Updates
Pennsylvania Uniform Claims and Billing Form Manuals
Revised April 2025

Inpatient and Outpatient Updates Summary: Payment Data Reporting Effective 2026 Q1

The discontinued blank-filled fields at the end of the file layout will be replaced with new fields. The line length (3900 characters) will not change.

The following fields will be removed:

Field Name	Location Range
Patient Severity Upon Admission (Field 121a) through Reserved Field (Field 121e)	3613-3900

The following new fields will be replacing the removed fields:

Field Name	Location Range
Primary Payer Allowed Amount (Field 104)	3613-3622
Primary Payer Paid Amount (Field 105)	3623-3632
Total Claim Paid Amount (Field 106)	3633-3642
Reserved Field (Field 199)	3643-3900

Inpatient

Previous Page 168	**Deleted Field - Effective 2026 Q1**

Field 121a	Patient Severity Upon Admission
Description	Discontinued.
Procedure	Blank fill.
Field Size & Type	1 character field; Alphanumeric (all positions fully coded)
Record Location	3613
Note	This field is currently not edited.

Previous Page 169	**Deleted Field - Effective 2026 Q1**

Field 121b	Patient Morbidity
Description	Discontinued.
Procedure	Blank fill.
Field Size & Type	1 character field; Alphanumeric
Record Location	3614
Note	This field is currently not edited.

Previous Page 170	**Deleted Field - Effective 2026 Q1**

Field 121c	Unusual Occurrence
Description	Discontinued.
Procedure	Blank fill.
Field Size & Type	2 character field; Alphanumeric
Record Location	3615-3616
Note	This field is currently not edited.

Deleted Field - Effective 2026 Q1

Field 121d1a-121d10a	Hospital-acquired Infection: Code
Description	Discontinued.
Procedure	Blank Fill.
Field Size & Type	10 fields, 2 characters each; Alphanumeric (all positions fully coded)
Record Location	121d1a- Hospital-acquired Infection Code 1: 3617-3618 121d2a- Hospital-acquired Infection Code 2: 3628-3629 121d3a- Hospital-acquired Infection Code 3: 3639-3640 121d4a- Hospital-acquired Infection Code 4: 3650-3651 121d5a- Hospital-acquired Infection Code 5: 3661-3662 121d6a- Hospital-acquired Infection Code 6: 3672-3673 121d7a- Hospital-acquired Infection Code 7: 3683-3684 121d8a- Hospital-acquired Infection Code 8: 3694-3695 121d9a- Hospital-acquired Infection Code 9: 3705-3706 121d10a- Hospital-acquired Infection Code 10: 3716-3717
Note Revised September 2009	This field is currently not edited

Deleted Field - Effective 2026 Q1

Field 121d1b- 121d10b	Hospital-acquired Infection: Multidrug-resistant Organism (MDRO)
Description	Discontinued.
Procedure	Blank fill.
Field Size & Type	10 fields, 1 character each; Alphanumeric (all positions fully coded)
Record Location	121d1b- Hospital-acquired Infection: Multidrug-resistant organism 1: 3619
	121d2b- Hospital-acquired Infection: Multidrug-resistant organism 2: 3630
	121d3b- Hospital-acquired Infection: Multidrug-resistant organism 3: 3641
	121d4b- Hospital-acquired Infection: Multidrug-resistant organism 4: 3652
	121d5b- Hospital-acquired Infection: Multidrug-resistant organism 5: 3663
	121d6b- Hospital-acquired Infection: Multidrug-resistant organism 6: 3674
	121d7b- Hospital-acquired Infection: Multidrug-resistant organism 7: 3685
	121d8b- Hospital-acquired Infection: Multidrug-resistant organism 8: 3696
	121d9b- Hospital-acquired Infection: Multidrug-resistant organism 9: 3707
	121d10b- Hospital-acquired Infection: Multidrug-resistant organism 10: 3718
Note	This field is currently not edited.

Previous Page 173	**Deleted Field - Effective 2026 Q1**	
	Field 121d1c-121d10c	**Hospital-acquired Infection: ICD-9-CM Procedure Code or NHSN Operative Category**
	Description	Discontinued.
	Procedure	Blank fill.
	Field Size & Type	10 fields, 7 characters each; Alphanumeric; Left-justified
	Record Location	121d1c- Hospital-acquired Infection Code 1: 3620-3626 121d2c- Hospital-acquired Infection Code 2: 3631-3637 121d3c- Hospital-acquired Infection Code 3: 3642-3648 121d4c- Hospital-acquired Infection Code 4: 3653-3659 121d5c- Hospital-acquired Infection Code 5: 3664-3670 121d6c- Hospital-acquired Infection Code 6: 3675-3681 121d7c- Hospital-acquired Infection Code 7: 3686-3692 121d8c- Hospital-acquired Infection Code 8: 3697-3703 121d9c- Hospital-acquired Infection Code 9: 3708-3714 121d10c- Hospital-acquired Infection Code 10: 3719-3725
	Note	This field is currently not edited.
Previous Page 174	**Deleted Field - Effective 2026 Q1**	
	Field 121d1d-121d10d	**Hospital-acquired Infection: Procedure Location**
	Description	Discontinued.
	Procedure	Blank fill.
	Field Size & Type	10 fields, 1 character each; Alphanumeric (all positions fully coded)
	Record Location	121d1d- Hospital-acquired Infection: Procedure Location 1: 3627 121d2d- Hospital-acquired Infection: Procedure Location 2: 3638 121d3d- Hospital-acquired Infection: Procedure Location 3: 3649 121d4d- Hospital-acquired Infection: Procedure Location 4: 3660 121d5d- Hospital-acquired Infection: Procedure Location 5: 3671 121d6d- Hospital-acquired Infection: Procedure Location 6: 3682 121d7d- Hospital-acquired Infection: Procedure Location 7: 3693 121d8d- Hospital-acquired Infection: Procedure Location 8: 3704 121d9d- Hospital-acquired Infection: Procedure Location 9: 3715 121d10d- Hospital-acquired Infection: Procedure Location 10: 3726
	Note	This field is currently not edited.

Previous Page 175	**Deleted Field - Effective 2026 Q1**	
	Field 121e	**Reserved Field**
	Description	To be reserved for future use by the Council.
	Procedure	Blank fill. Reserved for future use by the Council.
	Field Size & Type	174 character field; Alphanumeric
	Record Location	3727-3900

Page 165	**New Field - Effective 2026 Q1**	
	Field 104	**Primary Payer Allowed Amount** **Effective 2026 Q1** **Available 2025 Q2-Q4 for Testing**
	Description	Contractually allowed amount for the primary payer of the claim.
	Procedure	Enter the allowed amount for the claim for the primary payer according to contractual agreements with this facility. If there is no contractual agreement, enter the amount that the facility bills the primary payer for the claim. For example, the self-pay allowed amount may be the cash rate or another rate determined by the facility that is billed to the primary payer (i.e. the patient or the responsible party). Do not use decimal points or punctuation. For example, $1,000.25 would be entered as 100025. Enter 0 if the allowed amount is zero. Always fill both cents positions if the amount is greater than zero. For example, enter 05 for five cents. As another example, enter 100 for one dollar and zero cents.
	Field Size & Type	10 characters; Numeric; Right-justified; Blank fill to the left of the numeric value Characters 1-8: whole dollars Characters 9-10: cents
	Record Location	3613-3622
	Field Edit Criteria:	
	Error Code: 104 - 165 *Soft edit 2025 Q2-Q4 for testing. Hard edit effective 2026 Q1.	**Error Report Message:** Primary Payer Allowed Amount is Invalid **Reason:** The Primary Payer Allowed Amount must be non-negative numeric. **User Response:** Correct the Primary Payer Allowed Amount. Verify that the correct formatting is being used, including right justification.

Page 166	**New Field - Effective 2026 Q1**	

Field 105	**Primary Payer Paid Amount** **Effective 2026 Q1** **Available 2025 Q2-Q4 for Testing**
Description	Amount paid by the primary payer for the claim.
Procedure	Enter the total of payments received for the claim from the primary payer. Do not use decimal points or punctuation. For example, $1,000.25 would be entered as 100025. Enter 0 if no payment has been received from the primary payer. Always fill both cents positions if the amount is greater than zero. For example, enter 05 for five cents. As another example, enter 100 for one dollar and zero cents.
Field Size & Type	10 characters; Numeric; Right-justified; Blank fill to the left of the numeric value Characters 1-8: whole dollars Characters 9-10: cents
Record Location	3623-3632
Field Edit Criteria:	
Error Code: 105 - 166 *Soft edit 2025 Q2-Q4 for testing. Hard edit effective 2026 Q1.	**Error Report Message:** Primary Payer Paid Amount is Invalid **Reason:** The Primary Payer Paid Amount must be non-negative numeric. **User Response:** Correct the Primary Payer Paid Amount. Verify that the correct formatting is being used, including right justification.

Page 167	**New Field - Effective 2026 Q1**

Field 106	**Total Claim Paid Amount** Effective 2026 Q1 Available 2025 Q2-Q4 for Testing
Description	Total amount paid to the provider from all payment sources for the claim.
Procedure	Enter the total of payments received for the claim from all payment sources, including the patient or responsible party. Do not use decimal points or punctuation. For example, $1,000.25 would be entered as 100025. Enter 0 if no payment has been received. Always fill both cents positions if the amount is greater than zero. For example, enter 05 for five cents. As another example, enter 100 for one dollar and zero cents.
Field Size & Type	10 characters; Numeric; Right-justified; Blank fill to the left of the numeric value Characters 1-8: whole dollars Characters 9-10: cents
Record Location	3633-3642
Field Edit Criteria:	
Error Code: 106 - 167 *Soft edit 2025 Q2-Q4 for testing. Hard edit effective 2026 Q1.	**Error Report Message:** Total Claim Paid Amount is Invalid **Reason:** The Total Claim Paid Amount must be non-negative numeric. **User Response:** Correct the Total Claim Paid Amount. Verify that the correct formatting is being used, including right justification.

Page 168	**New Field - Effective 2026 Q1**

Field 199	**Reserved Field** Effective 2026 Q1 Available 2025 Q2-Q4 for Testing
Description	Reserved for future use by the Council.
Procedure	Blank fill.
Field Size & Type	258 character field; Alphanumeric
Record Location	3643-3900

Outpatient

Previous Page 163	**Deleted Field - Effective 2026 Q1**
	Field 121a — **Patient Severity Upon Admission**
	Description: Discontinued.
	Procedure: Blank fill.
	Field Size & Type: 1 character field; Alphanumeric (all positions fully coded)
	Record Location: 3613
	Note: This field is currently not edited.
Previous Page 164	**Deleted Field - Effective 2026 Q1**
	Field 121b — **Patient Morbidity**
	Description: Discontinued.
	Procedure: Blank fill.
	Field Size & Type: 1 character field; Alphanumeric
	Record Location: 3614
	Note: This field is currently not edited.
Previous Page 175	**Deleted Field - Effective 2026 Q1**
	Field 121c — **Unusual Occurrence**
	Description: Discontinued.
	Procedure: Blank fill.
	Field Size & Type: 2 character field; Alphanumeric
	Record Location: 3615-3616
	Note: This field is currently not edited.

Deleted Field - Effective 2026 Q1

Field 121d1a-121d10a	Hospital-acquired Infection: Code
Description	Discontinued.
Procedure	Blank Fill.
Field Size & Type	10 fields, 2 characters each; Alphanumeric (all positions fully coded)
Record Location	121d1a- Hospital-acquired Infection Code 1: 3617-3618 121d2a- Hospital-acquired Infection Code 2: 3628-3629 121d3a- Hospital-acquired Infection Code 3: 3639-3640 121d4a- Hospital-acquired Infection Code 4: 3650-3651 121d5a- Hospital-acquired Infection Code 5: 3661-3662 121d6a- Hospital-acquired Infection Code 6: 3672-3673 121d7a- Hospital-acquired Infection Code 7: 3683-3684 121d8a- Hospital-acquired Infection Code 8: 3694-3695 121d9a- Hospital-acquired Infection Code 9: 3705-3706 121d10a- Hospital-acquired Infection Code 10: 3716-3717
Note Revised September 2009	This field is currently not edited

Deleted Field - Effective 2026 Q1	
Field 121d1b- 121d10b	**Hospital-acquired Infection: Multidrug-resistant Organism (MDRO)**
Description	Discontinued.
Procedure	Blank fill.
Field Size & Type	10 fields, 1 character each; Alphanumeric (all positions fully coded)
Record Location	121d1b- Hospital-acquired Infection: Multidrug-resistant organism 1: 3619
	121d2b- Hospital-acquired Infection: Multidrug-resistant organism 2: 3630
	121d3b- Hospital-acquired Infection: Multidrug-resistant organism 3: 3641
	121d4b- Hospital-acquired Infection: Multidrug-resistant organism 4: 3652
	121d5b- Hospital-acquired Infection: Multidrug-resistant organism 5: 3663
	121d6b- Hospital-acquired Infection: Multidrug-resistant organism 6: 3674
	121d7b- Hospital-acquired Infection: Multidrug-resistant organism 7: 3685
	121d8b- Hospital-acquired Infection: Multidrug-resistant organism 8: 3696
	121d9b- Hospital-acquired Infection: Multidrug-resistant organism 9: 3707
	121d10b- Hospital-acquired Infection: Multidrug-resistant organism 10: 3718
Note	This field is currently not edited.

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	Field 121d1c-121d10c	**Hospital-acquired Infection: ICD-9-CM Procedure Code or NHSN Operative Category**
	Description	Discontinued.
	Procedure	Blank fill.
	Field Size & Type	10 fields, 7 characters each; Alphanumeric; Left-justified
	Record Location	121d1c- Hospital-acquired Infection Code 1: 3620-3626
		121d2c- Hospital-acquired Infection Code 2: 3631-3637
		121d3c- Hospital-acquired Infection Code 3: 3642-3648
		121d4c- Hospital-acquired Infection Code 4: 3653-3659
		121d5c- Hospital-acquired Infection Code 5: 3664-3670
		121d6c- Hospital-acquired Infection Code 6: 3675-3681
		121d7c- Hospital-acquired Infection Code 7: 3686-3692
		121d8c- Hospital-acquired Infection Code 8: 3697-3703
		121d9c- Hospital-acquired Infection Code 9: 3708-3714
		121d10c- Hospital-acquired Infection Code 10: 3719-3725
	Note	This field is currently not edited.
Previous Page 169	**Deleted Field - Effective 2026 Q1**	
	Field 121d1d-121d10d	**Hospital-acquired Infection: Procedure Location**
	Description	Discontinued.
	Procedure	Blank fill.
	Field Size & Type	10 fields, 1 character each; Alphanumeric (all positions fully coded)
	Record Location	121d1d- Hospital-acquired Infection: Procedure Location 1: 3627
		121d2d- Hospital-acquired Infection: Procedure Location 2: 3638
		121d3d- Hospital-acquired Infection: Procedure Location 3: 3649
		121d4d- Hospital-acquired Infection: Procedure Location 4: 3660
		121d5d- Hospital-acquired Infection: Procedure Location 5: 3671
		121d6d- Hospital-acquired Infection: Procedure Location 6: 3682
		121d7d- Hospital-acquired Infection: Procedure Location 7: 3693
		121d8d- Hospital-acquired Infection: Procedure Location 8: 3704
		121d9d- Hospital-acquired Infection: Procedure Location 9: 3715
		121d10d- Hospital-acquired Infection: Procedure Location 10: 3726
	Note	This field is currently not edited.

Previous Page 170	**Deleted Field - Effective 2026 Q1**	
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	Description	To be reserved for future use by the Council.
	Procedure	Blank fill. Reserved for future use by the Council.
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	Description	Contractually allowed amount for the primary payer of the claim.
	Procedure	Enter the allowed amount for the claim for the primary payer according to contractual agreements with this facility. If there is no contractual agreement, enter the amount that the facility bills the primary payer for the claim. For example, the self-pay allowed amount may be the cash rate or another rate determined by the facility that is billed to the primary payer (i.e. the patient or the responsible party). Do not use decimal points or punctuation. For example, $1,000.25 would be entered as 100025. Enter 0 if the allowed amount is zero. Always fill both cents positions if the amount is greater than zero. For example, enter 05 for five cents. As another example, enter 100 for one dollar and zero cents.
	Field Size & Type	10 characters; Numeric; Right-justified; Blank fill to the left of the numeric value Characters 1-8: whole dollars Characters 9-10: cents
	Record Location	3613-3622
	Field Edit Criteria:	
	Error Code: 104 - 165 *Soft edit 2025 Q2-Q4 for testing. Hard edit effective 2026 Q1.	**Error Report Message:** Primary Payer Allowed Amount is Invalid **Reason:** The Primary Payer Allowed Amount must be non-negative numeric. **User Response:** Correct the Primary Payer Allowed Amount. Verify that the correct formatting is being used, including right justification.

Page 161	**New Field - Effective 2026 Q1**

Field 105	**Primary Payer Paid Amount** Effective 2026 Q1 Available 2025 Q2-Q4 for Testing
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Field Size & Type	10 characters; Numeric; Right-justified; Blank fill to the left of the numeric value Characters 1-8: whole dollars Characters 9-10: cents
Record Location	3623-3632
Field Edit Criteria:	
Error Code: 105 - 166 *Soft edit 2025 Q2-Q4 for testing. Hard edit effective 2026 Q1.	**Error Report Message:** Primary Payer Paid Amount is Invalid **Reason:** The Primary Payer Paid Amount must be non-negative numeric. **User Response:** Correct the Primary Payer Paid Amount. Verify that the correct formatting is being used, including right justification.

Page 162	**New Field - Effective 2026 Q1**

Field 106	**Total Claim Paid Amount** Effective 2026 Q1 Available 2025 Q2-Q4 for Testing
Description	Total amount paid to the provider from all payment sources for the claim.
Procedure	Enter the total of payments received for the claim from all payment sources, including the patient or responsible party. Do not use decimal points or punctuation. For example, $1,000.25 would be entered as 100025. Enter 0 if no payment has been received. Always fill both cents positions if the amount is greater than zero. For example, enter 05 for five cents. As another example, enter 100 for one dollar and zero cents.
Field Size & Type	10 characters; Numeric; Right-justified; Blank fill to the left of the numeric value Characters 1-8: whole dollars Characters 9-10: cents
Record Location	3633-3642
Field Edit Criteria:	
Error Code: 106 - 167 *Soft edit 2025 Q2-Q4 for testing. Hard edit effective 2026 Q1.	**Error Report Message:** Total Claim Paid Amount is Invalid **Reason:** The Total Claim Paid Amount must be non-negative numeric. **User Response:** Correct the Total Claim Paid Amount. Verify that the correct formatting is being used, including right justification.

Page 163	**New Field - Effective 2026 Q1**

Field 199	**Reserved Field** Effective 2026 Q1 Available 2025 Q2-Q4 for Testing
Description	Reserved for future use by the Council.
Procedure	Blank fill.
Field Size & Type	258 character field; Alphanumeric
Record Location	3643-3900