



News Flash – The *Medicare Dependent Hospital Fact Sheet* (April 2009), which provides the criteria that rural hospitals must meet in order to be classified as a Medicare Dependent Hospital, is now available in downloadable format from the Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network at <http://www.cms.hhs.gov/MLNProducts/downloads/MedDependHospfctsh508.pdf> on the CMS website.

MLN Matters® Number: MM6478

Related Change Request (CR) #: 6478

Related CR Release Date: July 24, 2009

Effective Date: October 1, 2007

Related CR Transmittal #: R1775CP

Implementation Date: January 4, 2010

Point of Origin Codes Update to the UB-04 (CMS-1450) Manual Code List

Provider Types Affected

All hospitals and other providers who submit UB-04s or their electronic equivalent to Medicare fiscal intermediaries (FI) and Medicare Administrative Contractors (MAC) for services provided to Medicare beneficiaries.

Provider Action Needed

This article explains the addition of two new valid point of origin codes to the valid list of acceptable UB-04 codes. The new codes are E, Transfer from Ambulatory Surgical Center; and F, Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program. These codes must be used to complete Form CMS-1450 Data Set, described in the Medicare Claims Processing Manual, Chapter 25 (Completing and Processing the Form CMS-1450 Data Set). Providers should inform their claims staff of the new codes.

Background

The following point of origin (formerly source of admission) codes, created by the National Uniform Billing Committee (NUBC), should be used, when appropriate in FL 15 of the UB-04 and its electronic equivalent and these codes will be accepted by Medicare's claims processing systems as of January 4, 2010:

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

E – Transfer from Ambulatory Surgical Center:

- Inpatient: This patient was admitted to this facility as a transfer from an ambulatory surgery center.
- Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services from an ambulatory surgery center.

F – Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program:

- Inpatient: The patient was admitted to this facility as a transfer from hospice.
- Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services from a hospice.

Additional Information

If you have questions, please contact your Medicare FI and/or MAC at their toll-free number which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

The official instruction, CR6478, issued to your Medicare FI and/or MAC regarding this change may be viewed at

<http://www.cms.hhs.gov/Transmittals/downloads/R1775CP.pdf> on the CMS website.

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