



Below are the decisions made by the NUBC today related to the Source of Admission (Point of Origin) code, which have been under discussion for the past several months. I want to thank everyone that has participated in this discussion. If anyone has continued questions or concerns related to the UB specifications or the FAQ's, please contact your state representative.

- Bob Davis

Source of Admission (Point of Origin)

Newborn Codes

It should be noted that there are a special set of Source of Admission (Point of Origin) codes used for newborn when the Priority (Type of Visit (Type of Admission)) is reported as a 4 - newborn. The NUBC agreed to simplify the newborn coding by eliminating codes 1 - 4 (Normal Delivery, Premature Delivery, Sick Baby, Extramural Birth respectively) and define 2 new codes. Code 5 will be born in hospital and Code 6 will be born outside the hospital.

Code 1 - Non-Health Care Facility Source of Origin

Based on previous discussions the Outpatient definition for this changed to read as follows:

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.

Code 7 - Emergency Room

The committee agreed to add language to Code 7 to include unscheduled emergent self-referrals into this category to differentiate this type of self-referrals from those defined as appropriate for code 1.

Code A - Transfer from a Critical Access Hospital

Since Medicare no longer requires this code and there have been no other known uses of this code, the committee voted to eliminate this code (Code A).

Code 9 - Information Not Available

After some discussion, the committee agreed to leave this code (Code 9) as is.

5510 Research Park Drive P.O. Box 259038 Madison, WI 53725-9038
P (608) 274-1820 Toll Free (800) 231-8340
F (608) 274-8554



There was also a new FAQ developed to highlight the new intent of Code 1 (Non-Health Care Facility Source of Origin) and Code 7 (Emergency Room)

Q. What is the source of admission for a patient who goes to the hospital in labor?

A. For a normal pregnancy, the typical process is to pre-register with the hospital when the physician is on staff at: this is usually coordinated through the physician's office. The information is entered into the hospital's system so there is a record on file. When the woman goes into labor (or thinks she does) she will typically call the physician. If the physician's office is not open, the physician will recommend that the women go to the hospital. There is communication between the physician and the hospital and the hospital is usually expecting the patient. The patient is typically told to go to the ED and then the ED department will call labor and delivery and the patient is transported there. They are not seen by an ED physician and there is no associated ED charge. The appropriate source code in this situation would be 1.

If the patient is an emergency situation (e.g. premature or unexpected labor) there still could be a call to the physician beforehand; the patient presents and is immediately taken to labor and delivery. The appropriate source code in this situation would be 1.

However, there are times when the patient will be examined in the ED first. For example, the patient goes into labor outside the proximity of the pre-registered hospital (i.e. her physician is not on staff), the patient has not pre-registered at all, or has experienced a trauma, which necessitates an emergency exam. In these situations, the appropriate source code would be 7.