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| Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS)  manual 2025-26  Section 8 - Validations |
| 20th edition, July 2025  Version 1.0  OFFICIAL |

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Contents

[Introduction 1](#_Toc203058617)

[About the editing process 1](#_Toc203058618)

[Validation level: process validations 2](#_Toc203058619)

[Validation level: file validations 4](#_Toc203058620)

[Validation level: HL7 validations 7](#_Toc203058621)

[Validation level: batch integrity 9](#_Toc203058622)

[Validation level: business rule 15](#_Toc203058623)

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# Introduction

This section lists all VINAH edits. It indicates the message that will be returned for each edit.

Edit reports will indicate individual messages with rejection edits and messages that have been rejected because they were transmitted in a batch that was rejected.

## About the editing process

VINAH edits are applied in groups in the order listed below:

Pre-data validations

* Process validations (file)
* File level validations (file)
* Batch level validations (batch)
* HL7 validations (batch)

Data validations

* Data validations (batch)
* Referential integrity validations (batch)

A failure of a file or batch at any stage will prevent further validation levels running for that file or batch, as appropriate.

Data validations are further subdivided into logical groupings within this document. However, failure of a validation in one of these sub-groups does not prevent other validations at the data validation level from running.

Note that process validations also include validations reported when a transmission roll-back file is submitted. A transmission roll-back file will generate an X~ edit and is the only time an edit will be generated from the VINAH validation engine that indicates a successful situation (X001); see Section 3 - File processing directive for more information.

# Validation level: process validations

| Validation ID | Message template | Cause | Resolution |
| --- | --- | --- | --- |
| F050 | The number of validation errors (<n>) in this file indicates the file may be corrupt or invalid | The submission file generated validation errors numbering greater 500 and consisting of more than 20% of the total number of messages in the file. The processing was halted as it is likely that there is a systemic problem throughout the file, such as a consistently missing data element or data that is out of sequence with or duplicating a previous submission. As a result, all messages in the file have been refused acceptance regardless of their validity, no data has been stored. | Contact the HDSS Helpdesk or your software vendor for support. |
|  | BR-XMT-FIL-003 | A submission must contain data that is of an acceptable quality as per the department’s requirements | |
|  | BR-XMT-FIL-005 | The submission must not generate a number of validations greater than 500 and consisting of more than 20% of the total number of messages in the file | |
| S000 | Unspecified system error while handling file <filename> | An error occurred in the VINAH processing system, the nature of which is unknown. | Contact the HDSS Helpdesk for support. |
| S002 | Submission file <filename> was processed successfully, but an internal VINAH process failed | The file was successfully processed, but an error occurred in a step of the VINAH processing system. | Contact the HDSS Helpdesk to address the problem and HDSS will reprocess the file. In most cases if this error occurs, the file will not need to be resubmitted. However, a second validation report will be sent once the problem is resolved – this report will replace the previous report. |

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| Validation ID | Message template | Cause | Resolution |
| X001 | Submission <filename> was successfully purged from the VINAH System | This message indicates that the rollback was successful. | No action is required. |
| X002 | Submission <filename> was not successfully purged – incorrect TargetEnvironment/ Filename/SubID/Health Service /UserName/ PurgeKey combination | This message indicates that the combination of values provided in the rollback file does not properly identify a previous submission, and the rollback did not occur. | Correct the information and resubmit.  Refer section 5e of this manual |
|  | BR-XMT-PRG-001 | A remote purge may only occur where a valid purge request file is transmitted | |
| X003 | Submission <filename> has already been purged after the initial load, due to the PurgeAfterLoad=True instruction on the original submission | This message indicates that the submission to be rolled back was already rolled back immediately after the original load, due to the PurgeAfterLoad processing instruction being present in the FHS segment in the original submission file. Rollback cannot occur as there is nothing to rollback. | No corrective action is possible.  Contact your software vendor for support. |
|  | BR-XMT-PRG-001 | A remote purge may only occur where a valid purge request file is transmitted | |
| X004 | Submission <filename> could not be purged as it is not the last file submitted for this health service. Only the last existing file for a health service can be purged | This message indicates that the file was not the last submission, therefore rollback could not be performed it may affect submissions that were made after the submission to be rolled back. Rollback aborted. | Obtain the purge information from the most recent file report and resubmit. |
|  | BR-XMT-PRG-002 | Only the last unpurged file for a health service can be purged | |

# Validation level: file validations

| Validation ID | Message template | Cause | Resolution |
| --- | --- | --- | --- |
| **Validation** | **group 1** |  |  |
| F001 | Filename < filename> is not valid | The filename provided does not meet the specified naming convention. | Rename the file to meet the naming convention and resubmit. |
|  | BR-XMT-FNC-001 | *The filename provided does not meet the specified naming conventions laid out in section 5* | |
| F007 | Code ('<CodeSupplied>') for field ('File Sending Application') does not exist in code table HL70361 | File Sending Application must exist in the value domain of the code table. | Vendors will be required to request a code to be added when the appropriate code is not present. |
|  | BR-XMT-FIL-010 | *File Sending Application must exist in the value domain of the code table* | |
| XML001 | XML document does not validate against schema (<schemaInfo>). Validation information as follows: <schemaError> | File does not meet XML and VINAH MDS specifications. | Contact the HDSS Helpdesk or your software vendor for support. |
| **Validation** | **group 2** |  |  |
| F002 | A file named '<filename>' has previously been submitted | The file being transmitted has previously been received. Each submission file should be named uniquely, regardless of whether its contents were previously not accepted. | Rename the file to meet the naming conventions and resubmit. |
|  | BR-XMT-FNC-007 | *Every file submitted should be named uniquely* | |
| **Validation** | **group 3** |  |  |
| F003 | File '<filename>' is empty | The file that has been transmitted is empty/contains no data. | Contact the HDSS Helpdesk or your software vendor for support. |
|  | BR-XMT-FIL-001 | A submission file must contain data | |

| Validation ID | Message template | Cause | Resolution |
| --- | --- | --- | --- |
| **Validation group 4** | | | |
| F005 | Illegal extended ASCII character supplied (Code <ASCIICode>) at position <Position> in file. File may only contain 7-bit ASCII characters | The file contains characters outside the scope of the 7-bit ASCII character set. | Contact the HDSS Helpdesk or your software vendor for support. |
|  | BR-XMT-HL7-002 | *A HL7 submission file must contain only 7-bit ASCII characters* | |
| **Validation** | **group 5** |  |  |
| F010 | User ‘<UserName>’ is not authorised to transmit data for Organisation identifier ‘<OrganisationIdentifier>’ | DH has not authorised your username to submit data with the Organisation Identifier in the filename. | Ensure the correct Organisation Identifier appears in the filename. Contact the HDSS Helpdesk or your software vendor for support. |
|  | BR-XMT-SEC-002 | *A user must be authorised to transmit data on behalf of an organisation* | |
| F011 | File Header Segment Organisation Identifier ‘<OrganisationIdentifier>’ does not match ‘<OrganisationIdentifier InFileName>’ in filename | The Organisation Identifier in the File Header Segment must match the Organisation Identifier in the filename. | Ensure the correct Organisation Identifier appears in the filename. Contact the HDSS Helpdesk or your software vendor for support. |
|  | BR-XMT-SEC-003 | *The Organisation Identifier in the File Header Segment (FHS) must be the same as the Organisation Identifier in the filename* | |
| **Validation** | **group 6** |  |  |
| F012 | HL7 submission file contains more than 50,000 messages (<MessageCount>) | The submission file contains more than the allowable number of messages. | Contact your software vendor for support. |
|  | BR-XMT-FIL-006 | *A HL7 file should contain no more than 50,000 messages* | |

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| Validation ID | Message template | Cause | Resolution |
| **Validation** | **group 7** |  |  |
| F006 | '<FieldName>' is mandatory but no value has been supplied | File must contain file reference period end date and File Sending Application. | Contact the HDSS Helpdesk or your software vendor for support. |
|  | BR-XMT-FIL-009 | *A value must be provided for file data elements defined as mandatory* | |
| F013 | Submission file is larger than 25MB (<FileSize>) | The submission file is larger than the allowable size. | Contact the HDSS Helpdesk or your software vendor for support. |
|  | BR-XMT-FIL-007 | The size of a submission file should be no greater than 25MB | |
| F014 | File Reference Period End Date is after the Message Date/Time | The end of the reference period of data included in the file is after the date the file was created. | Contact your software vendor for support. |
|  | BR-XMT-FIL-008 | The File Reference Period End Date must not be greater than the Batch Message Date/Time | |
| F015 | VINAH version <VINAH\_version> is not a valid version for the period reported in this submission | The VINAH MDS version used in the submission does not correspond with the period of data being reported. | Report using a more recent VINAH MDS version. |
|  | BR-XMT-FIL-011 | VINAH version must be valid for the period of data submitted. | |

# Validation level: HL7 validations

| Validation ID | Message template | Cause | Resolution |
| --- | --- | --- | --- |
| **Validation** | **group 1** |  |  |
| HL7001 | File does not contain exactly 1 FHS segment, file contains <n> FHS segments | File does not meet HL7 and VINAH MDS specifications. | Contact the HDSS Helpdesk or your software vendor for support. |
|  | BR-XMT-HL7-003 | A HL7 file must contain an equal number of FHS and FTS segments | |
| **Validation** | **group2** |  |  |
| HL7002 | File does not contain exactly 1 FTS segment, file contains <n> FTS segments | File does not meet HL7 and VINAH MDS specifications. | Contact the HDSS Helpdesk or your software vendor for support. |
|  | BR-XMT-HL7-003 | A HL7 file must contain an equal number of FHS and FTS segments | |
| **Validation** | **group 3** |  |  |
| HL7003 | First line in file is not a FHS segment <FirstLine> | File does not meet HL7 and VINAH MDS specifications. | Contact the HDSS Helpdesk or your software vendor for support. |
|  | BR-XMT-HL7-001 | The first line in a HL7 file must be a FHS segment | |
| **Validation** | **group 4** |  |  |
| HL7004 | File must contain at least 1 BHS segment, file contains 0 BHS segments | File does not meet HL7 and VINAH MDS specifications. | Contact the HDSS Helpdesk or your software vendor for support. |
|  | BR-XMT-HL7-006 | A HL7 file must contain an equal number of BHS and BTS segments | |
| **Validation** | **group 5** |  |  |
| HL7005 | File must contain at least one BTS segment, file contains 0 BTS segments. | File does not meet HL7 and VINAH MDS specifications. | Contact the HDSS Helpdesk or your software vendor for support. |
|  | BR-XMT-HL7-006 | A HL7 file must contain an equal number of BHS and BTS segments | |

| Validation ID | Message template | Cause | Resolution | |
| --- | --- | --- | --- | --- |
| **Validation** | **group 6** |  |  | |
| HL7006 | File does not have an equal number of BHS/BTS segments: <n1> BHS segments, <n2> BTS segments | File does not meet HL7 and VINAH MDS specifications. | Contact the HDSS Helpdesk or your software vendor for support. | |
|  | BR-XMT-HL7-006 | A HL7 file must contain an equal number of BHS and BTS segments | | |
| **Validation** | **group 7** |  |  |
| HL7007 | No of MSH segments must be >= No of BHS Segments. File has <n1> MSH Segments and <n2> BHS Segments | File does not meet HL7 and VINAH MDS specifications. | Contact the HDSS Helpdesk or your software vendor for support. |
|  | BR-XMT-HL7-007 | A HL7 batch must contain at least one message | |

# Validation level: batch integrity

| Validation ID | Message template | Cause | Resolution |
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| **Validation** | **group 1** |  |  |
| B004 | Supplied Batch Control Identifier (<BatchControlID>) has been used previously (<PreviousSubmissionInfo>) | The Batch Control Identifier being transmitted has previously been received. Each Batch Control Identifier should be unique, regardless of whether its contents were previously not accepted. | Contact the HDSS Helpdesk or your software vendor for support. |
|  | BR-XMT-RNT-005 | Batch Control Identifiers must be unique across all submissions over time within an organisation | |
| B010 | User ‘<Username>’ is not authorised to transmit data for Organisation Identifier ‘<OrganisationIdentifier>’ | The department has not authorised your username to submit data with this Organisation Identifier in the Batch Header Segment. | Contact the HDSS Helpdesk or your software vendor for support. |
|  | BR-XMT-SEC-002 | A user must be authorised to transmit data on behalf of an organisation | |
| E001 | The field '<FieldName>' (<Location>) is mandatory, but no value was supplied. | A field that is required to have a value in this program/stream at this point in time was empty. Consult with Section 3 of this manual to determine if a field needs to be populated. | Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support. |
|  | BR-DEL-DEF-003 | A value must be provided for data elements defined as mandatory | |

| Validation ID | | Message template | | Cause | | Resolution |
| --- | --- | --- | --- | --- | --- | --- |
| E002 | | The field '<FieldName>' (<Location>) is mandatory for this program/stream <Program/Stream>, but no value was supplied | | A field that is required to have a value in this program/stream at this point in time was empty. Consult with Section 3 of this manual to determine if a field needs to be populated. | | Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support. |
|  | | BR-DEL-DEF-003 | | A value must be provided for data elements defined as mandatory | | |
|  | | BR-DEL-DEF-007 | | *A data element should be reported according to the requirements of the program/stream it relates to* | | |
| E003 | | The field '<FieldName>' cannot have a value in this program/stream <Program/Stream> | | A field that is not relevant to this Program/Stream has a value. Consult with Section 3 of this manual to determine if a field needs to be populated. | | Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support. |
|  | | BR-DEL-DEF-008 | | A data element that is not applicable within a program/stream must not have a value | | |
| E007 | | Message Date/Time (<MessageDateTime>) is after the Date of Submission (<SubmissionDate>) | | Message Date/Time cannot be after the date of submission that is, the date and time uploaded to the HealthCollect portal. | | Ensure that the date (and time) is correct and resubmit. Contact the HDSS Helpdesk or your software vendor for support. | |
|  | | BR-XMT-FIL-004 | | The Message Date/Time must be less than or equal to the Date of Submission | | | |

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| Validation ID | Message template | Cause | Resolution |
| E008 | Date (<Value>) in field ‘<FieldName>’ is after the Message Date/Time (<MessageDateTime>) | All dates within submitted files must be before the message date and time of the message in which they are transmitted. | Ensure that the date (and time) is correct and resubmit. Contact the HDSS Helpdesk or your software vendor for support. |
|  | BR-DEL-DEF-009 | A data element that reflects the date of an event that has previously occurred must be before the Message Date/Time | |
| E010 | Message Organisation Identifier ‘<OrganisationIdentifier>’ does not match Batch Organisation Identifier ‘<OrganisationIdentifierInFileName> | The Organisation Identifier in the Message Header Segment does not match the Organisation Identifier in the Batch Header. | Ensure that the Organisation Identifier is correct and resubmit. Contact the HDSS Helpdesk or your software vendor for support. |
|  | BR-XMT-SEC-004 | The Organisation Identifier in the Message Header Segment (MSH) must match the Organisation Identifier in the Batch Header Segment (BHS) | |
| E011 | Invalid layout for field '<FieldName>' – value supplied '(<val>)' does not meet the layout requirements for this element (<Layout>) | The layout of the supplied value for the field does not meet the layout requirements for this data element. Consult with Section 3 of this manual to determine the correct layout of the data for this field. | Ensure the layout in the relevant field is correct in your system. If the layout seems correct, or you do not have access to the formatting, contact your software vendor for support. |
|  | BR-DEL-DEF-004 | A value provided for a data element must meet its data type and layout requirements | |
| E012 | Data Element ‘<DataElement>’ has been repeated a number of times (<Reps>) that is outside the allowable range for this data element (Min=<Min>, Max=<Max>) | Values in some fields can be repeated, but a field was repeated more than the allowable limit, or less than the required amount. | Ensure the values submitted are correct and resubmit. Contact the HDSS Helpdesk or your software vendor for support. |
|  | BR-DEL-DEF-005 | A data element that can repeat should be repeated within the bounds of its definition | |
| Validation ID | Message template | Cause | Resolution |
| E013 | Code (‘<CodeSupplied>’) for Data Element ‘<FieldName>’ is for emergency use only - to be used under the direction of the department | The submitting organisation is not approved to report this code. | Contact the HDSS Helpdesk or your software vendor for support. |
| BR-DEL-DEF-011 | Data element values should be reported according to the requirements of the department at the time of reporting | |
| E024 | <FieldName1> cannot be reported without <a/an> <FieldName2> | A value has been reported for a data element but a related data element that must be reported at the same time does not have a value | Contact the HDSS Helpdesk or your software vendor for support. |
| BR-DAT-EPS-031 | Episode End Date cannot be reported without a Referral End Date | |
| BR-DAT-RIN-015 | Referral End Date cannot be reported without an Episode End Date | |
| E050 | Data Element ‘<element\_name>’ (<hl7\_location>) has no value but is part of the primary key for the <structure> record | This edit performs a similar function to the E001 edit, but unlike other fields, an incomplete primary key may trigger other referential edits further in the file | Contact the HDSS Helpdesk or your software vendor for support. |
| BR-DEL-DEF-003 | *A value must be provided for data elements defined as mandatory* | |
| E051 | Cannot insert record, same Primary Key for data structure '<structure>' already exists (<conflict\_location>). Key fields: <pk\_expanded\_val> | A valid message was received, but its action (insert) would duplicate a previous record sent earlier in the file, or in a previous transmission. | Contact the HDSS Helpdesk or your software vendor for support. |
| BR-XMT-RNT-001 | A message to insert a record cannot be sent again once the record has been accepted; rather an update message should be used | |

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| Validation ID | Message template | Cause | Resolution |
| E052 | A '<pk\_structure>' message (<hl7\_message>) has been sent containing a reference to a "<fk\_structure>" record that has not been previously received and accepted. Key fields: <fk\_expanded> | The message sent contains a reference to a record that has not been received and accepted in this file or in a previous transmission. | Contact the HDSS Helpdesk or your software vendor for support. |
| BR-XMT-RNT-003 | Where a message refers to other records, those records must have previously been sent and accepted | |
| E061 | A '<pk\_structure>' message (<hl7\_message\_type>) was sent to either update or delete a record that has not been previously received and accepted. Key fields: <key\_expanded> | An update or delete record is trying to affect a record that does not exist, either earlier in the file or in a previous transmission. | Contact the HDSS Helpdesk or your software vendor for support. |
| BR-XMT-RNT-002 | An update or delete message can only be sent where an insert message has been previously accepted | |
| BR-XMT-RNT-003 | Where a message refers to other records, those records must have previously been sent and accepted | |
| E062 | A '<pk\_structure>' update message (<hl7\_message>) has been sent containing <static\_field> value (<new\_val>) that has changed from its original value (<old\_val>). This field is not allowed to change via an update | An attempt has been made to change the value of the field in question. The value must remain the same value after its initial creation. | To change the value, if it is in error, send a delete message for it and then insert a message to re-create it. Contact the HDSS Helpdesk or your software vendor for support. |
| BR-DAT-EPS-012 | An Episode Program/Stream cannot change once it has been submitted | |
| BR-DEL-DEF-006 | A data element must not be changed once it has been reported if its definition dictates as such | |

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| Validation ID | Message template | Cause | Resolution |
| HL7010 | Invalid Message Type <MessageType> | Message type is not valid or not in a valid format.  Message type may be a valid HL7 message, but be outside the scope of the VINAH MDS. | Ensure that the format of the message type includes an underscore (e.g. PPP\_PCB instead of PPPPCB) and resubmit. Contact the HDSS Helpdesk or your software vendor for support. | |
| BR-XMT-HL7-004 | A HL7 message must be of a type as defined in Section 5 | | |
| HL7011 | Message Control Identifier <MCID> has already been allocated to a previous message | A Message Control Identifier was allocated that is not globally unique across all extracts submitted by your organisation. This includes records that previously had errors. | Ensure that all MCIDs are unique and resubmit. Contact the HDSS Helpdesk or your software vendor for support. |
| BR-XMT-RNT-004 | Message Control Identifiers must be unique across all submissions over time within an organisation | |
| **Validation** | **group 3** |  |  |
| E159 | Code (<CodeSupplied>) for Data Element (‘<FieldName>’) is not valid as at the Contact Date/Time | Patient/Client data elements must be valid at the time of the reported Contact Date/Time. | Check the code values and resubmit. |
| BR-DAT-CNT-021 | Code values reported for patients/clients must be valid as at the Contact Date/Time | |

# Validation level: business rule

| Validation ID | Message template | Cause | Resolution |
| --- | --- | --- | --- |
| **Validation** | **group 1** | |  |
| E004 | Code (‘<CodeSupplied>’) for Data Element ‘<FieldName>’ does not exist in code table <CodeTable> | A data element was submitted that is either invalid or not valid at this point in time. | Check that the values of the corresponding data elements are correct and valid for the period reported and resubmit. |
| BR-DEL-DEF-002 | The value of a data element must be within its value domain or exist in the code table. | |
| E005 | Invalid Code Supplied (‘<CodeSupplied>’) for field ‘<FieldName>’ (<Location>). Value must exist in code table <CodeTable> and be valid for this program/stream <ProgramStream> | A value that was supplied in the field exists in the code table but is either not valid for this Program/Stream or not valid at this point in time. Consult Section 3 of this manual to determine the correct value with which to populate the field. | Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support. |
| BR-DEL-DEF-002 | The value of a data element must be within its value domain or exist in the code table. | |
| BR-DEL-DEF-007 | A data element should be reported according to the requirements of the program/stream it relates to | |

| Validation ID | Message template | Cause | Resolution |
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| E015 | Data Element '<FieldName>' is mandatory at this point in time (<Timing>), but no value was supplied | A field that is required to have a value at a point in time was empty. Consult with Section 3 of this manual to determine if and when a field needs to be populated. | Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support. |
| BR-DAT-CLI-014 | Patient/Client Gender and Patient/Client Sex at Birth must be provided at the time of the first reported Contact when Contact Client Present Status is not ‘32 – Patient/Client/Carer(s)/ Relative(s) not present: scheduled appointment not attended’ or ‘31 - Patient/Client/Carer(s)/Relative(s) not present: indirect contact’ | |
| BR-DEL-DEF-003 | A value must be provided for data elements defined as mandatory | |
| BR-DAT-EPS-027 | Episode End Date and Episode End Reason must be reported together. An Episode End Date must not be reported without an Episode End Reason. An Episode End Reason must not be reported without an Episode End Date | |
| E016 | Data Element '<FieldName>' (<HL7 Field>) is mandatory for this program/stream <Program/ Stream> at this point in time (<Timing>), but no value was supplied | A field that is required to have a value at a point in time was empty. Consult with Section 3 of this manual to determine if and when a field needs to be populated. | Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support. |
| BR-DAT-CLI-005 | Where a Patient Client Death Date is reported, a Patient/Client Death Date Accuracy Code and Patient/Client Death Place must be provided | |
| BR-DAT-CLI-011 | Where a patient/client has had a contact, demographic data must be complete | |
| BR-DAT-CLI-012 | Where an episode has an end date and Episode Proposed Treatment Plan Completion = ’27 – Patient/Client died’, Patient/Client Death Date is mandatory | |
| BR-DAT-CNT-001 | Patient/Client demographic data must be complete at the time of the first reported contact | |
| BR-DAT-CNT-008 | The Episode Malignancy Flag must be provided at the time of the first contact | |
| BR-DAT-EPS-009 | The Episode Malignancy Flag must be provided at the time of the first contact | |
| BR-DAT-EPS-019 | When an episode has an end date, Episode Proposed Treatment Plan Completion must be completed | |
| BR-DAT-EPS-029 | When a referral has an end date, Episode End Date must be reported | |
| BR-DAT-EPS-033 | When an episode has an end date and has an attended contact, Episode Health Condition must be reported | |
| BR-DAT-EPS-034 | When an episode has an Episode Patient/Client Notified of First Appointment Date an Episode First Appointment Booked Date must be reported | |
| BR-DAT-EPS-036 | Episode Campus Code must be provided at the time of the first contact | |
| BR-DAT-EPS-037 | Patient/Client Gender, Patient/Client Sex at Birth, Episode Campus Code and Episode Indigenous Status must be provided at the time of the first reported episode for program/streams FCP (streams 52, 53), HBD, HEN, TPN and VRSS (streams 82, 83) | |
| BR-DAT-RIN-014 | A Referral In Receipt Acknowledgement Date must be provided when there is an episode | |
| BR-DEL-DEF-003 | A value must be provided for data elements defined as mandatory | |
| BR-DEL-DEF-007 | A data element should be reported according to the requirements of the program/stream it relates to | |
| E017 | The field '<FieldName>' (<HL7 Field>) cannot have a value before this point in time (<Timing>) | A Patient/Client Death Date has been reported for an open episode. | Correct the information and resubmit. |
| BR-DAT-CLI-013 | Patient/Client Death Date cannot be reported without an Episode End Date.  For Palliative Care, an Episode End Date is not required where Contact Care Phase = ‘5 - Bereavement phase’ and contact date/time is within the thirteen month period post reported Patient/Client Death date or where Contact Care Phase = ‘4 - Terminal phase’ and the contact date is on the same day or the day after Patient/Client Death Date | |
| BR-DAT-EPS-003 | Episode must have an Episode Proposed Treatment Plan Completion only if it has an Episode End Date | |

| Validation ID | Message template | Cause | Resolution |
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| E019 | <field1 name> is <field1 value> but <field2 name> is not <field2 value> | A Referral In First Triage Score of 999 was reported, but Referral In Clinical Urgency Category is not 99, or Referral In Clinical Urgency Category of 99 was reported and Referral In First Triage Score is not 999. | Correct the information and resubmit. |
|  | BR-DAT-RIN-018 | When Referral In First Triage Score is 999, Referral In Clinical Urgency Category must be 99 – Not stated or unknown and when Referral In Clinical Urgency Category is 99 – Not stated or unknown’, Referral In First Triage Score must be 999 | |
| E020 | <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>) | The order of certain events is not valid. | Correct the information and resubmit. |
| BR-DAT-CLI-008 | Date of Death must not be before the Date of Birth | |
| BR-DAT-CLI-009 | Date of Birth must not be after the Episode Start Date (not mandatory for Palliative Care) | |
| BR-DAT-CNT-002 | Episode Start Date must not be after the Contact Date/Time | |
| BR-DAT-CNT-003  BR-DAT-CNT-028 | Contact Date/Time must not be after the Episode End Date  Contact Start Date must not be after the Contact End Date | |
| BR-DAT-EPS-001 | Episode Start Date must not be before Date of Birth | |
| BR-DAT-EPS-002 | Episode Start Date must not be after the Episode End Date | |
| BR-DAT-EPS-005 | Episode Start Date must not be before the Referral In Received Date | |
| BR-DAT-EPS-007 | Episode Start Date must be on or before the Contact Date/Time of any contacts within the episode | |
| BR-DAT-EPS-008 | Episode End Date must be on or after the Contact Date/Time of any contacts within the episode | |
| BR-DAT-EPS-010 | Episode Start Date must be before or on the Referral Out Date of any referrals that resulted from the Episode | |
| BR-DAT-EPS-011 | Episode End Date must not be before the Referral Out Date of any referrals that resulted from the episode | |
| BR-DAT-RIN-002 | Referral In Received Date must not be after the Episode Start Date of any episodes that resulted from the referral | |
| BR-DAT-RIN-003 | Referral In Received Date must not be after Referral In Receipt Acknowledgement Date | |
| BR-DAT-RIN-006 | Referral In Clinical Referral Date must not be after Referral In Received Date | |
| BR-DAT-RIN-011 | Referral In Outcome Date must be on or after the Referral In Received Date | |
| BR-DAT-RIN-016 | Referral In End Date cannot be before the Episode End Date of any episodes that resulted from the referral | |
| BR-DAT-ROU-001 | Episode Start Date must not be after Referral Out Date | |
| BR-DAT-ROU-002 | Referral Out Date must not be after Episode End Date | |
| BR-DEL-DEF-010 | All related events must be reported in the correct sequence | |
| E021 | <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>) <FieldName> (<Date>) | The order of certain events is not valid. | Correct the information and resubmit. |
| BR-DAT-EPS-016 | Episode First Appointment Booked Date cannot be before the Patient/Client Notified of First Appointment Date, except where Referral In Outcome code = ‘3 – Referral accepted – renewed referral’ | |
| BR-DAT-EPS-017 | Episode First Appointment Booked Date cannot be before Episode Start Date/Time, except where Referral In Outcome code = ‘3 – Referral accepted – renewed referral’ | |
| E022 | <DateFieldDescription> <DateFieldValue> and the submission date (<Date>)>) is after the <FinYear> Consolidation Date <Date> | An episode update was submitted for a closed episode after the consolidation date of the financial year in which the episode was ended | The episode cannot be updated as the financial year has now closed. |
| BR-DAT-EPS-024 | An update of a closed episode cannot be accepted if submitted after the consolidation date of the financial year in which the Episode End Date falls | |
| E022 | <DateFieldDescription><DateFieldValue> and the submission date (<Date>) is after the <FinYear> Consolidation Date <Date> | An episode was closed with an end date in a previous financial year after consolidation for that year | The episode must be reported with an end date in the current financial year – or the previous one if consolidation date not yet reached |
| BR-DAT-EPS-026 | An episode cannot be closed with an end date that falls in a previous financial year if submitted after the consolidation date for that year | |

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| E022 | <DateFieldDescription><DateFieldValue> and the submission date (<Date>)>) is after the <FinYear> Consolidation Date <Date> | A contact insert/update was submitted for a closed episode after the consolidation date of the financial year in which the episode was ended. | The contact update/insert cannot be performed as the financial year has now closed. | |
| BR-DAT-CNT-025 | An insert or update of a contact attached to a closed episode must be submitted before the consolidation date of the financial year in which the Episode End Date falls | | |
| E022 | <DateFieldDescription><DateFieldValue> and the submission date (<Date>)>) is after the <FinYear> Consolidation Date <Date> | A referral in insert was submitted after the consolidation date of the financial year. | The referral in insert cannot be performed as the financial year has now closed. | |
| BR-DAT-RIN-009 | A referral in insert cannot be accepted if submitted after the consolidation date of the financial year in which the Referral In Received Date falls | | |
| E022 | <DateFieldDescription><DateFieldValue> and the submission date (<Date>)>) is after the <FinYear> Consolidation Date <Date> | A referral out insert/update was submitted for a closed episode after the consolidation date of the financial year in which the episode was ended. | The referral out update/insert cannot be performed as the financial year has now closed. | |
| BR-DAT-ROU-004 | An insert/update to a referral out for a closed episode cannot be accepted if submitted after the consolidation date of the financial year in which the Episode End Date falls | | |
| E023 | The time part of the date/time field(<FieldName>) and Contact Start Date/Time is mandatory | The time part of the Contact End Date/Time field and Contact Start Date/Time is mandatory, but no value was supplied. | | Correct the information and resubmit. |
| BR-DEL-DEF-003 | A value must be provided for data elements defined as mandatory | | |
| E025 | The time value (<FieldTime>) of the date/time field (<FieldName>) is not valid | The reported time of 12:00am is not a valid time for either Contact Start or Contact End. | Correct the information and resubmit. | |
| BR-DAT-CNT-031 | The time value 12:00am is not valid for Contact Start and Contact End date/time fields | | |

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| E151 | Client Age (<n>) is greater than 120 years | It is most likely that an error was made during the data entry for this patient’s/client’s date of birth. | Check that the date of birth for the patient/client is correct and resubmit the record. |
| BR-DAT-CLI-001 | The reported date of birth must not result in an age of greater than 120 years | |
| E152 | Carer Availability is '1 – Has a carer' (<ca>) but Carer Residency Status (<crs>) is not compatible | The Patient/Client Carer Availability and Patient/Client Carer Residency Status values submitted are not a valid combination. | Check that the values of the corresponding data elements are correct and resubmit the record. |
| BR-DAT-CLI-002 | Patient/Client Carer Residency Status must have a value when Patient/Client Carer Availability is ‘1 – Has a carer’ and Episode/Program Stream is not Early Parenting Centres, Specialist Clinics (Outpatients) or Palliative Care Consultancy | |
| E153 | Invalid combination of Postcode (<value1>) and Locality (<value2>) | The postcode and locality values submitted are not a valid combination.  Please note this error may also be triggered when either field is missing, invalid or not a residential location. | Check that the values of the corresponding data elements are correct and resubmit. |
| BR-DAT-CLI-003 | Patient/Client Usual Residence Locality Name and Patient/Client Usual Residence Postcode must be a valid combination | |
| BR-DAT-CLI-004 | Where the Patient/Client Usual Residence Locality and Patient/Client Usual Residence Postcode are a location within Australia they must represent a residential location | |
| E155 | Carer Relationship (<val>) has a value but Carer Availability (<val>) is not set to '1 – Has a Carer' | The Patient/Client Carer Relationship and Patient/Client Carer Availability values submitted are not a valid combination. | Check that the values of the corresponding data elements are correct and resubmit. Please note this error may be triggered when either field is missing or invalid. |
|  | BR-DAT-CLI-006 | *Where Patient/Client Carer Relationship has a value, Patient/Client Carer Availability must be set to '1 – Has a Carer'* | |

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| E156 | Carer Residency Status (<val>) has no value but Carer Availability (<val>) is set to '1 – Has a Carer' | The Carer Residency Status and Carer Availability values submitted are not a valid combination. | Check that the values of the corresponding data elements are correct and resubmit. Please note this error may be triggered when either field is missing or invalid. |
| BR-DAT-CLI-002 | Patient/Client Carer Residency Status must have a value when Patient Client/Carer Availability is ‘1 – Has a carer’ and Episode Program/Stream is not Early Parenting Centres, Specialist Clinics (Outpatients) or Palliative Care Consultancy | |
| BR-DAT-CLI-007 | Where Patient/Client Carer Residency Status does not have a value, Patient/Client Carer Availability must not be '1 – Has a Carer' | |
| E204 | New open episode overlaps existing episode (<ep\_details>) for the patient (<id\_vals>) with the same program/stream (<program\_stream>) | Two open Palliative Care episodes exist for the same patient. | Check that the values of the corresponding data elements are correct for the period of time reported and resubmit. |
| BR-DAT-EPS-018 | Episode overlaps other episode in Palliative Care | |
| E206 | Open episode sent for a referral with outcome specified as not accepted (<ref\_details>) | A message was sent to insert or update an episode. The Referral In Outcome of the inbound referral associated with this episode was specified as 'not accepted'. | Check that the values of the corresponding data elements are correct and resubmit. |
| BR-DAT-RIN-001 | A referral that results in an episode must have an outcome of ‘Accepted’ | |

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| E207 | Referral In Outcome is ‘010 – Referral accepted – new appointment’ or ‘020 – Referral accepted – review appointment’ or ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral’ or ’50 – Screening referral’ but no episode has been reported | A Message was sent to insert or update a referral with an ‘Accepted’ outcome, but no episodes have been reported. Ensure that any episodes relating to the referral are provided. | A data element must have a value when a related data element is reported. |
| BR-DAT-RIN-020 | When a Referral In Outcome is ‘010 – Referral accepted – new appointment’ or ‘020 – Referral accepted – review appointment’ or ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral’ or ’50 – Screening referral’ an episode must be reported | |
| E254 | Patient/client must have a Main Carer's Relationship to the Patient when Carer Availability is '1 - Has a carer' and Episode Program/Stream is Palliative Care | An invalid Patient/Client Main Carer’s Relationship to Patient was supplied when the Carer Availability is set at ‘1-Has a Carer’ and Episode Program/Stream is ’41- Palliative Care’. | Check that the values of the corresponding data elements are correct and resubmit. |
| BR-DAT-EPS-004 | Where Episode Program/Stream is Palliative Care, and Carer Availability is ‘1 – Has a carer,’ a Patient/Client Main Carer's Relationship to the Patient must be reported | |
| E258 | This organisation (<OrganisationIdentifier>) is not approved to report Episodes under this program/stream (<program\_stream>) | The organisation identified for this message is not approved to report Episodes to the VINAH MDS under this program stream. | If your organisation should legitimately be approved to report episodes under this program stream, contact the HDSS Helpdesk for support. Otherwise, contact your software vendor. |
| BR-XMT-SEC-005 | An organisation should only report data for a particular Program/Stream where they provide the relevant services and have been approved to report data for the Program/Stream by the department | |

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| E259 | The organisation ‘<OrganisationIdentifier>’ is not approved to report Contacts under this program/stream (<program\_stream>) | The organisation identified for this message is not approved to report Contacts to the VINAH MDS under this program/stream. | If your organisation should legitimately be approved to report episodes under this program stream, contact the HDSS Helpdesk for support. Otherwise, contact your software vendor. | |
| BR-XMT-SEC-005 | An organisation should only report data for a particular program/stream where they provide the relevant services and have been approved to report data for the program/stream by the department | | |
| E265 | This organisation (<OrganisationIdentifier>) is not approved to report Episodes under this campus (<Episode CampusIdentifier>) | The organisation identified for this message is not approved to report Episodes to the VINAH MDS under this Campus Identifier. | If your organisation should legitimately be approved to report episodes under this program stream, contact the HDSS Helpdesk for support. Otherwise, contact your software vendor. | |
| BR-XMT-SEC-006 | An organisation can only report data for campuses belonging to the service | | |
| E267 | Referral In Program/Stream is (<ref\_in program/stream>) but Episode Program/Stream is (<episode program/stream>) | Referral In Program/Stream is FCP but Episode Program/Stream is not FCP | | Contact HDSS Helpdesk or your software vendor for support |
| BR-DAT\_EPS\_032 | When the Referral in Program/Stream is FCP the Episode Program/Stream must also be FCP | | |
| E270 | Contact account class is ‘ND – National Disability Insurance Scheme’ but Episode Patient/Client NDIS Participant Identifier has not been provided | Contact Account Class of ND – National Disability Insurance Scheme has been reported but no Patient/Client NDIS Participant Identifier number has been provided. | | Ensure there is a valid value in the relevant field in your system. |
| BR-DAT-EPS-035 | When Contact Account Class is ‘ND – National Disability Insurance Scheme’, Episode Patient/Client NDIS Participant Identifier must be provided | | |

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| E356 | Contact is compensable (<AccountClass>) but no client identifier relevant to the agency is provided | A Contact Account Class of VX (DVA), TA (TAC) or WC (VWA) is specified, but no relevant and correct identifier for that organisation (e.g. DVA file number) was provided. | Check that the values of the corresponding data elements are correct and resubmit. |
| BR-DAT-CNT-004 | Where the Contact Account Class is compensable (VX, TA, WC), a client identifier relevant to the compensable agency should be provided | |
| E357 | A Patient/Client's Legal Family Name or Given Names are provided but Account Class is not VX (DVA) or TA (TAC) or WC (VWA) | A Patient’s/Client’s Legal Family Name and Given names was supplied where the Contact Account Class reported is not one of the compensable account classes. | Check that the values of the corresponding data elements are correct and resubmit. |
| BR-DAT-CNT-006 | A Patient/Client's Legal Family Name or Given Names should only be provided where Account Class is compensable | |
| E358 | Account Class is VX (DVA) or TA (TAC) or WC (VWA), but the Patient's Legal Name or Given Names are not provided | A Patient’s/Client’s legal and Given names was not supplied where the Contact Account Class reported is one of the compensable account classes. | Check that the values of the corresponding data elements are correct and resubmit. |
| BR-DAT-CNT-005 | A Patient/Client's Legal Family Name or Given Names must be provided where Account Class is compensable | |
| E360 | Contact Preferred Language is ‘1201-English’ but Contact Interpreter Required (<val>) is not ‘2 – Interpreter not needed’ | The Contact Interpreter Required and Contact Preferred Language values submitted are not a valid combination | Check that the values of the corresponding data elements are correct and resubmit. |
| BR-DAT-CNT-019 | Where the Contact Preferred Language is '1201-English', the Contact Interpreter Required must be '2-Interpreter not needed' | |

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| E361 | Contact Date (<ccsedate>) is after Date of Death (<dod>), but Client Present Status (<val>) is not '20 - Carer(s)/Relative(s) of the patient/client only' or '31 - Patient/Client/Carer(s)/ Relative(s) not present: indirect contact' | Contact Client Present Status values supplied are not valid where contact date is after Patient/Client Death Date for the Palliative Care program/stream. | Check that the values of the corresponding data elements are correct and resubmit |
| BR-DAT-CNT-007 | Where the Contact Date/Time is after the Patient/Client Death Date, the Contact Client Present Status must be '20 - Carer(s)/Relative(s) of the patient/client only’ or ’31 – Patient/Client /Carer(s)/Relative(s) not present: indirect contact’ | |
| E363 | <ContactDataElement> is <ContactDataElementValue> but Contact Client Present Status is <NAClientNotPresentValue> | An invalid value of ‘not applicable’ has been supplied for Contact Care Phase, Contact Care Model, Contact Preferred Death Place or Contact Preferred Care Setting when the Patient/Client is reported as being present. | Check that the values of the corresponding data elements are correct and resubmit. |
| BR-DAT-CNT-009 | Where Contact Care Phase is ‘9 - Not applicable - patient/client not present' or ‘5 – Bereavement phase’, the Contact Client Present Status must not be ’11 - Patient/Client present only’, ’12 - Patient/Client present with carer(s) / relative(s)’ or ’13 - Patient/Client via telehealth video’ | |
| BR-DAT-CNT-010 | Where Contact Care Model is ‘9 - Not applicable - patient/client not present', the Contact Client Present Status must not be ’11 - Patient/Client present only’, ’12 - Patient/Client present with carer(s)/relative(s)’ or ’13 – Patient/Client via telehealth’ | |
| BR-DAT-CNT-011 | Where Contact Preferred Death Place is ‘98 - Not applicable - patient/client not present', the Contact Client Present Status must not be ’11 - Patient/Client present only’, ’12 - Patient/Client present with carer(s)/relative(s)’ or ’13 - Patient/Client via telehealth video’ | |
| BR-DAT-CNT-012 | Where Contact Preferred Care Setting is ‘98 - Not applicable - patient/client not present', the Contact Client Present Status must not be ’11 – Patient/Client present only’, ’12 - Patient/Client present with carer(s)/relative(s)’ or ’13 - Patient/Client via telehealth’ | |

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| E364 | Contact Client Present Status is <NAClientNotPresentValue> - <NAClientNotPresentMeaning>but <ContactDataElement> is <ContactDataElementValue> | An invalid value has been supplied for Contact Care Phase, Contact Care Model, Contact Preferred Death Place or Contact Preferred Care Setting when the Patient/Client is reported as not being present. | Check that the values of the corresponding data elements are correct and resubmit. |
| BR-DAT-CNT-013 | Where Contact Client Present Status is ‘20 - Carer(s)/Relative(s) of the patient/client only' or '31 -Patient/Client/Carer(s)/Relative(s) not present: indirect contact', Contact Care Phase must be ‘9 - Not applicable - patient/client not present' or ‘5 – Bereavement phase’ | |
| BR-DAT-CNT-014 | Where Contact Client Present Status is '20 - Carer(s)/Relative(s) of the patient/client only' or '31 - Patient/Client/Carer(s)/Relative(s) not present: indirect contact', Contact Care Model must be ‘9 - Not applicable - patient/client not present' | |
| BR-DAT-CNT-015 | Where Contact Client Present Status is '20 - Carer(s)/Relative(s) of the patient/client only' or '31 - Patient/Client/Carer(s)/Relative(s) not present: indirect, contact, Preferred Death Place must be ‘98 - Not applicable - patient/client not present' | |
| BR-DAT-CNT-016 | Where Contact Client Present Status is '20 - Carer(s)/Relative(s) of the patient/client only' or '31 - Patient/Client/Carer(s)/Relative(s) not present: indirect contact, Contact Preferred Care Setting must be ‘98 - Not applicable - patient/client not present' | |
| E365 | Contact Session Type = ‘2 – Group – group program’’ but Contact Group Session Identifier has not been reported | A Contact Group Session Identifier has not been reported where the Episode Program/ Stream is ‘101’ – ‘418’ (Specialist Clinics (Outpatients)) and the Contact Session Type is ‘2 – Group – group program’’. | Check that the values of the corresponding data elements are correct and resubmit. |
| BR-DAT-CNT-020 | Where Contact Session Type is '2 – Group – group program’', a Contact Group Session Identifier must be reported; and if a Contact Group Session Identifier has been reported, the Contact Session Type should be '2 – Group – group program’’ | |

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| E366 | A Contact Group Session Identifier has been reported but the Contact Session Type <> ‘2 – Group – group program’ | An invalid Contact Session Type has been reported where the Episode Program/Stream is ‘101’ – ‘418’ (Specialist Clinics (Outpatients)) and a Contact Group Session Identifier has been reported. | Check that the values of the corresponding data elements are correct and resubmit. |
| BR-DAT-CNT-020 | Where Contact Session Type is '2 – Group – group program’', a Contact Group Session Identifier must be reported; and if a Contact Group Session Identifier has been reported, the Contact Session Type should be '2 – Group – group program’’ | |
| E367 | The Episode Program/Stream is Specialist Clinics (Outpatients) but a Contact Purpose of either '51 – Multidisciplinary case conference – patient not present', '71 – Follow up/Monitoring/Evaluation/Review', '72 – New patient consultation', ’73 – Follow up /Monitoring /Evaluation /Review – conservative management’, ’74 – New patient consultation – conservative management’, ’75 – Follow up/Monitoring/ Evaluation/Review – optimisation pathways for surgery’ or ‘76 – New patient consultation – optimisation pathways for surgery’ has not been reported. | An invalid first Contact Purpose code has been reported where the Episode Program/Stream is ‘101’ – ‘418’ (Specialist Clinics (Outpatients)). | Check that the values of the corresponding data elements are correct and resubmit. |
| BR-DAT-CNT-017 | For Specialist Clinics (Outpatients), the first Contact Purpose code reported must be either '51 – Multidisciplinary case conference – patient not present', '71 – Follow up/Monitoring/Evaluation/Review', '72 – New patient consultation', ’73 – Follow up /Monitoring /Evaluation /Review – conservative management’, ’74 – New patient consultation – conservative management’, ’75 – Follow up/Monitoring/ Evaluation/Review – optimisation pathways for surgery’ or ‘76 – New patient consultation – optimisation pathways for surgery’ | |

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| E368 | Contact Account Class (<AccountClass>) is incompatible with Contact Medicare Suffix (<medicare\_suffix>) | An invalid combination of Contact Account Class and Contact Medicare Suffix has been supplied. | Check that the values of the corresponding data elements are correct and resubmit. |
| BR-DAT-CNT-018 | Ineligible patients with an Account Class = 'XX' or ‘ME’ or ‘MF’ must be reported with Contact Medicare Suffix = 'N-E'. Prisoners must be reported with Account Class = 'JP’ and ’Patient/Client Medicare Suffix = 'P-N'. | |
| E369 | Contact Delivery Mode is ‘9 - Not applicable’ but Contact Client Present is not ’32 - Patient/Client/Carer(s)Relative(s) not present: scheduled appointment not attended’ (when Contact Purpose is not ’51 – Multidisciplinary case conference - patient not present) | An invalid combination of Contact Client Present Status, Contact Delivery Mode and Contact Purpose has been supplied. | Check that the values of the corresponding data elements are correct and resubmit. |
| BR-DAT-CNT-022 | When Contact Delivery Mode is ‘9 - Not applicable’ and Contact Purpose is not ’51 – Multidisciplinary case conference – patient not present’, the Contact Client Present Status must be ’32 - Patient/Client/Carer(s)Relative(s) not present: scheduled appointment not attended’ | |
| E370 | Data Element (<FieldName>) is mandatory (<Timing>) but no value was supplied. The (<FieldName>) for this (<FieldTypes>) is (<FieldValue>) | A field that is required to have a value at a point in time was empty. Consult with Section 3 of this manual to determine if and when a field needs to be populated. | Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support. |
| BR-DAT-CNT-023 | Where a Contact Clinic Identifier is provided, Contact Program Stream must also be provided | |
| BR-DAT-EPS-025 | Episode Special Purpose Flag must be provided where the Contact Account Class is ‘ND – National Disability Insurance Scheme’ | |

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| E371 | Data Element (<FieldName>) is mandatory for this Program/Stream (<Program/Stream>) after (<Timing>) but no value was supplied | A field that is required to have a value at a point in time was empty. Consult with Section 3 of this manual to determine if and when a field needs to be populated. | Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support. |
| BR-DAT-EPS-020 | Episode Advance Care Plan Alert must be provided where there is an Episode Start Date | |
| BR-DAT-EPS-023 | Contact Medicare Suffix is mandatory but no value was supplied | |
| BR-DAT-EPS-030 | Episode Patient/Client Ready for Care Date is mandatory (date), but no value was supplied | |
| E372 | Contact Account Class is ‘ND – National Disability Insurance Scheme’ but Episode Special Purpose Flag is not ‘ND – NDIS Participant’ | A message was sent to insert or update a Contact with a Contact Account Class of ‘ND – National Insurance Disability Scheme’ but a value of ‘ND – NDIS Participant’ for Episode Special Purpose Flag has not been supplied. | Resubmit the Episode with a value of ‘ND Participant’ for Episode Special Purpose Flag.  Check Account Class is valid for the Program Stream reported. |
| BR-DAT-CNT- 027 | When Contact Account Class is ‘ND – National Disability Insurance Scheme’, Episode Special Purpose Flag must be reported with a value of ‘ND – NDIS Participant’ | |
| E373 | Contact Session Type of <ContactSessionTypeValue><ContactSessionType Description> is incompatible with Client Present Status of <ClientPresentStatusValue><ClientPresentStatusDescription | A Contact Message was sent with either a Contact Session Type of 3 and a client present status not equal to 31 – or a client present status of 31 and a contact session type not equal to 3. | Resubmit with consistent values for Contact Session Type and Client Present Status. |
| BR-DAT-CNT-024 | Indirect contacts must be reported with Contact Session Type = ‘3 – Not applicable: indirect contact’ and with Contact Client Present Status of ’31 – Patient/Client Carer(s)/Relative(s) not present: indirect contact | |

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| E374 | Contact Delivery Setting is '11 – Hospital setting – inpatient setting’ but Contact Inpatient Flag is not ‘I – Yes (Inpatient/Admitted)’ | Contact Delivery Setting is '11 – Hospital setting – inpatient setting but Contact Inpatient Flag is not ‘I – Yes (Inpatient/Admitted)’. | | Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support. |
| BR-DAT-CNT-026 | Where Contact Delivery Setting is '11 – Hospital setting – inpatient setting, Contact Inpatient Flag must be ‘I – Yes (Inpatient/Admitted)’ | | |
| E376 | Contact Clinic Identifier <ContactClinicIdentifier> is not valid for this Contact Campus Code <ContactCampusCode> | Contact Clinic Identifier must exist for the submitted Contact Campus Code.  Please note: this error may also trigger if the contact date/time is prior to the clinic commencement date or is after the clinic closure date | Check that the values of the corresponding data elements are correct and resubmit.  Check NACMS clinic registration. | |
| BR-DAT-CNT-030 | Contact Clinic Identifier must exist for the submitted Contact Campus Code | | |
| E377 | Where <ContactDataElement> is ’51- Multidisciplinary case conference - patient not present,’ <ContactDataElement> ‘31 - Patient/Client/Carer(s)/Relative(s) not present: indirect contact’ must be reported | Contact Purpose Code is ’51- Multidisciplinary case conference - patient not present’ but the Contact Client Present Status code is not ‘31 - Patient/Client/Carer(s)/Relative(s) not present: indirect contact’. | Check that the values of the corresponding data elements are correct and resubmit the record. | |
| BR-DAT-CNT-29 | Where Contact Purpose Code is ‘51- Multidisciplinary case conference - patient not present’, the Contact Client Present Status code – ‘31 - Patient/Client/Carer(s) /Relative(s) not present: indirect contact’ must be reported. | | |

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| E381 | Contact reported, but program/stream ‘<Program/Stream>’ is a home based service | The Episode Program/Stream is for a home based service: codes: 52, 53, 82, 83, 651, 751, 851 or 852. Contacts should not be reported within these episodes. | Refer to Section 2: Concepts and derived item ‘Guide for Use’ for the specific home delivered service for guidance when reporting contacts. | |
| BR-DAT-CNT-032 | Contacts cannot be reported for home based service programs | | |
| E383 | Contact Purpose code is 10 – Screening contact’ but Referral In Outcome was not ’50 – Screening’ at the Contact Start Date (<contact start date/time>) | A Contact Purpose code of ’10 – Screening contact’ was reported but a Referral In Outcome of ’50 - Screening’ has not been reported. | | Resubmit with consistent values for Contact Client Present Status and Referral In Outcome. |
| BR-DAT-CNT-033 | When Contact Purpose Code is ’10 - Screening contact’, Referral In Outcome must be ’50 - Screening’ | | |
| E384 | Referral In Outcome is ’50 – Screening’ at the contact start date (<contact start date/time>) but Contact Purpose is not ’10 – Screening Contact’ | The contact has a Contact Purpose that is not ‘10 – Screening Contact’ but the Referral In Outcome was ’50 – Screening’ at the Contact Start Date. | Check that the values of the corresponding data elements are correct and resubmit. | |
| BR-DAT-CNT-035 | *When a Referral In Outcome of ’50 – Screening’ has been reported the Contact Purpose code must be ’10 - Screening contact*’ | | |

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| E385 | Contact Purpose <ContactPurpose1> and Contact Purpose <ContactPurpose2> cannot be reported for the same contact | Contact Purpose code of ’71 – Follow up/Monitoring/Evaluation/ Review’, ‘73 – Follow up/ Monitoring/Evaluation/Review – conservative management’ and ’75 – Follow up/Monitoring/Evaluation/ Review – optimisation pathways for surgery’ cannot be reported for the same contact.  Contact Purpose code of ’72 – New patient consultation’, ’74 – New patient consultation – conservative management’ and ‘76 – New patient consultation – optimisation pathways for surgery’ cannot be reported for the same contact. | Check that the values of the corresponding data elements are correct and resubmit. |
|  | BR-DAT-CNT-034 | Conflicting Contact Purpose codes cannot be reported for the same contact |  |
| E412 | Referral In Outcome updated to not accepted, but one or more episodes have resulted from this Referral (<episode\_details>) | A referral message was previously sent stating that the referral was accepted by the health service. Subsequently, an episode commenced resulting from this referral. A Referral In update message (RRI\_I13) has now been sent, in which the Referral In Outcome has been set to 'Not Accepted', but episodes associated with the referral exist. | Ensure that the contact purpose codes are correct and do not conflict, then resubmit. |
| BR-DAT-RIN-001 | A referral that results in an episode must have an outcome of ‘Accepted’ | |
| E452 | This organisation (<OrganisationIdentifier>) is not approved to report Referrals In under this program/stream (<Referral In Program/Stream>) | The organisation identified in the batch header for this message is not approved to report Referrals In to the VINAH MDS under this program/stream. | Check that the values of the corresponding data elements are correct and resubmit. If the referral was not accepted, the associated episodes must be deleted. |
| BR-XMT-SEC-005 | An organisation should only report data for a particular program/stream where they provide the relevant services and have been approved to report data for the program/stream by the department | |

| Validation ID | Message template | Cause | Resolution |
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| E453 | Referral In Outcome is <ref\_in outcome> and program/stream is <program/stream> but Referral In Clinical Urgency Category is not provided | Referral In Outcome is 010 – Referral accepted – new appointment’ or ‘020 – Referral accepted – review appointment’ or ‘3 – Referral accepted – renewed referral’ and program/stream is OP but Referral In Clinical Urgency Category has not been reported.  Referral In Outcome is ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral’ and program/stream is PC or EPC but Referral In Clinical Urgency Category has not been reported. | | Contact HDSS Helpdesk or your software vendor for support. |
| BR-DAT-RIN-004 | For Palliative Care Program/Streams and Early Parenting Centres Program/Streams, when a Referral In Outcome has the value ‘1 – Referral accepted ‘or ‘3 – Referral accepted – renewed referral’, Referral In Clinical Urgency Category must be reported | | |
| BR-DAT-RIN-005 | For Specialist Clinics (Outpatients) program/streams, when a Referral In Outcome has the value ‘010 – Referral accepted – new appointment’, ‘020 – Referral accepted –review appointment’ or ‘3 – Referral accepted – renewed referral’, Referral In Clinical Urgency Category must be reported | | |
| E454 | Referral In Outcome is ‘010 – Referral accepted – new appointment’ or ‘020 – Referral accepted – review appointment’, or ‘1 – Referral accepted ’ or ‘3 – Referral accepted – renewed referral’ but <client\_field\_list> has not been provided | A message was sent to insert or update a referral with an ‘Accepted’ outcome but client data is not complete. | Ensure that the missing patient/client data items are submitted. | |
| BR-DAT-RIN-008 | When a Referral In Outcome has the value ‘010 – Referral accepted – new appointment’ or ‘020 – Referral accepted – review appointment’ or ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral’, Patient/Client Birth Date, Usual Residence Locality Name and Usual Residence Postcode must be reported | | |

| Validation ID | Message template | Cause | Resolution |
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| E455 | Data Element '<FieldName>' is mandatory at this point in time (<Timing>) | When more than one Referral In Outcome is reported the Referral In Outcome Date must be provided. | A data element must have a value when a related data element is reported |
| BR-DAT-RIN-010 | When more than one Referral In Outcome is reported the Referral In Outcome Date must be reported | |
| E458 | Referral In Outcome is ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral’, but Referral In First Triage Score has not been provided | A Referral In Outcome has been provided that requires the reporting of Referral In First Triage Score, but it has not been reported. | Ensure that the missing data items are submitted. |
| BR-DAT-RIN-017 | For Palliative Care Program/Streams, when a Referral In Outcome has the value ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral, Referral In First Triage Score must be reported | |
| E460 | Referral In Outcome is ‘010 – Referral accepted – new appointment’ or ‘020 – Referral accepted – review appointment’ or ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral’, but no Referral In Reason has been provided | A Referral In Outcome has been provided that requires the reporting of a Referral In Reason, but it has not been reported. | A data element must have a value when a related data element is reported |
| BR-DAT-RIN-007 | When a Referral In Outcome is ‘010 – Referral accepted – new appointment’ or ‘020 – Referral accepted – review appointment’ or ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral’ a Referral In Reason must be reported | |
| E462 | Referral has a Referral End Date but no Referral End Reason | No Referral End Reason was reported when a Referral End Date was provided. | A data element must have a value when a related data element is reported |
| BR-DAT-RIN-012 | Referrals that have an end date must also have an end reason | |