital care that is of a medical/surgical nature, such as to a perinatal, pediatric, intensive care, coronary care, respiratory care, newborn intensive care, or burn unit within this reporting hospital.

(c) **Other Type of Hospital Care Within This Hospital.** A patient discharged to inpatient hospital care not of a medical/surgical nature and not skilled nursing/intermediate care, such as to a psychiatric, physical medicine rehabilitation, or chemical dependency recovery treatment unit within this reporting hospital.

(d) **Skilled Nursing/Intermediate Care Within This Hospital.** A patient discharged to a Skilled Nursing/Intermediate Care Distinct Part within this reporting hospital.

(e) **Acute Care at Another Hospital.** A patient discharged to another hospital to receive inpatient care that is of a medical/surgical nature, such as to a perinatal, pediatric, intensive care, coronary care, respiratory care, newborn intensive care, or burn unit of another hospital.

(f) **Other Type of Hospital Care at Another Hospital.** A patient discharged to another hospital to receive inpatient hospital care such as to a psychiatric, physical medicine rehabilitation, or chemical dependency recovery treatment at another hospital, not of a medical/surgical nature and not skilled nursing/intermediate care.
(g) Skilled Nursing/Intermediate Care Elsewhere. A patient discharged from this hospital to a Skilled Nursing/Intermediate Care type of care, either freestanding or a distinct part within another hospital, or to a Congregate Living Health Facility.

(h) Residential Care Facility. A patient discharged to a facility that provides special assistance to its residents in activities of daily living, but that provides no organized healthcare.

(i) Prison/Jail. A patient discharged to a correctional institution.

(j) Against Medical Advice. Patient left the hospital against medical advice, without a physician’s discharge order. Psychiatric patients discharged from away without leave status (AWOL) are also included in this category.

(k) Died. All episodes of inpatient care that terminated in death. Patient expired after admission and before leaving the hospital.

(l) Home Health Service. A patient referred to a licensed home health service program.

(m) Other. A disposition other than mentioned above. Includes patients discharged to an inpatient hospice facility.
(2) **Effective with discharges on or after January 1, 2015,** the patient’s disposition, defined as the consequent arrangement or event ending a patient’s stay in the reporting facility, shall be reported using the code for one of the following:

**DISCUSSION**

Specifications for reporting this data element with the Record Entry Form for online web entry of individual records or online data file transmission for discharges occurring on or after January 1, 2015:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Discharged to home or self care (routine discharge)</td>
</tr>
<tr>
<td>02</td>
<td>Discharged/Transferred to a short-term general hospital for inpatient care</td>
</tr>
<tr>
<td>03</td>
<td>Discharged/Transferred to a skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care</td>
</tr>
<tr>
<td>04</td>
<td>Discharged/Transferred to a facility that provides custodial or supportive care (includes intermediate care facility)</td>
</tr>
<tr>
<td>05</td>
<td>Discharged/Transferred to a Designated Cancer Center or Children's Hospital</td>
</tr>
<tr>
<td>06</td>
<td>Discharged/Transferred to home under care of an organized home health service organization in anticipation of covered skilled care</td>
</tr>
<tr>
<td>07</td>
<td>Left against medical advice or discontinued care</td>
</tr>
<tr>
<td>20</td>
<td>Expired</td>
</tr>
<tr>
<td>21</td>
<td>Discharged/Transferred to Court/Law Enforcement</td>
</tr>
<tr>
<td>43</td>
<td>Discharged/Transferred to a Federal health care facility</td>
</tr>
<tr>
<td>50</td>
<td>Hospice - Home</td>
</tr>
<tr>
<td>51</td>
<td>Hospice - Medical facility (certified) providing hospice level of care</td>
</tr>
<tr>
<td>61</td>
<td>Discharged/Transferred to a hospital-based Medicare approved swing bed</td>
</tr>
<tr>
<td>62</td>
<td>Discharged/Transferred to an inpatient rehabilitation facility (IRF) including a rehabilitation distinct part unit of a hospital</td>
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<tr>
<td>63</td>
<td>Discharged/Transferred to a Medicare certified long term care hospital (LTCH)</td>
</tr>
<tr>
<td>64</td>
<td>Discharged/Transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare</td>
</tr>
<tr>
<td>65</td>
<td>Discharged/Transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital</td>
</tr>
<tr>
<td>66</td>
<td>Discharged/Transferred to a Critical Access Hospital (CAH)</td>
</tr>
<tr>
<td>69</td>
<td>Discharged/Transferred to a designated Disaster Alternative Care Site</td>
</tr>
<tr>
<td>70</td>
<td>Discharged/Transferred to another type of health care institution not defined elsewhere in this code list</td>
</tr>
</tbody>
</table>
81 Discharged to home or self care with a planned acute care hospital inpatient readmission
82 Discharged/Transferred to a short-term general hospital with a planned acute care hospital 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 (includes Intermediate Care Facility) 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 a rehabilitation distinct part unit 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 inpatient readmission
92 Discharged/Transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare with a planned acute care hospital inpatient readmission
93 Discharged/Transferred to a psychiatric hospital or 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
00 Other
01 Discharged to home or self care (routine discharge).

DISCUSSION

This category includes the following discharges or transfers:

- Patients who go home after treatment
- Home environments and independent living arrangements (e.g. half-way house, group home, foster care*, women’s shelter.)
- Outpatient programs (e.g. outpatient Chemical Dependency, or Ambulatory Surgery.)*
- Home with non-home health or non-hospice care services, such as services by a durable medical equipment (DME) supplier or services related to home oxygen*
- Homeless
- Home with rehab or physical therapy under outpatient benefit (Medicare Part B) *

This category does not include patients sent to residential care at a facility, home health care, home with hospice care, or foster care with organized home health services.

* per UB-04’s FAQs
02 Discharged/Transferred to a short term general hospital for inpatient care.

DISCUSSION

This category includes patients discharged or transferred to inpatient hospital care, including inpatient chemical dependency.

This also includes discharges/transfers to non-designated cancer hospitals. *

This category does not include patients discharged or transferred to physical medicine rehabilitation facilities, or rehabilitation distinct part of a hospital, or psychiatric facilities, psychiatric distinct part of a hospital, or Critical Access Hospital.

03 Discharged/Transferred to a skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care.

DISCUSSION

This category includes the following discharges or transfers:

- SNF facility or skilled nursing distinct part of a hospital that provides care to patients whose primary need is for skilled nursing care on an extended basis
- SNF certified by Medicare
- Nursing facility certified by Medicare *
- SNF that is both Medicare and Medicaid (MediCal) certified *
- Rehabilitation unit in a Medicare-certified SNF *

This category does not include patients discharged or transferred to facilities with a Medicare approved skilled nursing swing bed or to a nursing facility certified under Medicaid.

* per UB-04’s FAQs
04 Discharged/Transferred to a facility that provides custodial or supportive care (includes intermediate care facility).

DISCUSSION

This category includes the following discharges or transfers:

- Nursing facility with neither Medicare or Medi-Cal certification *
- Assisted Living facilities *
- Personal care home *
- Medicare certified SNF but only receiving non-skilled services*
- Facility only certified with skilled beds, but patient does not qualify for skilled level of care *
- Residential care facilities* - These facilities are licensed by the California Department of Social Services and are not considered to be health facilities. The facilities are referred to by a variety of terms. (e.g. board and care, residential care facilities for the elderly, etc.)

05 Discharged/Transferred to a Designated Cancer Center or Children’s Hospital.

DISCUSSION

This category includes the following discharges or transfers:

- A children’s hospital that is not under Medicare Prospective Payment System.
- A cancer hospital that is designated by the National Cancer Institute. See [http://cancercenters.cancer.gov/](http://cancercenters.cancer.gov/)

This category does not include patients discharged or transferred to children’s hospitals under Medicare Prospective Payment System or cancer hospitals under Medicare Prospective Payment System. This category does not include non-designated cancer hospitals.

* per UB-04’s FAQs
06 Discharged/Transferred to home under care of organized home health service organization in anticipation of covered skilled care.

DISCUSSION

This category includes the following discharges or transfers:

- Home with healthcare services provided to patients at their place of residence at a level less intensive than health facility requirements. Services under an organized home health service organization may include nursing care, respiratory/inhalation therapy, electrocardiology, physical therapy, occupational therapy, and recreational therapy

- Home with a written home health plan of care for home health care services*

- Foster Care with organized home health services *

- Home with oxygen therapy under organized home health services *

- Home with durable medical equipment under organized home health services *

- Home with IV therapy or infusion therapy under organized home health services *

- Home with rehabilitation or physical therapy under organized home health benefit (Medicare Part A) *

- Home with home health services ordered, but not related to condition from the inpatient hospital *

- Home with home health services ordered, but not started within the post-discharge period *

This category does not include discharges or transfers to home with hospice services.

* per UB-04’s FAQs
07 Left against medical advice or discontinued care.

DISCUSSION

This category includes patients who:

- Left against medical advice (AMA)
- Discontinued care

20 Expired

DISCUSSION

All episodes of care that resulted in death before patient left the facility.

21 Discharged/Transferred to Court/Law Enforcement.

DISCUSSION

This category includes discharges or transfers to incarceration facilities such as jail, prison, or detention facilities.

* per UB-04’s FAQs
43 Discharged/ transfers to a Federal health care facility.

DISCUSSION

This category includes the following discharges or transfers:

- Federal government owned health care facilities such as Veterans Administration hospitals *, Department of Defense hospitals, or Public Health Services hospitals
- Nursing facility within a Veterans hospital
- Psychiatric unit within a Veterans hospital *
- Institute for Mental Disease (IMD). If the facility is not licensed by the California Department of Public Health as a SNF, it can be reported as a Federal health care facility.

50 Hospice - Home

DISCUSSION

A hospice program is a centrally administered program of palliative and support services which provide psychological, social and spiritual care for dying persons and their families, focusing on pain and symptom control for the patient.

This category includes the following discharges or transfers:

- Alternative setting such as patient's home with hospice care *
- Designated nursing home (as continued residence) with hospice care*

This category does not include discharges or transfers to home or home health services.

* per UB-04's FAQ
51 Hospice- Medical facility (certified) providing hospice level of care

DISCUSSION

This category includes patients discharged or transferred to any medical facility for hospice care only.

Please refer to OSHPD’s definition of a discharge on page 7A to determine if a discharge took place. A patient who is in an acute bed and is transferred within your facility to another acute bed designated for hospice care does not meet the definition of a discharge. This should be reported as one continuous acute stay.

A hospice program is a centrally administered program of palliative and support services which provide psychological, social and spiritual care for dying persons and their families, focusing on pain and symptom control for the patient.

This category includes the following discharges or transfers:

- Hospice Medical Facility *
- Inpatient respite *

61 Discharged/Transferred to a hospital-based Medicare approved swing bed

DISCUSSION

This category includes patients discharged or transferred to a SNF level of care within the hospital’s Medicare approved swing bed arrangement and includes:

- Critical Access Hospital’s swing bed *

62 Discharged/Transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part unit of a hospital.

DISCUSSION

This category includes patients discharged or transferred to a rehabilitation facility or to a rehabilitation distinct part of a hospital.

* per UB-04’s FAQs
63 Discharged/Transferred to a Medicare certified long term care hospital (LTCH).

DISCUSSION

This category includes patients discharged or transferred to a long term care hospital that provides acute inpatient care with an average length of stay greater than 25 days or is Medicare certified.

This category does not include discharges and transfers to SNF facility certified by Medicare or ICF facility or SNF facility certified by Medicaid (Medi-Cal).

64 Discharged/Transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare.

DISCUSSION

This category includes the following discharges or transfers:

- SNF level of care within the hospital’s non-Medicare approved swing bed arrangement
- Skilled nursing bed for the Medi-Cal Subacute Care Program
- Skilled nursing bed for the Medi-Cal Transitional Care Program
- Skilled nursing bed in a Congregate Living Health Facility licensed by California Department of Public Health
- Institute for Mental Disease (IMD), if licensed by California Department of Public Health as SNF. If IMD is not licensed by the California Department of Public Health as SNF, this can be reported as federal health care facility. See (j)

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

DISCUSSION

This category includes patients discharged or transferred to a psychiatric facility or to a psychiatric distinct part of a hospital.
66 Discharged/Transferred to a Critical Access Hospital (CAH).

DISCUSSION

This category includes patients discharged or transferred to a hospital designated as a Critical Access Hospital. See (m) above for swing beds.

69 Discharged/Transferred to a designated Disaster Alternative Care Site.

70 Discharged/Transferred to another type of health care institution not defined elsewhere in this code list.

DISCUSSION

A patient discharged or transferred to a health care institution not otherwise mentioned above.

This category includes patients discharged or transferred to:

- A Chemical Dependency treatment facility that is not part of a hospital. (see 01 and 02 for inpatient and outpatient Chemical Dependency settings)
**Disposition 81-95**

**DISCUSSION**

These codes are to be used only for discharges with a planned acute care inpatient readmission. NUBC states “Planned Readmission is defined as an intentional readmission (to any acute care hospital) after discharge from an acute care hospital that is a scheduled part of the patient’s plan of care.”

Follow NUBC reporting guidelines described above for corresponding codes 01—70.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>01</td>
<td>Home/Self Care</td>
</tr>
<tr>
<td>02</td>
<td>Short-term general hospital, inpatient care</td>
</tr>
<tr>
<td>03</td>
<td>SNF with Medicare Certification</td>
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<tr>
<td>04</td>
<td>Intermediate care facility (ICF)</td>
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<tr>
<td>05</td>
<td>Cancer/Children’s Hospital</td>
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<tr>
<td>06</td>
<td>Home Health Services – skilled care</td>
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<tr>
<td>21</td>
<td>Court or Law Enforcement</td>
</tr>
<tr>
<td>43</td>
<td>Federal health care facility</td>
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<tr>
<td>61</td>
<td>Medicare approved swing bed</td>
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<td>Inpatient rehabilitation facility (IRF)</td>
</tr>
<tr>
<td>63</td>
<td>Medicare long term care hospital (LTCH)</td>
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<tr>
<td>64</td>
<td>Nursing facility under Medi-Cal</td>
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<tr>
<td>65</td>
<td>Psychiatric hospital</td>
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<td>66</td>
<td>Critical access hospital (CAH)</td>
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<td>70</td>
<td>Another health care institution</td>
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<th>Code</th>
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<tbody>
<tr>
<td>81</td>
<td>Planned acute hospital inpatient readmission</td>
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<td>82</td>
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<td>83</td>
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<td>95</td>
<td>Planned acute hospital inpatient readmission</td>
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</tbody>
</table>

**00 Other**

**DISCUSSION**

This category includes any Disposition that is not otherwise included in any other category. Do not use this category to report any type of health care facility. See 70 above.
ADDITIONAL DISCUSSION FOR ALL CATEGORIES

- **Same Hospital ED or AS visit**: For inpatients sent to the same facility’s Emergency Department or Ambulatory Surgery, please see the definition of a discharge in the Reporting Requirement section [97212 (e)] of this manual to determine if a discharge took place.

- NUBC guidelines states that when identifying the appropriate disposition to “code to the highest level of care that is known.”

- **Skilled Nursing Bed Hold Days**: Skilled nursing bed hold days are not reported to OSHPD. A patient cannot be reported in two levels of care at the same time.

- **Mode of Transportation**: The mode of transporting a patient from one health facility to another is irrelevant to the patient’s disposition.

- **Billing Requirements**: The Data Reporting Requirements in California Code of Regulations cannot deal effectively with every billing requirement because the variations and rules are not consistent among insurers and because they continually change.

The hospital should always apply the reporting requirements as specified in the California Code of Regulations, Title 22, Division 7, Chapter 10, Article 8, regardless of which reimbursement system is involved.