

Instructions for Submission of Trauma Claims and Data Collection

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COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

NON-COUNTY HOSPITALS

INSTRUCTIONS FOR SUBMISSION OF TRAUMA CLAIMS AND DATA COLLECTION

GENERAL INFORMATION

Hospitals must submit a **UB-04 Form**, a copy of the **Trauma Service County Eligibility (TSCE) (U-1) Agreement Form**, or a copy of the **Hospital Certification of Inability to Cooperate (U-2) Agreement Form**, and a copy of the **Tobacco Tax Combo Print-out** for each eligible patient's care if they want an indigent patient claim to be considered in the formula for Trauma Center funds. Additionally, Hospitals must submit an **Excel Electronic File of the UB 04 Data** with the paper copy of the claim packet. If Hospital is unable to submit an electronic file of the UB-04, they must submit the required UB-04 data in an Excel or CSV file and submit an electronic copy of this file when claims are submitted.

PATIENT INFORMATION: Hospitals are required to make reasonable efforts to collect all information as required on the TSCE form. If, after reasonable efforts are made, some data elements cannot be obtained for services provided as EMERGENCY DEPARTMENT, indicate "N/A" (not available) in the space for the data element which was not obtainable. **Claims for services provided to patients shall not be accepted without completion of all data elements unless a reasonable justification is provided, e.g., "comatose on arrival and expired with no family or identification".** In these cases, a **Hospital Certification of Inability to Cooperate Agreement Form U-2** should be submitted.

In addition to the above claims submission requirements, if a refund is received by Contractor from a Trauma Patient or from third-party payers, including a legal settlement, for a claim previously submitted to the County, this must be immediately reported to the County and the payment amount shall be surrendered and remitted to the County since Contractor assigned and subrogated its rights to said claim. Contractor must remit to the County the payment it received within sixty (60) days of receipt of such payment and must complete and submit a **TRAUMA CENTER PAYMENT SURRENDER FORM** with each surrendered payment.

HOSPITALS—SUBMIT CLAIMS TO:

Department of Health Services

Emergency Medical Services (EMS) Agency

10100 Pioneer Blvd., Suite 200

Santa Fe Springs, CA 90670

Attention: HOSPITAL CLAIMS

Contact: Hospital Reimbursement Coordinator – (562) 347-1590