MVP
FAST**FAX** News for West Region — Rochester/Buffalo Providers

Patient (Discharge) Status Code Requirement

This is a reminder to providers of the Patient (Discharge) Status Code requirements. MVP will deny or reject claim lines when a Patient (Discharge) Status Code is invalid or missing.

- Any time an institutional claim is submitted, the Patient (Discharge) Status Code must be populated with either a valid code as of the "statement covers through date" or final date of service on the claim. If the code is invalid or missing, the service will be denied.

- A valid Patient (Discharge) Status Code is defined by the National Uniform Billing Committee (NUBC) Official UB-04 Data Specifications Manual 2017 (Version 2.00 January 2017). The NUBC Data Specifications Manual provides documentation and further guidance to assist in determining the proper Patient (Discharge) Status Code to use based on the patient's status when completing the claim. To access the manual please visit **www.nubc.org**.

Questions? Please contact the Customer Care Center for Provider Services.   Representatives are available weekdays from 8:30 a.m. – 5:00 p.m. Eastern Time at 1-800-684-9286.

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