

Updates
Pennsylvania Uniform Claims and Billing Form Manuals
Revised August 2015

Inpatient

p. 59	<p><u>Field 10, Patient Birth Date</u></p> <p>Error Code 302 - Error Report Message Change Previous: Age>28 Days, Newborn Diagnosis Current: Age>28 Days, Liveborn Infant Diagnosis</p> <p>Error Code 302 - Reason Change Previous: The patient's age at admission is >28 days but a Newborn Principal Diagnosis is present. Current: The patient's age at admission is >28 days, but a Liveborn Infant (Z38 category) Principal Diagnosis is present.</p>
p. 62	<p><u>Field 12, Admission/Start of Care Date</u></p> <p>Error Code 302 - Error Report Message Change Previous: Age>28 Days, Newborn Diagnosis Current: Age>28 Days, Liveborn Infant Diagnosis</p> <p>Error Code 302 - Reason Change Previous: The patient's age at admission is >28 days but a Newborn Principal Diagnosis is present. Current: The patient's age at admission is >28 days, but a Liveborn Infant (Z38 category) Principal Diagnosis is present.</p>
p. 117	<p><u>Field 66, Diagnosis and Procedure Code Qualifier (ICD Revision Indicator)</u></p> <p>Procedure Previous: 9 Ninth Revision Current: 0 Tenth Revision (ICD-10-CM/ICD-10-PCS)</p>

p. 118	<p><u>Field 67-1, Principal Diagnosis Code</u></p> <p>Description Previous: The ICD-9-CM code describing the principal diagnosis (i.e., the condition established after study to be chiefly responsible for occasioning the admission of the patient for care.) The principal diagnosis code will include the use of “V” codes. Current: The ICD-10-CM code describing the principal diagnosis (i.e., the condition established after study to be chiefly responsible for occasioning the admission of the patient for care.)</p> <p>Procedure Previous: Follow the official coding guidelines for ICD-9-CM reporting. The reporting of the decimal between the third and fourth digit is unnecessary because it is implied. ECI Codes are not valid as a Principal Diagnosis. Current: For additional information, refer to the ICD-10-CM Official Guidelines for Coding and Reporting. The reporting of the decimal between the third and fourth characters is unnecessary because it is implied. ECI Codes are not valid as a Principal Diagnosis.</p> <p>Error Code 106 - Reason Change Previous: The code is not a valid ICD-9-CM Principal Diagnosis Code or “V” code, contains an ECI Code, decimal is present or the field is blank. Current: The code is not a valid ICD-10-CM diagnosis code, contains an ECI Code, decimal is present, or the field is blank.</p> <p>Error Code 302 - Error Report Message Change Previous: Age>28 Days, Newborn Diagnosis Current: Age>28 Days, Liveborn Infant Diagnosis</p> <p>Error Code 302 - Reason Change Previous: The patient’s age at admission is >28 days but a Newborn Principal Diagnosis is present. Current: The patient’s age at admission is >28 days, but a Liveborn Infant (Z38 category) Principal Diagnosis is present.</p>
p. 119	<p><u>Field 67-1, Principal Diagnosis Code</u></p> <p>Error Code 316 - Reason Change Previous: Injury or poisoning diagnosis codes (in fields 67-1, or 67a1-67q1) requires an entry in the ECI Code Field (Field 72a). An ECI Code is required when any Diagnosis Code is in the range of 800-999 (exclude SIRS related codes 995.9x). Current: Injury or poisoning diagnosis codes (in fields 67-1 or 67a1-67q1) require an entry in the ECI Code field (Field 72a). An ECI code is required for diagnosis code(s) as outlined in the table in the ECI Code field (Field 72a) Procedure section.</p>

p. 121	<p><u>Field 67a1-67q1, Other Diagnosis Codes</u></p> <p>Description Previous: The ICD-9-CM diagnoses codes corresponding to all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay. Exclude diagnoses that relate to an earlier episode which have no bearing on the current hospital stay. Current: The ICD-10-CM diagnoses codes corresponding to all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay. Exclude diagnoses that relate to an earlier episode which have no bearing on the current hospital stay.</p> <p>Procedure Previous: The reporting of the decimal between the third and fourth digits is unnecessary because it is implied. Other diagnosis codes will permit the use of ICD-9-CM “V” and “E” codes where appropriate. Other diagnosis is interpreted as additional conditions that affect patient care in terms of requiring: Clinical Evaluation, or Therapeutic Treatment, or Diagnostic Procedures, or Extended Length of Hospital Stay, or Increased Nursing Care and/or Monitoring. Leave the remaining fields blank if less than 17 Secondary Diagnoses were used. Current: For additional information, refer to the ICD-10-CM Official Guidelines for Coding and Reporting. The reporting of the decimal between the third and fourth characters is unnecessary because it is implied. Leave the remaining fields blank if fewer than 17 Secondary Diagnoses were used.</p> <p>Error Code 107a-107q - Reason Change Previous: The code is not a valid ICD-9-CM Diagnosis Code or is in an incorrect format. Current: The code is not a valid ICD-10-CM Diagnosis Code or is in an incorrect format.</p>
p. 122	<p><u>Field 67a1-67q1, Other Diagnosis Codes</u></p> <p>Error Code 316a-316q - Reason Change Previous: Injury or poisoning diagnosis codes (in fields 67-1, or 67a1-67q1) requires an entry in the ECI Code Field (Field 72a). An ECI Code is required when any Diagnosis Code is in the range of 800-999 (exclude SIRS related codes 995.9x). Current: Injury or poisoning diagnosis codes (in fields 67-1 or 67a1-67q1) require an entry in the ECI Code field (Field 72a). An ECI code is required for diagnosis code(s) as outlined in the table in the ECI Code field (Field 72a) Procedure section.</p>

p. 126	<p><u>Field 69, Admitting Diagnosis Code</u></p> <p>Description Previous: The ICD-9-CM diagnosis code describing the patient’s diagnosis at the time of admission. Current: The ICD-10-CM diagnosis code describing the patient’s diagnosis at the time of admission.</p> <p>Procedure Previous: See the NUBC guidelines for more information. The reporting of the decimal between the third and fourth digits is unnecessary because it is implied. Current: For additional information, refer to the ICD-10-CM Official Guidelines for Coding and Reporting. The reporting of the decimal between the third and fourth characters is unnecessary because it is implied.</p> <p>Error Code 149 - Reason Change Previous: The code is not a valid ICD-9-CM Admitting Diagnosis Code, contains an ECI Code, decimal is present or the field is blank. Current: The code is not a valid ICD-10-CM Admitting Diagnosis Code, contains an ECI Code, decimal is present or the field is blank.</p>
p. 127	<p><u>Field 70a-70c, Patient’s Reason for Visit</u></p> <p>Description Previous: The ICD-9-CM diagnosis codes describing the patient’s reason for visit at the time of outpatient registration. Current: The ICD-10-CM diagnosis codes describing the patient’s reason for visit at the time of outpatient registration.</p>
p. 129	<p><u>Field 72a-72c, External Cause of Injury (ECI) Code</u></p> <p>Description Previous: The ICD-9-CM diagnosis codes pertaining to external cause of injuries, poisoning or adverse effect. Current: The ICD-10-CM diagnosis codes pertaining to the environmental events, circumstances, and conditions as the cause of injury, poisoning, and other adverse effects. These codes are found in the ICD-10-CM Official Guidelines for Coding and Reporting in Chapter 20, External Causes of Morbidity (categories V00-Y99).</p> <p>Procedure Previous: The priorities for recording an ECI code in field 72a-72c are:</p> <ol style="list-style-type: none"> 1. Principal diagnosis of an injury or poisoning. 2. Other diagnosis of an injury, poisoning, or adverse effect directly related to the principal diagnosis.

3. Other diagnosis with an external cause.

The data contained in this field can also appear in the Diagnosis Code fields (67a1-67q1). The reporting of the decimal between the third and fourth digit is unnecessary because it is implied.

Current:

For additional information, refer to the ICD-10-CM Official Guidelines for Coding and Reporting.

The reporting of decimals between characters is unnecessary because it is implied.

The ranges of ICD-10-CM codes from Chapter 19 that require an External Cause of Morbidity code from Chapter 20 are outlined in the table below.

No ICD-10-CM code from Chapter 20 is required when the external cause and intent are included within the code from Chapter 19 – (e.g., T36.0X1A – Poisoning by penicillins, accidental [unintentional], initial encounter).

ICD-10-CM Chapter 19 Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88)		ICD-10-CM Chapter 20 External Causes of Morbidity (V00-Y99)
S00-S99	Injuries related to single body regions	ECM code(s) from V00 – Y99
T07	Injuries involving multiple body regions	ECM code(s) from V00 – Y99
T14	Injury of unspecified body region	ECM code(s) from V00 – Y99
T15-T19	Effects of foreign body entering through natural orifice	See note below.*
T20-T32	Burns and corrosions	ECM code(s) from V00 – Y99
T33-T34	Frostbite	See note below.*
T36-T50	Poisoning by, adverse effect of and underdosing of drugs, medicaments and biological substances	See note below.*
T51-T65	Toxic effects of substances chiefly nonmedicinal as to source	Not Required
T66-T78	Other and unspecified effects of external causes	
	T66 Radiation sickness	See note below.*
	T67 Effects of heat and light	See note below.*
	T68 Hypothermia	ECM code(s) from W93 or X31
	T69 Other effects of reduced temperature	ECM code(s) from W93 or X31
	T70 Effects of air pressure and water pressure	See note below.*
	T71 Asphyxiation	Not Required
	T73 Effects of deprivation	See note below.*
	T74 Adult and child abuse, neglect and other maltreatment, confirmed	ECM code(s) from X92-Y08
	T75 Other and unspecified effects of other external causes	See note below.*
	T76 Adult and child abuse, neglect and other maltreatment, suspected	Not Required
	T78 Adverse effects, not elsewhere classified	See note below.*
T79	Certain early complications of trauma, not elsewhere classified	Not Required
T80-T88	Complications of surgical and medical care, not elsewhere classified	See note below.*

*Note: This range of injury and poisoning codes (Chapter 19) will not be edited for an accompanying external cause of morbidity code (Chapter 20) because requirements vary

	<p>depending on whether the code includes the external cause. That is, for those injury and poisoning codes (Chapter 19) that do not include an external cause, an additional external cause of morbidity code (Chapter 20) is <u>required</u>; for those injury and poisoning codes (Chapter 19) that do include an external cause, an additional external cause of morbidity code (Chapter 20) is <u>not</u> required.</p>
<p>p. 130</p>	<p><u>Field 72a-72c, External Cause of Injury (ECI) Code</u></p> <p>Error Code 130 - Reason Change Previous: The value is not a valid ICD-9-CM ECI Code. All ECI Codes must include a leading "E". e.g., E1234. Current: The value is not a valid ICD-10-CM ECI Code. All ECI codes must include a leading "V", "W", "X", or "Y".</p> <p>Error Code 316 - Reason Change Previous: Injury or poisoning diagnosis codes (in fields 67-1, or 67a1-67q1) requires an entry in the ECI Code Field (Field 72a). An ECI Code is required when any Diagnosis Code is in the range of 800-999 (exclude SIRS related codes 995.9x). Current: Injury or poisoning diagnosis codes (in fields 67-1 or 67a1-67q1) require an entry in the ECI Code field (Field 72a). An ECI code is required for diagnosis code(s) as outlined in the table in the ECI Code field (Field 72a) Procedure section.</p> <p>Edit Discontinued Error Code: 072a -920 thru 072c - 920</p>

p. 133 Field 74-1, Principal Procedure Code

Description

Previous:

The ICD-9-CM code that identifies the inpatient principal procedure performed at the claim level during the period covered by this bill and the corresponding date.

Current:

The ICD-10-PCS code that identifies the inpatient principal procedure performed for definitive treatment, rather than one performed for diagnostic or exploratory purposes, or was necessary to take care of a complication. If there appear to be two procedures that are principal, then the one most related to the principal diagnosis should be selected as the principal procedure.

Procedure

Previous:

Required on inpatient claims when a procedure was performed. The reporting of the decimal between the third and fourth digits is unnecessary because it is implied.

Current:

For additional information, refer to the ICD-10-PCS Official Guidelines for Coding and Reporting. Required on inpatient claims when a procedure was performed. There are no decimals in ICD-10-PCS procedure codes.

Error Code 110 - Reason Change

Previous:

The code is not a valid ICD-9-CM Procedure Code or is not in the correct format.

Current:

The code is not a valid ICD-10-PCS procedure code.

Error Code 110 - User Response Change

Previous:

Correct the Principal Procedure Code or remove decimal if present.

Current:

Correct the Principal Procedure Code.

p. 136 Field 74a1-74e1, Other Procedure Codes

Description

Previous:

The ICD-9-CM codes identifying all significant procedures other than the principal procedure. Report those that are most important for the episode of care and specifically any therapeutic procedures closely related to the principal diagnosis.

Current:

The ICD-10-PCS codes that identify all significant procedures, other than the principal procedure.

Procedure

Previous:

See the NUBC guidelines for more information. The reporting of the decimal between the third and fourth digits is unnecessary because it is implied. Leave the remaining fields blank if fewer than five Other Procedures were performed.

Current:

For additional information, refer to the ICD-10-PCS Official Guidelines for Coding and Reporting. Required on inpatient claims when a procedure was performed. There are no decimals in ICD-10-PCS procedure codes. Leave the remaining fields blank if fewer than five Other Procedures were performed.

Error Code 112a-112e - Reason Change

Previous:

The code is not a valid ICD-9-CM Procedure Code.

Current:

The code is not a valid ICD-10-PCS procedure code.

Error Code 112a-112e - User Response Change

Previous:

Correct the Procedure Code and/or remove decimal if present.

Current:

Correct the Procedure Code.

Outpatient

p. 115	<p><u>Field 66, Diagnosis and Procedure Code Qualifier (ICD Revision Indicator)</u></p> <p>Procedure Previous: 9 Ninth Revision Current: 0 Tenth Revision (ICD-10-CM/ICD-10-PCS)</p>
p. 116	<p><u>Field 67-1, Principal Diagnosis Code</u></p> <p>Description Previous: The ICD-9-CM code describing the principal diagnosis (i.e., the condition established after study to be chiefly responsible for occasioning the admission of the patient for care.) The principal diagnosis code will include the use of “V” codes. Current: The ICD-10-CM code describing the principal diagnosis (i.e., the condition established after study to be chiefly responsible for occasioning the admission of the patient for care.)</p> <p>Procedure Previous: Follow the official coding guidelines for ICD-9-CM reporting. The reporting of the decimal between the third and fourth digit is unnecessary because it is implied. ECI Codes are not valid as a Principal Diagnosis. Current: For additional information, refer to the ICD-10-CM Official Guidelines for Coding and Reporting. The reporting of the decimal between the third and fourth characters is unnecessary because it is implied. ECI Codes are not valid as a Principal Diagnosis.</p> <p>Error Code 106 - Reason Change Previous: The code is not a valid ICD-9-CM Principal Diagnosis Code or “V” code, contains an ECI Code, decimal is present or the field is blank. Current: The code is not a valid ICD-10-CM diagnosis code, contains an ECI Code, decimal is present, or the field is blank.</p> <p>Error Code 316 - Reason Change Previous: Injury or poisoning diagnosis codes (in fields 67-1, or 67a1-67q1) requires an entry in the ECI Code Field (Field 72a). An ECI Code is required when any Diagnosis Code is in the range of 800-999 (exclude SIRS related codes 995.9x). Current: Injury or poisoning diagnosis codes (in fields 67-1 or 67a1-67q1) require an entry in the ECI Code field (Field 72a). An ECI code is required for diagnosis code(s) as outlined in the table in the ECI Code field (Field 72a) Procedure section.</p>

p. 118	<p><u>Field 67a1-67q1, Other Diagnosis Codes</u></p> <p>Description Previous: The ICD-9-CM diagnoses codes corresponding to all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay. Exclude diagnoses that relate to an earlier episode which have no bearing on the current hospital stay. Current: The ICD-10-CM diagnoses codes corresponding to all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay. Exclude diagnoses that relate to an earlier episode which have no bearing on the current hospital stay.</p> <p>Procedure Previous: The reporting of the decimal between the third and fourth digits is unnecessary because it is implied. Other diagnosis codes will permit the use of ICD-9-CM “V” and “E” codes where appropriate. Other diagnosis is interpreted as additional conditions that affect patient care in terms of requiring: Clinical Evaluation, or Therapeutic Treatment, or Diagnostic Procedures, or Extended Length of Hospital Stay, or Increased Nursing Care and/or Monitoring. Leave the remaining fields blank if less than 17 Secondary Diagnoses were used. Current: For additional information, refer to the ICD-10-CM Official Guidelines for Coding and Reporting. The reporting of the decimal between the third and fourth characters is unnecessary because it is implied. Leave the remaining fields blank if fewer than 17 Secondary Diagnoses were used.</p> <p>Error Code 107a-107q - Reason Change Previous: The code is not a valid ICD-9-CM Diagnosis Code or is in an incorrect format. Current: The code is not a valid ICD-10-CM Diagnosis Code or is in an incorrect format.</p>
p. 119	<p><u>Field 67a1-67q1, Other Diagnosis Codes</u></p> <p>Error Code 316a-316q - Reason Change Previous: Injury or poisoning diagnosis codes (in fields 67-1, or 67a1-67q1) requires an entry in the ECI Code Field (Field 72a). An ECI Code is required when any Diagnosis Code is in the range of 800-999 (exclude SIRS related codes 995.9x). Current: Injury or poisoning diagnosis codes (in fields 67-1 or 67a1-67q1) require an entry in the ECI Code field (Field 72a). An ECI code is required for diagnosis code(s) as outlined in the table in the ECI Code field (Field 72a) Procedure section.</p>
p. 122	<p><u>Field 69, Admitting Diagnosis Code</u></p> <p>Description Previous: The ICD-9-CM diagnosis code describing the patient’s diagnosis at the time of admission. Current: The ICD-10-CM diagnosis code describing the patient’s diagnosis at the time of admission.</p>

p. 123	<p><u>Field 70a-70c, Patient's Reason for Visit</u></p> <p>Description Previous: The ICD-9-CM diagnosis codes describing the patient's reason for visit at the time of outpatient registration. Current: The ICD-10-CM diagnosis codes describing the patient's reason for visit at the time of outpatient registration.</p> <p>Procedure Previous: The ICD-9-CM diagnosis code describing the patient's stated reason for seeking care. This may be a condition representing patient distress, an injury, a poisoning, or a reason or condition (not an illness or injury). The official coding guidelines for ICD-9-CM reporting should be followed. The reporting of the decimal between the third and fourth digit is unnecessary because it is implied. Current: The ICD-10-CM diagnosis code describing the patient's stated reason for seeking care. This may be a condition representing patient distress, an injury, a poisoning, or a reason or condition (not an illness or injury). Report the first diagnosis code describing the patient's primary reason for seeking care in subfield a. There are two other diagnosis code subfields to report additional reasons for the patient's visit for care. For additional information, refer to the ICD-10-CM Official Guidelines for Coding and Reporting. The reporting of the decimal between the third and fourth digit is unnecessary because it is implied.</p> <p>Error Code 145a-145c - Reason Change Previous: The code is not a valid ICD-9-CM Diagnosis Code or is in an incorrect format. Current: The code is not a valid ICD-10-CM Diagnosis Code or is in an incorrect format.</p>
p. 125	<p><u>Field 72a-72c, External Cause of Injury (ECI) Code</u></p> <p>Description Previous: The ICD-9-CM diagnosis codes pertaining to external cause of injuries, poisoning or adverse effect. Current: The ICD-10-CM diagnosis codes pertaining to the environmental events, circumstances, and conditions as the cause of injury, poisoning, and other adverse effects. These codes are found in the ICD-10-CM Official Guidelines for Coding and Reporting in Chapter 20, External Causes of Morbidity (categories V00-Y99).</p> <p>Procedure Previous: The priorities for recording an ECI code in field 72a-72c are:</p> <ol style="list-style-type: none"> 1. Principal diagnosis of an injury or poisoning. 2. Other diagnosis of an injury, poisoning, or adverse effect directly related to the principal diagnosis. 3. Other diagnosis with an external cause. <p>The data contained in this field can also appear in the Diagnosis Code fields (67a1-67q1). The</p>

reporting of the decimal between the third and fourth digit is unnecessary because it is implied.

Current:

For additional information, refer to the ICD-10-CM Official Guidelines for Coding and Reporting.

The reporting of decimals between characters is unnecessary because it is implied.

The ranges of ICD-10-CM codes from Chapter 19 that require an External Cause of Morbidity code from Chapter 20 are outlined in the table below.

No ICD-10-CM code from Chapter 20 is required when the external cause and intent are included within the code from Chapter 19 – (e.g., T36.0X1A – Poisoning by penicillins, accidental [unintentional], initial encounter).

ICD-10-CM Chapter 19 Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88)		ICD-10-CM Chapter 20 External Causes of Morbidity (V00-Y99)
S00-S99	Injuries related to single body regions	ECM code(s) from V00 – Y99
T07	Injuries involving multiple body regions	ECM code(s) from V00 – Y99
T14	Injury of unspecified body region	ECM code(s) from V00 – Y99
T15-T19	Effects of foreign body entering through natural orifice	See note below.*
T20-T32	Burns and corrosions	ECM code(s) from V00 – Y99
T33-T34	Frostbite	See note below.*
T36-T50	Poisoning by, adverse effect of and underdosing of drugs, medicaments and biological substances	See note below.*
T51-T65	Toxic effects of substances chiefly nonmedicinal as to source	Not Required
T66-T78	Other and unspecified effects of external causes	
	T66 Radiation sickness	See note below.*
	T67 Effects of heat and light	See note below.*
	T68 Hypothermia	ECM code(s) from W93 or X31
	T69 Other effects of reduced temperature	ECM code(s) from W93 or X31
	T70 Effects of air pressure and water pressure	See note below.*
	T71 Asphyxiation	Not Required
	T73 Effects of deprivation	See note below.*
	T74 Adult and child abuse, neglect and other maltreatment, confirmed	ECM code(s) from X92-Y08
	T75 Other and unspecified effects of other external causes	See note below.*
	T76 Adult and child abuse, neglect and other maltreatment, suspected	Not Required
	T78 Adverse effects, not elsewhere classified	See note below.*
T79	Certain early complications of trauma, not elsewhere classified	Not Required
T80-T88	Complications of surgical and medical care, not elsewhere classified	See note below.*

*Note: This range of injury and poisoning codes (Chapter 19) will not be edited for an accompanying external cause of morbidity code (Chapter 20) because requirements vary depending on whether the code includes the external cause. That is, for those injury and poisoning codes (Chapter 19) that do not include an external cause, an additional external

	<p>cause of morbidity code (Chapter 20) is <u>required</u>; for those injury and poisoning codes (Chapter 19) that do include an external cause, an additional external cause of morbidity code (Chapter 20) is <u>not</u> required.</p>
P 126	<p><u>Field 72a-72c, External Cause of Injury (ECI) Code</u></p> <p>Error Code 130 - Reason Change Previous: The value is not a valid ICD-9-CM ECI Code. All ECI Codes must include a leading "E". e.g., E1234. Current: The value is not a valid ICD-10-CM ECI Code. All ECI codes must include a leading "V", "W", "X", or "Y".</p> <p>Error Code 316 - Reason Change Previous: Injury or poisoning diagnosis codes (in fields 67-1, or 67a1-67q1) requires an entry in the ECI Code Field (Field 72a). An ECI Code is required when any Diagnosis Code is in the range of 800-999 (exclude SIRS related codes 995.9x). Current: Injury or poisoning diagnosis codes (in fields 67-1 or 67a1-67q1) require an entry in the ECI Code field (Field 72a). An ECI code is required for diagnosis code(s) as outlined in the table in the ECI Code field (Field 72a) Procedure section.</p> <p>Edit Discontinued Error Code: 072a -920 thru 072c - 920</p>
p. 129	<p><u>Field 74-1, Principal Procedure Code</u></p> <p>Description Previous: The ICD-9-CM code that identifies the inpatient principal procedure performed at the claim level during the period covered by this bill and the corresponding date. Current: The ICD-10-PCS code that identifies the inpatient principal procedure performed for definitive treatment, rather than one performed for diagnostic or exploratory purposes, or was necessary to take care of a complication. If there appear to be two procedures that are principal, then the one most related to the principal diagnosis should be selected as the principal procedure.</p>
p. 131	<p><u>Field 74a1-74e1, Other Procedure Codes</u></p> <p>Description Previous: The ICD-9-CM codes identifying all significant procedures other than the principal procedure. Report those that are most important for the episode of care and specifically any therapeutic procedures closely related to the principal diagnosis. Current: The ICD-10-PCS codes that identify all significant procedures, other than the principal procedure.</p>