Claims Submission - UB-04

The following item numbers and descriptions correspond to the UB-04 Claim Form.

Note: Items described as "Not Required by HPSM" may be completed for other payers, but are not recognized by the HPSM claims processing system.

Health Plan of San Mateo

Item #	Description	UB-04 Submission Requirements
1.	Hospital Name, Address and Zip Code	Enter the facility name, address and zip code
2.	Unlabeled	"Not Required by HPSM"
3. a	Patient Control Number	This is an optional field that will help you easily identify a recipient on RTDs and RAs.
3. b	Med Rec #	This is an optional field that will help you easily identify a recipient on RTDs and RAs/
4.	Type of Bill	Enter the appropriate Type of Bill code as specified in the UB-04 Manual Billing Procedures.
5.	Federal Tax ID Number	Enter the nine-digit federal tax ID number in this format; NN-NNNNNNN
6.	Statement Covers Period (From-Through)	In six digit format MMDDYY (Month, Day, Year) enter the dates of service included in this billing
7.	Unlabeled	Not Required by HPSM
8. a	Patient name	"Not Required by HPSM"
8. b	Patient name	Enter the first and last name of the patient.
9. a	Patient address	Enter the street address of the patient
9. b	Patient address	Enter the name of the city where the patient resides
9. c	Patient address	Enter the abbreviation of the name of the state in which the patient resides.
9. d	Patient address	Enter the zip code for which the patient resides.
10.	Birthdate	Enter the patients date of birth in an 8 digit format (e.g., MMDDYYYY).
11.	Sex	Enter either an F or an M to identify the patients gender.
12.	Admission date	"Not Required by HPSM"

13.	HR	"Not Required by HPSM"
14.	Type	Enter the numeric code indicating the necessity for admission to the hospital. Emergency = 1, Urgent = 2, Elective = 3, Newborn = 4, Trauma Center = 5, Information not available = 9.
15.	SRC	IF the patient was transferred from another facility, enter the number code indicating the source of transfer. Physician Referral = 1, Clinic Referral = 2, Managed Care Plan Referral = 3, Transfer from a Hospital (different facility) = 4, Transfer from a SNF = 5, Transfer from another Health Care Facility = 6, Emergency Room = 7, Court/Law Enforcement = 8, Information not available = 9, Transfer from a Critical Access Hospital (CAH) = A, Transfer from another Home Health Agency = B, Readmission to same Home Health Agency = C, Transfer from hospital inpatient in the same facility resulting in a separate claim to the payer = D.
16.	DHR	Enter the discharge hour using the 24 hour format.
17.	STAT	Enter the appropriate 2 digit code representing the patients discharge status.
18.- 28	Condition Codes	"Not Required by HPSM"
29.	ACDT	"Not Required by HPSM".
31 - 34	Occurrence Codes and Dates	"Not Required by HPSM"
35 - 36	Occurrence spans and Date	"Not Required by HPSM"
37 A-C	Unlabeled	"Not Required by HPSM"
38	Unlabeled	"Not Required by HPSM"
39-41A-D.	Value Codes and Amount	Patient's Share-of-Cost code"23" or Medicare Deductible
42.	Revenue Code	Enter the appropriate accommodation or ancillary code. Ancillary codes are listed in Section 300-109.
43.	Description	Enter the description of the accommodation or ancillary code.
44.	HCPCS/Rate/HIPPS Code	Enter the appropriate HCPCS/CPT code.
45.	Service Date	Enter the 6 digit date of service (MMDDYY)
46.	Service Units	Enter the number of days of care by accommodation code.

47.	Total Charges	In full dollar amount, enter the usual and customary fee for the service billed. Do not enter a decimal point(.) or dollar sign ($).
48.	Non-Covered Charges	"Not Required by HPSM"
49.	Unlabeled	"Not Required by HPSM"
50. A-C	Payer	Enter "IP Medi-Cal" to indicate type of claim, Medicare Part A or B , Location Code
51. A-C	Health Plan ID	Enter your Medi-Cal Provider Number
52. A-C	Release of Information Certification	"Not Required by HPSM"
53. A-C	Assignment of Benefits Certification Indicator	"Not Required by HPSM"
54. A-C.	Prior Payment	Enter the full dollar amount of payment received from Other Coverage.
55. A-C	Estimated Amount Due	Enter the difference between "Total Charges"and any deduction.
56.	NPI	Enter the facilities NPI.
57.	Unlabeled	Enter the facilities Medi-Cal ID #.
58. A-C	Insured's Name	If billing for an infant using the mother's Id or for an organ donor, enter the Medi-Cal recipient's name here and the patient's relationship to the Medi-Cal recipient in the "Patient's Relationship to insured" field (box 59).
59. A-C	Patient's Relationship to Insured	If billing for an infant using the mother's ID or for an organ donor, enter the code indicating the patient's relationship to the Medi-Cal recipient, e.g. 03 child.
60. A-C	Insured Unique ID	Enter the patient Medi-Cal CIN or Social Security Number.
61. A-C	Insured Group Name	"Not Required by HPSM"
62. A-C	Insurance Group Number	"Not Required by HPSM"
63. A-C	Treatment Authorization Codes	For services requiring a Treatment Authorization Request (TAR) enter the 11- digit TAR Control Number.
64. A-C	Employment Status Code	"Not Required by HPSM"
65. A-C	Employer Name	"Not Required by HPSM"
66.	DX	No entry can be made
67 A - Q	Diagnosis Codes	Enter all letters and/or numbers for the primary and all subsequent diagnosis, use an ICD-9-CM code number and code to the highest level of specificity

		for the date of service. (Do Not enter decimal point.)
68.	Unlabeled	"Not Required by HPSM"
69.	ADMIT DX	"Not Required by HPSM"
70.	Patient Reason DX	"Not Required by HPSM"
71.	PPS Code	"Not Required by HPSM"
72.	ECI	"Not Required by HPSM"
73.	Unlabeled	"Not Required by HPSM"
74 a - e.	Principal Procedure Code and Date/ Other Procedure Codes and Dates	Enter the appropriate procedure code from the ICD-9-CM section 3 identifying the primary and subsequent medical or surgical procedure(s).
75.	Unlabeled	"Not Required by HPSM"
76.	Attending Physician ID	Enter the attending physicians NPI and Medi-Cal Number.
77.	Operating Physician ID	Enter the operating physician NPI and Medi-Cal provider number.
78.	Other Physician ID	Enter the Admitting physician NPI and Medi-Cal provider number.
80.	Remarks	Use this area for procedures that require additional information, e.g. enter Mother's name when the baby is using Mother's ID and the baby's birthdate.
81a – d.	CC	"Not Required by HPSM"

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