



## SPECIAL EDITION

### New Regulations! New Disposition Codes!

New regulations have been approved which add new disposition codes to the Emergency Department (ED) and Ambulatory Surgery (AS) reporting guidelines and change the Inpatient disposition codes to conform with the national standard as well as to align Inpatient with ED and AS requirements. You can find the complete text of the Patient Data regulations [here](#). Please see the list of the disposition codes on the next page.

#### What regulatory changes are included in this package?

- New disposition codes for all three data types.
- A new ICD-10 implementation date of October 1, 2015.
- External Cause of Injury is now External Causes of Morbidity.
- All records must be reported with a valid Principal Diagnosis.
- Default values for blank and invalid data elements were updated.

#### When must we report the new disposition codes?

The requirements go into effect January 1, 2015. The first ED and AS reporting period will be January 1 – March 31, 2015, and is due May 15, 2015. The first Inpatient reporting period will be January 1 – June 30, 2015, and is due September 30, 2015.

#### Do I need to change the file format I send to MIRCaI?

The length of the file and the placement of the data elements on the file have not changed. The file format has had space in the procedure and diagnosis fields to accommodate ICD-10 codes since 2008. However, the Format and File Specifications documents have been updated for all data types to reflect the reporting of ICD-10-CM and ICD-10-PCS as of October 1, 2015. Please see our [Manuals and Guides](#) page for links to these documents.

#### What if I have a patient discharged to a setting that is not listed?

You should follow the guidelines set by the National Uniform Billing Committee (NUBC) in assigning discharge status. Consult the NUBC FAQs for clarification whenever possible.

#### Why has OSHPD added the planned readmission codes to the ED & AS data requirements?

The codes were added to all data types to make them uniform as part of National Standards. In some cases, not all the codes will be used.

#### Why did OSHPD make these changes?

Please see our [Laws and Regulations](#) page for the Final Statement of Reasons which gives detailed background information regarding the changes.

#### Will OSHPD be providing a crosswalk between the old and new disposition codes?

There is no straightforward code-to-code crosswalk between the old and new disposition codes. Many codes have multiple options. Refer to the NUBC guidelines when reporting disposition.

#### Do these changes affect any of the reports I see on MIRCaI?

Your Data Distribution Report will be formatted differently to accommodate the new code list. All disposition related edits will be adjusted to reflect the new codes. Some readmission edits will no longer be in use since the codes do not distinguish between internal and external discharges. Most reports will look the same to you.

Below are the newly approved disposition codes for Inpatient, Emergency Department and Ambulatory Surgery patient data reporting. All of the codes listed are new for Inpatient. In addition, codes 81 through 95 were added to ED & AS.

- 00 Other
- 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 a skilled nursing facility (SNF) with Medicare certification in anticipation of covered 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 Discharged home with hospice care.
- 51 Discharged to a medical facility with hospice care.
- 61 Discharged/Transferred to a hospital-based Medicare approved swing bed.
- 62 Discharged/Transferred to an inpatient rehabilitation facility (IRF) including a rehabilitation distinct part unit 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 Alternative Care Site
- 70 Discharged/Transferred to another type of health care institution not defined elsewhere in this code list.
- 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.