

**PENNSYLVANIA HEALTH CARE COST CONTAINMENT COUNCIL  
AMBULATORY/OUTPATIENT 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.

	<b>Control Number</b>		<b>Record ID Number</b>	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	Point of Origin for Admission or Visit	FIELD	Page Count	FIELD	Total Number of Pages	FIELD	Payer Type and Name
15		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	Other Diagnosis Codes	FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Codes
67a1		67b1		67c1		67d1	
FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Codes
67e1		67f1		67g1		67h1	
FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Codes
67i1		67j1		67k1		67l1	
FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Codes	FIELD	Other Diagnosis Codes
67m1		67n1		67o1		67p1	
FIELD	Other Diagnosis Codes	FIELD	Patient's Reason for Visit	FIELD	Patient's Reason for Visit	FIELD	Patient's Reason for Visit
67q1		70a		70b		70c	
FIELD	ECI Code	FIELD	ECI Code	FIELD	ECI Code	FIELD	Operating Physician ID
72a		72b		72c		77c	
FIELD	Operating Physician-Last Name	FIELD	Operating Physician-First Name	FIELD	Uniform Patient Identifier (SSN)	FIELD	Patient Hispanic/Latino Origin or Descent
77d		77e		101		103a	
FIELD	Patient Race						
103b							

### TOTAL CHARGES (by Revenue Code Category)

Revenue Code	Correct Value	HCPCS Codes	Correct Value	Service Date	Correct Value	Total Charges	Correct Value
42a		44a		45a		47a	
42b		44b		45b		47b	
42c		44c		45c		47c	
42d		44d		45d		47d	
42e		44e		45e		47e	
42f		44f		45f		47f	
42g		44g		45g		47g	
42h		44h		45h		47h	
42i		44i		45i		47i	
42j		44j		45j		47j	
42k		44k		45k		47k	
42l		44l		45l		47l	
42m		44m		45m		47m	
42n		44n		45n		47n	
42o		44o		45o		47o	
42p		44p		45p		47p	
42q		44q		45q		47q	
42r		44r		45r		47r	
42s		44s		45s		47s	
42t		44t		45t		47t	
42u		44u		45u		47u	
42v		44v		45v		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.