

# APPENDIX L

## Validation changes

### Changes between 2018-2019 and 2019-2020 collection periods



## Appendix L Validation changes

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# Table of Contents

- Amendments ..... 4
- New Validations ..... 6
- Deletions ..... 8

## Amendments

Validation Code	Validation Description	Details of Change
CNTRCT-H427	Contract type has been reported as 5 BA and Contract role is B Contracted hospital, but either Source of Referral/Transfer (admission source) is not 25 Non-admitted patient referred from another hospital and/or Mode of Separation (discharge status) is not 16 Transferred to another hospital.	Minor change to message content.
CONG-H722	Abortion diagnosis codes with O090, O091 or O092 have been provided in conjunction with a specified code from Chapter 15. Please provide the Fetus number and Fetal diagnosis code to SSB.	Abortion diagnosis code Z32.2 has been added to trigger this validation.
DATE-H463	Date for procedure   occurs while patient is on leave.	Added additional mental health-specific information to resolution text.
GEN-H406	Source of referral/transfer (admission source) is 19 Routine readmission, but Elective patient status is not 3 Not assigned.	Minor change to message content.
GEN-H594	The Country of birth code of   has been reported. This is uncommon.	Update of validation message to include reported Country of birth code.
GEN-H682	The Smoking status is missing or invalid.	Minor change to message content to improve clarity.
GEN-H684	The Smoking status has been reported as a 1 Current smoker within the last 30 days, but the morbidity coding does not include; Z720, F171, F172 or F173.	Validation triggers if F17.3 not reported in morbidity coding.
GEN-H717	A Ward transfer has been supplied with the same date/time as the episode end date/time.	Minor change to message content to improve clarity.
ICD-H648	The Condition onset flag is invalid for diagnosis code   .	Minor change to message content and removal of condition.
ICD-H649	A Condition onset flag has been assigned against a procedure code.	Minor change to message content.
ICD-H650	Other diagnosis code   has a Condition onset flag of 2 Condition arose during the episode of care but no External cause codes have a Condition onset flag of 2.	Minor change to message content.
ICD-H655	Code   must have a Condition onset flag of 1 Condition present on admission to the episode of care.	Minor change to message content. Validation will trigger as either a warning or fatal dependent on code assigned.
ICD-H656	Code   usually has a Condition onset flag of 1 Condition present on admission to the episode of care. Please confirm this is correct.	Minor change to message content.

Validation Code	Validation Description	Details of Change
ICDSEQ-H565	Code    must be provided with a code in the range  .	Expansion of ICD coding ranges in line with implementation of ICD-10-AM 11 <sup>th</sup> Edition.
ICDSEQ-H570	Code    cannot be provided with codes in the range  .	Expansion of ICD coding ranges in line with implementation of ICD-10-AM 11 <sup>th</sup> Edition.
ICD-H846	Code   has a Condition onset flag of 9 Condition onset unknown/uncertain on admission to the episode of care. Please confirm this is correct.	Minor change to message content.
ICD-H847	Condition onset unknown/ uncertain on admission to the episode of care. Please confirm if this is correct.	Minor change to message content.
ICD-H849	Code   with assigned Condition onset flag and current length of stay is outside the range of clinical advice.	In range diagnosis codes: I20.0, I21.0 – I22.9 Expected length of stay for HAC to develop – equal to or greater than 48 hours Mode of separation is not 5 Died in hospital or 16 Hospital Transfer.
LINK-H190	According to our records, this patient has been admitted for over three months and has not yet been discharged.	Message description has been updated as follows; This episode has a Mode of separation of 06 Episode change however, no linked episodes have been received for this patient. Resolution text updated. This validation does not apply to residential mental health care facilities.
NMDS-H75	The facility ID the patient was transferred to is missing or invalid.	Minor change to message content to improve clarity.
TID-H854	Telehealth Event ID   is missing or invalid.	Adjustment of validation to incorporate changes to Provider Type codes.
TID-H859	Facility ID is   and Telehealth provider ID is  . They must not be the same.	Amendment of validation to trigger a WARNING if patient is a Hospital in the home (HITH) patient.
MEN-H868	The Source of referral/transfer (admission source) is 06 Episode change. This is invalid for a residential mental health care episode.	Added additional information to resolution text.
MEN-H871	The Mode of separation (discharge status) is 06 Episode change. This is invalid for a residential mental health care episode.	Added additional information to resolution text.

## New Validations

Validation Code	Validation Description	Details of Change
GEN-H338	Null fields exist in  . This episode cannot be moved to final tables.	This is an existing validation that was not previously listed in Appendix L.
GEN-H893	This episode is a duplicate of another episode reported by this facility. Please amend as soon as possible.	New validation replacing manual data quality check previously done by QHAPDC team.
GEN-H894	The patient sex has been reported as OTHER. Please confirm.	General validation added to complement DRG validation.
GEN-H895	This patient has been transferred to or from an overseas facility. Please confirm details.	New validation valid from 2019-2020 collection year for legacy items.
GEN-H900	Mode of Separation is 31 Residential mental health care facility, but the Transferring to facility (extended source code) is missing or is not a valid residential mental health care facility.	New validation valid from 2019-2020 collection year for legacy items.
GEN-H909	Care type is 05 Newborn, but Country of birth is not Australia.	New validation replacing manual data quality check previously done by QHAPDC team.
ICD-H890	Other diagnosis code   should have a Condition onset flag of 2 Condition arose during the episode of care.	This validation checks for newborn diagnosis codes with a COF of 1 and patient is born in hospital.
ICD-H891	Diagnosis code O311 has been assigned. Please confirm type of abortion.	New validation to increase visibility of abortions.
ICD-H892	Code    is unexpected for this facility. Please review and amend data.	This validation checks for episodes reporting procedure codes that are not normally performed in the reporting facility.
ICD-H908	Code   in a delivery episode of care must have a Condition onset flag of 1 Condition present on admission to the episode of care.	This validation checks for delivery diagnosis codes with a COF of 2 or 9 where COF is expected to be 1.
ICD-H910	Condition onset flag is missing for II.	New validation valid from 2019-2020 collection year for legacy items.
TID-H896	Telehealth Event ID  : Provider type is missing or invalid.	New validation to incorporate changes to Provider Type codes.
MEN-H897	This residential mental health care facility episode has been linked to elective surgery entries  . This is incorrect.	New validation valid from 2019-2020 collection year for legacy items.
MEN-H898	Referral to Further Care Not Applicable is only valid for patients who are continuing care at this facility or have died.	New validation valid from 2019-2020 collection year for legacy items.
MEN-H899	If a patient is continuing care at this facility, or has died, referral to further care is not applicable.	New validation valid from 2019-2020 collection year for legacy items.

<b>Validation Code</b>	<b>Validation Description</b>	<b>Details of Change</b>
MEN-H903	Consumer was statistically discharged at end of reference period but there is no corresponding admission.	New validation valid from 2019-2020 collection year for legacy items.
MEN-H904	Consumer was statistically admitted at the beginning of reference period but there is no corresponding discharge.	New validation valid from 2019-2020 collection year for legacy items.
MEN-H905	The funding source for a residential mental health care consumer should be 01 Health service budget (not covered elsewhere).	New validation valid from 2019-2020 collection year for legacy items.
MEN-H906	Consumers must be statistically discharged at the end of the financial year	New validation valid from 2019-2020 collection year for legacy items.
MEN-H907	Residential patient discharged to other facility, but not referred to further care.	New validation valid from 2019-2020 collection year for legacy items.

## Deletions

Validation Code	Validation Description	Details of Change
MH-M16	The Mental health phase of care type is missing or invalid for Start date  .	Mental health phase of care details are now out of scope of the QHAPDC.
MH-M17	Care type is 12 Mental health, but a Mental health phase of care record has not been reported.	Mental health phase of care details are now out of scope of the QHAPDC.
MH-M18	A Mental health phase of care record has been reported, but Care type is not 12 Mental health.	Mental health phase of care details are now out of scope of the QHAPDC.
MH-M19	The Mental health phase of care Start date and time of  , does not equal the Admission start date and time.	Mental health phase of care details are now out of scope of the QHAPDC.
MH-M20	The Mental health phase of care Start date and time must be 01072016 00:01 as the Admission start date is before 1 July 2016.	Mental health phase of care details are now out of scope of the QHAPDC.
MH-M21	The last Mental health phase of care end date and time entry does not equal the Separation date and time.	Mental health phase of care details are now out of scope of the QHAPDC.
MH-M22	More than one Mental health phase of care has been reported, but the Start date and time of   is not one minute greater than the end date and time of  .	Mental health phase of care details are now out of scope of the QHAPDC.
MH-M23	More than one Mental health phase of care has been reported, but the same phase type has been reported for sequential entries.	Mental health phase of care details are now out of scope of the QHAPDC.
MH-M24	A Mental health phase of care has changed whilst the patient was on leave.	Mental health phase of care details are now out of scope of the QHAPDC.
MH-M25	The Mental health phase of care code for Start date   is 5 Assessment only. This is usually reported for the first Mental health phase of care.	Mental health phase of care details are now out of scope of the QHAPDC.
MH-M26	A Mental health phase of care code of 9 Not reported has been assigned whilst admitted to a designated psychiatric unit.	Mental health phase of care details are now out of scope of the QHAPDC.
MH-M27	Mental health phase of care with a Start date of   is overlapping with Mental health phase of care with a Start date of  .	Mental health phase of care details are now out of scope of the QHAPDC.