L.A. Care HEALTH PLAN

Clean Claim Edits – UB04

Description	Field #	Medi-Cal	Medicare	Action if Missing	Comment	Reject Reason Description	Loop	Segment
Provider's name, address and telephone number	1	Required	Required	Reject	Reject if blank or if address is not a physical address (PO BOX, Lock BOX, etc is not valid). 9 Digit billing provider zip code is required.	Missing physician/Provider Billing name and physical address and/or Missing or invalid Service Billing Provider 9 digit Zip Code	2010AA	NM101=85 (Billing Provider) NM102=2 (Non-Person Entity) NM103= Organizational Name N301, N302= Provider Address N401= Provider City N402= Provider State N403= Provider Zip Code N404= Country Code PER04, REF02,
Pay-to Name and Address	2	Not Required	Not required	Pass	Pass		2010AB	NM101=87 (Pay to Provider) NM102=2 (Non-Person entity) N301, N302= Provider Address N401= Provider City N402= Provider State N403= Provider Zip Code N404= Country Code
Patient control number	3a	Situational	Required	Reject	Reject if blank	Missing Patient Control Number	2300	CLM01=Patient Control Number
Medical/ Health Record Number	3b	Situational	Situational	Pass/Reject	Situational - Required when the provider needs to identify for future inquiries.		2300	REF01=EA (Medical Record ID Number) REF02=Medical Record Number
Type of bill code	4	Required	Required	Reject	Reject if blank or invalid	Missing Bill Type Invalid Bill Type	2300	CLM05-1= Facility Type Code CLM05-2= A (UB-04 bill type) CLM05-3= Claim Frequency Code
Provider's federal tax ID number	5	Required	Required	Reject	Reject if blank or invalid (needs to be 9 digits)	Missing Provider Tax ID Number Invalid Provider Tax ID Number	2010AA	REF01=EI (Employers ID Number) REF02=Billing provider tax id number
Beginning and ending date of claim period	6	Required	Required	Reject	Reject if blank	Missing Beginning/End Dates of Service	2300	DTP01=434 (Statement Dates) DTP02= RD8 (Ranges of Dates) DTP03= Statement from and To Date
Not used	7	Not used	Not used		Pass		N/A	N/A
Patient's name	8	Required	Required	Reject	Reject if blank	Missing Patient's Name	2010CA	NM101=QC (Patient) NM102= 1 (Person) NM103= Patient Last Name NM104= Patient First Name NM105= Patient Middle Name / Initial NM107= Patient Suffix
Patient's address	9	Required	Required	Reject	Reject if blank	Missing Patient Address	2010CA	N301= Patient Address Line 1 N302= Patient Address Line 2 N401= Patient City Name N402= Patient State N403= Patient Zip code N404= Patient
Patient's date of birth	10	Required	Required	Reject	Reject if blank	Missing Patient DOB	2010CA	DMG01=D8 DMG02= Patient's Date of Birth
Patient's gender	11	Required	Required	Reject	Reject if blank	Missing Patient Gender	2010CA	DMG03= Patient Gender Code F, M or U

Description	Field #	Medi-Cal	Medicare	Action if Missing	Comment	Reject Reason Description	Loop	Segment
Date of admission	12	Situational	Situational _ Required for inpatient, home health and hospice claims	Pass/Reject	Required for Types of Bill: 011X, 012X, 018X, 021X, 022X, 032X, 033X, 041X, 081X, 082X where X is any number Reject if invalid date	Missing Date of Admission Invalid Date of Admission	2300	DTP01=435 (Admission) DTP02=D8 or DT DTP03= Admission date and hour
Admission hour	13	Situational	Situational	Pass/Reject	Required for Types of Bill: 11X, 12X, 18X, 21X, 22X, 32X, 33X, 41X, 81X, 82X where X is any number inpatient claims except for SNF inpatient TOB 012X	Missing Admission Hour	2300	DTP03= Admission date and hour (military time)
Type of admission	14	Situational	Situational	Pass/Reject	Required for Inpatient Types of Bill: 011X, 012X, 018X, 021X, 022X, or 041X where X is any number Reject if blank or invalid	Missing Type of Admission Invalid Type of Admission	2300	CL101=Priority (type) of admission or visit code
Source of admission code	15	Situational	Situational	Pass/Reject	Required for all TOB except 014X. Reject if invalid.	Invalid Source of Admission	2300	CL102= Point of origin for admission or visit
Discharge hour	16	Situational	Situational	Pass	Required on final inpatient claims.	Hours are indicated in military time using two- characters.	2300	DTP01= 096 (Discharge) DTP02= TM (Time expressed in HHMM) DTP03= Discharge Time
Patient-status-at-discharge code	17	Required	Required	Pass/Reject	Required for all Medicare claims. For Medi-cal claims, only required for inpatient claims.	Missing Patient Status Discharge Code Invalid Patient Status Discharge Code	2300	CL103= Patient Status Code
Condition codes	18-28	Situational	Situational	Pass/Reject	Not required, but if one is provided, reject if invalid	Invalid Condition Codes	2300	HI01-1= BG (Condition) HI01-2= Condition code
Accident State	29	Situational	Situational	Pass			2300	REF01=LU (Location number) REF02= State or providence code where accident occurred
Not used	30	Not used	Not used	Pass				
Occurrence codes and dates	31-34	Situational	Situational	Pass/Reject	Not required, but if one is provided, reject if invalid	Invalid Occurrence Codes and Dates	2300	HI01-1= BH (Occurrence) HI01-2= Occurrence code HI01-3= D8 (Date qualifier) HI01-4= Occurrence Date
Occurrence span code	35-36	Situational	Situational	Pass/Reject	For Medicare- required for Inpatient Claims Not required, but if one is provided, reject if invalid	Invalid Occurrence Span Codes		HI01-1= BI (Occurrence Span) HI01-2= Occurrence Span code HI01-3= RD8 (Date qualifier) HI01-4= Occurrence Span code date
Not used	37	Not used	Not used	Pass				
Responsible Party	38	Not used	Not used	Pass				Not mapped
Value code and amounts	39-41	Situational	Situational	Pass/Reject	Required when there is a value code that applies to the claim.	Invalid Value Codes and Amounts	2300	HI01-1= BE (Value) HI01-2= Value Code HI01-5=Amounts

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Description	Field #	Medi-Cal	Medicare	Action if Missing	Comment	Reject Reason Description	Loop	Segment
Revenue code	42	Situational	Required	Reject	Reject if blank or invalid For Medi- Cal- Required for Inpatient claims only	Missing Revenue Code Invalid Revenue Code	2400	SV201=Service Line Revenue Code
Revenue/service description	43	Situational	Situational	Pass	Service Code		2400	SV202-7= Description
NDC or UPN Codes	43	Situational	Situational	Pass	Report NDC, UP or designated qualifer. N4 followed by the 11 digit National Drug Code (NDC).		2410	LIN*02= Qualifer N4=National Drug Code UP= Consumer Package Code U.P.C. EN=European Article Number (EAN) EO=GTIN EAN/UCC HI=Health Care Industry Bar Code (HIBC) UK=U.P.C./EAN Shipping Container Code ON=Customer Order Number CTP04= Quantity CTP05-01= Code Qualifier
HCPCS/HIPPS/Rates	44	Situational	Situational	Pass/Reject	HCPCS and HIPPS not required for Inpatient claims, but if one is provided reject if invalid. All other claim types may be required. Please refer to CMS and/or Medi-Cal guidelines	Invalid HCPCS or HIPPS	2400	SV202-1= HC or HP SV202-2= Procedure Code SV202-3 thru SV202-6= Modifiers
Service date	45	Situational	Situational	Pass/Reject	Required for Types of Bill: 012X, 013X, 014X, 022X, 023X, 032X, 033X, 0324X, 071X, 072X, 075X, 076X, 077X, 081X, 082X, 083X and 085X where X is any number Reject if invalid date	Missing Service Date Invalid Service Date	2400	DTP01=472 Service Date DTP02= D8 or RD8 D8 Date expressed in CCYYMMDD RD8 Ranges of dates
Units of service	46	Required	Required	Reject	Reject if blank	Missing Units of Service	2400	SV204= Units or basis of measure DA= Days UN= Units SV205= Service Unit Count
Total charge	47	Required	Required	Reject	Reject if blank	Missing Total Charges	2400	SV203= Line Item Charge Amount
Non-covered charges	48	Not Required	Not required	Pass			2400	SV207= Line Item Denied Charge or Non-Covered Charge Amount
Not used	49	Not used	Not used	Pass				
Payer Name	50a	Required	Required	Reject			2010BB	NM101= PR NM102=2 NM103= Payer Name NM108= Payer ID NM109 REF01= Payer Secondary ID REF02=
Payer Name	50b-c	Situational	Situational	Pass				
Health Plan ID	51a	Required	Required	Pass				
Health Plan ID	51b-c	Required	Required	Pass				

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Release of Info Certification	52 a-c	Required	Required	Reject	Reject if blank	Missing Release of Information Certification	2300	CLM09= Release of information code Y= Yes Provider has signed statement I= Informed Consent to Release Medical Information
Assignment of Benefit Certification	53 a-c	Not Required	Not required	Pass			2300	CLM07= Plan Participation A- Assigned B Assigned accepted on clinical lab services only C- Not Assigned CLM08= Benefits assignment certification indicator Y- Benefits Assigned N- Benefits not assigned W- Not applicable
Prior payments	54	Situational	Situational	Pass		Required when the indicated payer has paid an amount to the provider towards bill	2320 Claim Level 2430 Line level	
Estimated Amount Due	55	Not Required	Not Required	Pass				
NPI number	56	Required	Required	Reject	Reject if blank or invalid NPI (check sum logic)	Missing NPI Number Invalid NPI Number	2010AA	NM108= Billing Provider Identifier NM109= ID numbers
Other Provider ID	57	Situational	Not required	Pass			2010AA	NM108= Billing Provider Identifier NM109= ID numbers
Insured's Name	58 a-c	Required	Required	Pass			2000BA	
Patient Relationship	59 a-c	Situational	Required	Pass			2000BA 2000C	01= Spouse 18= Self 19= Child 20= Employee 21= Unknown 39= Organ Donor 40= Cadaver Donor 53= Life Partner G8= Other Relationship
Insured's Unique ID	60 a-c	Required	Required	Pass			2000BA	NM108= Billing Provider Identifier NM109= ID numbers
Group Name	61 a-c	Situational	Situational	Pass			2000B	SBR04= Insured groups name
Group Insurance Number	62 a-c	Situational	Situational	Pass			2000B	SBR03= Insured's group number
Treatment Authorization Codes	63	Situational	Situational	Pass			2300	REF01= Qualifier 9F= Referral Number G1= Authorization Number REF02= Prior Authorization or referral number
Document Control Number	64	Situational	Situational	Pass			2300	REF01= F8 REF02= Payer Claim Control Number
Employer name	65	Not Required	Not required	Pass				Not mapped
Diagnosis and Procedure Code Qualifier	66	Required	Required	Reject	Reject if blank 9= ICD 9 0= ICD 10	Missing Diagnosis or Procedure Code Qualifier	2300	HI01=ICD qualifier
Principal Diagnosis Codes	67	Required	Required	Pass/Reject	Required for Types of Bill: 11X, 12X, 13X, 14X, 21X where X is any number, reject if invalid	Missing Diagnosis Codes Invalid Diagnosis Codes	2300	HI01-1= ABK or BK HI01-2= Principal Diagnosis Code
Other Diagnosis Codes	67a-q	Situational	Situational	Pass/Reject	Required only if avaiable	Missing Diagnosis Codes Invalid Diagnosis Codes	2300	HI01-1= ABF or BF HI01-2= Other Diagnosis
Present on Admission Indicator	67, 67a-q	Situational	Situational				2300	HI01-9= Y, N, U , W

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Description	Field #	Medi-Cal	Medicare	Action if Missing	Comment	Reject Reason Description	Loop	Segment
Not used	68	Not Used	Not Used	Pass				
Admitting diagnosis	69	Situational	Situational	Pass/Reject	Required for Types of Bill: 11X, 12X, 21X, and 22X where X is any number, reject if invalid		2300	HI01-1= ABJ or BJ HI01-2= Admitting diagnosis code
Patient Reason Diagnosis	70	Situational	Situational	Pass	The patient reason visit code is required for claims for TOB 013X and 085X	Add comments UB Comments from UB Editors	2300	HI01-1= APR or PR HI01-2= Patient's Reason to visit
PPS Code (DRG)	71	Situational	Situational	Pass/Reject	Not required, but if one is provided, reject if invalid		2300	HI01-1= DR (Diagnosis Releted Group) HI01-2= MS- DRG
External Cause of Injury (ECI code)	72 a-c	Situational	Situational	Pass			2300	HI01-1=ABN or BN HI01-2= External cause of injury code
Not used	73	Not Used	Not Used	Pass				
Procedure Codes	74	Situational	Situational	Pass/Reject	Not required, but if one is provided, reject if invalid		2300	HI01-1=BBR or BR or CAH (ABC codes) HI01-2= Principal procedure code HI01-3= D8 HI01-4= Date
Not used	75	Not Used	Not Used	Pass				
Attending physician ID	76	Situational	Situational	Pass			2310A	NM101=71 Attending Provider NM102= 1 (Person) NM103= Attending Provider Last Name NM104= Atttending Provider First Name NM105= AttendingProvider Middle Name NM107= Attending Suffix NM108= XX National Provider Identifier NM109= Provider Primary ID REF01= Qualifer OB, 1G, G2, LU REF02= Operating provider secondary identifier
Operating physician ID	77	Situational	Situational	Pass			2310A	NM101=72 Operating Provider NM102= 1 (Person) NM103= Operating Provider Last Name NM104= Operating Provider First Name NM105= Operating Provider Middle Name NM107= Operating Suffix NM108= XX National Provider Identifier NM109= Provider Primary ID PRV01= AT Attending Provider PRV02- PXC Taxonomy code PRV03= Provider Taxonomy code REF01= Attending provider secondary id qualifier REF02= Attending provider secondary

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Description	Field #	Medi-Cal	Medicare	Action if Missing	Comment	Reject Reason Description	Loop	Segment
Other Provider ID	78-79	Situational	Situational	Pass			2310C 2310D 2310F	NM101= DN (Referring) ZZ= Other Operating Physician 82= Rendering Provider NM103= Provider Last Name NM104= Provider First Name NM105= Provider Middle Name NM107= Suffix NM108= XX National Provider Identifier NM109= Provider Primary ID REF01= provider secondary id qualifier REF02= provider secondary id
Remarks	80	Situational	Situational	Pass			2300	NTE01- ADD NTE02= Remarks notes
Code Code	81 a-d	Situational	Situational	Pass	Report additional codes			