

NACRS Clinic Lite (NCL) Bundled Care Data Requirements Document

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Changes for 2024-2025

Section	Content	Description of Change
Table 1: Data Elements	Total Attendances Project 967 - Kinesiologist	New Special Project
Table 1: Data Elements	Service Duration Project 967 - Kinesiologist	New Special Project
Appendix: D	Submission Period	Revised Submission Periods

NACRS Clinic Lite (NCL) Bundled Care Data Requirements Document

This document was developed by the Rehabilitative Care Alliance (RCA) in collaboration with the Canadian Institute for Health Information (CIHI). Previous versions of this document were referred to as data content specifications and were in Excel format.

This document is a reference tool for data collectors and users to improve the quality and comparability of outpatient/ambulatory rehabilitation data collected and reported to CIHI's National Ambulatory Care Reporting System (NACRS). It provides information on how to complete a summary record using NACRS clinic lite/level 0 including detailed data element descriptions and collection instructions.

Note for facilities who use abstracting vendor software for data submissions:

As of 2019-2020, this document was made available to licensed NACRS vendors. We recommend facilities using data submission software (eFile submitters) discuss the following with their vendor:

- Implementation of the outpatient rehabilitation special projects in their software. Project specifications are outlined in Table 1 Data Elements.
- Submission of a summary record following the patient's discharge. Summary reporting is described below.
- Creation of quality checks or reports identifying abstracts with suspected data quality issues for example, missing data identified as 'must be coded' in Table 1 Data Elements.

Summary Reporting

A summary record captures services received during the patient's entire outpatient/ambulatory rehabilitation episode of care.

Submit a summary record following the patient's discharge – either completion or discontinuation of the patient's outpatient rehabilitation program.

For reporting purposes, the date of the final visit in the episode of care determines the submission fiscal year and fiscal period. For more details, refer to Date of Registration/Visit (data element 27) in Table 1 Data Elements.

Table 1: Data Elements

This table outlines what must be coded for each summary record. It includes definitions, specifications, collection instructions and notes. Not all data elements are enforced by a data quality check (i.e., an edit) enforced by the NACRS system therefore it is important to capture data elements correctly as outlined in the table. Refer to *Appendix E: Error Decoder* for a description of system generated errors.

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Reporting Facility's Province/Territory (00A)	Must be coded. Entry enforced by the NACRS Clinic Lite system.	A two alpha character code used to identify the province or territory of the submitting facility.	Field type: Alpha Field length: 2 characters Valid data*: ON	Web tool users: this data element is automatically populated when the Facility is selected. eFile submitters: vendor systems will routinely populate this data element.
Reporting Facility's Ambulatory Care Number (00B)	Must be coded. Entry enforced by the NACRS Clinic Lite system.	The five-character code assigned to a facility by the provincial/territorial Ministry or Department of Health, which identifies the facility and the level of care of the data submitted.	Field type: Alphanumeric Field length: 5 characters Valid data*: As assigned by the province/territory The first character identifies the reporting province/territory as follows: 5 = Ontario	Web tool users: Facility is pre-populated if you have access to only 1 organization. Multi-access users must select from the pre-populated drop-down list eFile submitters: vendor systems will routinely populate this data element.
Submission Fiscal Year (00C)	Must be coded. Entry enforced by the NACRS Clinic Lite system.	The fiscal year (April 1 to March 31) when the patient's visit occurred	Field type: Numeric Field length: 4 characters Valid data: Valid fiscal year (YYYY)	Submission Fiscal Year is determined by the date recorded in the Date of Registration/Visit field (data element 27). Web tool users: Fiscal Year is pre-populated when only 1 fiscal year is available. Otherwise, client selects from a drop-down list. eFile submitters: vendor systems will routinely populate this data element.

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Submission Period (00D)	Must be coded. Entry enforced by the NACRS Clinic Lite system.	Identifies the date interval when the patient's visit occurred	Field type: Numeric Field length: 2 characters Valid data*: 01–12 for Ontario	Submission Period is determined by the date recorded in the Date of Registration/Visit field (data element 27). Web tool users: Submission Period is pre-populated when the Date of Registration/Visit is populated eFile submitters: vendor systems will routinely populate this data element. Refer to Appendix D: Submission Period in this document for details.
Abstract Identification Number (00E)	Must be coded. Entry enforced by the NACRS Clinic Lite system.	A unique identification number assigned to each record submitted to CIHI.	Field type: Numeric Field length: 7 characters Justification: Right Zero fill: Yes Valid data: 0–9	Web tool users: Abstract Identification Number is automatically assigned to the record once it is saved in the web tool. eFile submitters: vendor systems will routinely populate this data element.
Submission Level Code (128)	Must be coded. Entry enforced by the NACRS Clinic Lite system.	Identifies the data submission level of the record.	Field type: Numeric Field length: 1 character Valid data: 0	Submission Level Code for NACRS Clinic Lite records must be 0. Web tool users: Submission Level Code is automatically assigned by the tool. eFile submitters: vendor systems will routinely populate this data element.
Chart Number (01)	Must be coded. Entry enforced by the NACRS Clinic Lite system.	The patient's unique identification number (also known as medical record number), as assigned by the organization.	Field type: Alphanumeric Field length: 10 characters Justification: Right Valid data: 0–9, A–Z	Do not submit sensitive information such as health care number, patient name, date of birth in the Chart Number field. Do not include any special characters such as hyphens or asterisks. It is recommended that the use of leading zeros and the positioning of the chart number be consistent as this may impact linkage of records for analysis.

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Health Care Number (HCN) (02)	Must be coded. Entry enforced by the NACRS Clinic Lite system.	The patient's unique health care coverage number as assigned to the patient by the provincial/territorial or federal government.	<p>Field type: Alphanumeric Field length: 12 characters Justification: Left Valid data: Valid health care number, 0, 1 or 9</p> <p>0 = Insured resident of reporting province/territory but HCN is not available. Province/Territory Issuing HCN (data element 03) is the same as the province/territory of the reporting facility (data element 00A)</p> <p>1 = HCN is not applicable. Includes: – Out-of-province/territory resident with unavailable health care number – Out-of-country, federal government coverage (penitentiary inmate, veteran) or no provincial/territorial health insurance coverage</p> <p>9 = Stillbirth For use with stillborn abstracts only. Applicable for provinces/territories that do not record a health care number for stillbirths.</p> <p>Ontario Valid HCN Format: 10-digit HCN (record an additional 1 or 2 alpha version code if applicable). Note: Alpha characters I and O are not valid version codes.</p>	<p>When available, the patient's HCN should be recorded regardless of the issuing province/territory.</p> <p>Federal health care numbers, if available, should be reported instead of a HCN of 1 (HCN is not applicable). CIHI does not edit federal health care numbers for validity.</p> <p>Do not record 1 (HCN is not applicable) when the Province/Territory Issuing Health Care Number (data element 03) is the same as the Reporting Facility's Province/Territory (data element 00A).</p>

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Province/Territory Issuing Health Care Number (03)	Must be coded. Entry enforced by the NACRS Clinic Lite system.	Indicates the provincial/territorial or federal government from which the HCN was issued.	Field type: Alphanumeric Field length: 2 characters Valid data: NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT, NU, 99, CA 99 = Not applicable CA = Canada (penitentiary inmates, Indigenous Services Canada, Veterans Affairs Canada)	Record the provincial/territorial government with which the patient is insured, even when the HCN is not available. 99 (not applicable) should only be used in conjunction with a Health Care Number (data element 02) of 1 (HCN is not applicable) or 9 (Stillbirth).

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Postal Code (05)	Must be coded. Entry enforced by the NACRS Clinic Lite system.	The six-digit alphanumeric code assigned by Canada Post to identify the geographic location of the patient's place of residence.	<p>Field type: Alphanumeric Field length: 6 characters Justification: Right Valid data: Valid postal code (ANANAN) or 2-character mini-postal code:</p> <p>ON (Ontario) NL (Newfoundland and Labrador) PE (P.E.I) NS (Nova Scotia) NB (New Brunswick) QC (Quebec) MB (Manitoba) SK (Saskatchewan) AB (Alberta) BC (British Columbia) YT (Yukon) NT (Northwest Territories) NU (Nunavut)</p> <p>US (U.S.A, state not known) AL (Alabama) AK (Alaska) AZ (Arizona) AR (Arkansas) CA (California) CO (Colorado) CT (Connecticut) DE (Delaware) DC (District of Columbia) FL (Florida) GA (Georgia) HI (Hawaii) ID (Idaho) IL (Illinois) IN (Indiana) IA (Iowa) KS (Kansas) KY (Kentucky) LA (Louisiana) ME (Maine)</p>	<p>If the postal code is known, enter the full 6 digit alphanumeric postal code as assigned by Canada Post.</p> <p>If there is no postal code assigned for the patient's place of residence and the patient receives his or her mail via a Canada Post office outlet, record the postal code assigned to the Canada Post office.</p> <p>If the patient has both a place of residence and receives mail via Canada Post office outlet, record the postal code for the place of residence.</p> <p>If the patient's postal code is not known but the province/territory of residence is known, record the 2-character mini-postal code for the province/territory.</p> <p>If the patient's postal code and province/territory of residence are not known, record 99 (Unknown).</p> <p>If the patient is from the United States of America, an entry of US (USA, state unknown) is sufficient. For greater specificity, the facility may choose to record the applicable 2-character mini-postal code for the state of residence.</p> <p>If the patient is from a country other than the United States of America, record OC (Other Country).</p> <p>If the patient's country of residence is not known, record 99 (Unknown).</p> <p>When the patient is a permanent resident of another community, province or country but has a temporary residence locally, record the postal</p>

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
			MD (Maryland) MA (Massachusetts) MI (Michigan) MN (Minnesota) MS (Mississippi) MO (Missouri) MT (Montana) NE (Nebraska) NV (Nevada) NH (New Hampshire) NJ (New Jersey) NM (New Mexico) NY (New York) NC (North Carolina) ND (North Dakota) OH (Ohio) OK (Oklahoma) OR (Oregon) PA (Pennsylvania) RI (Rhode Island) SC (South Carolina) SD (South Dakota) TN (Tennessee) TX (Texas) UT (Utah) VT (Vermont) VA (Virginia) WA (Washington) WV (West Virginia) WI (Wisconsin) WY (Wyoming) OC (Other Country) 99 (Unknown)	<p>code assigned to the temporary residence. These patients include students and individuals living/working in an area for an extended period of time while maintaining permanent residency elsewhere.</p> <p>If the patient is simply visiting the local area (e.g., vacationing, visiting friends/family, seeking medical treatment in another community), this does not qualify as a temporary residence scenario; therefore, use the postal code/2-digit mini-postal code assigned to the patient's permanent residence.</p>

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Recorded Sex or Gender (07)	Must be coded. Entry enforced by the NACRS Clinic Lite system.	A one alpha character describing the sex of the patient.	Field type: Alpha Field length: 1 character Valid data: M, F, U or O M = Male F = Female U = Undifferentiated (stillbirths only) O = Other or Unknown	
Birth Date (08)	Must be coded. Entry enforced by the NACRS Clinic Lite system.	The date the person was born.	Field type: Numeric Field length: 8 characters Valid data: Valid date (YYYYMMDD) or 99990901 (unknown)	<p>If month of birth is unknown, record the month as 01. If day of birth is unknown, record the day as 01. Complete Birth Date Is Estimated (data element 09) when the day and/or month of the birth date is not known.</p> <p>If year of birth is unknown but the patient's age has been estimated, report the estimated year of birth (current year minus patient's age at time of visit). Complete Birth Date Is Estimated (data element 09) when the year of birth is estimated.</p> <p>Record 99990901 if the entire birth date is unknown and the reporting facility is unable or unwilling to estimate the date of birth.</p>
Birth Date Is Estimated (09)	Must be coded if any part of the birth date has been estimated. Entry not enforced by the NACRS Clinic Lite system.	A flag that indicates that the Birth Date (data element 08) has an unknown day/month/year or an estimated year of birth.	Field type: Alpha Field length: 1 character Valid data: Y or blank	Do not complete Birth Date is Estimated if Birth Date (data element 08) is reported as 99990901.

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Visit MIS Functional Centre Account Code (13)	Must be coded. Entry enforced by the NACRS Clinic Lite system.	The account number that represents the statistical and financial reporting related to the service provided.	Field type: Numeric Field length: 9 characters Valid data: National MIS Standards Functional Centre Account Codes (MIS = Management Information System)	<p>Use code 713508545 (Orthopedic Rehabilitation Specialty Clinic) if the clinic has interprofessional services available and is providing post-acute rehabilitation for an orthopedic condition. Any hospital based outpatient clinic whether providing only PT or interprofessional rehabilitation to patients for an orthopedic condition should use this code. This code maps to OHRS FC 713 50 81 72.</p> <p>Use code 714500000 (Physiotherapy) if the clinic provides physiotherapy services for post-acute rehabilitation for any condition. Any hospital based rehabilitation program that is offered by a physiotherapy department (where only physiotherapy is available), for example a knee class offered by physiotherapists affiliated with acute care, should use this code. This code maps to OHRS FC 714 50. Any community based physiotherapy clinic should use the code 714500000 (Physiotherapy).</p> <p>Use code 713508500 (Rehabilitation Specialty Clinic) if the clinic has interprofessional services available and is providing post-acute rehabilitation for a non-orthopedic condition. Any hospital based outpatient clinic whether providing only PT or interprofessional rehabilitation to patients for a non-orthopedic condition should use this code. This codes maps to OHRS FC 7*3 50 81 30.</p> <p>No other single service codes will be offered (example OT or SLP). If a clinic is offering OT or SLP services or any non-physiotherapy rehabilitative care, they should use the appropriate specialty clinic code.</p>

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Referral Source Prior to Ambulatory Care Visit (31)	Must be coded when the patient has been referred from an inpatient service or hospital based ambulatory care service to this outpatient program. Entry not enforced by the NACRS Clinic Lite system.	The person or agency that referred the patient for ambulatory care service in the reporting facility.	<p>Field type: Numeric Field length: 2 characters Valid data: 01–11, 98, 99 or blank</p> <p>01 = Self/family member, caretaker, guardian 02 = Inpatient Service (reporting or other facility); includes intra- and inter-hospital referrals and transfers 03 = Ambulatory care service (reporting or other facility); includes intra- and inter-hospital referrals and transfers 04 = Private practice (examples: physician, midwife, chiropractor) 05 = Drug dependency service (example: detoxification services) 06 = Community health service (examples: public health, provincial/territorial telephone health services, poison control centre) 07 = Residential care facility (examples: retirement home, nursing home, chronic care facility, rehabilitation facility, group home) 08 = Legal service (examples: police, parole officer, court correctional facility, jail, jail or prison health care service/clinic) 09 = Education agency (example: school) 10 = Home care 11 = Mental health facility 98 = Other (example: place of employment) 99 = Unknown/Unavailable</p>	<p>Complete Referral Source Prior to Ambulatory Care Visit as 02 (Inpatient service) when the patient has been referred from an inpatient rehabilitation facility.</p> <p>Complete Referral Source Prior to Ambulatory Care Visit as 04 (Private Practice) when referred from a Community Physiotherapy Clinic.</p> <p>Only one referral source value can be submitted. When multiple referral sources are documented, report the one the patient had the most recent contact with.</p> <p>For OPR facilities, if this cannot be established from the documentation, and one of the referral options is 'inpatient service', report 02 (inpatient service) as the referral source. If, among the multiple referral sources, inpatient service is not one of the sources listed, report the first one listed.</p>

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Institution From (32)	Must be coded when the patient has been referred from an inpatient service or hospital based ambulatory care service to this outpatient program. Entry not enforced by the NACRS Clinic Lite system.	An institution number that identifies another health care facility or another level of care within the reporting facility from which the patient was transferred from for further care. In addition to capturing transfer settings, this field also identifies referrals/service received in the community.	Field type: Numeric Field length: 5 characters Valid data: Valid institution number or blank. Refer to the Ontario Master Numbering System documents on the MOHLTC website (https://hsim.health.gov.on.ca/hdbportal/) under Publication.	This ministry assigned number is used to identify referrals from an inpatient service or hospital based ambulatory care service to this outpatient program. For NACRS reporting the 4-character Ontario facility number must be pre-pended with 5 to make it a 5-character institution number. For example, facility 1234 must be submitted as 51234. When the patient was referred from an acute inpatient service record the institution number of the acute care hospital. When the patient was referred from ambulatory care service record the institution number of the ambulatory care facility. If the facility doesn't have an assigned institution number record 50006.
Date ready for rehab/referral date (104)	Must be coded. Leave field blank if this date is unknown. Entry not enforced by the NACRS Clinic Lite system.	The date when the patient was referred to an ambulatory care service.	Field type: Numeric Field length: 8 characters Valid data: Valid date (YYYYMMDD) or blank	Report the date on which the patient is ready for OPR rehab. For hospital referrals, the date ready for rehab is the hospital discharge date (from acute care, internal rehab/CCC or external rehab/CCC) if the referral is received prior to the patient being discharged. If the referral is received after the patient is discharged from acute care, the date ready for rehab is the date the referral is received by the OPR program. If the referral includes a requested post discharge follow up date, the date ready for rehab will be the date specified in the referral. If two referrals were received e.g., one from pre-op clinic and second from hospital or community, the last referral is used for date ready for rehab.

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
				<p>For community referrals, the date the referral is received by OPR program.</p> <p>This date must be prior to or the same as the date recorded in Date of Registration/Visit (data element 27).</p>
Mode of Visit/Contact (20)	Must be coded. Entry enforced by the NACRS Clinic Lite system.	Describes the method of contact between the provider and the patient.	<p>Field type: Numeric Field length: 1 character Valid data: 1–6</p> <p>1 = Visit (in-person) The patient and provider are in the same location and services are delivered face to face.</p> <p>2 = Email contact The provider delivers services to the patient over an electronic mail system.</p> <p>3 = Telephone contact 4 = Videoconference Services are provided to the patient by means of videoconference which involves voice and visual communication.</p> <p>5 = Messaging (secure messaging or regular text messaging) 6 = Other Use when the method of patient-provider contact is not classified above.</p>	<p>In a scenario where the patient receives services over the course of the ambulatory episode of care, both in person and over email, telephone, videoconference, messaging or other, complete Mode of Visit (data element 20) as the most common mode of contact between patient and provider.</p> <p>Patient can include significant others acting on behalf of the patient.</p> <p>Refer to the Mode of Visit/Contact and Service Delivery section for more collection instructions.</p>
Date of Registration/Visit (27)	Must be coded. Entry enforced by the NACRS Clinic Lite system.	For OPR facilities: The date on which the patient is last seen in the ambulatory care program.	<p>Field type: Numeric Field length: 8 characters Valid data: Valid date (YYYYMMDD)</p>	<p>As this form of NACRS Clinic Lite for use in outpatient/ambulatory rehabilitative care is a summary abstract format to be completed at discharge, the Date of Registration/Visit should be stated as the date of discharge. NACRS Clinic Lite records should be completed and submitted for patients on their date of discharge from the outpatient/ambulatory rehabilitative care program.</p> <p>Discharge = The completion or discontinuation of an outpatient rehabilitation program. Patients are discharged from an outpatient rehabilitation</p>

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
				program based on the achievement of their goal(s) for the program; or have reached a plateau; or treatment could not be completed; or further gains can be achieved through an alternative service within the community.
Visit Disposition (35)	Must be coded. Entry enforced by the NACRS Clinic Lite system.	Identifies patient's type of separation from the ambulatory care service after registration to that service.	<p>Field type: Numeric Field length: 2 characters Valid data: 06–09, 12-14, 16, 17, 30, 40, 61–64, 71–74, 90</p> <p>16= Home with Support/Referral (Discharge to private home, condominium or apartment with supports from the community at home or referred to services; does not include discharge to group/supportive housing. Note: A patient with instructions to return to his doctor or referral to a specialist (as part of a routine discharge order), is not considered discharge home with support services/referral.)</p> <p>17 = Private Home (Discharge to private home, condominium or apartment without supports from the community at home or referred to services; does not include discharge to group/supportive housing)</p> <p>06 = Admit to reporting facility as inpatient to special care unit or OR from ambulatory care visit functional centre</p> <p>07 = Admit to reporting facility as an inpatient to another unit of the reporting facility from the ambulatory care visit functional centre</p> <p>08 = Transfer to another acute care facility directly from ambulatory care visit functional centre (includes transfer to another acute care facility with entry through ED)</p> <p>09 = Transfer to another non-acute care</p>	<p>For OPR facilities discharged means that the patient has discontinued or been discharged from the care plan/treatment. Because this is a discharge summary record abstract, this visit disposition will be taken as the discharge disposition.</p> <p>Discharge = The completion or discontinuation of an outpatient rehabilitation program. Patients are discharged from an outpatient rehabilitation program based on the achievement of their goal(s) for the program; or have reached a plateau; or treatment could not be completed; or further gains can be achieved through an alternative service within the community.</p> <p>It is anticipated most facilities will report Visit Disposition as 16 or 17 as most patients are discharged home following their outpatient/ambulatory episode of care.</p> <p>Record Visit Disposition as 13 when the patient is transferred to your facility's emergency department at the end of the outpatient rehab visit.</p> <p>Record Visit Disposition as 08 when the patient is transferred to the emergency department of another facility at the end of the outpatient rehab visit.</p> <p>Record Visit Disposition as 17 when visit disposition cannot be determined.</p>

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
			facility directly from ambulatory care functional centre (e.g. stand-alone rehab, mental health) 12 = Intra-facility transfer to day surgery 13 = Intra-facility transfer to the ED 14 = Intra-facility transfer to clinic 30 = Residential Care (Transfer to long-term care home (24-hour nursing), mental health and/or addiction treatment centre or hospice/palliative care facility) 40 = Group/Supportive Living (Transfer to assisted living/supportive housing or transitional housing, including shelters; these settings do not have 24-hour nursing care) 90 = Correctional Facility (transfer to jail or halfway house) 61 = Leave Post Registration 62 = Leave Post Initial Treatment 64 = Left After Initial Assessment 71 = Dead on Arrival (DOA) 72 = Died in Facility 73 = Medical Assistance in Dying (MAID) 74 = Suicide in Facility	

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Main Problem (44)	Must be coded. Entry not enforced by the NACRS Clinic Lite system.	A code that describes the one problem that is considered by the health care provider(s) to be the most clinically significant reason for the client's visit that requires evaluation and/or treatment or management. This can be a diagnosis, condition, symptom or circumstance.	Field type: Alphanumeric Field length: 7 characters Justification: Left Valid data: ICD-10-CA codes valid as main problem or blank	Web tool users: select the Care Domain of Outpatient or Ambulatory Rehab and then select the main problem Rehabilitation from the Main Problem drop-down list. eFile submitters: Code Z50.9 (Rehabilitation) must be recorded as the Main Problem.
Other Problem(s) (45)	Must be coded. Entry not enforced by the NACRS Clinic Lite system.	The diagnosis, condition, problem or circumstance for the patient's visit in addition to the Main Problem (data element 44).	Field type: Alphanumeric Field length: 7 characters Justification: Left Up to 9 occurrences of Other Problem(s) can be recorded per abstract. Valid data: ICD-10-CA codes valid or blank	OPR facilities must complete Other Problem to indicate the condition for which the patient is seeking outpatient rehabilitative care in this episode of care. Only the condition for which the patient is seeking rehab treatment should be recorded in the Other Problem field. Do not report comorbidities. Web tool users: select the Care Domain of Outpatient or Ambulatory Rehab and then select the other problem from the Other Problem drop-down list. Refer to Appendix A Problem Picklist of this document for a list of common reasons for outpatient/ambulatory rehabilitative care and the corresponding ICD-10-CA code.

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Other Problem Prefix (43a-i)	Must be coded with specific Other Problem codes. Instructions are provided in Appendix B. Entry not enforced by the NACRS Clinic Lite system.	A one-character code that provides additional information relating to the ICD-10-CA code to which it is assigned	Field type: Alpha Field length: 1 character Up to 9 occurrences of Other Problem Prefix can be recorded per abstract. Valid data: See Appendix B Other Problem Prefix of this document for valid values. This list is for use by OPR facilities.	<p>OPR facilities will use Problem Prefix to capture additional information about the condition for which the patient is seeking outpatient rehabilitative care such as laterality, spinal location, and degree of burn.</p> <p>Problem Prefix must be reported with specific patient classifications/ICD-10-CA codes. Refer to Appendix C Patient Classification Matrix of this document for instructions.</p> <p>Examples: Record Other Problem Prefix as U (unilateral) or B (bilateral) with Other Problem codes Z9660 (hip replacement) and Z9661 (knee replacement). Record Other Problem Prefix as D (total/hemi arthroplasty) or K (reverse arthroplasty) with Other Problem code Z9662 (shoulder replacement).</p> <p>Do not use prefix values M or R.</p>
SPECIAL PROJECTS				
Date of First Visit (Project 960 Fields 146-153)	Must be coded. Entry not enforced by the NACRS Clinic Lite system.	Date of first visit to the outpatient rehabilitation program	Field type: Alphanumeric Field length: 8 characters Valid data: Valid date (YYYYMMDD)	First visit is defined as the date when the patient first receives services from one of the regulated health professionals captured in this form (RN, RPN, OT, OTA, PT, PTA, SW, SLP, CDA, Other). This excludes the date when the patient is seen to determine eligibility in the program.

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Reason for discharge (Project 960 Field 154)	Must be coded. Entry not enforced by the NACRS Clinic Lite system.	The reason that the patient has been discharged from the ambulatory rehab.	Field Type: Alphanumeric Field Length: 1 character Valid Data: 1-5, 9 (Unknown) 1 = Treatment Completed (i.e., goals achieved, plateau in rehab recovery, etc.) 2 = Treatment Incomplete: Change in Medical Status (includes admissions to inpatient program, death) 3 = Treatment Incomplete: Transferred to other Outpatient Program (includes other programs in existing organization, different organization, private program/clinics) 4 = Treatment Incomplete: Patient Choice (discontinued program for various reasons including patient who does not feel outpatient program is needed, lack of time, not interested, inconvenience, etc.) 5 = Treatment Incomplete: Unknown/Other (includes patient who failed to arrive for appointments after attending at least 1 visit) 9 = Unknown or Unavailable	Discharge refers to the completion or discontinuation of an outpatient rehabilitation program. Patients are discharged from an outpatient rehabilitation program based on the achievement of their goal(s) for the program; or have reached a plateau; or treatment could not be completed; or further gains can be achieved through an alternative service within the community.
Mode of Service Delivery (Project 960 Field 155)	Must be coded. Entry not enforced by the NACRS Clinic Lite system.	This field indicates the services received during this episode of care were provided individually or as part of a group.	Field type: Numeric Field length: 1 character Valid data: 1,2 1 = group 2 = individual	Complete Mode of Service Delivery as the format in which service was most often received, i.e., group or individual. Refer to the Mode of Visit/Contact and Service Delivery section for more collection instructions.

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Total Visits - Registered Nurse (Project 962 Fields 146-149)	Must be coded when a registered nurse provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the number of visits patient received care from a Registered Nurse during this episode of care.	Field Type: Alphanumeric Field Length: 4 characters Justification: Right (applied by NCL system) Valid Data: 1-9999 visits G = 10000 visits or greater U = seen by health discipline but total visits is unknown Blank = health discipline did not provide service during this episode of care	Refer to the Attendance & Service Duration section for collection instructions. In the web entry tool enter Total Visits - Registered Nurse in the Total Attendances - Registered Nurse field.
Service Duration - Registered Nurse (Project 962 Fields 150-154)	Must be coded when a registered nurse provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the duration of services received by a Registered Nurse during this episode of care. Duration is expressed in minutes.	Field type: Alphanumeric Field Length: 5 characters Justification: Right (applied by NCL system) Valid Data: 1-99999 minutes G = 100000 minutes or greater U = seen by health discipline but minutes spent are unknown Blank = health discipline did not provide service during this visit	Refer to the Attendance & Service Duration section for collection instructions.
Total Visits - Registered Practical Nurse (Project 962 Fields 155-158)	Must be coded when a registered practical nurse provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the number of attendances patient received care from a Registered Practical Nurse during this episode of care.	Field Type: Alphanumeric Field Length: 4 characters Justification: Right (applied by NCL system) Valid Data: 1-9999 visits G = 10000 visits or greater U = seen by health discipline but total visits is unknown Blank = health discipline did not provide service during this episode of care	Refer to the Attendance & Service Duration section for collection instructions. In the web entry tool enter Total Visits - Registered Practical Nurse in the Total Attendances - Registered Practical Nurse field.

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Service Duration - Registered Practical Nurse (Project 962 Fields 159-163)	Must be coded when a registered practical nurse provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the duration of services received by a Registered Practical Nurse during this episode of care. Duration is expressed in minutes.	Field Type: Alphanumeric Field Length: 5 characters Justification: Right (applied by NCL system) Valid Data: 1-99999 minutes G = 100000 minutes or greater U = seen by health discipline but minutes spent are unknown Blank = health discipline did not provide service during this visit	Refer to the Attendance & Service Duration section for collection instructions.
Total Attendances - Occupational Therapist (Project 963 Fields 146-149)	Must be coded when an occupational therapist provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the number of attendances patient received care from an Occupational Therapist (OT) during this episode of care.	Field Type: Alphanumeric Field Length: 4 characters Justification: Right (applied by NCL system) Valid Data: 1-9999 attendances G = 10000 attendances or greater U = seen by health discipline but attendances are unknown Blank = health discipline did not provide service during this episode of care	Refer to the Attendance & Service Duration section for collection instructions.
Service Duration - Occupational Therapist (Project 963 Fields 150-154)	Must be coded when an occupational therapist provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the duration of services received by a Occupational Therapist during this episode of care. Duration is expressed in minutes.	Field Type: Alphanumeric Field Length: 5 characters Justification: Right (applied by NCL system) Valid Data: 1-99999 minutes G = 100000 minutes or greater U = seen by health discipline but minutes spent are unknown Blank = health discipline did not provide service during this visit	Refer to the Attendance & Service Duration section for collection instructions.

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Total Attendances - Occupational Therapy Assistant (Project 963 Fields 155-158)	Must be coded when an occupational therapy assistant provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the number of attendances patient received care from an Occupational Therapy Assistant (OTA) during this episode of care.	Field Type: Alphanumeric Field Length: 4 characters Justification: Right (applied by NCL system) Valid Data: 1-9999 attendances G = 10000 attendances or greater U = seen by health discipline but attendances are unknown Blank = health discipline did not provide service during this episode of care	Refer to the Attendance & Service Duration section for collection instructions.
Service Duration - Occupational Therapy Assistant (Project 963 Fields 159-163)	Must be coded when an occupational therapy assistant provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the duration of services received by an Occupational Therapy Assistant (OTA) during this episode of care. Duration is expressed in minutes.	Field Type: Alphanumeric Field Length: 5 characters Justification: Right (applied by NCL system) Valid Data: 1-99999 minutes G = 100000 minutes or greater U = seen by health discipline but minutes spent are unknown Blank = health discipline did not provide service during this visit	Refer to the Attendance & Service Duration section for collection instructions.
Total Attendances - Physiotherapist (Project 964 Field 146-149)	Must be coded when a physiotherapist provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the number of attendances patient received care from a Physiotherapist (PT) during this episode of care.	Field Type: Alphanumeric Field Length: 4 characters Justification: Right (applied by NCL system) Valid Data: 1-9999 attendances G = 10000 attendances or greater U = seen by health discipline but attendances are unknown Blank = health discipline did not provide service during this episode of care	Refer to the Attendance & Service Duration section for collection instructions.

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Service Duration - Physiotherapist (Project 964 Fields 150-154)	Must be coded when a physiotherapist provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the duration of services received by a Physiotherapist (PT) during this episode of care. Duration is expressed in minutes.	Field Type: Alphanumeric Field Length: 5 characters Justification: Right (applied by NCL system) Valid Data: 1-99999 minutes G = 100000 minutes or greater U = seen by health discipline but minutes spent are unknown Blank = health discipline did not provide service during this visit	Refer to the Attendance & Service Duration section for collection instructions.
Total Attendances - Physiotherapy Assistant (Project 964 Fields 155-158)	Must be coded when a physiotherapy assistant provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the number of attendances patient received care from a Physiotherapy Assistant (PTA) during this episode of care.	Field Type: Alphanumeric Field Length: 4 characters Justification: Right (applied by NCL system) Valid Data: 1-9999 attendances G = 10000 attendances or greater U = seen by health discipline but attendances are unknown Blank = health discipline did not provide service during this episode of care	Refer to the Attendance & Service Duration section for collection instructions.
Service Duration - Physiotherapy Assistant (Project 964 Fields 159-163)	Must be coded when a physiotherapy assistant provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the duration of services received by a Physiotherapy Assistant (PTA) during this episode of care. Duration is expressed in minutes.	Field Type: Alphanumeric Field Length: 5 characters Justification: Right (applied by NCL system) Valid Data: 1-99999 minutes G = 100000 minutes or greater U = seen by health discipline but minutes spent are unknown Blank = health discipline did not provide service during this visit	Refer to the Attendance & Service Duration section for collection instructions.

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Total Attendances - Speech Language Pathologist (Project 965 Fields 146-149)	Must be coded when a speech language pathologist provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the number of attendances patient received care from a Speech Language Pathologist (SLP) during this episode of care.	Field Type: Alphanumeric Field Length: 4 characters Justification: Right (applied by NCL system) Valid Data: 1-9999 attendances G = 10000 attendances or greater U = seen by health discipline but attendances are unknown Blank = health discipline did not provide service during this episode of care	Refer to the Attendance & Service Duration section for collection instructions.
Service Duration - Speech Language Pathologist (Project 965 Fields 150-154)	Must be coded when a speech language pathologist provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the duration of services received by a Speech Language Pathologist (SLP) during this episode of care. Duration is expressed in minutes.	Field Type: Alphanumeric Field Length: 5 characters Justification: Right (applied by NCL system) Valid Data: 1-99999 minutes G = 100000 minutes or greater U = seen by health discipline but minutes spent are unknown Blank = health discipline did not provide service during this visit	Refer to the Attendance & Service Duration section for collection instructions.
Total Attendances - Communication Disorders Assistant (Project 965 Fields 155-158)	Must be coded when a communications disorders assistant provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the number of attendances patient received care from a Communication Disorders Assistant (CDA) during this episode of care.	Field Type: Alphanumeric Field Length: 4 characters Justification: Right (applied by NCL system) Valid Data: 1-9999 attendances G = 10000 attendances or greater U = seen by health discipline but attendances are unknown Blank = health discipline did not provide service during this episode of care	Refer to the Attendance & Service Duration section for collection instructions.

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Service Duration - Communication Disorders Assistant (Project 965 Fields 159-163)	Must be coded when a communications disorders assistant provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the duration of services received by a Communication Disorders Assistant (CDA) during this episode of care. Duration is expressed in minutes.	Field Type: Alphanumeric Field Length: 5 characters Justification: Right (applied by NCL system) Valid Data: 1-99999 minutes G = 100000 minutes or greater U = seen by health discipline but minutes spent are unknown Blank = health discipline did not provide service during this visit	Refer to the Attendance & Service Duration section for collection instructions.
Total Attendances - Social Worker (Project 966 Fields 146-149)	Must be coded when a social worker provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the number of attendances patient received care from a Social Worker (SW) during this episode of care.	Field Type: Alphanumeric Field Length: 4 characters Justification: Right (applied by NCL system) Valid Data: 1-9999 attendances G = 10000 attendances or greater U = seen by health discipline but attendances are unknown Blank = health discipline did not provide service during this episode of care	Refer to the Attendance & Service Duration section for collection instructions.
Service Duration - Social Worker (Project 966 Fields 150-154)	Must be coded when a social worker provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the duration of services received by a Social Worker (SW) during this episode of care. Duration is expressed in minutes.	Field Type: Alphanumeric Field Length: 5 characters Justification: Right (applied by NCL system) Valid Data: 1-99999 minutes G = 100000 minutes or greater U = seen by health discipline but minutes spent are unknown Blank = health discipline did not provide service during this visit	Refer to the Attendance & Service Duration section for collection instructions.

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Total Attendances - Other (Project 966 Fields 155-158)	Must be coded when other health disciplines provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the number of attendances patient received care from other health professionals during this episode of care.	Field Type: Alphanumeric Field Length: 4 characters Justification: Right (applied by NCL system) Valid Data: 1-9999 attendances G = 10000 attendances or greater U = seen by health discipline but attendances are unknown Blank = health discipline did not provide service during this episode of care	Refer to the Attendance & Service Duration section for collection instructions.
Service Duration - Other (Project 966 Fields 159-163)	Must be coded when other health disciplines provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the duration of services received by other health professionals during this episode of care. Duration is expressed in minutes.	Field Type: Alphanumeric Field Length: 5 characters Justification: Right (applied by NCL system) Valid Data: 1-99999 minutes G = 100000 minutes or greater U = seen by health discipline but minutes spent are unknown Blank = health discipline did not provide service during this visit	Refer to the Attendance & Service Duration section for collection instructions.
Total Attendances - Kinesiologist (Project 967 Fields 146-149)	Must be coded when a kinesiologist provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the number of attendances patient received care from a Kinesiologist during this episode of care.	Field Type: Alphanumeric Field Length: 4 characters Justification: Right (applied by NCL system) Valid Data: 1-9999 attendances G = 10000 attendances or greater U = seen by health discipline but attendances are unknown Blank = health discipline did not provide service during this episode of care	Refer to the Attendance & Service Duration section for collection instructions.

Data element name (number)	Reporting Requirement	Data element definition	Specifications (*Note: where valid data is jurisdiction specific only Ontario values are shown)	Collection Instructions and Notes
Service Duration - Kinesiologist (Project 967 Fields 150-154)	Must be coded when a Kinesiologist provided care in this episode of care. Entry not enforced by the NACRS Clinic Lite system.	Field indicates the duration of services received by a Kinesiologist during this episode of care. Duration is expressed in minutes.	Field Type: Alphanumeric Field Length: 5 characters Justification: Right (applied by NCL system) Valid Data: 1-99999 minutes G = 100000 minutes or greater U = seen by health discipline but minutes spent are unknown Blank = health discipline did not provide service during this visit	Refer to the Attendance & Service Duration section for collection instructions.

Attendance and Service Duration – Information and Definitions

The following information is provided to support accurate and consistent data capture of attendances, visits and minutes in NACRS clinic lite.

Introduction

For outpatient/ambulatory rehabilitation reporting to NACRS Clinic Lite, attendance(s), visit(s), and service duration should be reported in alignment with the most recent version and definitions from the Ontario Healthcare Reporting Standards (OHRS). Abstraction from the OHRS document are included below. For more information on service duration, attendances and visits, including examples, please see below or contact bundledcare@hqontario.ca or info@rehabcarealliance.ca with questions or additional details.

Attendance(s) - Reported for allied health only

Attendance day(s) are the number of service delivery day(s) (count once per 24-hour calendar day) during which service recipient activities are provided face-to-face – in person or in real-time through video encounter, on an individual or group basis to a service recipient and/or significant other(s) and are provided for longer than five minutes. Only one attendance is recorded regardless of the number of family members present. When a group session is held, an attendance is recorded for each individual.

Attendance days reflect the number of days that service was provided. This is a 24-hour statistic for an individual functional centre. Only one attendance day per patient may be reported for each functional centre per day.

If two therapists in the same functional centre provide care to an individual patient during the same 24-hour period, only ONE attendance is recorded.

If two therapists from different functional centre provide care to an individual patient during the same 24-hour period, an attendance is recorded in each functional centre.

If a therapist provides care to a patient on more than one occasion during a day, only one attendance day is reported.

[Source: most recent version of OHRS - Chapter 8 - Hospitals (Health System Information Management & Investment Division - Health Data Branch, Data Standards Unit), MOHLTC]

Visits - Reported for nursing care only

A visit is recorded when a uniquely identified service recipient is present to receive service from an organization's employees as face-to-face in-person or is present to receive service in real-time through video encounter (e.g. OTN, Zoom, MS Teams, Skype, etc.) on an individual basis using communications or information technology, with service provider(s) and service recipient(s) in different physical locations.

This includes service to the service recipient and/or significant other(s) in attendance on behalf of the service recipient.

The service is documented according to the health care organization's policy and is provided for longer than five minutes.

A visit is each occasion when a service recipient is provided service in a functional centre regardless of the number of service providers present and the length of service.

When a service recipient is present to receive service more than once on the same calendar day in the same functional centre for the same need, purpose or condition/treatment, only 1 visit is reported.

[Source: most recent version of OHRIS - Chapter 8 - Hospitals (Health System Information Management & Investment Division - Health Data Branch, Data Standards Unit), MOHLTC]

Service Duration

All service duration workload is recorded as service recipient minutes showing the actual time spent on activities performed during worked hours. Worked hours may include hours that are worked outside regular working hours.

A service recipient is the consumer of service activities of one or more functional centres of the health service organization. Service recipients include individuals (e.g., inpatients, residents, clients) and their significant others, and others as defined by the health service organization.

Service Recipient Activities are those assessments/evaluative, therapeutic and consultation activities which are provided to or on behalf of a specific registered service recipient(s).

Non-service recipient activities are activities performed by unit-producing personnel that are integral to the service area's operations, but do not involve the delivery of services to service recipients and/or their significant others.

Service duration time should reflect the time spent by the regulated health professional providing care, not the total time the patient is present in the treatment. For example, if three patients are in a treatment area for a 45 minute session and the Registered Nurse is with patient A for 10 minutes, patient B for 40 minutes, and patient C for 15 minutes, the service duration times are recorded for each individual patient, not 45 minutes for each patient.

Similarly, service duration time should reflect the time spent by each regulated health professional providing care, entirely over the full episode of care. If two therapists in the same functional centre provide care to an individual patient during the same 24-hour period, while only ONE attendance day is recorded, service duration time should be documented for both of these therapists. For example, if a patient sees a physiotherapist (PT) and physiotherapy assistant (PTA) in a 24-hour period, with the PT doing a 10 minute assessment followed by a 1:1 exercise class for 20 minutes with the PTA, then 10 minutes would be documented for PT service duration AND 20 minutes would be documented for PTA service duration, plus any associated documentation.

Group Sessions and Service Duration Coding Instructions

Group Sessions include group education, group therapy or group counselling, where the service recipient or group of service recipients participate in a common activity.

Group Sessions do not include treatments or therapies where more than one service recipient may be sharing the same physical space but is receiving individual treatment or therapy.

For Group Sessions, since service duration time is recorded on an individual basis, the total time spent is divided among all service recipients. For example, if 6 service recipients attend a one-hour session, each service recipient receives 10 minutes each.

[Source: MIS Standards 2022 (Standards for Management Information Systems in Canadian Health Service Organizations) and most recent version OHRS - Therapy and Respiratory Service Recipient Workload stat 116 ** *0.]

Mode of Visit/Contact and Service Delivery – Information and Example

As of 2022-2023, the concept of group and individual has been transferred from Mode of Visit/Contact to a new data field, Mode of Service Delivery (Project 960, Field 155). In addition, the Mode of Visit/Contact data legend has been revised to separate email and telephone contact as well as add text messaging. This redesign will provide greater detail on the methods used to deliver services to patients.

The following illustrates how Mode of Visit/Contact and Mode of Service Delivery should be recorded.

Example: Over the course of the ambulatory episode of care the patient received 10 hours of outpatient rehabilitation services as follows:

- 4 hours in person on an individual basis
- 3 hours through videoconference on a group basis
- 2 hours through videoconference on an individual basis
- 1 hour by telephone on an individual basis.

The majority of the contact (5 hours) was provided via videoconference so the Mode of Visit/Contact should be recorded as 4 (Videoconference). The majority of the service delivery (7 hours) was provided on an individual basis so the Mode of Service Delivery should be recorded as 2 (Individual).

Rehab could be delivered individually or as a group either in person, via video encounter (e.g. OTN, Zoom, Skype), and in some cases, by telephone. As an example, in the latter option, there may be circumstances when a patient/s may be participating in a pre-surgery education class via video encounter. They could have an unstable internet connection and must join by telephone. This could be delivered 1:1 or in a group format and via virtual video encounter and telephone modes, i.e., some patients could participate via virtual video encounter (cameras on) at the same time as others are on the telephone line.

Appendix A: Problem Picklist

(related to data element Main Problem (44) and Other Problem(s) (45))

The ICD-10-CA codes currently relevant to this data collection are listed at the top of the table: Z509 Rehabilitation, Z9660 Ortho – Hip Replacement, Z9661 Ortho – Knee Replacement and Z9662 Ortho – Shoulder Replacement.

ICD-10-CA code	Descriptors with synonyms	Valid as
Z509	Rehabilitation	Main Problem
Z9660	Ortho – Hip Replacement	Other Problem
Z9661	Ortho – Knee Replacement	Other Problem
Z9662	Ortho – Shoulder Replacement	Other Problem
I64	Stroke – Unable to determine	Other Problem
I619	Stroke – Intracerebral hemorrhage	Other Problem
I634	Stroke – Ischemic	Other Problem
G459	Stroke – TIA	Other Problem
G939	Acquired Brain Injury – Non-Traumatic	Other Problem
C719	Acquired Brain Injury – Malignant brain tumor	Other Problem
D332	Acquired Brain Injury – Benign brain tumor	Other Problem
S069	Acquired Brain Injury – Traumatic	Other Problem
S060	Acquired Brain Injury – Concussion	Other Problem
G35	Neurological – Multiple Sclerosis	Other Problem
G20	Neurological – Parkinson’s	Other Problem
G629	Neurological – Polyneuropathies	Other Problem
G610	Neurological – Guillain-Barre	Other Problem
G809	Neurological – Cerebral Palsy	Other Problem
G589	Neurological – Mononeuropathies of Limb	Other Problem
G549	Neurological – Nerve Root and Plexus Disorders	Other Problem
G510	Neurological – Bell’s Palsy	Other Problem
G1220	Neurological – Amyotrophic Lateral Sclerosis (ALS)	Other Problem
G710	Neurological – Duchene Muscular Dystrophy	Other Problem
M7929	Neurological – Neuralgia	Other Problem
G319	Neurological – Degenerative disease	Other Problem
G969	Neurological – Other	Other Problem
G82213	Spinal Cord Dysfunction – Paraplegia Complete	Other Problem
G82223	Spinal Cord Dysfunction – Paraplegia Incomplete	Other Problem
G82511	Spinal Cord Dysfunction – Quadriplegia Complete	Other Problem
G82521	Spinal Cord Dysfunction – Quadriplegia Incomplete	Other Problem
D334	Spinal Cord Dysfunction – Benign tumor	Other Problem
C720	Spinal Cord Dysfunction – Malignant tumor	Other Problem
Z890	Amputation – Fingers/Thumb	Other Problem
Z891	Amputation – Hand/Wrist	Other Problem

ICD-10-CA code	Descriptors with synonyms	Valid as
Z892	Amputation – Upper Limb Above Wrist	Other Problem
Z893	Amputation – Bilateral Upper Limbs	Other Problem
Z894	Amputation – Foot/Ankle	Other Problem
Z896	Amputation – Lower Extremity Above the Knee	Other Problem
Z895	Amputation – Lower Extremity Below the Knee	Other Problem
Z897	Amputation – Bilateral Lower Limbs	Other Problem
Z898	Amputation – Upper and Lower Limbs	Other Problem
Z899	Amputation – Other Amputation	Other Problem
M069	Arthritis – Rheumatoid	Other Problem
M199	Arthritis – Osteoarthritis	Other Problem
M1399	Arthritis – Other	Other Problem
M542	Persistent Pain – Neck Pain	Other Problem
M549	Persistent Pain – Back Pain	Other Problem
M7969	Persistent Pain – Extremity Pain	Other Problem
G907	Persistent Pain – Complex Regional Pain Syndrome	Other Problem
R529	Persistent Pain – Other	Other Problem
M797	Persistent Pain – Fibromyalgia	Other Problem
S72090	Ortho –Traumatic Hip Fracture	Other Problem
M8445	Ortho – Pathological/Non-Traumatic Hip Fracture	Other Problem
S32800	Ortho – Pelvis Fracture	Other Problem
T0290	Ortho – Major Multiple Fracture	Other Problem
M750	Ortho – Shoulder – Adhesive capsulitis of Shoulder	Other Problem
S43090	Ortho – Shoulder – Dislocated Shoulder	Other Problem
S42390	Ortho – Shoulder – Fracture of Humerus	Other Problem
S42090	Ortho – Shoulder – Fracture of Clavicle	Other Problem
M754	Ortho – Shoulder – Impingement Syndrome	Other Problem
S43402	Ortho – Shoulder – Other sprain/strain/tear	Other Problem
M751	Ortho – Shoulder – Rotator Cuff Syndrome/Tear	Other Problem
M758	Ortho – Shoulder – Tendinopathy	Other Problem
S5349	Ortho – Elbow – Sprain/Strain/Tear	Other Problem
M770	Ortho – Elbow – Epicondylitis – medial	Other Problem
M771	Ortho – Elbow – Epicondylitis – lateral	Other Problem
S52090	Ortho – Elbow – Fracture	Other Problem
G560	Ortho – Forearm/Wrist – Carpal Tunnel	Other Problem
S62800	Ortho – Forearm/Wrist – Fracture	Other Problem
S6359	Ortho – Forearm/Wrist – Strain/Sprain	Other Problem
S5498	Ortho – Forearm – Injury of Nerves	Other Problem
S5688	Ortho – Forearm – Injury of Muscle & Tendon	Other Problem
S599	Ortho – Forearm – Other Injuries	Other Problem
S62800	Ortho – Hand – Fracture – Finger/Hand	Other Problem
S6498	Ortho – Hand – Injury of Nerves	Other Problem

ICD-10-CA code	Descriptors with synonyms	Valid as
S699	Ortho – Hand – Other Injuries	Other Problem
S678	Ortho – Hand – Crushing Injuries	Other Problem
S6379	Ortho – Hand – Other Hand Sprain/Strain/Tear	Other Problem
M779	Ortho – Hip – Hamstring Tendonitis	Other Problem
S799	Ortho – Hip – Other Injuries	Other Problem
S7319	Ortho – Hip – Sprain/Strain/Tear	Other Problem
S336	Ortho – Hip – Sacro-Iliac Strain	Other Problem
S800	Ortho – Knee – Contusion	Other Problem
M229	Ortho – Knee – Disorders of Patella	Other Problem
S82400	Ortho – Knee – Fracture of Fibula	Other Problem
S82200	Ortho – Knee – Fracture of Tibia	Other Problem
M239	Ortho – Knee – Internal Derangement of Knee	Other Problem
S899	Ortho – Knee – Other Unspecified Injuries	Other Problem
S836	Ortho – Knee – Other Knee/Leg Sprain/Strain/Tear	Other Problem
S9349	Ortho – Ankle – Sprain/Strain/Tear	Other Problem
S999	Ortho – Ankle – Other Unspecified Injuries	Other Problem
S82890	Ortho – Ankle – Fracture	Other Problem
M773	Ortho – Foot – Calcaneal Spur	Other Problem
S92900	Ortho – Foot – Fracture	Other Problem
S9498	Ortho – Foot – Injury of Nerves	Other Problem
S9698	Ortho – Foot – Injury of Muscle & Tendon	Other Problem
S999	Ortho – Foot – Unspecified Injuries	Other Problem
M722	Ortho – Foot – Plantar Fasciitis	Other Problem
S1428	Ortho – Back – Cervical – Nerve Injury	Other Problem
M45	Ortho – Back – Mechanical (Arthritis & Mechanical)	Other Problem
S2428	Ortho – Back – Thoracic – Nerve Injury	Other Problem
S3428	Ortho – Back – Lumbar & Sacral – Nerve Injury	Other Problem
M6099	Ortho – Myositis	Other Problem
M9999	Ortho – Other – Musculoskeletal condition	Other Problem
M4199	Ortho – Postural Dysfunction - Scoliosis	Other Problem
M4059	Ortho – Postural Dysfunction - Lordosis	Other Problem
M6599	Ortho – Synovitis and Tenosynovitis	Other Problem
S034	Ortho – Temporomandibular Strain/Sprain	Other Problem
I509	Cardiac – Heart Failure	Other Problem
I409	Cardiac – Myocarditis	Other Problem
Z951	Cardiac – Surgical – CABG	Other Problem
Z9500	Cardiac – Surgical – Pacemaker	Other Problem
Z952	Cardiac – Surgical – Valve Replacement	Other Problem
Z955	Cardiac – Surgical – PCI/Coronary angioplasty	Other Problem
Q249	Cardiac – Adult Congenital Heart Disease (ACHD)	Other Problem
J449	Pulmonary – COPD	Other Problem

ICD-10-CA code	Descriptors with synonyms	Valid as
Z991	Pulmonary – Respiratory Ventilator	Other Problem
J4590	Pulmonary – Asthma	Other Problem
J989	Pulmonary – Other	Other Problem
T200	Burns – Head and Neck	Other Problem
T210	Burns – Trunk	Other Problem
T220	Burns – Arm and Shoulder	Other Problem
T230	Burns – Wrist and Hand	Other Problem
T240	Burns – Hip and Leg	Other Problem
T250	Burns – Ankle and Foot	Other Problem
T273	Burns – Respiratory Tract	Other Problem
T284	Burns – Other Internal Organs	Other Problem
T290	Burns – Multiple Body Regions	Other Problem
T357	Burns – Frostbite	Other Problem
Q059	Congenital Deformities – Spina Bifida	Other Problem
Q898	Congenital Deformities – Other	Other Problem
H819	Disorders of Vestibular Function	Other Problem
G259	Movement Disorder – Other	Other Problem
R53	Debility/Frailty – Deconditioned	Other Problem
C809	Neoplasm(s)	Other Problem
I890	Circulatory Disorder – Lymphedema	Other Problem
I739	Circulatory Disorder – Peripheral Vascular Disease	Other Problem
T889	Medical/Surgical Complications	Other Problem
Z941	Transplants – Heart	Other Problem
Z942	Transplants – Lung	Other Problem
Z944	Transplants – Liver	Other Problem
Z940	Transplants – Kidney	Other Problem
Z9480	Transplants – Bone Marrow	Other Problem
Z943	Transplants – Heart and lung	Other Problem
R69	Other – Term not on the list	Other Problem

Appendix B: Other Problem Prefix

(related to data element Other Problem Prefix (43a-i))

Problem Prefix Description	Problem Prefix Value
Total/hemi-arthroplasty	D
Reverse arthroplasty	K
Left body impairment	W
Right body impairment	X
Left and Right body impairment	Y
No paresis	Z
Unilateral	U
Bilateral	B
Cervical	N
Thoracic	T
Lumbar	L
Sacral	S
Cardiomyopathy	O
Pericarditis	P
1st degree burn	F
2nd degree burn	G
3rd degree burn	H
Aortic	A
Extremity	E

Appendix C: Patient Classification Matrix

(related to data element Other Problem Prefix (43a-i))

The Other Problem Prefixes currently relevant to this data collection are listed at the top of the table: Unilateral and Bilateral for the Ortho – Hip/Knee Replacement, and Total/Hemi and Reverse Arthroplasty for the Ortho – Shoulder Replacement.

Preferred Term	ICD-10-CA code	Other Problem Prefix
Ortho – Hip Replacement	Z9660	U = Unilateral B = Bilateral
Ortho – Knee Replacement	Z9661	U = Unilateral B = Bilateral
Ortho – Shoulder Replacement	Z9662	D = total/hemi-arthroplasty K = reverse arthroplasty
Stroke – Unable to determine	I64	W = Left Body Impairment X = Right Body Impairment Y = Left and Right Body Impairment Z = No Paresis
Stroke – Intracerebral hemorrhage	I619	W = Left Body Impairment X = Right Body Impairment Y = Left and Right Body Impairment Z = No Paresis
Stroke – Ischemic	I634	W = Left Body Impairment X = Right Body Impairment Y = Left and Right Body Impairment Z = No Paresis
Stroke – TIA	G459	
Acquired Brain Injury – Non-Traumatic	G939	W = Left Body Impairment X = Right Body Impairment Y = Left and Right Body Impairment Z = No Paresis
Acquired Brain Injury – Malignant brain tumor	C719	W = Left Body Impairment X = Right Body Impairment Y = Left and Right Body Impairment Z = No Paresis
Acquired Brain Injury – Benign brain tumor	D332	W = Left Body Impairment X = Right Body Impairment Y = Left and Right Body Impairment Z = No Paresis
Acquired Brain Injury – Traumatic	S069	W = Left Body Impairment X = Right Body Impairment Y = Left and Right Body Impairment Z = No Paresis
Acquired Brain Injury – Concussion	S060	
Neurological – Multiple Sclerosis	G35	
Neurological – Parkinson's	G20	

Preferred Term	ICD-10-CA code	Other Problem Prefix
Neurological – Polyneuropathies	G629	
Neurological – Guillain-Barre	G610	
Neurological – Cerebral Palsy	G809	
Neurological – Mononeuropathies of Limb	G589	
Neurological – Nerve Root and Plexus Disorders	G549	W = Left Body Impairment X = Right Body Impairment Y = Left and Right Body Impairment Z = No Paresis
Neurological – Bell's Palsy	G510	
Neurological – Amyotrophic Lateral Sclerosis (ALS)	G1220	
Neurological – Duchene Muscular Dystrophy	G710	
Neurological – Neuralgia	M7929	
Neurological – Degenerative disease	G319	
Neurological – Other	G969	
Spinal Cord Dysfunction – Paraplegia Complete	G82213	
Spinal Cord Dysfunction – Paraplegia Incomplete	G82223	
Spinal Cord Dysfunction – Quadriplegia Complete	G82511	
Spinal Cord Dysfunction – Quadriplegia Incomplete	G82521	
Spinal Cord Dysfunction – Benign tumor	D334	
Spinal Cord Dysfunction – Malignant tumor	C720	
Amputation – Fingers/Thumb	Z890	
Amputation – Hand/Wrist	Z891	
Amputation – Upper Limb Above Wrist	Z892	
Amputation – Bilateral Upper Limbs	Z893	
Amputation – Foot/Ankle	Z894	
Amputation – Lower Extremity Above the Knee	Z896	
Amputation – Lower Extremity Below the Knee	Z895	
Amputation – Bilateral Lower Limbs	Z897	
Amputation – Upper and Lower Limbs	Z898	
Amputation – Other Amputation	Z899	
Arthritis – Rheumatoid	M069	
Arthritis – Osteoarthritis	M199	
Arthritis – Other	M1399	
Persistent Pain – Neck Pain	M542	
Persistent Pain – Back Pain	M549	
Persistent Pain – Extremity Pain	M7969	
Persistent Pain – Complex Regional Pain Syndrome	G907	
Persistent Pain – Other	R529	
Persistent Pain – Fibromyalgia	M797	
Ortho –Traumatic Hip Fracture	S72090	U = Unilateral B = Bilateral

Preferred Term	ICD-10-CA code	Other Problem Prefix
Ortho – Pathological/Non-Traumatic Hip Fracture	M8445	U = Unilateral B = Bilateral
Ortho – Pelvis Fracture	S32800	
Ortho – Major Multiple Fracture	T0290	
Ortho – Shoulder – Adhesive capsulitis of Shoulder	M750	U = Unilateral B = Bilateral
Ortho – Shoulder – Dislocated Shoulder	S43090	U = Unilateral B = Bilateral
Ortho – Shoulder – Fracture of Humerus	S42390	U = Unilateral B = Bilateral
Ortho – Shoulder – Fracture of Clavicle	S42090	U = Unilateral B = Bilateral
Ortho – Shoulder – Impingement Syndrome	M754	U = Unilateral B = Bilateral
Ortho – Shoulder – Other sprain/strain/tear	S43402	U = Unilateral B = Bilateral
Ortho – Shoulder – Rotator Cuff Syndrome/Tear	M751	U = Unilateral B = Bilateral
Ortho – Shoulder – Tendinopathy	M758	U = Unilateral B = Bilateral
Ortho – Elbow – Sprain/Strain/Tear	S5349	U = Unilateral B = Bilateral
Ortho – Elbow – Epicondylitis – medial	M770	U = Unilateral B = Bilateral
Ortho – Elbow – Epicondylitis – lateral	M771	U = Unilateral B = Bilateral
Ortho – Elbow – Fracture	S52090	U = Unilateral B = Bilateral
Ortho – Forearm/Wrist – Carpal Tunnel	G560	U = Unilateral B = Bilateral
Ortho - Forearm/Wrist – Fracture	S62800	U = Unilateral B = Bilateral
Ortho – Forearm/Wrist – Strain/Sprain	S6359	U = Unilateral B = Bilateral
Ortho – Forearm – Injury of Nerves	S5498	U = Unilateral B = Bilateral
Ortho – Forearm – Injury of Muscle & Tendon	S5688	U = Unilateral B = Bilateral
Ortho – Forearm – Other Injuries	S599	U = Unilateral B = Bilateral
Ortho – Hand – Fracture – Finger/Hand	S62800	U = Unilateral B = Bilateral
Ortho – Hand – Injury of Nerves	S6498	U = Unilateral B = Bilateral
Ortho – Hand – Other Injuries	S699	U = Unilateral B = Bilateral

Preferred Term	ICD-10-CA code	Other Problem Prefix
Ortho – Hand – Crushing Injuries	S678	U = Unilateral B = Bilateral
Ortho – Hand – Other Hand Sprain/Strain/Tear	S6379	U = Unilateral B = Bilateral
Ortho – Hip – Hamstring Tendonitis	M779	U = Unilateral B = Bilateral
Ortho – Hip – Other Injuries	S799	U = Unilateral B = Bilateral
Ortho – Hip – Sprain/Strain/Tear	S7319	U = Unilateral B = Bilateral
Ortho – Hip – Sacro-Iliac Strain	S336	U = Unilateral B = Bilateral
Ortho – Knee – Contusion	S800	U = Unilateral B = Bilateral
Ortho – Knee – Disorders of Patella	M229	U = Unilateral B = Bilateral
Ortho – Knee – Fracture of Fibula	S82400	U = Unilateral B = Bilateral
Ortho – Knee – Fracture of Tibia	S82200	U = Unilateral B = Bilateral
Ortho – Knee – Internal Derangement of Knee	M239	U = Unilateral B = Bilateral
Ortho – Knee – Other Unspecified Injuries	S899	U = Unilateral B = Bilateral
Ortho – Knee – Other Knee/Leg Sprain/Strain/Tear	S836	U = Unilateral B = Bilateral
Ortho – Ankle – Sprain/Strain/Tear	S9349	U = Unilateral B = Bilateral
Ortho – Ankle – Other Unspecified Injuries	S999	U = Unilateral B = Bilateral
Ortho – Ankle – Fracture	S82890	U = Unilateral B = Bilateral
Ortho – Foot – Calcaneal Spur	M773	U = Unilateral B = Bilateral
Ortho – Foot – Fracture	S92900	U = Unilateral B = Bilateral
Ortho – Foot – Injury of Nerves	S9498	U = Unilateral B = Bilateral
Ortho – Foot – Injury of Muscle & Tendon	S9698	U = Unilateral B = Bilateral
Ortho – Foot – Unspecified Injuries	S999	U = Unilateral B = Bilateral
Ortho – Foot – Plantar Fasciitis	M722	U = Unilateral B = Bilateral
Ortho – Back – Cervical – Nerve Injury	S1428	U = Unilateral B = Bilateral

Preferred Term	ICD-10-CA code	Other Problem Prefix
Ortho – Back – Mechanical (Arthritis & Mechanical)	M45	N = Cervical T = Thoracic L = Lumbar S = Sacral
Ortho – Back – Thoracic – Nerve Injury	S2428	
Ortho – Back – Lumbar & Sacral – Nerve Injury	S3428	
Ortho – Myositis	M6099	
Ortho – Other – Musculoskeletal condition	M9999	
Ortho – Postural Dysfunction – Scoliosis	M4199	
Ortho – Postural Dysfunction – Lordosis	M4059	
Ortho – Synovitis and Tenosynovitis	M6599	
Ortho – Temporomandibular Strain/Sprain	S034	
Cardiac – Heart Failure	I509	
Cardiac – Myocarditis	I409	O = Cardiomyopathy P = Pericarditis
Cardiac – Surgical – CABG	Z951	
Cardiac – Surgical – Pacemaker	Z9500	
Cardiac – Surgical – Valve Replacement	Z952	
Cardiac – Surgical – PCI/Coronary angioplasty	Z955	
Cardiac – Adult Congenital Heart Disease (ACHD)	Q249	
Pulmonary – COPD	J449	
Pulmonary – Respiratory Ventilator	Z991	
Pulmonary – Asthma	J4590	
Pulmonary – Other	J989	
Burns – Head and Neck	T200	F = 1st Degree G = 2nd Degree H = 3rd Degree
Burns – Trunk	T210	F = 1st Degree G = 2nd Degree H = 3rd Degree
Burns – Arm and Shoulder	T220	F = 1st Degree G = 2nd Degree H = 3rd Degree
Burns – Wrist and Hand	T230	F = 1st Degree G = 2nd Degree H = 3rd Degree
Burns – Hip and Leg	T240	F = 1st Degree G = 2nd Degree H = 3rd Degree
Burns – Ankle and Foot	T250	F = 1st Degree G = 2nd Degree H = 3rd Degree
Burns – Respiratory Tract	T273	
Burns – Other Internal Organs	T284	

Preferred Term	ICD-10-CA code	Other Problem Prefix
Burns – Multiple Body Regions	T290	F = 1st Degree G = 2nd Degree H = 3rd Degree
Burns – Frostbite	T357	F = 1st Degree G = 2nd Degree H = 3rd Degree
Congenital Deformities – Spina Bifida	Q059	
Congenital Deformities – Other	Q898	
Disorders of Vestibular Function	H819	
Movement Disorder – Other	G259	
Debility/Frailty – Deconditioned	R53	
Neoplasm(s)	C809	
Circulatory Disorder – Lymphedema	I890	
Circulatory Disorder – Peripheral Vascular Disease	I739	A = Aortic E = Extremity
Medical/Surgical Complications	T889	
Transplants – Heart	Z941	
Transplants – Lung	Z942	
Transplants – Liver	Z944	
Transplants – Kidney	Z940	
Transplants – Bone Marrow	Z9480	
Transplants – Heart and lung	Z943	
Other – Term not on the list	R69	

****Revised**** Appendix D: Submission Period

(related to data element Submission Period (00D))

Submission Period	Ontario Reporting Periods for 2023-2024
01	Apr. 1, 2024 – Apr. 30, 2024
02	May 1, 2024 – May 31, 2024
03	Jun. 1, 2024 – Jun. 30, 2024
04	Jul. 1, 2024 – Jul. 31, 2024
05	Aug. 1, 2024 – Aug. 31, 2024
06	Sept. 1, 2024 – Sept. 30, 2024
07	Oct. 1, 2024 – Oct. 31, 2024
08	Nov. 1, 2024 – Nov. 30, 2024
09	Dec. 1, 2024 – Dec. 31, 2024
10	Jan. 1, 2025 – Jan. 31, 2025
11	Feb. 1, 2025 – Feb. 28, 2025
12	Mar. 1, 2025 – Mar. 31, 2025
The last day to submit 2024-2025 data and corrections is May 31, 2025. Web entry users must submit data by 5p.m. on May 31.	

Appendix E: Error Decoder

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
00A	Reporting Facility Province/Territory	Must not be blank	00A01	Reporting Facility Province/Territory Code is mandatory
00A	Reporting Facility Province/Territory	Must be valid	00A02	Reporting Facility Province/Territory Code is invalid
00A	Reporting Facility Province/Territory	Reporting Facility Province/Territory must identify the same province/territory coded in the 1st byte of Reporting Facility Ambulatory Care Number	00A06	Reporting Facility Prov/Terr Code is incorrect for Reporting Facility Amb. Care No.
00A	Reporting Facility Province/Territory	Must be upper case	00A07	Reporting Facility Province/Territory Code must be upper case
00A	Reporting Facility Province/Territory	If Submission Period = 13 then Reporting Facility Province/Territory must = 'BC'	00A08	Reporting Facility Province/Territory Code must = 'BC' since Submission Period = 13
00B	Reporting Facility Ambulatory Care Number	Must not be blank	00B01	Reporting Facility Ambulatory Care Number is mandatory
00B	Reporting Facility Ambulatory Care Number	Must be valid	00B02	Reporting Facility Ambulatory Care Number is invalid
00B	Reporting Facility Ambulatory Care Number	Must be upper case	00B03	Reporting Facility Ambulatory Care Number must be upper case
00C	Submission Fiscal Year	Must not be blank	00C01	Submission Fiscal Year is mandatory
00C	Submission Fiscal Year	Submission Fiscal Year must be valid	00C02	Submission Fiscal Year is invalid
00D	Submission Period	Submission Period must not be blank	00D01	Submission Period is mandatory
00D	Submission Period	Submission Period must be valid	00D02	Submission Period is invalid
00E	Abstract Identification Number	Must not be blank	00E01	Abstract Identification Number is mandatory
00E	Abstract Identification Number	Must be a valid numeric	00E02	Abstract Identification Number is invalid

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
00E	Abstract Identification Number	Right most digit cannot be blank	00E03	Abstract Identification Number must be right justified
00E	Abstract Identification Number	Must be zero filled	00E05	Abstract Identification Number must be zero filled
00F	Coder Number	The first byte of Coder Number must not be Z, and the second byte of Coder Number must not be Z, and Coder Number 00 must not be coded.	00F02	Coder Number is invalid
01	Chart Number	Must not be blank	0101	Chart Number is mandatory
01	Chart Number	If Alpha character coded, it must be upper case	0102	Chart Number alpha portion must be upper case
01	Chart Number	Right most digit cannot be blank	0103	Chart Number numeric portion must be right justified
02	Health Care Number	Must not be blank	0201	Health Care Number Is Mandatory
02	Health Care Number	Must be valid HCN, 0 - not available 1 - not applicable 9 - stillbirth	0202	Health Care Number is Invalid
02	Health Care Number	Left most digit cannot be blank	0204	Health Care Number must be left-justified
02	Health Care Number	If Province/Territory Issuing Health Care Number = 99, Health Care Number must be 1 or 9	0205	Health Care Number must be 1 or 9 since province of issue = 99
02	Health Care Number	Must be upper case	0206	Health Care Number must be upper case

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
02	Health Care Number	If Reporting Province/Territory is not the same as the province issuing HCN, the HCN must be a one digit 1 (left justified) or the HCN must be the correct format for the province issuing HCN: QC: 12 digit (4 alpha, 8 numeric) ON: 10 or 12 digit BC: 10 numeric NS: 10 digits AB, SK, YT: 9 digits PEI: 8 digits NT : 8 character (1 alpha, 7 numeric) NU: 9 digits MB: 9 digits NL: 12 digits NB: 9 digits	0207	Health Care Number is Invalid
02	Health Care Number	If Reporting Province/Territory = 'ON' (Ontario) and the province of issue = 'ON' then the first 10 digits of the HCN must be a valid MOD 10 check digit number or a left justified 0.	0216	Health Care Number is Invalid
02	Health Care Number	If Reporting Province/Territory = 'ON' and Province of Issue = 'ON', HCN must be 10 numeric characters plus 2 alphanumeric (including spaces) characters and the first numeric digit cannot be a 0 or the health care number must be a left justified one digit 0	0217	Health Care Number is Invalid
02	Health Care Number	If Reporting Province/Territory = 'ON' (Ontario) and the province/territory issuing HCN = 'ON' then the HCN cannot contain special characters in any of the 12 digits	0218	Health Care Number is Invalid

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
02	Health Care Number	If Reporting Province/Territory = 'ON' (Ontario) and the province/territory issuing HCN = 'ON' then the first 10 digits of HCN cannot = '9999999999'	0219	Health Care Number is Invalid
03	Province/Territory Issuing Health Care Number	Province/Territory Issuing Health Care Number must be coded	0301	Province Issuing Health Care Number is mandatory
03	Province/Territory Issuing Health Care Number	Province/Territory Issuing Health Care Number must be a valid code- NT, NU, YT, NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, CA or 99	0302	Province Issuing Health Care Number is Invalid
03	Province/Territory Issuing Health Care Number	Province/Territory Issuing Health Care Number must be upper case	0303	Province Issuing Health Care Number must be upper case
03	Province/Territory Issuing Health Care Number	If Responsibility for Payment = 03 then the Province/Territory Issuing HCN must not be the same as the Reporting Facility Province/Territory (DE 00A)	0304	Province/Territory Issuing HCN invalid with Responsibility for Payment
04	Responsibility for Payment	If coded, Responsibility for Payment must be a valid code 01-05, 07-14	0402	Responsibility for Payment is invalid
05	Postal Code	Postal Code must be coded	0501	Postal Code is mandatory
05	Postal Code	If mini postal coding system is not used then the format must be ANANAN and the first digit must not be a D, F, I, O, Q, U, W or Z	0502	Postal Code is invalid
05	Postal Code	If a two-digit alpha mini postal code is coded then the right most digit must not be blank	0503	Two-digit mini postal code must be right justified
05	Postal Code	If the first 4 digits of the Postal Code are blank then a valid two-digit alpha mini postal code or 99, must be coded	0505	Two-digit mini postal code invalid
05	Postal Code	Must be upper case	0507	Postal Code must be upper case
06	Residence Code	If Residence Code is coded, the right most character cannot be blank	0603	Residence Code must be right justified

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
06	Residence Code	Must be upper case	0604	Residence Code must be upper case
06	Residence Code	if Reporting Province/Territory = 'ON' then Residence Code must be a valid code as provided by the MOH	0608	Residence code is invalid
07	Recorded Sex or Gender	Recorded Sex or Gender must not be blank	0701	Recorded Sex or Gender is Mandatory
07	Recorded Sex or Gender	Must be valid, M, F, O, U	0702	Recorded Sex or Gender code is invalid
07	Recorded Sex or Gender	Must be upper case	0703	Recorded Sex or Gender code must be upper case
08	Birth Date	Birth Date must not be blank	0801	Birth Date is mandatory
08	Birth Date	Birth date must be a valid date	0802	Birth Date is invalid
08	Birth Date	Birth Date must be equal to or less than registration date	0805	Birth Date is after Registration Date
08	Birth Date	Calculated age between birth date and the registration date is greater than 130 years	0806	Age > 130
09	Birth Date Is Estimated	If Birth Date Is Estimated is coded, then it must be Y	0902	Birth Date Is Estimated is invalid
09	Birth Date Is Estimated	Must be upper case	0903	Birth Date Is Estimated must be upper case
09	Birth Date Is Estimated	If Birth Date = 99990901 (Unknown), then Birth Date Is Estimated must be blank	0904	Birth Date is Estimated must be blank when Birth Date is unknown
11	Ambulatory Registration Number	If Ambulatory Registration/Encounter Sequence Number is coded then Ambulatory Registration number must not be blank	1101	Ambulatory Reg. Number must be coded when Ambul. Reg./Encounter Seq. Number is coded
11	Ambulatory Registration Number	If Ambulatory Registration Number is coded, the right most digit must not be blank	1103	Ambulatory Registration number must be right-justified
12	Ambulatory Registration/Encounter Sequence Number	If Ambulatory Registration/Encounter Sequence Number is coded, it must not be 000 and must be entered 001-999	1202	Ambulatory Registration/Encounter Sequence Number is Invalid
12	Ambulatory Registration/Encounter Sequence Number	If Ambulatory Registration/Encounter Sequence Number is coded the right most digit must not be blank	1203	Ambulatory Registration/Encounter

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
				Sequence Number must be right-justified
13	Visit MIS Functional Centre Account Code	Visit MIS Functional Centre Account Code must not be blank	1301	MIS Functional Centre Account Code is Mandatory
13	Visit MIS Functional Centre Account Code	Visit MIS Functional Centre Account Code must be valid	1302	MIS Functional Centre Account Code is Invalid
13	Visit MIS Functional Centre Account Code	Left most character must not be blank	1304	MIS Functional Centre Account Code must be left-justified
13	Visit MIS Functional Centre Account Code	If Visit Disposition = 63 then Ambulatory Care Group must be ED	1305	MIS Functional Centre Account Code must be ED since Visit Disp = 63
13	Visit MIS Functional Centre Account Code	Visit MIS Functional Centre Account Code (DE 13) has changed from the last submitted abstract with the same Reporting Facility Province/Territory, Submission Fiscal Year, Submission Period and Abstract ID Number	W1302	Visit MIS Functional Centre Account Code changed
14	Admit Via Ambulance	Must be A, G, C, N	1402	Admit Via Ambulance is invalid
14	Admit Via Ambulance	Must be upper case	1403	Admit Via Ambulance must be upper case
20	Mode of Visit/Contact	Mode of Visit/Contact must be coded	2001	Mode/Status of Visit is mandatory for ED Level 3
20	Mode of Visit/Contact	If Mode of Visit/Contact is coded, it must be 1-6	2002	Mode/Status of Visit invalid
21	Highest Level of Education	If Highest Level of Education is coded it must be 1-8	2102	Highest Level of Education is Invalid
24	Triage Date	If Ambulatory Care Group is not= ED*, then the Triage Date must be blank *see Ambulatory Care Group mapping table	2413	Triage Date must be blank for non-ED ambulatory care groups

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
25	Triage Time	If Ambulatory Care Group is not= ED*, then Triage Time must be blank *see Ambulatory Care Group mapping table	2507	Triage Time must be blank for non-ED ambulatory care groups
26	Triage Level	If Ambulatory Care Group is not = ED*, then Triage Level must be blank *see Ambulatory Care Group mapping table	2605	Triage Level must be blank for non-ED ambulatory care groups
27	Date of Registration/Visit	Date of Registration/Visit must not be blank	2701	Date of Registration/Visit is mandatory
27	Date of Registration/Visit	Must be a valid date	2702	Date of Registration/Visit is invalid
27	Date of Registration/Visit	Date of Registration/Visit must be after or equal to Arrival Date (in conjunction with Time of Registration and Arrival Time)	2705	Date/Time of Registration/visit must be after or equal to Arrival Date/Time
27	Date of Registration/Visit	Date of Registration/Visit must be in the submission period	2709	Date of Registration/Visit is invalid for this period
28	Registration Time	If Registration Time is coded, it must be between 0000 - 2359	2802	Registration Time is invalid
29	Date of Physician Initial Assessment	If Ambulatory Care Group is not = ED*, then Date of Physician Initial Assessment must be blank *see Ambulatory Care Group mapping table	2915	Date of Physician Initial Assessment must be blank for non-ED ambulatory care groups
30	Time of Physician Initial Assessment	If Ambulatory Care Group is not = ED*, then Time of Physician Initial Assessment must be blank *see Ambulatory Care Group mapping table	3006	Time of Physician Initial Assessment must be blank for non-ED ambulatory care groups
31	Referral Source Prior to Ambulatory Care Visit	If referral source is coded, it must be 01-11, 98 or 99	3102	Referral Source Prior to Ambulatory Care Visit is invalid

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
32	Institution From	Institution From must be a valid code as defined by reporting province	3202	Institution From is invalid
32	Institution From	Institution From must be upper case	3206	Institution From must be upper case
35	Visit Disposition	Visit Disposition must not be blank	3501	Visit Disposition is mandatory
35	Visit Disposition	Visit Disposition must be 06, 07, 08, 09, 12, 13, 14, 16, 17, 30, 40, 61, 62, 63, 64, 71, 72, 73, 74, 90	3502	Visit Disposition invalid
35	Visit Disposition	If Ambulatory Care Group is not = ED*, then Visit Disposition must be 06, 07, 08, 09, 12, 13, 14, 16, 17, 30, 40, 61, 62, 64, 71, 72, 73, 74, 90 *see Ambulatory Care Group mapping table	3503	Visit Disposition invalid for Visit MIS FC
35	Visit Disposition	If Provider Service (first occurrence) (41a) = 00000-00130 or 01001-01003 or 01012-01014 or 11004 and Provider Type = M, then Visit Disposition must be 06, 07, 08, 09, 12, 13, 14, 16, 17, 30, 40, 62, 64, 71, 72, 73, 74, 90	3504	Visit Disposition invalid for Provider Service
35	Visit Disposition	If Visit Disposition is 73 (MAID), then Z5181 must be coded in Main/Other Problem	3505	MAID Visit Disposition missing diagnosis code Z5181
38	Referred To - After Completion of Ambulatory Care Visit	If Referred To - After Completion of Ambulatory Care Visit is coded, it must be 01 - 11, 98 or 99	3802	Referred To - After Completion of Ambulatory Care Visit is invalid
39	Institution To	Institution To must be a valid code as defined by reporting province	3902	Institution To is invalid
39	Institution To	If Visit Disposition is 16 then Institution To must be blank or valid institution number with Institution Types 0, 6, 8, F, J, M, N or U	3903	Institution To should be blank or Specified Care Setting for Visit Disposition 16

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
39	Institution To	If Visit Disposition is coded 71, 72, 73, 74 (Death) then Institution To must be blank	3906	Institution To coded with death
39	Institution To	Institution To must be upper case	3907	Institution To must be upper case
39	Institution To	If Reporting Province/Territory = 'ON' and Institution To is coded, then it must not be 59949	3910	Institution To must not be coded as Telehealth
39	Institution To	If Visit Disposition is 17, 61, 62, 63, 64, 71, 72, 73, 74 (on Leave or Died) then Institution To must be blank	3912	Institution To must be blank if Visit Disposition is Home, Leave or Died
40a - 40h	Provider Type	If Provider Type coded, it must be a valid code (M for 1st occurrence, 1, 3, 4, 5, 6, 7, 8, H, P, for occurrence 2 - 8)	40a02, 40b02, 40c02, 40d02, 40e02, 40f02, 40g02, 40h02	Provider Type is invalid
40a	Provider Type	If Provider Type is coded, M is mandatory as 1st occurrence for Provider Type	40a05	Provider Type of M must be the first occurrence
40a	Provider Type	If Provider Type is coded, it must be upper case	40a06	Provider Type must be upper case
40a - 40h	Provider Type	If Visit Disposition = '61' then all occurrences of Provider Type must be blank	40a07, 40b07, 40c07, 40d07, 40e07, 40f07, 40g07, 40h07	Provider Type must be blank for Visit Disposition = 61
41a - 41h	Provider Service	Provider Service must be a valid code from list of valid provider services	41a02, 41b02, 41c02, 41d02, 41e02, 41f02, 41g02, 41h02	Provider Service is invalid
41a - 41h	Provider Service	If Visit Disposition = 61 then all occurrences of Provider Service must be blank	41a06, 41b06, 41c06, 41d06, 41e06, 41f06, 41g06, 41h06	Provider Service must be blank since Visit Disposition = 61
41a - 41h	Provider Service	If Reporting Province/Territory = 'ON' and Provider Type = 'P' (Physician Assistant, PA), then Provider Service must not be coded as 30000 (Physician Assistant Service)	41a07, 41b07, 41c07, 41d07, 41e07, 41f07, 41g07, 41h07	Provider Service must be valid

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
42a - 42h	Provider Number	If Provider Number is coded it must be a valid number between 000000000000001 - 999999999999999 or a combination of both alpha and numeric characters, with no spaces allowed	42a02, 42b02, 42c02, 42d02, 42e02, 42f02, 42g02, 42h02	Provider Number is invalid
42a - 42h	Provider Number	Provider Number right-most character cannot be blank	42a03, 42b03, 42c03, 42d03, 42e03, 42f03, 42g03, 42h03	Provider Number must be right-justified
42a - 42h	Provider Number	If Provider Number is coded and is not 15 digits, then it must be zero-filled to the left (right justified)	42a04, 42b04, 42c04, 42d04, 42e04, 42f04, 42g04, 42h04	Provider Number is not 15 digits
42a - 42h	Provider Number	If Reporting Province/Territory = 'ON' and Provider Type = 'P' (Physician Assistant, PA), then Provider Number must be of the form 999999999XXXXXX; where XXXXXX is an identifier for the PA, which must be unique within the facility	42a05, 42b05, 42c05, 42d05, 42e05, 42f05, 42g05, 42h05	Provider Number must be valid
42a - 42h	Provider Number	Alpha characters must be upper case	42a06, 42b06, 42c06, 42d06, 42e06, 42f06, 42g06, 42h06	Provider Number must be upper case
43	Main Problem Prefix	If Main Problem Prefix is coded, it must be uppercase A to L, N to Q, S to Z or 8 only	4303	Main Problem Prefix is invalid
43a - 43i	Other Problem Prefix	If Other Problem Prefix are coded, it must be uppercase A to L, N to Q, S to Z or 8 only	43a03, 43b03, 43c03, 43d03, 43e03, 43f03, 43g03, 43h03, 43i03	Other Problem Prefix is invalid
43	Main Problem Prefix	If Main Problem Prefix = C then Visit Disposition (35) must equal 71, 72, 73, 74 (death)	4305	Main Problem Prefix is invalid, Visit Disposition is not coded as death
43a - 43i	Other Problem Prefix	If Other Problem Prefix = C then Visit Disposition (35) must equal 71, 72, 73, 74 (death)	43a05, 43b05, 43c05, 43d05, 43e05, 43f05, 43g05, 43h05, 43i05	Other Problem Prefix is Invalid, Visit Disposition not coded as death
44	Main Problem	Main Problem must be a valid ICD-10-CA code	4402	Main Problem is invalid

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
44	Main Problem	If Main Problem is coded, left- most digit must not be blank	4404	Main Problem must be left-justified
44	Main Problem	ICD-10-CA code is inconsistent with Recorded Sex or Gender. If the diagnosis validation table identifies the diagnosis code as valid only for gender G, the Recorded Sex or Gender must be female (F) or other (O)	4405	Main Problem code is inconsistent with Recorded Sex or Gender
44	Main Problem	ICD-10-CA code is outside the valid age range. If Birth Date is not 9990901 (Unknown), then the age, in years, must fall within the minimum and maximum ages of the appropriate diagnosis validation table for the diagnosis code. On the validation table a 000 minimum age indicates no lower limit. On the validation table a 130 maximum age indicates no upper limit.	4406	Main Problem/Diagnosis Code is inconsistent with age.
44	Main Problem	Main Problem coded must be valid as a most responsible diagnosis code on the ICD10-CA diagnosis validation table	4412	ICD-10-CA code is invalid as a Main Problem
44	Main Problem	If Main Problem is coded, must be upper case	4415	Main Problem must be upper case
44	Main Problem	ICD-10-CA code is inconsistent with Recorded Sex or Gender. If the diagnosis validation table identifies the diagnosis code as valid only for gender N, the Recorded Sex or Gender must be male (M) or other (O)	4446	Main Problem/Diagnosis code is inconsistent with Recorded Sex or Gender
44	Main Problem	If a Main Problem in the range of T36-T50 is coded then an Other Problem (poisoning external cause code) of X40, X41, X42, X43, X44, X60, X61, X62, X63, X64, X85, Y10, Y11, Y12, Y13 or Y14 must be coded on the same abstract.	4451	External cause of poisoning code mandatory

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
44	Main Problem	If Main Problem is Z5181 then Main/Other Intervention 7SC08PM must be coded and there must be at least one Other Problem from A00-T98 with the Other Problem Prefix "J"	4452	MAID Dx missing A00-T98 code and/or 7SC08PM
44	Main Problem	If Main Problem is Z5181 then Visit Disposition must be 73 (MAID)	4453	Visit Disposition must be 73 MAID
45a - 45i	Other Problem	Other Problem must be a valid ICD-10-CA code	45a02, 45b02, 45c02, 45d02, 45e02, 45f02, 45g02, 45h02, 45i02	Other Problem is invalid
45a - 45i	Other Problem	If Other Problem is coded, then left most digit must not be blank	45a04, 45b04, 45c04, 45d04, 45e04, 45f04, 45g04, 45h04, 45i04	Other Problem must be left-justified
45a - 45i	Other Problem	ICD-10-CA code is outside the valid age range. If Birth Date is not = 99990901 (Unknown), then age, in years, must fall within the min and max ages of the diagnosis validation table for the diagnosis code. On the validation table a 130 minimum age indicates no upper limit. On the validation table a 000 minimum age indicates no lower limit.	45a06, 45b06, 45c06, 45d06, 45e06, 45f06, 45g06, 45h06, 45i06	Other Problem Code is inconsistent with age.
45a - 45i	Other Problem	ICD-10-CA code is inconsistent with Recorded Sex or Gender. If the diagnosis validation table identifies the diagnosis code as valid only for gender N, the Recorded Sex or Gender must be male (M) or other (O)	45a08, 45b08, 45c08, 45d08, 45e08, 45f08, 45g08, 45h08, 45i08	Other Problem code is inconsistent with Recorded Sex or Gender
45a - 45i	Other Problem	ICD-10-CA code is inconsistent with Recorded Sex or Gender. If the diagnosis validation table identifies the diagnosis code as valid only for gender G, the Recorded Sex or Gender must be female (F) or other (O)	45a09, 45b09, 45c09, 45d09, 45e09, 45f09, 45g09, 45h09, 45i09	Other Problem code is inconsistent with Recorded Sex or Gender
45a - 45i	Other Problem	Other Problem must be upper case	45a17, 45b17, 45c17, 45d17, 45e17, 45f17, 45g17, 45h17, 45i17,	Other Problem must be upper case

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
45a - 45i	Other Problem	If an Other Problem in the range of T36-T50 is coded then an Other Problem (poisoning external cause code) of X40, X41, X42, X43, X44, X60, X61, X62, X63, X64, X85, Y10, Y11, Y12, Y13 or Y14 must be coded on the same abstract.	45a47, 45b47, 45c47, 45d47, 45e47, 45f47, 45g47, 45h47, 45i47	External cause of poisoning code mandatory
45a - 45i	Other Problem	If Other Problem is Z5181 then Main/Other Intervention 7SC08PM must be coded and there must be at least one Main/Other Problem from A00-T98 with the Main/Other Problem Prefix "J"	45a48, 45b48, 45c48, 45d48, 45e48, 45f48, 45g48, 45h48, 45i48	MAID Dx missing A00-T98 code and/or 7SC08PM
45a - 45i	Other Problem	If Other Problem is Z5181 then Visit Disposition must be 73 (MAID)	45a49, 45b49, 45c49, 45d49, 45e49, 45f49, 45g49, 45h49, 45i49	Visit Disposition must be 73 MAID
46	Main Intervention	Main Intervention cannot be blank if Other Interventions have been coded	4601	Other Intervention coded, Main Intervention is mandatory
46	Main Intervention	If Main Intervention is coded, it must be a valid CCI intervention according to the validation table	4602	Main Intervention is invalid
46	Main Intervention	If Main Intervention is coded, the left most digit must not be blank	4604	Main Intervention must be left-justified
46	Main Intervention	If Birth Date is not = 99990901 (Unknown), then the age, in years, must fall within the minimum and maximum ages of the intervention validation table for the intervention code. On the validation table a 000 minimum age indicates no lower limit. A 130 maximum age indicates no upper limit	4606	Main Intervention is inconsistent with age
46	Main Intervention	Main Intervention must be upper case	4607	Main Intervention must be upper case

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
46	Main Intervention	Main Intervention is inconsistent with Recorded Sex or Gender. If the intervention validation table identifies the code as valid for gender N, the Recorded Sex or Gender must be male (M) or other (O)	4612	Main Intervention is inconsistent with Recorded Sex or Gender
46	Main Intervention	Main Intervention is inconsistent with Recorded Sex or Gender. If the intervention validation table identifies the code as valid only for gender G, the Recorded Sex or Gender must be female (F) or other (O)	4614	Main Intervention is inconsistent with Recorded Sex or Gender
46	Main Intervention	If Main Intervention is 2ZZ02PM then there must be at least one Main/Other Problem from A00-T98 with Main/Other Problem Prefix J	4618	MAID Intervention missing code from A00-T98
46	Main Intervention	If Main Intervention is 7SC08PM then Main/Other Problem Z5181 must be coded and there must be at least one Main/Other Problem from A00-T98	4619	MAID Intervention missing code from A00-T98 and/or Z5181
47a - 47i	Other Intervention(s)	If Other Intervention is coded, it must be a valid CCI intervention according to the validation table	47a02, 47b02, 47c02, 47d02, 47e02, 47f02, 47g02, 47h02, 47i02	Other Intervention is invalid
47a - 47i	Other Intervention(s)	If Other Intervention is coded, the left most digit must not be blank	47a04, 47b04, 47c04, 47d04, 47e04, 47f04, 47g04, 47h04, 47i04	Other Intervention must be left-justified
47a - 47i	Other Intervention(s)	If Birth Date is not 99990901 (Unknown), then age, in years, must fall within the minimum and maximum ages of the intervention validation table for the intervention code. On the validation table a 000 minimum age indicates no lower limit. A 130 maximum age indicates no upper limit	47a06, 47b06, 47c06, 47d06, 47e06, 47f06, 47g06, 47h06, 47i06	Other Intervention is inconsistent with age

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
47a - 47i	Other Intervention(s)	Main Intervention is inconsistent with Recorded Sex or Gender. If the intervention validation table identifies the code as valid only for gender G, the Recorded Sex or Gender must be female (F) or other (O)	47a08, 47b08, 47c08, 47d08, 47e08, 47f08, 47g08, 47h08, 47i08	Other Intervention is inconsistent with Recorded Sex or Gender
47a - 47i	Other Intervention(s)	Main Intervention is inconsistent with Recorded Sex or Gender. If the intervention validation table identifies the code as valid for gender N, the Recorded Sex or Gender must be male (M) or other (O)	47a12, 47b12, 47c12, 47d12, 47e12, 47f12, 47g12, 47h12, 47i12	Other Intervention is inconsistent with Recorded Sex or Gender
47a - 47i	Other Intervention(s)	Other Intervention must be upper case	47a07, 47b07, 47c07, 47d07, 47e07, 47f07, 47g07, 47h07, 47i07	Other Intervention must be upper case
47a - 47i	Other Intervention(s)	If Other Intervention is 2ZZ02PM then there must be at least one Main/Other Problem from A00-T98 with Main/Other Problem Prefix J	47a15, 47b15, 47c15, 47d15, 47e15, 47f15, 47g15, 47h15, 47i15	MAID Intervention missing code from A00-T98
47a - 47i	Other Intervention(s)	If Other Intervention is 7SC08PM then Main/Other Problem Z5181 must be coded and there must be at least one Main/Other Problem from A00-T98	47a16, 47b16, 47c16, 47d16, 47e16, 47f16, 47g16, 47h16, 47i16	MAID Intervention missing code from A00-T98 and/or Z5181
48, 48a - 48i	Status	If Status attribute is coded, it must be a valid CCI code	4802, 48a02, 48b02, 48c02, 48d02, 48e02, 48f02, 48g02, 48h02, 48i02	Status in combination with Intervention is not valid
48, 48a - 48i	Status	If Status attribute is coded, the left most digit must not be blank	4804, 48a04, 48b04, 48c04, 48d04, 48e04, 48f04, 48g04, 48h04, 48i04	Status must be left-justified
48, 48a - 48i	Status	Status attribute must be blank if corresponding Intervention has not been coded	4805, 48a05, 48b05, 48c05, 48d05, 48e05, 48f05, 48g05, 48h05, 48i05	Status coded with no corresponding Intervention code
48, 48a - 48i	Status	Status attribute must be upper case	4806, 48a06, 48b06, 48c06, 48d06, 48e06, 48f06, 48g06, 48h06, 48i06	Status must be upper case

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
48	Status	Status attribute for Main Intervention cannot = 'A'	4808	Main Status attribute for Main Intervention cannot be abandoned
48, 48a - 48i	Status	If Main/Other Intervention is 2ZZ02PM then the Main/Other Intervention Status Attribute must be U or V	4809, 48a09, 48b09, 48c09, 48d09, 48e09, 48f09, 48g09, 48h09, 48i09	MAID Intervention Status Attribute must be U or V
49, 49a - 49i	Location	If Location attribute coded, it must be a valid CCI code	4902, 49a02, 49b02, 49c02, 49d02, 49e02, 49f02, 49g02, 49h02, 49i02	Location in combination with Intervention is not valid
49, 49a - 49i	Location	If Location attribute coded, the left most digit must not be blank	4904, 49a04, 49b04, 49c04, 49d04, 49e04, 49f04, 49g04, 49h04, 49i04	Location must be left-justified
49, 49a - 49i	Location	Location attribute must be blank if corresponding Intervention has not been coded	4905, 49a05, 49b05, 49c05, 49d05, 49e05, 49f05, 49g05, 49h05, 49i05	Location coded with no corresponding Intervention code
49, 49a - 49i	Location	Location attribute must be upper case	4906, 49a06, 49b06, 49c06, 49d06, 49e06, 49f06, 49g06, 49h06, 49i06	Location must be upper case
49, 49a - 49i	Location	If Main/ Other Intervention 7SC08PM is recorded, then the mode delivery attribute (Main/Other Intervention Location Attribute) value cannot be 0 (not applicable)	4908, 49a08, 49b08, 49c08, 49d08, 49e08, 49f08, 49g08, 49h08, 49i08	Location in combination with Intervention is not valid
50, 50a - 50i	Extent	If Extent attribute coded, it must be a valid CCI code	5002, 50a02, 50b02, 50c02, 50d02, 50e02, 50f02, 50g02, 50h02, 50i02	Extent in combination with Intervention is not valid
50, 50a - 50i	Extent	If Extent attribute coded, the left most digit must not be blank	5004, 50a04, 50b04, 50c04, 50d04, 50e04, 50f04, 50g04, 50h04, 50i04	Extent must be left-justified
50, 50a - 50i	Extent	Extent attribute must be blank if corresponding Intervention has not been coded	5005, 50a05, 50b05, 50c05, 50d05, 50e05, 50f05, 50g05, 50h05, 50i05	Extent coded with no corresponding Intervention code
50, 50a - 50i	Extent	Extent attribute must be upper case	5006, 50a06, 50b06, 50c06, 50d06, 50e06,	Extent must be upper case

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
			50f06, 50g06, 50h06, 50i06	
51, 51a - 50i	Duration of Ambulatory Care Intervention	If Duration of Ambulatory Care Intervention is coded, must be 0001-9999	5102, 51a02, 51b02, 51c02, 51d02, 51e02, 51f02, 51g02, 51h02, 51i02	Duration of Ambulatory Care Intervention is invalid
51, 51a - 50i	Duration of Ambulatory Care Intervention	If Duration of Ambulatory Care Intervention is coded, then the corresponding intervention must be coded	5105, 51a05, 51b05, 51c05, 51d05, 51e05, 51f05, 51g05, 51h05, 51i05	Duration of Ambulatory Care Intervention coded but no corresponding Intervention
52, 52a - 52i	Intervention Location Code	If Intervention Location Code is coded, it must be a valid code	5202, 52a02, 52b02, 52c02, 52d02, 52e02, 52f02, 52g02, 52h02, 52i02	Intervention Location Code is invalid
52, 52a - 52i	Intervention Location Code	If Intervention Location Code is coded, then the corresponding intervention must be coded	5205, 52a05, 52b05, 52c05, 52d05, 52e05, 52f05, 52g05, 52h05, 52i05	Intervention Location Code entered but no corresponding Intervention
53a - 53e	Anaesthetic Technique	If Anaesthetic Technique is coded, it must be 0 - 9 or U or C	53a02, 53b02, 53c02, 53d02, 53e02	Anaesthetic Technique is invalid
54	Died during Intervention Flag	Died during Intervention Flag must be blank	5404	Died During Intervention Flag must be blank
55, 55a - 55i	Out of Hospital Indicator	If Out of Hospital Institution Number is coded, then Out of Hospital Indicator must be 'Y'	5501, 55a01, 55b01, 55c01, 55d01, 55e01, 55f01, 55g01, 55h01, 55i01	Out of Hospital Indicator is mandatory with Out of Hospital Institution Number
55, 55a - 55i	Out of Hospital Indicator	Out of Hospital Indicator must be Y or blank	5502, 55a02, 55b02, 55c02, 55d02, 55e02, 55f02, 55g02, 55h02, 55i02	Out of Hospital Indicator is invalid
55, 55a - 55i	Out of Hospital Indicator	If Intervention is blank, then Out of Hospital Indicator must be blank	5505, 55a05, 55b05, 55c05, 55d05, 55e05, 55f05, 55g05, 55h05, 55i05	Out of Hospital Indicator coded with no corresponding Intervention
55, 55a - 55i	Out of Hospital Indicator	Out of Hospital Indicator must be upper case	5506, 55a06, 55b06, 55c06, 55d06, 55e06, 55f06, 55g06, 55h06, 55i06	Out of Hospital Indicator must be upper case
55, 55a - 55i	Out of Hospital Indicator	If Anaesthetic Technique = 0 then at least one occurrence of Out of Hospital Indicator must be 'Y'	5507, 55a07, 55b07, 55c07, 55d07, 55e07, 55f07, 55g07, 55h07, 55i07	At least one Out of Hospital Indicator must = 'Y' if Anaesthetic Technique = 0

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
56, 56a - 56i	Out of Hospital Institution Number	If Out of Hospital Institution Number is coded, it must be a valid ambulatory care institution number	5602, 56a02, 56b02, 56c02, 56d02, 56e02, 56f02, 56g02, 56h02, 56i02	Out of Hospital Institution Number is invalid
56, 56a - 56i	Out of Hospital Institution Number	If Out of Hospital Institution Number is coded, it cannot be the same as the Reporting Facility's Ambulatory Care Number	5605, 56a05, 56b05, 56c05, 56d05, 56e05, 56f05, 56g05, 56h05, 56i05	Out of Hospital Institution Number is same as Reporting Facility Number
56, 56a - 56i	Out of Hospital Institution Number	Out of Hospital Institution Number must be upper case	5606, 56a06, 56b06, 56c06, 56d06, 56e06, 56f06, 56g06, 56h06, 56i06	Out of Hospital Institution Number must be upper case
57	Blood Transfusion Indicator	If Blood Transfusion Indicator coded, it must be N or Y	5702	Blood Transfused Indicator is invalid
57	Blood Transfusion Indicator	If Blood Transfusion Indicator = 'N' then all Blood Products transfused must be blank	5706	Blood Transfused Indicator = 'N' and Blood Products have been coded 'Y'
57	Blood Transfusion Indicator	Blood Transfusion Indicator must be upper case	5707	Blood Transfused Indicator must be upper case
57	Blood Transfusion Indicator	If Autologous Blood Transfusion = Y then Blood Transfusion Indicator cannot be N	5708	Blood Transfusion Indicator cannot be 'N' if patient received blood transfusion.
58	Transfused with red cell component	If Transfused with red cell component coded, it must = 'Y'	5802	Transfused Red Cell Component invalid
58	Transfused with red cell component	Transfused with red cell component must be upper case	5803	Transfused Red Cell Component must be upper case
59	Transfused with platelet component	If Transfused with platelet component coded, it must = 'Y'	5902	Transfused Platelet Component invalid
59	Transfused with platelet component	Transfused with platelet component must be upper case	5903	Transfused Platelet Component must be upper case
60	Transfused with plasma component	If Transfused with plasma component coded, it must = 'Y'	6002	Transfused Plasma Component invalid
60	Transfused with plasma component	Transfused with plasma component must be upper case	6006	Transfused Plasma Component must be upper case
61	Transfused with Albumin	If Transfused with Albumin coded, it must = 'Y'	6102	Transfused Albumin Component invalid

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
61	Transfused with Albumin	Transfused with Albumin must be upper case	6103	Transfused Albumin Component must be upper case
62	Transfused with Other Blood Components	If coded, Transfused with Other Blood Components must be valid	6202	Transfused with Other Blood Components invalid
62	Transfused with Other Blood Components	If coded, Transfused with Other Blood Components must be upper case	6203	Transfused Other Components must be upper case
63	Autologous	If Autologous is coded, it must be 'Y' or 'N'	6302	Transfused Autologous invalid
63	Autologous	Autologous must be upper case	6303	Transfused Autologous must be upper case
69	Number of Previous Term Deliveries	If Number of Previous Term Deliveries is coded, it must be 00-20 or 99	6902	Number of Previous Term Deliveries is invalid
70	Number of Previous Pre-Term Deliveries	If Number of Previous Pre-Term Deliveries is coded, it must be 00-20 or 99	7002	Number of Previous Pre-Term Deliveries is invalid
71	Number of Previous Spontaneous Abortions	If Number of Previous Spontaneous Abortions is coded, it must be 00-20 or 99	7102	Number of Previous Spontaneous Abortions is invalid
72	Number of Previous Therapeutic Abortions	If Number of Previous Therapeutic Abortions is coded, it must be 00-20 or 99	7202	Number of Previous Therapeutic Abortions is invalid
73	Gestational Age	If Gestational Age is coded, it must be between 01 and 45 or 99	7302	Gestational age is invalid
73	Gestational Age	If Gestational Age is coded and is less than 4 weeks or greater than 24 weeks, then DQ Warning	W7301	Gestational age is questionable
74	Date of Last Menses	If Date of Last Menses is coded, it must be a valid date.	7402	Date of Last Menses is invalid
74	Date of Last Menses	If Date of Last Menses is coded, it must be prior to the Registration Date (22) but not more than 1 year prior	7403	Date of Last Menses is invalid
75a - 75j	MIS Functional Centre Account Code	If MIS Functional Centre Account Code is coded, it must be a valid MIS Functional Centre Code	75a02, 75b02, 75c02, 75d02, 75e02, 75f02, 75g02, 75h02, 75i02, 75j02	MIS Functional Centre Account Code is invalid

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
75a - 75j	MIS Functional Centre Account Code	If MIS Functional Centre Account Code is coded, the left most digit must not be blank	75a04, 75b04, 75c04, 75d04, 75e04, 75f04, 75g04, 75h04, 75i04, 75j04	MIS Functional Centre Account Code must be left-justified
75a - 75j	MIS Functional Centre Account Code	If the first occurrence of MIS Functional Centre Account Code is coded, it must equal to the Visit MIS Functional Centre Account Code (13)	75a05	First occurrence of MIS FC Account Code is not equal to the Visit MIS FC Account Code
98	Program Area	If Program Area is coded, then must be AU, CN, GI, MH, NE, PR, RE, RS, SP, SW, PT, OT or RC	9802	Program Area is invalid
98	Program Area	Program Area must be upper case	9803	Program Area must be upper case
103	Service Recipient	Service Recipient code must not be entered	10303	Service Recipient code must be blank
104	Referral Date	If Referral Date is coded then it must be a valid date	10402	Referral Date is invalid
104	Referral Date	If Referral Date is coded, then it must be prior or equal to Arrival Date, if Arrival Date coded	10403	Referral Date must be prior or equal to Arrival Date
104	Referral Date	If Referral Date is coded, then it must be prior or equal to Registration Date	10404	Referral Date must be prior or equal to Registration Date
104	Referral Date	If Referral Date is coded, then it must be prior or equal to Triage Date	10405	Referral Date must be prior or equal to Triage Date
108	Complete Record	If Complete Record is coded, it must be Y or N	10802	Complete Record is invalid
108	Complete Record	If Complete Record is coded, then the right most digit of Complete Record must be blank	10803	Complete Record must be left-justified
108	Complete Record	Complete Record must be upper case	10804	Complete Record must be upper case
109	Main Intervention Start Date	If Main Intervention Start Date is coded, then it must be a valid date	10901	Main Intervention Start Date is invalid
109	Main Intervention Start Date	If Main Intervention Start Time is coded, then Main Intervention Start Date must not be blank	10902	Main Interv. Start Date must be coded since Main Interv. Start Time has been entered

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
109	Main Intervention Start Date	If Main Intervention Start Date and Arrival Date are coded, then Main Intervention Start Date must be after or equal to Arrival Date (in conjunction with Main Intervention Start Time and Arrival Time), if Main Intervention Start Time is not 9999	10903	Main Intervention Start Date/Start Time must be after or equal to Arrival Date/Time
109	Main Intervention Start Date	If Main Intervention Start Date and Arrival Date are coded, then Main Intervention Start Date must be after or equal to Arrival Date, if Main Intervention Start Time is 9999	10904	Main Intervention Start Date must be after or equal to Arrival Date
109	Main Intervention Date	if Main Intervention Date and Registration Date are coded then Main Intervention Date should be after or equal to Registration Date (in conjunction with Main Intervention Start Time and Registration Time)	W10901	Main Intervention Date/Start Time or Registration Date/time is suspect
110	Main Intervention Start Time	If Main Intervention Start Time is coded, it must be between 0000 and 2359 or 9999	11001	Main Intervention Start Time is invalid
110	Main Intervention Start Time	If Main Intervention Start Date is coded, then Main Intervention Start Time must not be blank	11002	Main Interv. Start Time must be coded since Main Interv. Start Date has been entered
111a - 111i	Other Intervention Start Date	If Other Intervention Start Date is coded, it must be a valid date	111a01, 111b01, 111c01, 111d01, 111e01, 111f01, 111g01, 111h01, 111i01	Other Intervention Start Date is invalid
111a - 111i	Other Intervention Start Date	If Other Intervention Start Time is coded, then Other Intervention Start Date must not be blank	111a02, 111b02, 111c02, 111d02, 111e02, 111f02, 111g02, 111h02, 111i02	Other Interv. Start Date must be coded when Other Interv. Start Time is coded

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
111a - 111i	Other Intervention Start Date	If Other Intervention Start Date and Arrival Date are coded, then Other Intervention Start Date must be after or equal to Arrival Date (in conjunction with Other Intervention Start Time and Arrival Time), if Other Intervention Start Time not = 9999	111a03, 111b03, 111c03, 111d03, 111e03, 111f03, 111g03, 111h03, 111i03	Other Intervention Date/Start Time must be after or equal to Arrival Date/Time
111a - 111i	Other Intervention Start Date	If Other Intervention Start Date and Arrival Date are coded, then Other Intervention Start Date must be after or equal to Arrival Date, if Other Intervention Start Time = 9999	111a04, 111b04, 111c04, 111d04, 111e04, 111f04, 111g04, 111h04, 111i04	Other Intervention Start Date must be after or equal to Arrival Date
111a - 111i	Other Intervention Start Date	if Other Intervention Date and Registration Date are coded then Other Intervention Date should be after or equal to Registration Date (in conjunction with Other Intervention Start Time and Registration Time)	W111a01, W111b01, W111c01, W111d01, W111e01, W111f01, W111g01, W111h01, W111i01	Other Intervention Date/Start Time or Registration Date/Time is suspect
112a - 112i	Other Intervention Start Time	If Other Intervention Start Time is coded, then it must be between 0000 and 2359 or 9999	112a01, 112b01, 112c01, 112d01, 112e01, 112f01, 112g01, 112h01, 112i01	Other Intervention Start Time is invalid
112a - 112i	Other Intervention Start Time	If Other Intervention Start Date is coded, then Other Intervention Start Time must not be blank	112a02, 112b02, 112c02, 112d02, 112e02, 112f02, 112g02, 112h02, 112i02	Other Interv. Start Time must be coded when Other Interv. Start Date is coded
114	Disposition Date	If Disposition Date is coded, it must be a valid date	11402	Disposition Date is invalid
114	Disposition Date	If Disposition Time is coded, then Disposition Date must not be blank.	11403	Disposition Date must be coded since Disposition Time has been entered.

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
114	Disposition Date	Disposition Date/Time must be after or equal to Arrival Date/Time, if Arrival Date/Time are coded and Disposition Time is not = 9999.	11404	Disposition Date/Time must be after or equal to Arrival Date/Time
114	Disposition Date	Disposition Date must be after or equal to Arrival Date, if Arrival Date is coded and Disposition Time is = 9999	11405	Disposition Date must be after or equal to Arrival Date
114	Disposition Date	Disposition Date/Time must be after or equal to Registration Date/Time, if Disposition Time is not = 9999.	11408	Disposition Date/Time must be after or equal to Registration Date/Time
114	Disposition Date	Disposition Date must be after or equal to Registration Date if Disposition Time is = 9999	11409	Disposition Date must be after or equal to Registration Date
114	Disposition Date	If Disposition Date/Time are coded and Disposition Time is not = 9999 and Registration Time is not blank, then Disposition Date/Time should not be greater than 29 days from Registration Date/Time.	11416	Disposition Date/Time is greater than 29 days after Registration Date/Time
114	Disposition Date	If Disposition Date is coded and Disposition Time is 9999 or Registration Time is blank, then Disposition Date should not be greater than 29 days from Registration Date.	11417	Disposition Date is greater than 29 days after Registration Date
114	Disposition Date	Physician Initial Assessment Date/Time should be before Disposition Date/Time, when Disposition and Physician Initial Assessment Time is not = 9999.	W11401	Physician Initial Assessment or Disposition Date/Time is suspect.
114	Disposition Date	Physician Initial Assessment Date should be before Disposition Date, if Disposition or Physician Initial Assessment Time is = 9999	W11402	Physician Initial Assessment or Disposition Date is suspect.

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
114	Disposition Date	Visit Length of Stay (LOS) should not = 0 hours (time between Registration and Disposition Date/Time, if Disposition Time is not = 9999) .	W11403	Registration or Disposition Date/Time is suspect.
114	Disposition Date	Disposition Date/Time should not be greater than 3 days from Registration Date/Time, if Disposition Time is not = 9999.	W11405	Disposition Date/Time or Registration Date/Time is suspect
114	Disposition Date	Disposition Date should not be greater than 3 days from Registration Date, if Disposition Time is = 9999	W11406	Disposition Date or Registration Date is suspect
114	Disposition Date	Disposition Date/Time should be after or equal to Main Intervention Date/Start Time, if Main Intervention Date/Start Time are coded and Disposition Time is not = 9999.	W11407	Main Intervention Date/Start Time or Disposition Date/Time is suspect
114	Disposition Date	Disposition Date should be after or equal to Main Intervention Date, if Main Intervention Date is coded and Disposition Time is = 9999	W11408	Main Intervention Date or Disposition Date is suspect
114	Disposition Date	Disposition Date/Time should be after or equal to Other Intervention Date/Time, if Other Intervention Date/Time are coded and Disposition Time is not = 9999.	W11409	Other Intervention Date or Disposition Date/Time is suspect

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
114	Disposition Date	Disposition Date should be after or equal to Other Intervention Date/Time if Other Intervention Date are coded and Disposition Time is = 9999.	W11410	Other Intervention Date or Disposition Date is suspect
115	Disposition Time	If Disposition Time is coded, it must be 0000-2359 or 9999	11502	Disposition Time is invalid
115	Disposition Time	If Disposition Date is coded, then Disposition Time must not be blank	11503	Disposition Time must be coded since Disposition Date is entered
116	Date Patient Left ED	If Ambulatory Care Group is not= ED*, then Date Patient Left ED must be blank *see Ambulatory Care Group mapping table	11603	Date Patient Left ED must be blank for non-ED ambulatory care groups
116	Date Patient Left ED	If Date Patient Left ED is coded and is after Disposition Date, and Time Patient Left ED and/or Disposition Time = 9999, then Date Patient Left ED should be less than 3 days after Disposition Date	W11601	Diff. between Date Pt Left ED and Disposition Date greater than 3 days is suspect
116	Date Patient Left ED	If Date/Time Patient Left ED is coded and is after Disposition Date/Time, and if Time Patient Left ED and Disposition Time is not = "9999", then Date/Time Patient Left ED must be less than or equal to 72 hours after Disposition Date/Time.	W11602	Diff. between Date/Time Pt Left ED and Disp.Date/Time more than 72 hrs is suspect
117	Time Patient Left ED	If Ambulatory Care Group is not= ED*, then Time Patient Left ED must be blank *see Ambulatory Care Group mapping table	11703	Time Patient Left ED must be blank for non-ED ambulatory care groups

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
123	Clinical Decision Unit Date In	If Ambulatory Care Group is not ED or ED Visit Indicator is not equal to 1, then CDU Date In must be blank.	12307	CDU Date In must be blank for non-ED visits
124	Clinical Decision Unit Time In	If Ambulatory Care Group is not ED, and ED Visit Indicator is not equal to 1, then CDU Time In must be blank.	12404	CDU Time In must be blank for non-ED visits
125	Clinical Decision Unit Date Out	If Ambulatory Care Group is not ED or ED Visit Indicator is not equal to 1, then CDU Date Out must be blank.	12503	CDU Date Out must be blank for non-ED visits
126	Clinical Decision Unit Time Out	If Ambulatory Care Group is not ED, and ED Visit Indicator is not equal to 1, then CDU Time Out must be blank.	12604	CDU Time Out must be blank for non-ED visits
127	Main Problem Cluster	If Main Problem Cluster is coded, it must be A - Y	12701	Main Problem Cluster is invalid
127	Main Problem Cluster	Main Problem Cluster must be upper case	12702	Main Problem Cluster must be upper case
127	Main Problem Cluster	If Problem Cluster value is recorded with a Main or Other Problem (excluding Y40-Y84, U82-U84), then there must be an Other Problem of Y40-Y84 or U82-U84 (at the 3 digit level) with the same Problem Cluster value recorded.	12707	Invalid use of Problem Cluster.
127	Main Problem Cluster	If Problem Cluster value is recorded with Main Problem T812 then there must be an Other Problem Y60- with the same Problem Cluster value as T812.	12708	Problem Cluster with Main Problem T812 must also include mandatory Other Problem of Y60-
127a-127i	Other Problem Cluster	If Other Problem Cluster is coded, it must be A - Y	127a01, 127b01, 127c01, 127d01, 127e01, 127f01, 127g01, 127h01, 127i01	Other Problem Cluster is invalid
127a-127i	Other Problem Cluster	If Other Problem Cluster is coded, it must be upper case	127a02, 127b02, 127c02, 127d02, 127e02, 127f02, 127g02, 127h02, 127i02	Other Problem Cluster must be upper case

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
127a-127i	Other Problem Cluster	If there is an Other Problem from the range U82-U84 and/or Y40-Y84 (at the 3 digit level) assigned on the abstract with a problem cluster value recorded, then there must be one or more additional Main or Other Problem codes on the abstract with the identical value in the problem cluster field.	127a04, 127b04, 127c04, 127d04, 127e04, 127f04, 127g04, 127h04, 127i04	If U82-U84 or Y40-Y84 is coded, >1 problem should be coded with same Problem Cluster value.
127a-127i	Other Problem Cluster	If Problem Cluster value is recorded with a Main or Other Problem (excluding Y40-Y84, U82-U84), then there must be an Other Problem of Y40-Y84 or U82-U84 (at the 3 digit level) with the same Problem Cluster value recorded.	127a07, 127b07, 127c07, 127d07, 127e07, 127f07, 127g07, 127h07, 127i07	Invalid use of Problem Cluster.
127a-127i	Other Problem Cluster	If Problem Cluster coded, then there must be an associated Other Problem coded with the same occurrence	127a08, 127b08, 127c08, 127d08, 127e08, 127f08, 127g08, 127h08, 127i08	Problem Cluster coded with no associated Other Problem code
127a-127i	Other Problem Cluster	If Problem Cluster value is recorded with Other Problem Y40-Y59 then there should not be an Other Problem of Y60-Y84 with the same Problem Cluster value recorded Y40-Y59.	W127a09, W127b09, W127c09, W127d09, W127e09, W127f09, W127g09, W127h09, W127i09	Problem Cluster with Y40-Y59 cannot include Other Problem Y60-Y84
127a-127i	Other Problem Cluster	If Problem Cluster value is recorded with Other Problem Y60-Y84 then there should not be another Other Problem Y60-Y84 code with the same Problem Cluster value	W127a10, W127b10, W127c10, W127d10, W127e10, W127f10, W127g10, W127h10, W127i10	Only one Other Problem of Y60-Y84 can be recorded per Problem Cluster
127a-127i	Other Problem Cluster	If Problem Cluster value is recorded with Other Problem T812 then there must be an Other Problem Y60- with the same Problem Cluster value as T812.	127a11, 127b11, 127c11, 127d11, 127e11, 127f11, 127g11, 127h11, 127i11	Problem Cluster with Other Problem T812 must also include mandatory Other Problem of Y60-

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
127a-127i	Other Problem Cluster	If Problem Cluster value is recorded with Other Problem Y60– then there must be a Main/Other Problem of T812 or T810 with the same Problem Cluster value as Y60–.	127a12, 127b12, 127c12, 127d12, 127e12, 127f12, 127g12, 127h12, 127i12	Problem Cluster Y60– must have Main/Other Problem T812 or T810 in same Problem Cluster
128	Submission Level Code	Submission Level Code must not be blank	12801	Submission Level Code is mandatory
128	Submission Level Code	If Submission Level Code = 1 or 0, then data elements 105, 106, 107, 140, 141 and 142 must be blank	12805	Not applicable data element submitted for Submission Level 1 or 0.
129	Access to Primary Health Care Code	If Access to Primary Health Care Code is coded, then Access to Primary Health Care Code must be 1, 2, 3 or 9	12901	Access to Primary Health Care Code is invalid
130a-c	Consult Request Date	If Consult Request Date is coded, must be a valid date	130a01, 130b01, 130c01	Consult Request Date is invalid
130a-c	Consult Request Date	If Consult Request Time is coded, then Consult Request Date must not be blank	130a02, 130b02, 130c02	Consult Request Date must be coded if Consult Request Time is coded
130a-c	Consult Request Date	If Visit Disposition = 61, then Consult Request Date must be blank	130a03, 130b03, 130c03	Consult Request Date must be blank
131a-c	Consult Request Time	If Consult Request Time is coded, must be between 0000 and 2359 or 9999	131a01, 131b01, 131c01	Consult Request Time is invalid
131a-c	Consult Request Time	If Consult Request Date is coded, then Consult Request Time must not be blank	131a02, 131b02, 131c02	Consult Request Time must be coded if Consult Request Date is coded
131a-c	Consult Request Time	If Visit Disposition = 61, then Consult Request Time must be blank	131a03, 131b03, 131c03	Consult Request Time must be blank
132a-c	Consult Request Service	If Consult Request Service is coded, must be a valid code from list of valid provider services	132a01, 132b01, 132c01	Consult Request Service is invalid
132a-c	Consult Request Service	If Visit Disposition = 61, then Consult Request Service must be blank	132a02, 132b02, 132c02	Consult Request Service must be blank

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
133	Date of Non-Physician Initial Assessment	If Ambulatory Care Group is not ED *, then Date of Non-Physician Initial Assessment must be blank * see Ambulatory Care Group mapping table	13305	Date of Non-Physician Initial Assessment must not be coded
133	Date of Non-Physician Initial Assessment	If Date of Non-Physician Initial Assessment is coded, must be after or equal to Arrival Date if Time of Non-Physician Initial Assessment = 9999	13308	Date of Non-Physician Initial Assessment must be after or equal to Arrival Date
134	Time of Non-Physician Initial Assessment	If Ambulatory Care Group is not ED *, then Time of Non-Physician Initial Assessment must be blank * see Ambulatory Care Group mapping table	13404	Time of Non-Physician Initial Assessment must not be coded
135	Non-Physician Initial Assessment Provider Service	If Ambulatory Care Group is not ED *, then Non-Physician Initial Assessment Provider Service must be blank * see Ambulatory Care Group mapping table	13504	Non-Physician Initial Assessment Provider Service must not be coded
136a-c	Presenting Complaint	Presenting Complaint must not be coded	136a05, 136b05, 136c05	Presenting Complaint must be blank
139	ED Visit Indicator	If Ambulatory Care Group is not= ED*, then ED Visit Indicator must be blank. *see Ambulatory Care Group mapping table	13903	ED Visit Indicator must not be coded for non-ED visits.
143a-c	Consult Arrival Date	If coded, Consult Arrival Date must be valid	143a01, 143b01, 143c01	Consult Arrival Date is invalid
143a-c	Consult Arrival Date	If Consult Arrival Time is coded, then Consult Arrival Date must not be blank	143a02, 143b02, 143c02	Consult Arrival Date must be coded if Consult Arrival Time is coded
143a-c	Consult Arrival Date	If Visit Disposition = 61, then Consult Arrival Date must be blank	143a03, 143b03, 143c03	Consult Arrival Date must not be coded

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
143a-c	Consult Arrival Date	If Consult Arrival Date and Consult Request Date are coded, then Consult Arrival Date must be after or equal to Consult Request Date (in conjunction with Consult Arrival Time and Consult Request Time), if Consult Arrival Time is not 9999 and Consult Request Time is not 9999	143a04, 143b04, 143c04	Consult Arrival Date and Time must be after or equal to Consult Request Date and Time
143a-c	Consult Arrival Date	If Consult Arrival Date and Consult Request Date are coded, then Consult Arrival Date must be after or equal to Consult Request Date, if Consult Arrival Time = 9999 or Consult Request Time = 9999	143a05, 143b05, 143c05	Consult Arrival Date must be after or equal to Consult Request Date
144a-c	Consult Arrival Time	If coded, Consult Arrival Time must be valid	144a01, 144b01, 144c01	Consult Arrival Time is invalid
144a-c	Consult Arrival Time	If Visit Disposition = 61 then Consult Arrival Time must be blank	144a02, 144b02, 144c02	Consult Arrival Time must not be coded
145a-145y	Special Project Number	If the special project number (DE145) is coded, then it must be a valid numeric	145a02, 145b02, 145c02, 145d02, 145e02, 145f02, 145g02, 145h02, 145i02, 145j02, 145k02, 145l02, 145m02, 145n02, 145o02, 145p02, 145q02, 145r02, 145s02, 145t02, 145u02, 145v02, 145w02, 145x02, 145y02	Special Project number is invalid
145a-145y	Special Project Number	If Project Number (DE 145) is not blank, must not be the same project number as in other occurrences.	145a05, 145b05, 145c05, 145d05, 145e05, 145f05, 145g05, 145h05, 145i05, 145j05, 145k05, 145l05, 145m05, 145n05, 145o05, 145p05, 145q05, 145r05, 145s05, 145t05, 145u05, 145v05, 145w05, 145x05, 145y05	Duplicate Project Number

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
145a-145y	Special Project Number	If Special Project Number (DE 145) is not blank, then at least one of the Special Project fields (DE 146-169) must not be blank	145a06, 145b06, 145c06, 145d06, 145e06, 145f06, 145g06, 145h06, 145i06, 145j06, 145k06, 145l06, 145m06, 145n06, 145o06, 145p06, 145q06, 145r06, 145s06, 145t06, 145u06, 145v06, 145w06, 145x06, 145y06	Special Project Number coded when Special Project Fields are blank
146a - 146y	Special Project Field 01	If Special Project Field 1 (DE146) is entered, then Project Number (DE 145) must not be blank	146a05, 146b05, 146c05, 146d05, 146e05, 146f05, 146g05, 146h05, 146i05, 146j05, 146k05, 146l05, 146m05, 146n05, 146o05, 146p05, 146q05, 146r05, 146s05, 146t05, 146u05, 146v05, 146w05, 146x05, 146y05	Special Project Field 1 coded, no Project Number has been entered
146a - 146y	Special Project Field 01	If Special Project Field 01 (DE 146) is coded, it must be uppercase A - Z or 0 - 9.	146a14, 146b14, 146c14, 146d14, 146e14, 146f14, 146g14, 146h14, 146i14, 146j14, 146k14, 146l14, 146m14, 146n14, 146o14, 146p14, 146q14, 146r14, 146s14, 146t14, 146u14, 146v14, 146w14, 146x14, 146y14	Field 01 is invalid
147a - 147y	Special Project Field 02	If Special Project Field 2 (DE147) is entered, then Special Project Number (DE 145) must not be blank	147a05, 147b05, 147c05, 147d05, 147e05, 147f05, 147g05, 147h05, 147i05, 147j05, 147k05, 147l05, 147m05, 147n05, 147o05, 147p05, 147q05, 147r05, 147s05, 147t05, 147u05, 147v05, 147w05, 147x05, 147y05	Special Project Field 2 coded, no Special Project Number has been entered

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
147a - 147y	Special Project Field 02	If Special Project Field 02 (DE 147) is coded, it must be uppercase A - Z or 0 - 9.	147a14, 147b14, 147c14, 147d14, 147e14, 147f14, 147g14, 147h14, 147i14, 147j14, 147k14, 147l14, 147m14, 147n14, 147o14, 147p14, 147q14, 147r14, 147s14, 147t14, 147u14, 147v14, 147w14, 147x14, 147y14	Field 02 is invalid
148a - 148y	Special Project Field 03	If Special Project Field 3 (DE 148) is entered, then Special Project Number (DE 145) must not be blank	148a05, 148b05, 148c05, 148d05, 148e05, 148f05, 148g05, 148h05, 148i05, 148j05, 148k05, 148l05, 148m05, 148n05, 148o05, 148p05, 148q05, 148r05, 148s05, 148t05, 148u05, 148v05, 148w05, 148x05, 148y05	Special Project Field 3 coded, no Special Project Number has been entered
148a - 148y	Special Project Field 03	If Special Project Field 03 (DE 148) is coded, it must be uppercase A - Z or 0 - 9.	148a14, 148b14, 148c14, 148d14, 148e14, 148f14, 148g14, 148h14, 148i14, 148j14, 148k14, 148l14, 148m14, 148n14, 148o14, 148p14, 148q14, 148r14, 148s14, 148t14, 148u14, 148v14, 148w14, 148x14, 148y14	Field 03 is invalid
149a - 149y	Special Project Field 04	If Special Project Field 4 (DE 149) is entered, then Special Project Number (DE 145) must not be blank	149a05, 149b05, 149c05, 149d05, 149e05, 149f05, 149g05, 149h05, 149i05, 149j05, 149k05, 149l05, 149m05, 149n05, 149o05, 149p05, 149q05, 149r05, 149s05, 149t05, 149u05, 149v05, 149w05, 149x05, 149y05	Special Project Field 4 coded, no Special Project Number has been entered

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
149a - 149y	Special Project Field 04	If Special Project Field 04 (DE 149) is coded, it must be uppercase A - Z or 0 - 9.	149a14, 149b14, 149c14, 149d14, 149e14, 149f14, 149g14, 149h14, 149i14, 149j14, 149k14, 149l14, 149m14, 149n14, 149o14, 149p14, 149q14, 149r14, 149s14, 149t14, 149u14, 149v14, 149w14, 149x14, 149y14	Field 04 is invalid
150a - 150y	Special Project Field 05	If Special Project Field 5 (DE 150) is entered, then Special Project Number (DE 145) must not be blank	150a05, 150b05, 150c05, 150d05, 150e05, 150f05, 150g05, 150h05, 150i05, 150j05, 150k05, 150l05, 150m05, 150n05, 150o05, 150p05, 150q05, 150r05, 150s05, 150t05, 150u05, 150v05, 150w05, 150x05, 150y05	Special Project Field 5 coded, no Special Project Number has been entered
150a - 150y	Special Project Field 05	If Special Project Field 05 (DE 150) is coded, it must be uppercase A - Z or 0 - 9.	150a14, 150b14, 150c14, 150d14, 150e14, 150f14, 150g14, 150h14, 150i14, 150j14, 150k14, 150l14, 150m14, 150n14, 150o14, 150p14, 150q14, 150r14, 150s14, 150t14, 150u14, 150v14, 150w14, 150x14, 150y14	Field 05 is invalid
151a - 151y	Special Project Field 06	If Special Project Field 6 (DE 151) is entered, then Special Project Number (DE 145) must not be blank	151a05, 151b05, 151c05, 151d05, 151e05, 151f05, 151g05, 151h05, 151i05, 151j05, 151k05, 151l05, 151m05, 151n05, 151o05, 151p05, 151q05, 151r05, 151s05, 151t05, 151u05, 151v05, 151w05, 151x05, 151y05	Special Project Field 6 coded, no Special Project Number has been entered

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
151a - 151y	Special Project Field 06	If Special Project Field 06 (DE 151) is coded, it must be uppercase A - Z or 0 - 9.	151a14, 151b14, 151c14, 151d14, 151e14, 151f14, 151g14, 151h14, 151i14, 151j14, 151k14, 151l14, 151m14, 151n14, 151o14, 151p14, 151q14, 151r14, 151s14, 151t14, 151u14, 151v14, 151w14, 151x14, 151y14	Field 06 is invalid
152a - 152y	Special Project Field 07	If Special Project Field 7 (DE 152) is entered, then Special Project Number (DE 145) must not be blank.	152a05, 152b05, 152c05, 152d05, 152e05, 152f05, 152g05, 152h05, 152i05, 152j05, 152k05, 152l05, 152m05, 152n05, 152o05, 152p05, 152q05, 152r05, 152s05, 152t05, 152u05, 152v05, 152w05, 152x05, 152y05	Special Project Field 7 coded, no Special Project Number has been entered
152a - 152y	Special Project Field 07	If Special Project Field 07 (DE 152) is coded, it must be uppercase A - Z or 0 - 9.	152a14, 152b14, 152c14, 152d14, 152e14, 152f14, 152g14, 152h14, 152i14, 152j14, 152k14, 152l14, 152m14, 152n14, 152o14, 152p14, 152q14, 152r14, 152s14, 152t14, 152u14, 152v14, 152w14, 152x14, 152y14	Field 07 is invalid
153a - 153y	Special Project Field 08	If Special Project Field 08 (DE 153) is entered, then Special Project Number (DE 145) must not be blank	153a05, 153b05, 153c05, 153d05, 153e05, 153f05, 153g05, 153h05, 153i05, 153j05, 153k05, 153l05, 153m05, 153n05, 153o05, 153p05, 153q05, 153r05, 153s05, 153t05, 153u05, 153v05, 153w05, 153x05, 153y05	Special Project Field 8 coded, no Special Project Number has been entered

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
153a - 153y	Special Project Field 08	If Special Project Field 08 (DE 153) is coded, it must be uppercase A - Z or 0 - 9.	153a14, 153b14, 153c14, 153d14, 153e14, 153f14, 153g14, 153h14, 153i14, 153j14, 153k14, 153l14, 153m14, 153n14, 153o14, 153p14, 153q14, 153r14, 153s14, 153t14, 153u14, 153v14, 153w14, 153x14, 153y14	Field 08 is invalid
154a - 154y	Special Project Field 09	If Special Project Field 09 (DE 154) is entered, then Special Project Number (DE 145) must not be blank	154a05, 154b05, 154c05, 154d05, 154e05, 154f05, 154g05, 154h05, 154i05, 154j05, 154k05, 154l05, 154m05, 154n05, 154o05, 154p05, 154q05, 154r05, 154s05, 154t05, 154u05, 154v05, 154w05, 154x05, 154y05	Special Project Field 9 coded, no Special Project Number has been entered
154a - 154y	Special Project Field 09	If Special Project Field 09 (DE 154) is coded, it must be uppercase A - Z or 0 - 9.	154a14, 154b14, 154c14, 154d14, 154e14, 154f14, 154g14, 154h14, 154i14, 154j14, 154k14, 154l14, 154m14, 154n14, 154o14, 154p14, 154q14, 154r14, 154s14, 154t14, 154u14, 154v14, 154w14, 154x14, 154y14	Field 09 is invalid
155a - 155y	Special Project Field 10	If Special Project Field 10 (DE 155) is entered, then Special Project Number (DE 145) must not be blank.	155a05, 155b05, 155c05, 155d05, 155e05, 155f05, 155g05, 155h05, 155i05, 155j05, 155k05, 155l05, 155m05, 155n05, 155o05, 155p05, 155q05, 155r05, 155s05, 155t05, 155u05, 155v05, 155w05, 155x05, 155y05	Special Project Field 10 coded, no Special Project Number has been entered

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
155a - 155y	Special Project Field 10	If Special Project Field 10 (DE 155) is coded, it must be uppercase A - Z or 0 - 9.	155a14, 155b14, 155c14, 155d14, 155e14, 155f14, 155g14, 155h14, 155i14, 155j14, 155k14, 155l14, 155m14, 155n14, 155o14, 155p14, 155q14, 155r14, 155s14, 155t14, 155u14, 155v14, 155w14, 155x14, 155y14	Field 10 is invalid
156a - 156y	Special Project Field 11	If Special Project Field 11 (DE 156) is entered, then Special Project Number (DE 145) must not be blank	156a05, 156b05, 156c05, 156d05, 156e05, 156f05, 156g05, 156h05, 156i05, 156j05, 156k05, 156l05, 156m05, 156n05, 156o05, 156p05, 156q05, 156r05, 156s05, 156t05, 156u05, 156v05, 156w05, 156x05, 156y05	Special Project Field 11 coded, no Special Project Number has been entered
156a - 156y	Special Project Field 11	If Special Project Field 11 (DE 156) is coded, it must be uppercase A - Z or 0 - 9.	156a14, 156b14, 156c14, 156d14, 156e14, 156f14, 156g14, 156h14, 156i14, 156j14, 156k14, 156l14, 156m14, 156n14, 156o14, 156p14, 156q14, 156r14, 156s14, 156t14, 156u14, 156v14, 156w14, 156x14, 156y14	Field 11 is invalid
157a - 157y	Special Project Field 12	If Special Project Field 12 (DE 157) is entered, then Special Project Number (DE 145) must not be blank.	157a05, 157b05, 157c05, 157d05, 157e05, 157f05, 157g05, 157h05, 157i05, 157j05, 157k05, 157l05, 157m05, 157n05, 157o05, 157p05, 157q05, 157r05, 157s05, 157t05, 157u05, 157v05, 157w05, 157x05, 157y05	Special Project Field 12 coded, no Special Project Number has been entered

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
157a - 157y	Special Project Field 12	If Special Project Field 12 (DE 157) is coded, it must be uppercase A - Z or 0 - 9.	157a14, 157b14, 157c14, 157d14, 157e14, 157f14, 157g14, 157h14, 157i14, 157j14, 157k14, 157l14, 157m14, 157n14, 157o14, 157p14, 157q14, 157r14, 157s14, 157t14, 157u14, 157v14, 157w14, 157x14, 157y14	Field 12 is invalid
158a - 158y	Special Project Field 13	If Special Project Field 13 (DE 158) is entered, then Special Project Number (DE 145) must not be blank	158a05, 158b05, 158c05, 158d05, 158e05, 158f05, 158g05, 158h05, 158i05, 158j05, 158k05, 158l05, 158m05, 158n05, 158o05, 158p05, 158q05, 158r05, 158s05, 158t05, 158u05, 158v05, 158w05, 158x05, 158y05	Special Project Field 13 coded, no Special Project Number has been entered
158a - 158y	Special Project Field 13	If Special Project Field 13 (DE 158) is coded, it must be uppercase A - Z or 0 - 9.	158a14, 158b14, 158c14, 158d14, 158e14, 158f14, 158g14, 158h14, 158i14, 158j14, 158k14, 158l14, 158m14, 158n14, 158o14, 158p14, 158q14, 158r14, 158s14, 158t14, 158u14, 158v14, 158w14, 158x14, 158y14	Field 13 is invalid
159a - 159y	Special Project Field 14	If Special Project Field 14 (DE 159) is entered, then Special Project Number (DE145) must not be blank	159a01, 159b01, 159c01, 159d01, 159e01, 159f01, 159g01, 159h01, 159i01, 159j01, 159k01, 159l01, 159m01, 159n01, 159o01, 159p01, 159q01, 159r01, 159s01, 159t01, 159u01, 159v01, 159w01, 159x01, 159y01	Special Project Field 14 coded, no Special Project Number has been entered

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
159a - 159y	Special Project Field 14	If Special Project Field 14 (DE 159) is coded, it must be uppercase A - Z or 0 - 9.	159a14 159b14, 159c14, 159d14, 159e14, 159f14, 159g14, 159h14, 159i14, 159j14, 159k14, 159l14, 159m14, 159n14, 159o14, 159p14, 159q14, 159r14, 159s14, 159t14, 159u14, 159v14, 159w14, 159x14, 159y14	Field 14 is invalid
160a - 160y	Special Project Field 15	If Special Project Field 15 (DE 160) is entered, then Special Project Number (DE145) must not be blank	160a01 160b01, 160c01, 160d01, 160e01, 160f01, 160g01, 160h01, 160i01, 160j01, 160k01, 160l01, 160m01, 160n01, 160o01, 160p01, 160q01, 160r01, 160s01, 160t01, 160u01, 160v01, 160w01, 160x01, 160y01	Special Project Field 15 coded, no Special Project Number has been entered
160a - 160y	Special Project Field 15	If Special Project Field 15 (DE 160) is coded, it must be uppercase A - Z or 0 - 9.	160a14 160b14, 160c14, 160d14, 160e14, 160f14, 160g14, 160h14, 160i14, 160j14, 160k14, 160l14, 160m14, 160n14, 160o14, 160p14, 160q14, 160r14, 160s14, 160t14, 160u14, 160v14, 160w14, 160x14, 160y14	Field 15 is invalid
161a - 161y	Special Project Field 16	If Special Project Field 16 (DE 161) is entered, then Special Project Number (DE 145) must not be blank	161a01 161b01, 161c01, 161d01, 161e01, 161f01, 161g01, 161h01, 161i01, 161j01, 161k01, 161l01, 161m01, 161n01, 161o01, 161p01, 161q01, 161r01, 161s01, 161t01, 161u01, 161v01, 161w01, 161x01, 161y01	Special Project Field 16 coded, no Special Project Number has been entered

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
161a - 161y	Special Project Field 16	If Special Project Field 16 (DE 161) is coded, it must be uppercase A - Z or 0 - 9.	161a14, 161b14, 161c14, 161d14, 161e14, 161f14, 161g14, 161h14, 161i14, 161j14, 161k14, 161l14, 161m14, 161n14, 161o14, 161p14, 161q14, 161r14, 161s14, 161t14, 161u14, 161v14, 161w14 161x14, 161y14	Field 16 is invalid
162a - 162y	Special Project Field 17	If Special Project Field 17 (DE 162) is entered, then Special Project Number (DE 145) must not be blank	162a01 162b01, 162c01, 162d01, 162e01, 162f01, 162g01, 162h01, 162i01, 162j01, 162k01, 162l01, 162m01, 162n01, 162o01, 162p01, 162q01, 162r01, 162s01, 162t01, 162u01, 162v01, 162w01, 162x01, 162y01	Special Project Field 17 coded, no Special Project Number has been entered
162a - 162y	Special Project Field 17	If Special Project Field 17 (DE 162) is coded, it must be uppercase A - Z or 0 - 9.	162a14, 162b14, 162c14, 162d14, 162e14, 162f14, 162g14, 162h14, 162i14, 162j14, 162k14, 162l14, 162m14, 162n14, 162o14, 162p14, 162q14, 162r14, 162s14, 162t14, 162u14, 162v14, 162w14, 162x14, 162y14	Field 17 is invalid
163a - 163y	Special Project Field 18	If Special Project Field 18 (DE 163) is entered, then Special Project Number (DE 145) must not be blank	163a01, 163b01, 163c01, 163d01, 163e01, 163f01, 163g01, 163h01, 163i01, 163j01, 163k01, 163l01, 163m01, 163n01, 163o01, 163p01, 163q01, 163r01, 163s01, 163t01, 163u01, 163v01, 163w01, 163x01, 163y01	Special Project Field 18 coded, no Special Project Number has been entered

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
163a - 163y	Special Project Field 18	If Special Project Field 18 (DE 163) is coded, it must be uppercase A - Z or 0 - 9.	163a14, 163b14, 163c14, 163d14, 163e14, 163f14, 163g14, 163h14, 163i14, 163j14, 163k14, 163l14, 163m14, 163n14, 163o14, 163p14, 163q14, 163r14, 163s14, 163t14, 163u14, 163v14, 163w14, 163x14, 163y14	Field 18 is invalid
164a - 164y	Special Project Field 19	If Special Project Field 19 (DE 164) is entered, then Special Project Number (DE 145) must not be blank	164a01, 164b01, 164c01, 164d01, 164e01, 164f01, 164g01, 164h01, 164i01, 164j01, 164k01, 164l01, 164m01, 164n01, 164o01, 164p01, 164q01, 164r01, 164s01, 164t01, 164u01, 164v01, 164w01, 164x01, 164y01	Special Project Field 19 coded, no Special Project Number has been entered
164a - 164y	Special Project Field 19	If Special Project Field 19 (DE 164) is coded, it must be uppercase A - Z or 0 - 9.	164a14, 164b14, 164c14, 164d14, 164e14, 164f14, 164g14, 164h14, 164i14, 164j14, 164k14, 164l14, 164m14, 164n14, 164o14, 164p14, 164q14, 164r14, 164s14, 164t14, 164u14, 164v14, 164w14, 164x14, 164y14	Field 19 is invalid
165a - 165y	Special Project Field 20	If Special Project Field 20 (DE 165) is entered, then Special Project Number (DE 145) must not be blank	165a01, 165b01, 165c01, 165d01, 165e01, 165f01, 165g01, 165h01, 165i01, 165j01, 165k01, 165l01, 165m01, 165n01, 165o01, 165p01, 165q01, 165r01, 165s01, 165t01, 165u01, 165v01, 165w01, 165x01, 165y01	Special Project Field 20 coded, no Special Project Number has been entered

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
165a - 165y	Special Project Field 20	If Special Project Field 20 (DE 165) is coded, it must be uppercase A - Z or 0 - 9.	165a14, 165b14, 165c14, 165d14, 165e14, 165f14, 165g14, 165h14, 165i14, 165j14, 165k14, 165l14, 165m14, 165n14, 165o14, 165p14, 165q14, 165r14, 165s14, 165t14, 165u14, 165v14, 165w14, 165x14, 165y14	Field 20 is invalid
166a - 166y	Special Project Field 21	If Special Project Field 21 (DE 166) is entered, then Special Project Number (DE 145) must not be blank.	166a01, 166b01, 166c01, 166d01, 166e01, 166f01, 166g01, 166h01, 166i01, 166j01, 166k01, 166l01, 166m01, 166n01, 166o01, 166p01, 166q01, 166r01, 16601, 166t01, 166u01, 166v01, 166w01, 166x01, 166y01	Special Project Field 21 coded, no Special Project Number has been entered
166a - 166y	Special Project Field 21	If Special Project Field 21 (DE 166) is coded, it must be uppercase A - Z or 0 - 9.	166a14, 166b14, 166c14, 166d14, 166e14, 166f14, 166g14, 166h14, 166i14, 166j14, 166k14, 166l14, 166m14, 166n14, 166o14, 166p14, 166q14, 166r14, 16614, 166t14, 166u14, 166v14, 166w14, 166x14, 166y14	Field 21 is invalid
167a - 167y	Special Project Field 22	If Special Project Field 22 (DE 167) is entered, then Special Project Number (DE 145) must not be blank.	167a01, 167b01, 167c01, 167d01, 167e01, 167f01, 167g01, 167h01, 167i01, 167j01, 167k01, 167l01, 167m01, 167n01, 167o01, 167p01, 167q01, 167r01, 16701, 167t01, 167u01, 167v01, 167w01, 167x01, 167y01	Special Project Field 22 coded, no Special Project Number has been entered

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
167a - 167y	Special Project Field 22	If Special Project Field 22 (DE 167) is coded, it must be uppercase A - Z or 0 - 9.	167a14, 167b14, 167c14, 167d14, 167e14, 167f14, 167g14, 167h14, 167i14, 167j14, 167k14, 167l14, 167m14, 167n14, 167o14, 167p14, 167q14, 167r14, 16714, 167t14, 167u14, 167v14, 167w14, 167x14, 167y14	Field 22 is invalid
168a - 168y	Special Project Field 23	If Special Project Field 23 (DE 168) is entered, then Special Project Number (DE 145) must not be blank.	168a01, 168b01, 168c01, 168d01, 168e01, 168f01, 168g01, 168h01, 168i01, 168j01, 168k01, 168l01, 168m01, 168n01, 168o01, 168p01, 168q01, 168r01, 16801, 168t01, 168u01, 168v01, 168w01, 168x01, 168y01	Special Project Field 23 coded, no Special Project Number has been entered
168a - 168y	Special Project Field 23	If Special Project Field 23 (DE 168) is coded, it must be uppercase A - Z or 0 - 9.	168a14, 168b14, 168c14, 168d14, 168e05, 168f14, 168g14, 168h14, 168i14, 168j14, 168k14, 168l14, 168m14, 168n14, 168o14, 168p14, 168q14, 168r14, 16814, 168t14, 168u14, 168v14, 168w14, 168x14, 168y14	Field 23 is invalid
169a - 169y	Special Project Field 24	If Special Project Field 24 (DE 169) is entered, then Special Project Number (DE 145) must not be blank.	169a01, 169b01, 169c01, 169d01, 169e01, 169f01, 169g01, 169h01, 169i01, 169j01, 169k01, 169l01, 169m01, 169n01, 169o01, 169p01, 169q01, 169r01, 16901, 169t01, 169u01, 169v01, 169w01, 169x01, 169y01	Special Project Field 24 coded, no Special Project Number has been entered

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
169a - 169y	Special Project Field 24	If Special Project Field 24 (DE 169) is coded, it must be uppercase A - Z or 0 - 9.	169a14, 169b14, 169c14, 169d14, 169e14, 169f14, 169g14, 169h14, 169i14, 169j14, 169k14, 169l14, 169m14, 169n14, 169o14, 169p14, 169q14, 169r14, 169s14, 169t14, 169u14, 169v14, 169w14, 169x14, 169y14	Field 24 is invalid
170	Legal Status Upon Arrival to ED	Legal Status Upon Arrival to ED should not be coded	17002	Legal Status Upon Arrival to ED is not applicable for Day Surgery and Other Amb Care records
171	Type of Restraint	Type of Restraint should not be coded	171a04, 171b04, 171c04, 171d04	Type of Restraint is not applicable for Day Surgery and Other Amb Care records
172	Frequency of Restraint Use	Frequency of Restraint Use should not be coded	172a04, 172b04, 172c04, 172d04	Frequency of Restraint Use is not applicable for Day Surgery and Other Amb Care records
173	ED Intervention Value Set	ED Intervention Value Set should not be coded	173a03, 173b03, 173c03	ED Intervention Value Set is applicable only to ED records.
175	Number of ED Investigative Technologies Performed	Number of ED Investigative Technologies Performed should not be coded	175a02, 175b02, 175c02, 175d02, 175e02, 175f02	Number of ED Investigative Technologies Performed is applicable only to ED records.
177	Cryoprecipitate	Cryoprecipitate must Y or blank	17701	Cryoprecipitate is invalid
178	Cryosupernatant Plasma	Cryosupernatant Plasma must be Y or blank	17801	Cryosupernatant Plasma is invalid
179	Intravenous / Subcutaneous Immune Globulin (IVIG/SCIG)	Intravenous / Subcutaneous Immune Globulin (IVIG/SCIG) must be Y or blank	17901	Intravenous / Subcutaneous Immune Globulin (IVIG/SCIG) is invalid
180	Fibrinogen	Fibrinogen must be Y or blank	18001	Fibrinogen is invalid
181	Prothrombin Complex Concentrate (PCC)	Prothrombin Complex Concentrate (PCC) must be Y or blank	18101	Prothrombin Complex Concentrate (PCC) is invalid
182	Anti-Inhibitor Coagulant (FEIBA)	Anti-Inhibitor Coagulant (FEIBA) must be Y or blank	18201	Anti-Inhibitor Coagulant (FEIBA) is invalid
183	Antithrombin III	Antithrombin III must be Y or blank	18301	Antithrombin III is invalid

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
184	C1 Inhibitor	C1 Inhibitor must be Y or blank	18401	C1 Inhibitor is invalid
185	Protein C/Other Factors	Protein C/Other Factors must be Y or blank	18501	Protein C/Other Factors is invalid
186	Indigenous Identity	If Indigenous Identity is coded it must 1 to 8	18601	Indigenous Identity is invalid
187	Racialized Groups	If Racialized Groups is coded it must be uppercase A to M	18701	Racialized Groups is invalid
CR	Control Record	A Control Record must be present at the start of the transmission	CR01	Missing Control Record
CR	Control Record	Only one Control Record should be present at the start of the transmission	CR02	More than 1 control file found
CRC	Control Record	Submission Period on Control Record must be valid	CR03	Invalid Submission Period in Control Record
CRA	Reporting Facility Ambulatory Care Number (Control Record)	Reporting Facility Ambulatory Care Number on all Data Records (OOB) must be the same as the Reporting Facility Ambulatory Care Number on the Control Record	CR04	Detail record's facility and Control Record's facility do not match
CRE	Number Of Data Records In Transmission File (Control Record)	Number of Data Records in Transmission File must equal the actual number of Data Records contained within the transmission	CR05	Num. of records disagrees with Num. of Data Records In Trans. File on Control Record
CRF	Control Record	Date of Submission on the Control Record is not a valid date	CR07	Invalid Submission Date
CRD	Period Closure (Control Record)	Period Closure must be 0 or 1.	CR08	Invalid Period Closure on Control Records
CRB	Reporting Facility's Software Vendor Number on the Control Record	Submitting Facility's Vendor Number must not be blank.	CR09	Vendor Number on Control Record is mandatory
CRE	Number Of Data Records In Transmission File (Control Record)	Number of Data Records in Transmission File (CRE) must be numeric	CR10	Detail record count in Control Record is invalid
CRG	Submission Level Code on the Control Record	Submission Level Code must not be blank	CR11	Submission Level Code is mandatory

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
CRG	Submission Level Code on the Control Record	Must be 1, 2 or 3	CR12	Submission Level Code is invalid
CRG	Submission Level Code (Control Record)	Submission Level Code (Control Record) must be the same as the Submission Level Code (DE 128)	CR15	Submission Level Code (SLC) in Control Record does not match SLC in detail record
CRG	Submission Level Code on the Control Record	The 15th byte in the filename must match the Submission Level Code in the Control Record	CR16	Submission Level in filename does not match Sub. Level in the Control Record
CRG	Submission Level Code on the Control Record	If Submission Level Code = 3 and Ambulatory Care Group = ED has already been submitted for the same period & same facility, Submission Level Code for subsequent submissions must not = 1 or 2; If Submission Level Code = 2 has already been submitted for the same period & same facility, Submission Level Code for subsequent submissions must not = 1;	CR18	Submission Level Code not permitted with previously submitted level for the period
CRA	Reporting Facility Ambulatory Care Number (Control Record)	Reporting Facility Ambulatory Care Number on the Control Record must be the same as the facility number in the filename	CR19	Facility No. in the data file name disagrees with Facility No. in the Control Record
CRC	Period For This Submission (Control Record)	Period for this submission on the Control Record must be the same as the submission period in the filename	CR20	Period for this Submission is invalid
CRA	Reporting Facility Ambulatory Care Number on the Control Record	Reporting Facility Ambulatory Care Number on the Control Record must be valid	CR21	Reporting Facility Ambulatory Care Number is invalid

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
CRG	Submission Level Code on the Control Record	If Submission Level Code = 1 or 2, then file must only contain ED records *see Ambulatory Care Group mapping table	CR23	Invalid Submission Level Code for Ambulatory Care Group
CRC	Period For This Submission (Control Record)	Submission Period on all Data Records must be the same as the Period For This Submission on the Control Record	CR25	Detail record's submission period and control record's period do not match
SF	Submission File	Record type on the Data Records must be valid	SF01	Invalid Record Type found in submission file
SF	Submission File	Each record in the submission file must be unique, with respect to the unique abstract identification number in conjunction with the Submitting Facility's Ambulatory Care Number, Submission Fiscal Year, Submission Period.	SF02	Duplicate Record found in Submission File
SF	Submission File	Control record length must match length defined in submission specifications.	SF03	Invalid control record length, cannot process further
SF	Submission File	Detail record length must match length defined in submission specifications.	SF04	Invalid detail record length, cannot process further
SF	Submission File	Submission filename must be 22 bytes long including suffix	SF05	Submission filename is an invalid length
SF	Submission File	Submission filename suffix (bytes 19-22) must be .txt or .TXT	SF06	Submission filename is an invalid suffix
SF	Submission File	Submission filename (bytes 16-18) must contain a valid 3 digit sequence number	SF07	Submission filename has an invalid sequence number

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
RT	Record Type	<p>When Record Type is Update or Delete and Submission Level is 0, then the Submission Level of the previously accepted record of the same facility number, fiscal year, fiscal period and Abstract ID must be 0.</p> <p>When Record Type is Update or Delete and Submission Level is not 0, then the Submission Level of the previously accepted record of the same facility number, fiscal year, fiscal period and Abstract ID cannot not be 0.</p>	RT02	Submission Level changes from Level 0 to other levels or vice versa.
RT2	Record Type 2 (deletion)	CIHI Assigned	RT201	Record to be deleted cannot be found
RT4	Record Type 4 (update)	CIHI Assigned	RT401	Record to be updated cannot be found
DR	Duplicate Record	Record is a duplicate if there already exists a record with the same Reporting Facility Province/Territory, Submission Fiscal Year, Submission Period, Abstract ID Number and Submission Level Code.	DR01	Record passed edit check but is a duplicate
VI	Vendor ID		VI01	Facility deals with a different vendor
VI	Vendor ID		VI02	Date of Submission Prior to the vendor setup
FIA	Facility Information Record, Reporting Facility Province/Territory	Reporting Facility Province/Territory must not be blank	FIA01	Reporting Facility Province/Territory Code is mandatory
FIA	Facility Information Record, Reporting Facility Province/Territory	Reporting Facility Province/Territory must be valid	FIA02	Reporting Facility Province/Territory Code is invalid

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
FIA	Facility Information Record, Reporting Facility Province/Territory	Reporting Facility Province/Territory must identify the same province/territory coded in the 1st byte of Reporting Facility Ambulatory Care Number	FIA03	Reporting Facility Prov/Terr Code is incorrect for Reporting Facility Amb. Care No.
FIB	Facility Information Record, Reporting Facility Ambulatory Care Number	Reporting Facility Ambulatory Care Number must not be blank	FIB01	Reporting Facility Ambulatory Care Number is mandatory
FIB	Facility Information Record, Reporting Facility Ambulatory Care Number	Reporting Facility Ambulatory Care Number must be valid	FIB02	Reporting Facility Ambulatory Care Number is invalid
FIC	Facility Information Record, Reporting Facility Acute Care Number	Submitting Facility Acute Care Number must not be blank	FIC01	Reporting Facility Acute Care Number is mandatory
FIC	Facility Information Record, Reporting Facility Acute Care Number	Reporting Facility Acute Care Number must be 5 digits	FIC03	Reporting Facility Acute Care Number is invalid
FID	Facility Information Record, Facility Name	Facility Name must not be blank	FID01	Facility Name is mandatory
FID	Facility Information Record, Facility Name	The first character of the Facility Name must be alpha and the second to fourth character must be alpha, period or space.	FID02	Facility Name must be alpha
FID	Facility Information Record, Facility Name	The left most position of Facility Name must not be blank	FID03	Facility Name must be left justified
FIE	Facility Information Record, Facility Site Name	If Facility Site Name is coded, then the first character of the Facility Site Name must be alpha and the second to fourth character must be alpha, period or space.	FIE02	Facility Site Name must be alpha

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
FIE	Facility Information Record, Facility Site Name	If Facility Site Name is coded, then the left most position of Facility Name must not be blank	FIE03	Facility Site Name must be left justified
FIF	Facility Information Record, Street	Street must not be blank	FIF01	Street is mandatory
FIF	Facility Information Record, Street	The left most position of Street must not be blank	FIF03	Street must be left justified
FIG	Facility Information Record, City	City must not be blank	FIG01	City is mandatory
FIG	Facility Information Record, City	The left most position of City must not be blank	FIG03	City must be left justified
FIH	Facility Information Record, Postal Code	Postal Code must not be blank	FIH01	Postal Code is mandatory
FIH	Facility Information Record, Postal Code	Postal Code format must be ANANAN and the first digit must not be a D, F, I, O, Q, U or W	FIH02	Postal Code is invalid
FII	Facility Information Record, 1st Ambulatory Care Contact Name	1st Ambulatory Care Contact Name must not be blank	FII01	1st Ambulatory Care Contact Name is mandatory
FII	Facility Information Record, 1st Ambulatory Care Contact Name	The first 4 characters of the 1st Ambulatory Care Contact Name must be alpha and the second to fourth character must be alpha, period or space.	FII02	1st Ambulatory Care Contact Name must be alpha
FII	Facility Information Record, 1st Ambulatory Care Contact Name	The left most position of 1st Ambulatory Care Contact Name must not be blank	FII03	1st Ambulatory Care Contact Name must be left justified
FIJ	Facility Information Record, 1st Ambulatory Care Contact Telephone Number	1st Ambulatory Care Contact Telephone Number must not be blank	FIJ01	1st Ambulatory Care Contact Telephone Number is mandatory
FIJ	Facility Information Record, 1st Ambulatory Care Contact Telephone Number	The left most position of 1st Ambulatory Care Contact Telephone Number must not be blank	FIJ03	1st Ambulatory Care Contact Telephone Number must be left justified

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
FIK	Facility Information Record, 1st Ambulatory Care Contact Telephone Extension	If 1st Ambulatory Care Contact Telephone Extension is coded, then the left most position of 1st Ambulatory Care Contact Telephone Extension must not be blank	FIK03	1st Ambulatory Care Contact Telephone Extension must be left justified
FIL	Facility Information Record, 1st Ambulatory Care Contact Email Address	1st Ambulatory Care Email Address must not be blank	FIL01	1st Ambulatory Care Email Address is mandatory
FIL	Facility Information Record, 1st Ambulatory Care Contact Email Address	1st Ambulatory Care Contact Email Address must have one '@' symbol, at least one '.' (period), no ',' (comma) and must be at least 5 bytes long (a@b.c)	FIL02	1st Ambulatory Care Contact Email Address invalid
FIL	Facility Information Record, 1st Ambulatory Care Contact Email Address	The left most position of 1st Ambulatory Care Email Address must not be blank	FIL03	1st Ambulatory Care Email Address must be left justified
FIM	Facility Information Record, 2nd Ambulatory Care Contact Name	If coded, the first 4 characters of the 2nd Ambulatory Care Contact Name must be alpha and the second to fourth character must be alpha, period or space.	FIM02	2nd Ambulatory Care Contact Name must be alpha
FIM	Facility Information Record, 2nd Ambulatory Care Contact Name	If coded, the left most position of 2nd Ambulatory Care Contact Name must not be blank	FIM03	2nd Ambulatory Care Contact Name must be left justified
FIN	Facility Information Record, 2nd Ambulatory Care Contact Telephone Number	If coded, the left most position of 2nd Ambulatory Care Contact Telephone Number must not be blank	FIN03	2nd Ambulatory Care Contact Telephone Number must be left justified
FIO	Facility Information Record, 2nd Ambulatory Care Contact Telephone Extension	If coded, the left most position of 2nd Ambulatory Care Contact Telephone Extension must not be blank	FIO03	2nd Ambulatory Care Contact Telephone Extension must be left justified
FIP	Facility Information Record, 2nd Ambulatory Care Contact Email Address	If coded, must have one '@' symbol, at least one '.' (period), no ',' (comma) and must be at least 5 bytes long (a@b.c)	FIP02	2nd Ambulatory Care Contact Email Address invalid

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
FIP	Facility Information Record, 2nd Ambulatory Care Contact Email Address	If coded, the left most position of 2nd Ambulatory Care Email Address must not be blank	FIP03	2nd Ambulatory Care Email Address must be left justified
FIQ	Facility Information Record, Ambulatory Care Contact Fax Number	Ambulatory Care Contact Fax Number must not be blank	FIQ01	Ambulatory Care Contact Fax Number is mandatory
FIQ	Facility Information Record, Ambulatory Care Contact Fax Number	The left most position of Ambulatory Care Contact Fax Number must not be blank	FIQ03	Ambulatory Care Contact Fax Number must be left justified
FIR	Facility Information Record, Vendor Identification Number	Vendor Identification Number must not be blank	FIR01	Vendor Identification Number is mandatory
FIR	Facility Information Record, Vendor Identification Number	Vendor Identification Number must be valid	FIR02	Vendor Identification Number is invalid
FIS	Facility Information Record, Grouper Vendor Identification Number	If coded, Grouper Vendor Identification Number must be valid	FIS02	Grouper Vendor Identification Number is invalid
FIT	Facility Information Record, Emergency Flag	Emergency Flag is mandatory	FIT01	Emergency Flag is mandatory
FIT	Facility Information Record, Emergency Flag	Emergency Flag must be N or Y	FIT02	Emergency Flag is invalid
FIT	Facility Information Record, Emergency Flag, Cardiac Catheterization Flag, Renal Dialysis Flag, Cancer Care Flag, Other Ambulatory Care Flag	At least one of the following data elements from FIT to FIZ must be coded 'Y'	FIT04	At least one type of submission records must be coded Y
FIU	Facility Information Record, Day Surgery Flag	Day Surgery Flag is mandatory	FIU01	Day Surgery Flag is mandatory

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
FIU	Facility Information Record, Day Surgery Flag	Day Surgery Flag must be N or Y	FIU02	Day Surgery Flag is invalid
FIV	Facility Information Record, Oncology Flag	Oncology Flag is mandatory	FIV01	Oncology Flag is mandatory
FIV	Facility Information Record, Oncology Flag	Oncology Flag must be N or Y	FIV02	Oncology Flag is invalid
FIW	Facility Information Record, Renal Dialysis Flag	Renal Dialysis Flag is mandatory	FIW01	Renal Dialysis Flag is mandatory
FIW	Facility Information Record, Renal Dialysis Flag	Renal Dialysis Flag must be N or Y	FIW02	Renal Dialysis Flag is invalid
FIX	Facility Information Record, Cardiac Catheterization Flag	Cardiac Catheterization Flag is mandatory	FIX01	Cardiac Catheterization Flag is mandatory
FIX	Facility Information Record, Cardiac Catheterization Flag	Cardiac Catheterization Flag must be N or Y	FIX02	Cardiac Catheterization Flag is invalid
FIY	Reporting Level Code	Reporting Level Code must not be blank	FIY01	Reporting Level Code is mandatory
FIY	Reporting Level Code	Reporting Level Code must be A, B, C, D or E	FIY02	Reporting Level Code is invalid
FIY	Reporting Level Code	Reporting Level Code must be upper case	FIY03	Reporting Level Code must be upper case
FIY	Reporting Level Code	Reporting Level Code on the Facility Profile must not change for a fiscal year once data has been accepted.	FIY04	Reporting Level Code must not change
FIY	Reporting Level Code	If reporting province/territory = 'ON', then Reporting Level Code on the Facility Profile (FIY) must be "D"	FIY05	Reporting Level Code is invalid
FIZ	Other Ambulatory Care Flag	Other Ambulatory Care Flag is mandatory	FIZ01	Other Ambulatory Care Flag is mandatory
FIZ	Other Ambulatory Care Flag	Other Ambulatory Care Flag must be N or Y	FIZ02	Other Ambulatory Care Flag is invalid
FI2	Facility Role Code	Facility Role Code must be blank	FI203	Facility Role Code must be blank

Data Element Number	Data Element Name	Verification / Edit Rules	Error Message Number	Error Message Description
SF	Submission File	Submission file must be received by CIHI via eDSS on or prior to the year-end submission deadline date that is defined by the respective governing jurisdiction.	SF08	Submission file received after deadline.
<p>Notes:</p> <p>(1) This Error Decoder is for Ontario facilities submitting RCA summary records to CIHI using NACRS clinic lite/level 0.</p> <p>(2) It provides details pertaining to the errors or warning messages identified on the facility Rejection/Warning File.</p> <p>(3) Hard errors are identified by a numeric error message and data quality warnings are identified by an error message number which is preceded by a W.</p> <p>(4) Contact cad@cihi.ca if you receive an error number not on this list and need help interpreting the message.</p>				