Health Claim Analysis and Processing

Edit Specifications

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1.0	September 2017	Deepti Johar	Initial Release.
1.1	September 14, 2017	Steven Wang	Revision for Edit 108.
1.2	October 12, 2017	Steven Wang	Added Edit 147.
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1.6	February 5, 2019	Steven Wang	Updated description for Edit 136.
1.7	April 24, 2019	Logan Barron	Updated description for Edits 17 and 76.
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1.9	October 27, 2023	Rick Dwyer	Updated description for Edit 37; added Edits 155 and 156.

2.0	November 14, 2023	Rick Dwyer	Updated Edit 155 to expand Revenue Codes considered as repetitive services which can span more than a one-day length of stay.
2.1	December 13, 2023	Rick Dwyer	Changed Edit 156 from Fatal to Verifiable Edit; Added Edit #157. Added narrative regarding Third Party Software Edits.
2.2	March 7, 2024	Rick Dwyer	Updated Edit 74 (Patient's gender invalid) to reflect differing gender codes allowed for inpatient (TOB 11X and 12X) and outpatient (TOB 13X) claims.
2.3	March 14, 2024	Rick Dwyer	Added Edit 158 to validate Outpatient Surgical Claims with an extended duration beyond four days. Updated Edit 155 to exempt Outpatient Surgical Claims with extended duration from the one-day length of stay rule applicable to outpatient claims.
2.4	April 18, 2024	Rick Dwyer	Added Edit 159 to validate Value Codes
2.5	January 16, 2025	Rick Dwyer	Changed logic to Edit 148 to require that the principal diagnosis code is a valid diagnosis code
2.6	April 4, 2025	Rick Dwyer	Added additional revenue codes to be considered as repetitive services to Edit 155
2.7	May 20, 2025	Rick Dwyer	Amended Edit 73 (Patient First Name) and Edit 77 (Patient Last Name) to exclude special characters or extra spaces
2.7	May 20, 2025	Rick Dwyer	Added Verifiable Edit 161 (Patient First Name) and Edit 162 (Patient Last Name) to verify entry if less than 2 alpha characters were used
2.8	May 28, 2025	Rick Dwyer	Restored previous logic for Edit 73 (Patient First Name) and Edit 77 (Patient Last Name) to avoid provider high error rates
2.9	November 23, 2026	Lindsey Muldoon	Added edits 163-168

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Edit Specifications

General Information

The New Jersey Health Claim Analysis and Processing (NJ HealthCAP) application uses the inpatient and outpatient Medicare Code Editor, National Correct Coding Initiative (NCCI), and Medically Unlikely Edits (MUE) guidelines to perform a variety of clinical content edit verifications, including but not limited to:

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

Edit Types

This section identifies the edit types in NJ HealthCAP.

Fatal Edits

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

- Fatal edits can be both standard and relational.
- Standard edits indicate the data within that field is invalid or missing. For example, the Patient Control Number field is blank.
- Relational edits verify that data in two or more fields match the edit requirements. For example, the patient's diagnosis is for females only, but the designated gender is male.

Verifiable Edits

Verifiable edits are warnings that alert the user that an unexpected condition exists that requires verification. An example of this type of edit is a patient's length of stay exceeding 365 days.

The logic used to process a Verifiable Edit is identical to the logic used for Fatal Edit with the exception that a single-byte field is associated with each Verifiable Edit. It is used to hold the confirmation state of the warning.

The edit condition will continue to be triggered until one of the following occurs:

- The user confirms the warning is a true situation and not an error.
- The user changes the value of the discharge date (updating the LOS), thus failing the statement Length of Stay is > 365

Third-Party Software Edits

In addition to State Edits, claims are processed through state-of-the art third-party software applications that are licensed to provide inpatient DRG groups and APC categories. PCG can configure select edits for outpatient claims. However, due to the system design of these software applications, this ability does not extend to inpatient claims. As a result, certain claim edits may be generated that are not correctable by providers without changing data.

You may find that Medicare and other third payors do not use these grouper edits, as they configure their systems to match to control which edits are applied to your claims through their proprietary claim processing software. Any claim errored for the following edit may not be easily corrected by providers without a data change.

1. Questionable Admission – Access the following link for a list of diagnosis codes that will trigger a Questionable Admission error in 2024: 2024 Questionable as Principal Diagnosis ICD-10-CM Codes (icd10data.com)

New Jersey HealthCAP State Edits

The following table identifies the error messages generated by State Edits. Edit Types are noted with either Fatal (F) or Verifiable (V).

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
1	Accident State must be either blank or a valid state code	Accident State invalid	F	Both	Accident State	
2	Admission Hour must be **<24 or 99**	Admission Hour not 00-23 or 99	F	Both	Admission Hour	
3	The Admission Date must be a valid date and must be less than today's date	Admission Date invalid	F	Inpatient Only	Admission Date	
4	The Admission Date cannot be before 2005	Admit Date must be greater than 2005	F	Both	Admission Date	
5	Admitting Diagnosis Code cannot be blank and must be a valid diagnosis code	Admitting Diagnosis Code required/invalid	F	Inpatient Only	Admitting Diagnosis Code	Admitting diagnosis code required for inpatients only. If present on an outpatient, it must be valid diagnosis code.
6	Attending Physician's NPI must be **blank** or a valid **NPI** (10 digits and using the Luhn algorithm)	Invalid Attending Physician NPI number	F	Both	Attending Physician National Provider Identifier (NPI)	
7	The Attending Physician State Code (which is the first two characters of the Attending Physician License Number) must be a **valid state, 22**, **25**, **26**, or **35**	Attending Physician State License Number invalid	F	Both	Attending Physician State License Number	

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
8	If the Attending Physician State Code (the first two characters of the Physician License Number) = '**NJ**' then check to see that the number after the state code is 7 or 8 characters in length and does not contain a space. If the first two characters are **22**, **25**, **26**, or **35**, then check to see the number after the state code is **10** characters in length and does not contain a space.	Attending Physician State License Number invalid	F	Both	Attending Physician State License Number	
9	If the Attending Physician State Code [the first two characters of the Physician License Number] is valid, and <> **NJ**, **22**, **25**, **26**, or **35**, then check to see that the number after the state code is not **'blank'**	Attending Physician State License Number invalid	F	Both	Attending Physician State License Number	
10	If Age in Days **< 29** Priority Type of Visit Code = **4**, then Birth Weight must be between **0100** and **9000** grams	Newborn Birth Weight must be between 0100 and 9000 grams	F	Inpatient Only	Baby's Birth Weight in Grams	
11	If Age in Days **< 29**, Priority Type of Visit Code = **4**, Patient's Discharge Status = **01** and **LOS < 4**, then Birth Weight in grams must be greater than or equal to **1000**	Low birthweight for newborn with LOS less than 4 days and routine discharge	F	Inpatient Only	Baby's Birth Weight in Grams	
13	A Condition Code field cannot be valued if the preceding Condition Code field is blank	Condition Code may not be present if the preceding Condition Code is blank	F	Both	Condition Codes 2- 24	
14	Condition Code must be blank or must be valid code on Condition Code table	Condition Code invalid	F	Both	Condition Codes 2- 24	If the patient has a DNR on file, Condition Code **P1** must be reported. If the patient's condition is related to their employment, Condition Code **02** must be reported

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
16	Admission Date must not be greater than the Discharge Date (final bills only)	Admission Date must be less than or equal to Discharge Date	F	Inpatient Only	Discharge Date	
17	The Discharge Date must be a valid date, less than or equal the current date and must be from an open year (field required on final bills only)	Discharge Date Invalid	F	Inpatient Only	Discharge Date	
18	Discharge Hour must be **00-23** or **99** for final-billed patients (**XXX1**, **XXX4**, **XXX7**)	Discharge Hour invalid	F	Inpatient Only	Discharge Hour	
19	If Primary Payer Code is **039, 522** or **810** then Payer Estimated Amount Due must equal zeroes	Self-pay patient – report under Estimated Amount Due from Patient	F	Both	Estimated Amount Due from All Payers	
20	If Primary Payer Code is not **039, 522** or **810** then the Payer Estimated Amount Due must be greater than zeroes	Payer Estimated Amount Due invalid	F	Both	Estimated Amount Due from All Payers	
21	Payer Estimated Amount Due cannot be greater than **9,999,999**	Payer Estimated Amount Due over 9,999,999	V	Both	Estimated Amount Due from All Payers	
22	If Primary Payer Code equals either **039, 522** or **810** then the Patient Estimated Amount Due must be greater than zeroes	Patient Estimated Amount Due invalid	F	Both	Estimated Amount Due from Patient	
23	Patient Estimated Amount Due cannot be greater than **9,999,999**	Patient Estimated Amount Due invalid	F	Both	Estimated Amount Due from Patient	
24	If any of the External Cause of Injury (EIC) codes is not '**blank**' then it must be a valid code.	External Cause of Injury Code invalid	F	Both	External Cause of Injury Codes (E-Codes)	

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
25	An External Cause of Injury Code cannot be valued if the preceding External Cause of Injury Code is blank	ECI Code may not be present if previous ECI Code is blank	F	Both	External Cause of Injury Codes (E-Codes) 2-12	
27	If Bill Type equals **0131**, **0135**, **0137** all Revenue Codes must have a HCPCS code unless the Revenue Code is on the CMS list of exempt revenue codes	HCPCS Code required	F	Outpatient Only	HCPCS Code	
28	HCPCS Code must be on list of valid codes	HCPCS Code invalid based on Discharge Date or patient's gender	F	Outpatient Only	HCPCS Code	
29	**HCPCS** Modifier **1** must either be blank or a valid code on Modifier table.	Invalid HCPCS Modifier	F	Outpatient Only	HCPCS Modifier 1	
30	**HCPCS** Modifier **2** must either be blank or a valid code on Modifier table.	Invalid HCPCS Modifier	F	Outpatient Only	HCPCS Modifier 2	
31	**HCPCS** Modifier **3** must either be blank or a valid code on Modifier table.	Invalid HCPCS Modifier	F	Outpatient Only	HCPCS Modifier 3	
32	**HCPCS** Modifier **4** must either be blank or a valid code on Modifier table.	Invalid HCPCS Modifier	F	Outpatient Only	HCPCS Modifier 4	
33	A **HCPCS** Modifier (**2-4**) cannot be valued unless the previous Modifier is valued.	HCPCS Modifier cannot be present if previous Modifier is blank	F	Outpatient Only	HCPCS Modifier (2-4)	
34	Inpatient/Outpatient indicator can only be **I** or **O**	I/O indicator can only be "I" or "O"	F	Both	I/O (Inpatient/ Outpatient) Indicator	
35	Length of Stay should be less than **365**	Length of Stay > 365 Days	V	Inpatient Only	Length of Stay (LOS)	

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
36	Length of Stay greater than 1 day is only allowed on ED Observation patients (with a revenue code of **0762** or a **HCPCS** code of **G0378**)	Bill types 0131-0137 cannot have a LOS greater than 1	F	Outpatient Only	Length of Stay (LOS)	
37	Length of Stay up to **2** days is allowed on ED outpatients (with a **revenue** code of **045X**). LOS is the calculated difference between the Statement Through Date and the Admission Date.	ED claim cannot exceed 2 days	V	Outpatient Only	Length of Stay (LOS)	
38	Medical Record Number must be at least **4** but not more than **24** characters	Medical Record Number blank or less than 4 characters	F	Both	Medical Record Number	
39	Mother's Medical Record Number must be at least 4 but not more than **24** characters if Admission Date equals patient's Birth Date, and the Point of Origin = **5** (Born in this facility)	Mother's Medical Record is missing/less than 4 characters	F	Inpatient Only	Mother's Medical Record Number	
40	Occurrence Code must be blank or must be a valid Occurrence Code on the Occurrence Code table (as defined by NUBC)	Occurrence Code invalid	F	Both	Occurrence Code	If the patient's visit is the result of an accident, Occurrence Codes 01-05 must be reported as appropriate
41	An Occurrence Code Date may not be present without an Occurrence Code	Occurrence Date may not be present if Occurrence Code is blank	F	Both	Occurrence Code	
42	An Occurrence Code field cannot be valued when the preceding Occurrence Code field is blank	Occurrence Code may not be present if previous Occurrence Code is blank	F	Both	Occurrence Codes (2- 24)	

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
43	An Occurrence Code may not be present without an Occurrence Code Date	Occurrence Date must be present when if Occurrence Code is present	F	Both	Occurrence Code Date	
44	Occurrence Code Date must be a valid date, less than current date and, excluding codes **A1**, **B1** and **C1**, must be greater than or equal to patient's birth date	Occurrence Date invalid	F	Both	Occurrence Code Date	
45	Occurrence Span Code must be blank or must be a valid Occurrence Span Code on the Occurrence Span Code table (as defined by NUBC)	Occurrence Span Code invalid	F	Both	Occurrence Span Code	If the patient's visit includes non-acute care days (ICF, SNF or Residential days), Occurrence Span Codes 75, M3, and/or M4 must be reported as appropriate for the patient. The Occurrence Span From and Through Dates should indicate the dates of the patient's stay at the non- acute level of care.
46	An Occurrence Span Code cannot be present without Occurrence Code From and Thru Dates	Occurrence Span From Date required/Occurrence Span Thru Date required	F	Both	Occurrence Span Code	
47	An Occurrence Span Code field cannot be valued when the preceding Occurrence Span Code field is blank	Occurrence Span Code may not be present if previous Occurrence Span Code is blank	F	Both	Occurrence Span Codes (2-24)	
48	An Occurrence Span From Date cannot be present without an Occurrence Span Code	Occurrence Span From Date may not be present if Occurrence Span Code is blank	F	Both	Occurrence Span From Date	
49	For Occurrence Span Codes **74**, **75**, **76**, **77**, **M0**, **M1**, **M2**, **M3** and **M4**, the Occurrence Span From Date must not be less than the Admission Date	Occurrence Span From Date must be greater than or equal to Admission Date	F	Both	Occurrence Span From Date	

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
50	For Occurrence Span Codes **70**, **71**, **72**, **73** and **78**, the Occurrence Span From Date must be a valid date and must be greater than the patient's birth date	Occurrence Span From Date must be greater than or equal to Patients Birth Date	F	Both	Occurrence Span From Date	
51	An Occurrence Span Thru Date cannot be present without an Occurrence Span Code	Occurrence Span Thru Date may not be present if Occurrence Span Code is blank	F	Both	Occurrence Span Thru Date	
52	An Occurrence Span Thru Date must be greater than Occurrence Span From Date	Occurrence Span Thru Date must be greater than Occurrence Span From Date	F	Both	Occurrence Span Thru Date	
53	For Occurrence Span Codes **74**, **75**, **76**, **77**, **M0**, **M1**, **M2**, **M3** and **M4**, the Occurrence Span Thru Date must not be greater than the Statement Thru Date	Occurrence Span Thru Date must be less than or equal to Statement Thru Date	F	Both	Occurrence Span Thru Date	
54	Patients with procedure codes must have an operating physician license number	Procedure Code present, Operating Physician License Number must be present	F	Inpatient Only	Operating Physician State License Number	
55	If the Operating/Other Physician License Number is not 'blank', the Operating Physician's State Code (which is the first two characters of the Operating/Other License Number) must be a **valid state**, **22**, **25**, **26** or **35**	Operating/Other Operating Physician State License Number invalid	F	Both	Operating/Other Physician State License Number	

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
56	If the Operating/Other Physician License Number is not "**blank**", and the first two characters = **'NJ'** then check to see that the number after the state code is **7** or **8** characters in length and does not contain a space. If the first two characters are **22**, **25**, **26** or **35**, then check to see that the number after the state code is **10** characters in length and does not contain a space.	Operating/Other Operating Physician State License Number invalid	F	Both	Operating/Other Physician State License Number	
57	If the Operating/Other Physician License Number is not 'blank' and the first two characters are a valid state, but the state <> **NJ**, **22**, **25**, **26** or **35** then check to see that the position after the state code is not 'blank'	Operating/Other Operating Physician State License Number invalid	F	Both	Operating/Other Physician State License Number	
58	Patients with procedure codes must have an operating physician NPI number	Procedure Code present, Operating Physician NPI Number must be present	F	Inpatient Only	Operating Physician National Provider Identifier (NPI)	
59	Operating/Other Physician's NPI must be blank or a valid NPI (using Luhn algorithm)	Operating/Other Operating Physician NPI number invalid	F	Both	Operating/Other Physician National Provider Identifier (NPI)	
60	Duplicate Diagnosis code is found	Duplicate Diagnosis Code	F	Both	Other Diagnosis Codes (2-25)	
61	If there is a Diagnosis Code in any diagnosis code field, then the codes in the preceding fields must not be blank	Diagnosis Code may not be present when previous Diagnosis Code is blank	F	Both	Other Diagnosis Codes (2-25)	
62	Patient Control Number cannot equal spaces and must be at least **4** but not more than **20** characters	Patient Control Number cannot equal spaces and must be at least 4 characters	F	Both	Patient Control Number	

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
64	Patient Discharge Status must be either **01**,**02**, **03**, **04**, **05**, **06**, **07**, **20**, **21**, **30**, **43**, **50**, **51**, **61**, **62**, **63**, **64**, **65**, **66**, **69**, **70**, **81**, **82**, **83**, **84**, **85**, **86**, **87**, **88**, **89**, **90**, **91**, **92**, **93**, **94** or **95**	Patient Status invalid	F	Both	Patient Discharge Status (Discharge [Patient] Status Code)	
65	Patient Discharge Status can be **09**	Patient Status invalid	F	Outpatient Only	Patient Discharge Status (Discharge [Patient] Status Code)	
66	Patient City cannot be blank	Patients City required	F	Both	Patient's City	
67	Patient Country Code cannot be blank and must be valid code on country list if Patient's State = '**XX**'	Patients Country invalid	F	Both	Patient's Country	
68	The Century corresponding to the Patient's Date of Birth must equal either **18**, **19** or **20**	The Patient age must not be greater than 124	F	Both	Patient's Date of Birth	
69	The Patient's Date of Birth must be a valid date	[Date] is not a valid date format	F	Both	Patient's Date of Birth	
70	The Patient's Date of Birth must be less than or equal to the Admission Date	The Patient Birth Date must be less than or equal to the Admission Date	F	Both	Patient's Date of Birth	
71	The Patient's age cannot be greater than **124** years	The Patient age must not be greater than 124	F	Both	Patient's Date of Birth	
72	Patient's Ethnicity must be either **21485**, **21550**, **21808**, **21824**, **21865**, **21870**, **21875** or **21880**	Hispanic Ethnicity invalid	F	Both	Patient's Ethnicity Code	
73	Patient First Name cannot be numeric or blank	Patient First Name invalid	F	Both	Patient's First Name	

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
74	Patient's Gender must be either **M** or **F** for inpatient claims (TOB 11X and 12X); **M**, **F, U** or **N** for outpatient claims (TOB 13X)	Patient's gender invalid	F	Both	Patient's Gender	
75	Gender code **U** valid only for patients **< 29** Days of Age	Gender code U valid only for patients < 29 days old	F	Both	Patient's Gender	
76	If the Revenue Code is valid and the Revenue Code equals either **0112**, **0122**, **0132**, **0142**, **0152**, **0721**, then the Patients Gender must be **F**	Revenue Code invalid based on discharge date, patient type, or patient gender	F	Both	Patient's Gender	
77	Patient Last Name cannot be numeric or blank	Patient Last Name invalid	F	Both	Patient's Last Name	
78	Marital Status cannot be blank and must be on the list of valid marital status codes	Marital Status invalid	F	Both	Patient's Marital Status	
79	If Marital Status equals '**S**', then the Patient's Age must be greater than or equal to **18**	Marital Status is Separated, but patient age is under 18	F	Both	Patient's Marital Status	
80	Patient Middle Initial must either be a blank or alpha character	Patient Middle Initial invalid	F	Both	Patient's Middle Initial	
81	If the patient's age is greater than **18**, the occupation code cannot be blank	Patient Occupation cannot be blank	F	Both	Patient's Occupation	
82	Primary Language Spoken cannot be blank and must be a valid code on the table unless patient's birth date = admission date	Patients Primary Language Spoken missing/invalid	F	Both	Patient's Primary Language Spoken	
83	Patient's Race must not be blank and must be a valid code on the race code table	Patient Race Code invalid	F	Both	Patient's Race	

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
84	If Bill Type is **013X**, the Patient's Reason for Visit Code **1** may not be blank and must be a valid diagnosis code	Patient Reason for Visit Code required/Invalid Diagnosis Code, or Diagnosis Code invalid for patient's gender	F	Outpatient Only	Patient's Reason for Visit	
85	If not blank, the Patient's Reason for Visit Code must be a valid diagnosis code	Invalid Diagnosis Code, or Diagnosis Code invalid for patient's gender	F	Outpatient Only	Patient's Reason for Visit	
86	The Patient's Reason for Visit Code **2** may not be valued if the Patient's Reason for Visit Code **1** is blank	Patient Reason for Visit Code may not be present if previous Patient Reason for Visit Code is blank	F	Outpatient Only	Patient's Reason for Visit	
87	The Patient's Reason for Visit Code **3** may not be valued if the Patient's Reason for Visit Code **2** is blank	Patient Reason for Visit Code may not be present if previous Patient Reason for Visit Code is blank	F	Outpatient Only	Patient's Reason for Visit	
88	Patient's Relationship to Insured **1** cannot be blank and must be a valid code on the table	Patients Relationship to Primary Insured invalid	F	Both	Patient's Relationship to Primary Insured	
89	Patient's Relationship to Insured **2** cannot be blank and must be a valid code on the table if Secondary Payer Code is not blank	Patients Relationship to Secondary Insured invalid	F	Both	Patient's Relationship to Secondary Insured	
90	Residence Code cannot = **9999** and must be in Residence Code Table	Residence Code invalid	F	Both	Patient's Residence Code	
91	If state is NJ, then Residence Code must be between **0101- 2123**	Patient State is NJ, Residence Code must be 0101-2123	F	Both	Patient's Residence Code	
92	Social Security Number may either be blank or 9 digits	Patients Social Security Number invalid – please use 9 digits with no dashes (e.g. 999999999)	F	Both	Patient's Social Security Number	

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
93	Patient State must equal a valid state code (United States and Canada and XX for other)	Patient State must be a valid state from table	F	Both	Patient's State	
94	Patient Street Address cannot be blank	Patients Street Address required	F	Both	Patient's Street Address	
95	The only special characters allowed in Patient Street Address are **"#", "/",** "\", **"-", ".**" and **","**	Patients Street Address must not contain any special characters	F	Both	Patient's Street Address	
96	The Patient's Zip Code must be numeric and greater than zeroes if not a foreign or Canadian address	Patient Zip Code invalid	F	Both	Patient's Zip Code	
97	The Patient Zip Code must be in table ranges (US addresses) or not blank (non-US addresses)	Patient Zip Code invalid	F	Both	Patient's Zip Code	
98	If the Residence Code is a valid NJ residence code (as found in the NJ Resident Code Table) then the first two character of the Patient Zip Code must be either an **07** or **08**	Patient Zip Code invalid	F	Both	Patient's Zip Code	
99	The Patient's Zip Code cannot contain a dash (-)	Patient Zip Code must not contain any special characters	F	Both	Patient's Zip Code	
100	If the Priority of Visit = **1**, **2**, **3**, **5** or **9** then the Patient's Point of Origin must be either **1**, **2**, **4**, **5**, **6**, **8**, **9**, **D**, **E** or **F**	Point of Origin invalid	F	Both	Point of Origin Code (Admission Source Type)	
101	If Priority of Visit = **4** then Patient's Point of Origin must equal either **5** or **6**	Point of Origin invalid	F	Both	Point of Origin Code (Admission Source Type)	
102	Insured ID cannot be blank unless patient is self-pay (payer codes **039, 522** or **810)**	Insureds Identification required	F	Both	Primary Insured's ID Number	

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
103	Primary Payer Code must not be blank and must be a valid code on the payer code table	Primary Payer Code invalid	F	Both	Primary Payer Code	
106	Priority of Visit must be either **1**, **2**, **3**, **4**, **5** or **9**	Priority of Visit Code invalid	F	Both	Priority Type of Visit (Admission/Visit Type)	
107	If Priority of Visit equals **4** then Age in Days must be **<= 28**	Priority of Visit Code invalid (newborn code used for non-newborn patient)	F	Both	Priority Type of Visit (Admission/Visit Type)	
108	If Priority of Visit equals either **1, 2, 3**, **5** or **9** then Age in Days at admission must be **> 0**	Priority of Visit invalid for newborn patient	F	Both	Priority Type of Visit (Admission/Visit Type)	
109	If Procedure Code Date is valued then Procedure Code must not be blank	Procedure Date may not be present if Procedure Code is blank	F	Inpatient Only	Procedure Code (1- 25)	
110	If there is a procedure code in any procedure code field, then the codes in the preceding fields must not be blank.	Procedure Code may not be present if previous Procedure Code is blank	F	Inpatient Only	Procedure Code (2- 25)	
111	If Procedure Code is valued (not blank) then Procedure Code Date must be a valid date	Procedure Date required	F	Inpatient Only	Procedure Date (1- 25)	
112	The Procedure Code Date must be greater than or equal to the Admission and/or Statement From Date	Procedure Date must be greater than or equal to Admission and/or Statement From Date	F	Inpatient Only	Procedure Date (1- 25)	
113	The Procedure Code Date must be less than or equal to the Discharge Date	Procedure Date must be less than or equal to Statement Thru Date	F	Inpatient Only	Procedure Date (1- 25)	

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
114	Readmission Code must be '0', '1' or '9' if patient's birth date is less than the admission date	Readmission Code must be 0, 1 or 9	F	Inpatient Only	Readmission Code	
115	If Revenue Code Service Units is valued [does not equal spaces or zeroes] then Revenue Code must be valued [not equal to spaces or zeroes]	Revenue Code invalid based on discharge date, patient type, or patient gender	F	Both	Revenue Code	
116	If Revenue Code Total Charge is valued [does not equal spaces or zeroes] then Revenue Code must be valued [not equal to spaces or zeroes]	Revenue Code invalid based on discharge date, patient type, or patient gender	F	Both	Revenue Code	
117	The Revenue Code must be found in the Revenue Code table	Revenue Code invalid based on discharge date, patient type, or patient gender	F	Both	Revenue Code	
118	If Revenue Code is Valid and equals either **0111**, **0121**, **0131**, **0141**, **0151**, **0201**, **0202** or **0231** then the patient's age must be greater than or equal to **19**	Age and Rev Code Conflict	V	Inpatient Only	Revenue Code	
119	If Revenue Code is Valid equals either **0113**, **0123**, **0133**, **0143**, **0153** or **0203** then the patient's age must be less than or equal to **18**	Age and Rev Code Conflict	V	Inpatient Only	Revenue Code	
120	If Revenue Code is Valid and equals **017X** then the patient's age must be less than **1**	Age and Rev Code Conflict	V	Inpatient Only	Revenue Code	
121	Trauma Revenue Codes (**068X**) may only be used when Priority of Visit is **5** (trauma)	Trauma Revenue Codes may only be used when Admission Type = 5	F	Both	Revenue Code	

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
122	There must be at least one Revenue Code Line on every record	No revenue lines have been entered for this record	V	Both	Revenue Code	
123	If Revenue Code is valid then Revenue Service Units must be Numeric and not negative	Days/Units/Time must be present and not a negative value	F	Both	Revenue Code Days, Units, or Time (DUTS)	
124	If Revenue Code prefix equals either **010**, **011**, **012**, **013**, **014**, **015**, **016**, **017**, **018**, **020** or **021** then Revenue Code Units cannot be zeroes	Days/Units/Time must be present	F	Inpatient Only	Revenue Code Days, Units, or Time (DUTS)	
126	If Revenue Code is Valid then Revenue Code Total Charges must be greater than zero	Revenue Line Item with no charges	V	Both	Revenue Code Total Charges	
127	Total Charge for a Revenue Code Line Item cannot be greater than **9,999,999**	Total Charge for revenue line item greater than $9,999,999.00	V	Both	Revenue Code Total Charges	
128	Secondary Payer Code must be a valid code on the payer code table	Secondary Payer Code invalid	F	Both	Secondary Payer Code	
129	Service From Date must not be greater then the Service Thru Date	Statement From Date must be less than or equal to Statement Thru Date	F	Both	Statement From Date	
131	Tertiary Payer Code must be a valid code on the payer code table	Tertiary Payer Code invalid	F	Both	Tertiary Payer Code	
132	Tertiary payer code cannot be present without secondary payer code present	Tertiary Payer Code may not be present if Secondary Payer Code is blank	F	Both	Tertiary Payer Code	

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
133	If the Point of Origin Code is **4** and the Priority of Visit Code is **1**, **2**, **3**, **5** or **9** then the Transfer In Code must be a valid hospital NPI number in the transfer NPI list	Transfer In Code invalid	F	Both	Transfer In Code (UB Referral Source Code)	
134	If the Patient Discharge Status Code = **02** then the Transfer Out Code must be a valid facility NPI number in the transfer NPI list	Transfer Out Code not a valid NPI number	F	Both	Transfer Out Code (Transfer Destination Code)	
135	Bill Type must be either **0111, 0112, 0113, 0114, 0115, 0117, 0118, 0121,0122, 0123, 0124,0125, 0127, 0128,0131, 0135, 0137, 0138**	Type of Bill invalid	F	Both	Type of Bill	
137	Inpatient Bill Types **0112**, **0113**, **0122** and **0123** can only have a patient status of **30**	Interim bill types may only use a patient Discharge Status of '30'	F	Inpatient Only	Type of Bill	
140	A Value Code cannot be present without a Value Code Amount	Value Code Amount may not be blank	F	Both	Value Code	
141	If Age in Days **< 29** and Priority Type of Visit Code = **4**, then Value Code **54** must be present	At least one Value Code must contain the birthweight on a newborn claim	F	Inpatient Only	Value Code	Value Code Amount must be actual Birth Weight or weight at time of admission for an extramural birth. Required on all claims with Priority Type of Visit of 4 and on other claims as required by state law.
142	A Value Code Amount cannot be present without a Value Code	Value Code Amount may not be present if Value Code is blank	F	Both	Value Code Amount	
143	If the Value Code is **45**, the Value Code Amount must be **00- 23** or **99**	Accident Hour must be 00-23 or 99	F	Both	Value Code Amount	

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
144	If Value Code is **32**, **37**, **38**, **39**, **46**, **50**, **51, 52**, **53**, **56**, **57**, **60**, **61**, **67**, **68**, **80**, **81**, **82**, **83**, or **A0** there can be no decimal place	Value Code Amount must contain whole numbers only	F	Both	Value Code Amount	
145	A Value Code field cannot be valued if the preceding Value Code field is blank	Value Code may not be present when preceding Value Code is not present	F	Both	Value Codes 2-24	
147	The Admit Date must be a valid date and must be from an open year	Admit Date Invalid (Must be from an open year)	F	Outpatient Only	Admit Date	
148	The Principal Diagnosis code must not be blank or null	Principal Diagnosis Required	F	Both	Principal Diagnosis	Logic adjusted to require a valid diagnosis code on 1.16.2025.
150	Statement From Date must not be blank or null	Statement From Date Required	F	Both	Statement From Date	
151	For interim claims with Type of Bill 112 and 113, Statement Through Date must be a valid date and must be for an open year. Also applies to Type of Bill 117 with Discharge Status of "30" (Still a Patient").	Statement To Date Invalid	F	Interim Claims	Statement Through Date	
152	Statement Thru Date must not be blank or null	Statement Thru Date Required	F	Both	Statement Through Date	
153	The Insurance ID must be 50 characters or less.	Insured ID should be 50 characters or less.	F	Both	Insured ID #	

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
155	If bill type equals **0131**, **0135** or **0137,** then LOS cannot be greater than 1. LOS is the calculated difference between the Statement Through Date and the Admission Date. Exceptions to this rule are the following claim types: 1. Claims with Revenue Codes that do not equal 045X (Emergency Room) or 0762 (Observation Hours), 2. Intensive Outpatient Program Claims, 3. Outpatient Surgical Claims with an extended duration, or 4. Repetitive service claims.	Bill types 0131-0137 cannot have a LOS greater than 1	F	Outpatient Only	Type of Bill	Repetitive services include Revenue Codes 0260-0269 (IV Therapy); 0290-0299 (DME); 0410, 0412, 0419 (Respiratory Therapy); 0420-0429 (Physical Therapy); 0430-0439 (Occupational Therapy); 0440-0449 (Speech Pathology); 0480-0489 (Cardiology) 0550-0559 (Home Health Visits); 0636 (Drugs Requiring Detail Coding); 0820-0859 (Kidney Dialysis Treatments), 0900-0919 (Behavioral Health Treatments / Services); 0482 & 0943 (Cardiac Rehab Services), and 0948 (Pulmonary Rehabilitation Services). Revenue Codes 0333 (Radiation Therapy), 0335 (Chemotherapy administration - IV), and 0339 (Radiation Therapy / Chemo Administration) are also allowed as Medicare permits providers the option to claim these as repetitive services. Intensive Outpatient Program claims are identified by the inclusion of Condition Code 92. See State Edit 158 for definition of an extended Outpatient Surgical claim.

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
156	Transfer In and Out Codes cannot be the same	Transfer In and Out Codes cannot be the same	V	Both	Transfer In and Out Code	Identical "Transfer-In" and "Transfer-Out" selections on a claim are not allowed. Applies only when Point of Origin Code = 4 (Transfer from a Hospital), Priority of Visit is not = 4 (Newborn), and Patient Discharge Code = 02 (Discharged / transferred to a short-term general hospital for inpatient care). "Out-of-State" selection options were updated as part of this process to include Delaware, Maryland, New York, Pennsylvania, Other Non-Listed States, Other Country, and Unknown at Discharge. The "Out-of-State" transfer options are excluded from this edit.
157	Accepted claim for a closed year cannot be replaced	Accepted claim for a closed year cannot be replaced	F	Both	Admission Date/Discharge Date	Once a calendar year is closed, no additional claim submissions are allowed for that year. In addition, accepted claims within a closed year may not be changed unless formally authorized by the state. Requests to amend accepted claim data for a closed year should be submitted in writing to Public Consulting Group LLC via the project mailbox. All requests will be forwarded to the state for their consideration and decision.

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
158	Outpatient Surgical Claims with an extended duration are allowed for up to a four (4) days without provider review. Claims beyond this limit require provider review and confirmation of accuracy.	Outpatient surgical claims with a duration beyond four days require provider review and confirmation	V	Outpatient Only	Revenue Codes and Length of Stay	Outpatient Surgical Claims with an extended duration are defined as claims that contain all of the following Revenue Codes: 036X (Operating Room Services), 0370 (Anesthesia - General) AND 0710 - (Recovery Room - General).
159	Value Code must be on list of valid codes	Value Code invalid	F	Both	Value Code	
161	Patient First Name must be at least two alphabetical characters	Patient First Name must be at least two alphabetical characters	V	Both	Patient's First Name	
162	Patient Last Name must be at least two alphabetical characters	Patient Last Name must be at least two alphabetical characters	V	Both	Patient's Last Name	
163	Accepted claim for a closed year cannot be replaced	Accepted claim for a closed year cannot be replaced	F	Both	Admission Date/Discharge Date	Once a calendar year is closed, no changes to a closed year's accepted claims via replacememt claims are allowed. Accepted claims within a closed year may not be changed unless formally authorized by the state. Requests to amend accepted claim data for a closed year should be submitted in writing to Public Consulting Group LLC via the project mailbox. All requests will be forwarded to the state for their consideration and decision.

Edit Specification Document Ref No.	Edit Logic	Error Message	Type	Patient Type	Field Being Edited	NJ HealthCAP Specific Notes
164	Patient Discharge Code 30 (Still a Patient) is not allowed on a final inpatient claim. It is allowed on outpatient claims. It is also allowed on the first and continuing interim claims (with a frequency code of 2 and 3 respectively) as they are not final claims.	Patient Status Invalid	F	Both	Patient Discharge Status (Discharge [Patient] Status Code)	Final claims report a frequency code of 4.
165	Statement Thru Date must be for an open year. Closed and future years are invalid	Statement Thru Date Invalid	F	Both	Statement Through Date	
166	Statement Thru Date must be equal or prior to the Discharge Date when provided	Statement Thru Date is after Discharge Date	F	Both	Statement Through Date and Discharge Date	
167	Statement From Date must be equal to or after the Start of Care Date	Statement From Date is before the Start of Care Date	F	OP	Statement From Date and Start of Care Date	
168	Statement From Date must be no more than 3 days prior to Admit Date	Statement From Date is more than 3 days prior to Admit Date	F	IP	Statement From Date and Admit Date	