

A2105: Discharge Status

A2105. Discharge Status

Complete only if A0310F = 10, 11, or 12

Enter Code

01. **Home/Community** (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge
02. **Nursing Home** (long-term care facility)
03. **Skilled Nursing Facility** (SNF, swing beds)
04. **Short-Term General Hospital** (acute hospital, IPPS)
05. **Long-Term Care Hospital** (LTCH)
06. **Inpatient Rehabilitation Facility** (IRF, free standing facility or unit)
07. **Inpatient Psychiatric Facility** (psychiatric hospital or unit)
08. **Intermediate Care Facility** (ID/DD facility)
09. **Hospice** (home/non-institutional)
10. **Hospice** (institutional facility)
11. **Critical Access Hospital** (CAH)
12. **Home under care of organized home health service organization**
13. **Deceased**
99. **Not listed** → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge

Item Rationale

This item documents the location to which the resident is being discharged at the time of discharge. Knowing the setting to which the individual was discharged helps to inform discharge planning. See the Glossary and Common Acronyms in Appendix A for additional descriptions of these settings.

Demographic and outcome information.

Steps for Assessment

Review the medical record including the discharge plan and discharge orders for documentation of discharge location.

Coding Instructions

Select the **two-digit** code that corresponds to the resident's discharge status.

Code 01, *Home/Community*: if *the resident was* discharged *to* a private home, apartment, board and care, assisted living facility, group home, *transitional living, or adult foster care. A community residential setting is defined as any house, condominium, or apartment in the community, whether owned by the resident or another person; retirement communities; or independent housing for the elderly.*

Code 02, *Nursing Home (long-term care facility)*: if *the resident was* discharged *to* an institution that is primarily engaged in providing *medical and non-medical care to people who have a chronic illness or disability.*

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Code 03, Skilled Nursing Facility (SNF, swing beds): if the resident was discharged to a nursing facility with staff and equipment for the provision of skilled nursing services, skilled rehabilitative services, and/or other related health services. This category also includes patients admitted from a SNF swing bed in a swing bed hospital. A swing bed hospital is a hospital or critical access hospital (CAH) participating in Medicare that has CMS approval to provide posthospital SNF care and meets certain requirements.

Code 04, Short-Term General Hospital (acute hospital/IPPS): if the resident was discharged to a hospital that is contracted with Medicare to provide acute, inpatient care and accepts a predetermined rate as payment in full.

Code 05, Long-Term Care Hospital (LTCH): if the resident was discharged to a Medicare certified acute care hospital that focuses on patients who stay, on average, more than 25 days. Most patients in LTCHs are chronically and critically ill and have been transferred there from an intensive or critical-care unit.

Code 06, Inpatient Rehabilitation Facility (IRF, free standing facility or unit): if the resident was discharged to a rehabilitation hospital or a distinct rehabilitation unit of a hospital that provides an intensive rehabilitation program to inpatients. This category also includes residents discharged to a rehabilitation unit of a critical access hospital.

Code 07, Inpatient Psychiatric Facility (psychiatric hospital or unit): if the resident was discharged to an institution that provides, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mentally ill residents. This category also includes residents discharged to a psychiatric unit of a critical access hospital.

Code 08, Intermediate Care Facility (ID/DD): if the resident was discharged to an institution that is engaged in providing, under the supervision of a physician, any health and rehabilitative services for individuals who have intellectual disabilities (ID) or developmental disabilities (DD).

Code 09, Hospice (home/non-institutional): if the resident was discharged to a community-based program for terminally ill persons.

Code 10, Hospice (institutional facility): if the resident was discharged to an inpatient program for terminally ill persons where an array of services is necessary for the palliation and management of terminal illness and related conditions. The hospice must be licensed by the State as a hospice provider and/or certified under the Medicare program as a hospice provider.

Code 11, Critical Access Hospital (CAH): if the resident was discharged to a Medicare-participating hospital located in a rural area or an area that is treated as rural and that meets all of the criteria to be designated by CMS as a CAH and was receiving acute care services from the CAH at the time of discharge.

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Code 12, Home under care of organized home health service

organization: *if the resident was discharged home under care of an organized home health service organization. This includes only skilled services provided by a home health agency.*

Code 13, deceased: if resident is deceased.

Code 99, *Not listed*: if *the resident was* discharged *to* none of the above.