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FL 14 Priority (Type) of Admission/Visit

This field contains a code that indicates the priority of the admission/visit.

| | | |
|---------------------------------------|-----------------------------|--|
| | UB-04 | 837I: 5010 |
| Loop (837I only) | | 2300 |
| Field or data element number and name | 14 Priority (type) of visit | CL101 Priority (type) of admission or visit code |
| Status | Required | Required |
| Length | 1 AN | 1 AN |
| Repeatable | Once per claim | Once per claim |

A=alphabetic character

N=numeric character

AN=alphanumeric character

- ◆ 837I: This field is required only for inpatients.
- ◆ The admission type must be completed if the TOB code in FL 4 is 011X, 012X, 018X, 021X, 022X, or 041X. (*Medicare Claims Processing Manual*, Pub. 100-04, chap. 1, sec. 80.3.2.2)
- ◆ For the TOB code 011X (FL 4), valid admission type codes are 1–5 and 9.
- ◆ This information is used for QIO review. If data are absent or determined by the QIO to be incorrect, the claim will be returned prior to payment.
- ◆ This data element is not necessary on outpatient claims.
- ◆ This field contains single numeric codes defined below.

Example # 2 includes a description for each category.

We included the terms and definitions established by the National Uniform Billing Committee:

1 Emergency

The patient requires immediate medical intervention due to a severe, life-threatening, or potentially disabling condition. Generally the patient is admitted through the ER.

- ◆ In cases of inpatient admission through the ER, the ER RC (FL 42) 0450 and a charge (FL 47) must be provided.

2 Urgent

The patient requires immediate attention for care and treatment of a physical or mental disorder. Generally the patient is admitted to the first available and suitable accommodation.

3 Elective

The patient's condition permits time for services to be scheduled.

4 Newborn

- ◆ If this code is used, a point of origin code pertaining to newborns must be reflected in FL 15.

5 Trauma

This code is for a visit to a 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 a trauma activation.

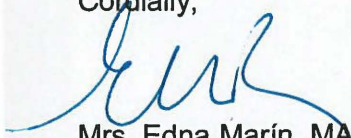
- ◆ This type of admission or visit code may be used alone. However, if RC category 068X is reported on the claim, NUBC usage notes require that RC be used in conjunction with this type of admission or visit.

6–8 Reserved for Assignment by the NUBC

These recommendations will help you expedite the process and payment of your claims.

If you have any questions about the upcoming changes, please contact our Provider Services Call Center at 1 (877) 335-3305 for toll-free calls and 1 (787) 522 - 8281 for TTY system. Our service hours are Monday through Friday 7:00 am to 7:00 pm.

Cordially,



Mrs. Edna Marín, MA
VP, Network Management & Operations
Molina Healthcare of Puerto Rico Inc.

References:

You and your authorized administrative staff can be oriented in the following:

- www.cms.gov
- <https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r110cp.pdf>
- <http://www.molinahealthcare.com/providers> The MHPR Provider Manual is available on our Website