

# Molina Healthcare of Puerto Rico

## Providers

### CIRCULAR LETTER PR PROV18-002-002ENG

February 17, 2018

**TO : ALL MOLINA HEALTHCARE PARTICIPANT HOSPITALS**  
**RE : "VALID ADMIT SOURCE" ON BILLING INSTITUTIONAL FORM UB-04**

Greetings from the family of Molina Healthcare of Puerto Rico (MHPR). Our commitment is to offer and maintain high quality medical services to all of our Beneficiaries of the Government Health Plan, as well as to support with quality service to our participant providers.

On this occasion we will be reviewing some of the fields in the institutional Form UB-04 established by National Uniform Billing Committee.

These recommendations will help you expedite the process and payment of your claims.  
**"SOURCE OF ADMISSION"**

As a requirement each claim must include a **"SOURCE OF ADMISSION"**.  
 In the example below you can see the field destined to include this information.  
**Example # 1 "Source of Admission": Field 15**

|                |        |         |           |                   |         |  |        |
|----------------|--------|---------|-----------|-------------------|---------|--|--------|
| 1              |        | 2       |           | 3a PAT CMT #      |         | 4 TYPE OF BILL                         |        |
|                |        |         |           | b. ICD REC #      |         |  |        |
|                |        |         |           | 9 PIA TX ID       |         | 6 STATEMENT COVERS PERIOD FROM THROUGH |        |
| 8 PATIENT NAME |        | a       |           | 8 PATIENT ADDRESS |         | a                                      |        |
| b              |        |         |           | c                 |         | d                                      |        |
| 10 BIRTHDATE   | 11 SEX | 12 DATE | ADMISSION | 13 M1             | 14 TYPE | 15 CPE                                 | 16 DMR |
|                |        |         |           |                   |         |  |        |
|                |        |         |           | 17 STAT           |         | 18                                     |        |
|                |        |         |           | 19                |         | 20                                     |        |
|                |        |         |           | 21                |         | 22                                     |        |
|                |        |         |           | 23                |         | 24                                     |        |
|                |        |         |           | 25                |         | 26                                     |        |
|                |        |         |           | 27                |         | 28                                     |        |
|                |        |         |           | 29                |         | 30                                     |        |
|                |        |         |           | 31 ACOT           |         | 32                                     |        |
|                |        |         |           | DATE              |         |  |        |

Example # 2 describes the use of each field.

## FL 15 Point of Origin for Admission or Visit

This field contains a code that identifies the point of patient origin for this admission or visit.

|                                       | UB-04                                     | 837L: 5010                                   |
|---------------------------------------|---|--|
| Loop (837L only)                      |   | 2300   |
| Field or data element number and name | 15 Point of origin for admission or visit | CL102 Point of origin for admission or visit |
| Status                                | Required                                  | Situational                                  |
| Length                                | 1 AN                                      | 1 AN   |
| Repeatable                            | Once per claim                            | Once per claim                               |
|                                       | A=alphabetic character                    | AN=alphanumeric character                    |

- ◆ UB-04: This field locator is required on all TOBs except 014X.
- ◆ 837L version 5010 states that this FL is required for all inpatient and outpatient services. Note that the *UB-04 Data Specifications Manual* exempts TOB 014X from this requirement.
- ◆ For Medicare claims, completion of this field is required for all institutional inpatient and outpatient claims except those with TOB 014X. This code indicates the point of patient origin for the admission or visit of the claim being billed. (*Medicare Claims Processing Manual*, Pub. 100-04, chap. 25, sec. 75.1 [trans. 2250, July 1, 2011])
- ◆ The point of origin for admission or visit is required on HHPPS claims (TOB code [FL 4] 032X or 033X). On the RAP, this information is used to correctly establish and track home health episodes. (*Medicare Claims Processing Manual*, Pub. 100-04, chap. 10, sec. 40.1)
  - On the first RAP in an admission, this code reflects the actual point of origin.
  - On an HHPPS claim, enter the same source code that was submitted on the RAP for the episode. (*Medicare Claims Processing Manual*, Pub. 100-04, chap. 10, sec. 40.2)
  - When a beneficiary chooses to change HHAs during the same 60-day period, HHAs submit a RAP with the appropriate transfer indicator in this field. Payment is prorated for the shortened episode involving the "transferred from" agency. (*Medicare Claims Processing Manual*, Pub. 100-04, chap. 10, sec. 10.1.13)
- ◆ The newborn coding structure for point of origin must be used when the type of admission code 4 (FL 14) is used.
- ◆ Effective April 1, 2011, TOB 014X is exempt from reporting of this field in both the UB-04 and 5010 formats.



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

**1 Nonhealthcare Facility Point of Origin**

For inpatients: the patient was admitted to this facility. For outpatients: the patient presents to this facility for outpatient services. This includes patients coming from home or the workplace and patients receiving care at home (such as home health services).

**2 Clinic or Physician's Office**

For inpatients: the patient was admitted to this facility. For outpatients: the patient presented to this facility for outpatient services.

**3 Reserved for assignment by the NUBC**

**4 Transfer From a Hospital (Different Facility)**

For inpatients: 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. For outpatients: the patient was transferred to this facility as an outpatient from an acute care facility. This excludes transfers from hospital inpatient in the same facility.

**5 Transfer From a Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF) or Assisted Living Facility (ALF)**

For inpatients: the patient was admitted to this facility as a transfer from a SNF, ICF, or ALF where he or she was a resident. For outpatients: the patient was referred to this facility for outpatient or referenced diagnostic services from a SNF, ICF, or ALF where he or she was a resident.

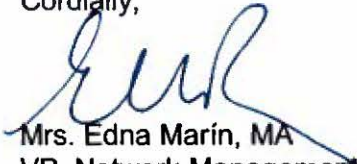
**6 Transfer From Another Healthcare Facility**

For inpatients: the patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list. For outpatients: the patient presented to this facility for services from another health care facility not defined elsewhere in this code list where he or she was an inpatient or outpatient.

**7 Reserved for Assignment by the NUBC**

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 guided in the following:

- [www.cms.gov](http://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