



Canonical Guide

HL7 Version 2.6

Version 1.2



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1. INTRODUCTION

1.1 Overview

HL7 (Health Level Seven) is a standard application protocol for electronic data exchange in Healthcare environments. The term “Level 7” refers to the highest implementation protocol level for a definition of a networking framework as presented in the Open System Interconnection (OSI) model. To add on, In the OSI conceptual model, the functions of both communications software and hardware are separated into seven layers, or levels. The HL7 Standard is primarily focused on the issues that occur within the seventh, or application, level. These are the definitions of the data to be exchanged, the timing of the exchanges, and the communication of certain application-specific errors between the applications.

The HL7 Version 2.x Standard currently addresses the interfaces among various healthcare IT systems that send or receive patient admissions/registration, discharge or transfer (ADT) data, queries, resource and patient scheduling, orders, results, clinical observations, billing, master file update information, medical records, scheduling, patient referral, patient care, clinical laboratory automation, application management and personnel management messages. It does not try to assume a particular architecture with respect to the placement of data within applications. Instead, HL7 Version 2.x serves as a way for inherently disparate applications and data architectures operating in a heterogeneous system environment to communicate with each other. As an example, HL7 Version 2.6 is designed (and used) to support a central patient care system as well as a more distributed environment where data resides in departmental systems.

1.2 Scope

The scope of this document is limited to the definitions of HL7 method with respect to the following transaction types:

- Lab Results
- Radiology
- Admission, Discharge and Transfer

This canonical guide is unique to OneHealthPort and its interfaces. The document talks about implementation & setup, HL7 data structures along-with mandatory and optional elements within the data structures with samples, use cases and results describing the transaction set required for sending structured patient oriented clinical data from one computer system to another.

The chapter consists of three sections:

- a general section explaining process flow
- section outlining message type, specific data format and content within the message types for HL7 version 2.6
- a sample scenario of a Transaction that is illustrated as both a data string and mapped transaction

2. PROCESS FLOW

2.1 Transaction: Lab Results

Actors

Lab results sender and receivers.

High Level Process Flow

Lab-result Receiver Tasks	Lab-result Sender Tasks	OneHealthPort HIE System Tasks
<ul style="list-style-type: none"> Place an order for lab results with an Lab Agency/Lab Corp. Receive Lab results electronically via OneHealthPort's HIE Systems. Consumes, verifies and sends an HL7-ACK back to HIE. 	<ul style="list-style-type: none"> Lab Organization generates the ORU message for transmitting laboratory results of the specimen. Receives the HL7-ACK message back via OneHealthport HIE Systems. 	<ul style="list-style-type: none"> Receives the HL7-ORU message. Validates the Sender of the document. If sending partner is not listed as a trusted partner the document is not processed. Parsing header to get the receiver info and transmits the document to lab-result receiver. Receives an HL7-ACK message back from lab-result document receiver. Validates the ACK, parses the recipient info in the header and routes the document further.

HL7 Lab Results message types

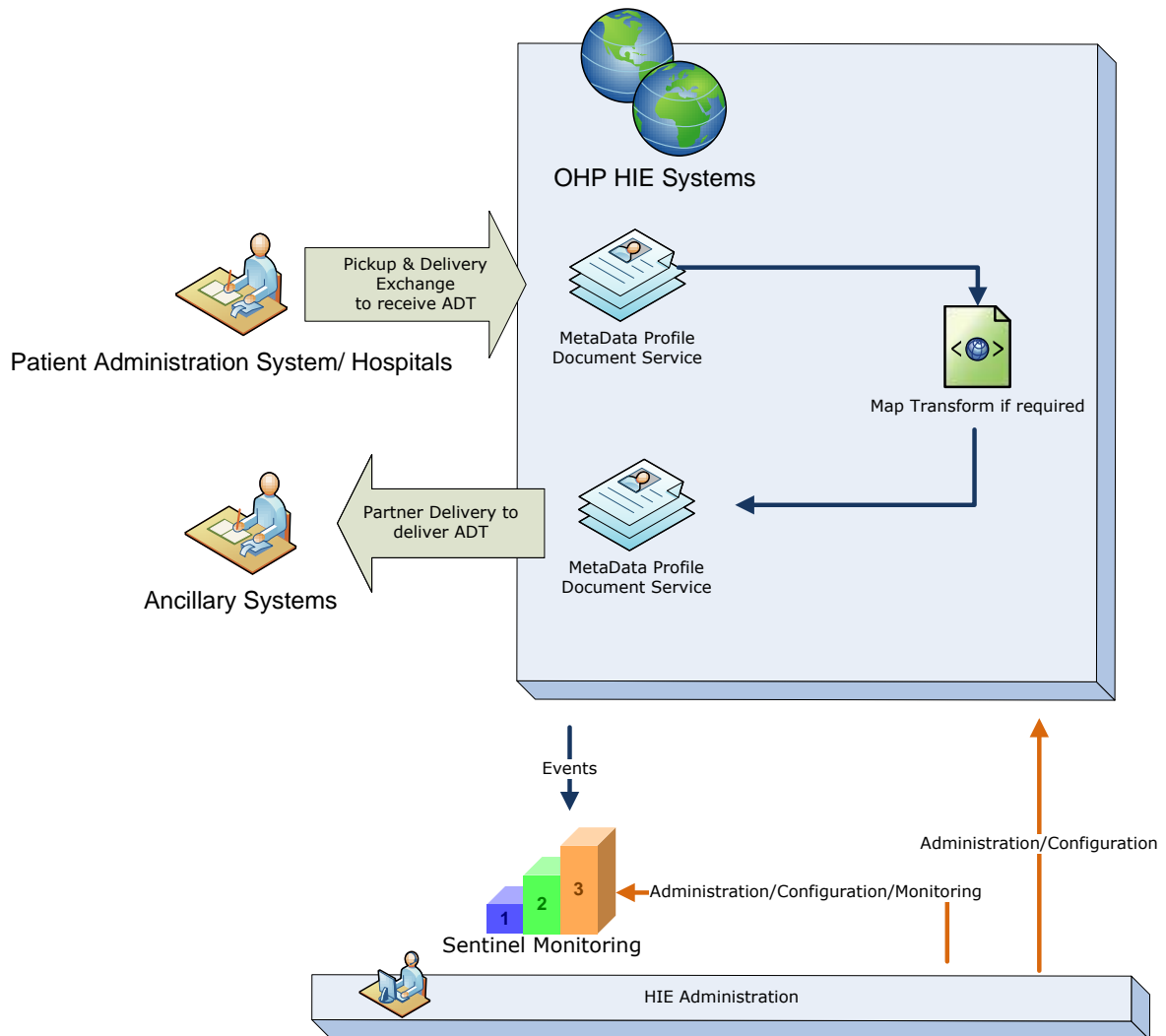
- ORU^R01** - The ORU message is for transmitting laboratory results. The main segments within the ORU are OBX and OBR. The OBR provides the details related to the request and the OBX segment provides the results. One result segment (OBX) is transmitted for each component of a diagnostic report, such as an EKG or obstetrical ultrasound or electrolyte battery.
- ACK^R01** - When the unsolicited update is sent from one system to another, the original acknowledgment mode specifies that it be acknowledged at the application level. The reasoning is that it is not sufficient to know that the underlying communications system guaranteed delivery of the message. It is also necessary to know that the receiving application processed the data successfully at a logical application level.

2.2 Transaction: Admission, Transfer and Discharge (ADT)

Actors

Patient Administration System, Hospitals, Ancillary systems,

High Level Process Flow



3. STRUCTURE

3.1 General Structural Notes

The terms used in this document are listed below:

- **Messages:** A "message" is considered the minimal unit of data transferred between systems using HL7. Messages are comprised of two or more "segments" that act as building blocks for each message.
- **Segments:** HL7 messages are comprised of several HL7 segments.
- **Fields:** Each segment begins with a unique 3 byte message identifier field (e.g., MSH for "message header", etc.). Subsequent fields within the same segment are separated from one another by the field separator character, the "pipe" symbol, "|".
- **Field Components and Subcomponents:** A few HL7 fields are defined as having more than one portion, each of which is separated by a component separator, "^". Blank components are shown with two component separators with nothing between them: "^^". Components may be divided into subcomponents, separated by the subcomponent separator, "&".
- **Data Types:** Listed below.

Data Type Code	Name
CNE	coded with no exceptions (Coded values from HL7 or user defined tables)
CWE	coded with exceptions
CQ	Composite Quantity with units (Numeric)
CX	extended composite ID with check digit
DLN	Driver's License Number
DR	Date/ Time Range
DT	Date
DTM	Date/ Time
FC	Financial Class
HD	hierarchic designator
ID	Identifier (Coded values from HL7 tables)
IS	Identifier (Coded values from user-defined tables)
JCC	Job Code/ Class
NM	Numeric
PL	Person Location
SI	Sequence ID
ST	String
VID	Version Identifier
XAD	Extended Address
XCN	Extended composite ID number and name for persons
XON	Extended composite name and identification number for organizations
XPN	Extended Person Name
XTN	Extended Telecommunication Number

- **Field Requirements:** R = required, O= Optional, C = Conditional (if used, these will be explained), W = Withdrawn and removed from standards and B = included for backwards compatibility with previous versions.

NOTE – Following description of segments applies to all the three use cases. There are some segments which are present for all document types and exclusive to particular use case only. All such descriptions are found in the same section of this document.

Message Segments

MSH – Message Header

This segment defines the intent, source, destination, and some specifics of the syntax of a message.

The HL7 attribute table below explains in detail each field associated with MSH segment. Read column 'Sequence' as MSH-1, MSH-2, and MSH-3 so on. If MSH segment is present in the document, the required data elements are elaborated with definitions in the same table.

Sequence	Element Name	Data Types	Length	Required
1	Field Separator	ST	1	R
The separator between the segment ID and the first real field. This field contains the separator between the segment ID and the first real field, MSH-2-encoding characters. As such it serves as the separator and defines the character to be used as a separator for the rest of the message. Recommended value is (ASCII 124).				
2	Encoding Characters	ST	4	R
Four characters: the component separator, repetition separator, escape character, and subcomponent separator. Best practice is to always include all four characters. Recommended values are ^~\& (ASCII 94, 126, 92, and 38, respectively).				
3	Sending Application	HD	227	O
This field uniquely identifies the sending application among all other applications within the network enterprise. The network enterprise consists of all those applications that participate in the exchange of HL7 messages within the enterprise.				
4	Sending Facility	HD	227	O
This field further describes the sending application, MSH-3-sending application. With the promotion of this field to an HD data type, the usage has been broadened to include not just the sending facility but other organizational entities such as a) the organizational entity responsible for sending application; b) the responsible unit; c) a product or vendor's identifier, etc				
5	Receiving Application	HD	227	O
This field uniquely identifies the receiving application among all other applications within the network enterprise. The network enterprise consists of all those applications that participate in the exchange of HL7 messages within the enterprise.				
6	Receiving Facility	HD	227	O
This field identifies the receiving application among multiple identical instances of the application running on behalf of different organizations.				
7	Date/Time of Message	DTM	24	R
Date/time that the sending system created the message. If the time zone is specified, it will be used throughout the message as the default time zone.				
8	Security	ST	40	O
This field implements security features in some of the applications of HL7.				
9	Message Type	MSG	15	R
Contains the message type, trigger event, and the message structure ID for the message.				

10	Message Control ID	ST	199	R
Number or other identifier that uniquely identifies the message. The receiving system echoes this ID back to the sending system in the Message acknowledgment segment (MSA).				
11	Processing ID	PT	3	R
This field is used to decide whether to process the message as defined in HL7 Application (level 7) Processing rules.				
12	Version ID	VID	60	R
This field is matched by the receiving system to its own version to be sure the message will be interpreted correctly.				
13	Sequence Number	NM	15	O
A non null value in this field implies that the sequence number protocol is in use.				
14	Continuation Pointer	ST	180	O
Only the sender of a fragmented message values this field. This numeric field is incremented by one for each subsequent value.				
15	Accept Acknowledgment Type	ID	2	O
This field identifies the conditions under which accept acknowledgments are required to be returned in response to this message. Required for enhanced acknowledgment mode.				
16	Application Acknowledgment Type	ID	2	O
Conditions under which application acknowledgments are required to be returned in response to this message. Required for enhanced acknowledgment mode. Suggested values: AL Always NE Never ER Error/reject conditions only SU Successful completion only				
17	Country Code	ID	3	O
The country of origin for the message. . It will be used primarily to specify default elements, such as currency denominations. The values to be used are those of ISO 3166.				
18	Character Set	ID	16	O
Character set for the entire message				
19	Principal Language Of Message	CWE	250	O
Principal language of the message				
20	Alternate Character Set Handling Scheme	ID	20	O
When any alternative character sets are used (as specified in the second or later iterations of MSH-18 character sets), and if any special handling scheme is needed, this component is to specify the scheme used.				
21	Message Profile Identifier	EI	427	O
Sites may use this field to assert adherence to, or reference, a message profile. Message profiles contain detailed explanations of grammar, syntax, and usage for a particular message or set of messages.				
22	Sending Responsible Organization	XON	567	O

Business organization that originated and is accountable for the content of the message

23	Receiving Responsible Organization	XON	567	O
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Business organization that is the intended receiver of the message and is accountable for acting on the data conveyed by the transaction

24	Sending Network Address	HD	227	O
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Identifier of the network location the message was transmitted from. Identified by an OID or text string (e.g., URI).

25	Receiving Network Address	HD	227	O
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Identifier of the network location the message was transmitted to. Identified by an OID or text string (e.g., URI).

MSA – Message Acknowledgement

This segment contains information sent while acknowledging another message.

The HL7 attribute table below explains in detail each field associated with MSA segment. Read column 'Sequence' as MSA-1, MSA-2, MSA-3 so on. If MSA segment is present in the document, the required data elements are elaborated with definitions in the same table.

Sequence	Element Name	Data Types	Length	Required
1	Acknowledgment Code	ID	2	R
<p>This field contains an acknowledgment code.</p> <p>AA – Application Accept, AE – Application Error, AR – Application Reject, CA – Commit Accept, CE – Commit Error, CR – Commit Reject.</p>				
2	Message Control ID	ST	199	R
<p>This field contains the message control ID of the message sent by the sending system. It allows the sending system to associate this response with the message for which it is intended</p>				
3	Text Message	ST	80	B
<p>This optional field further describes an error condition. This text may be printed in error logs or presented to an end user.</p>				
4	Expected Sequence Number	NM	15	O
5	Delayed Acknowledgment Type			W
6	Error Condition	CE	250	B
7	Message Waiting Number	NM	5	O
8	Message Waiting Priority	ID	1	O

EVN - Event Type Segment

This segment is used to communicate necessary trigger event information to receiving applications.

Sequence	Element Name	Data Types	Length	Required
1	Event Type Code	ID	3	B
Field contains the events corresponding to the trigger events described in this section.				
2	Recorded Date/Time	DTM	24	R
System date/time when the transaction was entered and it can be overridden.				
3	Date/Time Planned Event	DTM	24	O
Date/time when the event is planned				
4	Event Reason Code	IS	3	O
Reason for this event.				
5	Operator ID	XCN	250	O
The individual responsible for triggering the event.				
6	Event Occurred	DTM	24	O
Date/time when the event actually occurred.				
7	Event Facility	HD	241	O
The actual facility where the event occurred.				

PID - Patient Identification Segment

This segment is used for communicating patient identification and demographic information. The following HL7 attribute table explains in detail each field associated with PID segment. Read column 'Sequence' as PID-1, PID-2, PID-3 so on. If this segment is present in the document, the required data elements are elaborated with definitions in the same table.

Sequence	Element Name	Data Types	Length	Required
1	Set ID - Patient ID	SI	4	O
It contains the number that identifies this transaction. For the first occurrence of the segment, the sequence number shall be one, for the second occurrence, the sequence number shall be two, etc.				
2	Patient ID (External ID)	CX	20	B
From V2.3.1, this field has been retained for backward compatibility only; the arbitrary term of "external ID" has been removed from the name of this field.				
3	Patient ID (Internal ID)	CX	250	R
Contains the list of identifiers (one or more) used by the healthcare facility to uniquely identify a patient (e.g., medical record number, billing number, birth registry, national unique individual identifier, etc.). In Canada, the Canadian Provincial Healthcare Number should be sent in this field. The arbitrary term of "internal ID" has been removed from the name of this field for clarity.				
4	Alternate Patient ID - PID	CX	20	B
From V2.3.1, this field has been retained for backward compatibility only; it is recommended to use PID-3 - Patient Identifier List for all patient identifiers. When used for backward compatibility, this field contains the alternate, temporary, or pending optional patient identifier to be used if needed - or additional numbers that may be required to identify a patient.				
5	Patient Name	XPN	250	R
This field contains the names of the patient, the primary or legal name of the patient is reported first. For example, the name type code in this field should be "L - Legal", "A - Alias".				
6	Mother's Maiden Name	XPN	250	O
Contains the family name under which the mother was born (i.e., before marriage). It is used to distinguish between patients with the same last name.				
7	Date/Time of Birth	DTM	24	O
Contains the patient's year, month and day of birth.				
8	Sex	IS	1	O
Patient's sex. Suggested values: F Female M Male O Other U Unknown A Ambiguous N Not applicable				
9	Patient Alias	XPN	250	B
From V2.4, this field has been retained for backward compatibility only; it is recommended to use PID-5 - Patient Name for all patient names.				

10	Race	CWE	705	O
<p>Patient's race. Suggested values:</p> <p>1002-5 American Indian or Alaska Native</p> <p>2028-9 Asian</p> <p>2054-5 Black or African American</p> <p>2076-8 Native Hawaiian or Other Pacific Islander</p> <p>2106-3 White</p> <p>2131-1 Other Race</p>				
11	Patient Address	XAD	250	O
<p>Mailing address of the patient.</p>				
12	County Code	IS	4	B
<p>Backward Compatibility.</p>				
13	Phone Number - Home	XTN	250	O
<p>Patient's personal phone numbers. All personal phone numbers for the patient are sent in the following sequence. The first sequence is considered the primary number (for backward compatibility). If the primary number is not sent, then a repeat delimiter is sent in the first sequence.</p>				
14	Phone Number - Business	XTN	250	O
<p>Patient's business phone numbers. All business numbers for the patient are sent in the following sequence. The first sequence is considered the patient's primary business phone number (for backward compatibility). If the primary business phone number is not sent, then a repeat delimiter must be sent in the first sequence.</p>				
15	Primary Language	CWE	705	O
<p>Patient's primary language.</p>				
16	Marital Status	CWE	705	O
<p>Patient's marital (civil) status. Suggested Values:</p> <p>A Separated</p> <p>D Divorced</p> <p>M Married</p> <p>S Single</p> <p>W Widowed</p> <p>C Common law</p> <p>G Living together</p> <p>P Domestic partner</p> <p>R Registered domestic partner</p> <p>E Legally Separated</p> <p>N Annulled</p> <p>I Interlocutory</p> <p>B Unmarried</p> <p>U Unknown</p> <p>O Other</p> <p>T Unreported</p>				
17	Religion	CWE	705	O

Patient's religion. Suggested values:

AGN Agnostic
ATH Atheist
BAH Baha'i
BRE Brethren
BUD Buddhist
BMA Buddhist: Mahayana
BTH Buddhist: Theravada
BTA Buddhist: Tantrayana
BOT Buddhist: Other
CFR Chinese Folk Religionist
CHR Christian
ABC Christian: American Baptist Church
AMT Christian: African Methodist Episcopal
AME Christian: African Methodist Episcopal Zion
ANG Christian: Anglican
AOG Christian: Assembly of God
BAP Christian: Baptist
CRR Christian: Christian Reformed
CHS Christian: Christian Science
CMA Christian: Christian Missionary Alliance
COC Christian: Church of Christ
COG Christian: Church of God
COI Christian: Church of God in Christ
COM Christian: Community
COL Christian: Congregational
EOT Christian: Eastern Orthodox
EVC Christian: Evangelical Church
EPI Christian: Episcopalian
FWB Christian: Free Will Baptist
FRQ Christian: Friends
FUL Christian: Full Gospel
GRE Christian: Greek Orthodox
JWN Christian: Jehovah's Witness
MOM Christian: Latter-day Saints
LUT Christian: Lutheran
LMS Christian: Lutheran Missouri Synod
MEN Christian: Mennonite
MET Christian: Methodist
NAZ Christian: Church of the Nazarene
ORT Christian: Orthodox
PEN Christian: Pentecostal
COP Christian: Other Pentecostal
PRE Christian: Presbyterian
PRO Christian: Protestant
PRC Christian: Other Protestant
REC Christian: Reformed Church
REO Christian: Reorganized Church of Jesus Christ-LDS
CAT Christian: Roman Catholic

SAA Christian: Salvation Army
 SEV Christian: Seventh Day Adventist
 SOU Christian: Southern Baptist
 UCC Christian: United Church of Christ
 UMD Christian: United Methodist
 UNI Christian: Unitarian
 UNU Christian: Unitarian Universalist
 WES Christian: Wesleyan
 WMC Christian: Wesleyan Methodist
 COT Christian: Other
 CNF Confucian
 DOC Disciples of Christ
 ERL Ethnic Religionist
 HIN Hindu
 HSH Hindu: Shaivites
 HVA Hindu: Vaishnavites
 HOT Hindu: Other
 JAI Jain
 JEW Jewish
 JCO Jewish: Conservative
 JOR Jewish: Orthodox
 JRC Jewish: Reconstructionist
 JRF Jewish: Reform
 JRN Jewish: Renewal
 JOT Jewish: Other
 MOS Muslim
 MSH Muslim: Shiite
 MSU Muslim: Sunni
 MOT Muslim: Other
 NAM Native American
 NRL New Religionist
 NOE Nonreligious
 SHN Shintoist
 SIK Sikh
 SPI Spiritist
 OTH Other
 VAR Unknown

18	Patient Account Number	CX	250	O
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Patient account number assigned by accounting to which all charges are recorded.

19	SSN Number - Patient	ST	16	B
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From V2.3.1 onward, this field has been retained for backward compatibility only. It is recommended to use PID-3 - Patient Identifier List for all patient identifiers. However, in order to maintain backward compatibility, this field should also be populated. When used for backward compatibility, this field contains the patient's social security number. This number may also be a RR retirement number.

20	Driver's License Number - Patient	DLN	25	B
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Backward Compatibility.

21	Mother's Identifier	CX	250	O
This field is used, for example, as a link field for newborns. Typically a patient ID or account number may be used. This field can contain multiple identifiers for the same mother.				
22	Ethnic Group	CWE	705	O
Patient's ancestry. Suggested values: H Hispanic or Latino N Not Hispanic or Latino U Unknown				
23	Birth Place	ST	250	O
Location of the patient's birth.				
24	Multiple Birth Indicator	ID	1	O
Indicates whether the patient was part of a multiple birth Valid values: Y the patient was part of a multiple birth N the patient was a single birth				
25	Birth Order	NM	2	O
When a patient was part of a multiple birth, a value (number) indicating the patient's birth order is entered in this field.				
26	Citizenship	CWE	705	O
Person's country citizenship				
27	Veterans Military Status	CWE	705	O
Military status assigned to a veteran.				
28	Nationality	CWE	705	B
From V2.4 onward, this field has been retained for backward compatibility only. It is recommended to refer to PID-10 - Race, PID-22 - Ethnic group and PID-26 - Citizenship. This field contains a code that identifies the nation or national grouping to which the person belongs.				
29	Patient Death Date and Time	DTM	24	O
Date and time at which the patient death occurred.				
30	Patient Death Indicator	ID	1	O
Indicates whether the patient is deceased. Valid values: Y the patient is deceased N the patient is not deceased				
31	Identity Unknown Indicator	ID	1	O
Indicates whether or not the patient's/person's identity is known. Valid values: Y the patient's/person's identity is unknown N the patient's/person's identity is known				
32	Identity Reliability Code	IS	20	O
Indicate that certain fields on a PID segment for a given patient/person are known to be false. Valid values:				

US Unknown/Default Social Security Number

UD Unknown/Default Date of Birth

UA Unknown/Default Address

AL Patient/Person Name is an Alias

33	Last Update Date/Time	DTM	24	O
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Last update date and time for the patient's/person's identifying and demographic data.

34	Last Update Facility	HD	241	O
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Last update to a patient's/person's identifying and demographic data.

35	Species Code	CWE	705	C
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Common or scientific name of living organism.

36	Breed Code	CWE	705	C
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Breed of animal.

37	Strain	ST	80	O
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Specific strain of living organism.

38	Production Class Code	CWE	705	O
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Contains the code and/or text indicating the primary use for which the living subject was bred or grown. Suggested values:

BR Breeding/genetic stock

DA Dairy

DR Draft

DU Dual Purpose

LY Layer, Includes Multiplier flocks

MT Meat

OT Other

PL Pleasure

RA Racing

SH Show

NA Not Applicable

U Unknown

39	Tribal Citizenship	CWE	705	O
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Person's tribal citizenship.

PV1 – Patient Visit Segment

The PV1 segment is used by Registration/ADT applications to communicate information on a visit-specific basis. This segment can be used to send multiple-visit statistic records to the same patient account or single-visit records to more than one account.

This segment is used by registration/patient administration applications to communicate information on an account or visit –specific basic. The default is to send account level data. The HL7 attribute table below explains in detail each field associated with PV1 segment. Read column ‘Sequence’ as PV1-1, PV1-2, PV1-3 so on. If PV1 segment is present in the document, the required data elements are elaborated with definitions in the same table.

Sequence	Element Name	Data Types	Length	Required
1	Set ID - PV1	SI	4	O
This field contains the number that identifies this transaction. For the first occurrence of the segment, the sequence number shall be one, for the second occurrence, the sequence number shall be two, etc.				
2	Patient Class	IS	1	O
This field is used by systems to categorize patients by site. It does not have a consistent industry-wide definition. It is subject to site specific variations. Suggested values: E Emergency I Inpatient O Outpatient P Preadmit R Recurring patient B Obstetrics C Commercial Account N Not Applicable U Unknown				
3	Assigned Patient Location	PL	80	O
Patient's initial assigned location or the location to which the patient is being moved.				
4	Admission Type	IS	2	O
Indicates the circumstances under which the patient was or will be admitted. Valid values: A Accident E Emergency L Labor and Delivery R Routine N Newborn (Birth in healthcare facility) U Urgent C Elective				
5	Preadmit Number	CX	250	O
Uniquely identifies the patient's pre-admit account				
6	Prior Patient Location	PL	80	O
Prior patient location if the patient is being transferred.				

7	Attending Doctor	XCN	250	O
Contains the attending physician information				
8	Referring Doctor	XCN	250	O
Contains the referring physician information				
9	Consulting Doctor	XCN	250	B
From V2.4 onward, this field has been retained for backward compatibility only. It is recommended to use the ROL - Role segment for consulting physicians instead. This field contains the consulting physician information. The field sequences are used to indicate multiple consulting doctors. Depending on local agreements, either the ID or the name may be absent from this field.				
10	Hospital Service	IS	3	O
Contains the treatment or type of surgery that the patient is scheduled to receive. Suggested values: MED Medical Service SUR Surgical Service URO Urology Service PUL Pulmonary Service CAR Cardiac Service				
11	Temporary Location	PL	80	O
Contains a location other than the assigned location required for a temporary period of time				
12	Preadmit Test Indicator	IS	2	O
Indicates whether the patient must have pre-admission testing done in order to be admitted				
13	Readmission Indicator	IS	2	O
Indicates that a patient is being re-admitted to the healthcare facility. Suggested values: "R" for readmission or else null				
14	Admit Source	IS	6	O
Indicates where the patient was admitted. Suggested values: 1 Physician referral 2 Clinic referral 3 HMO referral 4 Transfer from a hospital 5 Transfer from a skilled nursing facility 6 Transfer from another health care facility 7 Emergency room 8 Court/law enforcement 9 Information not available				
15	Ambulatory Status	IS	2	O
Indicates any permanent or transient handicapped conditions. Valid values: A0 No functional limitations A1 Ambulates with assistive device A2 Wheelchair/stretchers bound				

A3 Comatose; non-responsive

A4 Disoriented

A5 Vision impaired

A6 Hearing impaired

A7 Speech impaired

A8 Non-English speaking

A9 Functional level unknown

B1 Oxygen therapy

B2 Special equipment (tubes, IVs, catheters)

B3 Amputee

B4 Mastectomy

B5 Paraplegic

B6 Pregnant

16	VIP Indicator	IS	2	O
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Identifies the type of VIP.

17	Admitting Doctor	XCN	250	O
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Contains the admitting physician information

18	Patient Type	IS	2	O
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19	Visit Number	CX	250	O
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Contains the unique number assigned to each patient visit.

20	Financial Class	FC	50	O
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Contains the financial class(es) assigned to the patient for the purpose of identifying sources of reimbursement.

21	Charge Price Indicator	IS	2	O
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Code used to determine which price schedule is to be used for room and bed charges.

22	Courtesy Code	IS	2	O
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Indicates whether the patient will be extended certain special courtesies

23	Credit Rating	IS	2	O
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Contains the user-defined code to determine past credit experience.

24	Contract Code	IS	2	O
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Type of contract entered into by the healthcare facility and the guarantor for the purpose of settling outstanding account balances

25	Contract Effective Date	DT	8	O
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Contains the date that the contract is to start or started.

26	Contract Amount	NM	12	O
Contains the amount to be paid by the guarantor each period according to the contract.				
27	Contract Period	NM	3	O
Duration of the contract for user-defined periods.				
28	Interest Code	IS	2	O
Indicates the amount of interest that will be charged the guarantor on any outstanding amounts.				
29	Transfer to Bad Debt Code	IS	4	O
Indicates that the account was transferred to bad debts and gives the reason.				
30	Transfer to Bad Debt Date	DT	8	O
Contains the date that the account was transferred to a bad debt status.				
31	Bad Debt Agency Code	IS	10	O
Uniquely identifies the bad debt agency to which the account was transferred.				
32	Bad Debt Transfer Amount	NM	12	O
Contains the amount that was transferred to a bad debt status.				
33	Bad Debt Recovery Amount	NM	12	O
Contains the amount recovered from the guarantor on the account.				
34	Delete Account Indicator	IS	1	O
Indicates that the account was deleted from the file and gives the reason.				
35	Delete Account Date	DT	8	O
Contains the date that the account was deleted from the file.				
36	Discharge Disposition	IS	3	O
Contains the disposition of the patient at time of discharge. Suggested values:				
01 Discharged to home or self care (routine discharge)				
02 Discharged/transferred to another short term general hospital for inpatient care				
03 Discharged/transferred to skilled nursing facility (SNF)				
04 Discharged/transferred to an intermediate care facility (ICF)				
05 Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution				
06 Discharged/transferred to home under care of organized home health service organization				
07 Left against medical advice or discontinued care				
08 Discharged/transferred to home under care of Home IV provider				
09 Admitted as an inpatient to this hospital				
10 ... 19 Discharge to be defined at state level, if necessary				
20 Expired (i.e. dead)				

21 ... 29 Expired to be defined at state level, if necessary

30 Still patient or expected to return for outpatient services (i.e. still a patient)

31 ... 39 Still patient to be defined at state level, if necessary (i.e. still a patient)

40 Expired (i.e. died) at home

41 Expired (i.e. died) in a medical facility; e.g., hospital, SNF, ICF, or free standing hospice

42 Expired (i.e. died) - place unknown

37	Discharged to Location	DLD	47	O
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Indicates the healthcare facility to which the patient was discharged and the date.

38	Diet Type	CWE	705	O
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Indicates a special diet type for a patient.

39	Servicing Facility	IS	2	O
----	--------------------	----	---	---

Used in a multiple facility environment to indicate the healthcare facility with which this visit is associated.

40	Bed Status	IS	1	B
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This field has been retained for backward compatibility only. The information is now held in the fifth component of the PL datatype in PV1-3. This field contains the status of the bed. Suggested values:

C Closed

H Housekeeping

O Occupied

U Unoccupied

K Contaminated

I Isolated

41	Account Status	IS	2	O
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42	Pending Location	PL	80	O
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Indicates the point of care, room, bed, healthcare facility ID, and bed status to which the patient may be moved.

43	Prior Temporary Location	PL	80	O
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Used to reflect the patient's temporary location (such as the operating room/theatre or x-ray) prior to a transfer from a temporary location to an actual location, or from a temporary location to another temporary location.

44	Admit Date/Time	DTM	24	O
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45	Discharge Date/Time	DTM	24	O
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46	Current Patient Balance	NM	12	O
----	-------------------------	----	----	---

Visit balance due.

47	Total Charges	NM	12	O
----	---------------	----	----	---

Total visit charges.

48	Total Adjustments	NM	12	O
----	-------------------	----	----	---

Total adjustments for visit.

49	Total Payments	NM	12	O
----	----------------	----	----	---

Total payments for visit.

50	Alternate Visit ID	CX	250	O
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Contains the alternative, temporary, or pending optional visit ID number to be used if needed.

51	Visit Indicator	IS	1	O
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Indicator used to send data at two levels, visit and account. Suggested values:

A Account level (default)

V Visit level

52	Other Healthcare Provider	XCN	250	B
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From V2.4 onward, this field has been retained for backward compatibility only. Use the ROL-Role Segment to communicate providers not specified elsewhere.

PV2 – Patient Visit - Additional Information Segment

Sequence	Element Name	Data Types	Length	Required
1	Prior Pending Location	PL	80	C
Required for cancel pending transfer (A26) messages.				
2	Accommodation Code	CWE	705	O
The specific patient accommodations for this visit				
3	Admit Reason	CWE	705	O
Short description of the reason for patient admission				
4	Transfer Reason	CWE	705	O
Description of the reason for location change (patient).				
5	Patient Valuables	ST	25	O
Description of patient valuables checked in during admission.				
6	Patient Valuables Location	ST	25	O
Description of Patient Valuables Location.				
7	Visit User Code	IS	2	O
Suggested values: TE Teaching HO Home MO Mobile Unit PH Phone				
8	Expected Admit Date/Time	DTM	24	O
Expected Patient Admission Date/Time.				
9	Expected Discharge Date/Time	DTM	24	O
Expected Patient Discharge Date/Time.				
10	Estimated Length of Inpatient Stay	NM	3	O
11	Actual Length of Inpatient Stay	NM	3	O
12	Visit Description	ST	50	O

13	Referral Source Code	XCN	250	O
Name and the identification numbers of the person or organization that made the referral.				
14	Previous Service Date	DT	8	O
The date of previous service for the same persistent condition				
15	Employment Illness Related Indicator	ID	1	O
Indicates whether a patient's illness was job-related. Valid values: Y the patient's illness was job-related N the patient's illness was not job-related				
16	Purge Status Code	IS	1	O
Purge status code for the account. Suggested value: P Marked for purge. User is no longer able to update the visit. D The visit is marked for deletion and the user cannot enter new data against it. I The visit is marked inactive and the user cannot enter new data against it.				
17	Purge Status Date	DT	8	O
Date when data would be purged.				
18	Special Program Code	IS	2	O
Specific health insurance program for a visit required for healthcare reimbursement. Suggested values: CH Child Health Assistance ES Elective Surgery Program FP Family Planning O Other U Unknown				
19	Retention Indicator	ID	1	O
Allows preserving demographic and financial data on specific, high priority visits. Valid values: Y retain data N normal purge processing				
20	Expected Number of Insurance Plans	NM	1	O
Number of insurance plans that may provide coverage for this visit.				
21	Visit Publicity Code	IS	1	O
Level of publicity allowed for a specific visit. Suggested values: F Family only N No Publicity O Other U Unknown				
22	Visit Protection Indicator	ID	1	B
Suggested values: Y protect access to patient information N normal access				

23	Clinic Organization Name	XON	250	O
organization name				
24	Patient Status Code	IS	2	O
Status of patient. Suggested values: AI Active Inpatient DI Discharged Inpatient				
25	Visit Priority Code	IS	1	O
Priority of visit. Suggested values: 1 Emergency 2 Urgent 3 Elective				
26	Previous Treatment Date	DT	8	O
The date that the patient last had treatment.				
27	Expected Discharge Disposition	IS	2	O
Patient's disposition is expected to be at the end of the visit				
28	Signature on File Date	DT	8	O
Signature date.				
29	First Similar Illness Date	DT	8	O
30	Patient Charge Adjustment Code	CWE	705	O
31	Recurring Service Code	IS	2	O
Indicates whether the treatment is continuous.				
32	Billing Media Code	ID	1	O
Indicates if the account is to be rejected from tape billing. Valid values: Y reject account from tape billing N normal processing				
33	Expected Surgery Date and Time	DTM	24	O
Date and time on which the surgery is expected to occur.				
34	Military Partnership Code	ID	1	O
Indicates that a military healthcare facility has contracted with a non-military healthcare facility for the use of its services. Suggested values: Y contract(s) exist N no contract(s) exist				

35	Military Non-Availability Code	ID	1	O
Patient has permission to use a non-military healthcare facility for treatment. Valid values: Y the patient has permission to use a non-military healthcare facility N the patient does not have permissions to use a non-military healthcare facility				
36	Newborn Baby Indicator	ID	1	O
Valid values: Y the patient is a baby N the patient is not a baby				
37	Baby Detained Indicator	ID	1	O
Indicates if the baby is detained after the mother's discharge. Valid values: Y the baby was detained N normal discharge of mother and baby				
38	Mode of Arrival Code	CWE	705	O
Patient was brought to the healthcare facility. Suggested values: A Ambulance C Car F On foot H Helicopter P Public Transport O Other U Unknown				
39	Recreational Drug Use Code	CWE	705	O
Indicates what recreational drugs the patient uses. Suggested values: A Alcohol K Kava M Marijuana T Tobacco - smoked C Tobacco - chewed O Other U Unknown				
40	Admission Level of Care Code	CWE	705	O
Indicates the acuity level assigned to the patient at the time of admission. Suggested values: AC Acute CH Chronic CO Comatose CR Critical IM Improved MO Moribund				
41	Precaution Code	CWE	705	O
Precautions that need to be taken while dealing with the patient. Suggested values: A Aggressive B Blind				

C Confused
 D Deaf
 I On IV
 N "No-code" (i.e. Do not resuscitate)
 P Paraplegic
 O Other
 U Unknown

42	Patient Condition Code	CWE	705	O
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Patient's current medical condition. Suggested values:

A Satisfactory
 C Critical
 P Poor
 S Stable
 O Other
 U Unknown

43	Living Will Code	IS	2	O
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Suggested values:

Y Yes, patient has a living will
 F Yes, patient has a living will but it is not on file
 N No, patient does not have a living will and no information was provided
 I No, patient does not have a living will but information was provided
 U Unknown

44	Organ Donor Code	IS	2	O
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Suggested values:

Y Yes, patient is a documented donor and documentation is on file
 F Yes, patient is a documented donor, but documentation is not on file
 N No, patient has not agreed to be a donor
 I No, patient is not a documented donor, but information was provided
 R Patient leaves organ donation decision to relatives
 P Patient leaves organ donation decision to a specific person
 U Unknown

45	Advance Directive Code	CWE	705	C
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Patient's instructions to the healthcare facility. Suggested values:

DNR Do not resuscitate
 N No directive

46	Patient Status Effective Date	DT	8	O
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47	Expected LOA Return Date/Time	DTM	24	O
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Date/time that the patient is expected to return from LOA.

48	Expected Pre-admission Testing Date/Time	DTM	24	O
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49	Notify Clergy Code	IS	20	O
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Indicate whether the clergy should be notified. Suggested values:

Y Yes

N No

L Last Rites only

O Other

U Unknown

50	Advance Directive Last Verified Date	DT	8	O
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ORC – Common Order Segment

The Common Order segment (ORC) is used to transmit fields that are common to all orders (all types of services that are requested).

Sequence	Element Name	Data Types	Length	Required
1	Order Control	ID	2	R
Determines the function of the order segment				
2	Placer Order Number	EI	427	C
placer application's order number				
3	Filler Order Number	EI	427	O
order number associated with the filling application				
4	Placer Group Number	EI	22	O
This field allows an order placing application to group sets of orders together and subsequently identify them.				
5	Order Status	ID	2	O
Suggested values:				
A	Some, but not all, results available			
CA	Order was canceled			
CM	Order is completed			
DC	Order was discontinued			
ER	Error, order not found			
HD	Order is on hold			
IP	In process, unspecified			
RP	Order has been replaced			
SC	In process, scheduled			
6	Response Flag	ID	1	O
This field allows the placer (sending) application to determine the amount of information to be returned from the filler.				
Suggested values:				
E	Report exceptions only			
R	Same as E, also Replacement and Parent-Child			
D	Same as R, also other associated segments			
F	Same as D, plus confirmations explicitly			
N	Only the MSA segment is returned			
7	Quantity/Timing	TQ	705	B
8	Parent	EIP	200	O
9	Date/Time of Transaction	DTM	24	O

Date and time of the event that initiated the current transaction as reflected in ORC-1 Order Control Code

10	Entered By	XCN	3220	O
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Identity of the person who actually keyed the request into the application

11	Verified By	XCN	250	O
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Identity of the person who verified the accuracy of the entered request

12	Ordering Provider	XCN	3220	O
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The identity of the person who is responsible for creating the request (i.e., ordering physician).

13	Enterer's Location	PL	80	O
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Specifies the location (e.g., nurse station, ancillary service location, clinic, floor) where the person who entered the request was physically located when the order was entered.

14	Call Back Phone Number	XTN	250	O
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Telephone number to call for clarification of a request or other information regarding the order

15	Order Effective Date/Time	DTM	24	O
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Date/time that the changes to the request took effect or are supposed to take effect.

16	Order Control Code Reason	CWE	250	O
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17	Entering Organization	CWE	250	O
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Organization that the enterer belonged to at the time he/she enters/maintains the order, such as medical group or department

18	Entering Device	CWE	250	O
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Physical device (terminal, PC) used to enter the order.

19	Action By	XCN	250	O
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The identity of the person who initiated the event represented by the corresponding order control code

20	Advanced Beneficiary Notice Code	CWE	250	O
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Status of the patient's or the patient's representative's consent for responsibility to pay for potentially uninsured services.

21	Ordering Facility Name	XON	250	O
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Name of the facility placing the order.

22	Ordering Facility Address	XAD	250	O
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Address of the facility placing the order.

23	Ordering Facility Phone Number	XTN	250	O
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24	Ordering Provider Address	XAD	250	O
Address of the care provider requesting the order.				
25	Order Status Modifier	CWE	250	O
Modifier or refiner of the ORC-5-Order status field.				
26	Advanced Beneficiary Notice Override Reason	CWE	60	O
Contains the reason why the patient did not sign an Advanced Beneficiary Notice.				
27	Filler's Expected Availability Date/Time	DTM	24	O
Date/time the filler expects the services to be available				
28	Confidentiality Code	CWE	250	O
The level of security and/or sensitivity surrounding the order				
29	Order Type	CWE	250	O
: This field indicates whether the order is to be executed in an inpatient setting or an outpatient setting. Suggested values:				
I	Inpatient Order			
O	Outpatient Order			
30	Enterer Authorization Mode	CNE	250	O
Form of authorization a recorder had from the responsible practitioner to create or change an order. Suggested values:				
EL	Electronic			
EM	E-mail			
FX	Fax			
IP	In Person			
MA	Mail			
PA	Paper			
PH	Phone			
RE	Reflexive (Automated system)			
VC	Video-conference			
VO	Voice			
31	Parent Universal Service Identifier	CWE	250	O
Identifier code for the parent order which caused this reflex observation/test/battery to be performed.				

NK1 - Next of Kin Segment

The NK1 segment contains information about the patient's spouse, parents or other relatives.

Sequence	Element Name	Data Types	Length	Required
1	Set ID – NK1	SI	4	R
Transaction Identifier number				
2	Name	XPN	250	O
Name of the next of kin or associated party				
3	Relationship	CWE	705	O
Relation between NOK and Patient. Suggested values:				
SEL Self				
SPO Spouse				
DOM Life partner				
CHD Child				
GCH Grandchild				
NCH Natural child				
SCH Stepchild				
FCH Foster child				
DEP Handicapped dependent				
WRD Ward of court				
PAR Parent				
MTH Mother				
FTH Father				
CGV Care giver				
GRD Guardian				
GRP Grandparent				
EXF Extended family				
SIB Sibling				
BRO Brother				
SIS Sister				
FND Friend				
OAD Other adult				
EME Employee				
EMR Employer				
ASC Associate				
EMC Emergency contact				
OWN Owner				
TRA Trainer				
MGR Manager				
NON None				
UNK Unknown				
OTH Other				
4	Address	XAD	250	O

5	Phone Number	XTN	250	O
6	Business Phone Number	XTN	250	O
7	Contact Role	CWE	705	O
Specific contact role. Suggested values:				
E Employer				
C Emergency Contact				
F Federal Agency				
I Insurance Company				
N Next-of-Kin				
S State Agency				
O Other				
U Unknown				
8	Start Date	DT	8	O
9	End Date	DT	8	O
10	Next of Kin / Associated Parties Job Title	ST	60	O
11	Next of Kin / Associated Parties Job Code/Class	JCC	20	O
12	Next of Kin / Associated Parties Employee Number	CX	250	O
Number that the employer assigns to the employee that is acting as next of kin/associated parties.				
13	Organization Name – NK1	XON	250	O
Name of the organization that serves as a next of kin/associated party or as the next of kin of the patient.				
14	Marital Status	CWE	705	O
15	Administrative Sex	IS	1	O
16	Date/Time of Birth	DTM	24	O

17	Living Dependency	IS	2	O
Specific living conditions that are relevant to an evaluation of the patient's healthcare needs				
18	Ambulatory Status	IS	2	O
The transient rate of mobility for the NOK.				
19	Citizenship	CWE	705	O
20	Primary Language	CWE	705	O
21	Living Arrangement	IS	2	O
Situation that the associated party lives. Suggested values: A Alone F Family I Institution R Relative U Unknown S Spouse Only				
22	Publicity Code	CWE	705	O
Level of publicity allowed				
23	Protection Indicator	ID	1	O
Suggested values: Y protect access to next-of-kin information N normal access				
24	Student Indicator	IS	2	O
Identifies whether the NOK is currently a student or not				
25	Religion	CWE	705	O
Type of religion practiced by the NOK.				
26	Mother's Maiden Name	XPN	250	O
27	Nationality	CWE	705	O
28	Ethnic Group	CWE	705	O

29	Contact Reason	CWE	705	O
Identifies how the contact should be used.				
30	Contact Person's Name	XPN	250	O
31	Contact Person's Telephone Number	XTN	250	O
32	Contact Person's Address	XAD	250	O
33	Next of Kin/Associated Party's Identifiers	CX	250	O
The identifiers for NOK.				
34	Job Status	IS	2	O
Suggested values: P Permanent T Temporary O Other U Unknown				
35	Race	CWE	705	O
36	Handicap	IS	2	O
37	Contact Person Social Security Number	ST	16	O
38	Next of Kin Birth Place	ST	250	O
39	VIP Indicator	IS	2	O

NTE – Notes and Comments Segment

Sequence	Element Name	Data Types	Length	Required
1	Set Id – Notes and Comments	SI	4	O
This field may be used where multiple NTE segments are included in a message. Their numbering must be described in the application message definition.				
2	Source of Comment	ID	8	O
This field is used when source of comment must be identified. This table may be extended locally during implementation.				
3	Comment	FT	65536	O
This field contains the comment contained in the segment.				
4	Comment Type	CWE	250	O
This field contains a value to identify the type of comment text being sent in the specific comment record.				
5	Entered By	XCN	3220	O
This field contains the identity of the person who actually keyed the comment into the application. It provides an audit trail in case the comment is entered incorrectly and the ancillary department needs to clarify the comment. By local agreement, either the ID number or name component may be omitted.				
6	Entered Date/Time	DTM	24	O
This field contains the actual date the comment was keyed into the application				
7	Effective Start Date	DTM	24	O
This field contains the date the comment becomes or became effective.				
8	Expiration Date	DTM	24	O
This field contains the date the comment becomes or became non-effective.				

AL1 - Patient Allergy Information Segment

The AL1 segment contains patient allergy information of various types.

Sequence	Element Name	Data Types	Length	Required
1	Set ID - AL1	SI	4	R
Transaction Identifier				
2	Allergen Type Code	CWE	705	O
Suggested values: DA Drug allergy FA Food allergy MA Miscellaneous allergy MC Miscellaneous contraindication EA Environmental Allergy AA Animal Allergy PA Plant Allergy LA Pollen Allergy				
3	Allergen Code/Mnemonic/Description	CWE	705	R
Identifies a particular allergen.				
4	Allergy Severity Code	CWE	705	O
Suggested values: SV Severe MO Moderate MI Mild U Unknown				
5	Allergy Reaction Code	ST	15	O
Identifies the specific allergic reaction that was documented				
6	Identification Date	DT	8	B
Date that the allergy was identified				

DSC – Continuation Pointer Segment

Sequence	Element Name	Data Types	Length	Required
1	Continuation Pointer	ST	180	

DG1 - Diagnosis Segment

The DG1 segment contains patient diagnosis information of various types.

Sequence	Element Name	Data Types	Length	Required
1	Set ID - DG1	SI	4	R
Transaction Identifier				
2	Diagnosis Coding Method			W
Withdrawn and removed from standards.				
3	Diagnosis Code - DG1	CWE	250	R
Diagnosis Code assigned to this diagnosis				
4	Diagnosis Description			W
5	Diagnosis Date/Time	DTM	24	O
Date/time that the diagnosis was determined				
6	Diagnosis Type	IS	2	R
Identifies the type of diagnosis being sent. Suggested values:				
A	Admitting			
W	Working			
F	Final			
7	Major Diagnostic Category			W
8	Diagnostic Related Group			W
9	DRG Approval Indicator			W
10	DRG Grouper Review Code			W
11	Outlier Type			W
12	Outlier Days			W

13	Outlier Cost			W
14	Grouped Version And Type			W
15	Diagnosis Priority	ID	2	O
Number that identifies the significance or priority of the diagnosis code. Suggested values:				
0	Not included in diagnosis ranking			
1	The primary diagnosis			
2	For ranked secondary diagnoses			
16	Diagnosing Clinician	XCN	250	O
Individual responsible for generating the diagnosis information				
17	Diagnosis Classification	IS	3	O
Patient information is for a diagnosis or a non-diagnosis code. Suggested values:				
C	Consultation			
D	Diagnosis			
M	Medication (antibiotic)			
O	Other			
R	Radiological scheduling (not using ICDA codes)			
S	Sign and symptom			
T	Tissue diagnosis			
I	Invasive procedure not classified elsewhere (I.V., catheter, etc.)			
18	Confidential Indicator	ID	1	O
Valid values:				
Y	the diagnosis is a confidential diagnosis			
N	the diagnosis does not contain a confidential diagnosis			
19	Attestation Date/Time	DTM	24	O
Date and time that the attestation was signed.				
20	Diagnosis Identifier	EI	427	C
Uniquely identifies a single diagnosis for an encounter				
21	Diagnosis Action Code	ID	1	C
Action to be taken for this diagnosis				
22	Parent Diagnosis	EI	427	C
Entity identifier for the parent diagnosis				
23	DRG CCL Value Code	CWE	705	O
CCL value for the determined DRG for this diagnosis. Suggested values:				

- 0 Nothing obvious
- 1 Low
- 2 Moderate
- 3 High
- 4 Very high

24	DRG Grouping Usage	ID	20	O
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Suggested values:

Y Yes - Indicates that the diagnosis has been used for the DRG determination

N No – Indicates that the diagnosis has not been used for the DRG determination

25	DRG Diagnosis Determination Status	IS	20	O
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Status of this particular diagnosis for the DRG determination. Suggested values:

- 0 Valid code
- 1 Invalid code
- 2 Two primary diagnosis codes
- 3 Invalid for this gender
- 4 Invalid for this age

26	Present On Admission (POA) Indicator	IS	1	O
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The present on admission indicator for this particular diagnosis. Suggested values:

- Y Yes
- N No
- U Unknown
- W Not applicable
- E Exempt

OBR – Observation Request Segment

This segment is used in the message when a set of observations is ordered. However observations can be collected and reported without an antecedent order. There can be more observations reported which is notified by including more OBR segments in the message. So, one can say that OBR segment is like a turn-around. Some fields in the OBR segment apply only to ordering message and some to reporting message. It contains many of the attributes that apply to all of the included observations.

Read column 'Sequence' as OBR-1, OBR-2, OBR-3 so on. If OBR segment is present in the document, the required data elements are elaborated with definitions in the same table.

Sequence	Element Name	Data Types	Length	Required
1	Set ID – OBR	SI	4	O
For the first order transmitted, the sequence number shall be 1; for the second order, it shall be 2; and so on				
2	Placer Order Number	EI	427	C
3	Filler Order Number	EI	427	C
Order number associated with the filling application				
4	Universal Service Identifier	CWE	705	R
This field contains the identifier code for the requested observation/test/battery. This can be based on local and/or "universal" codes.				
5	Priority	ID	2	B
This field has been retained for backward compatibility only. It is not used. Previously priority (e.g., STAT, ASAP), but that information is carried as the sixth component of OBR-27-quantity/timing.				
6	Requested Date/Time	DTM	24	C
This field has been retained for backward compatibility only. It is not used. Previously requested date/time. That information is carried as the fourth component of OBR-27-quantity/timing.				
7	Observation Date/Time	DTM	24	O
This field is the clinically relevant date/time of the observation. In the case of observations taken directly from a subject, it is the actual date and time the observation was obtained.				
8	Observation End Date/Time	DTM	24	O
The end date and time of a study or timed specimen collection				
9	Collection Volume	CQ	722	O
The collection volume is the volume of a specimen				
10	Collector Identifier	XCN	3220	O
When a specimen is required for the study, this field will identify the person, department, or facility that collected the specimen. Either name or ID code, or both, may be present.				
11	Specimen Action Code	ID	1	O

Action to be taken with respect to the specimens that accompany or precede this order

12	Danger Code	CWE	705	O
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Code and/or text indicating any known or suspected patient or specimen hazards

13	Relevant Clinical Information	ST	300	O
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Additional clinical information about the patient or specimen

14	Specimen Received Date/Time	DTM	24	B
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For observations requiring a specimen, the specimen received date/time is the actual login time at the diagnostic service.

15	Specimen Source	SPS	300	B
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This field identifies the site where the specimen should be obtained or where the service should be performed.

16	Ordering Provider	XCN	3220	O
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The provider who ordered the test

17	Order Callback Phone Number	XTN	2743	O
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Telephone number for reporting a status or a result using the standard format with extension and/or beeper number when applicable.

18	Placer Field 1	ST	199	O
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19	Placer Field 2	ST	199	O
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20	Filler Field 1	ST	199	O
----	----------------	----	-----	---

21	Filler Field 2	ST	199	O
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22	Results Rpt/Status Change - Date/Time	DTM	24	C
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This field specifies the date/time results reported or status changed. This field is used to indicate the date and time that the results are composed into a report and released

23	Charge to Practice	MOC	504	O
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Charge to the ordering entity for the studies performed when applicable

24	Diagnostic Service Sect ID	ID	10	O
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Diagnostic service where the observation was performed.

25	Result Status	ID	1	C
----	---------------	----	---	---

This field is the status of results for this order. This conditional field is required whenever the OBR is contained in a report message. It is not required as part of an initial order.

26	Parent Result	PRL	977	O
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27	Quantity/Timing	TQ	705	B
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This field contains information about how many services to perform at one service time and how often the service times are repeated, and to fix duration of the request.

28	Result Copies To	XCN	3220	O
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Individuals who are to receive copies of the results

29	Parent	EIP	855	O
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30	Transportation Mode	ID	20	O
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This field identifies how (or whether) to transport a patient, when applicable

31	Reason for Study	CWE	705	O
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32	Principal Result Interpreter	NDL	831	B
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This field identifies the physician or other clinician who interpreted the observation and is responsible for the report content.

33	Assistant Result Interpreter	NDL	831	B
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This field identifies the clinical observer who assisted with the interpretation of this study.

34	Technician	NDL	831	B
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This field identifies the performing technician.

35	Transcriptionist	NDL	831	B
----	------------------	-----	-----	---

This field identifies the report transcriber.

36	Scheduled Date/Time	DTM	24	O
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The date/time the filler scheduled an observation, when applicable.

37	Number of Sample Containers	NM	16	O
----	-----------------------------	----	----	---

Number of containers for a given sample

38	Transport Logistics of Collected Sample	CWE	705	O
----	-----------------------------------------	-----	-----	---

Means by which a sample reaches the diagnostic service provider

39	Collector's Comment	CWE	705	O
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Additional comments related to the sample

40	Transport Arrangement Responsibility	CWE	705	O
An indicator of who is responsible for arranging transport to the planned diagnostic service.				
41	Transport Arranged	ID	30	O
Indicator of whether transport arrangements are known to have been made				
42	Escort Required	ID	1	O
An indicator that the patient needs to be escorted to the diagnostic service department.				
43	Planned Patient Transport Comment	CWE	705	O
Code or free text comments on special requirements for the transport of the patient to the diagnostic service department				
44	Procedure Code	CNE	705	O
Unique identifier assigned to the procedure, if any, associated with the charge				
45	Procedure Code Modifier	CNE	705	O
Procedure code modifier to the procedure code reported in OBR-44-procedure code, when applicable.				
46	Placer Supplemental Service Information	CWE	705	O
Supplemental service information sent from the placer system to the filler system for the universal procedure code reported in OBR-4 Universal Service ID.				
47	Filler Supplemental Service Information	CWE	705	O
Supplemental service information sent from the filler system to the placer system for the procedure code reported in OBR-4 Universal Service ID.				
48	Medically Necessary Duplicate Procedure Reason	CWE	705	C
This field is used to document why the procedure found in OBR-44 - Procedure Code is a duplicate of one ordered/charged previously for the same patient within the same date of service and has been determined to be medically necessary. The reason may be coded or it may be a free text entry.				
49	Result Handling	IS	2	O
Transmits information regarding the handling of the result				
50	Parent Universal Service Identifier	CWE	705	O

OBX – Observation/Result Segment

The OBX segment is used to transmit a single observation or observation fragment.

Sequence	Element Name	Data Types	Length	Required
1	Set ID – OBX	SI	4	O

Sequence Number

2	Value Type	ID	3	C
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Format of the observation value in OBX. Suggested values:

AD	Address
CWE	Coded Entry
CF	Coded Element With Formatted Values
CK	Composite ID With Check Digit
CN	Composite ID And Name
CP	Composite Price
CX	Extended Composite ID With Check Digit
DT	Date
ED	Encapsulated Data
FT	Formatted Text (Display)
MO	Money
NM	Numeric
PN	Person Name
RP	Reference Pointer
SN	Structured Numeric
ST	String Data.
TM	Time
TN	Telephone Number
DTM	Time Stamp (Date & Time)
TX	Text Data (Display)
XAD	Extended Address
XCN	Extended Composite Name And Number For Persons
XON	Extended Composite Name And Number For Organizations
XPN	Extended Person Name
XTN	Extended Telecommunications Number

3	Observation Identifier	CWE	705	R
---	------------------------	-----	-----	---

Unique identifier for the observation

4	Observation Sub-ID	ST	20	C
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Used to distinguish between multiple OBX segments with the same observation ID organized under one OBR

5	Observation Value	Varies	99999	C
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Value observed by the observation producer

6	Units	CWE	705	O
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7	References Range	ST	60	O
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When the observation quantifies the amount of a toxic substance, then the upper limit of the range identifies the toxic limit.

8	Abnormal Flags	IS	5	O
---	----------------	----	---	---

Table lookup indicating the normalcy status of the result. Suggested values:

L	Below low normal
H	Above high normal
LL	Below lower panic limits
HH	Above upper panic limits
<	Below absolute low-off instrument scale
>	Above absolute high-off instrument scale
N	Normal (applies to non-numeric results)
A	Abnormal (applies to non-numeric results)
AA	Very abnormal (applies to non-numeric units, analogous to panic limits for numeric units)
null	No range defined, or normal ranges don't apply
U	Significant change up
D	Significant change down
B	Better--use when direction not relevant
W	Worse--use when direction not relevant
S	Susceptible. Indicates for microbiology susceptibilities only.
R	Resistant. Indicates for microbiology susceptibilities only.
I	Intermediate. Indicates for microbiology susceptibilities only.
MS	Moderately susceptible. Indicates for microbiology susceptibilities only.
VS	Very susceptible. Indicates for microbiology susceptibilities only.

9	Probability	NM	5	O
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Probability of a result being true for results with categorical values

10	Nature of Abnormal Test	ID	2	O
----	-------------------------	----	---	---

Nature of the abnormal test. Suggested values:

A	An age-based population
N	None - generic normal range
R	A race-based population
S	A sex-based population
SP	Species
B	Breed
ST	Strain

11	Observation Result Status	ID	1	R
----	---------------------------	----	---	---

Suggested values:

C	Record coming over is a correction and thus replaces a final result
D	Deletes the OBX record
F	Final results; Can only be changed with a corrected result.
I	Specimen in lab; results pending
N	Not asked; used to affirmatively document that the observation identified in the OBX was not sought when the universal service ID in OBR-4 implies that it would be sought.
O	Order detail description only (no result)

P	Preliminary results
R	Results entered -- not verified
S	Partial results. Deprecated. Retained only for backward compatibility as of V2.6.
X	Results cannot be obtained for this observation
U	Results status change to final without retransmitting results already sent as 'preliminary.' E.g., radiology changes status from preliminary to final
W	Post original as wrong, e.g., transmitted for wrong patient

12	Effective Date of Reference Range	DTM	24	O
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Date and time on which the values in OBX-7-reference range went into effect.

13	User Defined Access Checks	ST	20	O
----	----------------------------	----	----	---

The producer to record results-dependent codes for classifying the observation at the receiving system

14	Date/Time of the Observation	DTM	24	O
----	------------------------------	-----	----	---

15	Producer's ID	CWE	705	O
----	---------------	-----	-----	---

Unique identifier of the responsible producing service

16	Responsible Observer	XCN	3220	O
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17	Observation Method	CWE	705	O
----	--------------------	-----	-----	---

18	Equipment Instance Identifier	EI	427	O
----	-------------------------------	----	-----	---

The Equipment Instance responsible for the production of the observation

19	Date/Time of the Analysis	DTM	24	O
----	---------------------------	-----	----	---

Time stamp associated with generation of the analytical result by the instrument specified in Equipment Instance Identifier

20	Observation Site	CWE	705	O
----	------------------	-----	-----	---

Body site(s) where the measurement being reported was obtained

21	Observation Instance Identifier	EI	427	O
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Unique identifier for this observation

22	Mood Code	CNE	705	C
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23	Performing Organization Name	XON	570	O
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Name of the organization/service responsible for performing the service

24	Performing Organization Address	XAD	2915	O
Address of the organization/service responsible for performing the service.				
25	Performing Organization Medical Director	XCN	3220	O
Medical director of the organization/service responsible for performing the service.				

QRD – Query Definition Segment

The QRD segment is used to define a query.

Sequence	Element Name	Data Types	Length	Required
1	Query Date/Time	DTM	24	R
Date the query was generated by the application program				
2	Query Format Code	ID	1	R
Suggested values:				
D	Response is in display format			
R	Response is in record-oriented format			
T	Response is in tabular format			
3	Query Priority	ID	1	R
Time frame in which the response is expected. Suggested values:				
D	Deferred			
I	Immediate			
4	Query ID	ST	10	R
Unique identifier for the query				
5	Deferred Response Type	ID	1	O
Valid values:				
B	Before the Date/Time specified			
L	Later than the Date/Time specified			
6	Deferred Response Date/Time	DTM	24	O
Date/time before or after which to send a deferred response.				
7	Quantity Limited Request	CQ	10	R
Maximum length of the response that can be accepted by the requesting system. Suggested values:				
CH	Characters			
LI	Lines			
PG	Pages			
RD	Records			
ZO	Locally defined			
8	Who Subject Filter	XCN	250	R
Identifies the subject, or who the inquiry is about.				
9	What Subject Filter	CWE	250	R
What kind of information that is required to satisfy the request. Suggested values:				
ADV	Advice/diagnosis			
ANU	Nursing unit lookup (returns patients in beds, excluding empty beds)			
APN	Patient name lookup			
APP	Physician lookup			

ARN	Nursing unit lookup (returns patients in beds, including empty beds)
APM	Medical record number query, returns visits for a medical record number
APA	Account number query, return matching visit
CAN	Cancel. Used to cancel a query
DEM	Demographics
FIN	Financial
GID	Generate new identifier
GOL	Goals
MRI	Most recent inpatient
MRO	Most recent outpatient
NCK	Network clock
NSC	Network status change
NST	Network statistic
ORD	Order
OTH	Other
PRB	Problems
PRO	Procedure
RES	Result
RAR	Pharmacy administration information
RER	Pharmacy encoded order information
RDR	Pharmacy dispense information
RGR	Pharmacy give information
ROR	Pharmacy prescription information
SAL	All schedule related information, including open slots, booked slots, blocked slots
SBK	Booked slots on the identified schedule
SBL	Blocked slots on the identified schedule
SOF	First open slot on the identified schedule after the start date/time
SOP	Open slots on the identified schedule between the begin and end of the start date/time range
SSA	Time slots available for a single appointment
SSR	Time slots available for a recurring appointment
STA	Status
VXI	Vaccine Information
XID	Get cross-referenced identifiers

10	What Department Data Code	CWE	250	R
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The contents of this field are determined by the contents of the previous field.

11	What Data Code Value Qualifier	VR	20	O
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Start and stop values separated by a component separator

12	Query Results Level	ID	1	O
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Control level of detail in results. Suggested values:

O	Order plus order status
R	Results without bulk text
S	Status only
T	Full results

QRF – Query Filter Segment

The QRF segment is used with the QRD segment to further refine the content of an original style query.

Sequence	Element Name	Data Types	Length	Required
1	Where Subject Filter	ST	20	R
Department, system, or subsystem to which the query pertains				
2	When Data Start Date/Time	DTM	24	B
Dates and times equal to or after which this value should be included				
3	When Data End Date/Time	DTM	24	B
Dates and times equal to or before which this date should be included.				
4	What User Qualifier	ST	60	O
An identifier to further define characteristics of the data of interest				
5	Other QRY Subject Filter	ST	60	O
A filter defined locally for use between two systems				
6	Which Date/Time Qualifier	ID	12	O
The type of date referred to in QRF-2-When data start date/time and QRF-3-When data end date/time. Suggested values:				
ANY Any date/time within a range				
COL Collection date/time, equivalent to film or sample collection date/time				
ORD Order date/time				
RCT Specimen receipt date/time, receipt of specimen in filling ancillary (Lab)				
REP Report date/time, report date/time at filing ancillary (i.e., Lab)				
SCHED Schedule date/time				
7	Which Date/Time Status Qualifier	ID	12	O
Status type of objects selected in date range defined by QRF-2-When data start date/time and QRF-3-When data end date/time. Suggested values:				
ANY Any status				
CFN Current final value, whether final or corrected				
COR Corrected only (no final with corrections)				
FIN Final only (no corrections)				
PRE Preliminary				
REP Report completion date/time				
8	Date/Time Selection Qualifier	ID	12	O
Specification of certain types of values within the date/time range. Suggested values:				
1ST First value within range				
ALL All values within the range				
LST Last value within the range				
REV All values within the range returned in reverse chronological order (This is the default if not otherwise specified.)				

9	When Quantity/Timing Qualifier	TQ	60	B
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Allows an interval definition to be used for specifying multiple responses to a query

10	Search Confidence Threshold	NM	10	O
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Numeric value used to establish the minimum threshold match. The value instructs the responding system to return no records for patients whose "match weight" on the look-up was lower than this user-defined value.

PR1 Procedures Segment

The PR1 segment contains information relative to various types of procedures that can be performed on a patient.

Sequence	Element Name	Data Types	Length	Required
1	Set ID - PR1	SI	4	R
Transaction Identifier.				
2	Procedure Coding Method			W
3	Procedure Code	CNE	705	R
Unique identifier assigned to the procedure				
4	Procedure Description			W
5	Procedure Date/Time	DTM	24	R
Date/time that the procedure was performed.				
6	Procedure Functional Type	IS	2	O
Optional code that further defines the type of procedure. Suggested values:				
A	Anesthesia			
P	Procedure for treatment (therapeutic, including operations)			
I	Invasive procedure not classified elsewhere (e.g., IV, catheter, etc.)			
D	Diagnostic procedure			
7	Procedure Minutes	NM	4	O
Indicates the length of time in whole minutes that the procedure took to complete.				
8	Anesthesiologist			W
9	Anesthesia Code	IS	2	O
Unique identifier of the anesthesia used during the procedure				
10	Anesthesia Minutes	NM	4	O
Length of time in minutes that the anesthesia was administered.				
11	Surgeon			W
12	Procedure Practitioner			W

13	Consent Code	CWE	250	O
Type of consent that was obtained for permission to treat the patient.				
14	Procedure Priority	ID	2	O
Number that identifies the significance or priority of the procedure code. Suggested values:				
0	the admitting procedure			
1	the primary procedure			
2	for ranked secondary procedures			
15	Associated Diagnosis Code	CWE	250	O
Diagnosis that is the primary reason this procedure was performed				
16	Procedure Code Modifier	CNE	705	O
Procedure code modifier to the procedure code reported in field 3, when applicable				
17	Procedure DRG Type	IS	20	O
Procedure's priority ranking relative to its DRG. Suggested values:				
1	1st non-Operative			
2	2nd non-Operative			
3	Major Operative			
4	2nd Operative			
5	3rd Operative			
18	Tissue Type Code	CWE	250	O
Type of tissue removed from a patient during this procedure. Suggested values:				
1	Insufficient Tissue			
2	Not abnormal			
3	Abnormal-not categorized			
4	Mechanical abnormal			
5	Growth alteration			
6	Degeneration & necrosis			
7	Non-acute inflammation			
8	Non-malignant neoplasm			
9	Malignant neoplasm			
0	No tissue expected			
B	Basal cell carcinoma			
C	Carcinoma-unspecified type			
G	Additional tissue required			
19	Procedure Identifier	EI	427	C
A value that uniquely identifies a single procedure for an encounter.				
20	Procedure Action Code	ID	1	C
The action to be taken for this procedure				

21	DRG Procedure Determination Status	IS	20	O
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Status of the use of this particular procedure for the DRG determination. Suggested values:

- 0 Valid code
- 1 Invalid code
- 2 Not used
- 3 Invalid for this gender
- 4 Invalid for this age

22	DRG Procedure Relevance	IS	20	O
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The relevance of this particular procedure for the DRG determination. Suggested values:

- 0 Neither operation relevant nor non-operation relevant procedure
- 1 Operation relevant procedure
- 2 Non-operation relevant procedure

GT1 Procedures Segment

The GT1 segment contains information relative to various types of procedures that can be performed on a patient.

Sequence	Element Name	Data Types	Length	Required
1	Set ID - GT1	SI	4	R
Transaction Identifier.				
2	Guarantor Number	CX	250	O
The primary identifier assigned to the guarantor				
3	Guarantor Name	XPN	250	R
Name of the guarantor				
4	Guarantor Spouse Name	XPN	250	O
Name of the guarantor's spouse				
5	Guarantor Address	XAD	250	O
6	Guarantor Phone Number - Home	XTN	250	O
7	Guarantor Phone Number - Business	XTN	250	O
8	Guarantor Date/Time Of Birth	DTM	24	O
9	Guarantor Administrative Sex	IS	1	O
Guarantor's gender				
10	Guarantor Type	IS	2	O
Type of guarantor, e.g., individual, institution				
11	Guarantor Relationship	CWE	250	O
Relationship of the guarantor with the patient				
12	Guarantor SSN	ST	11	O
13	Guarantor Date - Begin	DT	8	O

Date that the guarantor becomes responsible for the patient's account

14	Guarantor Date - End	DT	8	O
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Date that the guarantor stops being responsible for the patient's account

15	Guarantor Priority	NM	2	O
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Determine the order in which the guarantors are responsible for the patient's account. Suggested values:

1 primary guarantor

2 secondary guarantor

16	Guarantor Employer Name	XPN	250	O
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17	Guarantor Employer Address	XAD	250	O
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18	Guarantor Employer Phone Number	XTN	250	O
----	---------------------------------	-----	-----	---

19	Guarantor Employee ID Number	CX	250	O
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20	Guarantor Employment Status	IS	2	O
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Suggested values:

- 1 Full time employed
- 2 Part time employed
- 4 Self-employed,
- C Contract, per diem
- L Leave of absence (e.g., family leave, sabbatical, etc.)
- T Temporarily unemployed
- 3 Unemployed
- 5 Retired
- 6 On active military duty
- O Other
- 9 Unknown

21	Guarantor Organization Name	XON	250	O
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The name of the guarantor when the guarantor is an organization.

22	Guarantor Billing Hold Flag	ID	1	O
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Indicates whether or not a system should suppress printing of the guarantor's bills. Suggested values:

Y a system should suppress printing of guarantor's bills

N a system should not suppress printing of guarantor's bills

23	Guarantor Credit Rating Code	CWE	250	O
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Guarantor's credit rating

24	Guarantor Death Date And Time	DTM	24	O
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Date and time at which the guarantor's death occurred

25	Guarantor Death Flag	IS	1	O
----	----------------------	----	---	---

Indicates whether or not the guarantor is deceased. Valid values:

Y the guarantor is deceased

N the guarantor is living

26	Guarantor Charge Adjustment Code	CWE	250	O
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Indicate which adjustments should be made to this guarantor's charges.

27	Guarantor Household Annual Income	CP	10	O
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Combined annual income of all members of the guarantor's household

28	Guarantor Household Size	NM	3	O
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Number of people living at the guarantor's primary residence

29	Guarantor Employer ID Number	CX	250	O
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Uniquely identifies the guarantor's employer when the employer is a person

30	Guarantor Marital Status Code	CWE	250	O
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Marital status of the guarantor

31	Guarantor Hire Effective Date	DT	8	O
----	-------------------------------	----	---	---

Date that the guarantor's employment began

32	Employment Stop Date	DT	8	O
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Date on which the guarantor's employment with a particular employer ended.

33	Living Dependency	IS	2	O
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Specific living conditions of the guarantor

34	Ambulatory Status	IS	2	O
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The transient state of mobility for the guarantor

35	Citizenship	CWE	705	O
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36	Primary Language	CWE	705	O
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37	Living Arrangement	IS	2	O
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Situation in which the person lives at his residential address

38	Publicity Code	CWE	705	O
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Level of publicity allowed for a guarantor.

39	Protection Indicator	ID	1	O
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Whether or not access to information about this enrollee should be restricted from users who do not have adequate authority. Valid values:

Y restrict access

N do not restrict access

40	Student Indicator	IS	2	O
----	-------------------	----	---	---

Suggested values:

F Full-time student

P Part-time student

N Not a student

41	Religion	CWE	705	O
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42	Mother's Maiden Name	XPB	250	O
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43	Nationality	CWE	705	O
----	-------------	-----	-----	---

44	Ethnic Group	CWE	705	O
----	--------------	-----	-----	---

45	Contact Person's Name	XPB	250	O
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46	Contact Person's Telephone Number	XTN	250	O
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47	Contact Reason	CWE	705	O
----	----------------	-----	-----	---

The reason for contacting the guarantor

48	Contact Relationship	IS	3	O
----	----------------------	----	---	---

Guarantor relationship to the contact person

49	Job Title	ST	20	O
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50	Job Code/Class	JCC	20	O
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51	Guarantor Employer's Organization Name	XON	250	O
Name of the guarantor's employer when the guarantor's employer is an organization				
52	Handicap	IS	2	O
Code to describe the guarantor's disability				
53	Job Status	IS	2	O
Code to describe the guarantor's job status				
54	Guarantor Financial Class	FC	50	O
55	Guarantor Race	CWE	250	O
56	Guarantor Birth Place	ST	250	O
57	VIP Indicator	IS	2	O

IN1 Procedures Segment

The IN1 segment contains insurance policy coverage information necessary to produce properly pro-rated and patient and insurance bills.

Sequence	Element Name	Data Types	Length	Required
1	Set ID - IN1	SI	4	R
Transaction Identifier				
2	Insurance Plan ID	CWE	250	R
Unique Id for Insurance plan				
3	Insurance Company ID	CX	250	R
Unique identifiers for the insurance company				
4	Insurance Company Name	XON	250	O
5	Insurance Company Address	XAD	250	O
6	Insurance Co Contact Person	XPN	250	O
Name of the contact person from the insurance company				
7	Insurance Co Phone Number	XTN	250	O
8	Group Number	ST	12	O
Group number of the insured's insurance				
9	Group Name	XON	250	O
Group name of the insured's insurance				
10	Insured's Group Employee ID	CX	250	O
Group employer ID for the insured's insurance				
11	Insured's Group Employee Name	XON	250	O
Name of the employer that provides the employee's insurance				
12	Plan Effective Date	DT	8	O
13	Plan Expiration Date	ST	8	O

14	Authorization Information	AUI	239	O
Date and source of authorization for some coverage plans that require an authorization number or code.				
15	Plan Type	IS	3	O
16	Name Of Insured	XPN	250	O
Name of the insured person				
17	Insured's Relationship To Patient	CWE	250	O
Insured's relationship to the patient				
18	Insured's Date Of Birth	DTM	24	O
Date of birth of the insured				
19	Insured's Address	XAD	250	O
Address of the insured person				
20	Assignment Of Benefits	IS	2	O
Indicates whether the insured agreed to assign the insurance benefits to the healthcare provider. Suggested values: Y Yes N No M Modified assignment				
21	Coordination Of Benefits	IS	2	O
Indicates whether this insurance works in conjunction with other insurance plans or is it provides independent coverage. Suggested values: CO Coordination IN Independent				
22	Coordination Of Benefit Priority	ST	2	O
If the insurance works in conjunction with other insurance plans, this field contains priority sequence				
23	Notice Of Admission Flag	IS	1	O
Indicates whether the insurance company requires a written notice of admission from the healthcare provider. Suggested values: Y written notice of admission required N no notice required				
24	Notice Of Admission Date	ST	8	O
Notice sent date				
25	Report Of Eligibility Flag	ID	1	O

Indicates whether this insurance carrier sends a report that indicates that the patient is eligible for benefits and whether it identifies those benefits. Suggested values:

Y eligibility report is sent

N no eligibility report is sent

26	Report Of Eligibility Date	DT	8	O
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Indicates whether a report of eligibility (ROE) was received, and also indicates the date that it was received.

27	Release Information Code	IS	2	O
----	--------------------------	----	---	---

Indicates whether a report of eligibility (ROE) was received, and also indicates the date that it was received. Suggested values:

Y Yes

N No

28	Pre-Admit Cert (PAC)	ST	15	O
----	----------------------	----	----	---

pre admission certification code

29	Verification Date/Time	DTM	24	O
----	------------------------	-----	----	---

Date/time that the healthcare provider verified that the patient has the indicated benefits.

30	Verification By	XCN	250	O
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Person who verified the benefits

31	Type Of Agreement Code	IS	2	O
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Identification of an insurance plan. Suggested values:

S Standard

U Unified

M Maternity

32	Billing Status	IS	2	O
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Indicates whether the particular insurance has been billed

33	Lifetime Reserve Days	NM	4	O
----	-----------------------	----	---	---

Number of days left for a certain service to be provided or covered under an insurance policy.

34	Delay Before Lifetime Reserve Day	NM	4	O
----	-----------------------------------	----	---	---

Delay before lifetime reserve days

35	Company Plan Code	IS	20	O
----	-------------------	----	----	---

36	Policy Number	ST	15	O
----	---------------	----	----	---

Individual policy number of the insured to uniquely identify this patient's plan

37	Policy Deductible	CP	12	O
----	-------------------	----	----	---

Amount specified by the insurance plan that is the responsibility of the guarantor.

38	Policy Limit - Amount			W
----	-----------------------	--	--	---

39	Policy Limit - Days	NM	4	O
----	---------------------	----	---	---

Maximum number of days that the insurance policy will cover

40	Room Rate - Semi-Private			W
----	--------------------------	--	--	---

41	Room Rate - Private			W
----	---------------------	--	--	---

42	Insured's Employment Status	CWE	250	O
----	-----------------------------	-----	-----	---

Employment status of the insured.

43	Insured's Administrative Sex	IS	1	O
----	------------------------------	----	---	---

Gender of the insured

44	Insured's Employer's Address	XAD	250	O
----	------------------------------	-----	-----	---

Address of the insured employee's employer

45	Verification Status	ST	2	O
----	---------------------	----	---	---

Status of this patient's relationship with this insurance carrier

46	Prior Insurance Plan ID	IS	8	O
----	-------------------------	----	---	---

Identifies the prior insurance plan when the plan ID changes

47	Coverage Type	IS	3	O
----	---------------	----	---	---

Coding structure that identifies the type of insurance coverage. Suggested values:

H Hospital/institutional
 P Physician/professional
 B Both hospital and physician
 RX Pharmacy

48	Handicap	IS	2	O
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Code to describe the insured's disability

49	Insured's ID Number	CX	250	O
----	---------------------	----	-----	---

Healthcare institution's identifiers for the insured

50	Signature Code	IS	1	O
----	----------------	----	---	---

Indicate how the patient/subscriber authorization signature was obtained and how it is being retained by the provider.
Suggested values:

C Signed CMS-1500 claim form on file, e.g., authorization for release of any medical or other information necessary to process this claim and assignment of benefits.

S Signed authorization for release of any medical or other information necessary to process this claim on file.

M Signed authorization for assignment of benefits on file.

P Signature generated by provider because the patient was not physically present for services.

51	Signature Code Date	DT	8	O
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Date on which patient/subscriber authorization signature was obtained

52	Insured's Birth Place	ST	250	O
----	-----------------------	----	-----	---

53	VIP Indicator	IS	2	O
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IN2 Procedures Segment

The IN2 segment contains additional insurance policy coverage and benefit information necessary for proper billing and reimbursement.

Sequence	Element Name	Data Types	Length	Required
1	Insured's Employee ID	CX	250	O
Employee ID of the insured				
2	Insured's Social Security Number	ST	11	O
3	Insured's Employer's Name and ID	XCN	250	O
4	Employer Information Data	IS	1	O
5	Mail Claim Party	IS	1	O
Party to which the claim should be mailed. Suggested values:				
E Employer				
G Guarantor				
I Insurance company				
O Other				
P Patient				
6	Medicare Health Ins Card Number	ST	15	O
Medicare Health Insurance Number (HIN), defined by CMS or other regulatory agencies.				
7	Medicaid Case Name	XPN	250	O
Medicaid case name, defined by CMS or other regulatory agencies				
8	Medicaid Case Number	ST	15	O
Medicaid case number, defined by CMS or other regulatory agencies				
9	Military Sponsor Name	SPN	250	O
Multiple names for the same person may be sent in this field				
10	Military ID Number	ST	20	O
military ID number, defined by CMS or other regulatory agencies				
11	Dependent Of Military Recipient	CWE	250	O
12	Military Organization	ST	25	O

13	Military Station	ST	25	O
14	Military Service	IS	14	O
15	Military Rank/Grade	IS	2	O
16	Military Status	IS	3	O
17	Military Retire Date	DT	8	O
18	Military Non-Avail Cert On File	ID	1	O
Suggested values:				
Y	Certification on file			
N	Certification not on file			
19	Baby Coverage	ID	1	O
Suggested values:				
Y	Baby coverage			
N	No baby coverage			
20	Combine Baby Bill	ID	1	O
Valid values:				
Y	Combine bill			
N	Normal billing			
21	Blood Deductible	ST	1	O
Blood deductible can be associated with the specific insurance plan via this field.				
22	Special Coverage Approval Name	XP	250	O
name of the individual who approves any special coverage				
23	Special Coverage Approval Title	ST	30	O
the title of the person who approves special coverage				
24	Non-Covered Insurance Code	IS	8	O
code that describes why a service is not covered				
25	Payor ID	CX	250	O

26	Payor Subscriber ID	CX	250	O
27	Eligibility Source	IS	1	O
Source of information about the insured's eligibility for benefits . Suggested values:				
1	Insurance company			
2	Employer			
3	Insured presented policy			
4	Insured presented card			
5	Signed statement on file			
6	Verbal information			
7	None			
28	Room Coverage Type/Amount	RMC	82	O
Room type, amount type and amount covered by the insurance				
29	Policy Type/Amount	PTA	56	O
Policy type and amount covered by the insurance				
30	Daily Deductible	DDI	25	O
The number of days after which the daily deductible begins, the amount of the deductible, and the number of days to apply the deductible.				
31	Living Dependency	IS	2	O
Specific living conditions for the insured				
32	Ambulatory Status	IS	2	O
Insured's state of mobility				
33	Citizenship	CWE	705	O
34	Primary Language	CWE	705	O
35	Living Arrangement	IS	2	O
Situation in which the insured person lives at his primary residence.				
36	Publicity Code	CWE	705	O
37	Protection Indicator	ID	1	O

Suggested values:

Y Restrict access

N Do not restrict access

38	Student Indicator	IS	2	O
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Identifies whether the insured is currently a student or not, and whether the insured is a full-time or a part-time student.

39	Religion	CWE	705	O
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The type of religion practiced by the insured

40	Mother's Maiden Name	XPN	250	O
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41	Nationality	CWE	705	O
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42	Ethnic Group	CWE	705	O
----	--------------	-----	-----	---

43	Marital Status	CWE	705	O
----	----------------	-----	-----	---

44	Insured's Employment Start Date	DT	8	O
----	---------------------------------	----	---	---

45	Employment Stop Date	DT	8	O
----	----------------------	----	---	---

46	Job Title	ST	20	O
----	-----------	----	----	---

47	Job Code/Class	JCC	20	O
----	----------------	-----	----	---

Code that identifies the insured's job code

48	Job Status	IS	2	O
----	------------	----	---	---

Code that identifies the insured's current job status

49	Employer Contact Person Name	XPN	250	O
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50	Employer Contact Person Phone Number	XTN	250	O
----	--------------------------------------	-----	-----	---

51	Employer Contact Reason	IS	2	O
----	-------------------------	----	---	---

52	Insured's Contact Person's Name	XPN	250	O
----	---------------------------------	-----	-----	---

53	Insured's Contact Person Phone Number	XTN	250	O
----	---------------------------------------	-----	-----	---

54	Insured's Contact Person Reason	IS	2	O
----	---------------------------------	----	---	---

The reason(s) the person should be contacted regarding the insured.

55	Relationship to the Patient Start Date	DT	8	O
----	----------------------------------------	----	---	---

56	Relationship to the Patient Stop Date	DT	8	O
----	---------------------------------------	----	---	---

57	Insurance Co Contact Reason	IS	2	O
----	-----------------------------	----	---	---

User-defined code that specifies how the contact should be used. Suggested values:

01 Medicare claim status

02 Medicaid claim status

03 Name/address change

58	Insurance Co Contact Phone Number	XTN	250	O
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59	Policy Scope	IS	2	O
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User-defined code designating the extent of the coverage for a participating member.

60	Policy Source	IS	2	O
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Identifies how the policy information got established.

61	Patient Member Number	CX	250	O
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Identifying number assigned by the payor for each individual covered by the insurance policy issued to the insured.

62	Guarantor's Relationship to Insured	CWE	250	O
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The guarantor to the insurance subscriber.

63	Insured's Phone Number - Home	XTN	250	O
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64	Insured's Employer Phone Number	XTN	250	O
----	---------------------------------	-----	-----	---

65	Military Handicapped Program	CWE	250	O
Military program for the handicapped in which the patient is enrolled.				
66	Suspend Flag	ID	1	O
Indicates whether charges should be suspended for a patient. Suggested values:				
Y	charges should be suspended			
N	charges should NOT be suspended			
67	Copay Limit Flag	ID	1	O
Indicates if the patient has reached the co-pay limit so that no more co-pay charges should be calculated for the patient. Suggested values:				
Y	the patient is at or exceeds the co-pay limit			
N	the patient is under the co-pay limit			
68	Stoploss Limit Flag	ID	1	O
Indicates if the patient has reached the stoploss limit established in the Contract Master. Suggested values:				
Y	the patient has reached the stoploss limit			
N	the patient has not reached the stoploss limit			
69	Insured Organization Name and ID	XON	250	O
Name of the insured if the insured is an organization				
70	Insured Employer Organization Name and ID	XON	250	O
Name of the insured's employer, or the organization that purchased the insurance for the insured, if the employer is an organization				
71	Race	CWE	705	O
72	Patient's Relationship to Insured	CWE	705	O
Relationship of the patient to the insured. Suggested values:				
01	Patient is insured			
02	Spouse			
03	Natural child/insured financial responsibility			
04	Natural child/Insured does not have financial responsibility			
05	Step child			
06	Foster child			
07	Ward of the court			
08	Employee			
09	Unknown			
10	Handicapped dependent			
11	Organ donor			
12	Cadaver donor			
13	Grandchild			
14	Niece/nephew			
15	Injured plaintiff			
16	Sponsored dependent			

- 17 Minor dependent of a minor dependent
 - 18 Parent
 - 19 Grandparent
-

IN3 Procedures Segment

The IN3 segment contains additional insurance information for certifying the need for patient care.

Sequence	Element Name	Data Types	Length	Required
1	Set ID - IN3	SI	4	R
Transaction Identifier				
2	Certification Number	CX	250	O
number assigned by the certification agency				
3	Certified By	XCN	250	O
Party that approved the certification				
4	Certification Required	ID	1	O
Indicates whether certification is required. Suggested value: Y certification required N certification not required				
5	Penalty	MOP	23	O
Penalty, in dollars or a percentage that will be assessed if the pre-certification is not performed.				
6	Certification Date/Time	DTM	24	O
Date and time stamp that indicates when insurance was certified to exist for the patient.				
7	Certification Modify Date/Time	DTM	24	O
Date/time that the certification was modified				
8	Operator	XCN	250	O
Name party who is responsible for sending this certification information				
9	Certification Begin Date	DT	8	O
10	Certification End Date	DT	8	O
11	Days	DTN	6	O
Number of days for which this certification is valid				
12	Non-Concur Code/Description	CWE	250	O
The non-concur code and description for a denied request				

13	Non-Concur Effective Date/Time	DTM	24	O
Effective date of the non-concurrence classification				
14	Physician Reviewer	XCN	250	O
Physician who works with and reviews cases that are pending physician review for the certification agency.				
15	Certification Contact	ST	48	O
Name of the party contacted at the certification agency who granted the certification and communicated the certification number.				
16	Certification Contact Phone Number	XTN	250	O
Phone number of the certification contact				
17	Appeal Reason	CWE	250	O
Reason that an appeal was made on a non-concur for certification				
18	Certification Agency	CWE	250	O
19	Certification Agency Phone Number	XTN	250	O
20	Pre-Certification Requirement	ICD	40	O
Indicates whether pre-certification is required for particular patient types, and the time window for obtaining the certification. Suggested values: Y pre-certification required N no pre-certification required				
21	Case Manager	ST	48	O
Name of the entity, which is handling this particular patient's case				
22	Second Opinion Date	DT	8	O
23	Second Opinion Status	IS	1	O
24	Second Opinion Documentation Received	IS	1	O
Use this field if accompanying documentation has been received by the provider.				
25	Second Opinion Physician	XCN	250	O
Identifier and name of the physician who provided the second opinion				

IAM - Patient Adverse Reaction Information Segment

The IAM segment contains person/patient adverse reaction information of various types.

Sequence	Element Name	Data Types	Length	Required
1	Set ID - IAM	SI	4	R
Transaction Identifier				
2	Allergen Type Code	CWE	705	O
General allergy category				
3	Allergen Code/Mnemonic/Description	CWE	705	R
4	Allergy Severity Code	CWE	705	O
General severity of the allergy				
5	Allergy Reaction Code	ST	15	O
Specific allergic reaction that was documented				
6	Allergy Action Code	CNE	250	R
Code defining the status of the record. Valid values: A Add/Insert D Delete U Update X No change				
7	Allergy Unique Identifier	EI	427	C
Uniquely identifies a single allergy for a person				
8	Action Reason	ST	60	O
Reason for IAM 6.				
9	Sensitivity to Causative Agent Code	CWE	705	O
Reason why the patient should not be exposed to a substance. Suggested values: AD Adverse Reaction AL Allergy CT Contraindication IN Intolerance				
10	Allergen Group Code/Mnemonic/Description	CWE	705	O
11	Onset Date	DT	8	O
Date of first reaction.				

12	Onset Date Text	ST	60	O
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Text description of the above date.

13	Reported Date/Time	DTM	8	O
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Date/time the allergy was reported to a caregiver.

14	Reported By	XPN	250	O
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Person reporting the allergy to a caregiver

15	Relationship to Patient Code	CWE	705	O
----	------------------------------	-----	-----	---

Relationship that the person reporting the allergy has to the patient. Suggested values:

SEL Self
 SPO Spouse
 DOM Life partner
 CHD Child
 GCH Grandchild
 NCH Natural child
 SCH Stepchild
 FCH Foster child
 DEP Handicapped dependent
 WRD Ward of court
 PAR Parent
 MTH Mother
 FTH Father
 CGV Care giver
 GRD Guardian
 GRP Grandparent
 EXF Extended family
 SIB Sibling
 BRO Brother
 SIS Sister
 FND Friend
 OAD Other adult
 EME Employee
 EMR Employer
 ASC Associate
 EMC Emergency contact
 OWN Owner
 TRA Trainer
 MGR Manager
 NON None
 UNK Unknown
 OTH Other

16	Alert Device Code	CWE	705	O
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Allergy alert device. Suggested values:

B Bracelet

N Necklace

W Wallet Card

17	Allergy Clinical Status Code	CWE	705	O
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Verification status for the allergy. Suggested values:

U Unconfirmed

P Pending

S Suspect

C Confirmed or verified

I Confirmed but inactive

E Erroneous

D Doubt raised

18	Stated by Person	XCN	250	O
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Identifies the provider who assigned the clinical status to the allergy

19	Stated by Organization	XON	250	O
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Name of the organization providing the update to the allergy

20	Stated at Date/Time	DTM	8	O
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NPU – Bed Status Update Segment

The NPU segment allows the updating of census (bed status) data without sending patient-specific data.

Sequence	Element Name	Data Types	Length	Required
1	Bed Location	PL	80	R

Valid Bed location.

2	Bed Status	IS	1	O
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MRG – Merge Patient Information Segment

The MRG segment provides receiving applications with information necessary to initiate the merging of patient data as well as groups of records.

Sequence	Element Name	Data Types	Length	Required
1	Prior Patient Identifier List	CX	250	R
2	Prior Alternate Patient ID	CX	250	B
3	Prior Patient Account Number	CX	250	O
4	Prior Patient ID	CX	250	B
5	Prior Visit Number	CX	250	O
6	Prior Alternate Visit ID	CX	250	O
7	Prior Patient Name	XP	250	O

PD1 – Patient Additional Demographic Segment

The PD1 segment consists of demographic information that is likely to change about the patient.

Sequence	Element Name	Data Types	Length	Required
1	Living Dependency	IS	2	O
Specific living conditions for evaluation of the patient's healthcare needs. Suggested values: S Spouse Dependent M Medical Supervision Required C Small Children Dependent O Other U Unknown				
2	Living Arrangement	IS	2	O
Situation in which the patient lives				
3	Patient Primary Facility	XON	250	O
Name and identifier for the "primary care" healthcare facility				
4	Patient Primary Care Provider Name & ID No.	XCN	250	B
5	Student Indicator	IS	2	O
Patient is a student or not.				
6	Handicap	IS	2	O
7	Living Will Code	IS	2	O
Indicates whether or not the patient has a living will and the copy should be there with healthcare.				
8	Organ Donor Code	IS	2	O
Indicates whether the patient wants to donate his/her organs and the documentation should be with healthcare.				
9	Separate Bill	ID	1	O
Charges for this patient are to be billed separately from other patient bills with the same guarantor. Valid values: Y Bill separately N normal processing				
10	Duplicate Patient	CX	250	O
Patient is the same or a duplicate of another patient found on the sending system				
11	Publicity Code	CWE	705	O
Level of publicity				

12	Protection Indicator	ID	1	B
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Suggested values:

Y protect access to information

N normal access

13	Protection Indicator Effective Date	DT	8	B
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14	Place of Worship	XON	250	O
----	------------------	-----	-----	---

15	Advance Directive Code	CWE	705	C
----	------------------------	-----	-----	---

16	Immunization Registry Status	IS	1	O
----	------------------------------	----	---	---

Immunization registry status of the patient. Suggested values:

A Active

I Inactive

L Inactive - Lost to follow-up (cancel contract)

M Inactive - Moved or gone elsewhere (cancel contract)

P Inactive - Permanently inactive (Do not reactivate or add new entries to the record)

O Other

U Unknown

17	Immunization Registry Status Effective Date	DT	8	O
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18	Publicity Code Effective Date	DT	8	O
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19	Military Branch	IS	5	O
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Field defined by CMS or other regulatory services. Suggested values:

USA US Army

USN US Navy

USAF US Air Force

USMC US Marine Corps

USCG US Coast Guard

USPHS US Public Health Service

NOAA National Oceanic and Atmospheric Administration

NATO North Atlantic Treaty Organization

AUSA Australian Army

AUSN Australian Navy

AUSAF Australian Air Force

20	Military Rank/Grade	IS	2	O
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Suggested values:

E1... E9 Enlisted
O1 ... O9 Officers
W1 ... W4 Warrant Officers

21	Military Status	IS	3	O
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Suggested values:
ACT Active duty
RET Retired
DEC Deceased

22	Advance Directive Last Verified Date	DT	8	O
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DB1 - Disability Segment

The DB1 segment contains information related to the disability of a person.

Sequence	Element Name	Data Types	Length	Required
1	Set ID - DB1	SI	4	R
Transaction Identifier				
2	Disabled Person Code	IS	2	O
Suggested values: PT Patient GT Guarantor IN Insured AP Associated party				
3	Disabled Person Identifier	CX	250	O
4	Disability Indicator	ID	1	O
Indicates if the person's visit is a disability visit. Suggested values: Y a disability visit N not a disability visit				
5	Disability Start Date	DT	8	O
6	Disability End Date	DT	8	O
7	Disability Return to Work Date	DT	8	O
Authorized date on which the patient can return to work				
8	Disability Unable to Work Date	DT	8	O
Authorized date span on which the patient is unable to work				

PDA – Patient Death and Autopsy Segment

The PDA segment contains information on a patient's death and possible autopsy.

Sequence	Element Name	Data Types	Length	Required
1	Death Cause Code	CWE	705	O
Reason of the death.				
2	Death Location	PL	80	O
3	Death Certified Indicator	ID	1	O
Suggested values: Y death has been certified N death has not been certified				
4	Death Certificate Signed Date/Time	DTM	24	O
5	Death Certified By	XCN	250	O
6	Autopsy Indicator	ID	1	O
Suggested values: Y an autopsy was performed N an autopsy was not performed				
7	Autopsy Start and End Date/Time	DR	53	O
8	Autopsy Performed By	XCN	250	O
9	Coroner Indicator	ID	1	O
Suggested values: Y Has been assigned to the coroner. N Has not been assigned to the coroner.				

ARV – Access Restrictions Segment

The ARV segment is used to communicate the requested/required type of access restrictions from system to system, at both the person/patient and the encounter/visit level.

Sequence	Element Name	Data Types	Length	Required
1	Set ID	SI	4	O
Transaction Identifier				
2	Access Restriction Action Code	CNE	705	R
Action to be taken for this segment. Suggested values: A Add/Insert D Delete U Update X No change				
3	Access Restriction Value	CNE	705	R
Information to which access is restricted. Suggested values: ALL All DEM All demographic data LOC Patient Location PID-7 Date of Birth PID-17 Religion HIV HIV status and results STD Sexually transmitted diseases PSY Psychiatric Mental health DRG Drug SMD Sensitive medical data NO None OO Opt out all registries (HIPAA) OI Opt in all registries (HIPAA)				
4	Access Restriction Reason	CWE	705	O
Reason for the restricted access. Suggested values: PAT Patient Request PHY Physician Request REG Regulatory requirement ORG Organizational policy or requirement EMP Employee of this organization DIA Diagnosis-related VIP Very important person or celebrity				
5	Special Access Restriction Instructions	ST	250	O
Special instructions about the protection of the patient's data.				
6	Access Restriction Date Range	DR	49	O

ACC – Accident Segment

The ACC segment contains patient information relative to an accident in which the patient has been involved.

Sequence	Element Name	Data Types	Length	Required
1	Accident Date/Time	DTM	24	O
2	Accident Code	CWE	250	O
	Type of accident			
3	Accident Location	ST	25	O
4	Auto Accident State	CWE	250	B
5	Accident Job Related Indicator	ID	1	O
	Suggested values:			
	Y the accident was job related			
	N the accident was not job related			
6	Accident Death Indicator	ID	12	O
	Suggested values:			
	Y the accident was job related			
	N the accident was not job related			
7	Entered By	XCN	3220	O
	Identifies the person entering the accident information			
8	Accident Description	ST	25	O
	Description of the accident			
9	Brought In By	ST	80	O
	Person or organization that brought in the patient.			
10	Police Notified Indicator	ID	1	O
	Suggested values:			
	Y the police were notified			
	N the police were not notified.			
11	Accident Address	XAD	250	O

UB1 – Uniform Billing 1 Segment

Sequence	Element Name	Data Types	Length	Required
1	Set ID UB1	SI	4	O
Transaction Identifier				
2	Blood Deductible			W
3	Blood Furnished Pints	NM	2	O
Amount of blood furnished to the patient for this visit				
4	Blood Replaced Pints	NM	2	O
The total number of pints of whole blood or units of packed red cells furnished to the patient that were replaced				
5	Blood Not Replaced Pints	NM	2	O
Blood not replaced, as measured in pints				
6	Co Insurance Days	NM	2	B
7	Condition Code	IS	14	B
8	Covered Days	NM	3	B
9	Non Covered Days	NM	3	B
10	Value Amount & Code	UVC	41	B
11	Number Of Grace Days	NM	2	O
Number of days necessary to arrange for the patient's post-discharge care following provider review organization/utilization review (PRO/UR) determination.				
12	Special Program Indicator	CWE	250	O
An indicator for special funding programs, such as physically handicapped children's program, family planning, and disability				
13	PSRO/UR Approval Indicator	CWE	250	O
Code for the provider service review organization/utilization review (PSRO/UR) approval indicator.				

14	PSRO/UR Approved Stay Fm	DT	8	O
PSRO/UR approved stay date (from)				
15	PSRO/UR Approved Stay To	DT	8	O
PSRO/UR approved stay date (to)				
16	Occurrence	OCD	259	B
17	Occurrence Span	CWE	250	B
18	Occur Span Start Date	DT	8	B
19	Occur Span End Date	DT	8	B
20	UB 82 Locator 2	ST	30	B
21	UB 82 Locator 9	ST	7	B
22	UB 82 Locator 27	ST	8	B
23	UB 82 Locator 45	ST	17	B

UB2 – UB92 Data Segment

The UB2 segment contains data necessary to complete UB92 bills specific to the United States.

Sequence	Element Name	Data Types	Length	Required
1	Set ID UB1	SI	4	O
Transaction Identifier				
2	Co Insurance Days (9)	ST	3	O
Number of inpatient days exceeding defined benefit coverage				
3	Condition Code (24-30)	IS	2	O
Code reporting conditions that may affect payer processing				
4	Covered Days (7)	ST	3	O
UB92 field 7				
5	Non Covered Days (8)	ST	4	O
UB92 field 8				
6	Value Amount & Code	UVC	41	O
monetary amount and an associated billing code				
7	Occurrence Code & Date (32-35)	OCD	259	O
UB92 fields 32a, 32b, 33a, 33b, 34a, 34b, 35a, and 35b				
8	Occurrence Span Code/Dates (36)	OSP	268	O
9	UB92 Locator 2 (State)	ST	29	O
10	UB92 Locator 11 (State)	ST	12	O
11	UB92 Locator 31 (National)	ST	5	O
12	Document Control Number	ST	23	O
13	UB92 Locator 49 (National)	ST	4	O

14	UB92 Locator 56 (State)	ST	14	O
15	UB92 Locator 57 (National)	ST	27	O
16	UB92 Locator 78 (State)	ST	2	O
17	Special Visit Count	NM	3	O

Total number of special therapy visits.

Message Definition - Segment Usage in Each transaction

ORU – Unsolicited Observation Message (Event R01)

The ORU message is for transmitting laboratory results to other systems. Following are the segments that are generally present in an Lab Result type of transmissions. The elements are explained in detail within this OneHealthport use case. First table identifies ORU^R01 and second identifies ACK^R01 message.

Segments	Description
MSH	Message Header
{	--- PATIENT_RESULT begin
[--- PATIENT begin
PID	Patient Identification
[{ NTE }	Notes and Comments
[PV1]	Patient Visit
]	--- PATIENT end
{	--- ORDER_OBSERVATION begin
[ORC]	Order common
OBR	Observations Request
[{ NTE }	Notes and Comments
[--- OBSERVATION begin
{	
OBX	
[{ NTE }	Notes and Comments
}	
]	--- OBSERVATION end
}	--- ORDER_OBSERVATION end
}	--- PATIENT_RESULT end
[DSC]	Continuation Pointer

A common use of these transaction sets will be to transmit observations and results of diagnostic studies from the producing system (e.g., clinical laboratory system, EKG system) (the filler), to the ordering system (e.g., HIS order entry, physician's office system) (the placer).

ACK – Acknowledgement (Event R01)

When the unsolicited update is sent from one system to another, the original acknowledgment mode specifies that it be acknowledged at the application level. The reasoning is that it is not sufficient to know that the underlying communications system guaranteed delivery of the message. It is also necessary to know that the receiving application processed the data successfully at a logical application level.

Segments	Description
MSH	Message Header
MSA	Message Acknowledgement
[ERR]	Error Segment

ADT - Admit/Visit Notification (Event A01)

In this event, the patient has been admitted and has been assigned to a location (room or bed).

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
{{ NK1 }}	Next of Kin / Associated Parties
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
{{ OBX }}	Observation/Result
{{ AL1 }}	Allergy Information
{{ DG1 }}	Diagnosis Information
{{ PR1 }}	Procedures
{{ GT1 }}	Guarantor
{{	--- INSURANCE begin
IN1	Insurance
[IN2]	Insurance Additional Info.
{{ IN3 }}	Insurance Additional Info - Cert.
}}	--- INSURANCE end
[ACC]	Accident Information
[UB1]	Universal Bill Information
[UB2]	Universal Bill 92 Information

ADT - Transfer a Patient (Event A02)

In this event, a patient has been transferred from one location to another one.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
[[OBX]]	Observation/Result

ADT - Discharge a Patient (Event A03)

This event marks the end of the patient's day in a healthcare facility.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
[[OBX]]	Observation/Result

ADT – Register a Patient (Event A04)

This event denotes that the patient has arrived or checked in as a one-time, or recurring outpatient, and is not assigned to a bed.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
{{ NK1 }}	Next of Kin / Associated Parties
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
{{ OBX }}	Observation/Result
{{ AL1 }}	Allergy Information
{{ DG1 }}	Diagnosis Information
{{PR1}}	Procedures
{{ GT1 }}	Guarantor
{{	--- INSURANCE begin
IN1	Insurance
[IN2]	Insurance Additional Info.
{{ IN3 }}	Insurance Additional Info - Cert.
}}	--- INSURANCE end
[ACC]	Accident Information
[UB1]	Universal Bill Information
[UB2]	Universal Bill 92 Information

ADT – Pre-Admit a Patient (Event A05)

This event occurs when a patient undergoes the pre-admission process.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
{{ NK1 }}	Next of Kin / Associated Parties
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
{{ OBX }}	Observation/Result
{{ AL1 }}	Allergy Information
{{ DG1 }}	Diagnosis Information
{{ PR1 }}	Procedures
{{ GT1 }}	Guarantor
{{	--- INSURANCE begin
IN1	Insurance
[IN2]	Insurance Additional Info.
{{ IN3 }}	Insurance Additional Info - Cert.
}}	--- INSURANCE end
[ACC]	Accident Information
[UB1]	Universal Bill Information
[UB2]	Universal Bill 92 Information

ADT – Transfer an Outpatient to Inpatient (Event A06)

This event occurs when a patient who was present for a non-admitted visit is being admitted after an evaluation of the seriousness of the patient's condition.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
[MRG]	Merge Information
[[NK1]]	Next of Kin / Associated Parties
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
[[OBX]]	Observation/Result
[[AL1]]	Allergy Information
[[DG1]]	Diagnosis Information
[[PR1]]	Procedures
[[GT1]]	Guarantor
[[--- INSURANCE begin
IN1	Insurance
[IN2]	Insurance Additional Info.
[[IN3]]	Insurance Additional Info - Cert.
]]	--- INSURANCE end
[ACC]	Accident Information
[UB1]	Universal Bill Information
[UB2]	Universal Bill 92 Information

ADT – Transfer an Inpatient to Outpatient (Event A07)

A "change inpatient to outpatient" message (A07 event) is sent when an inpatient becomes an outpatient and is still receiving care/services.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
[MRG]	Merge Information
[[NK1]]	Next of Kin / Associated Parties
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
[[OBX]]	Observation/Result
[[AL1]]	Allergy Information
[[DG1]]	Diagnosis Information
[[PR1]]	Procedures
[[GT1]]	Guarantor
[[--- INSURANCE begin
IN1	Insurance
[IN2]	Insurance Additional Info.
[[IN3]]	Insurance Additional Info - Cert.
]]	--- INSURANCE end
[ACC]	Accident Information
[UB1]	Universal Bill Information
[UB2]	Universal Bill 92 Information

ADT – Update Patient Information (Event A08)

This event is used when any patient information has changed but when no other ADT event has occurred.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
{{ NK1 }}	Next of Kin / Associated Parties
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
{{ OBX }}	Observation/Result
{{ AL1 }}	Allergy Information
{{ DG1 }}	Diagnosis Information
{{ PR1 }}	Procedures
{{ GT1 }}	Guarantor
{{	--- INSURANCE begin
IN1	Insurance
[IN2]	Insurance Additional Info.
{{ IN3 }}	Insurance Additional Info - Cert.
}}	--- INSURANCE end
[ACC]	Accident Information
[UB1]	Universal Bill Information
[UB2]	Universal Bill 92 Information

ADT –Patient Departing (Event A09)

The A09 and A10 - patient arriving-tracking events are used when there is a change in a patient's physical location (inpatient or outpatient).

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
[[OBX]]	Observation/Result
[[DG1]]	Diagnosis Information

ADT –Patient Arriving (Event A10)

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
[[OBX]]	Observation/Result
[[DG1]]	Diagnosis Information

ADT – Cancel Admit (Event A11)

For inpatients, the "cancel admission" message (A11 event) is sent when an earlier "admission" message (A01 event) is canceled, either because of an erroneous entry or because of a revised decision to not admit the patient. For outpatients/ER patients, the message is sent when an earlier "register outpatient" message (A04 event) is canceled for similar reasons. If the patient has orders on file, the patient will be discharged by the application. If no orders are on file, the patient's record will be deleted.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
[[OBX]]	Observation/Result
[[DG1]]	Diagnosis Information

ADT – Cancel Transfer (Event A12)

The event is intended to reverse an earlier "transfer" message, either because of an erroneous entry or because of a revised decision to not transfer the patient.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
{{ OBX }}	Observation/Result
{{ DG1 }}	Diagnosis Information

ADT – Cancel Discharge (Event A13)

The event is sent when an earlier "discharge patient" message (A03 event) is canceled, either because of erroneous entry or because of a revised decision to not discharge, or end the visit of, the patient.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
{{ NK1 }}	Next of Kin / Associated Parties
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
{{ OBX }}	Observation/Result
{{ AL1 }}	Allergy Information
{{ DG1 }}	Diagnosis Information
{{PR1}}	Procedures
{{ GT1 }}	Guarantor
{{	--- INSURANCE begin
IN1	Insurance
[IN2]	Insurance Additional Info.
{{ IN3 }}	Insurance Additional Info - Cert.
}}	--- INSURANCE end
[ACC]	Accident Information
[UB1]	Universal Bill Information
[UB2]	Universal Bill 92 Information

ADT – Pending Admit (Event A14)

This event notifies other systems of a planned admission, when there is a reservation or when patient admission is to occur imminently.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
{{ NK1 }}	Next of Kin / Associated Parties
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
{{ OBX }}	Observation/Result
{{ AL1 }}	Allergy Information
{{ DG1 }}	Diagnosis Information
{{ PR1 }}	Procedures
{{ GT1 }}	Guarantor
{{	--- INSURANCE begin
IN1	Insurance
[IN2]	Insurance Additional Info.
{{ IN3 }}	Insurance Additional Info - Cert.
}}	--- INSURANCE end
[ACC]	Accident Information
[UB1]	Universal Bill Information
[UB2]	Universal Bill 92 Information

ADT – Pending Transfer (Event A15)

This event notifies other systems of a plan to transfer a patient to a new location when the patient has not yet left the old location.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
{{ OBX }}	Observation/Result
{{ DG1 }}	Diagnosis Information

ADT – Pending Discharge (Event A16)

This event notifies other systems of a plan to transfer a patient when the patient has not yet left the healthcare facility.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
[[OBX]]	Observation/Result
[[DG1]]	Diagnosis Information

ADT – Swap Patients (Event A17)

This event is used to identify two patients that have exchanged beds. The interface will process inbound A17 events, but does not support this event for outbound messages.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
[[OBX]]	Observation/Result
PID	Patient Identification
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
[[OBX]]	Observation/Result

QRY - Patient Query (Event A19)

This event is used to get Patient Administration data about a patient by sending a query to the Patient Administration system.

Segments	Description
MSH	Message Header
QRD	Query Definition
[QRF]	Query Filter

ADT – Bed Status Update (Event A20)

This event is used by nursing/census applications to update the Patient Administration system's bed status.

Segments	Description
MSH	Message Header
EVN	Event Type
NPU	Non-Patient Update

ADT – Leave of Absence - Out (Event A21)

This event is sent to notify systems that an admitted patient has left the healthcare institution temporarily.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
[[OBX]]	Observation/Result

ADT – Leave of Absence - In (Event A22)

This event is sent to notify systems that an admitted patient has returned to the healthcare institution after a temporary "leave of absence."

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
[[OBX]]	Observation/Result

ADT – Delete a Patient Record (Event A23)

The "delete record" message (A23 event) is recognized by the interface for inbound messages and processed in the same manner as a "cancel admission" (A11 event) message. The "delete record" (A23) event is not supported for outbound ADT messages.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
[[OBX]]	Observation/Result

ADT – Link Patient Information (Event A24)

The A24 event is used when the first PID segment needs to be linked to the second PID segment and when both patient identifiers identify the same patient.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
[PV1]	Patient Visit
PID	Patient Identification
[PV1]	Patient Visit

ADT – Cancel Pending Discharge (Event A25)

This event is sent when an A16 (pending discharge) event is cancelled, either because of erroneous entry of the A16 event or because of a decision not to discharge the patient after all.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
{{ OBX }}	Observation/Result

ADT – Cancel Pending Transfer (Event A26)

This event is sent when an A15 (pending transfer) event is cancelled, either because of erroneous entry of the A15 event or because of a decision not to transfer the patient after all.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
{ OBX }	Observation/Result

ADT – Cancel Pending Admit (Event A27)

This event is sent when an A14 (pending admit) event is cancelled, either because of erroneous entry of the A14 event or because of a decision not to admit the patient after all.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
{{ OBX }}	Observation/Result

ADT – Add Person Information (Event A28)

This event can be used to add all demographic information related to a given person.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
{{ NK1 }}	Next of Kin / Associated Parties
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
{{ OBX }}	Observation/Result
{{ AL1 }}	Allergy Information
{{ DG1 }}	Diagnosis Information
{{ PR1 }}	Procedures
{{ GT1 }}	Guarantor
{{	--- INSURANCE begin
IN1	Insurance
[IN2]	Insurance Additional Info.
{{ IN3 }}	Insurance Additional Info - Cert.
}}	--- INSURANCE end
[ACC]	Accident Information
[UB1]	Universal Bill Information
[UB2]	Universal Bill 92 Information

ADT – Delete Person Information (Event A29)

This event can be used to delete all demographic information related to a given person.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
[[OBX]]	Observation/Result

ADT – Merge Person Information (Event A30)

This event can be used to merge information on an MPI.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
MRG	Merge Information

ADT – Update Person Information (Event A31)

This event can be used to update demographic information related on an MPI.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
{{ NK1 }}	Next of Kin / Associated Parties
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
{{ OBX }}	Observation/Result
{{ AL1 }}	Allergy Information
{{ DG1 }}	Diagnosis Information
{{ PR1 }}	Procedures
{{ GT1 }}	Guarantor
{{	--- INSURANCE begin
IN1	Insurance
[IN2]	Insurance Additional Info.
{{ IN3 }}	Insurance Additional Info - Cert.
}}	--- INSURANCE end
[ACC]	Accident Information
[UB1]	Universal Bill Information
[UB2]	Universal Bill 92 Information

ADT – Cancel Patient Arriving (Event A32)

This event is sent when an A10 (patient arriving-tracking) event is cancelled.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
[[OBX]]	Observation/Result

ADT – Cancel Patient Departing (Event A33)

This event is sent when an A09 (patient departing-tracking) event is cancelled.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
PV1	Patient Visit
[PV2]	Patient Visit - Additional Info.
{{ OBX }}	Observation/Result

ADT – Merge Patient Information – Patient Only (Event A34)

This event was intended for merging or changing patient identifiers.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
MRG	Merge Information

ADT – Merge Patient Information – Account Number Only (Event A35)

This event was intended for merging or changing an account number.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
MRG	Merge Information

ADT – Merge Patient Information – Patient ID and Account Number (Event A36)

This event has been retained for backward compatibility only.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
MRG	Merge Information

ADT - Unlink Patient Information (Event A37)

This event has been retained for backward compatibility only.

Segments	Description
MSH	Message Header
EVN	Event Type
PID	Patient Identification
[PV1]	Patient Visit
PID	Patient Identification
[PV1]	Patient Visit

4. SAMPLE TRANSACTION

ORU^R01 Transaction

Message Header Segment

MSH|^~\&|GHH LAB|ELAB-3|GHH OE|BLDG4|200202150930||ORU^R01|CNTRL-3456|P|2.4

Patient Identification Segment

PID|||555-44-4444||EVERYWOMAN^EVE^E^L|JONES|19620320|F|||153 FERNWOOD
DR.^STATESVILLE^OH^35292|(206)3345232|(206)752-121|||AC555444444||67-A4335^OH^20030520

Observation Request Segment

OBR|1|845439^GHH OE|1045813^GHH LAB|15545^GLUCOSE|||200202150730|||||555-55-
5555^PRIMARY^PATRICIA P^MD^|||||F|||||444-44-4444^HIPPOCRATES^HOWARD H^MD

Observation/Result Segment

OBX|1|SN|1554-5^GLUCOSE^POST 12H CFST:MCNC:PT:SER/PLAS:QN|^182|mg/dl|70_105|H|||F

Radiology Transaction

Message Header Segment

MSH|^~\&|HOSPITAL|ST ANTHONY|ELYSIUM||20090825160711||ORU^R01|2009-08-25T16:07:11|P|2.2

Patient Identification Segment

PID|1||980000002^^SAH||FHSTEST^DAY||19370201|M|||||||0906108048^^SAH

Patient Visit Segment

PV1|1|O||||980000002^^^FHS|22810^JEFFREY^ROSE^S.^FHS||||||||||||||||||||

Common Order Segment

ORC|OR

Observation Request Segment

OBR|1|-1|6158675^RADIOLOGY|UL41054^SAH - US ECHO PRE/POST STRESS
WO|20090821082913|20090821082913|20090821082913|||||||20090825160712|||F|||22810^ROSE
MD^JEFFREY^^^FHS||||&ROSE MD&JEFFREY&&&&FHS

Notes & Events Segment

NTE|1|NOTE1|MEDICAL RECORD NUMBER: 980000002\.br\ACCOUNT NUMBER: 0906108048\.br\

Observation/Result Segment

OBX|1|SN|1554-5^GLUCOSE^POST 12H CFST:MCNC:PT:SER/PLAS:QN|^182|mg/dl|70_105|H|||F
OBX|2|TX|UL41054^SAH - US ECHO PRE/POST STRESS WO||Stress Echocardiography Report\.br\
Demographics\.br\ Patient name FHSTEST DAY MPI # 01300891\.br\ Date of birth
02/01/1937 MRN # 980000002\.br\ Sex Male Race Caucasian\.br\ Height
\.br\ Weight \.br\ BSA \.br\ Interpreting
physician: JEFFREY ROSE MD\.br\< < FMG Cardiologists>\.br\ Referring physician:
JEFFREY ROSE MD\.br\ Sonographer: T B\.br\ Type of study: \.br\ Stress procedure: \.br\
Patient status: Pending Discharge\.br\ Rhythm: Normal sinus rhythm\.br\ \.br\ Indications: Angina\.br\ \.br\
Conclusions \.br\ \.br\ Summary \.br\ \.br\ This is a test study. Baseline echocardiographic images were obtained
and \.br\ were normal, no regional motion abnormalities. \.br\ No stress images were acquired due to
acquisition/gating problem. \.br\ \.br\ Signature \.br\ \.br\ ----- \.br\
Electronically signed by JEFFREY ROSE MD (Interpreting \.br\ physician) on 08/25/2009 04:07 PM \.br\
----- \.br\ \.br\ \.br\ Stress \.br\ \.br\ Predicted HR: 148 \.br\ \.br\ |||F

ADT Transaction (Register a Patient)

Message Header Segment

MSH|^~\&|HOSPITAL|ENUMCLAW REGIONAL|ELYSIUM|ERH|201104132056||ADT^A04|WWAADT-OUT2224623|P|2.1

Event Type Segment

EVN|A04|201104132056

Patient Identification Segment

PID|1||987654321^^ERH||LNAME^FNAME^S||19010101|F|||2103 40TH AVE^TACOMA^WA^98402|(697)888-8888^||M|JEH|EC0000000^^ERH|555555550

Next of Kin / Associated Parties

NK1|1||HU|2103 40TH AVE^TACOMA^WA^98402|(697)888-8888^|

Patient Visit Segment

PV1|1|E|EMR^^|UR||EMREC.EMR^^|GHEBE^Ghermay^Berhan^^^ECH|||||A||||ER||MDCR|||||||||||||EC|||||201104132056|

Diagnosis Information Segment

DG1|1|TX||SORE ON RT ARM||ADMITTING

Guarantor Segment

GT1|1||LNAME^FNAME^S||2103 40TH AVE^TACOMA^WA^98402|(697)888-8888^||||SP|||||^

Insurance Segment

IN1|1|MDCR TRBL||MEDICARE TRAILBLAZER|EXECUTIVE CENTER III^8330 LBJ FREEWAY^DALLAS^TX^75243^||||||LNAME^FNAME^S|SP|||||||555555550A

Insurance Segment

IN1|2|TRIC LIFE||TRICARE FOR LIFE|PO BOX 77028^^MADISON^WI^53707-7028^|(800)555-1212^|CPO/E7|USN/RET||||||LNAME^FNAME^S|HU|||||||555555

5. DOCUMENT CHANGE HISTORY

Document Name: HL7 Version 2.6 Canonical Guide

Version	Issue Date	Modified By	Comments/Reason
1.0	04/18/2011	Ravi Kadur	Version Released for Comment – Lab Results Use case
1.1	04/25/2011	Ganesh Prabhu, Ravi Kadur	Added HL7 – ADT & Radiology transactions. Added new segments, message definitions and sample transactions. Modified the format of the document, headers, index and front page.
1.2	5/16/2011	Sue Merk	Naming convention change to Canonical Guide