

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

NON-COUNTY HOSPITALS

**INSTRUCTIONS FOR COMPLETION OF THE UB-04 CLAIMS**

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The following fields on the UB -04 must be completed:

- 1      HOSPITAL  
Hospital name and address
- 3a     PATIENT CONTROL NUMBER  
Unique patient identification number assigned by provider to retrieve individual accounts
- 3b.    MEDICAL RECORD NUMBER  
Patient's Medical Record Number
- 4      TYPE OF BILL  
0111 for Inpatient claims or 0131 for Outpatient claims
- 6      STATEMENT COVERS PERIOD  
FROM = **Admit date** THROUGH = **Discharge date**
- 8b     PATIENT NAME  
Patient's last, first name and middle initial
- 9a-d.   PATIENT'S ADDRESS  
Patient's full address
- 10     BIRTH DATE  
Patient's date of birth
- 11     SEX  
Patient's gender
- 42     REVENUE CODE  
The appropriate numeric code to identify specific accommodations and/or ancillary services in ascending numeric order, by date of service if appropriate (i.e. **209 ICU**).
- 44     HCPCS CODE OR CPT CODE  
The CPT-4 code set (Current Procedural Terminology, 4<sup>th</sup> Edition Fill from the left-most position (i.e. **99291**))
- 46     SERVICE Units  
Length of Stay

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- 47      TOTAL  
Total charges
56.      NATIONAL PROVIDER IDENTIFIER  
The hospitals unique ten-digit NPI identification number
- 57      FACILITY ID NUMBER  
The hospitals unique six-digit OSHPD number
- 60      INSURED'S UNIQUE IDENTIFIER  
The Trauma Patient Sequence (TPS) number
- 67      PRINCIPAL DIAGNOSIS  
The complete ICD-10 CM diagnosis code that describes the principal diagnosis or the chief reason for performing a service on an outpatient basis
- 67a-q    OTHER Dx CODES  
The complete ICD-10-CM diagnosis codes for up to 17 additional conditions, **if applicable**
74.      PRINCIPAL PROCEDURE CODE AND DATE  
The ICD code that identifies the principal procedure and the date of those procedures, **if applicable**
- 74 a-e    OTHER PROCEDURES DESCRIPTIONS  
Other ICD codes identifying all significant procedures performed. **if applicable**