

**Updates**  
**Pennsylvania Uniform Claims and Billing Form Manuals**  
**Revised August 2011**

|                            |   |
|----------------------------|---|
| <p>p. 43<br/>Inpatient</p> | <p><u>Field 3a Patient Control Number</u><br/> <b>Procedure</b><br/> <b>Previous:</b> Use the patient's account billing number. This field needs to match the patient control/account number used for the third-party severity provider to identify the patient.<br/> <b>Current:</b> Use the patient's account billing number.</p> <p><b>Purpose</b><br/> <b>Previous:</b> To identify the claim and perform matches with other data sources such as the third-party severity provider.<br/> <b>Current:</b> To identify the claim and perform matches with other data sources.</p> <p>Revised:<br/>May 2011</p>   |
| <p>p. 44<br/>Inpatient</p> | <p><u>Field 3b Medical/Health Record Number</u><br/> <b>Procedure</b><br/> <b>Previous:</b> The medical/health record number references a file that contains the history of treatment. It should not be substituted for the Patient Control Number (field 3a), which is assigned by the provider to facilitate retrieval of the individual financial record, which is typically associated with an episode of care.<br/> This field needs to match the Medical Record Number used for the third-party severity provider to identify the patient.<br/> <b>Current:</b> The medical/health record number references a file that contains the history of treatment. It should not be substituted for the Patient Control Number (field 3a), which is assigned by the provider to facilitate retrieval of the individual financial record, which is typically associated with an episode of care.</p> <p><b>Purpose</b><br/> <b>Previous:</b> To identify the claim and perform matches with other data sources such as the third-party severity provider.<br/> <b>Current:</b> To identify the claim and perform matches with other data sources.</p> <p>Revised:<br/>May 2011</p> |
| <p>p. 59<br/>Inpatient</p> | <p><u>Field 10 Patient Birth Date</u><br/> <b>Procedure</b><br/> <b>Previous:</b> Use the format MMDDYYYY, without punctuation. e.g., 01012004.<br/> This field needs to match the patient birth date submitted to the third-party severity provider.</p>   |

|                    | <p><b>Current:</b> Use the format MMDDYYYY, without punctuation. e.g., 01012004.</p> <p><b>Purpose</b><br/> <b>Previous:</b> To identify readmissions of the same patient, determine the age of the patient, match to the third party severity provider and other databases, and assign the PHC4 DRG.<br/> <b>Current:</b> To identify readmissions of the same patient, determine the age of the patient and assign the PHC4 DRG.</p> <p>Revised:<br/> May 2011</p>   |      |                  |      |         |    |                      |    |                  |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |
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| p. 62<br>Inpatient | <p><u>Field 12 Admission/Start of Care Date</u><br/> <b>Procedure</b><br/> <b>Previous:</b> Enter the admission date as month, day and year (MMDDYY). e.g., 010104. Use the actual Admission Date. Do not adjust to account for pre-admission procedures.<br/> This field needs to match the admission date submitted to the third-party severity provider.<br/> <b>Current:</b> Enter the admission date as month, day and year (MMDDYY). e.g., 010104. Use the actual Admission Date. Do not adjust to account for pre-admission procedures.</p> <p>Revised:<br/> May 2011</p>   |      |                  |      |         |    |                      |    |                  |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |
| p. 64<br>Inpatient | <p><u>Field 13 Admission Hour</u><br/> <b>Procedure</b><br/> <b>Previous:</b> This field needs to match the admission hour submitted to the third-party severity provider.<br/> The coding for this field is defined by the NUBC. The following is a list of valid entries:</p> <table border="0"> <thead> <tr> <th>Code</th> <th>Time-AM</th> <th>Code</th> <th>Time-PM</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>12:00-12:59 Midnight</td> <td>12</td> <td>12:00-12:59 Noon</td> </tr> <tr> <td>01</td> <td>01:00-01:59</td> <td>13</td> <td>01:00-01:59</td> </tr> <tr> <td>02</td> <td>02:00-02:59</td> <td>14</td> <td>02:00-02:59</td> </tr> <tr> <td>03</td> <td>03:00-03:59</td> <td>15</td> <td>03:00-03:59</td> </tr> <tr> <td>04</td> <td>04:00-04:59</td> <td>16</td> <td>04:00-04:59</td> </tr> <tr> <td>05</td> <td>05:00-05:59</td> <td>17</td> <td>05:00-05:59</td> </tr> <tr> <td>06</td> <td>06:00-06:59</td> <td>18</td> <td>06:00-06:59</td> </tr> <tr> <td>07</td> <td>07:00-07:59</td> <td>19</td> <td>07:00-07:59</td> </tr> <tr> <td>08</td> <td>08:00-08:59</td> <td>20</td> <td>08:00-08:59</td> </tr> <tr> <td>09</td> <td>09:00-09:59</td> <td>21</td> <td>09:00-09:59</td> </tr> <tr> <td>10</td> <td>10:00-10:59</td> <td>22</td> <td>10:00-10:59</td> </tr> <tr> <td>11</td> <td>11:00-11:59</td> <td>23</td> <td>11:00-11:59</td> </tr> </tbody> </table> | Code | Time-AM          | Code | Time-PM | 00 | 12:00-12:59 Midnight | 12 | 12:00-12:59 Noon | 01 | 01:00-01:59 | 13 | 01:00-01:59 | 02 | 02:00-02:59 | 14 | 02:00-02:59 | 03 | 03:00-03:59 | 15 | 03:00-03:59 | 04 | 04:00-04:59 | 16 | 04:00-04:59 | 05 | 05:00-05:59 | 17 | 05:00-05:59 | 06 | 06:00-06:59 | 18 | 06:00-06:59 | 07 | 07:00-07:59 | 19 | 07:00-07:59 | 08 | 08:00-08:59 | 20 | 08:00-08:59 | 09 | 09:00-09:59 | 21 | 09:00-09:59 | 10 | 10:00-10:59 | 22 | 10:00-10:59 | 11 | 11:00-11:59 | 23 | 11:00-11:59 |
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| p. 70<br>Inpatient                              | <p><u>Field 17 Patient Discharge Status</u><br/><b>Relational Edit Criteria</b></p> <p><b>Previous:</b><br/><b>Error Code:</b> 0017-335<br/><b>Error Report Message:</b> Patient and Severity Discharge Status Expired Mismatch<br/><b>Reason:</b> The Patient Discharge Status 20 (expired) submitted in the data does not match the Patient Discharge Status 50 (expired) submitted from the Third Party Severity Provider.<br/><b>User Response:</b> Review the data submissions and correct the Patient Discharge Status where necessary.<br/><b>Current:</b> Discontinued 2010 Q4</p> <p>Revised:<br/>May 2011</p>  |      |                  |      |         |    |                      |    |                  |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |
| p. 113<br>Inpatient<br><br>p. 112<br>Outpatient | <p><u>Field 63a-63c Authorization Code/Referral Number</u><br/>Field Name</p> <p><b>Previous:</b><br/>Treatment Authorization Code<br/><b>Current:</b><br/>Authorization Code/Referral Number</p> <p><b>Description</b><br/><b>Previous:</b> A number or other indicator that designates that the treatment indicated on this bill has been authorized by the payer.<br/><b>Current:</b> An identifier that designates that services on this bill have been authorized by the payer or indicates that a referral is involved.<br/><b>Procedure</b><br/><b>Previous:</b> Required when an authorization number is assigned by the</p>   |      |                  |      |         |    |                      |    |                  |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |    |             |

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|------------------------------|--|
|                              | <p>payer or UMO (Utilization Management Organization).</p> <p><b>Current:</b><br/> <b>Authorization</b><br/> Required when an authorization code assigned by the payer or Utilization Management Organization (UMO) is required to be reported on the claim.</p> <p><b>Referral Number</b><br/> Required when a referral number is assigned by the payer or Utilization Management Organization (UMO) AND a referral is involved.</p> <p><b>Notes</b><br/> A=Authorization Code<br/> B=Referral Number<br/> C=Secondary Payer Authorization Code</p> <p><b>Record Location</b><br/> <b>Previous:</b> 63a- Treatment Authorization Code 1: 2322-2351<br/> 63b- Treatment Authorization Code 2: 2558-2587<br/> 63c- Treatment Authorization Code 3: 2794-2823<br/> <b>Current:</b> 63a – Authorization Code/Referral Number 1: 2322-2351<br/> 63b – Authorization Code/Referral Number 2: 2558-2587<br/> 63c – Authorization Code/Referral Number 3: 2794-2823</p> <p>Revised:<br/> March 2011</p> |
| <p>p. 132<br/> Inpatient</p> | <p><u>Field 74-1 Principal Procedure Code</u><br/> Relational Edit Criteria</p> <p><b>Previous:</b><br/> <b>Reason:</b> The Operating Physician field is filled but the Principal Procedure Code field is blank, or the Principal Procedure Code field contains a procedure code that requires an Operating Physician and the Operating Physician field is blank.</p> <p><b>Current:</b><br/> <b>Reason:</b> The Operating Physician field is filled but the Principal Procedure Code field is blank, or the Principal Procedure Code field is filled but the Operating Physician field is blank.</p> <p>Revised:<br/> March 2011</p>  |
| <p>p. 145<br/> Inpatient</p> | <p><u>Field 77c Operating Physician – Secondary Identifier</u><br/> Relational Edit Criteria</p> <p><b>Previous:</b><br/> <b>Reason:</b> The Operating Physician field is filled but the Principal Procedure Code field is blank, or the Principal Procedure Code field contains a procedure code that requires an Operating Physician and the Operating Physician field is blank.</p> <p><b>Current:</b><br/> <b>Reason:</b> The Operating Physician field is filled but the Principal Procedure Code field is blank, or the Principal Procedure Code field is filled but the Operating Physician field is blank.</p> <p>Revised:<br/> March 2011</p>   |

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| <p>p. 161<br/>Inpatient</p>                                | <p><u>Field 121a Patient Severity Upon Admission</u><br/>Field Name Section<br/><b>Previous:</b><br/>Field 121a Patient Severity Upon Admission<br/><b>Current:</b><br/>Field 121a Patient Severity Upon Admission - Discontinue effective 2010 Q4</p> <p>Description Section<br/><b>Previous:</b><br/>A score reflecting the severity of illness upon admission.<br/><b>Current:</b><br/>Patient Severity Upon Admission</p> <p>Procedure Section<br/><b>Previous:</b><br/>As defined by the current third-party severity provider.<br/><b>Current:</b><br/>Blank fill.</p> <p>Revised:<br/>May 2011</p>   |
| <p>p. 169<br/>Inpatient</p>                                | <p><u>Edits Not Associated with Specific Fields</u><br/><b>Field Edit Criteria</b><br/><b>Previous:</b><br/><b>Error Code:</b> 131<br/><b>Error Report Message:</b> Unsuccessful Matches or Invalid Severity Scores<br/><b>Reason:</b> The information needed to create a severity score was not submitted to the third party severity provider, or did not create a successful match with the UB-04 data submission. The following fields may be used in creating this match; Patient Control Number, Medical Record Number, Patient Birth Date, Admission Date as well as the Admission Hour.<br/><b>User Response:</b> Check the Patient Control Number, Medical Record Number, Patient Birth Date, Admission Date as well as the Admission Hour to make sure that the correct values were sent to appropriate source.<br/><b>Current:</b> Discontinued 2010 Q4</p> <p>Revised:<br/>May 2011</p> |
| <p>p. 179<br/>Inpatient<br/><br/>p. 174<br/>Outpatient</p> | <p><u>Appendix C – Most Common Health Plan ID Numbers (NAIC Codes)</u><br/><b>Previous:</b><br/>(This value did not exist)<br/><b>Current:</b><br/>Capital Blue Cross (Central PA &amp; Lehigh Valley), POS, 33, 54720</p> <p>Revised<br/>March 2011</p>  |

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| <p>p. 179<br/>Inpatient</p> <p>p. 174<br/>Outpatient</p> | <p><u>Appendix C – Most Common Health Plan ID Numbers (NAIC Codes)</u><br/> <b>Previous:</b><br/> AmeriChoice, Medicaid HMO, 25, 95033<br/> <b>Current:</b> Discontinued 2010 Q4</p> <p>Revised<br/> June 2011</p>  |
| <p>p. 181<br/>Inpatient</p> <p>p. 176<br/>Outpatient</p> | <p><u>Appendix C – Most Common Health Plan ID Numbers (NAIC Codes)</u><br/> <b>Previous:</b><br/> QCC Insurance Company, Medicare HMO, 15, 93688, Personal Choice 65<br/> <b>Current:</b><br/> QCC Insurance Company, Medicare HMO, 15, 93688, Keystone 65 Advantage</p> <p><b>Previous:</b><br/> (This value did not exist)<br/> <b>Current:</b><br/> QCC Insurance Company, Medicare PPO, 12, 93688, Personal Choice 65</p> <p><b>Previous:</b><br/> Unison Health Plan of Pennsylvania, Inc., Medicaid HMO, 25, 95220, MedPLUS (formally known as Three Rivers Health Plans, Inc.)<br/> <b>Current:</b><br/> Discontinued 2010 Q4</p> <p><b>Previous:</b><br/> Unison Health Plan of Pennsylvania, Inc., Medicare HMO, 15, 95220, Unison Advantage<br/> <b>Current:</b><br/> Discontinued 2010 Q4</p> <p><b>Previous:</b><br/> (This value did not exist)<br/> <b>Current:</b><br/> United Healthcare, Medicaid HMO, 25, 79413, Community Plan of Pennsylvania</p> <p>Revised<br/> June 2011</p> |
| <p>p. 183<br/>Inpatient</p> <p>p. 178<br/>Outpatient</p> | <p><u>Appendix D, Country Abbreviations</u><br/> <b>Previous:</b><br/> (This value did not exist)<br/> <b>Current:</b><br/> Boniare, Sint Eustatius And Saba, BQ</p> <p>Revised:<br/> June 2011</p>   |

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| <p>p. 183<br/>Inpatient</p> <p>p. 178<br/>Outpatient</p> | <p><u>Appendix D, Country Abbreviations</u></p> <p><b>Previous:</b><br/>(This value did not exist)</p> <p><b>Current:</b><br/>Curacao, CW</p> <p>Revised:<br/>February 2011</p>                   |
| <p>p. 184<br/>Inpatient</p> <p>p. 179<br/>Outpatient</p> | <p><u>Appendix D, Country Abbreviations</u></p> <p><b>Previous:</b><br/>Netherlands Antilles, AN</p> <p><b>Current:</b><br/>Deleted</p> <p>Revised:<br/>February 2011</p>                         |
| <p>p. 184<br/>Inpatient</p> <p>p. 179<br/>Outpatient</p> | <p><u>Appendix D, Country Abbreviations</u></p> <p><b>Previous:</b><br/>(This value did not exist)</p> <p><b>Current:</b><br/>Netherlands Antilles, AN</p> <p>Revised:<br/>March 2011</p>         |
| <p>p. 184<br/>Inpatient</p> <p>p. 179<br/>Outpatient</p> | <p><u>Appendix D, Country Abbreviations</u></p> <p><b>Previous:</b><br/>(This value did not exist)</p> <p><b>Current:</b><br/>Sint Maarten (Dutch Part), SX</p> <p>Revised:<br/>February 2011</p> |