



## **NJDDCS V2 Edit Specifications**

### General Information

#### **Medicare Code Editor**

QuadraMed uses the Medicare Code Editor guidelines to perform the following edit verifications:

- Invalid Diagnosis or Procedure Code
- E-Code as Principal Diagnosis
- Duplicate of Principal Diagnosis Code
- Age Conflict (based on Diagnosis and Procedure Codes)
- Sex Conflict (based on Diagnosis and Procedure Codes)

#### **Edit Types**

##### *Fatal Edits*

Fatal Edits are those which indicate the data in a required field is missing or incorrect. Users must change the data in that field (or a related field, in the case of relational edits) to a valid entry in order for the edit to clear. The claim will not be swept if there are any fatal edits remaining.

Fatal edits can be both standard and relational.

Standard edits indicate the data within that field is invalid or missing. For example, the Patient Control Number field is blank.

Relational edits verify that data in two or more fields match the edit requirements. For example, the Patient's Address State is "NJ" but the Zip Code is from New York.

##### *Verifiable Edits*

Verifiable edits are warnings to alert the user that an unexpected condition exists that require verification. An example of this would be a patient's length of stay exceeding 365 days. The logic used to process a Verifiable Edit is identical to the logic used for Fatal Edits. The only difference is that a single byte field is associated with each Verifiable Edit and is used to hold the confirmation state of the warning.

The edit condition will continue to be triggered until either:

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- The user enters the confirmation in the warning box, thus failing the statement MISC1 <> “Y”
- The user changes the value of the discharge date (updating the LOS), thus failing the statement Length of Stay is > 365.

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**Attachment 1 - NJDHSS Edits**

Ref #	Edit Logic	Error Message	Type <sup>1</sup>	Notes	Patient Type	Field Being Edited
1	Accident State must be either blank or a valid state code	Accident State invalid	F		Both	Accident State
2	The Admission Date must be a valid date	Admission Date Invalid	F		Both	Admission Date
3	The Admission Date cannot be before 2005	Admission date cannot be before 1/1/2005	F		Inpatient Only	Admission Date
4	Admission Hour must be <24 or '99'	Admission Hour not 00-23 or 99	F		Both	Admission Hour
5	Admitting Diagnosis Code cannot be blank and must be a valid diagnosis code	Invalid Admitting Diagnosis Code	F	Admitting diagnosis code required for inpatients only. If present on an outpatient, it must be a valid diagnosis code.	Inpatient Only	Admitting Diagnosis Code
6	The Attending Physician State Code [which is the first two characters of the Attending Physician License Number] Must be a valid state, '22', '25', '26' or '35'	Attending Physician Code Invalid	F		Both	Attending Physician State License Number
7	If the Attending Physician State Code [the first two characters of the Physician License Number] = 'NJ' then check to see that the number after the state code is 7 or 8 characters in length and does not contain a space. If the first two characters are '22', '25', '26' or '35', then check to see the number after the state codes is 10 characters in length and does not contain a space.	Attending Physician Code Invalid	F		Both	Attending Physician State License Number

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Ref #	Edit Logic	Error Message	Type <sup>1</sup>	Notes	Patient Type	Field Being Edited
8	If the Attending Physician State Code [the first two characters of the Physician License Number] is valid, and <> 'NJ', '22', '25', '26', or '35' then check to see that the number after the state code is not 'blank'	Attending Physician Code Invalid	F		Both	Attending Physician State License Number
9	Attending Physician's NPI may be blank or a valid NPI (using the Luhn algorithm)	Attending Physician's NPI invalid	F	This edit will be changed to a required field in accordance with CMS's requirements.	Both	Attending Physician's NPI
10	Bill Type must be either '0111', '0112', '0113', '0114', '0115', '0117', '0118', '0121', '0122', '0123', '0124', '0125', '0127', '0128', '0131', '0135', '0137', '0138'	Type of Bill Invalid	F		Both	Bill Type
11	Bill types '011X' and '012X' must have an I/O indicator of 'I' and '013X' must have an I/O indicator of 'O'	Bill type does not match I/O indicator	F		Both	Bill Type
12	If Bill Type does not equal either '0131', '0135', '0137', '0138' Total Days must equal Length of Stay [LOS]	LOS >0, Total Days Does Not Equal LOS	F		Both	Bill Type
13	If Bill Type does not equal either '0131', '0135', '0137', '0138' <u>and</u> Total Days > 1 then Length of Stay [LOS] cannot equal '0000'	LOS =0, Total Certified Day > 1	F		Both	Bill Type
14	Bill types 'XXX2' and 'XXX3' can only have a patient status of '30'	Interim Bill Type Used, Patient Status must be '30'.	F		Inpatient Only	Bill Type
15	If bill type equals '0131', '0135', or '0137', LOS cannot be greater than 1.	Bill Types 0131-0137 cannot have a LOS greater than 1.	F		Both	Bill Type

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Ref #	Edit Logic	Error Message	Type <sup>1</sup>	Notes	Patient Type	Field Being Edited
16	If Age in Days < 29 then Birth Weight must be > '0100' and < '9000'	Age < 29 Days, Birth weight not 0100-9000 grams	F		Inpatient Only	Birth Weight
17	A Condition Code field cannot be valued if the preceding Condition Code field is blank	Condition Code may only be present when previous Condition Code is present	F		Both	Condition Codes 2-24
18	Condition Code must be blank or must be valid code on Condition Code table	Condition Code invalid	F		Both	Condition Codes 2-24
19	If Patient's Age is less than 29 days, then the diagnosis codes listed in the AP-DRG Version 25.0 definitions manual for DRG 469 in MDC 15 are invalid as the principal diagnosis.	Invalid principal diagnosis code for newborn.	F		Both	Diagnosis Code 1
20	The Diagnosis Code POA Indicator must be Y, N, U or W, unless the Diagnosis Code is on the list of exempt codes	POA Indicator missing or invalid	F		Inpatient Only	Diagnosis Code POA Indicator (1-25)
21	Duplicate Diagnosis code is found	Diagnosis Code (2-25) is duplicate	F		Both	Diagnosis Codes (2-25)
22	If there is a Diagnosis Code in any diagnosis code field, then the codes in the preceding fields must not be blank	Diagnosis Code may only be present when previous Diagnosis Code is present.	F		Both	Diagnosis Codes (2-25)
23	Admission Date must not be greater then the Discharge Date (final bills only)	Discharge Date Before Admission Date	F		Inpatient Only	Discharge Date

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Ref #	Edit Logic	Error Message	Type <sup>1</sup>	Notes	Patient Type	Field Being Edited
24	The Discharge Date must be a valid date and must be from an open year (not a year that has already been closed by the NJDHSS) (field required on final bills only)	Discharge Date Invalid	F		Inpatient Only	Discharge Date
25	Discharge Hour must be 00-23 or 99 for final-billed patients (XXX1, XXX4, XXX7)	Invalid Discharge Hour	F		Inpatient Only	Discharge Hour
26	Patient's Ethnicity must be either '21485', '21493', '21519', '21550', '21659', '21808', '21824', '21865', '21870', '21875' or '21880'	Patient's Ethnicity Invalid	F		Both	Ethnicity
27	If any of the External Cause of Injury (EIC) codes is not 'blank' then it must be a valid code.	Invalid EIC code.	F		Both	External Cause of Injury Codes
28	An External Cause of Injury Code cannot be valued if the preceding External Cause of Injury Code is blank	External Cause of Injury Code may only be present when previous EIC Code is present	F		Both	External Cause of Injury Codes 2-12
29	The External Cause of Injury POA Indicator must be Y, N, U, or W, unless the EIC code is on the list of exempt codes	POA Indicator missing or invalid	F		Inpatient Only	External Cause of Injury POA Indicator (1-12)
30	Patient's Gender must be either 'M', 'F', or 'U'	Patient's Gender Invalid	F		Both	Gender
31	Gender code 'U' valid only for patients < 29 Days of Age	Gender code 'U' valid only for patients < 29 days old	F		Both	Gender
32	If the Revenue Code is valid and the Revenue Code equals either '0112', '0122', '0132', '0142', '0152', '0721', 0722', then the Patient's Gender must be 'F'	Gender and Revenue Code Incompatible	F		Both	Gender

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Ref #	Edit Logic	Error Message	Type <sup>1</sup>	Notes	Patient Type	Field Being Edited
33	If Bill Type equals '0131', '0135', '0137' all Revenue Codes must have a HCPCS code unless the Revenue Code is on the list of exempt revenue codes	Revenue Code requires HCPCS code	F	Changed to match CMS's requirements for HCPCS reporting on certain revenue codes	Outpatient Only	HCPCS codes
34	HCPCS Code must be on list of valid codes	HCPCS Code invalid.	F		Outpatient Only	HCPCS codes
35	HCPCS Modifier 1 must either be blank or a valid code on Modifier table.	Invalid HCPCS Modifier 1	F		Outpatient Only	HCPCS Modifier 1
36	HCPCS Modifier 2 must either be blank or a valid code on Modifier table.	Invalid HCPCS Modifier 2	F		Outpatient Only	HCPCS Modifier 2
37	HCPCS Modifier 3 must either be blank or a valid code on Modifier table.	Invalid HCPCS Modifier 3	F		Outpatient Only	HCPCS Modifier 3
38	HCPCS Modifier 4 must either be blank or a valid code on Modifier table.	Invalid HCPCS Modifier 4	F		Outpatient Only	HCPCS Modifier 4
39	A HCPCS Modifier (2-4) cannot be valued unless the previous Modifier is valued.	HCPCS Modifier cannot be present if previous Modifier is blank	F		Outpatient Only	HCPCS Modifier (2-4)
40	Inpatient/Outpatient indicator can only be I or O	Invalid I/O indicator	F		Both	Inpatient/Outpatient Indicator
41	Insured ID cannot be blank unless patient is self-pay (payer code 031, 039, or 095)	Insured's Identification Invalid	F		Both	Insured Id Number
42	Length of Stay should be less than 365	Length of Stay more than 365 Days	V		Inpatient Only	Length of Stay
43	Marital Status cannot be blank and must be on the list of valid marital status codes	Marital Status Invalid	F		Both	Marital Status

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Ref #	Edit Logic	Error Message	Type <sup>1</sup>	Notes	Patient Type	Field Being Edited
44	Medical Record Number must be at least 4 but not more than 24 characters	Medical Record Number Invalid	F		Both	Medical Record Number
45	Mother's Medical Record Number must be at least 4 but not more than 24 characters if Birth Date equals Admission Date, Priority of Visit equals '4,' and Transfer In Code is blank	Mother's Medical Record Number Missing/Invalid	F		Inpatient Only	Mother's Medical record Number
46	The facility's NPI number must be valid and match the listing in the provider table	NPI Number invalid	F		Both	National Provider Indicator
47	If the patient's age is greater than 18, the Occupation code cannot be blank	Invalid Occupation	F		Both	Occupation Code
48	An Occurrence Code may not be present without an Occurrence Code Date	Occurrence Code present, Occurrence Code Date may not be blank	F		Both	Occurrence Code Dates
49	Occurrence Code Date must be a valid date, less than current date, and (excluding codes A1, B1 and C1) must be greater than or equal to patient's birth date	Occurrence Date invalid	F		Both	Occurrence Code Dates
50	Occurrence Code must be blank or must be a valid Occurrence Code on the Occurrence Code table	Occurrence Code invalid	F		Both	Occurrence Codes
51	An Occurrence Code Date may not be present without an Occurrence Code	Occurrence Code Date present, Occurrence Code may not be blank	F		Both	Occurrence Codes

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Ref #	Edit Logic	Error Message	Type <sup>1</sup>	Notes	Patient Type	Field Being Edited
52	An Occurrence Code field cannot be valued when the preceding Occurrence Code field is blank	Occurrence Code may only be present when previous Occurrence Code is present	F		Both	Occurrence Codes 2-24
53	Occurrence Span Code must be blank or must be a valid Occurrence Span Code on the Occurrence Span Code table	Occurrence Span Code invalid	F		Both	Occurrence Span Code
54	An Occurrence Span Code cannot be present without Occurrence Code From and Thru Dates	Occurrence Span Code Date(s) missing	F		Both	Occurrence Span Code
55	An Occurrence Span Code field cannot be valued when the preceding Occurrence Span Code field is blank	Occurrence Span Code may only be present when previous Occurrence Span Code is present	F		Both	Occurrence Span Codes 2-24
56	An Occurrence Span From Date cannot be present without an Occurrence Span Code	Occurrence Span Date cannot be present without Occurrence Span Code	F		Both	Occurrence Span From Date
57	For Occurrence Span Codes 74, 75, 76, 77, M0, M1, M2, M3 and M4, the Occurrence Span From Date must not be less than the Statement From Date	Occurrence Span Code Dates outside of claim dates	F		Both	Occurrence Span From Date
58	An Occurrence Span Thru Date cannot be present without an Occurrence Span Code	Occurrence Span Date cannot be present without Occurrence Span Code	F		Both	Occurrence Span Thru Date
59	For Occurrence Span Codes 74, 75, 76, 77, M0, M1, M2, M3 and M4, the Occurrence Span Thru Date must not be greater than the Statement Thru Date	Occurrence Span Code Dates outside of claim dates	F		Both	Occurrence Span Thru Date

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Ref #	Edit Logic	Error Message	Type <sup>1</sup>	Notes	Patient Type	Field Being Edited
60	For Occurrence Span Codes 70, 71, 72, 73, and 78 the Occurrence Span Thru and From Dates must be valid dates and must be greater than the patient's birth date	Invalid Occurrence Span Date(s)	F		Both	Occurrence Span From and Thru Dates
61	Patients with procedure codes must have an operating physician license number.	Procedure Code present, Operating Physician License Number must be present	F		Inpatient Only	Operating Physician License Number
62	If the Operating/Other Physician License Number is not 'blank' then first two characters of the Operating Physician License Number must be a valid state, '22', '25', '26', or '35'	Operating/Other Physician License Number Invalid	F		Both	Operating/Other Physician State License Number
63	If the Operating/Other Physician License Number is not "blank", and the first two characters = 'NJ' then check to see that the number after the state code is 7 or 8 characters in length and does not contain a space. If the first two characters are '22', '25', '26' or '35', then check to see that the number after the state code is 10 characters in length and does not contain a space.	Operating/Other Physician License Number Invalid	F		Both	Operating/Other Physician State License Number
64	If the Operating/Other Physician License Number is not 'blank' and the first two characters are a valid state, but the state <> 'NJ', '22', '25', '26' or '35' then check to see that the number after the state code is not 'blank'	Operating/Other Physician License Number Invalid	F		Both	Operating/Other Physician State License Number

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Ref #	Edit Logic	Error Message	Type <sup>1</sup>	Notes	Patient Type	Field Being Edited
65	Operating/Other Physician's NPI must be a valid NPI (using Luhn algorithm) or blank	Operating/Other Physician's NPI blank or invalid	F	This edit will be changed to a required field in accordance with CMS's requirements.	Both	Operating/Other Physician's NPI
66	Patient City cannot be blank	Patient City cannot be blank	F		Both	Patient Address – City
67	Patient Country Code must be valid code on country list if Patient's State = 'XX'	Patient Country invalid	F		Both	Patient Address – Country
68	Patient Street Address cannot be blank	Patient Street Address cannot be blank	F		Both	Patient Address – Street
69	The Patient Zip Code must be in table ranges (US addresses) or not blank (non-US addresses)	Patient Zip Code Invalid	F		Both	Patient Address - Zip Code
70	If the Residence Code is a valid NJ residence code [as found in the NJ Resident Code Table] then the first two character of the Patient Zip Code must be either an '07' or '08'	Zip code invalid for residence code.	F		Both	Patient Address - Zip Code
71	Patient State must equal a valid state code (United States and Canada and XX for other)	Invalid State Code	F		Both	Patient Address State
72	The Century corresponding to the Patient Birthdate must equal either '18', '19' OR '20'	Birth Century/Year Invalid	F		Both	Patient Birth Date
73	The Birth Date must be a valid date	Birth Date Invalid	F		Both	Patient Birth Date
74	The Patient Birth Date is prior to the Admission Date	The Patient Birth Date must be less than or equal to the Admission Date	F		Both	Patient Birth Date
75	The Patient's age is calculated to be greater than 124	The Patient's age must not be greater than 124	F		Both	Patient Birth Date

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Ref #	Edit Logic	Error Message	Type <sup>1</sup>	Notes	Patient Type	Field Being Edited
76	Patient Control Number cannot equal spaces and must be at least 4 but not more than 20 characters	Patient Control Number Invalid	F		Both	Patient Control Number
77	Patient Discharge Status must be either '01', '02', '03', '04', '05', '06', '07', '09', '20', '30', '43', '50', '51', '61', '62', '63', '64', '65', '66' (or '70' for discharges as of 4/1/08)	Patient Discharge Status Code Invalid	F		Both	Patient Discharge Status
78	If Primary Payer Code equals either '031', '039' then the Patient Estimated Amount Due must be > then zeroes	Patient Estimated Amount Due Invalid	F		Both	Patient Estimated Amount Due
79	Patient Estimated Amount Due cannot be greater than 9,999,999	Patient Estimated Amount Due cannot be greater than 9,999,999	F		Both	Patient Estimated Amount Due
80	Patient First Name cannot be numeric and Patient First name cannot be 'blank'	Patient First Name Invalid	F		Both	Patient's First Name
81	Patient Last Name cannot be numeric and Patient Last name cannot be 'blank'	Patient Last Name Invalid	F		Both	Patient's Last Name
82	Patient Middle Initial must either be 'blank', or 'alpha'	Patient Middle Initial Invalid	F		Both	Patient's Middle Initial
83	If Bill Type is '0131' or '0137', the Patient's Reason for Visit Code 1 may not be blank and must be a valid diagnosis code	Patient's Reason for Visit Invalid	F		Outpatient Only	Patient's Reason for Visit
84	If not blank, the Patient's Reason for Visit Code must be a valid diagnosis code	Patient's Reason for Visit Invalid	F		Inpatient only	Patient's Reason for Visit

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Ref #	Edit Logic	Error Message	Type <sup>1</sup>	Notes	Patient Type	Field Being Edited
85	The Patient's Reason for Visit Code 2 may not be valued if the Patient's Reason for Visit Code 1 is blank	Patient's Reason for Visit Code 2 may not be present when preceding code is blank	F		Both	Patient's Reason for Visit
86	The Patient's Reason for Visit Code 3 may not be valued if the Patient's Reason for Visit Code 2 is blank	Patient's Reason for Visit Code 3 may not be present when preceding code is blank	F		Both	Patient's Reason for Visit
87	Patient's Relationship to Insured 1 cannot be blank and must be a valid code on the table	Patient's Relationship to Insured blank or invalid	F		Both	Patient's Relationship to Insured 1
88	Patient's Relationship to Insured 2 cannot be blank and must be a valid code on the table if Secondary payer Code is not blank	Patient's Relationship to Insured blank or invalid	F		Both	Patient's Relationship to Insured 2
89	If Primary Payer Code is '031' or '039' then Payer Estimated Amount Due must equal zeroes	Payer Estimated Amount Due Invalid	F		Both	Payer Estimated Amount Due
90	If Primary Payer Code is not '031' or '039' then the Payer Estimated Amount Due must be greater than zeroes	Payer Estimated Amount Due Invalid	F		Both	Payer Estimated Amount Due
91	Payer Estimated Amount Due cannot be greater than 9,999,999	Payer estimated Amount Due cannot be greater than 9,999,999	V		Both	Payer Estimated Amount Due
92	Primary Payer Code must not be blank and must be a valid code on the payer code table	Primary Payer Code Invalid	F		Both	Primary Payer Code
93	Priority of Visit must be either '1','2','3','4','5', or '9'	Priority of Visit not 1-5 or 9	F		Both	Priority of Visit
94	If Priority of Visit equals '4' then Age in Days must be <= 28	Priority of Visit 4, Admission Date > 28 Days From Birth Date	F		Both	Priority of Visit

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Ref #	Edit Logic	Error Message	Type <sup>1</sup>	Notes	Patient Type	Field Being Edited
95	If Priority of Visit equals either '1', '2', '3', '5' or '9' then Age in Days at admission must be > 0	Priority of Visit 1-3, 5, or 9 invalid for newborn	F		Both	Priority of Visit
96	If Procedure Code Date is valued then Procedure Code must not be 'blank'	Procedure Date present without procedure code	F		Both	Procedure Code (1-25)
97	If there is a procedure code in any procedure code field, then the codes in the preceding fields must not be blank.	Procedure Code may only be present when Previous Procedure Code is present.	F		Both	Procedure Code (2-25)
98	If Procedure Code is valued [not 'blank'] then Procedure Code Date must be a valid date	Procedure Code present without procedure date	F		Both	Procedure Date (1-25)
99	The Procedure Code Date must be greater than or equal to the Statement From Date	Procedure Date outside claim dates	F		Both	Procedure Date (1-25)
100	The Procedure Code Date must be less than or equal to the Discharge Date	Procedure Date outside claim dates	F		Both	Procedure Date (1-25)
101	The Hospital Provider Number must be a valid number	Provider Number Invalid	F		Both	Provider Number
102	Patient's Race must not be blank and must be a valid code on the race code table	Patient Race Code Invalid	F		Both	Race
103	Readmission Code must be '0', '1' or '9' if patient's birth date is less than the admission date	Readmission Code must be '0', '1' or '9'	F		Inpatient Only	Readmission Code
104	If the Priority of Visit = '1', '2', '3', '5' or '9' then the Patient's Point of Origin must be either '1', '2', '4', '5', '6', '7', '8', '9', 'D', 'E' or 'F'	Point of Origin code invalid	F		Both	Referral Source

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Ref #	Edit Logic	Error Message	Type <sup>1</sup>	Notes	Patient Type	Field Being Edited
105	If Priority of Visit = '4' then Patient's Point of Origin must equal either '5' or '6'	Priority of Visit = 4, Point of Origin not 5 or 6	F		Both	Referral Source
106	Residence Code cannot be blank and must be on either the "NJ Residence Code Table" or the "Out of State Residence Code Table"	Residence Code Invalid	F		Both	Residence Code
107	If state is NJ, then Residence Code must be between 0101-2123.	State = NJ, Residence Code must be 0101-2123	F		Both	Residence Code
108	If Revenue Code Service Units is valued [does not equal spaces or zeroes] then Revenue Code must be valued [not equal to spaces or zeroes]	Revenue Code Invalid	F		Both	Revenue Code
109	If Revenue Code Total Charge is valued [does not equal spaces or zeroes] then Revenue Code must be valued [not equal to spaces or zeroes]	Revenue Code Invalid	F		Both	Revenue Code
110	The Revenue Code must be found in the Revenue Code table	Revenue Code Invalid	F		Both	Revenue Code
111	If Revenue Code is Valid and the Revenue Code equals either '0111', '0121', '0131', '0141', '0151', '0201', '0202', '0231' then the patient's age must be greater than or equal to 19	Age and Revenue Code Incompatible	V		Inpatient Only	Revenue Code
112	If Revenue Code is Valid and the Revenue Code equals either '0113', '0123', '0133', '0143', '0153', '0203' then the patient's age must be less than or equal to 18	Age and Revenue Code Incompatible	V		Inpatient Only	Revenue Code

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Ref #	Edit Logic	Error Message	Type <sup>1</sup>	Notes	Patient Type	Field Being Edited
113	If Revenue Code is Valid and the Revenue Code equals '017X' then the patient's age must be less than 1	Age and Revenue Code Incompatible	V		Inpatient Only	Revenue Code
114	Trauma Revenue Codes (068X) may only be used when Priority of Visit is 5 (trauma)	Trauma Revenue Codes may only be used when Priority of Visit = 5	F		Both	Revenue Code
115	If Revenue Code is Valid then Revenue Code Total Charges must be greater than zero	Revenue Total Charges Invalid	V		Both	Revenue Code Total Charges
116	Total Charge cannot be greater than 9,999,999	Total Charge for revenue line item greater than 9,999,999	V		Both	Revenue Code Total Charges
117	If Revenue Code is valid then Revenue Service Units must be Numeric	Days/Units/Time Invalid	F		Both	Revenue Code Units
118	If Revenue Code prefix equals either '010', '011', '012', '013', '014', '015', '016', '017', '018', '020', '021' then Revenue Code Units cannot be zeroes	Days/Units/Time Invalid	F		Inpatient Only	Revenue Code Units
119	The sum of the total days for a routine revenue code line should equal the actual length of stay	Total Days for revenue line items should be equal to total LOS	V		Inpatient Only	Revenue Code Units
120	No Revenue Code Lines found for this record	No revenue lines have been entered for this record	V		Both	Revenue Codes
121	Secondary Payer Code must be a valid code on the payer code table	Secondary Payer Code Invalid	F		Both	Secondary Payer Code
122	Service From Date must not be greater then the Service Thru Date	Service Thru Date Before Service From Date	F		Both	Service From Date
123	The Service Thru Date year cannot be before 2008	Service Thru Date cannot be before 1/1/2006	F		Both	Service Thru Date

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Ref #	Edit Logic	Error Message	Type <sup>1</sup>	Notes	Patient Type	Field Being Edited
124	Social Security Number may either be blank or 9 digits	Invalid Social Security Number	F	This field is optional, but if provided will be used by the NJDHSS to identify patients with multiple admissions	Both	Social Security Number
125	Tertiary Payer Code must be a valid code on the payer code table	Tertiary Payer Code Invalid	F		Both	Tertiary Payer Code
126	Tertiary payer code cannot be present without secondary payer code present	Tertiary Payer Code is present but Secondary Payer Code is not present	F		Both	Tertiary Payer Code
127	If the Source of Referral for Admission Code is '4' and the Priority of Visit Code is '1,' '2,' '3,' '5,' or '9' the Transfer In Code must be a valid hospital NPI number (checked using the Luhn algorithm)	Transfer In Code Invalid	F		Both	Transfer In Code
128	If the Patient Discharge Status Code = '02' then the Transfer Out Code must be a valid facility NPI number (checked using Luhn algorithm).	Transfer Out Code Invalid	F		Both	Transfer Out Code
129	A Value Code cannot be present without a Value Code Amount	Value Code cannot be present without Value Code Amount	F		Both	Value Code
130	A Value Code Amount cannot be present without a Value Code	Value Code Amount cannot be present without Value Code	F		Both	Value Code Amount
131	If the Value Code is 45, the Value Code Amount must be 00-23 or 99	Accident Hour invalid	F		Both	Value Code Amount
132	If Value Code is 32, 37, 38, 39, 46, 50, 51, 52, 53, 56, 57, 60, 61, 67, 68, 80, 81, 82, 83, or A0 there can be no decimal place	Value Code Amount invalid	F		Both	Value Code Amount

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Ref #	Edit Logic	Error Message	Type <sup>1</sup>	Notes	Patient Type	Field Being Edited
133	A Value Code field cannot be valued if the preceding Value Code field is blank	Value Code may only be present when previous Value Code is present	F		Both	Value Codes 2-24
134	Primary Language Spoken cannot be blank and must be a valid code on the table unless patient's birth date = admission date	Primary Language Spoken invalid	F		Both	Primary Language

**Note**

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F = Fatal edit, V = Verifiable edit