



## Point of Origin for Admission or Visit Codes Update to the UB-04 (CMS-1450) Manual Code List – JA6801

**Note:** MLN Matters® article MM6801 was revised to reflect the revised Change Request (CR) 6801 issued on March 9, 2010. Reference to article MM6757 was added to the table on page 2 below. In addition, the code 2 title was changed to "Clinic or Physician's Office" in the table. The CR transmittal number, release date, and the Web address for accessing CR6801 were changed. All other information remains the same.

Related CR Release Date: March 9, 2010 **Revised**

Date Job Aid Revised: March 17, 2010

Effective Date: July 1, 2010

Implementation Date: July 6, 2010

<b>Key Words</b>	MM6801, CR6801, R1929CP, Origin, Admission, Visit, UB-04, CMS-1450
<b>Contractors Affected</b>	<ul style="list-style-type: none"> <li>• Fiscal Intermediaries (FIs)</li> <li>• Part A/B Medicare Administrative Contractors (A/B MACs)</li> <li>• Regional Home Health Intermediaries (RHHIs)</li> </ul>
<b>Provider Types Affected</b>	Provider types affected are those providers submitting claims to Medicare FIs, A/B MACs, and/or RHHIs for services provided to Medicare beneficiaries.



- CR6801 updates the Point-of-Origin for Admission or Visit Codes to the UB-04 (CMS-1450) Manual Code List.
- The following Point of Origin for Admission or Visit (formerly Source of Admission) codes (discontinued by the National Uniform Billing Committee (NUBC) will be discontinued for use by Medicare Systems:
  - '7' - Discontinued effective July 1, 2010;
  - 'B' - Discontinued effective July 1, 2010; and
  - 'C' - Discontinued effective July 1, 2010.
- Point of Origin for Admission or Visit code '1' example and definition language has been updated, though the processing of code '1' is not being changed.
- Point of Origin for Admission or Visit code '2', definition language has been updated, though the processing of code '2' is not being changed.

- The Point of Origin for Admission or Visit (formerly Source of Admission) codes '7', 'B', and 'C' (discontinued by the NUBC) will be discontinued for use by the Fiscal Intermediary Standard System effective, effective July, 1, 2010.
- In addition, Point of Origin for Admission or Visit code '1' example and definition language has been updated (the processing of code '1' is not being changed), and Point of Origin for Admission or Visit code '2' definition language has been updated (the processing of code '2' is not being changed). These revisions are shown in the following table:

Form Locator (FL) 15 – Point of Origin for Admission or Visit			
Required: The provider enters the code indicating the source of the referral for this admission or visit.			
Code Structure:			
Provider Needs to Know...	1	<p><b>Non-Health Care Facility Point of Origin (Physician Referral)</b> <i>Effective July 1, 2010: Non-Health Care Facility Point of Origin</i></p> <p><b>Usage note:</b> Includes patients coming from home, a physician's office, or workplace. <i>Effective July 1, 2010: Examples: Includes patients coming from home or workplace.</i></p>	<p><b>Inpatient:</b> The patient was admitted to this facility upon an order of a physician. <i>Effective July 1, 2010: Inpatient: The patient was admitted to this facility.</i></p> <p><b>Outpatient:</b> The patient presents to this facility with an order from a physician for services or seeks scheduled services for which an order is not required (e.g., mammography). Includes non-emergent self referrals. <i>Effective July 1, 2010: Outpatient: The patient presented to this facility for outpatient services.</i></p>
	2	<p><b>Clinic or Physician's Office</b></p>	<p><b>Inpatient:</b> The patient was admitted to this facility as a transfer from a freestanding or non-freestanding clinic. <i>Effective July 1, 2010: Inpatient: The patient was admitted to this facility.</i></p> <p><b>Outpatient:</b> The patient was referred to this facility for outpatient or referenced diagnostic services. <i>Effective July 1, 2010: Outpatient: The patient presented to this facility for outpatient services.</i></p>
	7	<p><b>Emergency Room</b></p>	<p><b>Inpatient:</b> The patient was admitted to this facility after receiving services in this facility's emergency room department. <b>Discontinued July 1, 2010</b></p>
	B	<p><b>Transfer From Another Home Health Agency</b></p>	<p>The patient was admitted to this home health agency as a transfer from another home health agency <b>Discontinued July 1, 2010. See condition code 47 as discussed in the article at <a href="http://www.cms.hhs.gov/MLN MattersArticles/downloads/MM6757.pdf">http://www.cms.hhs.gov/MLN MattersArticles/downloads/MM6757.pdf</a> on the CMS website.</b></p>
	C	<p><b>Readmission to Same Home Health Agency</b></p>	<p>The patient was readmitted to this home health agency within the same home health episode period. <b>Discontinued July 1, 2010. See condition code 47 as discussed in the article at <a href="http://www.cms.hhs.gov/MLN MattersArticles/downloads/MM6757.pdf">http://www.cms.hhs.gov/MLN MattersArticles/downloads/MM6757.pdf</a> on the CMS website.</b></p>

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**Background**

The Centers for Medicare & Medicaid Services (CMS) Health Insurance Claim Form (UB04) and its electronic equivalent has a required field (Form Locator (FL) 15) on all institutional inpatient claims and outpatient registrations for diagnostic testing services. FL 15 indicates the point of patient origin for the admission or visit of the claim being billed.

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**Operational  
Impact**

N/A

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**Reference  
Materials**

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6801.pdf> on the CMS website.

The official instruction (CR6801) issued regarding this change may be found at <http://www.cms.hhs.gov/Transmittals/downloads/1929CP.pdf> on the CMS website.

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