7.8   Point of Origin for Admission or Visit

Required on all inpatient and outpatient services

Definition: A code indicating the point of patient origin for this admission or visit. Focus on where the patient came from before presenting to the health care facility.

According to the Official UB-04 Data Specification Manual "This code list is designed to focus on patients' place or point of origin (PoO) rather than the source of a physician order or referral. The existence of a physician order or referral is no longer relevant and has been removed from the definitions. (. . .). Based on this definition, the emergency room code was deactivated and eliminated effective July 1, 2010.

The codes are basically meant to be taken literally."

Value	Definition	Usage Notes
1	Non-Health Care Facility Point of Origin Usage Note: Examples: Includes patients coming from home or workplace and patients receiving care at home (such as home health services).	For Inpatients: The patient was admitted to this facility. For Outpatients: The patient presented for outpatient services. Note: This is to be taken in the most literal sense.
2	Clinic or Physician's Office Usage Note: Patient seen in clinic and directly admitted to a facility.	For Inpatients: The patient was admitted to this facility. For Outpatients: The patient presented to this facility for outpatient services.
3	(Discontinued 10/1/07)	Reserved for assignment by the NUBC.
4	Transfer From a Hospital (Different Facility) **Usage Notes:** Excludes Transfers from Hospital Inpatient in the Same Facility (See Code D)	Inpatient: The patient was admitted to this facility as a hospital transfer from an acute care facility where he or she was an inpatient or outpatient. Outpatient: The patient was transferred to this facility as an outpatient from an acute care facility.
5	Transfer From A Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF) or Assisted Living Facility (ALF)	Inpatient: The patient was admitted to this facility as a transfer from a SNF, ICF or ALF where he or she was a resident. Outpatient: The patient presented to this facility for outpatient or referenced diagnostic services from a SNF, ICF or ALF where he or she was a resident.
6	Transfer From Another Health Care Facility	Inpatient: The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list. Outpatient: The patient presented to this facility for services from another health care facility not defined elsewhere in this code list.
7	(ED Discontinued 7/1/10)	Reserved for assignment by the NUBC.
8	Court/Law Enforcement Usage Note: Includes transfers from incarceration facilities	Inpatient: The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative. Outpatient: The patient presented to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative for outpatient or referenced diagnostic services.
9	Information Not Available	Inpatient: The patient's Point of Origin is not known. Outpatient: The patient's Point of Origin is not known.*Not valid for Medicare outpatients.
D	Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer	Inpatient: The patient was admitted to this facility as a transfer from hospital inpatient within this hospital resulting in a separate claim to the payer. Outpatient: The patient received outpatient services in this facility as a transfer from within this hospital resulting in a separate claim to the payer.

		Usage Notes:
		For the purposes of this code "Distinct unit" is defined as a unique unit or level of care at the hospital requiring the issuance of a separate claim to the payer. Examples could include observation services, psychiatric units, rehabilitation units, a unit in a critical access hospital, or a swing bed located in an acute hospital resulting in a separate claim to the payer.
E	Transfer from Ambulatory Surgery Center *recognized by Medicare 1/4/10	Inpatient: The patient was admitted to this facility as a transfer from an ambulatory surgery center. Outpatient: The patient presented to this facility for outpatient or referenced diagnostic services from an ambulatory surgery center.
F	Transfer from a Hospice facility	Inpatient: The patient was admitted to this facility as a transfer from hospice facility. Outpatient: The patient presented to this facility for outpatient or referenced diagnostic services from a hospice facility.
G	**Transfer from a Designated Disaster Alternative Care Site.**	The patient was transferred to this facility from a Designated Disaster Alternative Care Site for inpatient or outpatient services.
H-Z		Reserved for assignment by the NUBC.

7.8.1 PRIORITY (TYPE) OF ADMISSION OR VISIT

Definition: A code indicating the priority of this admission and/or visit.

*Required on **Inpatient** and **outpatient** (ED, OBS & OPS) encounters.*

Code ID	Code Name	Definition of Inpatient / Outpatient Visit that applies to code
1	Emergency	The patient requires **immediate medical intervention** as a result of severe, life threatening or potentially disabling conditions.
2	Urgent	The patient requires **immediate attention** for the care and treatment of a physical or mental disorder. The patient is admitted to the first available and suitable accommodation.
3	Elective	The patient's condition permits adequate time for services to be scheduled.
4	Newborn	Baby's first admission upon their birth. Must use Point of Origin either "5" – Born Inside this hospital or "6" born outside this hospital. (See Appendix 7.7.1)
5	Trauma Center	Visit to trauma center/hospital as licensed or designated by the state or local government authority authorized to do so, or as verified by the American College of Surgeons and involving trauma activation. *Use Revenue Code 068x to capture trauma activation charges.
6-8		Reserved for assignment by the NUBC
9	Information Not Available	The hospital does not have this information in its records.

7.8.2 CODE STRUCTURE FOR NEWBORNS

Used with Priority Type of Admission 4 or Visit Code 4

Newborn Structure for Inpatient Only

Code	Name	Definition
1-4	NA	Reserved for assignment by the NUBC
5	Born Inside this Hospital	A baby born inside this Hospital
6	Born Outside of this Hospital	A baby born outside of this Hospital
7-9	NA	Reserved for assignment by the NUBC

*Notes: *Information taken directly from NUBC Manual**

1. "Born Inside this Hospital" means anywhere within the hospital which **could include the ED, elevators, lobbies, waiting rooms, etc.**
2. "Born Outside of this Hospital" can mean any of the following possibilities:
   a. Born in the family car and brought to hospital for initial care
   b. Born in an ambulance and brought to hospital for initial care
   c. Born at home and brought to hospital for initial care

The age of the newborn is irrelevant in terms of the UB-04 Data Set. Any human should only have a Priority (Type of Admission) = 4 once in their lifetime. For a newborn that is transferred or readmitted, Code 4 – Newborn is NOT used. In this case, the appropriate code would most likely be emergency, urgent, or elective. The Point of Origin for Admission or Visit would be 4 if transferred to the hospital or 1 if the baby went home first.

Other Examples:

- For the baby's first admission upon their birth, FL 14 Code 4 – Newborn should be used. FL 15 would be either newborn Code 5 – Born Inside this Hospital or Code 6 – Born Outside this Hospital.
- In the case of a baby transferred to another hospital, the receiving hospital would use FL 15 Code 4 – Transfer from a Hospital (Different Facility); FL 14 would likely be either 1 – Emergency or 2 – Urgent, but not 4 – Newborn.

Newborn records should contain diagnosis code Z38+