

Queensland Health Non-admitted Patient Data Collection (QHNAPDC)

Validations
2020-2021



Queensland Health Non-admitted Patient Data Collection Validations 2020-2021

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An electronic version of this document is available at <http://qheps.health.qld.gov.au/hsu/datacollections.htm>

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About this document

This document contains the details of validations which are applied to non-admitted patient service events reported to the Queensland Health Non-admitted Patient Data Collection (QHNAPDC).

Please refer to the [EVA Plus User Manual](#) for further information on viewing and responding to validations.

Following a successful data load, the QHNAPDC system validates the information provided in the fields of each record against specific criteria. The validations are based on the current [QHNAPDC File Format](#). Facilities should be familiar with and regularly refer to the [QHNAPDC File Format](#) for the latest information on valid data elements reported to the QHNAPDC.

Records failing validation are notified to reporting entities (facilities or hospital and health services (HHSs)) through the Electronic Validation Application (EVAPlus).

Validations are grouped into the following categories:

- Duplicate (DUP*)
- service funding (FND*)
- patient (PAT*)
- service request (REQ*)
- service event (SVE*)

There are two levels of validation severity – ‘fatal’ and ‘warning’.

FATAL

A service event is flagged with a ‘fatal’ validation message when the data does not pass one or more critical data quality checks. Where a fatal validation message exists, the data issue must be confirmed or resolved, otherwise the service event record will not be accepted and become ‘final’. If there is a reason that the data is recorded in the way that it has raised the fatal validation message, and is therefore not an error, a detailed explanation of the reason as to why the data is correct must be supplied to the Statistical Services Branch (SSB).

WARNING

A service event is flagged with a ‘warning’ validation message when one or more non-critical data quality checks have identified where data may be inconsistent or uncommon. All warning validation messages must be investigated and confirmed, or data amended.

Validations

Duplicate (DUP) Validations

DUP001 This record is a duplicate of another record. Please supply only one unique service event record.

Error Type FATAL

Resolution Check the duplicate record and amend.

Comment Only one unique service event should be supplied for any one patient on the same date and time.

This validation uses the following data items to match service events:

- Facility code
- Patient Id
- Service event date/time
- Sex
- Indigenous status
- Patient address
- CCC
- Service provider
- Care type
- Service delivery setting
- Service delivery mode
- Funding source
- Chargeable status
- New/review flag
- Medicare eligibility
- Patient name
- Patient birth date
- Country of birth
- Medicare number

Service Funding (FND) Validations

FND002 The principal funding source for the service event is missing or has an invalid code. Please provide a valid funding source for the service event.

Error Type FATAL

Resolution Check (principal) funding source and amend.

Comment This field cannot be blank and must contain a valid funding source code. If the funding source is not known, record '**99 - Not stated/Unknown**'. See Funding source in the [QHNAPDC File Format](#).



Whilst '**99 - Not stated/Unknown**' is a valid funding source code, it is only intended to be used temporarily until the information can be obtained.

FND003 The chargeable status for this patient's service event is missing or has an invalid code. Please provide a valid chargeable status.

Error Type FATAL

Resolution Check chargeable status and amend.

Comment This field cannot be blank and must contain a valid chargeable status. See Service event chargeable status in the [QHNAPDC File Format](#).

FND004 The payment class code of the service event is invalid. Please provide a valid payment class.

Error Type FATAL

Resolution Check payment class and amend.

Comment Must be a valid payment class code if this data element is supplied. See Payment class in the [QHNAPDC File Format](#).

FND005 The Department of Veterans' Affairs (DVA) file number for this patient is missing or invalid with a funding source code of '07' DVA. Please provide a valid number.

Error Type FATAL

Resolution Check the Department of Veterans' Affairs file number and amend.

Comment A valid DVA file number must be provided if funding source code is '07 – DVA'. See DVA file number in the [QHNAPDC File Format](#).

FND006 The Department of Veterans' Affairs card type code for this patient is invalid. Please provide a valid card type.

Error Type FATAL

Resolution Check the Department of Veterans' Affairs card type and amend.

Comment DVA card type must be supplied where DVA file number is reported. See Department of Veterans' Affairs card type in the [QHNAPDC File Format](#).

FND007 Medicare number is invalid. Please provide a valid Medicare number.

Error Type FATAL

Resolution Check Medicare number and amend.

Comment Medicare number must be supplied where Medicare eligibility is '1 – Eligible'. Must be 11 digits. See Medicare number and Medicare eligibility in the [QHNAPDC File Format](#).

FND010 Medicare eligibility code is missing or is invalid. Please provide a valid Medicare eligibility code.

Error Type FATAL

Resolution Check Medicare eligibility code and amend as required.

Comment This field cannot be blank. See Medicare eligibility in the [QHNAPDC File Format](#).

FND012 The funding source supplied is '10' (Other hospital or public authority (contracted care)) indicating this service event is 'delivered under contract'. However, the purchaser identifier is blank or the same as the facility code. Please check funding source and purchaser identifier and amend as required.

Error Type FATAL

Resolution Check funding source and purchaser identifier and amend.

Comment If this service event is delivered under a contracting arrangement the purchaser identifier should be supplied and should differ from the facility code.

If this service event is not delivered under a contracting arrangement, then the funding source should not be '10' (Other hospital or public authority (contracted care)).

The following data items are used to identify service events that are 'delivered under a contracting arrangement'.

- Funding source: '10' ((Other hospital or public authority (contracted care))
- Purchaser identifier: Cannot be null and must differ from the (primary) facility code.

Change Applied	Release Date
Torres Strait Treaty funding source updated to '13' Health Service Budget (no charge raised due to hospital decision) included in validation. Effective from 01 October 2018.	10/06/2019

FND013 This service event has a funding source of Worker's Compensation. However, the patient is not between 15 and 70 years old. Please check age of patient and the funding source of the service event.

Error Type WARNING

Resolution Check funding source and date of birth and amend or confirm.

Comment It is uncommon for a patient to have a funding source of '**04 – Worker's compensation**' and not be aged between 15 and 70 years old. See Funding source in the [QHNAPDC File Format](#).

FND014 The funding source for this patient's service event is | (|) however the payment class is | (|). Please check funding source and payment class.

Error Type FATAL

Resolution Check the funding source and payment class and amend.

Comment Refer to [Appendix B](#) for valid funding source and payment class combinations.



Whilst '**99 - Not stated/Unknown**' is a valid funding source code, it is only intended to be used temporarily until the information can be obtained.

Change Applied	Release Date
Torres Strait Treaty funding source updated from '10' Other hospital or public authority (contracted care) to '13' Health Service Budget (no charge raised due to hospital decision).	10/06/2019
Update applied to allow all payment classes for CCC of '376 – Infectious Diseases-COVID19' service events with a funding source of 01 - Health service budget (not covered elsewhere).	30/03/2020
Updated funding source and payment class combinations.	07/07/2020

FND015 The chargeable status for this patient's service event is 'Private - bulk billed'. However, the funding source of the service event is not 'Medicare Benefits Scheme'. Please check the chargeable status and the funding source of the service event.

Error Type FATAL

Resolution Check the chargeable status and funding source and amend.

Comment Refer to [Appendix A](#) for valid chargeable status and funding source combinations for this validation.

FND016 The chargeable status for this patient's service event is 'Private - other'. However, the funding source is one of the 'Health service budget' funding sources. Please check the chargeable status and the funding source of the service event.

Error Type FATAL

Resolution Check the chargeable status and funding source and amend.

Comment Refer to [Appendix A](#) for valid chargeable status and funding source combinations.

FND019 The payment class for this service event is 'Not eligible'. However, a Medicare number has been provided for this service event. Please check the patient's Medicare eligibility and the payment class of the service event.

Error Type WARNING

Resolution Check the payment class and Medicare number and amend.

Comment If Medicare details are supplied, the payment class reported should not be '**10 - Not eligible**'. See Payment class in the [QHNAPDC File Format](#).

Change Applied	Release Date
Validation error type changed from FATAL to WARNING.	15/05/2019

FND022 The patient is Medicare ineligible however, their country of birth is Australia. Please check the Medicare details and the country of birth of the patient recorded for this service event.

Error Type WARNING

Resolution Check Medicare eligibility code and country of birth and amend as appropriate.

Comment It is uncommon that a patient born in Australia (or a country with a reciprocal Medicare agreement with Australia) would not be eligible for Medicare.

FND023 The code for the identifier of the purchaser of hospital care is invalid. Please provide a valid purchaser identifier.

Error Type FATAL

Resolution Check purchaser identifier and amend.

Comment The purchaser identifier must be a valid facility code from the CRDS Facility data set.

The reporting entity should record the [facility code](#) of the purchasing establishment. If the purchaser does not exist on CRDS, the [Request a new facility form](#) must be completed including additional information indicating if request is for purchaser, provider or both. Help on how to complete this form can be found [here](#).

See Purchaser identifier in the [QHNAPDC File Format](#).

FND024 The funding source code of the patient is unknown/not stated. Please review and update.

Error Type WARNING

Resolution Check the funding source and amend as appropriate.

Comment Every effort should be made to determine (and record) a patient's funding source. See funding source in the [QHNAPDC File Format](#).

FND025	Department of Veterans' Affairs (DVA) 'Gold' card is registered for this patient and the funding source is not DVA. Please check the funding source.
Error Type	WARNING
Resolution	Check the funding source and DVA card type and amend or confirm.
Comment	It is uncommon that a service event for a patient with a DVA Gold card is not funded by DVA.
FND026	Department of Veterans' Affairs (DVA) card type of 'White' has been received for this service event however, the funding source is not 07 DVA. Please check the funding source and DVA details of this service event.
Error Type	WARNING
Resolution	Check the funding source, DVA card type, list of specified conditions that the DVA white card covers and amend or confirm.
FND027	Department of Veterans' Affairs (DVA) card type of 'Orange' has been received however, a DVA card type of 'Orange' is for pharmaceuticals only. Please check the funding source and DVA details of this service event.
Error Type	FATAL
Resolution	Check the funding source and DVA card type and amend.
Comment	A DVA card type of 'Orange' is for pharmaceuticals only, and cannot be used for any medical or other health care treatment.
FND028	The contract indicator for this service event has an invalid code of . Please provide a valid contract indicator for this service event.
Error Type	FATAL
Resolution	Check the contract indicator flag and amend.
Comment	The contract indicator flag should only be supplied if the service event is delivered or provided under a contracting arrangement. The contract indicator flag should be '1' (yes) or blank. For many reporting entities that are interfaced with SATr this data item is mapped from Y (yes) to a '1'. See contract indicator flag in the QHNAPDC File Format .

FND029 The contract indicator and funding source combination indicates this service event is 'contracted out' activity. However, the provider identifier is blank or the same as the facility code. Please check the Contract indicator flag, funding source and provider identifier and amend as required.

Error Type FATAL

Resolution Check funding source, purchaser identifier and contract indicator flag and amend.

Comment If this service event is 'contracted out' under a contracting arrangement the provider identifier should be supplied and should differ from the facility code.

If this service event is not 'contracted out' under a contracting arrangement, then the contractor indicator should be blank.

The following data items are used to identify 'contracted out' activity

- Contract indicator: '1' (yes)
- Funding source: Not '10' ((Other hospital or public authority (contracted care))
- Provider identifier: Cannot be null and must differ from the (primary) facility code.

Change Applied	Release Date
Torres Strait Treaty funding source updated from '10' Other hospital or public authority (contracted care) to '13' Health Service Budget (no charge raised due to hospital decision) included in validation.	10/06/2019

FND030 The patient's Medicare eligibility is | (|) however, a Medicare number has been provided. Please review and update.

Error Type WARNING

Resolution Check Medicare eligibility code and amend as required.

Comment If the Medicare eligibility code is '2' (Not eligible) then a Medicare number must not be provided. See Medicare eligibility in the [QHNAPDC File Format](#).

FND031 The patient is Medicare eligible however, a Medicare number has not been provided. Please review and amend.

Error Type WARNING

Resolution Check Medicare number and amend as required.

Comment If the Medicare eligibility code is '1' (Eligible) then a Medicare number must be provided. See Medicare eligibility in the [QHNAPDC File Format](#).

Change Applied	Release Date
Exclusion of DVA gold card and selected payment classes of '01', '07', '09', '13', '15', '17', '19' and '21'.	12/09/2018
Exclusion of funding source '11' Health service budget (due to eligibility for Reciprocal Health Care Agreement).	10/12/2018

FND032 The payment class code for this service event is 'Not eligible' however, the Medicare eligibility code is not ineligible. Please check the payment class and Medicare eligibility.

Error Type WARNING

Resolution Check payment class and amend as required.

Comment If the payment class code is '10' Not eligible then a Medicare eligibility code cannot be set to '1' (Eligible). See Payment class in the [QHNAPDC File Format](#).

Change Applied	Release Date
Validation error type changed from FATAL to WARNING.	15/05/2019

FND035 The Commonwealth funded program type code | is invalid. Please provide a valid Commonwealth funded program type code.

Error Type FATAL

Resolution Check Commonwealth funded program type code and amend as required.

Comment Valid Commonwealth funded program type codes are '1' (National Partnership Agreement) or '8' (Other Commonwealth program). See Commonwealth funded program type in the [QHNAPDC File Format](#).

FND036 The Commonwealth exemption type code | is invalid. Please provide a valid Commonwealth exemption type code.

Error Type FATAL

Resolution Check Commonwealth exemption type code and amend as required.

Comment Valid Commonwealth exemption type codes are '1' (COAG S19(2) Exemptions Initiative) or '2' (Rural & Remote Medical Benefits Scheme (RRMBS) exemption). See [Commonwealth exemption type](#) in the [QHNAPDC File Format](#).

FND037 A value has been entered in both the Commonwealth funded program type and Commonwealth exemption type field for this service event. Only one of these fields can be used in a single service event. Please review and amend.

Error Type FATAL

Resolution Check Commonwealth funded program type and Commonwealth exemption type codes amend as required.

Comment Only one of these fields can be used in a single service event.

See Commonwealth funded program type and Commonwealth exemption type in the [QHNAPDC File Format](#).

FND038 The chargeable status for this patient's service event is 'Public'. However, the funding source is `Medicare Benefits Scheme` with no Commonwealth Exemption Type. Please check the chargeable status and the funding source of the service event.

Error Type FATAL

Resolution Check the chargeable status and funding source and amend.

Comment Refer to [Appendix A](#) for valid chargeable status and funding source combinations.

FND039 The chargeable status for this patient's service event is 'Public'. However, the funding source is 'Private Health Insurance'. Please check the chargeable status and the funding source of the service event.

Error Type FATAL

Resolution Check the chargeable status and funding source and amend.

Comment Refer to [Appendix A](#) for valid chargeable status and funding source combinations.

Change Applied	Release Date
Updated to include 01 - Public and 03 - Self-funded.	07/07/2020

FND041 The Commonwealth Exemption Type for this patient's service event is 'COAG19.2/RRMBS'. However, the chargeable status is not 'Public', or the funding source is not 'Medicare Benefits Scheme'. Please check the chargeable status and the funding source of this service event.

Error Type FATAL

Resolution Check the chargeable status and funding source and amend.

Comment Commonwealth exemption types are valid with a chargeable status of '01' Public and with a funding source of '14' Medicare Benefits Scheme.

Patient (PAT) Validations

PAT001 The facility code for this patient's service event is missing or invalid. Please supply a valid facility code.

Error Type FATAL

Resolution Check the facility code and amend as required.

Comment This field cannot be blank. Please supply a valid [facility code](#) from the Corporate Reference Data System (CRDS) Facility Data Set.

PAT002 The patient identifier is missing or invalid. Service event date is |, local clinic is |, date of birth is |, sex is |. Please supply a valid patient identifier.

Error Type FATAL

Resolution Check the patient identifier and amend as required.

Comment All facilities must supply a unique patient identifier. Facilities that do not record a unique patient identification (or Unit Record - UR) number should implement a solution to do so for this data collection.

PAT004 The patient's family name is missing. Please provide the patient's family name.

Error Type FATAL

Resolution Check the family name and amend.

Comment This field cannot be blank.

If the family name is not known or cannot be obtained, record '**UNKNOWN**'.

PAT005 The code for the sex of the patient is missing or invalid. Please provide the code for the sex of the patient for this service event.

Error Type FATAL

Resolution Check the sex code and amend.

Comment This field cannot be blank.

If sex of patient is not known or cannot be ascertained, record '**9 Not stated/inadequately described**'.



Whilst '**9 - Not stated/inadequately described**' is a valid patient sex code, it is only intended to be used temporarily until the information can be obtained.

PAT007 The patient's date of birth is blank, not a valid date or greater than 110 years. Please provide a valid date of birth for this service event.

Error Type FATAL

Resolution Check date of birth and amend.

Comment This field cannot be blank and must be a valid date. Date of birth cannot be after the service event date or prior to 1 January 1900. It is uncommon for a patient to be older than 110 years.

Every effort should be made to determine the patient's date of birth. If the source system is able to record an unknown date of birth, this should be supplied as 15061900. See Patient date of birth in the [QHNAPDC File Format](#).

Change Applied	Release Date
Updated to include ages greater than 110 years.	02/10/2018

PAT008 The patient's age has been reported between 105 and 110 years. Please check the date of birth for this service event.

Error Type WARNING

Resolution Check date of birth and amend if required.

Comment The patient's age is between 105 and 110 years at time of service event. It is uncommon for a patient to be older than 105 years.

If the patient is between 105 and 110 years old, confirmation is required.

Change Applied	Release Date
Age range update to between 105 and 110 years. Validation error type changed from FATAL to WARNING.	02/10/2018

PAT009 The estimated date of birth indicator is invalid. Please provide a valid estimated date of birth indicator for this service event.

Error Type WARNING

Resolution If any component of the patient's date of birth is estimated this field should contain a '1 – Yes'. If the patient's date of birth is accurate this field should be left blank.

Comment Check the estimated date of birth indicator. See Estimated date of birth indicator in the [QHNAPDC File Format](#).

PAT010 The patient's country of birth is invalid or blank. Please provide a valid country of birth code for this service event.

Error Type FATAL

Resolution Check Country of birth and amend.

Comment This field cannot be blank. Please supply a valid country of birth from the CRDS. If country of birth is not available, record as '0003 – Not stated'. See Patient country of birth in the [QHNAPDC File Format](#).



Whilst '0003 - Not stated' is a valid country of birth code, it is only intended to be used temporarily until the information can be obtained.

PAT011 The patient's Indigenous status is missing or invalid. Please provide a valid Indigenous status for this service event.

Error Type FATAL

Resolution Check patient's Indigenous status and amend as required.

Comment This field cannot be blank.

If the patient's indigenous status is unknown, record '9 - Not stated/unknown'.



Whilst '9 - Not stated/unknown' is a valid indigenous status code, it is only intended to be used temporarily until the information can be obtained.

PAT012 The patient's address contains GPO, GPO Box, PO, PO Box or Box. Please provide the patient's home (Permanent) address for this service event; including suburb, postcode and state for this service event.

Error Type WARNING

Resolution Check patient's address and amend or confirm.

Comment A patient's home (permanent) address should be provided. Every effort should be made during the course of the service event to determine (and record) a patient's locality details and the address should not contain the words GPO BOX, PO BOX. If this is the only valid address available, confirmation is required.

Change Applied	Release Date
Exclusion of PO Box mailing addresses for Child Safety, Community Services, Corrections, Prisons and Offender Health.	06/11/2018

PAT013 The patient's suburb is blank. Please provide a valid suburb for this service event.

Error Type FATAL

Resolution Check patient's suburb and amend.

Comment This field cannot be blank.
If the patient's suburb is unknown, record '**UNKNOWN**'.

PAT014 The patient's postcode is blank. Please provide a valid postcode.

Error Type FATAL

Resolution Check patient's suburb and amend.

Comment This field cannot be blank.
Supply a valid postcode from the CRDS locality data set which also includes the following supplementary postcode values:
9301 - Papua New Guinea
9799 - At sea
9302 - New Zealand
9989 - No fixed address
9399 - Overseas other (not PNG or NZ)
0989 - Not stated/unknown

PAT015 The locality/postcode combination is not valid. The supplied address line 2 is | and the post code is |. Please check address and provide valid details.

Error Type FATAL

Resolution Check address, postcode and state and amend if required.

Comment If the address details supplied are valid, confirmation is required.

PAT016 The Source Application reported for the patient's service event is missing or invalid. Please provide a valid source application for this service event.

Error Type FATAL

Resolution Check source application and amend.

Comment This field cannot be blank and must be a valid source system from the CRDS source system data set must be provided.

Alphanumeric characters are uppercase.

If the data was not collected from a single system record '**MANUAL**' in this data element.

For enterprise systems interfaced with SATr this data element is derived.

PAT018 Patient is Indigenous but Country of Birth is not Australia. Please check the Indigenous Status and Country of Birth for this service event.

Error Type WARNING

Resolution Check Indigenous status and Country of birth and amend as required.

Comment It is uncommon for an Australian Aboriginal to be born outside Australia and for a Torres Strait Islander to be born outside Australia or Papua New Guinea.

PAT019 The code for the sex of the patient is not stated/inadequately described. Please review and confirm/update for this service event.

Error Type WARNING

Resolution Check patient's sex and amend or confirm.

Comment The sex of the patient is recorded as '**9 – Not stated/inadequately described**'
Every effort should be made to determine the patient's sex.



Whilst '**9 – Not stated/inadequately described**' is a valid patient sex code, it is only intended to be used temporarily until the information can be obtained.

PAT020 The patient's date of birth is after the date of the service event. Please amend.

Error Type FATAL

Resolution Check patient's date of birth and amend.

Comment The patient's date of birth cannot be after the date of the service event.

PAT021 The patient's first name is missing. Please provide a first name if available.

Error Type WARNING

Resolution Check patient's first name and amend if available.

Comment If the patient has a first given name then this is required.

PAT022 The code for the patient's country of birth is not stated or inadequately described. Please review and confirm or update.

Error Type WARNING

Resolution Check patient's country of birth and amend if available.

Comment This field cannot be blank.



Whilst '**0003 - Not stated**' is a valid code, it is only intended to be used temporarily until the information can be obtained.

PAT023 The code for the patient's country of birth is | (|) which is uncommon. Please review and confirm or update.

Error Type WARNING

Resolution Check patient's country of birth and amend or confirm.

Comment Uncommon country of birth codes (and descriptions) include:

Code	Description
0001	At Sea
1600	Antarctica
1601	Adelie Land (France)
1602	Argentinian Antarctic Territory
1603	Australian Antarctic Territory
1604	British Antarctic Territory
1605	Chilean Antarctic Territory
1606	Queen Maud Land (Norway)
1607	Ross Dependency (New Zealand)
3103	Holy See (Vatican City)

PAT024 The code for the patient's Indigenous status is 'not stated/unknown'. Please review and confirm or update.

Error Type WARNING

Resolution Check patient's Indigenous status and amend or confirm.

Comment Every effort should be made to determine the patient's Indigenous status.



Whilst '**9 - Not stated/unknown**' is a valid indigenous status code, it is only intended to be used temporarily until the information can be obtained.

Service Request (REQ) Validations

REQ001 The date on which the service request (referral) was received by the reporting entity is missing. Please provide a valid date for this service event.

Error Type FATAL

Resolution Check service request date and amend.

Comment This field cannot be blank and must be a valid date.

In the absence of a referral to a non-specialist 'walk in' type clinic to which patients can self-refer, the date the patient first came into contact with the service or the date of the service event can be entered.

REQ002 The date on which the service request (referral) was issued is after the date of the service event. Please check dates.

Error Type WARNING

Resolution Check service event date and service request issue date and amend if required.

Comment A service request is issued prior to a service event.

Change Applied	Release Date
Updated to service request (referral) issue date and to include service request (referral) received date where service request (referral) issue date is null.	01/07/2019

REQ003 The source of the service request (referral) by the reporting entity is missing or has an invalid code of |. Please supply a valid service request source.

Error Type FATAL

Resolution Check source of the service request and amend as required.

Comment Clinics for which patients are able to self-refer should apply the self-referral indicator (for non-specialist clinic types) or record '**70 - Health care client – Self**' as the service request source.

This field cannot be blank and must be a valid service request source when the service request was issued.

This validation will trigger in the following scenarios:

- If the service request received date has been reported as being after the service event date
- If the service request received date has been reported as being after today's date (system date)
- If the code for the source of the service request (referral) is **not valid at the time of the service request issue date**. See [Appendix C](#) for service request source codes and their periods of validity:



Whilst '**99 - Not stated/inadequately described**' is a valid service request source code, it is only intended to be used temporarily until the information can be obtained.

Change Applied	Release Date
A missing request received date was previously replaced with the service event date. Missing request received dates are now replaced with today's date. Request received date is cross referenced with the service request source.	25/09/2018
Service request issue date is cross referenced with the service request source.	01/07/2019

REQ005 The date on which the service request (referral) was received by the reporting entity is more than 10 years before the date of the service event. Please check dates.

Error Type WARNING

Resolution Check the service request received date and service event date.

Comment The service request received date should not be greater than 10 years prior to the service event date. See Service request received date in the [QHNAPDC File Format](#).

Change Applied	Release Date
Validation error type changed from FATAL to WARNING.	10/06/2020

REQ007 The self-referral indicator for this service event has an invalid code of |. Please provide a valid self-referral indicator or leave blank.

Error Type FATAL

Resolution Check the self-referral indicator flag.

Comment The self-referral indicator should be '1' (yes) or blank. For many reporting entities that are interfaced with SATr this data item is mapped from Y (yes) to a '1'.
The self-referral indicator is used to derive service request source and service request received date and should only be provided for non-specialist outpatient clinics.

REQ008 The self-referral indicator has been supplied for this service event however, the clinic is a specialist outpatient type clinic. Please check the self-referral indicator and CCC for this service event.

Error Type FATAL

Resolution Check the self-referral indicator flag.

Comment The self-referral indicator is used to derive service request source and service request received date and should only be provided for non-specialist outpatient clinics.

REQ009 The source of the service request (referral) by the reporting entity is '99 - Not stated/inadequately described'. This is a valid code, however only intended to be used temporarily until the information can be obtained. Please review the source of the service request (referral) and amend.

Error Type WARNING

Resolution Review the source of the service request (referral) and amend.

Comment Whilst '**99 - Not stated/inadequately described**' is a valid service request source code, it is only intended to be used temporarily until the information can be obtained.

Service Event (SVE) Validations

SVE001 The Corporate Clinic Code (CCC) is invalid or missing. Please provide a valid CCC.

Error Type FATAL

Resolution Check the CCC and amend.

Comment The CCC is a 3 digit code and must be a valid code from the CRDS CCC data set.

SVE003 The service provider type of the service event is missing or invalid. Please provide a valid service provider type.

Error Type FATAL

Resolution Check the service provider type and amend as required.

Comment The service provider type must be contained in the modified subset of the Human Resources Job Codes data set which is part of the CRDS.

SVE004 The care type of the service event is missing or is invalid. Please provide a valid care type.

Error Type FATAL

Resolution Check the care type and amend.

Comment This field cannot be blank. If the care type of the service event does not meet the definitions of codes 1 through 5, record 8 - Other care.

SVE005 The service delivery setting of the service event is missing or invalid. Please provide a valid service delivery setting.

Error Type FATAL

Resolution Check service delivery setting and amend.

Comment This field cannot be blank. See service delivery setting in the [QHNAPDC File Format](#).

SVE006 The service delivery mode of the service event is missing or invalid. Please provide a valid service delivery mode.

Error Type FATAL

Resolution Check service delivery mode and amend.

Comment This field cannot be blank. See service deliver mode in the [QHNAPDC File Format](#).

SVE007 The Tier 2 clinic class code provided does not match the code derived by the Statistical Services Branch. The source Tier 2 code is | and the derived Tier 2 code is |. Please check the Tier 2 code provided.

Error Type WARNING

Resolution Check Tier 2 clinic class code and amend.

Comment Check that the CCC and service provider supplied maps correctly to the Tier 2 code reported. Refer to [QHNAPDC Clinic Mappings](#).

For reporting entities that use HBCIS this data item is derived in SATr.

SVE008 The group session indicator for the service event is missing or invalid. Please provide a valid group session indicator.

Error Type FATAL

Resolution Check group session indicator and amend.

Comment This field cannot be blank. See Group session indicator in the [QHNAPDC File Format](#).

SVE009 The date of the service event is missing or is not a valid date. Please provide a valid date.

Error Type FATAL

Resolution Check service event date and amend.

Comment This field cannot be blank and must be a valid date which is within the values defined in the extract period beginning and extract period ending. i.e. the service event date must fall within the extract period.

SVE010 The multiple health care provider indicator for this service event is missing or invalid. Please provide a valid multiple health care provider indicator.

Error Type FATAL

Resolution Check the multiple health care provider indicator and amend.

Comment This field must be '1' (yes) or blank.

SVE011 The local clinic code for this service event is missing. Please provide a local clinic code.

Error Type FATAL

Resolution Check local clinic code and amend.

Comment This field cannot be blank.

SVE012 More than one service event with this home delivered procedure CCC has been recorded during the calendar month for this patient. Only one service event for a home delivered procedure CCC per patient per calendar month is to be provided regardless of the number of sessions.

Error Type FATAL

Resolution Check all service events with the same home delivered procedure CCC within the reference month and only provide one single service event.

Comment A single record for each reference month for any records with a 'home delivered procedure' Tier 2 code should be supplied.

SVE013 New or review flag of the service event is missing or has an invalid code. Please provide a valid new or review flag.

Error Type FATAL

Resolution Check new/review flag and amend as required.

Comment See New/review flag in the [QHNAPDC File Format](#).

SVE014 The Provider Identifier is invalid. Please provide a valid Provider Identifier.

Error Type FATAL

Resolution Check provider identifier and amend.

Comment Must be a valid [facility code](#) from the CRDS.

The reporting entity should record the facility code of the providing establishment.

The reporting entity should record the facility code of the purchasing establishment. If the purchaser does not exist on CRDS, the [Request a new facility form](#) must be completed including additional information indicating if request is for purchaser, provider or both. Help on how to complete this form can be found [here](#).

See Provider Identifier in the [QHNAPDC File Format](#).

SVE015 A patient with the sex of 'male' has been reported as attending a clinic with a gynaecological CCC. Please check the sex of patient and CCC for this service event.

Error Type WARNING

Resolution Check sex of patient and CCC and amend.

Comment If the sex of patient and CCC are correct, confirmation is required.

SVE018 This record has been assigned a QHAPDC flag. Please review date and time of service event and amend or confirm.

Error Type WARNING

Resolution Check date/time of this service event and amend or confirm.

Comment Service events that are provided to patients within the time of their admitted episode of care are assigned a QHAPDC flag for exclusion from reporting to the IHPA and AIHW. The reporting entity should review the date and time of the service event. See [QHNAPDC Business Rules](#) for more information.

Change Applied	Release Date
Validation comment updated specifying IHPA and AIHW reporting exclusions.	02/06/2020

SVE019 This record has been assigned an Emergency Department flag. Please review date and time of service event and amend or confirm.

Error Type WARNING

Resolution Check date/time of this service event and amend or confirm.

Comment Service events that are provided to patients within the time of their emergency attendance are assigned an Emergency Department flag for exclusion from reporting to the IHPA and AIHW. The reporting entity should review the date and time of the service event. See [QHNAPDC Business Rules](#) for more information.

Change Applied	Release Date
Validation comment updated specifying IHPA and AIHW reporting exclusions.	02/06/2020

SVE021 This service event has a home delivered CCC of | (|) however, the service delivery mode is | (|). Please check the CCC and service delivery mode for this service event and amend.

Error Type WARNING

Resolution Check the CCC and service delivery mode of this service event and amend or confirm.

Comment It is uncommon for a home delivered procedure to have a service delivery mode that is not 'in person'.

SVE022 This service event has been flagged with an IHPA reportable flag of 'no' as multiple service events have been supplied for the same patient, date, IHPA Tier 2 code and principal source of funding (Public). Please check and amend if required.

Error Type WARNING

Resolution Check the date of the service event, the CCC, the service provider and funding source for this service event and amend or confirm.

Comment When more than one service event exists for the same patient, same date, same tier 2 code and with the same public funding source ('01', '11', '13' and/or '14' (MBS with a Commonwealth exemption type of 1 or 2) the first record will have the 'IHPA Reportable flag' set to 'Y' (yes) and any subsequent records will have the 'IHPA Reportable Flag' set to 'N' (no).

The CCC and Service provider codes are used to derive a Tier 2 code.

Refer to [QHNAPDC Business Rules](#) for further information.

SVE023 The reporting facility identifier for this patient's service event has an invalid code of |. Please check and provide a valid reporting facility identifier.

Error Type WARNING

Resolution Check the reporting facility identifier for this service event and amend or confirm.

Comment Please supply a valid [facility code](#) from the Corporate Reference Data System (CRDS) Facility Data Set.

This data item should only be supplied by facilities that share the same instance of an information system with one or more other facilities, as data reported from the system via the EIS extract can only be under one 'primary' facility code. This data element will enable the activity to be correctly attributed to the facility reporting the activity.

The reporting facility identifier was originally introduced for shared HBCIS accounts and is captured in the HBCIS APP module, clinic codes screen, funding facility field.

SVE024 Statistical Services Branch could not derive a Tier 2 from the reported CCC and service provider type combination. The CCC is | (|) and the Service Provider is | (|). Please review and update.

Error Type FATAL

Resolution Check the CCC and Service provider of this service event and amend or confirm.

Comment The CCC and Service provider codes are used to derive a Tier 2 code. A valid list of CCC and service provider combinations can be located in the [QHNAPDC Business Rules](#).

SVE025 The service delivery setting of | (|) and CCC of | (|) are conflicting. Please review both codes and update.

Error Type FATAL

Resolution Check the CCC and Service delivery setting of this service event and amend or confirm.

Comment Valid service delivery settings:

- 1 - On the hospital campus of the healthcare provider
- 2 - Off the hospital campus of the healthcare provider (another hospital)
- 3 - Off the hospital campus of the healthcare provider (other setting)

Refer to the table below of home delivered CCCs.

Home delivered CCC	Description
522	Procedure – Total parental nut
523	Procedure – Enteral nutrition
524	Home-haemo-standard
525	Home-haemo-extended
526	Facility-haemo-self care
527	Home-automated PD
528	Home-CAPD
701	Home Ventilation-BiPAP
702	Home Ventilation-CPAP
703	Home Ventilation-Diaphragm Pacing
704	Home Ventilation-Ventilation via Tracheostomy
705	Home Ventilation-Other ventilation
706	Home Vent-High Cost Home Support Prog (min 24 hrs)

SVE026 The patient is not present for this MDCC service event however the Multiple Health Care Provider indicator is | (|). Please review Patient Not Present indicator and the Multiple Health Care Provider Indicator and update.

Error Type FATAL

Resolution Check the Patient not present indicator and Multiple health care provider indicator of this service event and amend or confirm.

Comment See Patient not present indicator and Multiple health care provider indicator.

SVE027 The patient not present indicator is invalid. Please provide a valid indicator or leave blank.

Error Type FATAL

Resolution Check the patient not present indicator of this service event and amend or confirm.

Comment This field must be '1' (yes) or blank.

SVE028 This service event has a CCC of '376 – Infectious Diseases-COVID19' however, the funding source is | (|). Please check the CCC and funding source for this service event and amend or confirm.

Error Type WARNING

Resolution Check the CCC and funding source and amend if required.

Comment For service events with a CCC of '376 – Infectious Diseases-COVID19' refer to the table below for CCC and funding source combinations and amend or confirm.

Corporate clinic code	Funding source
376 – Infectious Diseases-COVID19 (effective from 01 January 2020)	01 – Health service budget (not covered elsewhere) 04 – Worker's compensation 07 – Department of Veterans' Affairs 08 – Department of Defence 14 – Medicare Benefits Scheme

Change Applied	Release Date
Updated additional funding source combinations of 04 – Worker's compensation, 07 – Department of Veterans' Affairs, 08 – Department of Defence. Validation error type changed from FATAL to WARNING.	01/04/2020

SVE029 The first service event indicator is invalid. Please provide a valid first service event indicator.

Error Type FATAL

Resolution This data item is derived. Please contact the NAP team if this validation is generated.

Comment The first service event indicator should be '1' (yes) or blank. Refer to the first service event indicator in the [QHNAPDC File Format](#).

SVE030 The multiple health care provider indicator is not stated/inadequately described. Please review and confirm/update for this service event.

Error Type WARNING

Resolution Check the multiple health care provider indicator and amend or confirm.

Comment The multiple health care provider indicator of the service event is recorded as '**9 – Not stated/inadequately described**'

Every effort should be made to determine if there were multiple health care providers involved for this service event.



Whilst '**9 – Not stated/inadequately described**' is a valid multiple health care provider indicator code, it is only intended to be used temporarily until the information can be obtained.

Change Applied	Release Date
New validation created.	02/10/2020

Appendix A – Valid Chargeable Status and Funding Source Combinations

Valid combinations relating to validation [FND015](#):

Chargeable Status	Funding Source
02 - Private - bulk billed	14 - Medicare benefits scheme

Valid combinations relating to validation [FND016](#):

Chargeable Status	Funding Source
03 - Private - other	02 - Private health insurance
03 - Private - other	03 - Self-funded
03 - Private - other	04 - Worker's compensation
03 - Private - other	05 - Motor vehicle third party personal claim
03 - Private - other	06 - Other compensation (e.g. public liability, common law, medical negligence)
03 - Private - other	07 - Department of Veterans' Affairs
03 - Private - other	08 - Department of Defence
03 - Private - other	09 - Correctional facility
03 - Private - other	10 - Other hospital or public authority (contracted care)
03 - Private - other	12 - Other funding source
03 - Private - other	14 - Medicare benefits scheme
03 - Private - other	99 - Not stated/unknown

Valid combinations relating to validation [FND038](#) and [FND039](#):

Chargeable Status	Funding Source
01 - Public	01 - Health service budget (not covered elsewhere)
01 - Public	03 - Self-funded
01 - Public	04 - Worker's compensation
01 - Public	05 - Motor vehicle third party personal claim
01 - Public	06 - Other compensation (e.g. public liability, common law, medical negligence)
01 - Public	07 - Department of Veterans' Affairs
01 - Public	08 - Department of Defence
01 - Public	09 - Correctional facility
01 - Public	10 - Other hospital or public authority (contracted care)

01 - Public	11 - Health service budget (due to eligibility for Reciprocal Health Care Agreement)
01 - Public	12 - Other funding source
01 - Public	13 - Health service budget (no charge raised due to hospital decision)
01 - Public	14 - Medicare benefits scheme*
01 - Public	99 - Not stated/unknown

* Only where a Commonwealth Exemption Type is applied.

Appendix B – Valid Funding Source and Payment Class Combinations

Funding Source	Payment Class
01 - Health service budget (not covered elsewhere)**	01 - Correctional Services
01 - Health service budget (not covered elsewhere)**	02 - Unsighted Medicare card
01 - Health service budget (not covered elsewhere)**	05 - Medicare
01 - Health service budget (not covered elsewhere)**	10 - Not eligible
01 - Health service budget (not covered elsewhere)**	98 - Other
01 - Health service budget (not covered elsewhere)**	99 - Not stated/unknown
02 - Private health insurance	02 - Unsighted Medicare card
02 - Private health insurance	05 - Medicare
02 - Private health insurance	98 - Other
02 - Private health insurance	99 - Not stated/unknown
03 - Self-funded	02 - Unsighted Medicare card
03 - Self-funded	05 - Medicare
03 - Self-funded	10 - Not eligible
03 - Self-funded	98 - Other
03 - Self-funded	99 - Not stated/unknown
04 - Worker's compensation	14 - Workers compensation other
04 - Worker's compensation	15 - Workers compensation other ineligible
04 - Worker's compensation	16 - Workers compensation Qld
04 - Worker's compensation	17 - Workers compensation Qld ineligible
04 - Worker's compensation	98 - Other
04 - Worker's compensation	99 - Not stated/unknown
05 - Motor vehicle third party personal claim	06 - Motor vehicle other
05 - Motor vehicle third party personal claim	07 - Motor vehicle other ineligible

Funding Source	Payment Class
05 - Motor vehicle third party personal claim	08 - Motor vehicle Qld
05 - Motor vehicle third party personal claim	09 - Motor vehicle Qld ineligible
05 - Motor vehicle third party personal claim	18 - National injury insurance scheme Qld eligible
05 - Motor vehicle third party personal claim	19 - National injury insurance scheme Qld ineligible
05 - Motor vehicle third party personal claim	20 - National injury insurance other
05 - Motor vehicle third party personal claim	21 - National injury insurance other ineligible
05 - Motor vehicle third party personal claim	98 - Other
05 - Motor vehicle third party personal claim	99 - Not stated/unknown
06 - Other compensation (e.g. public liability, common law, medical negligence)	12 - Third party eligible
06 - Other compensation (e.g. public liability, common law, medical negligence)	13 - Third party ineligible
06 - Other compensation (e.g. public liability, common law, medical negligence)	98 - Other
06 - Other compensation (e.g. public liability, common law, medical negligence)	99 - Not stated/unknown
07 - Department of Veterans' Affairs	04 - Department of veterans' affairs
07 - Department of Veterans' Affairs	98 - Other
07 - Department of Veterans' Affairs	99 - Not stated/unknown
08 - Department of Defence	03 - Department of defence
08 - Department of Defence	98 - Other
08 - Department of Defence	99 - Not stated/unknown
09 - Correctional facility	01 - Correctional Services
09 - Correctional facility	98 - Other
09 - Correctional facility	99 - Not stated/unknown
10 - Other hospital or public authority (contracted care)	01 - Correctional Services
10 - Other hospital or public authority (contracted care)	02 - Unsighted Medicare card
10 - Other hospital or public authority (contracted care)	03 - Department of defence

Funding Source	Payment Class
10 - Other hospital or public authority (contracted care)	04 - Department of veterans' affairs
10 - Other hospital or public authority (contracted care)	05 - Medicare
10 - Other hospital or public authority (contracted care)	06 - Motor vehicle other
10 - Other hospital or public authority (contracted care)	07 - Motor vehicle other ineligible
10 - Other hospital or public authority (contracted care)	08 - Motor vehicle Qld
10 - Other hospital or public authority (contracted care)	09 - Motor vehicle Qld ineligible
10 - Other hospital or public authority (contracted care)	11 - Reciprocal country
10 - Other hospital or public authority (contracted care)	12 - Third party eligible
10 - Other hospital or public authority (contracted care)	13 - Third party ineligible
10 - Other hospital or public authority (contracted care)	14 - Workers compensation other
10 - Other hospital or public authority (contracted care)	15 - Workers compensation other ineligible
10 - Other hospital or public authority (contracted care)	16 - Workers compensation Qld
10 - Other hospital or public authority (contracted care)	17 - Workers compensation Qld ineligible
10 - Other hospital or public authority (contracted care)	98 - Other
10 - Other hospital or public authority (contracted care)	99 - Not stated/unknown
11 - Health service budget (due to eligibility for Reciprocal Health Care Agreement)	11 - Reciprocal country
11 - Health service budget (due to eligibility for Reciprocal Health Care Agreement)	98 - Other
11 - Health service budget (due to eligibility for Reciprocal Health Care Agreement)	99 - Not stated/unknown
12 - Other funding source	02 - Unsighted Medicare card

Funding Source	Payment Class
12 - Other funding source	05 - Medicare
12 - Other funding source	10 - Not eligible
12 - Other funding source	98 - Other
12 - Other funding source	99 - Not stated/unknown
13 - Health service budget (no charge raised due to hospital decision)	01 - Correctional Services
13 - Health service budget (no charge raised due to hospital decision)	02 - Unsighted Medicare card
13 - Health service budget (no charge raised due to hospital decision)	05 - Medicare
13 - Health service budget (no charge raised due to hospital decision)	22 - Torres Strait Treaty (effective 01 October 2018)
13 - Health service budget (no charge raised due to hospital decision)	98 - Other
13 - Health service budget (no charge raised due to hospital decision)	99 - Not stated/unknown
14 - Medicare benefits scheme	05 - Medicare*
14 - Medicare benefits scheme	98 - Other
14 - Medicare benefits scheme	99 - Not stated/unknown
99 - Not stated/unknown	01 - Correctional Services
99 - Not stated/unknown	02 - Unsighted Medicare card
99 - Not stated/unknown	03 - Department of defence
99 - Not stated/unknown	04 - Department of veterans' affairs
99 - Not stated/unknown	05 - Medicare
99 - Not stated/unknown	06 - Motor vehicle other
99 - Not stated/unknown	07 - Motor vehicle other ineligible
99 - Not stated/unknown	08 - Motor vehicle Qld
99 - Not stated/unknown	09 - Motor vehicle Qld ineligible
99 - Not stated/unknown	10 - Not eligible
99 - Not stated/unknown	11 - Reciprocal country
99 - Not stated/unknown	12 - Third party eligible

Funding Source	Payment Class
99 - Not stated/unknown	13 - Third party ineligible
99 - Not stated/unknown	14 - Workers compensation other
99 - Not stated/unknown	15 - Workers compensation other ineligible
99 - Not stated/unknown	16 - Workers compensation Qld
99 - Not stated/unknown	17 - Workers compensation Qld ineligible
99 - Not stated/unknown	18 - National injury insurance scheme Qld eligible
99 - Not stated/unknown	19 - National injury insurance scheme Qld ineligible
99 - Not stated/unknown	20 - National injury insurance other
99 - Not stated/unknown	21 - National injury insurance other ineligible
99 - Not stated/unknown	22 - Torres Strait Treaty (effective 01 October 2018)
99 - Not stated/unknown	98 - Other
99 - Not stated/unknown	99 - Not stated/unknown

* Only where a Commonwealth Exemption Type is applied.

** All payment classes are valid with a CCC of '376 – Infectious Diseases-COVID19'.

The following validation/s refer to the combinations in this table: [FND014](#).

Change Applied	Release Date
Valid combination of funding source of 01 - Health service budget (not covered elsewhere) with payment class of 10 - Not eligible added.	27/01/2021

Appendix C – Service request source codes

Code	Description	Valid From	Valid To
01	QLD Health - Current Hospital - Emergency Dept	01/01/1900	30/06/2011
02	QLD Health - Current Hospital - SOPD	01/01/1900	30/06/2011
03	QLD Health - Current Hospital - Unit/Ward	01/01/1900	30/06/2011
04	QLD Health - Current Hospital - Private Practice	01/01/1900	30/06/2011
05	QLD Health - Other Hospital	01/01/1900	30/06/2011
06	QLD Health - Community Health Service	01/01/1900	30/06/2011
07	Other Government Provider - Correctional Fcty	01/01/1900	30/06/2011
08	Other Government Provider - Community Health	01/01/1900	30/06/2011
09	Other Government Service Provider - Other	01/01/1900	30/06/2011
10	Non-Government Provider - General Practice	01/01/1900	30/06/2011
11	Non-Government Provider - Private Hospital	01/01/1900	30/06/2011
12	Non-Government Provider - Other Private Specialist	01/01/1900	30/06/2011
21	Qld Health - this hospital - Emergency Dept	01/07/2011	
22	Qld Health - this hospital - Outpatient Clinic	01/07/2011	
23	Qld Health - this hospital - Unit/Ward	01/07/2011	
24	Qld Health - this hospital - Private Prac Clinic	01/07/2011	
28	Qld Health - this hospital - Other	01/07/2011	
31	Qld Health - other hospital	01/07/2011	30/06/2017
32	Qld Health - other hospital - other HHS	01/07/2017	
33	Qld Health - other hospital - same HHS	01/07/2017	
41	Qld Health - Community Health Service	01/07/2011	
48	Qld Health - Other	01/07/2011	
51	Other Gov Service Provider - Correctional Facility	01/07/2011	
52	Other Gov Service Provider - Comm Health Facility	01/07/2011	
53	Other Gov Serv Prov - Dep Comm (Child Safety Svcs)	01/07/2011	
58	Other Government Service Provider - Other	01/07/2011	
61	Non-Gov Service Provider - General Practice	01/07/2011	
62	Non-Gov Service Provider - Priv Hospital Facility	01/07/2011	
63	Non-Gov Service Provider - Priv Medical Specialist	01/07/2011	
64	Non-Gov Service Provider - Family Support Alliance	01/07/2011	
65	Non-Gov Service Provider - Intensive Family Sup Sv	01/07/2011	
68	Non-Government Service Provider - Other	01/07/2011	
70	Health care client - Self	01/07/2011	
98	Other	01/01/1900	
99	Not stated/inadequately described	01/01/1900	

Appendix D – Summary of QHNAPDC validations

Message Code	Error Type	Message Description
Duplicate Validations		
DUP001	FTL	This record is a duplicate of another record. Please supply only one unique service event record.

Message Code	Error Type	Message Description
Service Event Funding Details (FND) Validations		
FND002	FTL	The principal funding source for the service event is missing or has an invalid code. Please provide a valid funding source for the service event.
FND003	FTL	The chargeable status for this patient's service event is missing or has an invalid code. Please provide a valid chargeable status.
FND004	FTL	The payment class code of the service event is invalid. Please provide a valid payment class.
FND005	FTL	The Department of Veterans' Affairs (DVA) file number for this patient is missing or invalid with a funding source code of '07' DVA. Please provide a valid number.
FND006	FTL	The Department of Veterans' Affairs card type code for this patient is invalid. Please provide a valid card type.
FND007	FTL	Medicare number is invalid. Please provide a valid Medicare number.
FND010	FTL	Medicare eligibility code is missing or is invalid. Please provide a valid Medicare eligibility code.
FND012	FTL	The funding source supplied is '10' (Other hospital or public authority (contracted care)) however, the purchaser identifier is blank or the same as the facility code. Please check funding source and purchaser identifier and amend as required.
FND013	WRN	This service event has a funding source of Worker's Compensation. However, the patient is not between 15 and 70 years old. Please check age of patient and the funding source of the service event.
FND014	FTL	The funding source for this patient's service event is (). However, the payment class is (). Please check funding source and payment class.
FND015	FTL	The chargeable status for this patient's service event is 'Private-bulk billed'. However, the funding source of the service event is not 'Medicare Benefits Scheme'. Please check the chargeable status and the funding source of the service event.
FND016	FTL	The chargeable status for this patient's service event is 'Private - other'. However, the funding source is one of the 'Health service budget' funding sources. Please check the chargeable status and the funding source of the service event.
FND019	WRN	The payment class for this service event is 'Not eligible'. However, a Medicare number has been provided for this service event. Please check the patient's Medicare eligibility and the payment class of the service event.
FND022	WRN	The patient is Medicare ineligible however, their country of birth is Australia. Please check the Medicare details and the country of birth of the patient recorded for this service event.
FND023	FTL	The code for the identifier of the purchaser of hospital care is invalid. Please provide a valid purchaser identifier.
FND024	WRN	The funding source code of the patient is unknown/not stated. Please review and update.
FND025	WRN	Department of Veterans' Affairs (DVA) 'Gold' card is registered for this patient and the funding source is not DVA. Please check the funding source.
FND026	WRN	Department of Veterans' Affairs (DVA) card type of 'White' has been received for this service event however, the funding source is not 07 DVA. Please check the funding source and DVA details of this service event.
FND027	FTL	Department of Veterans' Affairs (DVA) card type of 'Orange' has been received however, a DVA card type of 'Orange' is for pharmaceuticals only. Please check the funding source and DVA details of this service event.
FND028	FTL	The contract indicator for this service event has an invalid code of . Please provide a valid contract indicator for this service event.
FND029	FTL	The contract indicator and funding source combination indicates this service event is 'contracted out' activity. However, the provider identifier is blank or the same as the facility code. Please check the Contract indicator flag, funding source and provider identifier and amend as required.
FND030	WRN	The patient's Medicare eligibility is () however, a Medicare number has been provided. Please check the Medicare number and eligibility.
FND031	WRN	The patient is Medicare eligible however, a Medicare number has not been provided. Please review and update.

Message Code	Error Type	Message Description
FND032	WRN	The payment class code for this service event is 'Not eligible' however, the Medicare eligibility code is not ineligible. Please check the payment class and Medicare eligibility.
FND035	FTL	The Commonwealth funded program type code is invalid. Please provide a valid Commonwealth funded program type code.
FND036	FTL	The Commonwealth exemption type code is invalid. Please provide a valid Commonwealth funded program type code.
FND037	FTL	A value has been entered in both the Commonwealth funded program type and Commonwealth exemption type field for this service event. Only one of these fields can be used in a single service event. Please review and amend.
FND038	FTL	The chargeable status for this patient's service event is 'Public'. However, the funding source is 'Medicare Benefits Scheme' with no Commonwealth Exemption Type. Please check the chargeable status and the funding source of the service event.
FND039	FTL	The chargeable status for this patient's service event is 'Public'. However, the funding source is 'Private Health Insurance'. Please check the chargeable status and the funding source of the service event.
FND041	FTL	The Commonwealth Exemption Type for this patient's service event is 'COAG19.2/RRMBS'. However, the chargeable status is not 'Public', or the funding source is not 'Medicare Benefits Scheme'

Message Code	Error Type	Message Description
Patient Detail (PAT) Validations		
PAT001	FTL	The facility code for this patient's service event is missing or invalid. Please supply a valid facility code.
PAT002	FTL	The patient identifier is missing or invalid. Service event date is , local clinic is , date of birth is , sex is . Please supply a valid patient identifier.
PAT004	FTL	The patient's family name is missing. Please provide the patient's family name.
PAT005	FTL	The code for the sex of the patient is missing or invalid. Please provide the code for the sex of the patient for this service event.
PAT007	FTL	The patient's date of birth is blank, not a valid date or greater than 110 years. Please provide a valid date of birth for this service event.
PAT008	WRN	The patient's age has been reported between 105 and 110 years. Please check the date of birth for this service event.
PAT009	WRN	The estimated date of birth indicator is invalid. Please provide a valid estimated date of birth indicator for this service event.
PAT010	FTL	The patient's country of birth is invalid or blank. Please provide a valid country of birth code for this service event.
PAT011	FTL	The patient's Indigenous status is missing or invalid. Please provide a valid Indigenous status for this service event.
PAT012	WRN	The patient's address contains GPO, GPO Box, PO, PO Box or Box. Please provide the patient's home (Permanent) address for this service event; including suburb, postcode and state for this service event.
PAT013	FTL	The patient's suburb is blank. Please provide a valid suburb for this service event
PAT014	FTL	The patient's postcode is blank. Please provide a valid postcode.
PAT015	FTL	The locality/postcode combination is not valid. The supplied address line 2 is and the post code is . Please check address and provide valid details.
PAT016	FTL	The Source Application reported for the patient's service event is missing or invalid. Please provide a valid source application for this service event.
PAT018	WRN	Patient is Indigenous but Country of Birth is not Australia. Please check the Indigenous Status and Country of Birth for this service event.
PAT019	WRN	The code for the sex of the patient is not stated/inadequately described. Please review and confirm/update for this service event.
PAT020	FTL	The patient's date of birth is after the date of the service event. Please amend.
PAT021	WRN	The patient's first name is missing. Please provide a first name if available.
PAT022	WRN	The code for the patient's country of birth is not stated or inadequately described. Please review and confirm or update.
PAT023	WRN	The code for the patient's country of birth is () which is uncommon. Please confirm or update.

Message Code	Error Type	Message Description
PAT024	WRN	The code for the patient's Indigenous status is not stated. Please review and confirm or update.

Message Code	Error Type	Message Description
Service Request Details (REQ) Validations		
REQ001	FTL	The date on which the service request (referral) was received by the reporting entity is missing. Please provide a valid date for this service event.
REQ002	WRN	The date on which the service request (referral) was issued is after the date of the service event. Please check dates.
REQ003	FTL	The source of the service request (referral) by the reporting entity is missing or has an invalid code of . Please supply a valid service request source.
REQ005	WRN	The date on which the service request (referral) was received by the reporting entity is more than 10 years before the date of the service event. Please check dates.
REQ007	FTL	The self-referral indicator for this service event has an invalid code of . Please provide a valid self-referral indicator or leave blank.
REQ008	FTL	The self-referral indicator has been supplied for this service event however, the clinic is a specialist outpatient type clinic. Please check the self-referral indicator and CCC for this service event.
REQ009	WRN	The source of the service request (referral) by the reporting entity is '99 - Not stated/inadequately described'. This is a valid code, however only intended to be used temporarily until the information can be obtained. Please review the source of the service request (referral) and amend.

Message Code	Error Type	Message Description
Service Event Details (SVE) Validations		
SVE001	FTL	The Corporate Clinic Code (CCC) is invalid or missing. Please provide a valid CCC.
SVE003	FTL	The service provider type of the service event is missing or invalid. Please provide a valid service provider type.
SVE004	FTL	The care type of the service event is missing or is invalid. Please provide a valid care type.
SVE005	FTL	The service delivery setting of the service event is missing or invalid. Please provide a valid service delivery setting.
SVE006	FTL	The service delivery mode of the service event is missing or invalid. Please provide a valid service delivery mode.
SVE007	WRN	The Tier 2 clinic class code provided does not match the code derived by the Statistical Services Branch. The source Tier 2 code is and the derived Tier 2 code is . Please check the Tier 2 code provided.
SVE008	FTL	The group session indicator for the service event is missing or invalid. Please provide a valid group session indicator.
SVE009	FTL	The date of the service event is missing or is not a valid date. Please provide a valid date.
SVE010	FTL	The multiple health care provider indicator for this service event is missing or invalid. Please provide a valid multiple health care provider indicator.
SVE011	FTL	The local clinic code for this service event is missing. Please provide a local clinic code.
SVE012	FTL	More than one service event with this home delivered procedure CCC has been recorded during the calendar month for this patient. Only one service event for a home delivered procedure CCC per patient per calendar month is to be provided regardless of the number of sessions.
SVE013	FTL	New or review flag of the service event is missing or has an invalid code. Please provide a valid new or review flag.
SVE014	FTL	The Provider Identifier is invalid. Please provide a valid Provider Identifier.
SVE015	WRN	A patient with the sex of 'male' has been reported as attending a clinic with a gynaecological CCC. Please check the sex of patient and CCC for this service event.
SVE018	WRN	This record has been assigned a QHAPDC flag. Please review date and time of service event and amend or confirm.
SVE019	WRN	This record has been assigned an Emergency Department flag. Please review date and time of service event and amend or confirm.

Message Code	Error Type	Message Description
SVE021	WRN	This service event has a home delivered CCC of () however, the service delivery mode is (). Please check the CCC and service delivery mode for this service event and amend.
SVE022	WRN	This service event has been flagged with an IHPA reportable flag of 'no' as multiple service events have been supplied for the same patient, date, Tier 2 code and principal source of funding (Public). Please check and amend if required.
SVE023	WRN	The reporting facility identifier for this patient's service event has an invalid code of . Please check and provide a valid reporting facility identifier.
SVE024	FTL	Statistical Services Branch could not derive a Tier 2 from the reported CCC and service provider type combination. The CCC is () and the Service Provider is (). Please review and update.
SVE025	FTL	The service delivery setting of () and CCC of () are conflicting. Please review both codes and update.
SVE026	FTL	The patient is not present for this MDCC service event however the Multiple Health Care Provider indicator is (). Please review Patient Not Present Indicator and the Multiple Health Care Provider indicator and update.
SVE027	FTL	The patient not present indicator is invalid. Please provide a valid indicator.
SVE028	FTL	This service event has a CCC of '376 – Infectious Diseases-COVID19' however, the funding source is (). Please check the CCC and funding source for this service event and amend or confirm.
SVE029	FTL	The first service event indicator is invalid. Please provide a valid first service event indicator
SVE030	WRN	The multiple health care provider indicator is not stated/ inadequately described. Please review and confirm/update for this service event.