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CHAPTER 25: HOSPITALS

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## FORMS AND LINKS

The hospital fee schedules can be obtained from the Louisiana Medicaid web site at:  
[http://www.lamedicaid.com/provweb1/fee\\_schedules/feeschedulesindex.htm](http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm).

The following forms are included in this appendix:

- The Short Cervix Guide
- Sample UB04 Instructions and Sample Claim Forms

An updated list of the Ambulatory Surgery codes can be obtained from the Louisiana Medicaid web site at:

[http://www.lamedicaid.com/provweb1/fee\\_schedules/Out\\_Amb\\_FS\\_non-Rural\\_non-State.pdf](http://www.lamedicaid.com/provweb1/fee_schedules/Out_Amb_FS_non-Rural_non-State.pdf)

[http://www.lamedicaid.com/provweb1/fee\\_schedules/Out\\_Amb\\_FS\\_Rural\\_State.pdf](http://www.lamedicaid.com/provweb1/fee_schedules/Out_Amb_FS_Rural_State.pdf)

The **pre-certification** forms listed below can be obtained from the Louisiana Medicaid web site at: <http://www.lamedicaid.com/provweb1/Forms/PCforms.htm>.

- PCF01 – PCF06
- PCF0A
- Acute Long Term Hospital Length of Stay Criteria
- Hospital-Based Alcoholism and Drug Treatment Units
- Psychiatric Unit Admission/Extension Criteria for Adults
- Psychiatric Unit Admission/Extension Criteria for Children
- Rehabilitation Hospital Length of Stay Criteria
- BHSF Form 142-C and Instructions (Hospital Admission Form)

Other hospital related forms can be obtained from the Louisiana Medicaid web site at:  
<http://www.lamedicaid.com/provweb1/Forms/forms.htm>

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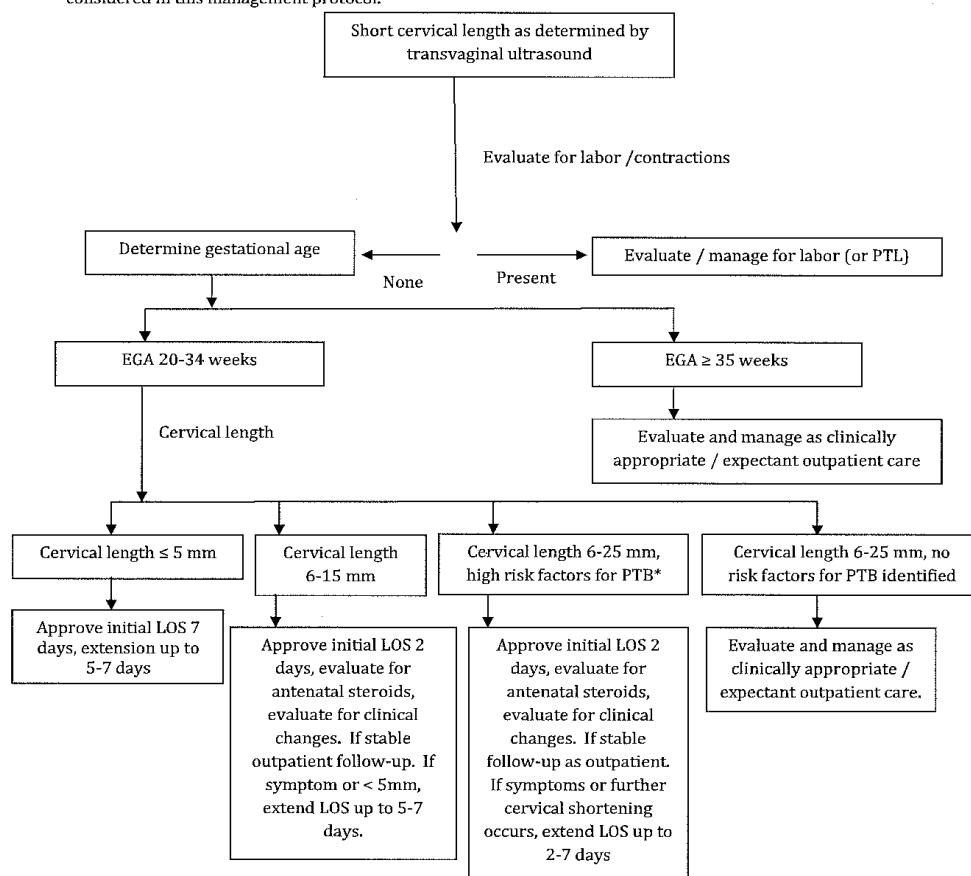
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## Short Cervix Guide

## Short Cervical Length in Pregnancy

A shortened cervical length, as measured by transvaginal ultrasound, has been associated with increased risk of preterm birth in some pregnancies. However, there is no clear published guidance on management of these pregnancies, or that intervention results in improved outcomes. Use of antenatal steroids has shown benefit in appropriately selected patients. The following protocol is suggested as a guide for selection of patients for inpatient evaluation / management. It is not intended to be a strict protocol and should be adapted as clinical conditions warrant, as provided by the patient's provider. Patients with cervical lengths of > 25 mm (20-37 weeks gestation) are generally considered to be at low risk for preterm birth and are not considered in this management protocol.



\*Risk factors include, but not limited to, multiple gestation, prior preterm birth / labor, incompetent cervix, FFN status.

Revised 08/24/10

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UB04 Instructions  
Hospitals

Locator #	Description	Instructions	Alerts
1	Provider Name, Address, Telephone #	<b>Required.</b> Enter the name and address of the facility	
2	Pay to Name/Address/ID	<b>Situational.</b> Enter the name, address, and Louisiana Medicaid ID of the provider if different from the provider data in Field 1.	
3a	Patient Control No.	<b>Optional.</b> Enter the recipient's control number. It may consist of letters and/or numbers and may be a maximum of 20 characters.	
3b	Medical Record #	<b>Optional.</b> Enter patient's medical record number (up to 24 characters)	
4	Type of Bill	<p><b>Required.</b> 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 &amp; 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.	<b>Optional.</b>	

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Locator #	Description	Instructions	Alerts
6	Statement Covers Period (From & Through Dates) dates of the period covered by this bill.	<b>Required.</b> Enter the beginning and ending service dates	
7	Unlabeled	<b>Optional.</b> State Assigned.  <b>Note:</b> 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.  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.	If providers do not use the emergency indicator correctly, the claim will deny with a 104 error edit.
8	Patient's Name	<b>Required.</b> 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)	<b>Required.</b> Enter recipient's permanent address appropriately in Form Locator 9a-e.  9a = Street address 9b = City: 9c = State 9d = Zip Code 9e = Zip Plus	
10	Patient's Birth date	<b>Required.</b> Enter the recipient's date of birth using 8 digits (MMDDYY). If only one digit appears in a field, enter a leading zero.	
11	Patient's Sex	<b>Required.</b> Enter sex of the recipient as:  M = Male F = Female U = Unknown	

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Locator #	Description	Instructions	Alerts
12	Admission Date	<b>Required for Hospital Services.</b> Enter the date on which care began (MMDDYY). If there is only one digit in a field, enter a leading zero.	
13	Admission Hour	<b>Required for Hospital Services.</b> 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	<b>Required for Hospital Services.</b> Enter one of the appropriate codes indicating the priority of this admission.  1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn	

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Locator #	Description	Instructions	Alerts
15	Source of Admission	<p><b>Required for Hospital Services.</b> Enter the appropriate code from the list of "Code Structure for Adult and Pediatrics: shown below.</p> <p>* Newborn coding structure must be used when the type of admission code in Form Locator 14 is "4"</p> <p><u>Valid codes if type of admission is 1, 2, or 3</u></p> <p>1 = Physician Referral 2 = Clinic Referral 3 = HMO Referral 4 = Transfer from a Hospital 5 = Transfer from a Skilled Nursing Facility 6 = Transfer from Another Health Care Facility 7 = Emergency Room</p> <p><u>Valid codes if type of admission is 4</u></p> <p>1 = Normal Delivery 2 = Premature Delivery 3 = Sick Baby 4 = Extramural Birth</p>	
16	Discharge Hour	<p><b>Required for Hospital Services.</b> Enter the two-digit code which corresponds to the hour the recipient was discharged. See Form Locator 13.</p>	
17	Patient Status	<p><b>Required for Hospital Services.</b> Enter the appropriate code to indicate patient status as of the Statement Covers through date. Valid codes are:</p> <p>01 = Discharged (routine) 02 = Discharged to another short-term general hospital 03 = Discharged to Skilled Nursing Facility 04 = Discharged to Intermediate Care Facility</p>	

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Locator #	Description	Instructions	Alerts
17 (continued)	Patient Status (continued)	05 = Discharged to another type of institution 06 = Discharged/transferred to home under care of home health service organization 07 = Left against medical advice 20 = Expired 30 = Still Patient	
18-28	Condition Codes	<p><b>Required for Hospital Services.</b> Enter C1 in Form Locator 18 for inpatient claims.</p> <p><u>PRO Approval</u> C1 Approved as billed</p> <p><b>Optional.</b> Must be a valid code if entered. Valid codes are listed as follows:</p> <p><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</p> <p><u>Accommodations</u>            38 = Semi-private room not available            39 = Private room medically necessary            40 = Same day transfer</p> <p><u>Special Program Indicators</u>            A1 = EPSDT/CHAP            A2 = Physically Handicapped Children's Program            A4 = Family Planning</p>	

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Locator #	Description	Instructions	Alerts
29	Accident State	Leave blank.	
30	Unlabeled Field	Leave blank.	
31-34	Occurrence Codes/Dates	<p><b>Situational.</b> Enter, if applicable. Each code must be two positions, numeric, and have an associated date. Dates must be valid and in MMDDYY format. Valid codes are listed as follows:</p> <p>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 <b>not</b> the actual discharge date <b>and</b> the frequency code in Form Locator 4 is that of final bill.  A3, B3, C3 = Benefits exhausted</p>	
35-36	Occurrence Spans (Code and Dates)	<p><b>Situational.</b> Enter, if applicable, a code and related dates that identity 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:</p> <p>72 = First/Last visit  74 = Non-covered Level of Care</p>	



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Locator #	Description	Instructions	Alerts
37	Unlabeled	<b>Leave Blank.</b>	
38	Responsible Party Name and Address	<b>Optional.</b>	
39-41	Value Codes and Amounts	<p><b>Required.</b> 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>	

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Locator #	Description	Instructions	Alerts
39-41 (continued)	Value Codes and Amounts (continued)	<p>*80 = Covered days            *81 = Non-covered days            *82 = Co-insurance days (required only for Medicare crossover claims)            *83 = Lifetime reserve days (required only for Medicare crossover claims)            A1,B1,C1 = Deductible            A2,B2,C2 = Co-insurance</p> <p>*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.</p>	
42	Revenue Code	<p><b>Required.</b> 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. 258 = IV Solutions, 305 = Lab / Hematology, etc.)            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>	

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Locator #	Description	Instructions	Alerts
43	Revenue Description	<p><b>Required.</b> Enter the narrative description of the corresponding Revenue Code in FL 42.  <b>Required for Outpatient Claims. Claims reporting Physician Administered Drugs must contain the following:</b>  Report the N4 qualifier in the first two (2) positions, left-justified.  Immediately following the N4 qualifier, report the 11 character National Drug Code number in the 5-4-2 format (no hyphens). 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>F2 -International Unit  GR-Gram  ML-Milliliter  UN- Unit</p> <p>Immediately following the Unit of Measurement Qualifier, report the unit quantity in <b>NDC UNITS</b> with a floating decimal for fractional units limited to 3 digits (to the right of the decimal).  Any spaces unused for the quantity are left blank.  Note that the decision to make all data elements left-justified was made to accommodate the largest quantity possible. The Description Field on the UB-04 is 24 characters in length. An example of the methodology is illustrated below.</p> <p><b>N 4 1 2 3 4 5 6 7 8 9 0 1 U N 1 2 3 4 . 5 6 7</b></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 1 of 2" or "Page 2 of 2" as appropriate.</p>	<p>It is necessary for hospital <b>OUTPATIENT</b> claims to include NDC information for all physician-administered drugs identified with an alphanumeric HCPCS code. The NDC data must be entered in FL 43 as indicated in the adjacent "Instructions" field.</p> <p>Please refer to the NDC Q&amp;A information posted on <a href="http://lamedicaid.com">lamedicaid.com</a> 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 to report multiple NDCs if needed.</p> <p>This is a reminder that Revenue Code 636 is covered for Medicaid billing.</p> <p>We now accept two page Medicaid hospital outpatient claims without TPL.</p>

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Locator #	Description	Instructions	Alerts
44	HCPCS/Rates HIPPS Code  HCPCS/CPT Code (Outpatient DX Lab)	<p><b>Required for inpatient services.</b> Enter the accommodation rate for any accommodation Revenue Codes indicated in Form Locator 42. The accommodation rate must be numeric.</p> <p><b>For pharmacy outpatient services: Claims reporting Physician Administered Drugs identified with alphanumeric HCPCS codes must contain the following:</b></p> <p>Enter the corresponding HCPCS Code for the NDC reported in FL 43.</p> <p><b>For other outpatient services:</b> In Form Locator 44, all Revenue Codes require a CPT/HCPCS procedure code when applicable based on the National Uniform Billing Standards.</p> <p><b>If a modifier is required for the service, enter the appropriate modifier following the CPT/HCPCS procedure code when applicable.</b></p>	<p>Modifiers are now recognized on paper claims when required by Medicaid policy. Modifiers should be entered <b>ONLY</b> in such cases.</p> <p>(As of the date of this instruction revision, the only modifier that should be submitted to Louisiana Medicaid is UD – Wheelchair Seating Evaluation.)</p>
45	Service Date	<p><b>Required for outpatient services.</b> Enter the appropriate service date (MMDDYY) on each line indicating a Revenue Code.</p> <p><b>Required.</b> 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><b>Required.</b> Enter the appropriate unit(s) of service by Revenue Code.</p>	<p>Please refer to the NDC Q&amp;A information posted on <a href="http://lamedicaid.com">lamedicaid.com</a> for more details concerning NDC units versus service units.</p>

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Locator #	Description	Instructions	Alerts
47	Total Charges	<b>Required.</b> Enter the charges pertaining to the related Revenue Codes.	
48	Non-Covered Charges	<b>Situational.</b> Indicate charges included in Form Locator 47 which are not payable under the Medicaid Program.	
49	Unlabeled Field	<b>Leave Blank.</b>	
50-A,B,C	Payer Name	<p><b>Situational.</b> 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 <b>required</b>.</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	<b>Situational.</b> 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 <b>required</b> .	
52-A,B,C	Release of Information	<b>Optional.</b>	
53-A,B,C	Assignment of Benefits Cert. Ind.	<b>Optional.</b>	
54-A,B,C	Prior Payments	<p><b>Situational.</b> 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.</p> <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 <b>billed</b> to Medicare Part B.</p>	

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Locator #	Description	Instructions	Alerts
55-A,B,C	Estimated Amt. Due	<b>Optional.</b>	
56	NPI	<b>Required.</b> Enter the provider's National Provider Identifier	The 10-digit National Provider Identifier (NPI) must be entered here.
57	Other Provider ID	<b>Required.</b> Enter the 7-digit numeric provider identification number which was assigned by the Medicaid Program in 57a.	
58-A,B,C	Insured's Name	<b>Required.</b> Enter the recipient's name as it appears on the Medicaid ID card in 58A.  <b>Situational:</b> 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.	
59-A,B,C	Pt's. Relationship Insured	<b>Situational.</b> If insurance coverage other than Medicaid applies, enter the recipient's relationship to insured from Form Locator 50 that relates to the insured's name in Form Locator 58 B and C.  Acceptable codes are as follows: 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 20 = Employee 21 = Unknown 22 = Handicapped Dependent 23 = Sponsored Dependent 24 = Dependent of a Minor Dependent 32 = Mother 33 = Father 39 = Organ Donor	

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Locator #	Description	Instructions	Alerts
60-A,B,C	Insured's Unique ID	<p><b>Required.</b> Enter the recipient's 13-digit Medicaid Identification Number in 60A.</p> <p><b>Situational.</b> 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><b>Situational.</b> 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>	
62-A,B,C	Insured's Group No. (Medicaid not Primary)	<p><b>Situational.</b> 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. Code	<p><b>Situational.</b> If the services on the claim require prior authorization or pre-certification, enter the prior authorization or pre-certification number in 63A.</p> <p>If the services require a CommunityCARE PCP referral authorization number, enter the PCP 7-digit Medicaid referral authorization number or the unique electronic 9-digit referral authorization number (assigned through e-RA) in 63C, as appropriate.</p>	
64-A,B,C	Document Control Number	<p><b>Situational.</b> If filing an adjustment or void, enter an "A" for an adjustment or a "V" 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>	

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Locator #	Description	Instructions	Alerts
64-A,B,C (continued)	Document Control Number (continued)	<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>	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.
65-A,B,C	Employer Name	<b>Situational.</b> If insurance coverage other than Medicaid applies and is provided through employment, enter the name of the employer on the appropriate line.	
66	DX Version Qualifier	<b>Optional.</b> Enter the diagnosis/procedure code version qualifier of "9."	
67 67 A-Q	Principal Diagnosis Codes  Other Diagnosis code	<p><b>Required.</b> Enter the ICD-9-CM code for the principal diagnosis.</p> <p><b>Situational.</b> Enter the ICD-9-CM code or codes for all other applicable diagnoses for this claim.</p> <p><b>Note: Use the most specific and accurate ICD-9-CM Diagnosis Code. A three-digit Diagnosis Code is to be used only if it is not further subdivided. Where fourth-digit and/or fifth-digit sub-classifications are provided, they must be assigned. A code is invalid if it has not been coded to the full number of digits required for that code. Diagnosis Codes beginning with "E" or "M" are not acceptable for any Diagnosis Code.</b></p>	



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Locator #	Description	Instructions	Alerts
68	Unlabeled	Leave blank.	
69	Admitting Diagnosis	<b>Situational.</b> If the claim is for inpatient services, enter the admitting Diagnosis Code.	
70	Patient Reason for Visit	<b>Optional.</b> Enter the appropriate Diagnosis Code indicating the patient's presenting symptom.	
71	PPS Code	Leave blank.	
72 A B C	ECI (External Cause of Injury)	Leave blank.	
73	Unlabeled.	Leave blank.	
74	Principal Procedure Code / Date	<b>Situational.</b> Enter a valid current ICD-9-CM procedure code when an inpatient procedure is performed.	
74 a – e	Other Procedure Code / Date	<b>Situational.</b> Enter valid current ICD-9-CM procedure codes as appropriate for multiple inpatient procedures.	
75	Unlabeled	Leave blank.	
76	Attending	<b>Required.</b> Enter the name and/or number of the attending physician.	
77	Operating	<b>Situational.</b> If applicable, enter the name and/or number of the operating physician. <b>Note: For sterilization procedures, the surgeon's name must appear in Form Locator 77.</b>	
78	Other	<b>Situational.</b> If applicable, enter the name and/or number of any other physician.	
79	Other	<b>Situational.</b> If applicable, enter the name and/or number of any other physician.	
80	Remarks	<b>Situational.</b> Enter explanations for special handling of claims.	
81 a - d	Code-Code – QUAL / CODE / VALUE	Leave blank.	

**Signature is not required on the UB-04.**

**ISSUED: 07/01/11**  
**REPLACED: 09/15/94**

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1 ABC Hospital P.O. Box 1234 Anytown, LA 70809		2		3a PAT CNTL # 123456789012 b MED REC # 12389712 5 FED TAX NO.		4 TYPE OF BILL 111	
8 PATIENT NAME a Valentine, John		9 PATIENT ADDRESS a 1235 Rory Street, Baton Rouge, LA 70809		6 STATEMENT COVERS PERIOD FROM 05/10/10 THROUGH 05/13/10		7	
10 BIRTHDATE 02/14/1943		11 SEX M		12 DATE OF ADMISSION 05/10/10		13 HR 11	
14 TYPE 3		15 SRC 1		16 DHR 15		17 STAT 01	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
50		51		52		53	
54		55		56		57	
58		59		60		61	
62		63		64		65	
66		67		68		69	
70		71		72		73	
74		75		76		77	
78		79		80		81	
82		83		84		85	
86		87		88		89	
90		91		92		93	
94		95		96		97	
98		99		100		101	
102		103		104		105	
106		107		108		109	
110		111		112		113	
114		115		116		117	
118		119		120		121	
122		123		124		125	
126		127		128		129	
130		131		132		133	
134		135		136		137	
138		139		140		141	
142		143		144		145	
146		147		148		149	
150		151		152		153	
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## CHAPTER 25: HOSPITALS

## APPENDIX A: FORMS AND LINKS

PAGE(S) 21

1 ABC Hospital P.O. Box 1234 Anytown, LA 70809		2		3a PAT CNTL # 123456789012		4 TYPE OF BILL 117	
8 PATIENT NAME a Valentine, John		9 PATIENT ADDRESS a 1235 Rory Street, Baton Rouge, LA 70809		5 FED TAX NO.		6 STATEMENT COVERS PERIOD FROM 05/10/10 THROUGH 05/13/10	
10 BIRTHDATE 02/14/1943		11 SEX M		12 DATE OF ADMISSION 05/10/10		13 HR 11	
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**ISSUED: 07/01/11**  
**REPLACED: 09/15/94**

## CHAPTER 25: HOSPITALS

## APPENDIX A: FORMS AND LINKS

**PAGE(S) 21**

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