Insights to Coding and Data Quality

Discharge disposition differences in Home Health Hospice, between OSHPD and Medicare

by Monica Leisch, RHIA, CCS

The reporting of the discharge disposition for inpatients can be a challenge, and even more so when the requirements are different for The Office of Statewide Health Planning Department, OSHPD, and the Medicare UB-04. One such difference pertains to patients discharged to home health services with hospice.

OSHPD requires the disposition code of ***12 - Home Health Service. A patient referred to a licensed home health service program***. The OSHPD definition for this code says that: "This category includes patients discharged home with home health services and may include hospice care." The "may include" verbiage comes into play when home health providers also provide hospice services.

Medicare on the other hand requires the discharge disposition code of 50, with a title of "home hospice" whenever a patient is to receive hospice services in the home, whether it is provided by a home care agency or by a hospice agency. Patients discharged home with home health care only, are reported with a discharge disposition of 06, discharged to home health. Patients who are discharged to a hospice medical facility are reported with Medicare UB-04 code 51, hospice medical facility.

A problem can arise when the hospital incorrectly maps the discharge disposition code from the coding abstract to the UB-04, and to the OSHPD report. Unless the coder has two distinct choices from which to select, the incorrect disposition code may be assigned. For example, the coding abstract would require one selection of home with hospice and a second for home with home health services. The UB-04 would map home with hospice to discharge disposition code 50, and map home with home health services to 06. The OSHPD report would map both of these types to disposition code 12, home health.

Why is this important? Medicare's Post- Acute-Care-Transfer, (PACT) rule, applies to inpatient encounters with a discharge disposition of home health (06) or SNF. DRGs are affected by the discharge disposition of 06, discharged to home health when the patient stays less than the DRG median length-of-stay and begins home health services within three days of discharge from the acute care facility. In this case the acute care facility shares some of the DRG payment with the home health agency, and does not receive the full DRG reimbursement. A UB-04 discharge disposition code of 50, home hospice, does not affect the PACT DRGs, and the hospital receives the full DRG reimbursement amount.

To make sure your facility is not losing out on Medicare reimbursement for these types of cases, check to see how patients discharged to home health with hospice are reported in your facility, and, whether the mapping is set up correctly. Another way to find these and other PACT DRG losses is to implement a PACT review process either internally, or by using a vendor that is set up to provide this service.

To help with this situation and to provide for consistency in discharge code reporting, OSHPD is planning to realign the discharge disposition codes to make them the same for all patient types, see the article titled *OSHPD Patient Data Regulations Update – A Move Towards National Standards* by Cristal Schoenfelder, OSHPD Patient Data Section Manager, published in the August *CHIA Journal*.

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References
Medicare Billing Manual
California Code of Regulations, Title 22, Division 7, Chapter 10, Article 8 http://oshpd.ca.gov/HID/MIRCal/Text_pdfs/Forms/PDSRegulations.pdf and
MIRCal California Inpatient Data Reporting Manual http://oshpd.ca.gov/HID/MIRCal/IPManual.html
National Uniform Billing Committee (NUBC) Official UB-04 Data Specifications Manual 2008 (Version 2.00 July 2007) Section Form Locator 17 (Patient Discharge Status) Effective Date: March 1, 2007 by the American Hospital Association

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