INPATIENT/COMPREHENSIVE REHAB AUDIT DICTIONARY				Revised 11/04/2016
Audit #	Location	Audit Message	Audit Description	Audit Severity
784	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 Discharge 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 reported	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
6	COUNTS	RECORDS WITH EMPTY DRG - GROUPING NOT COMPLETE	The total number of records that could not be assigned a DRG	Information
7	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.	Information
8	COUNTS	Records in Trailer File	The number of records in the trailer file	Information
9	COUNTS	Type of service=1 (Inpatient)	The total number of Inpatient records	Information
10	COUNTS	Type of Service=2 (Comp Rehab)	The total number of Comp Rehab records	Information
749	COUNTS	Patient Zip Code is a P.O. Box	The number of P.O. Box zip codes reported.	Information
796	COUNTS	Total Records with Errors	The total number of records flagged by an edit	Information
37	FATAL	Date of Birth is Invalid	Must contain a value using 10 numeric characters in format YYYY-MM-DD. Age greater than one hundred fifteen (115) years is not permitted unless verified. A birth date after the discharge date is not permitted.	Error
43	FATAL	Discharge Date is Invalid	Must contain a value using 10 numeric characters in the format YYYY-MM-DD. Discharge date must occur within the reporting period as shown on the header record.	Error
740	FATAL	Ungroupable (DRG=999) >= 10/01/2008	The diagnosis code is not within the DRG grouping range-ungroupable.	Fatal
12	HEADER	Data Type is not PD10-3	Must be alpha/numeric using (PD10-3) only	Error
621	ADMIT	Admitting Diagnosis is missing	Admitting diagnosis is a required field and must contain a valid ICD-10-CM code for the reporting period.	Error
622	ADMIT	Admitting Diagnosis ends in a decimal	Admitting diagnosis must be entered with use of a decimal that is included in the valid code, but must not end in a decimal.	Error
623	ADMIT	Admitting Diagnosis conflicts with patients age	Inconsistency between the admitting diagnosis and the patient age must be verified by the reporting entity.	Error
624	ADMIT	Admitting Diagnosis code conflicts with patients sex	Inconsistency between the admitting diagnosis and the patient sex must be verified by the reporting entity.	Error
26	DEMOGRAPH	Duplicate Patient Control numbers exist	The same Record ID is reported more than once in the same file	Error
27	DEMOGRAPH	Social Security Number invalid	The Patient Social Security Number field contains a number is that is not a valid number recognized by the Social Security Administration and is not the unknown exception.	Error
30	DEMOGRAPH	Patient ZIP Code is invalid	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
31	DEMOGRAPH	Patient Priority of admission is invalid	Must contain a one digit code (1, 2,3,4,5) representing the scheduling priority of admission.	Error
32	DEMOGRAPH	Patient Source or Point of Origin for admission is invalid	Must contain a two digit code 01, 02, 04, 05, 06, 08, 09, 10, 13 or one alpha character D, E, F.	Error
46	DEMOGRAPH	Date of birth is after admit date	A date of birth after the admit date is not permitted.	Error

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47	DEMOGRAPH	Admit Date is after discharge date	Admit date must equal or precede the discharge date.	Error
50	DEMOGRAPH	Admit Date=DOB, Admit Priority not 4, Admit Source must be 04	The admit date can only equal the date of birth if the patient is a newborn and the patient was transferred from another facility where they were an inpatient.	Error
499	DEMOGRAPH	Length of Stay >365	Length of stay is greater than 365 days according to admit date and discharge date	Verify
638	DEMOGRAPH	Same SSN, different race, sex, or date of birth	Two or more records have the same SSN with different races, sex, or date of birth	Error
639	DEMOGRAPH	Patient age exceeds 115 years	An age greater than one hundred fifteen years is not permitted unless verified by the reporting entity.	Error
640	DEMOGRAPH	Diagnosis of 798 (sudden death) and discharge status not 20	A record with a ICD-10 code indicating sudden death must have a corresponding patient status of 20 (expired)	Error
741	DEMOGRAPH	Total charges > $3 million	A record exceeds total charge of $3 million	Error
742	DEMOGRAPH	Trauma Priority of Admission at a Non-Trauma facility	Admit type 5 *AND* facility is not a Florida licensed trauma center. Effective >= 10/01/2007	Error
743	DEMOGRAPH	Trauma Charge at a Non-Trauma facility	Facility must be a Florida licensed trauma center if Rev code 068 charges are present.	Error
744	DEMOGRAPH	Trauma Charge without Trauma Priority of Admission	Trauma charges present and Priority of Admission not '5'	Error
752	DEMOGRAPH	Patient Country Code is not valid	Patient Country Code is invalid, the code must be 2 digit upper case alpha character or 99 if this information is unavailable	Error
757	DEMOGRAPH	ED Date of Arrival without ED charges	ED charges must accompany ED admissions. Excludes Payer types A,B, and I.	Error
758	DEMOGRAPH	ED Hour of Arrival without ED charges	ED charges must accompany ED Hour of Arrival. Excludes Payer types A,B, and I.	Error
759	DEMOGRAPH	ED Date of Arrival is after Hospital Admit Date	ED arrival date must equal or precede the admit date.	Error
760	DEMOGRAPH	ED Date of Arrival without Hour or Hour without Date	ED arrival date must contain an Hour of Arrival. Hour of Arrival must contain an ED Date of Arrival	Error
762	DEMOGRAPH	Principal Procedure without Performing Practitioner NPI	A record with a Principal ICD10-CM procedure code must have a corresponding Performing or Operating practitioner NPI	Error
778	DEMOGRAPH	Discharge Time = Admit Time and patient status is not 07 or 20	The admit time must precede the discharge time	Error
780	DEMOGRAPH	ED Hour of Arrival = Discharge Time	The ED Hour of Arrival should not equal the Discharge Time.	Error
783	DEMOGRAPH	Overlapping DOS but different Types of Service	The dates of service are mutually inclusive across service types. The patient dates of service should not fall within the same date range.	Verify
785	DEMOGRAPH	Patient Sex = U (Unknown)	The patient's sex is being reported as unknown. Verification or correction is required.	Error
787	DEMOGRAPH	Condition Code is P7 and ED Date of Arrival is missing	The ED Date of Arrival should be reported when the Condition Code (P7) is reported	Error
788	DEMOGRAPH	Condition Code is 00 and ED Date of Arrival is present	The ED Date of Arrival should not be reported when the Condition Code (00) is reported	Error
791	DEMOGRAPH	Inpatient Admission more than 6 days after ED Admission	Inpatient admission should not be more than 6 days after the ED admission based on the ED 72-hour rule	Verify
793	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
342	DISCHARGE	Discharge Date = Admit Date (Potential Outpatient)	If the discharge date equals the admission date, the reporting entity must verify that these dates are correct and the visit is accurately classified as an inpatient visit.	Verify

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708	DISCHARGE	Discharge Date is not within Reporting Quarter	The discharge date must fall within the reporting period which the report header indicates.	Error
150	DX	Principal Diagnosis Code cannot be an "ECMORB" code	ECMORB-codes are not permitted in diagnosis fields and should ONLY be reported in the external cause of morbidity field.	Error
151	DX	Principal Diagnosis conflicts with Patients Age	The age of the patient does not agree with an age specific ICD10 code. Inconsistency between the principal diagnosis code and patient age must be corrected by the reporting entity.	Error
152-181	DX	Secondary Diagnosis 01-30 conflicts with Patients Age (not P00-P96, and Q00-Q99)	The age of the patient does not agree with an age specific ICD-10 code. Inconsistency between the other diagnosis code and patient age must be verified by the reporting entity. Excludes code ranges P00-P96, and Q00-Q99.	Error
182	DX	Principal Diagnosis Code conflicts with patients sex	The sex of the patient does not agree with a gender specific ICD-10 code. Inconsistency between the principal diagnosis code and patient gender must be verified by the reporting entity.	Error
183-212	DX	Secondary diagnosis 01-30 conflicts with patients sex	The sex of the patient does not agree with a gender specific ICD-10 code. Inconsistency between the other diagnosis code and patient gender must be verified by the reporting entity.	Error
245	DX	Principal diagnosis is unacceptable w/o secondary diagnosis	The reported principal diagnosis code is only acceptable with use of a valid secondary diagnosis code.	Error
246	DX	Principal diagnosis repeated in secondary codes	The same ICD-10 diagnosis code is reported more than once in the same record.	Error
247-275	DX	Secondary diagnosis 01-29 repeated in secondary codes	The same ICD-10 CM diagnosis code is reported more than once in the same record.	Error
343	DX	Principal Diagnosis is invalid	Principal Diagnosis is a required field and must contain a valid ICD-10 CM code. The code must be entered with use of a decimal point, if applicable.	Error
344-373	DX	Secondary diagnosis 01-30 is invalid	If reported, the Secondary Diagnosis field must contain a valid ICD-10 code. The code must be entered with use of a decimal point, if applicable.	Error
646	DX	Primary Diagnosis Ends in a Decimal	Diagnosis Codes should be reported with a decimal point that is included in the valid code and without use of decimals at the end of a valid code.	Error
647-676	DX	Secondary Diagnosis 01-30 Ends in a Decimal	Diagnosis Codes should be reported with a decimal point that is included in the valid code and without use of decimals at the end of a valid code.	Error
738	DX	PDX Invalid as a discharge diagnosis (DRG 998)	The diagnosis code is not within the DRG grouping range-ungroupable.	Error
745	DX	Admitting Diagnosis is invalid	Admitting diagnosis is a required field and must contain a valid ICD-10-CM code. The code must be entered with the used of a decimal point, if applicable.	Error
794	DX	Comp Rehab Principle Diagnosis Z51.89, but Type of Service is '1' (excludes long-term care facilities with Medicare numbers 1020000 to 1029999)	Comprehensive Rehabilitation Principle diagnosis V57.89 is only acceptable when Type of Service is '2'; Excluding long-term care facilities with Medicare numbers 1020000 to 1029999.	Error
626-628	ECMORB CODE	ECMORB code 1-3 is invalid or is not an ECMORB code	If not space filled, must be a valid ICD-10-CM external cause of morbidity code for the reporting period.	Error

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629-631	**ECMORB CODE**	ECMORB code 1-3 ends in a decimal	ECMORB codes should be reported with a decimal point that is included in the valid code and without use of decimals at the end of a valid code.	Error
632	**ECMORB CODE**	ECMORB code 1 is Repeated in ECMORB Codes 2 or 3	An external cause of morbidity code cannot be used more than once for each visit reported.	Error
633	**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
782	**FATAL**	Comprehensive Rehab Facility with Inpatient Type of Service = 1	Comprehensive rehabilitation data should be reported with type of service '2'.	Error
786	**FATAL**	Hospital has no Licensed Comp Rehab Beds but Type of Service = 2	Only hospitals that have comprehensive rehab beds should report comprehensive rehab data with type of service '2'	Error
635	**INFANT**	Infant Linkage Identifier is not valid	Must contain a nine digit numerical character indicating the SSN of the patient's mother if patient is less than two years of age. If the patient is age two or older, zero fill. Assign 777777777 for mother's SSN where efforts to obtain was unsuccessful; 333333333 if infant is in the custody of the State of Florida or adopted and mother's SSN is unavailable.	Error
636	**INFANT**	Infant Linkage Identifier = Patient's SSN	Infant Linkage should equal mother's SSN if patient is less than two and zero fill if older than two.	Verify
33	**NEWBORN**	Newborn Source of Admission without Newborn Priority	Use of newborn source of admission is only permissible with use of newborn priority of admission code.	Error
34	**NEWBORN**	Priority of Admission=4 and Age not 0 days	If the priority of admission=4 (newborn), then the age must correspond accordingly.	Error
35	**NEWBORN**	Newborn priority of admission without newborn source	Use of newborn priority of admission is only permissible with use of special source of admission codes 10-14.	Error
36	**NEWBORN**	Newborn Source or Type, and Age >1 Day	Priority of admission is newborn and child's age is greater than 24 hours	Error
571	**PHYSICIAN**	Attending Practitioner State License is invalid	Must contain the valid Florida practitioner license number of the attending practitioner responsible for the care of the patient at the time of service. A required entry.	Error
572	**PHYSICIAN**	Performing Practitioner License without Principal Procedure	A record with a Performing or Operating practitioner must have a corresponding Principal ICD-10-CM procedure code	Error
573	**PHYSICIAN**	Principal Procedure without Performing Practitioner License	A record with a Principal ICD-10-CM procedure code must have a corresponding Performing or Operating practitioner	Error
574	**PHYSICIAN**	Performing Practitioner State License is invalid	Must contain the valid Florida practitioner license number of the practitioner who performed the principal procedure reported. No entry is permitted if no principal procedure was reported.	Error
575	**PHYSICIAN**	Other Practitioner License is the same as Performing Pract.	The other operating or performing practitioner must not be reported as the operating or performing practitioner. The other operating or performing practitioner may be the attending practitioner. No entry is permitted consistent with the records of the reporting entity.	Error
576	**PHYSICIAN**	Other Practitioner State License is invalid	Must contain the valid Florida practitioner license number of any other practitioner responsible for the patient's care. The other operating or performing practitioner may be the attending practitioner. No entry is permitted consistent with the records of the reporting entity.	Error

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761	**PHYSICIAN**	Attending Practitioner NPI is empty	Attending practitioner license NPI is a required entry and may be the same as the other operating or performing practitioner. For military practitioners not licensed in Florida, medical residents, or individuals not required to obtain a NPI number use 999999999.	Error
763	**PHYSICIAN**	Performing Practitioner State ID W/O NPI or NPI W/O State ID	Operating or Performing ID without NPI number OR NPI without a state of Florida license. For military practitioners not licensed in Florida, medical residents, or individuals not required to obtain a NPI number use 999999999.	Error
764	**PHYSICIAN**	Other Practitioner State ID W/O NPI or NPI W/O State ID	Other Operating or Performing ID without NPI number OR NPI without a state of Florida license. For military practitioners not licensed in Florida, medical residents, or individuals not required to obtain a NPI number use 999999999.	Error
775-777	**PHYSICIAN**	Attending/Performing/Other Practitioner NPI is not Empty or 10 long	Attending/Operating or Performing/Other practitioner NPI is a required field and must be 10 characters in length. For military practitioners not licensed in Florida, medical residents, or individuals not required to obtain a NPI number use 999999999.	Error
502	**POA**	POA for Prin DX not valid for the DX code	The Present on Admission indicator field is 1 and the Primary Diagnosis code is not exempt.	Error
503-532	**POA**	POA for SDX 01-30 not valid for the DX code	The Present on Admission indicator field is 1 and the Secondary Diagnosis code is not exempt.	Error
533-535	**POA**	POA for ECMORB Code 1-3 is not valid for the ECMORB Code	The Present on Admission indicator field is 1 and the ECMORB Code is not exempt.	Error
85	**PROCEDURE**	Principal Procedure date is invalid	Must contain ten characters in format YYYY-MM-DD and must be less than seven days prior to the admission date and not after the discharge date.	Error
86-115	**PROCEDURE**	Secondary Procedure 01-30 date is invalid	Must contain ten characters in format YYYY-MM-DD and must be less than seven days prior to the admission date and not after the discharge date.	Error
116	**PROCEDURE**	Principal Procedure date without Principal Procedure	If a procedure date is reported a corresponding valid principal procedure code must be reported.	Error
117-146	**PROCEDURE**	Secondary Procedure 01-30 without Procedure date	Must contain ten characters in the format YYYY-MM-DD. If a secondary procedure is reported, a valid procedure date must be reported.	Error
280	**PROCEDURE**	Principal Procedure more than 6 days before Admission	The reported principal procedure date is too many days prior to the admission date.	Error
281-310	**PROCEDURE**	Secondary Procedure 1-30 more than 6 days before Admission	The reported secondary procedure date is too many days prior to the admission date and not later than the discharge date.	Error
311	**PROCEDURE**	Prin Proc Date after Discharge Date	The reported principal procedure date must be before the discharge date.	Error
312-341	**PROCEDURE**	Secondary Proc 01-30 date after discharge date	The reported secondary procedure date must be less than seven days prior to the admission date and not later than the discharge date.	Error
374	**PROCEDURE**	Principal Procedure is invalid	Must contain a valid ICD-10-CM procedure code for the reporting period	Error
375-404	**PROCEDURE**	Secondary Procedure 01-30 is invalid	Must contain a valid ICD-10-CM procedure code for the reporting period	Error

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405	PROCEDURE	Prin Proc code conflicts with patients age	The age of the patient does not agree with an age specific ICD-10-CM procedure code	Verify
436	PROCEDURE	Principal Procedure code conflicts with patients sex	The sex of the patient does not agree with the gender specific ICD-10-CM procedure code	Error
437-466	PROCEDURE	Secondary Procedure 01-30 conflicts with patients sex	The sex of the patient does not agree with the gender specific ICD-10-CM procedure code	Error
147-148	RESERVED	Reserved for future use		Not Used
52	REV	Total Charges = $0 and Admit Priority not 4	Zero (0) must be verified separately by reporting entity. Newborn Priority 4-excluded.	Error
276	REV	Sum of sub charges <> total or charge data invalid	The sum of all charges reported must equal total charges, plus or minus thirteen dollars. Must be reported in dollars numerically without dollar signs or commas, excluding cents.	Error
501	REV	Per Diem not between $200 and $200,000 and LOS>=2 Days	Per Diem charges do not fall between $200 and $200,000	Verify
746	REV	Record has no Room, ICU, CCU, or Nursery charges	Sum of (Room Charges+ICU Charges+CCU Charges+Nursery I, II, III Charges)= $0	Error
645	TRAILER	Records reported submitted not number actually submitted	The total number of records in the file must equal the number of records entered in the Trailer record	Error