

# 5

## ERROR MESSAGES

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## TROUBLESHOOTING

When possible, attempt to determine the nature or source of a particular problem so that you can contact the appropriate person for assistance. It may be helpful to write a detailed description of the problem, regardless of whether you are sending an email or calling for assistance.

Should a problem arise, initially review the troubleshooting information in the following:

- This section, *Error Messages*, of the Hospice Item Set Submission User's Guide for the QIES ASAP System,
- Online Windows or Internet Explorer Help, or
- The software and hardware manuals provided by your vendors.

For hardware/equipment problems you are unable to resolve, contact either the vendor from whom the hardware component was purchased or the manufacturer.

Example(s): The computer will not boot or the modem does not respond.

For software problems, given the variety of software you are using, it may be difficult to determine the source. If you can determine the source, seek assistance as follows:

- For assistance with the QIES ASAP submission system, contact the QTSO Help Desk.

Example: Waited over an hour after selecting the **Upload** button for the message confirming a successful submission.

- If the problem appears to be with Windows or Internet Explorer, contact either the vendor or manufacturer of the software.

Example: An error message appears that doesn't have any corresponding explanation in the manual or guide for the QIES ASAP system or your vendor encoding software.

- If the problem appears to be with the Hospice Item Set encoding software, contact your software vendor.

Example: File submission is repeatedly rejected.

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## **SUBMISSION ERROR MESSAGES FOR HOSPICE ITEM SET DATA**

During the file submission process, the online QIES ASAP File Submission system displays a limited number of error messages. QIES ASAP File Submission system online errors are detailed in Section 3, *Functionality*, of the Hospice Item Set Submission User's Guide.

Additionally, you may experience error messages, warnings, or failures from other software or hardware components used in association with the QIES ASAP system. For those situations refer to the appropriate vendor-provided manuals.

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## **FILE PROCESSING ERROR MESSAGES FOR HOSPICE ITEM SET DATA**

Within 24 hours of the successful submission of a file, the QIES ASAP system processes the file and automatically produces a Hospice Final Validation Report detailing the errors, if any, that were encountered in the submitted records. This Hospice Final Validation Report is available to you in the CASPER Reporting application.

Processing errors range in severity from ones that render the file unable to be processed, to ones that prevent a specific record from being processed, to others that are simply warnings or informational. For example, the processing of a file or record ceases immediately if any of the following errors are encountered:

- Invalid Zip file format
- Empty Zip file
- Invalid XML file format
- Provider authorization conflicts (user doesn't have authority to submit for provider in record; Facility ID is null or an invalid value)
- Missing or invalid Type of Record
- Missing or invalid State Code
- Missing or invalid Item Subset Code
- Missing or invalid date (Admission or Discharge) used to determine the target date for the record.
- Duplicate record
- No matching record – If the system cannot locate the active record to be corrected or inactivated, an error occurs indicating that the correction or inactivation record does not match any record on the QIES ASAP National Submissions Database.
- Record submitted with a target date prior to the implementation date (07/01/2014) of Hospice Item Set processing by the QIES ASAP system.

- Submitted correction or inactivation record whose correction number is not the next incremented number from the current record in the QIES ASAP National Submissions Database.

Many other conditions exist that prevent a record from being considered a successful submission. The Hospice Final Validation Report identifies the errors, whether fatal or simply warning, that were encountered in the submitted records. Each error is noted on the report by its numeric identifier and severity (FATAL or WARNING). The report also includes a brief description of the error and notes the submitted item values that triggered the error.

**NOTE:** Corporate users and third-party vendors submitting files for multiple providers can expect one Hospice Final Validation Report for each provider for which records were submitted in a file.

Certain severe errors in the submitted file or one of its records prevent the system from creating and placing the automatically-generated Hospice Final Validation Report in the provider's Validation Report (VR) folder. You may review these errors by requesting the Hospice Submitter Final Validation Report in the CASPER Reporting application.

**NOTE:** The Hospice Submitter Final Validation Report must be requested by the person (User ID) who submitted the file.

All fatal errors in a file or record must be corrected and the file or record resubmitted.

The remainder of this section of the guide lists the errors/warnings in order by identifier, providing a description of the error condition and guidance for correcting the error, if necessary.

Error ID	Sev	Error Message	Error Description
-901	Fatal	Invalid Zip File: Unable to process the submitted file.	<p><b>Potential Causes:</b></p> <ul style="list-style-type: none"> <li>• The submitted file is not formatted properly. The contents of the file could not be extracted.</li> <li>• The submitted file is not a .zip file.</li> <li>• The submitted .zip file is not compressed.</li> <li>• The submitted file is a .zipx file.</li> <li>• The submitted file is empty.</li> <li>• The submitted file is encrypted.</li> </ul> <p><b>Tips:</b>  The submitted file must be a properly formatted .zip file. No other compression format, such as .zipx, is valid.  The .zip file should not contain subfolders.  The name of the .zip file must not exceed 260 characters, including the extension (.zip).  The name of each XML file included in the .zip file must not exceed 200 characters, including the extension.  The name of an XML file must not include special characters.</p> <p><b>Action:</b>  Contact your software vendor.  Refer your vendor to the data specifications for file submission requirements.  Recreate and/or rename the .zip file and resubmit.</p>
-902	Fatal	Invalid XML File: The submitted file does not have a valid XML file name extension.	<p><b>Cause:</b>  Each Hospice Item Set record submitted to the QIES ASAP system must be a properly-formatted XML file.</p> <p><b>Tips:</b>  The name of an XML file must not exceed 200 characters, including the extension (.xml).  The name of an XML file must not include special characters.</p> <p><b>Action:</b>  Contact your software vendor.  Refer your vendor to the data specifications for file submission requirements.  Recreate and/or rename the .xml file and resubmit.</p>

Error ID	Sev	Error Message	Error Description
-903	Fatal	Required Item Missing or Invalid: Based on the Hospice Item Set Data Specifications in effect on the target date of this record, this item is required.	<p><b>Potential Causes:</b></p> <ul style="list-style-type: none"> <li>• A valid value was not submitted for this item. Based upon the Hospice Item Set Data Specifications in effect for this record, this item is required.</li> <li>• The length of the value submitted for this item exceeds the maximum length allowed.</li> </ul> <p><b>Definition:</b>  <u>Target Date</u> – The target date identifies when the data collection event occurred. Based upon the value of A0250 (Reason for Record), the target date is defined as follows: <ul style="list-style-type: none"> <li>o A0220 (Admission Date) when A0250 is 01</li> <li>o A0270 (Discharge Date) when A0250 is 09</li> </ul> </p> <p><b>Action:</b>  Make appropriate corrections to the record and resubmit.</p>
-904	Fatal	Invalid XML File Format: The submitted file is not structured properly or contains tags longer than 30 characters and cannot be processed.	<p><b>Cause:</b>  The submitted record is not a properly structured XML file and cannot be processed.</p> <p><b>Tips:</b>  Beginning and ending tags must enclose the entire record.  Beginning and ending tags must enclose each item of the record.  Tags must not exceed 30 characters.</p> <p><b>Action:</b>  Contact your software vendor.  Make appropriate corrections to the record and resubmit.</p>

Error ID	Sev	Error Message	Error Description
-905	Fatal	Invalid Target Date: Unable to calculate the target date due to missing or invalid required field.	<p><b>Cause:</b> The QIES ASAP System is unable to calculate the target date of this record because the value submitted in Admission Date (A0220) or Discharge Date (A0270) is missing or invalid.</p> <p><b>Definition:</b> <u>Target Date</u> – The target date identifies when the data collection event occurred. Based upon the value of A0250 (Reason for Record), the target date is defined as follows:</p> <ul style="list-style-type: none"> <li>o A0220 (Admission Date) when A0250 is 01</li> <li>o A0270 (Discharge Date) when A0250 is 09</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-907	Fatal	Duplicate Record: The submitted record is a duplicate of a previously accepted record.	<p><b>Cause:</b> The submitted record is a duplicate of a previously submitted and accepted record for this patient.</p> <p><b>Tip:</b> Duplicate records match on the following items:</p> <ul style="list-style-type: none"> <li>o Admission Date (A0220)</li> <li>o Reason for Record (A0250)</li> <li>o Discharge Date (A0270)</li> <li>o First name (A0500A)</li> <li>o Last name (A0500C)</li> <li>o Social Security Number (A0600A)</li> <li>o Gender (A0800)</li> <li>o Birth Date (A0900)</li> </ul> <p>DO NOT resubmit an original after a modification. If the modification was in error, you must submit another modification to correct the error.</p> <p><b>Action:</b> Determine why this record was submitted multiple times. DO NOT resubmit this record as it is already in the database.</p>

Error ID	Sev	Error Message	Error Description
-908	Fatal	Invalid Submission: The date listed must not be prior to the Hospice ASAP system implementation date of 07/01/2014.	<p><b>Cause:</b> The submitted Admission Date (A0220) and/or Discharge Date (A0270), of this record precedes 07/01/2014, the implementation date of the Hospice ASAP system.</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. If the dates in the record are prior to 07/01/2014, do not submit the record. Refer to the current data specifications to identify the acceptable values for this item.</p>
-909	Warn	Inconsistent Record Sequence: Under CMS sequencing guidelines, this type of record does not logically follow the type of record received prior to this one.	<p><b>Cause:</b> The submitted record does not satisfy CMS sequencing guidelines when compared to the record that was submitted to the Hospice ASAP System prior to this one for this patient.</p> <ul style="list-style-type: none"> <li>o The Reason for Record (A0250) indicates that this record was submitted out of order. The record that should have preceded this record may not have been submitted successfully.</li> <li>o The patient's identifying information in this record may differ from the patient-identifying information submitted for this patient in a prior record. The current and prior Hospice Item Set records may have matched to different patient records causing what appears to be a failure in the sequencing order.</li> </ul> <p><b>Tips:</b> If the prior record is an Admission, the next record cannot be an Admission, but can be a Discharge. If the prior record is a Discharge or there is no prior record, the next record can be an Admission.</p> <p><b>Action:</b> There are a limited number of exceptions to the sequencing guidelines. If you are certain this record is correct due to an exception, no action is necessary. If this message occurred because a record was completed and not submitted, submit the missing record now.</p>
-914	Fatal	Invalid Format: The value submitted for this item contains one or more non-printable or control characters.	<p><b>Cause:</b> The value submitted for this item is invalid; it cannot contain non-printable or control characters.</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit.</p>



Error ID	Sev	Error Message	Error Description
-915	Warn	<p>Patient Information Mismatch: Submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. If the record was accepted, the patient information in the database was updated. Verify that the new information is correct.</p>	<p><b>Cause:</b> Based on resident (patient) matching criteria, patient information in this record, though not identical, is similar enough to patient information in the QIES ASAP System that a match was identified. If the submitted record was accepted, one or more fields in the QIES ASAP System were updated with the new or previously missing information.</p> <p><b>Example:</b> The patient's first name was spelled differently, the birth date was entered incorrectly, or the provider is now submitting information that was previously unknown (such as the Medicare or Medicaid number).</p> <p><b>Definition:</b> <u>Resident (patient) matching criteria:</u> Criteria used to match key patient-identifying information in a record with an existing patient known to the QIES ASAP System.</p> <p><b>Tip:</b> The Resident Match process may update the following patient information:</p> <ul style="list-style-type: none"> <li>o last name</li> <li>o first name</li> <li>o middle initial</li> <li>o birth date</li> <li>o death date</li> <li>o social security number</li> <li>o Medicare number</li> <li>o Medicaid number</li> <li>o gender</li> <li>o race/ethnicity</li> <li>o facility ID</li> </ul> <p><b>Action:</b> Verify the old and new information. If the new information is correct, no action is required. If the new information is not correct, make appropriate modifications to the record and resubmit.</p>

Error ID	Sev	Error Message	Error Description
-916	Fatal	Multiple Matches Found: The submitted record matches multiple records in the database. Please contact the QTSO Help Desk.	<p><b>Cause:</b> The submitted record matches multiple records in the QIES ASAP database.</p> <p><b>Action:</b> Contact the QTSO Help Desk for assistance. DO NOT resubmit this record as it is already in the database.</p>
-920	Fatal	Invalid Submission: The target date (A0220 or A0270) of this record is after the provider's closed date.	<p><b>Cause:</b> The target date value submitted in this record is after the provider's closed date.</p> <p><b>Definition:</b> <u>Target Date</u> – The target date identifies when the data collection event occurred. Based upon the value of A0250 (Reason for Record), the target date is defined as follows:</p> <ul style="list-style-type: none"> <li>o A0220 (Admission Date) when A0250 is 01</li> <li>o A0270 (Discharge Date) when A0250 is 09</li> </ul> <p><b>Action:</b> Verify the target date for this record. If submitted incorrectly, make appropriate corrections to the record and resubmit. Otherwise, no action is necessary. You cannot submit this record.</p>
-921	Fatal	Invalid Submission: The target date (A0220 or A0270) of this record is more than 24 months prior to the submission date.	<p><b>Cause:</b> The target date value submitted in this record is more than 24 months prior to the date the record was submitted.</p> <p><b>Definition:</b> <u>Target Date</u> – The target date identifies when the data collection event occurred. Based upon the value of A0250 (Reason for Record), the target date is defined as follows:</p> <ul style="list-style-type: none"> <li>o A0220 (Admission Date) when A0250 is 01</li> <li>o A0270 (Discharge Date) when A0250 is 09</li> </ul> <p><b>Action:</b> Verify the target date for this record. If submitted incorrectly, make appropriate corrections to the record and resubmit. Otherwise, no action is necessary. You cannot submit this record.</p>
-922	Fatal	Invalid Submission: This record was submitted more than 24 months after the provider's closed date.	<p><b>Cause:</b> The submission date of this record is more than 24 months after the date the provider closed.</p> <p><b>Action:</b> No action is necessary. If you believe this error is invalid, contact the QTSO Help Desk.</p>

Error ID	Sev	Error Message	Error Description
-923	Fatal	Invalid Target Date: The calculated target date is greater than the submission date.	<p><b>Cause:</b> The target date of this record is invalid; it is later than the submission date.</p> <p><b>Definition:</b> <u>Target Date</u> – The target date identifies when the data collection event occurred. Based upon the value of A0250 (Reason for Record), the target date is defined as follows:</p> <ul style="list-style-type: none"> <li>o A0220 (Admission Date) when A0250 is 01</li> <li>o A0270 (Discharge Date) when A0250 is 09</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3001	Fatal	Incorrect Format: If the submitted value is not equal to an allowable special character, then the length must match exactly the maximum length specified for the item.	<p><b>Cause:</b> The submitted value for this item is incorrect.</p> <ul style="list-style-type: none"> <li>• If the value submitted for this item is not one of the allowable special characters, the length must match exactly the maximum length specified for the item in the Hospice Item Set Data Specifications.</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3002	Fatal	Incorrect Format: If the value is not equal to blank (^), the first three characters must not equal 000.	<p><b>Cause:</b> The submitted SSN is invalid.</p> <ul style="list-style-type: none"> <li>• IF A0600A (Social Security Number) is not blank (^), THEN the first three characters must not be 000.</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>

Error ID	Sev	Error Message	Error Description
-3003	Fatal	Incorrect Format: Social Security Number must not equal any of the following: 111111111, 333333333, 123456789, or 999999999.	<p><b>Cause:</b> The submitted SSN is invalid.</p> <ul style="list-style-type: none"> <li>• IF A0600A (Social Security Number) is not blank (^), THEN it must not be 111111111, 333333333, 123456789, or 999999999.</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3005	Fatal	Incorrect Format: If the first character is numeric (0-9), then the first 9 characters must be numeric (0-9).	<p><b>Cause:</b> The submitted Medicare or Railroad Insurance Number is invalid.</p> <ul style="list-style-type: none"> <li>• IF the first character of A0600B (Medicare or Railroad Insurance Number) is numeric, THEN all 9 characters must be numeric.</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3006	Fatal	Incorrect Format: If the first character is alphabetic, then there must be 1, 2, or 3 alphabetic characters followed by 6 or 9 numbers, up to the length of the item.	<p><b>Cause:</b> The submitted Medicare/ Railroad Insurance Number is invalid.</p> <ul style="list-style-type: none"> <li>• IF the first character of A0600B (Medicare/railroad insurance number) is alphabetic, THEN there must be 1, 2, or 3 alphabetic characters and the remainder of the characters in the item must be numeric.</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3008	Fatal	Invalid Date: A0900 (Birth Date) cannot be more than 140 years earlier than the current date.	<p><b>Cause:</b> The submitted birth date is invalid.</p> <ul style="list-style-type: none"> <li>• A0900 (Birth Date) must not be more than 140 years earlier than the submission date.</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>

Error ID	Sev	Error Message	Error Description
-3009	Fatal	Invalid Value: The value submitted for this item is not an acceptable value.	<p><b>Cause:</b> The submitted value is not one of the options allowed for this item.</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3010	Fatal	Invalid Date: This item must contain a valid date in YYYYMMDD format or an allowable special character.	<p><b>Cause:</b> The date submitted in this item is invalid or formatted improperly.</p> <ul style="list-style-type: none"> <li>• A date must be submitted in YYYYMMDD format or must contain the appropriate allowable special character.</li> </ul> <p><b>Tip:</b> The invalid date is displayed on the Final Validation Report in the exact format that it was submitted.</p> <p><b>Action:</b> Contact the vendor of your encoding software if the date format is incorrect. Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3011	Fatal	Invalid Birth Date: Birth Date must contain a valid date in YYYYMMDD, YYYYMM, or YYYY format or an allowable special character.	<p><b>Cause:</b> The birth date submitted in this item is invalid or formatted improperly.</p> <ul style="list-style-type: none"> <li>• A0900 (Birth Date) must be submitted in YYYYMMDD, YYYYMM, or YYYY format or as one of the allowable special values.</li> </ul> <p><b>Tip:</b> The invalid date is displayed on the Final Validation Report in the exact format that it was submitted.</p> <p><b>Action:</b> Contact the vendor of your encoding software to correct the formatting of dates. Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>

Error ID	Sev	Error Message	Error Description
-3012	Fatal	Invalid Value: Only numeric values that fall within the range of acceptable values and specified special characters are valid for this item.	<p><b>Cause:</b> The value submitted for this item is invalid; it is not one of the numeric values or special characters allowed.</p> <p><b>Tips:</b> The submitted value must be greater than or equal to the minimum value allowed and less than or equal to the maximum value allowed. The length of the submitted value must not exceed the allowed maximum length for the item. Signed numbers (with a leading plus or minus sign) are not allowed.</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3013	Fatal	Invalid Numeric Format: Only whole numbers and specified special characters are valid for this item.	<p><b>Cause:</b> The value submitted for this item is invalid; it is not one of the numeric values or special characters allowed. Numbers with a decimal point and one or more decimal places are not allowed for this item.</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3015	Fatal	Invalid Format: Only numeric characters 0-9 and specified special characters are valid for this item. No spaces are allowed.	<p><b>Cause:</b> The value submitted for this item is invalid.</p> <ul style="list-style-type: none"> <li>• A0100A (NPI), A0550 (Patient ZIP Code), A0600A (Social Security Number), and Software Vendor ID (SFTWR_VNDR_ID) may only contain numeric characters or be blank (^).</li> <li>• No spaces are allowed in this item.</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>

Error ID	Sev	Error Message	Error Description
-3016	Fatal	Invalid Format: Only numeric characters 0-9, letters A-Z, letters a-z, and specified special characters are valid for this item. No spaces are allowed.	<p><b>Cause:</b> The value submitted for this item is invalid.</p> <ul style="list-style-type: none"> <li>• This item may only contain alphanumeric characters or the special character(s) identified in the data specifications for the item.</li> <li>• No spaces are allowed in this item.</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3017	Fatal	Invalid Format: Only numeric characters 0-9, letters A-Z, letters a-z, dash (-), at sign (@), single quote ('), forward slash (/), plus sign (+), comma (,), period (.), underscore (_), and embedded spaces are valid for this item.	<p><b>Cause:</b> The value submitted for this item is invalid.</p> <ul style="list-style-type: none"> <li>• This item may only contain alphanumeric characters, a dash (-), at sign (@), single quote ('), forward slash (/), plus sign (+), comma (,), period (.), underscore (_), or the special character(s) identified in the data specifications for the item.</li> <li>• Embedded spaces are allowed.</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3018	Fatal	Invalid Value: Only numeric characters 0-9, letters A-Z, letters a-z, at sign (@), single quote ('), forward slash (/), plus sign (+), comma (,), period (.), and underscore (_) are valid for this item.	<p><b>Cause:</b> The value submitted for this item is invalid.</p> <ul style="list-style-type: none"> <li>• This item may only contain alphanumeric characters, at sign (@), single quote ('), forward slash (/), plus sign (+), comma (,), period (.), underscore (_), or the special character(s) identified in the data specifications for the item.</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>

Error ID	Sev	Error Message	Error Description
-3019	Fatal	Invalid E-Mail Address: The submitted e-mail address contains invalid characters.	<p><b>Cause:</b> The value submitted for this item is invalid.</p> <ul style="list-style-type: none"> <li>• An e-mail address may not contain the following characters: single quote (')</li> <li>double-quote ("</li> <li>comma (,)</li> <li>semi-colon (;)</li> <li>colon (:)</li> <li>back slash (\)</li> <li>right and left parentheses (( and ))</li> <li>right and left brackets ([ and ])</li> <li>right and left braces ({ and })</li> <li>less than (&lt;)</li> <li>greater than (&gt;)</li> <li>space ( )</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3020a	Fatal	Invalid FAC_ID: The FAC_ID submitted in this file does not match a FAC_ID in the state submitted in the STATE_CD item in the QIES ASAP System.	<p><b>Cause:</b> The FAC_ID (Facility ID) in the submitted record is not associated with a valid provider in the QIES ASAP system for the state identified in the STATE_CD (State Code) item.</p> <ul style="list-style-type: none"> <li>• The FAC_ID is assigned to a provider upon registration.</li> <li>• The value of the submitted FAC_ID must match the FAC_ID in the QIES ASAP system for the provider.</li> <li>• The value of the submitted FAC_ID must be associated with the submitted STATE_CD.</li> </ul> <p><b>Action:</b> Ensure that the FAC_ID and STATE_CD values are correct. Make appropriate corrections to the record and resubmit.</p>



Error ID	Sev	Error Message	Error Description
-3020b	Fatal	Unauthorized Submitter: The submitter's User ID is not authorized to submit data on behalf of the provider identified by the FAC_ID and STATE_CD items.	<p><b>Cause:</b> The submitter's User ID does not have authority to submit for the provider identified by the FAC_ID (Facility ID) and STATE_CD (State Code) submitted in this record.</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Contact the QTSO Help Desk for additional assistance.</p>
-3021	Warn	Incorrect CCN: A0100B does not match the CMS Certification Number (CCN) in the QIES ASAP System database for the provider identified by the FAC_ID in the file.	<p><b>Cause:</b> The CMS Certification Number in this record differs from the CCN that is in the QIES ASAP System database for this provider. The value submitted in A0100B (CMS Certification Number (CCN)) does not match the CCN on file in the QIES ASAP System for the provider identified by the FAC_ID (Facility ID) in this record.</p> <p><b>Examples:</b> The CCN was entered incorrectly into item A0100B either manually or by the encoding software that created the submission file. The provider's CCN was changed by CMS, but you are still submitting with a user ID associated with the old CCN. Despite the CCN submitted in item A0100B, if you submit with your old user ID, you are still submitting for your old CCN.</p> <p><b>Action:</b> Contact your Regional Office to identify the correct CCN for your provider. Verify that the CCN in the encoding software is correct. If the provider's CCN changed, register for a new user ID for the new CCN. If you need additional assistance, contact the QTSO Help Desk.</p>
-3022	Fatal	Required Field: This is a required text item. A valid non-blank value must be submitted.	<p><b>Cause:</b> The value submitted for this item is blank. A valid, non-blank value must be submitted.</p> <p><b>Action:</b> Contact your software vendor. Refer your vendor to the data specifications for file submission requirements. Make appropriate corrections to the record and resubmit.</p>

Error ID	Sev	Error Message	Error Description
-3023	Fatal	No Match Found: This modification/inactivation record does not match a previously accepted record in the QIES ASAP System. One or more of the items submitted for this record did not match the corresponding items of an existing record in the database.	<p><b>Cause:</b> One or more values submitted in this modification or inactivation record do not match the values submitted in a previously accepted record in the QIES ASAP System.</p> <ul style="list-style-type: none"> <li>• To identify the record requiring modification or inactivation, the following items must match the corresponding items of a previously accepted record: <ul style="list-style-type: none"> <li>o A0220 (Admission Date)</li> <li>o A0250 (Reason for Record)</li> <li>o A0270 (Discharge Date)</li> <li>o A0500A (First name)</li> <li>o A0500C (Last name)</li> <li>o A0600A (Social Security Number)</li> <li>o A0800 (Gender)</li> <li>o A0900 (Birth Date)</li> </ul> </li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3024	Fatal	Inconsistent A Items: If any item A1000A through A1000F is equal to dash (-), then all items from A1000A through A1000F must equal dash (-).	<p><b>Cause:</b> The values submitted in these items are not consistent.</p> <ul style="list-style-type: none"> <li>• IF any item A1000A through A1000F is a dash (-), THEN all items A1000A through A1000F must be a dash (-).</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>

Error ID	Sev	Error Message	Error Description
-3025	Fatal	Inconsistent Correction Number: The Correction Number submitted is not incremented by one (1) from the previously submitted Correction Number for this record.	<p><b>Cause:</b> The Correction Number value submitted is inconsistent with the value of the Correction Number submitted in the previous record. The value of the Correction Number in this record must be the value of the Correction Number submitted in the previous, if any, record plus 1.</p> <p>For the first record that is submitted to correct or inactivate an existing record, the value of the Correction Number must be 01. If that correction/inactivation record is accepted and if a subsequent correction/inactivation is required, the value of the Correction Number in the second correction record must be 02, and so on.</p> <ul style="list-style-type: none"> <li>• The value of the Correction Number minus 1 must equal the value of the Correction Number that was previously submitted successfully for this record.</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3026	Fatal	Text Too Long: The length of the text submitted for this item exceeds the maximum length allowed.	<p><b>Cause:</b> The text submitted exceeds the maximum length allowed for this item.</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3027a	Fatal	Inconsistent Software Information: If SFTWR_PROD_NAME is equal to blank (^), then SFTWR_PROD_VRSN_CD must equal blank (^).	<p><b>Cause:</b> The SFTWR_PROD_VRSN_CD (Software Product Version Code) value submitted is not consistent with the SFTWR_PROD_NAME (Software Product Name) value submitted.</p> <ul style="list-style-type: none"> <li>• IF SFTWR_PROD_NAME is blank (^), THEN SFTWR_PROD_VRSN_CD must be blank (^).</li> <li>• IF SFTWR_PROD_NAME is not blank (^), THEN SFTWR_PROD_VRSN_CD must not be blank (^).</li> </ul> <p><b>Action:</b> Verify that the software information in the encoding software is correct. Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>

Error ID	Sev	Error Message	Error Description
-3027b	Fatal	Inconsistent Software Vendor Information: If SFTWR_PROD_NAME is not equal to blank (^), then SFTWR_PROD_VRSN_CD must not equal blank (^).	See error number -3027a
-3028	Fatal	Invalid ISC: The submitted ISC (item subset code) does not match the ISC calculated by the QIES ASAP System.	<p><b>Cause:</b> The submitted Item Subset Code (ISC) does not match the ISC calculated by the QIES ASAP System.</p> <p><b>Tip:</b> The values of the following items determine which subset of items (ISC) is appropriate for this record:</p> <ul style="list-style-type: none"> <li>o A0050 (Type of Record)</li> <li>o A0250 (Reason for Record).</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3029	Fatal	Invalid Format: Only numeric characters 0-9, letters A-Z, letters a-z, dash (-), ampersand (&), at sign (@), single quote ('), forward slash (/), plus sign (+), comma (,), period (.), underscore (_), and embedded spaces are valid for this item.	<p><b>Cause:</b> The value submitted for this item is invalid.</p> <ul style="list-style-type: none"> <li>• This item may only contain alphanumeric characters, a dash (-), at sign (@), ampersand (&amp;), single quote ('), forward slash (/), plus sign (+), comma (,), period (.), underscore (_), or the special character(s) identified in the data specifications for the item.</li> <li>• Embedded spaces are allowed.</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>

Error ID	Sev	Error Message	Error Description
-3032a	Fatal	Inconsistent Dates: The dates listed are inconsistent.	<p><b>Cause:</b> The submitted dates are out of order or in the future.</p> <ul style="list-style-type: none"> <li>• The following dates must occur chronologically as follows: <ul style="list-style-type: none"> <li>o A0900 (Birth Date) must precede or be the same as A0220 (Admission Date)</li> <li>o A0220 must precede or be the same as A0245 (Date Initial Nursing Assessment Initiated)</li> <li>o A0245 must precede or be the same as A0270 (Discharge Date)</li> <li>o A0270 must precede or be the same as Z0500B (Date of Signature Verifying Record Completion)</li> <li>o Z0500B must precede or be the same as the submission date</li> </ul> </li> <li>• The following dates must follow or be the same as A0220 and precede or be the same as Z0500B: <ul style="list-style-type: none"> <li>o J0900B (Date of First Screening for Pain)</li> <li>o J2030B (Date of First Screening for Shortness of Breath)</li> <li>o J2040B (Date Treatment for Shortness of Breath Initiated)</li> <li>o N0500B (Date Scheduled Opioid Initiated or Continued)</li> <li>o N0510B (Date PRN Opioid Initiated or Continued)</li> <li>o N0520B (Date Bowel Regimen Initiated or Continued)</li> </ul> </li> <li>• The following date pairs must occur chronologically as follows: <ul style="list-style-type: none"> <li>o J0900B must precede or be the same as J0910B (Date of Comprehensive Pain Assessment)</li> </ul> </li> <li>• The following dates must precede or be the same as Z0500B: <ul style="list-style-type: none"> <li>o F2000B (Date Asked About CPR Preference)</li> <li>o F2100B (Date Asked About Non-CPR Life-Sustaining Treatments)</li> <li>o F2200B (Date Asked About Hospitalization Preference)</li> <li>o F3000B (Date Asked About Spiritual/Existential Concerns)</li> </ul> </li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3032b	Fatal	Inconsistent Dates: The dates listed are inconsistent.	See error number -3032a
-3032c	Fatal	Inconsistent Dates: The dates listed are inconsistent.	See error number -3032a

Error ID	Sev	Error Message	Error Description
-3033a	Warn	Record Completed Late: If A0250 is equal to 01 (Admission), then Z0500B (Date of Signature Verifying Record Completion) minus A0220 (Admission Date) should be less than or equal to 14 days.	<p><b>Cause:</b> The record was not completed within CMS timing guidelines.</p> <ul style="list-style-type: none"> <li>• For an Admission record (A0250 = 01), the date submitted in item Z0500B (Date of Signature Verifying Record Completion) must not be more than 14 days after the date submitted in item A0220 (Admission Date).</li> <li>• For a Discharge record (A0250 = 09), the date submitted in item Z0500B must not be more than 7 days after the date submitted in item A0270 (Discharge Date).</li> </ul> <p><b>Action:</b> To avoid this warning in the future, review the data collection schedule and verify that all records are completed in a timely manner. No action is required.</p>
-3033b	Warn	Record Completed Late: If A0250 is equal to 09 (Discharge), then Z0500B (Date of Signature Verifying Record Completion) minus A0270 (Discharge Date) should be less than or equal to 7 days.	See error number -3033a
-3034a	Warn	Record Submitted Late: If A0250 is equal to 01 (Admission), then Submission Date minus A0220 (Admission Date) should be less than or equal to 30 days.	<p><b>Cause:</b> The record was not submitted within CMS timing guidelines.</p> <ul style="list-style-type: none"> <li>• For an Admission record (A0250 = 01), the Submission Date must not be more than 30 days after the date submitted in item A0220 (Admission Date).</li> <li>• For a Discharge record (A0250 = 09), the Submission Date must not be more than 30 days after the date submitted in item A0270 (Discharge Date).</li> </ul> <p><b>Action:</b> To avoid this warning in the future, review the data submission schedule and verify that all records are submitted in a timely manner. No action is required.</p>
-3034b	Warn	Record Submitted Late: If A0250 is equal to 09 (Discharge), then Submission Date minus A0270 (Discharge Date) should be less than or equal to 30 days.	See error number -3034a

Error ID	Sev	Error Message	Error Description
-3035a	Fatal	Invalid Skip Pattern: If F2000A is equal to 0, then if F2000B is active it must equal blank (^).	<p><b>Cause:</b> The value submitted in item F2000B (Date Asked About CPR Preference) is not consistent with the value submitted in item F2000A (Was Patient Asked About CPR Preference).</p> <ul style="list-style-type: none"> <li>• IF F2000A is 0, THEN F2000B must be blank (^).</li> <li>• IF F2000A is 1 or 2, THEN F2000B, if active, must not be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. If F2000A is 0, then skip to F2100 (Other Life-Sustaining Treatment Preferences).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3035b	Fatal	Invalid Skip Pattern: If F2000A is equal to 1 or 2, then if F2000B is active it must not equal blank (^).	See error number -3035a
-3036a	Fatal	Invalid Skip Pattern: If F2100A is equal to 0, then if F2100B is active it must equal blank (^).	<p><b>Cause:</b> The value submitted in item F2100B (Date Asked About Non-CPR Life-Sustaining Treatments) is not consistent with the value submitted in item F2100A (Was Patient Asked about Non-CPR Life-Sustaining Treatments).</p> <ul style="list-style-type: none"> <li>• IF F2100A is 0, THEN F2100B must be blank (^).</li> <li>• IF F2100A is 1 or 2, THEN F2100B, if active, must not be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. If F2100A is 0, then skip to F2200 (Hospitalization Preference).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3036b	Fatal	Invalid Skip Pattern: If F2100A is equal to 1 or 2, then if F2100B is active it must not equal blank (^).	See error number -3036a

Error ID	Sev	Error Message	Error Description
-3037a	Fatal	Invalid Skip Pattern: If F2200A is equal to 0, then if F2200B is active it must equal blank (^).	<p><b>Cause:</b> The value submitted in item F2200B (Date Asked About Hospitalization Preference) is not consistent with the value submitted in item F2200A (Was Patient Asked about Hospitalization Preference).</p> <ul style="list-style-type: none"> <li>• IF F2200A is 0, THEN F2200B must be blank (^).</li> <li>• IF F2200A is 1 or 2, THEN F2200B, if active, must not be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. If F2200A is 0, then skip to F3000 (Spiritual/Existential Concerns).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3037b	Fatal	Invalid Skip Pattern: If F2200A is equal to 1 or 2, then if F2200B is active it must not equal blank (^).	See error number -3037a
-3038a	Fatal	Invalid Skip Pattern: If F3000A is equal to 0, then if F3000B is active it must equal blank (^).	<p><b>Cause:</b> The value submitted in item F3000B (Date Asked About Spiritual/Existential Concerns) is not consistent with the value submitted in item F3000A (Was Patient Asked about Spiritual/Existential Concerns).</p> <ul style="list-style-type: none"> <li>• IF F3000A is 0, THEN F3000B must be blank (^).</li> <li>• IF F3000A is 1 or 2, THEN F3000B, if active, must not be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. If F3000A is 0, then skip to I0010 (Principal Diagnosis).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3038b	Fatal	Invalid Skip Pattern: If F3000A is equal to 1 or 2, then if F3000B is active it must not equal blank (^).	See error number -3038a



Error ID	Sev	Error Message	Error Description
-3039	Fatal	Invalid Skip Pattern: If J0900A is equal to 0, then all active items from J0900B through J0910C9 must equal blank (^).	<p><b>Cause:</b> The values submitted in items J0900B through J0910C9 are not consistent with the value submitted in item J0900A (Was Patient Screened for Pain).</p> <ul style="list-style-type: none"> <li>• IF J0900A is 0, THEN all active items from J0900B through J0910C9 must be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. If J0900A is 0, then skip to J2030 (Screening for Shortness of Breath).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3040a	Fatal	Invalid Skip Pattern: If J0910A is equal to 0, then all active items from J0910B through J0910C9 must equal blank (^).	<p><b>Cause:</b> The values submitted in items J0910B through J0910C9 are not consistent with the value submitted in item J0910A (Was Patient Screened for Pain).</p> <ul style="list-style-type: none"> <li>• IF J0910A is 0, THEN all active items from J0910B through J0910C9 must be blank (^).</li> <li>• IF J0910A is 1, THEN all active items from J0910B through J0910C9 must not be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. If J0910A is 0, then skip to J2030 (Screening for Shortness of Breath).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3040b	Fatal	Invalid Skip Pattern: If J0910A is equal to 1, then all active items from J0910B through J0910C9 must not equal blank (^).	See error number -3040a

Error ID	Sev	Error Message	Error Description
-3041a	Fatal	Inconsistent None of the Above Value: If J0910C9 is equal to 0, then at least one item from J0910C1 through J0910C7 must equal 1.	<p><b>Cause:</b> The value submitted in item J0910C9 (Comprehensive Pain Assessment Included: None of the above) is not consistent with one or more values submitted in related items J0910C1 through J0910C7 (Comprehensive Pain Assessment Included).</p> <ul style="list-style-type: none"> <li>• IF J0910C9 is 0, THEN at least one item from J0910C1 through J0910C7 must be 1.</li> <li>• IF J0910C9 is 1, THEN all active items from J0910C1 through J0910C7 must be zero.</li> <li>• IF any item J0910C1 through J0910C9 is a dash (-), then all items from J0910C1 through J0910C9 must be a dash (-).</li> </ul> <p><b>Tip:</b> A checked response displays as a “1” on the validation report. An unchecked response displays as a “0” on the validation report.</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3041b	Fatal	Inconsistent None of the Above Value: If J0910C9 is equal to 1, then all items from J0910C1 through J0910C7 must equal 0.	See error number -3041a
-3041c	Fatal	Inconsistent None of the Above Value: If any item J0910C1 through J0910C9 is equal to dash (-), then all items from J0910C1 through J0910C9 must equal dash (-).	See error number -3041a

Error ID	Sev	Error Message	Error Description
-3042	Fatal	Invalid Skip Pattern: If J0900A is equal to 1, then all active items from J0900B through J0900C must not equal blank (^).	<p><b>Cause:</b> The values submitted in items J0900B through J0900C are not consistent with the value submitted in item J0900A (Was Patient Screened for Pain).</p> <ul style="list-style-type: none"> <li>• IF J0900A is 1, THEN all active items from J0900B through J0900C must not be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. Skip active items J0900B through J0900C only if J0900A is 0.</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3043	Fatal	Invalid Skip Pattern: If J2030A is equal to 0, then all active items from J2030B through J2040C4 must equal blank (^).	<p><b>Cause:</b> The values submitted in items J2030B through J2040C4 are not consistent with the value submitted in item J2030A (Was Patient Screened for Shortness of Breath).</p> <ul style="list-style-type: none"> <li>• IF J2030A is 0, THEN all active items from J2030B through J2040C4 must be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. If J2030A is 0, then skip to N0500 (Scheduled Opioid).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>

Error ID	Sev	Error Message	Error Description
-3044	Fatal	Invalid Skip Pattern: If J2030A is equal to 1, then all active items from J2030B through J2030C must not equal blank (^).	<p><b>Cause:</b> The values submitted in items J2030B through J2030C are not consistent with the value submitted in item J2030A (Was Patient Screened for Shortness of Breath).</p> <ul style="list-style-type: none"> <li>• IF J2030A is 1, THEN all active items from J2030B through J2030C must not be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. Skip active items J2030B through J2030C only if J2030A is 0.</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3045	Fatal	Invalid Skip Pattern: If J2030C is equal to 0, then all active items from J2040A through J2040C4 must equal blank (^).	<p><b>Cause:</b> The values submitted in items J2040A through J2040C4 (Treatment for Shortness of Breath) are not consistent with the value submitted in item J2030C (Did Screening Indicate Shortness of Breath).</p> <ul style="list-style-type: none"> <li>• IF J2030A is 0, THEN all active items from J2040A through J2040C4 must be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. If J2030C is 0, then skip to N0500 (Scheduled Opioid).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3046	Fatal	Invalid Skip Pattern: If J2030C is equal to 1, then if J2040A is active it must not equal blank (^).	<p><b>Cause:</b> The value submitted in item J2040A (Was Treatment for Shortness of Breath Initiated) is not consistent with the value submitted in item J2030C (Did Screening Indicate Shortness of Breath).</p> <ul style="list-style-type: none"> <li>• IF J2030C is 1, THEN item J2040A must not be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. Skip active item J2040A only if J2030C is 0.</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>

Error ID	Sev	Error Message	Error Description
-3047a	Fatal	Invalid Skip Pattern: If J2040A is equal to 0 or 1, then all active items from J2040B through J2040C4 must equal blank (^).	<p><b>Cause:</b> The values submitted in items J2040B through J2040C4 are not consistent with the value submitted in item J2040A (Was Treatment for Shortness of Breath Initiated).</p> <ul style="list-style-type: none"> <li>• IF J2040A is 0 or 1, THEN all active items from J2040B through J2040C4 must be blank (^).</li> <li>• IF J2040A is 2, THEN all active items from J2040B through J2040C4 must not be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. If J2040A is 0 or 1, then skip to N0500 (Scheduled Opioid).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3047b	Fatal	Invalid Skip Pattern: If J2040A is equal to 2, then all active items from J2040B through J2040C4 must not equal blank (^).	See error number -3047a
-3048	Fatal	Inconsistent J Items: If J2040A is equal to 2, then at least one active item from J2040C1 through J2040C4 must equal 1 or dash (-).	<p><b>Cause:</b> The value submitted in J2040A (Was Treatment for Shortness of Breath Initiated) is not consistent with the values submitted in items J2040C1 through J2040C4 (Type(s) of Treatment for Shortness of Breath Initiated).</p> <ul style="list-style-type: none"> <li>• IF J2040A is 2, THEN at least one active item from J2040C1 through J2040C4 must be 1 or a dash (-).</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>

Error ID	Sev	Error Message	Error Description
-3049a	Fatal	Invalid Skip Pattern: If N0500A is equal to 0, then if N0500B is active it must equal blank (^).	<p><b>Cause:</b> The value submitted in item N0500B (Date Scheduled Opioid Initiated or Continued) is not consistent with the value submitted in item N0500A (Was a Scheduled Opioid Initiated or Continued).</p> <ul style="list-style-type: none"> <li>• IF N0500A is 0, THEN N0500B must be blank (^).</li> <li>• IF N0500A is 1, THEN N0500B must not be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. If N0500A is 0, then skip to N0510 (PRN Opioid).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3049b	Fatal	Invalid Skip Pattern: If N0500A is equal to 1, then if N0500B is active it must not equal blank (^).	See error number -3049a
-3050a	Fatal	Invalid Skip Pattern: If N0510A is equal to 0, then if N0510B is active it must equal blank (^).	<p><b>Cause:</b> The value submitted in item N0510B (Date PRN Opioid Initiated or Continued) is not consistent with the value submitted in item N0510A (Was a PRN Opioid Initiated or Continued).</p> <ul style="list-style-type: none"> <li>• IF N0510A is 0, THEN N0510B must be blank (^).</li> <li>• IF N0510A is 1, THEN N0510B must not be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. If N0510A is 0, then skip to N0520 (Bowel Regimen).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3050b	Fatal	Invalid Skip Pattern: If N0510A is equal to 1, then if N0510B is active it must not equal blank (^).	See error number -3050a

Error ID	Sev	Error Message	Error Description
-3051a	Fatal	Invalid Skip Pattern: If N0520A is equal to 0 or 1, then if N0520B is active it must equal blank (^).	<p><b>Cause:</b> The value submitted in item N0520B (Date Bowel Regimen Initiated or Continued) is not consistent with the value submitted in item N0520A (Was a Bowel Regimen Initiated or Continued).</p> <ul style="list-style-type: none"> <li>• IF N0520A is 0 or 1, THEN N0520B must be blank (^).</li> <li>• IF N0520A is 2, THEN N0520B must not be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. If N0520A is 0 or 1, then skip to Z0500 (Signature of Person Completing Record).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3051b	Fatal	Invalid Skip Pattern: If N0520A is equal to 2, then if N0520B is active it must not equal blank (^).	See error number -3051a
-3052	Fatal	Inconsistent Correction Number: If A0050 is equal to 1, then CRCTN_NUM must equal 00.	<p><b>Cause:</b> The value submitted in CRCTN_NUM is not consistent with the value submitted in item A0050 (Type of Record).</p> <ul style="list-style-type: none"> <li>• IF A0050 is 1, THEN CRCTN_NUM must not be 00.</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3053a	Fatal	Inconsistent A Items: If A0050 is equal to 3 (Inactivate existing record) and A0250 is equal to 01 (Admission), then A0270 (Discharge Date) must equal blank (^).	<p><b>Cause:</b> The value submitted in A0270 (Discharge Date) is not consistent with the values submitted in A0050 (Type of Record) and A0250 (Reason for Record).</p> <ul style="list-style-type: none"> <li>• IF A0050 is 3 and A0250 is 01, THEN A0270 must be blank (^).</li> <li>• IF A0050 is 3 and A0250 is 09, THEN A0270 must not be blank (^).</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>

<b>Error ID</b>	<b>Sev</b>	<b>Error Message</b>	<b>Error Description</b>
-3053b	Fatal	Inconsistent A Items: If A0050 is equal to 3 (Inactivate existing record) and A0250 is equal to 09 (Discharge), then A0270 (Discharge Date) must not equal blank (^).	See error number -3053a
-3054	Fatal	Invalid Format: SFTWR_VNDR_ID must contain an Employer ID Number that is 9 digits long.	<p><b>Cause:</b> The submitted SFTWR_VNDR_ID is invalid.</p> <ul style="list-style-type: none"> <li>• SFTWR_VNDR_ID must contain an Employer ID Number that is 9 digits long.</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3055	Warn	Failure to provide information by submitting a dash (-) indicates incomplete record keeping and could impact measure calculation.	<p><b>Cause:</b> The value submitted in this quality measure item is a dash (-) indicating that the item was not assessed or recorded or information was not available. Not assessing a quality measure item may result in a payment reduction for your provider for the affected fiscal year payment determination.</p> <p><b>Action:</b> Refer to the current data specifications to identify the acceptable values for this item. No action is required.</p>
-3058	Fatal	Inconsistent J Items: If any item J2040C1 through J2040C4 is equal to dash (-), then all items from J2040C1 through J2040C4 must equal dash (-).	<p><b>Cause:</b> The values submitted in J2040C1 through J2040C4 are not consistent.</p> <ul style="list-style-type: none"> <li>• IF any item J2040C1 through J2040C4 is a dash (-), THEN all items J2040C1 through J2040C4 must be a dash (-).</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>



Error ID	Sev	Error Message	Error Description
-3059	Fatal	Inconsistent N Items: If N0500A is equal to 1 or N0510A is equal to 1, then if N0520A is active it must not equal blank (^).	<p><b>Cause:</b> The value submitted in N0520A (Was Bowel Regimen Initiated or Continued) is not consistent with the value submitted in N0500A (Was a Scheduled Opioid Initiated or Continued) or N0510A (Was a PRN Opioid Initiated or Continued).</p> <ul style="list-style-type: none"> <li>• IF N0500A is 1 or N0510A is 1, THEN N0520A, if active, must not be blank (^).</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3060	Fatal	Inconsistent N Items: If N0500A is equal to 0 and N0510A is equal to 0, then all active items from N0520A through N0520B must equal blank (^).	<p><b>Cause:</b> The values submitted in N0520A (Was Bowel Regimen Initiated and or Continued) and N0520B (Date Bowel Regimen Initiated or Continued) are not consistent with the values submitted in N0500A (Was a Scheduled Opioid Initiated or Continued) and N0510A (Was a PRN Opioid Initiated or Continued).</p> <ul style="list-style-type: none"> <li>• IF N0500A is 0 and N0510A is 0, THEN N0520A and N0520B, if active, must be blank (^).</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3061	Fatal	Invalid Skip Pattern: If J0900C equals 0, then all active items from J0900D through J0910C9 must equal blank (^).	<p><b>Cause:</b> The values submitted in items J0900D through J0910C9 are not consistent with the value submitted in item J0900C (Patient's pain severity was).</p> <ul style="list-style-type: none"> <li>• IF J0900C is 0, THEN all active items from J0900D through J0910C9 must be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. If J0900C is 0, then skip to J2030 (Screening for Shortness of Breath).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>

Error ID	Sev	Error Message	Error Description
-3062	Fatal	Invalid Skip Pattern: If J0900C equals 1, 2, 3, or 9, then all active items J0900D through J0910A must not equal blank (^).	<p><b>Cause:</b> The values submitted in items J0900D through J0910A are not consistent with the value submitted in item J0900C (Patient's pain severity was).</p> <ul style="list-style-type: none"> <li>• IF J0900C is 1, 2, 3, or 9, THEN all active items from J0900D through J0910A must not be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. If J0900C is 0, then skip to J2030 (Screening for Shortness of Breath).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3063	Warn	Inconsistent Dates: If any of the items F2000B, F2100B, F2200B, or F3000B are active, they should be greater than or equal to A0220 (Admission Date) minus 7 days.	<p><b>Cause:</b> The values submitted in items F2000B (Date Asked About CPR Preference), F2100B (Date Asked About Non-CPR Life-Sustaining Treatments), F2200B (Date Asked About Hospitalization Preference), F3000B (Date Asked About Spiritual/Existential Concerns) and A0220 (Admission Date) are not consistent.</p> <ul style="list-style-type: none"> <li>• F2000B, F2100B, F2200B, and F3000B should precede A0220 by no more than 7 days.</li> </ul> <p><b>Action:</b> Refer to the current data specifications to identify the acceptable values for this item. No action is required.</p>
-3064	Warn	Warning: The value submitted for A0245 should only be a dash (-) when the patient was discharged prior to the start of the initial nursing assessment.	<p><b>Cause:</b> The value submitted in item A0245 (Date Initial Nursing Assessment Initiated) is a dash (-). A dash should be submitted in this item only if the patient was discharged prior to the start of the initial nursing assessment.</p> <p><b>Action:</b> Refer to the current data specifications to identify the acceptable values for this item. No action is required.</p>

Error ID	Sev	Error Message	Error Description
-3065	Warn	Invalid Version Code: The value submitted for this item is not an acceptable value.	<p><b>Cause:</b> The submitted version code is not one of the acceptable values defined for this item.</p> <p><b>Action:</b> Refer to the current data specifications to identify the acceptable values for this item. No action is required.</p>
-3066a	Fatal	Inconsistent J0900 Items: If J0900A is equal to 0, then all active items J0900B through J0900D must equal blank (^).	<p><b>Cause:</b> The value submitted in J0900A (Was Patient Screened for Pain) is not consistent with the values submitted in J0900B (Date of First Screening for Pain), J0900C (Patient's Pain Severity Was), and/or J0900D (Type of Standardized Pain Tool Used).</p> <ul style="list-style-type: none"> <li>• IF J0900A is 0, THEN J0900B through J0900D must be blank (^).</li> <li>• IF J0900A is 1, THEN J0900B through J0900D must not be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. If J0900A is 0, then skip to J0905 (Pain Active Problem).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3066b	Fatal	Inconsistent J0900 Items: If J0900A is equal to 1, then all active items J0900B through J0900D must not equal blank (^).	See error number -3066a

Error ID	Sev	Error Message	Error Description
-3067	Fatal	Invalid Skip Pattern: If J0905 is equal to 0, then all active items from J0910A through J0910C9 must equal blank (^).	<p><b>Cause:</b> The values submitted in Comprehensive Pain Assessment items J0910A through J0910C9 are not consistent with the value submitted in item J0905 (Is pain an active problem for the patient?).</p> <ul style="list-style-type: none"> <li>• IF J0905 is 0, THEN all active items from J0910A through J0910C9 must be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. If J0905 is 0, then skip to J2030 (Screening for Shortness of Breath).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3068	Fatal	Invalid ZIP Code Format: A0550 must be either 5 or 9 bytes in length and not include a dash if a ZIP+4 code is submitted.	<p><b>Cause:</b> The value submitted in item A0550 (Patient ZIP Code) is invalid. A ZIP Code must be either 5 or 9 numeric digits and must not include a dash (-).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit.</p>
-3069	Warn	Inconsistent A1400 Items: If A1400K is equal to 1, then A1400A through A1400D, A1400G through A1400J, A1400X, and A1400Y must equal 0.	<p><b>Cause:</b> The values submitted in Payor Information items A1400A through A1400D, A1400G through A1400J, A1400X, and/or A1400Y are not consistent with the value submitted in item A1400K (No payor source).</p> <ul style="list-style-type: none"> <li>• IF A1400K is 1, THEN all active items from A1400A through A1400D, A1400G through A1400J, A1400X, and A1400Y must be 0.</li> </ul> <p><b>Action:</b> Refer to the current data specifications to identify the acceptable values for this item. No action is required.</p>

Error ID	Sev	Error Message	Error Description
-3070	Fatal	Inconsistent O5000 Items: If O5000 is equal to 0, then all active items O5010A1 through O5020 must not equal blank (^).	<p><b>Cause:</b> The values submitted in the Service Utilization items O5010A1 through O5020 are not consistent with the value submitted in item O5000 (Level of care in final 3 days).</p> <ul style="list-style-type: none"> <li>• IF O5000 is 0, THEN all active items from O5010A1 through O5020 must not be blank (^).</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3071	Fatal	Invalid Skip Pattern: If O5000 is equal to 1, then all active items O5010A1 through O5030F4 must equal blank (^).	<p><b>Cause:</b> The values submitted in the Service Utilization items O5010A1 through O5030F4 are not consistent with the value submitted in item O5000 (Level of care in final 3 days).</p> <ul style="list-style-type: none"> <li>• IF O5000 is 1, THEN all active items from O5010A1 through O5030F4 must be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. If O5000 is 1, then skip to Z0400 (Signature(s) of Person(s) Completing the Record).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>

Error ID	Sev	Error Message	Error Description
-3072	Fatal	Invalid Skip Pattern: If A2115 is equal to 02, 03, 04, 05, or 06, then all active items from O5000 through O5030F4 must equal blank (^).	<p><b>Cause:</b> The values submitted in the Service Utilization items O5000 through O5030F4 are not consistent with the value submitted in item A2115 (Reason for Discharge).</p> <ul style="list-style-type: none"> <li>• IF A2115 is 02, 03, 04, 05, or 06, THEN all active items from O5000 through O5030F4 must be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. If A2115 is 1, then skip Service Utilization items O5000 through O5030F4 and go to Z0400 (Signature(s) of Person(s) Completing the Record).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3073	Fatal	Inconsistent A2115/O5000 Values: If A2115 is equal to 01, then O5000 must not equal blank (^).	<p><b>Cause:</b> The value submitted in item O5000 (Level of care in final 3 days) is not consistent with the value submitted in A2115 (Reason for Discharge).</p> <ul style="list-style-type: none"> <li>• IF A2115 is 01, THEN O5000 must not be blank (^).</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>
-3074a	Fatal	Inconsistent O5020/O5030 Items: If O5020 is equal to 0, then all active items from O5030A1 through O5030F4 must not equal blank (^).	<p><b>Cause:</b> The values submitted in Service Utilization items O5030A1 through O5030F4 are not consistent with the value submitted in O5020 (Level of care in final 7 days).</p> <ul style="list-style-type: none"> <li>• IF O5020 is 0, THEN all active items O5030A1 through O5030F4 must not be blank (^).</li> <li>• IF O5020 is 1, THEN all active items O5030A1 through O5030F4 must not be blank (^).</li> </ul> <p><b>Tip:</b> This is a skip pattern. If O5020 is 1, then skip to Z0400 (Signature(s) of Person(s) Completing the Record).</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>

Error ID	Sev	Error Message	Error Description
-3074b	Fatal	Invalid Skip Pattern: If O5020 is equal to 1, then all active items from O5030A1 through O5030F4 must equal blank (^).	See error number -3074a
-3075	Warn	Inconsistent J0900C/J0900D Values: If J0900C is equal to 1, 2, or 3, then J0900D should not equal dash (-). Since pain was rated mild, moderate, or severe, the type of pain rating tool should be identified. If no tool was used, then J0900D should equal 9.	<p><b>Cause:</b> The value submitted in item J0900D (Type of standardized pain tool used) is not consistent with the value submitted in J0900C (The patient's pain severity was).</p> <ul style="list-style-type: none"> <li>• IF J0900C is 1, 2, or 3, THEN J0900D should not be a dash (-).</li> </ul> <p><b>Tip:</b> Since pain was rated mild, moderate, or severe, the type of pain rating tool should be identified. If no tool was used, then J0900D should equal 9.</p> <p><b>Action:</b> Refer to the current data specifications to identify the acceptable values for this item. No action is required.</p>
-3076	Fatal	Inconsistent J0900C/J0905 Values: If J0900C is equal to 1, 2, or 3, then J0905 must equal 1.	<p><b>Cause:</b> The value submitted in item J0905 (Pain Active Problem) is not consistent with the value submitted in J0900C (The patient's pain severity was).</p> <ul style="list-style-type: none"> <li>• IF J0900C is 1, 2, or 3, THEN J0905 must be 1.</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the current data specifications to identify the acceptable values for this item.</p>

Error ID	Sev	Error Message	Error Description
-3077	Warn	<p>Inconsistent N0500A/N0510A/J0905 Values: If N0500A is equal to 1 or N0510A is equal to 1, and J0905 is equal to 0, then J0905 should be equal to 1 if opioids were used to treat pain.</p>	<p><b>Cause:</b>            If opioids were used to treat pain, the value submitted in item J0905 (Pain Active Problem) is not consistent with the values submitted in N0500A (Was a scheduled opioid initiated or continued?) or N0510A (Was a PRN opioid initiated or continued?).</p> <ul style="list-style-type: none"> <li>• IF N0500A is 1 or N0510A is 1, AND the opioid was used to treat pain, THEN J0905 should be 1.</li> <li>• IF N0500A is 1 or N0510A is 1, AND the opioid was used to treat a non-pain symptom, AND there is no further evidence that pain is an active problem for the patient, THEN J0905 should be 0. Disregard this warning message.</li> </ul> <p><b>Action:</b>            Refer to the current data specifications to identify the acceptable values for this item.            If pain is not an active problem for the patient and opioids were NOT used to treat pain, no action is required.</p>
-3078	Fatal	<p>Incorrect Medicare Number or Medicare Beneficiary Identifier (MBI): The MBI or Medicare Number format is invalid.</p>	<p><b>Cause:</b>            The value submitted in item A0600B (Medicare Number) is not correct. This item must conform to one of two possible formats:</p> <ul style="list-style-type: none"> <li>• MBI format: The MBI must be 11 characters in length. The first character must be numeric, excluding zero. The second, fifth, eighth, and ninth characters must be alphabetic, excluding the letters S, L, O, I, B, and Z. The fourth, seventh, tenth, and eleventh characters must be numeric. The third and sixth characters must be numeric or alphabetic, excluding the letters S, L, O, I, B, and Z.</li> <li>• Medicare Number format: If the first character is numeric (0 through 9), which is an SSN, the first 9 characters must be numeric (0 through 9). If the first character is alphabetic, which is a RR insurance number, there must be 1, 2, or 3 alphabetic characters followed by 6 or 9 numbers.</li> </ul> <p><b>Action:</b>            Make appropriate corrections to the record and resubmit.            Refer to the data specifications in effect for this record to identify the acceptable values for this item.</p>



Error ID	Sev	Error Message	Error Description
-3079	Fatal	Incorrect Medicare Beneficiary Identifier (MBI): The MBI format is invalid.	<p><b>Cause:</b> The value submitted in item A0600B (Medicare Number) is not correct. This item must be formatted as follows:</p> <ul style="list-style-type: none"> <li>The Medicare Beneficiary Identifier (MBI) must be 11 characters in length. The first character must be numeric, excluding zero. The second, fifth, eighth, and ninth characters must be alphabetic, excluding the letters S, L, O, I, B, and Z. The fourth, seventh, tenth, and eleventh characters must be numeric. The third and sixth characters must be alphabetic, excluding the letters S, L, O, I, B, and Z or numeric.</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the data specifications in effect for this record to identify the acceptable values for this item.</p>