

# Section 8: Edits

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## ***Introduction***

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This section lists all SACS MDS edits. It indicates the message that will be returned for each edit as well as, where applicable, the business rule to which it relates.

Control reports will indicate individual records with rejection or warning edits (more detail about this process will be included in Section 7). Although each Control Report includes a list of the short Edit Message titles, refer to this section of the manual for the details of each edit. Before re-transmitting a record, check all fields related to the field or fields that produced the Edit Message. For details on reporting each SACS MDS data item, refer to Section 3: Data Definitions.

An Edit Message number prefixed by an *R* signifies a *rejection*. That is, SACS MDS does not retain a record of the transaction. The record must be checked, corrected and re-transmitted. An Edit Message number prefixed by a *W* is a *warning*. That is, if there are no rejection edits, the record has been accepted but something needs to be checked and possibly corrected. If you take no action, the transaction will remain as reported.

## *Edits*

<b>Edit Type</b>	<b>Edit ID</b>	<b>Message Text</b>	<b>Business Rule</b>	<b>Effect</b>
Business Rule	31	Case Start date before date of birth	5	R
	32	Postcode/Locality Combination Invalid	6	R
	68	Mandatory field person identifier has no value	78	R
	69	Mandatory field person identifier type no value	79	R
	70	Mandatory field living arrangement has no value	67	R
	71	Mandatory field sex has no value	64	R
	72	Mandatory field type usual accommodation has no value	65	R
	74	Mandatory field country of birth has no value	61	R
	75	Mandatory field date of birth has no value	62	R
	76	Mandatory field indigenous status has no value	63	R
	77	Mandatory field carer availability has no value	1	R
	78	Mandatory field usual residence locality name has no value	7	R
	79	Mandatory field usual residence postcode has no value	9	R
	80	Mandatory field preferred language has no value	94	R
	81	Mandatory field client service event type has no value	87	R
	82	Mandatory field client service event client present status has no value	88	R
	83	Mandatory field client service event delivery mode has no value	89	R
	84	Mandatory field client service event program has no value	90	R
	85	Mandatory field client service event provider has no value	91	R
	86	Mandatory field client service event session type has no value	92	R
	87	Mandatory field funding status has no value	95	R
	88	Mandatory field interpreter required has no value	97	R
	89	Mandatory field falls flag has no value	99	R
	90	Mandatory field source of referral has no value	101	R
	91	Mandatory field chronic disease program flag has no value	110	R
	92	Mandatory field type usual accommodation has no value	65	R
	93	Field carer residency status has no value when carer availability is has carer	66	R
	115	Case end date before case start date	108	R
	116	New case open event when existing case has no case end date	112	R
	117	New case open event where client not registered	116	R
	118	Invalid combination preferred language and interpreter required	111	R
	119	No DVA file Number for Client service event with DVA funding source	75	R
	120	No legal surname for client service event with DVA funding source	76	R
	121	No legal given name for client service event with DVA funding source	77	R
	122	Field main health condition has no value when case closed	80	R
	123	Mandatory field professional group has no value	82	R
	124	Client service event has no individual health service provider	81	R
	125	Mandatory field case start date has no value	83	R
	126	Field completion of proposed program of treatment has no value when case closed	98	R
	127	Field compensable funding source has no value for compensable funding status	96	R

	128	Assigning authority for DVA File number is not DVA	105	R
	129	No client service event date during period case open	106	R
	130	Invalid client service event type for first client service event in case	107	R
	131	New client registration event where health care establishment / person identifier combination exists	104	R
	132	Referral receipt date after referral acknowledgement date	120	R
	135	Client age > 120years	123	W
	136	Mandatory field client service event date has no value	124	R
	139	Mandatory field client service event delivery setting has no value	128	R
	140	Mandatory field health care establishment number has no value	129	R
	141	Mandatory field health service identifier has no value	130	R
Data Type	27	DVA File Number has invalid format		R
	28	Carer availability Code Invalid		R
	30	Case End Date Field has invalid format		R
	33	Case Start Date Field has invalid format		R
	34	Carer Residency Status Code Invalid		R
	35	Client Service Event Date Field has invalid format		R
	36	Case Referral Code Invalid		R
	37	Chronic Disease Program Flag Code Invalid		R
	38	Client Present Status Code Invalid		R
	39	Delivery Mode Code Invalid		R
	40	Delivery Setting Code Invalid		R
	41	Professional Group Code Invalid		R
	42	Program Code Invalid		R
	43	Provider Code Invalid		R
	44	Session Type Code Invalid		R
	45	Type Code Invalid		R
	46	Client Usual Residence Postcode Invalid		R
	47	Compensable Funding Source Code Invalid		R
	48	Completion Proposed Program Code Invalid		R
	49	Country of Birth Code Invalid		R
	50	Falls Flag Code Invalid		R
	51	Funding Status Code Invalid		R
	52	Health Service Identifier Code Invalid		R
	53	Indigenous Status Code Invalid		R
	54	Interpreter Required Code Invalid		R
	55	Main Health Condition Code Invalid		R
	56	Person Identifier Type Code Invalid		R
	57	Preferred Language Code Invalid		R
	58	Sex Code Invalid		R
	59	Source of Referral Code Invalid		R
	60	Type of Usual Accommodation Code Invalid		R
	61	Chronic Disease Program Code Invalid		R
	62	Carer Residency Status Code Invalid		R
	63	Date of Birth Date Field has invalid format		R
	64	Referral Date Received Field has invalid format		R
	65	Date of Care Plan Field has invalid format		R
	66	Date of Referral Receipt Field has invalid format		R
	67	Person Identifier has invalid format		R

	114	Living Arrangement Code Invalid		R
	137	Health Care Establishment Number Invalid		R
	138	Person Identifier has invalid format		R
Transmission	1	Transaction File Not Resident		R
	2	File Header Creation Date Time Not Valid		R
	99	Empty Batch File		W
	100	No File Header Segment Found		R
	101	No File Trailer Segment Found		R
	102	No Match Health Service Code		R
	103	File Header Creation Date Time Is Future Date		R
	104	Multiple File Header Segments		R
	105	Multiple File Trailer Segments		R