APPENDIX L

Validation Messages Explained

Queensland Hospital Admitted Patient Data Collection (QHAPDC) 2026-2027 V1.0

DELIVERING FOR QUEENSLAND | Queensland Government

Appendix L

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Introduction

This appendix is designed to assist hospitals in responding to validation messages appearing on the Electronic Validation Application (EVA). There are two categories of validation messages: 'warning' (WRN) and 'fatal' (FTL). All messages that appear on EVA should be checked, however warnings will appear only once (i.e. will not be repeated, unless a change is made to a record which produces a fatal validation). The actioning of all fatal messages is mandatory and must either be corrected or confirmed as correct by the hospital on EVA.

Validation message codes are listed in numerical order under identified report types and in the following format.

Category	This will indicate whether the validation is a FATAL or a WARNING message.
Message Description	This is the message that will appear on EVA. Due to character limits, the message description may differ slightly. For example, when ranges of morbidity coding are displayed and the character limit is exceeded, the range of codes will be replaced with “(refer to coding standards)”.
Resolution	This will provide the data fields that have been affected by the validation to be reviewed, any further information to help assist in resolving the validation and will also provide a reference to the sections of the related data items within the QHAPDC manual.

Link Facility Stays Validation Report

Patient episodes are linked by DSB to form the patient’s complete hospital stay. The hospital stay may relate to more than one episode. Episodes are linked using the following fields: patient identification (ID), episode start and end dates, source of referral, mode of separation and care type. All episodes in a complete hospital stay should have the same patient ID but different episode numbers for each episode. A full hospital stay is identified by a linking number. The same linking number is given to each episode in the hospital stay.

Morbidity Classification

Note that all references to the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) and the Australian Classification of Health Interventions (ACHI) code identifiers relate to the prefix for all codes. These prefixes are: PD for the principal diagnosis, OD for other diagnoses, PR for interventions and procedures, EX for external causes, and M for morphologies. Responses by hospitals should follow these naming conventions. If the hospital does not use this convention, the hospital’s extract program should convert the morbidity type codes used by the hospital to those required by DSB.

Symbols

The symbol | that appears in some messages indicates a parameter. This symbol (also called a “pipe”) will not appear on EVA; instead it will be replaced by further information to the validation message (e.g. the date or the invalid code to which the message refers).

Activity (ACTV) Validations

These validation messages relate to patient activity, including ward transfers, leave, account variations, mother's patient identifier and qualification status changes.

ACTV H93

Category	FATAL
Message Description	A patient on leave for more than 7 days should be formally discharged. Check leave and episode end dates and/or times.
Resolution	Check the Leave start date/time and Leave end date/time and amend as appropriate. A patient should never be on leave for more than 7 days. If a patient is on leave for more than 7 days, they should be formally discharged on the day they first went on leave and readmitted when they return form leave. See Section 3.8.1 Calculation of leave days and Section 4.10 Leave.

ACTV H115

Category	FATAL
Message Description	The patient's account class is missing as at |.
Resolution	Check the Account class and amend as appropriate. See Section 7.5 Account class (HBCIS hospitals).

ACTV H179

Category	FATAL
Message Description	This patient has not returned between the two start leave dates | and |.
Resolution	Check the Leave start and End dates/times and amend as appropriate. Check all leave records for the episode and ensure none overlap. See Section 3.8.1 Calculation of leave days and Section 4.10 Leave.

ACTV H379

Category	FATAL
Message Description	Account class indicates that patient is a banded patient. This is only valid at admission with no account class changes. Please check account class codes.
Resolution	Check the Account class and the Same day banded procedure code and amend as appropriate. A banded patient should be a same day patient with no account variations. See Section 7.5 Account class (HBCIS hospitals) and Section 7.6 Same day banded procedures.

ACTV H398

Category	FATAL
Message Description	The code provided for the Nursing Home Type flag for the period | to | is invalid.
Resolution	Check the Nursing home type code and amend as appropriate. See Section 4.14 Nursing home type patients (NHTP).

ACTV H400

Category	FATAL
Message Description	Two nursing home type periods from | to | and | to | are overlapping.
Resolution	Check the Nursing home type start and end dates and amend as appropriate. For public facilities, this information is available through the account class variation screens. See Section 4.14 Nursing home type patients (NHTP).

ACTV H405

Category	FATAL
Message Description	Nursing home type details are only valid for sub and non-acute and mental health patients. Check Care type, Account class (public facilities) or nursing home type details (private facilities).

Resolution	Check the Care type, Account class code or Nursing home type details and amend as appropriate. Care type should be 12 Mental health, 20 Rehabilitation, 30 Palliative, 09 Geriatric Evaluation and Management, 10 Psychogeriatric or 11 Maintenance for Nursing Home Type details to be provided. For public facilities, nursing home type details are derived from the account class code. Any account class with LS (Long Stay) in the code is valid for nursing home type details to be reported. See Section 4.14 Nursing home type patients (NHTP), Section 7.15 Care type and Section 7.5 Account class (HBCIS hospitals).

ACTV H411

Category	FATAL
Message Description	This patient was on leave when a nursing home type period started on |. Check leave details.
Resolution	Check the Leave start and end date/times and Nursing home type start date and amend as appropriate. If the patient went on leave, the nursing home type care should commence when the patient returns from leave. Otherwise, the hospital should arrange to have either the nursing home type period or the leave period deleted.

ACTV H744

Category	FATAL
Message Description	Mother's patient ID for this patient is invalid and Source of referral/transfer is 09 Born in hospital.
Resolution	Check Mother's patient ID and amend as appropriate. A mother's patient ID is required when the baby's Source of referral/transfer (admission source) is 09 Born in hospital. The Mother's episode and Baby's episode need to be linked for the Mother's patient ID to be extracted. For public hospitals check that the Mother and Baby episodes have been linked. For private hospitals, supply DSB with the Mother's Patient ID. See Section 7.12 Source of referral/transfer (admission source) and 7.14 Mother's patient identifier.

ACTV H745

Category	FATAL
Message Description	Mother's patient ID for this patient is missing and Source of referral/transfer is 09 Born in hospital.
Resolution	Check Mother's patient ID and amend as appropriate. A mother's patient ID is required when the baby's Source of referral/transfer (admission source) is 09 Born in hospital. The Mother's episode and Baby's episode need to be linked for the Mother's patient ID to be extracted. For public hospitals check that the Mother and Baby episodes have been linked. For private hospitals, supply DSB with the Mother's Patient ID. See Section 7.12 Source of referral/transfer (admission source) and 7.14 Mother's patient identifier.

Boarder Episode (BOARD) Validations

These validations relate to the coding of boarder episodes.

BOARD H91

Category	FATAL
Message Description	The Account class code indicates boarder, but Care type is not 08 Boarder.
Resolution	Check Account class code and Care type and amend as appropriate. See Section 7.15 Care type and Section 7.5 Account class (HBCIS hospitals).

BOARD H96

Category	FATAL
Message Description	A boarder has been identified, but one of the following is not; Care type of 08 Boarder or Source of referral/transfer (admission source) of 21 Boarder or Mode of separation (discharge status) of 14 Boarder or Funding source of 12 Other funding source.
Resolution	Check Care type, Source of referral (admission source), Mode of separation (discharge status) and Funding source and amend as appropriate. For boarder episodes; Source of referral/transfer (admission source) = 21 Boarder Care type = 08 Boarder Mode of separation (discharge status) = 14 Boarder Funding source = 12 Other funding source See Section 4.4 Boarders.

BOARD H382

Category	FATAL
Message Description	This patient is a boarder but this episode has been linked to elective surgery entry |.

Resolution	Check Care type, Source of referral (admission source), Mode of separation (discharge status), Funding source and Elective surgery details and amend as appropriate. Boarders should not receive any form of treatment. If the patient is on the waiting list and is registered as a boarder, but is removed from the waiting list during the boarder admission, the elective details should not be linked. See Section 4.4 Boarders and Section 11 Elective Surgery Details (Public hospitals).

BOARD H384

Category	FATAL
Message Description	Mental Health details have been provided but this patient is a boarder.
Resolution	Check Care type, Source of referral (admission source), Mode of separation (discharge status), Funding source and Mental health details and amend as appropriate. Boarders should not receive any form of treatment. Mental health details should only be sent for a patient admitted or transferred to a psychiatric unit who has received psychiatric care. See Section 4.4 Boarders and Section 10 Mental Health.

BOARD H386

Category	FATAL
Message Description	This patient is a boarder but has been reported as compensable as at |.
Resolution	Check Care type, Source of referral (admission source), Mode of separation (discharge status), Funding source and Compensable status and amend as appropriate. Boarders should not be compensable. See Section 4.4 Boarders and Section 7.8 Compensable status.

BOARD H391

Category	FATAL
Message Description	Care Type is 08 Boarder and Contract type or Contract role is not blank.
Resolution	Check Care type, Contract type and Contract role and amend as appropriate. Boarders cannot be contracted to another facility. See Section 4.4 Boarders and Section 7.15 Care type.

BOARD H690

Category	FATAL
Message Description	Care type is 08 Boarder, but a boarder Account class has not been assigned.
Resolution	Check Account class code and Care type and amend as appropriate. See Section 7.15 Care type and Section 7.5 Account class (HBCIS hospitals).

Check (CHECK) Validations

These validations are mostly **WARNINGS**. They relate to items that need to be checked by the hospital to ensure data quality, but each validation could relate to valid data.

CHECK H76

Category	WARNING
Message Description	The Medicare eligibility code and country of birth could be conflicting. Please check both fields.
Resolution	Check Medicare eligibility (private facilities), Payment class (public facilities) and Country of birth and amend as appropriate. For public facilities, Medicare eligibility is derived from payment class. It is unusual that a patient born in Australia (or a country with a reciprocal Medicare agreement with Australia) would not be eligible for Medicare. See Section 6.7 Country of birth and Section 6.13 Medicare eligibility.

CHECK H84

Category	WARNING
Message Description	This patient's age has been reported as more than | years. Please check date of birth.
Resolution	Check Date of birth and amend as appropriate. The patient's age is greater than 110 years at admission. It is unusual for a patient to be older than 110 years If the patient is more than 110 years old, formal confirmation is required to be provided to DSB. See Section 6.4 Date of birth.

CHECK H265

Category	WARNING
Message Description	This episode has a long length of stay. Please check episode dates and leave dates.
Resolution	The episode length of stay is greater than 366 days. Check the Admission date, Separation date, Leave start and end Dates and Care type and confirm or amend as appropriate.

CHECK H366

Category	FATAL
Message Description	This patient was born in | but Indigenous Status indicates they are an Australian Aboriginal or Torres Strait Islander. Please confirm.
Resolution	Check the Indigenous status and Country of birth and amend as appropriate. It is unusual for an Australian Aboriginal to be born outside Australia and for a Torres Strait Islander to be born outside Australia or Papua New Guinea. See Section 6.7 Country of birth and Section 6.9 Indigenous status.

Congenital Anomaly (CONG) Validations

CONG H722

Category	FATAL
Message Description	Abortion diagnosis codes with O091 or O092 have been provided in conjunction with a specified code in the range O00-O99. Please provide the Fetus number and Fetal diagnosis code to DSB.
Resolution	Check the morbidity details and provide the following information: • Fetus number e.g. Fetus 1, Fetus 2, Fetus 3 etc. • Abortion type e.g. Missed abortion, Medical termination, Surgical termination, Feticide, Spontaneous abortion, and • Congenital anomaly code(s), which can be found in TABLE 3 – Valid Congenital Anomaly Codes For cases involving multiple aborted fetuses, the abortion type and congenital anomaly code(s) must be specified for each fetus. This validation is designed to accurately capture the types of abortion. Since the fetus does not have an episode of admitted patient care, this validation is the only method through which the DSB can collect and record this information. Congenital anomaly data is required with: One or more of the codes within the ranges O35.0 – O35.6 or O35.8 – O35.9 *Maternal care for known or suspected fetal abnormality and damage*, O33.6 – O33.7 *Maternal care for known or suspected disproportion*, O36.2 *Maternal care for hydrops fetalis*, O36.3 *Maternal care for signs of fetal hypoxia*, O36.4 *Maternal care for intrauterine death*, O36.7 *Maternal care for viable fetus in abdominal pregnancy*, O43.0 – O43.1 or O43.8 *Placental disorders*; and A code within the range O04.0 – O04.9 *Medical abortion*, O05.0 – O05.9 *Other abortion*, O06.0 – O06.9 *Unspecified abortion* or Z32.2 *Initiation of medical abortion*; and A code within the range O09.0 – O09.2 *Duration or pregnancy*.

CONG H729

Category	FATAL
Message Description	Congenital code was provided but it is invalid.
Resolution	Check the morbidity details and amend as appropriate. See TABLE 3 - Valid Congenital Anomaly Codes

Contract (CNTRCT) Validations

These validations relate to contract details, including contract leaves, contract referral codes, morbidity contract flag, contract role and contract type.

CNTRCT H122

Category	FATAL
Message Description	Please provide the facility code for the hospital that this patient was contracted to on |.
Resolution	Check Facility number contracted to and amend as appropriate. See Section 4.7 Contracted hospital care and Section 4.7.7 Facility number contracted to.

CNTRCT H165

Category	FATAL
Message Description	Contract has been reported as 2 ABA and Contract role is B Contracted hospital but Source of referral/transfer (admission source) is not 24 Admitted patient transferred from another hospital, and/or Mode of separation (discharge status) is not 16 Transferred to another hospital.
Resolution	Check the Contract type, Contract role, Source of referral/transfer (admission source) and Mode of separation (discharge status) and amend as appropriate. See Section 4.7.5 Contract role, Section 4.7.9 Contract type, Section 7.12 Source of referral/transfer (admission source) and Section 7.31 Mode of separation (discharge status).

CNTRCT H396

Category	FATAL
Message Description	Contract role is invalid.
Resolution	Check the Contract role and amend as appropriate. See Section 4.7.5 Contract role.

CNTRCT H397

Category	FATAL
Message Description	Contract type is invalid.
Resolution	Check the Contract type and amend as appropriate. See Section 4.7.9 Contract type.

CNTRCT H408

Category	FATAL
Message Description	Contract role or Contract type is missing.
Resolution	Check the Contract role and Contract type and amend as appropriate. For contract patients, the contract role and contract type cannot be null. See Section 4.7.5 Contract role and Section 4.7.9 Contract type.

CNTRCT H409

Category	FATAL
Message Description	Contract type is 1 B but the purchaser/provider identifier is invalid for this contract type.
Resolution	Check the Contract type and Purchaser/provider identifier and amend as appropriate. If the contract details are correct, and a contract agreement is now in place, formally notify DSB of the date the contract officially began. See Appendix A List of facilities – Contract Hospital Care Identifier.

CNTRCT H410

Category	FATAL

Message Description	Contract details do not indicate that this patient was contracted to this facility by Qld Health. Please check contract details.
Resolution	All public patients in a BOOT (Build Own Operate Transfer) hospital should be coded as being contracted to the facility by the Department of Health. As BOOT hospitals already have a contract with the Department of Health, there is no need for individual contracts with public hospitals. If the patient is a contract from a private hospital, the patient should be coded as a private patient. Check contract role and contract type codes.

CNTRCT H416

Category	WARNING
Message Description	Contract role is A Contracting hospital, but a Contract flag has not been assigned to any interventions.
Resolution	Check the Contract flag and morbidity details and amend as appropriate. The contract role indicates that part of the treatment for this patient was contracted to another facility. However a Contract flag has not been assigned to any reported interventions. See Section 9.16 Contracted procedures.

CNTRCT H417

Category	FATAL
Message Description	Contract type is 1 B, but Contract role is A Contracting hospital. This is an invalid combination.
Resolution	Check the Contract type and Contract role and amend as appropriate. A Contract role of A is only valid with a Contract type of 2 ABA, 3 AB or 5 BA. If Contract role is A, then Contract type cannot be 1 B. See Section 4.7.5 Contract role and Section 4.7.9 Contract type.

CNTRCT H418

Category	FATAL
Message Description	Contract type is 2 ABA and Contract role is A Contracting hospital, but Contract Leave details have not been provided.
Resolution	Check the Contract type, Contract role and Leave details and amend as appropriate. If a contract type is 2 ABA and Contract role is A Contracting hospital, then the patient must be recorded as being on contract leave when sent to hospital B, and should not be discharged to hospital B. If the patient has been discharged and sent to hospital B, a contract type of 3 AB should be used. See Section 4.7.5 Contract role and Section 4.7.9 Contract type.

CNTRCT H420

Category	FATAL
Message Description	Contract type is 2 ABA and Contract role is B Contracted hospital, but Source of Referral/Transfer (admission source) is not 24 Admitted patient transferred from another hospital and/or Mode of Separation (discharge status) is not 16 Transferred to another hospital.
Resolution	Check the Contract type, Contract role, Source of referral/transfer (admission source) and Mode of separation (discharge status) and amend as appropriate. See Section 4.7.5 Contract role, Section 4.7.9 Contract type, Section 7.12 Source of referral/transfer (admission source) and Section 7.31 Mode of separation (discharge status).

CNTRCT H421

Category	FATAL
Message Description	Contract type has been reported as 3 AB and Contract role is A Contracting hospital, but Mode of Separation (discharge status) is not 16 Transferred to another hospital.
Resolution	Check the Contract type, Contract role and Mode of separation (discharge status) and amend as appropriate. See Section 4.7.5 Contract role, Section 4.7.9 Contract type and Section 7.31 Mode of separation (discharge status).

CNTRCT H422

Category	FATAL
Message Description	Contract type is 3 AB and Contract role is B Contracting hospital, but Source of referral (admission source) is not 24 Admitted patient transferred from another hospital.
Resolution	Check the Contract type, Contract role and Source of referral/transfer (admission source) and amend as appropriate. See Section 4.7.5 Contract role, Section 4.7.9 Contract type and Section 7.12 Source of referral/transfer (admission source).

CNTRCT H423

Category	FATAL
Message Description	Contract type is 3 AB or 4 (A)B and Contract role is B Contracted hospital, but Transfer from Facility identifier and Transfer to Facility identifier are the same.
Resolution	Check the Contract type, Contract role, Transfer from facility and Transfer to facility and amend as appropriate. The contract type indicates that the patient was not transferred back to the contracting facility; therefore the transfer to facility identifier should not be the same as the transfer from facility identifier. See Section 4.7.5 Contract role and Section 4.7.9 Contract type.

CNTRCT H424

Category	FATAL
Message Description	Contract type has been reported as 4 (A)B and Contract role is A Contracting hospital. This is an invalid combination.
Resolution	Check the Contract type and Contract role and amend as appropriate. A contract type of 4 (A)B should only be used when the patient was not admitted to the contracting facility (Contract role A). See Section 4.7.5 Contract role and Section 4.7.9 Contract type.

CNTRCT H425

Category	FATAL
Message Description	Contract type has been reported as 4 (A)B and Contract role is B Contracted hospital but Source of Referral/Transfer (admission source) is not 25 Non-admitted patient referred from another hospital.
Resolution	Check the Contract type, Contract role and Source of referral/transfer (admission source) and amend as appropriate. A contract type of 4 (A)B should only be used when the patient was not admitted to the contracting facility. See Section 4.7.5 Contract role, Section 4.7.9 Contract type and Section 7.12 Source of referral/transfer (admission source).

CNTRCT H426

Category	FATAL
Message Description	Contract type has been reported as 5 BA and Contract role is A Contracting hospital, but Source of Referral/Transfer (admission source) is not 24 Admitted patient referred from another hospital.
Resolution	Check the Contract type, Contract role and Source of referral/transfer (admission source) and amend as appropriate. See Section 4.7.5 Contract role, Section 4.7.9 Contract type and Section 7.12 Source of referral/transfer (admission source).

CNTRCT H427

Category	FATAL
Message Description	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.
Resolution	Check the Contract type, Contract role, Source of referral/transfer (admission source) and Mode of separation (discharge status) and amend as appropriate. See Section 4.7.5 Contract role, Section 4.7.9 Contract type, Section 7.12 Source of referral/transfer (admission source) and Section 7.31 Mode of separation (discharge status).

CNTRCT H437

Category	WARNING
Message Description	Contract role is A Contracting hospital and Contract type is 2 ABA, but this patient has either been transferred from or transferred to hospital B.
Resolution	Check the Contract type, Contract role, Source of referral/transfer (admission source), Transferring from facility (extended source code), Mode of separation (discharge status), Transferring to facility and Purchaser/provider identifier and amend as appropriate. See Section 4.7.5 Contract role, Section 4.7.9 Contract type, Section 4.7.6 Purchaser/provider identifier, Section 7.12 Source of referral/transfer (admission source), Section 7.13 Transferring from facility (extended source code), Section 7.31 Mode of separation (discharge status) and 7.32 Transferring to facility.

CNTRCT H455

Category	FATAL
Message Description	Contract type is 2 ABA, but the Date of intervention | is not during the contract leave dates.
Resolution	Check the Contract type, Contract leave details, Contract flag and Date of intervention and amend as appropriate. See Section 4.7.7 Contract leave, Section 4.7.9 Contract type, Section 9.16 Contract flag and Section 9.17 Date of intervention.

CNTRCT H473

Category	FATAL
Message Description	Contract leave has been reported, but Contract details have not been provided.
Resolution	Check the Contract type and Contract leave details and amend as appropriate. See Section 4.7.7 Contract leave and Section 4.7.9 Contract type.

CNTRCT H491

Category	FATAL
Message Description	Contract role is A Contracting hospital, but the Purchaser/provider identifier is missing.
Resolution	Check the Purchaser/provider identifier and amend as appropriate. See Section 4.7.6 Purchaser/provider identifier.

CNTRCT H507

Category	FATAL
Message Description	No contract details exist for this episode, but morbidity || was contracted out as an admitted intervention.
Resolution	Check the Contract flag for the intervention/s being contracted out, Contract role, Contract type, Purchaser/provider identifier, Leave start and end dates and Facility number contracted to and amend as appropriate. For all contracted out interventions all contract details must be provided. This includes; Contract flag for the intervention/s being contracted out, Contract role, Contract type, Purchaser/provider identifier, Leave start and end dates and Facility number contracted to. See Section 4.7 Contracted hospital care.

CNTRCT H508

Category	FATAL
Message Description	The contract leave dates | to | overlaps a period of hospital leave from | to |.
Resolution	Check the Contract leave details (in particular the dates) and Leave dates and amend as appropriate. Contract leave cannot overlap with hospital leave. See Section 4.10 Leave and Section 4.10.1 Contract leave.

CNTRCT H596

Category

FATAL

Message Description

A contract leave record is only required for Contract type 2 ABA and Contract role A Contracting hospital. A contract leave record has been incorrectly provided for this episode.

Resolution

Check the Contract leave details, Contract type and Contract role and amend as appropriate.

The contract leave details are only required when; Contract type is 2 ABA and Contract role is A Contracting hospital.

See Section 4.7.7 Contract leave and Section 4.7.9 Contract type.

CNTRCT H668

Category	FATAL
Message Description	The Purchaser/provider identifier is not a valid contracting facility according to the Contract type provided.
Resolution	Check the Purchaser/provider identifier and Contract type and amend as appropriate. See Section 4.7.6 Purchaser/provider identifier and Section 4.7.9 Contract type.

CNTRCT H666

Category	FATAL
Message Description	Contract type is 1 B and Contract role is B Contracted hospital, but the Purchaser/provider identifier is missing.
Resolution	Check the Contract type, Contract role and Purchaser/provider identifier and amend as appropriate. See Section 4.7 Contracted hospital care.

CNTRCT H667

Category	FATAL
Message Description	Contract type is 1 B and Contract role is B Contracted hospital, but the Purchaser/provider identifier is invalid.
Resolution	Check the Contract type, Contract role and Purchaser/provider Identifier and amend as appropriate. See Section 4.7 Contracted hospital care.

CNTRCT H669

Category	FATAL
Message Description	There is no contract setup with | | and | |.
Resolution	Check the Purchaser/provider identifier and the contract agreement between the facilities and amend as appropriate. If there is no contract agreement between the facilities, the patient should be transferred to the other facility as an admitted patient and not under contract. If a contract agreement does exist between the facilities and confirmation has been provided by the Hospital and Health Service for public facilities, or the Chief Executive Officer for private facilities, forward this confirmation to the DSB.

CNTRCT H730

Category	FATAL
Message Description	The Purchaser/provider identifier is not a valid facility at the specified period.
Resolution	Check the Purchaser/provider identifier and Separation date and amend as appropriate. See Appendix A List of facilities.

CNTRCT H731

Category	FATAL
Message Description	The Purchaser/provider identifier is missing.
Resolution	Check the Purchaser/provider Identifier and amend as appropriate. Section 4.7.6 Purchaser/provider identifier.

CNTRCT H742

Category	FATAL
Message Description	Patient is being treated under contract from a Public hospital or Public health authority, but Chargeable status is not 1 Public.
Resolution	Check the Chargeable status and Purchaser/provider identifier and amend as appropriate. A patient being treated in a public or private facility under a 1B contract should have a Chargeable status of 1 Public, unless they are treated as a Surgery Connect patient. If Contract role is B, Contract type is 2, 3, 4 or 5, and the Purchaser/provider is a public facility, then Chargeable status should be 1 Public. Section 7.4 Chargeable status and Section 4.7.6 Purchaser/provider identifier.

CNTRCT H743

Category	FATAL
Message Description	Purchaser/provider identifier has been provided, but this patient does not have a |.
Resolution	Check the Purchaser/provider, Contract type and Contract role and amend as appropriate. See Section 4.7.5 Contract role and Section 4.7.9 Contract type.

CNTRCT H805

Category	FATAL
Message Description	Facility ID | and Purchaser/provider identifier | must not be the same.
Resolution	Check the Purchaser/provider identifier and amend as appropriate. Section 4.7.6 Purchaser/provider identifier

CNTRCT H825

Category	FATAL
Message Description	The facility is providing contracted care (contract role = B) but the contract type was not completed, or the patient was compensable or the funding source was not contracted care. Please check these items.
Resolution	Check the Contract role, Contract type, Compensable status and Funding source and amend as appropriate. If Contract role is B Contracted hospital, than Contract type should not be null, Compensable status should be 8 None of the above and Funding source should be 10 Other hospital or public authority (contracted care). See Section 4.7.5 Contract role and Section 4.7.9 Contract type, Section 7.8 Compensable status and Section 7.35 Funding source.

CNTRCT H828

Category	FATAL
Message Description	The patient has been treated in a private facility and has been assigned a public chargeable status however, the funding source is not 10 Other hospital or public authority (contracted care), or Contract role and/or Contract type is missing or Compensable status is not 8 None of the above.
Resolution	Check the Contract role, Contract type, Compensable status and Funding source and amend as appropriate. For public patients receiving treatment in a private facility under contract, they should have a Contract role of B Contracted hospital a valid Contract type, a Compensable status of 8 None of the above and a Funding source of 10 Other hospital or public authority (contracted care).

See Section 4.7.5 Contract role and Section 4.7.9 Contract type, Section 7.8 Compensable status and Section 7.35 Funding source.

CNTRCT H829

Category	FATAL
Message Description	A public patient has been treated in a private facility and funding source is 10 Other hospital or public authority (contracted care) but Contract role and/or Contract type is missing or Compensable status is not 8 None of the above.
Resolution	Check the Contract role, Contract type, Compensable status and Funding source and amend as appropriate. For public patients receiving treatment in a private facility under contract, they should have a Contract role of B Contracted hospital a valid Contract type, a Compensable status of 8 None of the above and a Funding source of 10 Other hospital or public authority (contracted care). See Section 4.7.5 Contract role and Section 4.7.9 Contract type, Section 7.8 Compensable status and Section 7.35 Funding source.

Date (DATE) Validations

These validations relate to all dates in the episode. They basically ensure that dates are reasonable, and all activity occurs within the episode itself.

DATE H68

Category	FATAL
Message Description	Date of birth (|) is greater than admission date. Further edit checks stopped.
Resolution	Check the Date of birth and Admission date and amend as appropriate.

DATE H104

Category	FATAL
Message Description	Episode has an invalid/missing | date and/or time. Provide correct date (and time if required). Further edit checks stopped.
Resolution	Check the identified item in the message description and amend as appropriate. The identified item will be; Account vary date is the date on which an account variation occurred; ADL score date is the date that the activity of daily living score was completed for a SNAP patient; birthdate is the patient's date of birth; Contract end date is the date that a contract leave to another hospital finished; Contract start date is the date that a contract leave to another hospital commenced; Elective surgery change date is the date elective surgery details changed; Episode end date is the separation date or the episode end date; Episode start date is the admission date or episode start date; Incident date is the date on which the incident causing admission occurred; Leave end date is the date on which a patient leave finished; Leave start date is the date on which a patient leave commenced;

List date is the date the patient was placed on waiting list for elective surgery;

Not ready for surgery end date is the last date the patient was not ready for elective surgery;

Not ready for surgery start date is the first date the patient was not ready for elective surgery;

Nursing home care start date is the date a patient became a nursing home type patient;

Nursing home care end date is the date a patient no longer qualified as a nursing home type patient.

Planned admission date is the date the patient was booked to be admitted for elective surgery;

Planned pre-admission clinic date is the date a patient was booked to attend a pre-admission clinic for elective surgery;

Planned procedure date is the date the patient was booked for an elective operation;

Procedure date is the date a procedure was performed;

Qualification change date is the date a newborn qualification status changed;

SNAP start date is the date a patient commenced a SNAP episode in a SNAP ward;

SNAP end date is the date a patient completed a SNAP episode in a SNAP ward;

Ward transfer date is the date on which a ward transfer occurred;

A full validation has not been performed on this record, therefore GRP H136 will accompany this validation.

DATE H123

Category	FATAL
Message Description	Admission date/time is greater than the separation date/time. Further edit checks stopped.
Resolution	Check the Admission date and the Separation date and amend as appropriate.

DATE H132

Category	FATAL
Message Description	Separation date is after the facility has closed.
Resolution	Check the Separation date and the date the facility closed and amend as appropriate.

DATE H144

Category	FATAL
Message Description	Separation date is in the future. Please check.
Resolution	Check the Separation date and amend as appropriate.

DATE H178

Category	FATAL
Message Description	Leave start date/time are greater than or equal to Leave end date/time.
Resolution	Check the Leave start date/time and Leave end date/time and amend as appropriate.

DATE H209

Category	FATAL
Message Description	Workers Compensation Incident Date must be before Separation Date.
Resolution	Check the Incident date and Separation date and amend as appropriate. See Section 7.10 Incident date (HBCIS only).

DATE H371

Category	FATAL
Message Description	The contract leave end date is before the contract leave start date.
Resolution	Check the Contract leave end date and Contract leave start date and amend as appropriate.

DATE H399

Category	FATAL
Message Description	The nursing home type start date is after the nursing home type end date.
Resolution	Check the Nursing home type start date and Nursing home type end date and amend as appropriate.

DATE H456

Category	FATAL
Message Description	Intervention | date is before the episode end date and Contract type is 3 AB and Contract role is A Contracting hospital. Please check the intervention date and contract type.
Resolution	Check the Date of intervention and Contract type and amend as appropriate. See Section 9.17 Date of intervention and Section 4.7.9 Contract type.

DATE H457

Category	FATAL
Message Description	Intervention | date is after the episode start date and Contract type is 5 BA and Contract role is A Contracting hospital. Please check the intervention date and contract type.
Resolution	Check the Date of intervention and Contract type and amend as appropriate. See Section 9.17 Date of intervention and Section 4.7.9 Contract type.

DATE H458

Category	FATAL
Message Description	Intervention | date is more than one day before the admission date and source of referral/transfer (admission source) is 02 Emergency department – this hospital.
Resolution	Check the Date of intervention, Source of referral/transfer (admission source) and amend as appropriate. See Section 7.12 Source of referral/transfer (admission source) and Section 9.17 Date of intervention.

DATE H463

Category	FATAL
Message Description	Date for intervention | occurs while patient is on leave.
Resolution	Check the Date of intervention, Date of starting leave and Date returned from leave and amend as appropriate. If the intervention was contracted, the patient should be sent on contract leave and all contract details completed. If the procedure was provided by a Community Mental Health team outside of a Residential Mental Health Care facility, the intervention should be recorded in CIMHA as a Provision of Service against the relevant treating unit and team. See Section 4.10 Leave and Section 9.17 Date of intervention.

DATE H590

Category	FATAL
Message Description	Incident date is after the admission date.
Resolution	Check the Incident date and Admission date and amend as appropriate. The incident date that caused the admission to occur should always be before or on the same date as the admission date. See Section 7.1 Admission date and Section 7.10 Incident date (HBCIS only).

DATE H706

Category	FATAL
Message Description	Multidisciplinary care plan date is after the Separation date.
Resolution	Check the Multidisciplinary care plan date and Separation date and amend as appropriate. See Section 7.29 Separation date and Section 12.2.7 Multidisciplinary care plan date.

DATE H713

Category	FATAL
Message Description	Multidisciplinary care plan date is invalid.
Resolution	Check the Multidisciplinary care plan date and amend as appropriate. See Section 12.2.7 Multidisciplinary care plan date.

Patient Consent for Release of Information (CNSNT) Validations

These validations relate to all fields indicating if the patient consents to release of their details to agencies outside the Department of Health.

CNSNT H600

Category	FATAL
Message Description	The code indicating whether the patient consents to the release of their details to WorkCover Queensland is missing or invalid.
Resolution	Check the Consent to release patient details and amend as appropriate. See Section 7.36 Consent to release patient details (HBCIS hospitals).

CNSNT H601

Category	FATAL
Message Description	The code indicating whether the patient consents to the release of their details to Motor Accident Insurance Commission (MAIC) is missing or invalid.
Resolution	Check the Consent to release patient details and amend as appropriate. See Section 7.36 Consent to release patient details (HBCIS hospitals).

CNSNT H602

Category	FATAL
Message Description	The code indicating whether the patient consents to the release of their details to Department of Veterans' Affairs (DVA) is missing or invalid.
Resolution	Check the Consent to release patient details and amend as appropriate. See Section 7.36 Consent to release patient details (HBCIS hospitals).

CNSNT H603

Category	FATAL
Message Description	The code indicating whether the patient consents to the release of their details to Department of Defence is missing or invalid.
Resolution	Check the Consent to release patient details and amend as appropriate. See Section 7.36 Consent to release patient details (HBCIS hospitals).

Department of Veterans' Affairs Details (DVA) Validations

These validations relate to all data items collected for the Department of Veterans' Affairs.

DVA H403

Category	FATAL
Message Description	The Department of Veterans' Affairs file number for this patient is missing.
Resolution	Check the Department of Veterans' Affairs file number and amend as appropriate. See Section 13.2 DVA file number.

DVA H404

Category	FATAL
Message Description	The Department of Veterans' Affairs card type code is missing or invalid.
Resolution	Check the Department of Veterans' Affairs Care Type and amend as appropriate. See Section 13.1 DVA card type.

DVA H413

Category	FATAL
Message Description	Department of Veterans' Affairs details have been received, but this patient does not have a DVA Compensable Status.
Resolution	Check the Department of Veterans' Affairs details and Compensable status and amend as appropriate. If the patient is usually covered by DVA, but this episode is not covered, DVA file number and card type details should not be provided. DVA details are only required for episodes that are covered by DVA. See Section 7.8 Compensable status and Section 13 Department of Veterans' Affairs patients.

DVA H414

Category	FATAL
Message Description	This is a Department of Veterans' Affairs patient, but DVA file number and card type are missing.
Resolution	Check the Funding source, Compensable status, DVA file number and DVA card type and amend as appropriate. See Section 7.8 Compensable status Section 7.35 Funding source, Section 13.1 DVA card type and Section 13.2 DVA file number.

DVA H595

Category	FATAL
Message Description	Compensable status is 5 Department of Veterans' Affairs but Account class is not DVA.
Resolution	Check the Account class and Compensable status and amend as appropriate. See Section 7.5 Account class (HBCIS hospitals) and Section 7.8 Compensable status.

DVA H659

Category	FATAL
Message Description	Compensable status is 5 Department of Veterans' Affairs or 9 Department of Defence at |, but Medicare eligibility is not 1 Eligible for Medicare.
Resolution	Check the Compensable status and Medicare eligibility and amend as appropriate. A Department of Veterans' Affairs (DVA) or a Department of Defence patient should be recorded as Medicare eligible See Section 6.13 Medicare eligibility and Section 7.8 Compensable status.

DVA H800

Category	FATAL
Message Description	The Department of Veterans' Affairs file number | is invalid.
Resolution	Check the Department of Veterans' Affairs file number and amend as appropriate. The DVA number is allowed up to 10 characters with the first character being a State/Territory reference. See Section 13.2 DVA file number.

DVA H816

Category	FATAL
Message Description	Account class is DVA but compensable status is not 5 Department of Veterans' Affairs.
Resolution	Check the Account class and Compensable status and amend as appropriate. See Section 7.5 Account class (HBCIS hospitals) and Section 7.8 Compensable status.

Elective Surgery Admission/Waiting List Details (EAS) Validations

These validations relate to all elective surgery data items.

EAS H322

Category	FATAL
Message Description	The Urgency category is missing or invalid on | for entry |.
Resolution	Check the Urgency category and amend as appropriate. See Section 11.2.5 Urgency category.

EAS H323

Category	FATAL
Message Description	The Accommodation (Intended) code is missing/invalid on | for entry |.
Resolution	Check the Accommodation (Intended) and amend as appropriate. See Section 11.2.6 Accommodation (Intended).

EAS H325

Category	FATAL
Message Description	The Surgical specialty is missing or invalid for entry |.
Resolution	Check the Surgical specialty and amend as appropriate. See Section 11.2.2 Surgical specialty.

EAS H330

Category	FATAL
Message Description	The Planned Length of Stay is missing/invalid on | for entry |.
Resolution	Check the Planned length of stay and amend as appropriate. See Section 11.2.9 Planned length of stay

EAS H340

Category	FATAL
Message Description	The code indicating the reason for removal from the waiting list is missing for entry |.
Resolution	Check the Reason for removal and amend as appropriate. See Section 11.2.3 Reason for removal.

EAS H341

Category	FATAL
Message Description	The date the patient was put on the waiting list must be before the separation date check entry |.
Resolution	Check the Listing date and Separation date and amend as appropriate. See Section 7.29 Separation date and Section 11.2.4 Listing date.

EAS H345

Category	FATAL
Message Description	The Start date not ready for surgery is before the listing date or after the Separation date. Check entry |.
Resolution	Check the Start date not ready for surgery, Listing date and Admission date and amend as appropriate. See Section 7.29 Separation date, Section 11.2.4 Listing date and Section 11.3.2 N Not ready for surgery.

EAS H346

Category	FATAL
Message Description	The Last date not ready for surgery is before the Start date not ready for surgery. Check entry |.
Resolution	Check the Start date not ready for surgery and Last date not ready for surgery and amend as appropriate. See Section 11.3.2 N Not ready for surgery.

EAS H352

Category	FATAL
Message Description	This patient was placed on the waiting list before they were born. Please check birth date and listing date for entry |.
Resolution	Check the Date of birth and Listing date and amend as appropriate. See Section 6.4 Date of birth and Section 11.2.4 Listing date.

EAS H364

Category	FATAL
Message Description	Elective surgery details are missing for entry number |.
Resolution	Check the Elective surgery details and amend as appropriate. This validation is caused if a delete record is sent for changes that occurred on the date of listing. Either delete all details for the elective admission OR re-send the elective surgery details for the date the patient was put on the waiting list. See Section 11 Elective Surgery Details (Public Hospitals).

EAS H365

Category	FATAL
Message Description	For entry | not ready for surgery periods | to | and | to | are overlapping.
Resolution	Check the Start date not ready for surgery and Last date not ready for surgery and amend as appropriate. See Section 11.3.2 N Not ready for surgery.

EAS H381

Category	FATAL
Message Description	This listing date is missing or invalid for entry |.
Resolution	Check the Listing date and amend as appropriate. See Section 11.2.4 Listing date.

EAS H620

Category	FATAL
Message Description	This listing date for entry | is after the Admission date.
Resolution	Check the Listing date and Admission date and amend as appropriate. See Section 7.1 Admission date and Section 11.2.4 Listing date.

EAS H621

Category	FATAL
Message Description	Urgency category change date for entry | is after the Admission date.
Resolution	Check the Urgency category – Date of change and Admission date and amend as appropriate. See Section 7.1 Admission date and Section 11.3.3 E Elective surgery items.

EAS H622

Category	FATAL
Message Description	Urgency category change date for entry | is after the Separation date.
Resolution	Check the Urgency category – Date of change and Separation date and amend as appropriate. See Section 7.29 Separation Date and Section 11.3.3 E Elective surgery items.

EAS H623

Category	WARNING
Message Description	Waiting List Entry Number | linked to episode but no intervention reported.
Resolution	Check the Urgency category and morbidity details and amend as appropriate. The admitted patient episode that has been sent is linked to an elective surgery record (with a clinical urgency category of 1, 2 or

3); however no intervention details have been reported. Check whether the correct admitted patient episode has been linked, whether the linked elective surgery record is correct or whether intervention details are missing from the admitted patient episode.

EAS H624

Category	FATAL
Message Description	Reason for removal is invalid for entry |.
Resolution	Check the Reason for removal and amend as appropriate. Although 03 Could not be contacted is a valid code, for an admitted patient this code is not accepted by DSB. See Section 11.2.3 Reason for removal.

EAS H625

Category	FATAL
Message Description	For Waiting list entry Number |, the Reason for removal and the Elective patient status combination is invalid.
Resolution	Check the Reason for removal and Elective patient status and amend as appropriate. If the Reason for removal is 01 *Admitted as an elective patient for awaited procedure at this hospital*, the Elective patient status must be 2 *Elective admission*. If the Reason for removal is 02 *Admitted as an emergency patient for awaited procedure at this hospital*, the Elective patient status must be 1 *Emergency admission*. This applies to waiting list entries with an Urgency category of 1, 2 or 3. See Section 7.16 Elective patient status and Section 11.2.3 Reason for removal.

EAS H661

Category	FATAL
Message Description	The Planned procedure date | is greater than 15 years after the listing date | for entry |.
Resolution	Check the Planned procedure/operation date and Listing date and amend as appropriate. See Section 11.2.4 Listing date and Section 11.2.10 Planned procedure/operation date.

EAS H665

Category	FATAL
Message Description	Elective surgery date of change is earlier than the elective admission listing date for entry number |.
Resolution	Check the Elective surgery date of change and the Listing date and amend as appropriate. See Section 11.2.4 Listing date and Section

EAS H672

Category	FATAL or WARNING
Message Description	The Last date not ready for surgery is after the Admission date. Check entry |.
Resolution	Check the Last date not ready for surgery and the Admission date and amend as appropriate. A Warning validation will be raised if the Last date not ready for surgery is after the Admission date but on or before the Separation date. A Fatal validation will be raised if the Last date not ready for surgery is after the Separation date. See Section 11.3.2 N Not ready for surgery.

EAS H687

Category	FATAL
Message Description	The Planned primary procedure code | is missing or invalid for elective surgery/admission entry |.
Resolution	Check the Planned primary procedure and amend as appropriate. See Section 11.2.7 Planned primary procedure.

EAS H830

Category	FATAL
Message Description	The Planned length of stay has been reported, it is not required on | for entry |.
Resolution	Check the Planned length of stay and amend as appropriate. See Section 11.2.9 Planned length of stay.

EAS H837

Category	FATAL
Message Description	The Accommodation (Intended) code has been reported, it is not required on | for entry |.
Resolution	Check the Accommodation (Intended) and amend as appropriate. See Section 11.2.6 Accommodation (Intended).

Funding Source (FUND) Validations

These validations relate to all Funding Source data items.

FUND H438

Category	FATAL
Message Description	Funding source is missing or invalid.
Resolution	Check the Funding source and amend as appropriate. See Section 7.35 Funding source.

FUND H439

Category	FATAL
Message Description	Chargeable status is 1 Public or Account class code reflects public, but Funding source is not 01 Health service budget (not covered elsewhere), 10 Other hospital or public authority or 11 Health service budget (no charge raised due to hospital decision).
Resolution	Check the Funding source, Chargeable status, Account class, Compensable status and Medicare eligibility and amend as appropriate. For publicly funded admission the following details should be recorded; • Chargeable status 1 Public • Public Account class code • Medicare eligibility 1 Eligible for Medicare • Compensable Status 8 None of the above See Section 6.13 Medicare eligibility, Section 7.4 Chargeable status. Section 7.5 Account class (HBCIS hospitals), Section 7.8 Compensable status and Section 7.35 Funding source.

FUND H440

Category	FATAL
Message Description	Funding source is 02 Private health insurance but Hospital insurance is not 7 Hospital insurance.

Resolution	Check the Funding source and Hospital insurance and amend as appropriate. See Section 7.33 Hospital insurance and Section 7.35 Funding source.

FUND H441

Category	FATAL
Message Description	Funding source is 04 Workers' compensation but Compensable status is not 1 Workers' Compensation Queensland or 2 Workers' Compensation (other).
Resolution	Check the Compensable status and Funding source and amend as appropriate. See Section 7.8 Compensable status and Section 7.35 Funding source.

FUND H442

Category	FATAL
Message Description	Funding source is 05 Motor vehicle third party personal claim but Compensable status is not 3 Compensable third party, 6 Motor vehicle (Queensland) or 7 Motor vehicle (other).
Resolution	Check the Compensable status and Funding source and amend as appropriate. See Section 7.8 Compensable status and Section 7.35 Funding source.

FUND H443

Category	FATAL
Message Description	Funding source is 06 Other compensable but Compensable status is not 3 Compensable third party or 4 Other compensable.
Resolution	Check the Compensable status and Funding source and amend as appropriate. See Section 7.8 Compensable status and Section 7.35 Funding source.

FUND H444

Category	FATAL
Message Description	Funding source is 07 Department of Veterans' Affairs but Compensable status is not 5 Department of Veterans' Affairs.
Resolution	Check the Compensable status and Funding source and amend as appropriate. See Section 7.8 Compensable status and Section 7.35 Funding source.

FUND H445

Category	FATAL or WARNING
Message Description	A correctional patient has been identified and one or more of the patients' details are invalid.
Resolution	Check the Funding source, Source of referral/transfer (admission source), Mode of separation (discharge status) and amend as appropriate. For correctional patients: Funding source = 01 Health service budget (not covered elsewhere) Source of referral/transfer (admission source) = 02 Emergency department – this hospital, 06 Episode change, 16 Correctional facility, 17 Law enforcement agency, or 24 Admitted patient transferred from another hospital. Mode of separation (discharge status) = 05 Died in hospital, or 06 Episode change, 12 Correctional facility or 16 Transferred to another hospital. See Section 7.5 Account class (HBCIS hospitals), Section 7.12 Source of referral/transfer (admission source), Section 7.31 Mode of separation (discharge status) and Section 7.35 Funding source.

FUND H446

Category	FATAL
Message Description	Funding source is 10 Other hospital or public authority (contracted care) but Contract role is not B Contracted hospital.
Resolution	Check the Funding source and Contract role and amend as appropriate. See Section 4.7.5 Contract role and Section 7.35 Funding source.

FUND H447

Category	WARNING
Message Description	Funding source is 11 Health service budget (due to eligibility for Reciprocal Health Care Agreement) but Australian state/territory of usual residence is not 0 Overseas.
Resolution	Check the Funding source and Australian state/territory of usual residence and amend as appropriate. See Section 6.11.3 Postcode and Section 7.35 Funding source.

FUND H448

Category	WARNING
Message Description	Funding source has been reported as 12 Other funding source, but one or more of the patient's details are invalid.
Resolution	Check the Funding source, Medicare eligibility, Hospital insurance status, Compensable status, Contract role, Source of referral/transfer (admission source) and Mode of separation (discharge status) and amend as appropriate. A Funding source of 12 Other funding source includes; Overseas visitors where travel insurance is the major source of funding Organ procurement registrations Boarders Those patients whose episodes are majority funded by a private company as part of a clinical trial Those patients who episodes are majority funded by the public trustee Those patients whose episodes are majority funded by donations/pledge payments For a patient to be assigned a Funding source of 12 Other funding then; Medicare eligibility must not be 1 Eligible for Medicare Hospital insurance must not be 7 Hospital insurance Compensable status must be, 8 None of the above (not compensable) Contract role must not be B Contracted hospital

Source of referral/transfer (admission source) must not be 16 Correctional facility

Mode of separation (discharge status) must not be 12 Correctional facility.

See Section 7.35 Funding source.

FUND H449

Category	FATAL
Message Description	Funding source is 08 Department of defence but Compensable status is not 9 Department of defence.
Resolution	Check the Funding source and Compensable status and amend as appropriate. See Section 7.8 Compensable status and Section 7.35 Funding source.

FUND H450

Category	FATAL
Message Description	Funding source is 01 Health service budget (not covered elsewhere) but Facility number is not a public facility.
Resolution	Check the Funding source and Facility number and amend as appropriate. See Section 5.1 Facility number and Section 7.35 Funding source.

FUND H500

Category	FATAL
Message Description	Compensable status is 1 Workers' Compensation Queensland or 2 Workers' Compensation (other) but Funding source is not 04 Workers' compensation.
Resolution	Check the Compensable status and Funding source and amend as appropriate. See Section 7.8 Compensable status and Section 7.35 Funding source.

FUND H583

Category	FATAL
Message Description	Compensable status is 6 Motor vehicle (Queensland) or 7 Motor vehicle (other) but Funding source is not 05 Motor vehicle third party personal claim.
Resolution	Check the Compensable status and Funding source and amend as appropriate. See Section 7.8 Compensable status and Section 7.35 Funding source.

FUND H591

Category	FATAL
Message Description	Compensable status is 3 Compensable third party but Funding source is not 05 Motor vehicle third party personal claim or 06 Other compensable.
Resolution	Check the Compensable status and Funding source and amend as appropriate. See Section 7.8 Compensable status and Section 7.35 Funding source.

FUND H597

Category	WARNING
Message Description	Funding source is 13 Health service budget (no charge raised due to hospital decision), please confirm.
Resolution	Check the Funding source and amend as appropriate. This funding source is not regularly used, if correct formally notify DSB. See Section 7.35 Funding source.

FUND H653

Category	FATAL
Message Description	Health fund code | is invalid.

Resolution	Check the Health fund code and amend as appropriate. See Section 7.34 Health fund (HBCIS hospitals) and Appendix P Health Insurance Fund Codes.

FUND H680

Category	FATAL
Message Description	Compensable status is 9 Department of defence but Funding source is not 08 Department of defence.
Resolution	Check the Compensable status and Funding source and amend as appropriate. See Section 7.8 Compensable status and Section 7.35 Funding source.

FUND H822

Category	FATAL
Message Description	Funding source is 01 Health service budget (not covered elsewhere) or 11 Health service budget (due to eligibility for Reciprocal Health Care Agreement) but the Account class/Chargeable Status is not public or Medicare eligibility is not 1 Eligible for Medicare.
Resolution	Check the Funding source, Compensable status, Account class, Chargeable status and Medicare eligibility and amend as appropriate. See Section 6.13 Medicare eligibility, Section 7.4 Chargeable status, Section 7.5 Account class (HBCIS hospitals), Section 7.8 Compensable status and Section 7.35 Funding source.

FUND H823

Category	FATAL
Message Description	Funding source is 10 Other hospital or public authority (contracted care) but Facility number is a public facility.
Resolution	Check the Funding source and Facility number amend as appropriate. A funding source of 10 Other hospital or public authority (contracted care) is not usually used for patients being treated in public facilities unless under contract See Section 5.1 Facility number and Section 7.35 Funding source.

FUND H827

Category	WARNING
Message Description	Funding source is 11 Health service budget (due to eligibility for Reciprocal Health Care Agreement) but Facility is a private facility.
Resolution	Check the Funding source and Facility number and amend as appropriate. A funding source of 11 Health service budget (due to eligibility for Reciprocal Health Care Agreement) cannot be used for patients admitted to a private facility. See Section 5.1 Facility number and Section 7.35 Funding source.

FUND H834

Category	FATAL
Message Description	Contract role is B Contracted hospital, but Funding source is not 10 Other hospital or public authority (contracted care).
Resolution	Check the Funding source and Contract role and amend as appropriate. See Section 4.7.5 Contract role and Section 7.35 Funding source.

FUND H841

Category	FATAL
Message Description	Compensable status is 4 Other compensable but Funding source is not 6 Other compensable.
Resolution	Check the Compensable status and Funding source and amend as appropriate. See Section 7.8 Compensable status and Section 7.35 Funding source.

FUND H842

Category	FATAL
Message Description	Compensable status is 5 Department of Veterans' Affairs but Funding source is not 07 Department of Veterans' Affairs.
Resolution	Check the Compensable status and Funding source and amend as appropriate. See Section 7.8 Compensable status and Section 7.35 Funding source.

General (GEN) Validations

These validations relate to the general patient details (e.g. admission, discharge and patient details) that are required for all episodes. They include all validations relating to newborn episodes and all validations relating to the crosschecking of data items.

GEN H63

Category	FATAL
Message Description	| details are missing for this admission. Please provide all missing details.
Resolution	Check the identified details from the message description and amend as appropriate. If morbidity details are missing for public facilities, the morbidity screen will need to be re-filed If the morbidity details are missing for private facilities, record all the ICD-10-AM and ACHI codes, including morbidity identifiers in the correct sequencing for DSB to manually record.

GEN H65

Category	FATAL
Message Description	The length of stay calculated is less than 1. A date has been reported incorrectly. Further edit checks stopped.
Resolution	Check Admission and Separation dates and Leave start and end dates and amend as appropriate. A patient's length of stay for an episode must be greater than or equal to one day. (Note that same day patients are considered to have a length of stay of one day).

GEN H66

Category	FATAL
Message Description	The Facility unique ID is invalid. Further edit checks have stopped.
Resolution	Check the Facility unique ID and amend as appropriate. See Appendix B File Format and Validation Rules.

GEN H69

Category	FATAL
Message Description	The age of the patient is less than 16 years, but Marital status is not 1 Never married.
Resolution	Check the Date of birth and Marital status and amend as appropriate. See Section 6.4 Date of birth and Section 6.8 Marital status.

GEN H71

Category	FATAL
Message Description	A Same day banded procedures code has been reported, but this is not a same day episode or Source of referral/transfer (admission source) or Mode of separation (discharge status) is 06 Episode change.
Resolution	Check the Same day banded procedures code, Admission date, Separation date, Source of referral/transfer (admission source) and Mode of separation (discharge status) and amend as appropriate. See Section 7.6 Same day banded procedures.

GEN H73

Category	FATAL
Message Description	A Same day banded procedures code of | has been reported, but no procedure code has been provided within the morbidity details.
Resolution	Check the Same day banded procedures code and morbidity details and amend as appropriate. Only a Same day banded procedure code of Band 1B does not require a procedure code to be reported. See Section 7.6 Same day banded procedures.

GEN H77

Category	FATAL
Message Description	Medicare eligibility is 2 Not eligible for Medicare or 9 Not stated/unknown, but a Medicare number has been reported.

Resolution	Check the Medicare eligibility and Medicare number and amend as appropriate. If the patient was not medicare eligible at the time of admission, please advise DSB via EVA. See Section 6.13 Medicare eligibility and Section 6.14 Medicare number.

GEN H79

Category	FATAL
Message Description	Care type is 05 Newborn, but Compensable status is 1 Workers' Compensation Queensland or 2 Workers' Compensation (other). This is invalid.
Resolution	Check the Care type and Compensable status and amend as appropriate. See Section 7.8 Compensable status and Section 7.15 Care type.

GEN H80

Category	FATAL or WARNING
Message Description	Care type is 05 Newborn, but Compensable status is not 8 None of the above.
Resolution	Check the Care type and Compensable status and amend as appropriate. See Section 7.8 Compensable status and Section 7.15 Care type.

GEN H82

Category	FATAL
Message Description	The Medicare number | is invalid. Please provide the correct 11 digit number.
Resolution	Check the Medicare number and amend as appropriate. See Section 6.14 Medicare number.

GEN H83

Category	FATAL
Message Description	The Transferring from facility (extended source code), Transferring to facility or Facility contracted to is the same as the Facility number.
Resolution	Check the Transferring from facility (extended source code), Transferring to facility and Facility contracted to and amend as appropriate.

GEN H88

Category	FATAL
Message Description	Source of referral/transfer (admission source) is 09 Born in hospital, but Date of birth is before Admission date and/or Country of birth is not Australia.
Resolution	Check the Source of referral/transfer (admission source), Date of birth, Admission date and Country of birth and amend as appropriate. See Section 6.4 Date of birth, Section 6.7 Country of birth, Section 7.1 Admission date and Section 7.12 Source of referral/transfer (admission source).

GEN H89

Category	WARNING
Message Description	Compensable status is 1 Workers' Compensation Queensland or 2 Workers' Compensation (other), but age is less than 15 years or greater than 70 years.
Resolution	Check the Compensable status and Date of birth and amend as appropriate. See Section 6.4 Date of birth, Section 7.8 Compensable status.

GEN H90

Category	FATAL
Message Description	This patient has not been reported as a day patient. Please check Admission and Separation dates, Planned same day, Source of referral/transfer (admission source) and Mode of separation (discharge status).

Resolution	Check the Planned same day, Source of referral/transfer (admission source) and Mode of separation (discharge status) and amend as appropriate. If the facility is no longer a day only facility, formally notify the DSB. See Section 7.12 Source of referral/transfer (admission source), Section 7.18 Planned same day and Section 7.31 Mode of separation (discharge status).

GEN H92

Category	FATAL
Message Description	This patient is public from | but Source of referral/transfer (admission source) is not 24 Admitted patient transferred from another hospital or 25 Non-admitted patient referred from another hospital.
Resolution	Check Source of referral/transfer (admission source) and amend as appropriate. See Section 7.12 Source of referral/transfer (admission source).

GEN H94

Category	FATAL or WARNING (Dependent on weight reported)
Message Description	Baby admission weight reported is less than |, please check.
Resolution	Check the Baby admission weight and amend as appropriate. It is understood that premature babies can be less than 400 grams and be live born, therefore a warning validation will be raised if weight reported is between 200 and 400 grams. A fatal validation will be raised when an admission weight of less than 200 grams is reported for a live born as this is usually associated with a stillbirth. If a live birth did result in an admission weight of less than 200 grams, formally notify DSB. See Section 7.28 Baby admission weight.

GEN H95

Category	WARNING
Message Description	Facility is a day only facility, but Care type is not 01 Acute.

Resolution	Check the Care type and amend as appropriate. Same day patients are most likely to be acute. If care type is not acute, formally notify DSB. See Section 7.15 Care type.

GEN H120

Category	FATAL
Message Description	A newborn Account class has been reported, but Care type is not 05 Newborn, or Care type is 05 Newborn, but a newborn Account class has not been reported.
Resolution	Check the Account Class and Care Type and amend as appropriate. See Section 7.5 Account class (HBCIS hospitals) and Section 7.15 Care type.

GEN H130

Category	WARNING
Message Description	The patient's reported surname (|) is not a true name. Please provide the patient's full name.
Resolution	Check the Family name and amend as appropriate. An unidentified character has been reported. See Section 6.2 Family name.

GEN H146

Category	FATAL
Message Description	Age is equal to or greater than 29 days, but a Baby admission weight has been reported. Weight is only required if Baby admission weight is less than 2500 grams.
Resolution	Check the Date of birth and Baby admission Weight and amend as appropriate. A baby admission weight is only required when; Age is equal to 28 days or less; OR Admission weight is less than 2500 grams. See Section 6.4 Date of birth and Section 7.28 Baby admission weight.

GEN H147

Category	FATAL
Message Description	Age is greater than 1 year old, but a Baby admission weight has been reported.
Resolution	Check the Date of birth and Baby admission weight and amend as appropriate. See Section 6.4 Date of birth and Section 7.28 Baby admission weight.

GEN H148

Category	FATAL
Message Description	Baby admission weight is | grams and age is less than or equal to 28 days. This is much heavier than most babies under 1 month.
Resolution	Check the Date of birth and Baby admission weight and amend as appropriate. If the baby was not weighed at the time of admission please confirm and provide a valid reason to DSB via EVA. See Section 6.4 Date of birth and Section 7.28 Baby admission weight.

GEN H161

Category	FATAL
Message Description	Source of referral/transfer (admission source) is 24 Admitted patient transferred from another hospital, but this facility cannot accept transferred admitted patients from other facilities.
Resolution	Check the Source of referral/transfer (admission source) and amend as appropriate. Outpatient centres or other non-inpatient facilities should not accept transferred admitted patients from other hospitals. If the facility has changed status and can now accept transferred patients, formally notify DSB. See Section 7.12 Source of referral/transfer (admission source).

GEN H164

Category	FATAL
Message Description	Mode of separation (discharge status) is 16 Transferred to another hospital, but the Transferring to facility does not accept admitted patient transfers.
Resolution	Check the Transferring to facility and amend as appropriate. Hospitals should not transfer patients (as admitted patients) to outpatient centres or other non-inpatient facilities. If the facility has changed status and can now accept transferred patients, formally notify DSB.

GEN H177

Category	FATAL
Message Description	Separation date and time are the same as Date and time returned from leave.
Resolution	Check the Separation date/time and Date/time returned from leave and amend as appropriate. See Section 7.29 Separation date, Section 7.30 Separation time and Section 4.10 Leave.

GEN H242

Category	FATAL
Message Description	Transferring to facility has been reported, but Mode of separation (discharge status) is not 12 Correctional facility, 16 Transferred to another hospital, 21 Residential aged care service, which is not the usual place of residence or 31 Residential mental health care facility.
Resolution	Check the Mode of separation (discharge status) and Transferring to facility and amend as appropriate. Transferring to facility only needs to be reported when Mode of separation (discharge status) is 12 Correctional facility, 16 Transferred to another hospital, 21 Residential aged care service, which is not the usual place of residence or 31 Residential mental health care facility. See Section 7.31 Mode of separation (discharge status) and Section 7.32 Transferring to facility.

GEN H263

Category	FATAL
Message Description	Baby's weight is invalid. Please supply weight in grams.
Resolution	Check the Baby admission weight and amend as appropriate. See Section 7.28 Baby admission weight.

GEN H394

Category	FATAL
Message Description	Country of birth is Inadequately described or Not stated. Please confirm.
Resolution	Check the Country of birth and amend as appropriate. See Section 6.7 Country of birth and Appendix E Country of birth codes.

GEN H395

Category	WARNING
Message Description	Care type is 09 Geriatric evaluation and management but age of patient is not greater than 65 years.
Resolution	Check the Care type and Date of birth and amend as appropriate. If Care type and Date of birth are correct, formally notify DSB. See Section 6.4 Date of birth and Section 7.15 Care type.

GEN H406

Category	FATAL
Message Description	Source of referral/transfer (admission source) is 19 Routine readmission, but Elective patient status is not 3 Not assigned.
Resolution	Check the Source of referral/transfer (admission source) and Elective patient status and amend as appropriate. For all routine admissions, for example dialysis patients, the elective patient status must be 3 Not assigned.

See Section 7.12 Source of referral/transfer (admission source) and Section 7.16 Elective patient status.

GEN H435

Category	FATAL
Message Description	Australian South Sea Islander status is missing or invalid.
Resolution	Check the Australian South Sea Islander status and amend as appropriate. See Section 6.10 Australian South Sea Islander status.

GEN H436

Category	FATAL
Message Description	Australian South Sea Islander status is 1 Yes but Country of birth is not 1101 Australia.
Resolution	Check the Australian South Sea Islander status and Country of birth and amend as appropriate. A person can only identify as being of Australian South Sea Islander if they are Australian born descendants of predominantly Melanesian people, brought to Queensland between 1863 and 1904 from eighty Pacific Islands, primarily Vanuatu and Solomon Islands. See Section 6.7 Country of birth and 6.10 Australian South Sea Islander status.

GEN H460

Category	FATAL
Message Description	Estimated date of birth flag is invalid.
Resolution	Check the Estimated date of birth flag and amend as appropriate. See Section 6.5 Estimated date of birth flag.

GEN H464

Category	WARNING
Message Description	Baby admission weight is less than 2000 grams and Qualification status is not A Acute.
Resolution	Check the Baby admission weight and amend as appropriate. It is expected for a birth weight of less than 2000 grams that treatment would be required and subsequently an acute qualification status being assigned. See Section 7.28 Baby admission weight.

GEN H465

Category	FATAL
Message Description	A long stay account class has been assigned from |, but Care type is not 20 Rehabilitation, 30 Palliative, 09 Geriatric evaluation and management, 10 Psychogeriatric care, 11 Maintenance care or 12 Mental health.
Resolution	Check the Account class and Care type and amend as appropriate. See Section 7.5 Account class (HBCIS hospitals) and Section 7.15 Care type.

GEN H466

Category	FATAL
Message Description	Account class indicates a long stay patient and Care type is 20 Rehabilitation, 30 Palliative, 09 Geriatric evaluation and management, 10 Psychogeriatric care, 11 Maintenance care or 12 Mental health but no Nursing Home Type record from | to | has been reported.
Resolution	Check the Account class, Care type and Nursing home type record and amend as appropriate. See Section 4.14 Nursing Home Type Patient (NHTP), 7.5 Account class (HBCIS hospitals) and Section 7.15 Care type.

GEN H470

Category	FATAL
Message Description	Contact for feedback indicator is missing or invalid.
Resolution	Check the Contact for feedback indicator and amend as appropriate. See Section 6.15 Contact for feedback indicator (HBCIS hospitals).

GEN H492

Category	WARNING
Message Description	The Estimated date of birth flag has been reported as 1 Estimated, but the Date of birth may be valid.
Resolution	Check the Estimated date of birth flag and Date of birth and amend as appropriate. See Section 6.4 Date of birth and Section 6.5 Estimated date of birth flag.

GEN H493

Category	FATAL
Message Description	The Standard ward code has been reported as HOME, but care type is not 01 Acute, 05 Newborn, 09 Geriatric Evaluation and Management, 11 Maintenance 12 Mental Health, 20 Rehabilitation, or 30 Palliative.
Resolution	Check the Standard ward code and Care type and amend as appropriate. See Section 7.15 Care type and Section 7.24 Standard ward code.

GEN H494

Category	FATAL
Message Description	The Transferring from facility (extended source code) is invalid or identifies a facility that has a closed date which is before the Admission date.
Resolution	Check the Transferring from facility (extended source code) and Admission Date and amend as appropriate.

GEN H495

Category	FATAL
Message Description	The Transferring to facility code is invalid or identifies a facility that has a closed date which is before the Discharge date.
Resolution	Check the Transferring to facility and Discharge date and amend as appropriate.

GEN H496

Category	FATAL
Message Description	The Purchaser/provider identifier is invalid or is a facility that has a closed date which is before the Admission date.
Resolution	Check the Purchaser/provider identifier and Admission date and amend as appropriate.

GEN H497

Category	FATAL
Message Description	The Facility ID code is invalid or identifies a facility that has a closed date which is before the Admission date.
Resolution	Check the Facility number and Admission date and amend as appropriate.

GEN H498

Category	FATAL
Message Description	The Standard ward code is not approved for this Facility.
Resolution	Check the Facility number and Standard ward code and amend as appropriate. See Section 7.24 Standard ward code.

GEN H499

Category	FATAL
Message Description	The Treating doctor at separation of episode of care is missing.
Resolution	Check the Treating doctor at separation and amend as appropriate.

See Section 7.20 Treating doctor at separation (Public hospitals).

GEN H503

Category	FATAL
Message Description	Source of referral/transfer (admission source) is 16 Correctional facility, but Transferring from facility (extended source code) is missing or not a valid correctional facility.
Resolution	Check the Source of referral/transfer (admission source) and Transferring from facility (extended source code) and amend as appropriate. See Section 7.12 Source of referral/transfer (admission source), Section 7.13 Transferring from facility (extended source code) and Appendix A Correctional Facilities.

GEN H504

Category	FATAL
Message Description	Mode of separation (discharge status) is 12 Correctional facility, but Transferring to facility is missing or not a valid correctional facility.
Resolution	Check the Mode of separation (discharge status) and Transferring to facility and amend as appropriate. See Section 7.31 Mode of separation (discharge status), Section 7.32 Transferring to facility and Appendix A Correctional Facilities.

GEN H509

Category	FATAL
Message Description	Qualification status has been reported, but Care type is not 05 Newborn.
Resolution	Check the Qualification status and Care type and amend as appropriate. Only newborns require a qualification status to be reported. If a baby is admitted after they are 9 days old, they should be admitted as an acute patient or a boarder, and a qualification status should not be reported. See Section 7.7 Qualification status and Section 7.15 Care type.

GEN H510

Category	FATAL
Message Description	Care type is 05 Newborn, but age at admission is greater than 9 days old.
Resolution	Check the Care type and Date of birth and amend as appropriate. To assign a Care type of 05 Newborn, the newborn must be 9 days old or less. See Section 4.12 Newborns and Section 7.15 Care type.

GEN H511

Category	FATAL
Message Description	The Qualification status changed when the newborn was already more than 9 days old.
Resolution	Check the Qualification status and Date of birth and amend as appropriate. A newborn cannot have a qualification status change after they are 9 days old. An unqualified newborn can change to acute on the 10th day, but no other qualification status changes are allowed after the patient is 9 days old. If an unqualified newborn did not become acute until after the 10th day, the newborn should be discharged on the 9th day and readmitted as an acute patient on the 10th day. See Section 4.12 Newborns, Section 7.7 Qualification status and Section 7.15 Care type.

GEN H512

Category	FATAL
Message Description	Qualification status is U Unqualified but the newborn was greater than 9 days old at separation.
Resolution	Check the Qualification status, Date of birth and Separation date and amend as appropriate. Unqualified newborns remaining in hospital after they are 9 days old must be separated on the 9th day and re-admitted with a Care type of 08 Boarder on the 10th day. See Section 4.12 Newborns, Section 7.7 Qualification status and Section 7.15 Care type.

GEN H513

Category	FATAL
Message Description	Baby admission weight is less than 1000 grams, but length of stay in hospital was less than 28 days and Mode of separation (discharge status) is not 05 Died in hospital or 16 Transferred to another hospital.
Resolution	Check the Baby admission weight, Admission date, Separation date and Mode of separation (discharge status) and amend as appropriate. See Section 4.12 Newborns, Section 7.28 Baby admission weight and Section 7.31 Mode of separation (discharge status).

GEN H518

Category	FATAL
Message Description	Age is 9 days old or less, but Care type is not 05 Newborn.
Resolution	Check the Care type and Date of birth and amend as appropriate. See Section 4.12 Newborns and Section 7.15 Care type.

GEN H532

Category	FATAL
Message Description	The standard ward code provided is invalid as at |. Please check code.
Resolution	Check the Standard ward code and amend as appropriate. See Section 7.24 Standard ward code.

GEN H588

Category	FATAL
Message Description	Source of referral/transfer (admission source) is 23 Residential aged care service, but the Transferring from facility (extended source code) is missing or is not a valid residential aged care facility.
Resolution	Check the Source of referral/transfer (admission source) and Transferring from facility (extended source code) and amend as appropriate.

See Section 7.12 Source of referral/transfer (admission source) and Section 7.13 Transferring from facility (extended source code).

GEN H592

Category	FATAL
Message Description	Incident date flag is invalid.
Resolution	Check the Incident date flag and amend as appropriate. See Section 7.11 Incident date flag (HBCIS only).

GEN H594

Category	FATAL
Message Description	The Country of birth code of | has been reported. This is uncommon.
Resolution	Check the Country of birth and amend as appropriate. If Country of birth is correct, formally notify DSB. See Section 6.7 Country of birth and Appendix E Country of birth codes.

GEN H605

Category	FATAL
Message Description	Facility is a private day centre but the episode is not a same day or leave details have been provided.
Resolution	Check the Admission and Separation date, Planned same day and Leave details and amend as appropriate. Patients within a private day centre must only be a same day patient and cannot be placed on leave. See Section 4.20 Same day patients and Section 7.18 Planned same day.

GEN H606

Category	WARNING
Message Description	Patient days are more than | but patient has not had psychiatric care or nursing home type care.
Resolution	Check the Admission and Separation date, Care type, Psychiatric care and Nursing home type care and amend as appropriate.

See Section 4.14 Nursing Home Type Patient (NHTP).

GEN H607

Category	FATAL
Message Description	Care type is 05 Newborn, Mode of Separation (discharge status) is 05 Died in hospital and length of stay is greater than 1 hour, but Qualification status was never A Acute.
Resolution	Check the Care type, Mode of separation (discharge status), Admission date/time, Separation date/time and Qualification status and amend as appropriate. See Section 4.12 Newborns and Section 7.7 Qualification status.

GEN H610

Category	FATAL
Message Description	Source of referral/transfer (admission source) is |, but Elective patient status is not 3 Not assigned.
Resolution	Check the Source of referral/transfer (admission source) and Elective patient status and amend as appropriate. A Source of referral/transfer (admission source) of 06 Episode change or 09 Born in hospital is expected to have an Elective patient status of 3 Not assigned. See Section 7.12 Source of referral/transfer (admission source) and Section 7.16 Elective patient status.

GEN H619

Category	FATAL
Message Description	Criteria led discharge type is missing or invalid.
Resolution	Check the Criteria led discharge type and amend as appropriate. See Section 7.40 Criteria led discharge type (Public hospitals).

GEN H651

Category	WARNING
Message Description	Facility is a children's hospital, but patient's age is 18 years or more.
Resolution	Check the Date of birth and amend as appropriate.

GEN H676

Category	FATAL
Message Description	Baby admission weight is less than 1000 grams, length of stay in hospital is less than 28 days and Mode of separation is 16 Transferred to another hospital, but the transferred to hospital does not have a SCN.
Resolution	Check the Baby admission weight, Admission date, Separation date, Mode of separation (discharge status) and Transferring to facility and amend as appropriate. See Section 4.12 Newborns, Section 7.28 Baby admission weight, Section 7.31 Mode of separation (discharge status) and Section 7.32 Transferring to facility.

GEN H681

Category	FATAL
Message Description	The Treating doctor at admission of episode of care is missing.
Resolution	Check the Treating doctor at admission and amend as appropriate. See Section 7.19 Treating doctor at admission (Public hospitals).

GEN H682

Category	FATAL
Message Description	The Smoking status is missing or invalid.
Resolution	Check the Smoking status and amend as appropriate. See Section 7.41.1 Smoking status.

GEN H686

Category	FATAL
Message Description	The Smoking status has been reported as 1 Current smoker within the last 30 days, but Smoking pathway completed is missing or invalid.
Resolution	Check the Smoking status and Smoking pathway completed and amend as appropriate. See Section 7.41.1 Smoking status and Section 7.41.2 Smoking pathway completed.

GEN H697

Category	FATAL
Message Description	This episode of care is for 7 minutes or less. Please confirm this is correct.
Resolution	Check the Admission date/time, Separation date/time and Mode of separation (discharge status) and amend as appropriate. Validation exclusions: Mode of separation (discharge status) 16 Transferred to another hospital, 05 Died in hospital or 07 Discharged at own risk.

GEN H700

Category	FATAL
Message Description	The hours of Continuous ventilatory support is longer than the admitted patient episode.
Resolution	Check the hours of Continuous ventilatory support, Admission date/time and Separation date/time and amend as appropriate. See Section 9.13 Continuous ventilatory support.

GEN H708

Category	FATAL
Message Description	Preferred language is missing or invalid.
Resolution	Check the Preferred language and amend as appropriate. See Section 7.37 Preferred language (Public hospitals).

GEN H709

Category	FATAL
Message Description	Interpreter required is missing or invalid.
Resolution	Check the Interpreter required and amend as appropriate. See Section 7.38 Interpreter required (Public hospitals).

GEN H711

Category	FATAL
Message Description	QAS patient identification number (eARF) has been reported, but Source of referral/transfer (admission source) is 06 Episode change, 09 Born in hospital, 19 Routine readmission not requiring referral, 20 Organ procurement or 21 Boarder.
Resolution	Check the QAS patient identification number (eARF) and Source of referral/transfer (admission source) and amend as appropriate. See Section 7.12 Source of referral/transfer (admission source) and Section 7.17 QAS patient identification number (eARF).

GEN H717

Category	FATAL
Message Description	A Ward transfer has been supplied with the same date/time as the episode end date/time.
Resolution	Check the Ward transfer date and time against the Separation date and time and amend as appropriate.

GEN H718

Category	FATAL
Message Description	QAS patient identification number (eARF) is invalid.
Resolution	Check the QAS patient identification number (eARF) and amend as appropriate. A numeric value must be recorded. See Section 7.17 QAS patient identification number (eARF).

GEN H799

Category	FATAL
Message Description	The Country of birth code | is invalid.
Resolution	Check the Country of birth and amend as appropriate. See Section 6.7 Country of birth and Appendix E Country of birth codes.

GEN H803

Category	FATAL
Message Description	Care type is 05 Newborn, and patient age is less than 9 days old, but Mode of separation is 06 Episode change. This is not valid.
Resolution	Check the Care type and Mode of Separation and amend as appropriate. See Section 7.15 Care type.

GEN H806

Category	FATAL
Message Description	Standard ward code is |, but Length of stay in an intensive care unit is blank.
Resolution	Check the Standard ward code and Length of stay in an intensive care unit and amend as appropriate. See Section 7.24 Standard ward code and Section 7.39 Length of stay in an intensive care unit.

GEN H807

Category	FATAL
Message Description	The Length of stay in an intensive care unit is longer than the admitted patient episode.
Resolution	Check the Length of stay in an intensive care unit, Admission date/time and Separation date/time and amend as appropriate.

GEN H808

Category	FATAL
Message Description	Facility | does not have an approved Intensive Care Unit (ICU Level 6) or a Children's Intensive Care Unit (CIC Level 6), but Length of stay in an intensive care unit has been reported.
Resolution	Check the Standard ward code and Length of stay in an intensive care unit and amend as appropriate. See Section 7.24 Standard ward code and Section 7.39 Length of stay in an intensive care unit.

GEN H809

Category	FATAL
Message Description	Length of stay in an intensive care unit is invalid.
Resolution	Check the Length of stay in an intensive care unit and amend as appropriate. Length of stay in an intensive care unit should be reported as HHHHHMM. See Section 7.39 Length of stay in an intensive care unit.

GEN H813

Category	FATAL
Message Description	|. This must be numeric.
Resolution	Check both the length of stay in ICU and Duration of Continuous Ventilatory support to ensure only numeric values are supplied and amend as appropriate. See Section 7.39 Length of stay in an intensive care unit or Section 9.13 Continuous ventilatory support.

GEN H818

Category	WARNING
Message Description	Age is equal to or greater than 90 days, but a Baby admission weight has been reported that is less than 2500 grams. Please confirm.
Resolution	Check the Baby admission weight and amend as appropriate. See Section 7.28 Baby admission weight.

GEN H824

Category	FATAL
Message Description	Care type is 06 Other care. This is not generally used.
Resolution	Check the Care type and amend as appropriate. See Section 7.15 Care type.

GEN H833

Category	WARNING
Message Description	A patient has been transferred to a hospital in the home ward for duration of only 1 hour or less. Check ward transfers for this episode and amend if required.
Resolution	Check the Standard ward code and Ward transfer dates/times and amend as appropriate. See Section 7.24 Standard ward code.

GEN H848

Category	WARNING
Message Description	A time value of 2400 has been reported for |. Please confirm if the reported value should be | 23:59 or | 00:00.
Resolution	When a time value of 2400 is reported, it is converted to 23:59 as part of DSB's load process. Sites will need to confirm when the actual event took place and DSB will amend the episode accordingly if required.

GEN H858

Category	FATAL
Message Description	Mother's patient identifier has been reported, but Source of referral/transfer (admission source) is not 09 Born in hospital.
Resolution	Check the Mother's patient identifier and Source of referral/transfer (admission source) and amend as appropriate. See Section 7.12 Source of referral/transfer (admission source) and Section 7.14 Mother's patient identifier.

GEN H864

Category	WARNING
Message Description	The Smoking status has been reported for a | episode. This is invalid.
Resolution	The Smoking status cannot be provided for Newborn or Boarder episodes. Check the Care type and Smoking status details and amend as appropriate.

GEN H865

Category	FATAL
Message Description	Source of referral/transfer (admission source) is 31 Residential mental health care facility, but the Transferring from facility (extended source code) is missing or is not a valid residential mental health care facility.
Resolution	Check the Source of referral/transfer (admission source) and Transferring from facility (extended source code) and amend as appropriate. See Section 7.12 Source of referral/transfer (admission source), Section 7.13 Transferring from facility (extended source code) and Appendix A of the RMHCDC manual.

GEN H866

Category	FATAL
Message Description	Source of referral/transfer (admission source) is 32 Change of reference period, but the reporting facility is not a residential mental health care facility.
Resolution	Only Residential mental health care facilities can report a Source of referral/transfer (admission source) code of 32 Change of reference period. Check the Source of referral/transfer (admission source) and amend as appropriate. See Section 7.12 Source of referral/transfer (admission source).

GEN H869

Category	FATAL
Message Description	Mode of separation (discharge status) is 32 Change of reference period, but the reporting facility is not a residential mental health care facility.
Resolution	Only Residential mental health care facilities can report a Mode of separation (discharge status) code of 32 Change in reference period. Check the Mode of separation (discharge status) and amend as appropriate. See Section 7.31 Mode of separation (discharge status).

GEN H875

Category	FATAL
Message Description	The Standard unit code has been reported as |. This can only be reported by residential mental health care facilities.
Resolution	Check the Standard unit code and amend as appropriate. See Section 7.22 Standard unit code of the QHAPDC manual, Section 4.7 Standard unit code of the RMHCDC manual and Appendix J Standard Unit Codes.

GEN H881

Category	FATAL
Message Description	Account class is GPMLSSD General public mental health long staying same day, but the reporting facility is not a residential mental health care facility.
Resolution	Check the Account class and amend as appropriate. See Section 7.5 Account class (HBCIS hospitals) and Section 4.3.1 Account class of the RMHCDC manual.

GEN H893

Category	FATAL
Message Description	This episode is a duplicate of another episode reported by this facility. Please amend as soon as possible.
Resolution	An episode with the same UR number and episode ID has been reported. This will need to be amended as soon as possible so as not to cause issues with episode linking. Contact the QHAPDC team for more information.

GEN H894

Category	FATAL
Message Description	The patient sex has been reported as X. Please confirm Sex and Gender (if applicable).
Resolution	Check the sex of the patient and confirm if Sex is X. For more information refer to section 6.6 Sex and Gender.

GEN H895

Category	WARNING
Message Description	This patient has been transferred to or from an overseas facility. Please confirm details.
Resolution	Check the Source of referral and Transfer from facility (extended source code).

GEN H902

Category	FATAL
Message Description	Transferring from facility has been reported, but Source of referral/transfer (admission source) is not 16 Correctional facility, 23 Residential aged care service, 24 Admitted patient transferred from another hospital, 25 Non-admitted patient referred from another hospital or 31 Residential mental health care facility.
Resolution	Check the Source of referral/transfer (admission source) and Transferring from facility (extended source code) and amend as appropriate. Transferring from facility (extended source code) only needs to be reported when Source of referral/transfer (admission source) is 16 Correctional facility, 23 Residential aged care service, 24 Admitted patient transferred from another hospital, 25 Non-admitted patient referred from another hospital or 31 Residential mental health care facility. See Section 7.12 Source of referral/transfer (admission source) and Section 7.13 Transferring from facility (extended source code).

GEN H900

Category	FATAL
Message Description	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.
Resolution	Check Mode of Separation and Transferring to facility (extended source code).

GEN H909

Category	FATAL
Message Description	Care type is 05 Newborn, but Country of birth is not Australia.
Resolution	Check Care type and Country of birth. If the details are correct, please advise DSB via EVA.

GEN H913

Category	FATAL
Message Description	Mode of separation (discharge status) is 21 Residential aged care service, which is not the usual place of residence, but the Transferring to facility is missing or is not a valid residential aged care facility.
Resolution	Check the Mode of separation (discharge status) and Transferring to facility and amend as appropriate. See Section 7.31 Mode of separation (discharge status) and Section 7.32 Transferring to facility.

GEN H914

Category	WARNING
Message Description	Address of usual residence indicates that this patient had no fixed address at the time of admission but suburb, postcode and state do not indicate No fixed address. Please confirm address details.
Resolution	Check address line 1, address line 2 and locality and amend as appropriate. See section 6.11 Address of usual residence.

GEN H915

Category	FATAL
Message Description	Mode of separation (discharge status) is ||, but Criteria led discharge type is not 01 Not CLD – Authorised (Admitting) Practitioner.
Resolution	Check the Mode of separation (discharge status) and Criteria led discharge and amend as appropriate. See section 7.40 Criteria led discharge type.

GEN H916

Category	WARNING
Message Description	This is a same day patient but has been discharged to a residential aged care facility. Please check admission and discharge date and mode of separation.
Resolution	Check Admission date, Separation date and Separation mode. See section 4.13 Nursing home residents and 4.19 Same day patients.

GEN H917

Category	WARNING
Message	This patient is a Hospital in the Home (HITH) patient but the Standard ward
Description	code is not HOME. Please confirm.
Resolution	Check Ward code and Standard Ward code. All HITH wards should map to and report the Standard ward code of HOME. See section 4.9.4 Hospital in the Home reporting.

GEN H934

Category	FATAL
Message	Overlapping episodes of care. Please confirm separation date/time for admitted episode of care 1 and admission date/time for admitted episode of care 2.
Resolution	Check the admit and separation date/time of concurrent episodes of care for the same patient. Public facilities only. Two episodes of care for the same patient at the same facility where the separation date/time for the first episode of care is exactly the same as the admission date/time for the second episode of care. Episode 1 Mode of separation is equal to 06 Episode change and/or Episode 2 Source of referral is equal to 06 Episode change.

GEN H942

Category	FATAL
Message Description	Mode of separation 01 Home/usual residence cannot be assigned with Source of referral 23 Residential aged care service. Please review and confirm.
Resolution	Check the source of referral and Mode of separation details and amend as appropriate. It is expected that the below identified combinations are not assigned together for an admitted episode of care.

GEN H954

Category	FATAL
Message Description	The patient's reported first given name contains a blank space or tab characters at the beginning or end of the name. Please advise.
Resolution	Blank space or tab characters have been included in the patient's first given name. Please check and advise.

GEN H955

Category	FATAL
Message Description	The patient's reported second given name contains a blank space or tab characters at the beginning or end of the name.. Please advise.
Resolution	Blank space or tab characters have been included in the patient's second name. Please check and advise.

GEN H956

Category	FATAL
Message Description	The patient's reported surname contains a blank space or tab characters at the beginning or end of the name.. Please advise.
Resolution	Blank space or tab characters have been included in the patient's surname. Please check and advise.

GEN H960

Category	FATAL
Message Description	The (Suburb/Postcode/State)| is null. Please provide details.
Resolution	Check address details including Suburb, Postcode and State and amend as appropriate.

Grouping (GRP) Validations

These validation messages relate to problems in grouping the episodes, including failure to group episodes.

GRP H134

Category	FATAL
Message Description	The DRG code provided does not match the DRG code derived by the Data Services Branch. Please ensure that the episode has been grouped and check your Grouper version.
Resolution	Check the episode has been grouped, the correct Grouper version used and amend as appropriate. See Section 9.14 Australian Refined Diagnosis Related Group (AR-DRG).

GRP H135

Category	FATAL
Message Description	The MDC code provided does not match the DRG code derived by the Data Services Branch. Please ensure that the episode has been grouped and check your Grouper version.
Resolution	Check the episode has been grouped, correct Grouper version used and amend as appropriate. See Section 9.14 Australian Refined Diagnosis Related Group (AR-DRG).

GRP H136

Category	FATAL
Message Description	The Diagnosis Related Group (DRG) cannot be derived episode due to data errors. Please review all validation errors for this episode.
Resolution	This is a companion validation message when selected validation errors occur. Please review all validation error for this episode.

GRP H375

Category	FATAL
Message Description	Error occurred during version | DRG grouping. Episode received DRG |: |, Error |: |.
Resolution	DSB grouper returned an error during grouping of the episode. The error returned by the grouper has been provided in the message to help locate the cause of the error. All errors within the episode will need to be fixed. Check the principal diagnosis and clinical coding. If no other errors exist for the episode and no cause can be found, contact DSB.

GRP H582

Category	FATAL
Message Description	DRG code has not been provided. Please group this episode.
Resolution	No grouping code was provided by the hospital. Public hospitals should group all episodes before providing them to DSB. Check all morbidity data to ensure that the episode groups correctly.

Morbidity (ICD and ICDSEQ) Validations

These validation messages relate to the assignment of ICD-10-AM and/or ACHI codes, and how those codes align with other data items. Many of these validation messages relate to the Australian Coding Standards (ACS).

Due to character limits, the message description may differ slightly. For example, when ranges of morbidity coding are displayed and the character limit is exceeded, the range of codes will be replaced with "(refer to coding standards)".

Further information for the majority of morbidity validations are available via the Corporate Reference Data System (CRDS):

Corporate Reference Data System (CRDS) | Queensland Health Intranet

On the CRDS homepage select the International Classification of Diseases (ICD) tab. Click the Advanced Search tab and enter a ICD-10-AM code or EVA message code to search and view the CRDS rule defined.

ICD H45

Category	FATAL
Message Description	Code | has been duplicated for this admission/episode.
Resolution	Check the morbidity details and amend as appropriate. Diagnosis codes should never be duplicated. Exceptions include external causes, morphology or most procedures. However, a number of identified procedure codes should not be duplicated within an episode of care. ACS 0004 *Diagnosis cluster identifier (DCID)*: • Do not duplicate codes from Chapters 19 or 20 for a bilateral condition arising from a single event. ACS 0032 *Allied health interventions*: • 96037-01 [1824] *Consultation liaison psychiatry [CLP]* should be assigned only once for an episode of care, regardless of the number of allied health interventions performed as part of the consultation liaison psychiatry service. ACS 1551 *Obstetric perineal grazes and perineal lacerations*: • Where multiple perineal lacerations (rupture or tears) of different degrees are documented, assign a code for the highest (most severe) degree only. Removal of external fixation device:

- 47948-00 [1554] *Removal of external fixation device* should be assigned only once for an episode of care.

Testing for COVID-19:

96273-00 [1866] *Testing for severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2]* is assigned once only in an episode of care.

ICD H55

Category	FATAL
Message Description	Code | | is not valid or is the wrong ICD-10-AM/ACHI version for this episode.
Resolution	Check the morbidity details and ICD-10-AM/ACHI code identifier and amend as appropriate. The diagnosis or procedure code and the ICD-10-AM/ACHI code identifier combination (shown in the message) is either not valid at the episode end date or was never a valid code. ACS 0534 *Specific interventions related to mental health care services:* • For admitted episodes of care do not assign 96241-XX [1922] *Prescription of psychotherapeutic agent.* Post procedural analgesia - the following codes cannot be assigned for admitted episodes of care: • 90030-00 [1912] *Subcutaneous postprocedural analgesic infusion* • 92518-00 [1912] *Intravenous postprocedural infusion, patient controlled analgesia (PCA)* • 92518-01 [1912] *Intravenous postprocedural analgesic infusion*. (National Coding Advice Ref. No. Q3190) See ACS 0049 *Disease codes that must never be assigned* for the list of ICD-10-AM codes that must never be assigned for inpatient morbidity coding. ACHI Chapter 21 *Codes for special purposes* (Blocks 8888-8889) are for emergency use or to enable the timely capture of new health technology and can only be activated for use by the Independent Health and Aged Care Pricing Authority (IHACPA) as required. See Section 9.1 ICD-10-AM/ACHI code identifier.

ICDSEQ H67

Category	FATAL
Message Description	The principal diagnosis code is in the wrong sequence order. Check the sequence and ICD-10-AM/ACHI code identifier.
Resolution	Check the morbidity details and ICD-10-AM/ACHI code identifier and amend as appropriate. The first sequenced diagnosis code must be the principal diagnosis and have the ICD-10-AM/ACHI code identifier of PD. See Section 9.1 ICD-10-AM/ACHI code identifier and Section 9.3 Principal diagnosis.

ICD H125

Category	FATAL
Message Description	The principal diagnosis code is missing. Please check all diagnosis and provide the code for the principal diagnosis.
Resolution	Check the morbidity details and ICD-10-AM/ACHI code identifier and amend as appropriate. The first diagnosis code sequenced must always have an ICD-10-AM code identifier of PD principal diagnosis to identify the condition primarily responsible for the episode of care. See Section 9.1 ICD-10-AM/ACHI code identifier and Section 9.3 Principal diagnosis.

ICD H129

Category	FATAL
Message Description	The ICD-10-AM/ACHI code identifier is invalid for code |.
Resolution	Check the morbidity details and ICD-10-AM/ACHI code identifier and amend as appropriate. The ICD-10-AM/ACHI code identifier must be valid and matched correctly with the diagnosis or procedure code to ensure that codes appear in the correct sequence for accurate grouping. See Section 9.1 ICD-10-AM/ACHI code identifier.

ICD H149

Category	FATAL
Message Description	A code has not been provided against ICD-10-AM/ACHI code identifier |.
Resolution	Check the morbidity details and ICD-10-AM/ACHI code identifier and amend as appropriate. An ICD-10-AM/ACHI code identifier has been reported without a diagnosis or procedure code. All diagnosis and procedure codes must be provided. See Section 9.1 ICD-10-AM/ACHI code identifier.

ICD H150

Category	FATAL
Message Description	The ICD-10-AM/ACHI code identifier for the code | is missing.
Resolution	Check the morbidity details, ICD-10-AM/ACHI code identifier and amend as appropriate. See Section 9.1 ICD-10-AM/ACHI code identifier.

ICD H245

Category	FATAL
Message Description	There is an invalid morbidity record for this patient. Please check all morbidity details.
Resolution	A record exists in the morbidity table that has no ICD-10-AM or ACHI codes and no ICD-10-AM/ACHI code identifiers. Check all morbidity details for the episode and arrange for the deletion of all morbidity records and re-send all morbidity details for the episode.

ICD H281

Category	WARNING
Message Description	When sending new morbidity codes first delete existing morbidity codes and then send all morbidity codes as NEW records.
Resolution	The order of the morbidity records is extremely important in the QHIDS system. If a new record is sent, the system has no way of knowing where in the sequence the new morbidity codes should belong. For this reason, each electronic change to morbidity codes

must include a deletion of all existing morbidity records, and then re-send ALL morbidity records with all corrections made.

ICD H293

Category	FATAL
Message Description	The Qualification status is A Acute, but the only diagnosis code reported is Z380.
Resolution	Check the Qualification status and morbidity details and amend as appropriate For a Qualification status of A Acute to be assigned, the morbidity details must contain more than Z38.0 *Singleton, born in hospital*. A singleton newborn must be receiving some form of treatment or have some type of condition to have an acute qualification status. See Section 7.7 Qualification status.

ICD H390

Category	FATAL
Message Description	This patient is | but has diagnosis and/or intervention codes indicating they have received treatment or have undergone a intervention.
Resolution	Check the Care type and morbidity details and amend as appropriate. A boarder is defined as a person who is receiving food and/or accommodation but for whom the hospital does not accept responsibility for treatment and/or care. It is expected that boarder episodes of care are only assigned either diagnosis code Z76.3 *Healthy person accompanying sick person* or Z76.4 *Other boarder in healthcare facility.* See Section 7.15 Care type.

ICD H429

Category	FATAL
Message Description	The principal diagnosis code should be immediately followed by an External cause code.
Resolution	Check the morbidity details and amend as appropriate.

The principal diagnosis is an injury code. ACS 2001 *External cause code use and sequencing* includes the requirement that if an injury code is the principal diagnosis it must be immediately followed by an external cause code relating directly to that injury.

See Section 9.5 External cause sequencing.

ICD H431

Category	FATAL
Message Description	The External cause code relating to the principal diagnosis must be immediately followed by a Place of occurrence code.
Resolution	Check the morbidity details and amend as appropriate. The principal diagnosis is an injury code. ACS 2001 *External cause code use and sequencing* includes the requirement that if an injury code is the principal diagnosis it must be immediately followed by an external cause code relating directly to that injury and the external cause must be immediately followed by the Place of occurrence code. See Section 9.5 External cause sequencing.

ICD H432

Category	FATAL
Message Description	External cause(s) and Place of occurrence codes relating to the principal diagnosis must be immediately followed by an Activity code.
Resolution	Check the morbidity details and amend as appropriate. The principal diagnosis has external cause(s) relating to it, therefore those external causes must be followed by a Place of occurrence and (if relevant) an Activity code, before another diagnosis code is provided. See Section 9.5 External cause sequencing.

ICD H459

Category	FATAL
Message Description	The date of intervention is missing, but intervention | is in the mandatory block range.
Resolution	Check the Date of intervention and amend as appropriate. See Section 9.17 Date of intervention.

ICD H467

Category	WARNING
Message Description	The patient had intervention | on the day they either commenced or returned from leave. Please confirm if this is correct.
Resolution	Check the Date of intervention and Leave details and amend as appropriate. While it is recognised that it is very possible to have an intervention on the day a leave starts or finishes, it is expected that this would be rare. See Section 4.10 Leave and Section 9.17 Date of intervention.

ICD H487

Category	FATAL
Message Description	Code | is only valid when Mode of separation (discharge status) is | Died in hospital.
Resolution	Check the morbidity details and Mode of separation (discharge status) and amend as appropriate. See Section 7.31 Mode of separation (discharge status).

ICD H489

Category	FATAL or WARNING (Dependent on code combination)
Message Description	Code || should not be used with code | in the same episode.
Resolution	Check the morbidity details and amend as appropriate. There are some combinations of codes that should not be assigned together. I50.0 *Congestive heart failure* cannot be assigned with I50.1 *Left ventricular failure*. G83.81 *Facial paralysis due to cerebrovascular accident* should not be assigned in addition to G81.9 *Hemiplegia, unspecified* as facial paralysis (droop) is inherent in hemiplegia. Excludes Notes: Refer to ICD-10-AM/ACHI Tabular notes for excludes conditions/procedures that may be classified elsewhere. E.g. Y95 *Nosocomial condition* should not be used with U92 *Healthcare associated Staphylococcus aureus bloodstream infection [HA-SABSI].*

ICD H505

Category	FATAL
Message Description	The Contract flag reported for intervention code | | is invalid.
Resolution	Check the Contract flag and amend as appropriate. The Contract flag should only be assigned for interventions that have been performed by a contracted facility during a contracted service. See Section 9.16 Contract flag.

ICD H548

Category	FATAL
Message Description	| date is | the | date.
Resolution	Check all the dates of the items identified in the message and amend as appropriate. An activity has been identified as being outside the episode start and end dates. This activity can relate to a leave record, an intervention date, a contract record, a ward transfer record, an account variation record, a qualification status change, a nursing home type record, SNAP details, or a combination of the above.

ICD H549

Category	FATAL
Message Description	More than one code has an ICD-10-AM/ACHI code identifier of PD.
Resolution	Check the morbidity details and ICD-10-AM/ACHI code identifier and amend as appropriate. Only one principal diagnosis can be assigned for an episode of care. Diagnosis codes should be deleted and re-sent in the correct sequence. See Section 9.1 ICD-10-AM/ACHI code identifier and Section 9.3 Principal diagnosis.

ICD H550

Category	FATAL or WARNING (Dependent on code(s) assigned)
Message Description	Code | | is only valid for patients between | and |. This patient is |.
Resolution	Check the morbidity details and Date of birth and amend as appropriate. The diagnosis or procedure code provided in the message is only valid for patients of a certain age. The code and associated age ranges can be viewed on the Corporate Reference Data System (CRDS).

ICD H551

Category	FATAL or WARNING (Dependent on code(s) assigned)
Message Description	Code | | is not valid for patients between | and |. This patient is |.
Resolution	Check the morbidity details and Date of birth and amend as appropriate. The diagnosis or intervention code provided in the message is only valid for patients of a certain age.

ICD H552

Category	FATAL or WARNING (Dependent on code(s) assigned)
Message Description	For code | | the patient should be |. This patient is |.
Resolution	Check the morbidity details and Sex and amend as appropriate. The diagnosis or intervention code provided in the message is only valid for patients of a certain sex.

ICD H553

Category	WARNING
Message Description	Code | | is only valid for a same day episode.

Resolution	Check the morbidity details, Admission date and Separation date and amend as appropriate. The diagnosis code provided in the message is valid only for same day episodes.

ICD H555

Category	FATAL
Message Description	Code | | is only valid for Care type(s) |.

Resolution	Check the morbidity details and Care type and amend as appropriate.
	The diagnosis code provided in the message indicates that the patient is a boarder or the patient is receiving specialist treatment. The Care type does not match the diagnosis code.
	• Care type 01 Acute care is only valid for codes:
	  - Z29.21 *Prophylactic pharmacotherapy for neoplasm*
	  - Z32.2 *Initiation of medical abortion*
	  - Z51.1 *Pharmacotherapy session for neoplasm*
	  - 96269-00 [896] *Laparoscopic procurement of small intestine for transplantation, living donor*
	  - 96269-01 [896] *Procurement of small intestine for transplantation, living donor*
	  - 96270-00 [914] *Laparoscopic procurement of large intestine for transplantation, living donor*
	  - 96270-01 [914] *Procurement of large intestine for transplantation, living donor*
	  - 96258-01 [953] *Laparoscopic procurement of liver for transplantation, living donor*
	  - 96258-02 [953] *Procurement of liver for transplantation, living donor*.
	• Care type 05 Newborn care is only valid for codes in the range Z38.0 - Z38.8 *Liveborn infants according to place of birth*.
	• Care type 07 Organ procurement is only valid for organ and tissue donation codes in the range:
	  - Z52.5 *Cornea donor*
	  - Z52.7 *Heart donor*
	  - Z52.84 *Heart and lungs donor*
	  - Z52.88 *Donor of multiple organs and tissues*
	  - Z52.9 *Donor of unspecified organ or tissue*
	  - Z53.32 *Posthumous organ procurement attempted but not completed*

- 96269-02 [896] *Procurement of small intestine for transplantation, posthumous donor*
- 96270-02 [914] *Procurement of large intestine for transplantation, posthumous donor*
- 96258-03 [953] *Procurement of liver for transplantation, posthumous donor*
- 3651606 [1050] *Complete nephrectomy for transplantation,. posthumous donor*
- 96275-01 [116] *Procurement of parathyroid tissue for transplantation, posthumous donor*
- 96275-02 [116] *Procurement of thyroid tissue for transplantation, posthumous donor*
- 96275-03 [119] *Procurement of adrenal tissue for transplantation, posthumous donor*
- 96275-05 [128] *Procurement of thymus tissue for transplantation, posthumous donor*
- 96275-06 [161] *Procurement of cornea for transplantation, posthumous donor*
- 96275-08 [254] *Procurement of limbal stem cells for transplantation, posthumous donor*
- 96275-10 [553] *Procurement of lung for transplantation, posthumous donor*
- 90204-03 [659] *Procurement of heart for transplantation, posthumous donor*
- 90204-05 [659] *Procurement of heart and lungs for transplantation, posthumous donor*
- 13700-02 [901] *Procurement of bone marrow for transplantation, posthumous donor*
- 96275-12 [978] *Procurement of pancreas for transplantation, posthumous donor*
- 96275-14 [978] *Procurement of islet cells for transplantation, posthumous donor*
- 96275-16 [1561] *Procurement of chondrocytes for transplantation, posthumous donor*
- 96275-18 [1563] *Procurement of chondrocytes for transplantation, posthumous donor*
- 96275-21 [1634] *Procurement of skin for transplantation, posthumous donor*

- Care type 08 Boarder is only valid for codes in the range Z76.3 - Z76.4 *Persons encountering health services in other circumstances*.
- Care type 11 Maintenance care is only valid for Z75.5 *Respite care.*
- Care type 12 Mental health care is only valid for procedure codes:
  - 96252-00 [1908] *Repetitive transcranial magnetic stimulation, 1 treatment*

- 96253-00 [1908] *Repetitive transcranial magnetic stimulation, 2–20 treatments*
- 96254- 00 [1908] *Repetitive transcranial magnetic stimulation, 21or more treatments.*

See Section 7.15 Care type.

ICD H556

Category	FATAL
Message Description	Code | | is only valid for Source(s) of referral/transfer (admission source) |.
Resolution	Check the morbidity details and Source of referral/transfer (admission source) and amend as appropriate. Source of referral/transfer (admission source) of 09 Born in hospital is only valid for: • Z38.0 *Singleton, born in hospital* • Z38.3 *Twin, born in hospital* • Z38.6 *Other multiple, born in hospital.* Source of referral/transfer (admission source) of 02 Emergency department - this hospital is only valid for: • Z38.1 *Singleton, born outside of hospital* • Z38.4 *Twin, born outside of hospital* • Z38.7 *Other multiple, born outside of hospital.* See Section 7.12 Source of referral/transfer (admission source).

ICD H557

Category	FATAL
Message Description	Code | | is not valid for Source of referral/transfer (admission source) |.
Resolution	Check the morbidity details and Source of referral/transfer (admission source) and amend as appropriate. Source of referral/transfer (admission source) of 09 Born in hospital and 02 Emergency department are NOT valid for: • Z38.2 *Singleton, unspecified as to place of birth* • Z38.5 *Twin, unspecified as to place of birth* • Z38.8 *Other multiple, unspecified as to place of birth.* See Section 7.12 Source of referral/transfer (admission source)

ICD H558

Category	FATAL or WARNING (Dependent on code(s) assigned)
Message Description	Combination of | and | is not valid.
Resolution	Check the morbidity details and ICD-10-AM/ACHI code identifier and amend as appropriate. A number of diagnosis codes can only be the PD, OD or EX. The diagnosis code provided in the message is to be supplied in a specific sequence (i.e. either as the PD, OD or as an EX). The combination of diagnosis code and Code identifier has been provided incorrectly. See ACS 0050 *Unacceptable principal diagnosis code*s for further information. See Section 9.1 ICD-10-AM/ACHI code identifier.

ICD H559

Category	FATAL or WARNING (Dependent on code(s) assigned)
Message Description	Code | | is a rare code. Please confirm and provide details of the documentation that supports assignment of this rare code.
Resolution	Check the morbidity details and amend as appropriate. The diagnosis code provided relates to a condition that is considered rare in Australia. If a fatal validation occurs and the rare condition is confirmed, formally notify DSB. Providing information such as “Confirmed by pathology” or “Documented in the clinical notes” or “As per operative notes” assists DSB to resolve validation messages.

ICDSEQ H561

Category	FATAL
Message Description	Code | | must be immediately preceded by a code in the range |.
Resolution	Check the morbidity details and amend as appropriate. An Activity code in the range U50.00 - U73.9 must have a code from the Place of occurrence range Y92.0 - Y92.99 immediately before it. **Candida albicans [C. albicans] (B37.82) and Candida auris [C. auris] (B37.83)** should be preceded by either:

- a code in the range B37.0-B37.7 *Candidiasis and certain Candida species*
- B37.81 *Candidal oesophagitis*
- B37.89 *Candidiasis of other sites*
- B37.9 *Candidiasis, unspecified site*
- a code in the range P37.5- *Neonatal candidiasis*.

Extended spectrum beta-lactamase [EBSL] producing organism (U93) should be preceded by either:

- Z14.- *Resistance to beta-lactam antibiotics*
- Z15.- *Resistance to other antibiotics*
- Z16.- *Resistance to other antimicrobials.*

ICDSEQ H562

Category	FATAL or WARNING (Dependent on code(s) assigned)
Message Description	Code | | must be preceded by a code in the range |.
Resolution	Check the morbidity details and amend as appropriate. Check the ICD-10-AM/ACHI Tabular notes for Code first instructions. **Activity** - If an Activity code in the range U50 - U73.9 is used, an External cause code in the range V00.00 - Y34.99 must be used before it. **Combined ventilatory support, >= 96 hours** –92211-00 [571] *Management of combined ventilatory support, 96 hours or more*, first code duration of ventilation from blocks [569] *Ventilatory support* and [570] *Non-invasive ventilatory support*. Note this is for neonates only. Duration of combined ventilatory support must be >= 96 hours. **High intensity focused ultrasound [HIFUS] (90908-01 [1949])** – first code: • 90299-00 [956] *Destruction procedures on liver* • 90370-00 [1046] *Destruction procedures on kidney* • 90408-00 [1162] *Destruction procedures on prostate* • 90451-00 [1263] *Other destruction procedures onuterus* • 90609-00 [1579] *Destruction of bone* • 90726-00 [1759] *Other destruction of breast.* **Injuries**: • S31.81 *Open wound (of any part of lower back and pelvis) communicating with a fracture* must be preceded by a code in the range S32.00 - S32.89 *Fracture of lumbar spine and pelvis*. • S31.82 *Open wound (of any part of lower back and pelvis) communicating with a dislocation* must be preceded by a code in the range S33.10 - S33.3 *Dislocation of lumbar vertebra*.

- S31.83 *Open wound (of any part of abdomen) communicating with an intra-abdominal injury* must be preceded by a code in the range S36.00 - S37.*9 Injury of intra-abdominal, urinary and pelvic organs*.
- S41.81 *Open wound (of any part of shoulder and upper arm) communicating with a fracture* must be preceded by a code in the range S42.00 - S42.9 *Fracture of shoulder and upper arm*.
- S41.82 *Open wound (of any part of shoulder and upper arm) communicating with a dislocation* must be preceded by a code in the range S43.00 - S43.3 *Dislocation, sprain and strain of joints and ligaments of shoulder girdle*.
- S51.81 *Open wound (of any part of forearm) communicating with a fracture* must be preceded by a code in the range S52.00 - S52.9 *Fracture of forearm*.
- S51.82 *Open wound (of any part of forearm) communicating with a dislocation* must be preceded by a code in the range S53.0 - S53.18 *Dislocation, sprain and strain of joints and ligaments of elbow*.
- S61.81 *Open wound (of any part of wrist and hand) communicating with a fracture* must be preceded by a code in the range S62.0 - S62.8 *Fracture at wrist and hand level.*
- S61.82 *Open wound (of any part of wrist and hand) communicating with a dislocation* must be preceded by a code in the range S63.00 - S63.3 *Dislocation, sprain and strain of joints and ligaments at wrist and hand level*.
- S71.81 *Open wound (of any part of hip and thigh) communicating with a fracture* must be preceded by a code in the range S72.00 - S72.9 *Fracture of femur*.
- S71.82 *Open wound (of any part of hip and thigh) communicating with a dislocation* must be preceded by a code in the range S73.00 - S73.08 *Dislocation of hip*.
- S81.81 *Open wound (of any part of lower leg) communicating with a fracture* must be preceded by a code in the range S82.0 - S82.9 *Fracture of lower leg, including ankle*.
- S81.82 *Open wound (of any part of lower leg) communicating with a dislocation* must be preceded by a code in the range S83.0 - S83.18 *Dislocation, sprain and strain of joints and ligaments of knee*.

Management of neuraxial block – procedure codes 92516-00 [1912] *Management of neuraxial block* must be preceded by a code in the ranges of 92508-10 – 92508-99 [1909]*Neuraxial block***,** 92506-10 – 92507-99 [1333] *Neuraxial block during labour and delivery procedure*.

Management of regional block – procedure codes in the range 92517-00 - 92517-03 [1912] *Management of regional block* must be preceded by a procedure code from the range 92509-10 – 92512-99 [1909] *Conduction anaesthesia.*

Morphology code - A Morphology code in the range M8000/0 - M9999/9 must be preceded by one of the following:

- a neoplasm site code in the range C00 - D48 *Neoplasms*
- O01.0 *Classical hydatidiform mole*
- O01.1 *Incomplete and partial hydatidiform mole*
- O01.9 *Hydatidiform mole, unspecified*
- Q85.0 *Neurofibromatosis (non-malignant).*

Nitric oxide therapy - 92210-00 [1889] *Nitric oxide therapy* should be assigned in addition to a ventilatory support code.

Place of Occurrence - If the code supplied is a Place of occurrence code in the range Y92.0 - Y92.99 it must have an External cause code in the V00 - Y89.99 range before it.

ICDSEQ H564

Category	FATAL
Message Description	Code | | must be followed by a code in the range |.
Resolution	Check the morbidity details and amend as appropriate.

Activity - An External cause code in the range V00.00 - Y34.99 must be followed by an Activity code in the range U50.00 - U73.9.

Congenital pneumonia due to other bacterial agents (P23.6) should be accompanied by a code in the range:

- B95 *Streptococcus, Enterococcus and Staphylococcus as the cause of diseases classified to other chapters*
- B96 *Other bacterial agents as the cause of diseases classified to other chapters*.

Complications due to difficult intubation (T88.42) – must be assigned with:

- Y84.85 *Medical procedure for respiratory system as the cause of abnormal reaction, or of later complication, without mention of unintentional events at the time of the procedure, not elsewhere classified* or
- Y60–Y69 *Unintentional events during surgical and medical care* or
- Y70–Y82 *Medical devices associated with unintentional events in diagnostic and therapeutic use* and

- Y92.24 *Place of occurrence, health service area, this facility.*

Electroconvulsive therapy [ECT] - procedure codes in the range 14224-00 – 14224-05 [1907] *Electroconvulsive therapy* must be followed by a code in block [1910] *Cerebral anaesthesia*.

Injury - Diagnoses codes in S or T chapter, code range Z04.1 - Z04.5 *Examination and observation for other reasons*, or code range L55.0 - L55.9 *Sunburn* must be followed by an external cause code in the range, V00.00 - Y91.99 or Y95 - Y98.

Intra and Post procedural - diagnosis in code the below ranges must be accompanied by an external cause code in the range Y83.0 - Y84.9:

- E89.0 - E89.9 *Intraoperative and postprocedural disorders of endocrine and metabolic system*
- G97.0 - G97.9 *Intraoperative and postprocedural disorders of the nervous system*
- H59.0 - H59.9 *Intraoperative and postprocedural disorders of the eye and adnexa*
- H95.0 - H95.9 *Intraoperative and postprocedural disorders of ear and mastoid process*
- I97.0 - I97.9 *Intraoperative and postprocedural disorders of circulatory system*
- J95.0 - J95.9 *Intraoperative and postprocedural disorders of respiratory system*
- K91.0 - K91.9 *Intraoperative and postprocedural disorders of digestive system*
- M96.0 - M96.9 *Intraoperative and postprocedural disorders of musculoskeletal system*
- N99.0 - N99.9 *Intraoperative and postprocedural disorders of genitourinary system*

Neoplasm - A neoplasm code in the range C00 - D48 *Neoplasms*, or O01.0 *Classical hydatidiform mole*, O01.1 *Incomplete and partial hydatidiform mole,* O01.9 *Hydatidiform mole, unspecified*, Q85.0 *Neurofibromatosis (non-malignant)* must be followed by a morphology code between M8000/0 - M9999/9.

Place of occurrence - An External cause code in the range V00.00 - Y89.9 must be followed with a Place of occurrence code in the range Y92.00 - Y92.99.

ICDSEQ H565

Category	FATAL or WARNING (Dependent on code(s) assigned)

Message Description	Code | | must be provided with a code in the range |.
Resolution	Check the morbidity details and amend as appropriate. It is expected an additional code is assigned in conjunction with another code. **Acute reaction to foreign substance accidentally left during a procedure** – code T81.6 must be accompanied by Y61 *Foreign object accidentally left in body during surgical and medical care*. **Allergic rhinitis due to pollen (J30.1)** must be accompanied by Y37.11 *Allergy to pollen*. **Asterisk** – The corresponding dagger code is required. See ICD-10-AM Tabular for further information. **Evidence of alcohol involvement determined by blood alcohol level (Y90.0 – Y90.9)** must be accompanied by a code from F10.0, F10.1 or F10.2 *Mental and behavioural disorders due to the use of alcohol*. See ACS 0503 *Drug, alcohol and tobacco use disorder* for further information. **Blood transfusion without reported diagnosis (Z51.3)** must be accompanied by one of the following: • A procedure from block [1893] *Administration of blood and blood products* • A diagnosis code in the range Z53.- *Persons encountering health services for specific procedures, not carried out.* **Burns** • A body percentage code in the range T31.00 - T31.99 must be accompanied by a burns site companion code in T20 - T25.3, T29.0 - T30.3 or L55.0 - L55.9 • A burns site code in the range T20 - T25.3, T29.0 - T30.3 or L55.0 - L55.9 must be accompanied by a companion body percentage code in the range T31.00 - T31.99. **Cardiac defibrillators and electrodes** – procedure code 38393-00 [653] *Insertion of cardiac defibrillator generator* should be assigned with one of the following codes: • 38390-01 [648] *Insertion of permanent transvenous electrode into left ventricle for cardiac defibrillator* • 38390-02 [648] *Insertion of permanent transvenous electrode into other heart chamber(s) for cardiac defibrillator* • 38390-00 [649] *Insertion of patches for cardiac defibrillator* • 38470-01 [649] *Insertion of permanent epicardial electrode for cardiac defibrillator via thoracotomy or sternotomy*

- 38473-01 [649] *Insertion of permanent epicardial electrode for cardiac defibrillator via subxyphoid approach*
- 38654-03 [649] *Insertion of permanent left ventricular electrode for cardiac defibrillator via thoracotomy or sternotomy*

Cardiac pacemakers and electrodes – procedure code 38353-00 [650] *Insertion of subcutaneous cardiac pacemaker generator* should be assigned with one of the following codes:

- 38350-00 [648] *Insertion of permanent transvenous electrode into other heart chamber(s) for subcutaneous cardiac pacemaker*
- 38368-00 [648] *Insertion of permanent transvenous electrode into left ventricle for subcutaneous cardiac pacemaker*
- 38470-00 [649] *Insertion of permanent epicardial electrode for subcutaneous cardiac pacemaker via thoracotomy or sternotomy*
- 38473-00 [649] *Insertion of permanent epicardial electrode for subcutaneous cardiac pacemaker via subxyphoid approach*
- 38654-00 [649] *Insertion of permanent left ventricular electrode for subcutaneous cardiac pacemaker via thoracotomy or sternotomy.*

Coronavirus disease 2019 [COVID-19] vaccines causing adverse effect in therapeutic use *(*U07.70 – U07.74) must be assigned with companion code(s):

- Y59.0 *Viral vaccines causing adverse effects in therapeutic use*
- Y92.23 *Place of occurrence, health service area, not specified as this facility* or Y92.24 *Place of occurrence, health service area, this facility.*

Dagger – The corresponding asterisk code is required. See ICD-10-AM Tabular for further information.

Dilation and evacuation of uterus – procedure code 35643-03 [1265] *Dilation and evacuation of uterus [D&E]* should be assigned with a code in the range: O03.0 to O07.9 *Pregnancy with abortive outcome.*

Follow-up – Z48.8 *Other specified surgical follow-up care* should be assigned with an additional code for the condition that required surgery. **Glomerular disorders in diseases classified elsewhere (N08.0*)** should be assigned with one of the following codes:

- A41.5- *Sepsis due to other and unspecified Gram-negative organisms*
- A41.8 *Sepsis due to other specified organism*
- A41.9 *Sepsis, unspecified*
- A50.5 *Other late congenital syphilis, symptomatic*
- A51.4 *Other secondary syphilis*
- A52.7 *Other symptomatic late syphilis*

- A54.2 *Gonococcal pelviperitonitis and other gonococcal genitourinary infections*
- A98.5 *Haemorrhagic fever with renal syndrome*
- B26.8 *Mumps with other complications*
- B52.0 *Plasmodium malariae malaria with nephropathy*
- A40.0 and A41.4 *Streptococcal sepsis and Sepsis due to anaerobes*
- B65.0 to B65.9 *Schistosomiasis [bilharziasis]*
- B78.0 to B78.9 *Strongyloidiasis.*

Hypertensive health and kidney disease:

- *Hypertensive heart and kidney disease with (congestive) heart failure* (I13.0) should be assigned with a code in the range N18.1 – N18.4 or N18.9 *Chronic kidney disease*.
- *Hypertensive heart and kidney disease, unspecified* (I13.9) should be assigned with a code in the range N18.1 – N18.4 or N18.9 *Chronic kidney disease*.

Initiation of medical abortion (Z32.2) should be assigned with one of the following codes:

- 35640-02 [1277] *Dilation of cervix*
- 90461-01 [1330] *Fetotoxic injection, not elsewhere classified*
- 35677-03 [1256] *Fetotoxic management for removal of ectopic pregnancy*
- 90462-01 [1330] *Termination of pregnancy [abortion procedure], not elsewhere classified*
- 90465-01 [1334] *Medical induction of labour, prostaglandin*
- Z53.- *Persons encountering health services for specific procedures, not carried out*.

Insertion of contraceptive device (Z30.1) should be assigned with one of the following codes:

- 35503-00 [1260] *Insertion of intrauterine device [IUD]*
- 14203-00 [1906] *Direct subdermal hormone implantation*
- Z53.- *Persons encountering health services for specific procedures, not carried out*.

Laboratory examination *(*Z01.7) should be assigned with a code from block [1910] *Cerebral anaesthesia*.

Living Liver donor - Procedure codes 96258-01 [953] *Laparoscopic procurement of liver for transplantation, living donor* and 96258-02 [953] *Procurement of liver for transplantation, living donor* must be assigned with Z52.6 *Liver donor*.

Open wound – Complications of open wound code T89.0- requires an injury, poisoning and certain other consequences of external cause companion site code in the range S00.0 - T14.99.

Ophthalmic procedures – Block [239] *Procedures for ectropion or entropion* must be accompanied by a diagnosis code in the range of either H02.0 - H02.1 *Entropion or Ectropion of eyelid* or Q10.1 - Q10.2 *Congenital ectropion or entropion.*

Pregnancy and diabetes mellitus

- O24.0 *Pre-existing Type 1 diabetes mellitus in pregnancy, childbirth and the puerperium* must be assigned with a diabetes mellitus code in the range E10.-
- O24.1- *Pre-existing Type 2 diabetes mellitus in pregnancy, childbirth and the puerperium* must be assigned with a diabetes mellitus code in the range E11.-
- O24.2- *Pre-existing other specified diabetes mellitus, in pregnancy, childbirth and the puerperium* must be assigned with a diabetes mellitus code in the range E13.-
- O24.3- *Pre-existing unspecified diabetes mellitus, in pregnancy, childbirth and the puerperium* must be assigned with a diabetes mellitus code in the range E14.-
- O24.5- *Pre-existing intermediate hyperglycaemia in pregnancy, childbirth and the puerperium* must be assigned with a diabetes mellitus code in the range E09.-.

Pregnancy and delivery

- Augmentation, induction and delivery procedures require an outcome of delivery code in the range Z37.0 - Z37.9:
    - Block [1336] *Spontaneous delivery*
    - Block [1337] *Forceps rotation and delivery*
    - Block [1338] *Vacuum assisted delivery*
    - Block [1339] *Assisted breech delivery and extraction, and assisted vertex delivery*
    - Block [1340] *Caesarean section*
    - 90466-00, 90466-01, 90466-02 [1335] *Medical or surgical augmentation of labour*
    - 16501-00, 90471-02, 90471-06 [1342] *Manipulation of fetal position and presentation*
    - 90477-00 [1343] *Other procedures to assist with delivery*
- Delivery diagnosis codes must be accompanied by delivery procedure codes:

- O80 *Single spontaneous delivery* with a code from block [1336] *Spontaneous delivery*:
- O81 *Single delivery by forceps and vacuum extractor* with:
  - 90468-00 [1337] *Low forceps delivery*
  - 90468-01 [1337] *Mid-cavity forceps delivery*
  - 90468-02 [1337] *High forceps delivery*
  - 90468-04 [1337] *Forceps rotation of fetal head with forceps delivery*
  - 90468-06 [1337] *Forceps delivery, unspecified*
  - 90469-00 [1338] *Vacuum assisted delivery*
  - 90470-02 [1339] *Assisted breech delivery with forceps to after-coming head*
  - 90470-04 [1339] *Breech extraction with forceps to after-coming head.*
- O82 *Single delivery by caesarean section* with Block [1340] *Caesarean section*.
- O83 *Other assisted single delivery* with:
  - 90468-03 [1337] *Forceps rotation of fetal head*
  - 90468-05 [1337] *Failed forceps delivery*
  - 90469-01 [1338] *Failed vacuum assisted delivery*
  - 90470-01 [1337] *Assisted breech delivery*
  - 90470-03 [1337] *Breech extraction*
  - Block [1342] *Manipulation of fetal position and presentation*
  - 90477-00 [1343] *Other procedures to assist delivery*
  - 90477-02 [1339] *Assisted vertex delivery*
  - 90482-00 [1345] *Manual removal of placenta*
- O84.0 Multiple delivery, all spontaneous a code from block [1336] *Spontaneous delivery.*
- O84.1 *Multiple delivery, all by forceps and vacuum extractor* with:
  - 90468-00 [1337] *Low forceps delivery*
  - 90468-01 [1337] *Mid-cavity forceps delivery*
  - 90468-02 [1337] *High forceps delivery*
  - 90468-04 [1337] *Forceps rotation of fetal head with forceps delivery*

        - 90468-06 [1337] *Forceps delivery, unspecified*
        - 90469-00 [1338] *Vacuum assisted delivery*
        - 90470-02 [1339] *Assisted breech delivery with forceps to after-coming head*
        - 90470-04 [1339] *Breech extraction with forceps to after-coming head*
    - O84.2 *Multiple delivery, all by caesarean section* with block [1340] *Caesarean section*.
    - O84.81 *Multiple delivery, all assisted, not elsewhere classified* with*:*
        - 90468-03 [1337] *Forceps rotation of fetal head*
        - 90468-05 [1337] *Failed forceps delivery*
        - 90469-01 [1338] *Failed vacuum assisted delivery*
        - 90470-01 [1337] *Assisted breech delivery*
        - 90470-03 [1337] *Breech extraction*
        - Block [1342] *Manipulation of fetal position and presentation*
        - 90477-00 [1343] *Other procedures to assist delivery*
        - 90477-02 [1339] *Assisted vertex delivery*
        - 90482-00 [1345] *Manual removal of placenta.*
    - O84.82 *Multiple delivery by combination of methods* with at least two codes from the range:
        - procedures in the range [1336] - [1340] *Delivery procedures*
- Duration of pregnancy codes in range O09.0 - O09.9 must be accompanied by one code in the range:
    - O00.0 - O02.9 and O04.0 - O07.9 *Pregnancy with abortive outcome*
    - O20.0 *Threatened abortion*
    - O36.4 *Maternal care for intrauterine death*
    - O42.- *Premature rupture of membranes*
    - O47.0 *False labour before 37 completed weeks of gestation*
    - O60.0 - O60.3 *Preterm labour and delivery*
    - Z32.2 *Initiation of medical abortion*.
- Duration of pregnancy codes in range O09.0 - O09.2 and O09.9 must be accompanied by one code in the range O03.0 - O03.9 *Spontaneous abortion.*

- Failed application of vacuum extractor and forceps, unspecified (O66.5) must be assigned with either:
    - 90468-05 *Failed forceps delivery*
    - 90469-01 *Failed vacuum assisted delivery*.
- Failed forceps delivery (90468-05) must be accompanied by O66.5 *Failed application of vacuum extractor and forceps, unspecified*.
- Failed vacuum assisted delivery (90469-01) must be accompanied by O66.5 *Failed application of vacuum extractor and forceps, unspecified*.
- Maternal infectious and parasitic diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium:
    - O98.0 *Tuberculosis in pregnancy, childbirth and the puerperium* must be accompanied by a code in the range A15.0 - A19.9 *Tuberculosis*
    - O98.1 *Syphilis in pregnancy, childbirth and the puerperium* must be accompanied by a code in the range A50.0 - A53.9 *Syphilis*
    - O98.2 *Gonorrhoea in pregnancy, childbirth and the puerperium* must be accompanied by a code in the range A54.0 - A54.9 *Gonococcal infection*
    - O98.3 *Other infections with a predominantly sexual mode of transmission in pregnancy, childbirth and the puerperium* must be accompanied by a code in the range A55 - A64 *Other infections with a predominantly sexual mode of transmission*
    - O98.4 *Viral hepatitis in pregnancy, childbirth and the puerperium* must be accompanied by a code in the range B15.0 - B19.9 *Viral hepatitis*
    - O98.6 *Protozoal diseases in pregnancy, childbirth and the puerperium* must be accompanied by a code in the range B50.0 - B64 *Protozoal diseases*
    - O98.7 *Human immunodeficiency virus [HIV] disease in pregnancy, childbirth and the puerperium* must be accompanied by a code in the range B20 - B24 *Human immunodeficiency virus [HIV] disease,* R75 *Laboratory evidence of human immunodeficiency virus [HIV] or* Z21 *Asymptomatic human immunodeficiency virus [HIV] infection status*.
- Missed abortion:

    - O02.1 *Missed abortion* must be accompanied by a code in the range O09.0 – O09.2 *Duration of pregnancy*.
- Multiple delivery diagnosis codes O84.0 - O84.82 must be accompanied by a code in the range O30.0 - O30.9 *Multiple gestation*.
- Obstetric laceration codes must be accompanied by postpartum suture codes:
    - Obstetric laceration codes in the range O70.0 - O70.1 must be accompanied by postpartum suture codes 90481-00 [1344] *Suture of first or second degree of perineum* or a code from Z53.- *Persons encountering health services for specific procedures, not carried out*.
    - Obstetric laceration codes in the range O70.2 - O70.3 must be accompanied by postpartum suture code 16573-00 [1344] *Suture of third or fourth degree of perineum* or a code from Z53.- *Persons encountering health services for specific procedures, not carried out*.
    - Obstetric laceration codes in the range O71.10 - O71.12 *Rupture of uterus during labour* or O71.81 *Obstetric uterine laceration or tear* must be accompanied by 90485-00 [1344] *Other suture of current obstetric laceration or rupture without perineal involvement* or a code from block [1340] *Caesarean section*
    - Obstetric laceration code O71.4 *Obstetric high vaginal laceration (alone)* must be accompanied by 90479-00 [1344] *Suture of current obstetric laceration of vagina*.
- Outcome of delivery codes must have a companion delivery code:
    - Outcome of delivery code range Z37.0 - Z37.1 with a companion delivery code from the range 080 - O83
    - Outcome of delivery code range Z37.2 - Z37.7 with a companion delivery code from the range O84.0 - O84.9
    - Outcome of delivery code Z37.9 with a companion delivery code from the range O80 - O84.9.
- Procedure codes within Chapter 14 *Obstetric procedures* block range [1330] to [1347] must be accompanied by a diagnosis code from Chapter 15 *Pregnancy, childbirth and the puerperium* – excluding diagnosis codes in the range O09.0 – O09.9 *Duration of pregnancy*.
- Puerperal sepsis (O85) may be assigned with companion code(s) for specificity:

- Identified Chapter 1 ICD-10-AM codes as per Index (please see CRDS)
- Codes in the range B95 – B97 *Bacterial, viral and other infectious agents*
- N71.0 – N71.9 *Inflammatory disease of uterus, except cervix*
- N73.3 *Female acute pelvic peritonitis*
- N73.5 *Female pelvic peritonitis, unspecified.*

- Specific obstetric procedures must be assigned with a companion code:
  - 16603-00 *Chorionic villus sampling* must be assigned with either a code in the range O00 – O08 *Pregnancy with abortive outcome*, O10 – O97.99 *Other pregnancy, childbirth and the puerperium conditions,* Z32.2 *Initiation of medical abortion* or Z36.0 *Antenatal screening for chromosomal anomalies*
  - 90461-01 [1330] *Fetotoxic injection, not elsewhere classified* must be assigned with either a code in the range O00 – O08 *Pregnancy with abortive outcome*, O10 – O97.99 *Other pregnancy, childbirth and the puerperium conditions* or Z32.2 *Initiation of medical abortion*
  - 35677-03 [1256] *Fetotoxic management for removal of ectopic pregnancy* must be assigned with either a code in the range O00 – O08 *Pregnancy with abortive outcome*, O10 – O97.99 *Other pregnancy, childbirth and the puerperium conditions* or Z32.2 *Initiation of medical abortion*
  - 90463-00 *Fetal reduction* must be assigned with either a code in the range O00 – O08 *Pregnancy with abortive outcome*, O10 – O97.99 *Other pregnancy, childbirth and the puerperium conditions* or Z32.2 *Initiation of medical abortion*
  - 90463-01 *Endoscopic fetal reduction* must be assigned with either a code in the range O00 – O08 *Pregnancy with abortive outcome*, O10 – O97.99 *Other pregnancy, childbirth and the puerperium conditions* or Z32.2 *Initiation of medical abortion*
  - 90482-00 *Manual removal of placenta* must be assigned with either a code in the range O00 – O08 *Pregnancy with abortive outcome*, O10 – O97.99 *Other pregnancy, childbirth and the puerperium conditions* or Z32.2 *Initiation of medical abortion.*

Radiotherapy session (Z51.0) must be accompanied by one of the following:

- procedure from block range [1786] *Superficial radiation treatment* to [1794] *Brachytherapy surface applicators*
- diagnosis code in the range Z53.- *Persons encountering health services for specific procedures, not carried out*.

Repair of incarcerated, obstructed of strangulated hernia (30615-00 [997]) must be accompanied by a hernia diagnosis code in the range:

- K40.00 - K40.11 *Bilateral inguinal hernia, with or without obstruction, without gangrene*
- K40.30 - K40.41 *Unilateral or unspecified inguinal hernia, with or without obstruction, without gangrene*
- K41.0 *Bilateral femoral hernia, with obstruction, without gangrene*
- K41.1*Bilateral femoral hernia, with gangrene*
- K41.3 *Unilateral or unspecified femoral hernia, with obstruction, without gangrene*
- K41.4 *Unilateral or unspecified femoral hernia, with gangrene*
- K420 *Umbilical hernia with obstruction, without gangrene*
- K421 *Umbilical hernia with gangrene*
- K43.0 *Incisional hernia with obstruction, without gangrene*
- K43.1 *Incisional hernia with gangrene*
- K43.6 *Other and unspecified ventral hernia with obstruction, without gangrene*
- K44.0 *Diaphragmatic hernia with obstruction, without gangrene*
- K44.1*Diaphragmatic hernia with gangrene*
- K45.0 *Other specified abdominal hernia with obstruction, without gangrene*
- K45.1*Other specified abdominal hernia with gangrene*
- K46.0 *Unspecified abdominal hernia with obstruction, without gangrene*
- K46.1. *Unspecified abdominal hernia with gangrene.*

Robotic-assisted interventions

- 96233-01 [1923] *Robotic-assisted intervention, musculoskeletal system* should be assigned immediately after interventions in the block range [1360] – [1580] *Procedures on the musculoskeletal system*.

- 96233-02 [1923] *Robotic-assisted intervention, digestive system* should be assigned immediately after interventions in block range [850] – [1011] *Procedures on the digestive system.*
- 96233-03 [1923] *Robotic-assisted intervention, genitourinary system* should be assigned immediately after interventions in block ranges:
  - [1240] – [1299] *Gynaecological procedures*
  - [1040] – [1129] *Procedures on urinary system*
  - [1160] – [1203] *Procedures on male genital organs*.
- 96233-04 [1923] *Robotic-assisted interventions, nervous system* should be assigned immediately after interventions in block range [1] – [86] *Procedures on nervous system*.

Secondary neoplasm – Malignant neoplasms, stated or presumed to be secondary codes in the range C77.0 - C79.88 must be accompanied by neoplasm codes in the range C00.0 - C76.8 or C80.0 – C80.9.

Surveillance of contraceptive device (Z30.5) should be assigned with one of the following codes:

- 35506-00 [1260] *Replacement of intrauterine device [IUD]*
- 35506-02 [1260] *Removal of intrauterine device [IUD]*
- 14203-00 [1906] *Direct subdermal hormone implantation*
- 30062-00 [1908] *Removal of subdermal hormone implant*
- a diagnosis code in the range Z53.- *Persons encountering health services for specific procedures, not carried out*.

ICDSEQ H570

Category	FATAL or WARNING (Dependent on code(s) assigned)
Message Description	Code | | cannot be provided with codes in the range |.
Resolution	Check the morbidity details and amend as appropriate. It is expected that the below identified codes are not assigned together within an episode of care **Acute nasopharyngitis [common cold] (J00)** should not be assigned with: • J02.0 *Streptococcal pharyngitis* • J02.8 *Acute pharyngitis due to other specified organisms*

- J02.9 *Acute pharyngitis, unspecified*
- Codes in the range J30 *Vasomotor and allergic rhinitis*
- Codes in the range J31 *Chronic rhinitis, nasopharyngitis and pharyngitis*

Acute sinusitis (J01) should not be assigned with codes in the range J32 Chronic sinusitis.

Acute tonsillitis (J03) should not be assigned with:

- J02.0 *Streptococcal pharyngitis*
- J02.8 *Acute pharyngitis due to other specified organisms*
- J02.9 *Acute pharyngitis, unspecified*
- J36 *Peritonsillar abscess*.

Anticoagulants - codes D68.3 *Haemorrhagic disorder due to circulating anticoagulants,* R79.83 *Abnormal coagulation profile* and Z92.1 *Personal history of long term (current) use of anticoagulants* are mutually exclusive codes and should not be assigned together in a single episode of care.

Antineoplastic pharmacotherapy: 96203-00 [1920] *Oral administration of pharmacological agent, antineoplastic agent* should not be assigned with intervention codes:

- 96196-00 [1920] *Intra-arterial administration of pharmacological agent, antineoplastic agent*
- 96197-00 [1920] *Intramuscular administration of pharmacological agent, antineoplastic agent*
- 96198-00 [1920] *Intrathecal administration of pharmacological agent, antineoplastic agent*
- 96199-00 [1920] *Intravenous administration of pharmacological agent, antineoplastic agent*
- 96200-00 [1920] *Subcutaneous administration of pharmacological agent, antineoplastic agent*
- 96201-00 [1920] *Intracavitary administration of pharmacological agent, antineoplastic agent*
- 96202-00 [1920] *Enteral administration of pharmacological agent, antineoplastic agent*
- 96205-00 [1920] *Other administration of pharmacological agent, antineoplastic agent*
- 96206-00 [1920] *Unspecified administration of pharmacological agent, antineoplastic agent*
- 96209-00 [1920] *Loading of drug delivery device, antineoplastic agent.*

Application of halo (51113-00) should not be assigned with:

- 51110-00 [1381] *Immobilisation of spine*
- 51110-02 [1387] *Closed reduction of spine with immobilisation*

- 51114-00 [1870] *Application of halo and jacket.*

Application of halo femoral traction (51115-00) should not be assigned with:

- 51110-00 [1381] *Immobilisation of spine*
- 51110-02 [1387] *Closed reduction of spine with immobilisation.*

Application of halo and jacket (51114-00) should not be assigned with:

- 51110-00 [1381] *Immobilisation of spine*
- 51110-02 [1387] *Closed reduction of spine with immobilisation.*

Application of jacket (51112-00) *should not be assigned with:*

- 51110-00 [1381] *Immobilisation of spine*
- 51110-02 [1387] *Closed reduction of spine with immobilisation.*
- 51113-00 [1870] *Application of halo*
- 51114-00 [1870] *Application of halo and jacket.*

Autism spectrum disorders (F84) should not be assigned with F85 *Rett syndrome*.

Cardiac pacemakers and electrodes: 38353-00 [650] *Insertion of cardiac pacemaker generator* should not be assigned with procedure codes:

- 38390-01 [648] *Insertion of permanent transvenous electrode into left ventricle for cardiac defibrillator*
- 38390-02 [648] *Insertion of permanent transvenous electrode into other heart chamber(s) for cardiac defibrillator*
- 38470-01 [649] *Insertion of permanent epicardial electrode for cardiac defibrillator via thoracotomy or sternotomy*
- 38473-01 [649] *Insertion of permanent epicardial electrode for cardiac defibrillator via subxyphoid approach*
- 38654-03 [649] *Insertion of permanent left ventricular electrode for cardiac defibrillator via thoracotomy or sternotomy*
- 38353-01 [655] *Replacement of subcutaneous cardiac pacemaker generator***.**

Cardiac pacemakers and electrodes: 96259-00 [650] ***Insertion of intracardiac pacemaker device*** should not be assigned with intervention codes:

- 38390-01 [648] *Insertion of permanent transvenous electrode into left ventricle for cardiac defibrillator*

- 38390-02 [648] *Insertion of permanent transvenous electrode into other heart chamber(s) for cardiac defibrillator*
- 38390-00 [649] *Insertion of patches for cardiac defibrillator*
- 38470-01 [649] *Insertion of permanent epicardial electrode for cardiac defibrillator via thoracotomy or sternotomy*
- 38473-01 [649] *Insertion of permanent epicardial electrode for cardiac defibrillator via subxyphoid approach*
- 38654-03 [649] *Insertion of permanent left ventricular electrode for cardiac defibrillator via thoracotomy or sternotomy*
- 38350-00 [648] *Insertion of permanent transvenous electrode into other heart chamber(s) for subcutaneous cardiac pacemaker*
- 38368-00 [648] *Insertion of permanent transvenous electrode into left ventricle for subcutaneous cardiac pacemaker*
- 38470-00 [649] *Insertion of permanent epicardial electrode for subcutaneous cardiac pacemaker via thoracotomy or sternotomy*
- 38473-00 [649] *Insertion of permanent epicardial electrode for cardiac pacemaker via subxyphoid approach*
- 38654-00 [649] *Insertion of permanent left ventricular electrode for subcutaneous cardiac pacemaker via thoracotomy or sternotomy*
- 38353-00 [650] *Insertion of subcutaneous cardiac pacemaker generator*
- 38393-00 [653] *Insertion of cardiac defibrillator generator*
- 96259-01 [655] *Replacement of intracardiac pacemaker device*.

Cardiac pacemakers and electrodes: 96259-02 [655] *Removal of intracardiac pacemaker device* should not be assigned with 96259-01 *Replacement of intracardiac pacemaker device.*

Cholecystitis (K81.0 - K81.9) should not be coded with K80.00 – K80.81 *Cholelithiasis.*

Chronic kidney disease (N18.1 - N18.9) diagnosis codes are mutually exclusive and should not be assigned together in a single episode of care. See ACS 1438 *Chronic kidney disease* for more information.

Chronic kidney disease (N18.-) should not be assigned with:

- Z49.1 *Extracorporeal dialysis*
- Z49.2 *Other dialysis*.

COVID-19:

- B34.2 *Coronavirus infection, unspecified site* should not be assigned with:
    - U07.11 *Coronavirus disease 2019 [COVID-19], virus identified, asymptomatic*
    - U07.12 *Coronavirus disease 2019 [COVID-19], virus identified, symptomatic*
    - U07.2 *Coronavirus disease 2019, [COVID-19], virus not identified*
    - U07.4 *Post coronavirus disease 2019 [COVID-19] condition*
    - U07.5 *Multisystem inflammatory syndrome associated with coronavirus disease 2019 [COVID-19].*
- B94.8 *Sequelae of other specified infectious and parasitic diseases* should not be assigned with U07.4 *Post coronavirus disease 2019 [COVID-19] condition.*
- B97.2 *Coronavirus as the cause of diseases classified to other chapters* should not be assigned with:
    - U07.11 *Coronavirus disease 2019 [COVID-19], virus identified, asymptomatic*
    - U07.12 *Coronavirus disease 2019 [COVID-19], virus identified, symptomatic*
    - U07.2 *Coronavirus disease 2019, [COVID-19], virus not identified.*
- T80.5 *Anaphylaxis and anaphylactic shock due to serum* should not be assigned with:
    - U07.70 *Coronavirus disease 2019 [COVID-19] vaccines, not elsewhere classified, causing adverse effect in therapeutic use*
    - U07.71 *Coronavirus disease 2019 [COVID-19] vaccines, using viral vector, causing adverse effect in therapeutic use*
    - U07.72 *Coronavirus disease 2019 [COVID-19] vaccines, using whole virus, causing adverse effect in therapeutic use*
    - U07.73 *Coronavirus disease 2019 [COVID-19] vaccines, using subunit, causing adverse effect in therapeutic use*
    - U07.74 *Coronavirus disease 2019 [COVID-19] vaccines, using nucleic, causing adverse effect in therapeutic use.*

- U07.11 *Coronavirus disease 2019 [COVID-19], virus identified, asymptomatic* should not be assigned with:
    - U04.9 *Severe acute respiratory syndrome [SARS]*
    - U07.12 *Coronavirus disease 2019 [COVID-19], virus identified, symptomatic*
    - U07.2 *Coronavirus disease 2019, [COVID-19], virus not identified*
    - U07.4 *Post coronavirus disease 2019 [COVID-19] condition*
    - U07.5 *Multisystem inflammatory syndrome associated with coronavirus disease 2019 [COVID-19]*.
- U07.12 *Coronavirus disease 2019 [COVID-19], virus identified, symptomatic* should not be assigned with:
    - U04.9 *Severe acute respiratory syndrome [SARS]*
    - U07.2 *Coronavirus disease 2019, [COVID-19], virus not identified*
    - U07.4 *Post coronavirus disease 2019 [COVID-19] condition*
    - U07.5 *Multisystem inflammatory syndrome associated with coronavirus disease 2019 [COVID-19].*
- U07.2 *Coronavirus disease 2019, [COVID-19], virus not identified* should not be assigned with:
    - U07.11 *Coronavirus disease 2019 [COVID-19], virus identified, asymptomatic*
    - U07.12 *Coronavirus disease 2019 [COVID-19], virus identified, symptomatic*
    - U04.9 *Severe acute respiratory syndrome [SARS]*
    - U07.4 *Post coronavirus disease 2019 [COVID-19] condition*
    - U07.5 *Multisystem inflammatory syndrome associated with coronavirus disease 2019 [COVID-19]*.
- U07.3 *Personal history of coronavirus disease 2019 [COVID-19]* should not be assigned with:
    - U07.4 *Post coronavirus disease 2019 [COVID-19] condition*
    - U07.5 *Multisystem inflammatory syndrome associated with coronavirus disease 2019 [COVID-19]*.
- U07.4 *Post coronavirus disease 2019 [COVID-19] condition* should not be assigned with U07.5 *Multisystem inflammatory syndrome associated with coronavirus disease 2019 [COVID-19]*.
- U07.5 *Multisystem inflammatory syndrome associated with coronavirus disease 2019 [COVID-19]* should not be

assigned with M30.3 *Mucocutaneous lymph node syndrome [Kawasaki].*

- U07.72 *Coronavirus disease 2019 [COVID-19] vaccines, using whole virus, causing adverse effect in therapeutic use* should not be assigned with U07.71 *Coronavirus disease 2019 [COVID-19] vaccines, using viral vector, causing adverse effect in therapeutic use.*
- Z03.81 *Observation for suspected coronavirus disease 2019 [COVID-19], ruled out* should not be assigned with:
    - U07.11 *Coronavirus disease 2019 [COVID-19], virus identified, asymptomatic*
    - U07.12 *Coronavirus disease 2019 [COVID-19], virus identified, symptomatic*
    - U07.2 *Coronavirus disease 2019, [COVID-19], virus not identified*.
- Z03.89 *Observation for other suspected diseases and conditions* should not be assigned with Z03.79 *Observation of newborn for other suspected condition.*
- Z11.5 *Special screening examination for other viral diseases* should not be assigned with:
    - Z03.81 *Observation for suspected coronavirus disease 2019 [COVID-19], ruled out*
    - Z11.0 *Special screening examination for intestinal infectious diseases.*
- Z20.81 *Contact with and exposure to zoonotic disease* should not be assigned with:
    - U07.11 *Coronavirus disease 2019 [COVID-19], virus identified, asymptomatic*
    - U07.12 *Coronavirus disease 2019 [COVID-19], virus identified, symptomatic*
    - U07.2 *Coronavirus disease 2019, [COVID-19], virus not identified.*

Dependence on kidney dialysis (Z99.2) should not be assigned with procedures from Blocks [1060] *Haemodialysis* or [1061] *Peritoneal dialysis*. See ACS 1438 *Chronic kidney disease*.

Delirium not superimposed on dementia, so described (F05.0) should not be assigned with F05.1 *Delirium superimposed on dementia.*

Diabetes mellitus:

- **Diabetes mellitus with incipient diabetic nephropathy (E1-.21)** should not be assigned with E1-.22 *Diabetes mellitus with established diabetic nephropathy*. See ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia* for further information.
- **Diabetes mellitus with retinopathy**: When retinopathy complications classifiable to more than one code from

the range E1-.31 to E1-.33 and/or E1-.35 are documented, only assigned the most advanced stage. See ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia* for further information.

Electroconvulsive therapy [ECT] ≥ 21 treatments (14224-06 [1907]) should not be assigned with any other procedure codes in block [1907].

Excision arthroplasty of wrist (49206-00) should not be assigned with:

- 49210-00 [1472] *Revision arthroplasty of wrist*
- 49211-00 [1472] *Revision arthroplasty of wrist with bone graft*

Excision of prosthesis of foot or toe (96261-04) should not be assigned with:

- 48921-00 [1412] *Revision of total arthroplasty of shoulder*
- 48924-00 [1406] *Revision of total arthroplasty of shoulder with bone graft to scapula or humerus*

Excision of prosthesis of hand or finger (96261-02) should not be assigned with 96261-03 *Revision arthroplasty of hand or finger.*

Excision of prosthesis of humerus (96261-00) should not be assigned with:

- 48921-00 [1406] *Revision of total arthroplasty of shoulder*
- 48924-00 [1406] *Revision of total arthroplasty of shoulder with bone graft to scapular or humerus.*

Excision of prosthesis of knee (49515-00) should not be assigned with a code in Block [1524] Arthrodesis of knee.

Excision of prosthesis of radius (96261-01] should not be assigned with:

- 49116-00 [1914] *Revision arthroplasty of elbow*
- 49117-00 [1419] *Revision arthroplasty of elbow with bone graft.*

Female genital prolapse:

- **Female urethrocele (N81.0)** should not be assigned with N81.1 *Cystocele*, N81.2 *Incomplete uterovaginal prolapse*, N81.3 *Complete uterovaginal prolapse* or N81.4 *Uterovaginal prolapse, unspecified*.
- **Cystocele (N81.1)** should not be assigned with N81.2 *Incomplete uterovaginal prolapse*, N81.3 *Complete*

uterovaginal prolapse or N81.4 *Uterovaginal prolapse, unspecified*.

- **Vaginal enterocele (N81.5)** should not be assigned with N81.2 *Incomplete uterovaginal prolapse*, N81.3 *Complete uterovaginal prolapse* or N81.4 *Uterovaginal prolapse, unspecified*.
- **Rectocele (N81.6)** should not be assigned with N81.2 *Incomplete uterovaginal prolapse*, N81.3 *Complete uterovaginal prolapse* or N81.4 *Uterovaginal prolapse, unspecified*.

Functional endoscopic sinus surgery [FESS] (96257-01) should not be assigned with:

- 41764-01 [370] *Sinoscopy*
- Procedures in Block [382] *Application, insertion or removal procedures on nasal sinuses*
- Procedures in the Block [383] *Incision procedures on nasal sinuses*
- Procedures in Block [384] *Biopsy of nasal sinuses*
- Procedures in Block [385] *Intranasal removal of polyp from nasal sinuses*
- Procedures in Block [386] *Other excision procedures on nasal sinuses*
- 41716-01 [387] *Intranasal maxillary antrostomy, unilateral*
- 41716-02 [387] *Intranasal maxillary antrostomy, bilateral*
- 41716-04 [389] *Other intranasal procedures on maxillary antrum*
- 41737-00 [389] *Other intranasal procedures on frontal sinus*
- 41737-01 [389] *Other intranasal procedures on the ethmoidal sinus*
- 41749-00 [389] *External procedure on ethmoidal sinus*
- 41752-00 [389] *Other intranasal procedure on sphenoidal sinus.*

Gynaecology:

- **Dilation and Curette of uterus**:
    - 35640-01 [1265] *Curettage of uterus without dilation* should not be assigned with 35643-03 [1265] *Dilation and evacuation of uterus [D&E].*
- **Hysterectomy procedures:**
    - 35657-00 [1269] *Vaginal hysterectomy* should not be assigned with 35667-01 [1269] *Radical vaginal hysterectomy,* 35750-00 [1269] *Laparoscopically assisted vaginal hysterectomy,* 35667-03 [1269] *Laparoscopically assisted radical vaginal*

hysterectomy or a code from block [1268] *Abdominal hysterectomy.*

- 35667-01 [1269] *Radical vaginal hysterectomy* should not be assigned 35750-00 [1269] *Laparoscopically assisted vaginal hysterectomy,* 35667-03 [1269] *Laparoscopically assisted radical vaginal hysterectomy or* a code from block [1268] *Abdominal hysterectomy*
- 35667-03 [1269] *Laparoscopically assisted radical vaginal hysterectomy* should not be assigned with 35750-00 [1269] *Laparoscopically assisted vaginal hysterectomy or* a code from block [1268] *Abdominal hysterectomy*
- 35750-00 [1269] *Laparoscopically assisted vaginal hysterectomy* should not be assigned with a code from block [1268] *Abdominal hysterectomy*
- 35653-00 [1268] *Subtotal abdominal hysterectomy* should not be assigned with 35653-01 [1268] *Total abdominal hysterectomy*, 35653-05 [1268] *Laparoscopic subtotal abdominal hysterectomy*, 35653-07 [1268] *Laparoscopic total abdominal hysterectomy*, 35667-00 [1268] *Radical abdominal hysterectomy*, 35667-02 [1268] *Laparoscopic radical abdominal hysterectomy*, or a code from block [1269] *Vaginal hysterectomy*
- 35653-01 [1268] *Total abdominal hysterectomy* should not be assigned with 35653-05 [1268] *Laparoscopic subtotal abdominal hysterectomy*, 35653-07 [1268] *Laparoscopic total abdominal hysterectomy*, 35667-00 [1268] *Radical abdominal hysterectomy*, 35667-02 [1268] *Laparoscopic radical abdominal hysterectomy*, or a code from block [1269] *Vaginal hysterectomy*
- 35653-05 [1268] *Laparoscopic subtotal abdominal hysterectomy* should not be assigned with 35653-07 [1268] *Laparoscopic total abdominal hysterectomy*, 35667-00 [1268] *Radical abdominal hysterectomy*, 35667-02 [1268] *Laparoscopic radical abdominal hysterectomy*, or a code from block [1269] *Vaginal hysterectomy*
- 35653-07 [1268] *Laparoscopic total abdominal hysterectomy* should not be assigned with 35667-00 [1268] *Radical abdominal hysterectomy*, 35667-02 [1268] *Laparoscopic radical abdominal hysterectomy*, or a code from block [1269] *Vaginal hysterectomy*

    - 35667-00 [1268] *Radical abdominal hysterectomy* should not be assigned with 35667-02 [1268] *Laparoscopic radical abdominal hysterectomy*, or a code from block [1269] *Vaginal hysterectomy*
    - 35667-02 [1268] *Laparoscopic radical abdominal hysterectomy* should not be assigned with a code from block [1269] *Vaginal hysterectomy*

Headache (R51) should not be assigned with:

- G50.0 *Trigeminal neuralgia*
- G50.1 *Atypical facial pain*
- G43.- *Migraine*
- G44.- *Other headache syndromes*

HIV – Codes R75, A21, B23.0 and block B20 - B24 are mutually exclusive and should not be assigned together in a single episode of care. See ACS 0102 *HIV/AIDS* for further information.

Hypertensive kidney disease with kidney failure (I12.0) should not be assigned with:

- I10 *Essential (primary) hypertension*
- N18.- *Chronic kidney disease*.

Initiation of medial abortion (Z32.2) should not be assigned with:

- codes in the range O04.5 – O04.9 *Medical abortion*

Insertion of skull calipers (51111-00) should not be assigned with:

- 5111002 [1387] *Closed reduction of spine with immobilisation*
- 51110-00 [1381] *Immobilisation of spine.*

Malabsorption due to intolerance, not elsewhere classified (K90.4) should not assigned with:

- K90.0 *Coeliac disease*
- E73.0 *Congenital lactase deficiency*
- E73.1 *Secondary lactase deficiency*
- E73.8 *Other lactose intolerance*
- E73.9 *Lactose intolerance, unspecified*.

Mammoplasty:

- 45528-00 [1753] *Augmentation mammoplasty, bilateral* should not be assigned with:
    - 45524-00 *Augmentation mammoplasty, unilateral*
    - 45527-00 *Augmentation mammoplasty following mastectomy, unilateral*

- 45527-01 *Augmentation mammoplasty following mastectomy, bilateral.*

- 45520-01 [1754] *Reduction mammoplasty with nipple repositioning, bilateral* should not be assigned with:
  - 45522-01 *Reduction mammoplasty, bilateral*
  - 45522-00 *Reduction mammoplasty, unilateral*
  - 45520-00 *Reduction mammoplasty with nipple repositioning, unilateral*
  - 45520-02 *Reduction mammoplasty with reconstruction of nipple, unilateral*
  - 45520-03 *Reduction mammoplasty with reconstruction of nipple, bilateral.*
- 45522-01 [1754] *Reduction mammoplasty, bilateral* should not be assigned with:
  - 45522-00 *Reduction mammoplasty, unilateral*
  - 45520-00 *Reduction mammoplasty with nipple repositioning, unilateral*
  - 45520-01 *Reduction mammoplasty with nipple repositioning, bilateral*
  - 45520-02 *Reduction mammoplasty with reconstruction of nipple, unilateral*
  - 45520-03 *Reduction mammoplasty with reconstruction of nipple, bilateral*

Maternal care for intrauterine death (O36.4) should not be assigned with O04 – *Medical abortion* or Z32.2 *Initiation of medical abortion*.

Mechanical complication of internal prosthetic devices, implants and grafts, not elsewhere classified (T85.69) should not be assigned with:

- 39135-00 [1604] *Removal of subcutaneously implanted neurostimulator*
- 39134-01 [1604] *Insertion of subcutaneously implanted neurostimulator.*

Mental and behavioural disorders (F17-F19) – Harmful use codes should not be coded with other codes in the same rubric.

Mental retardation (F70-F79) – codes in this range are mutually exclusive and more than one cannot be assigned in a single episode of care.

Mild protein-energy malnutrition (E44.1) should not be

assigned with E44.0 *Moderate protein-energy malnutrition*.

Missed abortion:

- O02.1 *Missed abortion* should not be assigned with a diagnosis code in the range O09.3 – O09.5 *Duration of pregnancy*.

Ostectomy of carpal bone with internal fixation (48409-14) should not be assigned with 46324-00 [1468] *Arthroplasty of carpal bone*.

Ostectomy of carpal bone, not elsewhere classified (48406-14) should not be assigned with 46324-00 [1468] *Arthroplasty of carpal bone*.

Other revision of spinal procedure (51140-01) should not be assigned with 51140-00 [1389] *Revision of spinal fusion procedure.*

Overnight assessment of positive airway pressure (12204-00) should not be assigned with 92209-00 *Management of noninvasive ventilatory support,24 hours or less.*

Percutaneous tibial nerve stimulation (36671-01) should not be assigned with 36663-00 *Insertion of sacral nerve electrodes*

Peripheral vascular disease, unspecified (I73.9) should not be assigned with I70.2- *Atherosclerosis of arteries of extremities*.

Peritoneal abscess (K65.3) should not be assigned with:

- K65.11 *Spontaneous bacterial peritonitis*
- K65.19 *Primary peritonitis, not elsewhere classified*
- K65.21 *Eosinophilic peritonitis*
- K65.22 *Mesenteric peritonitis*
- K65.23 *Chronic proliferative peritonitis*
- K65.24 *Chemical peritonitis*
- K65.29 *Secondary peritonitis, not elsewhere classified.*

Personal history of long term [current] use of insulin (Z92.22) should not be assigned with E10.- *Type 1 diabetes mellitus* or O24.0 *Pre-existing Type 1 diabetes mellitus in pregnancy, childbirth and the puerperium*.

Personal history of thrombosis and embolism (Z86.72) should not be assigned with Z86.71 *Personal history of cerebrovascular disease*, R79.83 *Abnormal coagulation profile* or D68.3 *Haemorrhagic disorder due to circulating anticoagulants.*

Pharmacotherapy session for neoplasm (Z51.1) should not be assigned with Z29.21 *Prophylactic pharmacotherapy for*

neoplasm.

Presence of aortocoronary bypass graft (Z95.1) should not be assigned with I25.12 or I25.13 See ACS 0934 *Cardiac and vascular revision/reoperation procedures* for further information.

Pregnancy and delivery:

- Augmentation of labour:
- 90466-00 [1335] *Medical augmentation after onset of labour* should not be assigned with 90466-01 [1335] *Surgical augmentation of labour.*
- 90466-02 [1335] *Medical and surgical augmentation of labour* should not be assigned with 90466-00 [1335] *Medical augmentation after onset of labour* or 90466-01 [1335] *Surgical augmentation of labour*
- **Complications following abortion and ectopic and molar pregnancy**:
    - O08 *Complications following abortion and ectopic and molar pregnancy* should not be assigned with diagnosis codes in the range O03.0 – O06.0 *Abortion*.
- **Delivery**:
    - O75.7 *Vaginal delivery following previous caesarean section* should not be accompanied by either O82 *Single delivery by caesarean section* or O84.2 *Multiple delivery, all by caesarean section.*
    - Only one delivery code in the range O80 – O84.9 *Delivery* should be assigned for obstetric episodes where delivery is the outcome.
    - O80 *Single spontaneous delivery* and O84.0 *Multiple delivery, all spontaneous* should not be assigned with procedures in the range:
        - Block [1337] *Forceps rotation and delivery*
        - Block [1338] *Vacuum assisted delivery*
        - Block [1339] *Assisted breech delivery and extraction, and assisted vertex delivery*
        - Block [1340] *Caesarean section*
        - Block [1342] *Manipulation of fetal position and presentation*
        - 90473-00 [1343] *Replacement of prolapsed umbilical cord*
        - 90474-00 [1343] *Incision of cervix to assist delivery*

        - 90475-00 [1343] *Symphysiotomy to assist delivery*
        - 90476-00 [1343] *Procedures on fetus to facilitate delivery*
        - 90477-02 [1339] *Assisted vertex delivery*
        - 90477-00 [1343] *Other procedures of assist delivery*
        - 90482-00 [1345] *Manual removal of placenta*.
    - O81 *Single delivery by forceps and vacuum extraction* and O84.1 *Multiple delivery, all by forceps and vacuum extractor* should not be assigned with procedures in the range:
        - Block [1336] *Spontaneous delivery*
        - 90470-01 [1339] *Assisted breech delivery*
        - 90470-03 [1339] *Breech extraction*
        - Block [1340] *Caesarean section*
        - 90477-02 [1339] *Assisted vertex delivery*.
    - O82 *Single delivery by caesarean section* and O84.2 *Multiple delivery, all by caesarean section* should not be assigned with procedures in the range:
        - Block [1336] *Spontaneous delivery*
        - 90468-00 [1337] *Low forceps delivery*
        - 90468-01 [1337] *Mid-cavity forceps delivery*
        - 90468-02 [1337] *High forceps delivery*
        - 90468-04 [1337] *Forceps rotation of fetal head with forceps delivery*
        - 90468-06 [1337] *Forceps delivery, unspecified*
        - 90469-00 [1338] *Vacuum assisted delivery*
        - Block [1339] *Assisted breech delivery and extraction, and assisted vertex delivery*
        - 90477-02 [1339] *Assisted vertex delivery*.
    - O83 *Other assisted single delivery* and O84.81 *Multiple delivery, all assisted, not elsewhere classified* should not be assigned with procedures in the range:
        - Block [1336] *Spontaneous delivery*

        - 90468-00 [1337] *Low forceps delivery*
        - 90468-01 [1337] *Mid-cavity forceps delivery*
        - 90468-02 [1337] *High forceps delivery*
        - 90468-04 [1337] *Forceps rotation of fetal head with forceps delivery*
        - 90468-06 [1337] *Forceps delivery, unspecified*
        - 90469-00 [1338] *Vacuum assisted delivery*
        - 90470-02 [1339] *Assisted breech delivery with forceps to after-coming head*
        - 90470-04 [1339] *Breech extraction with forceps to after-coming head*
        - Block [1340] *Caesarean section*.
    - O84.82 *Multiple delivery by combination of methods* should not be assigned with 90467-01 [1336] *Spontaneous delivery of placenta, not elsewhere classified*.
    - O84.9 *Multiple delivery, unspecified* should not be assigned with procedures in the range [1336] - [1340] Delivery procedures and [1341] - [1343] *Procedures assisting delivery*.
- **Duration of pregnancy (O090 – O099)** diagnosis codes are mutually exclusive and should not be assigned together in a single episode of care.
- **Failed induction of labour:**
    - O61.8 *Other failed induction of labour* and O61.9 *Failed induction of labour, unspecified* should not be assigned with:
        - 90465-00 [1334] *Medical induction of labour, oxytocin*
        - 90465-01 [1334] *Medical induction of labour, prostaglandin*
        - 90465-02 [1334] *Other medical induction of labour*
        - 90465-03 [1334] *Surgical induction of labour by artificial rupture of membranes [ARM]*
        - 90465-04 [1334] *Other surgical induction of labour*
        - 90465-05 [1334] *Medical and surgical induction of labour.*

- **Induction of labour:**
    - 90465-03 [1334] *Surgical induction of labour by artificial rupture of membranes [ARM]* should not be assigned with:
        - 90465-00 [1334] *Medical induction of labour, oxytocin*
        - 90465-01 [1334] *Medical induction of labour, prostaglandin*
        - 90465-02 [1334] *Other medical induction of labour.*
    - 90465-04 [1334] *Other surgical induction of labour* should not be assigned with:
        - 90465-00 [1334] *Medical induction of labour, oxytocin*
        - 90465-01 [1334] *Medical induction of labour, prostaglandin*
        - 90465-02 [1334] *Other medical induction of labour.*
    - 90465-05 [1334] *Medical and surgical induction of labour* should not be assigned with:
        - 90465-00 [1334] *Medical induction of labour, oxytocin*
        - 90465-01 [1334] *Medical induction of labour, prostaglandin*
        - 90465-02 [1334] *Other medical induction of labour*
        - 90465-03 [1334] *Surgical induction of labour by artificial rupture of membranes [ARM]*
        - 90465-04 [1334] *Other surgical induction of labour.*
- **Labour without delivery:**
    - O47.2 *Labour without delivery* should not be assigned with a code in the range O80 – O84 *Delivery*, O47.1 *False labour at or after 37 completed weeks of gestation*, O47.9 *False labour, unspecified,* O60.0 *Preterm labour without delivery* or a code in the range O09.0 – O09.5 *Duration of pregnancy.*
- **Obstetric induction**:
    - Procedure codes from Block [1334] *Medical or surgical induction of labour* should not be assigned with O60.1 *Preterm spontaneous labour with*

preterm delivery or O60.2 *Preterm spontaneous labour with term delivery*.

- **Pregnancy state, incidental (Z33.-)** should not be accompanied by another code from O00.0 - O99.8 *Pregnancy, childbirth and the puerperium*. Refer ACS 1521 *Conditions complicating pregnancy* or assigned with Z34.- *Supervision of normal pregnancy* as included in the ICD-10-AM Tabular.
- **Pyrexia of unknown origin following delivery (O86.4)** should not be assigned with:
    - O75.2 *Pyrexia during labour, not elsewhere classified*
    - O85 *Puerperal sepsis*
    - O86.8 *Other and unspecified puerperal infections*.
- **Spontaneous abortion**:
    - Codes in the range O03 *Spontaneous abortion* should not be assigned with:
        - O09.3 *Duration of pregnancy 20–25 completed weeks*
        - O09.4 *Duration of pregnancy 26–33 completed weeks*
        - O09.5 *Duration of pregnancy 34–36 completed weeks*.
- **Spontaneous delivery**:
    - 90467-01 [1336] *Spontaneous delivery of placenta, not elsewhere classified* should not be assigned with a code in the block range [1336] - [1340] *Delivery procedures*.
- **Stillborn**:
    - O36.4 *Maternal care for intrauterine death* should not be assigned with Z37.0 *Single live birth*.
    - Diagnosis codes in the range O09.0 – O09.2 Duration of pregnancy should not be assigned with diagnosis codes Z37.1 *Single stillbirth*, Z37.4 *Twins, both stillborn*, Z37.7 *Other multiple births, all stillborn*.
- **Suture of perineum:**
    - 90481-00 [1334] *Suture of first or second degree tear of perineum* should not be assigned with 16573-00 [1334] *Suture of third or fourth degree*

tear of perineum or 90479-00 [1334] *Suture of current obstetric laceration of vagina*

- 16573-00 [1334] *Suture of third or fourth degree tear of perineum* should not be assigned with 90479-00 [1334] *Suture of current obstetric laceration of vagina* or 90480-00 [1334] *Suture of current obstetric laceration of bladder or urethra without perineal involvement.*

Presence of cardiac device (Z95.0) should not be assigned with:

- 11721-03 [1856] *Testing of atrioventricular [AV] sequential, rate responsive or antitachycardia cardiac pacemaker*
- 11718-00 [1856] *Testing of other cardiac pacemaker*
- 11727-00 [1856] *Testing of cardiac defibrillator*
- Z45.0 *Adjustment and management of cardiac device.*

Prophylactics pharmacotherapy, not elsewhere classified (Z29.29) should not be assigned with:

- a neoplasm site code in the range C00 - D48 *Neoplasms*
- O01.0 *Classical hydatidiform mole*
- O01.1 *Incomplete and partial hydatidiform mole*
- O01.9 *Hydatidiform mole, unspecified*
- Q85.0 *Neurofibromatosis (nonmalignant)*
- Z51.1 *Pharmacotherapy session for neoplasm*

Provision of temporary dentures:

- 97713-00 [474] *Provision of temporary complete maxillary denture* should not be assigned with 97714-00 [474] *Provision of temporary complete mandibular denture*
- 97713-00 [474] *Provision of temporary complete maxillary denture* should not be assigned with 97715-00 [474] *Provision of temporary complete mandibular and maxillary dentures*
- 97714-00 [474] *Provision of temporary complete mandibular denture* should not be assigned with 97715-00 [474] *Provision of temporary complete mandibular and maxillary dentures*
- 97713-00 [474] *Provision of temporary complete maxillary denture* should not be assigned with 97723-00 [474] *Provision of temporary partial maxillary denture*
- 97714-00 [474] *Provision of temporary complete mandibular denture* should not be assigned with 97724-00 [474] *Provision of temporary partial manibular denture.*

Pulmonary oedema (J81) should not be assigned with I50.1 *Left ventricular failure.*

Removal of internal fixation of spine (90011-07) should not be assigned with:

- 51140-00 [1389] *Revision of spinal fusion procedure*
- 51140-01 [1393] *Other revision of spinal procedure*.

Repair of syringomyelia or hydromyelia via craniotomy (51170-00) should not be assigned with 40106-01 *Posterior cranial fossa decompression*.

Repetitive transcranial magnetic stimulation – codes 96252-00 [1908] *Repetitive transcranial magnetic stimulation, 1 treatment*, 96253-00 [1908] *Repetitive transcranial magnetic stimulation, 2–20 treatments* and 96254-00 [1908] *Repetitive transcranial magnetic stimulation, ≥21 treatments* are mutually exclusive codes and should not be assigned together in a single episode of care.

Replacement of other peripheral nerve electrodes (39137-01) should not be assigned with:

- 39138-00 *Insertion of other peripheral nerve electrodes*
- 39136-02 *Removal of other peripheral nerve electrodes*.

Replacement of sacral nerve electrodes (36664-00) should not be assigned with:

- 36663-00 *Insertion of sacral nerve electrodes*
- 36667-00 *Removal of sacral nerve electrodes.*

Replacement of vagus nerve electrodes (40704-01) should not be assigned with:

- 40704-00 *Insertion of vagus nerve electrodes*
- 40705-01 *Removal of vagus nerve electrodes*.

Respiratory:

- **Acute upper respiratory infection, unspecified (J06.9):** should not be assigned with J44.1 *Chronic obstructive pulmonary disease with acute exacerbation, unspecified*.
- **Asthma:**
    - J45.0 *Predominantly allergic asthma* should not be assigned with codes J44.0 - J44.9 *Other chronic obstructive pulmonary disease*, J45.1 *Nonallergic asthma*, J45.8 *Mixed asthma*, J45.9 *Asthma, unspecified* or J46 *Status asthmaticus*.
    - J45.1 *Nonallergic asthma* should not be assigned with codes J44.0 - J44.9 *Other chronic obstructive*

pulmonary disease, J45.0 *Predominantly allergic asthma*, J45.8 *Mixed asthma*, J45.9 *Asthma, unspecified* or J46 *Status asthmaticus*.

- J45.8 *Mixed asthma* should not be assigned with codes J44.0 - J44.9 *Other chronic obstructive pulmonary disease*, J45.0 *Predominantly allergic asthma*, J45.1 *Nonallergic asthma*, J45.9 *Asthma, unspecified* or J46 *Status asthmaticus*.
- J45.9 *Asthma, unspecified* should not be assigned with codes J44.0 - J44.9 *Other chronic obstructive pulmonary disease*, J45.0 *Predominantly allergic asthma*, J45.1 *Nonallergic asthma*, J45.8 *Mixed asthma* or J46 *Status asthmaticus*.
- J46 *Status asthmaticus* should not be assigned with codes J45.0 *Predominantly allergic asthma*, J45.1 *Nonallergic asthma*, J45.8 *Mixed asthma* or J45.9 *Asthma, unspecified*.

- **Chronic obstructive pulmonary disease with acute lower respiratory infection (J44.0)** should not be assigned with codes in the range J41 *Other specified chronic bronchitis*.
- **Chronic obstructive pulmonary disease with acute exacerbation, unspecified (J44.1)** should not be assigned with codes in the range J41 *Other specified chronic bronchitis*.
- **Other specified chronic obstructive pulmonary disease (J44.8)** should not be assigned with codes in the range J41 *Other specified chronic bronchitis*.
- **Chronic obstructive pulmonary disease, unspecified (J44.9)** should not be assigned with codes in the range J41 *Other specified chronic bronchitis*.
- **Other acute upper respiratory infections of multiple sites (J06.8)** should not be assigned with J44.0 *Chronic obstructive pulmonary disease with acute lower respiratory infection* or J44.1 *Chronic obstructive pulmonary disease with acute exacerbation, unspecified*.

Robotic-assisted intervention, not elsewhere classified (96233-00) should not be assigned with interventions:

- 96233-01 *Robotic-assisted intervention, musculoskeletal system*
- 96233-02 *Robotic-assisted intervention, digestive system*

- 96233-03 *Robotic-assisted intervention, genitourinary system*
- 96233-04 *Robotic-assisted intervention, nervous system*

Sepsis, unspecified (A41.9) should not be assigned with:

- O85 *Puerperal sepsis*
- P36 *Sepsis of newborn*.

Revision of spinal shunt (40009-06) should not be assigned with 90330-00 [1001] *Revision of cerebrospinal fluid shunt at peritoneal site.*

Sequelae of viral hepatitis (B94.2) should not be assigned with B17.1 *Acute hepatitis C*, B18.2 *Chronic viral hepatitis C* or O98.4 *Viral hepatitis in pregnancy, childbirth and the puerperium*.

Supplementary codes for chronic conditions:

- U78.1 *Obesity* should not be assigned with a code in the range E66.- *Obesity and overweight*
- U78.2 *Cystic fibrosis* should not be assigned with E84 *Cystic fibrosis*
- U79.1 *Dementia* should not be assigned with:
  - F05.0 *Delirium not superimposed on dementia, so described*
  - F05.1 *Delirium superimposed on dementia*
- U79.2 *Schizophrenia* should not be assigned with F20.- *Schizophrenia.*
- U79.3 *Depression* should not be assigned with:
  - F20.4 *Post-schizophrenic depression*
  - F32.0- *Mild depressive episode*
  - F32.1- *Moderate depressive episode*
  - F32.2- *Severe depressive episode without psychotic symptoms*
  - F32.3- *Severe depressive episode with psychotic symptoms*
  - F32.8 *Other depressive episodes*
  - F32.9 *Depressive episode, unspecified*
  - F33.4 *Recurrent depressive disorder, currently in remission*
  - F33.8 *Other recurrent depressive disorders*
  - F33.9 *Recurrent depressive disorder, unspecified.*
- U79.4 *Disorder of intellectual development* should not be assigned with a code in the range F70-F79 *Disorders of intellectual development*
- U80.1 *Parkinson's disease* should not be assigned with G20 *Parkinson's disease*
- U80.2 *Multiple sclerosis* should not be assigned with G35 *Multiple sclerosis*
- U80.3 *Epilepsy* should not be assigned with:

    - G40.0- *Localisation-related (focal)(partial) idiopathic epilepsy and epileptic syndromes with seizures of localised onset*
    - G40.1- *Localisation-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures*
    - G40.2- *Localisation-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures*
    - G40.3- *Generalised idiopathic epilepsy and epileptic syndromes*
    - G40.4- *Other generalised epilepsy and epileptic syndromes*
    - G40.5- *Special epileptic syndromes*
    - G40.6- *Grand mal seizures, unspecified (with or without petit mal)*
    - G40.8- *Other epilepsy*
    - G40.9- *Epilepsy, unspecified.*
- U80.4 Cerebral palsy should not be assigned with:
    - G80.0- *Spastic cerebral palsy*
    - G80.9 *Cerebral palsy, unspecified.*
- U80.5 *Tetraplegia, paraplegia, diplegia, monoplegia and hemiplegia, due to any cause* should not be assigned with:
    - G81.- *Hemiplegia*
    - G82.- *Paraplegia and tetraplegia*
    - G83.0-G83.3 *Other paralytic syndromes*
- U82.1 *Ischaemic heart disease* should not be assigned with:
    - I25.1- *Atherosclerotic heart disease*
    - I25.9 *Chronic ischaemic heart disease, unspecified*
- U82.2 *Chronic heart failure* should not be assigned with a code in the range I50.- *Heart failure*
- U82.3 *Hypertension* should not be assigned with:
    - I10 *Essential (primary) hypertension*
    - O10 *Pre-existing hypertension in pregnancy, childbirth and the puerperium*
    - O11 *Pre-eclampsia superimposed on chronic hypertension*
    - O13 *Gestational [pregnancy-induced] hypertension*
    - O14.- *Pre-eclampsia*
    - R03.0 *Elevated blood-pressure reading, without diagnosis of hypertension.*
- U83.1 *Emphysema, without mention of chronic obstructive pulmonary disease* should not be assigned with:
    - J44.- *Other chronic obstructive pulmonary disease*
    - J43.9 *Emphysema, unspecified*

- U83.2 *Chronic obstructive pulmonary disease* should not be assigned with:
    - J12.- *Viral pneumonia, not elsewhere classified*
    - J13 *Pneumonia due to Streptococcus pneumoniae*
    - J14 *Pneumonia due to Haemophilus influenzae*
    - J15.- *Bacterial pneumonia, not elsewhere classified*
    - J16.- *Pneumonia due to other infectious organisms, not elsewhere classified*
    - J17.- *Pneumonia in diseases classified elsewhere*
    - J18.- *Pneumonia, organism unspecified*
    - J22 *Unspecified acute lower respiratory infection*
    - J44.- *Other chronic obstructive pulmonary disease [COPD]*
    - J45.- *Asthma*
    - J69.- *Pneumonitis due to solids and liquids*
    - U83.1 *Emphysema, without mention of chronic obstructive pulmonary disease*
    - U83.3 *Asthma, without mention of chronic obstructive pulmonary disease*
- U83.3 *Asthma, without mention of chronic obstructive pulmonary disease* should not be assigned with:
    - J44.- *Other chronic obstructive pulmonary disease [COPD]*
    - J45.- *Asthma*
    - U83.1 *Emphysema, without mention of chronic obstructive pulmonary disease*
- U83.4 *Bronchiectasis, without mention of cystic fibrosis* should not be assigned with J47 *Bronchiectasis.*
- U83.5 *Chronic respiratory failure* should not be assigned with J96.1- *Chronic respiratory failure.*
- U84.1 *Crohn's disease* should not be assigned with K50.- *Crohn's disease [regional enteritis].*
- U84.2 *Ulcerative colitis* should not be assigned with K51.0 – K51.3 and K51.8 – K51.9 *Ulcerative colitis.*
- U84.3 *Chronic liver failure* should not be assigned with K72.1 *Chronic hepatic failure*
- U86.1 *Rheumatoid arthritis* should not be assigned with M06.9- *Rheumatoid arthritis, unspecified.*
- U86.2 *Arthritis and osteoarthritis [primary]* should not be assigned with:
    - M13.9- *Arthritis, unspecified*
    - M15.0 *Primary generalised (osteo)arthrosis*
    - M16.0 *Primary coxarthrosis, bilateral*
    - M16.1 *Other primary coxarthrosis*
    - M17.0 *Primary gonarthrosis, bilateral*
    - M17.1 *Other primary gonarthrosis*

    - M18.0 *Primary arthrosis of first carpometacarpal joints, bilateral*
    - M18.1 *Other primary arthrosis of first carpometacarpal joint*
    - M19.0- *Primary arthrosis of other joints*
    - M47.9- *Unspecified spondylosis*
- U86.3 *Systemic lupus erythematosus* should not be assigned with M32.- *Systemic lupus erythematosus.*
- U86.4 *Osteoporosis* should not be assigned with M81.9- *Osteoporosis, unspecified.*
- U87.1 *Chronic kidney disease, stage 3 to 5* should not be assigned with:
    - I12.- *Hypertensive kidney disease*
    - I13.- *Hypertensive heart and kidney disease*
    - N17.- *Acute kidney failure*
    - N18.3 *Chronic kidney disease, stage 3*
    - N18.4 *Chronic kidney disease, stage 4*
    - N18.5 *Chronic kidney disease, stage 5*
    - N18.9 *Chronic kidney disease, unspecified.*
- U88.1 *Spina bifida* should not be assigned with Q05.- *Spina bifida.*
- U88.2 *Down's syndrome* should not be assigned with Q90.- *Down's syndrome*.

Surveillance of contraceptive device (Z30.5) should not be assigned with Z30.1 *Insertion of contraceptive device*.

Tobacco use:

- F17.1 and F17.2 *Mental and behavioural disorders due to tobacco (harmful use and dependence syndrome*) should not be assigned with:
    - Z58.7 *Exposure to tobacco smoke*
    - Z72.0 *Tobacco use current*
    - Z86.43 *Personal history of tobacco use.*
- F17.3 *Mental and behavioural disorders due to use of tobacco, withdrawal state* should not be assigned with:
    - Z58.7 *Exposure to tobacco smoke*
    - Z72.0 *Tobacco use current*
    - Z86.43 *Personal history of tobacco use*.

Unspecified kidney failure (N19) should not be assigned with a code in the range:

- N17.- *Acute kidney failure*
- N18.- *Chronic kidney failure.*

Vagus nerve stimulation therapy (40707-00) should not be

assigned with:

- 40704-00 *Insertion of vagus nerve electrodes*
- 40704-01 *Replacement of vargus nerve electrodes*
- 40705-01 *Removal of vagus nerve electrodes*.

ICDSEQ H578

Category	FATAL or WARNING (Dependent on code(s) assigned)
Message Description	Code || must be provided with a intervention code in the range (refer to coding standards/advice).
Resolution	Check the morbidity details and amend as appropriate. It is expected that the below diagnosis codes are provided with an associated procedure code. **Adjustment and management of drug delivery device (Z45.1)** must be accompanied by one of the following: • 13942-02 [1922] *Maintenance (alone) of drug delivery device* • 39127-00 [39] *Insertion of implantable spinal infusion device or pump* • 39133-02 [40] *Removal of implantable spinal infusion device or pump* • 39126-00 [56] *Revision of implantable spinal infusion device or pump* • 92058-01 [1922] *Maintenance (alone) of other catheter, implanted for administration of pharmacotherapy* • a code from Block [1920] *Administration of pharmacotherapy* • a diagnosis code in the range Z53.- *Persons encountering health services for specific procedures, not carried out*. **Adjustment and management of vascular access device (Z45.2)** must be accompanied by one of the following: • 13939-02 [1922] *Maintenance (alone) of vascular access device* • 92058-01 [1922] *Maintenance (alone) of other catheter, implanted for administration of pharmacotherapy* • a code from blocks [766] *Vascular access device*, [1920] *Administration of pharmacotherapy* • a diagnosis code in the range Z53.- *Persons encountering health services for specific procedures, not carried out*.

Pharmacotherapy session for neoplasm (Z51.1) and Prophylactic pharmacotherapy for neoplasm (Z29.21) must be accompanied by one of the following:

- a procedure from block [1920] *Administration of pharmacotherapy*
- a procedure from block [1922] *Other procedures related to pharmacotherapy*
- a diagnosis code in the range Z53.- *Persons encountering health services for specific procedures, not carried out*.

ICDSEQ H579

Category	FATAL
Message Description	Code | | must be provided with a diagnosis code in the range |.
Resolution	Check the morbidity details and amend as appropriate. It is expected that the below codes are provided with an associated diagnosis code. **Division of adhesions** – intervention codes must be provided with a diagnosis code for the following: • 30278-01 [390] *Lysis of adhesions of tongue* with Q38.39 *Other congenital malformations of tongue* • 36812-02 [1095] *Endoscopic division of intraluminal bladder adhesions* with N32.8 *Other specified disorders of bladder* • 37008-06 [1095] *Division of intraluminal bladder adhesions* with N32.8 *Other specified disorders of bladder* • 41683-00 [372] *Division of nasal adhesions* with J34.8 *Other specified disorders of nose and nasal sinuses* or J95.89 *Other intraoperative and postprocedural disorders of respiratory system, not elsewhere classified* • 41683-01 [372] *Division of nasal adhesions with insertion of stent* with J34.8 *Other specified disorders of nose and nasal sinuses* or J95.89 *Other intraoperative and postprocedural disorders of respiratory system, not elsewhere classified* • 90402-01 [1994] *Division of penile adhesions* with N47 *Redundant prepuce, phimosis and paraphimosis*, N99.89 *Other intraoperative and postprocedural disorder of genitourinary system* or Q55.8 *Other specified congenital malformations of male genital organs.*

Prophylactic Surgery – It is expected that a intervention code or a code in the range Z53.0 - Z53.9 *Persons encountering health services for specific procedures, not carried out* be assigned where indicated by the diagnosis code in the range Z40.0 - Z40.9 *Prophylactic surgery for risk-factors related to malignant neoplasms*.

ICD H584

Category	FATAL
Message Description	Code || is only valid for newborns with birth weight between | and | grams. This newborn has birth weight | grams.
Resolution	Check the morbidity details (grams) and Baby admission weight and amend as appropriate. • P07.01 *Extremely low birth weight 499g or less* is only valid for birth weight between 0000 and 499 grams • P07.02 *Extremely low birth weight 500 - 749g* is only valid for birth weight between 500 and 749 grams • P07.03 *Extremely low birth weight 750 - 999g* is only valid for birth weight between 750 and 999 grams • P07.11 *Other low birth weight 1000 - 1249g* is only valid for birth weight between 1000 and 1249 grams • P07.12 *Other low birth weight 1250 - 1499g* is only valid for birth weight between 1250 and 1499 grams • P07.13 *Other low birth weight 1500 - 2499g* is only valid for birth weight between 1500 and 2499 grams.

ICD H608

Category	FATAL
Message Description	A mental health Standard unit code in the range PYAA to PYZZ has been reported, but a mental health diagnosis code has not been provided.
Resolution	Check the morbidity details and Standard unit code and amend as appropriate. A mental health diagnosis code must be provided when the Standard unit code is in the range PYAA to PYZZ.

See Section 7.22 Standard unit code and Appendix J Standard Unit Codes.

ICD H609

Category	FATAL
Message Description	Episode with principal diagnosis of | should have an Elective patient status of 3 Not assigned.
Resolution	Check the morbidity details and Elective patient status and amend as appropriate. An Elective status of 3 Not assigned should be assigned when the principal diagnosis is for dialysis or chemotherapy. See Section 7.16 Elective patient status.

ICD H611

Category	FATAL
Message Description	An episode with Care type of | must have a | diagnosis |.
Resolution	Check the morbidity details and Care type and amend as appropriate. Typically an episode with a Care type of 30 Palliative care would include the diagnosis code of OD Z51.5 *Palliative care*, but this diagnosis code may be assigned with other care types. This is the same for Z50.- *Care involving use of rehabilitation procedures*. See ACS 0050 *Unacceptable principal diagnosis codes*, ACS 2104 *Rehabilitation* and ACS 2116 *Palliative care* for further information. An episode of care with Care type 08 Boarder should have a principal diagnosis code Z76.3 *Healthy person accompanying sick person* or Z76.4 *Other boarder in health-care facility*.

ICD H612

Category	FATAL or WARNING
Message Description	Code | | is not valid for episode care type |.

Resolution	Check the morbidity details and Care type and amend as appropriate The Care type does not match the diagnosis code. • Care type 01 Acute care is not valid for PD Z74.- *Problems relating to care-provider dependency* • Care type 07 Organ procurement-posthumous is not valid for Z00.5 *Examination of potential donor of organ and tissue*. • Care type 05 Newborn care is not valid for supplementary codes for chronic conditions in the range U78 – U88. • Care type 11 Maintenance care is not valid for Z50.9 *Care involving rehabilitation procedure, unspecified.* See Section 7.15 Care type.

ICD H614

Category	FATAL or WARNING
Message Description	Code || does not match diagnosis site code. Please review excludes notes.
Resolution	Check the morbidity details and amend as appropriate. **Fracture Femur Reduction** – The procedure code 47528-01 [1486] *Open reduction of fracture of femur with internal fixation* and 47531-00 [1486] *Closed reduction of fracture of femur with internal fixation* should not be used when the fracture being reduced is of the proximal femur. Where proximal fractures of the femur (includes neck of femur, subcapital femur, and trochanteric) are reduced these should be coded to a different code such as 47519-00 [1479] *Internal fixation of fracture of trochanteric or subcapital femur.* **Accidental puncture and laceration during a procedure** – The diagnosis code T81.2 *Accidental puncture and laceration during a procedure not elsewhere classified* should not be used when referring to that of a specified organ or structure. See excludes notes.

ICD H645

Category	FATAL

Message Description	Code | refers to a fetus' congenital anomaly which should not be included within the mother's record. Please provide this code to DSB directly.
Resolution	Check the morbidity details and amend as appropriate. Fetal congenital anomaly information should be provided directly to DSB and not included as part of the mother's morbidity details.

ICD H647

Category	FATAL
Message Description	The principal diagnosis does not have a Condition onset flag of 1 Condition present on admission to the episode of care and Source of referral/transfer (admission source) is not 09 Born in hospital.
Resolution	Check the morbidity details, Condition onset flag and Source of referral/transfer (admission source) and amend as appropriate. If the ICD-10-AM/ACHI code identifier is PD then Condition onset flag (COF) must be 1 Condition present on admission to the episode of care, unless if the Source of referral/transfer (admission source) is 09 Born in hospital. For newborns, the principal diagnosis may be assigned a COF indicator of 2 Condition arose during the episode of care, if appropriate (excluding Z38.- *Liveborn infants according to place of birth*). ACS 0048 *Condition onset flag* notes that for newborns within the birth episode, conditions such as birth trauma are considered to be arising after admission. See Section 9.11 Condition onset flag.

ICD H648

Category	FATAL or WARNING
Message Description	The Condition onset flag is invalid for diagnosis code ||.
Resolution	Check the morbidity details and Condition onset flag and amend as appropriate. Depending on the diagnosis code assigned, ensure that a valid COF indicator is provided. ACS 0048 *Condition onset flag* notes that for newborns within the birth episode, conditions such as birth trauma are considered to be arising after admission.

See Section 9.11 Condition onset flag.

ICD H649

Category	FATAL
Message Description	A Condition onset flag has been assigned against a intervention code.
Resolution	Check the morbidity details and Condition onset flag and amend as appropriate. The COF indicator must not be assigned for intervention codes; it is only recorded for diagnosis codes. See Section 9.11 Condition onset flag.

ICD H650

Category	WARNING
Message Description	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.
Resolution	Check the morbidity details and Condition onset flag (COF) indicator and amend as appropriate. It is expected that the identified diagnosis code(s) that have a COF indicator of 2 Condition arose during episode of care are accompanied by external cause codes. **Injury conditions** – with a COF indicator of 2 Condition arose during episode of care are expected to have associated External cause codes with the same COF indicator. **Post procedural conditions** - with a COF indicator of 2 Condition arose during episode of care are expected to have associated External cause codes with the same COF indicator. Refer also ACS 1904 *Procedural complications*. See Section 9.11 Condition onset flag.

ICD H652

Category	FATAL
Message Description	If this patient is admitted for same day dialysis, the principal diagnosis should be Z49.1 *Extracorporeal dialysis.*

Resolution	Check the morbidity details and amend as appropriate. As per ACS 1404 *Admission for kidney dialysis*, for episodes of care where the patient is discharged on the same day as the admission or on the next day after admission, code Z49.1 *Extracorporeal dialysis* or Z49.2 *Other dialysis* as the principal diagnosis as appropriate.

ICD H655

Category	FATAL or WARNING (Dependent on code assigned)
Message Description	Code | | must have a Condition onset flag of 1 Condition present on admission to the episode of care.
Resolution	Check the morbidity details and Condition onset flag and amend as appropriate. It is unlikely the condition identified would have arisen during the episode of care. For example, neoplasm codes, congenital codes, select external cause codes, outcome of delivery, pre-existing diabetes mellitus in pregnancy, requirement for prophylactic immunotherapy in a delivery episode of care, and live born infants according to place of birth should all have a COF indicator of 1 Condition present on admission to the episode of care. The following codes should all have a Condition Present on Admission (CPoA) indicator of 1 Condition present on admission to the episode of care: • P23.- *Congenital pneumonia* • P35.- *Congenital viral diseases* • Q00-Q99 *Congenital malformations, deformations and chromosomal abnormalities* • U78 – U88 *Supplementary codes for chronic conditions* should all have a CPoA indicator of 1 Condition present on admission to the episode of care. See Section 9.4 Additional (other) diagnoses (sequelae, complications, and supplementary chronic conditions) and Section 9.10 Condition onset flag.

ICD H656

Category	WARNING
Message Description	Code | | usually has a Condition onset flag of 1 Condition present on admission to the episode of care. Please confirm this is correct.

Resolution	Check the morbidity details and Condition onset flag and amend as appropriate. It is unlikely the condition coded would have arisen during the episode of care. Examples of conditions expected to have a COF indicator of 2 Condition arose during the episode of care, include a condition resulting from misadventure during surgical or medical care in the current episode of care, a condition impacting on obstetric care arising after admission, complications or unsuccessful interventions of labour and delivery or prenatal/postpartum management or a disease status or administrative code arising during the episode of care (e.g. cancelled procedure, multi-resistant Staphylococcus aureus (MRSA)). See Section 9.11 Condition onset flag.

ICD H662

Category	FATAL
Message Description	Morbidity details indicate Continuous Ventilatory Support was provided, but Duration of Continuous Ventilatory Support is missing.
Resolution	Check the morbidity details and Duration of Continuous Ventilatory Support and amend as appropriate. See Section 9.13 Continuous ventilatory support.

ICD H663

Category	FATAL
Message Description	Duration of Continuous Ventilatory Support was reported, but the appropriate intervention code is missing.
Resolution	Check the morbidity details and Duration of Continuous Ventilatory Support and amend as appropriate. Only numeric values can be reported for Duration of Continuous Ventilatory Support. See Section 9.13 Continuous ventilatory support.

ICD H664

Category	FATAL
Message Description	The Duration of Continuous Ventilatory Support and the intervention code reported do not match.

Resolution	Check the morbidity details and Duration of Continuous Ventilatory Support and amend as appropriate. See Section 9.13 Continuous ventilatory support.

ICD H692

Category	FATAL
Message Description	A chronic condition code has been sequenced before other diagnosis codes or after intervention codes. Please confirm correct code sequence.
Resolution	Check the morbidity details and amend as appropriate. Supplementary codes for chronic conditions should be sequenced after all other ICD-10-AM codes and before all intervention codes. See ACS 0003 *Supplementary codes for chronic conditions* for further information. See Section 9.4 Additional (other) diagnoses (sequelae, complications and supplementary chronic conditions).

ICD H694

Category	FATAL
Message Description	Incorrect principal diagnosis for organ donor with Care type 01 Acute.
Resolution	Check the morbidity details and amend as appropriate. An organ donor patient with Care type 01 Acute should have a principal diagnosis from a code in the range Z52.0 - Z52.9. Please check and confirm principal diagnosis code. See ACS 0030 *Organ, tissue and cell procurement and transplantation* for further information.

ICD H695

Category	FATAL
Message Description	Two or more codes from block [1910] have been assigned sequentially. Please review codes assigned.
Resolution	Check the morbidity details and amend as appropriate. The identified ICD-10-AM/ACHI code cannot immediately follow the preceding code With the exception of 14224-06 [1907] *Electroconvulsive therapy [ECT] 21 or more treatments*, neither Sedation codes in the range 92515-10 – 92515-99 [1910] or *General anaesthesia* codes in the

range 92514-10 – 9251499 [1910 can immediately follow] *each other*.

ICD H699

Category	FATAL
Message Description	Code | cannot be assigned with a principal diagnosis of |.
Resolution	Check the morbidity details and amend as appropriate. Principal diagnosis codes in the range O03.0 - O03.9 *Spontaneous abortion* and O06.0 – O06.9 *Unspecified abortion* cannot be assigned with procedures from Block [1337] *Forceps rotation and delivery*, [1338] *Vacuum assisted delivery*, [1339] *Assisted breech delivery and extraction, and assisted vertex delivery* or [1340] *Caesarean section*.

ICD H819

Category	FATAL
Message Description	Code | cannot be provided with | unless | is present.
Resolution	Check the morbidity details. 41789-00 [412] *Tonsillectomy without adenoidectomy* and 41789-01 [412] *Tonsillectomy with adenoidectomy* should not be assigned with a code in the range J03.0 – J03.9 *Acute tonsillitis*, unless also assigned with J35.0 *Chronic tonsillitis* (clinical documentation notes acute and chronic tonsillitis).

ICD H820

Category	FATAL
Message Description	Code | with | must be accompanied by a code in the range |.
Resolution	Check the morbidity details and amend as appropriate. It is expected that the below identified codes are assigned together within **O80 – O84 *Delivery*** episodes of care: **Diabetes Mellitus in pregnancy in O80 – O84 Delivery episodes of care** with: • E09.- *Intermediate hyperglycaemia* must be assigned with a code in the range O24.5 *Pre-existing intermediate hyperglycaemia in pregnancy, childbirth and the puerperium.*

- E10.- *Type 1 diabetes mellitus* must be assigned with a code in the range O24.0 *Pre-existing Type 1 diabetes mellitus in pregnancy, childbirth and the puerperium*.
- E11.- *Type 2 diabetes mellitus* must be assigned with a code in the range O24.1 *Pre-existing Type 2 diabetes mellitus in pregnancy, childbirth and the puerperium*.
- E13.- *Other specified diabetes mellitus* must be assigned with a code in the range O24.2 *Pre-existing other specified diabetes mellitus in pregnancy, childbirth and the puerperium*.
- E14.- *Unspecified diabetes mellitus* must be assigned with a code in the range O24.3 *Pre-existing unspecified diabetes mellitus in pregnancy, childbirth and the puerperium*.

Termination of Pregnancy (O04 – O07) in O80 – O84 *Delivery* **episodes of care** with:

- O09.3 *Duration of pregnancy 20–25 completed weeks*
- O09.4 *Duration of pregnancy 26–33 completed weeks*
- O09.5 *Duration of pregnancy 34–36 completed weeks*

ICD H821

Category	FATAL
Message Description	More than 20 ECT codes have been assigned. Please review and assign cumulative code if required.
Resolution	Check the morbidity details and amend as appropriate. When more than 20 ECT sessions are performed in one episode of care, assign 14244-06 [1907] *Electroconvulsive therapy [ECT] 21or more treatments*.

ICD H826

Category	WARNING/FATAL
Message Description	Code | has been assigned. Please confirm.
Resolution	Check the morbidity details and amend as appropriate. The diagnosis code provided relates to a condition that is considered unusual and needs to be confirmed. **Duration of pregnancy:** • O09.9 *Unspecified duration of pregnancy* **Termination of pregnancy:**

- Pregnancy with abortive outcome code range O05 – O07.

ICD H831

Category	WARNING
Message Description	Newborns with a code in the range P55.0-P59.9 in the birth episode of care must be accompanied by intervention code 90677-00.
Resolution	Check the morbidity details and amend as appropriate. As per ACS 1605 *Conditions originating in the perinatal period* a diagnosis code for jaundice of the newborn (P55.0 – P59.9) in the birth episode of care should only be assigned when greater than 12 hours of phototherapy is provided and must be accompanied by the intervention code for phototherapy.

ICD H832

Category	FATAL
Message Description	Continuous ventilatory support less than 60 minutes contravenes coding standards. Please check time value reported.
Resolution	Check the morbidity details and Duration of CVS and amend as appropriate. As per ACS 1006 *Ventilatory support*, for continuous ventilatory support (CVS) where the duration is < 1 hour, do not assign a ventilatory support procedure code or reported CVS duration. This includes where CVS ceases due to extubation, discharge, death, transfer or change of care type. See Section 9.13 Continuous ventilatory support.

ICD H836

Category	FATAL
Message Description	Newborns with intervention code 90677-00 must be accompanied by a code in the range P55.0-P59.9.
Resolution	Check the morbidity details and amend as appropriate. As per ACS 1615 *Interventions for neonates* a diagnosis code for jaundice of the newborn (P55.0 – P59.9) should only be assigned when greater than 12 hours of phototherapy is provided.

ICD H838

Category	FATAL
Message Description	Code | | must be accompanied by a code in the range | (expected sequence is W78 followed by code in the range Y48-).
Resolution	Check the morbidity details and amend as appropriate. Two external cause codes should be assigned for Mendelson's syndrome, the appropriate external cause code from category W78 *Inhalation of gastric contents* and Y48.- *Anaesthetic and therapeutic gases causing adverse effects in therapeutic use.*

ICD H839

Category	FATAL
Message Description	Care type | must be accompanied with a code in the range |.
Resolution	Check the morbidity details and amend as appropriate. Care type 20 Rehabilitation care must be accompanied by an additional diagnosis code in the range Z50.0 –Z50.1 or Z50.4 – Z50.9 Care type 30 Palliative care must be accompanied by Z51.5.

ICD H840

Category	FATAL
Message Description	Code || shall not be provided with codes in the range |.
Resolution	Check the morbidity details and amend as appropriate. **Diabetes mellitus:** • **Intermediate hyperglycaemia (E09.-)** cannot be assigned with codes in the range E10.- *Type 1 Diabetes mellitus to E14.- Unspecified diabetes mellitus* or R73 *Elevated blood glucose level.* • **Type 1 Diabetes mellitus (E10.-)** codes cannot be assigned with codes in the range E09.- *Intermediate hyperglycaemia,* E11.- *Type 2 diabetes mellitus to E14.-Unspecified diabetes mellitus,* P70.2 *Neonatal diabetes mellitus,* R81 *Glycosuria,* E74.8 *Other specified disorders of carbohydrate metabolism* or E89.1 *Postprocedural hypoinsulinaemia*. • **Type 2 Diabetes mellitus (E11.-)** codes cannot be assigned with codes in the range E09.- *Intermediate hyperglycaemia to*

E10.- *Type 1 diabetes mellitus,* E13.- *Other specified diabetes mellitus to E14.-Unspecified diabetes mellitus,* P70.2 *Neonatal diabetes mellitus,* R81 *Glycosuria,* E74.8 *Other specified disorders of carbohydrate metabolism* or E89.1 *Postprocedural hypoinsulinaemia*.

- **Other specified diabetes mellitus (E13.-)** codes cannot be assigned with codes in the range E09.- *Intermediate hyperglycaemia* to E11.- *Type 2 diabetes mellitus, E14.- Unspecified diabetes mellitus,* P70.2 *Neonatal diabetes mellitus,* R81 *Glycosuria or* E74.8 *Other specified disorders of carbohydrate metabolism*.
- **Unspecified diabetes mellitus (E14.-)** codes cannot be assigned with codes in the range E10.- *Type 1 Diabetes mellitus to* E11.- *Type 2 diabetes mellitus,* P70.2 *Neonatal diabetes mellitus,* R81 *Glycosuria,* E74.8 *Other specified disorders of carbohydrate metabolism* or E89.1 *Postprocedural hypoinsulinaemia*.

Diabetes Mellitus in pregnancy:

- *Pre-existing Type 2 diabetes mellitus in pregnancy, childbirth and the puerperium* (O24.12 – O24.19) codes are mutually exclusive and should not be assigned together in a single episode of care. When multiple fifth characters apply, assign the one appearing highest on the list.
- *Pre-existing other specified diabetes mellitus in pregnancy, childbirth and the puerperium* (O24.22 – O24.29) codes are mutually exclusive and should not be assigned together in a single episode of care. When multiple fifth characters apply, assign the one appearing highest on the list.
- *Pre-existing unspecified diabetes mellitus in pregnancy, childbirth and the puerperium* (O24.32 – O24.39) codes are mutually exclusive and should not be assigned together in a single episode of care. When multiple fifth characters apply, assign the one appearing highest on the list.
- *Diabetes arising during pregnancy* (O24.42 – O24.49) codes are mutually exclusive and should not be assigned together in a single episode of care. When multiple fifth characters apply, assign the one appearing highest on the list.
- *Pre-existing intermediate hyperglycaemia, in pregnancy, childbirth and the puerperium* (O24.52 – O24.59) codes are mutually exclusive and should not be assigned together in a single episode of care. When multiple fifth characters apply, assign the one appearing highest on the list.

- *Diabetes mellitus in pregnancy, childbirth and the puerperium, unspecified onset* (O24.92 – O24.99) codes are mutually exclusive and should not be assigned together in a single episode of care. When multiple fifth characters apply, assign the one appearing highest on the list.
- *Pre-existing Type 1 diabetes mellitus, in pregnancy, childbirth and the puerperium* (O24.0) cannot be assigned with a code in the range O24.12 – O24.99.
- *Pre-existing Type 2 diabetes mellitus in pregnancy, childbirth and the puerperium* (O24.12 – O24.19) codes cannot be assigned with a code in the range of O24.0 or O24.22 – O24.99.
- *Pre-existing other specified diabetes mellitus in pregnancy, childbirth and the puerperium* (O24.22 – O24.29) codes cannot be assigned with a code in the range of O24.0 - O24.19 or O24.32 – O24.99.
- *Pre-existing unspecified diabetes mellitus in pregnancy, childbirth and the puerperium (*O24.32 – O24.39) codes cannot be assigned with a code in the range of O24.0 - O24.29 or O24.42 – O24.99.
- *Diabetes arising during pregnancy* (O24.42 – O24.49) codes cannot be assigned with a code in the range of O24.0 - O24.39 or O24.52 – O24.99.
- *Pre-existing intermediate hyperglycaemia in pregnancy, childbirth and the puerperium* (O24.52 – O24.59) codes cannot be assigned with a code in the range of O24.0 - O24.49 or O24.92 – O24.99.
- *Diabetes mellitus in pregnancy, childbirth and the puerperium, unspecified onset* (O24.92 – O24.99) codes cannot be assigned with a code in the range of O24.0 - O24.59.

ICD H843

Category	FATAL
Message Description	For code 14224-06 there must be 21 or more codes from block [1910] sequenced directly after.
Resolution	Check the morbidity details and amend as appropriate. When the code for ≥ 21 electroconvulsive therapy (ECT) procedures has been assigned, a minimum of 21 anaesthetics and/or sedation procedure codes have been assigned.

ICD H845

Category	FATAL
Message Description	Code | is not an intervention code and should not be assigned with an intervention date.
Resolution	Check the morbidity details and amend as appropriate. Ensure that all diagnosis, external cause and morphology codes do not have an intervention date assigned.

ICD H847

Category	FATAL
Message Description	Code | | cannot have a Condition onset flag of 9. Condition onset unknown/ uncertain on admission to the episode of care. Please review and amend.
Resolution	Check the morbidity details and amend as appropriate. From 1 July 2020, Condition onset flag (COF) value 9 Condition onset unknown/uncertain on admission to the episode of care is no longer a valid value.

ICD H849

Category	WARNING
Message Description	Code | with assigned Condition onset flag and current length of stay is outside the range of clinical advice.
Resolution	Check the morbidity details and amend as appropriate. The assigned diagnosis code is a Hospital Acquired Complication (HAC). In alignment with clinical advice, the HAC associated diagnosis code has a Condition onset flag of 2 - Condition arose during the episode of care and is outside the expected clinical length of stay. Aspiration pneumonia: • In range diagnosis codes: J69.0, J69.8, J95.4, J95.82 • Expected length of stay for HAC to develop – equal to or greater than 24 hours.

Malnutrition:

- In range diagnosis codes: E43, E44.0, E44.1, E46
- Expected length of stay for HAC to develop – equal to or greater than 14 days.

Pneumonia:

- In range diagnosis codes: J10.0, J11.0, J12.0, J12.1, J12.2, J12.3, J128, J12.9, J13, J14, J15.0, J15.1, J15.2, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J170, J171, J172, J173, J178, J16.8, J18.0, J18.1, J182, J18.8, J18.9, J22
- Expected length of stay for HAC to develop – equal to or greater than 48 hours.

Pressure injuries:

- In range diagnosis codes: L89 20 – L89.90.
- Expected length of stay for HAC to develop – equal to or greater than 48 hours.

Urinary tract infection:

- In range diagnosis codes: N39.0, N30.0, O86.2
- Expected length of stay for HAC to develop – equal to or greater than 48 hours.

Acute coronary syndrome including unstable angina, STEMI and NSTEMI:

- 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.

Note: As per ACS 0940 *Ischaemic heart disease*, angina occurring more than 24 hours after an infarction and within the infarction episode of care is known as postinfarction angina and is also classified to I20.0 *Unstable angina*.

Gastrointestinal infections:

- In range diagnosis codes: A04.7, A08.1, A08.4
- Expected length of stay for HAC to develop – equal to or greater than 14 days.

ICD H863

Category	WARNING
Message Description	Code || does not meet coding standards: A more specific diagnosis code is to be used.
Resolution	Check the morbidity details and amend as appropriate. A more specific diagnosis code should be used to clearly describe the patient condition. It is unadvisable to use “multiple” and “unspecified” codes. The codes in range T00 - T07 *Injuries involving multiple body regions* are combination codes that cover multiple injuries to multiple body regions. As ACS 1907 *Multiple injuries* states to use multiple codes to adequately describe the patient’s injuries, the use of T00-T07 is unadvisable. For the code range T08-T14 *Injuries to unspecified part of trunk, limb or body region*, there is always a more specific S injury code available (excluding T09.3 *Injury of spinal cord, level unspecified*).

ICD H888

Category	FATAL
Message Description	Z38 code missing for newborn with Source of referral 09 Born in hospital. Please review and amend data.
Resolution	Check the morbidity details and amend as appropriate. The episode of care has Care type 05 Newborn care, Source of referral 09 Born in hospital, the Date of birth is the same as the Date of admission but a code in the range Z38 *Liveborn infants according to place of birth* is missing.

ICD H889

Category	WARNING
Message Description	Principal diagnosis code | is an unexpected code for Care type 11 Maintenance care episodes of care
Resolution	Check the morbidity details and amend as appropriate. Episodes of care with Care type 11 Maintenance care usually have a principal diagnosis from one of the follow code ranges: • Z54 *Convalescence*

- Z74 *Problems related to care-provider dependency*
- Z75 *Problems related to medical facilities and other health care.*

See ACS 2105 *Long term/nursing home type inpatients* and ACS 2117 *Non-acute care*.

ICD H890

Category	FATAL or WARNING
Message Description	Diagnosis code | should have a Condition onset flag of 2 Condition arose during the episode of care.
Resolution	Check the morbidity details and amend as appropriate. Diagnoses are assigned a COF indicator of 2 Condition arose during the episode of care as per ACS 0048 *Condition onset flag*. See Section 9.11 Condition onset flag.

ICD H891

Category	FATAL
Message Description	Diagnosis code O31.1 has been assigned. Please confirm type of abortion.
Resolution	Check the morbidity details and provide the following information: • Fetus number e.g. Fetus 1, Fetus 2, Fetus 3 etc. • Abortion type e.g. Missed abortion, Medical termination, Surgical termination, Feticide, Spontaneous abortion, and • Congenital anomaly code(s), which can be found in TABLE 3 – Valid Congenital Anomaly Codes For cases involving multiple aborted fetuses, the abortion type and congenital anomaly code(s) must be specified for each fetus. This validation is designed to accurately capture the types of abortion. Since the fetus does not have an episode of admitted patient care, this validation is the only method through which the DSB can collect and record this information.

ICD H892

Category	FATAL
Message Description	Code | is unexpected for this facility. Please review and amend data.
Resolution	Check the morbidity details and amend as appropriate. The procedure would not normally be performed at this hospital. Check the procedure code. Anaesthesia and sedation interventions for identified same-day facilities are expected to have an American Society of Anesthesiologists (ASA) class between the range of 1-2 (emergency and non-emergency) where assigned with a code in the range O04.- *Medical abortion*.

ICD H901

Category	FATAL
Message Description	Code | cannot be the principal diagnosis with a Mode of separation (discharge status) of |.
Resolution	Check the morbidity details and Mode of separation (discharge status) and amend as appropriate. A newborn that is born in hospital but has a Mode of separation (discharge status) of 05 Died in hospital should not have a principal diagnosis of Z38.- *Liveborn infants according to place of birth.* Any conditions arising during the birth episode should be sequenced before Z38.- *Liveborn infants according to place of birth*.

ICD H908

Category	FATAL
Message Description	Code | in a delivery episode of care must have a Condition onset flag of 1 Condition present on admission to the episode of care.
Resolution	Check the morbidity details and amend as appropriate. In a delivery episode of care, it is expected that Z29.1 *Prophylactic immunotherapy* will be assigned with a COF of 1 Condition present on admission to the episode of care.

ICD H910

Category	FATAL
Message Description	Condition onset flag is missing for | |.
Resolution	Check the morbidity details and amend as appropriate. The Condition onset flag (COF) is missing for the identified diagnosis or morphology code.

ICD H911

Category	FATAL
Message Description	Intervention normally not coded assigned for multiday episode of care. Please review |.
Resolution	Check the morbidity details and amend as appropriate. As per ACS 0042 *Procedures normally not coded*, the intervention codes for this validation are not assigned unless they are the principal reason for admission in same-day episodes of care or another specialty standard directs they should be assigned. Interventions include: • 92056-00 [1857] *Monitoring of cardiac output or blood flow, not elsewhere classified* • 92057-00 [1857] *Telemetry* • 13842-00 [1858] *Intra-arterial cannulation for blood gas analysis* • 11833-01 [1859] *Electromyography of pelvic floor and anal sphincter muscles* • 51112-00 [1870] *Application of jacket* • 51115-00 [1870] *Application of halo femoral traction* • 96096-00 [1871] *Oral nutritional support* • 92036-00 [1895] *Insertion of nasogastric tube*

- 96196-19 [1920] *Intra-arterial administration of pharmacological agent, other and unspecified pharmacological agent*
- 96197-19 [1920] *Intramuscular administration of pharmacological agent, other and unspecified pharmacological agent*
- 96198-19 [1920] *Intrathecal administration of pharmacological agent, other and unspecified pharmacological agent*
- 96199-19 [1920] *Intravenous administration of pharmacological agent, other and unspecified pharmacological agent*
- 96200-19 [1920] *Subcutaneous administration of pharmacological agent, other and unspecified pharmacological agent*
- 96201-19 [1920] *Intracavitary administration of pharmacological agent, other and unspecified pharmacological agent*
- 96202-19 [1920] *Enteral administration of pharmacological agent, other and unspecified pharmacological agent*
- 96203-19 [1920] *Oral administration of pharmacological agent, other and unspecified pharmacological agent*
- 96205-19 [1920] *Other administration of pharmacological agent, other and unspecified pharmacological agent*
- 96206-19 [1920] *Unspecified administration of pharmacological agent, other and unspecified pharmacological agent*

ICD H912

Category	FATAL
Message Description	An additional diagnosis, external cause and/or morphology code has been sequenced after a intervention code. Please confirm correct code sequence
Resolution	Check the morbidity details and amend as appropriate.

The correct sequencing of codes is a requirement for local, state and national reporting supported by:

- Australian Coding Standard (ACS) 0001 *Principal diagnosis*
- ACS 0002 *Additional diagnoses*
- ACS 0003 *Supplementary codes for chronic conditions*
- ACS 0016 *General procedure guidelines*
- ACS 2001 *External cause code use and sequencing.*

All diagnosis, external cause and morphology codes are to be sequenced before any and all intervention codes.

ICD H932

Category	FATAL
Message Description	Code | with Condition onset flag | should be accompanied by a code in the range |.
Resolution	Check the code, Condition onset flag, expected companion codes and amend as appropriate. There is an expected relationship between identified ICD-10-AM/ACHI codes, Condition onset flag assigned and related companion codes including but not limited to: O61.0 *Failed medical induction of labour* with COF=2 must be assigned with one or more of the following codes: • 90465-00 *Medical induction of labour, oxytocin* • 90465-01 *Medical induction of labour, prostaglandin* • 90465-02 *Other medical induction of labour.* O61.1 *Failed surgical induction of labour* with COF=2 must be assigned with one or more of the following codes: • 90465-03 *Surgical induction of labour by artificial rupture of membranes [ARM]* • 90465-04 *Other surgical induction of labour.* O61.2 *Failed medical with surgical induction of labour* with COF=2 must be assigned with 90465-05 *Medical and surgical induction of labour.*

ICD H933

Category	FATAL
Message Description	Newborn weight < 1000 gm with non specific principal diagnosis. Please confirm.
Resolution	Check the morbidity details, birth weight and amend as appropriate. Validation requirements: • birth weight of less than 1000 grams

- age is less than 14 days
- principal diagnosis is not:
  - P07.01 *Extremely low birthweight 499g or less*
  - P07.02 *Extremely low birthweight 500 – 749g*
  - P07.03 *Extremely low birthweight 750g – 999g*
  - P07.40 *Extreme prematurity, unspecified gestational age*
  - P07.41 *Extreme prematurity, gestational age less than 22 completed weeks*
  - P07.42 *Extreme prematurity, gestational age 22 completed weeks*
  - P07.43 *Extreme prematurity, gestational age 23 completed weeks*
  - P07.44 *Extreme prematurity, gestational age 24 completed weeks*
  - P07.45 *Extreme prematurity, gestational age 25 completed weeks*
  - P07.46 *Extreme prematurity, gestational age 26 completed weeks*
  - P07.47 *Extreme prematurity, gestational age 27 completed weeks*
  - P07.51 *Preterm infant, gestational age 28 completed weeks*
  - P07.52 *Preterm infant, gestational age 29 completed weeks*
  - P07.53 *Preterm infant, gestational age 30 completed weeks*
  - P07.54 *Preterm infant, gestational age 31 completed weeks.*
- Source of referral is not 24 Admitted patient transferred from other hospital or 09 Born in hospital, or Mode of separation is not 05 Died in hospital or 16 Hospital Transfer.

ICD H935

Category	FATAL
Message Description	Episode of care with intervention code | should have an Elective patient status of 3 Not assigned.
Resolution	Check the Elective status and amend as appropriate. Admissions for which an elective status is 3 Not assigned, are: • admissions for normal delivery (obstetric)

- admissions which begin with the birth of the patient, or when it was intended that the birth occur in the hospital, commence shortly after the birth of the patient
- statistical admissions (that is, where there is an episode change during this hospital stay)
- planned readmissions for the patient to receive limited care or treatment for a current condition, for example dialysis or chemotherapy.

ICD H936

Category	FATAL
Message Description	Code | cannot be assigned with Mode of separation I.
Resolution	Check the code and Mode of separation assigned and amend as appropriate. There is an expected relationship between some ICD-10-AM/ACHI codes and Mode of separation including but not limited to: • Z75.6 *Transfer for suspected condition* assigned with Mode of separation 16 Hospital transfer • R95.0 *Sudden infant death syndrome with mention of autopsy* assigned with Mode of separation 05 Died in hospital • R95.9 *Sudden infant death syndrome without mention of autopsy* assigned with Mode of separation 05 Died in hospital • R96.0 *Instantaneous death* assigned with Mode of separation 05 Died in hospital • R96.1 *Death occurring less than 24 hours from onset of symptoms, not otherwise explained* assigned with Mode of separation 05 Died in hospital • R98 *Unattended death* assigned with Mode of separation 05 Died in hospital • R99 *Other ill-defined and unspecified causes of mortality* assigned with Mode of separation 05 Died in hospital.

ICD H941

Category	FATAL
Message Description	Code | with Condition onset flag | has been assigned with Care type | which is unexpected. Please confirm.
Resolution	Check the code, Condition onset flag and Care type assigned and amend as appropriate. There is an expected relationship between identified ICD-10-AM/ACHI codes, Condition onset flag and Care type including but not limited to: • Codes in the range Z50.- *Care involving use of rehabilitation procedures* assigned with Care type 20 Rehabilitation care should have Condition onset flag 1 Condition present on admission to the episode of care. • Code Z515 *Palliative care* assigned with Care type 30 Palliative care should have Condition onset flag 1 Condition present on admission to the episode of care.

ICD H943

Category	FATAL
Message Description	A morphology code must immediately follow PD |.
Resolution	Check the code assigned immediately after the principal diagnosis code and amend as appropriate. Where a neoplasm code is in the PD position, the morphology code should be assigned immediately following the PD. If there is more than one neoplasm code, the morphology code should then be assigned again following the second neoplasm site code(s) in the OD position. See Section 9.8 Morphology.

ICD H945

Category	FATAL

Message Description	Code | with Condition onset flag | must be assigned with Mode of separation |.
Resolution	Check the code, Condition onset flag and Mode of separation assigned and amend as appropriate. There is an expected relationship between some ICD-10-AM/ACHI codes, Condition onset flags and Mode of separation including but not limited to: I46.9 *Cardiac arrest, unspecified* with Condition onset flag 2 Condition arose during the episode of care and Mode of separation 05 Died in hospital.

ICD H947

Category	FATAL
Message Description	Code || must be accompanied by a code in the range | and/or | and a code in the range |.
Resolution	Check the morbidity details and amend as appropriate. It is expected that the below identified codes are assigned together within an episode of care. Z25.2 *Need for immunisation against coronavirus disease 2019 [COVID-19]* in episodes of care with: • O00 - O99 *Chapter 15 Pregnancy, Childbirth and the Puerperium* or • Z34 *Supervision of normal pregnancy* • O00 - O99 *Chapter 15 Pregnancy, Childbirth and the Puerperium* and/or • Z35 *Supervision of high-risk pregnancy* and • 92157-03 *Vaccination using viral vector against coronavirus disease 2019 [COVID-19]* • 92157-04 *Vaccination using whole virus against coronavirus disease 2019 [COVID-19]* • 92157-05 *Vaccination using subunit against coronavirus disease 2019 [COVID-19]*

- 92157-06 *Vaccination using nucleic acid against coronavirus disease 2019 [COVID-19]*

ICD H951

Category	FATAL
Message Description	Code | | with Source of referral | should have a Condition onset flag of |.
Resolution	Check the source of referral and morbidity details and amend as appropriate. It is expected that the below identified codes are assigned a certain condition onset flag (COF) dependent on the source of referral within an episode of care. P03 *Fetus and newborn affected by other complications of labour and delivery* and P10-P15 *Birth trauma* should have: • COF 2 Condition arose during the episode of care when source of referral is 09 Born in hospital • COF 1 Condition present on admission to the episode of care when source of referral is **not** 09 Born in hospital.

ICD H952

Category	FATAL
Message Description	Code | | must be provided with a code in the range | but not with | and | .
Resolution	Check the morbidity details and amend as appropriate. It is expected that the below identified codes are assigned together within an episode of care. O80 to O84 *Delivery* with Z37 *Outcome of Delivery*, unless the episode of care has the following codes: O04.0 to O04.9 *Medical Abortion* with

Duration of pregnancy codes:

- O09.0 *Less than 5 completed weeks*
- O09.1 *5 -13 completed weeks*
- O09.2 *14-19 completed weeks.*

ICD H961

Category	WARNING
Message Description	Code O09.9 has been assigned. Please provide the duration of this pregnancy or confirm the duration is unspecified.
Resolution	Check the morbidity details and amend as appropriate. It is expected that the duration of pregnancy is provided.

ICD H964

Category	FATAL
Message Description	Code | has been specified as type Principal Diagnosis (PD), it can only accompany code | as type Other Diagnosis(OD).
Resolution	Check the morbidity details and amend as appropriate. It is not expected that the below codes are assigned together within an episode of care when the code identifier is Principal diagnosis (PD): Z49.1 *Extracorporeal Dialysis* Z49.2 *Other Dialysis* Z49.3 *Dialysis follow up care* with codes between N181 and N189 *Chronic Kidney Disease.*

ICD H965

Category	WARNING
Message Description	The Condition onset flag is invalid for diagnosis code | |.
Resolution	Check the morbidity details and amend as appropriate.

It is expected that the below code is assigned a condition onset flag (COF) of 1 Condition present on admission when the code has a code identifier of Principal Diagnosis (PD).

O73.0 *Retained Placenta*

ICD H966

Category	WARNING
Message Description	Diagnosis cluster identifier | is not valid with | |. Please confirm.
Resolution	Check the morbidity details and amend as appropriate. Supplementary codes for chronic conditions U78-U88 should be assigned with DCID 0. See ACS 0004 *Diagnosis cluster identifier (DCID)* for more information.

ICD H967

Category	WARNING
Message Description	Diagnosis cluster identifier | is a reserved value and not valid. Please confirm.
Resolution	Check the morbidity details and amend as appropriate. DCID 1-7 are reserved and may only be allocated upon instruction from the Independent Health and Aged Care Pricing Authority (IHACPA). See ACS 0004 *Diagnosis cluster identifier (DCID)* for more information.

ICD H969

Category	FATAL
Message Description	For residential mental health care, the principal diagnosis is usually mental health related. Please check and confirm principal diagnosis.
Resolution	Check the morbidity details and amend as appropriate. It is expected that when a principal diagnosis is not a mental health condition (MHDIAG) code, the facility type will not be: • Public Residential Mental Health Service Facility

• Community Care Unit
• Public Residential Mental Health Service Facility
• Step Up Step Down Unit
• Public Residential Mental Health Service Facility
• Youth Residential Unit.

ICD H970

Category	FATAL
Message Description	DCID value is missing for |.
Resolution	Check the morbidity details and amend as appropriate. Check missing Diagnosis cluster identifier (DCID) values for diagnosis codes and amend as appropriate. Assigned DCID values are required to match the DCID domain within the Corporate Reference Data System (CRDS). See ACS 0004 *Diagnosis cluster identifier (DCID)* for more information on DCID permissible values.

ICD H971

Category	FATAL
Message Description	The DCID value reported for | is not valid.
Resolution	Check the morbidity details and amend as appropriate. Check invalid Diagnosis cluster identifier (DCID) values for diagnosis codes and amend as appropriate. Assigned DCID values are required to match the DCID domain within the Corporate Reference Data System (CRDS). See ACS 0004 *Diagnosis cluster identifier (DCID)* for more information on DCID permissible values.

ICD H972

Category	FATAL
Message Description	The DCID value for intervention code | cannot be reported.
Resolution	Check the morbidity details and amend as appropriate.

Remove Diagnosis cluster identifier (DCID) values reported for intervention codes. See ACS 0004 *Diagnosis cluster identifier (DCID)* for more information.

Episode Linking (LINK) Validations

These validations relate to problems in linking episodes into a complete hospital stay. To link the episodes that make up the hospital stay the episodes should have the following;

- The Source of referral (admission source) and Mode of separation codes between the linked episodes should indicate 'episode change'
- The second episode should begin on the same day that the first episode ended.
- The episodes must have a different care type.

LINK H137

Category	WARNING
Message Description	This Episode ID | overlaps with another episode for this patient from |, to |, Episode ID |.
Resolution	Check all episodes Admission dates and Separation dates for this patient and amend as appropriate. A patient cannot be admitted more than once at any time in one hospital.

LINK H139

Category	WARNING
Message Description	The Mode of separation (discharge status) indicates this episode (epis ID |) should link to a following episode (|, epis ID |). Please check the Mode of separation in this episode and the Source of referral (admission source) and/or the Start date for the following episode.
Resolution	Check the Mode of separation (discharge status) for this episode and Source of referral/transfer (admission source) and Admission date for the following episode and amend as appropriate. If Mode of separation (discharge status) is 06 Episode change, the following episode should have a Source of referral/transfer (admission source) of 06 Episode change and the Admission date should be the same date as the previous episode's Discharge date.

LINK H140

Category	WARNING
Message Description	The previous episode (epis ID |) | - | has the same Care type as this episode (epis ID |) but episodes link.

Resolution	Check both episodes Care type for this patient and amend as appropriate. Two linked episodes (one immediately following the other) must have different episode care types. If they do not have different episode care types, then this should be ONE episode.

LINK H166

Category	WARNING
Message Description	The Source of referral (admission source) indicates that this episode (epis ID |) should link to a previous episode, but the previous episode is missing. Please check the Source of referral (admission source) in this record.
Resolution	Check the Source of referral/transfer (admission source) and previous episodes for this patient and amend as appropriate. If Source of referral/transfer (admission source) is 06 Episode change, this indicates that there is a previous linked episode. This previous episode should have a Mode of separation (discharge status) of 06 Episode change and the Discharge date same as this episodes Admission date. For public hospitals, to trigger the record to extract re-file the ADM, DISCHARGE and CODING screens.

LINK H190

Category	WARNING
Message Description	This episode has a Mode of separation of 06 Episode change however, no linked episodes have been received for this patient.
Resolution	If the Mode of separation (discharge status) is 06 Episode change, DSB validates that the following (linked) episode has been received at three months. Either the Mode of separation for this episode requires amendment, the patient is still admitted or the following linked episode has not been sent. If the patient is still admitted please advise DSB via EVA. If the following linked episode has not been sent please advise DSB via EVA.

Mental Health (MH) Validations

These validations relate to data included in the Mental Health (MEN) file. Mental health details are required for all patients admitted to a designated psychiatric unit. A single record only is required, details to be provided as at the first time during the episode that the patient is transferred to the psychiatric unit.

MH M1

Category	FATAL
Message Description	Standard unit code is in the range PYAA to PYZZ, but no Mental Health data has been provided.
Resolution	Check the Standard unit code and Mental health details and amend as appropriate. See Section 7.22 Standard unit code, Section 10.1 Mental health details and Appendix J Standard Unit Codes.

MH M2

Category	FATAL
Message Description	Mental Health data has been provided, but Standard unit code is not in the range PYAA to PYZZ.
Resolution	Check the Standard unit code and Mental health details and amend as appropriate. See Section 7.22 Standard unit code, Section 10.1 Mental health details and Appendix J Standard Unit Codes.

MH M3

Category	FATAL
Message Description	Type of usual accommodation is missing or invalid.
Resolution	Check the Type of usual accommodation and amend as appropriate. See Section 10.1.1 Type of usual accommodation.

MH M4

Category	FATAL
Message Description	Employment status is missing or invalid.
Resolution	Check the Employment status and amend as appropriate. See Section 10.1.2 Employment status.

MH M5

Category	FATAL
Message Description	Employment status is 1 Child not at school, but age is greater than 18 years.
Resolution	Check the Employment status and Date of birth and amend as appropriate. See Section 10.1.2 Employment status.

MH M6

Category	FATAL
Message Description	Employment status is 3 Unemployed, 4 Employed or 6 Pensioner, but age is less than 14 years.
Resolution	Check the Employment status and Date of birth and amend as appropriate. See Section 10.1.2 Employment status.

MH M7

Category	FATAL
Message Description	Pension status is missing or invalid.
Resolution	Check the Pension status and amend as appropriate. See Section 10.1.3 Pension status.

MH M8

Category	WARNING
Message Description	Pension status is 1 Aged, but age is less than 59 years.
Resolution	Check the Pension status and Date of birth and amend as appropriate. For females, to receive the aged pension, age should be greater than 59 years. See Section 10.1.3 Pension status.

MH M9

Category	FATAL
Message Description	Pension status is 1 Aged, but age is less than or equal to 64 years.
Resolution	Check the Pension status and Date of birth and amend as appropriate. For males, to receive the aged pension, age should be greater than 64 years. See Section 10.1.3 Pension status.

MH M10

Category	FATAL
Message Description	Pension status is 3 Invalid, 4 Unemployment benefit or 5 Sickness benefits, but age is less than 15 years or greater than 65 years.
Resolution	Check the Pension status and Date of birth and amend as appropriate. For Pension status to be 3 Invalid, 4 Unemployment benefit or 5 Sickness benefits, age must be between 15 and 65 years. See Section 10.1.3 Pension status.

MH M11

Category	FATAL
Message Description	First admission for psychiatric treatment code is missing or invalid.
Resolution	Check the First admission for psychiatric treatment code and amend as appropriate. See Section 10.1.4 First admission for psychiatric treatment.

MH M12

Category	FATAL
Message Description	Referral to further care code is missing or invalid.
Resolution	Check the Referral to further care code and amend as appropriate. See Section 10.1.5 Referral to further care.

MH M13

Category	FATAL
Message Description	Mental health legal status indicator is missing or invalid.
Resolution	Check the Mental health legal status indicator and amend as appropriate. See Section 10.1.6 Mental health legal status indicator.

MH M14

Category	FATAL
Message Description	Standard unit code is between PYAA to PYZZ, but facility does not have a designated psychiatric unit as at |.
Resolution	Check the Standard unit code and amend as appropriate. If a designated psychiatric unit has been established, formally notify DSB.

MH M15

Category	FATAL
Message Description	Previous specialised non-admitted treatment code is missing or invalid.
Resolution	Check the Previous specialised non-admitted treatment code and amend as appropriate. See Section 10.1.7 Previous specialised non-admitted treatment.

MEN H928

Category	WARNING
Message Description	An involuntary mental health legal status has been reported for this episode. Please confirm.
Resolution	Check the mental health legal status reported for the private facility episode and confirm or amend as appropriate. See Section 10.1.5 Mental health legal status indicator.

Residential Mental Health Care (MEN) Validations

These validations relate specifically to Residential mental health care facility data. Refer to the Residential Mental Health Care Data Collection (RMHCDC) Manual for more information.

MEN H867

Category	FATAL
Message Description	Source of referral/transfer (admission source) is 32 Change of reference period, but the episode start date is not 1st July.
Resolution	Check the Source of referral/transfer (admission source) and Admission date/time and amend as appropriate. For Residential mental health care episodes that have been administratively ended due to the change of reference period, the Admission date/time of the new episode must be at 00:01 on 1 July. See Section 7.12 Source of referral/transfer (admission source) of the QHAPDC manual and Section 4.2 Change of Reference Period of the RMHCDC manual.

MEN H868

Category	FATAL
Message Description	The Source of referral/transfer (admission source) is 06 Episode change. This is invalid for a residential mental health care episode.
Resolution	Check the Source of referral/transfer (admission source) and amend as appropriate. All residential mental health care consumers should have an episode care type of 12 Mental Health. As the care type does not change, the source of referral 06 Episode change is not valid. See Section 7.12 Source of referral/transfer (admission source) and Section 4.4 Source of referral/transfer (admission source) of the RMHCDC manual.

MEN H870

Category	FATAL
Message Description	Mode of separation (discharge status) is 32 Change of reference period, but the episode end date is not 30th June.
Resolution	Check the Mode of separation (discharge status) and Separation date/time and amend as appropriate. For Residential mental

health care episodes that cross financial years, the episode must be administratively ended at 11:59pm on 30th June.

See Section 7.31 Mode of separation (discharge status) of the QHAPDC manual and Section 4.2 Change of Reference Period of the RMHCDC manual.

MEN H871

Category	FATAL
Message Description	The Mode of separation (discharge status) is 06 Episode change. This is invalid for a residential mental health care episode.
Resolution	Check the Mode of separation (discharge status) and amend as appropriate. All residential mental health care consumers should have an episode care type of 12 Mental Health. As the care type does not change, the source of referral 06 Episode change is not valid. See Section 7.31 Mode of separation (discharge status) and Section 4.8 Mode of Separation (discharge status) of the RMHCDC manual.

MEN H872

Category	FATAL
Message Description	The Standard ward code has been reported as MENR as at |, but this is not a residential mental health care episode.
Resolution	Check the Standard ward code and amend as appropriate. See Section 7.24 Standard ward code of the QHAPDC manual.

MEN H873

Category	FATAL
Message Description	The Standard ward code has been reported as |. This is invalid for a residential mental health care episode.
Resolution	Check the Standard ward code and amend as appropriate. See Section 7.24 Standard ward code of the QHAPDC manual and Section 4.7.1 Standard ward code of the RMHCDC manual.

MEN H874

Category	FATAL
Message Description	The Standard unit code has been reported as |. This is invalid for a residential mental health care episode.
Resolution	Check the Standard unit code and amend as appropriate. See Section 7.22 Standard unit code of the QHAPDC manual, Section 4.7 Standard unit code of the RMHCDC manual and Appendix J Standard Unit Codes.

MEN H897

Category	FATAL
Message Description	This residential mental health care facility episode has been linked to elective surgery entries |. This is incorrect.
Resolution	Check the Elective Admission module and amend as appropriate.

MEN H898

Category	FATAL
Message Description	Referral to Further Care Not Applicable is only valid for patients who are continuing care at this facility or have died.
Resolution	Check Referral to Further Care details and Mode of Separation.

MEN H899

Category	FATAL
Message Description	If a patient is continuing care at this facility, or has died, referral to further care is not applicable.
Resolution	Check Referral to Further Care details and Mode of Separation.

MEN H877

Category	FATAL
Message Description	Referral to further care code 98 Not applicable can only be reported by residential mental health care facilities unless the patient has died.
Resolution	Check the Referral to further care code and amend as appropriate. See Section 10.1.5 Referral to further care of the QHAPDC manual and Section 4.11.1 Referral to further care of the RMHCDC manual.

MEN H879

Category	FATAL
Message Description	The patient has been on leave for more than 6 weeks from the residential mental health care facility. The patient should be formally discharged. Check leave and episode end dates and/or times.
Resolution	Check Leave start and end dates and episode dates and amend as appropriate. See Section 3.4 Leave of the RMHCDC manual.

MEN H880

Category	FATAL
Message Description	Reporting facility is a residential mental health care facility but the care type reported for this episode is not 12 Mental health.
Resolution	Check the Care type and amend as appropriate. See Section 4.5 Care Type of the RMHCDC manual.

MEN H903

Category	WARNING
Message Description	Consumer was statistically discharged at end of reference period but there is no corresponding admission
Resolution	The Mode of separation has been reported as Change of reference period, but the subsequent episode has not yet been received. Please confirm if this consumer has been separated since the end of the previous reference period.

MEN H904

Category	WARNING
Message Description	Consumer was statistically admitted at the beginning of reference period but there is no corresponding discharge.
Resolution	The Source of referral has been reported as Change of reference period, but the previous episode has not been received.

MEN H905

Category	FATAL
Message Description	The funding source for a residential mental health care consumer should be 01 Health service budget (not covered elsewhere).
Resolution	Residential Mental Health Care patients are not charged through insurance OR privately.

MEN H906

Category	FATAL
Message Description	Residential consumers should be statistically discharged at the end of the financial year, and statistically readmitted for the new financial year. Please refer to the Residential Mental Health Care Manual.
Resolution	Residential consumers should be statistically discharged at the end of the financial year using code 32, and statistically readmitted for the new financial year using code 32. Please refer to the Residential Mental Health Care Manual.

MEN H907

Category	FATAL
Message Description	Residential patient discharged to other facility, but not referred to further care.
Resolution	This patient was discharged to hospital or other health care establishment, but was not referred to further care. Check mental health details and separation details.

MEN H953

Category	FATAL
Message Description	The Account class been reported as GPE. This is invalid for a residential mental health care episode.
Resolution	Residential patients cannot have an account class of General Public Eligible (GPE).

MEN H962

Category	FATAL
Message Description	The source of referral emergency department or outpatient department (this hospital) is not suitable for a residential mental health care facility that does not have an emergency department or outpatient department. Please adjust source of referral to indicate if the patient was transferred from a hospital.
Resolution	The residential mental health care facility does not have an emergency department or outpatient department registered. Check and amend source of referral details.

National Locality Index (NLI) Validations

These validations relate to problems matching address data.

NLI H151

Category	FATAL
Message Description	The suburb/locality, postcode and/or state is an invalid combination and cannot be matched to a geographical location. Please check Postcode: |, State: |, Suburb: | and provide corrected address details.
Resolution	Check the Locality, Postcode and Australian state/territory of usual residence and amend as appropriate. The Locality (suburb) line of the address should NOT include a state code if the patient lives in Australia. It should not include the word VIA. For example; Home Hill VIA Ayr. The address should be reported as HOME HILL. For localities with two names, ensure there is only one character space between the names. If the address is valid, formally notify DSB. For Public Hospitals it may be required to re-file both the registration and admission screen in order to trigger an amend record to be sent to DSB. See Section 6.11 Address of usual residence.

NLI H152

Category	FATAL
Message Description	The combination of suburb, postcode and state is invalid. The address is: Postcode: |, State: |, Suburb: |.
Resolution	Check the Locality, Postcode and Australian state/territory of usual residence and amend as appropriate. The Locality (suburb) line of the address should NOT include a state code if the patient lives in Australia. It should not include the word VIA. For example; Home Hill VIA Ayr. The address should be reported as HOME HILL. For localities with two names, ensure there is only one character space between the names. If the address is valid, formally notify DSB. For Public Hospitals it may be required to re-file both the registration and admission screen in order to trigger an amend record to be sent to DSB. See Section 6.11 Address of usual residence.

National Minimum Data Set (NMDS) Validations

These validations relate to missing or invalid data items that are included in the National Minimum Data Set.

NMDS H74

Category	FATAL
Message Description	Transferring from facility (extended source code) is missing or invalid.
Resolution	Check the Transferring from facility (extended source code) and Source of referral/transfer (admission source) and amend as appropriate. If Source of referral/transfer (admission source) is 24 Admitted patient transferred from another hospital or 25 Non-admitted patient referred from another hospital, a Transferring from facility (extended source code) must be provided. See Section 7.12 Source of referral/transfer (admission source), Section 7.13 Transferring from facility (extended source code) and Appendix A.

NMDS H75

Category	FATAL
Message Description	The facility ID the patient was transferred to is missing or invalid.
Resolution	Check the Mode of separation (discharge status) and Transferring to facility code and amend as appropriate. If Mode of separation (discharge status) is 12 Correctional facility, 16 Transferred to another hospital, or 21 Residential aged care service, which is not the usual place of residence, a Transferring to facility code must be provided. If the transferred to facility is a Residential Mental Health Care Facility then the Mode of separation (discharge status) should be 31 Residential Mental Health Care Facility. See Section 7.31 Mode of separation (discharge status), Section 7.32 Transferring to facility and Appendix A List of facilities.

NMDS H78

Category	FATAL
Message Description	Medicare eligibility is missing or invalid.
Resolution	Check the Medicare eligibility and amend as appropriate. See Section 6.13 Medicare eligibility.

NMDS H81

Category	FATAL
Message Description	Patient ID is missing or 0. Admission/episode number is |, Date of birth is |, Sex is |.
Resolution	Check the Patient ID and amend as appropriate. If further details are required to help identify the patient, contact DSB. All facilities must provide a patient ID. Any facilities that do not normally provide patient identification (or Unit Record - UR) numbers should institute a method of doing so. See Section 6.1 Patient identifier (UR number).

NMDS H86

Category	FATAL
Message Description	Baby admission weight is missing and age is less than 29 days.
Resolution	Check the Baby admission weight and Date of birth and amend as appropriate. For all babies less than 29 days, a Baby admission weight must be reported unless the baby is a boarder. See Section 7.28 Baby admission weight.

NMDS H97

Category	FATAL

Message Description	Please provide the patient's HOME address for this episode; including suburb, postcode and state.
Resolution	Check the Number and street of usual residence, Locality, Postcode and Australian State/Territory of usual residence and amend as appropriate. A home address must be provided. A postal address is not acceptable as this can create an incorrect picture when dealing with statistical analysis relating to patient's home locality. See Section 6.11 Address of usual residence.

NMDS H99

Category	FATAL
Message Description	Sex is missing or invalid.
Resolution	Check the Sex code and amend as appropriate. A code of 9 Not stated/inadequately described is not to be used. See Section 6.6 Sex and Gender.

NMDS H101

Category	FATAL
Message Description	Marital status is missing or invalid.
Resolution	Check the Marital status and amend as appropriate. If Marital status changes during the episode, provide the patient's marital status immediately prior to the start of the episode. See Section 6.8 Marital status.

NMDS H102

Category	FATAL
Message Description	Country of birth is missing or invalid.
Resolution	Check the Country of birth and amend as appropriate. See Section 6.7 Country of birth.

NMDS H105

Category	FATAL
Message Description	Chargeable status as at | is missing or invalid.
Resolution	Check the Chargeable status and amend as appropriate. For public hospitals Chargeable status is derived from the second digit of the account class. See Section 7.4 Chargeable status and Section 7.5 Account class (HBCIS hospitals).

NMDS H106

Category	FATAL
Message Description	Care type is missing or invalid.
Resolution	Check the Care type and amend as appropriate. See Section 7.15 Care type.

NMDS H107

Category	FATAL
Message Description	Compensable status as at | is missing or invalid.
Resolution	Check the Compensable status and amend as appropriate. See Section 7.8 Compensable status.

NMDS H108

Category	FATAL
Message Description	Source of referral/transfer (admission source) is missing or invalid.
Resolution	Check the Source of referral/transfer (admission source) and amend as appropriate. See Section 7.12 Source of referral/transfer (admission source).

NMDS H109

Category	FATAL
Message Description	Hospital insurance is missing or invalid.
Resolution	Check the Hospital insurance code and amend as appropriate. See Section 7.33 Hospital insurance.

NMDS H110

Category	FATAL
Message Description	Mode of separation (discharge status) is missing or invalid.
Resolution	Check the Mode of separation (discharge status) and amend as appropriate. See Section 7.31 Mode of separation (discharge status).

NMDS H111

Category	FATAL
Message Description	Planned same day is missing or invalid.
Resolution	Check the Planned same day code and amend as appropriate. See Section 7.18 Planned same day.

NMDS H113

Category	FATAL
Message Description	The patient's Family name (surname) is missing.
Resolution	Check the Family name (surname) and amend as appropriate. If the name of the patient is unknown, provide the name used in the patient's record. If a patient has only one name, this name should be recorded as the Family name (surname). See Section 6.2 Family name.

NMDS H118

Category	FATAL
Message Description	Admission ward is missing.
Resolution	Check the Admission ward including all ward transfers and amend as appropriate. The admission ward the patient was admitted to must be recorded. For any ward transfers during the episode, the admission ward code must also be reported for each transfer. See Section 7.23 Admission ward.

NMDS H121

Category	FATAL
Message Description	Admission number is missing or invalid.
Resolution	Check the Admission number and amend as appropriate. Each episode should have a unique episode number and should not be used more than once within a single hospital stay. It is up to the hospital to decide what method is used for assigning episode numbers. See Section 7.3 Admission number.

NMDS H145

Category	FATAL
Message Description	The Same day banded procedure code | provided for this episode is not valid.
Resolution	Check the Same day banded procedures code and amend as appropriate. See Section 7.6 Same day banded procedures.

NMDS H347

Category	FATAL

Message Description	The Qualification status is missing or invalid for status change on |.
Resolution	Check the Qualification status and amend as appropriate. See Section 7.7 Qualification status.

NMDS H350

Category	FATAL
Message Description	The Indigenous status is missing or invalid.
Resolution	Check the Indigenous status and amend as appropriate. See Section 6.9 Indigenous status.

NMDS H501

Category	FATAL
Message Description	The Standard unit code is missing or invalid as at |.
Resolution	Check the Standard unit code and amend as appropriate. For public hospital the Standard unit code is mapped from the treating doctor units. The Standard unit code is used to determine whether or not the patient has been admitted to a specialist unit. For example, a mental health unit (PYAA to PYZZ). See Section 7.22 Standard unit code and Appendix J Standard Unit Codes.

NMDS H502

Category	FATAL
Message Description	Elective patient status is missing or invalid.
Resolution	Check the Elective patient status and amend as appropriate. Elective patient status indicates whether an episode was an emergency or elective admission or not assigned. See Section 7.16 Elective patient status.

Organ Procurement Episode (ORGAN) Validations

These validations relate to the coding of Organ Procurement episodes.

ORGAN H98

Category	FATAL
Message Description	An Organ procurement patient has been identified, but one or more of the following is not; Care type of 07 Organ procurement-posthumous, Source of referral/transfer (admission source) of 20 Organ procurement, Mode of separation (discharge status) of 13 Organ procurement and/or Funding source of 12 Other funding source.
Resolution	Check the Care type, Source of referral/transfer (admission source), Mode of separation (discharge status) and Funding source and amend as appropriate. For organ procurement episodes; Care type = 07 Organ procurement-posthumous Source of referral/transfer (admission source) = 20 Organ procurement Mode of separation (discharge status) = 13 Organ procurement Funding source = 12 Other funding source. See Section 4.15 Organ donors.

ORGAN H383

Category	FATAL
Message Description	This episode is for organ procurement but has been linked to elective episode |.
Resolution	Check the identified linked Elective episode and amend as appropriate. Organ procurement patients should not receive any form of treatment, other than what is required to harvest the organs. If a patient is on the waiting list and dies before their treatment, and is therefore removed from the waiting list, the elective details should be linked to the episode during which the patient died, and not the following organ procurement episode. See Section 4.15 Organ donors.

ORGAN H385

Category	FATAL
Message Description	Mental Health details have been provided but this episode is for organ procurement.
Resolution	Check the Mental health details and amend as appropriate. Mental health details should only be sent for a patient in a psychiatric unit who is receiving psychiatric care. If the patient died during psychiatric care, the mental health details should be provided with the episode in which the patient died, and should not be provided with the organ procurement episode. See Section 4.15 Organ donors.

ORGAN H387

Category	FATAL
Message Description	Care type is 07 Organ procurement-posthumous, but Compensable status is not 8 None of the above and/or Chargeable status/Account class is not Public.
Resolution	Check the Care type, Compensable status and Chargeable status or Account class and amend as appropriate. For public hospitals the chargeable status is derived from the second digit of the account class, therefore this should be P for Public. See Section 4.15 Organ donors.

ORGAN H389

Category	FATAL
Message Description	Leave records exist, but the episode is an organ procurement episode.
Resolution	Check the Leave details and amend as appropriate. Organ procurement patients cannot be sent on leave. See Section 4.15 Organ donors.

ORGAN H393

Category	FATAL
Message Description	Care type is 07 Organ procurement-posthumous, but Medicare eligibility is not 1 Eligible for Medicare.
Resolution	Check the Medicare eligibility and amend as appropriate. Organ procurement patients should be eligible for Medicare, even if the living patient was not eligible for Medicare. See Section 4.15 Organ donors.

ORGAN H430

Category	FATAL
Message Description	This patient had an account variation on |, but they are an organ procurement patient.
Resolution	Check the Account variation details and amend as appropriate. Organ procurement patients should be public and not compensable for the entire episode, therefore there should be no account variations. See Section 4.15 Organ donors.

ORGAN H434

Category	FATAL
Message Description	Care type is 07 Organ procurement-posthumous, but length of stay is greater than 24 hours.
Resolution	Check the Admission date/time and Separation date/time and amend as appropriate. An organ procurement patient should only have a length of stay of approximately 24 hours. It would only be under special circumstances that the patient's length of stay may be longer, e.g. the relatives have to travel from overseas before the procurement treatment may begin. If the episode is more than 24 hours and the details are correct, formally notify DSB of the reason the episode was longer than expected. See Section 4.15 Organ donors.

ORGAN H815

Category	FATAL
Message Description	Care Type is 07 Organ procurement-posthumous and Contract type or Contract role is not blank.
Resolution	Check Care type, Contract type and Contract role and amend as appropriate. Organ procurement patients cannot be contracted to another facility. See Section 4.15 Organ donors and Section 7.15 Care type.

Palliative Episode (PAL) Validations

These validations relate to all palliative episode details.

PAL H401

Category	FATAL
Message Description	First admission for palliative care treatment is missing or invalid.
Resolution	Check the First admission for palliative care treatment and amend as appropriate. See Section 14.1 First admission for palliative care treatment.

PAL H402

Category	FATAL
Message Description	Previous specialised non-admitted palliative care treatment is missing or invalid.
Resolution	Check the Previous specialised non-admitted palliative care treatment and amend as appropriate. See Section 14.2 Previous specialised non-admitted palliative care treatment.

PAL H412

Category	FATAL
Message Description	Palliative care details are only required for palliative patients. Check episode care type.
Resolution	Check the Care type and amend as appropriate. See Section 7.15 Care type and Section 14 Palliative Care.

PAL H415

Category	FATAL
Message Description	Care type is 30 Palliative, but no palliative care details have been received.
Resolution	Check the Care type and Palliative care details and amend as appropriate. See Section 7.15 Care type and Section 14 Palliative Care.

Sub and Non-Acute Episode (SNAP) Validations

These validations relate to all Sub and Non-Acute Patient (SNAP) episode data items.

SNAP H521

Category	FATAL
Message Description	SNAP type is missing or invalid for SNAP episode |.
Resolution	Check the SNAP type and amend as appropriate. See Section 12.2.2 SNAP type.

SNAP H522

Category	FATAL
Message Description	No ADL scores have been provided for SNAP episode |.
Resolution	Check the Activity of Daily Living (ADL) scores and amend as appropriate. If ADL scores were not taken for a same day patient or the patient's age is < 3 years, the score should be entered as 999. See Section 12.2.13 Activity of Daily Living (ADL) score.

SNAP H523

Category	FATAL
Message Description	SNAP End Date is before the Start Date for SNAP episode |. Please check SNAP dates.
Resolution	Check the SNAP start date and SNAP end date and amend as appropriate. See Section 12.2.4 SNAP start date and Section 12.2.5 SNAP end date.

SNAP H524

Category	FATAL

Message Description	SNAP episodes | and | are overlapping. Please check all SNAP episodes.
Resolution	Check the SNAP start date and SNAP end date and amend as appropriate. A patient can only have one SNAP episode at a time. If the patient's SNAP type changes, the first SNAP episode should be ended and a new SNAP episode started. If the patient is transferred to another ward, the SNAP episode should be ended and a new SNAP episode started when the patient returns to the SNAP ward. Only Care type 11 Maintenance can have more than 1 SNAP episode and they must be connecting. See Section 12.2.4 SNAP start date and Section 12.2.5 SNAP end date.

SNAP H525

Category	WARNING
Message Description	SNAP episode | started while patient was on leave. Leave dates are | to |. Please check details.
Resolution	Check the SNAP start and end dates, Leave start and end dates and amend as appropriate. A SNAP patient must be physically in the hospital to commence a SNAP episode. See Section 12 Sub and Non-Acute Patient (SNAP) Details and Section 4.10 Leave.

SNAP H526

Category	WARNING
Message Description	ADL scores have been provided for SNAP episode |, but SNAP episode dates have not been provided. ADL Scores have not been loaded.
Resolution	Check the SNAP details and amend as appropriate. ADL scores have been provided in the Activity file (ACT) but no record exists in the SNAP file (SNP). ADL scores cannot exist without the SNAP episode, so this has not been loaded. If the ADL scores should not have been sent, the hospital does not need to take action as the ADL scores have not been loaded. See Section 12 Sub and Non-Acute Patient (SNAP) Details.

SNAP H527

Category	FATAL
Message Description	ADL Type is missing or invalid in SNAP episode | for ADL date |.
Resolution	Check the Activity of Daily Living (ADL) type and amend as appropriate. See Section 12.2.11 Activity of Daily Living (ADL) type.

SNAP H528

Category	FATAL
Message Description	SNAP ADL Sub type | is invalid in SNAP episode | for ADL Date |.
Resolution	Check the Activity of Daily Living (ADL) sub type and amend as appropriate. See Section 12.2.12 Activity of Daily Living (ADL) sub-type.

SNAP H529

Category	FATAL
Message Description	The ADL Subtype | does not match ADL type | in SNAP episode | for ADL Date |.
Resolution	Check the Activity of Daily Living (ADL) type and Activity of Daily Living (ADL) sub type and amend as appropriate. See Section 12.2.11 Activity of Daily Living (ADL) type and Section 12.2.12 Activity of Daily Living (ADL) sub-type.

SNAP H530

Category	FATAL
Message Description	ADL Score is missing or non-numeric in SNAP episode | for ADL Date |, ADL Subtype |.
Resolution	Check the Activity of Daily Living (ADL) score and amend as appropriate. See Section 12.2.13 Activity of Daily Living (ADL) score.

SNAP H531

Category	FATAL
Message Description	For SNAP episode number |, ADL Score provided at | is outside the valid range for ADL Sub type |.
Resolution	Check the Activity of Daily Living (ADL) score and amend as appropriate. The table in Section 12.2.12 Activity of Daily Living (ADL) sub-type identifies the minimum and maximum scores for each ADL sub type. It may be required to check new/old ADL sub types across reference years where fields have been end dated and/or new sub types created. If patient is either a 1) same day patient, or 2) paediatric patient or 3) overnight adult, but no score is available, then the score should be entered as 999. See Section 12.2.12 Activity of Daily Living (ADL) sub-type and Section 12.2.13 Activity of Daily Living (ADL) score.

SNAP H533

Category	FATAL
Message Description	Phase type is missing or invalid for palliative SNAP episode |.
Resolution	Check the SNAP type and Phase type and amend as appropriate. See Section 12.2.2 SNAP type and Section 12.2.16 Phase type.

SNAP H534

Category	FATAL
Message Description	Phase type has been provided but the SNAP type is not palliative care for SNAP episode |.
Resolution	Check the SNAP type and Phase type and amend as appropriate. See Section 12.2.2 SNAP type and Section 12.2.16 Phase type.

SNAP H536

Category	FATAL
Message Description	Patient is on leave during the entire time of SNAP episode |. Please check leave dates and/or times.
Resolution	Check the SNAP start and end dates, Leave start and end dates and amend as appropriate. A SNAP patient must be physically in the hospital to commence a SNAP episode. See Section 4.10 Leave and Section 12 Sub and Non-Acute Patient (SNAP) Details.

SNAP H539

Category	FATAL
Message Description	SNAP Episode | (with SNAP Type |) has an invalid ADL Type provided as at | (ADL Type is |).
Resolution	Check the SNAP type and Activity of Daily Living (ADL) type and amend as appropriate. Specific ADL type codes relate to specific SNAP type codes. If the ADL type is not matched this SNAP episode cannot be grouped. See Section 12.2.2 SNAP type and Section 12.2.11 Activity of Daily Living (ADL) type.

SNAP H540

Category	FATAL
Message Description	SNAP episode | has SNAP type of palliative, but Care type is not 30 Palliative.
Resolution	Check the SNAP type and Care type and amend as appropriate. See Section 7.15 Care type and Section 12.2.2 SNAP type.

SNAP H541

Category	FATAL
Message Description	SNAP episode | has SNAP type of rehabilitative, but Care type is not 20 Rehabilitation.
Resolution	Check the SNAP type and Care type and amend as appropriate. See Section 7.15 Care type and Section 12.2.2 SNAP type.

SNAP H542

Category	FATAL
Message Description	SNAP episode | has been provided, but Care type is not 09 Geriatric Evaluation and Management, 10 Psychogeriatric, 11 Maintenance, 20 Rehabilitation or 30 Palliative.
Resolution	Check the SNAP type and Care type and amend as appropriate. See Section 7.15 Care type and Section 12.2.2 SNAP type.

SNAP H543

Category	FATAL
Message Description	SNAP ADL Type | must be provided with subtypes |. For SNAP Episode | Subtype | is missing as at |.
Resolution	Check the Activity of Daily Living (ADL) type and Activity of Daily Living (ADL) sub type and amend as appropriate. Each ADL type has a range of ADL subtypes. All ADL subtypes must be provided in order to group the SNAP episode. See Section 12.3.2 Activity of Daily Living (ADL) type and Section 12.2.12 Activity of Daily Living (ADL) sub-type.

SNAP H544

Category	FATAL
Message Description	For SNAP Episode | there was either more than one ADL type provided OR more than one of the same ADL Sub-type provided for the reported ADL Type as at |.
Resolution	Check the SNAP type, Activity of Daily Living (ADL) type or ADL Sub-type and amend as appropriate. Only one ADL type can be recorded per day with the exception of GEM SNAP types where a FIM and SMM ADL type can be recorded on the same day. See Section 12.2.2 SNAP type and Section 12.2.11 Activity of Daily Living (ADL) type.

SNAP H571

Category	FATAL
Message Description	ADL Date is not between SNAP episode start and end dates for SNAP episode |.
Resolution	Check the ADL Date and SNAP start and end dates and amend as appropriate. ADL scores must be taken during the SNAP episode, and cannot be allocated during a following episode.

SNAP H572

Category	FATAL
Message Description	Care type is 30 Palliative, but SNAP Type is not Palliative for SNAP Episode |.
Resolution	Check the SNAP type and Care type and amend as appropriate. See Section 7.15 Care type and Section 12.2.2 SNAP type.

SNAP H573

Category	FATAL
Message Description	Care type is 20 Rehabilitation, but SNAP Type is not Rehabilitation for SNAP Episode |.
Resolution	Check the SNAP type and Care type and amend as appropriate. See Section 7.15 Care type and Section 12.2.2 SNAP type.

SNAP H575

Category	FATAL
Message Description	SNAP type is Geriatric Evaluation and Management, but Care type is not 09 Geriatric Evaluation and Management (GEM), for SNAP episode |.
Resolution	Check the SNAP type and Care type and amend as appropriate. See Section 7.15 Care type and Section 12.2.2 SNAP type.

SNAP H576

Category	FATAL
Message Description	SNAP type is Psychogeriatric, but Care type is not 10 Psychogeriatric, for SNAP episode |.
Resolution	Check the SNAP type and Care type and amend as appropriate. See Section 7.15 Care type and Section 12.2.2 SNAP type.

SNAP H577

Category	FATAL
Message Description	SNAP type is Maintenance, but Care type is not 11 Maintenance, for SNAP episode |.
Resolution	Check the SNAP type and Care type and amend as appropriate. See Section 7.15 Care type and Section 12.2.2 SNAP type.

SNAP H615

Category	FATAL
Message Description	Patient has been assigned a care type of | and SNAP episode has not been received. Please check care type and SNAP episode details.
Resolution	Check the SNAP details and Care type and amend as appropriate. See Section 7.15 Care type and Section 12 Sub and Non-Acute Patient (SNAP) Details.

SNAP H616

Category	FATAL
Message Description	SNAP end date is not equal to the Separation date of the episode of care.
Resolution	Check the SNAP end date and Separation date and amend as appropriate.

SNAP H617

Category	FATAL
Message Description	SNAP start date is not equal to the Admission date of the episode of care.
Resolution	Check the SNAP start date and Admission date and amend as appropriate.

SNAP H618

Category	FATAL
Message Description	Care type is 09 Geriatric Evaluation and Management, 10 Psychogeriatric, 20 Rehabilitation or 30 Palliative, but more than one SNAP episode has been provided.
Resolution	Check the Care type and SNAP details and amend as appropriate. See Section 7.15 Care type and Section 12 Sub and Non-Acute Patient (SNAP) Details.

SNAP H673

Category	FATAL
Message Description	For SNAP Episode |, no ADL information has been provided on or after 1 July 2016.
Resolution	Check the SNAP details and amend as appropriate. For episodes of care where the SNAP end date is ≥ 01 July 2016, there must be a set of scores with an ADL date ≥ to 01 July 2016. See Section 12.2.15 ADL date.

SNAP H674

Category	FATAL
Message Description	For SNAP Episode |, the Clinical assessment only indicator is missing or invalid.
Resolution	Check the Clinical assessment only indicator and amend as appropriate. See Section 12.2.10 Clinical assessment only indicator.

SNAP H675

Category	FATAL
Message Description	For SNAP Episode |, the | score has been calculated incorrectly for ADL date |. The | score should be |.
Resolution	Check the identified SNAP Sub-type, recalculate the scores and amend as appropriate. If an invalid score has been reported, this validation will also be raised as a total score cannot be calculated.

SNAP H679

Category	FATAL
Message Description	For SNAP Episode |, as a score of 999 has been reported all other scores must be 999.
Resolution	Check the ADL scores reported and amend as appropriate. See Section 12.2.13 Activity of Daily Living (ADL) score and Section 12.2.14 Further information on ADL assessments.

SNAP H689

Category	FATAL
Message Description	Care type is 09 Geriatric Evaluation and Management, but SNAP Type is not Geriatric Evaluation and Management for SNAP Episode |.
Resolution	Check the SNAP type and Care type and amend as appropriate. See Section 7.15 Care type and Section 12.2.2 SNAP type.

SNAP H691

Category	FATAL
Message Description	Care type is 10 Psychogeriatric, but SNAP Type is not Psychogeriatric for SNAP Episode |.
Resolution	Check the SNAP type and Care type and amend as appropriate. See Section 7.15 Care type and Section 12.2.2 SNAP type.

SNAP H696

Category	FATAL
Message Description	Care type is 11 Maintenance, but SNAP Type is not Maintenance for SNAP Episode |.
Resolution	Check the SNAP type and Care type and amend as appropriate. See Section 7.15 Care type and Section 12.2.2 SNAP type.

SNAP H703

Category	FATAL
Message Description	The Multidisciplinary care plan flag is missing for SNAP episode.
Resolution	Check the Care type and Multidisciplinary care plan flag and amend as appropriate. Multidisciplinary care plan flag should be supplied for episodes with a care type of 09 Geriatric Evaluation and Management, 10 Psychogeriatric, 20 Rehabilitation or 30 Palliative. See Section 7.15 Care type and Section 12.2.6 Multidisciplinary care plan flag.

SNAP H704

Category	FATAL
Message Description	Multidisciplinary care plan flag is Y Yes, but Multidisciplinary care plan date is missing.
Resolution	Check the Multidisciplinary care plan flag and Multidisciplinary care plan date and amend as appropriate. See Section 12.2.6 Multidisciplinary care plan flag and Section 12.2.7 Multidisciplinary care plan date.

SNAP H705

Category	FATAL
Message Description	The Proposed principal referral service code is missing or invalid for SNAP episode.
Resolution	Check the Care type and Proposed principal referral service code and amend as appropriate.

Proposed principal referral service code should be supplied for episodes with a care type of 09 Geriatric Evaluation and Management, 10 Psychogeriatric, 20 Rehabilitation or 30 Palliative.

See Section 7.15 Care type and Section 12.2.9 Proposed principal referral service.

SNAP H714

Category	FATAL
Message Description	Multi-Disciplinary Care Plan Flag should be Yes when MDCP Date is provided
Resolution	Check the Multidisciplinary care plan details and amend as appropriate. See Section 12 Sub and Non-Acute Patient (SNAP) Details.

SNAP H716

Category	FATAL
Message Description	Multidisciplinary Care Plan (MDCP) details have been provided, but Care type is not 09 Geriatric Evaluation and Management, 10 Psychogeriatric, 20 Rehabilitation or 30 Palliative.
Resolution	Check the Care type and Multidisciplinary care plan details and amend as appropriate. See Section 7.15 Care type and Section 12 Sub and Non-Acute Patient (SNAP) Details.

SNAP H810

Category	FATAL
Message Description	SNAP type is Rehabilitation, but the Primary impairment type code is missing.
Resolution	Check the Care type and Primary impairment type and amend as appropriate. See Section 12.2.2 SNAP type and Section 12.2.8 Primary impairment type.

SNAP H811

Category	FATAL
Message Description	Primary impairment type code has been reported, but Care type is not 20 Rehabilitation and SNAP type is not Rehabilitation.
Resolution	Check the Care type, SNAP type and Primary impairment type and amend as appropriate. See Section 7.15 Care type, Section 12.2.2 SNAP type and Section 12.2.8 Primary impairment type.

SNAP H812

Category	FATAL
Message Description	Primary impairment type code is invalid.
Resolution	Check the Primary impairment type and amend as appropriate. See Section 12.2.8 Primary impairment type.

SNAP H814

Category	FATAL
Message Description	For SNAP episode |, SNAP type is GEM, but no FIM scores have been reported.
Resolution	Check the SNAP type and Activity of Daily Living (ADL) type and amend as appropriate. See Section 12.2.2 SNAP type and Section 12.2.11 Activity of Daily Living (ADL) type.

SNAP H844

Category	FATAL
Message Description	The Primary impairment type has been reported as | |, this is only valid with a SNAP type of |. The SNAP type reported is |.
Resolution	Check the SNAP type and Primary Impairment type code and amend as appropriate. Refer to Table 1 – SNAP Type and Primary Impairment type mappings or Table 2 –SNAP Type and Paediatric Primary Impairment type mappings See Section 12.2.2 SNAP type and Section 12.2.8 Primary Impairment type.

Telehealth (TID) Validations

These validations relate to data included in the Telehealth (TID) file. A record is to be provided on the HQI Telehealth Inpatient Details file for each Telehealth Event within an episode of care as recorded on the Telehealth Inpatient Details HBCIS screen. A record should not be provided where a Telehealth event has not been recorded on the admitted patient episode of care.

TID H850

Category	FATAL
Message Description	Telehealth EVENT_ID | End date/time is before the Start date/time.
Resolution	Check the Start date/time and End date/time and amend as appropriate. See Section 16 Telehealth (Public Hospitals Only).

TID H851

Category	FATAL
Message Description	Telehealth EVENT_ID | Start Date/Time and/or End Date/Time are in the future. This is invalid.
Resolution	Check the Start date/time and End date/time and amend as appropriate. See Section 16 Telehealth (Public Hospitals Only).

TID H852

Category	FATAL
Message Description	Telehealth EVENT_ID | Retrieval Services Queensland (RSQ) is missing or invalid.
Resolution	Check the Retrieval Services Queensland (RSQ) and amend as appropriate. Note: from 01 July 2018 the RSQ flag is no longer required to be reported.

TID H853

Category	FATAL
Message Description	Telehealth EVENT_ID | Retrieval Services Queensland (RSQ) is Y Yes, but Provider facility and/or Provider unit has been reported.
Resolution	Check the Retrieval Services Queensland (RSQ) and Provider facility and amend as appropriate. If the Retrieval Service Queensland (RSQ) flag is Y (Yes), then the Provider facility and the Provider unit must be null. Note: from 01 July 2018 the RSQ flag is no longer required to be reported. See Section 16.6.2 Provider facility and Section 16.6.3 Provider unit.

TID H854

Category	FATAL
Message Description	Telehealth Event ID | is missing or invalid.
Resolution	Check the identified field in the message and amend as appropriate. See Section 16 Telehealth (Public Hospitals Only).

TID H855

Category	FATAL
Message Description	Telehealth Event ID | must be numeric.
Resolution	Check the identified field in the message and amend as appropriate. See Section 16 Telehealth (Public Hospitals Only).

TID H857

Category	FATAL
Message Description	Telehealth Event ID || is missing or invalid.

Resolution	Check the identified field in the message and amend as appropriate. See Section 16 Telehealth (Public Hospitals Only).

TID H859

Category	FATAL
Message Description	Facility ID is | and Telehealth provider ID is |. They must not be the same.
Resolution	Check the Provider facility and amend as appropriate. Please note a FATAL validation will only trigger if the Facility ID and Telehealth provider ID are the same and the patient is not a Hospital in the Home (HITH) patient or the Telehealth event type is not reported as 25 Telehandover case conference. See Section 16 Telehealth (Public Hospitals Only).

TID H860

Category	FATAL
Message Description	Telehealth Event ID | must occur within the episode start and end dates.
Resolution	Check the identified field in the message and amend as appropriate. See Section 16 Telehealth (Public Hospitals Only).

TID H861

Category	FATAL
Message Description	Telehealth Event ID | must be four digits in the format HH24MI.
Resolution	Check the identified field in the message and amend as appropriate. See Section 16 Telehealth (Public Hospitals Only).

TID H862

Category	FATAL
Message Description	Telehealth Event ID | must be greater than 0.
Resolution	Check the identified field in the message and amend as appropriate. See Section 16 Telehealth (Public Hospitals Only).

TID H886

Category	FATAL
Message Description	Telehealth Event ID | Retrieval Services Queensland (RSQ) has been reported. This is invalid.
Resolution	From 1 July 2018 the Retrieval Services Queensland (RSQ) flag is no longer required. If the telehealth event is provided by RSQ then in the provider facility id field record the RSQ facility id. See Section 16 Telehealth (Public Hospitals Only).

TID H896

Category	FATAL
Message Description	Telehealth Event ID |: Provider type is missing or invalid.
Resolution	Check the Telehealth provider ID details provided. See Section 16 Telehealth (Public Hospitals Only).

TID H938

Category	FATAL
Message Description	Telehealth Event ID | has a Telehealth Event Type of 25 Telehealth handover case conference but the Recipient Facility ID is missing or invalid.
Resolution	Check the identified Telehealth event identified in the message description and amend as appropriate. See Section 16 Telehealth (Public Hospitals Only).

TID H939

Category	FATAL
Message Description	Telehealth Event ID | has a Telehealth Event Type of 25 Telehealth handover case conference but the Recipient Unit is missing or invalid.
Resolution	Check the identified Telehealth event identified in the message description and amend as appropriate. See Section 16 Telehealth (Public Hospitals Only).

TID H940

Category	FATAL
Message Description	Telehealth Event ID | has a Telehealth Event Type of 25 Telehealth handover case conference but the Recipient Type is missing or invalid.
Resolution	Check the identified Telehealth event identified in the message description and amend as appropriate. See Section 16 Telehealth (Public Hospitals Only).

TID H946

Category	FATAL
Message Description	Facility ID is | and Telehealth Recipient Facility ID is |. They must not be the same.
Resolution	Check the reported Telehealth event details and amend as appropriate. See Section 16 Telehealth (Public Hospitals Only).

Workers Compensation Queensland (WCP) Validations

These validations relate to all Workers Compensation Queensland data items.

WCP H176

Category	FATAL
Message Description	Workers' Compensation details have been provided, but | is missing.
Resolution	Check the identified missing data item and amend as appropriate. See Section 15 Workers' Compensation Queensland (Public Hospitals Only)

WCP H235

Category	FATAL
Message Description	Workers' Compensation Status | has been reported as |, this is invalid.
Resolution	Check the identified field in the message and amend as appropriate. See Section 15 Workers' Compensation Queensland (Public Hospitals Only).

WCP H480

Category	FATAL
Message Description	| must be 'Y' (Yes) or 'N' (No).
Resolution	Check the Workers' compensation incident date flag and amend as appropriate. See Section 15 Workers' Compensation Queensland (Public Hospitals Only).

WCP H481

Category	FATAL
Message Description	| must be 'Y' (Yes), 'N' (No) or 'U' (Unknown).

Resolution

Check the Employer informed and amend as appropriate.

See Section 15 Workers' Compensation Queensland (Public Hospitals Only).

System Validations

These validations have been raised due to errors within the file that have been received by DSB. These will be investigated internally by DSB and then forwarded to the facility (via EVA) with the required action.

ACTV H119

Category	WARNING
Message Description	Part of this record is a duplicate of a record previously sent and loaded to table |. IT HAS NOT BEEN LOADED. Amend & resend if required.
Resolution	A duplicate has been received for a particular table (the table name is given in the parameter | in the message). To find out how to amend this error refer to the below section which relates to the DSB table name stated in the message. There are three sets of DSB tables - the load tables, work tables, and final tables. Within each set of tables twenty individual tables exist (see below definitions). The table name given in the error message will specify which table in which set (i.e. load, work or final) for which the duplicate message was created. Names of load tables all begin with qh_load, names of work tables all begin with qh_work, names of final tables all begin with qh (i.e. there is no distinguishing word as load or work to separate the final tables from other areas in the database). The final part of the table name is given in the list of tables in the previous paragraph. (E.g. the account variation table in the load area is called qh_load_acct_vary. The same table in the work area is qh_work_acct_vary. In the final area, this table is called qh_acct_vary.) If the duplicate occurs on; **acct_vary table**, then two account variations have been received for the same day. Check the facility unique ID to see what account variations exist for the episode, and check all recent amendments to account variations, to ensure the mistake was not made on the facility unique ID. A further check may be required on the new record as the original may need to be deleted, and the new record sent again. Only the last account variation on any day is forwarded to DSB. **cntrct table**, check all contract details for the episode indicated by the facility unique ID. Also, check all recent amendments to contract details. An error could have been made in contract dates or the facility unique ID. If an error has been made, the contract details should be corrected and resent.

dva_table, check all the Department of Veteran's Affairs (DVA) details for the episode indicated by the facility unique ID. Also, check all recent amendments to the DVA details. An error could have been made in the facility unique ID, or more than one DVA record has been provided. Each episode may have only one DVA record. If an error has been made, the DVA details should be corrected and re-sent.

elect_adm table, check all elective admission details for the episode indicated by the facility unique ID. Also, check all recent amendments to elective admission details. An error could have been made in waiting list entry number or the facility unique ID. If an error has been made, the elective admission details should be corrected and resent.

elect_surgry table, check all elective surgery change details for the episode indicated by the facility unique ID. Also, check all recent amendments to elective surgery change details. An error could have been made in entry number, change date, or the facility unique ID. If an error has been made, the elective surgery change details should be corrected and resent.

epis_care table, then the facility unique ID is a duplicate within a particular load. The hospital will need to check this facility unique ID to ensure that two patients have not been assigned to the one facility unique ID. If a duplicate has been sent check to see which of the two duplicate episodes should have been loaded, then contact DSB to ensure that the correct details exist in the database. Hospitals that send data electronically may need to check their extract programs to ensure the programs are not extracting each episode more than once.

epis_period table, check all nursing home type details for the episode indicated by the facility unique ID. Also, check all recent amendments to nursing home care details. An error could have been made in nursing home care dates or the facility unique ID. If an error has been made, the nursing home type details should be corrected and resent.

epis_score table, check all DRG and MDC codes for this episode. Only one DRG and one MDC should be provided for each episode.

leave table, check all leave details for the episode indicated by the facility unique ID. Also, check all recent amendments to leave details. An error could have been made in leave dates or the facility unique ID. If an error has been made, the leave details should be corrected and resent.

mental_health table, check all mental health details for the episode indicated by the facility unique ID. Also, check all recent amendments to mental health details. An error could have been made in the facility unique ID, or more than one mental health

record has been provided. Each episode may have only one mental health record. If an error has been made, the mental health details should be corrected and resent.

morb table, check all diagnostic codes for the episode indicated by the facility unique ID. Also, check all recent amendments to morbidity details. An error could have been made in the ICD-10-AM/ACHI codes or the facility unique ID. If an error has been made, the amendment to morbidity details should be corrected and resent. The originals will have to be deleted, and all ICD-10-AM/ACHI codes that are correct for the episode should be resent with the amendment.

not_ready table, check all not ready for elective surgery details for the episode indicated by the facility unique ID. Also, check all recent amendments to not ready for elective surgery details. An error could have been made in not ready for care dates or the facility unique ID. If an error has been made, the not ready for care details should be corrected and resent.

pal_care table, check all palliative care details for the episode indicated by the facility unique ID. Also, check all recent amendments to palliative care details. An error could have been made in the facility unique ID, or more than one palliative care record has been provided. Each episode may have only one palliative care record. If an error has been made, the palliative care details should be corrected and resent.

pat_table, then details have already been received for that patient for the same episode start date (including time). Check the patient ID (this can be obtained by contacting DSB), and the facility unique ID. If the incorrect patient ID has been used the episode should be resent with the correct patient ID. If the same episode has been assigned more than one facility unique ID, decide which facility unique ID has the most accurate details. (This is the episode for which details should be kept in the DSB database.) If the facility unique ID shown against this error is the one with the most accurate details, the episode must be resent after deleting the episode relating to the facility unique ID with incorrect details. If the facility unique ID shown against this error is considered to have the least accurate details, then the hospital need take no action.

pat_name_addr table, then details have already been received for that patient for the same episode start date (including time). Check the patient ID (this can be obtained by contacting DSB), and the facility unique ID. If the incorrect patient ID has been used the episode should be resent with the correct patient ID. If the same episode has been assigned more than one facility unique ID, decide which facility unique ID has the most accurate details. (This

is the episode for which details should be kept in the DSB database.) If the facility unique ID shown against this error is the one with the most accurate details, the episode must be resent after deleting the episode relating to the facility unique ID with incorrect details. If the facility unique ID shown against this error is considered to have the least accurate details, then the hospital need take no action.

qual_status table, then two qualification status change records have been received for the same date. Only the second qualification status for each day should be submitted. Check the facility unique ID to see what qualification status codes exist for the episode, and check all recent amendments to qualification status, to ensure the mistake was not made on the facility unique ID. Check also to see if the new record was correct as the original may need to be deleted, and the new record sent again.

snap_adl table, then two SNAP ADL scores have been received for the same ADL type and ADL subtype. Check the facility unique ID to see what ADL scores exist for the episode, and check all recent amendments to ADL scores to ensure the mistake was not made on the facility unique ID. Check also to see if the new record was correct as the original may need to be deleted, and the new record sent again.

snap_epis table, then two SNAP episodes have been received for the same snap episode number. Check the facility unique ID to see what SNAP episodes exist for the episode, and check all recent amendments to SNAP episodes to ensure the mistake was not made on the facility unique ID. Check also to see if the new record was correct as the original may need to be deleted, and the new record sent again.

tfr table, then two ward transfers have been received for the same date and time. Check the facility unique ID to see what ward transfers exist for the episode, and check all recent amendments to ward transfers to ensure the mistake was not made on the facility unique ID. Check also to see if the new record was correct as the original may need to be deleted, and the new record sent again.

ACTV H154

Category	FATAL
Message Description	Account details, ward details or qualification status details relating to the Admission date have been received as an Amend record in

	the Activity (ACT) file. These should be sent in the ADM file. This ACT amendment record was not loaded.
Resolution	An amendment record was sent in the activity details (ACT) file and the date of the amended record was the same as the episode start date. Both account variation and ward details are compulsory at admission and for this reason MUST be amended by an amendment to the admission record. Check the variation or transfer date and the facility unique ID of the record being amended. If the variation or transfer date or facility unique ID is incorrect, the amendment should be resent with corrected details. If the admission details need to be amended, send an amendment for the admission (ADM) file. If the amendment record was in error, no action needs to be taken as the amendment was not loaded.

ACTV H802

Category	WARNING
Message Description	Mother's Patient ID is missing. This record has NOT been loaded to qh_work_mother_pat.
Resolution	Check Mother's patient ID and amend as appropriate. A mother's patient ID is required when the baby's Source of referral/transfer (admission source) is 09 Born in hospital. The Mother's episode and Baby's episode need to be linked for the Mother's patient ID to be extracted. For public hospitals check that the Mother and Baby episodes have been linked. For private hospitals, supply DSB with the Mother's Patient ID. See Section 7.12 Source of referral/transfer (admission source) and 7.14 Mother's patient identifier.

CHECK H142

Category	WARNING

Message Description	The original record for an amend or delete in | does not exist in the work or final tables. The amendment/deletion has NOT been loaded.
Resolution	Check the specified amendment or delete record, and ensure the record has the correct facility unique ID and amend as appropriate. If the delete record or the amendment record is correct, contact DSB to investigate the reason why the original episode is not in the database. For amendments, the entire episode needs to be sent.

DATE H203

Category	WARNING
Message Description	This record was before the cut off date and was not loaded to work or final tables. Please correct and resend this record if required.
Resolution	DSB only accepts data during a certain time period. Once the period has been cut-off (locked), no new episodes, amendments or deletions can be submitted and will not be loaded. Check the Separation date, if correct, no further action can be made, if incorrect and in the valid time period amend as appropriate.

DATE H244

Category	FATAL
Message Description	This record being amended or deleted from the database is before the cut off date for this facility.
Resolution	DSB only accept data during a certain time period. Once the period has been cut-off (locked), no amendments will be accepted. If a deletion is submitted it will be deleted from the database. Check the Separation date, if correct, no further action can be made, if incorrect and in the valid time period amend as appropriate. DSB will notify sites when a new cut-off date is implemented. Contact DSB for any further queries regarding the cut-off date.

EAS H321

Category	FATAL
Message Description	The waiting list Entry number in table | is missing or invalid. This record has NOT been loaded.
Resolution	Check the waiting list Entry number and amend as appropriate. Each waiting list entry has a waiting list placement number unique for that patient and list entry record. If the record is an error and should not have been sent, no action needs to be taken, as the record has not been loaded. See Section 11.2.1 Entry number.

EAS H334

Category	FATAL
Message Description	Elective Surgery Details are not required as facility does not have an elective surgery unit as at |.
Resolution	According to DSB reference data, this facility is not required to submit elective details.

GEN H202

Category	WARNING
Message Description	This new record already exists in the database and has NOT been loaded. Please correct and resend this record if required.
Resolution	Check the record is not a duplicate using the facility unique ID. This may have occurred due to an activity being resent, or a new patient record. This can also occur if an amendment record is sent with type N New record, instead of type A Amendment record. If this has occurred or if an incorrect facility unique ID was used, resend the amendment with the corrected details. If the amendment is correct, delete the original record and/or resend the amendment.

GEN H283

Category	FATAL
Message Description	This patient had an alternative patient ID of | in the extract files. Please check your patient ID for this episode.
Resolution	An episode has been reported where the patient ID is not the same between the ADM and PAT files for a given facility unique ID. The patient ID given in the ADM file has been used, and all tables in the system have been updated with this patient ID. Check the identified patient's ID against the facility unique ID. If the patient ID shown in the message is the correct patient ID, then send through an amendment with the corrected patient ID included. If the patient ID shown in the message is not the correct patient ID, then contact DSB.

GEN H285

Category	FATAL
Message Description	This episode is a duplicate of an episode already sent with patient ID | episode ID |, facility unique ID | and start date |. This episode has not been loaded.
Resolution	Another episode already exists in the database with the same patient ID and episode start date and start time. Check the patient ID is correct for the new episode. If the patient ID is not correct, resend the details with the corrected patient ID. If the patient ID is correct, determine if this is a new episode or an amendment. If a new episode is being sent for the patient ID, an amendment may need to be sent for this episode and a new episode resent. If an amendment record is being sent, send a new amendment. A deletion or amendment for this episode may be required, as it could be a duplicate. Check all details for the facility unique ID given with the error, as an amendment may be required for this episode.

GEN H338

Category	FATAL
Message Description	Null fields exist in |. This episode cannot be moved to final tables.
Resolution	Review the missing details as indicated in the Message Description and provide as required.

GEN H374

Category	FATAL
Message Description	Patient ID or Episode dates are different in | to the Patient ID or Episode dates in the epis care tables.
Resolution	Check the patient ID is the same in the ADM and PAT files. If the patient ID is not the same, resend the details with the corrected patient ID.

GEN H377

Category	WARNING
Message Description	| sent, but original episode has never been received. Please check episode details and if necessary contact your system administrator. The | has NOT been loaded.
Resolution	Change details have been sent, but the original episode was never received. The table name at the beginning of the message indicates what amendments have been sent. Check the Facility unique ID. If the episode does exist, and should have been sent, arrange to have the entire episode (with all amendments made) sent. If the episode does not exist, no action needs to be taken.

GEN H516

Category	WARNING
Message Description	Details have been sent in table | for entry | but Elective surgery admission record not found.
Resolution	An elective surgery change (E record in the ACT file) or a not ready for surgery (care) period (N record in the ACT file) has been

received, but no elective admission details exist for the episode (a record in the EAS file).

All elective surgery items relate to the elective admission and should only be provided with that admission (E or N recorded but not loaded).

The elective admission details will need to be sent, or if the elective admission details have been deleted, the attached E and N files will need to be deleted also.

GEN H804

Category	WARNING
Message Description	Record has not been moved from UTD to WORK because of error |. IT HAS NOT BEEN LOADED. Amend & resend if required.
Resolution	

SNAP H520

Category	FATAL
Message Description	SNAP episode number is missing or non-numerical in |. This SNAP record has not been loaded.
Resolution	Check the SNAP episode number and amend as appropriate. Each SNAP episode number has a unique number for that patient. The unique number must be a valid number and cannot be 0. See Section 12.2.1 SNAP episode number.

TID H856

Category	WARNING
Message Description	Telehealth session identifier (ID) is missing or invalid. This record has not been loaded.
Resolution	Check the Telehealth session identifier (ID) and amend as appropriate. See Section 16.7 Telehealth session identifier.

TABLE 1 – Valid SNAP Type and Adult Primary Impairment Type Mappings

SNAP Type = RST (Stroke)

Primary Impairment Type	Description
1.11	Haemorrhagic stroke, Left body involvement
1.12	Haemorrhagic stroke, Right body involvement
1.13	Haemorrhagic stroke, Bilateral involvement
1.14	Haemorrhagic stroke, No paresis
1.19	Haemorrhagic stroke, Other stroke
1.21	Ischaemic stroke, Left body involvement (right brain)
1.22	Ischaemic stroke, Right body involvement (left brain)
1.23	Ischaemic stroke, Bilateral involvement
1.24	Ischaemic stroke, No paresis
1.29	Ischaemic stroke, Other stroke

SNAP Type = RBD (Brain Dysfunction)

Primary Impairment Type	Description
2.11	Sub-arachnoid haemorrhage
2.12	Anoxic brain damage
2.13	Other non-traumatic brain dysfunction
2.21	Traumatic brain dysfunction, Open injury
2.22	Traumatic brain dysfunction, Closed injury

SNAP Type = RNE (Neurological)

Primary Impairment Type	Description
3.1	Multiple Sclerosis
3.2	Parkinsonism
3.3	Polyneuropathy
3.4	Guillian-Barre
3.5	Cerebral palsy

3.8	Neuromuscular disorders
3.9	Other neurological conditions

SNAP Type = RSC (Spinal Cord Dysfunction)

Primary Impairment Type	Description
4.111	Non-traumatic paraplegia, incomplete
4.112	Non-traumatic paraplegia, complete
4.1211	Non-traumatic quadriplegia, incomplete C1-4
4.1212	Non-traumatic quadriplegia, incomplete C5-8
4.1221	Non-traumatic quadriplegia, complete C1-4
4.1222	Non-traumatic quadriplegia, complete C5-8
4.13	Other non-traumatic spinal cord dysfunction
4.211	Traumatic paraplegia, incomplete
4.212	Traumatic paraplegia, complete
4.2211	Traumatic quadriplegia, incomplete C1-4
4.2212	Traumatic quadriplegia, incomplete C5-8
4.2221	Traumatic quadriplegia, complete C1-4
4.2222	Traumatic quadriplegia, complete C5-8
4.23	Other traumatic spinal cord dysfunction

SNAP Type = RAL (Amputation of Limb)

Primary Impairment Type	Description
5.11	Amputation not from trauma, Single upper above elbow
5.12	Amputation not from trauma, Single upper below elbow
5.13	Amputation not from trauma, Single lower above knee (includes through knee)
5.14	Amputation not from trauma, Single lower below knee
5.15	Amputation not from trauma, Double lower above knee (includes through knee)
5.16	Amputation not from trauma, Double lower above/below knee
5.17	Amputation not from trauma, Double lower below knee
5.18	Amputation not from trauma, Partial foot (single or double)

5.19	Other amputation not from trauma
5.21	Amputation from trauma, Single upper above elbow
5.22	Amputation from trauma, Single upper below elbow
5.23	Amputation from trauma, Single lower above knee (includes through knee)
5.24	Amputation from trauma, Single lower below knee
5.25	Amputation from trauma, Double lower above knee (includes through knee)
5.26	Amputation from trauma, Double lower above/below knee
5.27	Amputation from trauma, Double lower below knee
5.28	Amputation from trauma, Partial foot (single or double)
5.29	Other amputation from trauma

SNAP Type = RAR (Arthritis)

Primary Impairment Type	Description
6.1	Rheumatoid arthritis
6.2	Osteoarthritis
6.9	Other arthritis

SNAP Type = RPS (Pain Syndromes)

Primary Impairment Type	Description
7.1	Neck pain
7.2	Back pain
7.3	Extremity pain
7.4	Headache (includes migraine)
7.5	Multi-site pain
7.9	Other pain (includes abdo/chest wall)

SNAP Type = ROF (Orthopaedic conditions, fractures)

Primary Impairment Type	Description
8.111	Fracture of hip, unilateral (incl #NOF)
8.112	Fracture of hip, bilateral (incl #NOF)
8.12	Fracture of shaft of femur
8.13	Fracture of pelvis
8.141	Fracture of knee
8.142	Fracture of lower leg, ankle, foot
8.15	Fracture of upper limb
8.16	Fracture of spine
8.17	Fracture of multiple sites
8.19	Other orthopaedic fracture

SNAP Type = ROR (Orthopaedic conditions, replacement)

Primary Impairment Type	Description
8.211	Unilateral hip replacement
8.212	Bilateral hip replacement
8.221	Unilateral knee replacement
8.222	Bilateral knee replacement
8.231	Knee and hip replacement, same side
8.232	Knee and hip replacement, diff sides
8.24	Shoulder replacement
8.25	Post spinal surgery
8.26	Other orthopaedic surgery

SNAP Type = ROA (Orthopaedic conditions, all other)

Primary Impairment Type	Description
8.3	Soft tissue injury
8.25	Post spinal surgery
8.26	Other orthopaedic surgery

SNAP Type = RCA (Cardiac)

Primary Impairment Type	Description
9.1	Following recent onset of new cardiac impairment
9.2	Chronic cardiac insufficiency
9.3	Heart and heart/lung transplant

SNAP Type = RPU (Pulmonary)

Primary Impairment Type	Description
10.1	Chronic obstructive pulmonary disease
10.2	Lung transplant
10.9	Other pulmonary

SNAP Type = RBU (Burns)

Primary Impairment Type	Description
11	Burns

SNAP Type = RCD (Congenital deformities)

Primary Impairment Type	Description
12.1	Spina bifida
12.9	Other congenital deformity

SNAP Type = ROI (Other disabling impairments)

Primary Impairment Type	Description
13.1	Lymphoedema
13.3	Conversion disorder
13.9	Other disabling impairments that cannot be classified into a specific group

SNAP Type = RMT (Major Multiple Trauma (MMT))

Primary Impairment Type	Description
14.1	Brain + spinal cord injury
14.2	Brain + multiple fracture/amputation
14.3	Spinal cord + multi fracture/amputation
14.9	Other multiple trauma

SNAP Type = RDD (Developmental Disabilities)

Primary Impairment Type	Description
15.1	Developmental disabilities (excludes cerebral palsy)

SNAP Type = RDE (Debility)

Primary Impairment Type	Description
16.1	Re-conditioning following surgery
16.2	Reconditioning following medical illness
16.3	Cancer rehabilitation

SNAP Type = RDE (Debility)

Primary Impairment Type	Description
18.1	COVID-19 with pulmonary issues
18.2	COVID-19 with deconditioning
18.9	COVID-19 all other

TABLE 2 – Valid SNAP Type and Paediatric Primary Impairment Type Mappings

SNAP Type = RST (Stroke)

Code	Description
P1.1	Stroke - haemorrhagic
P1.2	Stroke - other (inc ischaemic)

SNAP Type = RBD (Brain Dysfunction)

Code	Description
P2.11	Brain tumour
P2.12	Epilepsy surgery
P2.13	Chronic Fatigue Syndrome
P2.14	Other non-traumatic brain dysfn (inc hypoxic brain injury)
P2.21	Open traumatic brain injury
P2.22	Closed traumatic brain injury
P2.23	Major multiple trauma with brain injury

SNAP Type = RNE (Neurological)

Code	Description
P3.1	Multiple Sclerosis/ ADEM
P3.2	Guillain-Barre Syndrome
P3.3	Movement disorders (inc extrapyramidal and cerebral palsy)
P3.4	Neuromodulation (inc ITB and DBS)
P3.5	Other (inc neuropathies and neuromuscular disorders)

SNAP Type = RSC (Spinal Cord Dysfunction)

Code	Description
P4.1	Non-trau spinal cord dysfn (inc transverse myelitis)
P4.2	Traumatic spinal cord dysfunction
P4.3	Congenital spinal cord d (spina bifida/NTD/sacral agenesis)
P4.4	Post selective Dorsal Rhizotomy

SNAP Type = RAL (Amputation of Limb)

Code	Description
P5.11	Non-traumatic, Amputation, Upper limb
P5.12	Non-traumatic, Amputation, Lower limb
P5.13	Non-traumatic, Amputation, Multiple limbs
P5.21	Traumatic, Amputation, Upper limb
P5.22	Traumatic, Amputation, Lower limb
P5.23	Traumatic, Amputation, Multiple limbs

SNAP Type = ROA (Orthopaedic conditions, all other)

Code	Description
P6.1	Acute traumatic orthopaedic (inc fractures)
P6.21	Scoliosis surgery (not Spina Bifida or spinal cord dysfn)
P6.22	SEMLS
P6.23	Other planned orthopaedic conditions

SNAP Type = RBU (Burns)

Code	Description
P7	Burns, Paediatric

SNAP Type = RAR (Arthritis)

Code	Description
P8	Arthritis

SNAP Type = RPS (Pain Syndromes)

Code	Description
P9	Pain syndromes

SNAP Type = ROI (Other disabling impairments)

Code	Description
P10	Loss of function without known aetiology

SNAP Type = RDE (Debility)

Code	Description
P11.1	Reconditioning post-acute stay
P11.2	Other reconditioning

TABLE 3 – Valid Congenital Anomaly Codes

CODE	DESCRIPTION
9998	No Fetal abnormality found
9999	Not Stated/Unknown
D181	Lymphangioma, any site
D56.0	Alpha thalassaemia
D56.1	Beta thalassaemia
D56.2	Deltabeta thalassaemia
E250	Congenital adrenogenital disorders associated with enzyme deficiency
E258	Other adrenogenital disorders
E259	Adrenogenital disorder, unspecified
E711	Other disorders of branched-chain amino-acid metabolism
E720	Disorders of amino-acid transport
E721	Disorders of sulfur-bearing amino-acid metabolism
E722	Disorders of urea cycle metabolism
E723	Disorders of lysine and hydroxylysine metabolism
E724	Disorders of ornithine metabolism
E725	Disorders of glycine metabolism
E728	Other specified disorders of amino-acid metabolism
E729	Disorder of amino-acid metabolism, unspecified
E84	Cystic fibrosis
G10	Huntington's disease
G600	Hereditary motor and sensory neuropathy
G710	Muscular dystrophy
G711	Myotonic disorders

CODE	DESCRIPTION
G712	Congenital myopathies
G901	Familial dysautonomia [Riley-Day]
P000	Fetus and newborn affected by maternal hypertensive disorders
P001	Fetus and newborn affected by maternal renal and urinary tract diseases
P002	Fetus and newborn affected by maternal infectious and parasitic diseases
P003	Fetus and newborn affected by other maternal circulatory and respiratory diseases
P004	Fetus and newborn affected by maternal nutritional disorders
P005	Fetus and newborn affected by maternal injury
P006	Fetus and newborn affected by surgical procedure on mother
P007	Fetus and newborn affected by other medical procedures on mother, not elsewhere classified
P008	Fetus and newborn affected by other maternal conditions
P009	Fetus and newborn affected by unspecified maternal condition
P350	Congenital rubella syndrome
P351	Congenital cytomegalovirus infection
P354	Congenital Zika virus disease
P832	Hydrops fetalis not due to haemolytic disease
Q0000	Anencephaly, unspecified
Q0001	Incomplete anencephaly
Q0002	Complete anencephaly
Q0003	Acrania
Q0004	Acephaly
Q0009	Other anencephaly
Q001	Craniorachischisis
Q0020	Iniencephaly, unspecified

CODE	DESCRIPTION
Q0021	Iniencephaly, open
Q0022	Iniencephaly, closed
Q010	Frontal encephalocele
Q011	Nasofrontal encephalocele
Q012	Occipital encephalocele
Q0181	Parietal encephalocele
Q0182	Orbital encephalocele
Q0183	Nasal encephalocele
Q0184	Nasopharyngeal encephalocele
Q0189	Encephalocele of other specified sites
Q019	Encephalocele unspecified
Q02	Microcephaly
Q0301	Congenital stenosis and obstruction of aqueduct of Sylvius
Q0309	Other congenital malformations of aqueduct of Sylvius
Q031	Atresia foramina Magendie and Luschka
Q0381	Congenital communicating hydrocephalus
Q0389	Other congenital hydrocephalus
Q039	Congenital hydrocephalus unspecified
Q0400	Cong malform corpus callosum unsp
Q0401	Agenesis of corpus callosum
Q0409	Oth cong malform corpus callosum
Q041	Arhinencephaly
Q042	Holoprosencephaly
Q0430	Reduction anomalies of brain, unspecified
Q0431	Reduction anomalies of cerebrum

CODE	DESCRIPTION
Q0432	Reduction anomalies of hypothalamus
Q0433	Reduction anomalies of cerebellum
Q0434	Agyria and lissencephaly
Q0435	Microgyria and pachygyria
Q0436	Hydranencephaly
Q0439	Other reduction anomalies of brain
Q044	Septo-optic dysplasia
Q045	Megalencephaly
Q0460	Congenital cerebral cysts, unspecified
Q0461	Single congenital cerebral cyst
Q0462	Multiple congenital cerebral cysts
Q048	Other specified congenital malformations of brain
Q049	Congenital malformation of brain, unspecified
Q0500	Cervical spina bifida with hydrocephalus, unspecified whether lesion is open or closed
Q0501	Cervical spina bifida with hydrocephalus, open, aperta, not covered with skin or membrane
Q0502	Cervical spina bifida with hydrocephalus, closed, cystica, covered with skin or membrane
Q0510	Thoracic spina bifida with hydrocephalus, unspecified whether lesion is open or closed
Q0511	Thoracic spina bifida with hydrocephalus, open, aperta, not covered with skin or membrane
Q0512	Thoracic spina bifida with hydrocephalus, closed, cystica, covered with skin or membrane
Q0520	Lumbar spina bifida with hydrocephalus, unspecified whether lesion is open or closed

CODE	DESCRIPTION
Q0521	Lumbar spina bifida with hydrocephalus, open, aperta, not covered with skin or membrane
Q0522	Lumbar spina bifida with hydrocephalus, closed, cystica, covered with skin or membrane
Q0530	Sacral spina bifida with hydrocephalus, unspecified whether lesion is open or closed
Q0531	Sacral spina bifida with hydrocephalus, open, aperta, not covered with skin or membrane
Q0532	Sacral spina bifida with hydrocephalus, closed, cystica, covered with skin or membrane
Q0540	Unspecified spina bifida with hydrocephalus, unspecified whether lesion is open or closed
Q0541	Unspecified spina bifida with hydrocephalus, open, aperta, not covered with skin or membrane
Q0542	Unspecified spina bifida with hydrocephalus, closed, cystica, covered with skin or membrane
Q0550	Cervical spina bifida without hydrocephalus, unspecified whether lesion is open or closed
Q0551	Cervical spina bifida without hydrocephalus, open, aperta, not covered with skin or membrane
Q0552	Cervical spina bifida without hydrocephalus, closed, cystica, covered with skin or membrane
Q0560	Thoracic spina bifida without hydrocephalus, unspecified whether lesion is open or closed
Q0561	Thoracic spina bifida without hydrocephalus, open, aperta, not covered with skin or membrane
Q0562	Thoracic spina bifida without hydrocephalus, closed, cystica, covered with skin or membrane

CODE	DESCRIPTION
Q0570	Lumbar spina bifida without hydrocephalus, unspecified whether lesion is open or closed
Q0571	Lumbar spina bifida without hydrocephalus, open, aperta, not covered with skin or membrane
Q0572	Lumbar spina bifida without hydrocephalus, closed, cystica, covered with skin or membrane
Q0580	Sacral spina bifida without hydrocephalus, unspecified whether lesion is open or closed
Q0581	Sacral spina bifida without hydrocephalus, open, aperta, not covered with skin or membrane
Q0582	Sacral spina bifida without hydrocephalus, closed, cystica, covered with skin or membrane
Q0590	Spina bifida, unspecified, unspecified whether lesion is open or closed
Q0591	Spina bifida, unspecified, open, aperta, not covered with skin or membrane
Q0592	Spina bifida, unspecified, closed, cystica, covered with skin or membrane
Q060	Amyelia
Q061	Hypoplasia and dysplasia of spinal cord
Q062	Diastematomyelia
Q063	Other congenital cauda equina malformations
Q064	Hydromyelia
Q068	Other specified congenital malformations of spinal cord
Q069	Congenital malformation of spinal cord, unspecified
Q070	Arnold-Chiari syndrome
Q0781	Jaw-winking syndrome
Q0782	Optic nerve hypoplasia

CODE	DESCRIPTION
Q0789	Other specified congenital malformations of the nervous system
Q079	Congenital malformation of nervous system, unspecified
Q100	Congenital ptosis
Q101	Congenital ectropion
Q102	Congenital entropion
Q103	Other congenital malformations of eyelid
Q104	Absence and agenesis of lacrimal apparatus
Q105	Congenital stenosis and stricture of lacrimal duct
Q106	Other congenital malformations of lacrimal apparatus
Q107	Congenital malformation of orbit
Q110	Cystic eyeball
Q111	Other anophthalmos
Q112	Microphthalmos
Q113	Macrophthalmos
Q120	Congenital cataract
Q121	Congenital displaced lens
Q122	Coloboma of lens
Q123	Congenital aphakia
Q124	Spherophakia
Q128	Other congenital lens malformations
Q129	Congenital lens malformation, unspecified
Q130	Coloboma of iris
Q131	Absence of iris

CODE	DESCRIPTION
Q132	Other congenital malformations of iris
Q133	Congenital corneal opacity
Q1340	Congenital corneal malformation, unspecified
Q1341	Microcornea
Q1349	Other congenital corneal malformations
Q135	Blue sclera
Q138	Other congenital malformations of anterior segment of eye
Q139	Congenital malformation of anterior segment of eye, unspecified
Q140	Congenital malformation of vitreous humour
Q141	Congenital malformation of retina
Q142	Congenital malformation of optic disc
Q143	Congenital malformation of choroid
Q148	Other congenital malformations of posterior segment of eye
Q149	Congenital malformation of posterior segment of eye, unspecified
Q150	Congenital glaucoma
Q158	Other specified congenital malformations of eye
Q159	Congenital malformation of eye, unspecified
Q160	Congenital absence of (ear) auricle
Q161	Congenital absence, atresia and stricture of auditory canal (external)
Q162	Absence of eustachian tube
Q163	Congenital malformation of ear ossicles
Q164	Other congenital malformations of middle ear
Q165	Congenital malformation of inner ear

CODE	DESCRIPTION
Q169	Congenital malformation of ear causing impairment of hearing, unspecified
Q1701	Accessory auricle
Q1702	Ear tag
Q171	Macrotia
Q172	Microtia
Q173	Other misshapen ear
Q174	Misplaced ear
Q175	Prominent ear
Q178	Other specified congenital malformations of ear
Q179	Congenital malformation of ear, unspecified
Q180	Sinus, fistula and cyst of branchial cleft
Q181	Preauricular sinus and cyst
Q182	Other branchial cleft malformations
Q183	Webbing of neck
Q184	Macrostomia
Q185	Microstomia
Q186	Macrocheilia
Q187	Microcheilia
Q188	Other specified congenital malformations of face and neck
Q189	Congenital malformation of face and neck, unspecified
Q200	Common arterial trunk
Q201	Double outlet right ventricle
Q202	Double outlet left ventricle

CODE	DESCRIPTION
Q2030	Discordant ventriculoarterial connection, unspecified
Q2031	Transposition of great vessels, complete
Q2039	Other specified discordant ventriculoarterial connection
Q2040	Double inlet ventricle, unspecified
Q2041	Double inlet left ventricle
Q2042	Double inlet right ventricle
Q2049	Other specified double inlet ventricle
Q2050	Discordant atrioventricular connection, unspecified
Q2051	Corrected transposition
Q2052	Ventricular inversion
Q2059	Other specified discordant atrioventricular connection
Q206	Isomerism of atrial appendages
Q2081	Hypoplastic right ventricle
Q2082	Hypoplastic left ventricle
Q2089	Other specified congenital malformations of cardiac chambers and connections
Q209	Congenital malformation of cardiac chambers and connections, unspecified
Q2100	Ventricular septal defect, unspecified
Q2101	Muscular ventricular septal defect
Q2102	Perimembranous ventricular septal defect
Q2103	Subarterial ventricular septal defect
Q2104	Gerbode defect
Q2109	Other specified ventricular septal defect
Q2110	Atrial septal defect, unspecified

CODE	DESCRIPTION
Q2111	Patent or persistent foramen ovale
Q2112	Sinus venosus defect
Q2113	Ostium secundum defect
Q2114	Coronary sinus septal defect
Q2115	Lutembacher's syndrome
Q2119	Other specified atrial septal defect
Q2120	Atrioventricular septal defect, unspecified
Q2121	Ostium primum defect
Q2122	Incomplete common atrioventricular septal defect
Q2123	Intermediate common atrioventricular septal defect
Q2124	Complete common atrioventricular septal defect
Q2129	Other specified atrioventricular septal defect
Q213	Tetralogy of Fallot
Q214	Aortopulmonary septal defect
Q2181	Eisenmenger's defect
Q2182	Trilogy of Fallot
Q2183	Pentalogy of Fallot
Q2189	Other specified congenital malformations of cardiac septum
Q219	Congenital malformation of cardiac septum, unspecified
Q220	Pulmonary valve atresia
Q221	Congenital pulmonary valve stenosis
Q222	Congenital pulmonary valve insufficiency
Q2230	Congenital malformation of pulmonary valve, unspecified

CODE	DESCRIPTION
Q2231	Dysplasia of pulmonary valve
Q2239	Other specified congenital malformations of pulmonary valve
Q2241	Congenital tricuspid stenosis
Q2242	Congenital tricuspid atresia
Q225	Ebstein's anomaly
Q226	Hypoplastic right heart syndrome
Q2281	Congenital tricuspid insufficiency
Q2282	Congenital tricuspid dysplasia
Q2289	Other specified congenital malformations of tricuspid valve
Q229	Congenital malformation of tricuspid valve, unspecified
Q2301	Congenital stenosis of aortic valve
Q2302	Congenital atresia of aortic valve
Q231	Congenital insufficiency of aortic valve
Q2321	Congenital mitral stenosis
Q2322	Congenital mitral atresia
Q233	Congenital mitral insufficiency
Q234	Hypoplastic left heart syndrome
Q2381	Congenital aortic valve dysplasia
Q2382	Congenital mitral valve dysplasia
Q2383	Congenital bicuspid aortic valve
Q2389	Other specified congenital malformations of aortic and mitral valves
Q239	Congenital malformation of aortic and mitral valves, unspecified
Q240	Dextrocardia

CODE	DESCRIPTION
Q241	Laevocardia
Q242	Cor triatriatum
Q243	Pulmonary infundibular stenosis
Q244	Congenital subaortic stenosis
Q245	Malformation of coronary vessels
Q246	Congenital heart block
Q2481	Anomalous bands of the heart
Q2482	Congenital cardiomegaly
Q2483	Congenital cyanotic heart disease
Q2484	Congenital diverticulum of heart
Q2485	Congenital malformation of pericardium, not elsewhere classified
Q2486	Congenital malformation of myocardium, not elsewhere classified
Q2487	Congenital malformation of cardiac valve, not elsewhere classified
Q2489	Other specified congenital malformations of heart
Q249	Congenital malformation of heart, unspecified
Q250	Patent ductus arteriosus
Q2510	Coarctation of aorta, unspecified
Q2511	Coarctation of aorta, preductal
Q2512	Coarctation of aorta, postductal
Q2513	Interrupted aortic arch
Q2519	Other specified coarctation of aorta
Q252	Atresia of aorta
Q2530	Stenosis of aorta, unspecified

CODE	DESCRIPTION
Q2531	Supravalvular aortic stenosis
Q2532	Subvalvular aortic stenosis
Q2539	Other specified stenosis of aorta
Q2540	Congenital malformation of aorta, unspecified
Q2541	Absence of aorta
Q2542	Congenital aneurysm of aorta
Q2543	Double aortic arch [vascular ring of aorta]
Q2544	Hypoplasia of aorta
Q2545	Persistent aortic arch
Q2546	Pseudotruncus arteriosus
Q2547	Overriding aorta
Q2549	Other specified congenital malformations of aorta
Q255	Atresia of pulmonary artery
Q256	Stenosis of pulmonary artery
Q2570	Congenital malformation of pulmonary artery, unspecified
Q2571	Congenital aneurysm of pulmonary artery
Q2579	Other specified congenital malformations of pulmonary artery
Q258	Other congenital malformations of great arteries
Q259	Congenital malformation of great arteries, unspecified
Q2600	Congenital stenosis of vena cava, unspecified
Q2601	Congenital stenosis of superior vena cava
Q2602	Congenital stenosis of inferior vena cava
Q2609	Other specified congenital stenosis of vena cava

CODE	DESCRIPTION
Q261	Persistent left superior vena cava
Q262	Total anomalous pulmonary venous connection
Q263	Partial anomalous pulmonary venous connection
Q264	Anomalous pulmonary venous connection, unspecified
Q265	Anomalous portal venous connection
Q266	Portal vein-hepatic artery fistula
Q2681	Scimitar syndrome
Q2689	Other specified congenital malformations of great veins
Q269	Congenital malformation of great vein, unspecified
Q2701	Congenital absence of umbilical artery
Q2702	Congenital hypoplasia of umbilical artery
Q271	Congenital renal artery stenosis
Q2720	Congenital malformation of renal artery, unspecified
Q2721	Congenital atresia of renal artery
Q2722	Congenital hypoplasia of renal artery
Q2729	Other specified congenital malformations of renal artery
Q273	Peripheral arteriovenous malformation
Q274	Congenital phlebectasia
Q275	Lymphatic malformation
Q278	Other specified congenital malformations of peripheral vascular system
Q279	Congenital malformation of peripheral vascular system, unspecified
Q280	Arteriovenous malformation of precerebral vessels
Q281	Other malformations of precerebral vessels

CODE	DESCRIPTION
Q282	Arteriovenous malformation of cerebral vessels
Q2830	Congenital malformation of cerebral vessels, unspecified
Q2831	Aneurysm of great vein of Galen
Q2839	Other specified malformations of cerebral vessels
Q288	Other specified congenital malformations of circulatory system
Q289	Congenital malformation of circulatory system, unspecified
Q3001	Choanal atresia
Q3002	Choanal stenosis
Q301	Agenesis and underdevelopment of nose
Q302	Fissured, notched and cleft nose
Q303	Congenital perforated nasal septum
Q3081	Congenital accessory nose
Q3082	Congenital anomaly of nasal sinus
Q3089	Other congenital malformations of nose
Q309	Congenital malformation of nose, unspecified
Q310	Web of larynx
Q311	Congenital subglottic stenosis
Q312	Laryngeal hypoplasia
Q313	Laryngocele
Q315	Congenital laryngomalacia
Q318	Other congenital malformations of larynx
Q319	Congenital malformation of larynx, unspecified
Q320	Congenital tracheomalacia

CODE	DESCRIPTION
Q321	Other congenital malformations of trachea
Q322	Congenital bronchomalacia
Q323	Congenital stenosis of bronchus
Q324	Other congenital malformations of bronchus
Q3300	Congenital cystic lung, unspecified
Q3301	Congenital cystic adenomatoid lung
Q3302	Congenital honeycomb lung
Q3303	Congenital single cyst of lung
Q3304	Congenital polycystic lung
Q3305	Congenital pulmonary lymphangiectasis
Q3309	Other congenital cystic lung
Q331	Accessory lobe of lung
Q332	Sequestration of lung
Q333	Agenesis of lung
Q334	Congenital bronchiectasis
Q335	Ectopic tissue in lung
Q336	Hypoplasia and dysplasia of lung
Q338	Other congenital malformations of lung
Q339	Congenital malformation of lung, unspecified
Q340	Anomaly of pleura
Q341	Congenital cyst of mediastinum
Q348	Other specified congenital malformations of respiratory system
Q349	Congenital malformation of respiratory system, unspecified

CODE	DESCRIPTION
Q3510	Cleft hard palate, unspecified
Q3511	Cleft hard palate, bilateral
Q3512	Cleft hard palate, median
Q3513	Cleft hard palate, unilateral
Q3530	Cleft soft palate, unspecified
Q3531	Cleft soft palate, bilateral
Q3532	Cleft soft palate, median
Q3533	Cleft soft palate, unilateral
Q357	Cleft uvula
Q359	Cleft palate, unspecified
Q360	Cleft lip, bilateral
Q361	Cleft lip, median
Q369	Cleft lip, unilateral
Q3800	Congenital malformation of lips, unspecified
Q3801	Congenital fistula or pit of lips
Q3802	Van der Woude's syndrome
Q3809	Other congenital malformations of lips
Q381	Ankyloglossia
Q382	Macroglossia
Q3830	Congenital malformation of tongue, unspecified
Q3831	Congenital absence of tongue
Q3832	Congenital cleft of tongue
Q3833	Congenital displacement of tongue

CODE	DESCRIPTION
Q3834	Congenital hypoplasia of tongue
Q3839	Other congenital malformations of tongue
Q3840	Congenital malformation of salivary gland(s) and duct(s), unspecified
Q3841	Congenital absence of salivary gland(s) and duct(s)
Q3842	Congenital accessory salivary gland(s) and duct(s)
Q3843	Congenital atresia of salivary gland(s) and duct(s)
Q3844	Congenital fistula of salivary gland(s) and duct(s)
Q3845	Congenital ranula
Q3849	Other congenital malformations of salivary gland(s) and duct(s)
Q3850	Congenital malformation of palate, unspecified
Q3851	Congenital absence of uvula
Q3852	Congenital high arched palate
Q3859	Other congenital malformations of palate
Q3860	Congenital malformation of mouth, unspecified
Q3861	Congenital cleft of gum
Q3869	Other congenital malformations of mouth
Q387	Pharyngeal pouch
Q388	Other and unspecified congenital malformations of pharynx
Q390	Atresia of oesophagus without fistula
Q3910	Atresia of oesophagus with oesophageal fistula, unspecified
Q3913	Atresia of oesophagus with fistula between trachea and oesophageal pouch
Q3914	Atresia of oesophagus with broncho-oesophageal fistula
Q3915	Atresia of oesophagus with tracheo-oesophageal fistula

CODE	DESCRIPTION
Q3921	Congenital tracheo-oesophageal fistula without atresia
Q3922	Congenital broncho-oesophageal fistula without atresia
Q393	Congenital stenosis and stricture of oesophagus
Q394	Oesophageal web
Q395	Congenital dilatation of oesophagus
Q396	Diverticulum of oesophagus
Q3981	Congenital duplication of oesophagus
Q3982	Oesophageal dysmotility
Q3983	Congenital absence of oesophagus
Q3984	Congenital displacement of oesophagus
Q3985	Congenital duplication cyst of oesophagus
Q3989	Other congenital malformations of oesophagus
Q399	Congenital malformation of oesophagus, unspecified
Q400	Congenital hypertrophic pyloric stenosis
Q401	Congenital hiatus hernia
Q4021	Congenital absence of stomach
Q4022	Congenital diverticulum of stomach
Q4023	Congenital duplication of stomach
Q4024	Congenital megalogastria
Q4025	Congenital microgastria
Q4029	Other specified congenital malformations of stomach
Q403	Congenital malformation of stomach, unspecified
Q408	Other specified congenital malformations of upper alimentary tract

CODE	DESCRIPTION
Q409	Congenital malformation of upper alimentary tract, unspecified
Q4101	Congenital absence and atresia of duodenum
Q4102	Congenital stenosis of duodenum
Q4111	Congenital absence and atresia of jejunum
Q4112	Congenital stenosis of jejunum
Q4113	Apple peel syndrome
Q4121	Congenital absence and atresia of ileum
Q4122	Congenital stenosis of ileum
Q4181	Congenital absence and atresia of other specified parts of small intestine
Q4182	Congenital stenosis of other specified parts of small intestine
Q419	Congenital absence, atresia and stenosis of small intestine, part unspecified
Q4200	Congenital absence, atresia and stenosis of rectum with unspecified fistula
Q4201	Congenital absence, atresia and stenosis of rectum with rectourethral fistula
Q4202	Congenital absence, atresia and stenosis of rectum with rectovesical fistula
Q4203	Congenital absence, atresia and stenosis of rectum with rectovulval fistula
Q4204	Congenital absence, atresia and stenosis of rectum with rectocutaneous fistula
Q4205	Congenital absence, atresia and stenosis of rectum with rectocloacal fistula
Q4209	Congenital absence, atresia and stenosis of rectum with other fistula
Q421	Congenital absence, atresia and stenosis of rectum without fistula
Q4220	Congenital absence, atresia and stenosis of anus with unspecified fistula
Q4221	Congenital absence, atresia and stenosis of anus with anocutaneous fistula
Q4222	Congenital absence, atresia and stenosis of anus with anovestibular fistula
Q4229	Congenital absence, atresia and stenosis of anus with other fistula

CODE	DESCRIPTION
Q423	Congenital absence, atresia and stenosis of anus without fistula
Q428	Congenital absence, atresia and stenosis of other parts of large intestine
Q429	Congenital absence, atresia and stenosis of large intestine, part unspecified
Q430	Meckel's diverticulum
Q4310	Hirschsprung's disease, unspecified
Q4311	Short segment Hirschsprung's disease
Q4312	Long segment Hirschsprung's disease
Q4313	Total aganglionosis of colon and intestine
Q4319	Other Hirschsprung's disease
Q432	Other congenital functional disorders of colon
Q4331	Malrotation of colon
Q4332	Congenital intra-abdominal adhesions (bands)
Q4339	Other congenital malformations of intestinal fixation
Q434	Duplication of intestine
Q435	Ectopic anus
Q436	Congenital fistula of rectum and anus
Q437	Persistent cloaca
Q4381	Congenital microcolon
Q4382	Congenital transposition of intestine
Q4389	Other specified congenital malformations of intestine
Q439	Congenital malformation of intestine, unspecified
Q440	Agenesis, aplasia and hypoplasia of gallbladder
Q441	Other congenital malformations of gallbladder

CODE	DESCRIPTION
Q442	Atresia of bile ducts
Q443	Congenital stenosis and stricture of bile ducts
Q444	Choledochal cyst
Q445	Other congenital malformations of bile ducts
Q446	Cystic disease of liver
Q4471	Alagille syndrome
Q4472	Congenital absence of liver
Q4479	Other congenital malformations of liver
Q450	Agenesis, aplasia and hypoplasia of pancreas
Q451	Annular pancreas
Q452	Congenital pancreatic cyst
Q4530	Congenital malformation of pancreas and pancreatic duct, unspecified
Q4531	Ectopic pancreas
Q4532	Congenital accessory pancreas
Q4539	Other congenital malformations of pancreas and pancreatic duct
Q4581	Absence (complete) (partial) of alimentary tract, not elsewhere classified
Q4582	Duplication of digestive organs, not elsewhere classified
Q4583	Congenital malposition of digestive organs, not elsewhere classified
Q4584	Congenital mesenteric cyst, not elsewhere classified
Q4585	Congenital ectopic digestive organs, not elsewhere classified
Q4586	Congenital malformation of mesentery, not elsewhere classified
Q4589	Other specified congenital malformations of digestive system
Q459	Congenital malformation of digestive system, unspecified

CODE	DESCRIPTION
Q5000	Congenital absence of ovary, unspecified
Q5001	Congenital absence of ovary, unilateral
Q5002	Congenital absence of ovary, bilateral
Q5010	Developmental ovarian cyst, unspecified
Q5011	Developmental ovarian cyst, single
Q5012	Developmental ovarian cyst, multiple
Q502	Congenital torsion of ovary
Q5030	Congenital malformation of ovary, unspecified
Q5031	Ovarian streak
Q5032	Accessory ovary
Q5039	Other congenital malformations of ovary
Q504	Embryonic cyst of fallopian tube
Q505	Embryonic cyst of broad ligament
Q5060	Congenital malformation of fallopian tube and broad ligament, unspecified
Q5061	Absence of fallopian tube and broad ligament
Q5069	Other congenital malformations of fallopian tube and broad ligament
Q510	Agenesis and aplasia of uterus
Q511	Doubling of uterus with doubling of cervix and vagina
Q512	Other doubling of uterus
Q513	Bicornuate uterus
Q514	Unicornuate uterus
Q515	Agenesis and aplasia of cervix
Q516	Embryonic cyst of cervix

CODE	DESCRIPTION
Q517	Congenital fistulae between uterus and digestive and urinary tracts
Q5181	Congenital hypoplasia of uterus
Q5182	Congenital hypoplasia of cervix
Q5183	Congenital displacement of uterus
Q5184	Congenital displacement of cervix
Q5189	Other congenital malformations of uterus and cervix
Q519	Congenital malformation of uterus and cervix, unspecified
Q520	Congenital absence of vagina
Q521	Doubling of vagina
Q522	Congenital rectovaginal fistula
Q523	Imperforate hymen
Q5240	Congenital malformation of vagina, unspecified
Q5241	Congenital atresia of vagina
Q5242	Embryonic cyst of vagina
Q5243	Congenital cyst of canal of Nuck
Q5249	Other congenital malformations of vagina
Q525	Fusion of labia
Q5260	Congenital malformation of clitoris, unspecified
Q5261	Congenital absence of clitoris
Q5262	Congenital hypertrophy of clitoris
Q5269	Other congenital malformations of clitoris
Q5270	Congenital malformation of vulva, unspecified
Q5271	Congenital absence of vulva

CODE	DESCRIPTION
Q5279	Other congenital malformations of vulva
Q528	Other specified congenital malformations of female genitalia
Q529	Congenital malformation of female genitalia, unspecified
Q530	Ectopic testis
Q5310	Undescended testicle, unilateral, unspecified site
Q5311	Undescended testicle, unilateral, canalicular
Q5312	Undescended testicle, unilateral, inguinal
Q5313	Undescended testicle, unilateral, intra-abdominal
Q5320	Undescended testicle, bilateral, unspecified site
Q5321	Undescended testicle, bilateral, canalicular
Q5322	Undescended testicle, bilateral, inguinal
Q5323	Undescended testicle, bilateral, intra-abdominal
Q5390	Undescended testicle, unspecified laterality, unspecified site
Q5391	Undescended testicle, unspecified laterality, canalicular
Q5392	Undescended testicle, unspecified laterality, inguinal
Q5393	Undescended testicle, unspecified laterality, intra-abdominal
Q540	Hypospadias, balanic
Q541	Hypospadias, penile
Q542	Hypospadias, penoscrotal
Q543	Hypospadias, perineal
Q544	Congenital chordee
Q548	Other hypospadias
Q549	Hypospadias unspecified

CODE	DESCRIPTION
Q5500	Absence and aplasia of testis unspecified
Q5501	Absence and aplasia of testis unilateral
Q5502	Absence and aplasia of testis bilateral
Q5511	Hypoplasia of testis
Q5512	Hypoplasia of scrotum
Q5520	Congenital malformation of testis and scrotum, unspecified
Q5521	Retractile testis
Q5522	Bifid scrotum
Q5523	Absence of scrotum
Q5524	Polyorchism
Q5529	Other congenital malformations of testis or scrotum
Q553	Atresia of vas deferens
Q5540	Congenital malformation of vas deferens, epididymis, seminal vesicles and prostate, unspecified
Q5541	Other congenital malformations of vas deferens
Q5542	Other congenital malformations of epididymis
Q5543	Other congenital malformations of seminal vesicles
Q5544	Other congenital malformations of prostate
Q555	Congenital absence and aplasia of penis
Q5560	Congenital malformation of penis, unspecified
Q5561	Congenital circumcision
Q5562	Congenital dysplasia of penis
Q5563	Congenital curvature of penis
Q5564	Congenital hooded prepuce
Q5565	Congenital hypoplasia of penis
Q5569	Other congenital malformations of penis

CODE	DESCRIPTION
Q558	Other specified congenital malformations of male genital organs
Q559	Congenital malformation of male genital organ, unspecified
Q560	Hermaphroditism NEC
Q561	Male pseudohermaphroditism, not elsewhere classified
Q562	Female pseudohermaphroditism, not elsewhere classified
Q563	Pseudohermaphroditism, unspecified
Q5641	Ambiguous genitalia
Q5642	Indeterminate sex
Q600	Renal agenesis unilateral
Q601	Renal agenesis bilateral
Q602	Renal agenesis unspecified
Q603	Renal hypoplasia unilateral
Q604	Renal hypoplasia bilateral
Q605	Renal hypoplasia unspecified
Q606	Potters syndrome
Q610	Congenital single renal cyst
Q611	Polycystic kidney, autosomal recessive
Q612	Polycystic kidney, autosomal dominant
Q613	Polycystic kidney unspecified
Q6140	Renal dysplasia, unspecified
Q6141	Cystic renal dysplasia unilateral
Q6142	Cystic renal dysplasia bilateral
Q6143	Cystic renal dysplasia, unspecified
Q6144	Renal dysplasia, unilateral
Q6145	Renal dysplasia, bilateral

CODE	DESCRIPTION
Q6150	Medullary cystic kidney unspecified
Q6151	Juvenile medullary cystic kidney
Q6152	Adult type medullary cystic kidney
Q618	Other cystic kidney diseases
Q619	Cystic kidney disease unspecified
Q620	Congenital hydronephrosis
Q6215	Atresia of ureter, unilateral
Q6216	Atresia of ureter, bilateral
Q6217	Stenosis of ureter, unilateral
Q6219	Stenosis of ureter, bilateral
Q622	Congenital megaloureter
Q6230	Congenital obstructive defect of renal pelvis and ureter, unspecified
Q6231	Ectopic ureterocele
Q6232	Orthotopic ureterocele
Q6233	Congenital polyp of ureter
Q6234	Congenital hydroureter
Q6235	Congenital ureterocele, not elsewhere classified
Q6239	Oth cong obstr dfct renal pelvis ureter
Q624	Agenesis of ureter
Q6251	Double ureter
Q6252	Triple ureter
Q6259	Other duplication of ureter
Q6260	Malposition of ureter, unspecified ureteric drainage site
Q6261	Malposition of ureter, ureteric drainage via bladder neck
Q6262	Malposition of ureter, ureteric drainage via urethra

CODE	DESCRIPTION
Q6263	Malposition of ureter, ureteric drainage via vagina
Q6264	Malposition of ureter, ureteric drainage via vulva
Q6265	Malposition of ureter, ureteric drainage via vas deferens
Q6266	Malposition of ureter, ureteric drainage via seminal vesicles
Q6269	Malposition of ureter, ureteric drainage via other site
Q6270	Congenital vesico-uretero-renal reflux, unspecified
Q6271	Congenital vesico-uretero-renal reflux, unilateral
Q6272	Congenital vesico-uretero-renal reflux, bilateral
Q628	Other congenital malformations of ureter
Q6301	Double kidney
Q6302	Triple kidney
Q6309	Other accessory kidney
Q6310	Renal fusion anomaly, unspecified
Q6311	Horseshoe kidney
Q6312	Congenital lobulated kidney without ectopia
Q6319	Other specified renal fusion anomaly
Q6320	Renal ectopia, unspecified
Q6321	Pelvic kidney
Q6322	Crossed ectopia of kidney without fusion anomaly
Q6323	Crossed ectopia of kidney with fusion anomaly
Q6329	Other specified renal ectopia
Q633	Hyperplastic and giant kidney
Q6381	Congenital calyceal diverticulum
Q6382	Congenital renal calculi

CODE	DESCRIPTION
Q6389	Other specified congenital malformations of kidney
Q639	Congenital malformation of kidney, unspecified
Q640	Epispadias
Q6411	Cloacal exstrophy
Q6419	Exstrophy of urinary bladder
Q6420	Congenital urethral valves unspecified
Q6421	Congenital posterior urethral valves
Q6422	Congenital anterior urethral valves
Q6431	Congenital bladder neck obstruction
Q6432	Congenital stricture of urethra
Q6433	Congenital stricture of urethral meatus
Q6434	Hypoplasia of urethra
Q6439	Other atresia and stenosis of urethra and bladder neck
Q6441	Cyst of urachus
Q6442	Patent urachus
Q6443	Urachal diverticulum
Q6449	Other specified malformation of urachus
Q6451	Congenital absence of bladder
Q6452	Congenital absence of urethra
Q646	Congenital diverticulum of bladder
Q6471	Cong anterior urethral diverticulum
Q6472	Congenital prolapse bladder (mucosa)
Q6473	Double urethra
Q6474	Ectopic urethra or urethral orifice
Q6475	Cong gastrointestinal-urinary tract fist

CODE	DESCRIPTION
Q6476	Congenital megaurethra
Q6477	Megacystitis-megaureter syndrome
Q6478	Congenital urethral syringocele
Q6479	Other congenital malformations of bladder and urethra
Q648	Other specified congenital malformations of urinary system
Q649	Congenital malformation of urinary system, unspecified
Q650	Congenital dislocation hip unilateral
Q651	Congenital dislocation of hip bilateral
Q652	Congenital dislocation of hip unspecified
Q653	Congenital subluxation hip unilateral
Q654	Congenital subluxation of hip bilateral
Q655	Congenital subluxation of hip unspecified
Q6560	Unstable hip, unspecified
Q6561	Unstable hip, unilateral
Q6562	Unstable hip, bilateral
Q6581	Congenital coxa valga
Q6582	Congenital coxa vara
Q6589	Other congenital deformities of hip
Q659	Congenital deformity of hip unspecified
Q6600	Talipes equinovarus, unspecified
Q6601	Structural talipes equinovarus
Q6602	Positional talipes equinovarus
Q661	Talipes calcaneovarus
Q662	Metatarsus varus
Q663	Other congenital varus deformities of feet

CODE	DESCRIPTION
Q664	Talipes calcaneovalgus
Q665	Congenital pes planus
Q666	Other congenital valgus deformities of feet
Q667	Pes cavus
Q6681	Other congenital deformities of feet, clawfoot
Q6682	Congenital hammer toe
Q6683	Congenital shortening of Achilles tendon
Q6684	Congenital spade-like foot
Q6689	Other congenital deformities of feet
Q669	Congenital deformity of feet, unspecified
Q670	Facial asymmetry
Q671	Compression facies
Q672	Dolichocephaly
Q673	Plagiocephaly
Q6741	Depressions in skull
Q6742	Deviation of nasal septum, congenital
Q6743	Congenital hemifacial atrophy
Q6744	Congenital hemifacial hypertrophy
Q6749	Other congenital deformities of skull, face and jaw
Q6751	Congenital scoliosis, postural
Q6752	Congenital postural curvature of spine
Q6759	Other specified congenital deformity of spine
Q676	Pectus excavatum
Q677	Pectus carinatum
Q678	Other congenital deformities of chest

CODE	DESCRIPTION
Q6800	Congenital deformity of sternocleidomastoid muscle, unspecified
Q6801	Congenital torticollis
Q6802	Congenital contracture of sternocleidomastoid muscle
Q6803	Congenital sternomastoid lesion
Q6810	Congenital deformity of hand, unspecified
Q6811	Congenital clubhand
Q6812	Congenital spade-like hand
Q6813	Congenital accessory carpal bones
Q6814	Congenital macrodactylia
Q6815	Congenital triphalangeal thumb
Q6819	Other congenital deformities of hand
Q683	Congenital bowing of femur
Q684	Congenital bowing of tibia and fibula
Q685	Congenital bowing of long bones of leg, unspecified
Q690	Accessory finger(s)
Q691	Accessory thumb(s)
Q6921	Accessory hallux [halluces]
Q6929	Other accessory toe(s)
Q699	Polydactyly unspecified
Q700	Fused fingers
Q701	Webbed fingers
Q702	Fused toes
Q703	Webbed toes
Q704	Polysyndactyly
Q709	Syndactyly unspecified

CODE	DESCRIPTION
Q710	Cong complete absence upper limb(s)
Q7111	Congenital absence of upper arm with hand present
Q7112	Congenital absence of forearm with hand present
Q7113	Congenital absence of both upper arm and forearm with hand present
Q712	Congenital absence of both forearm and hand
Q7131	Congenital absence of finger(s) with remainder of hand intact
Q7132	Congenital absence of thumb with all other digits intact
Q7133	Congenital absence of hand and finger(s)
Q7140	Congenital longitudinal reduction defect of radius, unspecified
Q7141	Congenital absence of radius
Q7149	Other longitudinal reduction defects of radius
Q7150	Congenital longitudinal reduction defect of ulna, unspecified
Q7151	Congenital absence of ulna
Q7159	Other longitudinal reduction defects of ulna
Q716	Lobster-claw hand
Q7181	Other reduction defects of upper arm(s)
Q7182	Other reduction defects of forearm(s)
Q7183	Other reduction defects of hand(s)
Q7184	Other reduction defects of finger(s) and thumb(s)
Q7189	Other reduction defects of upper limb(s)
Q719	Reduction defect of upper limb unspecified
Q720	Cong complete absence lower limb(s)
Q7211	Congenital absence of thigh with foot present
Q7212	Congenital absence of lower leg with foot present
Q7213	Congenital absence of both thigh and lower leg with foot present

CODE	DESCRIPTION
Q722	Congenital absence both lower leg and foot
Q7231	Congenital absence of toe(s) with remainder of foot intact
Q7232	Congenital absence of first toe with all other digits intact
Q7233	Congenital absence of foot and toe(s)
Q724	Longitudinal reduction defect of femur
Q725	Longitudinal reduction defect of tibia
Q726	Longitudinal reduction defect of fibula
Q727	Split foot
Q7281	Other reduction defects of lower leg(s)
Q7282	Other reduction defects of foot/feet
Q7283	Other reduction defects of toe(s)
Q7289	Other reduction defects of lower limb(s)
Q729	Reduction defect of lower limb, unspecified
Q730	Congenital absence of unspecified limb(s)
Q731	Phocomelia, unspecified limb(s)
Q7380	Reduction defects of unspecified limb(s), unspecified
Q7389	Other reduction defects of unspecified limb(s)
Q7400	Congenital malformation of upper limb(s), including shoulder girdle, unspecified
Q7404	Radioulnar synostosis
Q7405	Humeroulnar synostosis
Q7406	Humeroradial synostosis
Q7408	Sprengels deformity
Q7409	Other congenital malformations of upper limb(s), including shoulder girdle
Q7410	Congenital malformation of knee, unspecified

CODE	DESCRIPTION
Q7411	Congenital absence of patella
Q7412	Congenital dislocation of patella
Q7413	Rudimentary patella
Q7414	Genu valgum
Q7415	Genu varum
Q7419	Other congenital malformations of knee
Q7420	Congenital malformation of lower limb(s), including pelvic girdle, unspecified
Q7421	Other congenital malformations of pelvis, not elsewhere classified
Q7422	Other congenital malformations of thigh, not elsewhere classified
Q7423	Other congenital malformations of lower leg, not elsewhere classified
Q7424	Other congenital malformations of ankle, not elsewhere classified
Q7425	Other congenital malformations of foot, not elsewhere classified
Q7426	Other congenital malformations of toe(s), not elsewhere classified
Q743	Arthrogryposis multiplex congenita
Q744	Distal arthrogryposis syndromes
Q745	Pterygium syndromes
Q7481	Brachydactyly
Q7482	Congenital overgrowth of limb(s)
Q7483	Congenital undergrowth of limb(s)
Q7484	Congenital limb asymmetry
Q7485	Larsen’s syndrome
Q7489	Other specified congenital malformations of limb(s)
Q749	Unspecified congenital malformation of limb(s)
Q7501	Coronal craniosynostosis
Q7502	Sagittal craniosynostosis

CODE	DESCRIPTION
Q7503	Trigonocephaly
Q7504	Craniosynostosis other multiple sutures
Q7505	Pfeiffer syndrome
Q7506	Clover leaf skull
Q7509	Other and unspecified craniosynostosis
Q751	Craniofacial dysostosis
Q752	Hypertelorism
Q7531	Familial (benign) macrocephaly
Q7539	Other and unspecified macrocephaly
Q754	Mandibulofacial dysostosis
Q755	Oculomandibular dysostosis
Q7581	Frontonasal dysplasia
Q7589	Other specified congenital malformations of skull and face bones
Q759	Congenital malformation of skull and face bones, unspecified
Q760	Spina bifida occulta
Q761	Klippel-Feil syndrome
Q7621	Congenital spondylolisthesis
Q7622	Congenital spondylolysis
Q7631	Single hemivertebra w cong scoliosis
Q7632	Congenital scoliosis due to absence of vertebra
Q7633	Congenital scoliosis due to anomalies of vertebra
Q7634	Congenital kyphoscoliosis
Q7639	Congenital scoliosis due to other specified congenital bony malformation
Q7640	Congenital malformation of spine, not associated with scoliosis, unspecified
Q7641	Congenital absence of vertebra(e)

CODE	DESCRIPTION
Q7643	Congenital anomalies other vertebra(e)
Q7644	Congenital lordosis, postural
Q7645	Hemivertebra
Q7646	Sacral agenesis
Q7649	Other congenital malformation of spine
Q765	Cervical rib
Q7661	Congenital absence of rib
Q7662	Congenital fusion of ribs
Q7663	Accessory rib
Q7664	Congenital misshapen ribs
Q7669	Other congenital malformation of ribs
Q7671	Congenital absence of sternum
Q7672	Sternum bifidum
Q7673	Congenital misshapen sternum
Q7679	Other specified congenital malformation of sternum
Q768	Other congenital malformations of bony thorax
Q769	Congenital malformation of bony thorax, unspecified
Q7700	Achondrogenesis, unspecified
Q7701	Achondrogenesis, type I
Q7702	Achondrogenesis, type II
Q7703	Hypochondrogenesis
Q7709	Other achondrogenesis
Q771	Thanatophoric short stature
Q772	Short rib syndrome
Q773	Chondrodysplasia punctata

CODE	DESCRIPTION
Q774	Achondroplasia
Q775	Dystrophic dysplasia
Q776	Chondroectodermal dysplasia
Q777	Spondyloepiphyseal dysplasia
Q7781	Metatropic dwarfism
Q7782	Metaphyseal chondroplasia
Q7789	Other osteochondrodysplasia with defects of growth of tubular bones and spine
Q779	Osteochondrodysplasia with defects of growth of tubular bones and spine, unspecified
Q780	Osteogenesis imperfecta
Q781	Polyostotic fibrous dysplasia
Q782	Osteopetrosis
Q783	Progressive diaphyseal dysplasia
Q784	Enchondromatosis
Q785	Metaphyseal dysplasia
Q786	Multiple congenital exostoses
Q7881	Osteopoikilosis
Q7882	Albright's osteodystrophy
Q7889	Other specified osteochondrodysplasias
Q789	Osteochondrodysplasia unspecified
Q790	Congenital diaphragmatic hernia
Q7910	Congenital malformation of diaphragm, unspecified
Q7911	Absence of diaphragm
Q7912	Congenital eventration of diaphragm
Q7919	Other congenital malformations of diaphragm

CODE	DESCRIPTION
Q792	Exomphalos
Q793	Gastroschisis
Q794	Prune belly syndrome
Q7950	Congenital malformation of abdominal wall, unspecified
Q7951	Limb body wall complex
Q7952	Diastasis recti
Q7959	Other congenital malformations of abdominal wall
Q796	Ehlers-Danlos syndrome
Q7981	Other congenital malformations of muscle, not elsewhere classified
Q7982	Other congenital malformations of tendon, not elsewhere classified
Q7983	Amyotrophia congenita
Q7984	Poland's syndrome
Q7989	Other congenital malformations of musculoskeletal system
Q7990	Congenital malformation of musculoskeletal system, unspecified
Q7991	Congenital malformation of muscle, unspecified
Q7992	Congenital malformation of tendon, unspecified
Q7993	Congenital malformation of bone, unspecified
Q7994	Congenital malformation of connective tissue, unspecified
Q800	Ichthyosis vulgaris
Q801	X-linked ichthyosis
Q802	Lamellar ichthyosis
Q803	Cong bullous ichthyosiform erythroderma
Q804	Harlequin fetus
Q808	Other congenital ichthyosis
Q809	Congenital ichthyosis unspecified

CODE	DESCRIPTION
Q810	Epidermolysis bullosa simplex
Q811	Epidermolysis bullosa letalis
Q812	Epidermolysis bullosa dystrophica
Q818	Other epidermolysis bullosa
Q819	Epidermolysis bullosa unspecified
Q820	Hereditary lymphoedema
Q821	Xeroderma pigmentosum
Q822	Mastocytosis
Q823	Incontinentia pigmenti
Q824	Ectodermal dysplasia (anhidrotic)
Q825	Congenital non-neoplastic naevus
Q8281	Hidrotic ectodermal dysplasia
Q8282	Cutis laxa
Q8289	Other specified congenital malformations of skin
Q829	Congenital malformation of skin unspecified
Q830	Congenital absence of breast with absent nipple
Q831	Accessory breast
Q832	Absent nipple
Q833	Accessory nipple
Q838	Other congenital malformations of breast
Q839	Congenital malformation of breast unspecified
Q840	Congenital alopecia
Q841	Congenital morphological disturbances of hair, not elsewhere classified
Q842	Other congenital malformations of hair
Q843	Anonychia

CODE	DESCRIPTION
Q844	Congenital leukonychia
Q845	Enlarged and hypertrophic nails
Q8460	Congenital malformation of nails, unspecified
Q8461	Congenital clubnail
Q8462	Congenital koilonychias
Q8469	Other congenital malformations of nails
Q8481	Aplasia cutis congenita
Q8489	Other specified congenital malformations of integument
Q849	Congenital malformation of integument, unspecified
Q850	Neurofibromatosis (nonmalignant)
Q851	Tuberous sclerosis
Q8581	Peutz-Jeghers syndrome
Q8582	Sturge-Weber(-Dimitri) syndrome
Q8583	Von Hippel-Lindau syndrome
Q8584	Gardner's syndrome
Q8589	Other specified phakomatoses
Q859	Phakomatosis unspecified
Q860	Fetal alcohol syndrome (dysmorphic)
Q861	Fetal hydantoin syndrome
Q862	Dysmorphism due to warfarin
Q8681	Congenital malformations due to valproate
Q8682	Congenital malformations due to Vitamin A
Q8683	Congenital malformations due to thalidomide
Q8684	Congenital malformations due to cytotoxic agents
Q8685	Congenital malformations due to other drugs

CODE	DESCRIPTION
Q8686	Congenital malformations due to ionising radiation
Q8687	Congenital malformations due to methylmercury
Q8689	Congenital malformations due to other specified exogenous causes
Q8700	Cyclopia
Q8701	Acrocephalopolysyndactyly
Q8702	Acrocephalosyndactyly
Q8703	Cryptophthalmos syndrome
Q8704	Treacher Collins [-Franceschetti] [-Klein] syndrome
Q8705	Hallerman-Streiff syndrome
Q8706	Pierre Robin sequence
Q8707	Pena-Shokeir syndrome
Q8708	Goldenhar syndrome
Q8709	Other specified congenital malformation syndromes predominantly affecting facial appearance
Q8711	Cockayne syndrome
Q8712	Cornelia de Lange syndrome
Q8713	Noonan syndrome
Q8714	Prader-Willi syndrome
Q8715	Russell-Silver syndrome
Q8716	Seckel syndrome
Q8717	Smith-Lemli-Opitz syndrome
Q8718	Sjogren-Larsson syndrome
Q8719	Other specified congenital malformation syndromes predominantly associated with short stature
Q8721	Holt-Oram syndrome

CODE	DESCRIPTION
Q8722	Klippel-Trenaunay-Weber syndrome
Q8723	Nail patella syndrome
Q8724	Rubinstein-Taybi syndrome
Q8725	Sirenomelia syndrome
Q8726	Thrombocytopenia with absent radius syndrome
Q8727	VATER association
Q8728	Congenital malformation syndrome with ectrodactyly, not elsewhere classified
Q8729	Other specified congenital malformation syndromes predominantly involving limbs
Q8731	Beckwith-Wiedemann syndrome
Q8732	Sotos syndrome
Q8733	Weaver syndrome
Q8739	Other specified congenital malformation syndromes involving early overgrowth
Q874	Marfan's syndrome
Q875	Other congenital malformation syndromes with other skeletal changes
Q8781	Alport’s syndrome
Q8782	Laurence-Moon-Biedl syndrome
Q8783	Zellweger syndrome
Q8784	William’s syndrome
Q8785	Angelman syndrome
Q8786	CHARGE syndrome
Q8787	Velocardiofacial syndrome [VCFS]
Q8788	Opitz BBB/G syndrome
Q8789	Other specified congenital malformation syndromes, not elsewhere classified
Q8900	Congenital malformation of spleen, unspecified

CODE	DESCRIPTION
Q8901	Congenital asplenia
Q8902	Accessory spleen
Q8903	Ectopic spleen
Q8904	Congenital hypoplasia of spleen
Q8905	Congenital hyperplasia of spleen
Q8909	Other specified congenital malformations of spleen
Q8910	Congenital malformation of adrenal gland, unspecified
Q8911	Congenital absence of adrenal gland
Q8912	Congenital adrenal hypoplasia
Q8913	Accessory adrenal gland
Q8914	Ectopic adrenal gland
Q8919	Other specified congenital malformations of adrenal gland
Q8920	Congenital malformation of endocrine glands, unspecified
Q8921	Congenital malformations pituitary gland
Q8922	Congenital malformations thyroid gland
Q8923	Persistent thyroglossal cyst
Q8924	Thyroglossal cyst
Q8925	Cong malformations parathyroid gland
Q8926	Congenital malformations of thymus
Q8929	Congenital malformations of other specified endocrine glands
Q8930	Situs inversus, unspecified
Q8931	Dextrocardia with situs inversus
Q8932	Mirror-image atrl arrgmt situs inversus
Q8933	Situs inversus abdominalis
Q8934	Situs inversus thoracis

CODE	DESCRIPTION
Q8935	Kartageners syndrome
Q8939	Other specified situs inversus
Q8940	Conjoined twins, unspecified
Q8941	Dicephaly
Q8942	Craniopagus
Q8943	Thoracopagus
Q8944	Xiphopagus
Q8945	Pygopagus
Q8946	Acardiac twin
Q8949	Other specified conjoined twins
Q8971	Dysmorphic features
Q8979	Multiple congenital malformations, not elsewhere classified
Q8981	Caudal dysplasia sequence
Q8982	Pentalogy of Cantrell
Q8983	Meckel-Gruber syndrome
Q8989	Other specified congenital malformations
Q899	Congenital malformation unspecified
Q900	Trisomy 21 meiotic nondisjunction
Q901	Trisomy 21 mosaicism
Q902	Trisomy 21 translocation
Q909	Downs syndrome unspecified
Q910	Trisomy 18 meiotic nondisjunction
Q911	Trisomy 18 mosaicism
Q912	Trisomy 18 translocation
Q913	Edwards syndrome unspecified

CODE	DESCRIPTION
Q914	Trisomy 13 meiotic nondisjunction
Q915	Trisomy 13 mosaicism
Q916	Trisomy 13 translocation
Q917	Pataus syndrome unspecified
Q920	Whole chromosome trisomy, meiotic nondisjunction
Q921	Whole chromosome trisomy, mosaicism
Q922	Major partial trisomy
Q923	Minor partial trisomy
Q924	Duplications seen only at prometaphase
Q925	Duplications with other complex rearrangements
Q926	Extra marker chromosomes
Q9271	Triploidy
Q9272	Tetraploidy
Q9273	Polyploidy
Q928	Other specified trisomies and partial trisomies of autosomes
Q929	Trisomy and partial trisomy of autosomes, unspecified
Q930	Whole chromosome monosomy, meiotic nondisjunction
Q931	Whole chromosome monosomy, mosaicism
Q932	Chromosome replaced with ring or dicentric
Q933	Deletion of short arm of chromosome 4
Q934	Deletion of short arm of chromosome 5
Q935	Other deletions of part of a chromosome
Q936	Deletions seen only at prometaphase
Q937	Deletions with other complex rearrangements

CODE	DESCRIPTION
Q938	Other deletions from the autosomes
Q939	Deletion from autosomes, unspecified
Q950	Balanced translocation and insertion in normal individual
Q951	Chromosome inversion in normal individual
Q952	Balanced autosomal rearrangement in abnormal individual
Q953	Balanced sex/autosomal rearrangement in abnormal individual
Q954	Individuals with marker heterochromatin
Q955	Individuals with autosomal fragile site
Q958	Other balanced rearrangements and structural markers
Q959	Balanced rearrangement and structural marker, unspecified
Q960	Karyotype 45,X
Q961	Karyotype 46,X iso (Xq)
Q962	Karyotype 46,X with abnormal sex chromosome, except iso (Xq)
Q963	Mosaicism, 45,X/46,XX or XY
Q964	Mosaicism, 45,X/other cell line(s) with abnormal sex chromosome
Q968	Other variants of Turner's syndrome
Q969	Turner's syndrome, unspecified
Q970	Karyotype 47,XXX
Q971	Female with more than three X chromosomes
Q972	Mosaicism, lines with various numbers of X chromosomes
Q973	Female with 46,XY karyotype
Q978	Other specified female sex chromosome abnormalities
Q979	Female sex chromosome abnormality, unspecified

CODE	DESCRIPTION
Q980	Klinefelter's syndrome karyotype 47,XXY
Q981	Klinefelter's syndrome, male with more than two X chromosomes
Q982	Klinefelter's syndrome, male with 46,XX karyotype
Q983	Other male with 46,XX karyotype
Q984	Klinefelter's syndrome, unspecified
Q985	Karyotype 47,XYY
Q986	Male with structurally abnormal sex chromosome
Q987	Male with sex chromosome mosaicism
Q988	Other specified male sex chromosome abnormalities
Q989	Male sex chromosome abnormality, unspecified
Q990	Chimera 46,XX/46,XY
Q991	46,XX true hermaphrodite
Q992	Fragile X chromosome
Q998	Other specified chromosome abnormalities
Q999	Chromosomal abnormality, unspecified
U06.9	Emergency use of U06.9 (Zika)