MLN Matters® — Information for Medicare Fee-for-Service Health Care Professionals

News Flash – The fifth annual national administration of the Medicare Contractor Provider Satisfaction Survey (MCPSS) is now underway. If you received a letter indicating that you were randomly selected to participate in the 2010 MCPSS, CMS urges you to take a few minutes to go online and complete this important survey via a secure Internet website. Responding online is a convenient, easy, and quick way to provide CMS with your feedback on the performance of the FFS contractor that processes and pays your Medicare claims. Survey questionnaires can also be submitted by mail, secure fax, and over the telephone. To learn more about the MCPSS, please visit the CMS MCPSS website http://www.cms.hhs.gov/mcpss or read the CMS Special Edition MLN Matters article, SE1005, located at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1005.pdf on the CMS website.

MLN Matters® Number: MM6801 Revised

Related Change Request (CR) #: 6801

Related CR Release Date: March 9, 2010

Effective Date: July 1, 2010

Related CR Transmittal #: R1929CP

Implementation Date: July 6, 2010

Note: This article was updated on November 23, 2012, to reflect current Web addresses. This article was previously revised on March 12, 2010 to reflect the revised CR 6801 issued on March 9, 2010. Reference to article MM6757 was added to the table on pages 2-4. Also, the CR transmittal number, release date, and the Web address for accessing CR 6801 were changed. All other information remains the same.

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

Provider Types Affected

This article impacts providers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), A/B Medicare Administrative Contractors (A/B MACs), and/or Regional Home Health Intermediaries (RHHIs)) for services provided to Medicare beneficiaries.

Provider Action Needed

STOP – Impact to You

This article is based on Change Request (CR) 6801 which updates the Point-of-Origin for Admission or Visit Codes to the UB-04 (CMS-1450) Manual Code List.

CAUTION – What You Need to Know

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. In addition, 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. Also, Point of Origin for Admission or Visit code '2' definition language has been updated, though the processing of code '2' is not being changed.

GO – What You Need to Do

Be sure billing staff are aware of these changes.

Background

The Centers for Medicare & Medicaid Services (CMS) Health Insurance Claim Form (UB04) and its electronic equivalence 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.

The Point of Origin for Admission or Visit (formerly Source of Admission) codes '7', 'B', and 'C' (discontinued by the National Uniform Billing Committee (NUBC)) will be discontinued for use by the Fiscal Intermediary Standard System (FISS) 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:

<table>
<tr><td colspan="3">Form Locator (FL) 15 – Point of Origin for Admission or Visit</td></tr>
<tr><td colspan="3">Required: The provider enters the code indicating the source of the referral for this admission or visit.</td></tr>
<tr><td colspan="3">Code Structure:</td></tr>
<tr><td rowspan="2">1</td><td rowspan="2">Non-Health Care Facility Point of Origin (Physician Referral)
Effective July 1, 2010: Non-Health Care Facility Point of Origin

<u>Usage note</u>: Includes patients coming from home, a physician's office, or workplace. Effective July</td><td>Inpatient: The patient was admitted to this facility upon an order of a physician.
Effective July 1, 2010: Inpatient: The patient was admitted to this facility.</td></tr>
<tr><td>Outpatient: The patient presents to this facility with an order from a physician for services or seeks scheduled</td></tr>
</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:		
	1, 2010: Examples: Includes patients coming from home or workplace.	services for which an order is not required (e.g., mammography). Includes non-emergent self referrals. *Effective July 1, 2010: Outpatient: The patient presented to this facility for outpatient services.*
2	Clinic or Physician's Office	Inpatient: The patient was admitted to this facility as a transfer from a freestanding or non-freestanding clinic. *Effective July 1, 2010: Inpatient: The patient was admitted to this facility.*
		Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services. *Effective July 1, 2010: Outpatient: The patient presented to this facility for outpatient services.*
7	Emergency Room (ER)	Inpatient: The patient was admitted to this facility after receiving services in this facility's emergency room department. Discontinued July 1, 2010
B	Transfer From Another Home Health Agency	The patient was admitted to this home health agency as a transfer from another home health agency *Discontinued July 1, 2010. See condition code 47 as discussed in the article at* http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6757.pdf *on the CMS website.*
C	Readmission to Same Home Health Agency	The patient was readmitted to this home health agency within the same home health episode period. *Discontinued July 1, 2010. See condition code 47 as discussed in the article at* http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6757.pdf *on the CMS website.*

Additional Information

The official instruction, CR 6801, issued to your FI, A/B MAC, and RHHI regarding this change may be viewed at http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1929CP.pdf on the CMS website. If you have any questions, please contact your FI, A/B MAC, or RHHI at their toll-free number, which may be found at http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html on the CMS website.