CARTA CIRCULAR PR PROV18-002-003

16 de febrero de 2018

A : TODOS LOS HOSPITALES PARTICIPANTES DE MOLINA HEALTHCARE OF PR

RE : FORMULARIO FACTURACIÓN INSTITUCIONAL UB-04:"PATIENT DISCHARGE STATUS"

Reciba un cordial saludo de parte de la familia de Molina Healthcare de Puerto Rico (MHPR). En Molina Healthcare de PR estamos comprometidos con la salud de nuestros afiliados así como también con el servicio a nuestros proveedores participantes para el Plan de Salud de Gobierno.

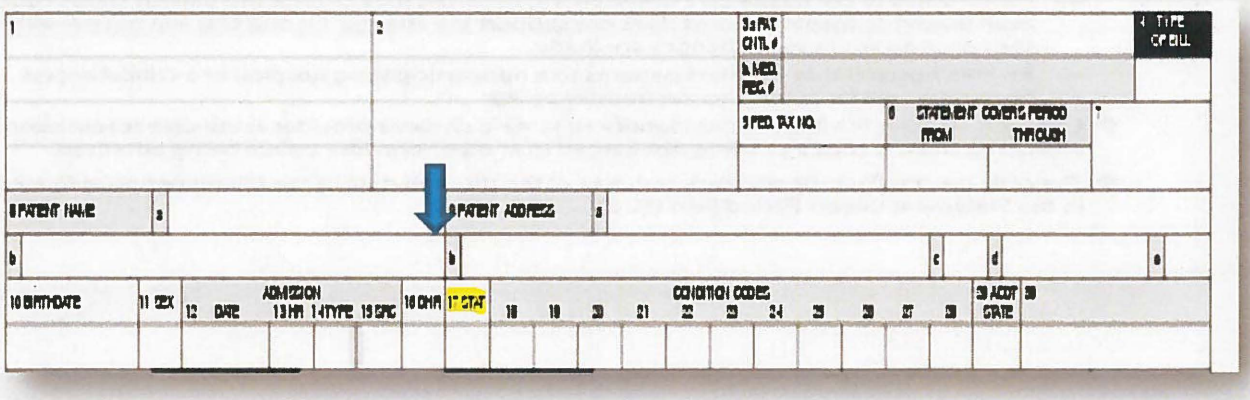
En esta ocasión estaremos repasando algunos de los campos en el formulario institucional UB-04 establecido por National Uniform Billing.

Estas recomendaciones le ayudarán a agilizar el proceso y el pago de sus reclamaciones.

"PATIENT DISCHARGE STATUS"

En toda reclamación es requisito debe incluir un **"Patient Discharge Status"**
En la figura adjunto podrá ver el campo correspondiente para incluir la información.

"PATIENT DISCHARGE STATUS": Campo 17



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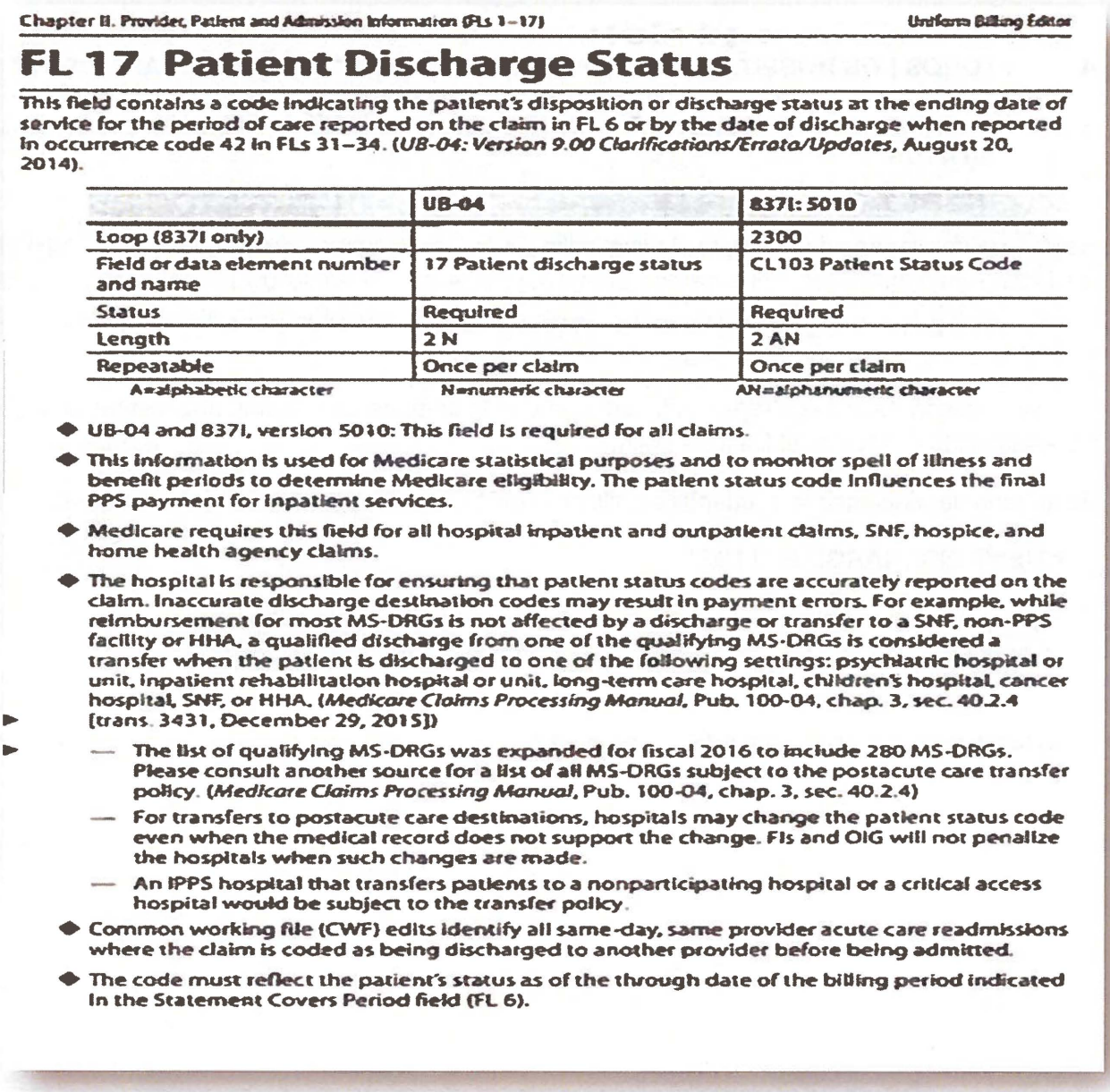
La figura # 2 le incluye las descripciones para cada categoría:



Chapter II. Provider, Patient and Admission Information (FLs 1–17) Uniform Billing Editor

FL 17 Patient Discharge Status

This field contains a code indicating the patient's disposition or discharge status at the ending date of service for the period of care reported on the claim in FL 6 or by the date of discharge when reported in occurrence code 42 in FLs 31–34. (*UB-04: Version 9.00 Clarifications/Errata/Updates*, August 20, 2014).

	UB-04	837I: 5010
Loop (837I only)		2300
Field or data element number and name	17 Patient discharge status	CL103 Patient Status Code
Status	Required	Required
Length	2 N	2 AN
Repeatable	Once per claim	Once per claim

A=alphabetic character N=numeric character AN=alphanumeric character

- UB-04 and 837I, version 5010: This field is required for all claims.
- This information is used for Medicare statistical purposes and to monitor spell of illness and benefit periods to determine Medicare eligibility. The patient status code influences the final PPS payment for inpatient services.
- Medicare requires this field for all hospital inpatient and outpatient claims, SNF, hospice, and home health agency claims.
- The hospital is responsible for ensuring that patient status codes are accurately reported on the claim. Inaccurate discharge destination codes may result in payment errors. For example, while reimbursement for most MS-DRGs is not affected by a discharge or transfer to a SNF, non-PPS facility or HHA, a qualified discharge from one of the qualifying MS-DRGs is considered a transfer when the patient is discharged to one of the following settings: psychiatric hospital or unit, inpatient rehabilitation hospital or unit, long-term care hospital, children's hospital, cancer hospital, SNF, or HHA. (*Medicare Claims Processing Manual*, Pub. 100-04, chap. 3, sec. 40.2.4 [trans. 3431, December 29, 2015])
  - The list of qualifying MS-DRGs was expanded for fiscal 2016 to include 280 MS-DRGs. Please consult another source for a list of all MS-DRGs subject to the postacute care transfer policy. (*Medicare Claims Processing Manual*, Pub. 100-04, chap. 3, sec. 40.2.4)
  - For transfers to postacute care destinations, hospitals may change the patient status code even when the medical record does not support the change. FIs and OIG will not penalize the hospitals when such changes are made.
  - An IPPS hospital that transfers patients to a nonparticipating hospital or a critical access hospital would be subject to the transfer policy.
- Common working file (CWF) edits identify all same-day, same provider acute care readmissions where the claim is coded as being discharged to another provider before being admitted.
- The code must reflect the patient's status as of the through date of the billing period indicated in the Statement Covers Period field (FL 6).

MOLINA HEALTHCARE

Para su beneficio, también le compartimos las definiciones según establecidas por National Uniform Billing Committee:

01 Discharged to Home or Self-Care (Routine Discharge)

This code 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.

- Per NUBC instructions, use this code when the patient is discharged home under the care of a home IV provider.
- Report code 21 if the patient is discharged or transferred to a jail or law enforcement. Report code 04 if the patient is transferred to an assisted living facility.
- This is a valid code to use for TOB codes (FL 4) 011X, 012X, 013X, 014X, 018X, 021X, 022X, 023X, 032X, 033X, 034X, 041X, 071X, 073X, 074X, 075X, 076X, 077X, 081X, 082X, 083X, or 085X.
- Hospices, TOB 081X or 082X in FL 4, report this code when the patient has revoked their hospice election, the hospice has been decertified, or the patient has been transferred to another hospice.
- This is a valid code to use for home health billing under TOB codes 0331 or 0334 (FL 4).
- Do not submit patient status code 01 when a patient is transferred to another short-term hospital even when the patient is admitted on the same day as a discharge from another hospital.
- Hospitals referring a patient for outpatient services to another institution should use this code instead of patient status code 05.

02 Discharged/Transferred to a Short-Term General Hospital for Inpatient Care

This is a valid code to use for TOB codes (FL 4) 011X, 012X, 013X, 018X, 021X, and 041X.

- When a rehabilitation, psychiatric or acute care hospital discharges or transfers an inpatient from the facility to another acute care hospital to be admitted as an inpatient, the discharging/transferring hospital must report status code 02.
- Patient status codes (FL 17) that are applicable under the IRF PPS transfer policy include 02, 03, 61, 62, 63, and 64. If the claim has one of the applicable discharge status codes and the patient's length of stay is less than the average length of stay for a given case mix group (CMG), payment will be made at the transfer per diem rate with an additional half-day payment for the first day. The common working file compare the IRF discharge date to applicable facility admission dates. The claim will be canceled and returned for correction when the common working file finds that the IRF has not appropriately recorded a transfer. (*Medicare Claims Processing Manual*, Pub. 100-04, chap. 3, secs. 140.2.3, 140.3.1)
- If Medicare records indicate that the patient was transferred to another facility and the billing hospital submits a claim with discharge status code 02, payment is adjusted to reflect the prorated portion of the hospital stay.
- Use this code to bill a same day transfer claim for an inpatient claim (TOB 011X in FL 4). The from and through dates in the statement covers period (FL 6) must be the same. Use condition code 40 Same-day transfer (FLs 18–28), and show the one day as noncovered with value 81, with the noncovered charges reported in FL 48.

Para más información puede comunicarse con nuestro Centro de llamadas al Proveedor al (888) 558-5501 de lunes a viernes de 7:00am a 7:00pm. Personas audio impedidas pueden comunicarse al TTY(787) 522-8281.

Cordialmente,

Sra. Edna Marín, MA
VP, Providers Network
Molina HealthCare Puerto Rico

Referencias:

Usted y su personal administrativo autorizado pueden orientarse en los siguientes:

- www.cms.gov
- https://www.cms.gov/regulations-and-guidance/guidance/tramsmittals/downloads/r110cp.pdf
- http://www.molinahealthcare.com/providers para hacer referencia al Manual de Proveedores de MHPR disponible en nuestra Página de Internet.