

Point of Origin for Admission or Visit

This code list is designed to focus on *patients' place or point of origin 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. The point of origin (PoO) is *where the patient came from before presenting to the health care facility*. Based on this definition, the emergency room code has been eliminated effective for discharges on or after July 1, 2010. The codes are basically meant to be taken literally.

Example #1:

- If a patient phones his physician from home and is advised to go to the ED, the PoO is 1.
- If the patient goes to the physician's office and is advised to go directly to the ED, the PoO is 2.

There is no implied pre-visit medical intervention in any of the codes, like there may have been with the prior source of admission codes; it's simply where the patient came from.

Example #2:

A SNF patient having chest pain is taken to the emergency department of Hospital A where it is determined that she is suffering an acute myocardial infarction. The patient is then transferred to Hospital B for admission as an inpatient.

- The PoO code on Hospital A's claim would be 5 – Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF).
- The PoO for Hospital B would be 4 – Transfer from a Hospital.

Example #3:

An auto accident victim was taken to the emergency department of Hospital A by EMTs, stabilized, then transferred to a Level I trauma center, Hospital B, where he receives additional treatment in the ED, and then is admitted as an inpatient to Hospital B.

- The PoO code on Hospital A's claim would be 1 – Non-Health Care Facility Point of Origin.
- The PoO for Hospital B would be 4 – Transfer from a Hospital.

Usage Notes/Cases

I. Transfers – From an Another Facility

Overall Scenario

While at another acute care hospital/facility, the patient is seen by the emergency room physicians. The patient is then transferred to our facility. The patient arrives at our facility through the emergency room.

Question 1: What PoO code should I apply?

Answer Q1: Code 4 – Transfer from a Hospital (Different Facility)

Rational Q1: The patient was seen at the other acute care facility's emergency room.

Question 2: What code should I use if the decision to admit was not made by the other facility's emergency room personnel and instead was made by our facility's emergency room doctors?

Answer Q2: Code 4 – Transfer from a Hospital (Different Facility)

Rational Q2: Even though the decision to admit was not made by the other facility, the patient was still seen by the other facility's emergency room personnel and a decision to transfer was made by them.

Question 3: **What code should I use when the patient is seen by the other facility's emergency room physician; the patient arrives at our emergency room, but received no additional emergency room care at our facility. Instead, the patient is transferred immediately to the Heart Catheterization Department of our facility.**

Answer Q3: Code 4 – Transfer from a Hospital (Different Facility)

Rational Q3: Since the patient is seen by a different hospital's emergency room personnel, the decision to transfer the patient is first made by the other facility. The arrival of the patient at the receiving hospital's emergency room and subsequent transfer to the Heart Catheterization Department is secondary to the transfer from the previous facility transfer. Therefore, the Point of Origin should be indicated as a transfer from a different hospital facility – Code 4.

II. *Transfers – Skilled Nursing Facility*

Overall Scenario

A resident from a skilled nursing facility is taken to an acute care hospital for medical care.

Question 1: **What is the PoO code that should be used?**

Answer Q1: Code 5 – Transfer from a Skilled Nursing Facility.

Question 2: **What if the patient's family stopped by to pick-up the patient for a routine doctor's office visit (regularly scheduled), but while at the doctor's office the doctor sends the patient to the emergency room of the acute care hospital? What PoO code should I use?**

Answer Q2: Code 2 – Clinic or Physician's Office

Rationale Q2: Since the patient came directly from the physician's office, code 2 would be appropriate.

III. *Transfer by Law Enforcement of Court*

Overall Scenario

A patient arrives at the health care facility accompanied by the police

Question 1: **What PoO code should I use if the patient was incarcerated (under arrest/sentenced in a jail) or ordered by a court judge?**

Answer Q1: Code 8 – Court/Law Enforcement

Rationale Q1: The patient is under the supervision of law enforcement.

Question 2: **What code should I use if the patient was simply transported by law enforcement to our facility? The patient is neither under arrest, nor serving any jail time.**

Answer Q2: Code 1 – Non-Health Care Facility Point of Origin

Rationale Q2: Law enforcement is simply transporting the patient for emergency/urgent care treatment. The patient is not incarcerated, that is, neither under arrest nor serving any jail time.

Point of Origin Codes *(effective with July 1, 2010 discharges)*

1 Non-Health Care Facility Point of Origin

Inpatient: The patient came from home or work and was admitted to this facility. The patient may have called the physician and been advised to go to the hospital or the patient may self-present.

Examples: Includes patients coming from home or work

Outpatient: The patient presented to this facility for outpatient services. The patient may have called the physician and been advised to go to hospital or the patient may self-present.

2 Clinic or Physician's Office

Inpatient: The patient was admitted to this facility. The patient was at the clinic or doctor's office and advised to go to the hospital.

Outpatient: The patient presented to this facility for outpatient services. The patient was at the clinic or doctor's office and advised to go to the hospital.

4 Transfer from a Hospital (Different Facility)

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.

Usage Notes: Excludes transfers from hospital inpatient in the same facility (See Code D).

Outpatient: The patient was transferred to this facility as an outpatient from another acute care facility.

5 Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)

Inpatient: The patient was admitted to this facility as a transfer from a SNF or ICF where he or she was resident.

Outpatient: The patient was referred to this facility from a SNF or ICF (where he or she was a resident) for outpatient or referenced diagnostic services.

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 was referred to this facility for services by (a physician of) another health care facility not defined elsewhere in this code list where he or she was an inpatient or

outpatient.

8 Court/Law Enforcement

Usage Notes: Includes transfers from incarceration facilities. (See also **Usage Notes/Cases**, # III. above.)

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 was referred 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 means by which the patient was admitted to this hospital is not known.

Outpatient: The means by which the patient was referred to this hospital's outpatient department is not known.

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

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 care hospital.

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.

E Transfer from Ambulatory Surgery Center

Inpatient: The patient was admitted to this facility as a transfer from an ambulatory surgery center.

Outpatient: The patient was referred to this facility from an ambulatory surgery center for outpatient or referenced diagnostic services.

F Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program

Inpatient: The patient was admitted to this facility as a transfer from hospice.

Outpatient: The patient was referred to this facility from a hospice for outpatient or referenced diagnostic services.

Code Structure for Newborns

(Use these codes when Priority (Type) of Admission = 4, Newborn)

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| 5 | Born Inside this Hospital | A baby born inside this Hospital |
| 6 | Born Outside of this Hospital | A baby born outside of this Hospital |