MIRCal
Edit Flag Description Guide

INPATIENT DATA

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Medical Information Reporting for California

State of California
Office of Statewide Health Planning and Development (OSHPD)
Patient Data Section
2020 West El Camino Avenue
Sacramento, CA 95833
(916) 326-3935

SUMMARY OF CHANGES
VERSION 35

Effective with discharges on and after July 1, 2018
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Age and Sex Edit Tables
Pages 35 - 45

Updated with October 1, 2018 age-specific and sex-specific code changes

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I INTRODUCTION

There are currently seven (7) MIRCal edit programs applied to inpatient data. Data submitted on MIRCal, via file submission or manual record entry, are processed through the MIRCal edit programs. Each record is edited, and any errors found within the record are identified by edit flags.

This guide provides detailed information about each edit program, the applicable Error Tolerance Levels, and a list of the edit flags and their descriptions.

MIRCal Edit Programs:
Transmittal Validation
Licensing Check
Trend Edits
Comparative Edits
Records with a Blank or Invalid Principal Diagnosis
Standard Edits
Re-Admission Edits

II MIRCAL EDIT PROGRAMS AT-A-GLANCE

UNDERSTANDING THE MIRCAL EDIT PROGRAMS

Your data will be rejected if it fails any of the edit programs. "Fail" means your data is not at or below the established Error Tolerance Level (ETL). Understanding the edit programs and the reasons your data might fail is very important when determining the best way to correct errors.

If your report fails either the Transmittal Validation or Licensing Check, it will be rejected and will not be processed through the remaining edit programs.

Program	Description	Likely Cause of Failure
Transmittal Validation	Checks for proper file format and compares the "Expected" (based on the Transmittal Page information) to "Actual" data submitted. • Virus infected file • No data in file • Multiple files in a Zip file • Incorrect file format • Discrepancy in the number of records submitted vs. the number entered on the Transmittal screen. • One (1) or more records are reported with a Discharge Date that is blank, invalid, or outside the Report Period. • Incorrect Facility ID Number on one or more records • MIRCal Database errors.	Your data did not pass one or more of the transmittal validations.
Licensing Check	Checks to make sure your data includes all the types of care and services for which your facility is licensed. For example, if your facility is licensed for Acute care, but no records are reported as Acute type of care, then your data will fail this program. NOTE: This program does not check for records that include a type of care for which your facility is not licensed. The Standard Edit program identifies this type of error.	Your facility is licensed for a specific type of care, but that type of care is not being reported on any of your records.
Trend Edit (T flag)	Compares the data in the current report period to the facility's historical data to identify uncharacteristic increases or decreases in percentages reported for certain data elements/categories. EXAMPLE: In the Current Report Period, your facility reported 65% Non-Hispanic patients, but in the previous two (2) report periods, you reported only 20% Non-Hispanic patients. If this percentage difference between report periods is outside the "Allowable Difference", then either a Critical or Non-Critical Trend flag is generated. Non-Critical flags will not cause your data to fail this program, but one or more Critical flags will.	Your data caused the program to generate one or more Critical Trend flags.

Comparative Edit (C flag)	Based on the TOTAL records reported, checks for reasonable distribution of categories within each data element for the Current Report Period. EXAMPLE: If 100% of your records are reported with Patient Disposition-Home, this program will generate a Comparative Edit flag and your data will fail.	Your data caused the program to generate one or more Comparative Edit flags.
Records with a Blank or Invalid Principal Diagnosis	This program identifies records with a Principal Diagnosis that is blank, invalid, reported with an "old" diagnosis code after the effective End Date; or reported with a "new" diagnosis code before the effective Begin Date. The erroneous Principal Diagnosis code will receive a critical S-flag.	One or more records with a Blank or Invalid Principal Diagnosis
Standard Edit (S flag)	Checks for data entry errors and inconsistencies of data reported within each record. EXAMPLE: Admit Date is AFTER the Discharge Date.	More than 2% of your records contain standard edit errors.
Readmission Edit (K flag)	Groups records that contain identical Social Security Numbers (SSNs), and then checks for inconsistencies between the records. EXAMPLE: Two records with the same SSN cannot have different Dates of Birth; either the SSN or the Date of Birth is incorrect.	More than 2% of your records contain readmission edit errors.

III TRANSMITTAL VALIDATION

OVERVIEW

Transmittal Validation consists of two (2) levels of validation: The first level checks files for viruses and for empty, incomplete or multiple files. The second level checks for proper file format, discrepancies in the number of records submitted, blank and invalid discharge dates, and incorrect facility ID numbers.

Error Tolerance Level: Data must pass both levels of validation before continuing through the remaining MIRCal edit programs.

How do I know if my data failed Transmittal Validation?
Access the "Main Error Summary" to see if your data passed or failed Transmittal Validation. If the data failed Transmittal Validation, the Summary will display the error message(s) and record number(s) that contain the error.

- Up to 20 records are listed.
- If there more than 20 records with a transmittal error, then the following message will be displayed:

  There are more than 20 records with a transmittal error.
  Only the first 20 records with errors are listed.

To access this Summary: click on "Main Error Summary" on the Main Menu.

FIRST LEVEL OF TRANSMITTAL EDITS

If the data fails any one of these transmittal edits, it will be rejected immediately and will not be processed through the Second Level of transmittal edits.

- Virus infected file
- Empty file (no data contained in the file)
- Multiple files in a Zip file

Once data passes the first level of edits, it will continue on to the second level of Transmittal Validation.

SECOND LEVEL OF TRANSMITTAL EDITS

Data will be rejected if it fails one or more of the following edits. Data must pass Transmittal Validation before continuing on to the remaining MIRCal edit programs.

- Incorrect File Format
- Non-ASCII character
- Discrepancy in Number of Records submitted
- Blank and Invalid Discharge Dates
- Incorrect Facility ID Number
- MIRCal Database capacity error

TRANSMITTAL ERROR MESSAGES

NOTE: For additional information on Transmittal Errors and how to correct them, please see the *Troubleshooting Guide for Transmittal Errors,* which can be found on the MIRCal website at https://oshpd.ca.gov/data-and-reports/submit-data/patient-data/resources.

Transmittal Edit	*Error Message (Displayed on Main Error Summary)*
I. FIRST LEVEL OF EDITING:	
Checks for viruses	Virus infected file. Transmission of data was terminated.
Database failed to receive file submission	Database failed to receive file submission. Contact your OSHPD Analyst immediately. NOTE: This occurs when the Transmittal processor cannot access the database.
Does the file contain data? (Empty file)	No data contained in the file
Multiple files in a Zip file?	Zip file contains multiple files
No text file included in the Zip file	Zip file does not contain a file with a .txt file extension.
II. SECOND LEVEL OF EDITING: **To easily locate the error, the Main Error Summary will display the Record Number(s) that contain a transmittal error. Up to 20 records are listed.**	
Incorrect file format	File contains non-ASCII character(s)
Incorrect file format	Record length is more than 670 bytes
Incorrect file format	Record length is less than 670 bytes
Incorrect file format	No Carriage Control at byte 671
Incorrect file format	No Line Feed at byte 672
Discrepancy in the total number of records submitted. There is a difference of more than 20 records.	Total number of records submitted does not match the number of records entered on the Transmittal screen. On the Main Error Summary, the "Number of Records" column displays the number entered by the User.
Records with a Discharge Date outside the Report Period	One or more records are reported with a Discharge Date that is blank, invalid, or outside the Report Period.
Incorrect Facility ID Number	Incorrect Facility ID Number reported on one or more records. NOTE: On the Main Error Summary, the "Number of Records" column will display the Facility ID Number reported on the record in error.
MIRCal database capacity error	MIRCal Database error. The number of records in the MIRCal database does not match the number of records submitted. Contact your OSHPD analyst immediately.

IV LICENSING CHECK

OVERVIEW

The Licensing Check edits your facility's data against OSHPD's Licensing File to verify that the data reported is consistent with the Types of Care and Services for which it is licensed.

Error Tolerance Level: Data will fail the Licensing Check if it does not does not match OSHPD's licensing information, and all further editing is terminated.

Once the data passes the Licensing Check, it will continue through the remaining MIRCal Edit Programs.

NOTE: The Licensing Check does not edit records that include a Type of Care or Service for which your facility is not licensed. This is checked in the Standard Edit Program and is identified by an S flag.

How do I know if my data failed the Licensing Check?
Check the "Main Error Summary for all Edit Programs" to see if your data passed or failed the Licensing Check. The Summary displays either "Pass" or "Fail" for this edit program. If data has failed, the applicable error message(s) is also be displayed.

To access this Summary: click on "Main Error Summary" on the Main Menu.

If it is determined that the data submitted is correct as reported, please contact your OSHPD analyst to explain the licensing changes.

See next page for a list of the Licensing Check error messages and explanations…

LICENSING CHECK ERROR MESSAGES

Licensing Check (Message displayed on Main Error Summary)	*Explanation*
No records reported in Type of Care 1	Hospital is licensed for Acute Care but there are no records reported in this type of care.
No records reported in Type of Care 3	Hospital is licensed for Skilled Nursing/Intermediate Care but there are no records reported in this type of care.
No records reported in Type of Care 4	Hospital is licensed for Psychiatric Care but there are no records reported in this type of care.
No records reported in Type of Care 5	Hospital is licensed for Chemical Dependency Care but there are no records reported in this type of care.
No records reported in Type of Care 6	Hospital is licensed for Physical Rehabilitation Care but there are no records reported in this type of care.
No records reported in Source of Admission – Your ED, but your facility is licensed for Emergency Department Services	Hospital is licensed as a Basic or Comprehensive Emergency Department, but there are no admits through “Your ED”.
Discrepancy in licensing information between facility and OSHPD	The Types of Care and Services reported do not match OSHPD’s records. Contact your OSHPD analyst to resolve this licensing issue.

V TREND EDIT PROGRAM

OVERVIEW

The Trend Edit Program is designed to check for inconsistencies in data by comparing data submitted in the current report period to data submitted in the last two (2) (historical) report periods. If the difference between the current data and the historical data is more than a specified percent, then a T (critical) or TW (non-critical) flag is applied to that data element or data element category. The facility must review any critical T flags in the data and verify whether or not the data is correct as reported.

ALLOWABLE DIFFERENCE: The Allowable Difference is based on Facility Size. Only the T003/TW03 and T004/TW04 flags use an "Allowable Difference" when comparing the current data to historical data. For more information, please refer to "Facility Size" and "Allowable Differences" under the DEFINITIONS/REPORTS in this section.

NOTE: Facilities with 75 records or less are excluded from the T001, T002, T003 and T004 Trend edits.

FIXED PERCENT: All other Trend Flags use **FIXED** percentages regardless of facility size. Please refer to the "Trend Edit Flags and Descriptions" table in this guide for a complete description of the flags.

Error Tolerance Level: Data will fail the Trend Edit Program if one or more Critical Trend Flags (T) are identified in the data.

How do I know if my data failed the Trend Edit Program?
Check the "Main Error Summary for all Edit Programs" to see if your data passed or failed the Trend Edit Program. The Summary will display either "Pass" or "Fail" for this edit program. For "Fail" status, the Summary also displays the number of trend edit flags identified in the data.

To access this Summary: click on "Main Error Summary" on the Main Menu.

The Trend Edit Program will not apply edits to a data element if:

- A data element in the current report period has a Modification
- The current report period is less than 90 days. Conversely, an historical report period that is less than 90 days will not be used for trend analysis.
- There is no historical data for the facility (e.g., new facility)

DEFINITIONS AND REPORTS

Critical Trend (T) Flag

A "T" flag, followed by a 3-digit number, identifies a Critical Trend Edit Flag.
A T-flag will result when the current data fails the Trend Edit in both historical report periods or it fails the Trend Edit against the only available historical report period. The affected data element category will receive the applicable T-Flag.

Trend Warning (TW) Flag (Non-Critical Error)

A "TW" flag, followed by a 2-digit number, identifies a Warning (Non-Critical) Trend Edit Flag.

A **TW-flag will NOT cause the data to be rejected.** These flags are "warnings" that alert the facility to review possible errors in the data.

When will the data get a TW flag?

A TW-flag will result when the data FAILS the Trend Validation in the 1st historical report period but PASSES the Trend Validation in the 2nd historical report period, or vice-versa. In other words, a TW flag is applied when the current data Passes and Fails the same trend edit when compared to data in two (2) previous historical report periods.

Trend Flags on the Race, ZIP Code, and Prehospital Care and Resuscitation (DNR) data elements are always Warning Flags (TW01, TW02, TW03, and TW04), whether they fail the trend edit in one or both historical report periods.

Facility Size

This is the total number of records submitted by a facility for the current report period. OSHPD classifies facility size in nine (9) categories:

Hospital Size	Total Records Reported	Allowable Difference Applies only to T003 and T004 flags
Micro Small Hospital	1 to 75	Excluded
Very Very Small Hospital	76 to 100	20%
Very Small	101 to 250	15%
Small	251 to 500	12%
Medium	501 to 1000	10%
Large	1001 to 2500	8%
Very Large	2501 to 5000	7%
Super Large	5001 to 10000	6%
Ultra Large	10001 and up	5%

Allowable Difference

This is the amount of increase or decrease that the MIRCal System will allow between current data and historical data for a particular data element category.
IMPORTANT: For the T003/TW03 and T004/TW04 flags, the Allowable Difference is based on facility size— the larger the facility, the smaller the Allowable Difference.

How does MIRCal determine that a data element category failed a Trend Edit?
After MIRCal calculates the current and historical percentages for the data element category, it subtracts the Current Percentage reported from the Historical Percentage reported and compares the difference. If the calculated difference is outside the "Allowable Difference" (too high or too low), then a "T" or "TW" flag is applied. The Trend Edit Summary displays all the data element categories that have been flagged with a T or TW flag.

Use the Data Distribution Report in conjunction with the Trend Edit Summary Report, to help you determine if the data is in error or is correct as reported.

Trend Edit Summary Report

This report identifies the data element categories that have been flagged with a T or TW flag. The report is in alphabetical order by Data Element and includes the percent or number of records reported for the Current Report Period; the "Allowable Difference"; and the percent or numbers from the corresponding historical report period(s).

To access this report: From the Main Menu, click on "Error Reports", then under "Edit Programs-Trend Edits (T)", click on "View" under "Summary Report". You can print and/or save this PDF report.

Data Distribution Report

This is a report that displays each data element and lists the numerical and percentage breakdown of records within each data element category. Use this report to compare the data element categories that have been flagged with a "T" or "TW" flag to those categories (within the same data element) that were not flagged. It also may be useful to compare the "current" Data Distribution Report to "historical" Data Distribution Report(s) and look for any questionable increases or decreases in data element categories.

To access this report: From the Main Menu, click on "Error Reports", then under Informational Reports, click on "View" next to "Data Distribution Report". You can print and/or save this PDF report.

Report by Selected Data Element (custom report)

When reviewing the Trend Summary Report, you may need to review records associated with the Trend Edit Flag. For example, Type of Admission (TOA)-Elective has a T003 flag— "The percent reported is lower than expected based on your historical data." In order to determine whether or not this is an error, you may want to review all records reported in other TOA categories to see if some of these records need to be corrected to TOA-Elective, or to confirm if your data is correct as reported.

You may need to contact your OSHPD analyst and request a "Report by Selected Data Element". This custom report, (all records reported as TOA-Emergency, Urgent, Newborn, Trauma and Information Not Available), can be generated and posted on MIRCal. It can then be accessed by the facility and used for Trend Edit error analysis. The report can only be accessed by the requesting facility.

NOTE: *If it is determined that the current data is correct as reported, please contact your OSHPD analyst to explain.*

TREND EDIT FLAGS AND DESCRIPTIONS

Critical Flags are identified as a T flag
Warning (Non-Critical) flags are identified as a TW flag

Trend Edit Flag	*Description*
T001	The current percent reported for this data element category is ZERO, but your hospital's historical data shows data reported.
TW01	Same description as above, but data failed this Trend Edit in only one (1) historical report period.
T002	The current percent reported for this data element category is greater than 2%, but your hospital's historical data shows ZERO records reported in this category.
TW02	Same description as above, but data failed this Trend Edit in only one (1) historical report period.
T003	The current percent reported for this data element category is lower than expected, based on your hospital's historical data.
TW03	Same description as above, but data failed this Trend Edit in only one (1) historical report period.
T004	The current percent reported for this data element category is greater than expected, based on your hospital's historical data reported.
TW04	Same description as above, but data failed this Trend Edit in only one (1) historical report period.
T005	Total number of records submitted **decreased** more than 20%, based on your hospital's historical data.
TW05	Same description as above, but data failed this Trend Edit in only one (1) historical report period.
T006	Total number of records submitted **increased** more than 20%, based on your hospital's historical data.
TW06	Same description as above, but data failed this Trend Edit in only one (1) historical report period.
T007	Average Number of Other Diagnoses **decreased** more than 2 diagnoses per record, based on your hospital's historical data.
TW07	Same description as above, but data failed this Trend Edit in only one (1) historical report period.
T008	Average Number of Other Procedures **decreased** more than 2 procedures per record, based on your hospital's historical data.
TW08	Same description as above, but data failed this Trend Edit in only one (1) historical report period.
T009	Average Number of Other External Cause Codes **decreased** more than 2 External Cause Codes per record, based on your hospital's historical data.

Trend Edit Flag	Description
TW09	Same description as above, but data failed this Trend Edit in only one (1) historical report period.
T010	Percent of Principal Procedures reported **decreased** more than 5%, based on your hospital's historical data.
TW10	Same description as above, but data failed this Trend Edit in only one (1) historical report period.
T011	Percent of Principal External Cause Codes reported **decreased** more than 5%, based on your hospital's historical data.
TW11	Same description as above, but data failed this Trend Edit in only one (1) historical report period.
T012	Average Length of Stay** **decreased** more than 50%, based on your hospital's historical data.
TW12	Same description as above, but data failed this Trend Edit in only one (1) historical report period.
T013	Average Length of Stay** **increased** more than 50%, based on your hospital's historical data.
TW13	Same description as above, but data failed this Trend Edit in only one (1) historical report period.
T014	Adjusted Charge per Day** **decreased** more than 50%, based on your hospital's historical data.
TW14	Same description as above, but data failed this Trend Edit in only one (1) historical report period.
T015	Adjusted Charge per Day** **increased** more than 50%, based on your hospital's historical data.
TW15	Same description as above, but data failed this Trend Edit in only one (1) historical report period.

**** Calculations for Average Length of Stay and Adjusted Charger per Day:**

Average Length of Stay (ALOS): The ALOS is calculated by dividing the total number of discharge days by the total number of discharges reported by the facility.

NOTE: Length of Stay equals Discharge Date minus Admit Date. If the Discharge Date is the same as the Admit Date, then the length of stay is one day.

Adjusted Charge per Day (Adj C/D): The sum of the Adjusted Total Charges divided by Total Discharge Days

NOTE: Adjusted Total Charges: OSHPD regulations require that only the total charges for the last 365 days are to be reported. This is calculated by dividing the Total Charges by 365 to **determine the average** charge per day. This average charge per day is then multiplied by the patient's actual length of stay. The result is the Adjusted Total Charges.

VI COMPARATIVE EDIT PROGRAM

OVERVIEW

The Comparative Edit Program evaluates data for "reasonable" distribution of data within each data element category for the current report period. If the percent reported is greater than expected, then the data element category will fail the Comparative Edit. Comparative Edits are not applied to blank or invalid data.

A C-Flag, followed by a 3-digit number, identifies critical Comparative Edits.

Error Tolerance Level: Data will fail the Comparative Edit Program if one or more critical Comparative Edit Flags are identified in the data.

How do I know if my data failed the Comparative Edit Program?
Check the "Main Error Summary for all Edit Programs" to see if your data passed or failed the Comparative Edits. The Summary displays either "Pass" or "Fail" for this edit program. For "Fail" status, the Summary also displays the number of comparative edit flags identified in the data.

To access this Summary: click on "Main Error Summary" on the Main Menu.

DEFINITIONS AND REPORTS

Critical Comparative (C) Flag

A "C" flag, followed by a 3-digit number, identifies a Critical Comparative Edit Flag. A C-flag will result when the percent of data reported within a particular data element category is greater than expected. The affected data element category will receive the applicable C-Flag.

Comparative Warning (CW) Flag (Non-Critical Error)

A "CW" flag, followed by a 2-digit number, identifies a Warning (Non-Critical) Comparative Edit Flag. **A CW-flag will NOT cause the data to be rejected.** These flags are "warnings" that alert the facility to review possible errors in the data.

Allowable Percentage

This is the percent of increase in a data element category that MIRCal allows before flagging it as a **possible error**. Depending on the Comparative Edit, the "Allowable Percentage" is either based on facility size; or is a "fixed" percent that applies to all facilities regardless of size.

Facility Size

This is the total number of records submitted by a facility for the current report period. OSHPD classifies facility size in the following five (5) categories:

Hospital Size	Total Records Reported	Allowable Percentage
Very Small Hospital	1 to 100 discharges	25%
Small Hospital	101 to 500 discharges	20%
Medium Hospital	501 to 1,000 discharges	15%
Large Hospital	1,001 to 5,000 discharges	10%
Very Large Hospital	5,001 and more discharges	5%

How does MIRCal determine if a data element category failed a Comparative Edit?

- Based on the total records reported, MIRCal calculates the percent of records reported in a data element category. If the reported percent is above the Allowable Percentage, then a C-flag is applied to that data element category.

- The Comparative Edit Summary Report displays all the data element categories that have been flagged with a C flag.

Example of a Comparative Edit that uses an Allowable Percentage based on Facility Size:

The Total Records submitted by Facility A is 1,200 (Facility Size); therefore, their Allowable Percentage is 10%.

C005: This edit checks to see if the percent of records with Unknown-Ethnicity is above the percentage expected for the facility. In this example 10% is the expected percentage for Facility A.

Facility A reported 12.5% of their records with an Unknown Ethnicity. Since their Allowable Percentage is 10%, this data element category will receive a C005 Flag.

Example of a Comparative Edit that is based on a fixed percent:

C012: All records (100%) are reported in one category for Source of Admission – Point of Origin.

If a facility reports 100% of their records as Source of Admission-Court/Law Enforcement, then the data will receive a C012 flag. The Facility Size is irrelevant for this edit— facilities with either 100 records or 10,000 records will both fail this edit if 100% of their records are reported in one Source of Admission data element category.

Comparative Edit Summary Report

This report identifies the data element categories that have been flagged with a C flag. The report is in alphabetical order by data element and includes the data element category; percent of records reported (Current Report Period); the "Allowable Percentage" (if applicable); and the corresponding C flag.

To access this report: Click on "Error Reports" on the Main Menu, then under "Edit Programs-Comparative Edits (C)", click on "View" under "Summary Report". You can print and/or save this PDF report.

Use the Data Distribution Report, in conjunction with the Comparative Edit Summary Report, to help you determine if data is in error or is correct as reported.

Data Distribution Report

This is a report that displays each data element and lists the numerical and percentage breakdown of records within each data element category. Use this report to compare the data element categories that have been flagged with a "C" flag to those categories (within the same data element) that were not flagged.

To access this report: From the Main Menu, click on "Error Reports", then under Informational Reports, click on "View" next to "Data Distribution Report". You can print and/or save this PDF report.

Report by Selected Data Element (custom report)

When reviewing the Comparative Edit Summary Report, you may need to review records associated with a Comparative Edit Flag. For example, Type of Admission (TOA)-Information Not Available has a C014 flag— "The number of TOA- Information Not Available is above the percent expected for your facility". In order to correct these records, it would be helpful to generate a report that lists all records reported as Type of Admission- Information Not Available .

You may need to contact your OSHPD analyst and request a "Report by Selected Data Element". This custom report, (all records reported as TOA- Information Not Available, sorted by Abstract Record Number), can be generated and posted on MIRCal. It can then be accessed by the facility and used for Trend Edit error analysis. The report can only be accessed by the requesting facility.

NOTE: *If it is determined that the current data submitted is accurate, please contact your OSHPD Analyst to explain.*

CRITICAL COMPARATIVE EDIT FLAGS AND DESCRIPTIONS

Comparative Edit Flag	Description
C001	All records are reported in one Sex category: Male or Female
C003	Percent of records reported with Unknown Sex is greater than 0.1%.
C004	All records are reported in one Ethnicity category.
C005	Records reported as Ethnicity-Unknown are above the percent expected for your hospital.
C006	All records are reported in one Race category.
C007	Records reported as Race-Unknown are above the percent expected for your hospital.
C008	Percent of records with a partial ZIP Code is greater than 2%.
C009	Percent of records with Unknown ZIP Code (XXXXX) is greater than 1%.
C010	Foreign ZIP Code (YYYYY): Records reported are above the percent expected for your hospital.
C011	Homeless ZIP Code (ZZZZZ): Records reported are above the percent expected for your hospital.
C012	All records are reported in one category for Source of Admission – Point of Origin.
C013	Percent of records with Source of Admission – Information Not Available is greater than 2%.
C014	Percent of records with Type of Admission – Information Not Available is greater than 0.5%.
C015	All records are reported in one Patient Disposition category.
C016	Percent of records with Patient Disposition-Other is greater than 0.5%.
C017	All records are reported in one “Payer” category for Expected Source of Payment.
C018	Expected Source of Payment: All records reported with a Type of Coverage “1” (HMO) have the same Plan Code.
C019	Expected Source of Payment: More than 10% of records with Type of Coverage “1” (HMO) are reported with Plan Code 8000.
C020	No Other Diagnoses Codes reported.
C021	No Principal Procedure reported on any records.
C022	No Other Procedures reported on Acute Care records (Type of Care 1).
C023	No Other Procedures reported on Skilled Nursing/Intermediate Care records (Type of Care 3).
C024	No Other Procedures reported on Psychiatric Care records (Type of Care 4).
C025	Prehospital Care and Resuscitation (DNR): All records are reported as Yes.
C026	Prehospital Care and Resuscitation (DNR): 100% of Acute Care records (Type of Care 1) are reported as No.
C027	Prehospital Care and Resuscitation (DNR): 100% of Skilled Nursing/Intermediate Care records (Type of Care 3) is reported as No.

Comparative Edit Flag	Description
C028	Principal Diagnosis Present on Admission: The percent of records reported with No (N), Unknown (U), or Clinically Undetermined (W) is greater than 10% of the total number of PDX-POA Indicators equal to Y, N, U, W. Excludes: ICD-10 principal diagnoses O70.0 thru O70.4 and O70.9
C029	Other Diagnosis Present on Admission Indicators are reported as 100% Yes (Y). Excludes POA reported as 'blank', 1 or E for exempt diagnosis codes.
C030	Other Diagnosis-Present on Admission: The percent of POA's reported as No (N), Unknown (U), or Clinically Undetermined (W) is greater than 30% of the total number of ODX-POA Indicators equal to Y, N, U, W.
C031	Percent of records with R69 as the Principal Diagnosis is greater than 0.1%.
C032	All records are reported in one Type of Admission category.
C040	Principal External Cause Code Present on Admission Indicator is reported as 100% NO (N). Excludes exempt values 1, E and "blank".
C041	Principal External Cause Code Present on Admission Indicator is reported as 100% Unknown (U). Excludes exempt values 1, E and "blank".
C042	Principal External Cause Code Present on Admission Indicator is reported as 100% Clinically Undetermined (W). Excludes exempt values 1, E and "blank".
C043	Other External Cause Code Present on Admission Indicator is reported as 100% No (N). Excludes exempt values 1, E and "blank".
C044	Other External Cause Code Present on Admission Indicator is reported as 100% UNKNOWN (U). Excludes exempt values 1, E and "blank".
C045	Other External Cause Code Present on Admission Indicator is reported as 100% Clinically Undetermined (W). Excludes exempt values 1, E and "blank".
C046	100% of records reported with the same Preferred Language Spoken Code.
C047	Percent of records with Unknown Preferred Language Spoken (999) is greater than 0.5%.
C048	Percent of records with an SW14 flag is greater than 1%. These records are reported with a PLS write-in that is questionable and requires verification by the facility.
C049	The percentage of records with PLS UND (Undetermined) is greater than 0.5%.
C050	The percentage of records with PLS ZXX (No linguistic/language content) is greater than 0.1%.

WARNING (NON-CRITICAL) COMPARATIVE EDIT FLAGS AND DESCRIPTIONS

Warning Edit Flags	*Description*
CW07	Percent of Y92.9 (Unspecified Place of Occurrence) is 50% or more than the total number of Y92's reported. Please review records and correct to a more specific place of occurrence, if the information is available on the medical record.
CW08	No ZZZZZ (Homeless) ZIP Codes reported.
CW10	The number of Unknown SSN's reported is greater than 10%. Excludes records with age less than 1 year old.
CW11	All records with Homeless ZIP Code (ZZZZZ) are reported with Diagnosis Code Z59.0 (Homelessness).

VII RECORDS WITH A BLANK OR INVALID PRINCIPAL DIAGNOSIS

OVERVIEW

The "Records with a Blank or Invalid Principal Diagnosis" edit program identifies records with a Principal Diagnosis that is blank, invalid, reported with an "old" diagnosis code after the effective End Date (September 30); or reported with a "new" diagnosis code before the effective Begin Date (October 1). The erroneous Principal Diagnosis code will receive a critical S-flag.

Error Tolerance Level (ETL): Zero Records
Data will be rejected if one or more records fail this edit program.

How do I know if my data failed the "Records with a Blank or Invalid Principal Diagnosis" Edit Program?
Check the "Main Error Summary for all Edit Programs" to see if your data passed or failed this edit program. The Summary will display either "Pass" or "Fail". If data has failed, the summary will display the number of records reported with a blank or invalid Principal Diagnosis.

To access this Summary: click on "Main Error Summary" on the Main Menu.

DEFINITIONS AND REPORTS

Critical (S) Flag

An 'S' flag followed by a 3-digit number identifies a critical error. Critical S-flags are applied towards the ETL. If there are one or more records with an S-flag for this edit program, then the data will FAIL the "Records with a Blank or Invalid Principal Diagnosis" edit program and your data will be rejected.

Warning (SW) Flag (Non-Critical Error)

Currently, there are no warning flags for this edit program.

Edit Detail Report of Records with a Blank or Invalid Principal Diagnosis

This report displays all records that received an S001, S002, S059, or S060 on the Principal Diagnosis. The report is sorted by Type of Care, and then by Discharge Date within each Type of Care.

To access this report: From the Main Menu, click on "Error Reports", then under Informational Reports, click on "View" next to "Records with a Blank/Invalid Principal Diagnosis (S)."

RECORDS WITH A BLANK OR INVALID PRINCIPAL DIAGNOSIS

Critical Edit Flag	*Description*
S001	Principal Diagnosis is Blank.
S002	Principal Diagnosis is invalid.
S059	New Diagnosis Code is reported BEFORE the Effective Begin Date (October 1).
S060	Old Diagnosis Code is reported AFTER THE Effective End Date (September 30).

VIII STANDARD EDIT PROGRAM

OVERVIEW

The Standard Edit Program edits the data reported within each record. There are two (2) types of Standard Edits— Field Edits and Relational Edits. Field edits identify data elements that are blank, incomplete, or invalid. Relational edits identify illogical relationships between two or more data elements within the same record.

Error Tolerance Level (ETL): 2% of records with one or more Critical Standard Edit flags, based on the total records reported. All edit flags in a record are counted as one (1) error.

How do I know if my data failed the Standard Edit Program?
Check the "Main Error Summary for all Edit Programs" to see if your data passed or failed the Standard Edits. The Summary displays either "Pass" or "Fail" and the number and percent of records with an "S" flag.

To access this Summary: click on "Main Error Summary" on the Main Menu.

DEFINITIONS AND REPORTS

Critical Standard (S) Edit Flag

An "S" flag, followed by a 3-digit number, identifies a Critical Standard Edit Flag. Critical S-flags are applied towards the ETL. If there are more than 2% of records with one or more S-flags, then the data will FAIL the Standard Edit Validation.

Standard Edit Warning (SW) Flag (Non-Critical Error)

An "SW" flag, followed by a 2-digit number, identifies a Warning Standard Edit Flag. SW-flags will not cause the data to be rejected since they are not applied towards the ETL. These warning flags are provided to alert the facility to review possible errors in the data.

Standard Edit Summary Report

This report displays all data elements with Standard Edit flags. There are two (2) tables— one for data elements that have S-flags and one for data elements that have SW-flags. In each table, the data elements are listed in alphabetical order and include the number, flag, and percent of S or SW flags within each data element. Use this report to make sure that all errors are located and reviewed or corrected within each record.

Standard Edit Detail Report

This report displays records that have one or more S or SW flags. The report is sorted by Type of Care, and then by Discharge Date within each Type of Care.

To access these reports: Click on "Error Reports" on the Main Menu.

EXPECTED SOURCE OF PAYMENT (ESOP)

The ESOP data element is made up of three components: Payer Category, Type of Coverage and Name of Plan. The Standard Edit Program includes edits that identify records reported with an "illogical combination" of ESOP, i.e., 2 or more of the ESOP components have been reported incorrectly.

Standard Edit Flags for Illogical combinations of ESOP:
Critical Flags: S062, S063, S064
Warning Flags: none

Below is a reference guide to assist you in making corrections to these errors:

Valid ESOP Combinations

For Payer Category:	If Type of Coverage is:	Then HMO Plan Code Number is: (Knox-Keene or MCHOS Plans)
01, 02, 03, 04, 05, 06	1 Knox-Keene (HMO) or MCOHS Plan	Valid Plan Code Number
01, 02, 03, 04, 05, 06	2 Managed Care - Other (PPO, IPO, POS, etc.)	0000
01, 02, 03, 04, 05, 06	3 Traditional Coverage (Fee for Service)	0000
07, 08, 09	0 No Coverage	0000

INVALID SOCIAL SECURITY NUMBER RANGES

- Identical numbers repeated 7 or 8 times (except 000000001 – Unknown SSN). Numbers do not have to be in consecutive order
- 9 identical numbers
- Alpha characters
- The last 4 numbers are 0000
- 4th and 5th digits are 00
- The first three (3) numbers are:
  - ✓ 000
  - ✓ 666
  - ✓ 900 through 999
- Reported as '100101000' or '001010001'

CRITICAL STANDARD EDIT FLAGS AND DESCRIPTIONS

Critical Standard Edit Flag	*Description*
S001	Blank. No data reported.
S002	Invalid. Data reported is not a valid OSHPD value. For **Preferred Language Spoken:** Valid values include alpha characters; ‘(apostrophe), – (hyphen), and 999. All other special characters and numeric values are invalid.
S003	Total Charges is reported as $1 (No Charge), but Expected Source of Payment is not equal to 09 0 0000 (Other Payer)
S006	The combination of Source of Admission, Type of Admission and the Principal Diagnosis is illogical on a newborn record.
S007	Date of Birth is AFTER the Admission Date.
S008	Principal Diagnosis indicates Newborn, but the Type of Admission is not reported as ‘4’ (Newborn).
S009	Admission Date is AFTER the Discharge Date
S011	Sex is illogical with Male Principal Diagnosis Code.
S013	Principal Procedure Date is AFTER the Discharge Date.
S016	Date of Birth and the Admission Date are not the same but Principal Diagnosis indicates Newborn born in the Hospital.
S018	Duplicate Diagnoses codes reported.
S019	Principal procedure is Blank, yet Other Procedures are reported.
S021	Age is illogical with Principal Diagnosis Code.
S024	Principal Procedure Date reported is more than three days before the Admission Date.
S048	Type of Care: Your hospital is not licensed for Acute Care.
S049	Type of Care: Your hospital is not licensed for SN/IC Care.
S050	Type of Care: Your hospital is not licensed for Psychiatric Care.
S051	Type of Care: Your hospital is not licensed for Chemical Dep Care.
S052	Type of Care: Your hospital is not licensed for Physical Rehabilitation Care.
S054	Age of the patient is greater than 120 years old.
S055	Total Charges reported are less than $100 for Newborn. Principal Diagnosis indicates Newborn.
S056	There are no Other Diagnoses or Other Procedures reported on the Newborn record, but the Charge per Day is greater than $3,200. Principal Diagnosis indicates Newborn.
S057	Total Charges are blank on Newborn record. Are the charges included on the mother’s record? Principal Diagnosis indicates Newborn.

Critical Standard Edit Flag	Description
S058	Discharge Date is Out of Range for the Report Period.
S059	New Diagnosis Code is reported BEFORE the Effective Begin Date (October 1).
S060	Old Diagnosis Code is reported AFTER the Effective End Date (September 30).
S061	Expected Source of Payment: For Payer categories 01 thru 06 reported with Type of Coverage 1, the Plan Code cannot be blank or all zeroes.
S062	Expected Source of Payment: Do not report a Plan Code with Type of Coverage '0', '2' or '3'. (Example: 01 3 0000)
S063	Expected Source of Payment: Type of Coverage cannot be "0" for Payer categories 01 through 06. It must be reported as '1', '2', or '3'. (Example: 01 2 0000)
S064	Expected Source of Payment: For Payer categories 07, 08, and 09, Plan Code and Type of Coverage must be reported as all zeroes or left blank. (Example: 07 0 0000)
S071	Source of Admission-Route of Admission is reported as "Your ED", but your hospital is not licensed for Emergency Department Services.
S072	Expected Source of Payment: Worker's Compensation is illogical with age of patient (under 15 years old).
S073	Admission Date is not a reasonable date. Example: The Admission Date is more than 20 years before the Discharge Date.
S074	Principal Procedure Date is not a reasonable date. Example: The Principal Procedure Date is more than 20 years before the Discharge Date.
S075	Other Procedure Date is not a reasonable date. Example: The Other Procedure Date is more than 20 years before the Discharge Date.
S076	Type of Care is illogical with Type of Admission "Newborn".
S080	Date of Birth is after the Discharge Date.
S081	Date of Birth is after the Principal Procedure Date.
S082	Date of Birth is after Other Procedure Date(s).
S083	Type of Admission indicates Newborn with an illogical Source of Admission. The Type of Admission is reported as '4', but Source of Admission is not '5' (born in the hospital) or '6' (born outside of this hospital).
S084	Date of Birth and Admit Date are the same, but Type of Admission is not equal to '4' (Newborn).
S086	Sex is illogical with Female Principal Diagnosis Code.
S087	Sex is illogical with Male Other Diagnoses Code.
S088	Sex is illogical with Female Other Diagnoses Code.

Critical Standard Edit Flag	Description
S089	Sex is illogical with Male Principal Procedure Code.
S090	Sex is illogical with Female Principal Procedure Code.
S091	Sex is illogical with Male Other Procedure Code.
S092	Sex is illogical with Female Other Procedure Code.
S097	Other Procedure Date is after Discharge Date.
S099	Date of Birth and the Admission Date are not the same but Source of Admission and Type of Admission indicates a Newborn born in the hospital.
S102	Duplicate External Cause Codes reported in Principal and Other External Cause Code fields.
S103	Duplicate Other External Cause Codes reported.
S104	Principal External Cause Code is blank, yet Other External Cause Codes are reported.
S105	Age is illogical with Other Diagnoses Code(s).
S106	Age is illogical with Principal Procedure Code.
S107	Age is illogical with Other Procedure(s).
S108	Age is illogical with Principal External Cause Code.
S109	Age is illogical with Other External Cause Code(s).
S110	Other Procedure Date is more than three days before the Admission Date.
S114	New Procedure Code is reported BEFORE the Effective Begin Date (October 1).
S116	New External Cause Code is reported BEFORE the Effective Begin Date (October 1).
S119	Old Procedure Code is reported AFTER the Effective End Date (September 30).
S121	Old External Cause Code is reported AFTER the Effective End Date (September 30).
S129	Principal Diagnosis code is exempt, but POA Indicator is not blank, or not reported as 1 or E.
S130	Other Diagnosis code is exempt, but POA Indicator is not blank, or not reported as 1 or E.
S131	Principal External Cause Code is exempt, but POA Indicator is not blank, or not reported as 1 or E.
S132	Other External Cause Code is exempt, but POA Indicator is not blank, or not reported as 1 or E.
S134	Principal Diagnosis Code is not exempt, but POA indicator is reported as 1 or E.
S135	Other Diagnosis Code is not exempt, but POA indicator is reported as 1 or E.
S136	Principal External Cause Code is not exempt, but POA indicator is reported as 1 or E.

Critical Standard Edit Flag	Description
S137	Other External Cause Code is not exempt, but POA indicator is reported as 1 or E.
S138	The PLS Code or language reported is AFTER its removal from OSHPD Regulations.
S139	Charge per Day is greater than $450,000.
S140	The Source of Admission is an illogical combination with Route – Another ED.
S141	The Source of Admission is an illogical combination on a Newborn record: BORN INSIDE THIS HOSPITAL – ANOTHER ED.
S142	ZIP Code is illogical with Principal Diagnosis Code.
S143	ZIP Code is illogical with Other Diagnosis Code.

WARNING (SW) Non-Critical Flags

Warning Edit Flag	Description
SW01	Partial Date of Birth reported. Only the Birth Year is reported for this patient.
SW02	Partial ZIP Code.
SW03	The Patient Length of Stay is greater than 180 days. Verify the Admission Date and Discharge Date.
SW04	The Type of Admission is "Elective", but the Source of Admission indicates that the patient was admitted through your ED (Source of Admission-Route of Admission). This is an illogical combination.
SW05	Principal Diagnosis: HIV test result reported.
SW06	Other Diagnosis: HIV test result reported.
SW07	Expected Source of Payment: Medicare is reported with an Unknown Social Security Number.
SW11	Based on the length of stay, the Charge per Day is less than $100 or greater than $150,000. Excludes records with SOA-Your ER **and** Patient Disposition 20 (Expired).
SW12	Prehospital Care and Resuscitation (DNR): DNR reported as "YES" is unlikely for Psychiatric, Chemical Dependency, or Physical Rehabilitation Type of Care.
SW14	Questionable PLS write-in reported. Please review and verify the Preferred Language Spoken.
SW15	Old Source of Admission Code reported.

IX RE-ADMISSION EDIT PROGRAM

OVERVIEW

The Re-Admission Edit Program edits for discrepancies between records for patients who had more than one inpatient stay within the Report Period. The records are sorted by Social Security Number in order to group together all inpatient stays for the same patient. Using the first record as the "base value", the data is then edited for discrepancies in Date of Birth, Sex, Race, and ZIP Code reported for the same patient. The Re-Admission Edits also identify possible errors in transfers between types of care within the facility; and admits from and discharges to sources outside the facility.

Error Tolerance Level (ETL): 2% of records with one or more Critical Re-Admission Edit flags, based on the total records reported. All errors in a record are counted as one (1) error.

How do I know if my data failed the Re-Admission Edit Program?
Check the "Main Error Summary for all Edit Programs" to see if your data passed or failed the Re-Admission Edits. The Summary will display either "Pass" or "Fail" and the number and percent of records with a "K" flag.

To access this Summary: click on "Main Error Summary" on the Main Menu.

DEFINITIONS AND REPORTS

Critical Re-Admission (K) Edit Flag

A "K" flag followed by a 3-digit number identifies a Critical Re-Admission Edit. Critical K-Flags are applied towards the ETL. If there are more than 2% of records with one or more K-flags, then the data will FAIL the Re-Admission Edit Validation.

Re-Admission Warning (KW) Flag (Non-Critical Error)

A "KW" flag, followed by a 2-digit number, identifies a Warning Re-Admission Edit. KW-flags will not cause the data to be rejected since they are not applied towards the ETL. These warning flags are provided to alert the facility to review possible errors in the data.

Re-Admission Summary Report

This report provides a breakdown of the number and type of K and KW flags identified in the data. Another summary in this report displays the type and number of K flags by data element. Use this report to make sure that all errors are located and reviewed or corrected within each record

Re-Admission Edit Detail Report

This report displays all records that have one or more K or KW flags. The records are sorted by Social Security Number and then by Discharge Date, within each group of SSN's.

To access these reports: click on "Error Reports" on the Main Menu.

CRITICAL RE-ADMISSION EDIT FLAGS AND DESCRIPTIONS

Critical Re-Admission Edit Flag	Description
K002	Date of Birth does not match with the first record. Date of Birth on subsequent records for the same patient does not match the Date of Birth reported on the first record. Example: SSN DOB Same 03-11-1952 K002 (First Record) Same 03-11-1952 Same 05-11-1952 K002 Same 03-11-1952
K003	Sex does not match with the first record. Sex on subsequent records for the same patient does not match the Sex reported on the first record. Example: SSN SEX: Same 1 K003 (First Record) Same 2 K003 Same 1 Same 2 K003
K014	Patient Disposition: Patient expired and then was re-admitted. Example: SSN Patient Disposition Same 01 (Home) Same 20 (Expired) K014 Same 02 (Short Term General Hospital)
K025	ADMIT and DISCHARGE DATE OVERLAP for the same patient: Example: SSN Admit Date Discharge Date Same 04-20-2016 04-28-2016 Same 05-01-2016 05-10-2016 Same 06-11-2016 K025 06-19-2016 K025 Same 04-29-2016 K025 06-20-2016 K025

Critical Re-Admission Edit Flag	Description
K044	Patient Disposition on the first record is 02, 63, 82, or 91 (Acute Care) but Type of Care on the re-admit record is not 1 (Acute Care) Example: SSN Admit Date Discharge Date Pt Disposition TOC Same 04-20-2016 05-26-2016 02 K044 Same 05-26-2016 05-30-2016 6 K044
K045	Patient Disposition on the first record is 62, 65, 70, 90, 93, or 95 (Other Care), but Type of Care on the re-admit record is not 4, 5, or 6 (Psych, Chem Dep or Phys Rehab Care) Example: SSN Admit Date Discharge Date Pt Disposition TOC Same 04-20-2016 05-26-2016 62 K045 Same 05-26-2016 05-30-2016 1 K045
K046	Patient Disposition on the first record is 03, 61, 64, 83, 89, or 92 (Skilled Nursing Care) but Type of Care on the re-admit record is not 3 (Your SN/IC) Example: SSN Admit Date Discharge Date Pt Disposition Type of Care Same 04-20-2016 05-26-2016 03 K046 Same 05-26-2016 05-30-2016 4 K046
K053	Expected Source of Payment does not match on same day re-admit records. Example: SSN Admit Date Discharge Date Source of Payment Same 04-20-2016 05-26-2016 0800000 K053 Same 05-26-2016 05-30-2016 0320000 K053
K054	Same Principal External Cause Code is reported on re-admit record. Example: SSN Admit Date Discharge Date Principal E-Code Same 04-20-2016 05-26-2016 E989 K054 Same 05-26-2016 05-30-2016 E989 K054

WARNING RE-ADMISSION EDIT FLAGS AND DESCRIPTIONS
(Non-Critical Flags)

Warning (Non-Critical) Re-Admission Edit Flag	*Description*
KW01	Ethnicity and/or Race does not match **with the first record.** Ethnicity and/or Race on re-admit records for the same patient does not match the Ethnicity and/or Race reported on the first record. NOTE: Psychiatric Type of Care records are excluded from this edit, EXCEPT for "Same Day Re-Admits"— the Discharge Date on the first record is the same as the Admit Date on the re-admit record. Example: The Ethnicity and/or Race reported on the third record is not the same and is flagged based on the Ethnicity and/or Race reported on the first record. SSN — Race — Admit Date — Discharge Date — TOC Same — 11 KW01 — 5-1-2016 — 5-2-2016 — 1 Same — 21 — 5-3-2016 — 5-5-2016 — 4 Same — **31 KW01** — 5-5-2016 — 6-6-2016 — 1 Same — 32 — 7-9-2016 — 7-11-2016 — 4
KW02	ZIP Code does not match with the first record. ZIP Code on subsequent records for the same patient does not match the ZIP Code reported on the first record. NOTE: Psychiatric Type of Care records are excluded from this edit, EXCEPT for "Same Day Re-Admits"— the Discharge Date on the first record is the same as the Admit Date on the re-admit record. Example: The ZIP Code reported for this patient is not the same and is flagged based on the ZIP Code reported on the first record. SSN — ZIP Code — Admit Date — Discharge Date — TOC Same — 95608 KW02 — 5-1-2016 — 5-2-2016 — 1 Same — 95864 — 5-3-2016 — 5-5-2016 — 4 Same — 95608 — 6-1-2016 — 6-4-2016 — 1 Same — 95864 KW02 — 6-5-2016 — 6-6-2016 — 1 Same — 95825 — 6-6-2016 — 6-8-2016 — 4

XI AGE AND SEX EDIT TABLES

AGE EDIT TABLE

ICD-10-CM Diagnosis Code	Record will flag if Age at Admission is:
A18.14	Age is less than 15
A33.	Age is greater than 1
A34.	Age is less than 12 or greater than 55
A48.51	Age is greater than 17
B08.20 - B08.22	Age is greater than 17
C58.	Age is less than 12 or greater than 55
C91.50 - C91.52	Age is less than 15
C93.30 - C93.32	Age is greater than 17
D39.2	Age is less than 12 or greater than 55
E28.310	Age is less than 15
E28.319	Age is less than 15
E30.1	Age is greater than 17
E30.8	Age is greater than 17
E84.11	Age is greater than 1
F01.50	Age is less than 15
F01.51	Age is less than 15
F03.90	Age is less than 15
F03.91	Age is less than 15
F53.0	Age is less than 12 or greater than 55
F53.1	Age is less than 12 or greater than 55
F64.2	Age is greater than 17
F69.	Age is less than 15
F84.3	Age is greater than 17
G11.2	Age is less than 15
G12.21	Age is less than 15
G30.1	Age is less than 15
G93.7	Age is greater than 17
H02.031 - H02.039	Age is less than 15
H02.131 - H02.139	Age is less than 15
H04.531 - H04.539	Age is greater than 1
H25.011 - H25.9	Age is less than 15
H26.001 - H26.09	Age is greater than 17
H31.111 - H31.119	Age is less than 15
H35.30 - H35.3293	Age is less than 15
H35.441 - H35.449	Age is less than 15
H43.821 - H43.829	Age is less than 15
I23.0 - I23.3	Age is less than 15
I23.6 - I23.8	Age is less than 15
I25.10 - I25.119	Age is less than 15
I25.700 - I25.739	Age is less than 15
I25.760 - I25.810	Age is less than 15
I25.812	Age is less than 15
I25.83	Age is less than 15
I51.0	Age is less than 15
I67.2	Age is less than 15

AGE EDIT TABLE (continued)

ICD-10-CM Diagnosis Code	Record will flag if Age at Admission is:
I70.0 - I70.92	Age is less than 15
I83.001 - I83.93	Age is less than 15
I86.8	Age is less than 15
I97.2	Age is less than 15
J60.	Age is less than 15
J61.	Age is less than 15
J84.82	Age is less than 15
K31.1	Age is less than 15
K70.0 - K70.9	Age is less than 15
L12.2	Age is greater than 17
L20.83	Age is greater than 17
L21.1	Age is greater than 17
L44.4	Age is greater than 17
L70.4	Age is greater than 17
M06.1	Age is less than 15
M42.10 - M42.19	Age is less than 15
M72.0	Age is less than 15
M80.00XA - M80.08XS	Age is less than 15
M81.0	Age is less than 15
M83.0	Age is less than 12 or greater than 55
M83.1 - M83.3	Age is less than 15
M83.5 - M83.9	Age is less than 15
M93.1	Age is less than 15
N40.0 - N42.1	Age is less than 15
N42.81 – N42.9	Age is less than 15
N46.01 - N46.9	Age is less than 15
N47.0	Age is greater than 1
N52.01 - N52.9	Age is less than 15
N60.11 - N60.19	Age is less than 15
N64.81	Age is less than 15
N64.82	Age is less than 15
N65.0	Age is less than 15
N65.1	Age is less than 15
N92.2	Age is greater than 17
O00.00 - O9A.53	Age is less than 12 or greater than 55
R04.81	Age is greater than 17
R10.83	Age is greater than 17
R41.81	Age is less than 15
R54.	Age is less than 15
R62.0	Age is greater than 17
R62.51	Age is greater than 17
R62.7	Age is less than 15
R68.11 - R68.19	Age is greater than 17
R68.82	Age is less than 15

AGE EDIT TABLE (continued)

ICD-10-CM Diagnosis Code	Record will flag if Age at Admission is:
R97.20	Age is less than 15
R97.21	Age is less than 15
T74.01XA - T74.01XS	Age is less than 15
T74.02XA - T74.02XS	Age is greater than 17
T74.11XA - T74.11XS	Age is less than 15
T74.12XA - T74.12XS	Age is greater than 17
T74.21XA - T74.21XS	Age is less than 15
T74.22XA - T74.22XS	Age is greater than 17
T74.31XA - T74.31XS	Age is less than 15
T74.32XA - T74.32XS	Age is greater than 17
T74.4XXA - T74.4XXS	Age is greater than 17
T74.51XA – T74.51XS	Age is less than 15
T74.52XA – T74.52XS	Age is greater than 17
T74.61XA – T74.61XS	Age is less than 15
T74.62XA – T74.62XS	Age is greater than 17
T74.91XA - T74.91XS	Age is less than 15
T74.92XA - T74.92XS	Age is greater than 17
T76.01XA - T76.01XS	Age is less than 15
T76.02XA - T76.02XS	Age is greater than 17
T76.11XA - T76.11XS	Age is less than 15
T76.12XA - T76.12XS	Age is greater than 17
T76.21XA - T76.21XS	Age is less than 15
T76.22XA - T76.22XS	Age is greater than 17
T76.31XA - T76.31XS	Age is less than 15
T76.32XA - T76.32XS	Age is greater than 17
T76.51XA – T76.51XS	Age is less than 15
T76.52XA – T76.52XS	Age is greater than 17
T76.61XA – T76.61XS	Age is less than 15
T76.62XA – T76.62XS	Age is greater than 17
T76.91XA - T76.91XS	Age is less than 15
T76.92XA - T76.92XS	Age is greater than 17
Z00.00	Age is less than 15
Z00.01	Age is less than 15
Z00.110	Age is greater than 1
Z00.111	Age is greater than 1
Z00.121 - Z00.3	Age is greater than 17
Z00.70	Age is greater than 17
Z00.71	Age is greater than 17
Z03.71 - Z03.79	Age is less than 12 or greater than 55
Z04.41	Age is less than 15
Z04.42	Age is greater than 17
Z04.71	Age is less than 15
Z04.72	Age is greater than 17
Z05.0 – Z05.9	Age is greater than 1
Z31.441	Age is less than 15
Z31.448	Age is less than 15
Z32.01	Age is less than 12 or greater than 55
Z33.1 - Z37.9	Age is less than 12 or greater than 55

AGE EDIT TABLE (continued)

ICD-10-CM Diagnosis Code	Record will flag if Age at Admission is:
Z38.00 - Z38.8	Age is greater than 1
Z39.0 - Z3A.49	Age is less than 12 or greater than 55
Z42.1	Age is less than 15
Z52.810	Age is greater than 34
Z52.811	Age is greater than 34
Z52.812	Age is less than 35
Z52.813	Age is less than 35
Z56.1	Age is less than 15
Z62.21	Age is greater than 17
Z62.3	Age is greater than 17
Z68.1 - Z68.45	Age is less than 15
Z69.010	Age is greater than 17
Z69.020	Age is greater than 17
Z72.810	Age is greater than 17
Z72.811	Age is less than 15
Z73.810 - Z73.819	Age is greater than 17
Z76.2	Age is greater than 17
Z78.0	Age is less than 15
Z86.51	Age is less than 15
Z91.410 - Z91.419	Age is less than 15
Z91.82	Age is less than 15
Z98.52	Age is less than 15

ICD-10-PCS Procedure Code	Record will flag if Age at Admission is…
N/A	N/A

ICD-10-CM External Cause Code	Record will flag if Age at Admission is…
N/A	N/A

SEX EDIT TABLE

ICD-10-CM Diagnosis Code	Sex Specific
A18.14	Male
A18.15	Male
A18.16 - A18.18	Female
A34.	Female
A51.42	Female
A54.02	Female
A54.03	Female
A54.22	Male
A54.23	Male
A54.24	Female
A56.02	Female
A56.11	Female
A59.01	Female
A59.02	Male
A60.01	Male
A60.02	Male
A60.03	Female
A60.04	Female
B26.0	Male
B37.3	Female
B37.42	Male
B38.81	Male
C50.011 - C50.019	Female
C50.021 - C50.029	Male
C50.111 - C50.119	Female
C50.121 - C50.129	Male
C50.211 - C50.219	Female
C50.221 - C50.229	Male
C50.311 - C50.319	Female
C50.321 - C50.329	Male
C50.411 - C50.419	Female
C50.421 - C50.429	Male
C50.511 - C50.519	Female
C50.521 - C50.529	Male
C50.611 - C50.619	Female
C50.621 - C50.629	Male
C50.811 - C50.819	Female
C50.821 - C50.829	Male
C50.911 - C50.919	Female
C50.921 - C50.929	Male
C51.0 - C58.	Female
C60.0 - C63.9	Male
C79.60 - C79.62	Female
D06.0 - D07.39	Female
D07.4 - D07.69	Male
D17.6	Male
D25.0 - D28.9	Female
D29.0 - D29.9	Male
D39.0 - D39.9	Female

SEX EDIT TABLE (continued)

ICD-10-CM Diagnosis Code	Sex Specific
D40.0 - D40.9	Male
E28.0 - E28.9	Female
E29.0 - E29.9	Male
E89.40	Female
E89.41	Female
E89.5	Male
F32.81	Female
F52.21	Male
F52.22	Female
F52.31	Female
F52.32	Male
F52.4	Male
F52.5	Female
F53.0	Female
F53.1	Female
G43.821 - G43.839	Female
I86.1	Male
I86.3	Female
L29.1	Male
L29.2	Female
M83.0	Female
N35.010 - N35.016	Male
N35.021	Female
N35.028	Female
N35.111 - N35.119	Male
N35.12	Female
N35.11 – N35.819	Male
N35.82	Female
N35.911 – N35.919	Male
N35.92	Female
N40.0 - N53.9	Male
N70.01 - N98.9	Female
N99.110 – N99.116	Male
N99.12	Female
N99.2	Female
N99.3	Female
N99.83	Female
O00.00 - O9A.53	Female
P54.6	Female
P83.5	Male
Q50.01 - Q52.9	Female
Q53.00 - Q55.9	Male
Q56.1	Male
Q56.2	Female
Q96.0 - Q97.9	Female
Q98.0 - Q98.4	Male
Q98.6 - Q98.9	Male
R36.1	Male
R39.83	Male

SEX EDIT TABLE (continued)

ICD-10-CM Diagnosis Code	Sex Specific
R39.84	Male
R86.0 - R86.9	Male
R87.0 - R87.9	Female
R93.811 – R93.819	Male
R97.20	Male
R97.21	Male
S30.201A - S30.201S	Male
S30.202A - S30.202S	Female
S30.21XA - S30.22XS	Male
S30.23XA - S30.23XS	Female
S30.812A - S30.813S	Male
S30.814A - S30.814S	Female
S30.815A - S30.815S	Male
S30.816A - S30.816S	Female
S30.822A - S30.823S	Male
S30.824A - S30.824S	Female
S30.825A - S30.825S	Male
S30.826A - S30.826S	Female
S30.842A - S30.843S	Male
S30.844A - S30.844S	Female
S30.845A - S30.845S	Male
S30.846A - S30.846S	Female
S30.852A - S30.853S	Male
S30.854A - S30.854S	Female
S30.855A - S30.855S	Male
S30.856A - S30.856S	Female
S30.862A - S30.863S	Male
S30.864A - S30.864S	Female
S30.865A - S30.865S	Male
S30.866A - S30.866S	Female
S30.872A - S30.873S	Male
S30.874A - S30.874S	Female
S30.875A - S30.875S	Male
S30.876A - S30.876S	Female
S30.93XA - S30.94XS	Male
S30.95XA - S30.95XS	Female
S30.96XA - S30.96XS	Male
S30.97XA - S30.97XS	Female
S31.20XA - S31.35XS	Male
S31.40XA - S31.45XS	Female
S31.501A - S31.501S	Male
S31.502A - S31.502S	Female
S31.511A - S31.511S	Male
S31.512A - S31.512S	Female
S31.521A - S31.521S	Male
S31.522A - S31.522S	Female
S31.531A - S31.531S	Male
S31.532A - S31.532S	Female
S31.541A - S31.541S	Male

SEX EDIT TABLE (continued)

ICD-10-CM Diagnosis Code	Sex Specific
S31.542A - S31.542S	Female
S31.551A - S31.551S	Male
S31.552A - S31.552S	Female
S35.531A - S35.536S	Female
S37.401A - S37.69XS	Female
S37.822A - S37.829S	Male
S38.001A - S38.001S	Male
S38.002A - S38.002S	Female
S38.01XA - S38.02XS	Male
S38.03XA - S38.03XS	Female
S38.211A - S38.212S	Female
S38.221A - S38.232S	Male
S39.840A - S39.840S	Male
T19.2XXA - T19.3XXS	Female
T19.4XXA - T19.4XXS	Male
T21.06XA - T21.06XS	Male
T21.07XA - T21.07XS	Female
T21.16XA - T21.16XS	Male
T21.17XA - T21.17XS	Female
T21.26XA - T21.26XS	Male
T21.27XA - T21.27XS	Female
T21.36XA - T21.36XS	Male
T21.37XA - T21.37XS	Female
T21.46XA - T21.46XS	Male
T21.47XA - T21.47XS	Female
T21.56XA - T21.56XS	Male
T21.57XA - T21.57XS	Female
T21.66XA - T21.66XS	Male
T21.67XA - T21.67XS	Female
T21.76XA - T21.76XS	Male
T21.77XA - T21.77XS	Female
T83.31XA - T83.39XS	Female
T83.410A - T83.410S	Male
T83.420A - T83.420S	Male
T83.490A - T83.490S	Male
T83.711A - T83.711S	Female
T83.721A - T83.721S	Female
Z01.411 - Z01.42	Female
Z03.71 - Z03.79	Female
Z12.4	Female
Z12.5	Male
Z12.71	Male
Z12.72	Female
Z12.73	Female
Z13.32	Female
Z15.02	Female
Z15.03	Male
Z15.04	Female
Z30.011 - Z30.015	Female

SEX EDIT TABLE (continued)

ICD-10-CM Diagnosis Code	Sex Specific
Z30.018	Female
Z30.019	Female
Z30.41 - Z30.49	Female
Z31.430	Female
Z31.438	Female
Z31.440 - Z31.448	Male
Z31.7 - Z31.83	Female
Z32.00 - Z32.02	Female
Z33.1 - Z37.9	Female
Z39.0 - Z3A.49	Female
Z40.02	Female
Z40.03	Female
Z41.2	Male
Z44.30 - Z44.32	Female
Z45.811 - Z45.819	Female
Z52.810 - Z52.819	Female
Z64.0	Female
Z64.1	Female
Z78.0	Female
Z85.40 - Z85.44	Female
Z85.45 - Z85.49	Male
Z86.001	Female
Z86.32	Female
Z87.410 - Z87.42	Female
Z87.430	Male
Z87.438	Male
Z87.51	Female
Z87.59	Female
Z87.710	Male
Z90.710 - Z90.722	Female
Z97.5	Female
Z98.51	Female
Z98.52	Male
Z98.870	Female
Z98.891	Female

ICD-10-PCS Procedure Code	Sex Specific
04LE0CT	Female
04LE0DT	Female
04LE0ZT	Female
04LE3CT	Female
04LE3DT	Female
04LE3ZT	Female
04LE4CT	Female
04LE4DT	Female
04LE4ZT	Female
04LF0CU	Female

SEX EDIT TABLE (continued)

ICD-10- PCS Procedure Code	Sex Specific
04LF0DU	Female
04LF0ZU	Female
04LF3CU	Female
04LF3DU	Female
04LF3ZU	Female
04LF4CU	Female
04LF4DU	Female
04LF4ZU	Female
0U15075 - 0UY90Z2	Female
0V1N07J - 0VWSXKZ	Male
0W0M07Z - 0W0M4ZZ	Male
0W0N07Z - 0W0N4ZZ	Female
0W2MX0Z	Male
0W2MXYZ	Male
0W2NX0Z	Female
0W2NXYZ	Female
0W3M0ZZ - 0W3M4ZZ	Male
0W3N0ZZ - 0W3N4ZZ	Female
0W4M070 - 0W4M0K0	Male
0W4N071 - 0W8NXZZ	Female
0W9M00Z - 0W9M4ZZ	Male
0W9N00Z - 0W9N40Z	Female
0W9N4ZZ	Female
0WBM0ZX - 0WBMXZZ	Male
0WBN0ZX - 0WBNXZZ	Female
0WHN03Z	Female
0WHN0YZ	Female
0WHN33Z	Female
0WHN3YZ	Female
0WHN43Z	Female
0WHN4YZ	Female
0WJM0ZZ - 0WJMXZZ	Male
0WJN0ZZ - 0WJNXZZ	Female
0WMM0ZZ	Male
0WMN0ZZ	Female
0WPM00Z - 0WPMXYZ	Male
0WPN00Z - 0WPNXYZ	Female
0WQM0ZZ - 0WQMXZZ	Male
0WQN0ZZ - 0WQNXZZ	Female
0WUM07Z - 0WUM4KZ	Male
0WUN07Z - 0WUN4KZ	Female
0WWM00Z - 0WWMXYZ	Male
0WWN00Z - 0WWNXYZ	Female
102073Z - 10Y07ZY	Female
2Y04X5Z	Female
2Y44X5Z	Female
2Y54X5Z	Female
30273H1 - 30277W1	Female
3E0E304 - 3E0E8TZ	Female

SEX EDIT TABLE (continued)

ICD-10- PCS Procedure Code	Sex Specific
3E0N304 - 3E0N8TZ	Male
3E0P05Z - 3E0P8TZ	Female
3E1N38X - 3E1N88Z	Male
3E1P38X - 3E1P88Z	Female
4A0H74Z - 4A0JXBZ	Female
4A1H74Z - 4A1JXBZ	Female
8E0HX62	Female
8E0UXY7	Female
8E0VX1C	Male
8E0VX63	Male
BU000ZZ - BU4CZZZ	Female
BV000ZZ - BV4BZZZ	Male
BY30Y0Z - BY33ZZZ	Female
BY34YZZ - BY4GZZZ	Female
CV191ZZ - CV1YYZZ	Male
DU000ZZ - DUY2FZZ	Female
DV000ZZ - DVY1FZZ	Male

ICD-10-CM External Cause Code	Sex Specific
Y76.0 - Y76.8	Female