

**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION  
CALIFORNIA EMERGENCY DEPARTMENT AND  
AMBULATORY SURGERY PATIENT DATA REPORTING MANUAL, FIFTH EDITION**

**DISPOSITION OF PATIENT**

**Section 97264**

***(a) The patient's disposition, defined as the consequent arrangement or event ending a patient's encounter in the reporting facility, shall be reported as one of the following for encounters occurring on or after January 1, 2023:***



- 01 Discharged to home or self care (routine discharge)
- 02 Discharged/transferred to a short term general hospital for inpatient care
- 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care
- 04 Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility)
- 05 Discharged/transferred to a designated cancer center or children's hospital
- 06 Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care
- 07 Left against medical advice or discontinued care
- 20 Expired
- 21 Discharged/transferred to court/law enforcement
- 43 Discharged/transferred to a federal health care facility
- 50 Hospice - Home
- 51 Hospice – Medical facility (certified) providing hospice level of care
- 61 Discharged/transferred to a hospital-based Medicare approved swing bed
- 62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital
- 63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)
- 64 Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
- 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 66 Discharged/transferred to a Critical Access Hospital (CAH)
- 69 Discharged/transferred to a Designated Disaster Alternate Care Site
- 70 Discharged/transferred to another type of health care institution not defined elsewhere in this code list

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| 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 organized home health service organization in anticipation of covered skilled care 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\*, woman's shelter.)

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- Outpatient settings (e.g. outpatient Chemical Dependency, or Ambulatory Surgery), excluding the Emergency Departments of other hospitals. \*
- 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) \*
- Home with IV therapy or infusion therapy only when not provided under a home health service plan \*

This category **does not** include patients sent to home health care or to home with hospice care or foster care with organized home health services.

Observation patients

Regardless of whether a patient was sent to Observation, an ED or AS record must be reported to HCAI if an encounter took place as defined in *Section 97212 (i)*. Since the patient is expected to go home after observation, discharge status would be “home”. If the facility chooses to include the observation stay on the ED or AS record, the combined record must include all diagnoses, procedures, external cause codes and charges as required.

**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 unit of a hospital, or Critical Access Hospital.

**03 Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care**

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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.

**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.)

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**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/>

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.

**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, IV therapy, 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\*
- 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 \*

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

**07 *Left against medical advice or discontinued care***

DISCUSSION

This category includes patients who:

- Left against medical advice (AMA);
- Discontinued care
  - If patient is seen by a provider, report as an encounter to HCAI
  - If patient did not see a provider, do not report to HCAI †

† According to NUBC, this category includes patients who left without being seen (LWBS). \* However for reporting to HCAI, patients who leave your facility before seeing a provider are not considered an encounter. This record should not be reported to HCAI. See definition of a provider in Subsection (t) of Section 97212.

**20 *Expired***

DISCUSSION

All episodes of care that resulted in death before patient left the facility. This **does not** include episodes of Dead on Arrival (DOA). See definition of an encounter in Subsection (i) of Section 97212

**21 *Discharged/transferred to court/law enforcement***

DISCUSSION

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

**43 *Discharged/transferred to a federal health care facility***

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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 Federally operated and not licensed by the California Department of Public Health as a SNF, it can be reported as a Federal health care facility.

It is critical that the facility is federally owned and operated. If the facility is a state-run Veterans facility, another category will be more appropriate.\*

**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.

**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.

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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.

Some facilities contract the management of hospice beds to an outside company. In these instances a discharge only occurs to hospice if a patient changes types of care within the facility.

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 units of a hospital**

DISCUSSION

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

**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.

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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 SNFs. If IMD is not licensed by the California Department of Public Health as SNF, this can be reported as federal health care facility.

**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.

**69 *Discharged/transferred to a Designated Disaster Alternate Care Site***

DISCUSSION

This category includes patients discharged or transferred to a designated *Disaster Alternative Care Site*.

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This category does **not** include patients who, in the event of a fire, earthquake or other emergency are relocated to a nearby hospital unless that hospital is 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 in (a)-(r).

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)
- The Emergency Department of another hospital, when there is no planned inpatient admission\*

**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.

01 Home/Self Care	81 Planned acute hospital inpatient readmission
02 Short-term general hospital, inpatient care	82 Planned acute hospital inpatient readmission
03 SNF with Medicare Certification	83 Planned acute hospital inpatient readmission
04 Intermediate care facility (ICF)	84 Planned acute hospital inpatient readmission
05 Cancer/Children’s Hospital	85 Planned acute hospital inpatient readmission
06 Home Health Services – skilled care	86 Planned acute hospital inpatient readmission
21 Court or Law Enforcement	87 Planned acute hospital inpatient readmission
43 Federal health care facility	88 Planned acute hospital inpatient readmission
61 Medicare approved swing bed	89 Planned acute hospital inpatient readmission
62 Inpatient rehabilitation facility (IRF)	90 Planned acute hospital inpatient readmission
63 Medicare long term care hospital (LTCH)	91 Planned acute hospital inpatient readmission

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64 Nursing facility under Medi-Cal	92 Planned acute hospital inpatient readmission
65 Psychiatric hospital	93 Planned acute hospital inpatient readmission
66 Critical access hospital (CAH)	94 Planned acute hospital inpatient readmission
70 Another health care institution	95 Planned acute hospital inpatient readmission

**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**

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