



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 \diamond "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 ¹	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	Admission Hour must be <24 or 99	Admission Hour not 00-23 or 99	F		Both	Admission Hour
3	The Admission Date must be a valid date and must be less than today's date	Admission Date invalid	F		Both	Admission/Start of Care Date (Admission Date)
4	The Admission Date cannot be before 2005	Admit Date must be greater than 2005	F		Both	Admission/Start of Care Date (Admission Date)
5	Admitting Diagnosis Code cannot be blank and must be a valid diagnosis code	Admitting Diagnosis Code required/invalid	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	Attending Physician's NPI must be blank or a valid NPI (10 digits and using the Luhn algorithm)	Invalid Attending Physician NPI number	F		Both	Attending Physician National Provider Identifier (NPI)
7	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 State License Number invalid	F		Both	Attending Physician State License Number

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Ref #	Edit Logic	Error Message	Type ¹	Notes	Patient Type	Field Being Edited
8	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 code is 10 characters in length and does not contain a space.	Attending Physician State License Number invalid	F		Both	Attending Physician State License Number
9	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 State License Number invalid	F		Both	Attending Physician State License Number
10	If Age in Days < 29 then Birth Weight must be between 0100 and 9000 grams	Newborn Birth Weight must be between 0100 and 9000 grams	F		Inpatient Only	Baby's Birth Weight in Grams
11	If Age in Days < 29, Patient's Discharge Status = 01 and LOS < 4, then Birth Weight in grams must be greater than or equal to 1000	Low birthweight for newborn with LOS less than 4 days and routine discharge	F		Inpatient Only	Baby's Birth Weight in Grams
12	A Condition Code field cannot be valued if the preceding Condition Code field is blank	Condition Code may not be present if the preceding Condition Code is blank	F		Both	Condition Codes 2-24
13	Condition Code must be blank or must be valid code on Condition Code table	Condition Code invalid	F	If the patient has a DNR on file, Condition Code P1 must be reported If the patient's condition is related to their employment,	Both	Condition Codes 2-24

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Ref #	Edit Logic	Error Message	Type ¹	Notes	Patient Type	Field Being Edited
				Condition Code 02 must be reported		
14	The Diagnosis Code POA Indicator must be Y, N, U, W or 1 (if the Diagnosis Code is on the list of CDC exempt codes)	Present on Admission Indicator required/invalid	F		Inpatient Only	Diagnosis Code Present on Admission (POA) Indicator (1-25)
15	Admission Date must not be greater than the Discharge Date (final bills only)	Admission Date must be less than or equal to Discharge Date	F		Inpatient Only	Discharge Date
16	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	The Discharge Date is required on discharge inpatients. On other claims it is not required but will be edited if present	Inpatient Only	Discharge Date
17	Discharge Hour must be 00-23 or 99 for final-billed patients (XXX1, XXX4, XXX7)	Discharge Hour invalid	F		Inpatient Only	Discharge Hour
18	If Primary Payer Code is '031' or '039' then Payer Estimated Amount Due must equal zeroes	Self-pay patient – report under Estimated Amount Due from Patient	F		Both	Estimated Amount Due from All Payers
19	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	Estimated Amount Due from All Payers
20	Payer Estimated Amount Due cannot be greater than 9,999,999	Payer Est Amt Due over 9,999,999	V		Both	Estimated Amount Due from All Payers
21	If Primary Payer Code equals either '031' or '039' then the Patient Estimated Amount Due must be greater than zeroes	Patient Estimated Amount Due invalid	F		Both	Estimated Amount Due from Patient

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Ref #	Edit Logic	Error Message	Type ¹	Notes	Patient Type	Field Being Edited
22	Patient Estimated Amount Due cannot be greater than 9,999,999	Patient Estimated Amount Due invalid	F		Both	Estimated Amount Due from Patient
23	If any of the External Cause of Injury (EIC) codes is not 'blank' then it must be a valid code.	External Cause of Injury Code invalid	F		Both	External Cause of Injury Codes (E-Codes)
24	An External Cause of Injury Code cannot be valued if the preceding External Cause of Injury Code is blank	ECI Code may not be present if previous ECI Code is blank	F		Both	External Cause of Injury Codes (E-Codes) 2-12
25	The External Cause of Injury Code POA Indicator must be Y, N, U, W or 1 (if the External Cause of Injury Code is on the list of CDC exempt codes)	Present on Admission Indicator invalid	F		Inpatient Only	External Cause of Injury Code (E-Code) Present on Admission (POA) Indicator (1-12)
26	If Bill Type equals '0131', '0135', '0137' all Revenue Codes must have a HCPCS code unless the Revenue Code is on the CMS list of exempt revenue codes	HCPCS Code required	F		Outpatient Only	HCPCS Code
27	HCPCS Code must be on list of valid codes	HCPCS Code invalid based on Discharge Date or patient's gender	F		Outpatient Only	HCPCS Code
28	HCPCS Modifier 1 must either be blank or a valid code on Modifier table.	Invalid HCPCS Modifier	F		Outpatient Only	HCPCS Modifier 1
29	HCPCS Modifier 2 must either be blank or a valid code on Modifier table.	Invalid HCPCS Modifier	F		Outpatient Only	HCPCS Modifier 2
30	HCPCS Modifier 3 must either be blank or a valid code on Modifier table.	Invalid HCPCS Modifier	F		Outpatient Only	HCPCS Modifier 3

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Ref #	Edit Logic	Error Message	Type ¹	Notes	Patient Type	Field Being Edited
31	HCPCS Modifier 4 must either be blank or a valid code on Modifier table.	Invalid HCPCS Modifier	F		Outpatient Only	HCPCS Modifier 4
32	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)
33	Inpatient/Outpatient indicator can only be I or O	I/O indicator can only be "I" or "O"	F		Both	I/O (Inpatient/Outpatient) Indicator
34	Length of Stay should be less than 365	Length of Stay > 365 Days	V		Inpatient Only	Length of Stay (LOS)
35	Length of Stay greater than 1 day is only allowed on ED Observation patients (with a revenue code of 0762 or a HCPCS code of G0378)	Bill types 0131-0137 cannot have a LOS greater than 1	F		Outpatient Only	Length of Stay (LOS)
36	Medical Record Number must be at least 4 but not more than 24 characters	Medical Record Number blank or less than 4 characters	F		Both	Medical Record Number
37	Mother's Medical Record Number must be at least 4 but not more than 24 characters if Admission Date equals patient's Birth Date, and the Point of Origin = 5 (Born in this facility)	Mother's Medical Record is missing/less than 4 characters	F		Inpatient Only	Mother's Medical Record Number
38	Occurrence Code must be blank or must be a valid Occurrence Code on the Occurrence Code table (as defined by NUBC)	Occurrence Code invalid	F	If the patient's visit is the result of an accident, Occurrence Codes 01-05 must be reported as appropriate	Both	Occurrence Code
39	An Occurrence Code Date may not be present without an Occurrence Code	Occurrence Date may not be present if Occurrence Code is blank	F		Both	Occurrence Code

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Ref #	Edit Logic	Error Message	Type ¹	Notes	Patient Type	Field Being Edited
40	An Occurrence Code field cannot be valued when the preceding Occurrence Code field is blank	Occurrence Code may not be present if previous Occurrence Code is blank	F		Both	Occurrence Codes 2-24
41	An Occurrence Code may not be present without an Occurrence Code Date	Occurrence Date must be present when if Occurrence Code is present	F		Both	Occurrence Code Date
42	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 Date
43	Occurrence Span Code must be blank or must be a valid Occurrence Span Code on the Occurrence Span Code table (as defined by NUBC)	Occurrence Span Code invalid	F	If the patient's visit includes non-acute care days (ICF, SNF or Residential days), Occurrence Span Codes 75, M3, and/or M4 must be reported as appropriate for the patient. The Occurrence Span From and Through Dates should indicate the dates of the patient's stay at the non-acute level of care.	Both	Occurrence Span Code
44	An Occurrence Span Code cannot be present without Occurrence Code From and Thru Dates	Occurrence Span From Date required/Occurrence Span Thru Date required	F		Both	Occurrence Span Code
45	An Occurrence Span Code field cannot be valued when the preceding Occurrence Span Code field is blank	Occurrence Span Code may not be present if previous Occurrence Span Code is blank	F		Both	Occurrence Span Codes 2-24
46	An Occurrence Span From Date cannot be present without an Occurrence Span Code	Occurrence Span From Date may not be present if Occurrence Span Code is	F		Both	Occurrence Span From Date

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Ref #	Edit Logic	Error Message	Type ¹	Notes	Patient Type	Field Being Edited
		blank				
47	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 Admission Date	Occurrence Span From Date must be greater than or equal to Admission Date	F		Both	Occurrence Span From Date
48	For Occurrence Span Codes 70, 71, 72, 73, and 78, the Occurrence Span From Date must be a valid date and must be greater than the patient's birth date	Occurrence Span From Date must be greater than or equal to Patients Birth Date	F		Both	Occurrence Span From Date
49	An Occurrence Span Thru Date cannot be present without an Occurrence Span Code	Occurrence Span Thru Date may not be present if Occurrence Span Code is blank	F		Both	Occurrence Span Thru Date
50	An Occurrence Span Thru Date must be greater than Occurrence Span From Date	Occurrence Span Thru Date must be greater than Occurrence Span From Date	F		Both	Occurrence Span Thru Date
51	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 Thru Date must be less than or equal to Statement Thru Date	F		Both	Occurrence Span Thru Date
52	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 State License Number
53	If the Operating/Other Physician License Number is not 'blank', the Operating Physician's State Code (which is the first two characters of the Operating/Other License	Operating/Other Operating Physician State License Number invalid	F		Both	Operating/Other Physician State License Number

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Ref #	Edit Logic	Error Message	Type ¹	Notes	Patient Type	Field Being Edited
	Number) must be a valid state, '22', '25', '26', or '35'					
54	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 Operating Physician State License Number invalid	F		Both	Operating/Other Physician State License Number
55	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 position after the state code is not 'blank'	Operating/Other Operating Physician State License Number invalid	F		Both	Operating/Other Physician State License Number
56	Patients with procedure codes must have an operating physician NPI number	Procedure Code present, Operating Physician NPI Number must be present	F		Inpatient Only	Operating Physician National Provider Identifier (NPI)
57	Operating/Other Physician's NPI must be blank or a valid NPI (using Luhn algorithm)	Operating/Other Operating Physician NPI number invalid	F		Both	Operating/Other Physician National Provider Identifier (NPI)
58	Duplicate Diagnosis code is found	Duplicate Diagnosis Code	F		Both	Other Diagnosis Codes (2-25)
59	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 not be present when previous Diagnosis Code is blank	F		Both	Other Diagnosis Codes (2-25)

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Ref #	Edit Logic	Error Message	Type ¹	Notes	Patient Type	Field Being Edited
60	Patient Control Number cannot equal spaces and must be at least 4 but not more than 20 characters	Patient Control Number cannot equal spaces and must be at least 4 characters	F		Both	Patient Control Number
61	Patient Control Number cannot be changed on claims previously sent	The Patient Control Number cannot be changed at this time since this claim has already been sent to the Data Warehouse	F		Both	Patient Control Number
62	Patient Discharge Status must be either '01', '02', '03', '04', '05', '06', '07', '09', '20', '21', '30', '43', '50', '51', '61', '62', '63', '64', '65', '66' or '70'	Patient Status invalid	F		Both	Patient Discharge Status (Discharge [Patient] Status Code)
63	Patient City cannot be blank	Patients City required	F		Both	Patient's City
64	Patient Country Code cannot be blank and must be valid code on country list if Patient's State = 'XX'	Patients Country invalid	F		Both	Patient's Country
65	The Century corresponding to the Patient's Date of Birth must equal either '18', '19' or '20'	The Patient age must not be greater than 124	F		Both	Patient's Date of Birth
66	The Patient's Date of Birth must be a valid date	[Date] is not a valid date format	F		Both	Patient's Date of Birth
67	The Patient's Date of Birth must be less than or equal to the Admission Date	The Patient Birth Date must be less than or equal to the Admission Date	F		Both	Patient's Date of Birth
68	The Patient's age cannot be greater than 124 years	The Patient age must not be greater than 124	F		Both	Patient's Date of Birth
69	Patient's Ethnicity must be either '21485', '21550', '21808', '21824', '21865', '21870', '21875' or '21880'	Hispanic Ethnicity invalid	F		Both	Patient's Ethnicity Code
70	Patient First Name cannot be numeric or blank	Patient First Name invalid	F		Both	Patient's First Name

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Ref #	Edit Logic	Error Message	Type ¹	Notes	Patient Type	Field Being Edited
71	Patient's Gender must be either 'M', 'F', or 'U'	Patient's gender invalid	F		Both	Patient's Gender
72	Gender code 'U' valid only for patients < 29 Days of Age	Gender code U valid only for patients < 29 days old	F		Both	Patient's Gender
73	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'	Revenue Code invalid based on discharge date, patient type, or patient gender	F		Both	Patient's Gender
74	Patient Last Name cannot be numeric or blank	Patient Last Name invalid	F		Both	Patient's Last Name
75	Marital Status cannot be blank and must be on the list of valid marital status codes	Marital Status invalid	F		Both	Patient's Marital Status
76	If Marital Status equals 'S', then the Patient's Age must be greater than or equal to 18	Marital Status is Separated, but patient age is under 18	F		Both	Patient's Marital Status
77	Patient Middle Initial must either be blank, or alpha character	Patient Middle Initial invalid	F		Both	Patient's Middle Initial
78	If the patient's age is greater than 18, the Occupation code cannot be blank	Patient Occupation cannot be blank	F		Both	Patient's Occupation
79	Primary Language Spoken cannot be blank and must be a valid code on the table unless patient's birth date = admission date	Patients Primary Language Spoken missing/invalid	F		Both	Patient's Primary Language Spoken
80	Patient's Race must not be blank and must be a valid code on the race code table	Patient Race Code invalid	F		Both	Patient's Race
81	If Bill Type is 013X, the Patient's Reason for Visit Code 1 may not be blank and must be a valid diagnosis code	Patient Reason for Visit Code required/Invalid Diagnosis Code, or Diagnosis Code invalid for patients gender	F		Outpatient Only	Patient's Reason for Visit

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Ref #	Edit Logic	Error Message	Type ¹	Notes	Patient Type	Field Being Edited
82	If not blank, the Patient's Reason for Visit Code must be a valid diagnosis code	Invalid Diagnosis Code, or Diagnosis Code invalid for patients gender	F		Outpatient Only	Patient's Reason for Visit
83	The Patient's Reason for Visit Code 2 may not be valued if the Patient's Reason for Visit Code 1 is blank	Patient Reason for Visit Code may not be present if previous Patient Reason for Visit Code is blank	F		Outpatient Only	Patient's Reason for Visit
84	The Patient's Reason for Visit Code 3 may not be valued if the Patient's Reason for Visit Code 2 is blank	Patient Reason for Visit Code may not be present if previous Patient Reason for Visit Code is blank	F		Outpatient Only	Patient's Reason for Visit
85	Patient's Relationship to Insured 1 cannot be blank and must be a valid code on the table	Patients Relationship to Primary Insured invalid	F		Both	Patient's Relationship to Primary Insured
86	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	Patients Relationship to Secondary Insured invalid	F		Both	Patient's Relationship to Secondary Insured
87	Residence Code cannot = '9999' and must be in Residence Code Table	Residence Code invalid	F		Both	Patient's Residence Code
88	If state is NJ, then Residence Code must be between 0101-2123.	Patient State is NJ, Residence Code must be 0101-2123	F		Both	Patient's Residence Code
89	Social Security Number may either be blank or 9 digits	Patients Social Security Number invalid – please use 9 digits with no dashes (e.g. 999999999)	F	This field is optional, but if provided will be used by the NJDHSS to identify patients with multiple admissions	Both	Patient's Social Security Number
90	Patient State must equal a valid state code (United States and Canada and XX for other)	Patient State must be a valid state from table	F		Both	Patient's State
91	Patient Street Address cannot be blank	Patients Street Address required	F		Both	Patient's Street Address

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Ref #	Edit Logic	Error Message	Type ¹	Notes	Patient Type	Field Being Edited
92	The only special characters allowed in Patient Street Address are "#", "/", "\", "-", ".", and ","	Patients Street Address must not contain any special characters	F		Both	Patient's Street Address
93	The Patient's Zip Code must be numeric and greater than zeroes if not a foreign or Canadian address	Patient Zip Code invalid	F		Both	Patient's Zip Code
94	The Patient Zip Code must be in table ranges (US addresses) or not blank (non-US addresses)	Patient Zip Code invalid	F		Both	Patient's Zip Code
95	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'	Patient Zip Code invalid	F		Both	Patient's Zip Code
96	The Patient's Zip Code cannot contain a dash (-)	Patient Zip Code must not contain any special characters	F		Both	Patient's Zip Code
97	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', '8', '9', 'D', 'E' or 'F'	Point of Origin invalid	F		Both	Point of Origin Code (Admission Source Type)
98	If Priority of Visit = '4' then Patient's Point of Origin must equal either '5' or '6'	Point of Origin invalid	F		Both	Point of Origin Code (Admission Source Type)
99	Insured ID cannot be blank unless patient is self-pay (payer codes 031, 039 or 095)	Insureds Identification required	F		Both	Primary Insured's ID Number
100	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
101	If Patient's Age is less than 29 days, then the diagnosis codes	Diagnosis code invalid for patient's age	F		Both	Principal Diagnosis Code

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Ref #	Edit Logic	Error Message	Type ¹	Notes	Patient Type	Field Being Edited
	listed in the AP-DRG Version 24.0 definitions manual for DRG 469 in MDC 15 are invalid as the principal diagnosis.					
102	Diagnosis Code V66.7 is invalid as a principal diagnosis code	The Diagnosis Code present cannot be used as the Principal Diagnosis	F		Both	Principal Diagnosis Code
103	Priority of Visit must be either '1','2','3','4','5', or '9'	Priority of Visit Code invalid	F		Both	Priority Type of Visit (Admission/Visit Type)
104	If Priority of Visit equals '4' then Age in Days must be <= 28	Priority of Visit Code invalid (newborn code used for non-newborn patient)	F		Both	Priority Type of Visit (Admission/Visit Type)
105	If Priority of Visit equals either '1', '2', '3', '5' or '9' then Age in Days at admission must be > 0	Priority of Visit invalid for newborn patient	F		Both	Priority Type of Visit (Admission/Visit Type)
106	If Procedure Code Date is valued then Procedure Code must not be blank	Procedure Date may not be present if Procedure Code is blank	F		Inpatient Only	Procedure Code (1-25)
107	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 not be present if previous Procedure Code is blank	F		Inpatient Only	Procedure Code (2-25)
108	If Procedure Code is valued (not blank) then Procedure Code Date must be a valid date	Procedure Date required	F		Inpatient Only	Procedure Date (1-25)
109	The Procedure Code Date must be greater than or equal to the Admission and/or Statement From Date	Procedure Date must be greater than or equal to Admission and/or Statement From Date	F		Inpatient Only	Procedure Date (1-25)
110	The Procedure Code Date must be less than or equal to the Discharge Date	Procedure Date must be less than or equal to Statement Thru Date	F		Inpatient Only	Procedure Date (1-25)
111	Readmission Code must be '0', '1' or '9' if patient's birth date is	Readmission Code must be 0, 1 or 9	F		Inpatient Only	Readmission Code

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Ref #	Edit Logic	Error Message	Type ¹	Notes	Patient Type	Field Being Edited
	less than the admission date					
112	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 based on discharge date, patient type, or patient gender	F		Both	Revenue Code
113	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 based on discharge date, patient type, or patient gender	F		Both	Revenue Code
114	The Revenue Code must be found in the Revenue Code table	Revenue Code invalid based on discharge date, patient type, or patient gender	F		Both	Revenue Code
115	If Revenue Code is Valid and equals either '0111', '0121', '0131', '0141', '0151', '0201', '0202' or '0231' then the patient's age must be greater than or equal to 19	Age and Rev Code Conflict	V		Inpatient Only	Revenue Code
116	If Revenue Code is Valid equals either '0113', '0123', '0133', '0143', '0153' or '0203' then the patient's age must be less than or equal to 18	Age and Rev Code Conflict	V		Inpatient Only	Revenue Code
117	If Revenue Code is Valid and equals '017X' then the patient's age must be less than 1	Age and Rev Code Conflict	V		Inpatient Only	Revenue Code
118	Trauma Revenue Codes (068X) may only be used when Priority of Visit is 5 (trauma)	Trauma Revenue Codes may only be used when Admission Type = 5	F		Both	Revenue Code
119	There must be at least one Revenue Code Line on every record	No revenue lines have been entered for this record	V		Both	Revenue Code

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Ref #	Edit Logic	Error Message	Type ¹	Notes	Patient Type	Field Being Edited
120	If Revenue Code is valid then Revenue Service Units must be Numeric	Days/Units/Time must be present	F		Both	Revenue Code Days, Units, or Time (DUTS)
121	If Revenue Code prefix equals either '010', '011', '012', '013', '014', '015', '016', '017', '018', '020' or '021' then Revenue Code Units cannot be zeroes	Days/Units/Time must be present	F		Inpatient Only	Revenue Code Days, Units, or Time (DUTS)
122	The sum of the total days for a routine Revenue Code Line should equal the actual length of stay	Total Days for Revenue Code line items should be equal to total LOS	V		Inpatient Only	Revenue Code Days, Units, or Time (DUTS)
123	If Revenue Code is Valid then Revenue Code Total Charges must be greater than zero	Revenue Line Item with no charges	V		Both	Revenue Code Total Charges
124	Total Charge for a Revenue Code Line Item cannot be greater than 9,999,999	Total Charge for revenue line item greater than \$9,999,999.00	V		Both	Revenue Code Total Charges
125	Secondary Payer Code must be a valid code on the payer code table	Secondary Payer Code invalid	F		Both	Secondary Payer Code
126	Service From Date must not be greater then the Service Thru Date	Statement From Date must be less than or equal to Statement Thru Date	F		Both	Statement From Date
127	The Service Thru Date year cannot be before 2012	Claims prior to 2012 may no longer be submitted through QEDIT	F		Both	Statement Thru Date
128	Tertiary Payer Code must be a valid code on the payer code table	Tertiary Payer Code invalid	F		Both	Tertiary Payer Code
129	Tertiary payer code cannot be present without secondary payer code present	Tertiary Payer Code may not be present if Secondary Payer Code is blank	F		Both	Tertiary Payer Code

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Ref #	Edit Logic	Error Message	Type ¹	Notes	Patient Type	Field Being Edited
130	If the Point of Origin Code is '4' and the Priority of Visit Code is '1,' '2,' '3,' '5' or '9' then 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 (UB Referral Source Code)
131	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 not a valid NPI number	F		Both	Transfer Out Code (Transfer Destination Code)
132	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	Type of Bill
133	Bill types '011X' and '012X' must have an I/O indicator of 'I' and '013X' must have an I/O indicator of 'O'	Invalid Bill Type for inpatients/Invalid Bill Type for outpatients	F		Both	Type of Bill
134	Inpatient Bill Types '0112', '0113', '0122' and '01233' can only have a patient status of '30'	Interim bill types may only use a patient Discharge Status of '30'.	F		Inpatient Only	Type of Bill
135	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	Type of Bill
136	If bill type does not equal either 0131, 0135 or 0137, Total Days must equal Length of Stay (LOS)	Total Days for Revenue Code line items should be equal to total LOS	V		Inpatient Only	Type of Bill
137	A Value Code cannot be present without a Value Code Amount	Value Code Amount may not be blank	F		Both	Value Code
138	If Age in Days < 29, then Value Code 54 must be present	At least one Value Code must contain the birthweight on a newborn claim	F	Value Code Amount must be actual Birth Weight or weight at time of admission for an extramural birth. Required on	Inpatient Only	Value Code

QUADRAMED

Ref #	Edit Logic	Error Message	Type ¹	Notes	Patient Type	Field Being Edited
				all claims with Type of Admission of 4 and on other claims as required by state law.		
139	A Value Code Amount cannot be present without a Value Code	Value Code Amount may not be present if Value Code is blank	F		Both	Value Code Amount
140	If the Value Code is 45, the Value Code Amount must be 00-23 or 99	Accident Hour must be 00-23 or 99	F		Both	Value Code Amount
141	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 must contain whole numbers only	F		Both	Value Code Amount
142	A Value Code field cannot be valued if the preceding Value Code field is blank	Value Code may not be present when preceding Value Code is not present	F		Both	Value Codes 2-24

¹ F = Fatal edit, V = Verifiable edit