

**ASED EDIT DICTIONARY**

<b>RULE #</b>	<b>REQUIREMENT</b>	<b>DESCRIPTION</b>	<b>RULE RESPONSE</b>
VR-01	VR--01   Header.Report Year must be a four-digit calendar year number YYYY .	Year Invalid. Must be a four-digit calendar year number YYYY.	XSD
VR-02	VR-02   Header.Report Quarter must be a 1 numeric digit in the range 1 thru 4.	Quarter Invalid. Must be in the range 1-4.	XSD
VR-04	VR-04   Header.Data Type must be found in the Permissible Schemas Reference Table.	Data Type Invalid.	XSD
VR-05	Must be formatted YYYY-MM-DD.	Header Processing date format invalid. Must be YYYY-MM-DD	SCHEMA
VR-06	AHCA Facility Number must be at least one (1) number character in the range '1' through '9' followed by zero (0) to seven (7) number characters in the range '0' through '9'.	AHCA number format Invalid	XSD
VR-07	VR-07   Header.AHCA Facility Number must be found in the FDDC Reporting Facilities Reference Table. Must be between a one (1) to eight(8) character number in the range '1' through '9'. Do not include leading zeroes.	AHCA number Invalid	XSD
VR-08	VR-08   Header.Medicare Number must be seven number characters in the range '0' through '9'. Use 9999999 if unknown.	Medicare number Invalid	SCHEMA
VR-09	VR-09   Header.Organization Name must be at least one (1) and no more than forty alphanumeric characters.	Facility Name Invalid	SCHEMA
VR-10			
VR-11			
VR-12	VR-12   Outpatient.AHCA Facility Number must equal the AHCA Facility Number in the Header.	AHCA Number does not match header	ERROR
VR-13			
VR-14	VR-14   Outpatient.Patient Control Number must be at least one (1) and no more than twenty-four (24) alphanumeric characters in the valid range is 'A' thru 'Z', 'a' thru 'z' (letter characters), '0' thru '9' (number characters), and the standard ASCII punctuation characters.	Record ID format is Invalid	SCHEMA
VR-15	VR-15   Outpatient.Patient Control Number (RECORDS ID'S) must be unique in the set of all Patient Control Number data element values within the same submission.	Duplicate record ID's	SCHEMA
VR-16	VR-16   Outpatient.Medical or Health Record Number must be at least one (1) and no more than twenty-four (24) alphanumeric characters in the range of 'A' thru 'Z', 'a' thru 'z' (letter characters), '0' thru '9' (number characters), and the standard ASCII punctuation characters..	Medical or Health Record Number format Invalid	SCHEMA

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VR-17	VR-17   Outpatient.Patient Social Security Number must be nine number characters in the range '0' thru '9', inclusive or 77777#### followed by last four SSN numbers». Use default SSN 77777777 for unknown SSN.	SSN format Invalid	SCHEMA
VR-18	VR-18   The Outpatient.Patient Social Security Number cannot equal 078051120 or 219099999 as defined by SSA.	Invalid SSN as defined by SSA.	ERROR
VR-19	VR-19   The Outpatient.Patient Social Security Number must not contain: zeroes in any of the following formats: 000#####, ###00####, and #####0000; leading sixes 666##### ; Leading 900's. any value in the range 900 thru 999, inclusive; One Number Prohibition. It cannot be the same digit for all nine (9) characters, excepting unknown default 77777777.	SSN Format Invalid	ERROR
VR-20	VR-20   Identical Patient Social Security Number on one or more other records must have the same Patient Race, Patient Sex, and Patient Date of Birth. Exclude default SSN's 777777777 or 77777####.	Same SSN, different sex, race, or data of birth	ERROR
VR-21	VR-21   Duplicate Social Security Numbers found with the same dates of service and type of Service=1. Records containing Duplicate SSN's and DOS must be combined into a single record. Excludes default SSN's "77777####" or 777777777.	Duplicate SSN's and same DOS	ERROR
VR-22	VR-22   Outpatient.Patient Social Security Number Threshold. For pro-code 23, Type of Service-1, the percentage of unknown SSN 777777777 records in the submission exceed fifty-two (52) percent.	Threshold: Type of Service 1 - Percentage of Unknown SSN - 777777777 exceed 52%.	VERIFY
VR-23	VR-23   Ethnicity must be the upper case 'E' character, followed by a single number character from the list: '1', '2', or '7'	Ethnicity format Invalid	SCHEMA
VR-24	VR-24   Outpatient.Patient Ethnicity must be found in the Patient Ethnicity Reference Table. Must be an upper case;'E' character, followed by a single number character '1', '2', or '7'.	Ethnicity Invalid. Must be E1, E2, or E7.	ERROR
VR-25	VR-25   The percentage of records in the submission where the Outpatient.Patient Ethnicity= "E7" exceed the allowable range of must be in the range zero percent (0%) to fifty percent (50%)	THRESHOLD: Percentage of Unknown Ethnicity - E7 exceed 50%.	VERIFY
VR-26	VR-26   Outpatient.Patient Race must be one number character in the range '1' thru '7'.	Race format Invalid	SCHEMA
VR-27	VR-27   Outpatient.Patient Race must be Race Reference Table. Must be one number character in the range '1' thru '7', inclusive	Race Invalid. Must be 1,2,3,4,5,6, or 7.	ERROR
VR-28	VR-28   The percentage of records in the submission where the Outpatient.Patient Race = "7" exceed the range zero percent (0%) to fifty percent (50%).	THRESHOLD: Percentage of Unknown Race - 7 exceed 50%.	VERIFY

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VR-29	VR-29   Outpatient.Patient Date of Birth format must be a valid date in the format YYYY-MM-DD. Cannot be blank.	Date format Invalid	SCHEMA
VR-30	VR-30   The Outpatient.Patient Date of Birth must be be less than the current date. Type of Service-2 (Emergency Departments) may use the default 1880-01-01 if date of birth is not known.	DOB invalid or not default 1880-01-01.	ERROR
VR-31	VR-31   The Outpatient.Date of Birth must be less than or equal to the Outpatient.Patient Visit Beginning Date on the same record.	Date of Birth after Visit Beginning date.	ERROR
VR-32	VR-32   The Outpatient.Patient Age must be less than or equal to one-hundred fifteen (115) years. The facility must verify Patient Age greater than one-hundred fifteen (115) years.	Patient age > 115 yrs	VERIFY
VR-33	VR-33   Outpatient.Patient Sex must be uppercase 'M', 'F', or 'U'.	Patient Sex Invalid	SCHEMA
VR-34	VR-34   The Outpatient.Patient Sex equal unknown 'U'. The facility must verify records where Patient Sex equals 'U'.	Patient Sex Unknown	VERIFY
VR-35	VR-35   Outpatient.Patient Zip Code must be five number characters in the range '0' thru '9'.	Zip code format invalid	SCHEMA
VR-36	VR-36   Outpatient.Patient Zip Code must be a valid USPS Zip Code or an AHCA default zip code: unknown- 00000, homeless- 00007, or foreign-00009.	Zip Code Invalid	ERROR
VR-37	VR-37   Outpatient.Patient Country Code must be two (2) uppercase alphan characters in the range 'A' thru 'Z' or unknown default code =99	Country Code format Invalid	SCHEMA
VR-38	VR-38   Outpatient.Patient Country Code must be an uppercase 2-character alpha character. Use default code =99 if unknown. The Country Code must match a current value in the Country Code Reference Table, ISO 3166-2 (the ISO Standard for Country Codes ).	Country Code Invalid	ERROR
VR-39	VR-39   Outpatient.Type of Service must be (1) numeric character either 1 or 2.	Type of Service Code format invalid	SCHEMA
VR-40	VR-40   Outpatient.Type of Service must equal 1 or 2.	Invalid type of Service Code	SCHEMA
VR-41	VR-41   Outpatient.Point of Origin or Admission must must be one (1) uppercase alpha or two (2) numeric characters.	Point of Origin Code format invalid	SCHEMA
VR-42	VR-42   Outpatient.Point of Origin or Admission must equal 00, 01, 02, 04, 05, 06, 08, 09, OR uppecase D, E, F. Type of Service=1 must use source code 00.	Point of Origin Code invalid	ERROR
VR-43	VR-43   Outpatient.Principle Payer Code must be one (1) uppercase alphan character A-E or H-Q.	Principle Payer Code format Invalid	SCHEMA
VR-44	VR-44   Outpatient.Principle Payer Code must equal uppercase A-E or H-Q.	Principle Payer code must equal A-E or H-Q	ERROR

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<b>RULE #</b>	<b>REQUIREMENT</b>	<b>DESCRIPTION</b>	<b>RULE RESPONSE</b>
VR-45	VR-45   If the Outpatient.Principle Payer= 'P' (Unknown). Principle Payer = 'P' (Unknown) may only be used when Type of Service =2 and the Patient Status = '07' (AMA). Payer=P may not be used for Type of Service =1.	Invalid use of Payer P	ERROR
VR-46	VR-46   If the Outpatient.Principle Payer = 'O' (KidCare). If the Principle Payer = 'O' (KidCare) then the Patient Age on the same record must be less than or equal to 20.	Invalid use of Payer O	ERROR
VR-47	VR-47   The percentage of records Outpatient.Principle Payer Code = 'M' should be less than or equal to 10%.	THRESHOLD: Percentage of Payer M exceed 10%.	VERIFY
VR-48	VR-48   Outpatient.Principle Diagnosis Code must be a three (3) to seven (7) alphanumeric ICD-10 code: the first character is a single uppercase alpha; the second character is a numeric character (#); and characters three (3) thru seven (7) are alphanumeric . Must be entered with use of the decimal point that is contained in the code. Code may not end in a decimal.	Principle Diagnosis ICD format invalid	SCHEMA
VR-49	VR-49   Outpatient.Principle Diagnosis Code must be a valid ICD-10-CM code for the associated reporting period.	Principle Diagnosis code Invalid	ERROR
VR-50	VR-50   Outpatient.Principle Diagnosis Code must not be omitted (i.e., "left blank") unless the Outpatient.Type of Service = '2' AND Outpatient.Patient Status = '07' .	Principle Diagnosis code missing	ERROR
VR-51	VR-51   The Outpatient.Principal Diagnosis Code may not be equal to any Outpatient.Other Diagnosis Code submitted on the same record.	Principle Diagnosis code is repeated	ERROR
VR-52	VR-52   Outpatient.Principle Diagnosis Code must comply with the Medicare ICD-10 Patient Age Conflict category edit for the associated reporting period. Age categories are Perinatal/Newborn Patient Age Category Code = 0; Pediatric Patient Age Category Code = 0-17; Maternity Patient Age Category Code= 13-64 and Adult Patient Age Category Code = 15-124.	Principle Diagnosis conflicts with patient age	VERIFY
VR-53	VR-53   Outpatient.Patient Sex must comply with the Medicare ICD-10 Sex Conflict code edit for the associated reporting period. Principal Diagnosis with sex specific restriction = "Male Only" or "Female Only" must have corresponding sex code M or F.	Principle Diagnosis conlicts with patient sex	VERIFY
VR-54	VR-54   The number of Outpatient.Other Diagnosis Code data elements submitted must zero (0) and no more than nine (9). Numner of other diagnosis exceed 9.	Other Diagnosis count over 9	SCHEMA

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VR-55	VR-55   Outpatient.Other Diagnosis Code must be a three (3) to seven (7) alphanumeric ICD-10 code: the first character is a single uppercase alpha; the second character is a numeric character (#); and characters three (3) thru seven (7) are alphanumeric . Must be entered with use of the decimal point that is contained in the code. Code may not end in a decimal.	Other Diagnosis format invalid	SCHEMA
VR-56	VR-56   Outpatient.Other Diagnosis Code must be a valid ICD-10 code for the associated Reporting Period.	Other Diagnosis code Invalid	ERROR
VR-57	VR-57   Outpatient.Other Diagnosis Code must be unique among all Outpatient.Other Diagnosis Code data elements in the record, if any. Display Text Other Dx code is repeated.The Other Diagnosis Code can not be the same as any Other Diagnosis Code OR PDx code submitted on the same record.	Other Diagnosis code is repeated	ERROR
VR-58			
VR-59	VR-59   The Outpatient.Other Diagnosis Code must not be in the range V00-Y99. ( External Cause of Morbidity Code (ECMORB) )	Other Diagnoxix code is ECMORB code	ERROR
VR-60	VR-60   Outpatient.Other Diagnosis Code must comply with the Medicare ICD-10 Patient Age Conflict category edit for the associated reporting period. Age categories are: Perinatal/Newborn Patient Age Category Code = 0; Pediatric Patient Age Category Code = 0-17; Maternity Patient Age Category Code= 13-64 and Adult Patient Age Category Code = 15-124.	Other Diagnosis conflicts with patient age	VERIFY
VR-61	VR-61   Outpatient.Other Dx codes must comply with the Medicare ICD-10 Sex Conflict code edit for the associated reporting period. PDx with sex specific restriction = "Male Only" or "Female Only" must have corresponding sex code M or F.	Other Diagnosis conlicts with patient sex	VERIFY
VR-62	VR-62   The number of Outpatient.Evaluation and Management Code data elements submitted must be less than or equal to five.	The number of Evaluation and Management Code data elements submitted must be less than or equal to five.	SCHEMA
VR-63	EM code must be present only for TOS = 2 and EM code must not be present for TOS=1	Evaluation and Management code missing	ERROR
VR-64	E/M reportable range is 99281-99285, 99288, 99291-99292, G0380-G0384.	At Least 1 E&M Code not in the reportable range	ERROR
VR-65			
VR-66	If Outpatient.Evaluation and Management Code = 99999. Use of default EM 99999 can only be used if the Type of Service = 2 and Patient Discharge Status = '07' OR ED charges=0.	Invalid use of Evaluation and Management code =99999.	ERROR
VR-68	VR-68   Outpatient.Other CPT or HCPCS Procedure Code must be a five (5) alphanumeric characters in the range 'A' thru 'Z' inclusive or '0' thru '9'	CPT code format invalid	SCHEMA

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VR-69	VR-69   Outpatient.Other CPT or HCPCS Procedure Code must be a valid CPT/HCPCS code for the relevant Reporting Period	Invalid CPT/HCPCS code	ERROR
VR-70	VR-70   Outpatient.Other CPT or HCPCS Procedure Code1-30 must not be an Evaluation and Management Code .	Other CPT 1-30 contains an Evaluation and Management Code.	SCHEMA
VR-71	VR-71   The Outpatient.Patient Sex must agree with CPT code as defined by the CPT/HCPCS Codebook.	Other CPT 1-30 conflicts with patient sex	VERIFY
VR-72	VR-72   The number of Outpatient.Other CPT or HCPCS Procedure Codes data elements submitted must not exceed thirty (30).	Other CPT or HCPCS Procedure Codes data elements submitted greater than 30.	SCHEMA
VR73.1	Procedure codes are not in the Ambulatory reportable range. Must contain 1 CPT code in collectable range for Type of service 1 and Procode-23. The reportable range for the edit are 10001-36399; 36426 through 69999; 92920 through 92998; 93451 through 93533; 93580-93583; 93590 through 93597; and 93650 through 93657. <b>AND</b> must contain charges greater than \$0 in required revenue code categories. (Cardiology, Operating Room, GI Services or Lithotripsy)	CPT codes <b>AND/OR</b> Revenue Code Charge Categories not in the reportable ranges.	ERROR
VR-73.2	Procedure codes are not in the Ambulatory reportable range. Must contain 1 CPT or HCPCS code in collectable range for Type of service 1 and Procode 14 or 64. The reportable range for the edit are 10001-36399; 36426 through 69999; 92920 through 92998; and 93451 through 93533; 93580-93583; 93590 through 93597; and 93650 through 93657.	No CPT/HCPCS codes in the reportable range	ERROR
VR-74	VR-74   Outpatient.Attending Practitioner ID must use a Florida-DOH License Prefix that starts with at least two uppercase letter characters 'A' thru 'Z', inclusive, and number characters in the range '0' through '9'. Maximum length should not exceed 15 characters.	Attending Practitioner ID format invalid.	SCHEMA
VR-75	Field must contain a valid practitioner ID in format ME12345, APRN1234567, OS1234, PO1234 with no zero fill or leading zeros. Use US999999999 for military physician or other phycsian not licensed in Floirda.	Attending Practitioner ID is invalid invalid.	ERROR
VR-76	TOS=2, Field must contain a valid practitioner ID in format ME12345, APRN1234567, OS1234 with no zero fill or leading zeros. Use "NA" for ED patients if the patient was not treated by a medical doctor, osteopathic physician, dentist, podiatrist, chiropractor or advanced practice registered nurse or unknown.	Attending Practitioner ID is invalid invalid.	ERROR
VR-77	VR-77 Outpatient.Attending Practitioner ID must have an Attending Practitioner National Provider Identification Number on the same record and vice-versa.	Attending Practitioner ID without NPI OR NPI without an Attending Practitioner ID	SCHEMA
VR-78			

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RULE #	REQUIREMENT	DESCRIPTION	RULE RESPONSE
VR-79	VR-79   Outpatient. Operating or Performing Practitioner Identification Number must use a Florida-DOH License Prefix that starts with at least two uppercase letter characters 'A' thru 'Z', inclusive, and number characters in the range '0' through '9', inclusive ». Maximum length should not exceed 15 characters.	Operating or Performing Practitioner ID format invalid.	SCHEMA
VR-80	VR-80   Outpatient. Operating or Performing Practitioner ID for Type of Service=1, must be a valid Florida DOH-issued, practitioner license number in format ME12345, APRN1234567, OS1234, PO1234 with no zero fill or leading zeros. Use US999999999 for military physicians not licensed in Florida.	Operating or Performing Practitioner ID invalid.	ERROR
VR-81			
VR-82	VR-82   Outpatient. Operating or Performing Practitioner National Provider Identification Number (NPI) must be 10 numeric characters in length. For military physicians, medical residents, unknown, or others not required to use NPI use 999999999.	Operating or Performing Practitioner National Provider Identification Number (NPI) format is invalid.	SCHEMA
VR-83.1	VR-83.1   If Type of Service=1, Outpatient. Operating or Performing Practitioner ID is not NULL, there must be at least one Outpatient. Other CPT or HCPCS Procedure Codes data element on the same record.	Operating or Performing Practitioner without a corresponding Principal CPT or HCPCS procedure code	ERROR
VR-83.2	VR-83.2   If Type of Service=1, and at least one (>=1) Outpatient. Other CPT or HCPCS Procedure Codes data element on the same record, then Outpatient. Operating or Performing Practitioner ID must not does not equal "NULL".	Other CPT or HCPCS Procedure Code without Operating or Performing Practitioner ID.	ERROR
VR-84	VR-82   Outpatient. Operating or Performing Practitioner National Provider Identification Number (NPI) must be 10 numeric characters in length. For military physicians, medical residents, unknown, or others not required to use NPI use 999999999.	Operating or Performing Practitioner National Provider Identification Number (NPI) format is invalid.	SCHEMA
VR-85	VR-85   Outpatient. Other Operating or Performing Practitioner Identification Number must use a Florida-DOH License prefix that starts with at least two uppercase letter characters 'A' thru 'Z' and number characters in the range '0' through '9'. Maximum length should not exceed 15 characters.	Other Operating or Performing Practitioner ID format invalid.	SCHEMA
VR-86	VR-86   Outpatient. Other Operating or Performing Practitioner ID for Type of Service=1, must be a valid Florida DOH-issued, practitioner license number in format ME12345, APRN1234567, OS1234, PO1234 with no zero fill or leading zeros. Use US999999999 for military physicians not licensed in Florida.	Other Operating or Performing Practitioner ID invalid.	ERROR

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VR-87	VR-87   Outpatient.Other Operating or Performing Practitioner ID must have an Other Operating or Performing Practitioner National Provider Identification Number on the same record and vice-versa.	Other Operating or Performing Practitioner ID without Other Operating or Performing Practitioner National Provider Identification Number (NPI) or NPI without Other Operating or Performing Practitioner ID	SCHEMA
VR-88	VR-88   Outpatient.Other Operating or Performing Practitioner Identification must not equal Outpatient.Operating or Performing Practitioner ID on the same record.	Operating same as Other Operating Practitioner	ERROR
VR-89	VR-89   Outpatient.Other Operating or Performing Practitioner National Provider Identification Number (NPI) must be 10 numeric characters in length. For military physicians, medical residents, unknown, or others not required to use NPI use 999999999.	Other Operating or Performing Practitioner National Provider Identification Number (NPI) format is invalid.	SCHEMA
VR-90	VR-90   Outpatient.Revenue Code Category Charges: Pharmacy must be at least one (1), and up to 7, number characters in the range '0' through '9'. Report zero (0) if there are no charges. All revenue code fields must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	Revenue Code format invalid. Must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	SCHEMA
VR-91	VR-91   Outpatient.Revenue Code Category Charges: Medical/Surgical Supply must be at least one (1), and up to 7, number characters in the range '0' through '9'. Report zero (0) if there are no charges. All revenue code fields must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	Revenue Code format invalid. Must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	SCHEMA
VR-92	VR-92   Outpatient.Revenue Code Category Charges: Laboratory must be at least one (1), and up to 7, number characters in the range '0' through '9'. Report zero (0) if there are no charges. All revenue code fields must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	Revenue Code format invalid. Must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	SCHEMA
VR-93	VR-93   Outpatient.Revenue Code Category Charges: Radiology must be at least one (1), and up to 7, number characters in the range '0' through '9'. Report zero (0) if there are no charges. All revenue code fields must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	Revenue Code format invalid. Must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	SCHEMA



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VR-94	VR-94   Outpatient.Revenue Code Category Charges: Cardiology must be be at least one (1), and up to 7, number characters in the range '0' through '9'. Report zero (0) if there are no charges. All revenue code fields must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	Revenue Code format invalid. Must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	SCHEMA
VR-95	VR-95   Outpatient.Revenue Code Category Charges: Operating Room must be be at least one (1), and up to 7, number characters in the range '0' through '9'. Report zero (0) if there are no charges. All revenue code fields must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	Revenue Code format invalid. Must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	SCHEMA
VR-96	VR-96   Outpatient.Revenue Code Category Charges: Anesthesia must be be at least one (1), and up to 7, number characters in the range '0' through '9'. Report zero (0) if there are no charges. All revenue code fields must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	Revenue Code format invalid. Must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	SCHEMA
VR-97	VR-97   Outpatient.Revenue Code Category Charges: Recovery Room must be be at least one (1), and up to 7, number characters in the range '0' through '9'. Report zero (0) if there are no charges. All revenue code fields must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	Revenue Code format invalid. Must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	SCHEMA
VR-98	VR-98   Outpatient.Revenue Code Category Charges: Emergency Room must be be at least one (1), and up to 7, number characters in the range '0' through '9'. Report zero (0) if there are no charges. All revenue code fields must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	Revenue Code format invalid. Must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	SCHEMA
VR-99	VR-99   Outpatient.Revenue Code Category Charges: Trauma Response must be be at least one (1), and up to 7, number characters in the range '0' through '9'. Report zero (0) if there are no charges. All revenue code fields must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	Revenue Code format invalid. Must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	SCHEMA
VR-100	VR-100   If Outpatient.Revenue Code Category Charges: Trauma Response is greater than zero (0) the facility must be a Licensed Trauma Facility.	Trauma charges at an unlicensed Trauma facility.	ERROR

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VR-101	VR-101   Outpatient.Revenue Code Category Charges: Treatment / Observation must be be at least one (1), and up to 7, number characters in the range '0' through '9'. Report zero (0) if there are no charges. All revenue code fields must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	Revenue Code format invalid. Must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	SCHEMA
VR-102	VR-102   Outpatient.Revenue Code Category Charges: Gastro-Intestinal (GI) must be be at least one (1), and up to 7, number characters in the range '0' through '9'. Report zero (0) if there are no charges. All revenue code fields must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	Revenue Code format invalid. Must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	SCHEMA
VR-103	VR-103   Outpatient.Revenue Code Category Charges: Extra-Corporeal Shock Wave (Lithotripsy) must be be at least one (1), and up to 7, number characters in the range '0' through '9'. Report zero (0) if there are no charges. All revenue code fields must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	Revenue Code format invalid. Must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	SCHEMA
VR-104	VR-104   Outpatient.Revenue Code Category Charges: Other Charges must be be at least one (1), and up to 7, number characters in the range '0' through '9'. Report zero (0) if there are no charges. All revenue code fields must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	Revenue Code format invalid. Must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	SCHEMA
VR-105	VR-105   Outpatient.Total Gross Charges must be well-formed, as specified by the syntax definition: must be be at least one (1), and up to 7, number characters in the range '0' through '9'. Report zero (0) if there are no charges. All revenue code fields must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	Revenue Code format invalid. Must be populated with either a dollar charge or zero. Do not enter negative numbers, alpha characters, cents, decimals, dollar signs or commas.	SCHEMA
VR-106	VR-106   Outpatient.Total Gross Charges must be equal to the sum of all Outpatient.Revenue Code Category Charges data elements plus or minus (+/-) one-dollar 13 dollars.	The sum of all sub-charges reported must equal total charges, plus or minus 13 dollars.	ERROR
VR-107	VR-107   If Outpatient.Type of service=2 and if Outpatient.Total Gross Charges equals zero (0) then Outpatient.Patient Discharge Status must equal '07' and/or Outpatient.Principal Payer = N. .	Total Charge= \$0 and Not ED Discharged AMA OR Payer 'N' .	ERROR
VR-108	VR-108   Outpatient.Total Gross Charges must be less than '1,000,000'.	Total charges exceed \$1,000,000 and must be verified by the reporting entity.	ERROR

ASED EDIT DICTIONARY

RULE #	REQUIREMENT	DESCRIPTION	RULE RESPONSE
VR-109	VR-109   If Outpatient.Type of Service = '1' and the Facility Pro-code = '14' or 64 (Cardiac Cath)then Outpatient.Total Gross Charges must be less than '300,000'.	ACS total charges exceed \$300,000 and must be verified by the reporting entity.	VERIFY
VR-110	VR-110   If Outpatient.Type of Service = '01' and the Facility Pro-code = '23' then Outpatient.Total Gross Charges must be less than '300,000' .	AS total charges exceed \$300,000 and must be verified by the reporting entity.	VERIFY
VR-111	VR-111   If Outpatient.Type of Service = '02' the Outpatient.Total Gross Charges must be less than '300,000'.	ED total charges exceed \$300,000 and must be verified by the reporting entity.	VERIFY
VR-112	VR-112   Outpatient.Visit Beginning Date must be formatted YYYY-MM-DD .	Visit Begin Date format invalid	SCHEMA
VR-113	VR-113   Outpatient.Patient Visit Beginning Date must be less than or equal to the Outpatient.Patient Visit Ending Date.	Patient End Date is before Begin Date.	ERROR
VR-114	VR-114   If the Outpatient.Type of Service = '1' and Pro-Code = '14', then Outpatient.Length of Stay must less than one (1) day. .	Free-standing ASC (Proc-code=14) cannot have a LOS greater than 1 day.	ERROR
VR-115	VR-115   If the Outpatient.Type of Service = '1' and Pro-Code = '14' or 64, then the Outpatient.Patient Visit Beginning Date's should not equal 'Sunday'.	Ambulatory Surgical Centers (Proc-code=14) Sunday Visits must be verified by the reporting entity.	ERROR
VR-116	VR-116   Outpatient.Patient Visit End Date format must be YYYY-MM-DD.	Visit End Date format invalid	SCHEMA
VR117			
VR-118	VR-118   Outpatient.Patient Visit End Date must be greater than or equal to the Visit Begin Date.	Patient End date is not in the reporting period	ERROR
VR-119	VR-119   The Outpatient. If <b>TOS=2</b> , then Length of Stay should be less than or equal to eight (8) days.	ED Length of stay is greater than 8 days	VERIFY
VR-120	VR-120   If the Outpatient.Type of Service = '1' and <b>Proccode=23</b> then the Outpatient.Length of Stay is less than or equal to '32 days'.	AS Visit End Date greater than 32 days	VERIFY
VR-121	VR-121   Outpatient.Hour of Arrival Time must be two (2) numeric characters in the range '0' thru '9'.	Hour of Arrival Time format invalid.	SCHEMA
VR-122	VR-122   Outpatient.Hour of Arrival Time must be in the range '00' thru '24' inclusive, or '99'.	Hour of Arrival Time invalid.	SCHEMA
VR-123	VR-123   If Type of Service = '2' and Emergency Department (ED) Hour of Discharge and Outpatient.Hour of Arrival Time both equal "99".	Hour of Arrival and ED Discharge Hour are unknown (99).	ERROR
VR-124	VR-124   Outpatient.Emergency Department (ED) Hour of Discharge must be two (2) numeric characters in the range '0' thru '9'.	ED Hour of Discharge format invalid	SCHEMA
VR-125	VR-125   Outpatient.Emergency Department (ED) Hour of Discharge must be in the range '00' thru '24' or '99'.	ED Hour of Discharge invalid	SCHEMA
VR-126			

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RULE #	REQUIREMENT	DESCRIPTION	RULE RESPONSE
VR-127	VR-127   If Outpatient.Type of Service = '1' then Outpatient.Emergency Department (ED) Hour of Discharge must equal '99'.	ED Hour of Discharge is not 99 for Ambulatory Surgery	ERROR
VR-128	VR-128   Outpatient.Patient Reason for Visit (Admitting Diagnosis) must be three (3) to seven (7) alphanumeric characters. The the first character is a single uppercase letter character; the second character is numeric (#) in the range '0' thru '9'; characters three (3) thru seven (7) are alphanumeric. A decimal point follows the third character if there are four or more characters.	Reason for Visit ICD format invalid	SCHEMA
VR-129	VR-129   If the Outpatient.Type of Service = '1' then the Outpatient.Patient Reason for Visit (Admitting Diagnosis) must be either 'NULL' or a valid ICD-10-CM code.	Patient Reason for Visit Code not 'NULL'	ERROR
VR-130	VR-130   If the Outpatient.Type of Service = '2' then the Outpatient.Patient Reason for Visit (Admitting Diagnosis) must be a valid ICD-10-CM code for the associated Reporting Period. <b>A required field.</b>	Patient Reason for Visit Code is Invalid.	ERROR
VR-131	External Cause of Morbidity Codes must be space filled (blank) for Type of Service=1 and Procode=14.	External Cause of Morbidity Codes must be space filled (blank) for Type of Service=1 and Procode=14.	ERROR
VR-132	VR-132   Outpatient.External Cause of Morbidity Codes must be three (3) to seven (7) alphanumeric characters. The first character is a single uppercase letter character; the second character is numeric (#) in the range '0' thru '9' ; characters three (3) thru seven (7) are alphanumeric. A decimal point follows the third character if there are four or more characters .	External Cause of Morbidity Code ICD format invalid.	SCHEMA
VR-133	VR-133   Outpatient. If Outpatient.Type of Service = '2', the External Cause of Morbidity Codes must be a valid ICD-10 Code in the range V00 to Y99 for the Reporting Period.	ECMORB Code is invalid.	ERROR
VR-134			
VR-135.1	VR-135.1   The Outpatient.External Cause of Morbidity Codes must not equal any of the other Outpatient.External Cause of Morbidity Codes data elements.	ECMORB code is Repeated.	ERROR
VR-135.2	VR-135.2  Outpatient.Principal Diagnosis codes cannot equal to ECMORB Code ranges (V00-Y99).	ECMORB as Principle Diagnosis.	ERROR
VR-135.3	VR-135.3  Outpatient.Other Diagnosis Code must not be an ECMORB code range(V00- Y99).	ECMORB in Other Diagnosis.	ERROR
VR-135.4	VR-135.4   Outpatient.Patient's Reason for Visit (Admitting Diagnosis) may not equal to ECMORB code range(V.00- Y.99).	ECMORB in Reason for Visit Codes	ERROR

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RULE #	REQUIREMENT	DESCRIPTION	RULE RESPONSE
VR-136	VR-136   If the Outpatient.Type of Service = '1', then Outpatient.Service Location must be NULL.	Service Location not NULL	ERROR
VR136.1	VR 136.1 If the Outpatient.Type of Service = '1' and Pro-code = 14 or 64, then Outpatient.Service Location must be 1.	ASC cannot contain type of service 2	ERROR
VR-137	VR-137   If the Outpatient.Type of Service = '2' then Outpatient.Service Location (Code) must be a single upper-case alpha letter character in the range 'A' thru 'Z'.	Service Location format invalid	SCHEMA
VR-138	VR-138   If the Outpatient.Type of Service = '2' then the Outpatient.Service Location data element must be a valid service location for the reporting facility.	Facility unlicensed for Service Location code reported.	ERROR
VR-139	VR-139   Outpatient.Patient Discharge Status must be two (2) numeric characters in the range '0' thru '9'.		SCHEMA
VR-140	VR-140   Outpatient.Patient Discharge Status must be contained in the Patient Discharge Status Reference Table for the relevant Reporting Period.	Patient Discharge Status code is invalid.	ERROR
VR-141	VR-141   If Outpatient.Type of Service = '1' then, in the same record Outpatient.Patient Discharge Status should not equal '20'.	Ambulatory Surgical Death	VERIFY
VR-327	VR-327   If the Outpatient.Type of Service = '1' then the number of Outpatient.Evaluation and Management Codes must be zero.	EMCODE and Type of Service-1	ERROR