

Appendix L

Validation Messages Explained 2015-2016

V1.0

**Queensland Hospital Admitted Patient
Data Collection
QHAPDC**

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INTRODUCTION

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

Where the hospital is asked to contact HSB, hospital staff should ask to speak with their usual contact within HSB. This person will be able to either answer the query or put the call through to someone who can answer the query.

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	<p>This is the message that will appear on EVA or on the manual validation report.</p> <p>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).</p>
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 HSB 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 ICD-10-AM/ACHI code identifier relate to the prefix for all codes. These prefixes are: PD for the principal diagnosis, OD for other diagnoses, PR for 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 HSB.

Symbols

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

ACTIVITY (ACTV) ERRORS

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	<p>Check the Leave start date/time and Leave end date/time and amend as appropriate.</p> <p>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 from leave.</p> <p>See Section 3.7.2 Calculation of leave days and Section 4.10 Leave.</p>

ACTV H115

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

ACTV H119

Category	WARNING
Message Description	<p>Part of this record is a duplicate of a record previously sent and loaded to Health Statistics Branch's table . IT HAS NOT BEEN LOADED. Amend & resend if required.</p>
Resolution	<p>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 HSB table name stated in the message.</p> <p>There are three sets of HSB 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 (ie 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 (ie 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</p>

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 HSB.

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_surgery 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 HSB 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 HSB), 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 HSB 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 HSB), 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 HSB 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	To amend account variation or ward details at admission, a record should be sent in the ADM file. This ACT amendment record was not loaded.
Resolution	<p>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.</p> <p>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.</p> <p>If the admission details need to be amended, send an amendment for the admission (ADM) file.</p> <p>If the amendment record was in error, no action needs to be taken as the amendment was not loaded.</p>

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 3.7.2 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 missing or invalid.
Resolution	Check the Nursing home type code and amend as appropriate. See Section 8.3.6 Nursing home type patients.

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	<p>Check the Care type, Account class code or Nursing home type details and amend as appropriate.</p> <p>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.</p> <p>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.</p> <p>See Section 4.14 Nursing home type patients (NHTP), Section 7.15 Care type and Section 7.5 Account class (HBCIS hospitals).</p>

ACTV H411

Category	FATAL
Message Description	This patient was on leave when a nursing home type period started on . Check leave details.
Resolution	<p>Check the Leave start and end date/times and Nursing home type start date and amend as appropriate.</p> <p>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.</p>

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

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

BOARDER EPISODE (BOARD) ERRORS

These errors 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. 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; <ul style="list-style-type: none">• 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 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	<p>Check Care type, Source of referral (admission source), Mode of separation (discharge status), Funding source and Elective surgery details and amend as appropriate.</p> <p>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.</p> <p>Section 4.4 Boarders and Section 11 Elective Surgery Details (Public hospitals using HBCIS).</p>

BOARD H384

Category	FATAL
Message Description	Mental Health details have been provided but this patient is a boarder.
Resolution	<p>Check Care type, Source of referral (admission source), Mode of separation (discharge status), Funding source and Mental health details and amend as appropriate.</p> <p>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.</p> <p>Section 4.4 Boarders and Section 10 Mental Health Details.</p>

BOARD H386

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

BOARD H391

Category	FATAL
Message Description	Care Type is 07 Organ procurement or 08 Boarder and Contract type or Contract role is not blank.
Resolution	<p>Check Care type, Contract type and Contract role and amend as appropriate.</p> <p>Boarders and organ procurement patients cannot be contracted to another facility.</p> <p>Section 4.4 Boarders and Section 7.15 Care type.</p>

CHECK ERRORS

These errors are mostly **WARNINGS**. They relate to items that need to be checked by the hospital to ensure data quality, but each error 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	<p>Check Medicare eligibility (private facilities), Payment class (public facilities) and Country of birth and amend as appropriate.</p> <p>For public facilities, Medicare eligibility is derived from payment class.</p> <p>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.</p> <p>Section 6.7 Country of birth and Section 6.13 Medicare eligibility.</p>

CHECK H84

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

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	<p>Check the specified amendment or delete record, and ensure the record has the correct facility unique ID and amend as appropriate.</p> <p>If the delete record or the amendment record is correct, contact HSB to investigate the reason why the original episode is not in the database. For amendments, the entire episode needs to be sent.</p>

CHECK H265

Category	WARNING
Message Description	This episode has a long length of stay. Please check episode dates and leave dates.
Resolution	Check the Admission date, Separation date, Leave start and end Dates and Care type and 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	<p>Check the Indigenous status and Country of birth and amend as appropriate.</p> <p>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.</p> <p>See Section 6.7 Country of birth and Section 6.9 Indigenous status.</p>

CONGENITAL (CONG) ERRORS

CONG H722

Category	WARNING
Message Description	Abortion diagnosis codes, O090, O091 or O092 have been provided in conjunction with a specified code from Chapter 15 but the foetal diagnosis code is missing.
Resolution	<p>Check the morbidity details and inform HSB of the congenital anomaly code either via EVA Plus or the validation report for manual updates.</p> <p>Congenital anomaly data is required with;</p> <ul style="list-style-type: none">• One or more of the codes within the ranges O35.0 – O35.6 or O35.8 – O35.9 <i>Maternal care for known or suspected fetal abnormality and damage</i>, O33.6 – O33.7 <i>Maternal care for known or suspected disproportion</i>, O36.2 <i>Maternal care for hydrops fetalis</i>, O36.3 <i>Maternal care for signs of fetal hypoxia</i>, O36.4 <i>Maternal care for intrauterine death</i>, O36.7 <i>Maternal care for viable fetus in abdominal pregnancy</i>, O43.0 – O43.1 or O43.8 <i>Placental disorders</i>; and• A code within the range O04.0 – O04.9 <i>Medical abortion</i>, O05.0 – O05.9 <i>Other abortion</i> or O06.0 – O06.9 <i>Unspecified abortion</i>; and• A code within the range O09.0 – O09.2 <i>Duration or pregnancy</i>. <p>Multiple congenital anomaly codes are possible for an individual fetus.</p>

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 1 Valid Congenital Anomaly Codes .

CONTRACT (CNTRCT) ERRORS

These errors 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 to hospital care and Section 4.7.7.3 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 7.32 Mode of separation (discharge status).

CNTRCT H596

Category	FATAL
Message Description	Contract Leave record is only required for contract type (I) and role 'A', this Contract Leave record has been incorrectly provided for contract type (I).
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 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	Contract role is B Contracted hospital, but the Purchaser/provider identifier is missing.
Resolution	Check the Purchaser/provider Identifier and amend as appropriate. Section 7.28 Purchaser/provider identifier.

CNTRCT H742

Category	FATAL
Message Description	Chargeable status is not 1 Public, but patient is being treated under contract by a .
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 7.28 Purchaser/provider identifier.

CNTRCT H356

Category	FATAL
Message Description	There is no contract agreement between and .
Resolution	<p>Check the Purchaser/provider identifier and the contract agreement between the facilities and amend as appropriate.</p> <p>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.</p> <p>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 relevant Chief Executive Officer for private facilities, forward this confirmation to the HSB.</p> <p>This error will also generate error H363 which will provide the full name of the facility for which the hospital has no contract details.</p>

CNTRCT H363

Category	FATAL
Message Description	Hospital is .
Resolution	This is a companion message for H356. This message is only used to give the facility number and full name of the facility for which this hospital does not have contract details. This message will never appear without H356.

CNTRCT H396

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

CNTRCT H397

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

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 HSB 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 procedures.
Resolution	<p>Check the Contract flag and morbidity details and amend as appropriate.</p> <p>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 procedures.</p> <p>See Section 9.15 Contract flag.</p>

CNTRCT H417

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

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	<p>Check the Contract type, Contract role and Leave details and amend as appropriate.</p> <p>If a contract type is 2 ABA and Contract role is A Contracting hospital, than 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.</p> <p>See Section 4.7.5 Contract role and Section 4.7.9 Contract type.</p>

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	<p>Check the Contract type, Contract role, Source of referral/transfer (admission source) and Mode of separation (discharge status) and amend as appropriate.</p> <p>See Section 4.7.5 Contract role, Section 4.7.9 Contract type, Section 7.12 Source of referral/transfer (admission source) and Section 7.32 Mode of separation (discharge status).</p>

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	<p>Check the Contract type, Contract role and Mode of separation (discharge status) and amend as appropriate.</p> <p>See Section 4.7.5 Contract role, Section 4.7.9 Contract type and Section 7.32 Mode of separation (discharge status).</p>

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	<p>Check the Contract type, Contract role and Source of referral/transfer (admission source) and amend as appropriate.</p> <p>See Section 4.7.5 Contract role, Section 4.7.9 Contract type and Section 7.12 Source of referral/transfer (admission source).</p>

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	<p>Check the Contract type, Contract role, Transfer from facility and Transfer to facility and amend as appropriate.</p> <p>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.</p> <p>See Section 4.7.5 Contract role and Section 4.7.9 Contract type.</p>

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	<p>Check the Contract type and Contract role and amend as appropriate.</p> <p>A contract type of 4 (A)B should only be used when the patient was not admitted to the contracting facility (Contract role A).</p> <p>See Section 4.7.5 Contract role and Section 4.7.9 Contract type.</p>

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	<p>Check the Contract type, Contract role and Source of referral/transfer (admission source) and amend as appropriate.</p> <p>A contract type of 4 (A)B should only be used when the patient was not admitted to the contracting facility.</p> <p>See Section 4.7.5 Contract role, Section 4.7.9 Contract type and Section 7.12 Source of referral/transfer (admission source).</p>

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 7.32 Mode of separation (discharge status).

CNTRCT H437

Category	FATAL
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 7.32 Mode of separation (discharge status) and 7.33 Transferring to facility.

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 procedure.
Resolution	Check the Contract flag for the procedure/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 procedures all contract details must be provided. This includes; Contract flag for the procedure/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 4.10.2 Contract leave.

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.

CNTRCT H669

Category	FATAL
Message Description	There is no contract setup for this facility.
Resolution	<p>Check the Purchaser/provider identifier and the contract agreement between the facilities and amend as appropriate.</p> <p>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.</p> <p>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 HSB.</p>

CNTRCT H743

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

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	<p>Check the Contract role, Contract type, Compensable status and Funding source and amend as appropriate.</p> <p>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).</p> <p>See Section 4.7.5 Contract role and Section 4.7.9 Contract type, Section 7.8 Compensable status and Section 7.36 Funding source.</p>

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	<p>Check the Contract role, Contract type, Compensable status and Funding source and amend as appropriate.</p> <p>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).</p> <p>See Section 4.7.5 Contract role and Section 4.7.9 Contract type, Section 7.8 Compensable status and Section 7.36 Funding source.</p>

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	<p>Check the Contract role, Contract type, Compensable status and Funding source and amend as appropriate.</p> <p>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).</p> <p>See Section 4.7.5 Contract role and Section 4.7.9 Contract type, Section 7.8 Compensable status and Section 7.36 Funding source.</p>

DATE ERRORS

These errors 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	<p>Check the identified item in the message description and amend as appropriate.</p> <p>The identified item will be;</p> <ul style="list-style-type: none">• 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 (care) end date is the last date the patient was not ready for elective surgery;• Not ready for surgery (care) 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 GPR 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 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	<p>HSB 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.</p> <p>Check the Separation date, if correct, no further action can be made, if incorrect and in the valid time period amend as appropriate.</p>

DATE H209

Category	FATAL
Message Description	Workers Compensation Incident Date must be before Separation Date.
Resolution	<p>Check the Incident date and Separation date and amend as appropriate.</p> <p>See Section 7.10 Incident date.</p>

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	<p>HSB 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.</p> <p>Check the Separation date, if correct, no further action can be made, if incorrect and in the valid time period amend as appropriate.</p> <p>Notification will be provided by letter when a new cut-off date is implemented. Contact HSB for any enquires regarding the cut-off date.</p>

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 H454

Category	FATAL
Message Description	This patient has been admitted more than twice to this facility on this date. Please check episodes .
Resolution	Check the admissions details identified and amend as appropriate. If the patient was admitted more than twice on the same day, formally notify HSB.

DATE H456

Category	FATAL
Message Description	Procedure date is before the episode end date and Contract type is 3 AB and Contract role is A Contracting hospital. Please check the procedure date and contract type.
Resolution	Check the Date of procedure and Contract type and amend as appropriate. See Section 9.15 Date of procedure and Section 4.7.9 Contract type.

DATE H457

Category	FATAL
Message Description	Procedure date is after the episode start date and Contract type is 5 BA and Contract role is A Contracting hospital. Please check the procedure date and contract type.
Resolution	Check the Date of procedure and Contract type and amend as appropriate. See Section 9.15 Date of procedure and Section 4.7.9 Contract Type.

DATE H458

Category	FATAL
Message Description	Procedure 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 procedure, Source of referral/transfer (admission source) and amend as appropriate. See Section 7.12 Source of referral/transfer (admission source) and Section 9.15 Date of procedure.

DATE H463

Category	FATAL
Message Description	Date for procedure occurs while patient is on leave.
Resolution	Check the Date of procedure, Date of starting leave and Date returned from leave and amend as appropriate. If the procedure was contracted, the patient should be sent on contract leave and all contract details completed. See Section 8.3.4 Out on leave and Section 9.15 Date of procedure.

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 7.30 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) ERRORS

These errors 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 7.38 Consent to release patient details.

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 7.38 Consent to release patient details.

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 7.38 Consent to release patient details.

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 7.38 Consent to release patient details.

DEPARTMENT OF VETERANS' AFFAIRS DETAILS (DVA) ERRORS

These errors 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 7.36 Funding source, Section 13.1 DVA card type and Section 13.2 DVA file number.

DVA H595

Category	FATAL
Message Description	Account class is DVA but compensable status is not DVA or vice versa.
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.

ELECTIVE SURGERY ADMISSION WAITING LIST DETAILS (EAS) ERRORS

These errors relate to all elective surgery data items.

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 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 NMDS Specialty Grouping Code is missing or invalid for entry .
Resolution	Check the National Minimum Data Set (NMDS) speciality grouping and amend as appropriate. See Section 11.2.2 National Minimum Data Set (NMDS) speciality grouping.

EAS H326

Category	FATAL
Message Description	The Site procedure indicator is invalid on for entry .
Resolution	Check the Site procedure indicator and amend as appropriate. From 1 July 2015, the provision of Site procedure indicator code will be replaced by the Primary planned procedure code. See Section 11.2.7 Primary planned procedure code.

EAS H327

Category	FATAL
Message Description	The National procedure indicator is missing/invalid on for entry .
Resolution	Check the National procedure indicator and amend as appropriate. See Section 11.2.8 National procedure indicator.

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 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 HSB reference data, this facility is not required to submit elective details.

EAS H340

Category	FATAL
Message Description	The code indicating the reason for removal from the waiting list is invalid 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 7.30 Separation date and Section 11.2.4 Listing date.

EAS H345

Category	FATAL
Message Description	The date not ready for surgery (care) is before the listing date or, last date not ready for surgery (care) is after the admission date. Check entry .
Resolution	Check the Date not ready for surgery (care), Listing date, Last date not ready for surgery (care) and Admission date and amend as appropriate. See Section 7.1 Admission date, Section 11.2.4 Listing date and Section 11.3.2 N Not ready for surgery (previously; Not ready for care).

EAS H346

Category	FATAL
Message Description	The last date not ready for surgery (care) is before the date not ready for surgery (care). Check entry .
Resolution	Check the Date not Ready for surgery (care) and Last date not ready for surgery (care) and amend as appropriate. See Section 11.3.2 N Not ready for surgery (previously; Not ready for care).

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 error 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.

EAS H365

Category	FATAL
Message Description	For entry not ready for surgery (care) periods to and to are overlapping.
Resolution	Check the Date not ready for surgery (care) and Last date not ready for surgery (care) and amend as appropriate. See Section 11.3.2 N Not ready for surgery (previously; Not ready for care).

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 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 is after 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 is after the Separation date.
Resolution	Check the Urgency category – Date of change and Separation date and amend as appropriate. See Section 7.30 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 procedure 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 procedure details have been reported. Check whether the correct admitted patient episode has been linked, whether the linked elective surgery record is correct or whether procedure details are missing from the admitted patient episode.

EAS H624

Category	FATAL
Message Description	Reason for removal is invalid.
Resolution	Check the Reason for removal and amend as appropriate. See Section 11.2.3 Reason for removal.

EAS H629

Category	FATAL
Message Description	Waiting list Entry number has a National procedure indicator of 01 Cataract extraction, but the NMDS speciality grouping is not 03 General surgery, 06 Ophthalmology or 11 Other - surgical.
Resolution	Check the National procedure indicator and NMDS speciality grouping and amend as appropriate. Waiting list specialties are derived from mapping Planned Unit codes to one of the 12 NMDS Specialty Grouping codes. See Section 11.2.2 National Minimum Data Set (NMDS) speciality grouping and 11.2.8 National procedure indicator.

EAS H630

Category	FATAL
Message Description	Waiting list Entry number has a National procedure indicator of 02 Cholecystectomy, but the NMDS speciality grouping is not 03 General surgery or 11 Other - surgical.
Resolution	Check the National procedure indicator and NMDS speciality grouping and amend as appropriate. Waiting list specialties are derived from mapping Planned Unit codes to one of the 12 NMDS Specialty Grouping codes. See Section 11.2.2 National Minimum Data Set (NMDS) speciality grouping and 11.2.8 National procedure indicator.

EAS H631

Category	FATAL
Message Description	Waiting list Entry number has a National procedure indicator of 03 Coronary artery bypass graft, but the NMDS speciality grouping is not 01 Cardio thoracic, 03 General surgery or 11 Other - surgical.
Resolution	<p>Check the National procedure indicator and NMDS speciality grouping and amend as appropriate.</p> <p>Waiting list specialties are derived from mapping Planned Unit codes to one of the 12 NMDS Specialty Grouping codes.</p> <p>See Section 11.2.2 National Minimum Data Set (NMDS) speciality grouping and 11.2.8 National procedure indicator.</p>

EAS H632

Category	FATAL
Message Description	Waiting list Entry number has a National procedure indicator of 04 Cystoscopy, but the NMDS speciality grouping is not 03 General surgery, 04 Gynaecology, 09 Urology or 11 Other - surgical.
Resolution	<p>Check the National procedure indicator and NMDS speciality grouping and amend as appropriate.</p> <p>Waiting list specialties are derived from mapping Planned Unit codes to one of the 12 NMDS Specialty Grouping codes.</p> <p>See Section 11.2.2 National Minimum Data Set (NMDS) speciality grouping and 11.2.8 National procedure indicator.</p>

EAS H633

Category	FATAL
Message Description	Waiting list Entry number has a National procedure indicator of 05 Haemorrhoidectomy, but the NMDS speciality grouping is not 03 General surgery, 04 Gynaecology, 10 Vascular surgery or 11 Other - surgical.
Resolution	<p>Check the National procedure indicator and NMDS speciality grouping and amend as appropriate.</p> <p>Waiting list specialties are derived from mapping Planned Unit codes to one of the 12 NMDS Specialty Grouping codes.</p> <p>See Section 11.2.2 National Minimum Data Set (NMDS) speciality grouping and 11.2.8 National procedure indicator.</p>

EAS H634

Category	FATAL
Message Description	Waiting list Entry number has a National procedure indicator of 06 Hysterectomy, but the NMDS speciality grouping is not 03 General surgery, 04 Gynaecology or 11 Other - surgical.
Resolution	<p>Check the National procedure indicator and NMDS speciality grouping and amend as appropriate.</p> <p>Waiting list specialties are derived from mapping Planned Unit codes to one of the 12 NMDS Specialty Grouping codes.</p> <p>See Section 11.2.2 National Minimum Data Set (NMDS) speciality grouping and 11.2.8 National procedure indicator.</p>

EAS H635

Category	FATAL
Message Description	Waiting list Entry number has a National procedure indicator of 07 Inguinal herniorrhaphy, but the NMDS speciality grouping is not 03 General surgery or 11 Other - surgical.
Resolution	<p>Check the National procedure indicator and NMDS speciality grouping and amend as appropriate.</p> <p>Waiting list specialties are derived from mapping Planned Unit codes to one of the 12 NMDS Specialty Grouping codes.</p> <p>See Section 11.2.2 National Minimum Data Set (NMDS) speciality grouping and 11.2.8 National procedure indicator.</p>

EAS H636

Category	FATAL
Message Description	Waiting list Entry number has a National procedure indicator of 08 Myringoplasty, but the NMDS speciality grouping is not 02 ENT surgery, 03 General surgery or 11 Other - surgical.
Resolution	<p>Check the National procedure indicator and NMDS speciality grouping and amend as appropriate.</p> <p>Waiting list specialties are derived from mapping Planned Unit codes to one of the 12 NMDS Specialty Grouping codes.</p> <p>See Section 11.2.2 National Minimum Data Set (NMDS) speciality grouping and 11.2.8 National procedure indicator.</p>

EAS H637

Category	FATAL
Message Description	Waiting list Entry number has a National procedure indicator of 09 Myringotomy, but the NMDS speciality grouping is not 02 ENT surgery, 03 General surgery or 11 Other - surgical.
Resolution	<p>Check the National procedure indicator and NMDS speciality grouping and amend as appropriate.</p> <p>Waiting list specialties are derived from mapping Planned Unit codes to one of the 12 NMDS Specialty Grouping codes.</p> <p>See Section 11.2.2 National Minimum Data Set (NMDS) speciality grouping and 11.2.8 National procedure indicator.</p>

EAS H638

Category	FATAL
Message Description	Waiting list Entry number has a National procedure indicator of 10 Prostatectomy, but the NMDS speciality grouping is not 03 General surgery, 09 Urology or 11 Other - surgical.
Resolution	<p>Check the National procedure indicator and NMDS speciality grouping and amend as appropriate.</p> <p>Waiting list specialties are derived from mapping Planned Unit codes to one of the 12 NMDS Specialty Grouping codes.</p> <p>See Section 11.2.2 National Minimum Data Set (NMDS) speciality grouping and 11.2.8 National procedure indicator.</p>

EAS H639

Category	FATAL
Message Description	Waiting list Entry number has a National procedure indicator of 11 Septoplasty, but the NMDS speciality grouping is not 02 ENT surgery, 03 General surgery, 08 Plastic and reconstructive surgery or 11 Other - surgical.
Resolution	<p>Check the National procedure indicator and NMDS speciality grouping and amend as appropriate.</p> <p>Waiting list specialties are derived from mapping Planned Unit codes to one of the 12 NMDS Specialty Grouping codes.</p> <p>See Section 11.2.2 National Minimum Data Set (NMDS) speciality grouping and 11.2.8 National procedure indicator.</p>

EAS H640

Category	FATAL
Message Description	Waiting list Entry number has a National procedure indicator of 12 Tonsillectomy, but the NMDS speciality grouping is not 02 ENT surgery, 03 General surgery or 11 Other - surgical.
Resolution	<p>Check the National procedure indicator and NMDS speciality grouping and amend as appropriate.</p> <p>Waiting list specialties are derived from mapping Planned Unit codes to one of the 12 NMDS Specialty Grouping codes.</p> <p>See Section 11.2.2 National Minimum Data Set (NMDS) speciality grouping and 11.2.8 National procedure indicator.</p>

EAS H641

Category	FATAL
Message Description	Waiting list Entry number has a National procedure indicator of 13 Total hip replacement, but the NMDS speciality grouping is not 03 General surgery, 07 Orthopaedic surgery or 11 Other - surgical.
Resolution	<p>Check the National procedure indicator and NMDS speciality grouping and amend as appropriate.</p> <p>Waiting list specialties are derived from mapping Planned Unit codes to one of the 12 NMDS Specialty Grouping codes.</p> <p>See Section 11.2.2 National Minimum Data Set (NMDS) speciality grouping and 11.2.8 National procedure indicator.</p>

EAS H642

Category	FATAL
Message Description	Waiting list Entry number has a National procedure indicator of 14 Total knee replacement, but the NMDS speciality grouping is not 03 General surgery, 07 Orthopaedic surgery or 11 Other - surgical.
Resolution	<p>Check the National procedure indicator and NMDS speciality grouping and amend as appropriate.</p> <p>Waiting list specialties are derived from mapping Planned Unit codes to one of the 12 NMDS Specialty Grouping codes.</p> <p>See Section 11.2.2 National Minimum Data Set (NMDS) speciality grouping and 11.2.8 National procedure indicator.</p>

EAS H643

Category	FATAL
Message Description	Waiting list Entry number has a National procedure indicator of 15 Varicose veins, but the NMDS speciality grouping is not 03 General surgery, 10 Vascular surgery or 11 Other - surgical.
Resolution	<p>Check the National procedure indicator and NMDS speciality grouping and amend as appropriate.</p> <p>Waiting list specialties are derived from mapping Planned Unit codes to one of the 12 NMDS Specialty Grouping codes.</p> <p>See Section 11.2.2 National Minimum Data Set (NMDS) speciality grouping and 11.2.8 National procedure indicator.</p>

EAS H661

Category	FATAL
Message Description	The Primary planned procedure date is greater than 15 years after the listing date .
Resolution	<p>Check the Primary planned procedure date and Listing date and amend as appropriate.</p> <p>See Section 11.2.4 Listing date and Section 11.2.7 Primary planned procedure date.</p>

EAS H687

Category	FATAL
Message Description	The Primary planned procedure code is missing or invalid and this episode has been linked to an elective entry.
Resolution	<p>Check the Primary planned procedure code and amend as appropriate.</p> <p>See Section 11.2.7 Primary planned procedure code.</p>

EAS H688

Category	FATAL
Message Description	The Primary planned procedure code does not map to the National procedure indicator.
Resolution	<p>Check the Primary planned procedure code and National procedure indicator and amend as appropriate.</p> <p>The National procedure indicator is mapped from the Primary planned procedure code.</p> <p>See Section 11.2.7 Primary planned procedure code and Section 11.2.8 National Procedure Indicator.</p>

FUNDING SOURCE (FUND) ERRORS

These errors 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 7.36 Funding source.

FUND H439

Category	FATAL
Message Description	Medicare eligibility is 1 Eligible for Medicare, Chargeable status is 1 Public or Account class code reflects public and Compensable status is 8 None of the above, but funding source is not 01 Health service budget (not covered elsewhere) or 11 Health service budget (no charge raised due to hospital decision).
Resolution	Check the Medicare eligibility, Chargeable status, Account class, Compensable status and Funding source 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 7.36 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 7.34 Hospital insurance and Section 7.36 Funding source.

FUND H441

Category	FATAL
Message Description	Funding source is 04 Worker's compensation but Compensable status is not 1 Workers' Compensation Queensland or 2 Workers' Compensation (other) OR Compensable status is 1 Workers' Compensation Queensland or 2 Workers' Compensation (other) but Funding source is not 04 Worker's compensation.
Resolution	Check the Compensable status and Funding source and amend as appropriate. See Section 7.8 Compensable status and Section 7.36 Funding source.

FUND H442

Category	FATAL
Message Description	Funding source is 05 Motor vehicle third party personal claim but Compensable status is not 6 Motor vehicle (Queensland) or 7 Motor vehicle (other) OR 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 7.36 Funding source.

FUND H443

Category	FATAL
Message Description	Funding source is 06 Other compensable but Compensable status is not 4 Other compensable OR Compensable status is 4 Other compensable but Funding source is not 06 Other compensable.
Resolution	Check the Compensable status and Funding source and amend as appropriate. See Section 7.8 Compensable status and Section 7.36 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 OR 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 7.36 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: <ul style="list-style-type: none">• Funding source = 01 Health service budget (not covered elsewhere)• Source of referral/transfer (admission source) = 06 Episode change, or 16 Correctional facility, or 17 Law enforcement agency.• Mode of separation (discharge status) = 05 Died in hospital, or 06 Episode change or 12 Correctional facility. If Mode of separation (discharge status) has been reported as 16 Transferred to another hospital a warning validation will be raised. See Section 7.5 Account class (HBCIS hospitals), Section 7.12 Source of referral/transfer (admission source), Section 7.32 Mode of separation (discharge status) and Section 7.36 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 7.36 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 7.36 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; <ul style="list-style-type: none">• Overseas visitors where travel insurance is the major source of funding• Organ procurement registrations• Boarders. For a patient to be assigned a Funding source of 12 Other funding then; <ul style="list-style-type: none">• 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 7.36 Funding source.

FUND H449

Category	FATAL
Message Description	Funding source is 08 Department of defence but Compensable status is not 9 Department of defence or Compensable status is 9 Department of defence but Funding source is not 08 Department of defence.
Resolution	Check the Funding source and Compensable status and amend as appropriate. See Section 7.8 Compensable status and Section 7.36 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 7.36 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 HSB. See Section 7.36 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 7.35 Health fund and Appendix P Health Insurance Fund Codes.

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 Compensable status is not 08 None of the above, 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 7.36 Funding source.

FUND H823

Category	WARNING
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. See Section 5.1 Facility number and Section 7.36 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 7.36 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 7.36 Funding source.

GENERAL ERRORS

These errors relate to the general patient details (e.g. admission, discharge and patient details) that are required for all episodes. They include all errors relating to newborn episodes and all errors 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	<p>Check the identified details from the message description and amend as appropriate.</p> <p>If morbidity details are missing for public facilities, the morbidity screen will need to be re-filed</p> <p>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 HSB to manually record.</p>

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	<p>Check Admission and Separation dates and Leave start and end dates and amend as appropriate.</p> <p>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).</p>

GEN H66

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

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. 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
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 H87

Category	FATAL
Message Description	Sex is 3 Indeterminate/intersex, but age is not less than 90 days old.
Resolution	<p>Check the Sex and Date of birth and amend as appropriate.</p> <p>Sex can only be reported as 3 Indeterminate/intersex for newborns, 90 days old or less.</p> <p>Where doubt exists, for example transsexual patients, record the sex the patient identifies with on presentation.</p> <p>See Section 6.4 Date of birth and Section 6.6 Sex.</p>

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	<p>Check the Source of referral/transfer (admission source), Date of birth, Admission date and Country of birth and amend as appropriate.</p> <p>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).</p>

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	<p>Check the Compensable status and Date of birth and amend as appropriate.</p> <p>See Section 6.4 Date of birth, Section 7.8 Compensable status.</p>

GEN H90

Category	FATAL
Message Description	This patient has not been reported as a day patient. Please check dates, planned same day flag, and referral codes.
Resolution	<p>Check the Planned same day, Source of referral/transfer (admission source) and Mode of separation (discharge status) and amend as appropriate.</p> <p>If the facility is no longer a day only facility, formally notify the HSB.</p> <p>See Section 7.12 Source of referral/transfer (admission source), Section 7.18 Planned same day and Section 7.32 Mode of separation (discharge status).</p>

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	<p>Check Source of referral/transfer (admission source) and amend as appropriate.</p> <p>See Section 7.12 Source of referral/transfer (admission source).</p>

GEN H94

Category	FATAL or WARNING (Dependent on weight reported)
Message Description	Baby admission weight has been reported as grams, please check.
Resolution	<p>Check the Baby admission weight and amend as appropriate.</p> <p>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.</p> <p>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 HSB.</p> <p>See Section 7.28 Baby admission weight.</p>

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 HSB. 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 (I) 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; <ul style="list-style-type: none">• 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 7.29 Baby admission weight.

GEN H147

Category	FATAL
Message Description	Age is greater than 1 year old, but a Baby admission weight of less than 2500 grams 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 7.29 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. See Section 6.4 Date of birth and Section 7.29 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 HSB. 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 HSB.

GEN H176

Category	FATAL
Message Description	Workers' Compensation details have been provided, but Status is missing.
Resolution	Check the Workers' compensation identified status (1 or 2) and amend as appropriate. See Section 15.7.12 Status 1 and Section 15.7.13 Status 2.

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 7.30 Separation date, Section 7.31 Separation time and Section 8.3.4 Out on leave.

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 H242

Category	FATAL
Message Description	Transferring to facility has been reported, but Mode of separation (discharge status) is not 12 Correctional facility, 15 Residential aged care service or 16 Transferred to another hospital.
Resolution	<p>Check the Mode of separation (discharge status) and Transferring to facility and amend as appropriate.</p> <p>Transferring to facility only needs to be reported when Mode of separation (discharge status) is 12 Correctional facility, 15, Residential aged care service or 16 Transferred to another hospital.</p> <p>See Section 7.32 Mode of separation (discharge status) and Section 7.33 Transferring to facility.</p>

GEN H263

Category	FATAL
Message Description	Baby's weight is invalid. Please supply weight in grams.
Resolution	<p>Check the Baby admission weight and amend as appropriate.</p> <p>See Section 7.29 Baby admission weight.</p>

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	<p>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.</p> <p>The patient ID given in the ADM file has been used, and all tables in the system have been updated with this patient ID.</p> <p>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.</p> <p>If the patient ID shown in the message is not the correct patient ID, then contact HSB.</p>

GEN H285

Category	WARNING
Message Description	This episode is a duplicate of an episode already sent with unique ID patient ID start date . This episode has not been loaded.
Resolution	<p>Another episode already exists in the database with the same patient ID and episode start date and start time.</p> <p>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.</p> <p>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.</p> <p>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.</p>

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 NOT been loaded.
Resolution	<p>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.</p> <p>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.</p>

GEN H394

Category	FATAL
Message Description	Country of birth has been inadequately described.
Resolution	<p>Check the Country of birth and amend as appropriate.</p> <p>See Section 6.7 Country of birth and Appendix E Country of birth codes.</p>

GEN H395

Category	FATAL
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 HSB. 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 and 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	<p>Check the Australian South Sea Islander status and Country of birth and amend as appropriate.</p> <p>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.</p> <p>See Section 6.7 Country of Birth and 6.10 Australian South Sea Islander status.</p>

GEN H460

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

GEN H464

Category	WARNING
Message Description	Baby admission weight is less than 2000 grams and Qualification status is not A Acute.
Resolution	<p>Check the Baby admission weight and amend as appropriate.</p> <p>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.</p> <p>See Section 7.29 Baby admission weight.</p>

GEN H465

Category	FATAL
Message Description	Nursing home type days were accrued 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 H469

Category	FATAL
Message Description	Contact for feedback indicator is invalid.
Resolution	Check the Contact for feedback indicator and amend as appropriate. See Section 6.15 Contact for feedback indicator.

GEN H470

Category	FATAL
Message Description	Contact for feedback indicator is missing.
Resolution	Check the Contact for feedback indicator and amend as appropriate. See Section 6.15 Contact for feedback indicator.

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	<p>Check the Source of referral/transfer (admission source) and Transferring from facility (extended source code) and amend as appropriate.</p> <p>See Section 7.12 Source of referral/transfer (admission source), Section 7.13 Transferring from facility (extended source code) and Appendix A Correction Facilities.</p>

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	<p>Check the Mode of separation (discharge status) and Transferring to facility and amend as appropriate.</p> <p>See Section 7.32 Mode of separation (discharge status), Section 7.33 Transferring to facility and Appendix A Correction Facilities.</p>

GEN H509

Category	FATAL
Message Description	Qualification status has been reported, but Care type is not 05 Newborn.
Resolution	<p>Check the Qualification status and Care type and amend as appropriate.</p> <p>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.</p> <p>See Section 7.7 Qualification status and Section 7.15 Care type.</p>

GEN H510

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

GEN H511

Category	FATAL
Message Description	The Qualification status changed when the newborn was already more than 9 days old.
Resolution	<p>Check the Qualification status and Date of birth and amend as appropriate.</p> <p>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.</p> <p>See Section 4.12 Newborns, Section 7.7 Qualification status and Section 7.15 Care type.</p>

GEN H512

Category	FATAL
Message Description	Qualification status is U Unqualified but the newborn was greater than 9 days old at separation.
Resolution	<p>Check the Qualification status, Date of birth and Separation date and amend as appropriate.</p> <p>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.</p> <p>See Section 4.12 Newborns, Section 7.7 Qualification status and Section 7.15 Care type.</p>

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 7.29 Baby admission weight and Section 7.32 Mode of separation (discharge status).

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 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 7.25 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	<p>Check the Source of referral/transfer (admission source) and Transferring from facility (extended source code) and amend as appropriate.</p> <p>See Section 7.12 Source of referral/transfer (admission source) and Section 7.13 Transferring from facility (extended source code).</p>

GEN H589

Category	FATAL
Message Description	Mode of separation (discharge status) is 15 Residential aged care service, but the Transferring to facility is missing or is not a valid residential aged care facility.
Resolution	<p>Check the Mode of separation (discharge status) and Transferring to facility and amend as appropriate.</p> <p>See Section 7.32 Mode of separation (discharge status) and Section 7.33 Transferring to facility.</p>

GEN H590

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

GEN H592

Category	FATAL
Message Description	Incident date flag is invalid.
Resolution	<p>Check the Incident date flag and amend as appropriate.</p> <p>See Section 7.11 Incident date flag.</p>

GEN H594

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

GEN H598

Category	FATAL
Message Description	Standard ward code provided as at is not valid for a Private facility. Please check Standard ward code.
Resolution	Check the Standard ward code and amend as appropriate. See Section 7.25 Standard ward code.

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 7.42 Criteria led discharge type.

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 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.

GEN 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.

GEN H708

Category	FATAL
Message Description	Preferred language is missing or invalid.
Resolution	Check the Preferred language and amend as appropriate. See Section 7.38 Preferred language.

GEN H709

Category	FATAL
Message Description	Interpreter required is missing or invalid.
Resolution	Check the Interpreter required and amend as appropriate. See Section 7.39 Interpreter required.

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 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 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 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 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.
Resolution	Check the Standard ward code and Care type and amend as appropriate. See Section 7.15 Care type and Section 7.25 Standard ward code.

GEN H494

Category	FATAL
Message Description	The Transferring from facility (extended source code) 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 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 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 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 7.25 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 7.21 Treating doctor at separation.

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 7.20 Treating doctor at admission.

GEN H682

Category	FATAL
Message Description	The Smoking status is missing or invalid and all criteria have been met.
Resolution	Check the Smoking status and amend as appropriate. See Section 7.43.1 Smoking status.

GEN H683

Category	FATAL
Message Description	The Smoking status has been reported as 2 Not a smoker or 9 Not reported, but the morbidity coding includes; Z720, F171 or F172.
Resolution	Check the Smoking status and morbidity details and amend as appropriate. See Section 7.43.1 Smoking status.

GEN H684

Category	FATAL
Message Description	The Smoking status has been reported as a 1 Current smoker within the last 30 days, but the morbidity coding does not include; Z720, F171 or F172.
Resolution	Check the Smoking status and morbidity details and amend as appropriate. See Section 7.43.1 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 7.43.1 Smoking status and Section 7.43.2 Smoking pathway completed.

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 7.25 Standard ward code.

GEN H697

Category	FATAL
Message Description	This episode of care is for 5 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 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 7.25 Standard ward code and Section 7.40 Length of stay in an intensive care.

GEN H807

Category	FATAL
Message Description	The Length of stay in an intensive care unit is . This 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 7.25 Standard ward code and Section 7.40 Length of stay in an intensive care.

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 7.40 Length of stay in an intensive care.

GROUPING (GRP) ERRORS

These errors 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 Health Statistics Branch. Please ensure that the episode has been grouped and check your Grouper version.
Resolution	Check the episode has been grouped and the correct Grouper version used and amend as appropriate. See Section 9.13 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 Health Statistics Branch. Please ensure that the episode has been grouped and check your Grouper version.
Resolution	Check the episode has been grouped and correct Grouper version used and amend as appropriate. See Section 9.13 Australian refined diagnosis related group (AR-DRG).

GRP H136

Category	FATAL
Message Description	This episode could not be sent to the grouper due to data errors. Please review all validation errors for this episode.
Resolution	This is a companion validation message when selected validation errors occur. These episodes will not be sent to the grouper.

GRP H375

Category	FATAL
Message Description	Error occurred during version DRG grouping. Episode received DRG : , Error : .
Resolution	<p>HSB 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 all other related coding.</p> <p>If no other errors exist for the episode and no cause can be found, contact HSB.</p>

GRP H582

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

DIAGNOSIS OR MORBIDITY (ICD and ICDSEQ) ERRORS

These errors relate to the assignment of ICD-10-AM or ACHI codes, and how those codes fit in with other data items. Many of these errors 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).

ICD H45

Category	FATAL
Message Description	Code has been duplicated for this admission/episode.
Resolution	<p>Check the morbidity details and amend as appropriate.</p> <p>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.</p>

ICD H55

Category	FATAL
Message Description	Code is not valid or is the wrong ICD-10-AM/ACHI version for this episode.
Resolution	<p>Check the morbidity details and ICD-10-AM/ACHI code identifier and amend as appropriate.</p> <p>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.</p> <p>See Section 9.1 ICD-10-AM/ACHI code identifier.</p>

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	<p>Check the morbidity details and ICD-10-AM/ACHI code identifier and amend as appropriate.</p> <p>The first sequenced diagnosis code must be the principal diagnosis and have the ICD-10-AM/ACHI code identifier of PD.</p> <p>See Section 9.1 ICD-10-AM/ACHI code identifier and Section 9.2 Principal diagnosis.</p>

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	<p>Check the morbidity details and ICD-10-AM/ACHI code identifier and amend as appropriate.</p> <p>The first diagnosis code sequenced must always have an ICD-10-AM/ACHI code identifier of PD to identify the principal diagnosis as this is the condition which was primarily responsible for the episode of care and will enable accurate DRG assignment.</p> <p>See Section 9.1 ICD-10-AM/ACHI code identifier and Section 9.2 Principal diagnosis.</p>

ICD H129

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

ICD H149

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

ICD H150

Category	FATAL
Message Description	The ICD-10-AM/ACHI code identifier for the code is missing.
Resolution	Check the morbidity details and 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 morbidities, first delete existing morbidities and then send all morbidities as NEW records.
Resolution	The order of the morbidity records is extremely important in the QHIPS system. If a new record is sent, the system has no way of knowing where in the sequence the new morbidity should belong. For this reason, each electronic change to morbidities 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 <i>Singleton born in hospital</i> . 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 codes indicating they have received treatment or have undergone a procedure.
Resolution	<p>Check the Care Type, Qualification status and morbidity details and amend as appropriate.</p> <p>Unqualified newborns and Boarders should not undergo procedures and have morphology or external cause codes. Medical conditions, procedures, morphologies and external causes should only be coded for a patient who is admitted.</p> <p>See Section 7.7 Qualification status and Section 7.15 Care type.</p>

ICD H429

Category	FATAL
Message Description	The principal diagnosis code should be immediately followed by an External cause code.
Resolution	<p>Check the morbidity details and amend as appropriate.</p> <p>The principal diagnosis is an injury code. ACS 2001 <i>External cause code use and sequencing</i> 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.</p> <p>See Section 9.4 External cause sequencing.</p>

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	<p>Check the morbidity details and amend as appropriate.</p> <p>The principal diagnosis is an injury code. ACS 2001 <i>External cause code use and sequencing</i> 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.</p> <p>See Section 9.4 External cause sequencing.</p>

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	<p>Check the morbidity details and amend as appropriate.</p> <p>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.</p> <p>See Section 9.4 External cause sequencing.</p>

ICD H455

Category	FATAL
Message Description	Contract type is 2 ABA, but the Date of procedure is not during the contract leave dates.
Resolution	<p>Check the Contract type, Contract leave details, Contract flag and Date of procedure and amend as appropriate.</p> <p>See Section 4.7.7 Contract leave, Section 4.7.9 Contract type, Section 9.15 Contract flag and Section 9.16 Date of procedure.</p>

ICD H459

Category	FATAL
Message Description	The date of procedure is missing, but procedure is in the mandatory block range.
Resolution	<p>Check the Date of procedure and amend as appropriate.</p> <p>See Section 9.16 Date of procedure.</p>

ICD H467

Category	WARNING
Message Description	The patient had procedure on the day they either commenced or returned from leave. Please confirm.
Resolution	<p>Check the Date of procedure and Leave details and amend as appropriate.</p> <p>While it is recognised that it is very possible to have a procedure on the day a leave starts or finishes, it is expected that this would be rare.</p> <p>See Section 4.10 Leave and Section 9.16 Date of procedure.</p>

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 7.32 Mode of separation (discharge status).

ICD H489

Category	WARNING or FATAL (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. Excludes Notes: Refer to ICD-10-AM/ACHI Tabular notes for excludes conditions/procedures that may be classified elsewhere. E.g. Y95 <i>Nosocomial condition</i> should not be used with U90.0 <i>Healthcare associated Staphylococcus aureus bacteraemia</i> .

ICD H490

Category	FATAL
Message Description	For code there must be anaesthetic codes in the or ranges for the same episode.
Resolution	Check the morbidity details and amend as appropriate. The number of electroconvulsive therapy (ECT) procedures performed must equal the total number of anaesthesia codes.

ICD H505

Category	FATAL
Message Description	The Contract flag reported for procedure code is invalid.
Resolution	Check the Contract flag and amend as appropriate. The Contract flag should only be assigned for procedures that have been performed by a contracted facility during a contracted service. See Section 9.15 Contract flag.

ICD H548

Category	FATAL
Message Description	date is the date.
Resolution	<p>Check all the dates of the items identified in the message and amend as appropriate.</p> <p>An activity has been identified as being outside the episode start and end dates. This activity can relate to a leave record, a procedure 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.</p>

ICD H549

Category	FATAL
Message Description	More than one code has a ICD-10-AM/ACHI code identifier of PD.
Resolution	<p>Check the morbidity details and ICD-10-AM/ACHI code identifier and amend as appropriate.</p> <p>Only one principal diagnosis can be assigned for an episode of care. Diagnosis codes should be deleted and resent in the correct sequence.</p> <p>See Section 9.1 ICD-10-AM/ACHI code identifier and Section 9.2 Principal diagnosis.</p>

ICD H550

Category	FATAL
Message Description	Code is only valid for patients between and . This patient is .
Resolution	<p>Check the morbidity details and Date of birth and amend as appropriate.</p> <p>The diagnosis or procedure code provided in the message is only valid for patients of a certain age.</p> <p>The code and associated age ranges can be viewed on the Corporate Reference Data System (CRDS):</p> <p>http://oascrasprod.co.health.qld.gov.au:7900/pls/crd_prd/f?p=144:1:626515655065293</p>

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	<p>Check the morbidity details and Date of birth and amend as appropriate.</p> <p>The diagnosis or procedure code provided in the message is only valid for patients of a certain age.</p> <p>The code and associated age ranges can be viewed on the Corporate Reference Data System (CRDS):</p> <p>http://oascrasprod.co.health.qld.gov.au:7900/pls/crd_prd/f?p=144:1:626515655065293</p>

ICD H552

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

ICD H553

Category	FATAL
Message Description	Code is only valid for a same day episode.
Resolution	<p>Check the morbidity details, Admission date and Separation date and amend as appropriate.</p> <p>The diagnosis code provided in the message is valid only for same day episodes.</p> <ul style="list-style-type: none">▪ Z51.0 <i>Radiotherapy session</i> and Z51.1 <i>Pharmacotherapy session for neoplasm</i> are valid as a principal diagnosis for a same day episode.

ICD H555

Category	FATAL
Message Description	Code is only valid for Care type .
Resolution	<p>Check the morbidity details and Care type and amend as appropriate.</p> <p>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.</p> <ul style="list-style-type: none">• Care type 05 Newborn is only valid for codes in the range Z38.0 - Z38.8 <i>Liveborn infants according to place of birth</i> and Z76.2 <i>Health supervision and care of other healthy infant and child</i>.• Care type 07 Organ procurement is only valid for organ and tissue donation codes in the range Z52.5, Z52.7 and Z52.9.• Care type 08 Boarder is only valid for codes in the range Z76.3 - Z76.4 <i>Persons encountering health services in other circumstances</i>.• Care type 11 Maintenance is only valid for Z75.5 <i>Holiday relief care</i>. <p>See Section 7.15 Care type.</p>

ICD H556

Category	FATAL
Message Description	Code is only valid for Source of referral/transfer (admission source) .
Resolution	<p>Check the morbidity details and Source of referral/transfer (admission source) and amend as appropriate.</p> <p>Source of referral/transfer (admission source) of 09 Born in hospital is only valid for:</p> <ul style="list-style-type: none">• Z38.0 <i>Singleton, born in hospital</i>• Z38.3 <i>Twin, born in hospital</i>• Z38.6 <i>Other multiple, born in hospital</i>. <p>Source of referral/transfer (admission source) of 02 Emergency department - this hospital is only valid for:</p> <ul style="list-style-type: none">• Z38.1 <i>Singleton, born outside of hospital</i>• Z38.4 <i>Twin, born outside of hospital</i>• Z38.7 <i>Other multiple, born outside of hospital</i>. <p>See Section 7.12 Source of referral/transfer (admission source).</p>

ICD H557

Category	FATAL
Message Description	Code is not valid for Source of referral/transfer (admission source) .
Resolution	<p>Check the morbidity details and Source of referral/transfer (admission source) and amend as appropriate.</p> <p>Source of referral/transfer (admission source) of 09 Born in hospital and 02 Emergency department are NOT valid for:</p> <ul style="list-style-type: none">• Z38.2 <i>Singleton, unspecified as to place of birth</i>• Z38.3 <i>Twin, unspecified as to place of birth</i>• Z38.8 <i>Other multiple, unspecified as to place of birth.</i> <p>See Section 7.12 Source of referral/transfer (admission source).</p>

ICD H558

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

ICD H559

Category	FATAL or WARNING (Dependent on code(s) assigned)
Message Description	Code is a rare code. Please confirm.
Resolution	<p>Check the morbidity details and amend as appropriate.</p> <p>The diagnosis code provided relates to a condition that is considered rare in Australia.</p> <p>If a fatal validation occurs and the rare condition is confirmed, formally notify HSB.</p>

ICD H560

Category	FATAL
Message Description	Code has been provided contravenes coding standards.
Resolution	<p>Check the morbidity details and amend as appropriate.</p> <p>Current coding standards require that the diagnosis code in the message is not used for admitted patients. The code has been provided incorrectly.</p> <p>ACS 0049 <i>Disease codes that must never be assigned</i> includes but is not limited to:</p> <ul style="list-style-type: none">• Z50.2 <i>Alcohol rehabilitation</i>• Z50.3 <i>Drug rehabilitation</i>• Z58.7 <i>Exposure to tobacco smoke</i>• Codes in the range Z81.0 - Z81.8 <i>Family history of mental and behavioural disorders</i>.

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	<p>Check the morbidity details and Standard unit code and amend as appropriate.</p> <p>A mental health diagnosis code must be provided when the Standard unit code is in the range PYAA to PYZZ.</p> <p>See Section 7.23 Standard unit code.</p>

ICD H611

Category	FATAL
Message Description	An episode with Care type of must have a diagnosis .
Resolution	<p>Check the morbidity details and Care type and amend as appropriate.</p> <p>Typically an episode with a Care type of 30 Palliative would include the diagnosis code of OD Z51.5 <i>Palliative care</i>, but this diagnosis code may be assigned with other care types. This is the same for Z50.- <i>Care involving use of rehabilitation procedures</i>.</p> <p>See ACS 0050 <i>Unacceptable principal diagnosis codes</i>, ACS 2104 <i>Rehabilitation</i> and ACS 2116 <i>Palliative care</i> for further information.</p>

ICD H644

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 HSB directly.
Resolution	Check the morbidity coding and inform HSB of the congenital anomaly code either via EVAPlus or the validation report, for manual update.

ICD H645

Category	WARNING
Message Description	Code refers to fetus' congenital anomaly, do not code on mothers record.
Resolution	Check the morbidity details and amend as appropriate. Fetal congenital anomaly information should be provided directly to HSB and not included as part of the mothers morbidity details.

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.

ICDSEQ H562

Category	FATAL
Message Description	Code must be preceded by a code in the range .
Resolution	<p>Check the morbidity details and amend as appropriate.</p> <p>Check the ICD-10-AM/ACHI Tabular notes for Code First instructions.</p> <p>Morphology code - A Morphology code in the range M8000/0 - M9999/9 must be preceded by one of the following:</p> <ul style="list-style-type: none">• a neoplasm site code in the range C00 - D48 <i>Neoplasms</i>• O01.0 <i>Classical hydatidiform mole</i>• O01.1 <i>Incomplete and partial hydatidiform mole</i>• O01.9 <i>Hydatidiform mole, unspecified</i>• Q85.0 <i>Neurofibromatosis (nonmalignant)</i>. <p>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 V01 - Y89.99 range before it.</p> <p>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.</p> <p>Nitric oxide therapy - 92210-00 [1889] <i>Nitric oxide therapy</i> should be assigned in addition to a ventilatory support code.</p> <p>High intensity focused ultrasound [HIFUS] (90908-01 [1949]) – first code:</p> <ul style="list-style-type: none">• 90609-00 [1579] <i>Destruction of bone</i>• 90726-00 [1759] <i>Other destruction of breast</i>• 90370-00 [1046] <i>Other destruction of lesion of kidney</i>• 90299-00 [956] <i>Other destruction of liver</i>• 90408-00 [1162] <i>Other destruction of lesion of prostate</i>• 90451-00 [1263] <i>Other destruction of lesion of uterus.</i> <p>Combined ventilatory support, >= 96 hours – if 92211-00 [571] <i>Management of combined ventilatory support, >= 96 hours</i>, first code duration of ventilation from blocks [569] <i>Ventilatory support</i> and [570] <i>Non invasive ventilatory support</i>. Note this is for neonates only. Duration of combined ventilatory support must be >= 96 hours.</p> <p>Injuries:</p> <ul style="list-style-type: none">• S31.81 <i>Open wound (of any part of lower back and pelvis) communicating with a fracture</i> must be preceded by a code in the range S32.00 - S32.89 <i>Fracture of lumbar spine and pelvis</i>.• S31.82 <i>Open wound (of any part of lower back and pelvis) communicating with a dislocation</i> must be preceded by a code in the range S33.10 - S33.3 <i>Dislocation of lumbar vertebra</i>.

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

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

ICDSEQ H563

Category	FATAL
Message Description	Code must be immediately preceded by a code in the range .
Resolution	Check the morbidity details and amend as appropriate. ECT procedure codes in block [1907] should immediately be followed by a code in the range 92514-10 – 92515-99 [1910] <i>Cerebral anaesthesia</i> .

ICDSEQ H564

Category	FATAL
Message Description	Code must be followed by a code in the range .
Resolution	<p>Check the morbidity details and amend as appropriate.</p> <p>Injury - Diagnoses codes in S or T chapter, code range Z04.1 - Z04.5 <i>Examination and observation for other reasons</i>, or code range L55.0 - L55.9 <i>Sunburn</i> must be followed by an external cause code in the range, V00.00 - Y91.99 or Y95 - Y98.</p> <p>Neoplasm - A neoplasm code in the range C00 - D48 <i>Neoplasms</i>, or O01.0 <i>Classical hydatidiform mole</i>, O01.1 <i>Incomplete and partial hydatidiform mole</i> O01.9 <i>Hydatidiform mole, unspecified</i>, Q85.0 <i>Neurofibromatosis (nonmalignant)</i> must be followed by a morphology code between M8000/0 - M9999/9.</p> <p>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.</p> <p>Activity - An External cause code in the range V00.00 - Y34.99 must followed by an Activity code in the range U50.00 - U73.9.</p> <p>Post procedural - diagnosis in code the below ranges must be accompanied with an external cause code in the range Y83.0 - Y84.9:</p> <ul style="list-style-type: none">• E89.0 - E89.9 <i>Post procedural endocrine and metabolic disorders, not elsewhere classified</i>• G97.0 - G97.9 <i>Post procedural disorders of nervous system, not elsewhere classified</i>• H59.0 - H59.9 <i>Post procedural disorders of eye and adnexa, not elsewhere classified</i>• H95.0 - H95.9 <i>Post procedural disorders of ear and mastoid process, not elsewhere classified</i>• I97.0 - I97.9 <i>Postprocedural disorders of circulatory system, not elsewhere classified</i>• J95.0 - J95.9 <i>Postprocedural respiratory disorders, not elsewhere classified</i>• K91.0 - K91.9 <i>Postprocedural disorders of digestive system, not elsewhere classified</i>• M96.0 - M96.9 <i>Postprocedural musculoskeletal disorders, not elsewhere classified</i>• N99.0 - N99.9 <i>Postprocedural disorders of genitourinary system, not elsewhere classified.</i>

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.

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.

Pregnancy and Delivery

- Delivery codes in the range O80 - O84.9 must be accompanied by a diagnosis code in the range Z37.0 - Z37.9 *Outcome of delivery*.
- 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*.
- The following augmentation, induction and delivery procedures require an outcome of delivery code in the range Z37.0 - Z37.9:
 - 16520-00, 16520-01, 16520-02, 16520-03 [1340] *Caesarean section*
 - 90469-00 [1338] *Vacuum extraction with delivery*
 - 90468-00, 90468-01, 90468-02, 90468-03, 90468-04, 90468-05 [1337] *Forceps delivery*
 - 90467-00 [1336] *Spontaneous vertex delivery*
 - 90470-00, 90470-01, 90470-02, 90470-03, 90470-04 [1339] *Breech delivery*
 - 90465-00, 90465-01, 90465-02, 90465-03, 90465-04, 90465-05 [1334] *Medical or surgical induction of labour*
 - 90466-00, 90466-01, 90466-02 [1335] *Medical or surgical augmentation of labour*.
- 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 O80 - 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.
- 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 in the range 90472-00 [1343] *Episiotomy*, 90481-00 [1344] *Suture of first or second degree of perineum* or 90485-00 [1344] *Other suture of current obstetric laceration or rupture without perineal involvement* or 90479-00 [1344] *Suture of current obstetric laceration of vagina* 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 codes in the range 90472-00 [1343] *Episiotomy*, 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 O71.11 - O71.12 *Rupture of uterus during labour* or O71.18 *Obstetric uterine laceration or tear* must be accompanied by 90485-00 [1344] *Other suture of current obstetric laceration or rupture without perineal involvement.*
 - Obstetric laceration code O71.4 *Obstetric high vaginal laceration (alone)* must be accompanied by 90479-00 [1344] *Suture of current obstetric laceration of vagina.*
- Delivery diagnosis codes must be accompanied by delivery procedure codes:
 - O81 *Single delivery by forceps and vacuum extractor with Block* [1337] *Forceps delivery* or 90469-00 [1338] *Vacuum extraction with delivery.*
 - O82 *Single delivery by caesarean section with Block* [1340] *Caesarean section.*
 - O84.1 *Multiple delivery, all by forceps and vacuum extractor with Block* [1337] *Forceps delivery* or 90469-00 [1338] *Vacuum extraction with delivery.*
 - O84.2 *Multiple delivery, all by caesarean section with Block* [1340] *Caesarean section.*
- Multiple delivery diagnosis codes O84.0 - O84.42 must be accompanied by a code in the range O30.0 - O30.9 *Multiple gestation.*
- Duration of pregnancy codes in range O09.0 - O09.9 must only be accompanied by one code in the range:
 - O00.0 - O07.9 *Pregnancy with abortive outcome*
 - O20.0 *Threatened abortion*
 - O36.4 *Maternal care for intrauterine death*

- O42.0 *Premature rupture of membranes, onset of labour within 24 hours*
- O42.11 - O42.9 *Premature rupture of membranes, onset of labour after 24 hours*
- O47.0 *Maternal care for intrauterine death*
- O60.0 - O60.3 *Preterm labour and delivery.*
- Maternal infectious and parasitic diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium:
 - O98.0 *Tuberculosis complicating pregnancy, childbirth and the puerperium* must be accompanied by a code in the range A15.0 - A19.9 *Tuberculosis*
 - O98.1 *Syphilis complicating pregnancy, childbirth and the puerperium* must be accompanied by a code in the range A50.0 - A53.9 *Syphilis*
 - O98.2 *Gonorrhoea complicating pregnancy, childbirth and the puerperium* must be accompanied by a code in the range A54.0 - A54.9 *Gonorrhoea*
 - O98.3 *Other infections with a predominantly sexual mode of transmission complicating 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 complicating pregnancy, childbirth and the puerperium* must be accompanied by a code in the range B15.0 - B19.9 *Viral hepatitis*
 - O98.6 *Protozoal diseases complicating pregnancy, childbirth and the puerperium* must be accompanied by a code in the range B50.0 - B64 *Protozoal diseases.*

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.*

Alzheimer's disease – code G30.8 *Other Alzheimer's disease* must be accompanied with code F00.2 *Dementia in Alzheimer's disease.*

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

Blood alcohol level (Y90.0 – Y90.8) must be accompanied by a code from either F10.0, F10.1, F10.2 *Mental and behavioural disorders due to the use of alcohol.* See ACS 0503 *Drug, alcohol and tobacco use disorder* for further information.

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*

- 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 pacemaker leads may also be assigned with procedure code 38393-00 [653] *Insertion of cardiac defibrillator generator.*

Cardiac pacemakers and electrodes – procedure code 38353-00 [650] *Insertion of 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 cardiac pacemaker*
- 38368-00 [648] *Insertion of permanent transvenous electrode into left ventricle for cardiac pacemaker*
- 38470-00 [649] *Insertion of permanent epicardial electrode for 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 cardiac pacemaker via thoracotomy or sternotomy.*

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

Follow-up – Z48.8 *Other specified surgical follow-up care* must be accompanied by one of the following codes:

- in the range A00.0 - T98.3
- Z39.01 *Postpartum care after hospital delivery*
- Z41.1 *Other plastic surgery for unacceptable cosmetic appearance*
- Z46.6 *Fitting and adjustment of urinary device*
- 42815-00 [205] *Removal of silicone oil.*

Helicobacter pylori [H. pylori] as the cause of diseases classified to other chapters (B96.81) should be assigned with one of the following codes:

- C88.4- *Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]*
- K25.- *Gastric ulcer*, K26.- *Duodenal ulcer*
- K29.4- *Chronic atrophic gastritis*
- K29.5- *Chronic gastritis, unspecified.*

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.*

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 *Other disorders of eyelid* or Q10.1 - Q10.2 *Congenital malformations of eyelid, lacrimal apparatus and orbit.*

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, K40.30 - K40.41, K41.0 - K41.1, K41.3 - K41.4, K420 - K21, K43.0 - K43.1, K43.6, K44.0 - K44.1, K45.0 - K45.1, K46.0 - K46.1.

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.

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*
- 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	<p>Check the morbidity details and amend as appropriate.</p> <p>It is expected that the below identified codes are not assigned together within an episode of care</p> <p>Diabetes mellitus:</p> <ul style="list-style-type: none"> • Type 1 Diabetes mellitus (E10.-) codes can not be assigned with E11.- <i>Type 2 diabetes mellitus</i> or E13.- <i>Other specified diabetes mellitus.</i> • Type 2 Diabetes mellitus (E11.-) codes can not be assigned with E10.- <i>Type 1 diabetes mellitus</i> or E13.- <i>Other specified diabetes mellitus.</i> • Other specified diabetes mellitus (E13.-) codes can not be assigned with E10.- <i>Type 1 diabetes mellitus</i> or E11.- <i>Type 2 diabetes mellitus.</i>

- **Diabetes mellitus with incipient diabetic nephropathy (E1-.21)** can 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.
- **Diabetes Mellitus in pregnancy:**
 - *Pre-existing diabetes mellitus, Type 2, in pregnancy* (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 diabetes mellitus, other specified type, in pregnancy* (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 diabetes mellitus, unspecified, in pregnancy* (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* (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, 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.

Personal history of long term (current) use of other medicaments – insulin (Z92.22) can not be assigned with E10.- *Type 1 diabetes mellitus* or O24.0 *Pre-existing diabetes mellitus, Type 1, in pregnancy*.

Pregnancy and delivery:

- **Delivery:**
 - 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* can not be accompanied by procedures from blocks [1337] *Forceps delivery*, [1338] *Vacuum extraction*, [1339] *Breech delivery and extraction* and [1340] *Caesarean section*.
- **Pregnancy state, incidental** - Z33 can not be accompanied by another code from O00 - O99.8 *Pregnancy, childbirth and the puerperium*. Refer ACS 1521 *Conditions complicating 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*.

Tobacco use - codes F17.1 and F17.2 *Mental and behavioural disorders due to tobacco (harmful use and dependence syndrome)* Z86.43 *Personal history of tobacco use* and Z72.0 *Tobacco use current* are mutually exclusive codes and should not be assigned together in a single episode of care.

Intubation and ventilation:

- **Management of continuous ventilatory support:**
 - 13882-00 – 13882-02 [569] *Ventilatory support* are mutually exclusive codes and should not be assigned together in a single episode of care.
 - 92209-00 – 92209-02 [570] *Noninvasive ventilatory support* are mutually exclusive codes and should not be assigned together in a single episode of care.
- **Management of other intubation of respiratory tract 92035-01 [568]** should not be assigned with codes in Blocks [569] *Ventilatory support* and [570] *Noninvasive ventilatory support* or 92035-00 [568] *Other intubation of respiratory tract*.
- **Other intubation of respiratory tract 92035-00 [568]** should not be assigned with codes in Blocks [569] *Ventilatory support* and [570] *Noninvasive ventilatory support* or 92035-01 [568] *Management of other intubation of respiratory tract*.

Gynaecology:

- **Dilation and Curette of uterus:**
 - 35640-01 [1265] *Curettage of uterus without dilation* can not be assigned with 35643-03 [1265] *Dilation and evacuation of uterus [D&E]*.
- **Gynaecological procedures:**
 - Blocks [1251] *Salpingectomy* and [1252] *Salpingo-oophorectomy* can not be assigned with blocks [1268] *Abdominal hysterectomy* or [1269] *Vaginal hysterectomy*.

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.*

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* can 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* can 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* can 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* can 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* can not be assigned with codes J45.0 *Predominantly allergic asthma*, J45.1 *Nonallergic asthma*, J45.8 *Mixed asthma* or J45.9 *Asthma, unspecified*.
- **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*.

Female genital prolapse:

- **Female urethrocele (N81.0)** can 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)** can not be assigned with N81.2 *Incomplete uterovaginal prolapse*, N81.3 *Complete uterovaginal prolapse* or N81.4 *Uterovaginal prolapse, unspecified*.
- **Vaginal enterocele (N81.5)** can not be assigned with N81.2 *Incomplete uterovaginal prolapse*, N81.3 *Complete uterovaginal prolapse* or N81.4 *Uterovaginal prolapse, unspecified*.
- **Rectocele (N81.6)** can not be assigned with N81.2 *Incomplete uterovaginal prolapse*, N81.3 *Complete uterovaginal prolapse* or N81.4 *Uterovaginal prolapse, unspecified*.

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.

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*.

ECT – Only one code from block [1907] *Electroconvulsive therapy* should be assigned. The two character extension indicates the number of treatments performed in the episode of care.

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.

Mental and behavioural disorders – Harmful use codes should not be coded with other codes in the same rubric.

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

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.

Septic Shock (R57.2) should not be used with R65.1 *Severe Sepsis*.

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

Tonsillitis and tonsillectomy:

- 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*. Please see ACS 0804 *Tonsillitis* for further information.

ICDSEQ H578

Category	FATAL
Message Description	Code must be provided with a procedure code in the range .
Resolution	<p>Check the morbidity details and amend as appropriate.</p> <p>It is expected that the below diagnosis codes are provided with an associated procedure code.</p> <p>Adjustment and management of drug delivery device (Z45.1) must be accompanied by one of the following:</p> <ul style="list-style-type: none">• 13942-02 [1922] <i>Maintenance (alone) of drug delivery device</i>• 39127-00 [39] <i>Insertion of implantable spinal infusion device or pump</i>• 39133-02 [40] <i>Removal of implantable spinal infusion device or pump</i>• 39126-00 [56] <i>Revision of implantable spinal infusion device or pump</i>• a code from Block [1920] <i>Administration of pharmacotherapy</i>• Z53.- <i>Persons encountering health services for specific procedures, not carried out.</i> <p>Adjustment and management of vascular access device (Z45.2) must be accompanied by one of the following:</p> <ul style="list-style-type: none">• 13939-02 [1922] <i>Maintenance (alone) of vascular access device</i>• 92058-01 [1922] <i>Maintenance (alone) of other catheter, implanted for administration of pharmacotherapy</i>• a code from blocks [766] <i>Vascular access device</i>, [1920] <i>Administration of pharmacotherapy</i>• Z53.- <i>Persons encountering health services for specific procedures, not carried out.</i> <p>Pharmacotherapy session for neoplasm - Z51.1 must be accompanied by one of the following:</p> <ul style="list-style-type: none">• a procedure from block [1920] <i>Administration of pharmacotherapy</i>• a procedure from block [1922] <i>Other procedures related to pharmacotherapy</i>• Z53.- <i>Persons encountering health services for specific procedures, not carried out.</i>

ICDSEQ H579

Category	FATAL
Message Description	Code must be provided with a diagnosis code in the range .
Resolution	<p>Check the morbidity details and amend as appropriate.</p> <p>It is expected that the below codes are provided with an associated diagnosis code.</p> <p>Division of adhesions – procedure codes must be provided with a diagnosis code for the following:</p> <ul style="list-style-type: none">• 30278-01 [390] <i>Lysis of adhesions of tongue</i> with Q38.39 <i>Other congenital malformations of tongue</i>• 36812-02 [1095] <i>Endoscopic division of intraluminal bladder adhesions</i> with N32.8 <i>Other specified disorders of bladder</i>• 37008-06 [1095] <i>Division of intraluminal bladder adhesions</i> with N32.8 <i>Other specified disorders of bladder</i>• 41683-00 [372] <i>Division of nasal adhesions</i> with J34.8 <i>Other specified disorders of nose and nasal sinuses</i> or J95.8 <i>Other postprocedural respiratory disorders</i>• 41683-01 [372] <i>Division of nasal adhesions with insertion of stent</i> with J34.8 <i>Other specified disorders of nose and nasal sinuses</i> or J95.8 <i>Other postprocedural respiratory disorders</i>• 90402-01 [1994] <i>Division of penile adhesions</i> with N47 <i>Redundant prepuce, phimosis and paraphimosis</i>, N99.8 <i>Other postprocedural disorders of genitourinary system</i> or Q55.8 <i>Other specified congenital malformations of male genital organs</i>. <p>Prophylactic Surgery – It is expected that a procedure code or a code in the range Z53.0 - Z53.9 <i>Persons encountering health services for specific procedures, not carried out</i> be assigned where indicated by the diagnosis code in the range Z40.0 - Z40.9 <i>Prophylactic surgery for risk-factors related to malignant neoplasms</i>.</p>

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	<p>Check the morbidity details (grams) and Baby admission weight and amend as appropriate.</p> <ul style="list-style-type: none">• P07.01 <i>Extremely low birth weight 499g or less</i> is only valid for birth weight between 0000 and 499 grams• P07.02 <i>Extremely low birth weight 500 - 749g</i> is only valid for birth weight between 500 and 749 grams• P07.03 <i>Extremely low birth weight 750 - 999g</i> is only valid for birth weight between 750 and 999 grams• P07.11 <i>Other low birth weight 1000 - 1249g</i> is only valid for birth weight between 1000 and 1249 grams• P07.12 <i>Other low birth weight 1250 - 1499g</i> is only valid for birth weight between 1250 and 1499 grams• P07.13 <i>Other low birth weight 1500 - 2499g</i> is only valid for birth weight between 1500 and 2499 grams.

ICD H586

Category	FATAL
Message Description	Code cannot be performed at facility . Please confirm if this facility can perform this procedure.
Resolution	<p>Check the morbidity details and amend as appropriate.</p> <p>The procedure is a rare or specialist procedure that would not normally be performed at this hospital. Check the procedure code and confirm that the patient has not been sent on a contract. If the patient has been sent on a contract, ensure that the contract facility code is correct and the procedure is flagged as contracted.</p> <p>If the hospital or contracted hospital (service provider) can perform this type of procedure, contact HSB to check if the facility details are correct.</p>

ICD H609

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

ICD H613

Category	FATAL
Message Description	Code is not an acceptable diagnosis code. Please specify actual morbidity.
Resolution	<p>Check the morbidity details and amend as appropriate.</p> <p>The diagnosis code provided in the message is not an acceptable diagnosis code and another (more specific) code should be used to record the actual condition.</p> <p>Viral Hepatitis: The concept of carrier (state) Z22.5 is no longer clinically correct; carrier codes should never be assigned. Please refer to ACS 0104 <i>Viral Hepatitis</i> and ACS 0049 <i>Disease codes that must never be assigned</i>.</p> <p>Emergency Use Codes: U06 – U49 cannot be used unless advised by World Health Organisation.</p> <p>Non-specific codes - F99 <i>Mental disorder, not otherwise specified</i>, and R69 <i>Unknown and unspecified causes of morbidity</i> should not be assigned. A warning will be generated for R68.8 <i>Other specified general symptoms and signs</i>.</p> <p>See ACS 0049 <i>Disease codes that must never be assigned</i> for further details.</p>

ICD H614

Category	FATAL
Message Description	Code does not match diagnosis site code. Please review excludes notes.
Resolution	<p>Check the morbidity details and amend as appropriate.</p> <p>Fracture Femur Reduction – The procedure code 47528-01 [1486] <i>Open reduction of fracture of femur with internal fixation</i> and 47531-00 [1486] <i>Closed reduction of fracture of femur with internal fixation</i> 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] <i>Internal fixation of fracture of trochanteric or subcapital femur</i>.</p>

ICD H647

Category	FATAL
Message Description	The principal diagnosis does not have a Condition present on admission indicator of 1 Condition present on admission to the episode of admitted patient care and Source of referral/transfer (admission source) is not 09 Born in hospital.
Resolution	<p>Check the morbidity details, Condition present on admission indicator and Source of referral/transfer (admission source) and amend as appropriate.</p> <p>If the ICD-10-AM/ACHI code identifier is PD then Condition present on admission (CPoA) indicator must be 1 Condition present on admission to the episode of admitted patient care, unless if the Source of referral/transfer (admission source) is 09 Born in hospital. For newborns, the principal diagnosis may be assigned a CPoA indicator of 2 Condition arose during the episode of admitted patient care, if appropriate (excluding Z38.- <i>Liveborn infants according to place of birth</i>).</p> <p>See Section 9.10 Condition present on admission indicator.</p>

ICD H648

Category	FATAL
Message Description	The Condition present on admission indicator is missing or invalid for diagnosis code .
Resolution	<p>Check the morbidity details and Condition present on admission indicator and amend as appropriate.</p> <p>Depending on the diagnosis code assigned, ensure that a valid CPoA indicator is provided.</p> <p>See Section 9.10 Condition present on admission indicator.</p>

ICD H649

Category	FATAL
Message Description	A Condition present on admission indicator has been assigned against a procedure code.
Resolution	<p>Check the morbidity details and Condition present on admission indicator and amend as appropriate.</p> <p>The CPoA indicator must not be assigned for procedure codes, it is only recorded for diagnosis codes.</p> <p>See Section 9.10 Condition present on admission indicator.</p>

ICD H650

Category	WARNING
Message Description	Other diagnosis code has a Condition present on admission indicator of 2 Condition arose during the episode of admitted patient care but no External cause codes have a Condition present on admission indicator of 2.
Resolution	<p>Check the morbidity details and Condition present on admission indicator and amend as appropriate.</p> <p>It is expected that the identified diagnosis code(s) that have a CPoA indicator of 2 Condition arose during episode of admitted patient care are accompanied by external cause codes.</p> <ul style="list-style-type: none">▪ Post procedural conditions - with a CPoA indicator of 2 Condition arose during episode of admitted patient care are expected to have associated External cause codes with the same CPoA indicator. Refer also ACS 1904 <i>Procedural complications</i>.▪ Injury conditions – with a CPoA indicator of 2 Condition arose during episode of admitted patient care are expected to have associated External cause codes with the same CPoA indicator. <p>See Section 9.10 Condition present on admission indicator.</p>

ICD H652

Category	FATAL
Message Description	If this patient is admitted for same day dialysis, the principal diagnosis should be Z491.
Resolution	<p>Check the morbidity details and amend as appropriate.</p> <p>As per ACS 1404 <i>Admission for kidney dialysis</i>, 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 <i>Extracorporeal dialysis</i> or Z49.2 <i>Other dialysis</i> as the principal diagnosis as appropriate.</p>

ICD H655

Category	FATAL
Message Description	Code must have a Condition present on admission indicator of 1 Condition present on admission to the episode of admitted patient care.
Resolution	<p>Check the morbidity details and Condition present on admission indicator and amend as appropriate.</p> <p>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, and live born infants according to place of birth should all have a CPoA indicator of 1 Condition present on admission to the episode of admitted patient care.</p> <p>U78 – U88 <i>Supplementary codes for chronic conditions</i> should all have a CPoA indicator of 1 Condition present on admission to the episode of admitted patient care.</p> <p>See Section 9.3 Additional (other) diagnoses (sequelae, complications and supplementary chronic conditions) and Section 9.10 Condition present on admission indicator.</p>

ICD H656

Category	WARNING
Message Description	Code usually has a Condition present on admission indicator of 1 Condition present on admission to the episode of admitted patient care. Please confirm this is correct.
Resolution	<p>Check the morbidity details and Condition present on admission indicator and amend as appropriate.</p> <p>It is unlikely the condition coded would have arisen during the episode of care.</p> <p>Examples of conditions expected to have a CPoA indicator of 2 Condition arose during the episode of admitted patient care, include a condition resulting from misadventure during surgical or medical care in the current episode of admitted patient 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 admitted patient care (e.g. cancelled procedure, multi-resistant <i>Staphylococcus aureus</i> (MRSA)).</p> <p>See Section 9.10 Condition present on admission indicator.</p>

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 7.41 Continuous ventilatory support.

ICD H663

Category	FATAL
Message Description	Duration of Continuous Ventilatory Support was reported, but the appropriate procedure code is missing.
Resolution	Check the morbidity details and Duration of Continuous Ventilatory Support and amend as appropriate. See Section 7.41 Continuous ventilatory support.

ICD H664

Category	FATAL
Message Description	The Duration of Continuous Ventilatory Support and the procedure code reported do not match.
Resolution	Check the morbidity details and Duration of Continuous Ventilatory Support and amend as appropriate. See Section 7.41 Continuous ventilatory support.

ICD H692

Category	FATAL
Message Description	A chronic condition code has been sequenced before other diagnosis codes or after procedure 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 procedure codes. See ACS 0003 <i>Supplementary codes for chronic conditions</i> for further information. See Section 9.3 Additional (other) diagnoses (sequelae, complications and supplementary chronic conditions).

ICD H693

Category	WARNING or FATAL (Dependent on code assigned)
Message Description	Procedure is an uncommon procedure. Please confirm correct code has been assigned.
Resolution	Check the morbidity details and amend as appropriate. The procedure code has been identified as being uncommon. If correct, formally notify HSB.

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 Z52.00 - Z52.4, Z52.6 or Z52.8. Please check and confirm principal diagnosis code. See ACS 0030 <i>Organ and tissue procedure and transplantation</i> for further information.

ICD H695

Category	FATAL
Message Description	Code cannot immediate follow code .
Resolution	Check the morbidity details and amend as appropriate. The identified ICD-10-AM/ACHI code can not immediately follow the preceding code Sedation codes in the range 92515-10 – 92515-99 [1910] can not immediately follow codes in the range 92514-10 – 9251499 [1910] <i>General anaesthesia</i> . Episodes of care with electroconvulsive therapy (ECT) are excluded from this validation.

ICD H698

Category	FATAL
Message Description	Code cannot be the principal diagnosis with .
Resolution	<p>Check the morbidity details and amend as appropriate.</p> <p>For admissions for treatment of gastroenteritis (A09.0 - A09.9) and dehydration (E86 <i>Volume depletion</i>), gastroenteritis should be sequenced as the principal diagnosis with dehydration as an additional diagnosis in alignment with ACS 1120 <i>Dehydration with gastroenteritis</i>.</p>

ICD H699

Category	FATAL
Message Description	Code cannot be assigned with a principal diagnosis of .
Resolution	<p>Check the morbidity details and amend as appropriate.</p> <p>Principal diagnosis codes in the range O03.0 - O03.9 <i>Spontaneous abortion</i> and O06.0 – O06.9 <i>Unspecified abortion</i> can not be assigned with procedures from Block [1337] <i>Forceps delivery</i>, [1338] <i>Vacuum extraction</i>, [1339] <i>Breech delivery and extraction</i> or [1340] <i>Caesarean section</i>.</p>

ICD H831

Category	FATAL
Message Description	Newborns with a code in the range P590-P599 must be accompanied by procedure code 906770.
Resolution	<p>Check the morbidity details and amend as appropriate.</p> <p>As per ACS 1615 <i>Specific diseases and interventions related to the sick neonate</i> a diagnosis code for jaundice of the newborn (P59.0 – P59.9) should only be assigned when greater than 12 hours of phototherapy is provided.</p>

ICD H832

Category	FATAL
Message Description	Continuous ventilatory support less than 60 minutes contravenes coding standards. Please check time value reported.
Resolution	<p>Check the morbidity details and Duration of CVS and amend as appropriate.</p> <p>As per ACS 1006 <i>Ventilatory support</i>, 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.</p> <p>See Section 7.41 Continuous ventilatory support.</p>

ICD H863

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

ICD H901

Category	FATAL
Message Description	Code cannot be the principal diagnosis with a Mode of separation (discharge status) of .
Resolution	<p>Check the morbidity details and Mode of separation (discharge status) and amend as appropriate.</p> <p>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.- <i>Liveborn infants</i>.</p> <p>Any conditions arising during the birth episode should be sequenced before Z38.- <i>Liveborn infants</i> according to place of birth.</p>

EPISODE LINKING (LINK) ERRORS

These errors 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 episodes 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	<p>Check the Source of referral/transfer (admission source) and previous episodes for this patient and amend as appropriate.</p> <p>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.</p> <p>For public hospitals, to trigger the record to extract re-file the ADM, DISCHARGE and CODING screens.</p>

LINK H190

Category	WARNING
Message Description	According to our records, this patient has been admitted for over three months and has not yet been discharged.
Resolution	<p>Check the Mode of separation (discharge status) of this episode and the Discharge date of the following episode for this patient and amend as appropriate.</p> <p>If Mode of separation (discharge status) is 06 Episode change, HSB validates that the following (linked) episode has been received at three months. Either the patient is still admitted or the patient has been discharged and the episode has not been sent.</p> <p>If the patient is still admitted no further action is required.</p>

MENTAL HEALTH (MH) ERRORS

These errors 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 7.23 Standard unit code and Section 10 Mental Health Details.

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 7.23 Standard unit code and Section 10 Mental Health Details.

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 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 10.2 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 10.2 Employment status.

MH M6

Category	FATAL
Message Description	Employment status is 4 Employed, but age is less than 14 years.
Resolution	Check the Employment status and Date of birth and amend as appropriate. See Section 10.2 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 10.3 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 10.3 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 10.3 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 10.3 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 10.4 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 10.5 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 10.6 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 Mental health legal status indicator and amend as appropriate. See Section 10.6 Mental health legal status indicator.

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 10.7 Previous specialised non-admitted treatment.

NATIONAL LOCALITY INDEX (NLI) ERRORS

These errors 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	<p>Check the Locality, Postcode and Australian state/territory of usual residence and amend as appropriate.</p> <p>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.</p> <p>If the address is valid, formally notify HSB.</p> <p>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 HSB.</p> <p>See Section 6.11 Address of usual residence.</p>

NLI H152

Category	FATAL
Message Description	The combination of suburb, postcode and state is invalid. The address is: Postcode: , State: , Suburb: .
Resolution	<p>Check the Locality, Postcode and Australian state/territory of usual residence and amend as appropriate.</p> <p>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.</p> <p>If the address is valid, formally notify HSB.</p> <p>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 HSB.</p> <p>See Section 6.11 Address of usual residence.</p>

NATIONAL MINIMUM DATA SET (NMDS) ERRORS

These errors 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	<p>Check the Transferring from facility (extended source code) and Source of referral/transfer (admission source) and amend as appropriate.</p> <p>If Source of referral/transfer (admission source) is 12 Correctional facility, 15 Residential aged care service, 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.</p> <p>See Section 7.12 Source of referral/transfer (admission source), Section 7.13 Transferring from facility (extended source code) and Appendix A.</p>

NMDS H75

Category	FATAL
Message Description	Transferring to facility is missing or invalid.
Resolution	<p>Check the Mode of separation (discharge status) and Transferring to facility code and amend as appropriate.</p> <p>If Mode of separation (discharge status) is 12 Correctional facility, 15 Residential aged care service or 16 Transferred to another hospital, a Transferring to facility code must be provided.</p> <p>See Section 7.32 Mode of separation (discharge status), Section 7.33 Transferring to facility and Appendix A.</p>

NMDS H78

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

NMDS H81

Category	FATAL
Message Description	Patient ID is missing or 0. Admission/episode number is , Date of birth is , Sex is .
Resolution	<p>Check the Patient ID and amend as appropriate.</p> <p>If further details are required to help identify the patient, contact HSB.</p> <p>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.</p> <p>See Section 6.1 Patient identifier.</p>

NMDS H86

Category	WARNING
Message Description	Baby admission weight is missing and age is less than 29 days.
Resolution	<p>Check the Baby admission weight and Date of birth and amend as appropriate.</p> <p>For all babies less than 29 days, a Baby admission weight must be reported unless the baby is a boarder.</p> <p>See Section 7.29 Baby admission weight.</p>

NMDS H97

Category	FATAL
Message Description	Please provide the patient's address of usual residence for this admission/episode; including suburb, postcode and state.
Resolution	<p>Check the Number and street of usual residence, Locality, Postcode and Australian State/Territory of usual residence and amend as appropriate.</p> <p>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.</p> <p>See Section 6.11 Address of usual residence.</p>

NMDS H99

Category	FATAL
Message Description	Sex is missing or invalid.
Resolution	Check the Sex code and amend as appropriate. See Section 6.6 Sex.

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 7.34 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 7.32 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 name is missing. Please provide the patient's full name.
Resolution	Check the Given names and Family name and amend as appropriate. If the name of the patient is unknown, provide the name used in the patient's record, or record the Given name as Unknown and the Family name (surname) as Unknown. If a patient has only one name, this name should be recorded as the Family name (surname). See Section 6.2 Family name and Section 6.3 Given names.

NMDS H118

Category	FATAL
Message Description	Admission ward is missing or invalid.
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 7.24 Admission ward.

NMDS H121

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

NMDS H145

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

NMDS H347

Category	FATAL
Message Description	The Qualification status is missing or invalid for status change on .
Resolution	<p>Check the Qualification status and amend as appropriate.</p> <p>See Section 7.7 Qualification status.</p>

NMDS H350

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

NMDS H501

Category	FATAL
Message Description	The Standard unit code is missing or invalid as at .
Resolution	<p>Check the Standard unit code and amend as appropriate.</p> <p>For public hospital the Standard unit code is mapped from the treating doctor units.</p> <p>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).</p> <p>See Section 7.23 Standard unit code and Appendix J Standard Unit Codes.</p>

NMDS H502

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

ORGAN PROCUREMENT EPISODE (ORGAN) ERRORS

These errors 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, 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	<p>Check the Care type, Source of referral/transfer (admission source), Mode of separation (discharge status) and Funding source and amend as appropriate.</p> <p>For organ procurement episodes;</p> <ul style="list-style-type: none">• Care type = 07 Organ procurement• Source of referral/transfer (admission source) = 20 Organ procurement• Mode of separation (discharge status) = 13 Organ procurement• Funding source = 12 Other funding source. <p>See Section 4.15 Organ donors.</p>

ORGAN H383

Category	FATAL
Message Description	This episode is for organ procurement but has been linked to elective episode .
Resolution	<p>Check the identified linked Elective episode and amend as appropriate.</p> <p>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.</p> <p>See Section 4.15 Organ donors.</p>

ORGAN H385

Category	FATAL
Message Description	Mental Health details have been provided but this episode is for organ procurement.
Resolution	<p>Check the Mental health details and amend as appropriate.</p> <p>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.</p> <p>See Section 4.15 Organ donors.</p>

ORGAN H387

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

ORGAN H389

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

ORGAN H393

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

ORGAN H430

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

ORGAN H434

Category	FATAL
Message Description	Care type is 07 Organ procurement, but length of stay is greater than 24 hours.
Resolution	<p>Check the Admission date/time and Separation date/time and amend as appropriate.</p> <p>An organ procurement patient should only have a length of stay of approximately 24 hours. The organ procurement team aim to be on site within eight hours of the patient being pronounced deceased. It would only be under special circumstances that the patients length of stay may be longer, e.g. the relatives have to travel from overseas before the procurement treatment may begin.</p> <p>If the episode is more than 24 hours and the details are correct, formally notify HSB of the reason the episode was longer than expected.</p> <p>See Section 4.15 Organ donors.</p>

PALLIATIVE EPISODE (PAL) ERRORS

These errors 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 PATIENT EPISODE (SNAP) ERRORS

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

SNAP H370

Category	FATAL
Message Description	Patient admitted/transferred to a SNAP ward but facility did not have a designated SNAP unit as at .
Resolution	Check the Standard ward code and amend as appropriate. If a SNAP unit has been established, formally notify HSB. See Section 7.25 Standard ward code and Appendix K Designated Sub Acute and Non-Acute (SNAP) Units.

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.

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, the score should be entered as 999. See Section 12.3.4 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	<p>Check the SNAP start date and SNAP end date and amend as appropriate.</p> <p>See Section 12.2.4 SNAP start date and Section 12.2.5 SNAP end date.</p>

SNAP H524

Category	FATAL
Message Description	SNAP episodes and are overlapping. Please check all SNAP episodes.
Resolution	<p>Check the SNAP start date and SNAP end date and amend as appropriate.</p> <p>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.</p> <p>See Section 12.2.4 SNAP start date and Section 12.2.5 SNAP end date.</p>

SNAP H525

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

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	<p>Check the SNAP details and amend as appropriate.</p> <p>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.</p> <p>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.</p> <p>See Section 12 Sub and Non-Acute Patient (SNAP) Details.</p>

SNAP H527

Category	FATAL
Message Description	ADL Type is missing or invalid in SNAP episode for ADL date .
Resolution	<p>Check the Activity of Daily Living (ADL) type and amend as appropriate.</p> <p>See Section 12.3.2 Activity of Daily Living (ADL) type.</p>

SNAP H528

Category	FATAL
Message Description	ADL Sub type is missing or invalid in SNAP episode for ADL Date .
Resolution	<p>Check the Activity of Daily Living (ADL) sub type and amend as appropriate.</p> <p>See Section 12.3.3 Activity of Daily Living (ADL) sub-type.</p>

SNAP H529

Category	FATAL
Message Description	ADL Subtype does not match ADL type in SNAP episode for ADL Date .
Resolution	<p>Check the Activity of Daily Living (ADL) type and Activity of Daily Living (ADL) sub type and amend as appropriate.</p> <p>See Section 12.3.2 Activity of Daily Living (ADL) type, Section 12.3.3 Activity of Daily Living (ADL) sub-type and Section 12.3.4 Activity of Daily Living (ADL) score.</p>

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 12.3.4 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 12.3.4 Activity of Daily Living (ADL) score 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. See Section 12.3.4 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 12.3.7 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 12.3.7 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	<p>Check the SNAP start and end dates, Leave start and end dates and amend as appropriate.</p> <p>A SNAP patient must be physically in the hospital to commence a SNAP episode.</p> <p>See Section 12 Sub and Non-Acute Patient (SNAP) Details and Section 4.10 Leave.</p>

SNAP H539

Category	FATAL
Message Description	SNAP Episode (with SNAP Type) has an invalid ADL Type provided as at (ADL Type is).
Resolution	<p>Check the SNAP type and Activity of Daily Living (ADL) type and amend as appropriate.</p> <p>Specific ADL type codes relate to specific SNAP type codes. If the ADL type is not matched this SNAP episode cannot be grouped.</p> <p>See Section 12.2.2 SNAP type and Section 12.3.2 Activity of Daily Living (ADL) type.</p>

SNAP H540

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

SNAP H541

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

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. For example, FIM ADL subtype must have both COG and MOT ADL subtype scores to allow accurate grouping. See Section 12.3.2 Activity of Daily Living (ADL) type and Section 12.3.3 Activity of Daily Living (ADL) sub-type.

SNAP H544

Category	FATAL
Message Description	For SNAP Episode there was more than one ADL type provided as at for SNAP Type .
Resolution	Check the SNAP type and Activity of Daily Living (ADL) type and amend as appropriate. Only one ADL type can be recorded per day. See Section 12.3.2 Activity of Daily Living (ADL) type and Section 12.3.3 Activity of Daily Living (ADL) sub-type.

SNAP H546

Category	FATAL
Message Description	This episode could not be allocated a SNAP class due to an error occurring within SNAP episode (grouper error).
Resolution	Check the SNAP error and amend as appropriate. This validation will always occur in conjunction with a SNAP validation.

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 H703

Category	FATAL
Message Description	Care type is 09 Geriatric Evaluation and Management, 10 Psychogeriatric, 20 Rehabilitation or 30 Palliative, but Multidisciplinary care plan flag is missing.
Resolution	Check the Care type and Multidisciplinary care plan flag and amend as appropriate. 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	Care type is 09 Geriatric Evaluation and Management, 10 Psychogeriatric, 20 Rehabilitation or 30 Palliative, but Proposed principal referral service code is missing or invalid.
Resolution	Check the Care type and Proposed principal referral service code and amend as appropriate. See Section 7.15 Care type and Section 12.2.9 Proposed principal referral service.

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 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.

TELEHEALTH (TID) ERRORS

These errors 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 (HBCIS 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 (HBCIS Only).

TID H852

Category	FATAL
Message Description	Telehealth EVENT_ID Retrieval Services Queensland (RSG) is missing or invalid.
Resolution	Check the Retrieval Services Queensland (RSG) and amend as appropriate. See Section 16.8 Retrieval Services Queensland (RSQ).

TID H853

Category	FATAL
Message Description	Telehealth EVENT_ID Retrieval Services Queensland (RSG) is 1, but Provider facility is not blank.
Resolution	<p>Check the Retrieval Services Queensland (RSG) and Provider facility and amend as appropriate.</p> <p>If the Telehealth event id Retrieval Service Queensland (RSQ) flag is 1 (Yes), then the Provider Facility must be null.</p> <p>See Section 16.8 Retrieval Services Queensland (RSQ) and Section 16.9 Provider facility.</p>

TID H854

Category	FATAL
Message Description	Telehealth Event ID is invalid or missing.
Resolution	<p>Check the identified field in the message and amend as appropriate.</p> <p>See Section 16 Telehealth (HBCIS Only).</p>

TID H855

Category	FATAL
Message Description	Telehealth Event ID must be numeric.
Resolution	<p>Check the identified field in the message and amend as appropriate.</p> <p>See Section 16 Telehealth (HBCIS Only).</p>

TID H856

Category	FATAL
Message Description	Telehealth session identifier (ID) is missing or invalid. This record has not been loaded.
Resolution	<p>Check the Telehealth session identifier (ID) and amend as appropriate.</p> <p>See Section 16.7 Telehealth session identifier.</p>

TID H857

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

WORKERS COMPENSATION QUEENSLAND (WCP) ERRORS

These errors relate to all Workers Compensation Queensland data items.

WCP H235

Category	FATAL
Message Description	Workers Compensation Status is invalid.
Resolution	Check the identified field in the message 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).

TABLE 1 – VALID CONGENITAL ANOMALY CODES

CODE	DESCRIPTION
9998	No Foetal abnormality found
9999	Not Stated/Unknown
D181	Lymphangioma, any site
D560	Alpha thalassaemia
D561	Beta Thalassaemia
D562	Deltabeta thalassaemia
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	Huntingtons Disease
G600	Hereditary motor and sensory neuropathy
G710	Muscular dystrophy
G711	Myotonic disorders
G712	Congenital myopathies
G901	Familial dysautonomia [Riley-Day]
P000	Fetus and newborn affected by maternal hypertensive disorders
P0000	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

CODE	DESCRIPTION
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
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
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

CODE	DESCRIPTION
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
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	Oth spec congenital malformations brain
Q049	Congenital malformation of brain unsp
Q0500	Cerv spina bifida w hydrocephalus unsp
Q0501	Cerv spina bifida w hydrocephalus open
Q0502	Cerv spina bifida w hydrocephalus closed
Q0510	Thor spina bifida w hydrocephalus unsp
Q0511	Thor spina bifida w hydrocephalus open
Q0512	Thor spina bifida w hydrocephalus closed
Q0520	Lmbr spina bifida w hydrocephalus unsp

CODE	DESCRIPTION
Q0521	Lmbr spina bifida w hydrocephalus open
Q0522	Lmbr spina bifida w hydrocephalus closed
Q0530	Sacr spina bifida w hydrocephalus unsp
Q0531	Sacr spina bifida w hydrocephalus open
Q0532	Sacr spina bifida w hydrocephalus closed
Q0540	Unsp spina bifida w hydrocephalus unsp
Q0541	Unsp spina bifida w hydrocephalus open
Q0542	Unsp spina bifida w hydrocephalus closed
Q0550	Cerv spina bifida wo hydrocephalus unsp
Q0551	Cerv spina bifida wo hydrocephalus open
Q0552	Cerv spina bifida wo hydrocephalus clsd
Q0560	Thor spina bifida wo hydrocephalus unsp
Q0561	Thor spina bifida wo hydrocephalus open
Q0562	Thor spina bifida wo hydrocephalus clsd
Q0570	Lmbr spina bifida wo hydrocephalus unsp
Q0571	Lmbr spina bifida wo hydrocephalus open
Q0572	Lmbr spina bifida wo hydrocephalus clsd
Q0580	Sacr spina bifida wo hydrocephalus unsp
Q0581	Sacr spina bifida open
Q0582	Sacr spina bifida closed
Q0590	Spina bifida, unspecified unsp
Q0591	Spina bifida, unspecified open
Q0592	Spina bifida unspecified closed
Q060	Amyelia
Q061	Hypoplasia and dysplasia of spinal cord
Q062	Diastematomyelia
Q063	Oth cong cauda equina malformations
Q064	Hydromyelia
Q068	Oth spec cong malformations spinal cd
Q069	Congenital malformation spinal cord unsp
Q070	Arnold-Chiari syndrome

CODE	DESCRIPTION
Q0781	Jaw-winking syndrome
Q0782	Optic nerve hypoplasia
Q0789	Oth spec cong malform nervous system
Q079	Cong malformation nervous system unsp
Q100	Congenital ptosis
Q101	Congenital ectropion
Q102	Congenital entropion
Q103	Other congenital malformations of eyelid
Q104	Absence and agenesis of lacrimal apparatus
Q105	Cong stenosis stricture lacrimal duct
Q106	Oth cong malformations lacrimal app
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 unsp
Q130	Coloboma of iris
Q131	Absence of iris
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

CODE	DESCRIPTION
Q138	Oth cong malform ant segment eye
Q139	Cong malform ant segment eye unsp
Q140	Congenital malformation vitreous humour
Q141	Congenital malformation of retina
Q142	Congenital malformation of optic disc
Q143	Congenital malformation of choroid
Q148	Oth cong malform post segment eye
Q149	Cong malform posterior segment eye unsp
Q150	Congenital glaucoma
Q158	Oth spec congenital malformations of eye
Q159	Congenital malformation of eye unsp
Q160	Congenital absence of (ear) auricle
Q161	Cong absc atresia aud canal
Q162	Absence of eustachian tube
Q163	Congenital malformation of ear ossicles
Q164	Oth congenital malformations middle ear
Q165	Congenital malformation of inner ear
Q169	Cong malform ear impair hearing unsp
Q1701	Accessory auricle
Q1702	Ear tag
Q171	Macrotia
Q172	Microtia
Q173	Other misshapen ear
Q174	Misplaced ear
Q175	Prominent ear
Q178	Oth spec congenital malformations of ear
Q179	Congenital malformation of ear unsp
Q180	Sinus fistula and cyst of branchial cleft
Q181	Preauricular sinus and cyst
Q182	Other brachial cleft malformations
Q183	Webbing of neck

CODE	DESCRIPTION
Q184	Macrostomia
Q185	Microstomia
Q186	Macrocheilia
Q187	Microcheilia
Q188	Oth spec cong malform face and neck
Q189	Congenital malformation face and neck unsp
Q200	Common arterial trunk
Q201	Double outlet right ventricle
Q202	Double outlet left ventricle
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	Cong malform cardiac chambers unsp
Q2100	Unspecified ventricular septal defect
Q2101	Muscular ventricular septal defect
Q2102	Perimembranous ventric septal defect
Q2103	Subarterial ventricular septal defect
Q2104	Gerbode defect
Q2109	Other ventricular septal defect

CODE	DESCRIPTION
Q2110	Unspecified atrial septal defect
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 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	Cong malformation cardiac septum unsp
Q220	Pulmonary valve atresia
Q221	Congenital pulmonary valve stenosis
Q222	Congenital pulmonary valve insufficiency
Q2230	Congenital malformation of pulmonary valve, unspecified
Q2231	Dysplasia of pulmonary valve
Q2239	Other specified congenital malformations of pulmonary valve
Q2241	Congenital tricuspid stenosis
Q2242	Congenital tricuspid atresia
Q225	Ebsteins anomaly
Q226	Hypoplastic right heart syndrome
Q2281	Congenital tricuspid insufficiency

CODE	DESCRIPTION
Q2282	Congenital tricuspid dysplasia
Q2289	Other specified congenital malformations of tricuspid valve
Q229	Cong malformation tricuspid valve unsp
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	Cong malform aortic and mitral valve unsp
Q240	Dextrocardia
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 unsp

CODE	DESCRIPTION
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
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	Oth cong malformations great arteries
Q259	Cong malformation great arteries unsp
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 pulm venous connection
Q263	Partial anomalous pulm venous connection
Q264	Anomalous pulm venous connection unsp
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 great vein unsp
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
Q278	Oth spec cong malform perph vasc sys
Q279	Cong malform peripheral vasc sys unsp
Q280	AVM precerebral vessels
Q281	Oth malformations of precerebral vessels
Q282	Arteriovenous malform cerebral vessels
Q2830	Congenital malformation of cerebral vessels, unspecified
Q2831	Aneurysm of great vein of Galen
Q2839	Other specified malformations of cerebral vessels
Q288	Oth spec cong malform circulatory sys
Q289	Cong malform circulatory system unsp
Q3001	Choanal atresia
Q3002	Choanal stenosis
Q301	Agensis and underdevelopment of nose

CODE	DESCRIPTION
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 unsp
Q310	Web of larynx
Q311	Congenital subglottic stenosis
Q312	Laryngeal hypoplasia
Q313	Laryngocele
Q314	Congenital laryngeal stridor
Q315	Congenital laryngomalacia
Q318	Other congenital malformations of larynx
Q319	Congenital malformation of larynx unsp
Q320	Congenital tracheomalacia
Q321	Oth congenital malformations of trachea
Q322	Congenital bronchomalacia
Q323	Congenital stenosis of bronchus
Q324	Oth 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

CODE	DESCRIPTION
Q336	Hypoplasia and dysplasia of lung
Q338	Other congenital malformations of lung
Q339	Congenital malformation of lung unsp
Q340	Anomaly of pleura
Q341	Congenital cyst of mediastinum
Q348	Oth spec cong malform respiratory sys
Q349	Cong malform respiratory system unsp
Q350	Cleft hard palate, bilateral
Q3510	Cleft hard palate, unspecified
Q3511	Cleft hard palate, bilateral
Q3512	Cleft hard palate, median
Q3513	Cleft hard palate, unilateral
Q352	Cleft soft palate, bilateral
Q3530	Cleft soft palate, unspecified
Q3531	Cleft soft palate, bilateral
Q3532	Cleft soft palate, median
Q3533	Cleft soft palate, unilateral
Q354	Cleft hard palate with cleft soft palate, bilateral
Q355	Cleft hard palate with cleft soft palate
Q356	Cleft palate, medial
Q357	Cleft uvula
Q358	Cleft palate, unspecified, bilateral
Q359	Cleft palate, unspecified
Q360	Cleft lip, bilateral
Q361	Cleft lip, median
Q369	Cleft lip, unilateral
Q370	Cleft hard palate w bilateral cleft lip
Q371	Cleft hard palate w unilateral cleft lip
Q372	Cleft soft palate w bilateral cleft lip
Q373	Cleft soft palate w unilateral cleft lip
Q374	Cleft hard and soft palate w bil cleft lip

CODE	DESCRIPTION
Q375	Cleft hard and soft palate w uni clft lip
Q378	Unsp cleft palate w bil cleft lip
Q379	Unsp cleft palate w uni cleft lip
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
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	Oth congenital malformations of pharynx

CODE	DESCRIPTION
Q390	Atresia of oesophagus without fistula
Q3910	Atresia of oesophagus with oesophageal fistula, unspecified
Q3911	Atrsa oesoph w fist b trach and upp oesoph
Q3912	Atrs oesoph w fist b trach and low oesoph
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
Q3919	Atresia oesoph w tracheo-oesoph fist
Q3921	Cong tracheo-oesoph fistula wo atresia
Q3922	Cong broncho-oesoph fistula wo atresia
Q393	Cong stenosis and stricture 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	Oth congenital malformations oesoph
Q399	Congenital malformation oesophagus unsp
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 unsp
Q408	Oth spec cong malform upp alimntry tr

CODE	DESCRIPTION
Q409	Cong malform upp alimntry tract unsp
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	Cong absc atrs stenosis sm intest unsp
Q4200	Cong absc atrsa stenosis rect unsp fist
Q4201	Cong absc atrs stenosis rect recturth fist
Q4202	Cong absc atrs stenosis rect rectvesc fist
Q4203	Cong absc atrs stenosis rect rectvvl fist
Q4204	Cong absc atrs stenosis rect rectocut fist
Q4205	Cong absc atrs stenosis rect rectclcl fist
Q4209	Cong absc atrs and stenosis rect w oth fist
Q421	Cong absc atrs stenosis rectum wo fist
Q4220	Cong absc atrs stenosis ans w unsp fist
Q4221	Cong absc atrs stenosis ans anocutan fist
Q4222	Cong absc atrs stenosis ans anovestib fist
Q4229	Cong absc atrs stenosis anus w oth fist
Q423	Cong absence atrs stenosis anus wo fist
Q428	Cong absc atrs stenosis oth lrg intest
Q429	Cong absc atrs stenosis lrg intest unsp
Q430	Meckels diverticulum
Q4310	Hirschsprungs disease, unspecified
Q4311	Short segment Hirschsprungs disease
Q4312	Long segment Hirschsprungs disease
Q4313	Total aganglionosis of colon and intestine

CODE	DESCRIPTION
Q4319	Other Hirschsprungs disease
Q432	Oth congenital functional disrd of colon
Q4331	Malrotation of colon
Q4332	Cong intra-abdominal adhesions (bands)
Q4339	Oth cong malform 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 intestine unsp
Q440	Agenesis aplasia hypoplasia gallbladder
Q441	Oth congenital malformations gallbladder
Q442	Atresia of bile ducts
Q443	Cong stenosis and stricture bile ducts
Q444	Choledochal cyst
Q445	Oth congenital malformations 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 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	Oth cong malform pancreas pancr duct
Q4581	Absc (compl) (prt) alimntry tract NEC

CODE	DESCRIPTION
Q4582	Duplication of digestive organs NEC
Q4583	Cong malposition of digestive organs NEC
Q4584	Congenital mesenteric cyst, NEC
Q4585	Congenital ectopic digestive organs, not elsewhere classified
Q4586	Congenital malformation of mesentery, not elsewhere classified
Q4589	Oth spec cong malform digestive system
Q459	Cong malformation digestive system unsp
Q5000	Congenital absence of ovary unsp
Q5001	Congenital absence of ovary unilateral
Q5002	Congenital absence of ovary bilateral
Q5010	Developmental ovarian cyst unsp
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	Oth cong 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 fallopian tube and broad ligament
Q5069	Oth cong malform fall tbe and brd ligmt
Q510	Agensis and aplasia of uterus
Q511	Doubling uterus w doubling cervix vagina
Q512	Other doubling of uterus
Q513	Bicornate uterus
Q514	Unicornate uterus
Q515	Agensis and aplasia of cervix
Q516	Embryonic cyst of cervix
Q517	Cong fistulae b uterus digest urin tr

CODE	DESCRIPTION
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	Cong malformation uterus and cervix unsp
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
Q5279	Other congenital malformations of vulva
Q528	Oth spec cong malform femle genitalia
Q529	Cong malformation femle gen unsp
Q530	Ectopic testis
Q5300	Ectopic testis unspecified site
Q5301	Ectopic testis canalicular
Q5302	Ectopic testis inguinal
Q5303	Ectopic testis intra-abdominal
Q5309	Ectopic testis other specified site

CODE	DESCRIPTION
Q5310	Undescended testicle, uni, unsp site
Q5311	Undescended testicle uni canalicular
Q5312	Undescended testicle uni inguinal
Q5313	Undescended testicle uni intra-abdominal
Q5319	Undescended testicle uni other spec site
Q5320	Undescended testicle bi unspecified site
Q5321	Undescended testicle bi canalicular
Q5322	Undescended testicle bi inguinal
Q5323	Undescended testicle bi intra-abdominal
Q5329	Undescended testicle bi other spec site
Q5390	Undscd testicle ? laterality unsp site
Q5391	Undscd testicle ? laterality canalicular
Q5392	Undscd testicle ? laterality inguinal
Q5393	Undscd testicle ? laterality intra-abdo
Q5399	Undscd testicle ? lat oth spec site
Q540	Hypospadias balanic
Q541	Hypospadias penile
Q542	Hypospadias penoscrotal
Q543	Hypospadias perineal
Q544	Congenital chordee
Q548	Other hypospadias
Q549	Hypospadias unspecified
Q5500	Absence and aplasia of testis unsp
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

CODE	DESCRIPTION
Q5524	Polyorchism
Q5529	Other cong malform 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
Q558	Oth spec cong malform male gen org
Q559	Cong malformation male gen org unsp
Q560	Hermaphroditism NEC
Q561	Male pseudohermaphroditism NEC
Q562	Female pseudohermaphroditism NEC
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

CODE	DESCRIPTION
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
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
Q6211	Atrs stenosis ureteropelvic junction uni
Q6212	Atrs and stenosis ureteropelvic junction bil
Q6213	Atrs stenosis ureterovesical junction uni
Q6214	Atrs stenosis ureterovesical junction bil
Q6215	Atresia of ureter, unilateral
Q6216	Atresia of ureter, bilateral
Q6217	Stenosis of ureter, unilateral
Q6218	Atrs stenosis oth unsp site ureter uni
Q6219	Atrs and stenosis oth unsp site ureter bil
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

CODE	DESCRIPTION
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	Malpos ureter unsp ureteric drain site
Q6261	Malpos ureter uretc drain v bladder neck
Q6262	Malpos ureter ureteric drain v urethra
Q6263	Malpos ureter ureteric drain v vagina
Q6264	Malpos ureter ureteric drain v vulva
Q6265	Malpos ureter ureteric drain v vas
Q6266	Malpos ureter ureteric drain v sem ves
Q6269	Malpos ureter ureteric drain v oth site
Q6270	Cong vesico-uretero-renal reflux unsp
Q6271	Cong vesico-uretero-renal reflux uni
Q6272	Cong vesico-uretero-renal reflux bil
Q628	Other congenital malformations of ureter
Q6301	Double kidney
Q6302	Triple kidney
Q6309	Other accessory kidney
Q6310	Renal fusion anomaly unsp
Q6311	Horseshoe kidney
Q6312	Congenital lobulated kidney without ectopia
Q6319	Other specified renal fusion anomaly
Q6320	Renal ectopia unsp
Q6321	Pelvic kidney
Q6322	Crossed ectopia kidney wo fusion anomaly
Q6323	Crossed ectopia kidney w fusion anomaly
Q6329	Other specified renal ectopia
Q633	Hyperplastic and giant kidney

CODE	DESCRIPTION
Q6381	Congenital calyceal diverticulum
Q6382	Congenital renal calculi
Q6389	Oth spec cong malform kidney
Q639	Congenital malformation of kidney unsp
Q640	Epispadias
Q6411	Cloacal exstrophy
Q6419	Exstrophy of urinary bladder
Q6420	Congenital urethral valves unsp
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	Oth atrs stenosis 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
Q6476	Congenital megaurethra
Q6477	Megacystitis-megaureter syndrome
Q6478	Congenital urethral syringocele
Q6479	Oth cong malform bladder and urethra

CODE	DESCRIPTION
Q648	Oth spec cong malform urinary system
Q649	Cong malformation urinary system unsp
Q650	Congenital dislocation hip unilateral
Q651	Congenital dislocation of hip bilateral
Q652	Congenital dislocation of hip unsp
Q653	Congenital subluxation hip unilateral
Q654	Congenital subluxation of hip bilateral
Q655	Congenital subluxation of hip unsp
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	Oth congenital varus deformities of feet
Q664	Talipes calcaneovalgus
Q665	Congenital pes planus
Q666	Oth congenital valgus deformities feet
Q667	Pes cavus
Q6681	Oth cong 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 unsp

CODE	DESCRIPTION
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	Oth cong deformities skull face and jaw
Q6751	Congenital scoliosis, postural
Q6752	Congenital postural curvature of spine
Q6759	Other specified cong deformity spine
Q676	Pectus excavatum
Q677	Pectus carinatum
Q678	Other congenital deformities of chest
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
Q682	Congenital deformity of knee
Q683	Congenital bowing of femur
Q684	Congenital bowing of tibia and fibula
Q685	Congenital bowing long bones leg unsp
Q688	Oth spec cong musculoskeletal defrm

CODE	DESCRIPTION
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
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	Cong absc both forearm and hand
Q7131	Cong absc fngr(s) w remndr hnd intct
Q7132	Cong absence thumb w oth 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)

CODE	DESCRIPTION
Q719	Reduction defect of upper limb unsp
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
Q722	Congenital absence both lower leg and foot
Q7231	Cong absc toe(s) w remainder foot intact
Q7232	Cong absc 1st toe w all oth digits intct
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 unsp
Q730	Congenital absence of unsp limb(s)
Q731	Phocomelia unspecified limb(s)
Q7380	Reduction defects of unsp limb(s) unsp
Q7389	Oth reduction defects of unsp limb(s)
Q7400	Congenital malformation of upper limb(s), including shoulder girdle, unspecified
Q7401	Accessory carpal bones
Q7402	Macrodactyilia (fingers)
Q7403	Triphalangeal thumb
Q7404	Radioulnar synostosis
Q7405	Humeroulnar synostosis
Q7406	Humeroradial synostosis
Q7407	Bifid digit(s) of upper limb
Q7408	Sprengels deformity

CODE	DESCRIPTION
Q7409	Oth cong malform upp lmb incl shoulder
Q7410	Congenital malformation of knee, unspecified
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	Larsens syndrome
Q7489	Oth specified cong malform limb(s)
Q749	Unsp congenital malformation of limb(s)
Q7501	Coronal craniosynostosis
Q7502	Sagittal craniosynostosis
Q7503	Trigonocephaly
Q7504	Craniosynostosis other multiple sutures
Q7505	Pfeiffer syndrome
Q7506	Clover leaf skull

CODE	DESCRIPTION
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	Oth spec cong malform skull and face bones
Q759	Cong malform skull and face bones unsp
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	Cong sclios dt oth cong bony malform
Q7640	Congenital malformation of spine, not associated with scoliosis, unspecified
Q7641	Congenital absence of vertebra(e)
Q7642	Cong anomalies of sacral vertebra(e)
Q7643	Congenital anomalies oth 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

CODE	DESCRIPTION
Q7664	Congenital misshapen ribs
Q7669	Other congenital malformation of ribs
Q7671	Congenital absence of sternum
Q7672	Sternum bifidum
Q7673	Congenital misshapen sternum
Q7679	Oth spec cong malform of sternum
Q768	Oth congenital malformations bony thorax
Q769	Congenital malformation bony thorax unsp
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
Q774	Achondroplasia
Q775	Dystrophic dysplasia
Q776	Chondroectodermal dysplasia
Q777	Spondyloepiphyseal dysplasia
Q7781	Metatropic dwarfism
Q7782	Metaphyseal chondroplasia
Q7789	Oth ostchondyplas dfct grth bone spine
Q779	Ostchondyplas dfct grth bone spine unsp
Q780	Osteogenesis imperfecta
Q781	Polyostotic fibrous dysplasia
Q782	Osteopetrosis
Q783	Progressive diaphyseal dysplasia
Q784	Enchondromatosis
Q785	Metaphyseal dysplasia
Q786	Multiple congenital exostoses

CODE	DESCRIPTION
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
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

CODE	DESCRIPTION
Q804	Harlequin fetus
Q808	Other congenital ichthyosis
Q809	Congenital ichthyosis unspecified
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 unsp
Q830	Cong absence breast w absent nipple
Q831	Accessory breast
Q832	Absent nipple
Q833	Accessory nipple
Q838	Other congenital malformations of breast
Q839	Congenital malformation of breast unsp
Q840	Congenital alopecia
Q841	Cong morph disturbances hair NEC
Q842	Other congenital malformations of hair
Q843	Anonychia
Q844	Congenital leukonychia
Q845	Enlarged and hypertrophic nails
Q8460	Congenital malformation of nails, unspecified

CODE	DESCRIPTION
Q8461	Congenital clubnail
Q8462	Congenital koilonychias
Q8469	Other congenital malformations of nails
Q8481	Aplasia cutis congenita
Q8489	Oth spec cong malform integument
Q849	Congenital malformation integument unsp
Q850	Neurofibromatosis (nonmalignant)
Q851	Tuberous sclerosis
Q8581	Peutz-Jeghers syndrome
Q8582	Sturge-Weber(-Dimitri) syndrome
Q8583	Von Hippel-Lindau syndrome
Q8584	Gardners syndrome
Q8589	Other specified phakomatoses
Q859	Phakomatosis unspecified
Q860	Fetal alcohol syndrome (dysmorphic)
Q861	Fetal hydantoin syndrome
Q862	Dysmorphism due to warfarin
Q8681	Cong malform dt valproate
Q8682	Cong malform dt Vitamin A
Q8683	Cong malform dt thalidomide
Q8684	Cong malform dt cytotoxic agents
Q8685	Cong malform dt other drugs
Q8686	Cong malform dt ionising radiation
Q8687	Cong malform dt methylmercury
Q8689	Cong malform dt oth spec exog causes
Q8700	Cyclopia
Q8701	Acrocephalopolysyndactyly
Q8702	Acrocephalosyndactyly
Q8703	Cryptophthalmos syndrome
Q8704	TreacherCollins FranceschettiKlein syndr
Q8705	Hallerman-Streiff syndrome

CODE	DESCRIPTION
Q8706	Pierre Robin sequence
Q8707	Pena-Shokeir syndrome
Q8708	Goldenhar syndrome
Q8709	Oth cong synd predom aff facial appear
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	Oth cong synd predom w short stature
Q8721	Holt-Oram syndrome
Q8722	Klippel-Trenaunay-Weber syndrome
Q8723	Nail patella syndrome
Q8724	Rubinstein-Taybi syndrome
Q8725	Sirenomelia syndrome
Q8726	Thrombocytopenia w absent radius syndr
Q8727	VATER association
Q8728	Congenital malformation syndrome with ectrodactyly, not elsewhere classified
Q8729	Oth cong malform synd predom inv limb
Q8731	Beckwith-Wiedemann syndrome
Q8732	Sotos syndrome
Q8733	Weaver syndrome
Q8739	Oth cong synd inv early overgrowth
Q874	Marfans syndrome
Q875	Oth cong synd w oth skeletal changes
Q8781	Alports syndrome
Q8782	Laurence-Moon-Biedl syndrome
Q8783	Zellweger syndrome

CODE	DESCRIPTION
Q8784	Williams syndrome
Q8785	Angelman syndrome
Q8786	CHARGE syndrome
Q8787	Velocardiofacial syndrome [VCFS]
Q8788	Opitz BBB/G syndrome
Q8789	Oth specified cong malform synd NEC
Q8900	Congenital malformation of spleen, unspecified
Q8901	Congenital asplenia
Q8902	Accessory spleen
Q8903	Ectopic spleen
Q8904	Congenital hypoplasia of spleen
Q8905	Congenital hyperplasia of spleen
Q8909	Oth spec cong malform 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	Oth spec cong malform 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	Cong malform oth spec endocrine glands
Q8930	Situs inversus, unspecified
Q8931	Dextrocardia with situs inversus
Q8932	Mirror-image atrl arrgmt situs inversus
Q8933	Situs inversus abdominalis

CODE	DESCRIPTION
Q8934	Situs inversus thoracis
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 NEC
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
Q914	Trisomy 13 meiotic nondisjunction
Q915	Trisomy 13 mosaicism
Q916	Trisomy 13 translocation
Q917	Patau syndrome unspecified
Q920	Whole chromosome trisomy meiotic nondisjunction

CODE	DESCRIPTION
Q921	Whole chromosome trisomy mosaicism
Q922	Major partial trisomy
Q923	Minor partial trisomy
Q924	Duplications seen only at prometaphase
Q925	Duplications w oth complx rearrangements
Q926	Extra marker chromosomes
Q9271	Triploidy
Q9272	Tetraploidy
Q9273	Polyploidy
Q928	Oth spec and prt trisomies of autosomes
Q929	Trisomy and partial trisomy autosomes unsp
Q930	Whle chromsm monsmly meiot nondisjunction
Q931	Whole chromsm monosomy mosaicism
Q932	Chromosome replaced w 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 w oth complex rearrangements
Q938	Other deletions from the autosomes
Q939	Deletion from autosomes unspecified
Q950	Balanced transloctn and ins normal indiv
Q951	Chromosome inversion normal individual
Q952	Balanced autosomal rearr abn individual
Q953	Balanced sex/autosomal rearr abn indiv
Q954	Individuals with marker heterochromatin
Q955	Individuals with autosomal fragile site
Q958	Oth balanced rearr structural markers
Q959	Balanced rearr structural marker unsp
Q960	Karyotype 45,X
Q961	Karyotype 46,X iso (Xq)

CODE	DESCRIPTION
Q962	Karyotype 46,X w abn sex chromsm ex iso
Q963	Mosaicism 45X/46,XX or XY
Q964	Mosaic 45,X/oth cell lne abn sex chromsm
Q968	Other variants of Turners syndrome
Q969	Turners syndrome unspecified
Q970	Karyotype 47XXX
Q971	Female w more than three X chromosomes
Q972	Mosaicism lines w various no X chromsm
Q973	Female with 46XY karyotype
Q978	Oth spec sex chromsm abn femle phntype
Q979	Sex chromosome abn femle phenotype unsp
Q980	Klinefelters syndrome karyotype 47,XXY
Q981	Klinefelters synd male w > 2 X chromsm
Q982	Klinefelters synd male w 46,XX karyt
Q983	Other male with 46XX karyotype
Q984	Klinefelters syndrome unspecified
Q985	Karyotype 47XYY
Q986	Male w structurally abn sex chromosome
Q987	Male with sex chromosome mosaicism
Q988	Oth spec sex chromsm abn male phenotype
Q989	Sex chromosome abn male phenotype unsp
Q990	Chimera 46XX/46XY
Q991	46,XX true hermaphrodite
Q992	Fragile X chromosome
Q998	Other specified chromosome abnormalities
Q999	Chromosomal abnormality unspecified