

UB04 Billing Instructions for Hospital Services

Locator #	Description	Instructions	Alerts
1	Provider Name, Address, Telephone #	Required. Enter the name and address of the facility	
2	Pay to Name/Address/ID	Situational. Enter the name, address, and Louisiana Medicaid ID of the provider if different from the provider data in Field 1.	
3a	Patient Control No.	Optional. Enter the patient control number. It may consist of letters and/or numbers and may be a maximum of 20 characters.	If you require the Patient Control Number for posting, include it here (20 characters).
3b	Medical Record No.	Optional. Enter patient's medical record number (up to 24 characters)	If you require the Medical Record Number for posting, include it here (24 characters).
4	Type of Bill	<p>Required. Enter the 3-digit code indicating the specific type of facility, bill classification and frequency. This 3-digit code requires one digit each, in the following format:</p> <p><u>a. First digit-type facility</u> 1 = Hospital</p> <p><u>b. Second digit-classification</u> 1 = Inpatient Medicaid and/or Medicare Part A or Parts A & B 2 = Inpatient Medicaid and Medicare Part B only 3 = Outpatient or Ambulatory Surgical Center</p> <p><u>c. Third digit-frequency</u> 0 = Non-Payment claim 1 = Admission through discharge 2 = Interim-first claim 3 = Interim-continuing 4 = Interim-last claim 7 = Replacement of prior claim 8 = Void of prior claim</p>	
5	Federal Tax No.	Optional.	
6	Statement Covers	Required. Enter the beginning and	

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	Period (From and Through Dates) dates of the period covered by this bill.	ending service dates	
7	Unlabeled	<p>Optional. State Assigned.</p> <p>Note: Hospitals billing for services associated with moderate to high level emergency physician care (99283, 99284, 99285) should place a '3' in Form Locator 7 on the UB-04.</p> <p>Hospitals billing for services associated with low level emergency physician care (99281, 99282) should place a '1' in Form Locator 7 on the UB-04.</p>	<p>If providers do not use the emergency indicator correctly, the claim will deny with edit 104.</p> <p>Covered days are reported in the value code field (39-41) as value code 80.</p>
8	Patient's Name	Required. Enter the recipient's name exactly as shown on the recipient's Medicaid eligibility card: Last name, first name, middle initial.	
9a-e	Patient's Address (Street, City, State, Zip)	<p>Required. Enter patient's permanent address appropriately in Form Locator 9a-e.</p> <p>9a = Street address 9b = City: 9c = State 9d = Zip Code 9e = Zip Plus</p>	
10	Patient's Birthdate	Required. Enter the patient's date of birth using six digits (MMDDYY). If only one digit appears in a field, enter a leading zero.	
11	Patient's Sex	<p>Required. Enter sex of the patient as:</p> <p>M = Male F = Female U = Unknown</p>	

Locator #	Description	Instructions	Alerts
12	Admission Date	Required for Hospital Services. Enter the date on which care began (MMDDYY). If there is only one digit in a field, enter a leading zero.	
13	Admission Hour	Optional for Hospital Services. Enter the 2-digit code which corresponds to the hour the patient was admitted for care as: <u>Code Time</u> 00 = 12:00 - 12:59 midnight 01 = 01:00 - 01:59 A.M. 02 = 02:00 - 02:59 03 = 03:00 - 03:59 04 = 04:00 - 04:59 05 = 05:00 - 05:59 06 = 06:00 - 06:59 07 = 07:00 - 07:59 08 = 08:00 - 08:59 09 = 09:00 - 09:59 10 = 10:00 - 10:59 11 = 11:00 - 11:59 12 = 12:00 - 12:59 noon 13 = 01:00 - 01:59 P.M. 14 = 02:00 - 02:59 15 = 03:00 - 03:59 16 = 04:00 - 04:59 17 = 05:00 - 05:59 18 = 06:00 - 06:59 19 = 07:00 - 07:59 20 = 08:00 - 08:59 21 = 09:00 - 09:59 22 = 10:00 - 10:59 23 = 11:00 - 11:59	
14	Type Admission	Required for Hospital Services. Enter one of the appropriate codes indicating the priority of this admission. 1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma	

Locator #	Description	Instructions	Alerts																					
15	Point of Origin	<p>Required for Inpatient Hospital Services. Enter the appropriate code to indicate the point of patient origin for this admission from the Point of Origin Codes listed below.</p> <p>NOTE: Newborn codes are at the end of the listing.</p> <table><tr><th>Valid Value</th><th>Name</th><th>Description</th></tr><tr><td>1</td><td>Non-health Care Facility point of origin</td><td>Inpatient: The patient was admitted</td></tr><tr><td>2</td><td>Clinic or Physician’s Office</td><td>Inpatient: The patient was admitted</td></tr><tr><td>3</td><td>Discontinued</td><td>Reserved for assignment by NUBC</td></tr><tr><td>4</td><td>Transfer from a Hospital (Different Facility)</td><td>Inpatient: The patient was admitted to this facility as a hospital transfer from an acute care facility where he or she was an inpatient or outpatient.</td></tr><tr><td>5</td><td>Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)</td><td>Inpatient: The patient was admitted to this facility as a transfer from a SNF or ICF where he or she was a resident.</td></tr><tr><td>6</td><td>Transfer from another Health care facility</td><td>Inpatient: The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list.</td></tr></table>	Valid Value	Name	Description	1	Non-health Care Facility point of origin	Inpatient: The patient was admitted	2	Clinic or Physician’s Office	Inpatient: The patient was admitted	3	Discontinued	Reserved for assignment by NUBC	4	Transfer from a Hospital (Different Facility)	Inpatient: The patient was admitted to this facility as a hospital transfer from an acute care facility where he or she was an inpatient or outpatient.	5	Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)	Inpatient: The patient was admitted to this facility as a transfer from a SNF or ICF where he or she was a resident.	6	Transfer from another Health care facility	Inpatient: The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list.	<p>Formerly Source of Admission.</p> <p>The updated and revised codes are designed to focus on patients’ place or point of origin rather than the source of a physician order or referral.</p> <p>The point of origin is the <u>direct</u> source for the particular facility.</p> <p>Some codes previously used have been deleted or discontinued.</p> <p>Enter the correct revised, updated Point of Origin Code to prevent claim denials.</p> <p><u>NOTE:</u> Newborn codes are at the end of this listing.</p>
Valid Value	Name	Description																						
1	Non-health Care Facility point of origin	Inpatient: The patient was admitted																						
2	Clinic or Physician’s Office	Inpatient: The patient was admitted																						
3	Discontinued	Reserved for assignment by NUBC																						
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		7	Discontinued	Reserved for assignment by the NUBC.	
		8	Court/Law Enforcement	Inpatient: The patient was admitted to this facility upon direction of a court of law, or upon the request of a law enforcement agency representative.	
		9	Information not Available	Inpatient: The means by which the patient was admitted to this hospital is not known.	
		D	Transfer from one Distinct Unit of the Hospital to another Distinct Unit of the same Hospital resulting in a separate claim to the payer.	Inpatient: The patient was admitted to this facility as a transfer from hospital inpatient within this hospital resulting in a separate claim to the payer.	
		E	Transfer from Ambulatory Surgery Center	Inpatient: The patient was admitted to this facility as a transfer from an ambulatory surgery center	
		F	Transfer from Hospice and is under a Hospice Plan of Care or enrolled in a Hospice Program.	Inpatient: The patient was admitted to this facility as a transfer from hospice.	

Locator #	Description	Instructions			Alerts
			Newborns		
			Discontinued	Reserved for assignment by the NUBC	
		5	Born Inside the Hospital	A baby born inside this Hospital	
		6	Born Outside of this Hospital	A baby born outside of this Hospital	
16	Discharge Hour	Optional for Hospital Services. Enter the two-digit code which corresponds to the hour the patient was discharged. See Form Locator 13.			
17	Patient Status	Required for Hospital Services. Enter the appropriate code to indicate patient status as of the Statement Covers through date. Valid codes now include all codes listed in the most current NUBC Official UB-04 Specifications Manual.			
18-28	Condition Codes	Required for Hospital Services. Enter C1 in Form Locator 18 for inpatient claims. <u>PRO Approval</u> C1 Approved as billed Optional. Must be a valid code if entered. Valid codes are listed as follows: <u>Insurance</u> 01 = Military service related 02 = Condition is employment related 03 = Patient is covered by insurance not reflected here 04 = Information only bill 05 = Lien has been filed 06 = End stage renal disease in first 30 months of entitlement covered by employer group insurance			

Locator #	Description	Instructions	Alerts
		<u>Accommodations</u> 38 = Semi-private room not available 39 = Private room medically necessary 40 = Same day transfer <u>Special Program Indicators</u> A1 = EPSDT/CHAP A2 = Physically Handicapped Children's Program A4 = Family Planning	
29	Accident State	Leave blank.	
30	Unlabeled Field	Leave blank.	
31-34	Occurrence Codes/Dates	Situational. Enter, if applicable. Each code must be two position numeric and have an associated date. Dates must be valid and in MMDDYY format. Valid codes are listed as follows: 01 = Accident/Medical Coverage 02 = Auto accident/no fault 03 = Accident/tort liability 04 = Accident/employment related 05 = Accident/No Medical Coverage 06 = Crime victim 24 = Date insurance denied 25 = Date benefits terminated by primary payer 27 = Date of Hospice certification or recertification 42 = Date of discharge when "Through" date in Form Locator 6 (Statement Covers Period) is not the actual discharge date and the frequency code in Form Locator 4 is that of final bill. A3, B3, C3 = Benefits exhausted	
35-36	Occurrence Spans (Code and Dates)	Situational. Enter, if applicable, a code and related dates that identify an event that relates to the payment of the claim. Code and date must be valid. Date must be (MMDDYY) format. Valid codes are listed as follows: 72 = First/Last visit 74 = Non-covered Level of Care	
37	Unlabeled	Leave Blank.	

Locator #	Description	Instructions	Alerts
38	Responsible Party Name and Address	Optional.	
39-41	Value Codes and Amounts	<p>Required. Enter the appropriate Value Code (listed below).</p> <p>The value code structure is intended to provide reporting capability for those data elements that are routinely used but do not warrant dedicated fields.</p> <p>02 = Hospital has no semi-private rooms. Entering the code requires \$0.00 amount to be shown.</p> <p>06 = Medicare blood deductible</p> <p>08 = Medicare lifetime reserve first CY</p> <p>09 = Medicare coinsurance first CY</p> <p>10 = Medicare lifetime reserve second year</p> <p>11 = Coinsurance amount second year</p> <p>12 = Working Aged Recipient/Spouse with employer group health plan</p> <p>13 = ESRD (End Stage Renal Disease) Recipient in the 12-month coordination period with an employer's group health plan</p> <p>14 = Automobile, no fault or any liability insurance</p> <p>15 = Worker's Compensation including Black Lung</p> <p>16 = VA, PHS, or other Federal Agency</p> <p>30 = Pre-admission testing - this code reflects charges for pre-admission outpatient diagnostic services in preparation for a previously scheduled admission.</p> <p>37 = Pints blood furnished</p> <p>38 = Blood not replaced - deductible is patient's responsibility</p> <p>39 = Blood pints replaced</p> <p>*80 = Covered days</p> <p>*81 = Non-covered days</p> <p>*82 = Co-insurance days (required only for Medicare crossover claims)</p> <p>*83 = Lifetime reserve days (required only for Medicare crossover claims)</p> <p>A1,B1,C1 = Deductible</p> <p>A2,B2,C2 = Co-insurance</p>	<p>Value Code 80 must be used to report covered days.</p> <p>Value Code 81 must be used to report non-covered days.</p> <p>Value Code 82 must be used to report co-insurance days.</p> <p>Value Code 83 must be used to report lifetime reserve days.</p>

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		<p><u>*Enter the appropriate Value Code in the code portion of the field and the Number of Days in the “Dollar” portion of the “Amount” section of the field. Enter “00” in the “Cents” portion of the “Amount” section of the field.</u></p>	<p><u>Please read the instructions carefully for entering the number of days information in the Value Code fields.</u></p> <p><u>The dollars/cents data must be entered accurately to prevent claim denials.</u></p>
42	Revenue Code	<p>Required. Enter the applicable revenue code(s) which identifies a specific accommodation and ancillary service.</p> <p>Accommodation codes require a rate in Form Locator 44.</p> <p>For outpatient services, in Form Locator 44, all Revenue Codes require a CPT / HCPC procedure code when applicable based on the National Uniform Billing Standards.</p> <p>Specific revenue codes should be selected if at all possible (i.e., 305 = Lab / Hematology, etc.)</p> <p>The amount charged must be present in Form Locator 47.</p> <p>Codes must be valid and entered in ascending order, except for the final entry for total charges.</p> <p>Revenue Code 001 must be entered in Form Locator 42 line 23 with corresponding total charges entered in Form Locator 47 line 23.</p>	<p>Revenue Codes 89x (other donor bank) are now unassigned. Use Revenue Codes 81x instead.</p>
43	Revenue Description	<p>Required. Enter the narrative description of the corresponding Revenue Code in FL 42.</p> <p>Required for Outpatient Claims. Claims reporting Physician Administered Drugs must contain the following:</p> <p>Report the N4 qualifier in the first two (2) positions, left-justified.</p>	<p>It is necessary for hospital OUTPATIENT claims to include NDC information for all physician-administered drugs identified with an alphanumeric HCPCS code. The NDC data must be entered in FL</p>

Locator #	Description	Instructions	Alerts
		<p>Immediately following the N4 qualifier, report the 11 character National Drug Code number in the 5-4-2 format (no hyphens).</p> <p>Immediately following the last digit of the NDC (no delimiter), report the Unit of Measurement Qualifier. The Unit of Measurement Qualifier codes are as follows:</p> <p style="padding-left: 40px;">F2 -International Unit GR-Gram ML-Milliliter UN- Unit</p> <p>Immediately following the Unit of Measurement Qualifier, report the unit quantity in NDC UNITS with a floating decimal for fractional units limited to 3 digits (to the right of the decimal).</p> <p>Any spaces unused for the quantity are left blank.</p> <p>Note that the decision to make all data elements left-justified was made to accommodate the largest quantity possible.</p> <p>The Description Field on the UB-04 is 24 characters in length. An example of the methodology is illustrated below.</p> <p>N412345678901UN1234567.567</p> <p>Two page claims are accepted for Medicaid inpatient hospital claims. We now accept two-page Medicaid outpatient hospital claims (without TPL). Use “Page ____ of ____” on line 23 as needed for two-page claims. Enter “Page <u>1</u> of <u>2</u>” or “Page <u>2</u> of <u>2</u>” as appropriate.</p>	<p>43 as indicated in the adjacent “Instructions” field.</p> <p>Please refer to the NDC Q&A information posted on lamedicaid.com for more details concerning NDC units versus service units.</p> <p>Providers may now use multiple lines with Revenue Code 636 and/or the 25x category (excluding Revenue Code 258) to report multiple NDCs if needed.</p> <p>This is a reminder that Revenue Code 636 is covered for Medicaid billing.</p> <p><u>NOTE:</u> Revenue Code 258 is excluded from this requirement.</p> <p>A total of 10 digits may be entered – 7 preceding the decimal and 3 following the decimal.</p> <p>We now accept two page Medicaid hospital outpatient claims without TPL.</p>

Locator #	Description	Instructions	Alerts
44	HCPCS/Rates HIPPS Code	<p>Required for inpatient services. Enter the accommodation rate for any accommodation Revenue Codes indicated in FL 42. The accommodation rate must be numeric.</p> <p>For pharmacy outpatient services: Claims reporting Physician Administered Drugs identified with alphanumeric HCPCS codes must contain the following:</p> <p>Enter the corresponding HCPCS Code for the NDC reported in FL 43.</p> <p>NOTE: Revenue Code 258 is excluded from this requirement.</p> <p>For other outpatient services: In Form Locator 44, all Revenue Codes require a CPT/HCPCS procedure code when applicable based on the National Uniform Billing Standards.</p> <p>If a modifier is required for the service, enter the appropriate modifier following the CPT/HCPCS procedure code when applicable.</p>	<p>It is necessary for hospital OUTPATIENT claims to include NDC information for all physician-administered drugs identified with an alphanumeric HCPCS code. The HCPCS code that corresponds with the NDC entered in FL 43 must be entered in FL 44.</p> <p>EXCEPTION: HR 258 no longer requires the entry of a HCPCS code and/or NDC.</p> <p>Modifiers are now recognized on paper claims when required by Medicaid policy. Modifiers should be entered ONLY in such cases.</p>
45	Service Date	<p>Required for outpatient services. Enter the appropriate service date (MMDDYY) on each line indicating a Revenue Code.</p> <p>Required. Enter the date the claim is submitted for payment in the block just to the right of the CREATION DATE label on line 23. Must be a valid date in the format MMDDYY. Must be later than the through date in Form Locator 6.</p>	<p>The CREATION DATE replaces the Date of Provider Representative Signature.</p>
46	Units of Service	<p>Required. Enter the appropriate unit(s) of service by Revenue Code.</p>	<p>Please refer to the NDC Q&A</p>

Locator #	Description	Instructions	Alerts
			information posted on lamedicaid.com for more details concerning NDC units versus service units.
47	Total Charges	Required. Enter the charges pertaining to the related Revenue Codes.	
48	Non-Covered Charges	Situational. Indicate charges included in Form Locator 47 which are not payable under the Medicaid Program.	
49	Unlabeled Field (National)	Leave Blank.	
50-A,B,C	Payer Name	<p>Situational. Enter insurance plans other than Medicaid on Lines "A", "B" and/or "C". If another insurance company is primary payer, entry of the name of the insurer is required.</p> <p>If the patient is a Medically Needy Spend-down recipient or has made payment for non-covered services, indicate the recipient name (as entered in Form Locator 8) as payer and the amount paid. The Medically Needy Spend-down form (110-MNP) must be attached if the date of service falls on the first day of the spend-down eligibility period.</p>	
51-A,B,C	Health Plan ID	Situational. Enter the corresponding Health Plan ID number for other plans listed in Form Locator 50 A, B, and C. If other insurance companies are listed, then entry of their Health Plan ID numbers is required .	
52-A,B,C	Release of Information	Optional.	
53-A,B,C	Assignment of Benefits Cert. Ind.	Optional.	
54-A,B,C	Prior Payments	Situational. Enter the amount the facility has received toward payment of this bill from private insurance carrier noted in Form Locator 50 A, B and C.	

Locator #	Description	Instructions	Alerts
		<p>If private insurance was available, but no private insurance payment was made, then enter '0' or '0 00' in this field.</p> <p>If the patient has Medicare Part B only, enter the amount billed to Medicare Part B.</p>	
55-A,B,C	Estimated Amt. Due	Optional.	
56	NPI	Required. Enter the provider's National Provider Identifier	The 10-digit National Provider Identifier (NPI) must be entered here.
57	Other Provider ID	Required. Enter the 7-digit numeric provider identification number which was assigned by the Medicaid Program in 57a.	The 7-digit Medicaid provider number must be entered here.
58-A,B,C	Insured's Name	<p>Required. Enter the recipient's name as it appears on the Medicaid ID card in 58A.</p> <p>Situational: If insurance coverage other than Medicaid applies, enter the name of the insured as it appears on the identification card or policy of the other carrier (or carriers) in 58B and/or 58C, as appropriate.</p>	
59-A,B,C	Pt's. Relationship Insured	<p>Situational. If insurance coverage other than Medicaid applies, enter the patient's relationship to insured from Form Locator 50 that relates to the insured's name in Form Locator 58 B and C.</p> <p>Acceptable codes are as follows:</p> <p>01 = Spouse 04 = Grandfather or Grandmother 05 = Grandson or Granddaughter 07 = Nephew or Niece 10 = Foster child 15 = Ward (Ward of the Court. This code indicates that the patient is a ward of the insured as a result of a court order) 17 = Stepson or Stepdaughter 18 = Self 19 = Child</p>	

Locator #	Description	Instructions	Alerts
		20 = Employee 21 = Unknown 22 = Handicapped Dependent 23 = Sponsored Dependent 24 = Dependent of a Minor Dependent 32 = Mother 33 = Father 39 = Organ Donor 41 = Injured Plaintiff 43 = Child where insured has no financial responsibility	
60-A,B,C	Insured's Unique ID	<p>Required. Enter the recipient's 13-digit Medicaid Identification Number as it appears on the Medicaid ID card in 60A.</p> <p>Situational. If insurance coverage other than Medicaid applies, enter the insured's identification number as assigned by the other carrier or carriers in 60B and 60C as appropriate.</p>	
61-A,B,C	Insured's Group Name (Medicaid not Primary)	<p>Situational. If insurance coverage other than Medicaid applies, enter the Medicaid TPL carrier code of the insurance company indicated in Form Locator 50, on the corresponding line of 61A, 61B, and/or 61C, as appropriate.</p>	<p>ONLY the 6-digit code should be entered for commercial and Medicare HMO's in this field.</p> <p>DO NOT enter dashes, hyphens, or the word TPL in the field.</p> <p>NOTE: DO NOT ENTER A 6 DIGIT CODE FOR TRADITIONAL MEDICARE</p>
62-A,B,C	Insured's Group No. (Medicaid not Primary)	<p>Situational. If insurance coverage other than Medicaid applies, enter on lines 62A, 62 B and/or 62C, as appropriate, the insured's number or code assigned by the carrier or carriers to identify the group under which the individual is covered.</p>	
63-A,B,C	Treatment Auth.	<p>Situational. If the services on the</p>	

Locator #	Description	Instructions	Alerts
	Code	claim require prior authorization or pre-certification, enter the prior authorization or pre-certification number in 63A.	
64-A,B,C	Document Control Number	<p>Situational. If filing an adjustment or void, enter a “7” for an adjustment or an “8” for a void as appropriate in 64A.</p> <p>Enter the internal control number from the paid claim line as it appears on the remittance advice in 64B.</p> <p>Enter one of the appropriate reason codes for the adjustment or void in 64C. Appropriate codes follow:</p> <p><u>Adjustments</u> 01 = Third Party Liability Recovery 02 = Provider Correction 03 = Fiscal Agent Error 90 = State Office Use Only – Recovery 99 = Other</p> <p><u>Voids</u> 10 = Claim Paid for Wrong Recipient 11 = Claim Paid for Wrong Provider 00 = Other</p>	<p>To adjust or void more than one claim line on an outpatient claim, a separate UB-04 form is required for each claim line since each line has a different internal control number.</p>
65-A,B,C	Employer Name	<p>Situational. If insurance coverage other than Medicaid applies and is provided through employment, enter the name of the employer on the appropriate line.</p>	
66	DX Version Qualifier	<p>Required – Enter the applicable ICD indicator to identify which version of ICD coding is being reported between the vertical, dotted lines in the upper right-hand portion of the field.</p> <p>9 ICD-9-CM 0 ICD-10-CM</p>	

Locator #	Description	Instructions	Alerts
67 67 A-Q	Principal Diagnosis Codes Other Diagnosis code	<p>Required. Enter the ICD-9-CM / ICD-10- CM code for the principal diagnosis.</p> <p>Situational. Enter the ICD-9-CM /ICD-10-CM code or codes for all other applicable diagnoses for this claim.</p> <p>NOTE:</p> <p>ICD-9-CM Diagnosis Codes beginning with “E” or “M” are not acceptable for any Diagnosis Code.</p> <p>ICD-10-CM “V”, “W”, “X”, & “Y” series diagnosis codes are not part of the current diagnosis file and should not be used when completing claims to be submitted to Medicaid.</p> <p>Present on Admission (POA) information is required for all diagnoses on all inpatient claims. The POA indicator is assigned to the Principal and all Other diagnoses. The values for these fields are as follows:</p> <ul style="list-style-type: none"> • Y=Present at the time of inpatient admission • N=Not present at the time of inpatient admission • U=Documentation is insufficient to determine if condition is present on admission • W=Provider is unable to clinically determine whether condition was present on admission or not 	<p>The most specific diagnosis codes must be used. General codes are not acceptable. A code is invalid if it has not been coded to the full number of digits required for that code.</p> <p>ICD-9 diagnosis codes must be used on claims for dates of service prior to 10/1/15.</p> <p>ICD-10 diagnosis codes must be used on claims for dates of service 10/1/15 forward.</p> <p>Refer to the provider notice concerning the federally required implementation of ICD-10 coding which is posted on the ICD-10 Tab at the top of the Home page (www.lamedicaid.com).</p>
68	Unlabeled	Leave blank.	
69	Admitting Diagnosis	Situational. If the claim is for inpatient services, enter the admitting Diagnosis Code.	Refer to form locator 67.
70	Patient Reason for Visit	Optional. Enter the appropriate Diagnosis Code indicating the patient’s presenting symptom.	Refer to form locator 67.
71	PPS Code	Leave blank.	
72 A B C	ECI (External Cause of Injury)	Leave blank.	

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73	Unlabeled.	Leave blank.	
74 74 a - e	Principal Procedure Code / Date Other Procedure Code / Date	<p>Situational. Enter a valid current ICD-9-PCS / ICD-10-PCS procedure code when an inpatient procedure is performed.</p> <p>Situational. Enter valid current ICD-9-PCS / ICD-10-PCS procedure codes as appropriate for multiple inpatient procedures.</p>	<p>ICD-9 procedure codes must be used on claims for dates of service prior to 10/1/15.</p> <p>ICD-10 procedure codes must be used on claims for dates of service 10/1/15 forward.</p> <p>Refer to the provider notice concerning the federally required implementation of ICD-10 coding which is posted on the ICD-10 Tab at the top of the Home page (www.lamedicaid.com).</p>
75	Unlabeled	Leave blank.	
76	Attending	<p>Required. Enter the name <u>and</u> NPI number of the attending physician.</p> <p>Optional. Enter the taxonomy code of the attending physician behind the “QUAL” field.</p>	<p><u>This field must be completed.</u></p> <p>The Attending provider name & NPI cannot be the billing provider.</p> <p>The individual attending provider information must be entered in this field.</p> <p>The Attending provider must be enrolled with LA Medicaid.</p>
77	Operating	<p>Situational. If applicable, enter the name and NPI number of the operating physician.</p> <p>Note: For sterilization procedures, the surgeon’s name and NPI must appear in Form Locator 77.</p>	
78	Other	Situational. If applicable, enter the name and NPI Number of the referring provider or other physician.	<u>A referring provider is NOT required on the claim.</u> However, if a

Locator #	Description	Instructions	Alerts
		Note: If a referring provider is entered on the claim, the information must be entered in FL 78 with Qualifier DN.	<p>referring provider is entered on the claim, the name and <u>NPI number must be entered here with the Qualifier DN</u> indicating referring provider.</p> <p>The referring provider <u>cannot</u> be the billing provider. The individual referring provider information should be entered in this field.</p> <p>If entered, the Referring provider must be enrolled with LA Medicaid.</p>
79	Other	Situational. If applicable, enter the name and NPI number of any other physician.	
80	Remarks	Situational. Enter explanations for special handling of claims.	Special handling instructions are entered in FL 80.
81 a - d	Code-Code – QUAL / CODE / VALUE	Leave blank.	

Signature is not required on the UB-04.

SAMPLE OUTPATIENT HOSPITAL CLAIM FORM WITH AN ATTENDING PROVIDER ONLY (WITH ICD-10 DIAGNOSIS CODE DATES ON OR AFTER 10/1/15)

1 ABC HOSPITAL P.O. BOX 1234 ANYTOWN, LA 70000										2										3a PRV. CNTRL. # b MED. REC. # 111111111										4 TYPE OF BILL 131																			
8 PATIENT NAME a DOE, JANE										9 PATIENT ADDRESS a 1235 R. STREET, BATON ROUGE LA 70000										5 FED. TAX NO.										6 STATEMENT COVERS PERIOD FROM 102015 THROUGH 102015										7									
10 BIRTHDATE 11 SEX 12 DATE 13 M1 14 TYPE 15 SPC 16 DHR 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30										11 SEX F										12 DATE 05 1 19										13 M1 14 TYPE 15 SPC 16 DHR 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30																			
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43 REV. CD 44 DESCRIPTION 45 HCPCS / RATE / HIPPIS CODE 46 SERV. DATE 47 SERV. UNITS 48 TOTAL CHARGES 49 NON-COVERED CHARGES										43 REV. CD 44 DESCRIPTION 45 HCPCS / RATE / HIPPIS CODE 46 SERV. DATE 47 SERV. UNITS 48 TOTAL CHARGES 49 NON-COVERED CHARGES										43 REV. CD 44 DESCRIPTION 45 HCPCS / RATE / HIPPIS CODE 46 SERV. DATE 47 SERV. UNITS 48 TOTAL CHARGES 49 NON-COVERED CHARGES										43 REV. CD 44 DESCRIPTION 45 HCPCS / RATE / HIPPIS CODE 46 SERV. DATE 47 SERV. UNITS 48 TOTAL CHARGES 49 NON-COVERED CHARGES																			
1 250 N454321432121 ML3.00										1 250 N454321432121 ML3.00										1 250 N454321432121 ML3.00										1 250 N454321432121 ML3.00																			
2 324 CHEST X-RAY										2 324 CHEST X-RAY										2 324 CHEST X-RAY										2 324 CHEST X-RAY																			
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50 PRV. NAME Medicaid										51 HEALTH PLAN ID										52 PRIOR PAYMENTS TPL : .. PAYMENT IF APPLICABLE										53 EST. AMOUNT DUE 1234567890										54 NPI 1234567									
55 INSURED'S NAME DOE, JANE										56 INSURED'S UNIQUE ID 0123456789012										57 GROUP NAME TPL CARRIER CODE IF APPLICABLE										58 INSURANCE GROUP NO.																			
63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME																													
66 R188 K7030 R17 E876 F1020										66 R188 K7030 R17 E876 F1020										66 R188 K7030 R17 E876 F1020										66 R188 K7030 R17 E876 F1020																			
69 ADMIT DATE 70 PATIENT REASON DX 71 PRS CODE 72 ECI										69 ADMIT DATE 70 PATIENT REASON DX 71 PRS CODE 72 ECI										69 ADMIT DATE 70 PATIENT REASON DX 71 PRS CODE 72 ECI										69 ADMIT DATE 70 PATIENT REASON DX 71 PRS CODE 72 ECI																			
73 ATTENDING NPI 1987654322 LAST WALKER FIRST J										73 ATTENDING NPI 1987654322 LAST WALKER FIRST J										73 ATTENDING NPI 1987654322 LAST WALKER FIRST J										73 ATTENDING NPI 1987654322 LAST WALKER FIRST J																			
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UB-04 CMS-1450

APPROVED OMB NO. 0908-0897

NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

SAMPLE OUTPATIENT HOSPITAL CLAIM FORM WITH A REFERRING PROVIDER (WITH ICD-10 DIAGNOSIS CODE DATES ON OR AFTER 10/1/15)

1 ABC HOSPITAL P.O. BOX 1234 ANYTOWN, LA 70000		2		3a PAT. CNTR. # 111111111		4 TYPE OF BILL 131	
5 MED. REG. #		6 STATEMENT COVERS PERIOD FROM 102016		7 THROUGH 102016			
8 PATIENT NAME a DOE, JANE		9 PATIENT ADDRESS a 1235 R. STREET, BATON ROUGE LA 70000					
10 BIRTHDATE **/**/****		11 SEX F		12 DATE 05 1 19		13 ADMIT. TYPE 01	
14 STAT		15 DHR		16 COND. CODES		17 ACCT. STATE	
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[illegible]

**SAMPLE INPATIENT HOSPITAL CLAIM FORM
SPLIT BILLED WITH AN ATTENDING PROVIDER ONLY
(WITH ICD-10 DIAGNOSIS CODE DATES ON OR AFTER 10/1/15)**

UB-04 CMS-1450 APPROVED OMB NO. 0808-0097 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

**SAMPLE INPATIENT HOSPITAL CLAIM FORM
NOT SPLIT BILLED WITH A REFERRING PROVIDER
(WITH ICD-10 DIAGNOSIS CODE DATES ON OR AFTER 10/1/15)**

[illegible]

SAMPLE INPATIENT HOSPITAL CLAIM FORM ADJUSTMENT WITH AN ATTENDING PROVIDER ONLY (WITH ICD-10 DIAGNOSIS CODE DATES ON OR AFTER 10/1/15)

1 ABC HOSPITAL P.O. BOX 1234 ANYTOWN, LA 70000		2		3a PAY. CRTL. # 111111111		4 TYPE OF BILL 117	
8 PATIENT NAME a DOE, JANE		9 PATIENT ADDRESS a 1235 R. STREET, BATON ROUGE LA 70000		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM 100115 THROUGH 100415	
10 BIRTHDATE b ***/**/** F 093015		11 SEX 12 DATE 13 HR. 14 TYPE 15 SPC 16 DHR 17 STAT 18 19 20 21		22 CONDITION CODES 23 24 25 26 27 28		29 ACCT STATE 30	
31 OCCURRENCE DATE 32 CODE		33 OCCURRENCE DATE 34 CODE		35 OCCURRENCE DATE 36 CODE		37 OCCURRENCE DATE 38 CODE	
39 VALUE CODES a CODE AMOUNT 80 3.00		40 VALUE CODES b CODE AMOUNT		41 VALUE CODES c CODE AMOUNT		42 VALUE CODES d CODE AMOUNT	
43 REV. CD.		44 DESCRIPTION		45 HCPCS / RATE / HIPS CODE		46 SERV. DATE	
47 SERV. UNITS		48 TOTAL CHARGES		49 NON-COVERED CHARGES		50	
112 Room and Board		1000.00		3		3000.00	
250 Pharmacy				22		570.89	
270 Medical/Surgical Supply				14		618.00	
272 Sterile Supply				2		142.57	
300 Laboratory- Gen Classific				3		270.00	
302 Lab/ Immunology				1		50.00	
305 Lab Hematology				5		80.86	
370 Anesthesia				1		759.00	
636 Drugs				8		619.85	
710 Recovery Room				116		2589.00	
720 Labor/Delivery				11		4563.00	
<div style="font-size: 2em; color: blue; font-weight: bold;">SAMPLE</div> <div style="color: blue; font-weight: bold;">EXAMPLE OF ICD 10 WITH AN ATTENDING PROVIDER ONLY</div>							
PAGE 1 OF 1		CREATION DATE		122815		TOTALS 13263.17	
51 PRIOR NAME Medicaid		52 HEALTH PLAN ID		53 PRIOR PAYMENTS TPL		54 EST. AMOUNT DUE 1234567890	
55 INSURED'S NAME DOE, JANE		56 INSURED'S UNIQUE ID 0123456789012		57 GROUP NAME TPL CARRIER		58 INSURANCE GROUP NO. 1234567	
59 TREATMENT AUTHORIZATION CODES A		60 DOCUMENT CONTROL NUMBER 5309198798700		61 EMPLOYER NAME		62	
63 ADMIT DX O10013		64 PATIENT REASON FOR Y Z370		65 ICD-10 N O714		66	
67 PRINCIPAL PROCEDURE DATE 100114		68 OTHER PROCEDURE DATE		69 OTHER PROCEDURE DATE		70	
71 ATTENDING LAST WALKER		72 OPERATING LAST		73 OTHER LAST		74	
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