

## COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

## NON-COUNTY HOSPITALS

INSTRUCTIONS FOR COMPLETION OF THE EXCEL ELECTRONIC FILE OF THE UB-04  
INPATIENT 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:

(Inpatient Template listing order)





Column letter and number	UB Field No.	FIELD NAME	INSTRUCTIONS FOR INPATIENT 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	Seq#	•Enter the TPS # Insured's unique ID
G	N/A	(LOS) Length of Stay	•Leave blank -EMS will complete
H	4	Type of bill	•Enter IP for 111=Inpatient
I	6	Admission Date	•Enter the from (admit date)
J	6	Discharge Date	•Enter the through (discharge date)
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 Cnt#	Unique patient ID	•Enter patient's unique number assigned by provider
P-5	6	Admission Date	Enter admit date as yyymmdd
Q-6	6	Discharge Date	Enter discharge date as yyymmdd
R-7	N/A	# of GPP Days	•Leave blank

**EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA**

Column letter and number	UB Field No	FIELD NAME	INPATIENT TEMPLATE INSTRUCTIONS
S-8	42	REVENUE CODE	•Enter the appropriate numeric code to identify specific accommodations and/or ancillary service in ascending numeric order, by date of service if appropriate. For example: •209 (ICU)
T-9	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.
U-10 AR-33	67a- 67x	OTHER DX CODES	•Enter the complete ICD-10-CM diagnosis codes for up to 17 additional conditions <b>If applicable</b>
AS-34	74	Principal Procedure Code	•Enter the ICD code that identifies the principal procedure
AT-35 AX-39	74a- e	Other procedure Code/Date	•Enter other ICD codes identifying all significant procedures performed. •Enter the date of those procedures. <b>If applicable</b>
AY-40 BQ-58	74f-x	Other procedure 6-24	•Leave blank
BR-59	10	BIRTHDATE	•Enter patient's date of birth yyyyymmdd
BS-60	11	Gender Identity	•Leave blank- <b>EMS will complete</b>
BT-61	9D	ZIP CODE	•Leave blank- <b>EMS will complete</b>
BU-62	N/A	Race	•Leave blank- <b>EMS will complete</b>
BV-63	N/A	Race 1	•Leave blank- <b>EMS will complete</b>
BW-64	N/A	Race 2	•Leave blank- <b>EMS will complete</b>
BX-65	N/A	Ethnicity	•Leave blank- <b>EMS will complete</b>
BY-66	N/A	Preferred Language Spoken	•Leave blank- <b>EMS will complete</b>
BZ-67	N/A	Sexual Orientation	•Leave blank- <b>EMS will complete</b>
CA-68	N/A	Length of Stay	•Leave blank- <b>EMS will complete</b>
CB-69	N/A	Jimmy's Comments	•Leave blank- <b>EMS will complete</b>

**EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA**

Column    A                    B                    C                    D                    E                    F                    G

Clin #	Hosp Code	FY	Last Name	First Name	Seq #	LOS
<b>BOX # ON UB</b>	<b>1</b>		<b>8b</b>	<b>8b</b>	<b>60</b>	<b>45</b>
 <b>EMS will complete</b>	 <b>EMS will complete</b>	 <b>EMS will complete</b>	<b>DOE</b>	<b>JOHN</b>	<b>C12345678901</b>	 <b>EMS will complete</b>

Column    H                    I                    J                    K                    L

IP	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
<b>4</b>	<b>6</b>	<b>6</b>	<b>47</b>	<b>N/A</b>
<b>IP</b>	<b>07/27/2018</b>	<b>08/02/2018</b>	<b>\$ 157,689.60</b>	<b>leave blank</b>

**EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA**

Column

M

N

Facility ID number	National Provider Identifier
(2)	(3)
Can be 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
<b>57</b>	<b>56</b>
<b>190125</b>	<b>1114081056</b>

**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 INPATIENT DATA**

Column      O                      P                      Q                      R

Unique patient ID	Admission Date	Discharge Date	# of GPP days
(4)	(5)	(6)	(7)
Unique patient identification number (May not be unique across organization)	Single-digit months and days must include a preceding zero. yyyymmdd.	Single-digit months and days must include a preceding zero. yyyymmdd.	Normally Discharge date - Admission date. However, limited scope will have a lower number of days.
<b>3a</b>	<b>6</b>	<b>6</b>	<b>N/A</b>
123456789	20180727	20180802	leave blank

Column      S                      T                      U                      V                      W

Revenue Code	Principal diagnosis	Other diagnosis 1	Other diagnosis 2	Other diagnosis 3
(8)	(9)	(10)	(11)	(12)
Revenue Code used on UB04 (I/P ward)	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
<b>42</b>	<b>67</b>	<b>67a</b>	<b>67b</b>	<b>67c</b>
0200	S02651B	J9600	R402112	R402222



**EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA**

Column    X                                  Y                                  Z                                  AA                                  AB

Other diagnosis 4	Other diagnosis 5	Other diagnosis 6	Other diagnosis 7	Other diagnosis 8
(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
<b>67d</b>	<b>67e</b>	<b>67f</b>	<b>67g</b>	<b>67h</b>
<b>R402342</b>	<b>S0232XB</b>	<b>S022XXA</b>	<b>H1132</b>	<b>S02652B</b>

Column    AC                                  AD                                  AE                                  AF                                  AG

Other diagnosis 9	Other diagnosis 10	Other diagnosis 11	Other diagnosis 12	Other diagnosis 13
(18)	(19)	(20)	(21)	(22)
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
<b>67i</b>	<b>67j</b>	<b>67k</b>	<b>67l</b>	<b>67m</b>
<b>S0240FA</b>	<b>N200</b>	<b>S199XXA</b>	<b>R55</b>	<b>T401X4A</b>

**EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA**

Column      AH                      AI                      AJ                      AK                      AL

Other diagnosis 14	Other diagnosis 15	Other diagnosis 16	Other diagnosis 17	Other diagnosis 18
(23)	(24)	(25)	(26)	(27)
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
67n	67o	67p	67q	67r
Z23	T401X4A	Z24	T401X4A	Z25

Column      AM                      AN                      AO                      AP                      AQ

Other diagnosis 19	Other diagnosis 20	Other diagnosis 21	Other diagnosis 22	Other diagnosis 23
(28)	(29)	(30)	(31)	(32)
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
67s	67t	67u	67v	67w
T401X4A	Z26	T401X4A	Z27	T401X4A

**EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA**

Column      AR                      AS                      AT                      AU                      AV

Other diagnosis 24	Principal procedure	Other Procedure 1	Other Procedure 2	Other Procedure 3
(33)	(34)	(35)	(36)	(37)
ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	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	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	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 (max 20)	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 (max 20)
<b>67x</b>	<b>74</b>	<b>74a</b>	<b>74b</b>	<b>74c</b>
<b>Z28</b>	<b>0NSN04Z</b>	<b>0NSTXZZ</b>	<b>0NSVXZZ</b>	<b>5A1935Z</b>

Column      AW                      AX                      AY                      BQ

Other Procedure 4	Other Procedure 5	Other Procedure 6	Other Procedure 24
(38)	(39)	(40)	(58)
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 (max 20)	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 (max 20)	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 (max 20)	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 (max 20)
<b>74d</b>	<b>74e</b>	<b>74f</b>	<b>74x</b>
<b>0BH17EZ</b>	<b>2W31X9Z</b>	<b>Leave blank</b>	<b>Leave blank</b>





**EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA**

Column BR

BS




BT

Date of Birth	Gender Identity	Zipcode
(59)	(60)	(61)
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	XXXXXX = unknown; yyyyy = foreign; zzzzz = homeless;
10	Not on UB	9d
19720821	 EMS will complete	 EMS will complete

Column BU

BV

BW



Race	Race 1	Race 2
(62)	(63)	(64)
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 INPATIENT DATA**

Column

BX

BY




Ethnicity	Preferred Language Spoken
(65)	(66)
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 <a href="#">CA Title 22 Regulations (section 97234)</a> ; <b>OR</b> • 3-character PLS codes from the <a href="#">ISO 639-2 Code List</a> ; <b>OR</b> • 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

BZ

CA

CB

Sexual Orientation	LOS	Jimmy's Comments
(67)	(68)	(69)
38628009 - Lesbian, gay or homosexual 20430005 - Straight or heterosexual 42035005 - Bisexual OTH - Something else UNK - Don't know ASKU - Choose not to disclose		- If column CA 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	LOS	Not on UB
 EMS will complete	 EMS will complete	 EMS will complete