1314– Field Error Detail Report III

The Field Error Detail Report III is organized by field. For each field containing errors, the report provides the names, ID's, conditions, stats, and actual errors given. It also lists all claims in the working groups in which the errors occur. The report ends with statistical totals of error information found in all reported fields.

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CLIENT 9999
USERID tbill

FIELD ERROR DETAIL REPORT III

FIELD NAME	FIELD NAME	FIELD ID	EDIT ID	COND	ERROR COUNT	% OF FIELD	% OF TOTAL
Admission Date	ADM_DATE	10006	Bridge	NONE	3	92.8571	0.4942

EDIT MESSAGE:
ERROR: ****** CLAIM IS OLDER THAN 60 DAYS******

PATIENT CTRL NO	PATIENT NAME	AMOUNT	IDX STMT FROM	EMAST	PAYER NAME	PHYS NAME
00000123	ALAN, AARON	16,821.15	0	BO26	MEDICARE	
00000234	BAKER, BETTY	11,275.09	0	BO26	MEDICARE	
00000345	COLE, CONNIE	41,524.13	0	BO26	MEDICARE	

EDIT MESSAGE:
ERROR: This field must be a valid date on or before the Statement Covers From Date.

PATIENT CTRL NO	PATIENT NAME	AMOUNT	IDX STMT FROM	EMAST	PAYER NAME	PHYS NAME
00000456	DAVIS, DANIEL	3,853.28	0	S002	MEDICAID	
00000567	EDWARDS, ELLA	199.00	0	N000	AETNA	

FIELD NAME	FIELD NAME	FIELD ID	EDIT ID	COND	ERROR COUNT	% OF FIELD	% OF TOTAL
Admitting Diagnosis	ADM_DIAG	10007	E009b031	939	1	16.6667	0.0380

EDIT MESSAGE:
ERROR: Code must match the ICD-9-CM Diagnosis Code table.

PATIENT CTRL NO	PATIENT NAME	AMOUNT	IDX STMT FROM	EMAST	PAYER NAME	PHYS NAME
00000678	FALCON, FRIEDA	199.00	0	N000	AETNA	

(Next error…)

REPORT TOTALS		COUNT	PERCENT
	ACCEPTED CLAIMS	0	0.00
	REJECTED CLAIMS	1072	100.00
	DISCARDED CLAIMS	0	0.00
	WARNING CLAIMS	0	0.00
	UNREPORTED CLAIMS	0	0.00
	FIELDS IN ERROR	74	
	ERRORS	2630	
	AVERAGE ERROR PER CLAIM	2.453358	

LINE OF BUSINESS	CLAIM COUNT	% OF TOTAL	ERROR COUNT	% OF TOTAL
MEDICARE	520	48.51	1225	46.58
MEDICAID	12	1.12	46	1.75
BC/BS	50	4.66	102	3.88
CHAMPUS	6	0.56	6	.23
COMMERCIAL	484	45.15	1251	47.57