

*North Dakota Health Care Review, Inc.*  
*North Dakota's Medicare Quality Improvement Organization (QIO)*  
*Hospital Payment Monitoring Program (HPMP)*

**Patient Discharge Status Policy and Procedure Checklist**

- Designate someone accountable for obtaining the correct discharge status. When inconsistencies have been identified, this person should perform necessary follow-up to determine the correct patient discharge disposition. Another individual should be educated as backup.
- Inconsistent medical record documentation regarding patient discharge status may need to be amended by the party who made the entry. When determining whether an amendment would be appropriate, consider the discipline of the person responsible, e.g., attending physician, nurse, or care manager and whether the entry is incorrect or lacks specificity.

For example, a nursing note stating “patient to home” may not need to be amended when the attending physician documentation is more specific—“patient being discharged with home health.”

However, if physician documentation states a patient will be discharged home but a transfer sheet notes the patient was transferred to another hospital, an amendment would be recommended.

- Monitor the listing of discharge status codes to ensure the use of appropriate codes. Discharge status codes are listed in the Centers for Medicare & Medicaid Services (CMSs) *Hospital Manual*, Chapter IV, Section 460<sup>1</sup> (Field 22).
- Educate appropriate<sup>2</sup> hospital personnel regarding discharge status codes and the impact they may have on the reimbursement for inpatient admissions. This education should be part of new personnel orientation with reinforced education being provided at least annually.
- Perform periodic quality monitoring of discharge status code assignment, to ensure codes have been assigned correctly.
- Perform system checks by comparing the discharge status code entered to what was reported as billed.

Note: This information is provided by North Dakota Health Care Review, Inc., Minot, ND, 701-852-4231, and was prepared and assembled by Health Care Excel, the Indiana QIO, under contract with the Centers for Medicare & Medicaid Services (CMS). The contents presented do not necessarily reflect CMS policy.

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<sup>1</sup> Available on CMS website at <http://new.cms.hhs.gov/Manuals/PBM/list.asp>.

<sup>2</sup> As determined by hospital policy and procedure. Appropriate personnel may include, but is not limited to, inpatient coders, care management, and business office staff.