

## eOutcome.01 - Emergency Department Disposition

## Definition

The known disposition of the patient from the Emergency Department (ED).

|                   |          |                          |       |
|-------------------|----------|--------------------------|-------|
| National Element  | Yes      | Pertinent Negatives (PN) | No    |
| State Element     | Yes      | NOT Values               | Yes   |
| Version 2 Element | E22_01   | Is Nillable              | Yes   |
| Usage             | Required | Recurrence               | 1 : 1 |

## Associated Performance Measure Initiatives

Airway    Cardiac Arrest    Pediatric    STEMI    Stroke    Trauma

## Attributes

**NOT Values (NV)**

7701001 - Not Applicable

7701003 - Not Recorded

## Code List

| Code | Description                                                                                                                    |
|------|--------------------------------------------------------------------------------------------------------------------------------|
| 01   | Discharged to home or self care (routine discharge)                                                                            |
| 02   | Discharged/transferred to another short term general hospital for inpatient care                                               |
| 03   | Discharged/transferred to a skilled nursing facility (SNF)                                                                     |
| 04   | Discharged/transferred to an intermediate care facility (ICF)                                                                  |
| 05   | Discharged/transferred to another type of institution not defined elsewhere in this code list                                  |
| 06   | Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care |
| 07   | Left against medical advice or discontinued care                                                                               |
| 09   | Admitted as an inpatient to this hospital.                                                                                     |
| 20   | Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient)                                              |
| 21   | Discharged/transferred to court/law enforcement                                                                                |
| 30   | Still a patient or expected to return for outpatient services.                                                                 |
| 43   | Discharged/transferred to a Federal Health Care Facility (e.g., VA or federal health care facility)                            |
| 50   | Discharged/transferred to Hospice - home.                                                                                      |
| 51   | Discharged/transferred to Hospice - medical facility                                                                           |
| 61   | Discharged/transferred within this institution to a hospital based Medicare approved swing bed.                                |
| 62   | Discharged/transferred to a inpatient rehabilitation facility including distinct part units of a hospital.                     |
| 63   | Discharged/transferred to long term care hospitals                                                                             |
| 64   | Discharged/transferred to a nursing facility certified under Medicaid 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).                                                                    |
| 70   | Discharged/transferred to another type of health care institution not defined elsewhere in the code list.                      |

## Data Element Comment

The list of values and codes is based on and in compliance with the Medicare Claims Processing Manual Chapter 25 Completing and Processing the Form CMS-1450 Data Set, referencing the Uniform Bill - Form CMS-1450 (UB-04) and the FL 17 - Patient Discharge Status Required. (For all Part A inpatient, SNF, hospice, home health agency (HHA) and outpatient hospital services.) This code indicates the patient's status as of the "Through" date of the billing period (FL 6).

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104CP.pdf> Search for: "FL 17 – Patient Status"

## Associated Validation Rules

| Rule ID     | Level | Message                                                                                                                                                                                                                                                             |
|-------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nemSch_e001 | Error | When Emergency Department Disposition is empty, it should have a Not Value (Not Applicable, Not Recorded, or Not Reporting, if allowed for the element) or a Pertinent Negative (if allowed for the element), or it should be omitted (if the element is optional). |
| nemSch_e002 | Error | When Emergency Department Disposition has a Not Value (Not Applicable, Not Recorded, or Not Reporting), it should be empty.                                                                                                                                         |

