



## PROVIDER ALERT

### FACILITY CLAIMS – ADMISSION TYPE, ADMISSION SOURCE AND BILL TYPE CODES

**JUNE 28, 2011**

**Please review the below information. It is a refresher from the Provider Billing Manual.**

**Summary:** Admission Type Code 9 and Admission Source Code 9 are not allowed.  
Bill Types ending in 7 may only be submitted on corrected claims when an original claim has already been submitted.

**Admission Type** in FL14 is a required field for inpatient institutional (UB-04) claims.  
Medicaid does not accept Admission Type 9. Claims with Admission Code 9 are denied.

The following Admission Type codes are acceptable

Admission Type Code		
1	Emergency	The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. Generally, the patient is admitted through the emergency room
2	Urgent	The patient requires immediate attention for the 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 adequate time to schedule the availability of a suitable

		accommodation.
4	Newborn	Use of this code necessitates the use of a special Source of Admission code - see FL 15.
5	Trauma Center	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. (Use Revenue Code 068x to capture trauma activation charges.)

**Source of Admission** in FL15 is a required field for inpatient institutional (UB-04) claims. Medicaid does not accept Admission Source 9. Claims with Admission Source Code 9 are denied.

The following Admission Source Codes are acceptable (except 9)

<b>Admission Source Code</b>		
1	Physician Referral	Inpatient: The patient was admitted to this facility upon the recommendation of his or her personal physician. Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services by his or her personal physician or the patient independently requested outpatient services (self-referral).
2	Clinic Referral	Inpatient: The patient was admitted to this facility upon recommendation of this facility's clinic physician. Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services by this facility's clinic or other outpatient department physician.
3	HMO Referral	Inpatient: The patient was admitted to this facility upon the recommendation of a health maintenance organization physician. Outpatient: The patient was referred to this facility for outpatient, or referenced diagnostic services, by a health maintenance organization's physician.
4	Transfer from a Hospital (Different Facility*) *For transfers from Hospital Inpatient in the Same Facility, see	Inpatient: The patient was admitted to this facility as a hospital transfer from a different acute care facility where he or she was an inpatient. Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services by (a physician of) a different acute care facility.

	Code D	
5	Transfer from a Skilled Nursing Facility	Inpatient: The patient was admitted to this facility as a transfer from a skilled nursing facility where he or she was a resident. Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services by (a physician of) the skilled nursing facility where he or she is a resident.
6	Transfer from Another Health Care Facility	Inpatient: The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or a skilled nursing facility. This includes transfers from nursing homes, long term care facilities and skilled nursing facility patients that are at a non-skilled level of care. Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services by (a physician of) another health care facility where he or she is an inpatient.
7	Emergency Room	Inpatient: The patient was admitted to this facility upon the recommendation of this facility's emergency room physician. Outpatient: The patient received services in this facility's emergency department.
8	Court/Law Enforcement	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.

See Department of Health & Mental Hygiene's UB04 Hospital Billing Instructions for further information at the following website:  
<http://dhmh.maryland.gov/pdf/npi/2010/UB04-HOSPITAL-INSTRUCTIONS&REVENUE-MATRIX-0410-updated.pdf>

**Bill Types** ending in 7 may only be used on a corrected claim when an original claim has already been submitted.

Claims with bill type 117/137 will be denied, if no original claim with a correct bill type is on file.

If you have questions, please contact ValueOptions® Maryland Customer Service at 1-800-888-1965.