PASRA II		
Error Definitions		
Error Message	**Error Message Detail**	**Error Threshold**
Admission date after discharge date	Invalid Admission Date or Discharge Date. The Discharge Date should match the Admission Date or should occur after the Admission Date	1%
Admission date missing or wrong format	The Admission Date is missing or is outside the quarter.	1%
Admission Hour is 99 (Unknown) on more than 10% of total records.	Admission Hour code is 99 (Unknown) on more than 10% of reported records.	10%
Admission hour missing or invalid	Admission Hour code is missing or invalid.	1%
Admission type missing or invalid	Admission Type code is missing or invalid.	1%
Adult diagnosis but age less than 15	Adult Diagnosis code has been selected for patient who is less than 15 years old.	1%
Attending Physician NPI missing or invalid	Attending Physician UPIN is missing or invalid.	1%
B record but no A record	Corresponding A record is missing.	1%
Birth date after admission date	The patient's admission date cannot occur before the patient's birth date.	1%
C record but no A record	Corresponding A record is missing.	1%
Childbirth: Children's Hospital	Baby Born in Children's Hospital	1%
Date of birth missing or invalid	Date of Birth is missing or invalid.	1%
Discharge date missing or wrong format	The Discharge Date is missing or is outside the quarter.	1%
Discharge date not for selected quarter	Discharge Date is not within selected quarter.	1%
Discharge Hour is 99 (Unknown) on more than 10% of total records.	Discharge Hour code is 99 (Unknown) on more than 10% of reported records.	10%
Discharge hour missing or invalid	Discharge Hour code is missing or invalid.	1%
Doubtful maternity diagnosis	Doubtful Maternity Diagnosis.	1%
Duplicate unique ID	A given unique identifier cannot be used on more than one A-C record combination, even if the same person visits more than once.	1%
Ethnicity is missing, invalid or unknown on more than 10% of records	Ethnicity Code is missing or invalid	10%
Female procedure but sex=male	Invalid Procedure Code for this gender.	1%
Female with male diagnosis	Invalid Diagnosis code for this gender.	1%
First payment source missing or invalid	Expected Source of Payment1 code is missing or invalid.	1%
Injury Activity code required	Initial Injury Diagnosis present on record; Report an Activity code. Use valid code from range Y93	1%
Injury Cause code required	Must have External Cause-Code when Injury Diagnosis code is in range S00 – T88.9.	1%
Injury Place code required	Initial Injury Diagnosis present on record; Report a Status code. Use valid code from range Y92	1%
Injury Status code required	Initial Injury Diagnosis present on record; Report a Status code. Use valid code from range Y99	1%
Invalid Activity code	Initial Injury Diagnosis present on record; Report a valid Activity code. Use valid code from range Y93	1%
Invalid CPT-4/HCPCS procedure code	Invalid CPT Code has been entered as a Procedure Code.	1%
Invalid External Cause of Injury code	Must have valid External Cause-Code when Injury Diagnosis code is in range S00 – T88.9. Must contain all uppercase letters and all required detail	1%
Invalid ICD-10 diagnosis code	Diagnosis code is invalid. Must contain all uppercase	1%

	letters and all required detail.	
Invalid Missouri County code	Invalid Missouri county code.	1%
Invalid Place of Injury code	Initial Injury Diagnosis present on record; Report a valid Place of injury. Use valid code from range Y92	1%
Invalid procedure code	Procedure Code is missing or invalid. Principal Procedure code should not be blank or like 0.	1%
Invalid Status code	Initial Injury Diagnosis present on record; Report a valid Status code. Use valid code from range Y99	1%
Length of stay over 1 day	Length of Stay calculates to greater than 1 day.	1%
Length of stay over 365 days	Length of Stay calculates to greater than 365 days.	1%
Male procedure but sex=female	Invalid Procedure Code for this gender.	1%
Male with female diagnosis	Invalid Diagnosis Code for this gender.	1%
Medical record number missing	Medical Record Number is missing.	1%
Missing C-record	C Record with an address is required if census tract field on A Record is blank	1%
Newborn diagnosis but age over 0	Newborn Diagnosis has been selected for patient who is older than 0.	1%
Observation units missing or invalid	Observation Units code is missing or invalid.	1%
P7 Condition Code must be P7	Report condition code P7 to indicate direct inpatient admission from emergency room.	1%
Patient disposition missing or invalid	Patient Disposition code is missing or invalid.	1%
Patient name missing or invalid	Patient Name is missing or invalid. Should not contain numeric values.	1%
Pediatric diagnosis but age is over 17	Pediatric Diagnosis has been selected for patient who is older than 17.	1%
Place of service missing or invalid	Place of Service code is blank or does not match code from file specification document.	1%
POA Indicator Invalid or Missing (External Cause of Injury)		1%
POA Indicator Missing or Invalid	Required for Acute Care Inpatient records only. Use a valid code from the file specifications document.	1%
Point of Origin is 9 (Unknown) on more than 10% of total records.	Point of Origin code is 9 (Unknown) on more than 10% of reported records.	10%
Point of Origin missing or invalid	Admission Source code is missing or invalid.	1%
Primary Payer Type is 999 (Unknown) on more than 10% of total records.	Primary Payer Type is 999 (Unknown) on more than 10% of reported records.	10%
Principal diagnosis missing	Principal Diagnosis code is missing or invalid.	1%
Principal Procedure Physician NPI missing or invalid	Procedure Physician UPIN is missing or invalid.	1%
Procedure date missing, invalid, or wrong format	Procedure Date is missing or invalid. Procedure Date must be length of 8 (MMDDYYYY).	1%
Questionable diagnosis	Questionable Diagnosis.	1%
Race is missing, invalid, or unknown on more than 10% of records	Race code is missing or invalid. Select a valid code from the file specification document	10%
Second payment source invalid	Expected Source of Payment2 code is invalid. Select a valid code from the file specification document	1%
Secondary Dx required for this principal diagnosis	Principal Diagnosis code requires a Secondary Diagnosis code.	1%
Sex missing or invalid	Patient Gender field is blank or does not match code from file specification document.	1%
SSN all 9s on too many records	Count of Social Security Numbers coded with 999999999 exceeds 10% threshold.	10%
SSN Invalid or missing	Social Security Number is missing or invalid. When	1%

	reporting last four digits of SSN, precede the number with five 9s.	
State FIPS code invalid	Invalid State FIPS code. The value must be a valid two-digit State FIPS code.	1%
Third payment source invalid	Expected Source of Payment3 code is invalid.	1%
Total charges are blank or 0	Total Charges are blank or 0.	1%
Type of admission is newborn but age over 0	Type of admission is Newborn. Birth date indicates age is greater than 0.	1%
Type of Admission/Visit is 9 (Unknown) on more than 10% of total records.	Type of Admission/Visit code is 9 (Unknown) on more than 10% of reported records.	10%
Type of admit does not agree with newborn dx	Type of Admission code does not match with newborn diagnosis.	1%
Type of encounter missing or invalid	Type of Encounter is blank or does not match code from file specifications	1%
Unacceptable principal procedure code	Procedure code is unacceptable as a Principal procedure code.	1%
Zip Code not in state	Zip code is missing or not within State.	1%
Zipcode mismatch on A & C record	A-Record zip code does not match C record zip code.	1%
Zipcode/county mismatch	Zip code does not match county code.	1%