Updates
Pennsylvania Uniform Claims and Billing Form Manuals
Revised January 2011

p. 48 Inpatient	Field 6a, Statement Covers Period – From Relational Edit Criteria **Previous:** Error Code 006a – 342 **Current:** Error Code 006a – 342 Discontinue effective 2010 Q3
p. 63 Inpatient	Field 12, Admission/Start of Care Date Relational Edit Criteria **Previous:** Error Code 0012 – 342 **Current:** Error Code 0012 – 342 Discontinue effective 2010 Q3
p. 66 Inpatient	Field 15, Point of Origin for Admission or Visit Procedure Section **Previous:** 5 = Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) - The patient was admitted to this facility as a transfer from a SNF or ICF where he or she was a resident. **Current:** 5 = Transfer from a Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF) or Assisted Living Facility (ALF) - The patient was admitted to this facility as a transfer from a SNF, ICF or ALF where he or she was a resident. **Previous:** F = Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program - The patient was admitted to this facility as a transfer from hospice. **Current:** F = Transfer from a Hospice Facility - The patient was admitted to this facility as a transfer from hospice facility. Revised: August 2010
p. 66, 67 Outpatient	Field 15, Point of Origin for Admission or Visit Procedure Section **Previous:** 1 = Non-Health Care Facility Point of Origin - The patient presented to this facility for outpatient services. **Current:** 1 = Non-Health Care Facility Point of Origin - The patient presented for outpatient services. **Previous:**

5 = Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) - The patient was referred to this facility for outpatient or referenced diagnostic services from a SNF or ICF where he or she was a resident.
Current:
5 = Transfer from a Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF) or Assisted Living Facility (ALF) - The patient presented to this facility for outpatient or referenced diagnostic services from a SNF, ICF or ALF where he or she was a resident.
Previous:
6 = Transfer from another Health Care Facility - The patient was referred to this facility for services by (a physician of) another health care facility not defined elsewhere in this code list where he or she was an inpatient or outpatient.
Current:
6 = Transfer from another Health Care Facility - The patient presented to this facility for services from another health care facility not defined elsewhere in this code list.
Previous:
8 = Court / Law Enforcement - The patient was referred to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative for outpatient or referenced diagnostic services.
Current:
8 = Court / Law Enforcement - The patient presented to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative for outpatient or referenced diagnostic services.
Previous:
E = Transfer from Ambulatory Surgery Center - The patient was referred to this facility for outpatient or referenced diagnostic services from an ambulatory surgery center.
Current:
E = Transfer from Ambulatory Surgery Center - The patient presented to this facility for outpatient or referenced diagnostic services from an ambulatory surgery center.
Previous:
F = Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program (Note: PHC4 does not collect hospice records) - The patient was referred to this facility for outpatient or referenced diagnostic services from a hospice.
Current:
F = Transfer from a Hospice Facility - The patient presented to this facility for outpatient or referenced diagnostic services from a hospice facility.

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Outpatient
	<u>Field 44a-44v, HCPCS Codes (by Revenue Code)</u>
	Procedure Section
	Previous:
	Specified Range for HCPCS Level I - CPT - 4 Codes:
	      10021 to 69990
	      92950 to 92998
	      93501 to 93581
	      96401 to 96549
	Current:
	Specified Range for HCPCS Level I - CPT - 4 Codes:
	      10021 to 69990
	      92950 to 92998
	      93451 to 93581
	      96401 to 96549
	
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p. 92 Outpatient	<u>Field 47w, Total Charges</u> Description Section **Previous:** The Total charges for the entire episode of care. **Current:** The total charges for the claim. Purpose Section **Previous:** To assure that the individual charges are complete for the entire episode of care. **Current:** To assure that the individual charges are complete for the entire claim. Revised: January 2011
p. 119 Inpatient	<u>Field 67-2 Principal Diagnosis Code</u> <u>Present on Admission (POA) Indicator</u> Procedure Section **Previous:** (Blank) or 1 = Exempt from POA Reporting **Current:** 1 = Exempt from POA Reporting Revised: January 2011

p. 122 Inpatient	Field 67a2-67q2 Other Diagnosis Code Present on Admission (POA) Indicator Procedure Section **Previous:** (Blank) or 1 = Exempt from POA Reporting **Current:** 1 = Exempt from POA Reporting Revised: January 2011
p. 130 Inpatient	Field 72a1-72c1 External Cause of Injury (ECI) Code Present on Admission (POA) Indicator Procedure Section **Previous:** (Blank) or 1 = Exempt from POA Reporting **Current:** 1 = Exempt from POA Reporting Revised: January 2011
p. 179, 181 Inpatient p. 174, 176 Outpatient	Appendix C – Most Common Health Plan ID Numbers (NAIC Codes) **Previous:** (This value did not exist) **Current:** Aetna Better Health, Medicaid HMO, 25, 13735 **Previous:** (This value did not exist) **Current:** Coventry Health, Medicaid HMO, 25, 81973, Coventry Cares **Previous:** (This value did not exist) **Current:** American Progressive, Medicare PPO, 12, 80624, Today's Options PPO **Previous:** UPMC Health Plan, Inc., Medicaid HMO, 25, 11995, UPMC For You **Current:** UPMC Health Plan, Inc., Medicaid HMO, 25, 11995, UPMC for You, UPMC for Kids Revised: September 2010