COUNTY OF LOS ANGELES•DEPARTMENT OF HEALTH SERVICES

NON-COUNTY HOSPITALS

INSTRUCTIONS FOR SUBMISSION OF THE TOBACCO TAX COMBO PRINT-OUT

GENERAL INFORMATION

The **Tobacco Tax Combo print-out** submitted with the claim is used to verify that the required trauma center's data is in the Trauma Emergency Medical Indigent Service (TEMIS) database. Hospitals must ensure that all like data elements in the TEMIS database match the UB-04 data for trauma patients.

The Tobacco Tax Combo print-out information from the EMS Agency's database, the print-out submitted from the hospital and data from the UB-04 must match. Only patients identified in TEMIS as "County Indigent" will be considered eligible for inclusion in the County's payment methodology to Trauma Centers.

VALIDATION OF TOBACCO TAX COMBO PRINT-OUT

Data to Be Validated	Line # on Print-out	Box # on UB 04	Validation Requirement
DHS Patient?	2	N/A	Must indicate DHS Y
Name	6	8b	Patient's last and first name must be correctly spelled
Adm Date	23	6 from	Admit date must match
D/C Date	24	6 through	Discharge date must match
Service Setting	28	4	ED or Ward
Payor 1	31	N/A	Must indicate County Indigent
Charges	33	47	Total Charges must match
Medical Record #	38	3b	Medical Record # must match
Date of Birth	39	10	DOB must match

LA County DHS TOBACCO TAX COMBO PRINT-OUT

Trauma Center	HCH
DHS Patient?	Y ←Line #2
Acct #	123456789
TPS #	CI12345678912
SS#	123-45-6789
Name	DOE, JOHN ←Line #6
Parent Last	*BL
Parent First	*BL
Birth City	COLUMBIA
Birth State	South Carolina
Birth Country	UNITED STATES
Mdn Name	BARKER
Race	White
Empl Typ	Unemployed
Mo Inc	1,500
Fam#	4
Source	Wages
Date Arr in ED	10/28/2020
Time Arr in ED	00:49
Date out ED	10/28/2020
Time out ED	05:26
ED TO:	WARD
Adm date	10/28/2020 ←Line #23
D/C Date	10/30/2020 ←Line #24
DC Time	14:54
Hosp D/C TO	*N/A
D/C To	HOME W/O
D/C From	WARD ←Line #28
LOS	3
L/D	L
Payor 1	COUNTY INDIGENT ←Line #31
Payor 2	*BL
Charges	113030.52 ←Line #33
St#	1313
Street	MOCKING BIRD LANE
City	ANY TOWN
ZIP	99999
MR#	12345678 ←Line #38
DOB	3/16/1990 ←Line #39
Age	30 Y
ICD-10 1	S35.8X1A
ICD-10 2	S36.539A
ICD-10 3	S36.439A
ICD-10 4	S31.611A
Procedure 1	06HN33Z
Procedure 2	30233N1

HOSPITAL'S TOBACCO TAX COMBO PRINT-OUT

Trauma Center	HCH	
DHS Patient?	Y	←Line #2
Acct #	123456789	
TPS #	CI12345678912	
SS#	123-45-6789	
Name	DOE, JOHN←	←Line #6
Parent Last	*BL	
Parent First	*BL	
Birth City	COLUMBIA	
Birth State	South Carolina	
Birth Country	UNITED STATES	
Mdn Name	BARKER	
Race	White	
Empl Typ	Unemployed	
Mo Inc	1,500	
Fam#	4	
Source	Wages	
Date Arr in ED	10/28/2020	
Time Arr in ED	00:49	
Date out ED	10/28/2020	
Time out ED	05:26	
ED TO:	WARD	
Adm date	10/28/2020	←Line #23
D/C Date	10/30/2020	←Line #24
DC Time	14:54	
Hosp D/C TO	*N/A	
D/C To	HOME W/O	
D/C From	WARD	←Line #28
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L/D	L	
Payor 1	COUNTY INDIGENT	←Line #31
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