



Hospital Inpatient Data System Edit Check Definitions

Listing of Warnings and Errors for the Hospital Data Submission System

Updated June 2014

Batch-Level Warnings

These warnings identify questionable trends observed at the batch-level. The existence of these warnings does not necessarily indicate an error in the data. They are intended to alert you to unusual trends and must be reviewed to determine whether or not a coding mistake exists. It is preferred, but not required, that any identified coding mistakes be corrected before submitting the batch.

Code	Level	Description	Condition
B1	Batch	Missing or invalid ZIP on >10% records in batch	More than 10% of records in batch have missing or invalid ZIP code
B2	Batch	Missing secondarypayer on all records in batch	100% records in batch are missing secondarypayer
B3	Batch	Missing secondarydiagnosis on >40% records in batch	More than 40% of records in batch are missing secondarydiagnosis
B5	Batch	Admission type identical on all records in batch	All records in batch have same TYPEAD
B6	Batch	Point of origin/Admission source identical on all records in batch	All records in batch have same SRCE
B7	Batch	Patient status identical on all records in batch	All records in batch have same PSTAT
B8	Batch	No rev code 174 for any NICU discharge in batch	Hospitals with NICUs have no records in the batch with a revenue code of 174
B161	Batch	Questionable number of admissions from ER in batch	For 510xxx, 511xxx, and 51Sxxx discharges only. % of records with a P7 Condition Code (CCODE) is <30% or >70%

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Record-Level Warnings

These warnings identify questionable codes submitted on the record. They are intended to alert you to an unusual code and must be reviewed to determine whether or not a coding mistake exists. For example, for most patients age 65 or older, the primary payer for the discharge is Medicare. In prior years data there were coding mistakes that identified the payer was Commercial when it should have been Medicare. Therefore, the W165 warning was created to identify patients age 65 and older that have a primary payer other than Medicare. If this is correct, then there is no coding mistake and the payer should not be edited (the warning should be ignored). It is preferred, but not required, that any identified coding mistakes be corrected before submitting the batch.

Code	Level	Description	Condition
W57	Questionable	Interim continuing or interim last bill found in January end of service	If EDATE month is in January, then fire if BTYPE in 214, 114, 184, 124, 213, 113, 183, 123
W58	Questionable	Interim first or interim continuing bill in found December end of service	If EDATE month is in December, then fire if BTYPE in 212, 112, 182, 122, 213, 112, 183, 123
W60	Questionable	Missing ZIP code	Not reported
W61	Questionable	Invalid ZIP code	Not valid U.S. ZIP code
W67	Questionable	Questionable total charges	Reported total charge (TCHG) is >\$50,000 per day or <\$100 if BTYPE<>115
W70	Questionable	Invalid external cause of injury code	Not a valid value according to ICD-CM codes effective on discharge date
W72	Questionable	Missing NPI other physician 1	NPI_OTH1 not reported
W73	Questionable	Missing NPI other physician 2	NPI_OTH2 not reported
W87	Questionable	Missing procedure code	Revenue code 036x reported and no procedure code reported
W88	Questionable	Missing external cause of injury code when injury diagnosis reported	ECODE not reported when at least one injury diagnosis reported (ICD-CM codes 800-999)
W89	Questionable	Missing auto accident state	ACCSTATE not reported when ECODE = E810-E825
W90	Questionable	Missing NPI operating physician	NPI_OP not provided when 036x is reported in at least one revenue code
W101	Duplicate	Duplicate record ID (same PROV, PATNO, EDATE, BTYPE) in master database	A record with the same PROV, PATNO, EDATE, BTYPE exists in master database
W164	Questionable	Missing P7 condition code	For 510xxx discharges only. Revenue code 045x reported in at least one revenue code and no P7 Condition Code (CCODE) reported
W165	Questionable	Questionable Medicare payer	Patient's age is 65 or older and primarypayer code is not Medicare (H11xx)

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Record-Level Errors

These errors identify missing or invalid codes submitted on the record. All record-level errors must be corrected before the batch can be submitted.

Code	Level	Description	Condition
E0	Rejected	Discharge date not in the current reporting year	Valid EDATE but before or after 01/01/20xx (current reporting year)
E9	Duplicate	Complete duplicate record in batch	Other record(s) in batch identical on all data elements
E10	Duplicate	Duplicate record ID (same PROV, PATNO, EDATE, BTYPE) in batch	Other record(s) in batch have identical PROV, PATNO, EDATE, BTYPE
E11	Rejected	Missing patient control number	PATNO not reported
E12	Rejected	Missing bill type	BTYPE not reported
E13	Rejected	Invalid bill type	BTYPE values other than 11X, 12X, 21X, 18X
E14	Rejected	Missing statement covers period	Complete SDATE or EDATE not provided
E15	Rejected	Invalid statement covers period	EDATE < SDATE or SDATE <= 1992 or SDATE > BATDATE
E16	Rejected	Missing patient birth date	Complete DOB not provided
E17	Rejected	Invalid patient birth date	DOB not valid or later than admit date or earlier than 120 years prior to admit date
E18	Rejected	Missing patient sex	SEX not reported
E19	Rejected	Invalid patient sex	SEX values other than M, F or U
E20	Rejected	Missing admission date	Complete date not provided
E21	Rejected	Invalid admission date	Invalid ADMIT or ADMIT later than BATDATE
E22	Rejected	Missing type of admission	TYPEAD not reported
E23	Rejected	Invalid type of admission	TYPEAD not a valid value per NUBC standards effective on discharge date
E24	Rejected	Missing point of origin/admission source	SRCE not reported
E25	Rejected	Invalid point of origin/admission source	SRCE not a valid value per NUBC standards effective on discharge date, and SRCE indicating newborn checked against TYPEAD indicating newborn
E26	Rejected	Missing patient discharge status	PSTAT not reported
E27	Rejected	Invalid patient discharge status	PSTAT not a valid value per NUBC standards effective on discharge date
E28	Rejected	Missing revenue code	Revenue code not reported when unit or charge reported
E29	Rejected	Missing total charge	TCHG not reported
E30	Rejected	Invalid total charge	Variance (+/-5%) between the reported total charge (TCHG) and calculated total charge (i.e., sum of all individual revenue charges reported)

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E31	Rejected	Missing revenue charge	All revenue charges missing or a charge not reported when a revenue code or unit reported
E32	Rejected	Invalid revenue charge	Revenue charge is < 0 or > total charges
E33	Rejected	Missing primarypayer	NPAYOR1 not reported
E34	Rejected	Invalid primarypayer	NPAYOR1 not a valid value per HCA <i>Payer Coding Specifications</i> . Reserved or Unassigned codes not acceptable. H8888 and H9999 not acceptable.
E35	Rejected	Missing Medicare provider ID	PROV not reported
E36	Rejected	Invalid Medicare provider ID (PROV)	PROV is not consistent with the WV hospital (HOSPID)
E37	Rejected	Missing principal diagnosis	DIAG1 not reported
E38	Rejected	Invalid principal diagnosis	DIAG1 not a valid value per ICD-CM codes effective on discharge date
E39	Rejected	Invalid principal procedure	PROC1 not a valid value per ICD-CM codes effective on discharge date
E40	Rejected	Multiple reported total charges	Multiple total charges (TCHG) reported
E41	Rejected	Discharge date later than today	EDATE>Today's date
E43	Rejected	Medicare provider ID does not match bill type	3rd digit of PROV = 0,1,2,3,4,S,T and not BTYPE=1xx, except 18x; OR 3rd digit of PROV=U or Z and not BTYPE=18x; OR 3rd digit of PROV=5 and not BTYPE=2xx
E44	Rejected	Invalid revenue code	Revenue code not a valid value per NUBC standards effective on discharge date
E45	Rejected	Missing units of service	Unit not reported when revenue code or charge reported
E46	Rejected	Invalid units of service	Unit value < 0
E47	Rejected	Service start dates precedes admission date by three days	SDATE<(ADMIT-3)
E48	Rejected	Invalid second or third payer	NPAYOR2 or NPAYOR3 not a valid value per HCA <i>Payer Coding Specifications</i> . Reserved or Unassigned codes not acceptable. H8888 and H9999 not acceptable.
E49	Rejected	Invalid secondary diagnosis	DIAG not a valid value per ICD-CM codes effective on discharge date
E51	Rejected	Invalid secondary procedure	PROC not a valid value per ICD-CM codes effective on discharge date
E53	Rejected	Missing admitting diagnosis	ADMITDX not reported
E54	Rejected	Missing NPI	NPI not reported
E55	Rejected	Missing NPI attending physician	NPI_ATT not reported
E56	Rejected	Missing medical record number	MRN not reported
E66	Rejected	Duplicate diagnosis code	Identical diagnosis code reported on the record two or more times.
E67	Rejected	ADMIT > EDATE	The admission date is after the end of service date
E150	Rejected	Missing Race/Ethnicity	RACE not reported

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E151	Rejected	Invalid Race/Ethnicity	RACE not a valid value per HCA <i>Data Element Specifications</i>
E154	Rejected	Missing POA	POA is blank and hospital is non-exempt and diagnosis is non-exempt. Does not include the EPOA.
E155	Rejected	Invalid POA	Values other than Y, N, U, W, 1, blank/null. For exempt and non-exempt hospitals and diagnosis codes. Does not include the EPOA.
E156	Rejected	Missing diagnosis when POA reported	Corresponding DIAG code not reported when POA is reported. For exempt and non-exempt hospitals. Does not include the EPOA
E157	Rejected	Invalid admitting diagnosis	ADMITDX not a valid value per ICD-CM codes effective on discharge date
E158	Rejected	Excess ancillary charge field count	Maximum number of Ancillary Charges exceeded (99 max). Discharge record must be deleted from batch
E159	Rejected	Invalid external cause of injury POA	Values other than Y, N, U, W, 1, or blank.
E160	Rejected	Excess room charge field count	Maximum number of Room Charges exceeded (20 max). Discharge record must be deleted from batch
E162	Rejected	Invalid condition code	CCODE value not P7. Other condition codes are not accepted.
E163	Rejected	No Revenue Code of 045x	For 510xx discharges only. No 045x Revenue Code when CCODE P7 is reported
E166	Rejected	Exempt POA (1) for non-exempt Facility and Dx code	Exempt POA reported (POA=1) when facility and DIAG are non-exempt. Exempt facilities are those where the first 3 digits are in the following list of PROVs: '511', '512', '513', '514', '51S', '51T', '51Z', '515', '51U'.

Document Updates

- January 2013: Original Release (WVHIDS_EditCheckSpecs2012Final)
- March 2013: Typo corrected in E160 condition. Condition was revised from 99 to 20 maximum room charges. This is not a change to the implementation of the edit check (WVHIDS_EditCheckSpecs2012Finalv2)
- July 2013: Updates for 2013 data collection year (WVHIDS_EditCheckSpecs2013 - V3)
- June 2014: Removed table of changes to edit checks for the 2013 data collection year (WVHIDS_EditCheckSpecs2014)