

**PENNSYLVANIA HEALTH CARE COST CONTAINMENT COUNCIL
INPATIENT HOSPITAL INITIATED CHANGE FORM**

Facility Name _____ **PAF Number** _____

Record Type (Please check one): **Change** **Add**

Change Record: Control Number and Record ID Number are required. **Complete only those fields that are to be changed.**

Add Record: Control Number is required. Complete all fields.

	Control Number		Record ID Number	FIELD	Patient Control Number	FIELD	Medical/Health Record Number
				3a		3b	
FIELD	Federal Tax Number	FIELD	Statement Covers Period-From	FIELD	Statement Covers Period-Through	FIELD	Patient Name
5b		6a		6b		8b	
FIELD	Patient Zip Code	FIELD	Patient Country	FIELD	Patient Birth Date	FIELD	Patient Sex
9d		9e		10		11	
FIELD	Admission/Start of Care Date	FIELD	Admission Hour	FIELD	Priority (Type) of Visit	FIELD	Point of Origin for Admission or Visit
12		13		14		15	
FIELD	Patient Discharge Status	FIELD	Page Count	FIELD	Total Number of Pages	FIELD	Payer Type and Name
17		43w1		43w2		50a	/
FIELD	Health Plan ID Number	FIELD	Insured's Name	FIELD	Patient's Relationship to Insured	FIELD	Principal Diagnosis Code
51a		58a		59a		67-1	
FIELD	Principal Diagnosis Code Present on Admission Indicator	FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Code Present on Admission Indicator	FIELD	Other Diagnosis Codes
67-2		67a1		67a2		67b1	
FIELD	Other Diagnosis Code Present on Admission Indicator	FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Code Present on Admission Indicator	FIELD	Other Diagnosis Codes
67b2		67c1		67c2		67d1	
FIELD	Other Diagnosis Code Present on Admission Indicator	FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Code Present on Admission Indicator	FIELD	Other Diagnosis Codes
67d2		67e1		67e2		67f1	
FIELD	Other Diagnosis Code Present on Admission Indicator	FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Code Present on Admission Indicator	FIELD	Other Diagnosis Codes
67f2		67g1		67g2		67h1	
FIELD	Other Diagnosis Code Present on Admission Indicator	FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Code Present on Admission Indicator	FIELD	Other Diagnosis Codes
67h2		67i1		67i2		67j1	
FIELD	Other Diagnosis Code Present on Admission Indicator	FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Code Present on Admission Indicator	FIELD	Other Diagnosis Codes
67j2		67k1		67k2		67l1	
FIELD	Other Diagnosis Code Present on Admission Indicator	FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Code Present on Admission Indicator	FIELD	Other Diagnosis Codes
67l2		67m1		67m2		67n1	

FIELD	Other Diagnosis Code Present on Admission Indicator	FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Code Present on Admission Indicator	FIELD	Other Diagnosis Codes
67n2		67o1		67o2		67p1	
FIELD	Other Diagnosis Code Present on Admission Indicator	FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Code Present on Admission Indicator	FIELD	Admitting Diagnosis Code
67p2		67q1		67q2		69	
FIELD	PPS Code	FIELD	ECI Code	FIELD	ECI Code Present on Admission Indicator	FIELD	ECI Code
71		72a		72a1		72b	
FIELD	ECI Code Present on Admission	FIELD	ECI Code	FIELD	ECI Code Present on Admission Indicator	FIELD	Principal Procedure Code
72b1		72c		72c1		74-1	
FIELD	Principal Procedure Date	FIELD	Other Procedure Codes	FIELD	Other Procedure Dates	FIELD	Other Procedure Codes
74-2		74a1		74a2		74b1	
FIELD	Other Procedure Dates	FIELD	Other Procedure Codes	FIELD	Other Procedure Dates	FIELD	Other Procedure Codes
74b2		74c1		74c2		74d1	
FIELD	Other Procedure Dates	FIELD	Other Procedure Codes	FIELD	Other Procedure Dates	FIELD	Attending Provider ID
74d2		74e1		74e2		76c	
FIELD	Attending Provider-Last Name	FIELD	Attending Provider-First Name	FIELD	Operating Physician ID	FIELD	Operating Physician-Last Name
76d		76e		77c		77d	
FIELD	Operating Physician-First Name	FIELD	Uniform Patient Identifier (SSN)	FIELD	Patient Hispanic/Latino Origin or Descent	FIELD	Patient Race
77e		101		103a		103b	

**PENNSYLVANIA HEALTH CARE COST CONTAINMENT COUNCIL
INPATIENT HOSPITAL INITIATED CHANGE FORM**

TOTAL CHARGES (by Revenue Code Category)

Revenue Code	Correct Value	Total Charges	Correct Value
42a		47a	
42b		47b	
42c		47c	
42d		47d	
42e		47e	
42f		47f	
42g		47g	
42h		47h	
42i		47i	
42j		47j	
42k		47k	
42l		47l	
42m		47m	
42n		47n	
42o		47o	
42p		47p	
42q		47q	
42r		47r	
42s		47s	
42t		47t	
42u		47u	
42v		47v	
42w	0001	47w	

I authorize the Pennsylvania Health Care Cost Containment Council to make the above changes to my facility's data.

Date _____ Facility _____ PAF# _____ Quarter/Year _____

Signature _____ Phone Number _____

Note: The number of Change Records may not exceed 1% of the total number of records submitted per quarter (i.e., If a facility submits 3000 records, only 30 may be changed manually). Additionally, we will not accept more than 10 manual Add Records. Any changes in excess of 1% or additions greater than 10, must be submitted electronically.