

PATIENT STATUS CODES

THIS FIELD MUST CONTAIN THE CODE INDICATING THE PATIENT STATUS AS OF THE ENDING SERVICE DATE OF THE PERIOD COVERED THROUGH DATE ON THIS BILL.

CODE	DESCRIPTION
01	DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE).
02	DISCHARGED/TRANSFERRED TO ANOTHER SHORT TERM HOSPITAL FOR INPATIENT CARE.
03	DISCHARGED/TRANSFERRED TO SKILLED NURSING FACILITY (SNF).
04	DISCHARGED/TRANSFERRED TO INTERMEDIATE CARE FACILITY (ICF).
05	DISCHARGED/TRANSFERRED TO A DESIGNATED CANCER CENTER OR CHILDREN'S HOSPITAL.
06	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OR ORGANIZED HOME HEALTH SERVICE ORGANIZATION.
07	LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE.
08	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV PROVIDER.
09**	ADMITTED AS AN INPATIENT TO THIS HOSPITAL (FOR USE ONLY ON MEDICARE OUTPATIENT CLAIMS).
10	DISCHARGED – NO LONGER COVERED BY MEDICAID.
11	DISCHARGED – TRANSFERRED TO ANOTHER CATEGORY OF SERVICE.
12-19	DISCHARGE TO BE DEFINED AT STATE LEVEL.
20	EXPIRED.
21	EXPIRED – NOT COVERED BY MEDICAID ON DATE OF DEATH.
22-29	EXPIRED – TO BE DEFINED AT STATE LEVEL.
30	STILL PATIENT OR EXPECTED TO RETURN FOR OUTPATIENT SERVICES.
31	STILL PATIENT – NO LONGER COVERED BY MEDICAID.
32-39	STILL PATIENT – TO BE DEFINED AT STATE LEVEL.
40*	EXPIRED AT HOME (USED ON ILLINOIS MEDICAID AND MEDICARE HOSPICE CLAIMS ONLY).
41*	EXPIRED IN A MEDICAL FACILITY; E.G. HOSPITAL, SNF, ICF, OR FREE STANDING HOSPICE (USED ON ILLINOIS MEDICAID AND MEDICARE HOSPICE CLAIMS ONLY).
42*	EXPIRED – PLACE UNKNOWN (USED ON ILLINOIS MEDICAID AND MEDICARE HOSPICE CLAIMS ONLY).
43-99	RESERVED FOR NATIONAL ASSIGNMENT.
70	DISCHARGED/TRANSFERRED TO ANOTHER TYPE OF HEALTH CARE INSTITUTION NOT DEFINED ELSEWHERE IN THIS CODE LIST.

* FOR USE ONLY ON MEDICARE CLAIMS FOR HOSPICE CARE.

** FOR USE ONLY ON MEDICARE OUTPATIENT CLAIMS.