

**Florida Healthy Kids Program
Critical and Informational Edits
for Claims and Encounter Data
Jan 2015**

[Encounter File](#)

[Pharmacy File](#)

[Provider File](#)

Note: In consultation with the Florida Healthy Kids Corporation, informational edits may be moved to critical edit status if needed to carry out evaluation activities. The FHKC and the Institute for Child Health Policy will notify plans of any such changes.

Encounter

Variable Names	FILL RATE and VALID CODES	NOTES
RECIPIENT ID	CRITICAL -1% error threshold	Each line item is required to have at least a RECIPIENT ID or a KIDCARE ID .
BIRTH DATE	INFORMATIONAL	
GENDER	INFORMATIONAL	
FIRST NAME	INFORMATIONAL	
LAST NAME	INFORMATIONAL	
ZIP CODE	INFORMATIONAL	
PLAN_ID	CRITICAL -.01% error threshold	
CLAIM_NO (ICN)	CRITICAL -.01% error threshold	Unique for the plan code
CLAIM_LINE_NO	CRITICAL -.01% error threshold	
CLAIM_SEQUENCE_NUMBER	Sequencing Process only	
MOTHER_ICN	Adjustment or Void Claims only	Has to link to historical data
FORM CODE	CRITICAL -.01% error threshold	
PLACE_OF_SERVICE_CD	CRITICAL -.01% error threshold	Outpatient Only
PROCEDURE_CD	CRITICAL -.01% error threshold	Professional Claim Only. Where applicable for Institutional claims. Line item is required to have at least a CPT code or a revenue code
MOD1_CD	Where applicable	
MOD2_CD	Where applicable	
MOD3_CD	Where applicable	
MOD4_CD	Where applicable	
REVENUE_CD	CRITICAL -.01% error threshold	Institutional Claims only. Line item is required to have at least a CPT code or a revenue code
DRG_CD	Where applicable	
DIAG1_CD	CRITICAL -.01% error threshold	Should be discharge diagnosis
DIAG2_CD	Where applicable	
DIAG3_CD	Where applicable	
DIAG4_CD	Where applicable	
DIAG5_CD	Where applicable	
DIAG6_CD	Where applicable	
DIAG7_CD	Where applicable	
DIAG8_CD	Where applicable	
DIAG9_CD	Where applicable	
SURGICAL_PROC_CD_1	Where applicable	
SURGICAL_PROC_CD_2	Where applicable	
SURGICAL_PROC_CD_3	Where applicable	
SURGICAL_PROC_CD_4	Where applicable	
SURGICAL_PROC_CD_5	Where applicable	
SURGICAL_PROC_CD_6	Where applicable	
SVC_START_DT	CRITICAL -.01% error threshold	
SVC_END_DT	CRITICAL -.01% error threshold	
BILLING_PROVIDER_ID	CRITICAL -.01% error threshold	(linked to provider file)
BILLING_PROVIDER_NPI	CRITICAL - 3% threshold	The 3% threshold only applies to encounters/claims with service date after 2011.
BILLING_PROVIDER_TAXONOMY	CRITICAL - 5% threshold	
PERFORMING_PROVIDER_ID	CRITICAL -.01% error threshold	Attending for Inpatient Claims.
PERFORMING_PROVIDER_NPI	CRITICAL - 3% threshold	The new threshold only applies to encounters/claims with service date after 2011.
PERFORMING_PROVIDER_TAXONOMY	CRITICAL - 5% threshold	
DISCHARGE_REASON_CD	INFORMATIONAL	
BILLED_UNITS	CRITICAL - 5% threshold	

Encounter

Variable Names	FILL RATE and VALID CODES	NOTES
RECIPIENT ID	CRITICAL -1% error threshold	Each line item is required to have at least a RECIPIENT ID or a KIDCARE ID .
HEADER_LEVEL_STATUS_CODE	CRITICAL -.01% error threshold	
DETAIL_LEVEL_STATUS_CODE	CRITICAL -.01% error threshold	
ADMIT_TYPE_CD	INFORMATIONAL	
ADMIT_DIAG_CD	Where applicable	
ADMISSION_DATE	CRITICAL -.01% error threshold	Inpatient Only
DISCHARGE_DATE	CRITICAL -.01% error threshold	Inpatient Only. Required unless discharge status = '30' (still a patient)
ADMISSION_SOURCE	INFORMATIONAL	
DISCHARGE_STATUS_CODE	CRITICAL -.01% error threshold	
OCCURRENCE_SPAN_CODE_1	INFORMATIONAL	
OCCURRENCE_SPAN_CODE_2	INFORMATIONAL	
OCCURRENCE_SPAN_CODE_3	INFORMATIONAL	
PLAN_ADJUDICATE_DT	INFORMATIONAL	
PAID_DT	Critical - 100% filled	
CATEGORY_OF_SERVICE	INFORMATIONAL	
EOB_CD	INFORMATIONAL	
TYPE_BILL_CD	CRITICAL -.01% error threshold	
DETAIL_BILLED_AMT	INFORMATIONAL	
DETAIL_ALLOWED_AMT	INFORMATIONAL	
DETAIL_PAYMENT_AMT	CRITICAL -.01% error threshold	
KIDCARE_ID	CRITICAL-1% error threshold	Each line item is required to have either a RECIPIENT ID or a KIDCARE ID . Having both filled is ideal.
MEDICAL_INSURANCE_ID	CRITICAL-1% error threshold	
FINANCIAL_ARRANGEMNET_CODE	CRITICAL-1% error threshold	
DIAGNOSIS_CODE1_POA	CRITICAL for non-exempt codes. 5% error threshold.	Inpatient Only
DIAGNOSIS_CODE2_POA	CRITICAL for non-exempt codes. 5% error threshold.	Inpatient Only
DIAGNOSIS_CODE3_POA	CRITICAL for non-exempt codes. 5% error threshold.	Inpatient Only
DIAGNOSIS_CODE4_POA	CRITICAL for non-exempt codes. 5% error threshold.	Inpatient Only
DIAGNOSIS_CODE5_POA	CRITICAL for non-exempt codes. 5% error threshold.	Inpatient Only
DIAGNOSIS_CODE6_POA	CRITICAL for non-exempt codes. 5% error threshold.	Inpatient Only
DIAGNOSIS_CODE7_POA	CRITICAL for non-exempt codes. 5% error threshold.	Inpatient Only
DIAGNOSIS_CODE8_POA	CRITICAL for non-exempt codes. 5% error threshold.	Inpatient Only
DIAGNOSIS_CODE9_POA	CRITICAL for non-exempt codes. 5% error threshold.	Inpatient Only

Pharmacy

Variable Names	FILL RATE and VALID CODES	NOTES
Claim Number	CRITICAL -.01% error threshold	
Claim Status	CRITICAL -.01% error threshold	
Recipient ID	CRITICAL -1% error threshold	All numeric , match to eligibililty) . All zeros and 9's are invalid.Each line item is required to have at least a RECIPIENT ID or a KIDCARE ID .
Patient Last Name	INFORMATIONAL	
Patient First Name	INFORMATIONAL	
Date of Birth	INFORMATIONAL	
Sex Code	INFORMATIONAL	
Client_ Category (Eligibility Category)	Where applicable	
Plan ID	CRITICAL -.01% error threshold	
Pharmacy Number	CRITICAL -.01% error threshold	
Pharmacy Name	INFORMATIONAL	
Pharmacy Street Address	INFORMATIONAL	
Pharmacy City	INFORMATIONAL	
Pharmacy State	INFORMATIONAL	
Pharmacy Zip	INFORMATIONAL	
Prescriber Number	INFORMATIONAL	
Prescriber NPI	INFORMATIONAL	
Prescriber Last Name	INFORMATIONAL	
Prescriber First Name	INFORMATIONAL	
RX Fill Date	CRITICAL -.01% error threshold	
Authorize Refill	Where applicable	
NDC Number	CRITICAL -.01% error threshold	
Label Name	INFORMATIONAL	
Source Type	Where applicable	
DEA Code	Where applicable	
Legend Indicator	Where applicable	
RX Days Supply	Where applicable	
RX Quantity	CRITICAL -.01% error threshold	
Unit Type	CRITICAL -.01% error threshold	
RX Submit Amount	INFORMATIONAL	
Amount Paid	CRITICAL -.01% error threshold	
Patient Amount Due	INFORMATIONAL	
Drug Cost	INFORMATIONAL	
Recipient Location	Where applicable	
Therapeutic Class	INFORMATIONAL	
Paid date	CRITICAL -.01% error threshold	
KIDCARE_ID	CRITICAL -1% error threshold	Each line item is required to have at least a RECIPIENT ID or a KIDCARE ID .
MEDICAL_INSURANCE_ID DENTAL_INSURANCE_ID	CRITICAL-1% error threshold	Should have either medical or dental insurance id

Provider

Variable Names	FILL RATE and VALID CODES	NOTES
Transaction Type	CRITICAL -.01% error threshold	
Period - current month	INFORMATIONAL	
Plan ID	CRITICAL -.01% error threshold	
Provider ID (Provider Number)	CRITICAL -.01% error threshold	Matched to Claims File
NPI number	CRITICAL - 3% threshold	
Taxonomy code	CRITICAL - 5% threshold	
Provider last name	CRITICAL -.01% error threshold	
Provider's first name	CRITICAL -.01% error threshold	
Address attn	Where applicable	
Address line 1	CRITICAL -.01% error threshold	
Address line 2	CRITICAL -.01% error threshold	
Address line 3	CRITICAL -.01% error threshold	
City	CRITICAL -.01% error threshold	
State	CRITICAL -.01% error threshold	
Zip	CRITICAL -.01% error threshold	
Telephone	CRITICAL -.01% error threshold	
Practice type	INFORMATIONAL	
Panel size	INFORMATIONAL	
County code	INFORMATIONAL	
Primary Care Provider	INFORMATIONAL	
Provider's License Number	INFORMATIONAL	
Provider's Tax ID	INFORMATIONAL	
Credentialed	INFORMATIONAL	
Provider Affiliation	INFORMATIONAL	
Group Name	INFORMATIONAL	