Encounter Disposition
Value Set Definition &
Alignment

HL7 Working Group
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Virtual Zoom Meeting
Topic Discussion Facilitator:
Lisa Nelson
CMS modified the Medicare and Medicaid Hospital CoP to require hospitals, psychiatric hospitals, and critical access hospitals (CAHs), which utilize an EHR, to send notifications of a patient’s ADT to certain providers. These providers include the patient’s established primary care practitioner or group; post-acute care service providers and suppliers with whom the patient has an established care relationship; and, other practitioners, groups or entities, identified by the patient. The notifications are intended to focus on sending information to the providers that need to receive notification of the patient’s status for treatment, care coordination, or quality improvement purposes. CMS is not specifying a standard for the content, format, or delivery of these notifications.

It is important to note that if the hospital and patient cannot identify a provider to share the notification with, the hospital is not required to send a notification for that patient. Moreover, CMS emphasized that, at the time of this applicability date, this provision is limited to a hospital that currently possesses an EHR system with the technical capacity to generate the basic patient personal or demographic information for electronic patient event notifications.

Agenda

- Overview on current status of Encounter Disposition (discharge disposition) data element
- Review of value set guidance from V2, CDA, FHIR, Quality, Payers
  - Harmonization
  - Licensing issues
- Next steps to meet existing needs
  - Use in ADT Event Notification use cases
USCDI (Comment Level 2)

- Data Class: Encounter Information (draft)
  - Encounter Type (draft)
  - Encounter Time (draft)
  - Encounter Diagnosis (draft)
  - Encounter Location (comment L2)
  - Encounter Disposition (comment L2)

https://www.healthit.gov/isa/uscdi-data/encounter-disposition
Encounter Disposition

**HL7 V2**

HL7 version of the NUBC FL17 codes

**HL7 CDA**

NUBC FL17 – not available

**Encounter Activity**: sdtc:dischargeDispositionCode

This sdtc:dischargeDispositionCode **SHOULD** contain exactly [0..1] code, which **SHOULD** be selected from ValueSet 2.16.840.1.113883.3.88.12.80.33 NUBC UB-04 FL17-Patient Status (code system 2.16.840.1.113883.6.301.5) DYNAMIC or, if access to NUBC is unavailable, from CodeSystem 2.16.840.1.113883.12.112 HL7 Discharge Disposition (CONF:1198-32177).

**Encounter Disposition**

**US Core Encounter**:

Encounter.hospitalization.dischargeDisposition

**AHANUBC**

PatientDischargeStatus

**SNOMED CT**

value set "Discharge To Acute Care Facility" using “2.16.840.1.113883.3.117.1.7.1.87”

Phrases like “Discharge to acute care facility” and “Discharged to home for hospice care” and each of these more general ideas became a value set into which they put all the SNOMED CT codes that “mapped” to that more general idea.

**carin**

EOB.supportingInfo:discharge-status.code

**NUBC FL17**

NUBC FL17 – not available
- This sdtc:dischargeDispositionCode **SHOULD** contain exactly [0..1] code, which **SHOULD** be selected from ValueSet 2.16.840.1.113883.3.88.12.80.33 NUBC UB-04 FL17-Patient Status (code system 2.16.840.1.113883.6.301.5) *DYNAMIC* or, if access to NUBC is unavailable, from CodeSystem 2.16.840.1.113883.12.112 HL7 Discharge Disposition (CONF:1198-32177).

- This sdtc:dischargeDispositionCode **SHOULD** contain exactly [0..1] codeSystem, which **SHOULD** be either CodeSystem: NUBC 2.16.840.1.113883.6.301.5 OR CodeSystem: HL7 Discharge Disposition 2.16.840.1.113883.12.112 (CONF:1198-32377).

- ValueSet NUBC UB-04 FL17-Patient Status 2.16.840.1.113883.3.88.12.80.33 – NOT IN VSAC

- [UTG:](https://build.fhir.org/ig/HL7/UTG/codesystems.html) All Code Systems
  - No Code System named HL7 DischargeDisposition
  - No Code System identified with 2.16.840.1.113883.12.112
eCQMs (Anticoagulation Therapy for Atrial Fibrillation/Flutter CMS71v10)

- valueset "Discharge To Acute Care Facility" (2.16.840.1.113883.3.117.1.7.1.87)
  - 306701001 Discharge to community hospital (procedure)
  - 306703008 Discharge to tertiary referral hospital (procedure)
  - 434781000124105 Discharge to acute care hospital (procedure)

- valueset "Discharged to Health Care Facility for Hospice Care" (2.16.840.1.113883.3.117.1.7.1.207)
  - 428371000124100 Discharge to healthcare facility for hospice care (procedure)

- valueset "Discharged to Home for Hospice Care" (2.16.840.1.113883.3.117.1.7.1.209)
  - 428361000124107 Discharge to home for hospice care (procedure)
### Table: UB04 - Patient Form Field 17 codes. FHIR uses on HL7 Value Set

<table>
<thead>
<tr>
<th>NUBC</th>
<th>NUBC - UB 04 - Patient Form 17</th>
<th>Proposed Mapping</th>
<th>Encounter Hospitalization Discharge Disposition from system: <a href="http://example.com/Home">http://example.com/Home</a></th>
<th>Proposed Mapping</th>
<th>Anticoagulation Therapy for Atrial Fibrillation/Flutter CM571v10 SNOMED CT Value Sets Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Discharged to home or self care (routine discharge)</td>
<td>Narrow to broad home</td>
<td>Other healthcare facility</td>
<td>Broad to narrow</td>
<td>Discharge to Acute Care Facility: 306721001, Discharge to tertiary referral hospital (procedure): 306720093, Discharge to acute care hospital: 434781000124105</td>
</tr>
<tr>
<td>02</td>
<td>Discharged/transferred to another short term general hospital for inpatient care</td>
<td>Narrow to broad other-hcfs</td>
<td>Other healthcare facility</td>
<td>Broad to narrow</td>
<td>Discharge To Acute Care Facility: 306721001, Discharge to tertiary referral hospital (procedure): 306720093, Discharge to acute care hospital: 434781000124105</td>
</tr>
<tr>
<td>03</td>
<td>Discharged/transferred to skilled nursing facility (SNF)</td>
<td>Narrow to broad snf</td>
<td>Skilled nursing facility</td>
<td>Equivalent</td>
<td>Discharged to Health Care: 428371000124100, Discharge to healthcare facility for hospice care: 428361000124107</td>
</tr>
<tr>
<td>04</td>
<td>Discharged/transferred to an intermediate care facility (ICF)</td>
<td>Narrow to broad other-hcfs</td>
<td>Other healthcare facility</td>
<td>Broad to narrow</td>
<td>Discharge to long-term care: 428371000124100, Discharge to healthcare facility for hospice care: 428361000124107</td>
</tr>
<tr>
<td>05</td>
<td>Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution</td>
<td>Narrow to broad other-hcfs</td>
<td>Other healthcare facility</td>
<td>Broad to narrow</td>
<td>Discharge to Rehabilitation: 428371000124100, Discharge to healthcare facility for hospice care: 428361000124107</td>
</tr>
<tr>
<td>06</td>
<td>Discharged/transferred to home under care of organized home health service organization</td>
<td>Narrow to broad alt-home</td>
<td>Alternative home</td>
<td>Broad to narrow</td>
<td>Discharged to Home for: 428361000124107, Discharge to healthcare facility for hospice care: 428361000124107</td>
</tr>
<tr>
<td>07</td>
<td>Left against medical advice or discontinued care</td>
<td>Narrow to broad alt-home</td>
<td>Alternative home</td>
<td>Equivalent</td>
<td>Discharged to Home for: 428361000124107, Discharge to healthcare facility for hospice care: 428361000124107</td>
</tr>
<tr>
<td>08</td>
<td>Discharged/transferred to home under care of Home IV provider</td>
<td>Narrow to broad alt-home</td>
<td>Alternative home</td>
<td>Equivalent</td>
<td>Discharged to Home for: 428361000124107, Discharge to healthcare facility for hospice care: 428361000124107</td>
</tr>
<tr>
<td>09</td>
<td>Admitted as an inpatient to this hospital</td>
<td>Narrow to broad alt-home</td>
<td>Alternative home</td>
<td>Equivalent</td>
<td>Discharged to Home for: 428361000124107, Discharge to healthcare facility for hospice care: 428361000124107</td>
</tr>
<tr>
<td>10</td>
<td>Discharge to be defined at state level, if necessary</td>
<td>Narrow to broad other</td>
<td>Other</td>
<td>Equivalent</td>
<td>Discharged to Home for: 428361000124107, Discharge to healthcare facility for hospice care: 428361000124107</td>
</tr>
<tr>
<td>20</td>
<td>Expired (i.e. died)</td>
<td>Expired</td>
<td>Expired</td>
<td>Expired</td>
<td>Expired, Expired</td>
</tr>
<tr>
<td>21</td>
<td>Expired to be defined at state level, if necessary</td>
<td>Narrow to broad exp</td>
<td>Expired</td>
<td>Expired</td>
<td>Expired, Expired</td>
</tr>
<tr>
<td>30</td>
<td>Still patient expected to return for outpatient services (i.e. still a patient)</td>
<td>Narrow to broad exp</td>
<td>Expired</td>
<td>Expired</td>
<td>Expired, Expired</td>
</tr>
<tr>
<td>31</td>
<td>Still patient to be defined at state level, if necessary (i.e. still a patient)</td>
<td>Narrow to broad exp</td>
<td>Expired</td>
<td>Expired</td>
<td>Expired, Expired</td>
</tr>
<tr>
<td>40</td>
<td>Expired (i.e. died) at home</td>
<td>Narrow to broad exp</td>
<td>Expired</td>
<td>Expired</td>
<td>Expired, Expired</td>
</tr>
<tr>
<td>41</td>
<td>Expired (i.e. died) in a medical facility, e.g., hospital, SNF, ICF, or free standing hospice</td>
<td>Narrow to broad exp</td>
<td>Expired</td>
<td>Expired</td>
<td>Expired, Expired</td>
</tr>
<tr>
<td>42</td>
<td>Expired (i.e. died) - place unknown</td>
<td>Narrow to broad exp</td>
<td>Expired</td>
<td>Expired</td>
<td>Expired, Expired</td>
</tr>
</tbody>
</table>

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What are the implementer ramifications?

6 Terminology Licensure

6.1 Code Systems Requiring Licenses

6.1.1 Access to Licensed Code Systems

This HL7 specification contains references to intellectual property owned by third parties ("Third Party IP"). Implementers and testers of this specification SHALL abide by the license requirements for each terminology content artifact utilized within a functioning implementation. Terminology licenses SHALL be obtained from the Third Party IP owner for each code system and/or other specified artifact used. It is the sole responsibility of each organization deploying or testing this specification to ensure their implementations comply with licensing requirements of each Third Party IP.

6.1.2 Licensed Industry Standard Code Systems

This IG includes value set bindings to code systems that reference industry standard codes which require implementers to purchase a license before the coded concepts can be used. The following information summarizes the set of licensed Code Systems required by this IG and provides links to the information about where to go to obtain a license.

- **AMA CPT**: The CPT procedure and modifier codes are owned by the American Medical Association.
- **X12**: CARC (Claim Adjustment Reason Codes are owned by X12.
- **NUCC**: The NUBC secretariat is the American Hospital Association.
- **NUCC**: National Uniform Claim Committee (NUCC) is presently maintaining the Taxonomy code set. The codes are free and publicly available for download and use. If the use however is "For commercial use, including sales or licensing, a license must be obtained". It would be appropriate for an app developer to file the license form just like they would for any other code set; however, there is no fee.
- **NCPDP**: Retail Pharmacy data standards are defined by the NCPDP.
- **3M APR-DRG**: AP-DRGs and APR-DRGs are owned by 3M. Use of AP-DRGs and APR-DRGs requires a license.

[https://build.fhir.org/ig/HL7/carin-bb/Terminology_Licensure.html](https://build.fhir.org/ig/HL7/carin-bb/Terminology_Licensure.html)
Next Steps:

- Within HL7 how do we align data element definitions to use the same value set, or fully mapped value sets?
- What are the expectations regarding code system licensing?
- Billing information isn’t even available at the point the discharge event takes place
- There is a way to build a clinical code system
  - Effort would need to be funded by ONC and maintained over time
    - Creation is different than maintenance
    - ONC doesn’t create value sets, it names them, when they exist and are ready to use (agreed to by implementers)
  - It’s time to address this problem…
  - Who would launch this, who would do the work? How will it be funded?
- Maybe we are not talking about “Discharge Disposition”, maybe we could do a survey to figure out “what type of situation is a person being discharged to?”
  - This might not be the right use case for using NUBC
Next actionable steps

- Find a group that cares about this problem and wants to see this work get done
- Collect a set of concepts currently used today
- Compare “map” the concepts
- Clarify the Use Cases
- Seek agreement on a starting value set, test it, recommend it to ONC for the discharge disposition data element
  - Invent a way to create a social media approach to finding the collaborative creation
  - Once the “open source” value set exists, people can improve it.

- What is the proper binding?
  - Either a preferred binding, or if it is an extensible binding there will be some very specific rules for how the value set gets defined