

INPATIENT (PD) EDIT DICTIONARY

RULE #	REQUIREMENT	DESCRIPTION	RULE RESPONSE
VR-142	VR-142 Inpatient.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' inclusive.	Invalid AHCA Facility Number	XSD
VR-143	VR-143 Inpatient.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.		XSD
VR-144	VR-144 Inpatient.AHCA Facility Number must equal Heading.AHCA Facility Number in the Header Submission Group.	AHCA ID is not same as Reported in Header	SCHEMA
VR-145	VR-145 Inpatient.Patient.Control Number must be at least one (1) and no more than twenty-four alphanumeric characters.	Invalid Patient Control format	SCHEMA
VR-146			
VR-147	VR-147 Inpatient.Medical or Health Record Number must be at least one (1) and no more than twenty-four alphanumeric characters .	Medical Record ID Number is invalid or blank	SCHEMA
VR-148	VR-148 Inpatient.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.	Social Security Number Invalid.	SCHEMA
VR-149	VR-149 The Inpatient.Patient Social Security Number cannot be equal to 078051120 or 219099999.	Invalid SSN as defined by SSA	ERROR
VR-150	VR-150 The Inpatient.Patient Social Security Number must the following formats: 000#####; ###00####, and #####000; leading sixes 666#####; leading 900's in the range 900 thru 999; It cannot be the same digit for all nine (9) characters, excepting 777777777, which is permitted	SSN invalid format	ERROR
VR-151	VR-151 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 with different races, sex, or dates of birth	ERROR
VR-152	VR-152 Duplicate Social Security Numbers found with the same dates of service. 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-153			
VR-154	VR-154 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

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VR-155	VR-155 Inpatient.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-156	VR-156 The percentage of records in the submission where the Inpatient.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-157	VR-157 Inpatient.Patient Race must be one number character in the range '1' thru '7'.	Race format Invalid	SCHEMA
VR-158	VR-158 Inpatient.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-159	VR-159 The percentage of records in the submission where the Inpatient.Patient Race = "7" exceed the range zero percent (0%) to fifty percent (50%).	THRESHOLD: Percentage of Unknown Race - 7 exceed 50%.	VERIFY
VR-160	VR-160 Inpatient.Patient Date of Birth format must be a valid dated in the format YYYY-MM-DD.	Date of Birth format invalid	SCHEMA
VR-161	VR-161 The Inpatient.Patient Date of Birth must be be less or equal to than the current date.	DOB invalid	ERROR
VR-162	VR-162 The Inpatient.Date of Birth must be less than or equal to the Inpatient.Patient Admit Date on the same record.	Date of Birth after Visit Beginning date.	ERROR
VR-163	VR-163 The Inpatient.Patient Age must be less than or equal to one-hundred fifteen (115) years.	Patient age > 115 yrs	VERIFY
VR-164	VR-164 If the Inpatient.Priority of Admission = '4' and Inpatient.Patient Age.Days must be less than or equal to one(1) then the Inpatient.Source of Admission/Point of Origin must equal either '10' or '13	Newborn priority of admission without newborn source.	ERROR
VR-165	VR-165 Inpatient.Patient Sex must be uppercase 'M', 'F', or 'U'.	Patient Sex Invalid	SCHEMA
VR-166	VR-166 The Inpatient.Patient Sex equal unknown 'U'. The facility must verify records where Patient Sex equals 'U'.	Patient Sex Unknown	VERIFY
VR-167	VR-167 Inpatient.Patient Zip Code must be five number characters in the range '0' thru '9'.	Zip code format invalid	SCHEMA
VR-168	VR-168 Inpatient.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-169	VR-169 Inpatient.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

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VR-170	VR-170 inpatient.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-171	VR-171 Inpatient.Type of Service must be (1) numeric character either 1 or 2.	Type of Service Code format invalid	SCHEMA
VR-172			
VR-173	VR-173 Inpatient.Type of Service Code must equal '2' if facility is licensed a comprehensive rehab hospital.	Facility licensed as a comprehensive rehab hospital and type of service is not 2.	ERROR
VR-174	VR-174 If Inpatient.Type of Service Code = '2' then Inpatient.Revenue Code Category Charges: Comp Rehab must be greater than \$0.	Type of Service =2 and Comp Rehab charges =\$0.	ERROR
VR-175	VR-175 If Inpatient.Type of Service Code = '2' then the facility must be a Comprehensive Rehabilitation Hospital or a Acute Care Hospital with Comprehensive Rehabilitation beds found in the FDDC Reporting Facilities Reference Table.	Acute care hospital with CR Type of Service=2	ERROR
VR-176			
VR-177	VR-177 Inpatient.Priority of Admission must be a single (1) numeric character in the range '1' – '5'.	Patient Priority of admission format is invalid	SCHEMA
VR-178	VR-178 Inpatient.Priority of Admission must be a one digit code (1, 2, 3, 4, 5).	Patient Priority of admission is invalid.	ERROR
VR-179	VR-179 If the Inpatient.Priority of Admission = '5' then the facility must be a licensed Trauma Facility.	Trauma Priority of Admission at a Non-Trauma Facility	ERROR
VR-180	VR-180 If the Inpatient.Inpatient.Revenue Code Category Charges: Trauma Response > \$0, then the Inpatient..Priority of Admission must equal '5'.	Trauma Charge without Trauma Priority of Admission =5	ERROR
VR-181			
VR-182	VR-182 A percentage of Deliveries compared to Newborns. Compares the total number of Priority of Admission = 4 (newborn) to the total number of OB ICD-10 Inpatient.Principal Procedure codes in the range 10D-10E. Exclude 10D00Z1, 10D17ZZ and 10D0728	THRESHOLD: More Deliveries than Newborn exceed 52%.	VERIFY
VR-183	VR-183 Inpatient.Source of Admission/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-184	VR-184 Inpatient.Source of Admission/Point of Origin or Admission must equal 00, 01, 02, 04, 05, 06, 08, 09, 10, 13 OR uppercase D, E, F.	Point of Origin Code invalid	ERROR

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VR-185	VR-185 If the Inpatient.Source of Admission/Point of Origin = '10' or '13' then the Inpatient.Admission Priority must equal '4' and the Inpatient.Patient Age.Days must be less than or equal to one(1).	Newborn source or Priority of Admission and age >1 day.	ERROR
VR-186	VR-186 Inpatient.Admission Date must be in the format YYYY-MM-DD.	Admit Date format is Invalid	SCHEMA
VR-187	VR-187 The Inpatient.Admission Date must be less than or equal to the CURRENT_SYSTEM_DATE.YEAR.	Admit Date is Invalid	ERROR
VR-188	VR-188 Inpatient.Admission Date must be less than or equal to the Inpatient.Patient Discharge Date.	Patient Discharge Date is before Admit Date.	ERROR
VR-189			
VR-190			
VR-191	VR-191 Inpatient.Hour of Arrival Time must be two (2) numeric characters in the range '0' thru '9'.	Hour of Arrival Time format invalid.	SCHEMA
VR-192	VR-192 Inpatient.Hour of Arrival Time must be in the range '00' thru '24' inclusive, or '99'.	Hour of Arrival Time invalid.	SCHEMA
VR-193	VR-193 Inpatient.Discharge Date must be in the format YYYY-MM-DD.	Discharge Date format is Invalid	SCHEMA
VR-194	VR-187 The Inpatient.Discharge Date must be less than or equal to the CURRENT_SYSTEM_DATE.YEAR.	Admit Date is Invalid	ERROR
VR-195			
VR-196	VR-196 The Inpatient.Discharge Date must be within the Reporting Period as defined by the Header.Report Year and Header.Report Quarter.	Discharge Date is not within the Reporting Quarter	ERROR
VR-197	VR-197 The Inpatient.Length of Stay must be less or greater than than 365 days	Length of stay (LOS) is greater than 365 days	VERIFY
VR-198	VR-198 Inpatient.Discharge Time must be two (2) numeric characters in the range '0' thru '9'.	Inpatient Discharge Time format is Invalid	SCHEMA
VR-199	VR-199 Inpatient.Discharge Time must be two (2) numeric characters in the range '00' thru '24' or '99'.	Inpatient Discharge Time is Invalid	SCHEMA
VR-200	VR-200 If Inpatient.Admission Date = Inpatient.Discharge Date, then the Inpatient.Admission Time and Inpatient.Discharge Time cannot equal '99' unless Discharge Status = 02, 04, 07, 20, or 70.	Admission Time and Discharge Time = '99'	ERROR
VR-201	VR-201 Inpatient.Patient Discharge Status must be two (2) numeric characters in the range '0' thru '9'.	Patient Discharge Status code format is invalid.	SCHEMA
VR-202	VR-202 Inpatient.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-203	VR-203 Inpatient.Principle Payer Code must be one (1) uppercase alphan character A-E or H-Q.	Principle Payer Code format Invalid	SCHEMA

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VR-204	VR-204 Inpatient.Principle Payer Code must equal uppercase A-E or H-Q.	Principle Payer code must equal A-E or H-Q	ERROR
VR-205	VR-205 If the Inpatient.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-206	VR-206 The percentage of records Inpatient.Principle Payer Code = 'M' should be less than or equal to 10%.	THRESHOLD: Percentage of Payer M exceed 10%.	VERIFY
VR-207	VR-207 Inpatient.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-208	VR-208 Inpatient.Principle Diagnosis Code must be a valid ICD-10-CM code for the associated reporting period.	Principle Diagnosis code Invalid	ERROR
VR-209	VR-209 Inpatient.Principle Diagnosis Code must not be omitted (i.e., "left blank").	Principle Diagnosis code missing	SCHEMA
VR-210	VR-210 The Inpatient.Principal Diagnosis Code may not be equal to any Inpatient.Other Diagnosis Code 1-30 submitted on the same record.	Principle Diagnosis code is repeated	ERROR
VR-211	VR-211 The Inpatient.Principal Diagnosis Code must not be an External Cause of Morbidity Code range V00-Y99 submitted .	Principal diagnosis code cannot be an ECMORB code	
VR-212	VR-212 The Inpatient.Principal Diagnosis Code must not equal 'DRG 998' (Not Groupable) or 'DRG 999' (Invalid Principal Diagnosis).	The Principal Diagnosis Code is ungroupable. The Principal Diagnosis Code is Invalid as a discharge diagnosis (DRG 998) or the Principal Diagnosis Code is invalid (DRG=999).	
VR-213	VR-213 Inpatient.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-214	VR-214 Inpatient.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 conflicts with patient sex	VERIFY
VR-215	VR-215 Inpatient.Present on Admission Indicator (POA): Principle Diagnosis must a single (1) alphanumeric character in the range 'A' thru 'Z', inclusive or '0' thru '9'.	POA format for Principal Diagnosis Code is not valid	SCHEMA

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VR-216	VR-216 Inpatient.Present on Admission Indicator (POA): Principle Diagnosis must be Y, N, U, W or 1.	POA for Principal Diagnosis Code is not valid	SCHEMA
VR-217	VR-217 Inpatient.Principle Diagnosis Present on Admission Indicator (POA-) Principal Diagnosis is exempt and the Present on Admission indicator field code does not equal "1" OR diagnosis is not exempt and POA =1.	POA for Principal Diagnosis Code invalid for the DX code	ERROR
VR-218	VR-218 The number of Inpatient.Other Diagnosis Code data elements submitted must be zero (0) to thirty (30).	Other Diagnosis Codes submitted greater than 30.	SCHEMA
VR-219	VR-219 Inpatient.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-220	VR-220 Inpatient.Other Diagnosis Code must be a valid ICD-10 code for the associated Reporting Period.	Other Diagnosis code Invalid	ERROR
VR-221	VR-221 Inpatient.Other Diagnosis Code must be unique among all Inpatient.Other Diagnosis Code data elements	Other Diagnosis code is repeated	ERROR
VR-222	VR-222 The Inpatient.Other Diagnosis Code must not equal the Inpatient.Principal Diagnosis Code.	Other diagnosis code 1-30 repeated in Principal Diagnosis code.	ERROR
VR-223	VR-223 Inpatient.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-224	VR-224 Inpatient.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 conflicts with patient sex	VERIFY
VR-225	VR-225 Inpatient.Present on Admission Indicator (POA): Other Diagnosis must a single (1) alphanumeric character in the range 'A' thru 'Z', inclusive or '0' thru '9'.	POA format for Other Diagnosis Code invalid	SCHEMA
VR-226	VR-226 Inpatient.Present on Admission Indicator (POA): Other Diagnosis must be Y, N, U, W or 1.	POA for Other Diagnosis Code invalid	SCHEMA

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RULE #	REQUIREMENT	DESCRIPTION	RULE RESPONSE
VR-227	VR-227 Inpatient. Other Diagnosis Code Present On Admission (POA) equal '1' and Other Diagnosis Code is not exempt VR-227 Inpatient. Other Diagnosis Code Present On Admission (POA) equal '1' and Other Diagnosis Code is not exempt OR diagnosis is not exempt and POA =1.	POA for Other Diagnosis Codes 1-30 invalid for the DX code.	ERROR
VR-228	VR-2287 Inpatient.Principal Procedure code must be a seven (7) alphanumeric character code.	Principal Procedure code format is invalid.	SCHEMA
VR-229	VR-229 Inpatient.Principal Procedure Code must be a valid ICD-10 code for the associated Reporting Period.	Principal Procedure code invalid.	ERROR
VR-230.1	VR-230.1 If the Inpatient.Principal Procedure Code is not NULL then the Inpatient.Principal Procedure Date must not be NULL OR if the Inpatient.Principal Procedure Date not NULL, then the Principal Procedure Code must not be NULL	Principal Procedure without Procedure Date or Procedure Date w/o Principal Procedure	SCHEMA
VR-230.2	VR-230.2 If the Inpatient.Principal Procedure Code is not NULL then the Inpatient.Operating or Performing Practitioner Identification Number must also be not NULL.	Principle Procedure code without Operating Practitioner or Operating Practitioner w/o principle procedure code.	ERROR
VR-232	VR-232 Inpatient.Principle Procedure code must comply with the Medicare ICD-10 Sex Conflict code edit for the associated reporting period. Inpatient.Principle Procedure Code with sex specific restriction = "Male Only" or "Female Only" must have corresponding sex code M or F.	Principle Procedure code conflicts with patient sex	VERIFY
VR-233	VR-233 The Inpatient.Principal Procedure Date must be formatted YYYY-MM-DD.	Principal Procedure Date format invalid	SCHEMA
VR-234	VR-234 The Inpatient.Principal Procedure Date less than CURRENT_SYSTEM_DATE.	Principal Procedure date is invalid.	ERROR
VR-235	VR-235 The Inpatient.Principal Procedure Date is greater than the Inpatient.Admit date and less than the Inpatient.Discharge date.	Principal Procedure Date date is not in the reporting period	ERROR
VR-236	VR-236 If the Inpatient.Other Procedure Code is not NULL then the Inpatient.Other Procedure Date must not be NULL OR if the Inpatient.Other Procedure Date not NULL, then the Inpatient.Other Procedure Code must not be NULL	Other Procedure without Other Procedure Date or Procedure Date w/o Other Procedure	SCHEMA
VR-236.1	Principal Procedure Date is after the Inpatient Discharge Date.	VR-236.1 Principal Procedure Date is after the Inpatient Discharge Date.	ERROR
VR-236.2	Principal Procedure Date more than 6 days before admit date. The reported principal procedure date is too many days prior to the admission date.	VR-236.2 Principal Procedure Date more than 6 days before admit date. The reported principal procedure date is too many days prior to the admission date.	ERROR
VR-237	VR-237 Inpatient.Other Procedure code must seven (7) alphanumeric characters.	Other Procedure code format invalid	SCHEMA

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VR-238	VR-238 Inpatient.Other Procedure Code must be a valid ICD-10-PCS procedure code for the reporting period.	Other Procedure code invalid	ERROR
VR-239			
VR-240	VR-240 Inpatient.Other Procedure Code must comply with the Medicare ICD-10 Sex Conflict code edit for the associated reporting period. Inpatient.Principle Procedure Code with sex specific restriction = "Male Only" or "Female Only" must have corresponding sex code M or F.	Other Procedure code conflicts with patient sex	VERIFY
VR-241	VR-241 Inpatient.Other Procedure Date must be must be formatted YYYY-MM-DD.	Other Procedure Date format invalid	SCHEMA
VR-242	VR-242 Inpatient.Other Procedure Date must be less than or equal to CURRENT_SYSTEM_DATE.	Other Procedure date is invalid.	ERROR
VR-243			
VR-244	VR-244 If the corresponding Inpatient.Other Procedure Code is not NULL (i.e., not "blank"), then the Inpatient.Other Procedure Date must also not be NULL	Other Procedure code without Operating Practitioner or Operating Practitioner w/o Other procedure code.	SCHEMA
VR-245	VR-245 The Inpatient.Other Procedure Date must be less than or equal to 6 days prior to the Inpatient.Admission Date.	Other Procedure date more than 6 days before Admission Date.	ERROR
VR-246	VR-246 Inpatient.Other Procedure Date must be less than or equal to the Inpatient.Discharge Date	Other Procedure Date date after Discharge Date.	ERROR
VR-247			
VR-248	VR-248 Inpatient.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-249	VR-249 Inpatient.Attending Practitioner ID must be valid Florida DOH-issued, practitioner license number in format ME12345, APRN1234567, OS1234, PO1234 with no zero fill or leading zeros . Use US999999999 for military physician or other physcian not licensed in Florida.	Attending Practitioner ID invalid.	ERROR
VR-250	VR-250 Inpatient.Attending Practitioner ID must have an Attending Practitioner National Provider Identification Number (NPI) on the same record and vice-versa.	Attending Practitioner ID without NPI OR NPI without an Attending Practitioner ID	SCHEMA
VR-251	VR-251 Inpatient.Attending Practioner National Provider Identification Number (NPI) must be ten (10) numeric characters in the range '0' through '9'.	Attending Practitioner NPI format invalid	SCHEMA

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VR-252	VR-252 Inpatient.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-253	VR-253 Inpatient.Operating or Performing Practitioner ID 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-254	VR-254 Inpatient.Operating or Performing Practitioner ID must have an Operating or Performing Practitioner National Provider Identification Number (NPI) on the same record and vice-versa.	Operating or Performing Practitioner ID without NPI number or NPI without a Operating Pracitioner ID.	SCHEMA
VR-255	VR-255 If the Inpatient.Operating or Performing Practitioner ID is NOT NULL then the Inpatient.Principal Procedure Code must not be NULL on the same record.	Operating or Performing Practitioner without Principal Procedure.	SCHEMA
VR-256	VR-256 Inpatient. 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 Practioner National Provider Identification Number (NPI) format is invalid.	SCHEMA
VR-257	VR-257 Inpatient.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', inclusive, and number characters in the range '0' through '9', inclusive ». Maximum length should not exceed 15 characters.	Other Operating or Performing Practitioner ID format invalid.	SCHEMA
VR-258	VR-253 Inpatient.Other Operating or Performing Practitioner ID 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
VR-259	VR-259 Inpatient.Other Operating or Performing Practitioner ID must have an Other Operating or Performing Practitioner National Provider Identification Number (NPI) on the same record and vice-versa.	Other Operating or Performing Practitioner ID without NPI number or NPI without a Other Operating Pracitioner ID.	SCHEMA
VR-260	VR-260 Inpatient.Other Operating or Performing Practitioner Identification must not equal Inpatient.Operating or Performing Practitioner ID on the same record	Operating same as Other Operating Practitioner.	ERROR

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VR-261	VR-261 Inpatient. 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-262	VR-262 Inpatient.Revenue Code Category Charges: Room/Board 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-263	VR-263 Inpatient.Revenue Code Category Charges: Intensive Care 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-264	VR-264 Inpatient.Revenue Code Category Charges: Coronary Care 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-265	VR-265 Inpatient.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-266	VR-266 Inpatient.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

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VR-267	VR-267 Inpatient.Revenue Code Category Charges: Laboratory 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-268	VR-268 Inpatient.Revenue Code Category Charges: Radiology 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-269	VR-269 Inpatient.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-270	VR-270 Inpatient.Revenue Code Category Charges: Respiratory / Pulmonary 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-271	VR-271 Inpatient.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-272	VR-272 Inpatient.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

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RULE #	REQUIREMENT	DESCRIPTION	RULE RESPONSE
VR-273	VR-273 Inpatient. Recovery Room 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-274	VR-274 Inpatient.Revenue Code Category Charges: Labor 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-275	VR-275 Inpatient.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-276	VR-276 If Inpatient.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.	SCHEMA
VR-277	VR 277 Inpatient.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-278	VR-278 Inpatient.Revenue Code Category Charges: Behavioral Health 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-279	VR-279 Inpatient.Revenue Code Category Charges: Oncology 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

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RULE #	REQUIREMENT	DESCRIPTION	RULE RESPONSE
VR-280	VR-280 Inpatient.Revenue Code Category Charges: Physical Therapy 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-281	VR-281 Inpatient.Revenue Code Category Charges: Occupational Therapy 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-282	VR-282 Inpatient.Revenue Code Category Charges: Speech/Language Therapy 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-283	VR-283 Inpatient.Revenue Code Category Charges: Comp Rehab 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-283.1	VR-283.1 If the Inpatient.Revenue Code Category Charges: Comp Rehab is greater than zero, then the FDDC REPORTING FACILITIES REFERENCE TABLE record for the facility, either the Comprehensive Rehabilitation Hospital Designation field must equal TRUE or the Acute Care Hospital with Comprehensive Rehabilitation Services field must equal TRUE.		SCHEMA
VR-284	VR-284 Inpatient.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

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RULE #	REQUIREMENT	DESCRIPTION	RULE RESPONSE
VR-285	VR-285 Inpatient.Nursery Level I 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-286	VR-286 Inpatient.Nursery Level II 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-287	VR-287 Inpatient.Nursery Level III 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-288	VR-288 Inpatient.Total Gross 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-289	VR-289 Inpatient.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-290	VR-290 Inpatient.Total Gross Charges must be less than or equal to \$3,000,000).	Total Gross Charges greater than \$ 3 million	ERROR
VR-291	VR-291 If Inpatient.Total Gross Charges equals '0' (\$0.00) then then Inpatient.Admit Priority on the same record should equal '04 (Newborn)'.	Total Charges = \$0 and Admit Priority not 4.	ERROR
VR-292	VR-292 Inpatient.Per Diem must be greater than or equal to '200' (\$200) and less than or equal to '200000' (\$200,000) when Inpatient.Length of Stay (LOS) > 2 days.	LOS > 2 days and Per Diem not \$200-200,000	VERIFY
VR-293			

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RULE #	REQUIREMENT	DESCRIPTION	RULE RESPONSE
VR-294	VR-294 The sum of Inpatient.Revenue Code Category Charges: Room/Board + Inpatient. Revenue Code Category Charges: Intensive Care + Inpatient. Revenue Code Category Charges: Coronary Care + Inpatient.Nursery Level I,II,III Charges must be greater than '0' (\$0.00) unless the Inpatient. Discharge Status = 02, 04, 07, 20, 70.	Records has no room, ICU, CCU, Nursery or Comp Rehab Charges.	ERROR
VR-295	VR-295 Inpatient.Infant Linkage Identifier must be nine digit number indicating the SSN of the patient's mother if patient is less than two years of age. If the patient is age two or older, use all zeroes- 000000000. Assign 777777777 if mother's SSN is unknown; 333333333 if infant is in the custody of the State of Florida or adopted.	Infant Linkage Identifier is not equal to the Mother's SSN.	ERROR
VR-296	VR-296 The Inpatient.Infant Linkage Identifier cannot be equal to 078051120 or 219099999.	Infant Linkage SSN Invalid	ERROR
VR-297	VR-297 Inpatient.Infant Linkage must meet the following format constraints: 000#####, ###00####, and #####0000; Leading Sixes-666#####; Leading 900's0 in the range 900 thru 999; One Number Prohibition, except unkown default 777777777, which is permitted.	Infant Linkage SSN format Invalid.	ERROR
VR-298			
VR-299	VR-299 Inpatient.Admitting 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.	Admitting Diagnosis format invalid	SCHEMA
VR-300	The Inpatient.Admitting Diagnosis must be a valid ICD-10-CM code for the associated Reporting Period; specifically, it must be found in the FDDC ICD-10 Enhanced Reference Table with effective dates that include the Reporting Period	Admitting Diagnosis must be a valid ICD-10-CM code	ERROR
VR-301	VR-301 The Inpatient.Admitting Diagnosis must is a required field and must not be omitted or blank	Admitting Diagnosis is missing	SCHEMA
VR-302	VR-302 Inpatient.Admitting 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

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RULE #	REQUIREMENT	DESCRIPTION	RULE RESPONSE
VR-303	VR-303 Inpatient.Admitting Diagnosis code 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 conflicts with patient sex	VERIFY
VR-304			
VR-305	VR-305 Inpatient.External Cause of Morbidity 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.	External Cause of Morbidity Code ICD format invalid	SCHEMA
VR-306			
VR-307	VR-307 Inpatient.External Cause of Morbidity must be a valid ICD-10-CM code for the associated Reporting Period in the range V00-Y99.	ECMORB is not a valid ECMORB Code.	ERROR
VR-308.1	VR-308.1 The Inpatient.External Cause of Morbidity Codes must not equal any of the other Inpatient.External Cause of Morbidity Codes data elements on the record.	ECMORB is Repeated. External Cause of Morbidity Codes must not equal any of the other External Cause of Morbidity Codes data elements on the record.	ERROR
VR-308.2	VR-308.2 The Inpatient.External Cause of Morbidity Codes must not equal the Inpatient.Principle Diagnosis Code OR Inpatient.Admitting Diagnosis Code OR Inpatient.Other Diagnosis Code.	ECMORB as Admitting or Principle Diagnosis or Other Diagnosis Code.	ERROR
VR-308.3	VR-308.3 The Inpatient.External Cause of Morbidity Codes must not equal Inpatient.Other Diagnosis Code data elements.	ECMORB in Other Diagnosis.	ERROR
VR-309	VR-309 Inpatient.Emergency Department (ED) Date of Arrival must be formatted YYYY-MM-DD. Use default 0000-00-00 if patient is not admitted from emergency department.	Emergency Department (ED) Date of Arrival format is invalid	SCHEMA
VR-310	VR-310 The Inpatient.Emergency Department (ED) Date of Arrival must be less than or equal to CURRENT_SYSTEM_DATE.	Emergency Department (ED) Date of Arrival is invalid	ERROR
VR-311	VR-311 Inpatient.Emergency Department ED Date of Arrival must be equal to or less than 6 days before Inpatient.Admission Date.	Admit Date greater than 6 days after ED Date of Arrival.	VERIFY
VR-312			
VR-313	VR-313 Inpatient.Emergency Department (ED) Date of Arrival must be less than Inpatient.Admission Date	ED Date of Arrival after Admit Date.	ERROR
VR-314			
VR-315	VR-315 Inpatient.Emergency Department (ED) Hour of Arrival must be two (2) numeric characters in the range '0' thru '9'.	ED Hour of Arrival Time format invalid	SCHEMA

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RULE #	REQUIREMENT	DESCRIPTION	RULE RESPONSE
VR-316	VR-316 Inpatient.Emergency Department (ED) Hour of Arrival must be in the range '00' thru '24' inclusive, or '99'.	ED Hour of Arrival Time is invalid	SCHEMA
VR-317	VR-317 If the Inpatient.Emergency Department (ED) Date of Arrival = Inpatient.Discharge Date then the Inpatient.Emergency Department (ED) Hour of Arrival must not equal the Inpatient.Discharge Time.	ED Hour of Arrival equal Discharge Time.	ERROR
VR-318	VR-318 Inpatient.Condition Code must be two (2) alphanumeric characters 00 or P7.	Condition Code format invalid	SCHEMA
VR-319	VR-319 Inpatient.Condition Code must be found in the Inpatient Condition Code Reference Table.	Condition Code invalid-not P7 or 00	ERROR
VR-320	VR-320 The Inpatient.Condition Code must is a required field not be omitted or blank.	Condition Code is empty	SCHEMA
VR-321	VR-321 If the Inpatient.Condition Code = 'P7' (ED) , then Inpatient.Revenue Code Category Charges: Emergency Room must be greater than '0' (\$0.00) unless the Inpatient.Principle Payer = 'A', 'B', or 'I'	Condition Code=P7 and ER charges =\$0.	ERROR
VR-322	VR-322 If the Inpatient.Condition Code='P7' then the Emergency Department (ED) Date of Arrival cannot equal 0000-00-00 and Hour of Arrival can not equal 99.	Condition Code=P7 and ED hour and Date of arrival are unknown or missing	ERROR
VR-323	VR-323 If the Inpatient.Condition Code = '00' then the Inpatient.Revenue Code Category Charges: Emergency Room equal '0' (\$0.00); the Inpatient.Emergency Department (ED) Date of Arrival must be '0000-00-00; the Inpatient.Emergency Department (ED) Hour of Arrival must be '99'	Condition Code=00 and ED data elements present.	ERROR
VR-324	VR-324 Trailer.Number of Patient Records is a required field and must not be 0, omitted or blank. A string of numeric characters of any length.	Trailer records do not match number submitted	XSD
VR-325	VR-325 The Trailer.Number of Patient Records must be at least '1' (one)	Number of Trailer Records <1	XSD
VR-326	VR-326 The Trailer.Number of Patient Records must equal the total records in the file submitted.	Records reported submitted is not the number actually submitted.	XSD