

Updates
Pennsylvania Uniform Claims and Billing Form Manuals
Revised September 2009

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| <p>p. 69 Inpatient</p> | <p><u>Field 17, Patient Discharge Status</u> Procedure Section Previous: 04 = Discharged / transferred to an Intermediate Care Facility (ICF) Current: 04 = Discharged / transferred to a Facility that Provides Custodial or Supportive Care Previous: (This value did not exist) Current: 21 = Discharged / transferred to Court/Law Enforcement</p> <p>Revised: September 2009</p> |
| <p>p. 90 Outpatient</p> | <p><u>Field 46a-46v, Service Units (by Revenue Code)</u> Procedure Section Previous: Enter the total number of covered accommodation days, ancillary units of service, or visits, where appropriate and defined by revenue code requirements. Current: Enter the total number of covered accommodation days, ancillary units of service, or visits, where appropriate.</p> <p>The following notes are intended as general guidance. When HCPCS codes are reported, the unit is defined by the HCPCS definition. Where the unit is not defined by the HCPCS code, units can be reported as “1” or more based on the provider’s practice, health plan requirements or regulation. A zero or negative value is not allowed.</p> <p>Revised: September 2009</p> |
| <p>p. 91 Inpatient</p> | <p><u>Field 46a-46v, Service Units (by Revenue Code)</u> Procedure Section Previous: Enter the total number of covered accommodation days, ancillary units of service, or visits, where appropriate and defined by revenue code requirements. Current: Enter the total number of covered accommodation days, ancillary units of service, or visits, where appropriate.</p> <p>The following notes are intended as general guidance. Room & board accommodations: Units reflect the total number of days of care provided to the patient.</p> <p>Other revenue codes: Although the inpatient UB-04 is a summary level claim, units can be reported as “1” or more based on the provider’s</p> |

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| | <p>practice, health plan requirements or regulation. A zero or negative value is not allowed.</p> <p>Revised: September 2009</p> |
| <p>p. 118 Inpatient</p> | <p><u>Field 67-1, Principal Diagnosis Code</u> Relational Edit Criteria Previous: (This edit did not exist) Current: Error Code: 67-1 - 360 Error Report Message: Diagnosis Code and Diagnosis POA Indicator Mismatch Reason: The Diagnosis Code and the Diagnosis Code POA Indicator are mismatched User Response: Correct the Diagnosis Code and/or the Diagnosis Code POA Indicator. When using a non-exempt Diagnosis Code, the Diagnosis Code POA Indicator must be a valid non-exempt code.</p> <p>Revised: September 2009</p> |
| <p>p. 119 Inpatient</p> | <p><u>Field 67-2, Principal Diagnosis Code Present on Admission (POA) Indicator</u> Previous: The POA Indicator is defined as present at the time the order for the inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, are considered as present on admission. The comprehensive guidelines on POA as published in the ICD-9-CM Official Guidelines for Coding and Reporting should be used to assist coding professionals in accurate and consistent reporting of all POA data. The POA Indicator:</p> <ul style="list-style-type: none"> • applies to the diagnosis code for claims involving inpatient admissions to general acute-care hospitals or other facilities, as required by law or regulation for public health reporting • is based not only on the conditions known at the time of admission, but also include those conditions that were clearly present, but not diagnosed, until after the admission took place • is applied to the principal diagnosis as well as all secondary diagnoses that are reported • should also be reported for all E (External Cause) codes, “E-code” categories for which the POA Indicator is not applicable would not be reported. <p>The coding for this field is defined by the NUBC. The following is a list of valid entries: Code Definition</p> |

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|--------------|---|------|------------|---|-----|---|----|---|------------------------------|---|-------------------------|--------------|---------------------------|
| | <p>Y Yes</p> <p>N No</p> <p>U No Information in the Record</p> <p>W Clinically Undetermined</p> <p>(Blank) Exempt from POA Reporting</p> <p>Current:</p> <p>Present on admission is defined as present at the time the order for the inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered as present on admission.</p> <ul style="list-style-type: none"> • POA indicator is assigned to principal and secondary diagnoses and the external cause of injury codes. • Issues related to inconsistent, missing, conflicting or unclear documentation must still be resolved by the provider. • If a condition would not be coded and reported based on UHDDS definitions and current official coding guidelines, then the POA indicator would not be reported. • POA edits will not be applied for Drug and Alcohol Rehabilitation and Inpatient Psychiatric providers. <p>The coding for this field is defined by the NUBC. The following is a list of valid entries:</p> <table border="0"> <tr> <td>Code</td> <td>Definition</td> </tr> <tr> <td>Y</td> <td>Yes</td> </tr> <tr> <td>N</td> <td>No</td> </tr> <tr> <td>U</td> <td>No Information in the Record</td> </tr> <tr> <td>W</td> <td>Clinically Undetermined</td> </tr> <tr> <td>(Blank) or 1</td> <td>Exempt from POA Reporting</td> </tr> </table> <p>Field Edit Criteria</p> <p>Previous: (This edit did not exist)</p> <p>Current:</p> <p>Error Code: 67-2 - 160</p> <p>Error Report Message: Principal Diagnosis Code POA Indicator Invalid</p> <p>Reason: Principal Diagnosis Code POA Indicator is not valid</p> <p>User Response: Correct the Principal Diagnosis Code POA Indicator.</p> <p>Relational Edit Criteria</p> <p>Previous: (This edit did not exist)</p> <p>Current:</p> <p>Error Code: 67-2 - 360</p> <p>Error Report Message: Diagnosis Code and Diagnosis Code POA Indicator Mismatch</p> <p>Reason: The Diagnosis Code and the Diagnosis Code POA Indicator are mismatched</p> <p>User Response: Correct the Diagnosis Code and/or the Diagnosis</p> | Code | Definition | Y | Yes | N | No | U | No Information in the Record | W | Clinically Undetermined | (Blank) or 1 | Exempt from POA Reporting |
| Code | Definition | | | | | | | | | | | | |
| Y | Yes | | | | | | | | | | | | |
| N | No | | | | | | | | | | | | |
| U | No Information in the Record | | | | | | | | | | | | |
| W | Clinically Undetermined | | | | | | | | | | | | |
| (Blank) or 1 | Exempt from POA Reporting | | | | | | | | | | | | |

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| | <p>Code POA Indicator. When using a non-exempt Diagnosis Code, the Diagnosis Code POA Indicator must be a valid non-exempt code.</p> <p>Revised: September 2009</p> |
| <p>p. 121 Inpatient</p> | <p><u>Field 67a1-67q1, Other Diagnosis Codes</u> Relational Edit Criteria</p> <p>Previous: (This edit did not exist)</p> <p>Current: Error Code: 67a1 - 360a thru 67q1 - 360q Error Report Message: Diagnosis Code and Diagnosis Code POA Indicator Mismatch Reason: The Diagnosis Code and the Diagnosis Code POA Indicator are mismatched User Response: Correct the Diagnosis Code and/or the Diagnosis Code POA Indicator. When using a non-exempt Diagnosis Code, the Diagnosis Code POA Indicator must be a valid non-exempt code.</p> <p>Revised: September 2009</p> |
| <p>p. 122, 123 Inpatient</p> | <p><u>Field 67a2-67q2, Other Diagnosis Code Present on Admission (POA) Indicator</u> Procedure Section</p> <p>Previous: The POA Indicator is defined as present at the time the order for the inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, are considered as present on admission. The comprehensive guidelines on POA as published in the ICD-9-CM Official Guidelines for Coding and Reporting should be used to assist coding professionals in accurate and consistent reporting of all POA data.</p> <p>The POA Indicator:</p> <ul style="list-style-type: none"> • applies to the diagnosis code for claims involving inpatient admissions to general acute-care hospitals or other facilities, as required by law or regulation for public health reporting • is based not only on the conditions known at the time of admission, but also include those conditions that were clearly present, but not diagnosed, until after the admission took place • is applied to the principal diagnosis as well as all secondary diagnoses that are reported • should also be reported for all E (External Cause) codes, “E-code” categories for which the POA Indicator is not applicable would not be reported. <p>The coding for this field is defined by the NUBC. The following is a list of valid entries: Code Definition</p> |

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|--------------|---|------|------------|---|-----|---|----|---|------------------------------|---|-------------------------|--------------|---------------------------|
| | <p>Y Yes N No U No Information in the Record W Clinically Undetermined (Blank) Exempt from POA Reporting</p> <p>Current: Present on admission is defined as present at the time the order for the inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered as present on admission.</p> <ul style="list-style-type: none"> • POA indicator is assigned to principal and secondary diagnoses and the external cause of injury codes. • Issues related to inconsistent, missing, conflicting or unclear documentation must still be resolved by the provider. • If a condition would not be coded and reported based on UHDDS definitions and current official coding guidelines, then the POA indicator would not be reported. • POA edits will not be applied for Drug and Alcohol Rehabilitation and Inpatient Psychiatric providers. <p>The coding for this field is defined by the NUBC. The following is a list of valid entries:</p> <table border="0"> <tr> <td>Code</td> <td>Definition</td> </tr> <tr> <td>Y</td> <td>Yes</td> </tr> <tr> <td>N</td> <td>No</td> </tr> <tr> <td>U</td> <td>No Information in the Record</td> </tr> <tr> <td>W</td> <td>Clinically Undetermined</td> </tr> <tr> <td>(Blank) or 1</td> <td>Exempt from POA Reporting</td> </tr> </table> <p>Note: Leave blank if there is no associated diagnosis code.</p> <p>Field Edit Criteria</p> <p>Previous: (This edit did not exist)</p> <p>Current: Error Code: 67a2 - 161a thru 67q2 - 161q Error Report Message: Other Diagnosis Code POA Indicator Invalid Reason: Other Diagnosis Code POA Indicator is not valid User Response: Correct the Other Diagnosis Code POA Indicator.</p> <p>Relational Edit Criteria</p> <p>Previous: (This edit did not exist)</p> <p>Current: Error Code: 67a2 - 360a thru 67q2 - 360q Error Report Message: Diagnosis Code and Diagnosis Code POA Indicator Mismatch Reason: The Diagnosis Code and the Diagnosis Code POA Indicator are mismatched User Response: Correct the Diagnosis Code and/or the Diagnosis Code POA Indicator. When using a non-exempt Diagnosis Code, the Diagnosis Code POA Indicator must be a valid non-exempt code.</p> | Code | Definition | Y | Yes | N | No | U | No Information in the Record | W | Clinically Undetermined | (Blank) or 1 | Exempt from POA Reporting |
| Code | Definition | | | | | | | | | | | | |
| Y | Yes | | | | | | | | | | | | |
| N | No | | | | | | | | | | | | |
| U | No Information in the Record | | | | | | | | | | | | |
| W | Clinically Undetermined | | | | | | | | | | | | |
| (Blank) or 1 | Exempt from POA Reporting | | | | | | | | | | | | |

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| | <p>Revised: September 2009</p> |
| <p>p. 127 Inpatient</p> | <p><u>Field 71, Prospective Payment System (PPS) Code</u> Field Edit Criteria - Error Code 0071 - 124 Previous: User Response: Check the patient Birth Date, Admission Date, Diagnosis and Procedure Codes, Patient Sex and Discharge Status. Make sure that you are using the correct CMS grouper. Current: User Response: Check the patient Birth Date, Admission Date, Diagnosis and Procedure Codes, Present on Admission Indicators, Patient Sex and Discharge Status. Make sure that you are using the correct CMS grouper.</p> <p>Relational Edit Criteria - Error Code 0071 - 326 Previous: User Response: Check the patient Birth Date, Admission Date, Diagnosis and Procedure Codes, Patient Sex and Discharge Status. Make sure that you are using the correct CMS grouper. Current: User Response: Check the patient Birth Date, Admission Date, Diagnosis and Procedure Codes, Present on Admission Indicators, Patient Sex and Discharge Status. Make sure that you are using the correct CMS grouper.</p> <p>Revised: September 2009</p> |
| <p>p. 128 Inpatient</p> | <p><u>Field 72a-72c, External Cause of Injury (ECI) Code</u> Relational Edit Criteria Previous: (This edit did not exist) Current: Error Code: 72a - 361a thru 72c - 361c Error Report Message: ECI Code and ECI Code POA Indicator Mismatch Reason: The ECI Code and the ECI Code POA Indicator are mismatched User Response: Correct the ECI Code and/or the ECI Code POA Indicator.</p> <p>Revised: September 2009</p> |
| <p>p. 130 Inpatient</p> | <p><u>Field 72a1-72c1, External Cause of Injury (ECI) Code Present on Admission (POA) Indicator</u> Procedure Section Previous: The POA Indicator is defined as present at the time the order for the</p> |

inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, are considered as present on admission.

The comprehensive guidelines on POA as published in the ICD-9-CM Official Guidelines for Coding and Reporting should be used to assist coding professionals in accurate and consistent reporting of all POA data.

The POA Indicator:

- applies to the diagnosis code for claims involving inpatient admissions to general acute-care hospitals or other facilities, as required by law or regulation for public health reporting
- is based not only on the conditions known at the time of admission, but also include those conditions that were clearly present, but not diagnosed, until after the admission took place
- is applied to the principal diagnosis as well as all secondary diagnoses that are reported
- should also be reported for all E (External Cause) codes, “E-code” categories for which the POA Indicator is not applicable would not be reported.

The coding for this field is defined by the NUBC. The following is a list of valid entries:

| Code | Definition |
|---------|------------------------------|
| Y | Yes |
| N | No |
| U | No Information in the Record |
| W | Clinically Undetermined |
| (Blank) | Exempt from POA Reporting |

Current:

Present on admission is defined as present at the time the order for the inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered as present on admission.

- POA indicator is assigned to principal and secondary diagnoses and the external cause of injury codes.
- Issues related to inconsistent, missing, conflicting or unclear documentation must still be resolved by the provider.
- If a condition would not be coded and reported based on UHDDS definitions and current official coding guidelines, then the POA indicator would not be reported.
- POA edits will not be applied for Drug and Alcohol Rehabilitation and Inpatient Psychiatric providers.

The coding for this field is defined by the NUBC. The following is a list of valid entries:

| Code | Definition |
|------|------------------------------|
| Y | Yes |
| N | No |
| U | No information in the record |

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| | <p>W Clinically undetermined (Blank) or 1 Exempt for POA reporting Note: Leave blank if there is no associated ECI code.</p> <p>Field Edit Criteria Previous: (This edit did not exist) Current: Error Code: 72a1 - 162a thru 72c1 - 162c Error Report Message: ECI Code POA Indicator Invalid Reason: ECI Code POA Indicator is not valid User Response: Correct the ECI Code POA Indicator.</p> <p>Relational Edit Criteria Previous: (This edit did not exist) Current: Error Code: 72a - 361a thru 72c - 361c Error Report Message: ECI Code and ECI Code POA Indicator Mismatch Reason: The ECI Code and the ECI Code POA Indicator are mismatched User Response: Correct the ECI Code and/or the ECI Code POA Indicator.</p> <p>Revised: September 2009</p> |
| <p>p. 159 Outpatient</p> | <p><u>Field 121d1a-121d10a, Hospital-acquired Infection: Code</u> Description Section Previous: The Centers for Disease Control and Prevention (CDC) defines a nosocomial infection as a localized or systemic condition 1) that results from adverse reaction to the presence of an infectious agent(s) or its toxin(s) and 2) that was not present or incubating at the time of admission to the hospital. Current: Hospital-acquired Infection: Code</p> <p>Revised: September 2009</p> |
| <p>p. 160 Outpatient</p> | <p><u>Field 121d1b-121d10b, Hospital-acquired Infection: Multidrug-resistant Organism (MDRO)</u> Description Section Previous: Multidrug-resistant organisms (MDROs) are microorganisms resistant to one or more classes of antibiotics. Current: Hospital-acquired Infection: Multidrug-resistant Organism (MDRO)</p> <p>Revised:</p> |

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| | September 2009 |
| p. 161 Outpatient | <p><u>Field 121d1c-121d10c, Hospital-acquired Infection: ICD-9-CM Procedure Code or NHSN Operative Category</u> Description Section</p> <p>Previous: The CDC hospital-acquired infection surveillance system, known as the National Nosocomial Infections Surveillance System (NNIS) and the Patient Safety Component Protocol of the CDC National Healthcare Safety Network (NHSN) identifies the eligible surgical site infection (SSI) population by ICD-9-CM procedure codes, which are grouped by similar operative categories.</p> <p>Current: Hospital-acquired Infection: ICD-9-CM Procedure Code or NHSN Operative Category</p> <p>Revised: September 2009</p> |
| p. 162 Outpatient | <p><u>Field 121d1d-121d10d, Hospital-acquired Infection: Procedure Location</u> Description Section</p> <p>Previous: The CDC hospital-acquired infection surveillance system, known as the National Nosocomial Infections Surveillance System (NNIS) and the Patient Safety Component Protocol of the CDC National Healthcare Safety Network (NHSN) includes surgical site infections (SSI) that occur within 30 days after the operative procedure if no implant is left in place and within one year if implant is in place and the infection appears to be related to the operative procedure. An implant is a nonhuman-derived implantable foreign body (e.g., hip prosthesis, prosthetic heart valve) that is permanently placed during an operative procedure and is not routinely manipulated for diagnostic or therapeutic purposes. The Hospital-acquired Infection: Procedure Location code is used to indicate the hospitalization and facility that is associated with the HAI code 02 – surgical site when entered in Field 121d1a, 121d2a, 121d3a, 121d4a, 121d5a, 121d6a, 121d7a, 121d8a, 121d9a, or 121d10a. Please contact PHC4 for the <i>Hospital-acquired Infection Collection Guide</i>, which provides guidelines, criteria, and the current list of eligible ICD-9-CM procedure codes for the SSI category.</p> <p>Current: Hospital-acquired Infection: Procedure Location</p> <p>Revised: September 2009</p> |
| p. 164 Inpatient | <p><u>Field 121d1a-121d10a, Hospital-acquired Infection: Code</u> Field Name Section</p> <p>Previous: Field 121d1a-121d10a, Hospital-acquired Infection: Code</p> |

Current:

Field 121d1a-121d10a, Hospital-acquired Infection: Code - Discontinued effective 2008 Q2

Description Section

Previous:

The Centers for Disease Control and Prevention (CDC) defines a nosocomial infection as a localized or systemic condition 1) that results from adverse reaction to the presence of an infectious agent(s) or its toxin(s) and 2) that was not present or incubating at the time of admission to the hospital.

Current:

Hospital-acquired Infection: Code

Procedure Section

Previous:

Please contact PHC4 for the *Hospital-acquired Infection Collection Guide*, which provides the guidelines and criteria that should be used to identify hospital-acquired infections (HAI).

Ten fields are available to enter HAI information. When multiple HAIs are identified in the patient, *enter the codes in the order in which the hospital-acquired infections occurred.*

Valid Codes:

01 = Indwelling Urinary Catheter-Associated Urinary Tract Infection

02 = Surgical Site Infection

03 = Ventilator-Associated Pneumonia

04 = Central Line-Associated Bloodstream Infection

05 = Bone and Joint Infection

06 = Central Nervous System Infection

07 = Cardiovascular System Infection

08 = Eye, Ear, Nose, Throat, or Mouth Infection, including Upper Respiratory

Infection (*not required*)

09 = Gastrointestinal System Infection, Other Than Intestinal Infection due to *Clostridium difficile*

10 = Lower Respiratory Tract Infection, Other Than Pneumonia

11 = Reproductive Tract Infection

12 = Skin and Soft Tissue Infection

13 = Systemic Infection (*not required*)

21 = Urinary Tract Infection (not associated with an indwelling urinary catheter)

23 = Pneumonia (not associated with a ventilator)

24 = Bloodstream Infection (not associated with a central line)

29 = Intestinal Infection due to *Clostridium difficile*

99 = No Hospital-Acquired Infection present

Current:

Blank Fill.

Purpose Section

Previous:

To identify patients who acquired an infection(s) while hospitalized.

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| | <p>Current: Deleted</p> <p>Note Section Previous: (This section did not exist) Current: This field is currently not edited</p> <p>Field Edit Criteria Section Previous: Error Code: 121d1a-136 - Discontinued effective first quarter 2008 Error Report Message: HAI Code Invalid Reason: The two-digit Hospital-acquired Infection Code is blank or does not contain one of the valid codes listed above. User Response: Correct the two-digit Hospital-acquired Infection Code. Current: Deleted</p> <p>Facility-Level Edit Criteria Section Previous: Error Code: 121d1a- 919 - Discontinue effective first quarter 2008 Error Report Message: No HAI Present, every record contains a 99 code. Reason: Every record contains a No Hospital-acquired Infection Present (99) Code. User Response: Review all records containing No Hospital-acquired Infection Present (99) Code, identify the correct codes, and resubmit your data. Current: Deleted</p> <p>Revised: September 2009</p> |
| <p>p. 165 Inpatient</p> | <p><u>Field 121d1b-121d10b, Hospital-acquired Infection: Multidrug-resistant Organism (MDRO)</u> Field Name Section Previous: Field 121d1b-121d10b, Hospital-acquired Infection: Multidrug-resistant Organism (MDRO) Current: Field 121d1b-121d10b, Hospital-acquired Infection: Multidrug-resistant Organism (MDRO) - Discontinued effective 2008 Q2</p> <p>Description Section Previous: Multidrug-resistant organisms (MDROs) are microorganisms resistant to one or more classes of antibiotics. Current: Hospital-acquired Infection: Multidrug-resistant Organism (MDRO)</p> |

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| | <p>Procedure Section</p> <p>Previous: If the hospital-acquired infection entered in Field 121d1a, 121d2a, 121d3a, 121d4a, 121d5a, 121d6a, 121d7a, 121d8a, 121d9a, or 121d10a is caused by an MDRO, the applicable MDRO code should be entered in the corresponding field.</p> <p>Example: the HAI code of 02 was in Field 121d1a. This surgical site infection was caused by MRSA. Therefore the MDRO code of M (MRSA) should be entered in Field 121d1b.</p> <p>Please contact PHC4 for the <i>Hospital-acquired Infection Collection Guide</i>, which provides the guidelines and criteria that should be used to identify hospital-acquired infections (HAI).</p> <p>As with the fields for HAI Codes, there are ten fields available to enter MDRO information in the event multiple HAIs were identified in the patient.</p> <p>Valid Codes: M = Methicillin-resistant Staphylococcus aureus (MRSA) V = Vancomycin-resistant enterococci (VRE) O = Other specified multidrug-resistant organism N = HAI not caused by a multidrug-resistant organism 9 = No hospital-acquired infection present (<i>only valid when the HAI code is 99</i>)</p> <p>Current: Blank fill.</p> <p>Revised: September 2009</p> |
| <p>p. 166 Inpatient</p> | <p><u>Field 121d1c-121d10c, Hospital-acquired Infection: ICD-9-CM Procedure Code or NHSN Operative Category</u></p> <p>Field Name Section</p> <p>Previous: Field 121d1c-121d10c, Hospital-acquired Infection: ICD-9-CM Procedure Code or NHSN Operative Category</p> <p>Current: Field 121d1c-121d10c, Hospital-acquired Infection: ICD-9-CM Procedure Code or NHSN Operative Category - Discontinued effective 2008 Q2</p> <p>Description Section</p> <p>Previous: The CDC hospital-acquired infection surveillance system, known as the National Nosocomial Infections Surveillance System (NNIS) and the Patient Safety Component Protocol of the CDC National Healthcare Safety Network (NHSN) identifies the eligible surgical site infection (SSI) population by ICD-9-CM procedure codes, which are grouped by similar operative categories.</p> <p>Current: Hospital-acquired Infection: ICD-9-CM Procedure Code or NHSN</p> |

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| | <p>Operative Category</p> <p>Procedure Section</p> <p>Previous: HAI code 02 – surgical site infection is the <i>only</i> HAI code that will have an associated ICD-9-CM procedure code or NHSN operative category code. That is, when HAI code 02 is entered in Field 121d1a, 121d2a, 121d3a, 121d4a, 121d5a, 121d6a, 121d7a, 121d8a, 121d9a, or 121d10a then the ICD-9-CM procedure code or NHSN operative category code associated with the surgical site infection is entered in this field. If the hospital-acquired infection is not a surgical site infection (HAI code 02) leave this field blank.</p> <p>Valid Codes: Please contact PHC4 for the <i>Hospital-acquired Infection Collection Guide</i>, which provides guidelines, criteria, and the current list of eligible ICD-9-CM procedure codes and NHSN Operative Category for the SSI category.</p> <p>Current: Blank fill.</p> <p>Revised: September 2009</p> |
| <p>p. 167 Inpatient</p> | <p><u>Field 121d1d-121d10d, Hospital-acquired Infection: Procedure Location</u> Field Name Section</p> <p>Previous: Field 121d1d-121d10d, Hospital-acquired Infection: Procedure Location</p> <p>Current: Field 121d1d-121d10d, Hospital-acquired Infection: Procedure Location - Discontinued effective 2008 Q2</p> <p>Description Section</p> <p>Previous: The CDC hospital-acquired infection surveillance system, known as the National Nosocomial Infections Surveillance System (NNIS) and the Patient Safety Component Protocol of the CDC National Healthcare Safety Network (NHSN) includes surgical site infections (SSI) that occur within 30 days after the operative procedure if no implant is left in place and within one year if implant is in place and the infection appears to be related to the operative procedure. An implant is a nonhuman-derived implantable foreign body (e.g., hip prosthesis, prosthetic heart valve) that is permanently placed during an operative procedure and is not routinely manipulated for diagnostic or therapeutic purposes. The Hospital-acquired Infection: Procedure Location code is used to indicate the hospitalization and facility that is associated with the HAI code 02 –Surgical Site Infection when entered in Field 121d1a, 121d2a, 121d3a, 121d4a, 121d5a, 121d6a, 121d7a, 121d8a, 121d9a, or 121d10a.</p> <p>Please contact PHC4 for the <i>Hospital-acquired Infection Collection Guide</i>, which provides guidelines, criteria, and the current list of eligible ICD-9-CM procedure codes and NHSN Operative Categories for the SSI category.</p> |

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| | <p>Current: Hospital-acquired Infection: Procedure Location Procedure Section</p> <p>Procedure Section</p> <p>Previous:</p> <p>Valid Codes: C = Surgical site infection is related to operative procedure performed during the <i>current</i> inpatient admission. P = Surgical site infection is related to operative procedure performed in a <i>previous</i> inpatient admission at same hospital. D = Surgical site infection is related to operative procedure performed in a previous inpatient admission at a <i>different</i> hospital. For all other hospital-acquired infection codes (except 02), the Hospital-acquired Infection: Procedure Location field must be blank.</p> <p>Current: Blank fill.</p> <p>Revised: <u>September 2009</u></p> |
| <p>p. 173 Outpatient p. 178 Inpatient</p> | <p><u>Appendix B – United States/Territory Abbreviations</u></p> <p>Previous: (This value did not exist)</p> <p>Current: Wyoming WY</p> <p>Revised: <u>September 2009</u></p> |
| <p>p.174, 175 Outpatient p. 179, 180 Inpatient</p> | <p><u>Appendix C – Most Common Health Plan ID Numbers (NAIC Codes)</u></p> <p>Previous: (This value did not exist)</p> <p>Current: AmeriHealth POS 43/95044</p> <p>Previous: Elder Health Medicare HMO 15/11524 Elder Health Personal Care Plus</p> <p>Current: Bravo Health Pennsylvania, Inc Medicare HMO 15/11524 Senior Partners Gold, Classic, Gold, Premier (Formally known as Elder Health)</p> <p>Previous: (This value did not exist)</p> <p>Current: Bravo Health Insurance Company, Inc. Fee for Service 44/12784</p> <p>Previous: Geisinger Health Plan Medicare PPO 12/95923 Gold Preferred PPO</p> <p>Current: Geisinger Health Plan Medicare PPO 12/95923 Gold Preferred</p> <p>Previous: Geisinger Health Plan Fee for Service 44/10244</p> <p>Current: Geisinger Indemnity Insurance Company Fee for Service 44/10244</p> <p>Previous: HealthAssurance Pennsylvania, Inc. Medicare PPO 15/11102 Advantra</p> |

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| | <p>PPO</p> <p>Current: HealthAssurance Pennsylvania, Inc. Medicare PPO 12/11102 Advantra PPO</p> <p>Revised: September 2009</p> |
| <p>p. 178 Outpatient</p> <p>p. 183 Inpatient</p> | <p><u>Appendix D, Country Abbreviations</u></p> <p>Previous: Bolivia</p> <p>Current: Bolivia, Plurinational State of</p> <p>Revised: September 2009</p> |
| <p>p. 179 Outpatient</p> <p>p. 184 Inpatient</p> | <p><u>Appendix D, Country Abbreviations</u></p> <p>Previous: Moldova, Republic of</p> <p>Current: Moldova</p> <p>Revised: September 2009</p> |
| <p>p. 180 Outpatient</p> <p>p. 185 Inpatient</p> | <p><u>Appendix D, Country Abbreviations</u></p> <p>Previous: (This value did not exist)</p> <p>Current: Added Unknown, ZZ</p> <p>Previous: Venezuela</p> <p>Current: Venezuela, Bolivarian Republic of</p> <p>Revised: September 2009</p> |