



August 2005

ATTENTION PROVIDERS

Medical Bulletin
05-004

Patient Status Codes Effective October 1, 2005

This bulletin shall supersede previous bulletins and the Institutional provider manual

The patient status code field is required on all inpatient claims, including claims submitted by general acute care hospitals, swing bed facilities, psychiatric hospitals, rehabilitation hospitals, skilled nursing facilities, psychiatric residential treatment facilities, and residential treatment facilities for emotionally disturbed children. The patient status code field is also required on outpatient claims submitted by general acute care hospitals and critical access hospitals.

EqualityCare accepts patient status codes that are not reserved for national assignment. See a copy of the latest UB-92 Editor, The Ultimate Guide to Accurate UB-92 Submission, for the latest codes and detailed descriptions of the patient status codes.



Valid EqualityCare patient status codes are:

Code	Description	Comments
01	Discharge to home or self-care (Routine Discharge)	
02	Discharged/Transferred to a Short-Term General Hospital for inpatient care	
03	Discharged/Transferred to SNF with Medicare certification in anticipation of covered skilled care	
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 skilled care	
07	Left against medical advice or discontinued care	
09	Admitted as an Inpatient to this hospital	Valid only on Medicare crossover claims
20	Expired (or did not recover-Christian Science patient)	
30	Still a patient	



Code	Description	Comments
40	Expired at home	Valid only on Medicare crossover claims
41	Expired in a medical facility such as a Hospital, SNF, ICF or Freestanding Hospice	Valid only on Medicare crossover claims
42	Expired, place unknown	Valid only on Medicare crossover claims
43	Discharged/Transferred to a Federal Health Care Facility	
50	Discharged to Hospice—Home	
51	Discharged to Hospice—Medical Facility	
61	Discharged/Transferred within this institution to a Hospital-based Medicare approved swing bed	
62	Discharge/Transferred to an Inpatient Rehabilitation Facility (IRF) including rehabilitation distinct part units of a hospital	EqualityCare does not recognize distinct part units of a hospital
63	Discharge/Transferred to a Medicare certified Long Term Care Hospital (LTCH)	
64	Discharge/Transferred to a Nursing Facility certified under Medicaid but not certified under Medicare	
65	Discharge/Transferred to a Psychiatric Hospital or a psychiatric distinct part unit of a hospital	

Effective with dates of service starting October 1, 2005, Wyoming Equality-Care will deny claims that are not billed in accordance with these requirements.

If you have additional questions regarding billing or covered services, please contact the ACS Provider Relations Unit at (307) 772-8401 or toll free at (800) 251-1268. Call center hours are Monday through Friday from 9am-5pm.



Wyoming Department of Health
Public Health Insurance Program



Pharmacy
Group
6530

Important Changes! Please read!



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