

**INFORMATION CONCERNING POINT OF ORIGIN CODES FOR NEWBORNS,
FORM LOCATOR 15 ON THE UB-04**

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The Point of Origin code structure for newborns is as follows:

1 – 4		Reserved for assignment by the NUBC. (Discontinued effective 10/1/07.)
5	Born Inside this Hospital	A baby born inside this Hospital.
6	Born Outside this Hospital	A baby born outside this Hospital
7 – 9		Reserved for assignment by the NUBC.

Notice that the "code structure for newborn" codes 5 and 6 may only be used when the code for the previous field in Form Locator 14, Priority (Type) of Admission or Visit, is entered as "4 - newborn". The choices for Form Locator 14 are:

1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Trauma

If the registrar selects "4 - newborn" for the Form Locator 14 field, then the choices for Form Locator 15 field for Point of Origin are either 5 (born inside this hospital) or 6 (born outside this hospital). If the registrar selects any code for Form Locator 14 other than newborn, then the choices for Form Locator 15 are anything *except* for the newborn codes, i.e., 1 - 9 and A - F. Therefore, registrar entry for Form Locator 14 is critical to assure accuracy not only for Form Locator 14 but also for Form Locator 15.

A common error occurs when registrars register babies as newborns when they are actually being brought in for a problem. Babies may only be registered as "newborns" once. Consider the following scenarios:

Scenario 1: Baby born in the hospital, the most common scenario.

Form Locator 14, Type of Admission	4 - Newborn
Form Locator 15, Point of Origin	5 - Born Inside this Hospital
Principal Diagnosis	V30.00 (or other appropriate V3x.xx code)

Scenario 2: Baby born in the back of the car en route to the hospital. Upon arrival at the hospital, baby admitted to inpatient status.

Form Locator 14, Type of Admission	4 - Newborn
Form Locator 15, Point of Origin	6 - Born Outside this Hospital
Principal Diagnosis	V30.10 (or other appropriate V3x.xx code)

Scenario 3: Baby born at Hospital A and goes home. Baby is seen at three days of age at the physician's office, who notes a bilirubin level that is too high. The physician sends the baby directly to Hospital A for phototherapy. For the re-admission:

Form Locator 14, Type of Admission	3 - Elective or 2 - Urgent, as appropriate (code 4 for Newborn is NOT used)
Form Locator 15, Point of Origin	2 - Physician's office
Principal Diagnosis	774.6 for hyperbilirubinemia or other appropriate code (code V3x.xx is NOT used)

Scenario 4: Baby born at Hospital A. Baby has a patent foramen ovale and other immediately life-threatening cardiac anomalies requiring emergent transfer to Hospital B, which has the facilities for pediatric cardiac surgery.

Hospital A:	
Form Locator 14, Type of Admission	4 - Newborn
Form Locator 15, Point of Origin	5 - Born Inside this Hospital
Principal Diagnosis	V30.00 (or other appropriate V3x.xx code)

Hospital B:	
Form Locator 14, Type of Admission	1 - Emergency or 2 - Urgent, as appropriate (code 4 for Newborn is NOT used)
Form Locator 15, Point of Origin	4 - transfer from a hospital (different facility)
Principal Diagnosis	745.4 (patent foramen ovale) and other pertinent diagnoses. (code V3x.xx is NOT used)

Scenario 5: Baby born at home during a planned home-birth. After birth, the baby experienced respiratory distress, became dusky and was deemed to be in respiratory failure, and was taken to the hospital.

Form Locator 14, Type of Admission	1 - Emergency (code 4 for Newborn is NOT used)
For Locator 15, Point of Origin	1 - Home
Principal Diagnosis	770.84, respiratory failure of newborn (code V3x.xx is NOT used)