

AS/ED AUDIT DICTIONARY					Revised 11/04/2016
Audit #	Location	Audit Message	Audit Description	Audit Severity	
260	DATE	Audits are current as of 11/04/2016	The date of the last audit update	Information	
1	COUNTS	! Total Records Submitted	The total number of records submitted	Information	
2	COUNTS	! Distinct End Dates (Q1-90-91, Q2-91, Q3-92, Q4-92)	The total number of records submitted by month	Information	
3	COUNTS	! Patient Zip Code = 00000	The total number of unavailable zip codes	Information	
4	COUNTS	! Patient Zip Code = 00007	The total number of zip codes reported for homeless residences	Information	
5	COUNTS	! Patient Zip Code = 00009	The total number of zip codes reported for foreign patients	Information	
7	COUNTS	! Records in Trailer File	The number of records in the trailer file	Information	
8	COUNTS	! Ambulatory Records (Type of Service = 1)	The total number of ambulatory surgery records	Information	
9	COUNTS	! ED Records (Type of Service = 2)	The total number of emergency department records	Information	
10	COUNTS	! End date is more than 2 days after Begin Date	The number of records reported with an end date more than 2 days after the begin date	Verify	
192	COUNTS	! On Site E.D. Records	The number of on-site emergency department records	Verify	
193	COUNTS	! Off Site E.D. records	The number of off-site emergency department records	Verify	
211	COUNTS	! Patient Zip Code is a P.O. Box	The number of P.O. Box zip codes	Information	
268	COUNTS	! Total Records with Errors	The total number of records flagged by an edit	Error	
11	COUNTS	Records reported not within 20% of Historic Count	The number of records being reported is not within 20% (above or below) of facility's normal range.	Error	
256	HEADER	Data Type is incorrect for the reporting period	The report year should not be prior to 2010	Error	
25	DEMOGRAPH	Duplicate Patient Control numbers exist	The same Patient Control Number/Record ID is reported more than once in the same file.	Error	
28	DEMOGRAPH	Social Security Number invalid	The Patient Social Security Number field contains a number that is not a valid number recognized by the Social Security Administration and is not the unknown exception (777777777 for unknown SSNs or 77777XXXX to report the last four digits of the SSN)	Error	
30	DEMOGRAPH	Birth Date is after Begin or End Date	The patient's date of birth is after the beginning date of service or ending date of service	Error	
31	DEMOGRAPH	Birth Date is not a valid date	Patient Birth Date is invalid; this is a required field and must contain a value using 10 numeric characters in format YYYY-MM-DD. 1880-01-01 can be used for type of service=2 when efforts to obtain the patients date of birth are unsuccessful	Error	
33	DEMOGRAPH	Invalid Patient ZIP Code	The Patient's Zip Code is invalid, the code must be the five (5) digit US postal service zip code of the patients permanent residence, with exceptions:00009- Foreign residences , 00007- Homeless patients, and 00000 - If unavailable	Error	
37	DEMOGRAPH	Invalid Use of Payer P in ED Data	Use of Payer=P (unknown) is used only if payer information is not available, and type of service is 2 and patient status is 07	Error	
130	DEMOGRAPH	Patient End Date is before Begin Date	The patient begin date MUST precede the patient end date to be valid	Error	
132	DEMOGRAPH	Patient End Date is not in Reporting Period	Patient End Date must fall within the reporting period which the report header indicates	Error	
135	DEMOGRAPH	Patient Reason for Visit Code is Invalid	If reported, must contain a valid ICD-10 CM code and must be entered with use of the decimal point if the valid code contains a decimal point	Error	
155	DEMOGRAPH	Same SSN, Different Race, Sex, or Date of Birth	Two or more records have the same SSN with different races, sex, or dates of birth	Error	
157	DEMOGRAPH	Visit End Date is 8 or more days after Visit Begin Date (type of service=2 ED only)	The date at the end of the patient's visit is 8 or more days after the date entered for the beginning of the patient's visit. Must be verified by the reporting entity.	Verify	
160	DEMOGRAPH	Patient Age > 115	The patient's age is greater than 115 years, according to the date of birth entered	Error	
177	DEMOGRAPH	Ambulatory Surgery Death	A Patient Status of 20 (expired) for type of service =1 (ambulatory surgery). Must be verified by the reporting entity.	Verify	
178	DEMOGRAPH	Duplicate SSN & Begin Date for Svc Type 1	Type of service = 1 and multiple records with the same SSN and Date of Service. Must be verified and explained by the reporting entity. One record should be reported for each visit.	Error	

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180	DEMOGRAPH	Invalid use of Payer P (Freestanding ASC)	Invalid Use of Payer P and service type = 1 (procode 14)	Error
182	DEMOGRAPH	Sunday Visits (Freestanding ASC-procode =14)	Sunday visits and service type = 1	Verify
184	DEMOGRAPH	End Date > 32 Days from Begin Date (ED)	End date is > 32 days from Begin Date (LOS >32days) and service type = 1 and procode=23	Error
202	DEMOGRAPH	Improper Use of Service Location A - non-licensed off-site ED	Facility must be a Florida licensed Off-site ED if Service Location A is reported.	Error
204	DEMOGRAPH	Invalid Source of Admission for ED	Type of service = 2 and Source of Admit ≠ 01, 02, 04-06, 08, 09, or D-F	Error
205	DEMOGRAPH	Ambulatory Surgery cases with Source of Admission not 00	Type of service = 1 is required to use default Source of Admit code 00	Error
207	DEMOGRAPH	ED Hour of Discharge is not 99 for Ambulatory Surgery	Type of service = 1 is required to use default code 99	Error
208	DEMOGRAPH	Patient Country is not Valid	Patient Country Code is invalid, the code must be 2 digit upper case alpha character or 99. 99 is only permitted if type of service = 1 or if this information is unavailable	Error
214	DEMOGRAPH	Hour of Arrival and ED Discharge Hour are unknown	Both arrival and discharge times are 99-unknown.	Error
257	DEMOGRAPH	Type of Service =1 with E&M Code	E&M codes should not be reported for type of service = 1. This is a required field for type of service = 2 only.	Error
258	DEMOGRAPH	E&M code of 99999 but Disc Stat not 07 or Charges not \$0	E&M default code 99999 should not be reported unless the patient discharge status code = 07 or if the visit results in a \$0 charge to indicate that the patient was not evaluated by a physician. The E&M code field is a required entry for type of service = 2	Error
261	DEMOGRAPH	Patient Sex is U (Unknown)	The patient sex is unknown	Error
262	DEMOGRAPH	Patient Age Over 20 and Payer=O (Kid-Care)	A patient over the age of 20 is being reported with Kid-Care as the principal payer	Error
38	DX	Primary Diagnosis is empty and Not ED Discharged AMA	Each record must contain a valid ICD-10 CM code UNLESS patient status is 07 indicating that the patient left against medical advice or discontinued care. A blank field is permitted if type of service is 2 and patient status is 07 consistent with the records of the reporting entity.	Error
39	DX	At Least 1 Diagnosis Ends in a Decimal	Diagnosis codes must be valid ICD-10 codes, entered with use of the decimal point that is contained in the code ONLY if there is a numerical character following the decimal. The code cannot end in a decimal point.	Error
49	DX	Primary Diagnosis is invalid	The primary diagnosis is a required field and must contain a valid ICD-10 CM code. The code must be entered with the use of a decimal point that is included in the valid code.	Error
50-58	DX	Secondary Diagnosis 1-9 is Invalid	If reported, the Secondary Diagnosis 1-9 Code field must contain a valid ICD-10 CM code. The code must be entered with the use of a decimal point that is included in the valid code.	Error
59	DX	Primary Diagnosis conflicts with Patient Sex	The sex of the patient does not agree with a sex specific ICD-10 CM diagnosis code.	Error
60-68	DX	Secondary Diagnosis 1-9 conflicts with Patient Sex	The sex of the patient does not agree with the sex specific ICD-10 CM Secondary Diagnosis 1-9 Code.	Error
69	DX	Primary Diagnosis conflicts with Patient Age	The age of the patient does not agree with an age specific ICD-10 Diagnosis Code. Excludes code ranges P00-P96, and Q00-Q99.	Error
70-78	DX	Secondary Diagnosis 1-9 conflicts with Patient Age	The age of the patient does not agree with the age specific ICD-10 Secondary Diagnosis 1-9 Code. Excludes code ranges P00-P99, and Q00-Q99.	Error
80	DX	Primary Diagnosis is repeated in Secondary Diagnosis Codes	The same ICD-10 diagnosis code is reported more than once on the same record.	Error
81	DX	SDX1 is repeated in Secondary Diagnosis Codes 2-9	The same ICD-10 diagnosis code is reported more than once on the same record.	Error

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82	DX	SDX2 is repeated in Secondary Diagnosis Codes 3-9	The same ICD-10 diagnosis code is reported more than once on the same record.	Error
83	DX	SDX3 is repeated in Secondary Diagnosis Codes 4-9	The same ICD-10 diagnosis code is reported more than once on the same record.	Error
84	DX	SDX4 is repeated in Secondary Diagnosis Codes 5-9	The same ICD-10 diagnosis code is reported more than once on the same record.	Error
85	DX	SDX5 is repeated in Secondary Diagnosis Codes 6-9	The same ICD-10 diagnosis code is reported more than once on the same record.	Error
86	DX	SDX6 is repeated in Secondary Diagnosis Codes 7-9	The same ICD-10 diagnosis code is reported more than once on the same record.	Error
87	DX	SDX7 is repeated in Secondary Diagnosis Codes 8-9	The same ICD-10 diagnosis code is reported more than once on the same record.	Error
88	DX	SDX8 is repeated in Secondary Diagnosis Code 9	The same ICD-10 diagnosis code is reported more than once on the same record.	Error
90	ECMORB CODE	ECMORB codes in Diagnosis or Reason for Visit Codes	Diagnosis code and Reason for Visit Code fields must contain a valid ICD-10 code; ECMORB codes must be reported ONLY in the ECMORB code field	Error
141-143	ECMORB CODE	ECMORB Code1-3 is not a valid ECMORB Code	If not space filled, must be a valid ICD-10-CM cause of morbidity code for the reporting period. The code must be entered with use of a decimal point that is included in the valid code.	Error
144	ECMORB CODE	ECMORB Code 1 is Repeated in ECMORB Codes 2-3	An external cause of morbidity code cannot be used more than once for each visit reported.	Error
145	ECMORB CODE	ECMORB Code 2 is Repeated in ECMORB Code 3	An external cause of morbidity code cannot be used more than once for each visit reported.	Error
150-152	PRACTITION	Invalid Practitioner ID	Field must contain a valid practitioner ID in format ME12345, ARNP1234567, OS1234 with no zero fill or leading zeros	Error
153	PRACTITION	Performing Practitioner without CPT® -HCPCS Code	A record with a performing practitioner must have a corresponding CPT® or HCPCS procedure code	Error
154	PRACTITION	CPT® -HCPCS Code without Performing Practitioner	Principal procedure reported and the performing practitioner is blank. If Principal Procedure Code is in range 10021-69999, inclusive, or between 92920 through 92998 and 93451 through 93533 and type of service=1, then a valid performing practitioner is required	Error
194-196	PRACTITION	Practitioner State ID W/O NPI or NPI W/O State ID	Practitioner State ID without NPI number OR NPI without a state of Florida license. For military practitioners not licensed in Florida, use US999999999 for the state license number or to report the NPI number for military practitioners, medical residents, or individuals not required to obtain a NPI number, use 9999999999.	Error
197-199	PRACTITION	Practitioner NPI is not 10 long	Practitioner NPI is a required field that must be 10 characters in length. It may be the same as the other, operating or performing practitioner NPI. For military practitioners, medical residents, or individuals not required to obtain a NPI number, use 9999999999	Error
91	PROCEDURE	No Procedures are in the collected Range for Amb Surg	Must contain a valid CPT® code between 10021 and 69999, inclusive, or between 92920 through 92998 and 93451 through 93533, inclusive if type of service is "1" indicating ambulatory surgery.	Error
93	PROCEDURE	Other CPT® Code 01 is Invalid	Must contain a valid CPT® Code for the reporting year.	Error
94-102, 215-234	PROCEDURE	Other CPT® Code 02-30 is Invalid	If reported, OTH CPT® must contain a valid CPT® or HCPCS code for the reporting year.	Error
103-112, 235-254	PROCEDURE	Other CPT® Code 01-30 Conflicts with Patient Sex	The sex of the patient does not agree with the sex specific Secondary CPT® or HCPCS Procedure 1-30 code	Error

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174	PROCEDURE	Type of Svc=2 and E and M code 1 is Blank	If the type of service=2 (emergency department visit), the Evaluation and Management Code field must contain a valid HCPCS or CPT® Evaluation and Management Code. Default code 99999 may be used if patient discharge status is 07.	Error
190	PROCEDURE	At Least 1 Procedure Code is in the E and M Range	Evaluation and Management codes must not be reported in Other Procedure codes 1-30	Error
191	PROCEDURE	At Least 1 E and M code is not in the E and M Range	Evaluation and Management codes must be in the range 99281-99285, 99288; 99291-99292; or G0380-G0384	Error
200	PROCEDURE	Venipuncture (36415/36416) and (80000-89399) as only Procedures	Venipuncture for lab services only is a non reportable procedure for type of service = 1.	Error
125	REV	Total Charge not within \$13 of Sum of Sub-Charges	The sum of all sub-charges reported must equal total charges, plus or minus thirteen (13) dollars.	Error
127	REV	E.D. Bill with Total Charges >\$300,000	Total charges exceed \$300,000 and service type =2	Error
158	REV	Total Charge=\$0 and Not ED Discharged AMA or Payer=N	The total charge reported is \$0 and the patient discharge status was not coded as Left AMA (07) or the principal payer was not coded as Non-Payment (N). Zero charges must be verified by the reporting entity.	Error
263	REV	Total Charge>\$150,000 (Free Standing ASC - procode 64)	Total charges exceed \$150,000 in a freestanding ASC-procode 64	Error
264	REV	Total Charge>\$300,000 (Hospital ASC)	Total charges exceed \$300,000 and must be verified by the reporting entity.	Error
265	REV	Total Charge>\$1,000,000	Total charges exceed \$1,000,000 and must be verified by the reporting entity.	Error
266	REV	Trauma Charge at a Non-Trauma Facility (ED)	Facility must be a Florida licensed trauma center if Rev code 068 charges are present.	Error
267	REV	Begin Date <> End Date in Free-Standing ASC	Begin visit date is not same as end visit date and service type=1	Error
149	TRAILER	Number of Records field in Trailer not the Number in DATA	The total number of records that are reported in the trailer record MUST match the total number of records in the data file, excluding the header and the trailer records.	Error