COUNTY OF LOS ANGELES•DEPARTMENT OF HEALTH SERVICES

NON-COUNTY HOSPITALS

INSTRUCTIONS FOR COMPLETION OF THE EXCEL ELECTRONIC FILE OF THE UB-04 DATA OUTPATIENT DATA

GENERAL INFORMATION

Hospitals must submit an **Excel Electronic File of the UB-04 data** with the paper copy of the trauma claim packet to the EMS Agency. Data is to be captured from the UB-04 data fields as indicated below:

(Outpatient Template listing order)

Column Letter and Number	UB Field No.	FIELD NAME	INSTRUCTIONS FOR OUTPATIENT TEMPLATE
A-C	N/A	Clm #/Hosp Code/FY	•Leave blank-EMS will complete
D	8b	Last Name	•Enter patient's last name
E	8b	First Name	•Enter patient's first name
F	60	Insured's unique ID	•Enter the Sequence (TPS) #
G	4	VISIT	•Enter 1 for Outpatient claims
H	4	ED	•Enter ED for Code 131=Outpatient
I	6	Admission Date	•Enter date Statement Covers Period **From**
J	6	Discharge Date	•Enter date Statement Covers Period **Through**
K	47	TOTAL CHARGES	•Enter Total Charges
L-1	N/A	GPP Service Category, Tier, and Type	•Leave blank
M-2	57	Facility ID number	•Enter the facilities OSHPD #
N-3	56	National Provider Identifier	•Enter the 10 digit National Provider Identifier #
O-4	3a Pat Cntl#	Unique patient ID	•Enter patient's unique number assigned by provider
P-5	6	Service Date	•Enter the from (admit date) as yyyymmdd
Q-6	N/A	# of GPP Units	•Leave blank

EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column Letter and Number	UB Field No.	FIELD NAME	INSTRUCTIONS FOR OUTPATIENT TEMPLATE
R-7	67	PRINCIPAL DIAGNOSIS	•Enter the complete ICD-10-CM diagnosis code that describes the principal diagnosis or the chief reason for performing a service on an outpatient basis.
S-8 - AP-31	67A-67X	OTHER DX CODES	•Enter the complete ICD-10-CM diagnosis codes for up to 17 additional conditions **If applicable**
AQ-32	74 or 44 (CPT code)	Principal procedure	•CPT-4 code set (Current Procedural Terminology, 4th Edition); Fill from the left-most position IE (99291)
AR-33 - CN-81	N/A	Principal Procedure Code modifier	•Leave blank
CO-82	10	Date of Birth	•Enter yyyymmdd
CP-83	11	Gender Identity	•Leave blank-EMS will complete
CQ-84	9D	ZIP CODE	•Leave blank-EMS will complete
CR-85	N/A	Race	•Leave blank-EMS will complete
CS-86	N/A	Race 1	•Leave blank-EMS will complete
CT-87	N/A	Race 2	•Leave blank-EMS will complete
CU-88	N/A	Ethnicity	•Leave blank-EMS will complete
CV-89	N/A	Preferred Language	•Leave blank-EMS will complete
CW-90	N/A	Sexual Orientation	•Leave blank-EMS will complete
CX-91	N/A	Length of stay	•Leave blank-EMS will complete
CY-92	N/A	Jimmy's Comments	•Leave blank-EMS will complete

EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column

A	B	C	D	E	F	G	H
Clm #	Hosp Code	FY	Last Name	First Name	Seq #	Visit	ED
BOX # ON UB	1		8b	8b	60	6	4
➡ EMS will complete	➡ EMS will complete	➡ EMS will complete	DOE	JOHN	CI234567890	1	ED

Column

I	J	K	L
Admission Date	Discharge Date	Total Charges	GPP Service Category, Tier, and Type
			1
			Four-digit code to distinguish each GPP service type. First digit represents service category, second digit represents tier, and last two digits represent service type (see column A of "service cat_tier_type codes" tab)
6	6	47	N/A
12/31/2018	12/31/2018	$26,209.60	leave blank

EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column	M	N
	Facility ID number	**National Provider Identifier**
	2	3
	OSHPD's 6-digit ID number (hospital), or other facility ID number (state provider code, tax ID, etc). If no facility ID or using NPI to identify facility, then 000000	NPI Identification Number; 0000000000 if unknown
	57	56
	190125	1366419517

Facility ID Number (OSHPD)

The Office of Statewide Health Planning and Development (OSHPD)

Is responsible for issuing a unique six-digit number and is the leader in collecting data and disseminating information about California's healthcare infrastructure.

National Provider Identifier (NPI)
A national provider identifier (NPI) is a unique ten-digit identification number required by HIPAA for covered healthcare providers in the United States. Covered providers, health plans and healthcare clearinghouses -- public or private entities that process or facilitate the processing of health information -- must use the NPI in administrative and financial transactions adopted under HIPAA.

	Code	Trauma Facility	Facility ID Number (OSHPD)	National Provider Identifier (NPI)
1	AVH	Antelope Valley Hosp MC	190034	1366419517
2	CAL	California Hospital MC	190125	1114081056
3	CSM	Cedars-Sinai MC	190555	1639172372
4	CHH	Children's Hospital L.A.	190170	1972628568
5	HMN	Henry Mayo Newhall Mem Hosp	190949	1780668434
6	HMH	Huntington Memorial Hosp	190400	1407828429
7	LBM	Long Beach Mem MC	190525	1962442012
8	NRH	Northridge Hosp MC	190568	1417089350
9	PVC	Pomona Valley Hosp MC	190630	1407813660
10	HCH	Providence Holy Cross MC	190385	1477587632
11	UCL	Ronald Reagan UCLA MC	190796	1902803315
12	SFM	St Francis MC	190754	1487697215
13	SMM	St. Mary MC	190053	1194840421

EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column   O   P

Unique patient ID	Service Date
4	5
Unique patient identification number (May not be unique across organization)	Single-digit months and days must include a preceding zero. The transmittal process will populate the database field by moving the first 4 digits to the end of the field. EXAMPLE: Field in File equals 20040301. Database value will contain 03012004. The database value represents the date format mmddccyy.
3a	6 Admit date only
1213456789	20181231

Column   Q   R   S   T   U   V

# of GPP days	Principal diagnosis	Other diagnosis 1	Other diagnosis 2	Other diagnosis 3	Other diagnosis 4
6	7	8	9	10	11
Number of GPP services provided	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
N/A	67	67A	67B	67C	67D
leave blank	S01412A	S41012A	S41011A	S41111A	S51821A

EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column	W	X	Y	Z	AA	AB
	Other diagnosis 5	Other diagnosis 6	Other diagnosis 7	Other diagnosis 8	Other diagnosis 9	Other diagnosis 10
	12	13	14	15	16	17
	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
	67E	67F	67G	67H	67I	67J
	S810012A	S51821A	S810012A	S51821A	S810012A	S51821A

Column	AC	AD	AE	AF	AG	AH
	Other diagnosis 11	Other diagnosis 12	Other diagnosis 13	Other diagnosis 14	Other diagnosis 15	Other diagnosis 16
	18	19	20	21	22	23
	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
	67K	67L	67M	67N	67O	67P
	S810012A	S51821A	S810012A	S51821A	S810012A	S51821A

EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column	AI	AJ	AK	AL	AM	AN
	Other diagnosis 17	Other diagnosis 18	Other diagnosis 19	Other diagnosis 20	Other diagnosis 21	Other diagnosis 22
	24	25	26	27	28	29
	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
	67Q	67R	67S	67T	67U	67V
	S810012A	Leave blank	Leave blank	Leave blank	Leave blank	Leave blank

Column	AO	AP	AQ	AR	CN
	Other diagnosis 23	Other diagnosis 24	Principal procedure	Principal Procedure Code modifier	Other Procedure code 24 modifier
	30	31	32	33	81
	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	CPT-4 code set (Current Procedural Terminology, 4th Edition); Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces	CPT and HCPCS Modifiers associated with the specified GPP service codes. (Refer to the specific GPP services description for the allowable codes). If multiple modifiers are reported for the same principal procedure code, use comma delimited	ICD-10 PSC; Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces
	67W	67X	74 or 44 (CPT code)		
	Leave blank	Leave blank	99291	leave blank	leave blank

EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column   CO   CP   CQ

Date of Birth	Gender Identity		Zip code
82	83		84

Single-digit months and days must include a preceding zero. yyyymmdd.	446151000124109 - Male
	446141000124107 - Female
	407377005 - Female-to-Male (FTM)/ Transgender Male/Trans Man
	407376001 - Male-to-Female (MTF)/ Transgender Female/Trans Woman
	446131000124102 - Genderqueer, Non-binary, neither exclusively male nor female
	OTH - Additional gender category or other, please specify
	ASKU - Choose not to disclose
			XXXXX = unknown;
			yyyyy = foreign;
			zzzzz = homeless;

10	11		9D
19841001	➡ EMS will complete		➡ EMS will complete

Column   CR   CS   CT

Race	Race 1	Race 2
85	86	87
Allow for reporting of multiple race fields: 1 – American Indian or Alaska Native 2 – Asian 3 – Black or African American 4 – Native Hawaiian or Other Pacific Islander 5 –White 6 – Other 7 – Unknown 8 - Declined to Answer	Allow for reporting of multiple race fields: 1 – American Indian or Alaska Native 2 – Asian 3 – Black or African American 4 – Native Hawaiian or Other Pacific Islander 5 –White 6 – Other 7 – Unknown 8 - Declined to Answer	Allow for reporting of multiple race fields: 1 – American Indian or Alaska Native 2 – Asian 3 – Black or African American 4 – Native Hawaiian or Other Pacific Islander 5 –White 6 – Other 7 – Unknown 8 - Declined to Answer
Not on UB	Not on UB	Not on UB
➡ EMS will complete	➡ EMS will complete	➡ EMS will complete

EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column   CU   CV

Ethnicity	Preferred Language
88	89
1 – Hispanic or Latino 2 – Non-Hispanic or Non-Latino 3 – Unknown 4 – Declined to Answer	In alignment with the Department of Health Care Access and Information (HCAI) reporting, systems must report using one of the following options: • 3-character PLS codes listed in CA Title 22 Regulations (section 97234); OR • 3-character PLS codes from the ISO 639-2 Code List; OR • If the preferred language spoken is not one of the codes listed, enter the full name of the language, up to 24 characters • Report 999 for Unknown
Not on UB	Not on UB
➡ EMS will complete	➡ EMS will complete

Column   CW   CX

Sexual Orientation	Length of stay
90	91
38628009 - Lesbian, gay or homosexual 20430005 - Straight or hetrosexual 42035005 - Bisexual OTH - Something else UNK - Don't know ASKU - Choose not to disclose	
Not on UB	Not on UB
➡ EMS will complete	➡ EMS will complete

Column   CY

Jimmy's Comments
92
- If column CX is not equal to "0", please explain below the reason your LOS is different from the formula. - If the patient has a fictitious name such as "Trauma" or "John Doe" or "Jane Doe", please validate and comment below. - If the patient has DOB is unknown, please validate and comment below. - Please explain anything below that you consider is important to be noted.
Not on UB
➡ EMS will complete