

State Designated Entity VXU Implementation Guide

Revision History

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Introduction

VXU Use Case

Submit Immunizations (VXU) messages are HL7 v2 messages that are triggered when a provider wants to update a patient's vaccination record being held in a registry.

This document refers to and assumes a VXU message as conformant to HL7 2.5.1 standards.

Data Flow

This diagram depicts the data flow between Sending Organizations and the State Designated Entity.

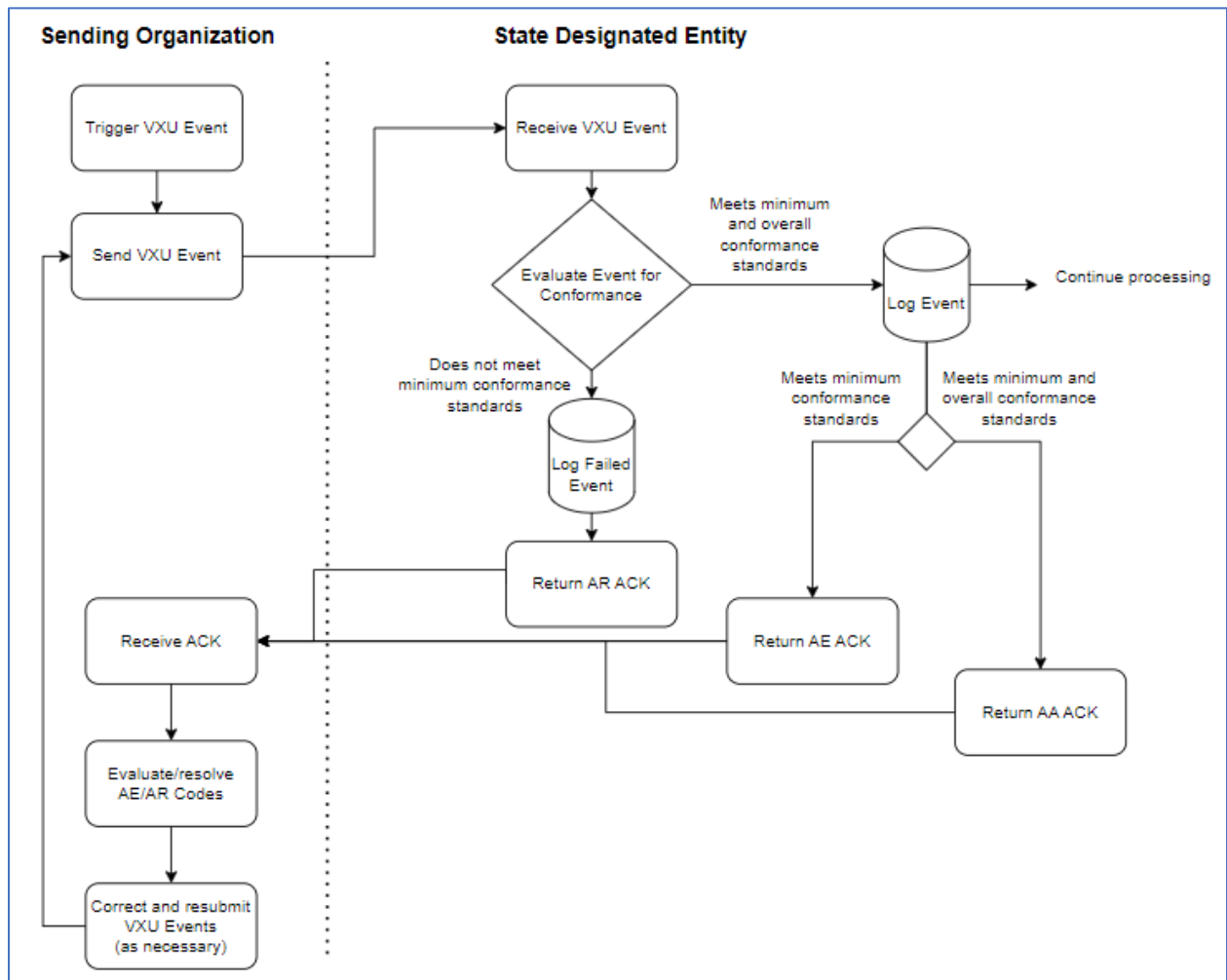


Figure 1 Data Flow for VXU Senders

Onboarding

The following guidelines describe the way in which an organization may begin onboarding as a VXU Sender.

Prerequisites

The following guidelines describe the way in which an organization may begin onboarding as a VXU Sender.

Legal Prerequisites

While technical onboarding may take place concurrently, organizations must have an executed Participation Agreement with State Designated Entity before PHI can be exchanged.

Technical prerequisites

State Designated Entity connects through commonly used secure connection methods. Our preferred methods are outlined below. If you know which method of connection you will be using, please notify your Account Relationship Manager. This will allow the State Designated Entity team to perform any pre-work needed and expedite the process.

VPN

This type of connection is a secure peer-to-peer connection between a participant and State Designated Entity, typically used for submission of HL7 and/or CDA data files.

Information needed for VPN connection set up is exchanged using State Designated Entity's VPN Setup Form, and/or any corresponding forms required by the connecting healthcare organization.

SFTP

This type of connection is typically used for unidirectional submission of HL7 and/or CDA data files to State Designated Entity.

Information needed to set up the SFTP connection is exchanged using State Designated Entity's SFTP Setup Form, and/or any corresponding forms required by the participant.

XDS via Mutual TLS

This type of connection provides encryption utilizing mutual TLS and requires certificate exchange between the participant and State Designated Entity.

Participant and State Designated Entity will coordinate to set up the Mutual TLS (mTLS) connection to State Designated Entity by phone, email, or other appropriate methods. Required information includes:

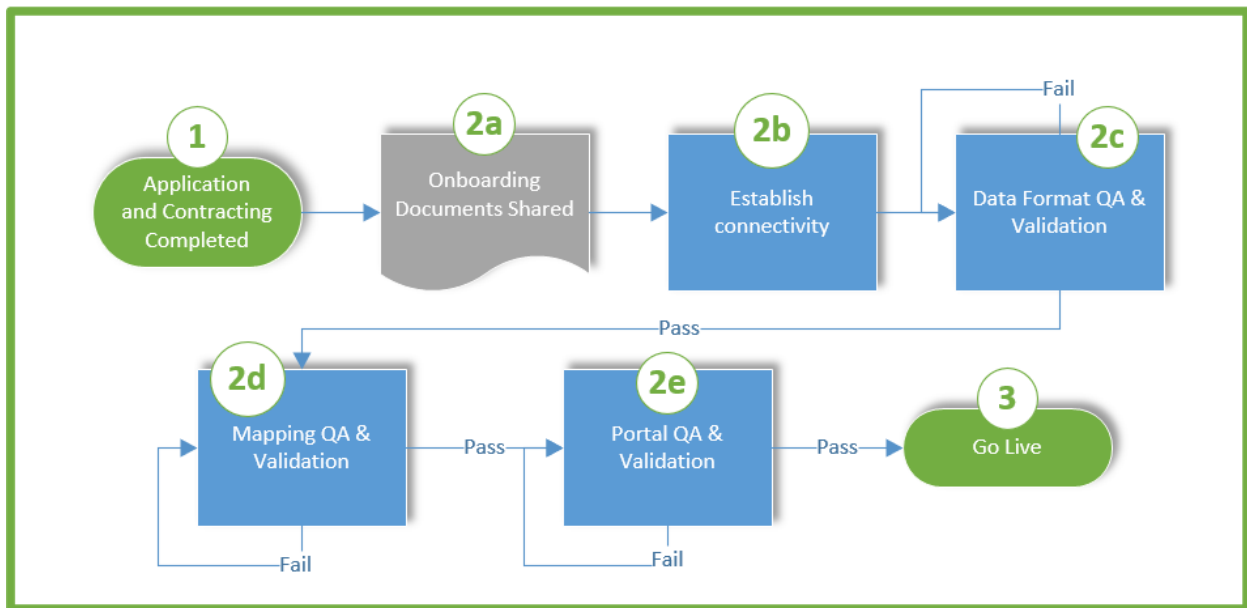
- Participant Information: Organization name and address

- Contact Information: Contact information for staff working to set up connection including a business or project manager and IT contact who will set up the connection.
- Technical Details: Sending IP address (for both test and production servers), and public certificates from each endpoint (exchanged with the other).

VXU Senders

VXUs can be triggered from a variety of care settings when a provider wishes to update the patient's vaccination record being held in a registry. These organizations would be classified as VXU Senders.

VXU Sender Integrations Workflow



Detailed integration workflow steps:

1. Application and Contracting
 - a. Application completed by Applying Organization (Applicant)
 - b. Application reviewed, deemed qualified, and elevated to Contracting by State Designated Entity.
 - c. Participation Agreement and Proposed Order Form provided to Applicant.
 - d. Participation Agreement and Order Form executed by Applicant and received by State Designated Entity.
2. Onboarding
 - a. Participant accesses Data Feed Onboarding documents, including ADT, ORU, VXU, MDM, and CCDA specifications.
 - b. Establish Connectivity
 - i. Participant opens ticket with EMR/technology vendor (where applicable).

- ii. Participant and State Designated Entity agree on connection method.
 - 1. VPN
 - 2. SFTP
 - 3. XDS via Mutual TLS
 - iii. Establish and validate connectivity.
 - c. Data Format QA & Validation
 - i. Participant shares sample feed messages with State Designated Entity.
 - ii. State Designated Entity validates messages meets minimum conformance standards.
 - d. Mapping QA & Validation
 - i. Participant submits completed mapping tables to State Designated Entity.
 - ii. State Designated Entity validates completed mapping tables and process into feed.
 - e. Portal QA & Validation
 - i. Participant provides QA messages across all feed types.
 - ii. State Designated Entity validates messages in portal.
- 3. Go Live

VXU Specifications

The following describes VXU segment and field requirements to enable conformance.

VXU Sender Requirements

VXU Senders must adhere to the conformance standards outlined in this document to participate in this use case. All required segments and fields must be populated, and data must adhere to referenced data tables or else provided separately.

Usage Requirements

VXU Senders shall adhere to the following usage requirements:

Symbol	Definition	Description
R	Required	Every message must have a non-empty value.
RE	Required but may be empty	There must be a non-empty value if there is relevant data.
RA	Required alternative	Required when relevant (RE) but can be in an alternative field, and the alternative locations are described in the Comments.
O	Optional	The field is valid and mapped, and may or may not be used in downstream tables or systems
C	Conditional	Conditional value; additional information provided in Comments.

B	Backward compatible	Segment/field/component retained for backward compatibility.
---	---------------------	--

Segment, Field, and Subfield Cardinality

Symbol	Definition	Description
∞	Unlimited	Unlimited number of occurrences.
n	n = number of iterations	No fewer occurrences of each segment/field/subfield shall be sent than the number indicated by the minimum cardinality. Occurrences of each segment/field/subfield exceeding the number indicated by the maximum cardinality of the segment will be ignored.
-	Not repeatable	Only one iteration of segment/field/subfield may be present.

Mapping Tables

Mapping tables should be provided for fields that must be mapped but do not adhere to HL7 standard tables. See HL7 Mapping Tables for more detail.

Conformance Reporting

VXU data quality and completeness will be measured for conformance prior to go-live and periodically during the life of the feed, at least annually, to assign the feed to a Quality Tier. Quality Tiers will be defined and approved by the State Designated Entity governance process prior to implementation.

Examples of information that is anticipated to be in the conformance testing are: adherence to established coding standards (USCDI), provided mapping (HL7 v2.x), and data completeness.

All State Designated Entity participants are welcome to participate in the governance process that will create and approve this policy.

Message Definition - Structure

Each HL7 message shall conform to the static definition as outlined by HL7 standard version 2.5.1 as well as below.

Trigger Events

V04

The definitions in the table below pertain to the following VXU trigger event:

- V04 - Submit Immunization

Segment	Description	Usage	Cardinality	Comments
MSH	Message Header	R	-	

SFT	Software Segment	O	∞	
PID	Patient Identification	R	-	
PD1	Patient Additional Demographic	O	-	
NK1	Next of Kin / Associated Parties	O	∞	
<i>PATIENT GROUP</i>		O	-	
PV1	Patient Visit	R	-	
PV2	Patient Visit – Additional Information	O	-	
GT1	Guarantor	O	∞	
<i>INSURANCE GROUP</i>		O	∞	
IN1	Insurance	R	-	
IN2	Insurance Additional Information	O	-	
IN3	Insurance Additional Information, Certification	O	-	
<i>ORDER GROUP</i>		O	∞	
ORC	Common Order	R	-	
<i>TIMING GROUP</i>		O	∞	
TQ1	Timing/Quantity	R	-	
TQ2	Timing/Quantity Relationship		∞	
RXA	Pharmacy/Treatment Administration	R	-	
RXR	Pharmacy/Treatment Route	O	-	
<i>OBSERVATION GROUP</i>		O	∞	
OBX	Observation/Result	R	-	
NTE	Notes and Comments	O	∞	

Segments

Each segment of an HL7 message sent to the State Designated Entity should conform to the definition given below. Additional definitions of each field may be found in **Error! Reference source not found.**

MSH (Message Header) Segment

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
MSH.1 Field Separator	1	ST	R	-			Recommended value is , (ASCII 124).
MSH.2 Encoding Characters	4	ST	R	-			Recommended values are ^~\& (ASCII 94, 126, 92, and 38, respectively).
MSH.3 Sending Application	227	HD	RE	-	0361	User	

MSH.4 Sending Facility	227	HD	RE	-	0362	User	
MSH.5 Receiving Application	227	HD	RE	-	0361	User	
MSH.6 Receiving Facility	227	HD	RE	-	0362	User	
MSH.7 Date/Time of Message	26	TS	R	-			
MSH.8 Security	40	ST	O	-			
MSH.9 Message Type	15	MSG	R	-			
MSH.10 Message Control ID	20	ST	R	-			
MSH.11 Processing ID	3	PT	R	-			
MSH.12 Version ID	60	VID	R	-			
MSH.13 Sequence Number	15	NM	O	-			
MSH.14 Continuation Pointer	180	ST	O	-			
MSH.15 Accept Acknowledg ment Type	2	ID	R	-	0155	HL7	
MSH.16 Application Acknowledg ment Type	2	ID	O	-	0155	HL7	
MSH.17 Country Code	3	ID	O	-	0399	HL7	
MSH.18 Character Set	16	ID	O	∞	0211	HL7	
MSH.19 Principal Language of Message	250	CE	O	-			
MSH.20 Alternate Character Set Handling Scheme	20	ID	O	-	0356	HL7	

MSH.21 Message Profile Identifier	427	EI	O	∞			
--	-----	----	---	---	--	--	--

SFT (Software) Segment

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
SFT.1 Software Vendor Organization	567	XON	R	-			
SFT.2 Software Certified Version or Release Number	15	ST	R	-			
SFT.3 Software Product Name	20	ST	R	-			
SFT.4 Software Binary ID	20	ST	R	-			
SFT.5 Software Product Information	1024	TX	O	-			
SFT.6 Software Install Date	26	TS	O	-			

PID (Patient Identification) Segment

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
PID.1 Set ID - PID	4	SI	R	-			
PID.2 Patient ID	20	CX	B	-			
PID.3 Patient Identifier List	250	CX	R	∞			A 14-digit string created to identify each record.
PID.4 Alternate Patient ID - PID	20	CX	B	∞			
PID.5 Patient Name	250	XPN	R	∞			The first repetition shall contain the legal name. Multiple given names or initials are separated by spaces.

PID.6 Mother's Maiden Name	250	XPN	RE	∞			
PID.7 Date/Time of Birth	26	TS	R	-			Required
PID.8 Administrativ e Sex	1	IS	R	-	0001	User	Patient sex is required. See table 0001 for recommended values. If additional values exist, please provide mapping table.
PID.9 Patient Alias	250	XPN	B	∞			
PID.10 Race	250	CE	R	∞	0005	User	Patient race is required. See table 0005 for recommended values. If additional values exist, please provide mapping table.
PID.11 Patient Address	250	XAD	R	∞			Patient address, zip code, state, county are required. The first repetition should be the primary address.
PID.12 County Code	4	IS	D	-	0289	User	Field may be populated for backward compatibility; should also appear in PID-11.9
PID.13 Phone Number - Home	250	XTN	R	∞			Required. The first instance shall be the primary phone number. Only one item is allowed per repetition.
PID.14 Phone Number - Business	250	XTN	O	∞			
PID.15 Primary Language	250	CE	O	-	0296	User	
PID.16 Marital Status	250	CE	R	-	0002	User	Patient marital status is required. Please see table 0002 for recommended values. If additional values exist, please provide mapping table.

PID.17 Religion	250	CE	O	-	0006	User	
PID.18 Patient Account Number	250	CX	R	-			Required
PID.19 SSN Number - Patient	16	ST	RA	-			Required if available
PID.20 Driver's License Number - Patient	25	DLN	B	-			
PID.21 Mother's Identifier	250	CX	O	∞			
PID.22 Ethnic Group	250	CE	R	∞	0189	User	
PID.23 Birth Place	250	ST	O	-			
PID.24 Multiple Birth Indicator	1	ID	RE	-	0136	HL7	The acceptable values are Y and N. If the status is undetermined, then field shall be empty.
PID.25 Birth Order	2	NM	C(RE/O)	-			Conditional Predicate: If PID-24 (Multiple Birth Indicator) is valued Y. This field contains a number indicating the person's birth order, with 1 for the first child born and 2 for the second.
PID.26 Citizenship	250	CE	O	∞	0171	User	
PID.27 Veterans Military Status	250	CE	O	-	0172	User	
PID.28 Nationality	250	CE	O	-	0212	User	
PID.29 Patient Death Date and Time	26	TS	C(RE/O)	-			Conditional Predicate: If PID-30 (Patient Death Indicator) is valued Y.
PID.30 Patient Death Indicator	1	ID	RE	-	0136	HL7	Required where relevant

PID.31 Identity Unknown Indicator	1	ID	O	-	0136	HL7	
PID.32 Identity Reliability Code	20	IS	O	∞	0445	User	
PID.33 Last Update Date/Time	26	TS	O	-			
PID.34 Last Update Facility	241	HD	O	-			
PID.35 Species Code	250	CE	C	-	0446	User	This field must be valued if PID-36 - Breed Code or PID-38 - Production Class Code is valued.
PID.36 Breed Code	250	CE	C	-	0447	User	This field must be valued if PID-37 - Strain is valued.
PID.37 Strain	80	ST	O	-			
PID.38 Production Class Code	250	CE	O	2	0429	User	
PID.39 Tribal Citizenship	250	CWE	O	∞	0171	User	

PD1 (Patient Additional Demographic) Segment

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
PD1.1 - Living Dependency	2	IS	O	∞	0223	User	
PD1.2 - Living Arrangement	2	IS	O	-	0220	User	
PD1.3 - Patient Primary Facility	250	XON	O	∞			
PD1.4 - Patient Primary Care Provider Name and ID No.	250	XCN	O	∞			
PD1.5 - Student Indicator	2	IS	O	-	0231	User	

PD1.6 - Handicap	2	IS	O	-	0295	User	
PD1.7 - Living Will Code	2	IS	O	-	0315	User	
PD1.8 - Organ Donor Code	2	IS	O	-	0316	HL7	
PD1.9 - Separate Bill	1	ID	O	-	0136	HL7	
PD1.10 - Duplicate Patient	250	CX	O	∞			
PD1.11 - Publicity Code	250	CE	RE	-	0215	User	
PD1.12 - Protection Indicator	1	ID	RE	-	0136	HL7	
PD1.13 - Protection Indicator Effective Date	8	DT	C(RE/O)	-			Conditional Predicate: If PD1-12 (Protection Indicator) is valued.
PD1.14 - Place of Worship	250	XON	O	∞			
PD1.15 - Advance Directive Code	250	CE	O	∞	0435	User	
PD1.16 - Immunization Registry Status	1	IS	RE	-	0441	User	
PD1.17 - Immunization Registry Status Effective Date	8	DT	C(RE/O)	-			Conditional Predicate: If the PD1-16 (Registry Status) field is valued.
PD1.18 - Publicity Code Effective Date	8	DT	C(RE/O)	-			Conditional Predicate: If the PD1-11 (Publicity Code) field is valued.
PD1.19 - Military Branch	5	IS	O	-	0140	User	
PD1.20 - Military Rank/Grade	2	IS	O	-	0141	User	
PD1.21 - Military Status	3	IS	O	-	0142	User	

NK1 (Next of Kin / Associated Parties) Segment

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
NK1.1 - Set ID - NK1	4	SI	R	-			
NK1.2 - NK Name	250	XPN	R	∞			The first instance is the legal name and is required.
NK1.3 - Relationship	250	CE	R	-	0063	User	Required if available; please provide mapping if values exist outside of HL7 0063 table.
NK1.4 - Address	250	XAD	RE	∞			The first instance shall be the primary address and is required if available.
NK1.5 - Phone Number	250	XTN	RE	∞			The first instance shall be the primary phone number and is required if available.
NK1.6 - Business Phone Number	250	XTN	O	∞			
NK1.7 - Contact Role	250	CE	O	-	0131	User	
NK1.8 - Start Date	8	DT	O	-			
NK1.9 - End Date	8	DT	O	-			
NK1.10 - Next of Kin / Associated Parties Job Title	60	ST	O	-			
NK1.11 - Next of Kin / Associated Parties Job Code/Class	20	JCC	O	-			
NK1.12 - Next of Kin / Associated Parties Employee Number	250	CX	O	-			
NK1.13 - Organization Name - NK1	250	XON	O	∞			

NK1.14 - Marital Status	250	CE	O	-	0002	User	
NK1.15 - Administrative Sex	1	IS	O	-	0001	User	
NK1.16 - Date/Time of Birth	26	TS	O	-			
NK1.17 - Living Dependency	2	IS	O	∞	0223	User	
NK1.18 - Ambulatory Status	2	IS	O	∞	0009	User	
NK1.19 - Citizenship	250	CE	O	∞	0171	User	
NK1.20 - Primary Language	250	CE	O	-	0296	User	
NK1.21 - Living Arrangement	2	IS	O	-	0220	User	
NK1.22 - Publicity Code	250	CE	O	-	0215	User	
NK1.23 - Protection Indicator	1	ID	O	-	0136	HL7	
NK1.24 - Student Indicator	2	IS	O	-	0231	User	
NK1.25 - Religion	250	CE	O	-	0006	User	
NK1.26 - Mother's Maiden Name	250	XPN	O	∞			
NK1.27 - Nationality	250	CE	O	-	0212	User	
NK1.28 - Ethnic Group	250	CE	O	∞	0189	User	
NK1.29 - Contact Reason	250	CE	O	∞	0222	User	
NK1.30 - Contact Person's Name	250	XPN	O	∞			
NK1.31 - Contact Person's Telephone Number	250	XTN	O	∞			

NK1.32 - Contact Person's Address	250	XAD	O	∞			
NK1.33 - Next of Kin/Associated Party's Identifiers	250	CX	O	∞			
NK1.34 - Job Status	2	IS	O	-	0311	User	
NK1.35 - Race	250	CE	O	∞	0005	User	
NK1.36 - Handicap	2	IS	O	-	0295	User	
NK1.37 - Contact Person Social Security Number	16	ST	O	-			
NK1.38 - Next of Kin Birth Place	250	ST	O	-			
NK1.39 - VIP Indicator	2	IS	O	-	0099	User	

PV1 (Patient Visit) Segment

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
PV1.1 Set ID - PV1	4	SI	O	-			
PV1.2 Patient Class	1	IS	R	-	0004	User	
PV1.3 Assigned Patient Location	80	PL	RE	-			Required where relevant
PV1.4 Admission Type	2	IS	RE	-	0007	User	Required where relevant
PV1.5 Preadmit Number	250	CX	O	-			
PV1.6 Prior Patient Location	80	PL	O	-			
PV1.7 Attending Doctor	250	XCN	R	∞	0010	User	Required where relevant

PV1.8 Referring Doctor	250	XCN	O	∞	0010	User	
PV1.9 Consulting Doctor	250	XCN	B	∞	0010	User	
PV1.10 Hospital Service	3	IS	RE	-	0069	User	Required where relevant
PV1.11 Temporary Location	80	PL	O	-			
PV1.12 Preadmit Test Indicator	2	IS	O	-	0087	User	
PV1.13 Re-admission Indicator	2	IS	O	-	0092	User	
PV1.14 Admit Source	6	IS	RE	-	0023	User	Required where relevant
PV1.15 Ambulatory Status	2	IS	O	∞	0009	User	
PV1.16 VIP Indicator	2	IS	O	-	0099	User	
PV1.17 Admitting Doctor	250	XCN	RE	∞	0010	User	Required where relevant
PV1.18 Patient Type	2	IS	RE	-	0018	User	Required where relevant; please provide mappings if populated
PV1.19 Visit Number	250	CX	O	-			
PV1.20 Financial Class	50	FC	RA	∞			Required if available
PV1.21 Charge Price Indicator	2	IS	O	-	0032	User	
PV1.22 Courtesy Code	2	IS	O	-	0045	User	
PV1.23 Credit Rating	2	IS	O	-	0046	User	
PV1.24 Contract Code	2	IS	O	∞	0044	User	
PV1.25 Contract Effective Date	8	DT	O	∞			

PV1.26 Contract Amount	12	NM	O	∞			
PV1.27 Contract Period	3	NM	O	∞			
PV1.28 Interest Code	2	IS	O	-	0073	User	
PV1.29 Transfer to Bad Debt Code	4	IS	O	-	0110	User	
PV1.30 Transfer to Bad Debt Date	8	DT	O	-			
PV1.31 Bad Debt Agency Code	10	IS	O	-	0021	User	
PV1.32 Bad Debt Transfer Amount	12	NM	O	-			
PV1.33 Bad Debt Recovery Amount	12	NM	O	-			
PV1.34 Delete Account Indicator	1	IS	O	-	0111	User	
PV1.35 Delete Account Date	8	DT	O	-			
PV1.36 Discharge Disposition	3	IS	RE	-	0112	User	Required where relevant; please provide mappings if values exist outside of HL7 0112 table.
PV1.37 Discharged to Location	47	DLD	RE	-			Required where relevant; please provide mappings if populated.
PV1.38 Diet Type	250	CE	O	-	0114	User	
PV1.39 Servicing Facility	2	IS	O	-	0115	User	
PV1.40 Bed Status	1	IS	B	-	0116	User	

PV1.41 Account Status	2	IS	O	-	0117	User	
PV1.42 Pending Location	80	PL	O	-			
PV1.43 Prior Temporary Location	80	PL	O	-			
PV1.44 Admit Date/Time	26	TS	RE	-			Required where relevant
PV1.45 Discharge Date/Time	26	TS	RE	∞			Required where relevant
PV1.46 Current Patient Balance	12	NM	O	-			
PV1.47 Total Charges	12	NM	RE	-			Required where relevant
PV1.48 Total Adjustments	12	NM	O	-			
PV1.49 Total Payments	12	NM	O	-			
PV1.50 Alternate Visit ID	250	CX	O	-			
PV1.51 Visit Indicator	1	IS	O	-	0326	User	
PV1.52 Other Healthcare Provider	250	XCN	B	∞	0010	User	

PV2 (Patient Visit – Additional Information) Segment

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
PV2.1 - Prior Pending Location	80	PL	C	-			
PV2.2 - Accommodat ion Code	250	CE	O	-	0129	User	
PV2.3 - Admit Reason	250	CE	RA	-			Required if available
PV2.4 - Transfer Reason	250	CE	O	-			

PV2.5 - Patient Valuables	25	ST	O	∞			
PV2.6 - Patient Valuables Location	25	ST	O	-			
PV2.7 - Visit User Code	2	IS	O	∞	0130	User	
PV2.8 - Expected Admit Date/Time	26	TS	O	-			
PV2.9 - Expected Discharge Date/Time	26	TS	O	-			
PV2.10 - Estimated Length of Inpatient Stay	3	NM	O	-			
PV2.11 - Actual Length of Inpatient Stay	3	NM	O	-			
PV2.12 - Visit Description	50	ST	O	-			
PV2.13 - Referral Source Code	250	XCN	O	∞			
PV2.14 - Previous Service Date	8	DT	O	-			
PV2.15 - Employment Illness Related Indicator	1	ID	O	-	0136	HL7	
PV2.16 - Purge Status Code	1	IS	O	-	0213	User	
PV2.17 - Purge Status Date	8	DT	O	-			
PV2.18 - Special Program Code	2	IS	O	-	0214	User	
PV2.19 - Retention Indicator	1	ID	O	-	0136	HL7	

PV2.20 - Expected Number of Insurance Plans	1	NM	O	-			
PV2.21 - Visit Publicity Code	1	IS	O	-	0215	User	
PV2.22 - Visit Protection Indicator	1	ID	O	-	0136	HL7	
PV2.23 - Clinic Organization Name	250	XON	O	∞			
PV2.24 - Patient Status Code	2	IS	O	-	0216	User	
PV2.25 - Visit Priority Code	1	IS	O	-	0217	User	
PV2.26 - Previous Treatment Date	8	DT	O	-			
PV2.27 - Expected Discharge Disposition	2	IS	O	-	0112	User	
PV2.28 - Signature on File Date	8	DT	O	-			
PV2.29 - First Similar Illness Date	8	DT	O	-			
PV2.30 - Patient Charge Adjustment Code	250	CE	O	-	0218	User	
PV2.31 - Recurring Service Code	2	IS	O	-	0219	User	
PV2.32 - Billing Media Code	1	ID	RA	-	0136	HL7	Required if available
PV2.33 - Expected Surgery Date and Time	26	TS	O	-			
PV2.34 - Military Partnership Code	1	ID	O	-	0136	HL7	

PV2.35 - Military Non-Availability Code	1	ID	O	-	0136	HL7	
PV2.36 - Newborn Baby Indicator	1	ID	O	-	0136	HL7	
PV2.37 - Baby Detained Indicator	1	ID	O	-	0136	HL7	
PV2.38 - Mode of Arrival Code	250	CE	O	-	0430	User	
PV2.39 - Recreational Drug Use Code	250	CE	O	∞	0431	User	
PV2.40 - Admission Level of Care Code	250	CE	O	-	0432	User	
PV2.41 - Precaution Code	250	CE	O	∞	0433	User	
PV2.42 - Patient Condition Code	250	CE	O	-	0434	User	
PV2.43 - Living Will Code	2	IS	O	-	0315	User	
PV2.44 - Organ Donor Code	2	IS	O	-	0316	HL7	
PV2.45 - Advance Directive Code	250	CE	O	∞	0435	User	
PV2.46 - Patient Status Effective Date	8	DT	O	-			
PV2.47 - Expected LOA Return Date/Time	26	TS	C	-			
PV2.48 - Expected Pre-admission	26	TS	O	-			

Testing Date/Time							
PV2.49 - Notify Clergy Code	20	IS	O	∞	0534	User	

GT1 (Guarantor) Segment

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
GT1.1 - Set ID - GT1	4	SI	R	-			
GT1.2 - Guarantor Number	250	CX	O	∞			
GT1.3 - Guarantor Name	250	XPN	R	∞			
GT1.4 - Guarantor Spouse Name	250	XPN	O	∞			
GT1.5 - Guarantor Address	250	XAD	O	∞			
GT1.6 - Guarantor Ph Num - Home	250	XTN	O	∞			
GT1.7 - Guarantor Ph Num - Business	250	XTN	O	∞			
GT1.8 - Guarantor Date/Time of Birth	26	TS	O	-			
GT1.9 - Guarantor Administrative Sex	1	IS	O	-	0001	User	
GT1.10 - Guarantor Type	2	IS	O	-	0068	User	
GT1.11 - Guarantor Relationship	250	CE	O	-	0063	User	Please provide mapping if values exist outside of HL7 0063 table.
GT1.12 - Guarantor SSN	11	ST	O	-			
GT1.13 - Guarantor Date - Begin	8	DT	O	-			

GT1.14 - Guarantor Date - End	8	DT	O	-			
GT1.15 - Guarantor Priority	2	NM	O	-			
GT1.16 - Guarantor Employer Name	250	XPN	O	∞			
GT1.17 - Guarantor Employer Address	250	XAD	O	∞			
GT1.18 - Guarantor Employer Phone Number	250	XTN	O	∞			
GT1.19 - Guarantor Employee ID Number	250	CX	O	∞			
GT1.20 - Guarantor Employment Status	2	IS	O	-	0066	User	
GT1.21 - Guarantor Organization Name	250	XON	O	∞			
GT1.22 - Guarantor Billing Hold Flag	1	ID	O	-	0136	HL7	
GT1.23 - Guarantor Credit Rating Code	250	CE	O	-	0341	User	
GT1.24 - Guarantor Death Date and Time	26	TS	O	-			
GT1.25 - Guarantor Death Flag	1	ID	O	-	0136	HL7	
GT1.26 - Guarantor Charge Adjustment Code	250	CE	O	-	0218	User	

GT1.27 - Guarantor Household Annual Income	10	CP	O	-			
GT1.28 - Guarantor Household Size	3	NM	O	-			
GT1.29 - Guarantor Employer ID Number	250	CX	O	∞			
GT1.30 - Guarantor Marital Status Code	250	CE	O	-	0002	User	
GT1.31 - Guarantor Hire Effective Date	8	DT	O	-			
GT1.32 - Employment Stop Date	8	DT	O	-			
GT1.33 - Living Dependency	2	IS	O	-	0223	User	
GT1.34 - Ambulatory Status	2	IS	O	∞	0009	User	
GT1.35 - Citizenship	250	CE	O	∞	0171	User	
GT1.36 - Primary Language	250	CE	O	-	0296	User	
GT1.37 - Living Arrangement	2	IS	O	-	0220	User	
GT1.38 - Publicity Code	250	CE	O	-	0215	User	
GT1.39 - Protection Indicator	1	ID	O	-	0136	HL7	
GT1.40 - Student Indicator	2	IS	O	-	0231	User	
GT1.41 - Religion	250	CE	O	-	0006	User	
GT1.42 - Mother's	250	XPN	O	∞			

Maiden Name							
GT1.43 - Nationality	250	CE	O	-	0212	User	
GT1.44 - Ethnic Group	250	CE	O	∞	0189	User	
GT1.45 - Contact Person's Name	250	XPN	O	∞			
GT1.46 - Contact Person's Telephone Number	250	XTN	O	∞			
GT1.47 - Contact Reason	250	CE	O	-	0222	User	
GT1.48 - Contact Relationship	3	IS	O	-	0063	User	
GT1.49 - Job Title	20	ST	O	-			
GT1.50 - Job Code/Class	20	JCC	O	-			
GT1.51 - Guarantor Employer's Organization Name	250	XON	O	∞			
GT1.52 - Handicap	2	IS	O	-	0295	User	
GT1.53 - Job Status	2	IS	O	-	0311	User	
GT1.54 - Guarantor Financial Class	50	FC	O	-			
GT1.55 - Guarantor Race	250	CE	O	∞	0005	User	
GT1.56 - Guarantor Birth Place	250	ST	O	-			
GT1.57 - VIP Indicator	2	IS	O	-	0099	User	

IN1 (Insurance) Segment

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
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IN1.1 Set ID - IN1	4	SI	R	-			
IN1.2 Insurance Plan ID	250	CE	R	-	0072	User	
IN1.3 Insurance Company ID	250	CX	R	∞			
IN1.4 Insurance Company Name	250	XON	RA	∞			Required if Available
IN1.5 Insurance Company Address	250	XAD	O	∞			
IN1.6 Insurance Co Contact Person	250	XPN	O	∞			
IN1.7 Insurance Co Phone Number	250	XTN	O	∞			
IN1.8 Group Number	12	ST	RA	-			Required if available
IN1.9 Group Name	250	XON	O	∞			
IN1.10 Insured's Group Emp ID	250	CX	O	∞			
IN1.11 Insured's Group Emp Name	250	XON	O	∞			
IN1.12 Plan Effective Date	8	DT	RA	-			Required if available
IN1.13 Plan Expiration Date	8	DT	O	-			
IN1.14 Authorization Information	239	AUI	O	-			
IN1.15 Plan Type	3	IS	RA	-	0086	User	Required if available; please provide mapping
IN1.16 Name of Insured	250	XPN	O	∞			

IN1.17 Insured's Relationship to Patient	250	CE	O	-	0063	User	
IN1.18 Insured's Date of Birth	26	TS	O	-			
IN1.19 Insured's Address	250	XAD	O	∞			
IN1.20 Assignment of Benefits	2	IS	O	-	0135	User	
IN1.21 Coordination of Benefits	2	IS	O	-	0173	User	
IN1.22 Coord of Ben. Priority	2	ST	O	-			
IN1.23 Notice of Admission Flag	1	ID	O	-	0136	HL7	
IN1.24 Notice of Admission Date	8	DT	O	-			
IN1.25 Report of Eligibility Flag	1	ID	O	-	0136	HL7	
IN1.26 Report of Eligibility Date	8	DT	O	-			
IN1.27 Release Information Code	2	IS	O	-	0093	User	
IN1.28 Pre-Admit Cert (PAC)	15	ST	O	-			
IN1.29 Verification Date/Time	26	TS	O	-			Precision shall be at least to the day. [YYYYMMDD]
IN1.30 Verification By	250	XCN	O	∞			
IN1.31 Type of Agreement Code	2	IS	O	-	0098	User	

IN1.32 Billing Status	2	IS	O	-	0022	User	
IN1.33 Lifetime Reserve Days	4	NM	O	-			
IN1.34 Delay Before L.R. Day	4	NM	O	-			
IN1.35 Company Plan Code	8	IS	O	-	0042	User	
IN1.36 Policy Number	15	ST	RA	-			Required if available
IN1.37 Policy Deductible	12	CP	O	-			
IN1.38 Policy Limit Amount	12	CP	B	-			
IN1.39 Policy Limit Days	4	NM	O	-			
IN1.40 Room Rate Semi-Private	12	CP	B	-			
IN1.41 Room Rate Private	12	CP	B	-			
IN1.42 Insured's Employment Status	250	CE	O	-	0066	User	
IN1.43 Insured's Administrativ e Sex	1	IS	O	-	0001	User	
IN1.44 Insured's Employer's Address	250	XAD	O	∞			
IN1.45 Verification Status	2	ST	O	-			
IN1.46 Prior Insurance Plan ID	8	IS	O	-	0072	User	
IN1.47 Coverage Type	3	IS	O	-	0309	User	
IN1.48	2	IS	O	-	0295	User	

Handicap							
IN1.49 Insured's ID Number	250	CX	RE	∞			Required where applicable
IN1.50 Signature Code	1	IS	O	-	0535	User	
IN1.51 Signature Code Date	8	DT	O	-			
IN1.52 Insured's Birth Place	250	ST	O	-			
IN1.53 VIP Indicator	2	IS	O	-	0099	User	

IN2 (Insurance Additional Information) Segment

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
IN2.1 - Insured's Employee ID	250	CX	O	∞			
IN2.2 - Insured's Social Security Number	11	ST	O	-			
IN2.3 - Insured's Employer's Name and ID	250	XCN	O	∞			
IN2.4 - Employer Information Data	1	IS	O	-	0139	User	
IN2.5 - Mail Claim Party	1	IS	O	∞	0137	User	
IN2.6 - Medicare Health Insurance Card Number	15	ST	O	-			
IN2.7 - Medicaid Case Name	250	XPN	O	∞			
IN2.8 - Medicaid Case Number	15	ST	O	-			
IN2.9 - Military	250	XPN	O	∞			

Sponsor Name							
IN2.10 - Military ID Number	20	ST	O	-			
IN2.11 - Dependent of Military Recipient	250	CE	O	-	0342	User	
IN2.12 - Military Organization	25	ST	O	-			
IN2.13 - Military Station	25	ST	O	-			
IN2.14 - Military Service	14	IS	O	-	0140	User	
IN2.15 - Military Rank/Grade	2	IS	O	-	0141	User	
IN2.16 - Military Status	3	IS	O	-	0142	User	
IN2.17 - Military Retire Date	8	DT	O	-			
IN2.18 - Military Non-Avail Cert on File	1	ID	O	-	0136	HL7	
IN2.19 - Baby Coverage	1	ID	O	-	0136	HL7	
IN2.20 - Combine Baby Bill	1	ID	O	-	0136	HL7	
IN2.21 - Blood Deductible	1	ST	O	-			
IN2.22 - Special Coverage Approval Name	250	XPN	O	∞			
IN2.23 - Special Coverage Approval Title	30	ST	O	-			
IN2.24 - Non-Covered Insurance Code	8	IS	O	∞	0143	User	

IN2.25 - Payor ID	250	CX	O	∞			
IN2.26 - Payor Subscriber ID	250	CX	O	∞			
IN2.27 - Eligibility Source	1	IS	O	-	0144	User	
IN2.28 - Room Coverage Type/Amount	82	RMC	O	∞			
IN2.29 - Policy Type/Amount	56	PTA	O	∞			
IN2.30 - Daily Deductible	25	DDI	O	-			
IN2.31 - Living Dependency	2	IS	O	-	0223	User	
IN2.32 - Ambulatory Status	2	IS	O	∞	0009	User	
IN2.33 - Citizenship	250	CE	O	∞	0171	User	
IN2.34 - Primary Language	250	CE	O	-	0296	User	
IN2.35 - Living Arrangement	2	IS	O	-	0220	User	
IN2.36 - Publicity Code	250	CE	O	-	0215	User	
IN2.37 - Protection Indicator	1	ID	O	-	0136	HL7	
IN2.38 - Student Indicator	2	IS	O	-	0231	User	
IN2.39 - Religion	250	CE	O	-	0006	User	
IN2.40 - Mother's Maiden Name	250	XPN	O	∞			
IN2.41 - Nationality	250	CE	O	-	0212	User	
IN2.42 - Ethnic Group	250	CE	O	∞	0189	User	
IN2.43 - Marital Status	250	CE	O	∞	0002	User	
IN2.44 - Insured's Employment Start Date	8	DT	O	-			

IN2.45 - Employment Stop Date	8	DT	O	-			
IN2.46 - Job Title	20	ST	O	-			
IN2.47 - Job Code/Class	20	JCC	O	-			
IN2.48 - Job Status	2	IS	O	-	0311	User	
IN2.49 - Employer Contact Person Name	250	XPN	O	∞			
IN2.50 - Employer Contact Person Phone Number	250	XTN	O	∞			
IN2.51 - Employer Contact Reason	2	IS	O	-	0222	User	
IN2.52 - Insured's Contact Person's Name	250	XPN	O	∞			
IN2.53 - Insured's Contact Person Phone Number	250	XTN	O	∞			
IN2.54 - Insured's Contact Person Reason	2	IS	O	∞	0222	User	
IN2.55 - Relationship to the Patient Start Date	8	DT	O	-			
IN2.56 - Relationship to the Patient Stop Date	8	DT	O	∞			
IN2.57 - Insurance Co. Contact Reason	2	IS	O	-	0232	User	

IN2.58 - Insurance Co Contact Phone Number	250	XTN	O	-			
IN2.59 - Policy Scope	2	IS	O	-	0312	User	
IN2.60 - Policy Source	2	IS	O	-	0313	User	
IN2.61 - Patient Member Number	250	CX	O	-			
IN2.62 - Guarantor's Relationship to Insured	250	CE	O	-	0063	User	
IN2.63 - Insured's Phone Number - Home	250	XTN	O	∞			
IN2.64 - Insured's Employer Phone Number	250	XTN	O	∞			
IN2.65 - Military Handicapped Program	250	CE	O	-	0343	User	
IN2.66 - Suspend Flag	1	ID	O	-	0136	HL7	
IN2.67 - Copay Limit Flag	1	ID	O	-	0136	HL7	
IN2.68 - Stoploss Limit Flag	1	ID	O	-	0136	HL7	
IN2.69 - Insured Organization Name and ID	250	XON	O	∞			
IN2.70 - Insured Employer Organization Name and ID	250	XON	O	∞			
IN2.71 - Race	250	CE	O	∞	0005	User	
IN2.72 - CMS Patient's	250	CE	O	-	0344	User	

Relationship to Insured							
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IN3 (Insurance Additional Information, Certification) Segment

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
IN3.1 - Set ID - IN3	4	SI	R	-			
IN3.2 - Certification Number	250	CX	O	-			
IN3.3 - Certified By	250	XCN	O	∞			
IN3.4 - Certification Required	1	ID	O	-	0136	HL7	
IN3.5 - Penalty	23	MOP	O	-			
IN3.6 - Certification Date/Time	26	TS	O	-			
IN3.7 - Certification Modify Date/Time	26	TS	O	-			
IN3.8 - Operator	250	XCN	O	∞			
IN3.9 - Certification Begin Date	8	DT	O	-			
IN3.10 - Certification End Date	8	DT	O	-			
IN3.11 - Days	6	DTN	O	-			
IN3.12 - Non-Concur Code/Description	250	CE	O	-	0233	User	
IN3.13 - Non-Concur Effective Date/Time	26	TS	O	-			
IN3.14 - Physician Reviewer	250	XCN	O	∞	0010	User	
IN3.15 - Certification Contact	48	ST	O	-			
IN3.16 - Certification	250	XTN	O	∞			

Contact Phone Number							
IN3.17 - Appeal Reason	250	CE	O	-	0345	User	
IN3.18 - Certification Agency	250	CE	O	-	0346	User	
IN3.19 - Certification Agency Phone Number	250	XTN	O	∞			
IN3.20 - Pre-Certification Requirement	40	ICD	O	∞			
IN3.21 - Case Manager	48	ST	O	-			
IN3.22 - Second Opinion Date	8	DT	O	-			
IN3.23 - Second Opinion Status	1	IS	O	-	0151	User	
IN3.24 - Second Opinion Documentation Received	1	IS	O	∞	0152	User	
IN3.25 - Second Opinion Physician	250	XCN	O	∞	0010	User	

ORC (Common Order) Segment

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
ORC.1 - Order Control	2	ID	R	-	0119	HL7	Shall contain the value RE.
ORC.2 - Placer Order Number	22	EI	RE	-			
ORC.3 - Filler Order Number	22	EI	R	-			If RXA-20 is valued NA or RE then ORC-3 shall be valued 9999.
ORC.4 - Placer Group Number	22	EI	O	-			
ORC.5 - Order Status	2	ID	O	-	0038	HL7	

ORC.6 - Response Flag	1	ID	O	-	0121	HL7	
ORC.7 - Quantity/Timing	200	TQ	B	∞			
ORC.8 - Parent Order	200	EIP	O	-			
ORC.9 - Date/Time of Transaction	26	TS	O	-			
ORC.10 - Entered By	250	XCN	RE	∞			This is the person that entered this immunization record into the system.
ORC.11 - Verified By	250	XCN	O	∞			
ORC.12 - Ordering Provider	250	XCN	C(RE/O)	∞			Conditional Predicate: If the first occurrence of RXA-9.1 is valued 00 and RXA-20 is valued CP or PA. This shall be the provider ordering the immunization. It is expected to be empty if the immunization record is transcribed from a historical record.
ORC.13 - Enterer's Location	80	PL	O	-			
ORC.14 - Call Back Phone Number	250	XTN	O	2			
ORC.15 - Order Effective Date/Time	26	TS	O	-			
ORC.16 - Order Control Code Reason	250	CE	O	-			
ORC.17 - Entering Organization	250	CE	RE	-	0362	User	This is the provider organization that entered this record/order.
ORC.18 - Entering Device	250	CE	O	-			
ORC.19 - Action By	250	XCN	O	∞			

ORC.20 - Advanced Beneficiary Notice Code	250	CE	O	-	0339	User	
ORC.21 - Ordering Facility Name	250	XON	O	∞			
ORC.22 - Ordering Facility Address	250	XAD	O	∞			
ORC.23 - Ordering Facility Phone Number	250	XTN	O	∞			
ORC.24 - Ordering Provider Address	250	XAD	O	∞			
ORC.25 - Order Status Modifier	250	CWE	O	-			
ORC.26 - Advanced Beneficiary Notice Override Reason	60	CWE	C	-	0552	HL7	
ORC.27 - Filler's Expected Availability Date/Time	26	TS	O	-			
ORC.28 - Confidentiality Code	250	CWE	O	-	0177	User	
	250	CWE	O	-	0482	HL7	
Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
TQ1.1 - Set ID - TQ1	4	SI	O	-			
TQ1.2 - Quantity	20	CQ	O	-			
TQ1.3 - Repeat Pattern	540	RPT	O	∞			

TQ1.4 - Explicit Time							
TQ1.5 - Relative Time and Units							
TQ1.6 - Service Duration							
TQ1.7 - Start date/time							
TQ1.8 - End date/time							
TQ1.9 - Priority							
TQ1.10 - Condition text							
TQ1.11 - Text instruction							
TQ1.12 - Conjunction							
TQ1.13 - Occurrence duration							
TQ1.14 - Total occurrences							
ORC.29 - Order Type							
ORC.30 - Enterer Authorization Mode	250	CNE	O	-	0483	HL7	
ORC.31 - Parent Universal Service Identifier	250	CWE	O	-			

TQ1 (Timing/Quantity) Segment

TQ2 (Timing Quantity Relationship) Segment

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
TQ2.1 - Set ID - TQ2	4	SI	O	-			
TQ2.2 - Sequence/Results Flag	1	ID	O	-	0503	HL7	
TQ2.3 - Related Placer Number	22	EI	C	∞			
TQ2.4 - Related Filler Number	22	EI	C	∞			
TQ2.5 - Related Placer Group Number	22	EI	C	∞			
TQ2.6 - Sequence Condition Code	2	ID	C	-	0504	HL7	
TQ2.7 - Cyclic Entry/Exit Indicator	1	ID	C	-	0505	HL7	
TQ2.8 - Sequence Condition Time Interval	20	CQ	O	-			
TQ2.9 - Cyclic Group Maximum Number of Repeats	10	NM	O	-			
TQ2.10 - Special Service Request Relationship	1	ID	C	-	0506	HL7	

RXA (Pharmacy/Treatment Administration) Segment

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
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RXA.1 - Give Sub-ID Counter	4	NM	R	-			Shall be valued 0.
RXA.2 - Administration Sub-ID Counter	4	NM	R	-			Shall be valued I
RXA.3 - Date/Time Start of Administration	26	TS	R	-			This segment may be used in cases where a vaccine has not been administered. For instance, a patient may refuse a vaccination, or the sending system may be forecasting a next dose due. See notes below for guidance on the relevant date to include here
RXA.4 - Date/Time End of Administration	26	TS	O	-			If RXA-4 is populated, then it shall be the same as RXA-3.
RXA.5 - Administered Code	250	CE	R	-	0292	HL7	Support for CVX code is strongly preferred. Local IG may identify NDC or CPT as acceptable alternative code sets.
RXA.6 - Administered Amount	20	NM	R	-			If RXA-5.3 is valued 998 then RXA-6 shall be valued 999. If the first instance of RXA-9.1 is not valued 00, then RXA-6 shall be valued 999. If RXA-20 is valued RE then RXA-6 shall be valued 999.
RXA.7 - Administered Units	250	CE	C(R/O)	-			Conditional Predicate: If Administered Amount is not valued 999. The preferred units of measure for this is mL.
RXA.8 - Administered Dosage Form	250	CE	O	-			
RXA.9 - Administration Notes	250	CE	C(R/O)	∞			Conditional Predicate: If RXA-20 is valued CP or PA. If this field is used for a notes only entry, then

							the data type shall be CE_TX otherwise the data type shall be CE. The primary use of this field is to convey if this immunization record is based on a historical record or was given by the provider recording the immunization. All systems should be able to support this use. Other uses of this field are permitted but need to be specified locally.
RXA.10 - Administering Provider	250	XCN	C(R/O)	∞			Conditional Predicate: If the first occurrence of RXA-9.1 is valued "00" and RXA-20 is valued "CP" or "PA". This is the person who gave the administration or the vaccinator. It is not the ordering clinician.
RXA.11 - Administered -at Location	200	LA2	C(R/O)	-			Conditional Predicate: If the first occurrence of RXA-9.1 is valued "00" and RXA-20 is valued "CP" or "PA". This is the clinic/site where the vaccine was administered.
RXA.12 - Administered Per (Time Unit)	20	ST	C	-			
RXA.13 - Administered Strength	20	NM	O	-			
RXA.14 - Administered Strength Units	250	CE	O	-			
RXA.15 - Substance Lot Number	20	ST	C(R/O)	∞			Conditional Predicate: If the first occurrence of RXA-9.1 is valued 00 and RXA-20 is valued CP or PA.
RXA.16 - Substance	26	TS	C(R/O)	∞			Conditional Predicate: If the first occurrence of RXA-9.1 is valued 00 and

Expiration Date								RXA-20 is valued CP or PA.
RXA.17 - Substance Manufacturer Name	250	CE	C(R/O)	∞	0227	HL7		Conditional Predicate: If the first occurrence of RXA-9.1 is valued 00 and RXA-20 is valued CP or PA.
RXA.18 - Substance/Treatment Refusal Reason	250	CE	C(R/O)	∞				Conditional Predicate: If RXA-20 is valued RE.
RXA.19 - Indication	250	CE	O	∞				
RXA.20 - Completion Status	2	ID	O	-	0322	HL7		If RXA-18 is populated, RXA-20 shall be valued RE.
RXA.21 - Action Code - RXA	2	ID	C(R/O)	-	0323	HL7		Conditional Predicate: If RXA-5.1 is not valued 998.
RXA.22 - System Entry Date/Time	26	TS	O	-				
RXA.23 - Administered Drug Strength Volume	5	NM	O	-				
RXA.24 - Administered Drug Strength Volume Units	250	CWE	O	-				
RXA.25 - Administered Barcode Identifier	60	CWE	O	-				
RXA.26 - Pharmacy Order Type	1	ID	O	-	0480	HL7		

RXR (Pharmacy/Treatment Route) Segment

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
RXR.1 - Route	250	CE	R	-	0162	User	
RXR.2 - Administration Site	250	CWE	R	-	0163	HL7	Required
RXR.3 - Administration Device	250	CE	O	-	0164	User	

RXR.4 - Administration Method	250	CWE	O	-	0165	User	
RXR.5 - Routing Instruction	250	CE	O	-			
RXR.6 - Administration Site Modifier	250	CWE	O	-	0495	HL7	

OBX (Observation/Result) Segment

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
OBX.1 - Set ID - OBX	4	SI	R	-			Must be valued sequentially starting with the value 1 within a message.
OBX.2 - Value Type	2	ID	R	-	0125	HL7	Shall be one of the following: CE, NM, ST, DT, ID, or TS.
OBX.3 - Observation Identifier	250	CE	R	-			If RXA-20 is CP or PA and the first occurrence of RXA-9.1 is 00 then the message shall include an OBX segment associated with the RXA and OBX-3.1 shall be 64994-7. This OBX indicates the Patient Eligibility Category for Vaccine Funding Program.
OBX.4 - Observation Sub-ID	20	ST	R	-			Value shall be a positive integer.
OBX.5 - Observation Value	99999	VARIABLES	R	∞			If OBX-3.1 is 64994-7 and OBX-2 is CE, then OBX-5 shall be HL7 0064. If OBX-3.1 is 69764-9 and OBX-2 is CE, then OBX-5 shall be cdcgl vis. If OBX-3.1 is 30956-7 and OBX-2 is CE, then OBX-5 shall be CVX.
OBX.6 - Units	250	CE	C(R/O)	-			Conditional Predicate: If OBX-2 (Value Type) is valued "NM" or "SN".

							If there is not a unit of measure available while the Condition Predicate is true, then the value "NA" shall be used in OBX.6.1 and HL70353 in OBX-6.3
OBX.7 - References Range	60	ST	O	-			
OBX.8 - Abnormal Flags	5	IS	O	∞	0078	User	
OBX.9 - Probability	5	NM	O	-			
OBX.10 - Nature of Abnormal Test	2	ID	O	∞	0080	HL7	
OBX.11 - Observation Result Status	1	ID	R	-	0085	HL7	Shall be valued F.
OBX.12 - Effective Date of Reference Range	26	TS	O	-			
OBX.13 - User Defined Access Checks	20	ST	O	-			
OBX.14 - Date/Time of the Observation	26	TS	RE	-			
OBX.15 - Producer's ID	250	CE	O	-			
OBX.16 - Responsible Observer	250	XCN	O	∞			
OBX.17 - Observation Method	250	CE	C(RE/O)	∞			Conditional Predicate: If OBX-3.1 is "64994-7". This field is used to distinguish between eligibility that is captured at the visit level versus at the immunization event level.
OBX.18 - Equipment Instance Identifier	22	EI	O	∞			

OBX.19 - Date/Time of the Analysis	26	TS	O	-			
OBX.20 - Reserved for harmonization with V2.6	0	ST	O	-			
OBX.21 - Reserved for harmonization with V2.6	0	ST	O	-			
OBX.22 - Reserved for harmonization with V2.6	0	ST	O	-			
OBX.23 - Performing Organization Name	567	XON	O	-			
OBX.24 - Performing Organization Address	631	XAD	O	-			
OBX.25 - Performing Organization Medical Director	3002	XCN	O	-			

NTE (Notes and Comments) Segment

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
NTE.1 - Set ID - NTE	4	SI	O	-			
NTE.2 - Source of Comment	8	ID	O	-	0105	HL7	
NTE.3 - Comment	65536	FT	RE	∞			Required if NTE is present.
NTE.4 - Comment Type	250	CE	O	-	0364	User	

Message Definition – Segment Fields

MSH (Message Header) Fields

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

MSH.1Field Separator

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).

MSH.2 Encoding Characters

This field contains the four characters in the following order: the component separator, repetition separator, escape character, and subcomponent separator. Recommended values are ^~\& (ASCII 94, 126, 92, and 38, respectively).

MSH.3 Sending Application

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.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
MSH.3.1 - Namespace Id	20	IS	O	-	0300	User	
MSH.3.2 - Universal Id	199	ST	C	-			
MSH.3.3 - Universal Id Type	6	ID	C	-	0301	HL7	

MSH.4 Sending Facility

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 vendors identifier, etc.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
MSH.4.1 - Namespace Id	20	IS	O	-	0300	User	
MSH.4.2 - Universal Id	199	ST	C	-			
MSH.4.3 - Universal Id Type	6	ID	C	-	0301	HL7	

MSH.5 Receiving Application

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. Entirely site-defined User-defined Table 0361- Application is used as the HL7 identifier for the user-defined table of values for the first component.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
MSH.5.1 - Namespace Id	20	IS	O	-	0300	User
MSH.5.2 - Universal Id	199	ST	C	-		
MSH.5.3 - Universal Id Type	6	ID	C	-	0301	HL7

MSH.6 Receiving Facility

This field identifies the receiving application among multiple identical instances of the application running on behalf of different organizations. User-defined Table 0362 - Facility is used as the HL7 identifier for the user-defined table of values for the first component. Entirely site defined.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
MSH.6.1 - Namespace Id	20	IS	O	-	0300	User
MSH.6.2 - Universal Id	199	ST	C	-		
MSH.6.3 - Universal Id Type	6	ID	C	-	0301	HL7

MSH.7 Date/Time of Message

This field contains the 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.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By	Comments
MSH.7.1 - Time	24	DTM	R	-			YYYYLLDDHHMMSS
MSH.7.2 - Degree of Precision	1	ID	B	-	0529	HL7	

MSH.8 Security

In some applications of HL7, this field is used to implement security features. Its use is not yet further specified.

MSH.9 Message Type

This field contains the message type, trigger event, and the message structure ID for the message. Recommended value is VXU^V04^VXU_V04.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
MSH.9.1 - Message Code	3	ID	R	-	0076	HL7
MSH.9.2 - Trigger Event	3	ID	R	-	0003	HL7
MSH.9.3 - Message Structure	7	ID	R	-	0354	HL7

MSH.10 Message Control ID

This field contains a 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).

MSH.11 Processing ID

This field is used to decide whether to process the message as defined in HL7 Application (level 7) Processing rules.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
MSH.11.1 - Processing Id	1	ID	O	-	0103	HL7
MSH.11.2 - Processing Mode	1	ID	O	-	0207	HL7

MSH.12 Version ID

This field is matched by the receiving system to its own version to be sure the message will be interpreted correctly. Recommended value is 2.5.1.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
MSH.12.1 - Version Id	5	ID	O	-	0104	HL7
MSH.12.2 - Internationalization Code	483	CE	O	-	0399	HL7
MSH.12.3 - International Version Id	483	CE	O	-		

MSH.13 Sequence Number

A non-null value in this field implies that the sequence number protocol is in use. This numeric field is incremented by one for each subsequent value.

MSH.14 Continuation Pointer

This field is used to define continuations in application-specific ways.

MSH.15 Accept Acknowledgment Type

This field identifies the conditions under which accept acknowledgments are required to be returned in response to this message. Required for enhanced

acknowledgment mode. Refer to HL7 Table 0155 - Accept/application acknowledgment conditions for valid values. Recommended value is ER.

MSH.16 Application Acknowledgment Type

This field contains the conditions under which application acknowledgments are required to be returned in response to this message. Required for enhanced acknowledgment mode. Recommended value is AL.

Note: If MSH-15-accept acknowledgment type and MSH-16-application acknowledgment type are omitted (or are both null), the original acknowledgment mode rules are used.

MSH.17 Country Code

This field contains 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,[5]. The ISO 3166 table has three separate forms of the country code: HL7 specifies that the 3-character (alphabetic) form be used for the country code.

MSH.18 Character Set

This field contains the character set for the entire message. Refer to HL7 Table 0211 - Alternate character sets for valid values.

MSH.19 Principal Language of Message

This field contains the principal language of the message. Codes come from ISO 639.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
MSH.19.1 - Identifier	20	ST	O	-		
MSH.19.2 - Text	199	ST	O	-		
MSH.19.3 - Name of Coding System	20	ID	O	-	0396	HL7
MSH.19.4 - Alternate Identifier	20	ST	O	-		
MSH.19.5 - Alternate Text	199	ST	O	-		
MSH.19.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

MSH.20 Alternate Character Set Handling Scheme

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, according to HL7 Table 0356- Alternate character set handling scheme.

MSH.21 Message Profile Identifier

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.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
MSH.21.1 - Entity Identifier	199	ST	O	-		
MSH.21.2 - Namespace Id	20	IS	O	-	0363	HL7
MSH.21.3 - Universal Id	199	ST	C	-		
MSH.21.4 - Universal Id Type	6	ID	C	-	0301	HL7

SFT (Software) Fields

This segment provides additional information about the software product(s) used as a Sending Application. The primary purpose of this segment is for diagnostic use. There may be additional uses per site-specific agreements.

SFT.1 Software Vendor Organization

Organization identification information for the software vendor that created this transaction. The purpose of this field, along with the remaining fields in this segment, is to provide a more complete picture of applications that are sending HL7 messages. The Software Vendor Organization field would allow the identification of the vendor who is responsible for maintaining the application.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
SFT.1.1 - Organization Name	50	ST	O	-		
SFT.1.2 - Organization Name Type Code	20	IS	O	-	0204	User
SFT.1.3 - Id Number	4	NM	B	-		
SFT.1.4 - Check Digit	1	NM	O	-		
SFT.1.5 - Check Digit Scheme	3	ID	O	-	0061	HL7
SFT.1.6 - Assigning Authority	227	HD	O	-	0363	User
SFT.1.7 - Identifier Type Code	5	ID	O	-	0203	HL7
SFT.1.8 - Assigning Facility	227	HD	O	-		
SFT.1.9 - Name Representation Code	1	ID	O	-	0465	HL7

SFT.1.10 - Organization Identifier	20	ST	O	-		
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SFT.2 Software Certified Version or Release Number

Latest software version number of the sending system that has been compliance tested and accepted. Software Certified Version or Release Number helps to provide a complete picture of the application that is sending/receiving HL7 messages. Versions are important in identifying a specific release of an application. In some situations, the receiving application validates the Software Certified Version or Release Number against a list of "certified" versions/releases of the particular software to determine if the sending application adheres to specific business rules required by the receiving application.

SFT.3 Software Product Name

The name of the software product that submitted the transaction. A key component in the identification of an application is its Software Product Name. This is a key piece of information in identifying an application.

SFT.4 Software Binary ID

Issued by a vendor for each unique software version instance to distinguish between like versions of the same software e.g., a checksum.

SFT.5 Software Product Information

Software identification information that can be supplied by a software vendor with their transaction. Might include configuration settings, etc.

SFT.6 Software Install Date

Date the submitting software was installed at the sending site.

PID (Patient Identification) Fields

The PID segment is used by all applications as the primary means of communicating patient identification information. This segment contains permanent patient identifying and demographic information that, for the most part, is not likely to change frequently.

PID.1 Set ID – PID

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.

PID.2 Patient ID

This field has been retained for backward compatibility only. The arbitrary term of external ID has been removed from the name of this field. The repetition, assigning authority, healthcare facility, and identifier type code attributes of PID-3 - Patient Identifier List allow for distinctive identifier representation. This field remains for

systems with a negotiated understanding of external. It is recommended to use PID-3 - Patient Identifier List for all patient identifiers.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.2.1 - Id Number	15	ST	R	-		
PID.2.2 - Check Digit	1	ST	O	-		
PID.2.3 - Check Digit Scheme	3	ID	O	-	0061	HL7
PID.2.4 - Assigning Authority	227	HD	O	-	0363	User
PID.2.5 - Identifier Type Code	5	ID	O	-	0203	HL7
PID.2.6 - Assigning Facility	227	HD	O	-		
PID.2.7 - Effective Date	8	DT	O	-		
PID.2.8 - Expiration Date	8	DT	O	-		
PID.2.9 - Assigning Jurisdiction	705	CWE	O	-		
PID.2.10 - Assigning Agency or Department	705	CWE	O	-		

PID.3 Patient Identifier List

This field 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.).

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.3.1 - Id Number	15	ST	R	-		
PID.3.2 - Check Digit	1	ST	O	-		
PID.3.3 - Check Digit Scheme	3	ID	O	-	0061	HL7
PID.3.4 - Assigning Authority	227	HD	O	-	0363	User
PID.3.5 - Identifier Type Code	5	ID	O	-	0203	HL7
PID.3.6 - Assigning Facility	227	HD	O	-		
PID.3.7 - Effective Date	8	DT	O	-		
PID.3.8 - Expiration Date	8	DT	O	-		
PID.3.9 - Assigning Jurisdiction	705	CWE	O	-		

PID.3.10 - Assigning Agency or Department	705	CWE	O	-		
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PID.4 Alternate Patient ID – PID

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. This field may be used to convey multiple patient IDs when more than one exists for a patient. Possible contents might include a visit number, a visit date, or a Social Security Number.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.4.1 - Id Number	15	ST	R	-		
PID.4.2 - Check Digit	1	ST	O	-		
PID.4.3 - Check Digit Scheme	3	ID	O	-	0061	HL7
PID.4.4 - Assigning Authority	227	HD	O	-	0363	User
PID.4.5 - Identifier Type Code	5	ID	O	-	0203	HL7
PID.4.6 - Assigning Facility	227	HD	O	-		
PID.4.7 - Effective Date	8	DT	O	-		
PID.4.8 - Expiration Date	8	DT	O	-		
PID.4.9 - Assigning Jurisdiction	705	CWE	O	-		
PID.4.10 - Assigning Agency or Department	705	CWE	O	-		

PID.5 Patient Name

This field contains the names of the patient, the primary or legal name of the patient is reported first. Therefore, the name type code in this field should be L - Legal. Refer to HL7 Table 0200 - Name Type for valid values.

Repetition of this field is allowed for representing the same name in different character sets. Note that last name prefix is synonymous to own family name prefix of previous versions of HL7, as is Second and Further Given Names or Initials Thereof to middle initial or name. Multiple given names and/or initials are separated by spaces.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.5.1 - Family Name	194	FN	O	-		
PID.5.2 - Given Name	30	ST	O	-	FirstName	
PID.5.3 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
PID.5.4 - Suffix (e.g., Jr or III)	20	ST	O	-		
PID.5.5 - Prefix (e.g., Dr)	20	ST	O	-		
PID.5.6 - Degree (e.g., Md)	6	IS	B	-	0360	User
PID.5.7 - Name Type Code	1	ID	O	-	0200	HL7
PID.5.8 - Name Representation Code	1	ID	O	-	0465	HL7
PID.5.9 - Name Context	483	CE	O	-	0448	User
PID.5.10 - Name Validity Range	53	DR	B	-		
PID.5.11 - Name Assembly Order	1	ID	O	-	0444	HL7
PID.5.12 - Effective Date	26	TS	O	-		
PID.5.13 - Expiration Date	26	TS	O	-		
PID.5.14 - Professional Suffix	199	ST	O	-		

PID.6 Mother's Maiden Name

This field 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.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.6.1 - Family Name	194	FN	O	-		
PID.6.2 - Given Name	30	ST	O	-	FirstName	
PID.6.3 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
PID.6.4 - Suffix (e.g., Jr or III)	20	ST	O	-		

PID.6.5 - Prefix (e.g., Dr)	20	ST	O	-		
PID.6.6 - Degree (e.g., Md)	6	IS	B	-	0360	User
PID.6.7 - Name Type Code	1	ID	O	-	0200	HL7
PID.6.8 - Name Representation Code	1	ID	O	-	0465	HL7
PID.6.9 - Name Context	483	CE	O	-	0448	User
PID.6.10 - Name Validity Range	53	DR	B	-		
PID.6.11 - Name Assembly Order	1	ID	O	-	0444	HL7
PID.6.12 - Effective Date	26	TS	O	-		
PID.6.13 - Expiration Date	26	TS	O	-		
PID.6.14 - Professional Suffix	199	ST	O	-		

PID.7 Date/Time of Birth

This field contains the patient's date and Time of Birth.

PID.8 Administrative Sex

This field contains the patient's sex. Refer to User-defined Table 0001 - Administrative Sex for suggested values.

PID.9 Patient Alias

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. This field contained the name(s) by which the patient has been known at some time. Refer to HL7 Table 0200 - Name Type for valid values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.9.1 - Family Name	194	FN	O	-		
PID.9.2 - Given Name	30	ST	O	-	FirstName	
PID.9.3 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
PID.9.4 - Suffix (e.g., Jr or III)	20	ST	O	-		
PID.9.5 - Prefix (e.g., Dr)	20	ST	O	-		

PID.9.6 - Degree (e.g., Md)	6	IS	B	-	0360	User
PID.9.7 - Name Type Code	1	ID	O	-	0200	HL7
PID.9.8 - Name Representation Code	1	ID	O	-	0465	HL7
PID.9.9 - Name Context	483	CE	O	-	0448	User
PID.9.10 - Name Validity Range	53	DR	B	-		
PID.9.11 - Name Assembly Order	1	ID	O	-	0444	HL7
PID.9.12 - Effective Date	26	TS	O	-		
PID.9.13 - Expiration Date	26	TS	O	-		
PID.9.14 - Professional Suffix	199	ST	O	-		

PID.10 Race

This field refers to the patient's race. Refer to User-defined Table 0005 - Race for suggested values. The second triplet of the CE data type for race (alternate identifier, alternate text, and Name of Alternate Coding System) is reserved for governmentally assigned codes.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.10.1 - Identifier	20	ST	O	-		
PID.10.2 - Text	199	ST	O	-		
PID.10.3 - Name of Coding System	20	ID	O	-	0396	HL7
PID.10.4 - Alternate Identifier	20	ST	O	-		
PID.10.5 - Alternate Text	199	ST	O	-		
PID.10.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PID.11 Patient Address

This field contains the mailing address of the patient. Address type codes are defined by HL7 Table 0190 - Address Type. Multiple addresses for the same person may be sent in the following sequence: The primary mailing address must be sent first in the sequence (for backward compatibility); if the mailing address is not sent, then a repeat delimiter must be sent in the first sequence.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.11.1 - Street Address	184	SAD	O	-	Street	
PID.11.2 - Other Designation	120	ST	O	-		
PID.11.3 - City	50	ST	O	-	City	
PID.11.4 - State or Province	50	ST	O	-	State	
PID.11.5 - Zip or Postal Code	12	ST	O	-	ZipCode	
PID.11.6 - Country	3	ID	O	-	0399	HL7
PID.11.7 - Address Type	3	ID	O	-	0190	HL7
PID.11.8 - Other Geographic Designation	50	ST	O	-		
PID.11.9 - County/Parish Code	20	IS	O	-	0289	User
PID.11.10 - Census Tract	20	IS	O	-	0288	User
PID.11.11 - Address Representation Code	1	ID	O	-	0465	HL7
PID.11.12 - Address Validity Range	53	DR	B	-		
PID.11.13 - Effective Date	26	TS	O	-		
PID.11.14 - Expiration Date	26	TS	O	-		

PID.12 County Code

From V2.3, this field has been retained for backward compatibility. This field contains the patient's county code. The county can now be supported in the county/parish code component of the XAD data type (PID-11 - Patient Address). Refer to User-defined Table 0289 - County/Parish for suggested values.

PID.13 Phone Number – Home

This field contains the 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. Refer to HL7 Table 0201 - Telecommunication Use Code and HL7 Table 0202 - Telecommunication Equipment Type for valid values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.13.1 - Telephone Number	199	ST	B	-	PhoneNumber	

PID.13.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7
PID.13.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7
PID.13.4 - Email Address	199	ST	O	-		
PID.13.5 - Country Code	3	NM	O	-		
PID.13.6 - Area/City Code	5	NM	O	-		
PID.13.7 - Local Number	9	NM	O	-		
PID.13.8 - Extension	5	NM	O	-		
PID.13.9 - Any Text	199	ST	O	-		
PID.13.10 - Extension Prefix	4	ST	O	-		
PID.13.11 - Speed Dial Code	6	ST	O	-		
PID.13.12 - Unformatted Telephone Number	199	ST	C	-		

PID.14 Phone Number – Business

This field contains the patient’s business telephone 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. Refer to HL7 Table 0201 - Telecommunication Use Code and HL7 Table 0202 - Telecommunication Equipment Type for valid values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.14.1 - Telephone Number	199	ST	B	-	PhoneNumber	
PID.14.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7
PID.14.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7
PID.14.4 - Email Address	199	ST	O	-		
PID.14.5 - Country Code	3	NM	O	-		
PID.14.6 - Area/City Code	5	NM	O	-		

PID.14.7 - Local Number	9	NM	O	-		
PID.14.8 - Extension	5	NM	O	-		
PID.14.9 - Any Text	199	ST	O	-		
PID.14.10 - Extension Prefix	4	ST	O	-		
PID.14.11 - Speed Dial Code	6	ST	O	-		
PID.14.12 - Unformatted Telephone Number	199	ST	C	-		

PID.15 Primary Language

This field contains the patient's primary language. HL7 recommends using ISO table 639 as the suggested values in User-defined Table 0296 - Primary Language.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.15.1 - Identifier	20	ST	O	-		
PID.15.2 - Text	199	ST	O	-		
PID.15.3 - Name of Coding System	20	ID	O	-	0396	HL7
PID.15.4 - Alternate Identifier	20	ST	O	-		
PID.15.5 - Alternate Text	199	ST	O	-		
PID.15.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PID.16 Marital Status

This field contains the patient's marital (civil) status. Refer to User-defined Table 0002 - Marital Status for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.16.1 - Identifier	20	ST	O	-		
PID.16.2 - Text	199	ST	O	-		
PID.16.3 - Name of Coding System	20	ID	O	-	0396	HL7
PID.16.4 - Alternate Identifier	20	ST	O	-		
PID.16.5 - Alternate Text	199	ST	O	-		
PID.16.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PID.17 Religion

This field contains the patient's religion. Refer to User-defined Table 0006 - Religion for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.17.1 - Identifier	20	ST	O	-		
PID.17.2 - Text	199	ST	O	-		
PID.17.3 - Name of Coding System	20	ID	O	-	0396	HL7
PID.17.4 - Alternate Identifier	20	ST	O	-		
PID.17.5 - Alternate Text	199	ST	O	-		
PID.17.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PID.18 Patient Account Number

This field contains the patient account number assigned by accounting to which all charges, payments, etc., are recorded. It is used to identify the patient's account. Refer to HL7 Table 0061 - Check Digit Scheme for valid values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.18.1 - Id Number	15	ST	R	-		
PID.18.2 - Check Digit	1	ST	O	-		
PID.18.3 - Check Digit Scheme	3	ID	O	-	0061	HL7
PID.18.4 - Assigning Authority	227	HD	O	-	0363	HL7
PID.18.5 - Identifier Type Code	5	ID	O	-	0203	HL7
PID.18.6 - Assigning Facility	227	HD	O	-		
PID.18.7 - Effective Date	8	DT	O	-		
PID.18.8 - Expiration Date	8	DT	O	-		
PID.18.9 - Assigning Jurisdiction	705	CWE	O	-		
PID.18.10 - Assigning Agency or Department	705	CWE	O	-		

PID.19 SSN Number – Patient

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 retirement number.

PID.20 Driver's License Number – Patient

From V2.5 onward, 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 patient's driver's license number. The default of the second component is the state in which the patient's license is registered.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.20.1 - License Number	20	ST	R	-		
PID.20.2 - Issuing State, Province, Country	20	IS	O	-	0333	User
PID.20.3 - Expiration Date	24	DT	O	-		

PID.21 Mother's Identifier

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. Refer to HL7 Table 0061 - Check Digit Scheme for valid values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.21.1 - Id Number	15	ST	R	-		
PID.21.2 - Check Digit	1	ST	O	-		
PID.21.3 - Check Digit Scheme	3	ID	O	-	0061	User
PID.21.4 - Assigning Authority	227	HD	O	-	0363	HL7
PID.21.5 - Identifier Type Code	5	ID	O	-	0203	HL7
PID.21.6 - Assigning Facility	227	HD	O	-		
PID.21.7 - Effective Date	8	DT	O	-		
PID.21.8 - Expiration Date	8	DT	O	-		
PID.21.9 - Assigning Jurisdiction	705	CWE	O	-		

PID.21.10 - Assigning Agency or Department	705	CWE	O	-		
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PID.22 Ethnic Group

This field further defines the patient's ancestry. Refer to User-defined Table 0189 - Ethnic Group for suggested values. The second triplet of the CE data type for ethnic group (alternate identifier, alternate text, and Name of Alternate Coding System) is reserved for governmentally assigned codes. In the US, a current use is to report ethnicity in line with US federal standards for Hispanic origin.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.22.1 - Identifier	20	ST	O	-		
PID.22.2 - Text	199	ST	O	-		
PID.22.3 - Name of Coding System	20	ID	O	-	0396	HL7
PID.22.4 - Alternate Identifier	20	ST	O	-		
PID.22.5 - Alternate Text	199	ST	O	-		
PID.22.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PID.23 Birth Place

This field indicates the location of the patient's birth, for example St. Francis Community Hospital of Lower South Side. The actual address is reported in PID-11 with an identifier of N.

PID.24 Multiple Birth Indicator

This field indicates whether the patient was part of a multiple birth. Refer to HL7 Table 0136 - Yes/No Indicator for valid values.

Value	Description
Y	The patient was part of a multiple birth
N	The patient was a single birth
Empty field	Multiple birth status is undetermined

PID.25 Birth Order

When a patient was part of a multiple birth, a value (number) indicating the patient's birth order is entered in this field. If PID-24 is populated, then this field should be populated.

PID.26 Citizenship

This field contains the information related to a person's country citizenship. For country citizenship HL7 recommends using ISO table 3166. For a local definition, User-defined Table 0171 - Citizenship should be used.

This field repeats since people can be citizens of more than one country. The Name of Coding System component(s) of the CE datatype should be used to identify the table from which citizenship membership is drawn.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.26.1 - Identifier	20	ST	O	-		
PID.26.2 - Text	199	ST	O	-		
PID.26.3 - Name of Coding System	20	ID	O	-	0396	HL7
PID.26.4 - Alternate Identifier	20	ST	O	-		
PID.26.5 - Alternate Text	199	ST	O	-		
PID.26.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PID.27 Veterans Military Status

This field contains the military status assigned to a veteran. Refer to User-defined Table 0172 - Veterans Military Status for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.27.1 - Identifier	20	ST	O	-		
PID.27.2 - Text	199	ST	O	-		
PID.27.3 - Name of Coding System	20	ID	O	-	0396	HL7
PID.27.4 - Alternate Identifier	20	ST	O	-		
PID.27.5 - Alternate Text	199	ST	O	-		
PID.27.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PID.28 Nationality

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. This information may be different from a person's

citizenship in countries in which multiple nationalities are recognized (for example, Spain: Basque, Catalan, etc.).

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.28.1 - Identifier	20	ST	O	-		
PID.28.2 - Text	199	ST	O	-		
PID.28.3 - Name of Coding System	20	ID	O	-	0396	HL7
PID.28.4 - Alternate Identifier	20	ST	O	-		
PID.28.5 - Alternate Text	199	ST	O	-		
PID.28.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PID.29 Patient Death Date and Time

This field contains the date and time at which the patient death occurred.

PID.30 Patient Death Indicator

This field indicates whether the patient is deceased. Refer to HL7 Table 0136 - Yes/no Indicator for valid values.

Value	Description
Y	The patient is deceased
N	The patient is not deceased
Empty field	Status is undetermined

PID.31 Identity Unknown Indicator

This field indicates whether the patient's/person's identity is known. Refer to HL7 Table 0136 - Yes/no Indicator for valid values.

PID.32 Identity Reliability Code

This field contains a coded value used to communicate information regarding the reliability of patient/person identifying data transmitted via a transaction. Values could indicate that certain fields on a PID segment for a given patient/person are known to be false (e.g., use of default or system-generated values for Date of Birth or Social Security Number. Refer to User-defined Table 0445 - Identity Reliability Code for suggested values.

PID.33 Last Update Date/Time

This field contains the last update date and time for the patient's/person's identifying and demographic data, as defined in the PID segment. Receiving systems will use this field to determine how to apply the transaction to their systems. If the receiving system (such as an enterprise master patient index) already has a record for the person with a later last update date/time, then the EMPI could decide not to apply the patient's/person's demographic and identifying data from this transaction.

PID.34 Last Update Facility

This field identifies the facility of the last update to a patient's/person's identifying and demographic data, as defined in the PID segment. Receiving systems or users will use this field to determine how to apply the transaction to their systems. If the receiving system (such as a hospital's patient management system) already has a record for the patient/person, then it may decide to only update its data if the source is a trusted source. A hospital might consider other hospitals trusted sources, but not trust updates from non-acute care facilities.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.34.1 - Namespace Id	20	IS	O	-	0300	User
PID.34.2 - Universal Id	199	ST	C	-		
PID.34.3 - Universal Id Type	6	ID	C	-	0301	HL7

PID.35 Species Code

The species of living organism. This may include the common or scientific name, based on the coding system(s) used. SNOMED is the recommended coding system. If this field is not valued, a human is assumed. Refer to User-defined Table 0446 - Species Code for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.35.1 - Identifier	20	ST	O	-		
PID.35.2 - Text	199	ST	O	-		
PID.35.3 - Name of Coding System	20	ID	O	-	0396	HL7
PID.35.4 - Alternate Identifier	20	ST	O	-		
PID.35.5 - Alternate Text	199	ST	O	-		
PID.35.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PID.36 Breed Code

The specific breed of animal. This field, unlike Species and Strain, is specific to animals and cannot be generally used for all living organisms. SNOMED is the recommended coding system. Refer to User-defined Table 0447 - Breed Code for suggested values.

Conditionality Rule: This field must be valued if PID-37 - Strain is valued.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.36.1 - Identifier	20	ST	O	-		
PID.36.2 - Text	199	ST	O	-		
PID.36.3 - Name of Coding System	20	ID	O	-	0396	HL7
PID.36.4 - Alternate Identifier	20	ST	O	-		
PID.36.5 - Alternate Text	199	ST	O	-		
PID.36.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PID.37 Strain

This field contains the specific strain of animal. It can also be expanded to include strain of any living organism and is not restricted to animals.

PID.38 Production Class Code

This field contains the code and/or text indicating the primary use for which the living subject was bred or grown. Refer to User-defined Table 0429 - Production Class Code for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.38.1 - Identifier	20	ST	O	-		
PID.38.2 - Text	199	ST	O	-		
PID.38.3 - Name of Coding System	20	ID	O	-	0396	HL7
PID.38.4 - Alternate Identifier	20	ST	O	-		
PID.38.5 - Alternate Text	199	ST	O	-		
PID.38.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PID.39 Tribal Citizenship

This field contains information related to a person's tribal citizenship. For tribal citizenship, in the United States, HL7 recommends using the Bureau of Indian Affairs (BIA) Tribal Identity List. For a local definition, User-defined Table 0171 - Citizenship should be used.

This field repeats since people can have tribal membership(s) and can be members of more than one tribe. The Name of Coding System component(s) of the CWE datatype should be used to identify the table from which tribal membership is drawn.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PID.39.1 - Identifier	20	ST	O	-		
PID.39.2 - Text	199	ST	O	-		
PID.39.3 - Name of Coding System	20	ID	O	-	0396	HL7
PID.39.4 - Alternate Identifier	20	ST	O	-		
PID.39.5 - Alternate Text	199	ST	O	-		
PID.39.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
PID.39.7 - Coding System Version Id	10	ST	C	-		
PID.39.8 - Alternate Coding System Version Id	10	ST	O	-		
PID.39.9 - Original Text	199	ST	O	-		

PD1 (Patient Additional Demographic) Fields

The patient additional demographic segment contains demographic information that is likely to change about the patient.

PD1.1 - Living Dependency

This field identifies specific living conditions (e.g., spouse dependent on patient, walk-up) that are relevant to an evaluation of the patient's healthcare needs. This information can be used for discharge planning. This field repeats because, for example, spouse dependent and medical supervision required can apply at the same time. Refer to User-defined Table 0223 - Living Dependency for suggested values.

PD1.2 - Living Arrangement

This field identifies the situation in which the patient lives at his residential address. Examples might include Alone, Family, Relatives, Institution, etc. Refer to User-defined Table 0220 - Living Arrangement for suggested values.

PD1.3 - Patient Primary Facility

This field contains the name and identifier that specifies the "primary care" healthcare facility selected by the patient at the time of enrollment in an HMO Insurance Plan. It is not the Primary Care Practitioner or Medical Home.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PD1.3.1 - Organization Name	50	ST	O	-		
PD1.3.2 - Organization Name Type Code	20	IS	O	-	0204	User
PD1.3.3 - Id Number	4	NM	B	-		
PD1.3.4 - Check Digit	1	NM	O	-		
PD1.3.5 - Check Digit Scheme	3	ID	O	-	0061	HL7
PD1.3.6 - Assigning Authority	227	HD	O	-	0363	HL7
PD1.3.7 - Identifier Type Code	5	ID	O	-	0203	HL7
PD1.3.8 - Assigning Facility	227	HD	O	-		
PD1.3.9 - Name Representation Code	1	ID	O	-	0465	HL7
PD1.3.10 - Organization Identifier	20	ST	O	-		

PD1.4 - Patient Primary Care Provider Name and ID No.

This field is retained for backward compatibility only. The ROL segment is now used to convey more complete information about the primary care provider. This field contained the provider's name and ID of the primary care provider. Multiple names are allowed for the same person. The legal name must be sent in the first sequence. If the legal name is not sent, then the repeat delimiter must be sent in the first sequence.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PD1.4.1 - Id Number	15	ST	O	-		
PD1.4.2 - Family Name	194	FN	O	-		

PD1.4.3 - Given Name	30	ST	O	-	FirstName	
PD1.4.4 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
PD1.4.5 - Suffix (e.g., Jr or III)	20	ST	O	-		
PD1.4.6 - Prefix (e.g., Dr)	20	ST	O	-		
PD1.4.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
PD1.4.8 - Source Table	4	IS	C	-	0297	User
PD1.4.9 - Assigning Authority	227	HD	O	-	0363	HL7
PD1.4.10 - Name Type Code	1	ID	O	-	0200	HL7
PD1.4.11 - Identifier Check Digit	1	ST	O	-		
PD1.4.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
PD1.4.13 - Identifier Type Code	5	ID	O	-	0203	HL7
PD1.4.14 - Assigning Facility	227	HD	O	-		
PD1.4.15 - Name Representation Code	1	ID	O	-	0465	HL7
PD1.4.16 - Name Context	483	CE	O	-	0448	User
PD1.4.17 - Name Validity Range	53	DR	B	-		
PD1.4.18 - Name Assembly Order	1	ID	O	-	0444	HL7
PD1.4.19 - Effective Date	26	TS	O	-		
PD1.4.20 - Expiration Date	26	TS	O	-		
PD1.4.21 - Professional Suffix	199	ST	O	-		
PD1.4.22 - Assigning Jurisdiction	705	CWE	O	-		
PD1.4.23 - Assigning Agency or Department	705	CWE	O	-		

PD1.5 - Student Indicator

This field indicates if the patient is currently a student or not, and whether the patient is a full-time or a part-time student. This field does not indicate the student's

degree level (high school, college, elementary) or the student's field of study (accounting, engineering, etc.). Refer to User-defined Table 0231 - Student Status for suggested values.

PD1.6 – Handicap

This field indicates the nature of the patient's permanent handicapped condition (e.g., deaf, blind). A handicapped condition is defined as a physical or mental disability that is permanent. Transient handicapped conditions should be sent in the ambulatory status. Refer to User-defined Table 0295 - Handicap for suggested values.

PD1.7 - Living Will Code

This field indicates whether the patient has a living will and, if so, whether a copy of the living will be on file at the healthcare facility. If the patient does not have a living will, the value of this field indicates whether the patient was provided information on living wills. Refer to User-defined Table 0315 - Living Will Code for suggested values. See also PV2-43 - Living Will Code.

PD1.8 - Organ Donor Code

This field indicates whether the patient wants to donate his/her organs and whether an organ donor card or similar documentation is on file with the healthcare organization. Refer to User-defined Table 0316 - Organ Donor Code for suggested values. See also PV2-44 - Organ donor Code.

PD1.9 - Separate Bill

This field specifies that charges for this patient are to be billed separately from other patient bills with the same guarantor. (This bill is now a patient bill rather than a guarantor bill.) Refer to HL7 Table 0136 - Yes/no Indicator for valid values.

PD1.10 - Duplicate Patient

This field indicates that a patient is the same as, or a duplicate of, another patient found on the sending system. The intent is to be informational only and no action is required by the receiver. Include the patient identifier if the sender knows an identifier for the patient. The assigning authority and identifier type code are strongly recommended for all CX data types.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PD1.10.1 - Id Number	15	ST	R	-		
PD1.10.2 - Check Digit	1	ST	O	-		
PD1.10.3 - Check Digit Scheme	3	ID	O	-	0061	User
PD1.10.4 - Assigning Authority	227	HD	O	-	0363	HL7
PD1.10.5 - Identifier Type Code	5	ID	O	-	0203	HL7

PD1.10.6 - Assigning Facility	227	HD	O	-		
PD1.10.7 - Effective Date	8	DT	O	-		
PD1.10.8 - Expiration Date	8	DT	O	-		
PD1.10.9 - Assigning Jurisdiction	705	CWE	O	-		
PD1.10.10 - Assigning Agency or Department	705	CWE	O	-		

PD1.11 - Publicity Code

This field contains a user-defined code indicating what level of publicity is allowed (e.g., No Publicity, Family Only) for the patient. In the context of immunization messages, this refers to how a person wishes to be contacted in a reminder or recall situation. Refer to User-defined Table 0215 - Publicity Code for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PD1.11.1 - Identifier	20	ST	O	-		
PD1.11.2 - Text	199	ST	O	-		
PD1.11.3 - Name of Coding System	20	ID	O	-	0396	HL7
PD1.11.4 - Alternate Identifier	20	ST	O	-		
PD1.11.5 - Alternate Text	199	ST	O	-		
PD1.11.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PD1.12 - Protection Indicator

This field identifies whether a person's information may be shared with others²⁶. Specific protection policies are a local consideration (opt in or opt out, for instance). This field conveys the current state in the sending system. The protection state must be actively determined by the clinician. If it is not actively determined, then the protection indicator shall be empty. There are 3 states:

Protection State	Code
Yes, protect the data. Client (or guardian) has indicated that the information shall be protected. (Do not share data)	Y
No, it is not necessary to protect data from other clinicians. Client (or guardian) has indicated that the information does not need to be protected. (Sharing is OK)	N
No determination has been made regarding client's (or guardian's) wishes regarding information sharing.	PD1-12 is empty

PD1.13 - Protection Indicator Effective Date

This field indicates the effective date for PD1-12 - Protection Indicator.

PD1.14 - Place of Worship

The patient's place of worship. For example, the patient attends the First Baptist Church of Atlanta.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PD1.14.1 - Organization Name	50	ST	O	-		
PD1.14.2 - Organization Name Type Code	20	IS	O	-	0204	User
PD1.14.3 - Id Number	4	NM	B	-		
PD1.14.4 - Check Digit	1	NM	O	-		
PD1.14.5 - Check Digit Scheme	3	ID	O	-	0061	HL7
PD1.14.6 - Assigning Authority	227	HD	O	-	0363	HL7
PD1.14.7 - Identifier Type Code	5	ID	O	-	0203	HL7
PD1.14.8 - Assigning Facility	227	HD	O	-		
PD1.14.9 - Name Representation Code	1	ID	O	-	0465	HL7
PD1.14.10 - Organization Identifier	20	ST	O	-		

PD1.15 - Advance Directive Code

This field indicates the patient's instructions to the healthcare facility. Refer to User-defined Table 0435 - Advance Directive Code for suggested values. See also PV2-45 – Advance Directive Code.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PD1.15.1 - Identifier	20	ST	O	-		
PD1.15.2 - Text	199	ST	O	-		
PD1.15.3 - Name of Coding System	20	ID	O	-	0396	HL7
PD1.15.4 - Alternate Identifier	20	ST	O	-		
PD1.15.5 - Alternate Text	199	ST	O	-		

PD1.15.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
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PD1.16 - Immunization Registry Status

This field identifies the current status of the patient in relation to the sending provider organization. Refer to User-defined Table 0441 - Immunization Registry Status for suggested values.

PD1.17 - Immunization Registry Status Effective Date

This field indicates the effective date for the registry status reported in PD1-16 - Immunization Registry Status.

PD1.18 - Publicity Code Effective Date

This is the effective date for PD1-11 - Publicity Code.

PD1.19 - Military Branch

This field is defined by CMS or other regulatory agencies. Refer to User-defined Table 0140 - Military Service for suggested values.

PD1.20 - Military Rank/Grade

This user-defined field identifies the military rank/grade of the patient. Refer to User-defined Table 0141 - Military Rank/Grade for suggested values.

PD1.21 - Military Status

This field is defined by CMS or other regulatory agencies. Refer to User-defined Table 0142 - Military Status for suggested values.

NK1 (Next of Kin / Associated Parties) Fields

The NK1 segment contains information about the patients and other related parties. Any associated parties may be identified. Utilizing NK1-1 - set ID, multiple NK1 segments can be sent to patient accounts.

NK1.1 - Set ID - NK1

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.

NK1.2 - NK Name

This field contains the name of the next of kin or associated party. Multiple names for the same person are allowed, but the legal name must be sent in the first sequence. If the legal name is not sent, then the repeat delimiter must be sent in the first sequence. Refer to HL7 Table 0200 - Name Type for valid values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.2.1 - Family Name	194	FN	O	-		

NK1.2.2 - Given Name	30	ST	O	-	FirstName	
NK1.2.3 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
NK1.2.4 - Suffix (e.g., Jr or III)	20	ST	O	-		
NK1.2.5 - Prefix (e.g., Dr)	20	ST	O	-		
NK1.2.6 - Degree (e.g., Md)	6	IS	B	-	0360	User
NK1.2.7 - Name Type Code	1	ID	O	-	0200	HL7
NK1.2.8 - Name Representation Code	1	ID	O	-	0465	HL7
NK1.2.9 - Name Context	483	CE	O	-	0448	User
NK1.2.10 - Name Validity Range	53	DR	B	-		
NK1.2.11 - Name Assembly Order	1	ID	O	-	0444	HL7
NK1.2.12 - Effective Date	26	TS	O	-		
NK1.2.13 - Expiration Date	26	TS	O	-		
NK1.2.14 - Professional Suffix	199	ST	O	-		

NK1.3 – Relationship

This field contains the actual personal relationship that the next of kin/associated party has to the patient. Refer to User-defined Table 0063 - Relationship for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.3.1 - Identifier	20	ST	O	-		
NK1.3.2 - Text	199	ST	O	-		
NK1.3.3 - Name of Coding System	20	ID	O	-	0396	
NK1.3.4 - Alternate Identifier	20	ST	O	-		
NK1.3.5 - Alternate Text	199	ST	O	-		
NK1.3.6 - Name of Alternate Coding System	20	ID	O	-	0396	

NK1.4 – Address

This field contains the address of the next of kin/associated party. Multiple addresses are allowed for the same person. The mailing address must be sent in the first sequence. If the mailing address is not sent, then the repeat delimiter must be sent in the first sequence.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.4.1 - Street Address	184	SAD	O	-	Street	
NK1.4.2 - Other Designation	120	ST	O	-		
NK1.4.3 - City	50	ST	O	-	City	
NK1.4.4 - State or Province	50	ST	O	-	State	
NK1.4.5 - Zip or Postal Code	12	ST	O	-	ZipCode	
NK1.4.6 - Country	3	ID	O	-	0399	HL7
NK1.4.7 - Address Type	3	ID	O	-	0190	HL7
NK1.4.8 - Other Geographic Designation	50	ST	O	-		
NK1.4.9 - County/Parish Code	20	IS	O	-	0289	User
NK1.4.10 - Census Tract	20	IS	O	-	0288	User
NK1.4.11 - Address Representation Code	1	ID	O	-	0465	HL7
NK1.4.12 - Address Validity Range	53	DR	B	-		
NK1.4.13 - Effective Date	26	TS	O	-		
NK1.4.14 - Expiration Date	26	TS	O	-		

NK1.5 - Phone Number

This field contains the telephone number of the next of kin/associated party. Multiple phone numbers are allowed for the same person. The primary telephone number must be sent in the first sequence. If the primary telephone number is not sent, then the repeat delimiter must be sent in the first sequence. Refer to HL7 Table 0201 - Telecommunication Use Code and HL7 Table 0202 - Telecommunication Equipment Type for valid values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.5.1 - Telephone Number	199	ST	B	-	PhoneNumber	

NK1.5.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7
NK1.5.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7
NK1.5.4 - Email Address	199	ST	O	-		
NK1.5.5 - Country Code	3	NM	O	-		
NK1.5.6 - Area/City Code	5	NM	O	-		
NK1.5.7 - Local Number	9	NM	O	-		
NK1.5.8 - Extension	5	NM	O	-		
NK1.5.9 - Any Text	199	ST	O	-		
NK1.5.10 - Extension Prefix	4	ST	O	-		
NK1.5.11 - Speed Dial Code	6	ST	O	-		
NK1.5.12 - Unformatted Telephone Number	199	ST	C	-		

NK1.6 - Business Phone Number

This field contains the business telephone number of the next of kin/associated party. Multiple phone numbers are allowed for the same person. The primary business telephone number must be sent in the first sequence. If the primary business telephone number is not sent, then the repeat delimiter must be sent in the first sequence. Refer to HL7 Table 0201 - Telecommunication Use Code and HL7 Table 0202 - Telecommunication Equipment Type for valid values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.6.1 - Telephone Number	199	ST	B	-	PhoneNumber	
NK1.6.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7
NK1.6.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7
NK1.6.4 - Email Address	199	ST	O	-		
NK1.6.5 - Country Code	3	NM	O	-		
NK1.6.6 - Area/City Code	5	NM	O	-		

NK1.6.7 - Local Number	9	NM	O	-		
NK1.6.8 - Extension	5	NM	O	-		
NK1.6.9 - Any Text	199	ST	O	-		
NK1.6.10 - Extension Prefix	4	ST	O	-		
NK1.6.11 - Speed Dial Code	6	ST	O	-		
NK1.6.12 - Unformatted Telephone Number	199	ST	C	-		

NK1.7 - Contact Role

This field indicates the specific relationship role. Refer to User-defined Table 0131 - Contact Role for suggested values. This field specifies the role that the next of kin/associated parties plays with regard to the patient.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.7.1 - Identifier	20	ST	O	-		
NK1.7.2 - Text	199	ST	O	-		
NK1.7.3 - Name of Coding System	20	ID	O	-	0396	HL7
NK1.7.4 - Alternate Identifier	20	ST	O	-		
NK1.7.5 - Alternate Text	199	ST	O	-		
NK1.7.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

NK1.8 - Start Date

This field contains the start date of the contact role.

NK1.9 - End Date

This field contains the end date of the contact role.

NK1.10 - Next of Kin / Associated Parties Job Title

This field contains the title of the next of kin/associated parties at their place of employment. However, if the contact role is the patient's employer, this field contains the title of the patient at their place of employment.

NK1.11 - Next of Kin / Associated Parties Job Code/Class

This field contains the employers job code and the employee classification used for the next of kin/associated parties at their place of employment. However, if the contact role is the patient's employer, this field contains the job code/class of the

patient at their place of employment. Refer to User-defined Table 0327 - Job Code and User-defined Table 0328 - Employee Classification for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.11.1 - Job Code	20	IS	O	-	0327	User
NK1.11.2 - Job Class	20	IS	O	-	0328	User
NK1.11.3 - Job Description Text	250	TX	O	-		

NK1.12 - Next of Kin / Associated Parties Employee Number

For backward compatibility, the ST data type can be sent; however, HL7 recommends that the CX data type be used for new implementations. This field contains the number that the employer assigns to the employee that is acting as next of kin/associated parties. However, if the contact role is the patient's employer, this field contains the employee number of the patient at their place of employment. The assigning authority and identifier type codes are strongly recommended for all CX data types.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.12.1 - Id Number	15	ST	R	-		
NK1.12.2 - Check Digit	1	ST	O	-		
NK1.12.3 - Check Digit Scheme	3	ID	O	-	0061	HL7
NK1.12.4 - Assigning Authority	227	HD	O	-	0363	HL7
NK1.12.5 - Identifier Type Code	5	ID	O	-	0203	HL7
NK1.12.6 - Assigning Facility	227	HD	O	-		
NK1.12.7 - Effective Date	8	DT	O	-		
NK1.12.8 - Expiration Date	8	DT	O	-		
NK1.12.9 - Assigning Jurisdiction	705	CWE	O	-		
NK1.12.10 - Assigning Agency or Department	705	CWE	O	-		

NK1.13 - Organization Name - NK1

This field contains the name of the organization that serves as a next of kin/associated party or as the next of kin of the patient. This field may also be used to communicate the name of the organization at which the associated party works. Multiple names for the same organization may be sent. If multiple names are sent,

the legal name must be sent in the first sequence. If the legal name is not sent, then a repeat delimiter must be sent in the first sequence.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.13.1 - Organization Name	50	ST	O	-		
NK1.13.2 - Organization Name Type Code	20	IS	O	-	0204	User
NK1.13.3 - Id Number	4	NM	B	-		
NK1.13.4 - Check Digit	1	NM	O	-		
NK1.13.5 - Check Digit Scheme	3	ID	O	-	0061	HL7
NK1.13.6 - Assigning Authority	227	HD	O	-	0363	HL7
NK1.13.7 - Identifier Type Code	5	ID	O	-	0203	HL7
NK1.13.8 - Assigning Facility	227	HD	O	-		
NK1.13.9 - Name Representation Code	1	ID	O	-	0465	HL7
NK1.13.10 - Organization Identifier	20	ST	O	-		

NK1.14 - Marital Status

This field contains the next of kin/associated party's marital status. Refer to User-defined Table 0002 - Marital Status for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.14.1 - Identifier	20	ST	O	-		
NK1.14.2 - Text	199	ST	O	-		
NK1.14.3 - Name of Coding System	20	ID	O	-	0396	HL7
NK1.14.4 - Alternate Identifier	20	ST	O	-		
NK1.14.5 - Alternate Text	199	ST	O	-		
NK1.14.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

NK1.15 - Administrative Sex

This field contains the next of kin/associated party's sex. Refer to User-defined Table 0001 - Administrative Sex for suggested values.

NK1.16 - Date/Time of Birth

This field contains the next of kin/associated party's birth date and time.

NK1.17 - Living Dependency

This field identifies specific living conditions (e.g., spouse dependent on patient, walk-up) that are relevant to an evaluation of the patient's healthcare needs. This information can be used for discharge planning. Examples might include Spouse Dependent, Medical Supervision Required, Small Children Dependent. This field repeats because, for example, spouse dependent and medical supervision required can apply at the same time. Refer to User-defined Table 0223 - Living Dependency for suggested values.

NK1.18 - Ambulatory Status

This field identifies the transient rate of mobility for the next of kin/associated party. Refer to User-defined Table 0009 - Ambulatory Status for suggested values.

NK1.19 – Citizenship

This field contains the code to identify the next of kin/associated party's citizenship. HL7 recommends using ISO 3166 as the suggested values in User-defined Table 0171 – Citizenship.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.19.1 - Identifier	20	ST	O	-		
NK1.19.2 - Text	199	ST	O	-		
NK1.19.3 - Name of Coding System	20	ID	O	-	0396	HL7
NK1.19.4 - Alternate Identifier	20	ST	O	-		
NK1.19.5 - Alternate Text	199	ST	O	-		
NK1.19.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

NK1.20 - Primary Language

This field identifies the next of kin/associated party's primary speaking language. HL7 recommends using ISO 639 as the suggested values in User-defined Table 0296 – Language.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.20.1 - Identifier	20	ST	O	-		

NK1.20.2 - Text	199	ST	O	-		
NK1.20.3 - Name of Coding System	20	ID	O	-	0396	HL7
NK1.20.4 - Alternate Identifier	20	ST	O	-		
NK1.20.5 - Alternate Text	199	ST	O	-		
NK1.20.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

NK1.21 - Living Arrangement

This field identifies the situation that the associated party lives in at his/her residential address. Refer to User-defined Table 0220 - Living Arrangement for suggested values.

NK1.22 - Publicity Code

This field indicates what level of publicity is allowed (e.g., No Publicity, Family Only) for the next of kin/associated party. Refer to User-defined Table 0215 - Publicity Code for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.22.1 - Identifier	20	ST	O	-		
NK1.22.2 - Text	199	ST	O	-		
NK1.22.3 - Name of Coding System	20	ID	O	-	0396	HL7
NK1.22.4 - Alternate Identifier	20	ST	O	-		
NK1.22.5 - Alternate Text	199	ST	O	-		
NK1.22.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

NK1.23 - Protection Indicator

This field identifies that next of kin/associated party's protection that determines, in turn, whether access to information about this person should be kept from users who do not have adequate authority. Refer to HL7 Table 0136 - Yes/no Indicator for valid values.

NK1.24 - Student Indicator

This field identifies whether the next of kin/associated party is currently a student or not, and whether the next of kin/associated party is a full- or a part-time student. This field does not indicate the degree (high school, college) of the student or the field of study. Refer to User-defined Table 0231 - Student Status for suggested values.

NK1.25 – Religion

This field indicates the type of religion practiced by the next of kin/associated party. Refer to User-defined Table 0006 - Religion for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.25.1 - Identifier	20	ST	O	-		
NK1.25.2 - Text	199	ST	O	-		
NK1.25.3 - Name of Coding System	20	ID	O	-	0396	HL7
NK1.25.4 - Alternate Identifier	20	ST	O	-		
NK1.25.5 - Alternate Text	199	ST	O	-		
NK1.25.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

NK1.26 - Mother's Maiden Name

This field indicates the maiden name of the next of kin/associated party's mother.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.26.1 - Family Name	194	FN	O	-		
NK1.26.2 - Given Name	30	ST	O	-	FirstName	
NK1.26.3 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
NK1.26.4 - Suffix (e.g., Jr or III)	20	ST	O	-		
NK1.26.5 - Prefix (e.g., Dr)	20	ST	O	-		
NK1.26.6 - Degree (e.g., Md)	6	IS	B	-	0360	User
NK1.26.7 - Name Type Code	1	ID	O	-	0200	HL7
NK1.26.8 - Name Representation Code	1	ID	O	-	0465	HL7
NK1.26.9 - Name Context	483	CE	O	-	0448	User
NK1.26.10 - Name Validity Range	53	DR	B	-		
NK1.26.11 - Name Assembly Order	1	ID	O	-	0444	HL7
NK1.26.12 - Effective Date	26	TS	O	-		

NK1.26.13 - Expiration Date	26	TS	O	-		
NK1.26.14 - Professional Suffix	199	ST	O	-		

NK1.27 – Nationality

This field identifies the nation or national group to which the next of kin/associated party belongs. This information may be different than the person’s citizenship in countries in which multiple nationalities are recognized (e.g., Spain: Basque, Catalan, etc.). Refer to User-defined Table 0212 - Nationality for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.27.1 - Identifier	20	ST	O	-		
NK1.27.2 - Text	199	ST	O	-		
NK1.27.3 - Name of Coding System	20	ID	O	-	0396	HL7
NK1.27.4 - Alternate Identifier	20	ST	O	-		
NK1.27.5 - Alternate Text	199	ST	O	-		
NK1.27.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

NK1.28 - Ethnic Group

This field contains the next of kin/associated party’s ethnic group. Refer to User-defined Table 0189 - Ethnic Group for suggested values. The second triplet of the CE data type for ethnic group (alternate identifier, alternate text, and Name of Alternate Coding System) is reserved for governmentally assigned codes. In the US, a current use is to report ethnicity in line with US federal standards for Hispanic origin.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.28.1 - Identifier	20	ST	O	-		
NK1.28.2 - Text	199	ST	O	-		
NK1.28.3 - Name of Coding System	20	ID	O	-	0396	HL7
NK1.28.4 - Alternate Identifier	20	ST	O	-		
NK1.28.5 - Alternate Text	199	ST	O	-		
NK1.28.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

NK1.29 - Contact Reason

This field identifies how the contact should be used (e.g., contact employer if patient is unable to work). Refer to User-defined Table 0222 - Contact Reason for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.29.1 - Identifier	20	ST	O	-		
NK1.29.2 - Text	199	ST	O	-		
NK1.29.3 - Name of Coding System	20	ID	O	-	0396	HL7
NK1.29.4 - Alternate Identifier	20	ST	O	-		
NK1.29.5 - Alternate Text	199	ST	O	-		
NK1.29.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

NK1.30 - Contact Person's Name

This field contains the names of the people to contact, depending on the value of the relationship defined in NK1-3 - Relationship. This field is typically needed when the NK1 is an organization. The legal name should be sent first in the sequence. Refer to HL7 Table 0200 - Name Type for valid values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.30.1 - Family Name	194	FN	O	-		
NK1.30.2 - Given Name	30	ST	O	-	FirstName	
NK1.30.3 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
NK1.30.4 - Suffix (e.g., Jr or III)	20	ST	O	-		
NK1.30.5 - Prefix (e.g., Dr)	20	ST	O	-		
NK1.30.6 - Degree (e.g., Md)	6	IS	B	-	0360	User
NK1.30.7 - Name Type Code	1	ID	O	-	0200	HL7
NK1.30.8 - Name Representation Code	1	ID	O	-	0465	HL7
NK1.30.9 - Name Context	483	CE	O	-	0448	User

NK1.30.10 - Name Validity Range	53	DR	B	-		
NK1.30.11 - Name Assembly Order	1	ID	O	-	0444	HL7
NK1.30.12 - Effective Date	26	TS	O	-		
NK1.30.13 - Expiration Date	26	TS	O	-		
NK1.30.14 - Professional Suffix	199	ST	O	-		

NK1.31 - Contact Person's Telephone Number

This field contains the telephone numbers of the contact person depending on the value of the relationship defined in NK1-3 - Relationship. This field is typically needed when the NK1 is an organization. The primary telephone number must be sent in the first sequence. If the primary telephone number is not sent, then a repeat delimiter must be sent in the first sequence. Refer to HL7 Table 0201 -Telecommunication Use Code and HL7 Table 0202 - Telecommunication Equipment Type for valid values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.31.1 - Telephone Number	199	ST	B	-	PhoneNumber	
NK1.31.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7
NK1.31.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7
NK1.31.4 - Email Address	199	ST	O	-		
NK1.31.5 - Country Code	3	NM	O	-		
NK1.31.6 - Area/City Code	5	NM	O	-		
NK1.31.7 - Local Number	9	NM	O	-		
NK1.31.8 - Extension	5	NM	O	-		
NK1.31.9 - Any Text	199	ST	O	-		
NK1.31.10 - Extension Prefix	4	ST	O	-		
NK1.31.11 - Speed Dial Code	6	ST	O	-		
NK1.31.12 - Unformatted Telephone Number	199	ST	C	-		

NK1.32 - Contact Person's Address

This field contains the addresses of the contact person depending on the value of the relationship defined in NK1-3 - Relationship. This field is typically used when the NK1 is an organization. When multiple addresses are sent, the mailing address must be sent first in the sequence.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.32.1 - Street Address	184	SAD	O	-	Street	
NK1.32.2 - Other Designation	120	ST	O	-		
NK1.32.3 - City	50	ST	O	-	City	
NK1.32.4 - State or Province	50	ST	O	-	State	
NK1.32.5 - Zip or Postal Code	12	ST	O	-	ZipCode	
NK1.32.6 - Country	3	ID	O	-	0399	HL7
NK1.32.7 - Address Type	3	ID	O	-	0190	HL7
NK1.32.8 - Other Geographic Designation	50	ST	O	-		
NK1.32.9 - County/Parish Code	20	IS	O	-	0289	User
NK1.32.10 - Census Tract	20	IS	O	-	0288	User
NK1.32.11 - Address Representation Code	1	ID	O	-	0465	HL7
NK1.32.12 - Address Validity Range	53	DR	B	-		
NK1.32.13 - Effective Date	26	TS	O	-		
NK1.32.14 - Expiration Date	26	TS	O	-		

NK1.33 - Next of Kin/Associated Party's Identifiers

This field contains the identifiers for the next of kin/associated party, for example, Social Security Number, driver's license, etc. The assigning authority and identifier type code are strongly recommended for all CX data types.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.33.1 - Id Number	15	ST	R	-		
NK1.33.2 - Check Digit	1	ST	O	-		

NK1.33.3 - Check Digit Scheme	3	ID	O	-	0061	HL7
NK1.33.4 - Assigning Authority	227	HD	O	-	0363	HL7
NK1.33.5 - Identifier Type Code	5	ID	O	-	0203	HL7
NK1.33.6 - Assigning Facility	227	HD	O	-		
NK1.33.7 - Effective Date	8	DT	O	-		
NK1.33.8 - Expiration Date	8	DT	O	-		
NK1.33.9 - Assigning Jurisdiction	705	CWE	O	-		
NK1.33.10 - Assigning Agency or Department	705	CWE	O	-		

NK1.34 - Job Status

This field identifies the next of kin/associated party's job status. Refer to User-defined Table 0311 - Job Status for suggested values.

NK1.35 – Race

This field identifies the race of the next of kin/associated party. Refer to User-defined Table 0005 - Race for suggested values. The second triplet of the CE data type for race (alternate identifier, alternate text, and Name of Alternate Coding System) is reserved for governmentally assigned codes.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NK1.35.1 - Identifier	20	ST	O	-		
NK1.35.2 - Text	199	ST	O	-		
NK1.35.3 - Name of Coding System	20	ID	O	-	0396	HL7
NK1.35.4 - Alternate Identifier	20	ST	O	-		
NK1.35.5 - Alternate Text	199	ST	O	-		
NK1.35.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

NK1.36 – Handicap

This field contains the code that describes an associated party's disability. Refer to User-defined Table 0295 - Handicap for suggested values.

NK1.37 - Contact Person Social Security Number

In the US, this field contains the contact person's social security number. This number may also be a retirement number. For the Social Security number of the associated party, see NK1-33 - Next of Kin/Associated Party's identifiers.

NK1.38 - Next of Kin Birth Place

This field indicates the location of the next-of-kins birth, for example St. Francis Community Hospital of Lower South Side. The actual address is reported in NK1-4 - Address with an identifier of N.

NK1.39 - VIP Indicator

This field identifies the type of VIP for the next-of-kin. Refer to User-defined Table 0099 - VIP Indicator.

PV1 (Patient Visit) Fields

The PV1 segment is used by Registration/Patient Administration applications to communicate information on an account or visit-specific basis. The default is to send account level data. to use this segment for visit level data PV1-51 - Visit Indicator must be valued to V. The value of PV-51 affects the level of data being sent on the PV1, PV2, and any other segments that are part of the associated PV1 hierarchy (e.g., ROL, DG1, or OBX).

PV1.1 - Set ID - PV1

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.

PV1.2 - Patient Class

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. Refer to User-defined Table 0004 - Patient Class for suggested values.

PV1.3 - Assigned Patient Location

This field contains the patient's initial assigned location or the location to which the patient is being moved. The first component may be the nursing station for inpatient locations, or clinic or department, for locations other than inpatient. For canceling a transaction or discharging a patient, the current location (after the cancellation event or before the discharge event) should be in this field. If a value exists in the fifth component (location status), it supersedes the value in PV1-40 - Bed Status.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV1.3.1 - Point of Care	20	IS	O	-	0302	User
PV1.3.2 - Room	20	IS	O	-	0303	User
PV1.3.3 - Bed	20	IS	O	-	0304	User

PV1.3.4 - Facility	227	HD	O	-		
PV1.3.5 - Location Status	20	IS	O	-	0306	User
PV1.3.6 - Person Location Type	20	IS	C	-	0305	User
PV1.3.7 - Building	20	IS	O	-	0307	User
PV1.3.8 - Floor	20	IS	O	-	0308	User
PV1.3.9 - Location Description	199	ST	O	-		
PV1.3.10 - Comprehensive Location Identifier	427	EI	O	-		
PV1.3.11 - Assigning Authority for Location	227	HD	O	-		

PV1.4 - Admission Type

This field indicates the circumstances under which the patient was or will be admitted. Refer to User-defined Table 0007 - Admission Type for suggested values. In the US, it is recommended to report the UB92 FL 19 Type of Admission in this field.

PV1.5 - Preadmit Number

This field uniquely identifies the patient's pre-admit account. Some systems will continue to use the pre-admit number as the billing number after the patient has been admitted. For backward compatibility, a ST data type can be sent; however, HL7 recommends use of the CX data type, like the account number, for new implementations. The assigning authority and identifier type codes are strongly recommended for all CX data types.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV1.5.1 - Id Number	15	ST	R	-		
PV1.5.2 - Check Digit	1	ST	O	-		
PV1.5.3 - Check Digit Scheme	3	ID	O	-	0061	HL7
PV1.5.4 - Assigning Authority	227	HD	O	-	0363	HL7
PV1.5.5 - Identifier Type Code	5	ID	O	-	0203	HL7
PV1.5.6 - Assigning Facility	227	HD	O	-		
PV1.5.7 - Effective Date	8	DT	O	-		
PV1.5.8 - Expiration Date	8	DT	O	-		
PV1.5.9 - Assigning Jurisdiction	705	CWE	O	-		

PV1.5.10 - Assigning Agency or Department	705	CWE	O	-		
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PV1.6 - Prior Patient Location

This field contains the prior patient location if the patient is being transferred. The old location is null if the patient is new. If a value exists in the fifth component (location status), it supersedes the value in PV1-40 - Bed Status.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV1.6.1 - Point of Care	20	IS	O	-	0302	User
PV1.6.2 - Room	20	IS	O	-	0303	User
PV1.6.3 - Bed	20	IS	O	-	0304	User
PV1.6.4 - Facility	227	HD	O	-		
PV1.6.5 - Location Status	20	IS	O	-	0306	User
PV1.6.6 - Person Location Type	20	IS	C	-	0305	User
PV1.6.7 - Building	20	IS	O	-	0307	User
PV1.6.8 - Floor	20	IS	O	-	0308	User
PV1.6.9 - Location Description	199	ST	O	-		
PV1.6.10 - Comprehensive Location Identifier	427	EI	O	-		
PV1.6.11 - Assigning Authority for Location	227	HD	O	-		

PV1.7 - Attending Doctor

This field contains the attending physician information. Multiple names and identifiers for the same physician may be sent. The field sequences are not used to indicate multiple attending doctors. The legal name must be sent in the first sequence. If the legal name is not sent, then a repeat delimiter must be sent in the first sequence. Depending on local agreements, either ID or the name may be absent in this field. Refer to User-defined Table 0010 - Physician ID for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV1.7.1 - Id Number	15	ST	O	-		
PV1.7.2 - Family Name	194	FN	O	-		
PV1.7.3 - Given Name	30	ST	O	-	FirstName	

PV1.7.4 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
PV1.7.5 - Suffix (e.g., Jr or III)	20	ST	O	-		
PV1.7.6 - Prefix (e.g., Dr)	20	ST	O	-		
PV1.7.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
PV1.7.8 - Source Table	4	IS	C	-	0297	User
PV1.7.9 - Assigning Authority	227	HD	O	-	0363	User
PV1.7.10 - Name Type Code	1	ID	O	-	0200	HL7
PV1.7.11 - Identifier Check Digit	1	ST	O	-		
PV1.7.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
PV1.7.13 - Identifier Type Code	5	ID	O	-	0203	HL7
PV1.7.14 - Assigning Facility	227	HD	O	-		
PV1.7.15 - Name Representation Code	1	ID	O	-	0465	HL7
PV1.7.16 - Name Context	483	CE	O	-	0448	User
PV1.7.17 - Name Validity Range	53	DR	B	-		
PV1.7.18 - Name Assembly Order	1	ID	O	-	0444	HL7
PV1.7.19 - Effective Date	26	TS	O	-		
PV1.7.20 - Expiration Date	26	TS	O	-		
PV1.7.21 - Professional Suffix	199	ST	O	-		
PV1.7.22 - Assigning Jurisdiction	705	CWE	O	-		
PV1.7.23 - Assigning Agency or Department	705	CWE	O	-		

PV1.8 - Referring Doctor

This field contains the referring physician information. Multiple names and identifiers for the same physician may be sent. The field sequences are not used to indicate multiple referring doctors. The legal name must be sent in the first sequence. If the legal name is not sent, then a repeat delimiter must be sent in the

first sequence. Depending on local agreements, either the ID or the name may be absent from this field. Refer to User-defined Table 0010 - Physician ID for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV1.8.1 - Id Number	15	ST	O	-		
PV1.8.2 - Family Name	194	FN	O	-		
PV1.8.3 - Given Name	30	ST	O	-	FirstName	
PV1.8.4 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
PV1.8.5 - Suffix (e.g., Jr or III)	20	ST	O	-		
PV1.8.6 - Prefix (e.g., Dr)	20	ST	O	-		
PV1.8.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
PV1.8.8 - Source Table	4	IS	C	-	0297	User
PV1.8.9 - Assigning Authority	227	HD	O	-	0363	User
PV1.8.10 - Name Type Code	1	ID	O	-	0200	HL7
PV1.8.11 - Identifier Check Digit	1	ST	O	-		
PV1.8.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
PV1.8.13 - Identifier Type Code	5	ID	O	-	0203	HL7
PV1.8.14 - Assigning Facility	227	HD	O	-		
PV1.8.15 - Name Representation Code	1	ID	O	-	0465	HL7
PV1.8.16 - Name Context	483	CE	O	-	0448	User
PV1.8.17 - Name Validity Range	53	DR	B	-		
PV1.8.18 - Name Assembly Order	1	ID	O	-	0444	HL7
PV1.8.19 - Effective Date	26	TS	O	-		
PV1.8.20 - Expiration Date	26	TS	O	-		
PV1.8.21 - Professional Suffix	199	ST	O	-		

PV1.8.22 - Assigning Jurisdiction	705	CWE	O	-		
PV1.8.23 - Assigning Agency or Department	705	CWE	O	-		

PV1.9 - Consulting Doctor

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. Refer to User-defined Table 0010 - Physician ID for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV1.9.1 - Id Number	15	ST	O	-		
PV1.9.2 - Family Name	194	FN	O	-		
PV1.9.3 - Given Name	30	ST	O	-	FirstName	
PV1.9.4 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
PV1.9.5 - Suffix (e.g., Jr or III)	20	ST	O	-		
PV1.9.6 - Prefix (e.g., Dr)	20	ST	O	-		
PV1.9.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
PV1.9.8 - Source Table	4	IS	C	-	0297	User
PV1.9.9 - Assigning Authority	227	HD	O	-	0363	User
PV1.9.10 - Name Type Code	1	ID	O	-	0200	HL7
PV1.9.11 - Identifier Check Digit	1	ST	O	-		
PV1.9.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
PV1.9.13 - Identifier Type Code	5	ID	O	-	0203	HL7
PV1.9.14 - Assigning Facility	227	HD	O	-		
PV1.9.15 - Name Representation Code	1	ID	O	-	0465	HL7
PV1.9.16 - Name Context	483	CE	O	-	0448	User

PV1.9.17 - Name Validity Range	53	DR	B	-		
PV1.9.18 - Name Assembly Order	1	ID	O	-	0444	HL7
PV1.9.19 - Effective Date	26	TS	O	-		
PV1.9.20 - Expiration Date	26	TS	O	-		
PV1.9.21 - Professional Suffix	199	ST	O	-		
PV1.9.22 - Assigning Jurisdiction	705	CWE	O	-		
PV1.9.23 - Assigning Agency or Department	705	CWE	O	-		

PV1.10 - Hospital Service

This field contains the treatment or type of surgery that the patient is scheduled to receive. It is a required field with trigger events A01 (admit/visit notification), A02 (transfer a patient), A14 (pending admit), A15 (pending transfer). Refer to User-defined Table 0069 - Hospital Service for suggested values.

PV1.11 - Temporary Location

This field contains a location other than the assigned location required for a temporary period of time (e.g., OR, operating theatre, etc.). If a value exists in the fifth component (location status), it supersedes the value in PV1-40 - Bed Status.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV1.11.1 - Point of Care	20	IS	O	-	0302	User
PV1.11.2 - Room	20	IS	O	-	0303	User
PV1.11.3 - Bed	20	IS	O	-	0304	User
PV1.11.4 - Facility	227	HD	O	-		
PV1.11.5 - Location Status	20	IS	O	-	0306	User
PV1.11.6 - Person Location Type	20	IS	C	-	0305	User
PV1.11.7 - Building	20	IS	O	-	0307	User
PV1.11.8 - Floor	20	IS	O	-	0308	User
PV1.11.9 - Location Description	199	ST	O	-		
PV1.11.10 - Comprehensive Location Identifier	427	EI	O	-		
PV1.11.11 - Assigning Authority for Location	227	HD	O	-		

PV1.12 - Preadmit Test Indicator

This field indicates whether the patient must have pre-admission testing done in order to be admitted. Refer to User-defined Table 0087 - Pre-Admit Test Indicator for suggested values.

PV1.13 - Re-admission Indicator

This field indicates that a patient is being re-admitted to the healthcare facility and gives the circumstances. We suggest using R for readmission or else null. Refer to User-defined Table 0092 - Re-Admission Indicator for suggested values.

PV1.14 - Admit Source

This field indicates where the patient was admitted. Refer to User-defined Table 0023 - Admit Source for suggested values. In the US, this field is used on UB92 FL20 Source of Admission. The UB codes listed as examples are not an exhaustive or current list; refer to a UB specification for additional information.

PV1.15 - Ambulatory Status

This field indicates any permanent or transient handicapped conditions. Refer to User-defined Table 0009 - Ambulatory Status for suggested entries.

PV1.16 - VIP Indicator

This field identifies the type of VIP. Refer to User-defined Table 0099 - VIP Indicator for suggested values.

PV1.17 - Admitting Doctor

This field contains the admitting physician information. Multiple names and identifiers for the same physician may be sent. The field sequences are not used to indicate multiple admitting doctors. The legal name must be sent in the first sequence. If the legal name is not sent, then a repeat delimiter must be sent in the first sequence. By local agreement, the name or ID may be absent in this field. Refer to User-defined Table 0010 - Physician ID for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV1.17.1 - Id Number	15	ST	O	-		
PV1.17.2 - Family Name	194	FN	O	-		
PV1.17.3 - Given Name	30	ST	O	-	FirstName	
PV1.17.4 - Second and Further Given Names or Initials Thereof	30	ST	O	-		

PV1.17.5 - Suffix (e.g., Jr or III)	20	ST	O	-		
PV1.17.6 - Prefix (e.g., Dr)	20	ST	O	-		
PV1.17.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
PV1.17.8 - Source Table	4	IS	C	-	0297	User
PV1.17.9 - Assigning Authority	227	HD	O	-	0363	User
PV1.17.10 - Name Type Code	1	ID	O	-	0200	HL7
PV1.17.11 - Identifier Check Digit	1	ST	O	-		
PV1.17.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
PV1.17.13 - Identifier Type Code	5	ID	O	-	0203	HL7
PV1.17.14 - Assigning Facility	227	HD	O	-		
PV1.17.15 - Name Representation Code	1	ID	O	-	0465	HL7
PV1.17.16 - Name Context	483	CE	O	-	0448	User
PV1.17.17 - Name Validity Range	53	DR	B	-		
PV1.17.18 - Name Assembly Order	1	ID	O	-	0444	HL7
PV1.17.19 - Effective Date	26	TS	O	-		
PV1.17.20 - Expiration Date	26	TS	O	-		
PV1.17.21 - Professional Suffix	199	ST	O	-		
PV1.17.22 - Assigning Jurisdiction	705	CWE	O	-		
PV1.17.23 - Assigning Agency or Department	705	CWE	O	-		

PV1.18 - Patient Type

This field contains site-specific values that identify the patient type. Refer to User-defined Table 0018 - Patient Type for suggested values.

PV1.19 - Visit Number

For backward compatibility, a NM data type may be sent, but HL7 recommends that new implementations use the CX data type. This field contains the unique number

assigned to each patient visit. The assigning authority and identifier type code are strongly recommended for all CX data types.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV1.19.1 - Id Number	15	ST	R	-		
PV1.19.2 - Check Digit	1	ST	O	-		
PV1.19.3 - Check Digit Scheme	3	ID	O	-	0061	HL7
PV1.19.4 - Assigning Authority	227	HD	O	-	0363	HL7
PV1.19.5 - Identifier Type Code	5	ID	O	-	0203	HL7
PV1.19.6 - Assigning Facility	227	HD	O	-		
PV1.19.7 - Effective Date	8	DT	O	-		
PV1.19.8 - Expiration Date	8	DT	O	-		
PV1.19.9 - Assigning Jurisdiction	705	CWE	O	-		
PV1.19.10 - Assigning Agency or Department	705	CWE	O	-		

PV1.20 - Financial Class

This field contains the financial class(es) assigned to the patient for the purpose of identifying sources of reimbursement. Refer to User-defined Table 0064 - Financial Class for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV1.20.1 - Financial Class Code	20	IS	R	-	0064	User
PV1.20.2 - Effective Date	26	TS	O	-		

PV1.21 - Charge Price Indicator

This field contains the code used to determine which price schedule is to be used for room and bed charges. Refer to User-defined Table 0032 - Charge/Price Indicator for suggested values.

PV1.22 - Courtesy Code

This field indicates whether the patient will be extended certain special courtesies. Refer to User-defined Table 0045 - Courtesy Code for suggested values.

PV1.23 - Credit Rating

This field contains the user-defined code to determine past credit experience. Refer to User-defined Table 0046 - Credit Rating for suggested values.

PV1.24 - Contract Code

This field identifies the type of contract entered into by the healthcare facility and the guarantor for the purpose of settling outstanding account balances. Refer to User-defined Table 0044 - Contract Code for suggested values.

PV1.25 - Contract Effective Date

This field contains the date that the contract is to start or started.

PV1.26 - Contract Amount

This field contains the amount to be paid by the guarantor each period according to the contract.

PV1.27 - Contract Period

This field specifies the duration of the contract for user-defined periods.

PV1.28 - Interest Code

This field indicates the amount of interest that will be charged the guarantor on any outstanding amounts. Refer to User-defined Table 0073 - Interest Rate Code for suggested values.

PV1.29 - Transfer to Bad Debt Code

This field indicates that the account was transferred to bad debts and gives the reason. Refer to User-defined Table 0110 - Transfer to Bad Debt Code for suggested values.

PV1.30 - Transfer to Bad Debt Date

This field contains the date that the account was transferred to a bad debt status.

PV1.31 - Bad Debt Agency Code

This field can be used as a ST type for backward compatibility. This field uniquely identifies the bad debt agency to which the account was transferred. This code is site defined. One possible implementation would be to edit against a table such as User-defined Table 0021 - Bad Debt Agency Code; however, this is not required.

PV1.32 - Bad Debt Transfer Amount

This field contains the amount that was transferred to a bad debt status.

PV1.33 - Bad Debt Recovery Amount

This field contains the amount recovered from the guarantor on the account.

PV1.34 - Delete Account Indicator

This field indicates that the account was deleted from the file and gives the reason. Refer to User-defined Table 0111 - Delete Account Code for suggested values.

PV1.35 - Delete Account Date

This field contains the date that the account was deleted from the file.

PV1.36 - Discharge Disposition

This field contains the disposition of the patient at time of discharge (i.e., discharged to home, expired, etc.). Refer to User-defined Table 0112 - Discharge Disposition for suggested values. In the US, this field is used on UB92 FL22. The UB codes listed as examples are not an exhaustive or current list; refer to a UB specification for additional information.

PV1.37 - Discharged to Location

This field indicates the healthcare facility to which the patient was discharged and the date. Refer to User-defined Table 0113 - Discharged to Location for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV1.37.1 - Discharge Location	20	IS	R	-	0113	User
PV1.37.2 - Effective Date	26	TS	O	-		

PV1.38 - Diet Type

This field indicates a special diet type for a patient. Refer to User-defined Table 0114 - Diet Type for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV1.38.1 - Identifier	20	ST	O	-		
PV1.38.2 - Text	199	ST	O	-		
PV1.38.3 - Name of Coding System	20	ID	O	-	0396	HL7
PV1.38.4 - Alternate Identifier	20	ST	O	-		
PV1.38.5 - Alternate Text	199	ST	O	-		
PV1.38.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PV1.39 - Servicing Facility

This field is used in a multiple facility environment to indicate the healthcare facility with which this visit is associated. Refer to User-defined Table 0115 - Servicing Facility for suggested values.

PV1.40 - Bed Status

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. Refer to User-defined Table 0116 - Bed Status for suggested values.

PV1.41 - Account Status

This field contains the account status. Refer to User-defined Table 0117 - Account Status for suggested values.

PV1.42 - Pending Location

This field indicates the Point of Care, room, bed, healthcare facility ID, and bed status to which the patient may be moved. The first component may be the nursing station for inpatient locations, or the clinic, department, or home for locations other than inpatient. If a value exists in the fifth component (location status), it supersedes the value in PV1-40 - Bed Status.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV1.42.1 - Point of Care	20	IS	O	-	0302	User
PV1.42.2 - Room	20	IS	O	-	0303	User
PV1.42.3 - Bed	20	IS	O	-	0304	User
PV1.42.4 - Facility	227	HD	O	-		
PV1.42.5 - Location Status	20	IS	O	-	0306	User
PV1.42.6 - Person Location Type	20	IS	C	-	0305	User
PV1.42.7 - Building	20	IS	O	-	0307	User
PV1.42.8 - Floor	20	IS	O	-	0308	User
PV1.42.9 - Location Description	199	ST	O	-		
PV1.42.10 - Comprehensive Location Identifier	427	EI	O	-		
PV1.42.11 - Assigning Authority for Location	227	HD	O	-		

PV1.43 - Prior Temporary Location

This field is 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. The first component may be the nursing station for inpatient locations, or the clinic, department, or home for locations other than inpatient.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
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PV1.43.1 - Point of Care	20	IS	O	-	0302	User
PV1.43.2 - Room	20	IS	O	-	0303	User
PV1.43.3 - Bed	20	IS	O	-	0304	User
PV1.43.4 - Facility	227	HD	O	-		
PV1.43.5 - Location Status	20	IS	O	-	0306	User
PV1.43.6 - Person Location Type	20	IS	C	-	0305	User
PV1.43.7 - Building	20	IS	O	-	0307	User
PV1.43.8 - Floor	20	IS	O	-	0308	User
PV1.43.9 - Location Description	199	ST	O	-		
PV1.43.10 - Comprehensive Location Identifier	427	EI	O	-		
PV1.43.11 - Assigning Authority for Location	227	HD	O	-		

PV1.44 - Admit Date/Time

This field contains the admit date/time. It is to be used if the event date/time is different than the admit date and time, i.e., a retroactive update. This field is also used to reflect the date/time of an outpatient/emergency patient registration.

PV1.45 - Discharge Date/Time

This field contains the discharge date/time. It is to be used if the event date/time is different than the discharge date and time, that is, a retroactive update. This field is also used to reflect the date/time of an outpatient/emergency patient discharge.

PV1.46 - Current Patient Balance

This field contains the visit balance due.

PV1.47 - Total Charges

This field contains the total visit charges.

PV1.48 - Total Adjustments

This field contains the total adjustments for visit.

PV1.49 - Total Payments

This field contains the total payments for visit.

PV1.50 - Alternate Visit ID

This field contains the alternative, temporary, or pending optional visit ID number to be used if needed. Refer to HL7 Table 0061 - Check Digit Scheme for valid values. Refer to HL7 Table 0203 - Identifier Type for valid values. The assigning authority and identifier type codes are strongly recommended for all CX data types.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV1.50.1 - Id Number	15	ST	R	-		
PV1.50.2 - Check Digit	1	ST	O	-		
PV1.50.3 - Check Digit Scheme	3	ID	O	-	0061	HL7
PV1.50.4 - Assigning Authority	227	HD	O	-	0363	HL7
PV1.50.5 - Identifier Type Code	5	ID	O	-	0203	HL7
PV1.50.6 - Assigning Facility	227	HD	O	-		
PV1.50.7 - Effective Date	8	DT	O	-		
PV1.50.8 - Expiration Date	8	DT	O	-		
PV1.50.9 - Assigning Jurisdiction	705	CWE	O	-		
PV1.50.10 - Assigning Agency or Department	705	CWE	O	-		

PV1.51 - Visit Indicator

This field specifies the level on which data are being sent. It is the indicator used to send data at two levels, visit and account. HL7 recommends sending an A or no value when the data in the message are at the account level, or V to indicate that the data sent in the message are at the visit level. Refer to User-defined Table 0326 - Visit Indicator for suggested values.

PV1.52 - Other Healthcare Provider

From V2.4 onward, this field has been retained for backward compatibility only. Use the ROL-Role Segment to communicate providers not specified elsewhere. This field contains the other healthcare providers (e.g., nurse care practitioner, midwife, physician assistant). Multiple healthcare providers can be sent. Depending on local agreements, either the ID or the name may be absent from this field. Use values in User-defined Table 0010 - Physician ID for first component.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV1.52.1 - Id Number	15	ST	O	-		
PV1.52.2 - Family Name	194	FN	O	-		
PV1.52.3 - Given Name	30	ST	O	-	FirstName	
PV1.52.4 - Second and Further Given	30	ST	O	-		

Names or Initials Thereof						
PV1.52.5 - Suffix (e.g., Jr or III)	20	ST	O	-		
PV1.52.6 - Prefix (e.g., Dr)	20	ST	O	-		
PV1.52.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
PV1.52.8 - Source Table	4	IS	C	-	0297	User
PV1.52.9 - Assigning Authority	227	HD	O	-	0363	User
PV1.52.10 - Name Type Code	1	ID	O	-	0200	HL7
PV1.52.11 - Identifier Check Digit	1	ST	O	-		
PV1.52.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
PV1.52.13 - Identifier Type Code	5	ID	O	-	0203	HL7
PV1.52.14 - Assigning Facility	227	HD	O	-		
PV1.52.15 - Name Representation Code	1	ID	O	-	0465	HL7
PV1.52.16 - Name Context	483	CE	O	-	0448	User
PV1.52.17 - Name Validity Range	53	DR	B	-		
PV1.52.18 - Name Assembly Order	1	ID	O	-	0444	HL7
PV1.52.19 - Effective Date	26	TS	O	-		
PV1.52.20 - Expiration Date	26	TS	O	-		
PV1.52.21 - Professional Suffix	199	ST	O	-		
PV1.52.22 - Assigning Jurisdiction	705	CWE	O	-		
PV1.52.23 - Assigning Agency or Department	705	CWE	O	-		

PV2 (Patient Visit – Additional Information) Fields

The PV2 segment is a continuation of information contained on the PV1 segment.

PV2.1 - Prior Pending Location

This field is required for cancel pending transfer (A26) messages. In all other events it is optional.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV2.1.1 - Point of Care	20	IS	O	-	0302	User
PV2.1.2 - Room	20	IS	O	-	0303	User
PV2.1.3 - Bed	20	IS	O	-	0304	User
PV2.1.4 - Facility	227	HD	O	-		
PV2.1.5 - Location Status	20	IS	O	-	0306	User
PV2.1.6 - Person Location Type	20	IS	C	-	0305	User
PV2.1.7 - Building	20	IS	O	-	0307	User
PV2.1.8 - Floor	20	IS	O	-	0308	User
PV2.1.9 - Location Description	199	ST	O	-		
PV2.1.10 - Comprehensive Location Identifier	427	EI	O	-		
PV2.1.11 - Assigning Authority for Location	227	HD	O	-		

PV2.2 - Accommodation Code

This field indicates the specific patient accommodations for this visit. Refer to User-defined Table 0129 - Accommodation Code for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV2.2.1 - Identifier	20	ST	O	-		
PV2.2.2 - Text	199	ST	O	-		
PV2.2.3 - Name of Coding System	20	ID	O	-	0396	HL7
PV2.2.4 - Alternate Identifier	20	ST	O	-		
PV2.2.5 - Alternate Text	199	ST	O	-		
PV2.2.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PV2.3 - Admit Reason

This field contains the short description of the reason for patient admission.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV2.3.1 - Identifier	20	ST	O	-		
PV2.3.2 - Text	199	ST	O	-		

PV2.3.3 - Name of Coding System	20	ID	O	-	0396	HL7
PV2.3.4 - Alternate Identifier	20	ST	O	-		
PV2.3.5 - Alternate Text	199	ST	O	-		
PV2.3.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PV2.4 - Transfer Reason

This field contains the short description of the reason for a patient location change.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV2.4.1 - Identifier	20	ST	O	-		
PV2.4.2 - Text	199	ST	O	-		
PV2.4.3 - Name of Coding System	20	ID	O	-	0396	HL7
PV2.4.4 - Alternate Identifier	20	ST	O	-		
PV2.4.5 - Alternate Text	199	ST	O	-		
PV2.4.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PV2.5 - Patient Valuables

This field contains the short description of patient valuables checked in during admission.

PV2.6 - Patient Valuables Location

This field indicates the location of the patient's valuables.

PV2.7 - Visit User Code

This field further categorizes a patient's visit with respect to an individual institution's needs, and is expected to be site-specific. Refer to User-defined Table 0130 - Visit User Code for suggested values.

PV2.8 - Expected Admit Date/Time

This field contains the date and time that the patient is expected to be admitted. This field is also used to reflect the date/time of an outpatient/emergency patient registration.

PV2.9 - Expected Discharge Date/Time

This field contains the date and time that the patient is expected to be discharged. This is a non-event related date used by ancillaries to determine more accurately the

projected workloads. This field is also used to reflect the anticipated discharge date/time of an outpatient/emergency patient, or an inpatient.

PV2.10 - Estimated Length of Inpatient Stay

This field specifies the estimated days of inpatient stays.

PV2.11 - Actual Length of Inpatient Stay

This field contains the actual days of inpatient stays. The actual length of the inpatient stay may not be calculated from the admission and discharge dates because of possible leaves of absence.

PV2.12 - Visit Description

This field contains a brief user-defined description of the visit.

PV2.13 - Referral Source Code

This field contains the name and the identification numbers of the person or organization that made the referral. This person/organization is not the same as the referring doctor. For example, Joe Smith referred me to the Clinic (or to Dr. Jones at the Clinic).

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV2.13.1 - Id Number	15	ST	O	-		
PV2.13.2 - Family Name	194	FN	O	-		
PV2.13.3 - Given Name	30	ST	O	-	FirstName	
PV2.13.4 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
PV2.13.5 - Suffix (e.g., Jr or III)	20	ST	O	-		
PV2.13.6 - Prefix (e.g., Dr)	20	ST	O	-		
PV2.13.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
PV2.13.8 - Source Table	4	IS	C	-	0297	User
PV2.13.9 - Assigning Authority	227	HD	O	-	0363	User
PV2.13.10 - Name Type Code	1	ID	O	-	0200	HL7
PV2.13.11 - Identifier Check Digit	1	ST	O	-		
PV2.13.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
PV2.13.13 - Identifier Type Code	5	ID	O	-	0203	HL7

PV2.13.14 - Assigning Facility	227	HD	O	-		
PV2.13.15 - Name Representation Code	1	ID	O	-	0465	HL7
PV2.13.16 - Name Context	483	CE	O	-	0448	User
PV2.13.17 - Name Validity Range	53	DR	B	-		
PV2.13.18 - Name Assembly Order	1	ID	O	-	0444	HL7
PV2.13.19 - Effective Date	26	TS	O	-		
PV2.13.20 - Expiration Date	26	TS	O	-		
PV2.13.21 - Professional Suffix	199	ST	O	-		
PV2.13.22 - Assigning Jurisdiction	705	CWE	O	-		
PV2.13.23 - Assigning Agency or Department	705	CWE	O	-		

PV2.14 - Previous Service Date

This field contains the date of previous service for the same recurring condition. This may be a required field for billing certain illnesses (e.g., accident related) to a third party.

PV2.15 - Employment Illness Related Indicator

This field specifies whether a patient's illness was job-related. Refer to HL7 Table 0136 - Yes/no Indicator for valid values.

PV2.16 - Purge Status Code

This field contains the purge status code for the account. It is used by the application program to determine purge processing. Refer to User-defined Table 0213 - Purge Status Code for suggested values.

PV2.17 - Purge Status Date

This field contains the date on which the data will be purged from the system.

PV2.18 - Special Program Code

This field designates the specific health insurance program for a visit required for healthcare reimbursement. Refer to User-defined Table 0214 - Special Program Codes for suggested values.

PV2.19 - Retention Indicator

This field allows the user to control the financial and demographic purge processes at the visit. It is used to preserve demographic and financial data on specific, high priority visits. Refer to HL7 Table 0136 - Yes/no Indicator for valid values.

PV2.20 - Expected Number of Insurance Plans

This field contains the number of insurance plans that may provide coverage for this visit.

PV2.21 - Visit Publicity Code

This field contains a user-defined code indicating what level of publicity is allowed for a specific visit. Refer to User-defined Table 0215 - Publicity Code for suggested values. Refer to PD1-I1 - Publicity Code for the patient level publicity code.

PV2.22 - Visit Protection Indicator

This field identifies the person's protection that determines, in turn, whether access to information about this person should be kept from users who do not have adequate authority for a specific visit. Refer to HL7 Table 0136 - Yes/no Indicator for valid values.

PV2.23 - Clinic Organization Name

This field contains the organization name or sub-unit and identifier that is associated with the (visit) episode of care. For example, the Allergy or Oncology Clinic within the healthcare facility might be named.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV2.23.1 - Organization Name	50	ST	O	-		
PV2.23.2 - Organization Name Type Code	20	IS	O	-	0204	User
PV2.23.3 - Id Number	4	NM	B	-		
PV2.23.4 - Check Digit	1	NM	O	-		
PV2.23.5 - Check Digit Scheme	3	ID	O	-	0061	HL7
PV2.23.6 - Assigning Authority	227	HD	O	-	0363	HL7
PV2.23.7 - Identifier Type Code	5	ID	O	-	0203	HL7
PV2.23.8 - Assigning Facility	227	HD	O	-		
PV2.23.9 - Name Representation Code	1	ID	O	-	0465	HL7
PV2.23.10 - Organization Identifier	20	ST	O	-		

PV2.24 - Patient Status Code

This field indicates the status of the episode of care. Refer to User-defined Table 0216 - Patient Status for suggested values.

PV2.25 - Visit Priority Code

This field contains the priority of the visit. Refer to User-defined Table 0217 - Visit Priority Code for suggested values.

PV2.26 - Previous Treatment Date

This field contains the date that the patient last had treatment for any condition prior to this visit. In the case of a prior hospital visit, it is likely to be the previous discharge date.

PV2.27 - Expected Discharge Disposition

This field describes what the patient's disposition is expected to be at the end of the visit. Refer to User-defined Table 0112 - Discharge Disposition for suggested values.

PV2.28 - Signature on File Date

This field contains the date on which a signature was obtained for insurance billing purposes.

PV2.29 - First Similar Illness Date

This field is used to determine if the patient has a pre-existing condition.

PV2.30 - Patient Charge Adjustment Code

This field contains a user-defined code that indicates which adjustments should be made to this patient's charges. Refer to User-defined Table 0218 - Charge Adjustment for suggested values. This field is the same as GT1-26 - Guarantor Charge Adjustment Code.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV2.30.1 - Identifier	20	ST	O	-		
PV2.30.2 - Text	199	ST	O	-		
PV2.30.3 - Name of Coding System	20	ID	O	-	0396	HL7
PV2.30.4 - Alternate Identifier	20	ST	O	-		
PV2.30.5 - Alternate Text	199	ST	O	-		
PV2.30.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PV2.31 - Recurring Service Code

This field indicates whether the treatment is continuous. Refer to User-defined Table 0219 - Recurring Service for suggested values.

PV2.32 - Billing Media Code

This field indicates if the account is to be rejected from tape billing. Refer to HL7 Table 0136 - Yes/no Indicator for valid values.

PV2.33 - Expected Surgery Date and Time

This field contains the date and time on which the surgery is expected to occur.

PV2.34 - Military Partnership Code

This field indicates that a military healthcare facility has contracted with a non-military healthcare facility for the use of its services. Refer to HL7 Table 0136 - Yes/no Indicator for valid values.

PV2.35 - Military Non-Availability Code

This field indicates whether a patient has permission to use a non-military healthcare facility for treatment. Refer to HL7 Table 0136 - Yes/no Indicator for valid values.

PV2.36 - Newborn Baby Indicator

This field indicates whether the patient is a baby. Refer to HL7 Table 0136 - Yes/no Indicator for valid values.

PV2.37 - Baby Detained Indicator

This field indicates if the baby is detained after the mother's discharge. Refer to HL7 Table 0136 - Yes/no Indicator for valid values.

PV2.38 - Mode of Arrival Code

Identifies how the patient was brought to the healthcare facility. Refer to User-defined Table 0430 - Mode of Arrival Code for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV2.38.1 - Identifier	20	ST	O	-		
PV2.38.2 - Text	199	ST	O	-		
PV2.38.3 - Name of Coding System	20	ID	O	-	0396	HL7
PV2.38.4 - Alternate Identifier	20	ST	O	-		
PV2.38.5 - Alternate Text	199	ST	O	-		
PV2.38.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PV2.39 - Recreational Drug Use Code

This field indicates what recreational drugs the patient uses. It is used for the purpose of room assignment. Refer to User-defined Table 0431 - Recreational Drug Use Code for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV2.39.1 - Identifier	20	ST	O	-		
PV2.39.2 - Text	199	ST	O	-		
PV2.39.3 - Name of Coding System	20	ID	O	-	0396	HL7
PV2.39.4 - Alternate Identifier	20	ST	O	-		
PV2.39.5 - Alternate Text	199	ST	O	-		
PV2.39.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PV2.40 - Admission Level of Care Code

This field indicates the acuity level assigned to the patient at the time of admission. Refer to User-defined Table 0432 - Admission Level of Care Code for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV2.40.1 - Identifier	20	ST	O	-		
PV2.40.2 - Text	199	ST	O	-		
PV2.40.3 - Name of Coding System	20	ID	O	-	0396	HL7
PV2.40.4 - Alternate Identifier	20	ST	O	-		
PV2.40.5 - Alternate Text	199	ST	O	-		
PV2.40.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PV2.41 - Precaution Code

This field indicates non-clinical precautions that need to be taken with the patient. Refer to User-defined Table 0433 - Precaution Code for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV2.41.1 - Identifier	20	ST	O	-		
PV2.41.2 - Text	199	ST	O	-		

PV2.41.3 - Name of Coding System	20	ID	O	-	0396	HL7
PV2.41.4 - Alternate Identifier	20	ST	O	-		
PV2.41.5 - Alternate Text	199	ST	O	-		
PV2.41.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PV2.42 - Patient Condition Code

This field indicates the patient's current medical condition for the purpose of communicating to non-medical outside parties, e.g., family, employer, religious minister, media, etc. Refer to User-defined Table 0434 - Patient Condition Code for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV2.42.1 - Identifier	20	ST	O	-		
PV2.42.2 - Text	199	ST	O	-		
PV2.42.3 - Name of Coding System	20	ID	O	-	0396	HL7
PV2.42.4 - Alternate Identifier	20	ST	O	-		
PV2.42.5 - Alternate Text	199	ST	O	-		
PV2.42.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PV2.43 - Living Will Code

This field indicates whether or not the patient has a living will and, if so, whether a copy of the living will is on file at the healthcare facility. If the patient does not have a living will, the value of this field indicates whether the patient was provided information on living wills. Refer to User-defined Table 0315 - Living Will Code for suggested values. See also PD1-7 - Living Will.

PV2.44 - Organ Donor Code

This field indicate whether the patient wants to donate his/her organs and whether an organ donor card or similar documentation is on file with the healthcare organization. Refer to User-defined Table 0316 - Organ Donor Code for suggested values. See also PD1-8 - Organ Donor.

PV2.45 - Advance Directive Code

This field indicates the patient's instructions to the healthcare facility. Refer to User-defined Table 0435 - Advance Directive Code for suggested values. See also PD1-15 - Advance Directive Code.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
PV2.45.1 - Identifier	20	ST	O	-		
PV2.45.2 - Text	199	ST	O	-		
PV2.45.3 - Name of Coding System	20	ID	O	-	0396	HL7
PV2.45.4 - Alternate Identifier	20	ST	O	-		
PV2.45.5 - Alternate Text	199	ST	O	-		
PV2.45.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

PV2.46 - Patient Status Effective Date

This field indicates the effective date for PV2-24 - Patient Status.

PV2.47 - Expected LOA Return Date/Time

This field is conditionally required for A21 - Patient goes on LOA. It may be populated in A22 - Patient returns from LOA as well as in the A53 - Cancel LOA for a patient and the A54 - Cancel patient returns from LOA triggers. This field contains the date/time that the patient is expected to return from LOA.

PV2.48 - Expected Pre-admission Testing Date/Time

This field contains the date/time that the patient is expected for pre-admission testing.

PV2.49 - Notify Clergy Code

This field allows the user to indicate whether the clergy should be notified. Refer to User-defined Table 0534 - Notify Clergy Code for suggested values.

GT1 (Guarantor) Fields

The GT1 segment contains guarantor (e.g., the person or the organization with financial responsibility for payment of a patient account) data for patient and insurance billing applications.

GT1.1 - Set ID - GT1

GT1-1 - Set ID contains a number that identifies this transaction. For the first occurrence of the segment the sequence shall be 1, for the second occurrence it shall be 2, etc.

GT1.2 - Guarantor Number

This field contains the primary identifier, or other identifiers, assigned to the guarantor. The assigning authority and identifier type code are strongly recommended for all CX data types.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.2.1 - Id Number	15	ST	R	-		
GT1.2.2 - Check Digit	1	ST	O	-		
GT1.2.3 - Check Digit Scheme	3	ID	O	-	0061	HL7
GT1.2.4 - Assigning Authority	227	HD	O	-	0363	HL7
GT1.2.5 - Identifier Type Code	5	ID	O	-	0203	HL7
GT1.2.6 - Assigning Facility	227	HD	O	-		
GT1.2.7 - Effective Date	8	DT	O	-		
GT1.2.8 - Expiration Date	8	DT	O	-		
GT1.2.9 - Assigning Jurisdiction	705	CWE	O	-		
GT1.2.10 - Assigning Agency or Department	705	CWE	O	-		

GT1.3 - Guarantor Name

This field contains the name of the guarantor. Multiple names for the same guarantor may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.3.1 - Family Name	194	FN	O	-		
GT1.3.2 - Given Name	30	ST	O	-	FirstName	
GT1.3.3 - Second and Further Given Names or Initials Thereof	30	ST	O	-		

GT1.3.4 - Suffix (e.g., Jr or III)	20	ST	O	-		
GT1.3.5 - Prefix (e.g., Dr)	20	ST	O	-		
GT1.3.6 - Degree (e.g., Md)	6	IS	B	-	0360	User
GT1.3.7 - Name Type Code	1	ID	O	-	0200	HL7
GT1.3.8 - Name Representation Code	1	ID	O	-	0465	HL7
GT1.3.9 - Name Context	483	CE	O	-	0448	User
GT1.3.10 - Name Validity Range	53	DR	B	-		
GT1.3.11 - Name Assembly Order	1	ID	O	-	0444	HL7
GT1.3.12 - Effective Date	26	TS	O	-		
GT1.3.13 - Expiration Date	26	TS	O	-		
GT1.3.14 - Professional Suffix	199	ST	O	-		

GT1.4 - Guarantor Spouse Name

This field contains the name of the guarantor's spouse. Multiple names for the same guarantor spouse may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.4.1 - Family Name	194	FN	O	-		
GT1.4.2 - Given Name	30	ST	O	-	FirstName	
GT1.4.3 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
GT1.4.4 - Suffix (e.g., Jr or III)	20	ST	O	-		
GT1.4.5 - Prefix (e.g., Dr)	20	ST	O	-		
GT1.4.6 - Degree (e.g., Md)	6	IS	B	-	0360	User
GT1.4.7 - Name Type Code	1	ID	O	-	0200	HL7

GT1.4.8 - Name Representation Code	1	ID	O	-	0465	HL7
GT1.4.9 - Name Context	483	CE	O	-	0448	User
GT1.4.10 - Name Validity Range	53	DR	B	-		
GT1.4.11 - Name Assembly Order	1	ID	O	-	0444	HL7
GT1.4.12 - Effective Date	26	TS	O	-		
GT1.4.13 - Expiration Date	26	TS	O	-		
GT1.4.14 - Professional Suffix	199	ST	O	-		

GT1.5 - Guarantor Address

This field contains the guarantor's address. Multiple addresses for the same person may be sent in this field. The mailing address is assumed to be in the first repetition. When the mailing address is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.5.1 - Street Address	184	SAD	O	-	Street	
GT1.5.2 - Other Designation	120	ST	O	-		
GT1.5.3 - City	50	ST	O	-	City	
GT1.5.4 - State or Province	50	ST	O	-	State	
GT1.5.5 - Zip or Postal Code	12	ST	O	-	ZipCode	
GT1.5.6 - Country	3	ID	O	-	0399	HL7
GT1.5.7 - Address Type	3	ID	O	-	0190	HL7
GT1.5.8 - Other Geographic Designation	50	ST	O	-		
GT1.5.9 - County/Parish Code	20	IS	O	-	0289	User
GT1.5.10 - Census Tract	20	IS	O	-	0288	User
GT1.5.11 - Address Representation Code	1	ID	O	-	0465	HL7
GT1.5.12 - Address Validity Range	53	DR	B	-		
GT1.5.13 - Effective Date	26	TS	O	-		

GT1.5.14 - Expiration Date	26	TS	O	-		
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GT1.6 - Guarantor Phone Number – Home

This field contains the guarantor's home phone number. All personal phone numbers for the guarantor may be sent in this field. The primary telephone number is assumed to be in the first repetition. When the primary telephone number is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.6.1 - Telephone Number	199	ST	B	-	PhoneNumber	
GT1.6.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7
GT1.6.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7
GT1.6.4 - Email Address	199	ST	O	-		
GT1.6.5 - Country Code	3	NM	O	-		
GT1.6.6 - Area/City Code	5	NM	O	-		
GT1.6.7 - Local Number	9	NM	O	-		
GT1.6.8 - Extension	5	NM	O	-		
GT1.6.9 - Any Text	199	ST	O	-		
GT1.6.10 - Extension Prefix	4	ST	O	-		
GT1.6.11 - Speed Dial Code	6	ST	O	-		
GT1.6.12 - Unformatted Telephone Number	199	ST	C	-		

GT1.7 - Guarantor Phone Number – Business

This field contains the guarantor's business phone number. All business phone numbers for the guarantor may be sent in this field. The primary telephone number is assumed to be in the first repetition. When the primary telephone number is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.7.1 - Telephone Number	199	ST	B	-	PhoneNumber	

GT1.7.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7
GT1.7.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7
GT1.7.4 - Email Address	199	ST	O	-		
GT1.7.5 - Country Code	3	NM	O	-		
GT1.7.6 - Area/City Code	5	NM	O	-		
GT1.7.7 - Local Number	9	NM	O	-		
GT1.7.8 - Extension	5	NM	O	-		
GT1.7.9 - Any Text	199	ST	O	-		
GT1.7.10 - Extension Prefix	4	ST	O	-		
GT1.7.11 - Speed Dial Code	6	ST	O	-		
GT1.7.12 - Unformatted Telephone Number	199	ST	C	-		

GT1.8 - Guarantor Date/Time of Birth

This field contains the guarantor's date of birth.

GT1.9 - Guarantor Administrative Sex

This field contains the guarantor's gender. Refer to User-defined Table 0001 - Administrative Sex in Chapter 3 for suggested values.

GT1.10 - Guarantor Type

This field indicates the type of guarantor, e.g., individual, institution, etc. Refer to User-defined Table 0068 - Guarantor Type for suggested values.

GT1.11 - Guarantor Relationship

This field indicates the relationship of the guarantor with the patient, e.g., parent, child, etc. Refer to User-defined Table 0063 - Relationship for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.11.1 - Identifier	20	ST	O	-		
GT1.11.2 - Text	199	ST	O	-		
GT1.11.3 - Name of Coding System	20	ID	O	-	0396	HL7
GT1.11.4 - Alternate Identifier	20	ST	O	-		
GT1.11.5 - Alternate Text	199	ST	O	-		

GT1.11.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
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GT1.12 - Guarantor SSN

This field contains the guarantor's social security number.

GT1.13 - Guarantor Date – Begin

This field contains the date that the guarantor becomes responsible for the patient's account.

GT1.14 - Guarantor Date – End

This field contains the date that the guarantor stops being responsible for the patient's account.

GT1.15 - Guarantor Priority

This field is used to determine the order in which the guarantor's are responsible for the patient's account.

GT1.16 - Guarantor Employer Name

This field contains the name of the guarantor's employer if the employer is a person. When the guarantor's employer is an organization, use GT1-51 - Guarantor Employers Organization Name. Multiple names for the same person may be sent in this field, not multiple employers. The legal name must be sent first in the repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.16.1 - Family Name	194	FN	O	-		
GT1.16.2 - Given Name	30	ST	O	-	FirstName	
GT1.16.3 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
GT1.16.4 - Suffix (e.g., Jr or III)	20	ST	O	-		
GT1.16.5 - Prefix (e.g., Dr)	20	ST	O	-		
GT1.16.6 - Degree (e.g., Md)	6	IS	B	-	0360	User
GT1.16.7 - Name Type Code	1	ID	O	-	0200	HL7
GT1.16.8 - Name Representation Code	1	ID	O	-	0465	HL7

GT1.16.9 - Name Context	483	CE	O	-	0448	User
GT1.16.10 - Name Validity Range	53	DR	B	-		
GT1.16.11 - Name Assembly Order	1	ID	O	-	0444	HL7
GT1.16.12 - Effective Date	26	TS	O	-		
GT1.16.13 - Expiration Date	26	TS	O	-		
GT1.16.14 - Professional Suffix	199	ST	O	-		

GT1.17 - Guarantor Employer Address

This field contains the guarantor's employer's address. Multiple addresses for the same employer may be sent in this field. The mailing address must be sent first in the repetition. When the mailing address is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.17.1 - Street Address	184	SAD	O	-	Street	
GT1.17.2 - Other Designation	120	ST	O	-		
GT1.17.3 - City	50	ST	O	-	City	
GT1.17.4 - State or Province	50	ST	O	-	State	
GT1.17.5 - Zip or Postal Code	12	ST	O	-	ZipCode	
GT1.17.6 - Country	3	ID	O	-	0399	HL7
GT1.17.7 - Address Type	3	ID	O	-	0190	HL7
GT1.17.8 - Other Geographic Designation	50	ST	O	-		
GT1.17.9 - County/Parish Code	20	IS	O	-	0289	User
GT1.17.10 - Census Tract	20	IS	O	-	0288	User
GT1.17.11 - Address Representation Code	1	ID	O	-	0465	HL7
GT1.17.12 - Address Validity Range	53	DR	B	-		
GT1.17.13 - Effective Date	26	TS	O	-		
GT1.17.14 - Expiration Date	26	TS	O	-		

GT1.18 - Guarantor Employer Phone Number

This field contains the guarantor's employer's phone number. Multiple phone numbers for the same employer may be sent in this field. The primary telephone number must be sent first in the sequence. When the primary telephone number is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.18.1 - Telephone Number	199	ST	B	-	PhoneNumber	
GT1.18.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7
GT1.18.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7
GT1.18.4 - Email Address	199	ST	O	-		
GT1.18.5 - Country Code	3	NM	O	-		
GT1.18.6 - Area/City Code	5	NM	O	-		
GT1.18.7 - Local Number	9	NM	O	-		
GT1.18.8 - Extension	5	NM	O	-		
GT1.18.9 - Any Text	199	ST	O	-		
GT1.18.10 - Extension Prefix	4	ST	O	-		
GT1.18.11 - Speed Dial Code	6	ST	O	-		
GT1.18.12 - Unformatted Telephone Number	199	ST	C	-		

GT1.19 - Guarantor Employee ID Number

This field contains the guarantor's employee number. The assigning authority and identifier type code are strongly recommended for all CX data types.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.19.1 - Id Number	15	ST	R	-		
GT1.19.2 - Check Digit	1	ST	O	-		
GT1.19.3 - Check Digit Scheme	3	ID	O	-	0061	HL7
GT1.19.4 - Assigning Authority	227	HD	O	-	0363	HL7
GT1.19.5 - Identifier Type Code	5	ID	O	-	0203	HL7

GT1.19.6 - Assigning Facility	227	HD	O	-		
GT1.19.7 - Effective Date	8	DT	O	-		
GT1.19.8 - Expiration Date	8	DT	O	-		
GT1.19.9 - Assigning Jurisdiction	705	CWE	O	-		
GT1.19.10 - Assigning Agency or Department	705	CWE	O	-		

GT1.20 - Guarantor Employment Status

This field contains the code that indicates the guarantor's employment status. Refer to User-Defined Table 0066 - Employment Status for suggested values.

GT1.21 - Guarantor Organization Name

This field contains the name of the guarantor when the guarantor is an organization. Multiple names for the same guarantor may be sent in this field, not multiple guarantors. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.21.1 - Organization Name	50	ST	O	-		
GT1.21.2 - Organization Name Type Code	20	IS	O	-	0204	User
GT1.21.3 - Id Number	4	NM	B	-		
GT1.21.4 - Check Digit	1	NM	O	-		
GT1.21.5 - Check Digit Scheme	3	ID	O	-	0061	HL7
GT1.21.6 - Assigning Authority	227	HD	O	-	0363	HL7
GT1.21.7 - Identifier Type Code	5	ID	O	-	0203	HL7
GT1.21.8 - Assigning Facility	227	HD	O	-		
GT1.21.9 - Name Representation Code	1	ID	O	-	0465	HL7
GT1.21.10 - Organization Identifier	20	ST	O	-		

GT1.22 - Guarantor Billing Hold Flag

Refer to HL7 table 0136 - Yes/no Indicator for valid values. This field indicates whether a system should suppress printing of the guarantor's bills.

GT1.23 - Guarantor Credit Rating Code

This field contains the guarantor's credit rating. Refer to User-defined Table 0341 - Guarantor Credit Rating Code for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.23.1 - Identifier	20	ST	O	-		
GT1.23.2 - Text	199	ST	O	-		
GT1.23.3 - Name of Coding System	20	ID	O	-	0396	HL7
GT1.23.4 - Alternate Identifier	20	ST	O	-		
GT1.23.5 - Alternate Text	199	ST	O	-		
GT1.23.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

GT1.24 - Guarantor Death Date and Time

This field is used to indicate the date and time at which the guarantor's death occurred.

GT1.25 - Guarantor Death Flag

This field indicates whether the guarantor is deceased. Refer to HL7 table 0136 - Yes/no Indicator for valid values.

GT1.26 - Guarantor Charge Adjustment Code

This field contains user-defined codes that indicate which adjustments should be made to this guarantor's charges. For example, when the hospital agrees to adjust this guarantor's charges to a sliding scale. Refer to User-defined Table 0218 - Patient Charge Adjustment for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.26.1 - Identifier	20	ST	O	-		
GT1.26.2 - Text	199	ST	O	-		
GT1.26.3 - Name of Coding System	20	ID	O	-	0396	HL7
GT1.26.4 - Alternate Identifier	20	ST	O	-		
GT1.26.5 - Alternate Text	199	ST	O	-		

GT1.26.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
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GT1.27 - Guarantor Household Annual Income

This field contains the combined annual income of all members of the guarantor's household.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.27.1 - Price	20	MO	R	-		
GT1.27.2 - Price Type	2	ID	O	-	0205	HL7
GT1.27.3 - From Value	16	NM	O	-		
GT1.27.4 - to Value	16	NM	O	-		
GT1.27.5 - Range Units	483	CE	O	-		
GT1.27.6 - Range Type	1	ID	O	-	0298	HL7

GT1.28 - Guarantor Household Size

This field specifies the number of people living at the guarantor's primary residence.

GT1.29 - Guarantor Employer ID Number

This is a code that uniquely identifies the guarantor's employer when the employer is a person. It may be a user-defined code, or a code defined by a government agency (Federal Tax ID#).

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.29.1 - Id Number	15	ST	R	-		
GT1.29.2 - Check Digit	1	ST	O	-		
GT1.29.3 - Check Digit Scheme	3	ID	O	-	0061	HL7
GT1.29.4 - Assigning Authority	227	HD	O	-	0363	HL7
GT1.29.5 - Identifier Type Code	5	ID	O	-	0203	HL7
GT1.29.6 - Assigning Facility	227	HD	O	-		
GT1.29.7 - Effective Date	8	DT	O	-		
GT1.29.8 - Expiration Date	8	DT	O	-		
GT1.29.9 - Assigning Jurisdiction	705	CWE	O	-		

GT1.29.10 - Assigning Agency or Department	705	CWE	O	-		
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GT1.30 - Guarantor Marital Status Code

This field contains the marital status of the guarantor. Refer to User-defined Table 0002 - Marital Status for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.30.1 - Identifier	20	ST	O	-		
GT1.30.2 - Text	199	ST	O	-		
GT1.30.3 - Name of Coding System	20	ID	O	-	0396	HL7
GT1.30.4 - Alternate Identifier	20	ST	O	-		
GT1.30.5 - Alternate Text	199	ST	O	-		
GT1.30.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

GT1.31 - Guarantor Hire Effective Date

This field contains the date that the guarantor's employment began.

GT1.32 - Employment Stop Date

This field indicates the date on which the guarantor's employment with a particular employer ended.

GT1.33 - Living Dependency

Identifies the specific living conditions of the guarantor. Refer to User-defined Table 0223 - Living Dependency for suggested values.

GT1.34 - Ambulatory Status

Identifies the transient state of mobility for the guarantor. Refer to User-defined Table 0009 - Ambulatory Status for suggested values.

GT1.35 - Citizenship

This field contains the code to identify the guarantor's citizenship. HL7 recommends using ISO table 3166 as the suggested values in User-defined Table 0171 - Citizenship.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.35.1 - Identifier	20	ST	O	-		
GT1.35.2 - Text	199	ST	O	-		
GT1.35.3 - Name of Coding System	20	ID	O	-	0396	HL7

GT1.35.4 - Alternate Identifier	20	ST	O	-		
GT1.35.5 - Alternate Text	199	ST	O	-		
GT1.35.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

GT1.36 - Primary Language

This field identifies the guarantor's primary speaking language. HL7 recommends using ISO table 639 as the suggested values in User-defined Table 0296 - Primary Language.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.36.1 - Identifier	20	ST	O	-		
GT1.36.2 - Text	199	ST	O	-		
GT1.36.3 - Name of Coding System	20	ID	O	-	0396	HL7
GT1.36.4 - Alternate Identifier	20	ST	O	-		
GT1.36.5 - Alternate Text	199	ST	O	-		
GT1.36.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

GT1.37 - Living Arrangement

This field identifies the situation in which the person lives at his residential address. Refer to User-defined Table 0220 - Living Arrangement for suggested values.

GT1.38 - Publicity Code

This field contains a user-defined code indicating what level of publicity is allowed (e.g., No Publicity, Family Only) for a guarantor. Refer to User-defined Table 0215 - Publicity Code for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.38.1 - Identifier	20	ST	O	-		
GT1.38.2 - Text	199	ST	O	-		
GT1.38.3 - Name of Coding System	20	ID	O	-	0396	HL7
GT1.38.4 - Alternate Identifier	20	ST	O	-		
GT1.38.5 - Alternate Text	199	ST	O	-		

GT1.38.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
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GT1.39 - Protection Indicator

This field identifies the guarantor's protection, which determines whether or not access to information about this enrollee should be restricted from users who do not have adequate authority. Refer to HL7 table 0136 - Yes/no Indicator for valid values.

GT1.40 - Student Indicator

This field indicates whether the guarantor is currently a student, and whether the guarantor is a full-time or part-time student. This field does not indicate the degree level (high school, college) of the student, or his/her field of study (accounting, engineering, etc.). Refer to User-defined Table 0231- Student Status for suggested values.

GT1.41 – Religion

This field indicates the type of religion practiced by the guarantor. Refer to User-defined Table 0006 - Religion for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.41.1 - Identifier	20	ST	O	-		
GT1.41.2 - Text	199	ST	O	-		
GT1.41.3 - Name of Coding System	20	ID	O	-	0396	HL7
GT1.41.4 - Alternate Identifier	20	ST	O	-		
GT1.41.5 - Alternate Text	199	ST	O	-		
GT1.41.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

GT1.42 - Mother's Maiden Name

This field indicates the guarantor's mother's maiden name.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.42.1 - Family Name	194	FN	O	-		
GT1.42.2 - Given Name	30	ST	O	-	FirstName	
GT1.42.3 - Second and Further Given Names or Initials Thereof	30	ST	O	-		

GT1.42.4 - Suffix (e.g., Jr or III)	20	ST	O	-		
GT1.42.5 - Prefix (e.g., Dr)	20	ST	O	-		
GT1.42.6 - Degree (e.g., Md)	6	IS	B	-	0360	User
GT1.42.7 - Name Type Code	1	ID	O	-	0200	HL7
GT1.42.8 - Name Representation Code	1	ID	O	-	0465	HL7
GT1.42.9 - Name Context	483	CE	O	-	0448	User
GT1.42.10 - Name Validity Range	53	DR	B	-		
GT1.42.11 - Name Assembly Order	1	ID	O	-	0444	HL7
GT1.42.12 - Effective Date	26	TS	O	-		
GT1.42.13 - Expiration Date	26	TS	O	-		
GT1.42.14 - Professional Suffix	199	ST	O	-		

GT1.43 – Nationality

This field contains a code that identifies the nation or national grouping to which the person belongs. This may be different from a person's citizenship in countries in which multiple nationalities are recognized (for example, Spain: Basque, Catalan, etc.). HL7 recommends using ISO table 3166 as suggested values in User-defined Table 0212 - Nationality.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.43.1 - Identifier	20	ST	O	-		
GT1.43.2 - Text	199	ST	O	-		
GT1.43.3 - Name of Coding System	20	ID	O	-	0396	HL7
GT1.43.4 - Alternate Identifier	20	ST	O	-		
GT1.43.5 - Alternate Text	199	ST	O	-		
GT1.43.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

GT1.44 - Ethnic Group

This field contains the guarantor's ethnic group. Refer to User-defined Table 0189 - Ethnic Group for suggested values. The second triplet of the CE data type for ethnic

group (alternate identifier, alternate text, and Name of Alternate Coding System) is reserved for governmentally assigned codes. In the US, a current use is to report ethnicity in line with US federal standards for Hispanic origin.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.44.1 - Identifier	20	ST	O	-		
GT1.44.2 - Text	199	ST	O	-		
GT1.44.3 - Name of Coding System	20	ID	O	-	0396	HL7
GT1.44.4 - Alternate Identifier	20	ST	O	-		
GT1.44.5 - Alternate Text	199	ST	O	-		
GT1.44.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

GT1.45 - Contact Person's Name

This field contains the name of the person who should be contacted regarding the guarantor bills, etc. This may be someone other than the guarantor. (Contact guarantor's wife regarding all bills - guarantor lives out of country).

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.45.1 - Family Name	194	FN	O	-		
GT1.45.2 - Given Name	30	ST	O	-	FirstName	
GT1.45.3 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
GT1.45.4 - Suffix (e.g., Jr or III)	20	ST	O	-		
GT1.45.5 - Prefix (e.g., Dr)	20	ST	O	-		
GT1.45.6 - Degree (e.g., Md)	6	IS	B	-	0360	User
GT1.45.7 - Name Type Code	1	ID	O	-	0200	HL7
GT1.45.8 - Name Representation Code	1	ID	O	-	0465	HL7
GT1.45.9 - Name Context	483	CE	O	-	0448	User
GT1.45.10 - Name Validity Range	53	DR	B	-		
GT1.45.11 - Name Assembly Order	1	ID	O	-	0444	HL7

GT1.45.12 - Effective Date	26	TS	O	-		
GT1.45.13 - Expiration Date	26	TS	O	-		
GT1.45.14 - Professional Suffix	199	ST	O	-		

GT1.46 - Contact Person's Telephone Number

This field contains the telephone number of the guarantor (person) to contact regarding guarantor bills, etc. Multiple phone numbers for that person may be sent in this sequence. The primary telephone number is assumed to be in the first repetition. When the primary telephone number is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.46.1 - Telephone Number	199	ST	B	-	PhoneNumber	
GT1.46.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7
GT1.46.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7
GT1.46.4 - Email Address	199	ST	O	-		
GT1.46.5 - Country Code	3	NM	O	-		
GT1.46.6 - Area/City Code	5	NM	O	-		
GT1.46.7 - Local Number	9	NM	O	-		
GT1.46.8 - Extension	5	NM	O	-		
GT1.46.9 - Any Text	199	ST	O	-		
GT1.46.10 - Extension Prefix	4	ST	O	-		
GT1.46.11 - Speed Dial Code	6	ST	O	-		
GT1.46.12 - Unformatted Telephone Number	199	ST	C	-		

GT1.47 - Contact Reason

This field contains a user-defined code that identifies the reason for contacting the guarantor, for example, to phone the guarantor if payments are late. Refer to User-defined Table 0222 - Contact reason for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.47.1 - Identifier	20	ST	O	-		
GT1.47.2 - Text	199	ST	O	-		
GT1.47.3 - Name of Coding System	20	ID	O	-	0396	HL7
GT1.47.4 - Alternate Identifier	20	ST	O	-		
GT1.47.5 - Alternate Text	199	ST	O	-		
GT1.47.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

GT1.48 - Contact Relationship

Identifies the guarantor relationship to the contact person specified above. Refer to User-defined Table 0063 - Relationship for suggested values. Examples include wife, attorney, power of attorney, self, and organization.

GT1.49 - Job Title

This field contains a descriptive name of the guarantor's occupation (e.g., Sr. Systems Analyst, Sr. Accountant).

GT1.50 - Job Code/Class

This field contains the guarantor's job code and employee classification.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.50.1 - Job Code	20	IS	O	-	0327	User
GT1.50.2 - Job Class	20	IS	O	-	0328	User
GT1.50.3 - Job Description Text	250	TX	O	-		

GT1.51 - Guarantor Employer's Organization Name

This field contains the name of the guarantor's employer when the guarantor's employer is an organization. When the guarantor's employer is a person, use GT1-16 - Guarantor Employer Name. Multiple names for the same guarantor may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.51.1 - Organization Name	50	ST	O	-		
GT1.51.2 - Organization Name Type Code	20	IS	O	-	0204	User

GT1.51.3 - Id Number	4	NM	B	-		
GT1.51.4 - Check Digit	1	NM	O	-		
GT1.51.5 - Check Digit Scheme	3	ID	O	-	0061	HL7
GT1.51.6 - Assigning Authority	227	HD	O	-	0363	HL7
GT1.51.7 - Identifier Type Code	5	ID	O	-	0203	HL7
GT1.51.8 - Assigning Facility	227	HD	O	-		
GT1.51.9 - Name Representation Code	1	ID	O	-	0465	HL7
GT1.51.10 - Organization Identifier	20	ST	O	-		

GT1.52 – Handicap

This field contains a code to describe the guarantor’s disability. Refer to User-defined Table 0295 - Handicap for suggested values.

GT1.53 - Job Status

This field contains a code that identifies the guarantor’s current job status. Refer to User-defined Table 0311 - Job Status for suggested values.

GT1.54 - Guarantor Financial Class

This field contains the financial class (FC) assigned to the guarantor for the purpose of identifying sources of reimbursement. It can be different than that of the patient. When the FC of the guarantor is different than the FC of the patient, and the guarantor’s coverage for that patient has been exhausted, the source of reimbursement falls back onto the FC of the patient.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
GT1.54.1 - Financial Class Code	20	IS	R	-	0064	User
GT1.54.2 - Effective Date	26	TS	O	-		

GT1.55 - Guarantor Race

This field refers to the guarantor’s race. Refer to User-defined Table 0005 - Race for suggested values. The second triplet of the CE data type for race (alternate identifier, alternate text, and Name of Alternate Coding System) is reserved for governmentally assigned codes.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
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GT1.55.1 - Identifier	20	ST	O	-		
GT1.55.2 - Text	199	ST	O	-		
GT1.55.3 - Name of Coding System	20	ID	O	-	0396	HL7
GT1.55.4 - Alternate Identifier	20	ST	O	-		
GT1.55.5 - Alternate Text	199	ST	O	-		
GT1.55.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

GT1.56 - Guarantor Birth Place

This field contains the description of the guarantor's birth place, for example St. Francis Community Hospital of Lower South Side. The actual address is reported in GT1-5 - Guarantor Address with an identifier of N.

GT1.57 - VIP Indicator

This field identifies the type of VIP for the guarantor. Refer to User-defined Table 0099 - VIP indicator for suggested values.

IN1 (Insurance) Fields

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

IN1.1 - Set ID - IN1

IN1-1 - set ID - IN1 contains the number that identifies this transaction. For the first occurrence the sequence number shall be 1, for the second occurrence it shall be 2, etc. The Set ID in the IN1 segment is used to aggregate the grouping of insurance segments. For example, a patient with two insurance plans would have two groupings of insurance segments. IN1, IN2, and IN3 segments for Insurance Plan A with set ID 1, followed by IN1, IN2, and IN3 segments for Insurance Plan B, with set ID 2. There is no set ID in the IN2 segment because it is contained in the IN1, IN2, IN3 grouping, and is therefore not needed. The set ID in the IN3 segment is provided because there can be multiple repetitions of the IN3 segment if there are multiple certifications for the same insurance plan, e.g., IN1 (Set ID 1), IN2, IN3 (Set ID 1), IN3 (Set ID 2), IN3 (Set ID 3)

IN1.2 - Insurance Plan ID

This field contains a unique identifier for the insurance plan. Refer to User-defined Table 0072 - Insurance Plan ID for suggested values. to eliminate a plan, the plan could be sent with null values in each subsequent element. If the respective systems can support it, a null value can be sent in the plan field.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.2.1 - Identifier	20	ST	O	-		

IN1.2.2 - Text	199	ST	O	-		
IN1.2.3 - Name of Coding System	20	ID	O	-	0396	HL7
IN1.2.4 - Alternate Identifier	20	ST	O	-		
IN1.2.5 - Alternate Text	199	ST	O	-		
IN1.2.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

IN1.3 - Insurance Company ID

This field contains unique identifiers for the insurance company. The assigning authority and identifier type code are strongly recommended for all CX data types.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.3.1 - Id Number	15	ST	R	-		
IN1.3.2 - Check Digit	1	ST	O	-		
IN1.3.3 - Check Digit Scheme	3	ID	O	-	0061	HL7
IN1.3.4 - Assigning Authority	227	HD	O	-	0363	HL7
IN1.3.5 - Identifier Type Code	5	ID	O	-	0203	HL7
IN1.3.6 - Assigning Facility	227	HD	O	-		
IN1.3.7 - Effective Date	8	DT	O	-		
IN1.3.8 - Expiration Date	8	DT	O	-		
IN1.3.9 - Assigning Jurisdiction	705	CWE	O	-		
IN1.3.10 - Assigning Agency or Department	705	CWE	O	-		

IN1.4 - Insurance Company Name

This field contains the name of the insurance company. Multiple names for the same insurance company may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.4.1 - Organization Name	50	ST	O	-		

IN1.4.2 - Organization Name Type Code	20	IS	O	-	0204	User
IN1.4.3 - Id Number	4	NM	B	-		
IN1.4.4 - Check Digit	1	NM	O	-		
IN1.4.5 - Check Digit Scheme	3	ID	O	-	0061	HL7
IN1.4.6 - Assigning Authority	227	HD	O	-	0363	HL7
IN1.4.7 - Identifier Type Code	5	ID	O	-	0203	HL7
IN1.4.8 - Assigning Facility	227	HD	O	-		
IN1.4.9 - Name Representation Code	1	ID	O	-	0465	HL7
IN1.4.10 - Organization Identifier	20	ST	O	-		

IN1.5 - Insurance Company Address

This field contains the address of the insurance company. Multiple addresses for the same insurance company may be sent in this field. The mailing address is assumed to be in the first repetition. When the mailing address is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.5.1 - Street Address	184	SAD	O	-	Street	
IN1.5.2 - Other Designation	120	ST	O	-		
IN1.5.3 - City	50	ST	O	-	City	
IN1.5.4 - State or Province	50	ST	O	-	State	
IN1.5.5 - Zip or Postal Code	12	ST	O	-	ZipCode	
IN1.5.6 - Country	3	ID	O	-	0399	HL7
IN1.5.7 - Address Type	3	ID	O	-	0190	HL7
IN1.5.8 - Other Geographic Designation	50	ST	O	-		
IN1.5.9 - County/Parish Code	20	IS	O	-	0289	User
IN1.5.10 - Census Tract	20	IS	O	-	0288	User

IN1.5.11 - Address Representation Code	1	ID	O	-	0465	HL7
IN1.5.12 - Address Validity Range	53	DR	B	-		
IN1.5.13 - Effective Date	26	TS	O	-		
IN1.5.14 - Expiration Date	26	TS	O	-		

IN1.6 - Insurance Company Contact Person

This field contains the name of the person who should be contacted at the insurance company. Multiple names for the same contact person may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.6.1 - Family Name	194	FN	O	-		
IN1.6.2 - Given Name	30	ST	O	-	FirstName	
IN1.6.3 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
IN1.6.4 - Suffix (e.g., Jr or III)	20	ST	O	-		
IN1.6.5 - Prefix (e.g., Dr)	20	ST	O	-		
IN1.6.6 - Degree (e.g., Md)	6	IS	B	-	0360	User
IN1.6.7 - Name Type Code	1	ID	O	-	0200	HL7
IN1.6.8 - Name Representation Code	1	ID	O	-	0465	HL7
IN1.6.9 - Name Context	483	CE	O	-	0448	User
IN1.6.10 - Name Validity Range	53	DR	B	-		
IN1.6.11 - Name Assembly Order	1	ID	O	-	0444	HL7
IN1.6.12 - Effective Date	26	TS	O	-		
IN1.6.13 - Expiration Date	26	TS	O	-		
IN1.6.14 - Professional Suffix	199	ST	O	-		

IN1.7 - Insurance Company Phone Number

This field contains the phone number of the insurance company. Multiple phone numbers for the same insurance company may be sent in this field. The primary phone number is assumed to be in the first repetition. When the primary phone number is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.7.1 - Telephone Number	199	ST	B	-	PhoneNumber	
IN1.7.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7
IN1.7.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7
IN1.7.4 - Email Address	199	ST	O	-		
IN1.7.5 - Country Code	3	NM	O	-		
IN1.7.6 - Area/City Code	5	NM	O	-		
IN1.7.7 - Local Number	9	NM	O	-		
IN1.7.8 - Extension	5	NM	O	-		
IN1.7.9 - Any Text	199	ST	O	-		
IN1.7.10 - Extension Prefix	4	ST	O	-		
IN1.7.11 - Speed Dial Code	6	ST	O	-		
IN1.7.12 - Unformatted Telephone Number	199	ST	C	-		

IN1.8 - Group Number

This field contains the group number of the insured's insurance.

IN1.9 - Group Name

This field contains the group name of the insured's insurance.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.9.1 - Organization Name	50	ST	O	-		
IN1.9.2 - Organization Name Type Code	20	IS	O	-	0204	User
IN1.9.3 - Id Number	4	NM	B	-		
IN1.9.4 - Check Digit	1	NM	O	-		

IN1.9.5 - Check Digit Scheme	3	ID	O	-	0061	HL7
IN1.9.6 - Assigning Authority	227	HD	O	-	0363	HL7
IN1.9.7 - Identifier Type Code	5	ID	O	-	0203	HL7
IN1.9.8 - Assigning Facility	227	HD	O	-		
IN1.9.9 - Name Representation Code	1	ID	O	-	0465	HL7
IN1.9.10 - Organization Identifier	20	ST	O	-		

IN1.10 - Insured's Group Employer ID

This field holds the group employer ID for the insured's insurance. The assigning authority and identifier type code are strongly recommended for all CX data types.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.10.1 - Id Number	15	ST	R	-		
IN1.10.2 - Check Digit	1	ST	O	-		
IN1.10.3 - Check Digit Scheme	3	ID	O	-	0061	HL7
IN1.10.4 - Assigning Authority	227	HD	O	-	0363	HL7
IN1.10.5 - Identifier Type Code	5	ID	O	-	0203	HL7
IN1.10.6 - Assigning Facility	227	HD	O	-		
IN1.10.7 - Effective Date	8	DT	O	-		
IN1.10.8 - Expiration Date	8	DT	O	-		
IN1.10.9 - Assigning Jurisdiction	705	CWE	O	-		
IN1.10.10 - Assigning Agency or Department	705	CWE	O	-		

IN1.11 - Insured's Group Employer Name

This field contains the name of the employer that provides the employees insurance. Multiple names for the same employer may be sent in this sequence. The legal name must be sent first. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.11.1 - Organization Name	50	ST	O	-		
IN1.11.2 - Organization Name Type Code	20	IS	O	-	0204	User
IN1.11.3 - Id Number	4	NM	B	-		
IN1.11.4 - Check Digit	1	NM	O	-		
IN1.11.5 - Check Digit Scheme	3	ID	O	-	0061	HL7
IN1.11.6 - Assigning Authority	227	HD	O	-	0363	HL7
IN1.11.7 - Identifier Type Code	5	ID	O	-	0203	HL7
IN1.11.8 - Assigning Facility	227	HD	O	-		
IN1.11.9 - Name Representation Code	1	ID	O	-	0465	HL7
IN1.11.10 - Organization Identifier	20	ST	O	-		

IN1.12 - Plan Effective Date

This field contains the date that the insurance goes into effect.

IN1.13 - Plan Expiration Date

This field indicates the last date of service that the insurance will cover or be responsible for.

IN1.14 - Authorization Information

Based on the type of insurance, some coverage plans require that an authorization number or code be obtained prior to all non-emergency admissions, and within 48 hours of an emergency admission. Insurance billing would not be permitted without this number. The date and source of authorization are the components of this field.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.14.1 - Authorization Number	30	ST	O	-		
IN1.14.2 - Date	8	DT	O	-		
IN1.14.3 - Source	199	ST	O	-		

IN1.15 - Plan Type

This field contains the coding structure that identifies the various plan types, for example, Medicare, Medicaid, Blue Cross, HMO, etc. Refer to User-defined Table 0086 - Plan ID for suggested values.

IN1.16 - Name of Insured

This field contains the name of the insured person. The insured is the person who has an agreement with the insurance company to provide healthcare services to person's covered by the insurance policy. Multiple names for the same insured person may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.16.1 - Family Name	194	FN	O	-		
IN1.16.2 - Given Name	30	ST	O	-	FirstName	
IN1.16.3 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
IN1.16.4 - Suffix (e.g., Jr or III)	20	ST	O	-		
IN1.16.5 - Prefix (e.g., Dr)	20	ST	O	-		
IN1.16.6 - Degree (e.g., Md)	6	IS	B	-	0360	User
IN1.16.7 - Name Type Code	1	ID	O	-	0200	HL7
IN1.16.8 - Name Representation Code	1	ID	O	-	0465	HL7
IN1.16.9 - Name Context	483	CE	O	-	0448	User
IN1.16.10 - Name Validity Range	53	DR	B	-		
IN1.16.11 - Name Assembly Order	1	ID	O	-	0444	HL7
IN1.16.12 - Effective Date	26	TS	O	-		
IN1.16.13 - Expiration Date	26	TS	O	-		
IN1.16.14 - Professional Suffix	199	ST	O	-		

IN1.17 - Insured's Relationship to Patient

This field indicates the insured's relationship to the patient. Refer to User-defined Table 0063 - Relationship for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.17.1 - Identifier	20	ST	O	-		
IN1.17.2 - Text	199	ST	O	-		
IN1.17.3 - Name of Coding System	20	ID	O	-	0396	HL7
IN1.17.4 - Alternate Identifier	20	ST	O	-		
IN1.17.5 - Alternate Text	199	ST	O	-		
IN1.17.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

IN1.18 - Insured's Date of Birth

This field contains the date of birth of the insured.

IN1.19 - Insured's Address

This field contains the address of the insured person. The insured is the person who has an agreement with the insurance company to provide healthcare services to person's covered by an insurance policy. Multiple addresses for the same insured person may be in this field. The mailing address must be sent in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.19.1 - Street Address	184	SAD	O	-	Street	
IN1.19.2 - Other Designation	120	ST	O	-		
IN1.19.3 - City	50	ST	O	-	City	
IN1.19.4 - State or Province	50	ST	O	-	State	
IN1.19.5 - Zip or Postal Code	12	ST	O	-	ZipCode	
IN1.19.6 - Country	3	ID	O	-	0399	HL7
IN1.19.7 - Address Type	3	ID	O	-	0190	HL7
IN1.19.8 - Other Geographic Designation	50	ST	O	-		
IN1.19.9 - County/Parish Code	20	IS	O	-	0289	User

IN1.19.10 - Census Tract	20	IS	O	-	0288	User
IN1.19.11 - Address Representation Code	1	ID	O	-	0465	HL7
IN1.19.12 - Address Validity Range	53	DR	B	-		
IN1.19.13 - Effective Date	26	TS	O	-		
IN1.19.14 - Expiration Date	26	TS	O	-		

IN1.20 - Assignment of Benefits

This field indicates whether the insured agreed to assign the insurance benefits to the healthcare provider. If so, the insurance will pay the provider directly. Refer to User-defined Table 0135 - Assignment of Benefits for suggested values.

IN1.21 - Coordination of Benefits

This field indicates whether this insurance works in conjunction with other insurance plans, or if it provides independent coverage and payment of benefits regardless of other insurance that might be available to the patient. Refer to User-defined Table 0173 - Coordination of Benefits for suggested values.

IN1.22 - Coordination of Benefits Priority

If the insurance works in conjunction with other insurance plans, this field contains priority sequence. Values are: 1, 2, 3, etc.

IN1.23 - Notice of Admission Flag

This field indicates whether the insurance company requires a written notice of admission from the healthcare provider. Refer to HL7 table 0136 - Yes/no Indicator for valid values.

IN1.24 - Notice of Admission Date

If a notice is required, this field indicates the date that it was sent.

IN1.25 - Report of Eligibility Flag

This field indicates whether this insurance carrier sends a report that indicates that the patient is eligible for benefits and whether it identifies those benefits. Refer to HL7 table 0136 - Yes/no Indicator for valid values.

IN1.26 - Report of Eligibility Date

This field indicates whether a report of eligibility (ROE) was received, and indicates the date that it was received.

IN1.27 - Release Information Code

This field indicates whether the healthcare provider can release information about the patient, and what information can be released. Refer to User-defined Table 0093 - Release Information for suggested values.

IN1.28 - Pre-Admit Cert (PAC)

This field contains the pre-admission certification code. If the admission must be certified before the admission, this is the code associated with the admission.

IN1.29 - Verification Date/Time

This field contains the date/time that the healthcare provider verified that the patient has the indicated benefits.

IN1.30 - Verification By

Refers to the person who verified the benefits. Multiple names for the same insured person may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.30.1 - Id Number	15	ST	O	-		
IN1.30.2 - Family Name	194	FN	O	-		
IN1.30.3 - Given Name	30	ST	O	-	FirstName	
IN1.30.4 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
IN1.30.5 - Suffix (e.g., Jr or III)	20	ST	O	-		
IN1.30.6 - Prefix (e.g., Dr)	20	ST	O	-		
IN1.30.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
IN1.30.8 - Source Table	4	IS	C	-	0297	User
IN1.30.9 - Assigning Authority	227	HD	O	-	0363	User
IN1.30.10 - Name Type Code	1	ID	O	-	0200	HL7
IN1.30.11 - Identifier Check Digit	1	ST	O	-		
IN1.30.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
IN1.30.13 - Identifier Type Code	5	ID	O	-	0203	HL7
IN1.30.14 - Assigning Facility	227	HD	O	-		
IN1.30.15 - Name Representation Code	1	ID	O	-	0465	HL7
IN1.30.16 - Name Context	483	CE	O	-	0448	User

IN1.30.17 - Name Validity Range	53	DR	B	-		
IN1.30.18 - Name Assembly Order	1	ID	O	-	0444	HL7
IN1.30.19 - Effective Date	26	TS	O	-		
IN1.30.20 - Expiration Date	26	TS	O	-		
IN1.30.21 - Professional Suffix	199	ST	O	-		
IN1.30.22 - Assigning Jurisdiction	705	CWE	O	-		
IN1.30.23 - Assigning Agency or Department	705	CWE	O	-		

IN1.31 - Type of Agreement Code

This field is used to further identify an insurance plan. Refer to User-defined Table 0098 - Type of Agreement for suggested values.

IN1.32 - Billing Status

This field indicates whether the particular insurance has been billed and, if so, the type of bill. Refer to User-defined Table 0022 - Billing Status for suggested values.

IN1.33 - Lifetime Reserve Days

This field contains the Number of Days left for a certain service to be provided or covered under an insurance policy.

IN1.34 - Delay Before L.R. Day

This field indicates the delay before lifetime reserve days.

IN1.35 - Company Plan Code

This field contains optional information to further define the data in IN1-3 - Insurance Company ID. Refer to User-defined Table 0042 - Company Plan Code for suggested values. This table contains codes used to identify an insurance company plan uniquely.

IN1.36 - Policy Number

This field contains the individual policy number of the insured to uniquely identify this patient's plan. For special types of insurance numbers, there are also special fields in the IN2 segment for Medicaid, Medicare, Champus (i.e., IN2-6 - Medicare Health Insurance Card Number, IN2-8 - Medicaid Case Number, IN2-10 - Military ID Number). But we recommend that this field (IN1-36 - Policy Number) be filled even when the patient's insurance number is also passed in one of these other fields.

IN1.37 - Policy Deductible

This field contains the amount specified by the insurance plan that is the responsibility of the guarantor (i.e., deductible, excess, etc.).

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.37.1 - Price	20	MO	R	-		
IN1.37.2 - Price Type	2	ID	O	-	0205	HL7
IN1.37.3 - From Value	16	NM	O	-		
IN1.37.4 - to Value	16	NM	O	-		
IN1.37.5 - Range Units	483	CE	O	-		
IN1.37.6 - Range Type	1	ID	O	-	0298	HL7

IN1.38 - Policy Limit Amount

As of Version 2.3, this field has been retained for backward compatibility only. Use IN2-29 - Policy Type/Amount instead of this field. This field contains the maximum amount that the insurance policy will pay. In some cases, the limit may be for a single encounter.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.38.1 - Price	20	MO	R	-		
IN1.38.2 - Price Type	2	ID	O	-	0205	HL7
IN1.38.3 - From Value	16	NM	O	-		
IN1.38.4 - to Value	16	NM	O	-		
IN1.38.5 - Range Units	483	CE	O	-		
IN1.38.6 - Range Type	1	ID	O	-	0298	HL7

IN1.39 - Policy Limit Days

This field contains the maximum Number of Days that the insurance policy will cover.

IN1.40 - Room Rate Semi-Private

As of Version 2.3, this field has been retained for backward compatibility only. Use IN2-28 - Room Coverage Type/Amount instead of this field. When used for backward compatibility, IN1-40 - Room Rate Semi-Private contains the average room rate that the policy covers.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.40.1 - Price	20	MO	R	-		
IN1.40.2 - Price Type	2	ID	O	-	0205	HL7
IN1.40.3 - From Value	16	NM	O	-		
IN1.40.4 - to Value	16	NM	O	-		
IN1.40.5 - Range Units	483	CE	O	-		
IN1.40.6 - Range Type	1	ID	O	-	0298	HL7

IN1.41 - Room Rate Private

As of Version 2.3, this field has been retained for backward compatibility only. Use IN2-28 - Room Coverage Type/Amount instead of this field. When used for backward compatibility IN1-41 - Room Rate - Private contains the maximum private room rate that the policy covers.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.41.1 - Price	20	MO	R	-		
IN1.41.2 - Price Type	2	ID	O	-	0205	HL7
IN1.41.3 - From Value	16	NM	O	-		
IN1.41.4 - to Value	16	NM	O	-		
IN1.41.5 - Range Units	483	CE	O	-		
IN1.41.6 - Range Type	1	ID	O	-	0298	HL7

IN1.42 - Insured's Employment Status

This field holds the employment status of the insured. Refer to User-defined Table 0066 - Employment Status for suggested values. This field contains UB92 field 64. For this field element, values from the US CMS UB92 and others are used.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.42.1 - Identifier	20	ST	O	-		
IN1.42.2 - Text	199	ST	O	-		
IN1.42.3 - Name of Coding System	20	ID	O	-	0396	HL7
IN1.42.4 - Alternate Identifier	20	ST	O	-		
IN1.42.5 - Alternate Text	199	ST	O	-		

IN1.42.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
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IN1.43 - Insured's Administrative Sex

This field contains the gender of the insured. Refer to User-defined Table 0001 - Administrative Sex for suggested values.

IN1.44 - Insured's Employer's Address

This field contains the address of the insured employee's employer. Multiple addresses for the same employer may be sent in this field. The mailing address must be sent first. When the mailing address is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.44.1 - Street Address	184	SAD	O	-	Street	
IN1.44.2 - Other Designation	120	ST	O	-		
IN1.44.3 - City	50	ST	O	-	City	
IN1.44.4 - State or Province	50	ST	O	-	State	
IN1.44.5 - Zip or Postal Code	12	ST	O	-	ZipCode	
IN1.44.6 - Country	3	ID	O	-	0399	HL7
IN1.44.7 - Address Type	3	ID	O	-	0190	HL7
IN1.44.8 - Other Geographic Designation	50	ST	O	-		
IN1.44.9 - County/Parish Code	20	IS	O	-	0289	User
IN1.44.10 - Census Tract	20	IS	O	-	0288	User
IN1.44.11 - Address Representation Code	1	ID	O	-	0465	HL7
IN1.44.12 - Address Validity Range	53	DR	B	-		
IN1.44.13 - Effective Date	26	TS	O	-		
IN1.44.14 - Expiration Date	26	TS	O	-		

IN1.45 - Verification Status

This field contains the status of this patient's relationship with this insurance carrier.

IN1.46 - Prior Insurance Plan ID

This field uniquely identifies the prior insurance plan when the plan ID changes. Refer to User-defined Table 0072 - Insurance Plan ID for suggested values.

IN1.47 - Coverage Type

This field contains the coding structure that identifies the type of insurance coverage, or what types of services are covered for the purposes of a billing system. For example, a physician billing system will only want to receive insurance information for plans that cover physician/professional charges. Refer to User-defined Table 0309 - Coverage Type for suggested values.

IN1.48 – Handicap

This field contains a code to describe the insured's disability. Refer to User-defined Table 0295 - Handicap for suggested values.

IN1.49 - Insured's ID Number

This data element contains a healthcare institution's identifiers for the insured. The assigning authority and identifier type code are strongly recommended for all CX data types.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN1.49.1 - Id Number	15	ST	R	-		
IN1.49.2 - Check Digit	1	ST	O	-		
IN1.49.3 - Check Digit Scheme	3	ID	O	-	0061	User
IN1.49.4 - Assigning Authority	227	HD	O	-	0363	HL7
IN1.49.5 - Identifier Type Code	5	ID	O	-	0203	HL7
IN1.49.6 - Assigning Facility	227	HD	O	-		
IN1.49.7 - Effective Date	8	DT	O	-		
IN1.49.8 - Expiration Date	8	DT	O	-		
IN1.49.9 - Assigning Jurisdiction	705	CWE	O	-		
IN1.49.10 - Assigning Agency or Department	705	CWE	O	-		

IN1.50 - Signature Code

This field contains the code to indicate how the patient/subscriber authorization signature was obtained and how it is being retained by the provider. Refer to User-defined Table 0535 - Signature Code for suggested values.

IN1.51 - Signature Code Date

The date the patient/subscriber authorization signature was obtained.

IN1.52 - Insured's Birth Place

This field contains the description of the insured's birth place, for example St. Francis Community Hospital of Lower South Side. The actual address is reported in IN1-19 - Insured's Address with an identifier of N.

IN1.53 - VIP Indicator

This field identifies the type of VIP for the insured. Refer to User-defined Table 0099 - VIP indicator for suggested values.

IN2 (Insurance Additional Information) Fields

The IN2 segment contains additional insurance policy coverage and benefit information necessary for proper billing and reimbursement. Fields used by this segment are defined by CMS or other regulatory agencies.

IN2.1 - Insured's Employee ID

This field contains the employee ID of the insured. The assigning authority and identifier type code are strongly recommended for all CX data types.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.1.1 - Id Number	15	ST	R	-		
IN2.1.2 - Check Digit	1	ST	O	-		
IN2.1.3 - Check Digit Scheme	3	ID	O	-	0061	User
IN2.1.4 - Assigning Authority	227	HD	O	-	0363	HL7
IN2.1.5 - Identifier Type Code	5	ID	O	-	0203	HL7
IN2.1.6 - Assigning Facility	227	HD	O	-		
IN2.1.7 - Effective Date	8	DT	O	-		
IN2.1.8 - Expiration Date	8	DT	O	-		
IN2.1.9 - Assigning Jurisdiction	705	CWE	O	-		
IN2.1.10 - Assigning Agency or Department	705	CWE	O	-		

IN2.2 - Insured's Social Security Number

This field contains the social security number of the insured.

IN2.3 - Insured's Employer's Name and ID

This field contains the name and ID of the insured's employer or the person who purchased the insurance for the insured, if the employer is a person. Multiple names and identifiers for the same person may be sent in this field, not multiple people. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. When the employer is an organization use IN2-70 - Insured Employer Organization Name and ID.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.3.1 - Id Number	15	ST	O	-		
IN2.3.2 - Family Name	194	FN	O	-		
IN2.3.3 - Given Name	30	ST	O	-	FirstName	
IN2.3.4 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
IN2.3.5 - Suffix (e.g., Jr or III)	20	ST	O	-		
IN2.3.6 - Prefix (e.g., Dr)	20	ST	O	-		
IN2.3.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
IN2.3.8 - Source Table	4	IS	C	-	0297	User
IN2.3.9 - Assigning Authority	227	HD	O	-	0363	User
IN2.3.10 - Name Type Code	1	ID	O	-	0200	HL7
IN2.3.11 - Identifier Check Digit	1	ST	O	-		
IN2.3.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
IN2.3.13 - Identifier Type Code	5	ID	O	-	0203	HL7
IN2.3.14 - Assigning Facility	227	HD	O	-		
IN2.3.15 - Name Representation Code	1	ID	O	-	0465	HL7
IN2.3.16 - Name Context	483	CE	O	-	0448	User
IN2.3.17 - Name Validity Range	53	DR	B	-		
IN2.3.18 - Name Assembly Order	1	ID	O	-	0444	HL7
IN2.3.19 - Effective Date	26	TS	O	-		

IN2.3.20 - Expiration Date	26	TS	O	-		
IN2.3.21 - Professional Suffix	199	ST	O	-		
IN2.3.22 - Assigning Jurisdiction	705	CWE	O	-		
IN2.3.23 - Assigning Agency or Department	705	CWE	O	-		

IN2.4 - Employer Information Data

This field contains the required employer information data for UB82 form locator 71. Refer to User-defined Table 0139 - Employer Information Data for suggested values.

IN2.5 - Mail Claim Party

This field contains the party to which the claim should be mailed. Refer to User-defined Table 0137 - Mail claim party for suggested values.

IN2.6 - Medicare Health Insurance Card Number

This field contains the Medicare Health Insurance Number (HIN), defined by CMS or other regulatory agencies.

IN2.7 - Medicaid Case Name

This field contains the Medicaid case name, defined by CMS or other regulatory agencies. Multiple names for the same person may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.7.1 - Family Name	194	FN	O	-		
IN2.7.2 - Given Name	30	ST	O	-	FirstName	
IN2.7.3 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
IN2.7.4 - Suffix (e.g., Jr or III)	20	ST	O	-		
IN2.7.5 - Prefix (e.g., Dr)	20	ST	O	-		
IN2.7.6 - Degree (e.g., Md)	6	IS	B	-	0360	User
IN2.7.7 - Name Type Code	1	ID	O	-	0200	HL7
IN2.7.8 - Name Representation Code	1	ID	O	-	0465	HL7

IN2.7.9 - Name Context	483	CE	O	-	0448	User
IN2.7.10 - Name Validity Range	53	DR	B	-		
IN2.7.11 - Name Assembly Order	1	ID	O	-	0444	HL7
IN2.7.12 - Effective Date	26	TS	O	-		
IN2.7.13 - Expiration Date	26	TS	O	-		
IN2.7.14 - Professional Suffix	199	ST	O	-		

IN2.8 - Medicaid Case Number

This field contains the Medicaid case number, defined by CMS or other regulatory agencies, which uniquely identifies a patient's Medicaid policy.

IN2.9 - Military Sponsor Name

This field is defined by CMS or other regulatory agencies. Multiple names for the same person may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.9.1 - Family Name	194	FN	O	-		
IN2.9.2 - Given Name	30	ST	O	-	FirstName	
IN2.9.3 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
IN2.9.4 - Suffix (e.g., Jr or III)	20	ST	O	-		
IN2.9.5 - Prefix (e.g., Dr)	20	ST	O	-		
IN2.9.6 - Degree (e.g., Md)	6	IS	B	-	0360	User
IN2.9.7 - Name Type Code	1	ID	O	-	0200	HL7
IN2.9.8 - Name Representation Code	1	ID	O	-	0465	HL7
IN2.9.9 - Name Context	483	CE	O	-	0448	User
IN2.9.10 - Name Validity Range	53	DR	B	-		
IN2.9.11 - Name Assembly Order	1	ID	O	-	0444	HL7

IN2.9.12 - Effective Date	26	TS	O	-		
IN2.9.13 - Expiration Date	26	TS	O	-		
IN2.9.14 - Professional Suffix	199	ST	O	-		

IN2.10 - Military ID Number

This field contains the military ID number, defined by CMS or other regulatory agencies, which uniquely identifies a patient's military policy.

IN2.11 - Dependent of Military Recipient

This field is defined by CMS or other regulatory agencies. Refer to User-defined Table 0342 - Military Recipient for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.11.1 - Identifier	20	ST	O	-		
IN2.11.2 - Text	199	ST	O	-		
IN2.11.3 - Name of Coding System	20	ID	O	-	0396	HL7
IN2.11.4 - Alternate Identifier	20	ST	O	-		
IN2.11.5 - Alternate Text	199	ST	O	-		
IN2.11.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

IN2.12 - Military Organization

This field is defined by CMS or other regulatory agencies.

IN2.13 - Military Station

This field is defined by CMS or other regulatory agencies.

IN2.14 - Military Service

This field is defined by CMS or other regulatory agencies and refers to the military branch of service. Refer to User-defined Table 0140 - Military Service for suggested values. The UB codes listed may not represent a complete list; refer to a UB specification for additional information.

IN2.15 - Military Rank/Grade

This user-defined field identifies the military rank/grade of the insured. Refer to User-defined Table 0141 - Military Rank/Grade for suggested values.

IN2.16 - Military Status

This field is defined by CMS or other regulatory agencies. Refer to User-defined Table 0142 - Military Status for suggested values. The UB codes listed may not represent a complete list; refer to a UB specification for additional information.

IN2.17 - Military Retire Date

This field is defined by CMS or other regulatory agencies.

IN2.18 - Military Non-Avail Cert on File

Refer to HL7 table 0136 - Yes/no Indicator for valid values.

IN2.19 - Baby Coverage

Refer to HL7 table 0136 - Yes/no Indicator for valid values.

IN2.20 - Combine Baby Bill

Refer to HL7 table 0136 - Yes/no Indicator for valid values.

IN2.21 - Blood Deductible

Use this field instead of UB1-2 - Blood Deductible, as the blood deductible can be associated with the specific insurance plan via this field.

IN2.22 - Special Coverage Approval Name

This field contains the name of the individual who approves any special coverage. Multiple names for the same person may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.22.1 - Family Name	194	FN	O	-		
IN2.22.2 - Given Name	30	ST	O	-	FirstName	
IN2.22.3 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
IN2.22.4 - Suffix (e.g., Jr or III)	20	ST	O	-		
IN2.22.5 - Prefix (e.g., Dr)	20	ST	O	-		
IN2.22.6 - Degree (e.g., Md)	6	IS	B	-	0360	User
IN2.22.7 - Name Type Code	1	ID	O	-	0200	HL7
IN2.22.8 - Name Representation Code	1	ID	O	-	0465	HL7
IN2.22.9 - Name Context	483	CE	O	-	0448	User

IN2.22.10 - Name Validity Range	53	DR	B	-		
IN2.22.11 - Name Assembly Order	1	ID	O	-	0444	HL7
IN2.22.12 - Effective Date	26	TS	O	-		
IN2.22.13 - Expiration Date	26	TS	O	-		
IN2.22.14 - Professional Suffix	199	ST	O	-		

IN2.23 - Special Coverage Approval Title

This field contains the title of the person who approves special coverage.

IN2.24 - Non-Covered Insurance Code

This field contains the code that describes why a service is not covered. Refer to User-defined Table 0143 - Non-covered Insurance Code for suggested values.

IN2.25 - Payor ID

In the US, this field is required for ENVOY Corporation (a US claims clearing house) processing, and it identifies the organization from which reimbursement is expected. This field can also be used to report the National Health Plan ID. The assigning authority and identifier type code are strongly recommended for all CX data types.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.25.1 - Id Number	15	ST	R	-		
IN2.25.2 - Check Digit	1	ST	O	-		
IN2.25.3 - Check Digit Scheme	3	ID	O	-	0061	User
IN2.25.4 - Assigning Authority	227	HD	O	-	0363	HL7
IN2.25.5 - Identifier Type Code	5	ID	O	-	0203	HL7
IN2.25.6 - Assigning Facility	227	HD	O	-		
IN2.25.7 - Effective Date	8	DT	O	-		
IN2.25.8 - Expiration Date	8	DT	O	-		
IN2.25.9 - Assigning Jurisdiction	705	CWE	O	-		
IN2.25.10 - Assigning Agency or Department	705	CWE	O	-		

IN2.26 - Payor Subscriber ID

In the US, this field is required for ENVOY Corporation processing, and it identifies the specific office within the insurance carrier that is designated as responsible for the claim. The assigning authority and identifier type code are strongly recommended for all CX data types.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.26.1 - Id Number	15	ST	R	-		
IN2.26.2 - Check Digit	1	ST	O	-		
IN2.26.3 - Check Digit Scheme	3	ID	O	-	0061	User
IN2.26.4 - Assigning Authority	227	HD	O	-	0363	HL7
IN2.26.5 - Identifier Type Code	5	ID	O	-	0203	HL7
IN2.26.6 - Assigning Facility	227	HD	O	-		
IN2.26.7 - Effective Date	8	DT	O	-		
IN2.26.8 - Expiration Date	8	DT	O	-		
IN2.26.9 - Assigning Jurisdiction	705	CWE	O	-		
IN2.26.10 - Assigning Agency or Department	705	CWE	O	-		

IN2.27 - Eligibility Source

In the US, this field is required for ENVOY Corporation processing, and it identifies the source of information about the insured's eligibility for benefits. Refer to User-defined Table 0144 - Eligibility Source for suggested values.

IN2.28 - Room Coverage Type/Amount

Use this field instead of IN1-40 - Room Rate - Semi-Private and IN1-41 - Room Rate - Private. This field contains room type (e.g., private, semi-private), amount type (e.g., limit, percentage) and amount covered by the insurance.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.28.1 - Room Type	20	IS	R	-	0145	User
IN2.28.2 - Amount Type	20	IS	O	-	0146	User
IN2.28.3 - Coverage Amount	16	NM	B	-		
IN2.28.4 - Money or Percentage	23	MOP	R	-		

IN2.29 - Policy Type/Amount

This field contains the policy type (e.g., ancillary, major medical) and amount (e.g., amount, percentage, limit) covered by the insurance. Use this field instead of IN1-38 - Policy Limit - Amount.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.29.1 - Policy Type	5	IS	R	-	0147	User
IN2.29.2 - Amount Class	9	IS	O	-	0193	User
IN2.29.3 - Money or Percentage Quantity	16	NM	B	-		
IN2.29.4 - Money or Percentage	23	MOP	R	-		

IN2.30 - Daily Deductible

This field contains the Number of Days after which the daily deductible begins, the amount of the deductible, and the Number of Days to apply the deductible.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.30.1 - Delay Days	3	NM	O	-		
IN2.30.2 - Monetary Amount	16	MO	R	-		
IN2.30.3 - Number of Days	4	NM	O	-		

IN2.31 - Living Dependency

This field identifies the specific living conditions for the insured. Refer to User-defined Table 0223 - Living Dependency for suggested values.

IN2.32 - Ambulatory Status

This field identifies the insured's state of mobility. Refer to User-defined Table 0009 - Ambulatory Status in Chapter 3 for suggested values.

IN2.33 - Citizenship

This field contains the code that identifies the insured's citizenship. HL7 recommends using ISO table 3166 as the suggested values in User-defined Table 0171 - Citizenship.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.33.1 - Identifier	20	ST	O	-		
IN2.33.2 - Text	199	ST	O	-		
IN2.33.3 - Name of Coding System	20	ID	O	-	0396	HL7
IN2.33.4 - Alternate Identifier	20	ST	O	-		
IN2.33.5 - Alternate Text	199	ST	O	-		
IN2.33.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

IN2.34 - Primary Language

This field identifies the insured's primary speaking language. HL7 recommends using ISO table 639 as the suggested values in User-defined Table 0296 - Primary Language.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.34.1 - Identifier	20	ST	O	-		
IN2.34.2 - Text	199	ST	O	-		
IN2.34.3 - Name of Coding System	20	ID	O	-	0396	HL7
IN2.34.4 - Alternate Identifier	20	ST	O	-		
IN2.34.5 - Alternate Text	199	ST	O	-		
IN2.34.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

IN2.35 - Living Arrangement

This field indicates the situation in which the insured person lives at his primary residence. Refer to User-defined Table 0220 - Living Arrangement for suggested values.

IN2.36 - Publicity Code

This field contains a user-defined code indicating what level of publicity is allowed (e.g., No Publicity, Family Only) for the insured. Refer to User-defined Table 0215 - Publicity Code for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.36.1 - Identifier	20	ST	O	-		
IN2.36.2 - Text	199	ST	O	-		

IN2.36.3 - Name of Coding System	20	ID	O	-	0396	HL7
IN2.36.4 - Alternate Identifier	20	ST	O	-		
IN2.36.5 - Alternate Text	199	ST	O	-		
IN2.36.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

IN2.37 - Protection Indicator

This field identifies the insured's protection, which determines whether or not access to information about this enrollee should be restricted from users who do not have adequate authority. Refer to HL7 table 0136 - Yes/no Indicator for valid values.

IN2.38 - Student Indicator

This field identifies whether the insured is currently a student or not, and whether the insured is a full-time or a part-time student. This field does not indicate the degree level (high school, college) of a student, or his/her field of study (accounting, engineering, etc.). Refer to User-defined Table 0231 - Student Status for suggested values.

IN2.39 – Religion

This field indicates the type of religion practiced by the insured. Refer to User-defined Table 0006 - Religion for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.39.1 - Identifier	20	ST	O	-		
IN2.39.2 - Text	199	ST	O	-		
IN2.39.3 - Name of Coding System	20	ID	O	-	0396	HL7
IN2.39.4 - Alternate Identifier	20	ST	O	-		
IN2.39.5 - Alternate Text	199	ST	O	-		
IN2.39.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

IN2.40 - Mother's Maiden Name

This field indicates the insured's mother's maiden name.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.40.1 - Family Name	194	FN	O	-		
IN2.40.2 - Given Name	30	ST	O	-	FirstName	
IN2.40.3 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
IN2.40.4 - Suffix (e.g., Jr or III)	20	ST	O	-		
IN2.40.5 - Prefix (e.g., Dr)	20	ST	O	-		
IN2.40.6 - Degree (e.g., Md)	6	IS	B	-	0360	User
IN2.40.7 - Name Type Code	1	ID	O	-	0200	HL7
IN2.40.8 - Name Representation Code	1	ID	O	-	0465	HL7
IN2.40.9 - Name Context	483	CE	O	-	0448	User
IN2.40.10 - Name Validity Range	53	DR	B	-		
IN2.40.11 - Name Assembly Order	1	ID	O	-	0444	HL7
IN2.40.12 - Effective Date	26	TS	O	-		
IN2.40.13 - Expiration Date	26	TS	O	-		
IN2.40.14 - Professional Suffix	199	ST	O	-		

IN2.41 – Nationality

This field contains a code that identifies the nation or national grouping to which the insured person belongs. This information may be different from a person's citizenship in countries in which multiple nationalities are recognized (for example, Spain: Basque, Catalan, etc.). HL7 recommends using ISO table 3166 as the suggested values in User-defined Table 0212 - Nationality.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.41.1 - Identifier	20	ST	O	-		
IN2.41.2 - Text	199	ST	O	-		
IN2.41.3 - Name of Coding System	20	ID	O	-	0396	HL7

IN2.41.4 - Alternate Identifier	20	ST	O	-		
IN2.41.5 - Alternate Text	199	ST	O	-		
IN2.41.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

IN2.42 - Ethnic Group

This field indicates the insured's ethnic group. Refer to User-defined Table 0189 - Ethnic Group for suggested values. The second triplet of the CE data type for ethnic group (alternate identifier, alternate text, and Name of Alternate Coding System) is reserved for governmentally assigned codes. In the US, a current use is to report ethnicity in line with US federal standards for Hispanic origin.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.42.1 - Identifier	20	ST	O	-		
IN2.42.2 - Text	199	ST	O	-		
IN2.42.3 - Name of Coding System	20	ID	O	-	0396	HL7
IN2.42.4 - Alternate Identifier	20	ST	O	-		
IN2.42.5 - Alternate Text	199	ST	O	-		
IN2.42.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

IN2.43 - Marital Status

This field contains the insured's marital status. Refer to User-defined Table 0002 - Marital Status for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.43.1 - Identifier	20	ST	O	-		
IN2.43.2 - Text	199	ST	O	-		
IN2.43.3 - Name of Coding System	20	ID	O	-	0396	HL7
IN2.43.4 - Alternate Identifier	20	ST	O	-		
IN2.43.5 - Alternate Text	199	ST	O	-		
IN2.43.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

IN2.44 - Insured's Employment Start Date

This field indicates the date on which the insured's employment with a particular employer began.

IN2.45 - Employment Stop Date

This field indicates the date on which the person's employment with a particular employer ended.

IN2.46 - Job Title

This field contains a descriptive name for the insured's occupation (for example, Sr. Systems Analyst, Sr. Accountant).

IN2.47 - Job Code/Class

This field indicates a code that identifies the insured's job code (for example, programmer, analyst, doctor, etc.).

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.47.1 - Job Code	20	IS	O	-	0327	User
IN2.47.2 - Job Class	20	IS	O	-	0328	User
IN2.47.3 - Job Description Text	250	TX	O	-		

IN2.48 - Job Status

This field indicates a code that identifies the insured's current job status. Refer to User-defined Table 0311 - Job Status for values.

IN2.49 - Employer Contact Person Name

This field contains the name of the contact person that should be contacted at the insured's place of employment. (Joe Smith is the insured. He works at GTE. Contact Sue Jones at GTE regarding Joe Smith's policy). Multiple names for the same person may be sent in this sequence. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.49.1 - Family Name	194	FN	O	-		
IN2.49.2 - Given Name	30	ST	O	-	FirstName	
IN2.49.3 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
IN2.49.4 - Suffix (e.g., Jr or III)	20	ST	O	-		

IN2.49.5 - Prefix (e.g., Dr)	20	ST	O	-		
IN2.49.6 - Degree (e.g., Md)	6	IS	B	-	0360	User
IN2.49.7 - Name Type Code	1	ID	O	-	0200	HL7
IN2.49.8 - Name Representation Code	1	ID	O	-	0465	HL7
IN2.49.9 - Name Context	483	CE	O	-	0448	User
IN2.49.10 - Name Validity Range	53	DR	B	-		
IN2.49.11 - Name Assembly Order	1	ID	O	-	0444	HL7
IN2.49.12 - Effective Date	26	TS	O	-		
IN2.49.13 - Expiration Date	26	TS	O	-		
IN2.49.14 - Professional Suffix	199	ST	O	-		

IN2.50 - Employer Contact Person Phone Number

This field contains the telephone number for Sue Jones who is the contact person at GTE (Joe Smiths place of employment). Joe Smith is the insured. Multiple phone numbers for the same contact person may be sent in this sequence, not multiple contacts. The primary telephone number is assumed to be in the first repetition. When no primary telephone number is sent, a repeat delimiter must be present for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.50.1 - Telephone Number	199	ST	B	-	PhoneNumber	
IN2.50.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7
IN2.50.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7
IN2.50.4 - Email Address	199	ST	O	-		
IN2.50.5 - Country Code	3	NM	O	-		
IN2.50.6 - Area/City Code	5	NM	O	-		
IN2.50.7 - Local Number	9	NM	O	-		
IN2.50.8 - Extension	5	NM	O	-		

IN2.50.9 - Any Text	199	ST	O	-		
IN2.50.10 - Extension Prefix	4	ST	O	-		
IN2.50.11 - Speed Dial Code	6	ST	O	-		
IN2.50.12 - Unformatted Telephone Number	199	ST	C	-		

IN2.51 - Employer Contact Reason

This field contains the reason(s) that Sue Jones should be contacted on behalf of Joe Smith, a GTE employer. Refer to User-defined Table 0222 - Contact Reason for suggested values.

IN2.52 - Insured's Contact Person's Name

This field contains the contact person for the insured.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.52.1 - Family Name	194	FN	O	-		
IN2.52.2 - Given Name	30	ST	O	-	FirstName	
IN2.52.3 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
IN2.52.4 - Suffix (e.g., Jr or III)	20	ST	O	-		
IN2.52.5 - Prefix (e.g., Dr)	20	ST	O	-		
IN2.52.6 - Degree (e.g., Md)	6	IS	B	-	0360	User
IN2.52.7 - Name Type Code	1	ID	O	-	0200	HL7
IN2.52.8 - Name Representation Code	1	ID	O	-	0465	HL7
IN2.52.9 - Name Context	483	CE	O	-	0448	User
IN2.52.10 - Name Validity Range	53	DR	B	-		
IN2.52.11 - Name Assembly Order	1	ID	O	-	0444	HL7
IN2.52.12 - Effective Date	26	TS	O	-		
IN2.52.13 - Expiration Date	26	TS	O	-		
IN2.52.14 - Professional Suffix	199	ST	O	-		

IN2.53 - Insured's Contact Person Phone Number

This field contains the telephone number for the contact person for the insured. Multiple phone numbers for the same person may be sent in this contact, not multiple contacts. The primary telephone number is assumed to be in the first repetition. When the primary telephone number is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.53.1 - Telephone Number	199	ST	B	-	PhoneNumber	
IN2.53.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7
IN2.53.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7
IN2.53.4 - Email Address	199	ST	O	-		
IN2.53.5 - Country Code	3	NM	O	-		
IN2.53.6 - Area/City Code	5	NM	O	-		
IN2.53.7 - Local Number	9	NM	O	-		
IN2.53.8 - Extension	5	NM	O	-		
IN2.53.9 - Any Text	199	ST	O	-		
IN2.53.10 - Extension Prefix	4	ST	O	-		
IN2.53.11 - Speed Dial Code	6	ST	O	-		
IN2.53.12 - Unformatted Telephone Number	199	ST	C	-		

IN2.54 - Insured's Contact Person Reason

This field contains the reason(s) the person should be contacted regarding the insured. Refer to User-defined Table 0222 - Contact Reason for suggested values.

IN2.55 - Relationship to the Patient Start Date

This field indicates the date on which the insured's patient relationship (defined in IN1-17 - Insured's Relationship to Patient) became effective (began).

IN2.56 - Relationship to the Patient Stop Date

This field indicates the date after which the relationship (defined in IN1-17 - Insured's Relationship to Patient) is no longer effective.

IN2.57 - Insurance Co. Contact Reason

This field contains a user-defined code that specifies how the contact should be used. Refer to User-defined Table 0232 - Insurance Company Contact Reason for suggested values.

IN2.58 - Insurance Co Contact Phone Number

This field contains the telephone number of the person who should be contacted at the insurance company for questions regarding an insurance policy/claim, etc. Multiple phone numbers for the insurance company may be sent in this sequence. The primary telephone number is assumed to be in the first repetition. When the primary telephone number is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.58.1 - Telephone Number	199	ST	B	-	PhoneNumber	
IN2.58.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7
IN2.58.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7
IN2.58.4 - Email Address	199	ST	O	-		
IN2.58.5 - Country Code	3	NM	O	-		
IN2.58.6 - Area/City Code	5	NM	O	-		
IN2.58.7 - Local Number	9	NM	O	-		
IN2.58.8 - Extension	5	NM	O	-		
IN2.58.9 - Any Text	199	ST	O	-		
IN2.58.10 - Extension Prefix	4	ST	O	-		
IN2.58.11 - Speed Dial Code	6	ST	O	-		
IN2.58.12 - Unformatted Telephone Number	199	ST	C	-		

IN2.59 - Policy Scope

This field contains a user-defined code designating the extent of the coverage for a participating member (e.g., single, family, etc. Refer to User-defined Table 0312 - Policy Scope for suggested values.

IN2.60 - Policy Source

This user-defined field identifies how the policy information got established. Refer to User-defined Table 0313 - Policy source for suggested values.

IN2.61 - Patient Member Number

This field contains an identifying number assigned by the payor for each individual covered by the insurance policy issued to the insured. For example, each individual family member may have a different member number from the insurance policy number issued to the head of household. The assigning authority and identifier type code are strongly recommended for all CX data types.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.61.1 - Id Number	15	ST	R	-		
IN2.61.2 - Check Digit	1	ST	O	-		
IN2.61.3 - Check Digit Scheme	3	ID	O	-	0061	HL7
IN2.61.4 - Assigning Authority	227	HD	O	-	0363	HL7
IN2.61.5 - Identifier Type Code	5	ID	O	-	0203	HL7
IN2.61.6 - Assigning Facility	227	HD	O	-		
IN2.61.7 - Effective Date	8	DT	O	-		
IN2.61.8 - Expiration Date	8	DT	O	-		
IN2.61.9 - Assigning Jurisdiction	705	CWE	O	-		
IN2.61.10 - Assigning Agency or Department	705	CWE	O	-		

IN2.62 - Guarantor's Relationship to Insured

This field specifies the relationship of the guarantor to the insurance subscriber. Refer to User-defined Table 0063 - Relationship for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.62.1 - Identifier	20	ST	O	-		
IN2.62.2 - Text	199	ST	O	-		
IN2.62.3 - Name of Coding System	20	ID	O	-	0396	HL7
IN2.62.4 - Alternate Identifier	20	ST	O	-		
IN2.62.5 - Alternate Text	199	ST	O	-		

IN2.62.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
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IN2.63 - Insured's Phone Number – Home

The value of this field represents the insured's telephone number. Multiple phone numbers may be sent in this sequence. The primary telephone number is assumed to be in the first repetition (PRN - Primary, PH - Telephone). When the primary telephone number is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.63.1 - Telephone Number	199	ST	B	-	PhoneNumber	
IN2.63.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7
IN2.63.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7
IN2.63.4 - Email Address	199	ST	O	-		
IN2.63.5 - Country Code	3	NM	O	-		
IN2.63.6 - Area/City Code	5	NM	O	-		
IN2.63.7 - Local Number	9	NM	O	-		
IN2.63.8 - Extension	5	NM	O	-		
IN2.63.9 - Any Text	199	ST	O	-		
IN2.63.10 - Extension Prefix	4	ST	O	-		
IN2.63.11 - Speed Dial Code	6	ST	O	-		
IN2.63.12 - Unformatted Telephone Number	199	ST	C	-		

IN2.64 - Insured's Employer Phone Number

The value of this field represents the insured's employers telephone number. Multiple phone numbers may be sent in this sequence. The primary telephone number is assumed to be in the first repetition. When the primary telephone number is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.64.1 - Telephone Number	199	ST	B	-	PhoneNumber	
IN2.64.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7
IN2.64.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7
IN2.64.4 - Email Address	199	ST	O	-		
IN2.64.5 - Country Code	3	NM	O	-		
IN2.64.6 - Area/City Code	5	NM	O	-		
IN2.64.7 - Local Number	9	NM	O	-		
IN2.64.8 - Extension	5	NM	O	-		
IN2.64.9 - Any Text	199	ST	O	-		
IN2.64.10 - Extension Prefix	4	ST	O	-		
IN2.64.11 - Speed Dial Code	6	ST	O	-		
IN2.64.12 - Unformatted Telephone Number	199	ST	C	-		

IN2.65 - Military Handicapped Program

This field indicates the military program for people with disabilities in which the patient is enrolled. Refer to User-defined Table 0343 - Military Handicapped Program Code for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.65.1 - Identifier	20	ST	O	-		
IN2.65.2 - Text	199	ST	O	-		
IN2.65.3 - Name of Coding System	20	ID	O	-	0396	HL7
IN2.65.4 - Alternate Identifier	20	ST	O	-		
IN2.65.5 - Alternate Text	199	ST	O	-		
IN2.65.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

IN2.66 - Suspend Flag

This field indicates whether charges should be suspended for a patient. Refer to HL7 table 0136 - Yes/no Indicator for valid values.

IN2.67 - Copay Limit Flag

This field indicates if the patient has reached the co-pay limit so that no more co-pay charges should be calculated for the patient. Refer to HL7 table 0136 - Yes/no Indicator for valid values.

IN2.68 - Stoploss Limit Flag

This field indicates if the patient has reached the stoploss limit established in the Contract Master. Refer to HL7 table 0136 - Yes/no Indicator for valid values.

IN2.69 - Insured Organization Name and ID

This field indicates the name of the insured if the insured/subscriber is an organization. Multiple names for the insured may be sent in this sequence, not multiple insured people. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.69.1 - Organization Name	50	ST	O	-		
IN2.69.2 - Organization Name Type Code	20	IS	O	-	0204	User
IN2.69.3 - Id Number	4	NM	B	-		
IN2.69.4 - Check Digit	1	NM	O	-		
IN2.69.5 - Check Digit Scheme	3	ID	O	-	0061	HL7
IN2.69.6 - Assigning Authority	227	HD	O	-	0363	HL7
IN2.69.7 - Identifier Type Code	5	ID	O	-	0203	HL7
IN2.69.8 - Assigning Facility	227	HD	O	-		
IN2.69.9 - Name Representation Code	1	ID	O	-	0465	HL7
IN2.69.10 - Organization Identifier	20	ST	O	-		

IN2.70 - Insured Employer Organization Name and ID

This field indicates the name of the insured's employer, or the organization that purchased the insurance for the insured, if the employer is an organization. Multiple

names and identifiers for the same organization may be sent in this field, not multiple organizations. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.70.1 - Organization Name	50	ST	O	-		
IN2.70.2 - Organization Name Type Code	20	IS	O	-	0204	User
IN2.70.3 - Id Number	4	NM	B	-		
IN2.70.4 - Check Digit	1	NM	O	-		
IN2.70.5 - Check Digit Scheme	3	ID	O	-	0061	HL7
IN2.70.6 - Assigning Authority	227	HD	O	-	0363	HL7
IN2.70.7 - Identifier Type Code	5	ID	O	-	0203	HL7
IN2.70.8 - Assigning Facility	227	HD	O	-		
IN2.70.9 - Name Representation Code	1	ID	O	-	0465	HL7
IN2.70.10 - Organization Identifier	20	ST	O	-		

IN2.71 – Race

Refer to User-defined Table 0005 - Race for suggested values. The second triplet of the CE data type for race (alternate identifier, alternate text, and Name of Alternate Coding System) is reserved for governmentally assigned codes.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.71.1 - Identifier	20	ST	O	-		
IN2.71.2 - Text	199	ST	O	-		
IN2.71.3 - Name of Coding System	20	ID	O	-	0396	HL7
IN2.71.4 - Alternate Identifier	20	ST	O	-		
IN2.71.5 - Alternate Text	199	ST	O	-		
IN2.71.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

IN2.72 - CMS Patient's Relationship to Insured

This field indicates the relationship of the patient to the insured, as defined by CMS or other regulatory agencies. Refer to User-defined Table 0344 - Patient's Relationship to Insured for suggested values. The UB codes listed may not represent a complete list; refer to a UB specification for additional information.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN2.72.1 - Identifier	20	ST	O	-		
IN2.72.2 - Text	199	ST	O	-		
IN2.72.3 - Name of Coding System	20	ID	O	-	0396	HL7
IN2.72.4 - Alternate Identifier	20	ST	O	-		
IN2.72.5 - Alternate Text	199	ST	O	-		
IN2.72.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

IN3 (Insurance Additional Information, Certification) Fields

The IN3 segment contains additional insurance information for certifying the need for patient care. Fields used by this segment are defined by CMS, or other regulatory agencies.

IN3.1 - Set ID - IN3

IN3-1 - Set ID - IN3 contains the number that identifies this transaction. For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc. The set ID in the IN3 segment is used when there are multiple certifications for the insurance plan identified in IN1-2.

IN3.2 - Certification Number

This field contains the number assigned by the certification agency. The assigning authority and identifier type code are strongly recommended for all CX data types.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN3.2.1 - Id Number	15	ST	R	-		
IN3.2.2 - Check Digit	1	ST	O	-		
IN3.2.3 - Check Digit Scheme	3	ID	O	-	0061	HL7
IN3.2.4 - Assigning Authority	227	HD	O	-	0363	HL7
IN3.2.5 - Identifier Type Code	5	ID	O	-	0203	HL7

IN3.2.6 - Assigning Facility	227	HD	O	-		
IN3.2.7 - Effective Date	8	DT	O	-		
IN3.2.8 - Expiration Date	8	DT	O	-		
IN3.2.9 - Assigning Jurisdiction	705	CWE	O	-		
IN3.2.10 - Assigning Agency or Department	705	CWE	O	-		

IN3.3 - Certified By

This field contains the party that approved the certification. Multiple names and identifiers for the same person may be sent in this sequence. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN3.3.1 - Id Number	15	ST	O	-		
IN3.3.2 - Family Name	194	FN	O	-		
IN3.3.3 - Given Name	30	ST	O	-	FirstName	
IN3.3.4 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
IN3.3.5 - Suffix (e.g., Jr or III)	20	ST	O	-		
IN3.3.6 - Prefix (e.g., Dr)	20	ST	O	-		
IN3.3.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
IN3.3.8 - Source Table	4	IS	C	-	0297	User
IN3.3.9 - Assigning Authority	227	HD	O	-	0363	User
IN3.3.10 - Name Type Code	1	ID	O	-	0200	HL7
IN3.3.11 - Identifier Check Digit	1	ST	O	-		
IN3.3.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
IN3.3.13 - Identifier Type Code	5	ID	O	-	0203	HL7
IN3.3.14 - Assigning Facility	227	HD	O	-		

IN3.3.15 - Name Representation Code	1	ID	O	-	0465	HL7
IN3.3.16 - Name Context	483	CE	O	-	0448	User
IN3.3.17 - Name Validity Range	53	DR	B	-		
IN3.3.18 - Name Assembly Order	1	ID	O	-	0444	HL7
IN3.3.19 - Effective Date	26	TS	O	-		
IN3.3.20 - Expiration Date	26	TS	O	-		
IN3.3.21 - Professional Suffix	199	ST	O	-		
IN3.3.22 - Assigning Jurisdiction	705	CWE	O	-		
IN3.3.23 - Assigning Agency or Department	705	CWE	O	-		

IN3.4 - Certification Required

This field indicates whether certification is required. Refer to HL7 table 0136 - Yes/no Indicator for valid values.

IN3.5 – Penalty

This field contains the penalty, in dollars or a percentage that will be assessed if the pre-certification is not performed.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN3.5.1 - Money or Percentage Indicator	2	ID	R	-	0148	HL7
IN3.5.2 - Money or Percentage Quantity	16	NM	R	-		
IN3.5.3 - Currency Denomination	3	ID	O	-	ISO4217	Local

IN3.6 - Certification Date/Time

This field contains the date and time stamp that indicates when insurance was certified to exist for the patient.

IN3.7 - Certification Modify Date/Time

This field contains the date/time that the certification was modified.

IN3.8 – Operator

This field contains the name party who is responsible for sending this certification information. Multiple names for the same person may be sent in this sequence. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN3.8.1 - Id Number	15	ST	O	-		
IN3.8.2 - Family Name	194	FN	O	-		
IN3.8.3 - Given Name	30	ST	O	-	FirstName	
IN3.8.4 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
IN3.8.5 - Suffix (e.g., Jr or III)	20	ST	O	-		
IN3.8.6 - Prefix (e.g., Dr)	20	ST	O	-		
IN3.8.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
IN3.8.8 - Source Table	4	IS	C	-	0297	User
IN3.8.9 - Assigning Authority	227	HD	O	-	0363	User
IN3.8.10 - Name Type Code	1	ID	O	-	0200	HL7
IN3.8.11 - Identifier Check Digit	1	ST	O	-		
IN3.8.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
IN3.8.13 - Identifier Type Code	5	ID	O	-	0203	HL7
IN3.8.14 - Assigning Facility	227	HD	O	-		
IN3.8.15 - Name Representation Code	1	ID	O	-	0465	HL7
IN3.8.16 - Name Context	483	CE	O	-	0448	User
IN3.8.17 - Name Validity Range	53	DR	B	-		
IN3.8.18 - Name Assembly Order	1	ID	O	-	0444	HL7
IN3.8.19 - Effective Date	26	TS	O	-		
IN3.8.20 - Expiration Date	26	TS	O	-		

IN3.8.21 - Professional Suffix	199	ST	O	-		
IN3.8.22 - Assigning Jurisdiction	705	CWE	O	-		
IN3.8.23 - Assigning Agency or Department	705	CWE	O	-		

IN3.9 - Certification Begin Date

This field contains the date that this certification begins.

IN3.10 - Certification End Date

This field contains the date that this certification ends.

IN3.11 – Days

This field contains the Number of Days for which this certification is valid. This field applies to denied, pending, or approved days.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN3.11.1 - Day Type	2	IS	R	-	0149	User
IN3.11.2 - Number of Days	3	NM	R	-		

IN3.12 - Non-Concur Code/Description

This field contains the non-concur code and description for a denied request. Refer to User-defined Table 0233 - Non-Concur Code/Description for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN3.12.1 - Identifier	20	ST	O	-		
IN3.12.2 - Text	199	ST	O	-		
IN3.12.3 - Name of Coding System	20	ID	O	-	0396	HL7
IN3.12.4 - Alternate Identifier	20	ST	O	-		
IN3.12.5 - Alternate Text	199	ST	O	-		
IN3.12.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

IN3.13 - Non-Concur Effective Date/Time

This field contains the effective date of the non-concurrence classification.

IN3.14 - Physician Reviewer

This field contains the physician who works with and reviews cases that are pending physician review for the certification agency. Multiple names for the same person may be sent in this sequence. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. Refer to User-defined Table 0010 - Physician ID for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN3.14.1 - Id Number	15	ST	O	-		
IN3.14.2 - Family Name	194	FN	O	-		
IN3.14.3 - Given Name	30	ST	O	-	FirstName	
IN3.14.4 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
IN3.14.5 - Suffix (e.g., Jr or III)	20	ST	O	-		
IN3.14.6 - Prefix (e.g., Dr)	20	ST	O	-		
IN3.14.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
IN3.14.8 - Source Table	4	IS	C	-	0297	User
IN3.14.9 - Assigning Authority	227	HD	O	-	0363	User
IN3.14.10 - Name Type Code	1	ID	O	-	0200	HL7
IN3.14.11 - Identifier Check Digit	1	ST	O	-		
IN3.14.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
IN3.14.13 - Identifier Type Code	5	ID	O	-	0203	HL7
IN3.14.14 - Assigning Facility	227	HD	O	-		
IN3.14.15 - Name Representation Code	1	ID	O	-	0465	HL7
IN3.14.16 - Name Context	483	CE	O	-	0448	User
IN3.14.17 - Name Validity Range	53	DR	B	-		
IN3.14.18 - Name Assembly Order	1	ID	O	-	0444	HL7
IN3.14.19 - Effective Date	26	TS	O	-		
IN3.14.20 - Expiration Date	26	TS	O	-		

IN3.14.21 - Professional Suffix	199	ST	O	-		
IN3.14.22 - Assigning Jurisdiction	705	CWE	O	-		
IN3.14.23 - Assigning Agency or Department	705	CWE	O	-		

IN3.15 - Certification Contact

This field contains the name of the party contacted at the certification agency who granted the certification and communicated the certification number.

IN3.16 - Certification Contact Phone Number

This field contains the phone number of the certification contact. Multiple phone numbers for the same certification contact may be sent in this sequence. The primary phone number is assumed to be in the first repetition. When the primary telephone number is not sent, a repeat delimiter must be sent first for the first repetition.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN3.16.1 - Telephone Number	199	ST	B	-	PhoneNumber	
IN3.16.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7
IN3.16.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7
IN3.16.4 - Email Address	199	ST	O	-		
IN3.16.5 - Country Code	3	NM	O	-		
IN3.16.6 - Area/City Code	5	NM	O	-		
IN3.16.7 - Local Number	9	NM	O	-		
IN3.16.8 - Extension	5	NM	O	-		
IN3.16.9 - Any Text	199	ST	O	-		
IN3.16.10 - Extension Prefix	4	ST	O	-		
IN3.16.11 - Speed Dial Code	6	ST	O	-		
IN3.16.12 - Unformatted Telephone Number	199	ST	C	-		

IN3.17 - Appeal Reason

This field contains the reason that an appeal was made on a non-concur for certification. Refer to User-defined Table 0345 - Appeal Reason for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN3.17.1 - Identifier	20	ST	O	-		
IN3.17.2 - Text	199	ST	O	-		
IN3.17.3 - Name of Coding System	20	ID	O	-	0396	HL7
IN3.17.4 - Alternate Identifier	20	ST	O	-		
IN3.17.5 - Alternate Text	199	ST	O	-		
IN3.17.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

IN3.18 - Certification Agency

This field contains the certification agency. Refer to User-defined Table 0346 - Certification Agency for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN3.18.1 - Identifier	20	ST	O	-		
IN3.18.2 - Text	199	ST	O	-		
IN3.18.3 - Name of Coding System	20	ID	O	-	0396	HL7
IN3.18.4 - Alternate Identifier	20	ST	O	-		
IN3.18.5 - Alternate Text	199	ST	O	-		
IN3.18.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

IN3.19 - Certification Agency Phone Number

This field contains the phone number of the certification agency.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN3.19.1 - Telephone Number	199	ST	B	-	PhoneNumber	
IN3.19.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7

IN3.19.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7
IN3.19.4 - Email Address	199	ST	O	-		
IN3.19.5 - Country Code	3	NM	O	-		
IN3.19.6 - Area/City Code	5	NM	O	-		
IN3.19.7 - Local Number	9	NM	O	-		
IN3.19.8 - Extension	5	NM	O	-		
IN3.19.9 - Any Text	199	ST	O	-		
IN3.19.10 - Extension Prefix	4	ST	O	-		
IN3.19.11 - Speed Dial Code	6	ST	O	-		
IN3.19.12 - Unformatted Telephone Number	199	ST	C	-		

IN3.20 - Pre-Certification Requirement

This field indicates whether pre-certification is required for particular patient types, and the time window for obtaining the certification.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN3.20.1 - Certification Patient Type	11	IS	O	-	0150	User
IN3.20.2 - Certification Required	1	ID	R	-	0136	HL7
IN3.20.3 - Date/Time Certification Required	26	TS	O	-		

IN3.21 - Case Manager

This field contains the name of the entity, which is handling this particular patient's case (e.g., UR nurse, or a specific healthcare facility location).

IN3.22 - Second Opinion Date

This field contains the date that the second opinion was obtained.

IN3.23 - Second Opinion Status

This field contains the code that represents the status of the second opinion. Refer to User-defined Table 0151 - Second Opinion Status for suggested values.

IN3.24 - Second Opinion Documentation Received

Use this field if accompanying documentation has been received by the provider. Refer to User-defined Table 0152 - Second Opinion Documentation Received for suggested values.

IN3.25 - Second Opinion Physician

This field contains an identifier and name of the physician who provided the second opinion. Multiple names and identifiers for the same person may be sent in this sequence. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. Refer to User-defined Table 0010 - Physician ID for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
IN3.25.1 - Id Number	15	ST	O	-		
IN3.25.2 - Family Name	194	FN	O	-		
IN3.25.3 - Given Name	30	ST	O	-	FirstName	
IN3.25.4 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
IN3.25.5 - Suffix (e.g., Jr or III)	20	ST	O	-		
IN3.25.6 - Prefix (e.g., Dr)	20	ST	O	-		
IN3.25.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
IN3.25.8 - Source Table	4	IS	C	-	0297	User
IN3.25.9 - Assigning Authority	227	HD	O	-	0363	User
IN3.25.10 - Name Type Code	1	ID	O	-	0200	HL7
IN3.25.11 - Identifier Check Digit	1	ST	O	-		
IN3.25.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
IN3.25.13 - Identifier Type Code	5	ID	O	-	0203	HL7
IN3.25.14 - Assigning Facility	227	HD	O	-		
IN3.25.15 - Name Representation Code	1	ID	O	-	0465	HL7
IN3.25.16 - Name Context	483	CE	O	-	0448	User
IN3.25.17 - Name Validity Range	53	DR	B	-		

IN3.25.18 - Name Assembly Order	1	ID	O	-	0444	HL7
IN3.25.19 - Effective Date	26	TS	O	-		
IN3.25.20 - Expiration Date	26	TS	O	-		
IN3.25.21 - Professional Suffix	199	ST	O	-		
IN3.25.22 - Assigning Jurisdiction	705	CWE	O	-		
IN3.25.23 - Assigning Agency or Department	705	CWE	O	-		

ORC (Common Order)

The Common Order segment (ORC) is used to transmit fields that are common to all orders (all types of services that are requested). The ORC segment is required in the Order (ORM) message. ORC is mandatory in Order Acknowledgment (ORR) messages if an order detail segment is present but is not required otherwise.

If details are needed for a particular type of order segment (e.g., Pharmacy, Dietary), the ORC must precede any order detail segment (e.g., RXO, ODS). In some cases, the ORC may be as simple as the string ORC|OK|<placer order number>|<filler order number>|<cr>.

If details are not needed for the order, the order detail segment may be omitted. For example, to place an order on hold, one would transmit an ORC with the following fields completed: ORC-1-order control with a value of HD, ORC-2-placer order number, and ORC-3-filler order number.

ORC.1 - Order Control

Determines the function of the order segment. The value for VXU shall be RE.

ORC.2 - Placer Order Number

The placer order number is used to uniquely identify this order among all orders sent by a provider organization.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.2.1 - Entity Identifier	199	ST	O	-		
ORC.2.2 - Namespace Id	20	IS	O	-	0363	HL7
ORC.2.3 - Universal Id	199	ST	C	-		
ORC.2.4 - Universal Id Type	6	ID	C	-	0301	HL7

ORC.3 - Filler Order Number

The filler order number is used to uniquely identify this order among all orders sent by a provider organization that filled the order.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.3.1 - Entity Identifier	199	ST	O	-		
ORC.3.2 - Namespace Id	20	IS	O	-	0363	HL7
ORC.3.3 - Universal Id	199	ST	C	-		
ORC.3.4 - Universal Id Type	6	ID	C	-	0301	HL7

ORC.4 - Placer Group Number

This field allows an order placing application to group sets of orders together and subsequently identify them. It is a case of an Entity Identifier data type (2.A.28).

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.4.1 - Entity Identifier	199	ST	O	-		
ORC.4.2 - Namespace Id	20	IS	O	-	0363	HL7
ORC.4.3 - Universal Id	199	ST	C	-		
ORC.4.4 - Universal Id Type	6	ID	C	-	0301	HL7

ORC.5 - Order Status

This field specifies the status of an order. Refer to HL7 Table 0038 - Order status for valid entries. The purpose of this field is to report the status of an order either upon request (solicited), or when the status changes (unsolicited). It does not initiate action. It is assumed that the order status always reflects the status as it is known to the sending application at the time that the message is sent. Only the filler can originate the value of this field.

ORC.6 - Response Flag

This field allows the placer (sending) application to determine the amount of information to be returned from the filler. Sometimes the requested level of response may not be possible immediately, but when it is possible, the filler (receiving) application must send the information. When the field is null, D is the default value of the field. Refer to HL7 Table 0121 - Response flag for valid entries.

ORC.7 - Quantity/Timing

This field is retained for backward compatibility only. The reader is referred to the TQ1 and TQ2 segments.

This field determines the priority, quantity, frequency, and timing of an atomic service.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.7.1 - Quantity	267	CQ	O	-		
ORC.7.2 - Interval	206	RI	O	-		
ORC.7.3 - Duration	6	ST	O	-		
ORC.7.4 - Start Date/Time	26	TS	O	-		
ORC.7.5 - End Date/Time	26	TS	O	-		
ORC.7.6 - Priority	6	ST	O	-		
ORC.7.7 - Condition	199	ST	O	-		
ORC.7.8 - Text	200	TX	O	-		
ORC.7.9 - Conjunction	1	ID	O	-	0472	HL7
ORC.7.10 - Order Sequencing	110	OSD	O	-		
ORC.7.11 - Occurrence Duration	483	CE	O	-		
ORC.7.12 - Total Occurrences	4	NM	O	-		

ORC.8 - Parent Order

This field relates a child to its parent when a parent-child relationship exists. The parent-child mechanism is described under ORC-1-order control notes.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.8.1 - Placer Assigned Identifier	427	EI	O	-		
ORC.8.2 - Filler Assigned Identifier	427	EI	O	-		

ORC.9 - Date/Time of Transaction

This field contains the date and time of the event that initiated the current transaction as reflected in ORC-1 Order Control Code. This field is not equivalent to MSH-7 Date and Time of Message which reflects the date/time of the physical message.

ORC.10 - Entered By

This identifies the individual that entered this particular order. It may be used in conjunction with an RXA to indicate who recorded a particular immunization.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.10.1 - Id Number	15	ST	O	-		
ORC.10.2 - Family Name	194	FN	O	-		
ORC.10.3 - Given Name	30	ST	O	-	FirstName	
ORC.10.4 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
ORC.10.5 - Suffix (e.g., Jr or Iii)	20	ST	O	-		
ORC.10.6 - Prefix (e.g., Dr)	20	ST	O	-		
ORC.10.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
ORC.10.8 - Source Table	4	IS	C	-	0297	User
ORC.10.9 - Assigning Authority	227	HD	O	-	0363	User
ORC.10.10 - Name Type Code	1	ID	O	-	0200	HL7
ORC.10.11 - Identifier Check Digit	1	ST	O	-		
ORC.10.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
ORC.10.13 - Identifier Type Code	5	ID	O	-	0203	HL7
ORC.10.14 - Assigning Facility	227	HD	O	-		
ORC.10.15 - Name Representation Code	1	ID	O	-	0465	HL7
ORC.10.16 - Name Context	483	CE	O	-	0448	User
ORC.10.17 - Name Validity Range	53	DR	B	-		
ORC.10.18 - Name Assembly Order	1	ID	O	-	0444	HL7
ORC.10.19 - Effective Date	26	TS	O	-		
ORC.10.20 - Expiration Date	26	TS	O	-		

ORC.10.21 - Professional Suffix	199	ST	O	-		
ORC.10.22 - Assigning Jurisdiction	705	CWE	O	-		
ORC.10.23 - Assigning Agency or Department	705	CWE	O	-		

ORC.11 - Verified By

This field contains the identity of the person who verified the accuracy of the entered request. Note that this refers to the current transaction as reflected in ORC-1 Order Control Code . It is used in cases where the request is entered by a technician and needs to be verified by a higher authority (e.g., a nurse). By local agreement, either the ID number or name component may be omitted.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.11.1 - Id Number	15	ST	O	-		
ORC.11.2 - Family Name	194	FN	O	-		
ORC.11.3 - Given Name	30	ST	O	-	FirstName	
ORC.11.4 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
ORC.11.5 - Suffix (e.g., Jr or Iii)	20	ST	O	-		
ORC.11.6 - Prefix (e.g., Dr)	20	ST	O	-		
ORC.11.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
ORC.11.8 - Source Table	4	IS	C	-	0297	User
ORC.11.9 - Assigning Authority	227	HD	O	-	0363	User
ORC.11.10 - Name Type Code	1	ID	O	-	0200	HL7
ORC.11.11 - Identifier Check Digit	1	ST	O	-		
ORC.11.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
ORC.11.13 - Identifier Type Code	5	ID	O	-	0203	HL7
ORC.11.14 - Assigning Facility	227	HD	O	-		

ORC.11.15 - Name Representation Code	1	ID	O	-	0465	HL7
ORC.11.16 - Name Context	483	CE	O	-	0448	User
ORC.11.17 - Name Validity Range	53	DR	B	-		
ORC.11.18 - Name Assembly Order	1	ID	O	-	0444	HL7
ORC.11.19 - Effective Date	26	TS	O	-		
ORC.11.20 - Expiration Date	26	TS	O	-		
ORC.11.21 - Professional Suffix	199	ST	O	-		
ORC.11.22 - Assigning Jurisdiction	705	CWE	O	-		
ORC.11.23 - Assigning Agency or Department	705	CWE	O	-		

ORC.12 - Ordering Provider

This field contains the identity of the person who is responsible for creating the request (i.e., ordering physician). In the case where this segment is associated with a historic immunization record and the ordering provider is not known, then this field should not be populated.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.12.1 - Id Number	15	ST	O	-		
ORC.12.2 - Family Name	194	FN	O	-		
ORC.12.3 - Given Name	30	ST	O	-	FirstName	
ORC.12.4 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
ORC.12.5 - Suffix (e.g., Jr or Iii)	20	ST	O	-		
ORC.12.6 - Prefix (e.g., Dr)	20	ST	O	-		
ORC.12.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
ORC.12.8 - Source Table	4	IS	C	-	0297	User
ORC.12.9 - Assigning Authority	227	HD	O	-	0363	User

ORC.12.10 - Name Type Code	1	ID	O	-	0200	HL7
ORC.12.11 - Identifier Check Digit	1	ST	O	-		
ORC.12.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
ORC.12.13 - Identifier Type Code	5	ID	O	-	0203	HL7
ORC.12.14 - Assigning Facility	227	HD	O	-		
ORC.12.15 - Name Representation Code	1	ID	O	-	0465	HL7
ORC.12.16 - Name Context	483	CE	O	-	0448	User
ORC.12.17 - Name Validity Range	53	DR	B	-		
ORC.12.18 - Name Assembly Order	1	ID	O	-	0444	HL7
ORC.12.19 - Effective Date	26	TS	O	-		
ORC.12.20 - Expiration Date	26	TS	O	-		
ORC.12.21 - Professional Suffix	199	ST	O	-		
ORC.12.22 - Assigning Jurisdiction	705	CWE	O	-		
ORC.12.23 - Assigning Agency or Department	705	CWE	O	-		

ORC.13 - Enterer's Location

This field 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. Note that this refers to the current transaction as reflected in ORC-1 Order Control Code. Only those subcomponents relevant to enterer's location should be valued (commonly nursing unit; facility; building; floor). The person who entered the request is defined in ORC-10-entered by.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.13.1 - Point of Care	20	IS	O	-	0302	User
ORC.13.2 - Room	20	IS	O	-	0303	User
ORC.13.3 - Bed	20	IS	O	-	0304	User
ORC.13.4 - Facility	227	HD	O	-		
ORC.13.5 - Location Status	20	IS	O	-	0306	User

ORC.13.6 - Person Location Type	20	IS	C	-	0305	User
ORC.13.7 - Building	20	IS	O	-	0307	User
ORC.13.8 - Floor	20	IS	O	-	0308	User
ORC.13.9 - Location Description	199	ST	O	-		
ORC.13.10 - Comprehensive Location Identifier	427	EI	O	-		
ORC.13.11 - Assigning Authority For Location	227	HD	O	-		

ORC.14 - Call Back Phone Number

This field contains the telephone number to call for clarification of a request or other information regarding the order.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.14.1 - Telephone Number	199	ST	B	-	PhoneNumber	
ORC.14.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7
ORC.14.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7
ORC.14.4 - Email Address	199	ST	O	-		
ORC.14.5 - Country Code	3	NM	O	-		
ORC.14.6 - Area/City Code	5	NM	O	-		
ORC.14.7 - Local Number	9	NM	O	-		
ORC.14.8 - Extension	5	NM	O	-		
ORC.14.9 - Any Text	199	ST	O	-		
ORC.14.10 - Extension Prefix	4	ST	O	-		
ORC.14.11 - Speed Dial Code	6	ST	O	-		
ORC.14.12 - Unformatted Telephone Number	199	ST	C	-		

ORC.15 - Order Effective Date/Time

This field contains the date/time that the changes to the request took effect or are supposed to take effect.

ORC.16 - Order Control Code Reason

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.16.1 - Identifier	20	ST	O	-		
ORC.16.2 - Text	199	ST	O	-		
ORC.16.3 - Name of Coding System	20	ID	O	-	0396	HL7
ORC.16.4 - Alternate Identifier	20	ST	O	-		
ORC.16.5 - Alternate Text	199	ST	O	-		
ORC.16.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

ORC.17 - Entering Organization

This field identifies the organization that the enterer belonged to at the time he/she enters/maintains the order, such as medical group or department. The person who entered the request is defined in ORC-10 (entered by).

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.17.1 - Identifier	20	ST	O	-		
ORC.17.2 - Text	199	ST	O	-		
ORC.17.3 - Name of Coding System	20	ID	O	-	0396	HL7
ORC.17.4 - Alternate Identifier	20	ST	O	-		
ORC.17.5 - Alternate Text	199	ST	O	-		
ORC.17.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

ORC.18 - Entering Device

This field identifies the physical device (terminal, PC) used to enter the order.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.18.1 - Identifier	20	ST	O	-		
ORC.18.2 - Text	199	ST	O	-		
ORC.18.3 - Name of Coding System	20	ID	O	-	0396	HL7

ORC.18.4 - Alternate Identifier	20	ST	O	-		
ORC.18.5 - Alternate Text	199	ST	O	-		
ORC.18.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

ORC.19 - Action By

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.19.1 - Id Number	15	ST	O	-		
ORC.19.2 - Family Name	194	FN	O	-		
ORC.19.3 - Given Name	30	ST	O	-	FirstName	
ORC.19.4 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
ORC.19.5 - Suffix (e.g., Jr or Iii)	20	ST	O	-		
ORC.19.6 - Prefix (e.g., Dr)	20	ST	O	-		
ORC.19.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
ORC.19.8 - Source Table	4	IS	C	-	0297	User
ORC.19.9 - Assigning Authority	227	HD	O	-	0363	HL7
ORC.19.10 - Name Type Code	1	ID	O	-	0200	HL7
ORC.19.11 - Identifier Check Digit	1	ST	O	-		
ORC.19.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
ORC.19.13 - Identifier Type Code	5	ID	O	-	0203	HL7
ORC.19.14 - Assigning Facility	227	HD	O	-		
ORC.19.15 - Name Representation Code	1	ID	O	-	0465	HL7
ORC.19.16 - Name Context	483	CE	O	-	0448	User
ORC.19.17 - Name Validity Range	53	DR	B	-		
ORC.19.18 - Name Assembly Order	1	ID	O	-	0444	HL7

ORC.19.19 - Effective Date	26	TS	O	-		
ORC.19.20 - Expiration Date	26	TS	O	-		
ORC.19.21 - Professional Suffix	199	ST	O	-		
ORC.19.22 - Assigning Jurisdiction	705	CWE	O	-		
ORC.19.23 - Assigning Agency or Department	705	CWE	O	-		

ORC.20 - Advanced Beneficiary Notice Code

This field indicates the status of the patient's or the patient's representative's consent for responsibility to pay for potentially uninsured services. This element is introduced to satisfy CMS Medical Necessity requirements for outpatient services. This element indicates (a) whether the associated diagnosis codes for the service are subject to medical necessity procedures, (b) whether, for this type of service, the patient has been informed that they may be responsible for payment for the service, and (c) whether the patient agrees to be billed for this service. The values for this field are drawn from User-Defined Table 0339 - Advanced Beneficiary Notice Code.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.20.1 - Identifier	20	ST	O	-		
ORC.20.2 - Text	199	ST	O	-		
ORC.20.3 - Name of Coding System	20	ID	O	-	0396	HL7
ORC.20.4 - Alternate Identifier	20	ST	O	-		
ORC.20.5 - Alternate Text	199	ST	O	-		
ORC.20.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

ORC.21 - Ordering Facility Name

This field contains the name of the facility placing the order.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.21.1 - Organization Name	50	ST	O	-		
ORC.21.2 - Organization Name Type Code	20	IS	O	-	0204	User

ORC.21.3 - Id Number	4	NM	B	-		
ORC.21.4 - Check Digit	1	NM	O	-		
ORC.21.5 - Check Digit Scheme	3	ID	O	-	0061	HL7
ORC.21.6 - Assigning Authority	227	HD	O	-	0363	HL7
ORC.21.7 - Identifier Type Code	5	ID	O	-	0203	HL7
ORC.21.8 - Assigning Facility	227	HD	O	-		
ORC.21.9 - Name Representation Code	1	ID	O	-	0465	HL7
ORC.21.10 - Organization Identifier	20	ST	O	-		

ORC.22 - Ordering Facility Address

This field contains the address of the facility placing the order.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.22.1 - Street Address	184	SAD	O	-	Street	
ORC.22.2 - Other Designation	120	ST	O	-		
ORC.22.3 - City	50	ST	O	-	City	
ORC.22.4 - State or Province	50	ST	O	-	State	
ORC.22.5 - Zip or Postal Code	12	ST	O	-	ZipCode	
ORC.22.6 - Country	3	ID	O	-	0399	HL7
ORC.22.7 - Address Type	3	ID	O	-	0190	HL7
ORC.22.8 - Other Geographic Designation	50	ST	O	-		
ORC.22.9 - County/Parish Code	20	IS	O	-	0289	User
ORC.22.10 - Census Tract	20	IS	O	-	0288	User
ORC.22.11 - Address Representation Code	1	ID	O	-	0465	HL7
ORC.22.12 - Address Validity Range	53	DR	B	-		
ORC.22.13 - Effective Date	26	TS	O	-		

ORC.22.14 - Expiration Date	26	TS	O	-		
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ORC.23 - Ordering Facility Phone Number

This field contains the telephone number of the facility placing the order.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.23.1 - Telephone Number	199	ST	B	-	PhoneNumber	
ORC.23.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7
ORC.23.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7
ORC.23.4 - Email Address	199	ST	O	-		
ORC.23.5 - Country Code	3	NM	O	-		
ORC.23.6 - Area/City Code	5	NM	O	-		
ORC.23.7 - Local Number	9	NM	O	-		
ORC.23.8 - Extension	5	NM	O	-		
ORC.23.9 - Any Text	199	ST	O	-		
ORC.23.10 - Extension Prefix	4	ST	O	-		
ORC.23.11 - Speed Dial Code	6	ST	O	-		
ORC.23.12 - Unformatted Telephone Number	199	ST	C	-		

ORC.24 - Ordering Provider Address

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.24.1 - Street Address	184	SAD	O	-	Street	
ORC.24.2 - Other Designation	120	ST	O	-		
ORC.24.3 - City	50	ST	O	-	City	
ORC.24.4 - State or Province	50	ST	O	-	State	
ORC.24.5 - Zip or Postal Code	12	ST	O	-	ZipCode	
ORC.24.6 - Country	3	ID	O	-	0399	HL7

ORC.24.7 - Address Type	3	ID	O	-	0190	HL7
ORC.24.8 - Other Geographic Designation	50	ST	O	-		
ORC.24.9 - County/Parish Code	20	IS	O	-	0289	User
ORC.24.10 - Census Tract	20	IS	O	-	0288	User
ORC.24.11 - Address Representation Code	1	ID	O	-	0465	HL7
ORC.24.12 - Address Validity Range	53	DR	B	-		
ORC.24.13 - Effective Date	26	TS	O	-		
ORC.24.14 - Expiration Date	26	TS	O	-		

ORC.25 - Order Status Modifier

This field is a modifier or refiner of the ORC-5-Order status field. This field may be used to provide additional levels of specificity or additional information for the defined order status codes. Unlike the Order Status field, which is controlled by an HL7 defined table, this field is a CE data type allowing applications to support an unlimited library of Order Status Modifier codes.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.25.1 - Identifier	20	ST	O	-		
ORC.25.2 - Text	199	ST	O	-		
ORC.25.3 - Name of Coding System	20	ID	O	-	0396	HL7
ORC.25.4 - Alternate Identifier	20	ST	O	-		
ORC.25.5 - Alternate Text	199	ST	O	-		
ORC.25.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
ORC.25.7 - Coding System Version Id	10	ST	C	-		
ORC.25.8 - Alternate Coding System Version Id	10	ST	O	-		
ORC.25.9 - Original Text	199	ST	O	-		

ORC.26 - Advanced Beneficiary Notice Override Reason

This field contains the reason why the patient did not sign an Advanced Beneficiary Notice. The reason may be coded or it may be a free text entry. Refer to HL7 Table 0552 - Advanced beneficiary notice override reason.

Condition: This field is required if the value of ORC-20 Advanced Beneficiary Notice Code indicates that the notice was not signed. For example, additional qualifying or explanatory information would be justified if ORC-20 were populated with the values "3" or "4" in User-defined Table 0339 – Advanced Beneficiary Notice Code, or similar values in related external code tables.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.26.1 - Identifier	20	ST	O	-		
ORC.26.2 - Text	199	ST	O	-		
ORC.26.3 - Name of Coding System	20	ID	O	-	0396	HL7
ORC.26.4 - Alternate Identifier	20	ST	O	-		
ORC.26.5 - Alternate Text	199	ST	O	-		
ORC.26.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
ORC.26.7 - Coding System Version Id	10	ST	C	-		
ORC.26.8 - Alternate Coding System Version Id	10	ST	O	-		
ORC.26.9 - Original Text	199	ST	O	-		

ORC.27 - Filler's Expected Availability Date/Time

This field specifies the date/time the filler expects the services to be available. For example when a prescription is ready for pickup or when a supply will be sent or picked up, or for when a laboratory result is expected to be available.

ORC.28 - Confidentiality Code

This field allows a system to indicate if special privacy rules apply to the RXA that is associated with this ORC. For instance, if a state had special rules about who may see records for HPV vaccinations, then this field could convey that. The recommended value to use in this case is R for restricted.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.28.1 - Identifier	20	ST	O	-		
ORC.28.2 - Text	199	ST	O	-		

ORC.28.3 - Name of Coding System	20	ID	O	-	0396	HL7
ORC.28.4 - Alternate Identifier	20	ST	O	-		
ORC.28.5 - Alternate Text	199	ST	O	-		
ORC.28.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
ORC.28.7 - Coding System Version Id	10	ST	C	-		
ORC.28.8 - Alternate Coding System Version Id	10	ST	O	-		
ORC.28.9 - Original Text	199	ST	O	-		

ORC.29 - Order Type

This field indicates whether the order is to be executed in an inpatient setting or an outpatient setting. If this field is not valued, the system default is assumed. Refer to HL7 Table 0482 - Order Type for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.29.1 - Identifier	20	ST	O	-		
ORC.29.2 - Text	199	ST	O	-		
ORC.29.3 - Name of Coding System	20	ID	O	-	0396	HL7
ORC.29.4 - Alternate Identifier	20	ST	O	-		
ORC.29.5 - Alternate Text	199	ST	O	-		
ORC.29.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
ORC.29.7 - Coding System Version Id	10	ST	C	-		
ORC.29.8 - Alternate Coding System Version Id	10	ST	O	-		
ORC.29.9 - Original Text	199	ST	O	-		

ORC.30 - Enterer Authorization Mode

This field indicates the form of authorization a recorder had from the responsible practitioner to create or change an order. Refer to HL7 Table 0483 Authorization Mode for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.30.1 - Identifier	20	ST	R	-		
ORC.30.2 - Text	199	ST	O	-		
ORC.30.3 - Name of Coding System	20	ID	O	-	0396	HL7
ORC.30.4 - Alternate Identifier	20	ST	O	-		
ORC.30.5 - Alternate Text	199	ST	O	-		
ORC.30.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
ORC.30.7 - Coding System Version Id	10	ST	C	-		
ORC.30.8 - Alternate Coding System Version Id	10	ST	O	-		
ORC.30.9 - Original Text	199	ST	O	-		

ORC.31 - Parent Universal Service Identifier

This field contains the identifier code for the parent order, as identified in ORC-8 Parent (if present), which caused this observation/test/battery to be performed. This can be based on local and/or "universal" codes. We recommend the "universal" service identifier." Note that ORC-8, Parent, does not have to be present for ORC-31 to be used.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ORC.31.1 - Identifier	20	ST	O	-		
ORC.31.2 - Text	199	ST	O	-		
ORC.31.3 - Name of Coding System	20	ID	O	-	0396	HL7
ORC.31.4 - Alternate Identifier	20	ST	O	-		
ORC.31.5 - Alternate Text	199	ST	O	-		
ORC.31.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
ORC.31.7 - Coding System Version Id	10	ST	C	-		
ORC.31.8 - Alternate Coding System Version Id	10	ST	O	-		
ORC.31.9 - Original Text	199	ST	O	-		

TQ1 (Timing/Quantity)

The TQ1 segment is used to specify the complex timing of events and actions such as those that occur in order management and scheduling systems. This segment determines the quantity, frequency, priority, and timing of a service. By allowing the segment to repeat, it is possible to have service requests that vary the quantity, frequency, and priority of a service request over time.

TQ1.1 - Set ID - TQ1

For the first timing specification transmitted, the sequence number shall be 1; for the second timing specification, it shall be 2; and so on.

TQ1.2 – Quantity

This field specifies the numeric quantity of the service that should be provided at each service interval. For example, if two blood cultures are to be obtained every 4 hours, the quantity would be 2 or if three units of blood are to be typed and cross-matched, the quantity would be 3. The default value for this field is 1.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
TQ1.2.1 - Quantity	16	NM	O	-		
TQ1.2.2 - Units	483	CE	O	-		

TQ1.3 - Repeat Pattern

The repeating frequency with which the treatment is to be administered. It is similar to the frequency and SIG code tables used in order entry systems.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
TQ1.3.1 - Repeat Pattern Code	705	CWE	R	-	0335	User
TQ1.3.2 - Calendar Alignment	2	ID	O	-	0527	HL7
TQ1.3.3 - Phase Range Begin Value	10	NM	O	-		
TQ1.3.4 - Phase Range End Value	10	NM	O	-		
TQ1.3.5 - Period Quantity	10	NM	O	-		
TQ1.3.6 - Period Units	10	IS	C	-		
TQ1.3.7 - Institution Specified Time	1	ID	O	-	0136	HL7
TQ1.3.8 - Event	6	ID	O	-	0528	HL7
TQ1.3.9 - Event Offset Quantity	10	NM	O	-		
TQ1.3.10 - Event Offset Units	10	IS	C	-		

TQ1.3.11 - General Timing Specification	200	GTS	O	-		
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TQ1.4 - Explicit Time

This field explicitly lists the actual times referenced by the code in TQ1-3. This field will be used to clarify the TQ1-3 in cases where the actual administration times vary within an institution. If the time of the service request spans more than a single day, this field is only practical if the same times of administration occur for each day of the service request. If the actual start time of the service request (as given by TQ1-7) is after the first explicit time, the first administration is taken to be the first explicit time after the start time. In the case where the patient moves to a location having a different set of explicit times, the existing service request may be updated with a new quantity/timing segment showing the changed explicit times.

TQ1.5 - Relative Time and Units

This field is used to define the interval between schedules for service request or bottle records. If this field contains a value, it overrides any value in the explicit time interval field. The units component of the CQ data type is constrained to units of time.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
TQ1.5.1 - Quantity	16	NM	O	-		
TQ1.5.2 - Units	483	CE	O	-		

TQ1.6 - Service Duration

This field contains the duration for which the service is requested.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
TQ1.5.1 - Quantity	16	NM	O	-		
TQ1.5.2 - Units	483	CE	O	-		

TQ1.7 - Start date/time

This field may be specified by the requester, in which case it indicates the earliest date/time at which the services should be started. In many cases, however, the start date/time will be implied or will be defined by other fields in the service request record (e.g., urgency - STAT). In such a case, this field will be empty.

TQ1.8 - End date/time

When filled in by the requester of the service, this field should contain the latest date/time that the service should be performed. If it has not been performed by the specified time, it should not be performed at all. The requester may not always fill in

this value, yet the filling service may fill it in on the basis of the instruction it receives and the actual start time.

TQ1.9 – Priority

This field describes the urgency of the request. If this field is blank, the default is R. Refer to User-Defined Table 0485 - Extended Priority Codes for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
TQ1.9.1 - Identifier	20	ST	O	-		
TQ1.9.2 - Text	199	ST	O	-		
TQ1.9.3 - Name of Coding System	20	ID	O	-	0396	HL7
TQ1.9.4 - Alternate Identifier	20	ST	O	-		
TQ1.9.5 - Alternate Text	199	ST	O	-		
TQ1.9.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
TQ1.9.7 - Coding System Version Id	10	ST	C	-		
TQ1.9.8 - Alternate Coding System Version Id	10	ST	O	-		
TQ1.9.9 - Original Text	199	ST	O	-		

TQ1.10 - Condition text

This is a free text field that describes the conditions under which the drug is to be given. For example, PRN pain , or to keep blood pressure below 110.

TQ1.11 - Text instruction

This field is a full text version of the instruction (optional).

TQ1.12 – Conjunction

This field indicates that a second TQ1 segment is to follow. Refer to HL7 Table 0472 - TQ Conjunction ID for allowed values.

TQ1.13 - Occurrence duration

This field contains the duration for which a single performance of a service is requested. The quantity component of this field must be a positive, non-zero number when populated. The units component is constrained to be units of time.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
TQ1.5.1 - Quantity	16	NM	O	-		
TQ1.5.2 - Units	483	CE	O	-		

TQ1.14 - Total occurrences

This field contains the total number of occurrences of a service that should result from this service request. If both the end date/time (TQ1-8) and the total occurrences are valued and the occurrences would extend beyond the end date/time, then the end date/time takes precedence. Otherwise the number of occurrences takes precedence.

TQ2 (Timing/Quantity Relationship)

The TQ2 segment is used to form a relationship between the service request the TQ1/TQ2 segments are associated with, and other service requests. The TQ2 segment will link the current service request with one or more other service requests.

TQ2.1 - Set ID - TQ2

For the first timing specification transmitted, the sequence number shall be 1; for the second timing specification, it shall be 2; and so on.

TQ2.2 - Sequence/Results Flag

This flag defines the sequencing relationship between the current service request, and the related service request(s) specified in this TQ2 segment. See HL7 Table 0503 - Sequence/Results Flag for values. If no value is present, the S - Sequential is the default value.

TQ2.3 - Related Placer Number

The placer numbers of the service request(s) to which this TQ2 segment links the current service request. This field should be populated with the appropriate "Placer number" from the current service request. For orders, the Placer Order Number from ORC-2 is the appropriate "Placer number". Repeats of this field indicate the current service request is related to multiple service requests.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
TQ2.3.1 - Entity Identifier	199	ST	O	-		
TQ2.3.2 - Namespace Id	20	IS	O	-	0363	HL7
TQ2.3.3 - Universal Id	199	ST	C	-		
TQ2.3.4 - Universal Id Type	6	ID	C	-	0301	HL7

TQ2.4 - Related Filler Number

The filler numbers of the service request(s) to which this TQ2 segment links the current service request. This field should be populated with the appropriate "Filler number" from the current service request. For orders, the Filler Order Number from

ORC-3 is the appropriate "Filler number". Repeats of this field indicate the current service request is related to multiple service requests.

Conditional Rule: At least one of TQ2-3, TQ2-4, TQ2-5 must contain a value.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
TQ2.4.1 - Entity Identifier	199	ST	O	-		
TQ2.4.2 - Namespace Id	20	IS	O	-	0363	HL7
TQ2.4.3 - Universal Id	199	ST	C	-		
TQ2.4.4 - Universal Id Type	6	ID	C	-	0301	HL7

TQ2.5 - Related Placer Group Number

The placer group numbers of the service request(s) to which this TQ2 segment links the current service request. This field should be populated with the appropriate "Placer group number" from the current service request. For orders, the Placer Group Number from ORC-4 is the appropriate "Placer group number". Repeats of this field indicate that the current service request is related to multiple groups of service requests.

Conditional Rule: At least one of TQ2-3, TQ2-4, TQ2-5 must contain a value.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
TQ2.5.1 - Entity Identifier	199	ST	O	-		
TQ2.5.2 - Namespace Id	20	IS	O	-	0363	HL7
TQ2.5.3 - Universal Id	199	ST	C	-		
TQ2.5.4 - Universal Id Type	6	ID	C	-	0301	HL7

TQ2.6 - Sequence Condition Code

Defines the relationship between the start/end of the related service request(s) (from TQ2-3, TQ2-4, or TQ2-5) and the current service request from ORC-2,3 or 4. See HL7 Table 0504 - Sequence Condition Code for allowed values.

Conditional Rule: Either this field or TQ2-10 must be present.

TQ2.7 - Cyclic Entry/Exit Indicator

Indicates if this service request is the first, last, service request in a cyclic series of service requests. If null or not present, this field indicates that the current service

request is neither the first nor last service request in a cyclic series of service requests. Refer to HL7 Table 0505 - Cyclic Entry/Exit Indicator for allowed values.

Conditional Rule: Should not be populated when TQ2-2 (Sequence/Results Flag) is not equal to a 'C' (cyclic service request).

TQ2.8 - Sequence Condition Time Interval

Defines the interval of time between the start/end of the related service request(s) and the start/end of the current service request. The unit's component is constrained to units of time. If this field is not populated, then there should be no interruption between start/ending the current service request, and the related service request(s).

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
TQ2.8.1 - Quantity	16	NM	O	-		
TQ2.8.2 - Units	483	CE	O	-		

TQ2.9 - Cyclic Group Maximum Number of Repeats

The maximum number of repeats for a cyclic group.

TQ2.10 - Special Service Request Relationship

This defines an additional or alternate relationship between this service request and other service requests. Its primary intended use is for Pharmacy administration service requests, but it may be useful for other domains. See HL7 Table 0506 - Service Request Relationship for allowed values.

Conditional Rule: Either this field or TQ2-6 must be present.

RXA (Pharmacy/Treatment Administration)

The ORC must have the filler order number and the order control code RE. As a site-specific variant, the RXO and associated RXCs and/or the RXE (and associated RXCs) may be present if the receiving application needs any of their data. The RXA carries the administration data.

RXA.1 - Give Sub-ID Counter

This field is used to match an RXA and RXG. Not a function under IIS. Constrain to 0 (zero).

RXA.2 - Administration Sub-ID Counter

This field is used to track multiple RXA under an ORC. Since each ORC has only one RXA in immunization messages, constrain to 1. This should not be used for indicating dose number, which belongs in an OBX.

RXA.3 - Date/Time Start of Administration

The date this vaccination occurred. In the case of refusal or deferral, this is the date that the refusal or deferral was recorded. In the case of a forecast dose, this is the date the forecast was made.

RXA.4 - Date/Time End of Administration

In the context of immunization, this is equivalent to the Start date/time. If populated it should be = RXA-3.

RXA.5 - Administered Code

This field identifies the medical substance administered. If the substance administered is a vaccine, CVX codes are required (see CVX Table - Codes for vaccines administered). The second set of three components may be used to represent the same vaccine using a different coding system. NDC codes are preferred.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
RXA.5.1 - Identifier	20	ST	O	-		
RXA.5.2 - Text	199	ST	O	-		
RXA.5.3 - Name of Coding System	20	ID	O	-	0396	HL7
RXA.5.4 - Alternate Identifier	20	ST	O	-		
RXA.5.5 - Alternate Text	199	ST	O	-		
RXA.5.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

RXA.6 - Administered Amount

This field records the amount of pharmaceuticals administered. The units are expressed in the next field, RXA-7. When the administered amount is unknown, this field should record the value "999" in this field.

RXA.7 - Administered Units

This field is conditional because it is required if the administered amount code does not imply units. This field must be in simple units that reflect the actual quantity of the substance administered. It does not include compound units. This field is not required if the previous field is populated with 999.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
RXA.7.1 - Identifier	20	ST	O	-		
RXA.7.2 - Text	199	ST	O	-		
RXA.7.3 - Name of Coding System	20	ID	O	-	0396	HL7
RXA.7.4 - Alternate Identifier	20	ST	O	-		
RXA.7.5 - Alternate Text	199	ST	O	-		
RXA.7.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

RXA.8 - Administered Dosage Form

The dosage form indicates the manner in which the medication/treatment is aggregated for dispensing, e.g., tablets, capsules, suppositories. In some cases, this information is implied by the dispense/give code in RXA-5-Administered Code. Use this field when the administered code does not specify the dosage form.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
RXA.8.1 - Identifier	20	ST	O	-		
RXA.8.2 - Text	199	ST	O	-		
RXA.8.3 - Name of Coding System	20	ID	O	-	0396	HL7
RXA.8.4 - Alternate Identifier	20	ST	O	-		
RXA.8.5 - Alternate Text	199	ST	O	-		
RXA.8.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

RXA.9 - Administration Notes

This field is used to indicate whether this immunization record is based on a historical record or was given by the reporting provider. It should contain the information source. The first component shall contain the code, the second the free text and the third shall contain the name of the code system. Sending systems should be able to send this information. Receiving systems should be able to accept this information.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
RXA.9.1 - Identifier	20	ST	O	-		
RXA.9.2 - Text	199	ST	O	-		
RXA.9.3 - Name of Coding System	20	ID	O	-	0396	HL7
RXA.9.4 - Alternate Identifier	20	ST	O	-		
RXA.9.5 - Alternate Text	199	ST	O	-		
RXA.9.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

RXA.10 - Administering Provider

This field is intended to contain the name and provider ID of the person physically administering the pharmaceutical.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
RXA.10.1 - Id Number	15	ST	O	-		
RXA.10.2 - Family Name	194	FN	O	-		
RXA.10.3 - Given Name	30	ST	O	-	FirstName	
RXA.10.4 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
RXA.10.5 - Suffix (e.g., Jr or Iii)	20	ST	O	-		
RXA.10.6 - Prefix (e.g., Dr)	20	ST	O	-		
RXA.10.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
RXA.10.8 - Source Table	4	IS	C	-	0297	User
RXA.10.9 - Assigning Authority	227	HD	O	-	0363	User
RXA.10.10 - Name Type Code	1	ID	O	-	0200	HL7
RXA.10.11 - Identifier Check Digit	1	ST	O	-		
RXA.10.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
RXA.10.13 - Identifier Type Code	5	ID	O	-	0203	HL7
RXA.10.14 - Assigning Facility	227	HD	O	-		
RXA.10.15 - Name Representation Code	1	ID	O	-	0465	HL7
RXA.10.16 - Name Context	483	CE	O	-	0448	User
RXA.10.17 - Name Validity Range	53	DR	B	-		
RXA.10.18 - Name Assembly Order	1	ID	O	-	0444	HL7
RXA.10.19 - Effective Date	26	TS	O	-		
RXA.10.20 - Expiration Date	26	TS	O	-		
RXA.10.21 - Professional Suffix	199	ST	O	-		
RXA.10.22 - Assigning Jurisdiction	705	CWE	O	-		

RXA.10.23 - Assigning Agency or Department	705	CWE	O	-		
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RXA.11 - Administered-at Location

The name and address of the facility that administered the immunization. Note that the components used are:

- Component 4: The facility name/identifier.
 - Subcomponent 1: identifier
 - Subcomponent 2: Universal ID This shall be an OID, if populated. Note that this should not be a local code, but rather a universal id code.
 - Subcomponent 3: Universal ID type (specify which universal id type)
- Component 9-15: Facility address.

Components not specifically mentioned here are not expected in immunization messages.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
RXA.11.1 - Point of Care	20	IS	O	-	0302	User
RXA.11.2 - Room	20	IS	O	-	0303	User
RXA.11.3 - Bed	20	IS	O	-	0304	User
RXA.11.4 - Facility	227	HD	O	-		
RXA.11.5 - Location Status	20	IS	O	-	0306	User
RXA.11.6 - Patient Location Type	20	IS	O	-	0305	User
RXA.11.7 - Building	20	IS	O	-	0307	User
RXA.11.8 - Floor	20	IS	O	-	0308	User
RXA.11.9 - Street Address	120	ST	O	-		
RXA.11.10 - Other Designation	120	ST	O	-		
RXA.11.11 - City	50	ST	O	-		
RXA.11.12 - State or Province	50	ST	O	-		
RXA.11.13 - Zip or Postal Code	12	ST	O	-		
RXA.11.14 - Country	3	ID	O	-	0399	HL7
RXA.11.15 - Address Type	3	ID	O	-	0190	HL7
RXA.11.16 - Other Geographic Designation	50	ST	O	-		

RXA.12 - Administered Per (Time Unit)

This field contains the rate at which this medication/treatment was administered as calculated by using RXA-6-administered amount and RXA-7-administered units. This field is conditional because it is required when a treatment is administered continuously at a prescribed rate, e.g., certain IV solutions.

RXA.13 - Administered Strength

Use when RXA-5-Administered Code does not specify the strength. This is the numeric part of the strength, used in combination with RXA-14-Administered Strength Units.

RXA.14 - Administered Strength Units

Use when RXA-5-Administered Code does not specify the strength. This is the unit of the strength, used in combination with RXA-13-Administered Strength.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
RXA.14.1 - Identifier	20	ST	O	-		
RXA.14.2 - Text	199	ST	O	-		
RXA.14.3 - Name of Coding System	20	ID	O	-	0396	HL7
RXA.14.4 - Alternate Identifier	20	ST	O	-		
RXA.14.5 - Alternate Text	199	ST	O	-		
RXA.14.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

RXA.15 - Substance Lot Number

This field contains the lot number of the medical substance administered. It may remain empty if the dose is from a historical record.

RXA.16 - Substance Expiration Date

This field contains the expiration date of the medical substance administered. It may remain empty if the dose is from a historical record.

RXA.17 - Substance Manufacturer Name

This field contains the manufacturer of the medical substance administered.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
RXA.17.1 - Identifier	20	ST	O	-		
RXA.17.2 - Text	199	ST	O	-		
RXA.17.3 - Name of Coding System	20	ID	O	-	0396	HL7
RXA.17.4 - Alternate Identifier	20	ST	O	-		

RXA.17.5 - Alternate Text	199	ST	O	-		
RXA.17.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

RXA.18 - Substance/Treatment Refusal Reason

This field contains the reason the patient refused the medical substance/treatment. Any entry in the field indicates that the patient did not take the substance. If this field is populated RXA-20, Completion Status shall be populated with RE.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
RXA.18.1 - Identifier	20	ST	O	-		
RXA.18.2 - Text	199	ST	O	-		
RXA.18.3 - Name of Coding System	20	ID	O	-	0396	HL7
RXA.18.4 - Alternate Identifier	20	ST	O	-		
RXA.18.5 - Alternate Text	199	ST	O	-		
RXA.18.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

RXA.19 – Indication

This field contains the identifier of the condition or problem for which the drug/treatment was prescribed. May repeat if multiple indications are relevant.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
RXA.19.1 - Identifier	20	ST	O	-		
RXA.19.2 - Text	199	ST	O	-		
RXA.19.3 - Name of Coding System	20	ID	O	-	0396	HL7
RXA.19.4 - Alternate Identifier	20	ST	O	-		
RXA.19.5 - Alternate Text	199	ST	O	-		
RXA.19.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

RXA.20 - Completion Status

Status of treatment administration event. Refer to HL7 Table 0322 - Completion Status for valid values. It must be populated with RE if RXA-18 is populated.

RXA.21 - Action Code – RXA

Status of record. The information in this field enables the use of the RXA in the vaccine messages, where a method of correcting vaccination information transmitted with incorrect patient identifying information is needed. Refer to HL7 Table 0323 - Action Code for valid values.

If this field is empty, no action is indicated.

RXA.22 - System Entry Date/Time

Date/time the administration information was entered into the source system. This field is used to detect instances where treatment administration information is inadvertently entered multiple times by providing a unique identification field. Under usual circumstances, this field would be provided automatically by the computer system rather than being entered by a person.

RXA.23 - Administered Drug Strength Volume

This numeric field defines the volume measurement in which the drug strength concentration is contained.

RXA.24 - Administered Drug Strength Volume Units

This field indicates the volumetric unit associated with RXA-23 Administered Drug Strength Volume.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
RXA.24.1 - Identifier	20	ST	O	-		
RXA.24.2 - Text	199	ST	O	-		
RXA.24.3 - Name of Coding System	20	ID	O	-	0396	HL7
RXA.24.4 - Alternate Identifier	20	ST	O	-		
RXA.24.5 - Alternate Text	199	ST	O	-		
RXA.24.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
RXA.24.7 - Coding System Version Id	10	ST	C	-		
RXA.24.8 - Alternate Coding System Version Id	10	ST	O	-		
RXA.24.9 - Original Text	199	ST	O	-		

RXA.25 - Administered Barcode Identifier

This field contains the pharmacy system's assigned barcode number for the give occurrence. For IV orders, many pharmacy systems generate a barcode number to identify a specific bag/bottle of the order. This number can be an instance identifier;

unique for the patient, drug combination, and schedule instance or it may be just a drug identifier.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
RXA.25.1 - Identifier	20	ST	O	-		
RXA.25.2 - Text	199	ST	O	-		
RXA.25.3 - Name of Coding System	20	ID	O	-	0396	HL7
RXA.25.4 - Alternate Identifier	20	ST	O	-		
RXA.25.5 - Alternate Text	199	ST	O	-		
RXA.25.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
RXA.25.7 - Coding System Version Id	10	ST	C	-		
RXA.25.8 - Alternate Coding System Version Id	10	ST	O	-		
RXA.25.9 - Original Text	199	ST	O	-		

RXA.26 - Pharmacy Order Type

The Pharmacy Order Type field defines the general category of pharmacy order which may be used to determine the processing path the order will take. Refer to HL7 Table 0480 Pharmacy Order Types for valid values.

RXR (Pharmacy/Treatment Route)

The Pharmacy/Treatment Route segment contains the alternative combination of route, site, administration device, and administration method that are prescribed as they apply to a particular order. The pharmacy, treatment staff and/or nursing staff has a choice between the routes based on either their professional judgment or administration instructions provided by the physician.

RXR.1 – Route

This field is the route of administration.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
RXR.1.1 - Identifier	20	ST	O	-		
RXR.1.2 - Text	199	ST	O	-		
RXR.1.3 - Name of Coding System	20	ID	O	-	0396	HL7
RXR.1.4 - Alternate Identifier	20	ST	O	-		

RXR.1.5 - Alternate Text	199	ST	O	-		
RXR.1.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

RXR.2 - Administration Site

This field contains the site of the administration route. When using a post-coordinated code table in this field, RXR-6 Administration Site may be used to modify the meaning of this field.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
RXR.2.1 - Identifier	20	ST	O	-		
RXR.2.2 - Text	199	ST	O	-		
RXR.2.3 - Name of Coding System	20	ID	O	-	0396	HL7
RXR.2.4 - Alternate Identifier	20	ST	O	-		
RXR.2.5 - Alternate Text	199	ST	O	-		
RXR.2.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
RXR.2.7 - Coding System Version Id	10	ST	C	-		
RXR.2.8 - Alternate Coding System Version Id	10	ST	O	-		
RXR.2.9 - Original Text	199	ST	O	-		

RXR.3 - Administration Device

This field contains the mechanical device used to aid in the administration of the drug or other treatment. Common examples are IV-sets of different types. Refer to User-defined Table 0164 - Administration device for valid entries.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
RXR.3.1 - Identifier	20	ST	O	-		
RXR.3.2 - Text	199	ST	O	-		
RXR.3.3 - Name of Coding System	20	ID	O	-	0396	HL7
RXR.3.4 - Alternate Identifier	20	ST	O	-		
RXR.3.5 - Alternate Text	199	ST	O	-		

RXR.3.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
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RXR.4 - Administration Method

This field identifies the specific method requested for the administration of the drug or treatment to the patient. Refer to User-defined Table 0165 - Administration Method for valid values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
RXR.4.1 - Identifier	20	ST	O	-		
RXR.4.2 - Text	199	ST	O	-		
RXR.4.3 - Name of Coding System	20	ID	O	-	0396	HL7
RXR.4.4 - Alternate Identifier	20	ST	O	-		
RXR.4.5 - Alternate Text	199	ST	O	-		
RXR.4.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
RXR.4.7 - Coding System Version Id	10	ST	C	-		
RXR.4.8 - Alternate Coding System Version Id	10	ST	O	-		
RXR.4.9 - Original Text	199	ST	O	-		

RXR.5 - Routing Instruction

This field provides instruction on administration routing, especially in cases where more than one route of administration is possible. A typical case would be designating which IV line should be used when more than one IV line is a possible route for injection.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
RXR.5.1 - Identifier	20	ST	O	-		
RXR.5.2 - Text	199	ST	O	-		
RXR.5.3 - Name of Coding System	20	ID	O	-	0396	HL7
RXR.5.4 - Alternate Identifier	20	ST	O	-		
RXR.5.5 - Alternate Text	199	ST	O	-		

RXR.5.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
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RXR.6 - Administration Site Modifier

This field contains a modifier which modifies the meaning of RXR-2 Administration Site.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
RXR.6.1 - Identifier	20	ST	O	-		
RXR.6.2 - Text	199	ST	O	-		
RXR.6.3 - Name of Coding System	20	ID	O	-	0396	HL7
RXR.6.4 - Alternate Identifier	20	ST	O	-		
RXR.6.5 - Alternate Text	199	ST	O	-		
RXR.6.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
RXR.6.7 - Coding System Version Id	10	ST	C	-		
RXR.6.8 - Alternate Coding System Version Id	10	ST	O	-		
RXR.6.9 - Original Text	199	ST	O	-		

OBX (Observation/Result) Fields

The OBX segment is used to transmit a single observation or observation fragment. It represents the smallest indivisible unit of a report. The OBX segment can also contain encapsulated data, e.g., a CDA document or a DICOM image.

Its principal mission is to carry information about observations in report messages. But the OBX can also be part of an observation order. In this case, the OBX carries clinical information needed by the filler to interpret the observation the filler makes.

OBX.1 - Set ID – OBX

This field contains the sequence number. The first instance shall be set to 1 and each subsequent instance shall be the next number in sequence. Numbering is not restarted within a message. That is, if a message had 3 order groups and each had 3 OBX, the last OBX in the message would have value of 9 for this field.

OBX.2 - Value Type

This field contains the format of the observation value in OBX. It must be valued if OBX-11-Observ result status is not valued with an X. If the value is CE, then the result

must be a coded entry. When the value type is TX or FT then the results are bulk text. The valid values for the value type of an observation are listed in HL7 Table 0125 - Value Type.

OBX.3 - Observation Identifier

This field contains a unique identifier for the observation. The format is that of the Coded Element (CE). Example: 64994-7^funding pgm elig^LN.

The identifier will point to a master observation table that will provide other attributes of the observation that may be used by the receiving system to process the observations it receives. This may be thought of as a question that the observation answers. In the example above, the question is “what funding program was this person eligible for when this vaccine was administered” The answer in OBX-5 could be “VFC eligible - MEDICAID”. LOINC shall be the standard coding system for this field if an appropriate LOINC code exists. Appropriate status is defined in the LOINC Manual Section 11.2 Classification of LOINC Term Status. If a local coding system is in use, a local code should also be sent to help with identification of coding issues. When no valid LOINC exists, the local code may be the only code sent. When populating this field with values, this guide does not give preference to the triplet in which the standard (LOINC) code should appear.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
OBX.3.1 - Identifier	20	ST	O	-		
OBX.3.2 - Text	199	ST	O	-		
OBX.3.3 - Name of Coding System	20	ID	O	-	0396	HL7
OBX.3.4 - Alternate Identifier	20	ST	O	-		
OBX.3.5 - Alternate Text	199	ST	O	-		
OBX.3.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

OBX.4 - Observation Sub-ID

This field is used to group related observations by setting the value to the same number. For example, recording VIS date and VIS receipt date for a combination vaccination requires 6 OBX segments. One OBX would indicate the vaccine group. It would have a pair of OBX indicating the VIS publication date and the VIS receipt date. These would have the same OBX-4 value to allow them to be linked. The second set of three would have another OBX-4 value common to each of them.

OBX.5 - Observation Value

This field contains the value observed by the observation producer. OBX-2-value type contains the data type for this field according to which observation value is

formatted. This field contains the value of OBX-3-observation identifier of the same segment.

Depending upon the observation, the data type may be a number (e.g., dose number), a coded answer (e.g., a vaccine), or a date/time (the date/time that the VIS was given to the client/parent). An observation value is always represented as the data type specified in OBX-2-value type of the same segment. Whether numeric or short text, the answer shall be recorded in ASCII text.

OBX.6 – Units

This shall be the units for the value in OBX-5. The value shall be from the UCUM list of units.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
OBX.6.1 - Identifier	20	ST	O	-		
OBX.6.2 - Text	199	ST	O	-		
OBX.6.3 - Name of Coding System	20	ID	O	-	0396	HL7
OBX.6.4 - Alternate Identifier	20	ST	O	-		
OBX.6.5 - Alternate Text	199	ST	O	-		
OBX.6.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

OBX.7 - References Range

When the observation quantifies the amount of a toxic substance, then the upper limit of the range identifies the toxic limit. If the observation quantifies a drug, the lower limits identify the lower therapeutic bounds and the upper limits represent the upper therapeutic bounds above which toxic side effects are common.

OBX.8 - Abnormal Flags

This field contains a table lookup indicating the normalcy status of the result. We strongly recommend sending this value when applicable. (See ASTM 1238 - review for more details). Refer to User-defined Table 0078 - Abnormal flags for valid entries.

OBX.9 – Probability

This field contains the probability of a result being true for results with categorical values. It mainly applies to discrete coded results. It is a decimal number represented as an ASCII string that must be between 0 and 1, inclusive.

OBX.10 - Nature of Abnormal Test

This field contains the nature of the abnormal test. Refer to HL7 Table 0080 - Nature of abnormal testing for valid values. As many of the codes as apply may be included,

separated by repeat delimiters. For example, normal values based on age, sex, and race would be codes as A~S~R.

OBX.11 - Observation Result Status

This field contains the observation result status. The expected value is F or final.

OBX.12 - Effective Date of Reference Range

This field contains the date (and, optionally, the time) on which the values in OBX-7-reference range went into effect.

OBX.13 - User Defined Access Checks

This field permits the producer to record results-dependent codes for classifying the observation at the receiving system. This field should be needed only rarely, because most classifications are fixed attributes of the observation ID and can be defined in the associated observation master file.

OBX.14 - Date/Time of the Observation

Records the time of the observation. It is the physiologically relevant date-time or the closest approximation to that date-time of the observation.

OBX.15 - Producer's ID

This field contains a unique identifier of the responsible producing service. It should be reported explicitly when the test results are produced at outside laboratories, for example. When this field is null, the receiving system assumes that the observations were produced by the sending organization. This information supports CLIA regulations in the US. The code for producer ID is recorded as a CE data type. In the US, the Medicare number of the producing service is suggested as the identifier.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
OBX.15.1 - Identifier	20	ST	O	-		
OBX.15.2 - Text	199	ST	O	-		
OBX.15.3 - Name of Coding System	20	ID	O	-	0396	HL7
OBX.15.4 - Alternate Identifier	20	ST	O	-		
OBX.15.5 - Alternate Text	199	ST	O	-		
OBX.15.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

OBX.16 - Responsible Observer

When required, this field contains the identifier of the individual directly responsible for the observation (i.e., the person who either performed or verified it). In a nursing service, the observer is usually the professional who performed the observation (e.g., took the blood pressure). In a laboratory, the observer is the technician who

performed or verified the analysis. The code for the observer is recorded as a CE data type. If the code is sent as a local code, it should be unique and unambiguous when combined with OBX-15-producer ID.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
OBX.16.1 - Id Number	15	ST	O	-		
OBX.16.2 - Family Name	194	FN	O	-		
OBX.16.3 - Given Name	30	ST	O	-	FirstName	
OBX.16.4 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
OBX.16.5 - Suffix (e.g., Jr or III)	20	ST	O	-		
OBX.16.6 - Prefix (e.g., Dr)	20	ST	O	-		
OBX.16.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
OBX.16.8 - Source Table	4	IS	C	-	0297	User
OBX.16.9 - Assigning Authority	227	HD	O	-	0363	User
OBX.16.10 - Name Type Code	1	ID	O	-	0200	HL7
OBX.16.11 - Identifier Check Digit	1	ST	O	-		
OBX.16.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
OBX.16.13 - Identifier Type Code	5	ID	O	-	0203	HL7
OBX.16.14 - Assigning Facility	227	HD	O	-		
OBX.16.15 - Name Representation Code	1	ID	O	-	0465	HL7
OBX.16.16 - Name Context	483	CE	O	-	0448	User
OBX.16.17 - Name Validity Range	53	DR	B	-		
OBX.16.18 - Name Assembly Order	1	ID	O	-	0444	HL7
OBX.16.19 - Effective Date	26	TS	O	-		
OBX.16.20 - Expiration Date	26	TS	O	-		
OBX.16.21 - Professional Suffix	199	ST	O	-		

OBX.16.22 - Assigning Jurisdiction	705	CWE	O	-		
OBX.16.23 - Assigning Agency or Department	705	CWE	O	-		

OBX.17 - Observation Method

This optional field can be used to transmit the method or procedure by which an observation was obtained when the sending system wishes to distinguish among one measurement obtained by different methods and the distinction is not implicit in the test ID. In this Guide, it shall be used to differentiate the way that VFC Eligibility Status was collected. The two choices are:

- Recorded in the sending system at the visit level
- Recorded in the sending system at the immunization level

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
OBX.17.1 - Identifier	20	ST	O	-		
OBX.17.2 - Text	199	ST	O	-		
OBX.17.3 - Name of Coding System	20	ID	O	-	0396	HL7
OBX.17.4 - Alternate Identifier	20	ST	O	-		
OBX.17.5 - Alternate Text	199	ST	O	-		
OBX.17.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

OBX.18 - Equipment Instance Identifier

This field identifies the Equipment Instance (e.g., Analyzer, Analyzer module, group of Analyzers) responsible for the production of the observation. This is the identifier from an institution's master list of equipment, where the institution is specified by the namespace ID or if it is blank, then by the Producers ID (OBX-15). It should be possible to retrieve from this master list the equipment type, serial number, etc., however it is not planned to transfer this information with every OBX. The repeating of this field allows for the hierarchical representation of the equipment (lowest level first), e.g., module of an instrument, instrument consisting of modules, cluster of multiple instruments, etc.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
OBX.18.1 - Entity Identifier	199	ST	O	-		
OBX.18.2 - Namespace Id	20	IS	O	-	0363	HL7
OBX.18.3 - Universal Id	199	ST	C	-		
OBX.18.4 - Universal Id Type	6	ID	C	-	0301	HL7

OBX.19 - Date/Time of the Analysis

This field is used to transfer the time stamp associated with generation of the analytical result by the instrument specified in Equipment Instance Identifier (see above).

OBX.20 - Reserved for harmonization with V2.6

Reserved for harmonization with V2.6

OBX.21 - Reserved for harmonization with V2.6

Reserved for harmonization with V2.6

OBX.22 - Reserved for harmonization with V2.6

Reserved for harmonization with V2.6

OBX.23 - Performing Organization Name

This field contains the name of the organization/service responsible for performing the service. When this field is null, the receiving system assumes that the observations were produced by the sending organization. The information for performing organization is recorded as an XON data type. In the US, the Medicare number of the performing organization is suggested as the identifier (component 10).

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
OBX.23.1 - Organization Name	50	ST	O	-		
OBX.23.2 - Organization Name Type Code	20	IS	O	-	0204	User
OBX.23.3 - Id Number	4	NM	B	-		
OBX.23.4 - Check Digit	1	NM	O	-		
OBX.23.5 - Check Digit Scheme	3	ID	O	-	0061	HL7
OBX.23.6 - Assigning Authority	227	HD	O	-	0363	HL7

OBX.23.7 - Identifier Type Code	5	ID	O	-	0203	HL7
OBX.23.8 - Assigning Facility	227	HD	O	-		
OBX.23.9 - Name Representation Code	1	ID	O	-	0465	HL7
OBX.23.10 - Organization Identifier	20	ST	O	-		

OBX.24 - Performing Organization Address

This field contains the address of the organization/service responsible for performing the service.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
OBX.24.1 - Street Address	184	SAD	O	-	Street	
OBX.24.2 - Other Designation	120	ST	O	-		
OBX.24.3 - City	50	ST	O	-	City	
OBX.24.4 - State or Province	50	ST	O	-	State	
OBX.24.5 - Zip or Postal Code	12	ST	O	-	ZipCode	
OBX.24.6 - Country	3	ID	O	-	0399	HL7
OBX.24.7 - Address Type	3	ID	O	-	0190	HL7
OBX.24.8 - Other Geographic Designation	50	ST	O	-		
OBX.24.9 - County/Parish Code	20	IS	O	-	0289	User
OBX.24.10 - Census Tract	20	IS	O	-	0288	User
OBX.24.11 - Address Representation Code	1	ID	O	-	0465	HL7
OBX.24.12 - Address Validity Range	53	DR	B	-		
OBX.24.13 - Effective Date	26	TS	O	-		
OBX.24.14 - Expiration Date	26	TS	O	-		

OBX.25 - Performing Organization Medical Director

This field contains the medical director of the organization/service responsible for performing the service.

For labs, this field specifies the medical director of the laboratory that produced the test result described in this OBX segment. This field is different than OBX-16 in that OBX-16 identifies the individual who performed the lab test (made the observation) whereas this field identifies the individual who is the medical director of the organization responsible for the result. It should be reported explicitly when the test results are produced at outside laboratories, for example. This information supports CLIA regulations in the US.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
OBX.25.1 - Id Number	15	ST	O	-		
OBX.25.2 - Family Name	194	FN	O	-		
OBX.25.3 - Given Name	30	ST	O	-	FirstName	
OBX.25.4 - Second and Further Given Names or Initials Thereof	30	ST	O	-		
OBX.25.5 - Suffix (e.g., Jr or III)	20	ST	O	-		
OBX.25.6 - Prefix (e.g., Dr)	20	ST	O	-		
OBX.25.7 - Degree (e.g., Md)	5	IS	B	-	0360	User
OBX.25.8 - Source Table	4	IS	C	-	0297	User
OBX.25.9 - Assigning Authority	227	HD	O	-	0363	User
OBX.25.10 - Name Type Code	1	ID	O	-	0200	HL7
OBX.25.11 - Identifier Check Digit	1	ST	O	-		
OBX.25.12 - Check Digit Scheme	3	ID	C	-	0061	HL7
OBX.25.13 - Identifier Type Code	5	ID	O	-	0203	HL7
OBX.25.14 - Assigning Facility	227	HD	O	-		
OBX.25.15 - Name Representation Code	1	ID	O	-	0465	HL7
OBX.25.16 - Name Context	483	CE	O	-	0448	User

OBX.25.17 - Name Validity Range	53	DR	B	-		
OBX.25.18 - Name Assembly Order	1	ID	O	-	0444	HL7
OBX.25.19 - Effective Date	26	TS	O	-		
OBX.25.20 - Expiration Date	26	TS	O	-		
OBX.25.21 - Professional Suffix	199	ST	O	-		
OBX.25.22 - Assigning Jurisdiction	705	CWE	O	-		
OBX.25.23 - Assigning Agency or Department	705	CWE	O	-		

NTE (Notes and Comments)

The NTE segment is defined here for inclusion in messages defined in other chapters. It is commonly used for sending notes and comments.

NTE.1 - Set ID – NTE

This field may be used where multiple NTE segments are included in a message. Their numbering must be described in the application message definition.

NTE.2 - Source of Comment

This field is used when source of comment must be identified. This table may be extended locally during implementation. Refer to HL7 Table 0105 - Source of comment for valid values.

NTE.3 – Comment

This field contains the comment contained in the segment and must be populated if NTE is present.

Note: As of v2.2, this field uses the FT rather than a TX data type. Since there is no difference between an FT data type without any embedded formatting commands, and a TX data type, this change is compatible with the previous version.

NTE.4 - Comment Type

This field contains a value to identify the type of comment text being sent in the specific comment record. Refer to User-Defined Table 0364 - Comment Type for suggested values.

Note: A field already exists on the NTE record that identifies the Sources of Comment (e.g., ancillary, placer, other). However, some applications need to support other types of comment text (e.g., instructions, reason, remarks, etc.). A separate NTE segment can be used for each type of comment (e.g., instructions are on one NTE and remarks on another NTE).

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
NTE.4.1 - Identifier	20	ST	O	-		
NTE.4.2 - Text	199	ST	O	-		
NTE.4.3 - Name of Coding System	20	ID	O	-	0396	HL7
NTE.4.4 - Alternate Identifier	20	ST	O	-		
NTE.4.5 - Alternate Text	199	ST	O	-		
NTE.4.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

MSA (Message Acknowledgement) Fields

The MSA segment contains information sent while acknowledging another message.

MSA.1 - Acknowledgment Code

This field contains an acknowledgment code, see message processing rules. Refer to HL7 Table 0008 - Acknowledgment code for valid values.

MSA.2 - Message Control ID

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. This field echoes the message control id sent in MSH-10 by the initiating system.

MSA.3 - Text Message

This optional field further describes an error condition. This text may be printed in error logs or presented to an end user.

MSA.4 - Expected Sequence Number

This optional numeric field is used in the sequence number protocol.

MSA.5 - Delayed Acknowledgment Type

The MSA-5 was deprecated as of v2.2 and the detail was withdrawn and removed from the standard as of v 2.5.

MSA.6 - Error Condition

This field allows the acknowledging system to use a user-defined error code to further specify AR or AE type acknowledgments.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
MSA.6.1 - Identifier	20	ST	O	-		
MSA.6.2 - Text	199	ST	O	-		

MSA.6.3 - Name of Coding System	20	ID	O	-	0396	HL7
MSA.6.4 - Alternate Identifier	20	ST	O	-		
MSA.6.5 - Alternate Text	199	ST	O	-		
MSA.6.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

ERR (Error) Fields

The ERR segment is used to add error comments to acknowledgment messages.

ERR.1 - Error Code and Location

This field identifies an erroneous segment in another message. Retained for backward compatibility only as of v 2.5; refer to ERR-2 and ERR-3 instead.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ERR.1.1 - Segment Id	3	ST	O	-		
ERR.1.2 - Segment Sequence	2	NM	O	-		
ERR.1.3 - Field Position	2	NM	O	-		
ERR.1.4 - Code Identifying Error	483	CE	O	-	0357	HL7

ERR.2 - Error Location

Identifies the location in a message related to the identified error, warning, or message. Each error will have an ERR, so no repeats are allowed on this field. This field may be left empty if location is not meaningful. For example, if it is unable to be parsed, an ERR to that effect may be returned.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ERR.2.1 - Segment Id	3	ST	R	-		
ERR.2.2 - Segment Sequence	2	NM	R	-		
ERR.2.3 - Field Position	2	NM	O	-		
ERR.2.4 - Field Repetition	2	NM	O	-		
ERR.2.5 - Component Number	2	NM	O	-		
ERR.2.6 - Sub-component Number	2	NM	O	-		

ERR.3 - HL7 Error Code

Identifies the HL7 (communications) error code. Refer to HL7 Table 0357 – Message Error Condition Codes for valid values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ERR.3.1 - Identifier	20	ST	O	-		
ERR.3.2 - Text	199	ST	O	-		
ERR.3.3 - Name of Coding System	20	ID	O	-	0396	HL7
ERR.3.4 - Alternate Identifier	20	ST	O	-		
ERR.3.5 - Alternate Text	199	ST	O	-		
ERR.3.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
ERR.3.7 - Coding System Version Id	10	ST	C	-		
ERR.3.8 - Alternate Coding System Version Id	10	ST	O	-		
ERR.3.9 - Original Text	199	ST	O	-		

ERR.4 – Severity

Identifies the severity of an application error. Knowing if something is Error, Warning or Information is intrinsic to how an application handles the content. Refer to HL7 Table 0516 - Error severity for valid values. If ERR-3 has a value of "0", ERR-4 will have a value of "I". The Severity code indicates if the system sending the ACK (with error) is reporting an error that caused significant error loss. For instance, the message was rejected, or an important segment was rejected (e.g., RXA). This allows the system that initiated the message to alert the user that there were issues with the data sent.

ERR.5 - Application Error Code

Application specific code identifying the specific error that occurred. Refer to User-Defined Table 0533 - Application Error Code for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ERR.5.1 - Identifier	20	ST	O	-		
ERR.5.2 - Text	199	ST	O	-		
ERR.5.3 - Name of Coding System	20	ID	O	-	0396	HL7
ERR.5.4 - Alternate Identifier	20	ST	O	-		

ERR.5.5 - Alternate Text	199	ST	O	-		
ERR.5.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
ERR.5.7 - Coding System Version Id	10	ST	C	-		
ERR.5.8 - Alternate Coding System Version Id	10	ST	O	-		
ERR.5.9 - Original Text	199	ST	O	-		

ERR.6 - Application Error Parameter

Additional information to be used, together with the Application Error Code, to understand a particular error condition/warning/etc. This field can repeat to allow for up to 10 parameters.

ERR.7 - Diagnostic Information

Information that may be used by help desk or other support personnel to diagnose a problem.

ERR.8 - User Message

The text message to be displayed to the application user.

ERR.9 - Inform Person Indicator

A code to indicate who (if anyone) should be informed of the error. This field may also be used to indicate that a particular person should NOT be informed of the error (e.g., Do not inform patient). Refer to User-defined table 0517- Inform Person Code for suggested values.

ERR.10 - Override Type

Identifies what type of override can be used to override the specific error identified. Refer to User-defined table 0518 Override Type for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ERR.10.1 - Identifier	20	ST	O	-		
ERR.10.2 - Text	199	ST	O	-		
ERR.10.3 - Name of Coding System	20	ID	O	-	0396	HL7
ERR.10.4 - Alternate Identifier	20	ST	O	-		
ERR.10.5 - Alternate Text	199	ST	O	-		
ERR.10.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7

ERR.10.7 - Coding System Version Id	10	ST	C	-		
ERR.10.8 - Alternate Coding System Version Id	10	ST	O	-		
ERR.10.9 - Original Text	199	ST	O	-		

ERR.11 - Override Reason Code

Provides a list of potential override codes that can be used to override enforcement of the application rule that generated the error. Refer to User-defined table 0519 - Override Reason for suggested values.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ERR.11.1 - Identifier	20	ST	O	-		
ERR.11.2 - Text	199	ST	O	-		
ERR.11.3 - Name of Coding System	20	ID	O	-	0396	HL7
ERR.11.4 - Alternate Identifier	20	ST	O	-		
ERR.11.5 - Alternate Text	199	ST	O	-		
ERR.11.6 - Name of Alternate Coding System	20	ID	O	-	0396	HL7
ERR.11.7 - Coding System Version Id	10	ST	C	-		
ERR.11.8 - Alternate Coding System Version Id	10	ST	O	-		
ERR.11.9 - Original Text	199	ST	O	-		

ERR.12 - Help Desk Contact Point

Lists phone, e-mail, fax, and other relevant numbers for helpdesk support related to the specified error.

Field	Length	Data Type	Usage	Repeatability	HL7 Table	Defined By
ERR.12.1 - Telephone Number	199	ST	B	-	PhoneNumber	
ERR.12.2 - Telecommunication Use Code	3	ID	O	-	0201	HL7
ERR.12.3 - Telecommunication Equipment Type	8	ID	O	-	0202	HL7

ERR.12.4 - Email Address	199	ST	O	-		
ERR.12.5 - Country Code	3	NM	O	-		
ERR.12.6 - Area/City Code	5	NM	O	-		
ERR.12.7 - Local Number	9	NM	O	-		
ERR.12.8 - Extension	5	NM	O	-		
ERR.12.9 - Any Text	199	ST	O	-		
ERR.12.10 - Extension Prefix	4	ST	O	-		
ERR.12.11 - Speed Dial Code	6	ST	O	-		
ERR.12.12 - Unformatted Telephone Number	199	ST	C	-		

HL7 Mapping Tables

0001 – Administrative Sex

Value	Description	Comments
A	Ambiguous	
F	Female	
M	Male	
N	Not applicable	
O	Other	
U	Unknown	
A	Ambiguous	
F	Female	
M	Male	

0002 – Marital Status

Value	Description	Comments
A	Separated	
B	Unmarried	
C	Common law	
D	Divorced	
E	Legally Separated	
G	Living together	
I	Interlocutory	
M	Married	
N	Annulled	
O	Other	
P	Domestic partner	

R	Registered domestic partner	
S	Single	
T	Unreported	
U	Unknown	
W	Widowed	

0003 – Event Type

Value	Description	Comments
V04	Submit Immunization	

0004 – Patient Class

Value	Description	Comments
B	Obstetrics	
C	Commercial Account	
E	Emergency	
I	Inpatient	
N	Not Applicable	
O	Outpatient	
P	Preadmit	
R	Recurring patient	
U	Unknown	

0005 - Race

Value	Description	Comments
1002-5	American Indian or Alaska Native	
2028-9	Asian	
2054-5	Black or African American	
2076-8	Native Hawaiian or Other Pacific Islander	
2106-3	White	
2131-1	Other Race	

0006 - Religion

Value	Description	Comments
ABC	Christian: American Baptist Church	
AGN	Agnostic	
AME	Christian: African Methodist Episcopal Zion	
AMT	Christian: African Methodist Episcopal	

ANG	Christian: Anglican	
AOG	Christian: Assembly of God	
ATH	Atheist	
BAH	Baha'i	
BAP	Christian: Baptist	
BMA	Buddhist: Mahayana	
BOT	Buddhist: Other	
BTA	Buddhist: Tantrayana	
BTH	Buddhist: Theravada	
BUD	Buddhist	
CAT	Christian: Roman Catholic	
CFR	Chinese Folk Religionist	
CHR	Christian	
CHS	Christian: Christian Science	
CMA	Christian: Christian Missionary Alliance	
CNF	Confucian	
COC	Christian: Church of Christ	
COG	Christian: Church of God	
COI	Christian: Church of God in Christ	
COL	Christian: Congregational	
COM	Christian: Community	
COP	Christian: Other Pentecostal	
COT	Christian: Other	
CRR	Christian: Christian Reformed	
EOT	Christian: Eastern Orthodox	
EPI	Christian: Episcopalian	
ERL	Ethnic Religionist	
EVC	Christian: Evangelical Church	
FRQ	Christian: Friends	
FWB	Christian: Free Will Baptist	
GRE	Christian: Greek Orthodox	
HIN	Hindu	
HOT	Hindu: Other	
HSH	Hindu: Shaivites	
HVA	Hindu: Vaishnavites	
JAI	Jain	
JCO	Jewish: Conservative	
JEW	Jewish	
JOR	Jewish: Orthodox	
JOT	Jewish: Other	

JRC	Jewish: Reconstructionist	
JRF	Jewish: Reform	
JRN	Jewish: Renewal	
JWN	Christian: Jehovah's Witness	
LMS	Christian: Lutheran Missouri Synod	
LUT	Christian: Lutheran	
MEN	Christian: Mennonite	
MET	Christian: Methodist	
MOM	Christian: Latter-day Saints	
MOS	Muslim	
MOT	Muslim: Other	
MSH	Muslim: Shiite	
MSU	Muslim: Sunni	
NAM	Native American	
NAZ	Christian: Church of the Nazarene	
NOE	Nonreligious	
NRL	New Religionist	
ORT	Christian: Orthodox	
OTH	Other	
PEN	Christian: Pentecostal	
PRC	Christian: Other Protestant	
PRE	Christian: Presbyterian	
PRO	Christian: Protestant	
QUA	Christian: Friends	
REC	Christian: Reformed Church	
REO	Christian: Reorganized Church of Jesus Christ-LDS	
SAA	Christian: Salvation Army	
SEV	Christian: Seventh Day Adventist	
SHN	Shintoist	
SIK	Sikh	
SOU	Christian: Southern Baptist	
SPI	Spiritist	
UCC	Christian: United Church of Christ	
UMD	Christian: United Methodist	
UNI	Christian: Unitarian	
UNU	Christian: Unitarian Universalist	
VAR	Unknown	
WES	Christian: Wesleyan	
WMC	Christian: Wesleyan Methodist	

0007 – Admission Type

Value	Description	Comments
A	Accident	
C	Elective	US UB92 code “3”
E	Emergency	US UB92 code “1”
L	Labor and Delivery	
N	Newborn (Birth in healthcare facility)	US UB92 code “4”
R	Routine	
U	Urgent	US UB92 code “2”

0008 – Acknowledgement Code

Value	Description	Comments
AA	Original mode: Application Accept - Enhanced mode: Application acknowledgment: Accept	
AE	Original mode: Application Error - Enhanced mode: Application acknowledgment: Error	
AR	Original mode: Application Reject - Enhanced mode: Application acknowledgment: Reject	
CA	Enhanced mode: Accept acknowledgment: Commit Accept	
CE	Enhanced mode: Accept acknowledgment: Commit Error	
CR	Enhanced mode: Accept acknowledgment: Commit Reject	

0009 – Ambulatory Status

Value	Description	Comments
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	

0010 – Physician ID

There are no suggested values for this table.

0018 – Patient Type

The self-described values in this table are suggested by State Designated Entity

Value/Description	Comments
Acute Sports Injury	
Ambulance	
Ambulatory Clinic	
ANONYMOUS	
Artificial Insemination	
BP Checks	
Chronic Condition Management	
Client	
Client Billing	
Clinic	
Clinic Outpatient	
Colposcopy	
CONFIDENTIAL	
Consult	
Consult New	
COVID Vaccine	
COVID-19 Testing	
CT	
CT Follow Up	
Day Surgery	
Deposition	
Dexa	
DISMISSED	
DISRUPTIVE	
EKG	
Emergency	

EMG	
EMP CLINIC	
EMP FAM	
EMP/DEP	
EMPLOYEE	
ENDO	
Established Patient	
Family Planning w/ BC	
FLUORO in office	
Follow-Up	
Historical	
Historical Upload	
HIV/STD Congenital Syphilis	
HIV/STD Initial Visit	
HIV/STD Lab Only Visit	
HIV/STD Return Visit	
Home Health	
Hospice	
Hospital	
Hospital Care	
Hospital Clinic	
Hospital Consult	
Hospital Follow-Up	
ICU	
IF	
Immunization Visit	
Immunizations/Injections	
Infusion	
Injection	
In-Office Surgery	
Inpatient	
Inpatient - ICU	
Inpatient Private	
Inpatient Semi-Private	
Inpt Intensive Coronary Care	
IUD check	
IUD removal	
IUD/IUS Check	
IUD/IUS Insert	
IUD-insertion	
IUD-removal/insert	

Lab Rheumatology	
Lab Visit	
Maternity Initial Visit	
Maternity Lab Only	
Maternity Return Visit	
Medicare Wellness Est	
Medicare Wellness Exam	
Medicare Wellness New	
Mental Health	
Method Change	
Mini OC	
Miscellaneous Visit	
MRI	
MRI Follow Up	
MRI Outside Referral	
Neonatal Intermed Care	
New Condition FU	
New Patient Complicated	
New Patient Medicaid	
New Patient Referral	
New Pelvic	
Newborn	
NO MEDICARE	
Non Patient	
Non-Admit	
NP Fracture	
NP SPINE	
Nurse Visit	
OB	
OB Follow-Up	
Observation	
OCC MED	
OP Clinic	
OP Surgery	
OT Medicare	
OT New Patient	
OT TeleHealth FU	
OT TeleHealth NP	
Other	
Outpatient	
Outpatient - Reference Lab	

Outpatient Clinic	
Outpatient Clinic Pre-Reg	
Outpatient in a Bed	
Outpatient Message	
Patient Education	
PBC	
PBP-New	
PCP Consult New	
PCP Est. Wellness	
PCP f/u	
PCP Medicare Wellness Est	
PCP New Wellness	
PCP w/ Prob Est	
Pelvic- Est.	
Physical Exam	
PHYSICIAN	
Physician Visit	
Post Op	
Preadmit	
Preadmit IP	
Pregnancy Test	
Pre-Op	
Prereg OP	
PRISONER	
Procedures	
PT	
PT ASTYM	
PT Followup	
PT MCR	
PT New Patient	
PT Only	
PT SB	
PT TeleHealth FU	
PT TeleHealth NP	
RECOVERY	
Recurring	
Recurring Outpatient	
Recurring- Series	
Referrals	
Referred	
Referred Outpatient	

Registration	
Respite Care	
Same Day Surgery	
Sick Visit	
Skilled Care - Swing	
SNF	
Specimen	
Sport Physical Exam	
Supply Pick Up	
SURG ADMIT	
Surgery	
Surgery OP	
Swing Bed	
TB IGRA/TST/Health Card Visit	
TB Lab Only Visit	
TeleHealth	
Telemedicine	
THERAPIES	
Ultrasound	
Urgent Care	
US-Fetal Bio Physical Profile	
US-GYN	
US-NST-OB	
US-OB	
US-OB-GENDER SCAN	
Video Visit	
VIP	
VOLUNTEER	
Wellness New	
Wellness w/ Prob	
WIC Child Certification/Recertification	
WIC Follow-up	
WIC Woman Certification	
Work Comp New	
Work In	
Xray Rheumatology	

0021 – Bad Debt Agency Code
There are no suggested values for this table.

0022 – Billing Status

There are no suggested values for this table.

0023 – Admit Source

Value	Description	Comments
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	

0032 – Charge/Price Indicator

There are no suggested values for this table.

0038 – Order Status

Value	Description	Comments
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	

0042 – Company Plan Code

There are no suggested values for this table.

0044 – Contract Code

There are no suggested values for this table.

0045 – Courtesy Code

There are no suggested values for this table.

0046 – Credit Rating

There are no suggested values for this table.

0061 – Check Digit Scheme

Value	Description	Comments
ISO	ISO 7064: 1983	
M10	Mod 10 algorithm	
M11	Mod 11 algorithm	
NPI	Check digit algorithm in the US National Provider Identifier	

0063 - Relationship

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

UNK	Unknown	
WRD	Ward of court	

0064 – Financial Class

There are no suggested values for this table.

0066 – Employment Status

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

0068 – Guarantor Type

There are no suggested values for this table.

0069 – Hospital Service

Value	Description	Comments
ALL	Allergy	
AMB	Ambulatory Services	
ASC	Ambulatory Surgery	
ANES	Anesthesiology	
AC	Anticoagulation Clinic	
AUD	Audiology	
BAR	Bariatric	
BH	Behavioral Health	
BDDEX A	Bone Density/DEXA	
BMT	Bone Marrow Transplant	
B	Burn	
BS	Burn Surgery	
CANC	Cancer Center	
CAR	Cardiac Service	

CFR	Center for Rehab	
CD	Chronic Disease	
CL	Clinic Lab	
CON	Consultation	
COVTE	Covid Testing	
COVTR	Covid Treatment	
CRC	Critical Care	
DAY	Day Clinic	
DEN	Dental	
DERM	Dermatology	
DE	Diabetes Education	
DC	Diabetic Clinic	
DIAG	Diagnostic Services	
DIAL	Dialysis	
DTRY	Dietary	
DRG	Drug Screen	
ED	Emergency Department	
EH	Employee Health	
EC	Endocrinology	
ER	Extended Recovery	
FP	Family Practice	
FU	Follow Up	
GI	Gastroenterology	
GENME D	General Medicine	
GEN	Genetics	
GER	Geriatrics	
GM	Glucose Mgmt	
GO	Gynecologic Oncology	
GYN	Gynecology	
HEM	Hematology	
HEMON C	Hematology/Oncology	
HEP	Hepatology	
HH	Home Health	
HOS	Hospice	
HM	Hospital Medicine	
HSPT	Hospitalist	
HYP	Hyperbarics	
IMG	Imaging Services	
IMM	Immunization	

ID	Infectious Disease	
INF	Infusion	
IPR	Inpatient Rehab	
INTMED	Internal Medicine	
INTRAD	Interventional Radiology	
LAB	Lab	
LD	Labor and Delivery	
LWBS	Left without being seen	
LTAC	Long Term Acute Care	
LTC	Long Term Care	
MIDT	Mass Immunization - Drive Thru	
MFM	Maternal Fetal Medicine	
MAT	Maternity	
MEDSU R	Med/Surg	
MICU	Medical ICU	
MED	Medical Service	
NEONA T	Neonatology	
NEPH	Nephrology	
NCS	Nerve Conduction Study	
NICU	Neuro ICU	
NEURO S	Neuro Surgery	
NEURO	Neurology	
NEURO PSY	NEUROPSYCH	
NB	Newborn	
NBC	Newborn Care	
NS	No Show	
NM	Nuclear Medicine	
NV	Nurse Visit	
NH	Nursing Home	
N	Nutrition	
OBO	OB Outpatient	
OBS	Observation	
OB	Obstetrics	
OCCT	Occupational Therapy	
OCUP	Oculoplastic	
OV	Office Visit	
ONCHE M	Oncology/Hematology	

OPC	OP Clinic	
OPPED S	OP PEDS	
OPTNR	OP Testing/Non-Recurring	
OPHTH	Ophthalmology	
OPTOM	Optometry	
ORTHO S	Ortho Surg	
O	Other	
OTOL	Otolaryngology	
OP	Outpatient	
OPH	Outpatient Hospice	
OPP	Outpatient Procedure	
OPS	Outpatient Services	
OS	Outpatient Surgery	
OT	Outpatient Treatment	
PC	Pain Clinic	
PM	Pain Management	
PALLC	Palliative Care	
PATH	Pathology	
PN	Pediatric Neurology	
PED	Pediatrics	
PICU	Peds ICU	
PHARM	Pharmacy	
PE	Physical Exam	
PT	Physical Therapy	
PV	Physician Visit	
PS	Plastic Surgery	
POD	Podiatry	
PREAD MISSIO NTESTI NG	PRE-ADMISSION TESTING	
POL	Pre-Op Lab	
PRICA	Primary Care	
PROC	Procedural	
PROFC	Professional Clinic	
PROS	Prosthetics	
PSYCHI	Psychiatry	
PSYCHI A	Psychiatry (adult)	
PSYCHI C	Psychiatry (child)	

PSYCHO	Psychology	
PH	Public Health	
PULM	Pulmonary Medicine	
PUL	Pulmonary Service	
PULMT	PULMONARY THERAPY	
P	Pulmonology	
RO	Radiation Oncology	
RT	Radiation Therapy	
RAD	Radiology	
RI	Radiology - Interventional	
RADCA R	Radiology/Cardio	
REH	Rehabilitation	
RPTOT	Rehabilitation - PT/OT	
RC	Resident Clinic	
RESP	Respiratory	
RHEU	Rheumatology	
RHC	Rural Health Clinic	
SNF	Skilled Nursing Facility	
SL	Sleep Lab	
SDO	Specimen Drop Off	
SP	Speech Pathology	
SPTH	Speech Therapy	
SD	Stepdown	
ST	Stress Test	
S	Surgery	
SURC	Surgery - Cardiovascular	
SN	Surgery - Neurology	
SC	Surgery Clinic	
SICU	Surgical ICU	
SUR	Surgical Service	
SS	Surgical Services	
SB	Swing Bed	
TELEM	Telemedicine	
TELM	Telemetry	
TEL	Telephone	
TS	Therapy Services	
TIVT	Transfusion / IV Therapy	
TRANT	Transplant	
TRPRT	Transport	
TRM	Trauma	

TR	Treatment Room	
TRI	Triage	
US	Ultrasound	
UNK	Unknown	
UC	Urgent Care	
URO	Urology Service	
VS	Vascular Surgery	
WINC	Walk In Clinic	
WIC	Women's Imaging Center	
WC	Wound Care	
WCC	Wound Care Center	

0072 – Insurance Plan ID

There are no suggested values for this table.

0073 – Interest Rate Code

There are no suggested values for this table.

0076 – Message Type

Value	Description	Comments
ACK	General acknowledgment message	
ADT	ADT message	

0078 – Abnormal Flags

Value	Description	Comments
<	Below absolute low-off instrument scale	
>	Above absolute high-off instrument scale	
A	Abnormal (applies to non-numeric results)	
AA	Very abnormal (applies to non-numeric units, analogous to panic limits for numeric units)	
B	Better--use when direction not relevant	
D	Significant change down	
H	Above high normal	
HH	Above upper panic limits	
I	Intermediate. Indicates for microbiology susceptibilities only.	
L	Below low normal	
LL	Below lower panic limits	

MS	Moderately susceptible. Indicates for microbiology susceptibilities only.	
N	Normal (applies to non-numeric results)	
null	No range defined, or normal ranges don't apply	
R	Resistant. Indicates for microbiology susceptibilities only.	
S	Susceptible. Indicates for microbiology susceptibilities only.	
U	Significant change up	
VS	Very susceptible. Indicates for microbiology susceptibilities only.	
W	Worse--use when direction not relevant	

0080 – Nature of Abnormal testing

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

0085 – Observation Result Status Codes Interpretation

Value	Description	Comments
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	
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	
X	Results cannot be obtained for this observation	

0086 – Plan ID

There are no suggested values for this table.

0087 – Pre-Admit Test Indicator

There are no suggested values for this table.

0092 – Re-Admission Indicator

Value	Description	Comments
R	Re-admission	

0093 – Release Information

Value	Description	Comments
N	No	
Y	Yes	

0098 – Type of Agreement

Value	Description	Comments
M	Maternity	
S	Standard	
U	Unified	

0099 – VIP Indicator

There are no suggested values for this table.

0103 – Processing ID

Value	Description	Comments
D	Debugging	
P	Production	
T	Training	

0104 – Version ID

Value	Description	Comments
2.0	Release 2.0	September 1988
2.0D	Demo 2.0	October 1988
2.1	Release 2.1	March 1990
2.2	Release 2.2	December 1994
2.3	Release 2.3	March 1997
2.3.1	Release 2.3.1	May 1999
2.4	Release 2.4	November 2000
2.5	Release 2.5	May 2003
2.5.1	Release 2.5.1	January 2007 – this is preferred

0105 – Source of Comment

Value	Description	Comments
L	Ancillary (filler) department is source of comment	
O	Other system is source of comment	
P	Orderer (placer) is source of comment	

0110 – Transfer to Bad Debt Code

There are no suggested values for this table.

0111 – Delete Account Code

There are no suggested values for this table.

0112 – Discharge Disposition

Value	Description	Comments
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	

0113 – Discharged to Location

The self-described values in this table are suggested by the State Designated Entity.

Value/Description	Comments
Acute Care Facility	
Admitted as an Inpatient to This Hospital	
Another Hospital	
BEHAVHLTH	
Correctional Facility	

Deferred to Behavioral Health	
Deferred to Clinic	
Deferred to Dental	
Deferred to Medicine Clinic	
Deferred to Optometry Clinic	
Deferred to Ortho Clinic	
Deferred to Peds Clinic	
Deferred to Pharmacy	
Deferred to Podiatry Clinic	
Deferred to Primary Care Clinic	
Deferred to Resident Clinic	
Deferred to Surgery Clinic	
Deferred to Womens Clinic	
Discharge/Transfer to Another Hospital	
Discharged to ED	
Discharged to home or self care (routine discharge)	
Discharged to Law Enforcement	
Discharged/transferred to a acute care hospital	
Discharged/transferred to a cancer childrens facility	
Discharged/transferred to a Critical Access Hospital (CAH)	
DISCHARGED/TRANSFERRED to A FEDERAL HEALTH CARE FACILITY	
Discharged/transferred to a long term care hospital (LTCH)	
DISCHARGED/TRANSFERRED to A NURSING FACILITY CERTIFIED UNDER MEDICAID BUT NOT CERTIFIED UNDER MEDICARE	
Discharged/transferred to a psychiatric drug alcohol facility	
Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital	
Discharged/transferred to a short-term general hospital for inpatient care	
Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital	
Discharged/transferred to another type of health care institution not defined elsewhere in this code list	
Discharged/transferred to another type of institution not defined elsewhere in this code list	
Discharged/transferred to home under care of organized home health service organization	
Discharged/transferred to skilled nursing facility (SNF)	
Discharged/transferred to skilled nursing facility (SNF) with Medicare certification	

DOA	
ED Dismiss-Never Arrived	
Eloped	
Expired	
Expired (i.e., died) at home	
Expired (i.e., died) in a medical facility; e.g., hospital, SNF, ICF, or free-standing hospice	
Federal Hospital	
Funeral Home	
Home Health Care	
Home or Self-Care	
Hospice	
Hospital	
Inpatient Acute Care	
Inpatient Rehab Facility	
Intermediate Care Facility	
Jail/Prison	
Left against medical advice or discontinued care	
Left Without Being Seen	
Legacy Nursing Home	
Long Term Acute Care	
Long Term Care	
Medical Exam	
Morgue	
Motel	
Nursing Home	
Nursing Home Facility	
Observation	
Other	
Other Acute Care Facility	
Other Assisted Living	
Other Home Hospice Option	
Other inpatient facility	
Other Long Term Care Center/SNF	
Other Non-Acute Care Facility	
Other Nursing Home	
Other Rehab	
Patient Treated, Transported by this EMS Unit	
Psychiatric Facility	
Psychiatric Hospital	
Rehab	

Rehab Facility	
Shelter	
Skilled Nursing Facility - SNF	
Still a Patient	
Swingbed	
Transfer to Another Hospital	
Transfer to Inpatient	
Undefined	
Unknown	
VA Hospital	
VA Nursing Home	

0114 – Diet Type

There are no suggested values for this table.

0115 – Servicing Facility

There are no suggested values for this table.

0116 – Bed Status

Value	Description	Comments
C	Closed	
H	Housekeeping	
I	Isolated	
K	Contaminated	
O	Occupied	
U	Unoccupied	

0117 – Account Status

There are no suggested values for this table.

0119 – Order Control Codes

Value	Description	Comments
AF	Order/service refill request approval	
CA	Cancel order/service request	
CH	Child order/service	
CN	Combined result	
CR	Canceled as requested	
DC	Discontinue order/service request	
DE	Data errors	

DF	Order/service refill request denied	
DR	Discontinued as requested	
FU	Order/service refilled, unsolicited	
HD	Hold order request	
HR	On hold as requested	
LI	Link order/service to patient care problem or goal	
NA	Number assigned	
NW	New order/service	
OC	Order/service canceled	
OD	Order/service discontinued	
OE	Order/service released	
OF	Order/service refilled as requested	
OH	Order/service held	
OK	Order/service accepted & OK	
OP	Notification of order for outside dispense	
OR	Released as requested	
PA	Parent order/service	
PY	Notification of replacement order for outside dispense	
RE	Observations/Performed Service to follow	
RF	Refill order/service request	
RL	Release previous hold	
RO	Replacement order	
RP	Order/service replace request	
RQ	Replaced as requested	
RR	Request received	
RU	Replaced unsolicited	
SC	Status changed	
SN	Send order/service number	
SR	Response to send order/service status request	
SS	Send order/service status request	

UA	Unable to accept order/service	
UC	Unable to cancel	
UD	Unable to discontinue	
UF	Unable to refill	
UH	Unable to put on hold	
UM	Unable to replace	
UN	Unlink order/service from patient care problem or goal	
UR	Unable to release	
UX	Unable to change	
XO	Change order/service request	
XR	Changed as requested	
XX	Order/service changed, unsol.	

0121 – Response Flag

Value	Description	Comments
D	Same as R, also other associated segments	
E	Report exceptions only	
F	Same as D, plus confirmations explicitly	
N	Only the MSA segment is returned	
R	Same as E, also Replacement and Parent-Child	

0125 – Value Type

Value	Description	Comments
AD	Address	
CE	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	
TS	Time Stamp (Date & Time)	
TX	Text Data (Display)	
XAD	Extended Address	
XCN	Extended Composite Name and Number for Person's	
XON	Extended Composite Name and Number for Organizations	
XPN	Extended Person Name	
XTN	Extended Telecommunications Number	

0129 – Accommodation Code

There are no suggested values for this table.

0130 – Visit User Code

Value	Description	Comments
HO	Home	
MO	Mobile Unit	
PH	Phone	
TE	Teaching	

0131 – Contact Role

Value	Description	Comments
C	Emergency Contact	
E	Employer	
F	Federal Agency	
I	Insurance Company	
N	Next-of-Kin	
O	Other	
S	State Agency	

U	Unknown	
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0135 – Assignment of Benefits

Value	Description	Comments
M	Modified assignment	
N	No	
Y	Yes	

0136 – Yes/No Indicator

Value	Description	Comments
N	No	
Y	Yes	

0137 – Mail Claim Party

Value	Description	Comments
E	Employer	
G	Guarantor	
I	Insurance company	
O	Other	
P	Patient	

0139 – Employer Information Data

There are no suggested values for this table.

0140 – Military Service

Value	Description	Comments
AUSA	Australian Army	
AUSAF	Australian Air Force	
AUSN	Australian Navy	
NATO	North Atlantic Treaty Organization	
NOAA	National Oceanic and Atmospheric Administration	
USA	US Army	
USAF	US Air Force	
USCG	US Coast Guard	
USMC	US Marine Corps	
USN	US Navy	
USPHS	US Public Health Service	

0141 – Military Rank/Grade

Value	Description	Comments
E1... E9	Enlisted	
O1 ... O9	Officers	
W1 ... W4	Warrant Officers	

0142 – Military Status

Value	Description	Comments
ACT	Active duty	
DEC	Deceased	
RET	Retired	

0143 – Non-covered Insurance Code

There are no suggested values for this table.

0144 – Eligibility Source

Value	Description	Comments
1	Insurance company	
2	Employer	
3	Insured presented policy	
4	Insured presented card	
5	Signed statement on file	
6	Verbal information	
7	None	

0145 – Room Type

Value	Description	Comments
2ICU	Second intensive care unit	
2PRI	Second private room	
2SPR	Second semi-private room	
ICU	Intensive care unit	
PRI	Private room	
SPR	Semi-private room	

0146 – Amount Type

Value	Description	Comments
DF	Differential	
LM	Limit	

PC	Percentage	Retained for backward compatibility only as of v 2.5
RT	Rate	
UL	Unlimited	

0147 – Policy Type

Value	Description	Comments
2ANC	Second ancillary	
2MMD	Second major medical	
3MMD	Third major medical	
ANC	Ancillary	
MMD	Major medical	

0148 – Money or Percentage Indicator

Value	Description	Comments
AT	Currency amount	
PC	Percentage	

0149 – Money or Percentage Indicator

Value	Description	Comments
AP	Approved	
DE	Denied	
PE	Pending	

0150 – Certification Patient Type

Value	Description	Comments
ER	Emergency	
IPE	Inpatient elective	
OPE	Outpatient elective	
UR	Urgent	

0151 – Second Opinion Status

There are no suggested values for this table.

0152 – Second Opinion Documentation Received

There are no suggested values for this table.

0155 – Accept/application acknowledgement conditions

Value	Description	Comments
AL	Always	
ER	Error/reject conditions only	
NE	Never	
SU	Successful completion only	

0162 – Route of Administration

Value	Description	Comments
AP	Apply Externally	
B	Buccal	
DT	Dental	
EP	Epidural	
ET	Endotracheal Tube*	used primarily for respiratory therapy and anesthesia delivery
GTT	Gastrostomy Tube	
GU	GU Irrigant	
IA	Intra-arterial	
IB	Intrabursal	
IC	Intracardiac	
ICV	Intracervical (uterus)	
ID	Intradermal	
IH	Inhalation	
IHA	Intrahepatic Artery	
IM	Intramuscular	
IMR	Immerse (Soak) Body Part	
IN	Intranasal	
IO	Intraocular	
IP	Intraperitoneal	
IS	Intrasynovial	
IT	Intrathecal	
IU	Intrauterine	
IV	Intravenous	
MM	Mucous Membrane	
MTH	Mouth/Throat	
NG	Nasogastric	
NP	Nasal Prongs*	used primarily for respiratory therapy and anesthesia delivery
NS	Nasal	
NT	Nasotracheal Tube	
OP	Ophthalmic	

OT	Otic	
OTH	Other/Miscellaneous	
PF	Perfusion	
PO	Oral	
PR	Rectal	
RM	Rebreather Mask*	used primarily for respiratory therapy and anesthesia delivery
SC	Subcutaneous	
SD	Soaked Dressing	
SL	Sublingual	
TD	Transdermal	
TL	Translingual	
TP	Topical	
TRA	Tracheostomy*	used primarily for respiratory therapy and anesthesia delivery
UR	Urethral	
VG	Vaginal	
VM	Ventimask	
WND	Wound	

0163 – Body Site

Value	Description	Comments
BE	Bilateral Ears	
BN	Bilateral Nares	
BU	Buttock	
CT	Chest Tube	
LA	Left Arm	
LAC	Left Anterior Chest	
LACF	Left Antecubital Fossa	
LD	Left Deltoid	
LE	Left Ear	
LEJ	Left External Jugular	
LF	Left Foot	
LG	Left Gluteus Medius	
LH	Left Hand	
LIJ	Left Internal Jugular	
LLAQ	Left Lower Abd Quadrant	
LLFA	Left Lower Forearm	
LMFA	Left Mid Forearm	
LN	Left Naris	
LPC	Left Posterior Chest	

LSC	Left Subclavian	
LT	Left Thigh	
LUA	Left Upper Arm	
LUAQ	Left Upper Abd Quadrant	
LUFA	Left Upper Forearm	
LVG	Left Ventragluteal	
LVL	Left Vastus Lateralis	
NB	Nebulized	
OD	Right Eye	
OS	Left Eye	
OU	Bilateral Eyes	
PA	Perianal	
PERIN	Perineal	
RA	Right Arm	
RAC	Right Anterior Chest	
RACF	Right Antecubital Fossa	
RD	Right Deltoid	
RE	Right Ear	
REJ	Right External Jugular	
RF	Right Foot	
RG	Right Gluteus Medius	
RH	Right Hand	
RIJ	Right Internal Jugular	
RLAQ	Rt Lower Abd Quadrant	
RLFA	Right Lower Forearm	
RMFA	Right Mid Forearm	
RN	Right Naris	
RPC	Right Posterior Chest	
RSC	Right Subclavian	
RT	Right Thigh	
RUA	Right Upper Arm	
RUAQ	Right Upper Abd Quadrant	
RUFA	Right Upper Forearm	
RVG	Right Ventragluteal	
RVL	Right Vastus Lateralis	

0164 – Administration Device

Value	Description	Comments
AP	Applicator	
BT	Buretrol	

HL	Heparin Lock	
IPPB	IPPB	
IVP	IV Pump	
IVS	IV Soluset	
MI	Metered Inhaler	
NEB	Nebulizer	
PCA	PCA Pump	

0165 – Administration Method

Value	Description	Comments
CH	Chew	
DI	Dissolve	
DU	Dust	
IF	Infiltrate	
IR	Irrigate	
IS	Insert	
IVP	IV Push	
IVPB	IV Piggyback	
NB	Nebulized	
PF	Perfuse	
PT	Pain	
SH	Shampoo	
SO	Soak	
WA	Wash	
WI	Wipe	

0171 – Citizenship

HL7 recommends using [ISO table 3166](#) as the suggested values in User-defined Table 0171 - Citizenship.

Value	Description	Comments
AF	Afghanistan	
AL	Albania	
DZ	Algeria	
AS	American Samoa	
AD	Andorra	
AO	Angola	
AI	Anguilla	
AQ	Antarctica	
AG	Antigua and Barbuda	

AR	Argentina	
AM	Armenia	
AW	Aruba	
AU	Australia	
AT	Austria	
AZ	Azerbaijan	
BS	Bahamas (the)	
BH	Bahrain	
BD	Bangladesh	
BB	Barbados	
BY	Belarus	
BE	Belgium	
BZ	Belize	
BJ	Benin	
BM	Bermuda	
BT	Bhutan	
BO	Bolivia (Plurinational State of)	
BQ	Bonaire, Sint Eustatius, and Saba	
BA	Bosnia and Herzegovina	
BW	Botswana	
BV	Bouvet Island	
BR	Brazil	
IO	British Indian Ocean Territory (the)	
BN	Brunei Darussalam	
BG	Bulgaria	
BF	Burkina Faso	
BI	Burundi	
CV	Cabo Verde	
KH	Cambodia	
CM	Cameroon	
CA	Canada	
KY	Cayman Islands (the)	
CF	Central African Republic (the)	
TD	Chad	
CL	Chile	
CN	China	
CX	Christmas Island	
CC	Cocos (Keeling) Islands (the)	
CO	Colombia	
KM	Comoros (the)	

CD	Congo (the Democratic Republic of the)	
CG	Congo (the)	
CK	Cook Islands (the)	
CR	Costa Rica	
HR	Croatia	
CU	Cuba	
CW	Curaçao	
CY	Cyprus	
CZ	Czechia	
CI	Côte d'Ivoire	
DK	Denmark	
DJ	Djibouti	
DM	Dominica	
DO	Dominican Republic (the)	
EC	Ecuador	
EG	Egypt	
SV	El Salvador	
GQ	Equatorial Guinea	
ER	Eritrea	
EE	Estonia	
SZ	Eswatini	
ET	Ethiopia	
FK	Falkland Islands (the) [Malvinas]	
FO	Faroe Islands (the)	
FJ	Fiji	
FI	Finland	
FR	France	
GF	French Guiana	
PF	French Polynesia	
TF	French Southern Territories (the)	
GA	Gabon	
GM	Gambia (the)	
GE	Georgia	
DE	Germany	
GH	Ghana	
GI	Gibraltar	
GR	Greece	
GL	Greenland	
GD	Grenada	
GP	Guadeloupe	

GU	Guam	
GT	Guatemala	
GG	Guernsey	
GN	Guinea	
GW	Guinea-Bissau	
GY	Guyana	
HT	Haiti	
HM	Heard Island and McDonald Islands	
VA	Holy See (the)	
HN	Honduras	
HK	Hong Kong	
HU	Hungary	
IS	Iceland	
IN	India	
ID	Indonesia	
IR	Iran (Islamic Republic of)	
IQ	Iraq	
IE	Ireland	
IM	Isle of Man	
IL	Israel	
IT	Italy	
JM	Jamaica	
JP	Japan	
JE	Jersey	
JO	Jordan	
KZ	Kazakhstan	
KE	Kenya	
KI	Kiribati	
KP	Korea (the Democratic People's Republic of)	
KR	Korea (the Republic of)	
KW	Kuwait	
KG	Kyrgyzstan	
LA	Lao People's Democratic Republic (the)	
LV	Latvia	
LB	Lebanon	
LS	Lesotho	
LR	Liberia	
LY	Libya	
LI	Liechtenstein	

LT	Lithuania	
LU	Luxembourg	
MO	Macao	
MG	Madagascar	
MW	Malawi	
MY	Malaysia	
MV	Maldives	
ML	Mali	
MT	Malta	
MH	Marshall Islands (the)	
MQ	Martinique	
MR	Mauritania	
MU	Mauritius	
YT	Mayotte	
MX	Mexico	
FM	Micronesia (Federated States of)	
MD	Moldova (the Republic of)	
MC	Monaco	
MN	Mongolia	
ME	Montenegro	
MS	Montserrat	
MA	Morocco	
MZ	Mozambique	
MM	Myanmar	
NA	Namibia	
NR	Nauru	
NP	Nepal	
NL	Netherlands (the)	
NC	New Caledonia	
NZ	New Zealand	
NI	Nicaragua	
NE	Niger (the)	
NG	Nigeria	
NU	Niue	
NF	Norfolk Island	
MK	North Macedonia	
MP	Northern Mariana Islands (the)	
NO	Norway	
OM	Oman	
PK	Pakistan	
PW	Palau	

PS	Palestine, State of	
PA	Panama	
PG	Papua New Guinea	
PY	Paraguay	
PE	Peru	
PH	Philippines (the)	
PN	Pitcairn	
PL	Poland	
PT	Portugal	
PR	Puerto Rico	
QA	Qatar	
RO	Romania	
RU	Russian Federation (the)	
RW	Rwanda	
RE	Réunion	
BL	Saint Barthélemy	
SH	Saint Helena, Ascension and Tristan da Cunha	
KN	Saint Kitts and Nevis	
LC	Saint Lucia	
MF	Saint Martin (French part)	
PM	Saint Pierre and Miquelon	
VC	Saint Vincent and the Grenadines	
WS	Samoa	
SM	San Marino	
ST	São Tomé and Príncipe	
SA	Saudi Arabia	
SN	Senegal	
RS	Serbia	
SC	Seychelles	
SL	Sierra Leone	
SG	Singapore	
SX	Sint Maarten (Dutch part)	
SK	Slovakia	
SI	Slovenia	
SB	Solomon Islands	
SO	Somalia	
ZA	South Africa	
GS	South Georgia and the South Sandwich Islands	
SS	South Sudan	

ES	Spain	
LK	Sri Lanka	
SD	Sudan (the)	
SR	Suriname	
SJ	Svalbard and Jan Mayen	
SE	Sweden	
CH	Switzerland	
SY	Syrian Arab Republic (the)	
TW	Taiwan (Province of China)	
TJ	Tajikistan	
TZ	Tanzania, the United Republic of	
TH	Thailand	
TL	Timor-Leste	
TG	Togo	
TK	Tokelau	
TO	Tonga	
TT	Trinidad and Tobago	
TN	Tunisia	
TM	Turkmenistan	
TC	Turks and Caicos Islands (the)	
TV	Tuvalu	
TR	Türkiye	
UG	Uganda	
UA	Ukraine	
AE	United Arab Emirates (the)	
GB	United Kingdom of Great Britain and Northern Ireland (the)	
UM	United States Minor Outlying Islands (the)	
US	United States of America (the)	
UY	Uruguay	
UZ	Uzbekistan	
VU	Vanuatu	
VE	Venezuela (Bolivarian Republic of)	
VN	Viet Nam	
VG	Virgin Islands (British)	
VI	Virgin Islands (U.S.)	
WF	Wallis and Futuna	
EH	Western Sahara*	
YE	Yemen	
ZM	Zambia	

ZW	Zimbabwe	
AX	Åland Islands	

0172 – Veterans Military Status

There are no suggested values for this table.

0173 – Coordination of Benefits

Value	Description	Comments
CO	Coordination	
IN	Independent	

0177 – Confidentiality Code

Value	Description	Comments
AID	AIDS patient	
EMP	Employee	
ETH	Alcohol/drug treatment patient	
HIV	HIV(+) patient	
PSY	Psychiatric patient	
R	Restricted	
U	Usual control	
UWM	Unwed mother	
V	Very restricted	
VIP	Very important person or celebrity	

0189 – Ethnic Group

Value	Description	Comments
H	Hispanic or Latino	
N	Not Hispanic or Latino	
U	Unknown	

0190 – Address Type

Value	Description	Comments
B	Firm/Business	
BA	Bad address	
BDL	Birth delivery location (address where birth occurred)	
BR	Residence at birth (home address at Time of Birth)	

C	Current or Temporary	
F	Country of Origin	
H	Home	
L	Legal Address	
M	Mailing	
N	Birth (nee) (birth address, not otherwise specified)	
O	Office	
P	Permanent	
RH	Registry home. Refers to the information system, typically managed by a public health agency, that stores patient information such as immunization histories or cancer data, regardless of where the patient obtains services.	

0193 – Amount Class

Value	Description	Comments
AT	Amount	Retained for backward compatibility only as of v 2.5
LM	Limit	
PC	Percentage	Retained for backward compatibility only as of v 2.5
UL	Unlimited	

0200 – Name Type

Value	Description	Comments
A	Alias Name	
B	Name at Birth	
C	Adopted Name	
D	Display Name	
I	Licensing Name	
L	Legal Name	
M	Maiden Name	
N	Nickname /"Call me" Name/Street Name	
P	Name of Partner/Spouse (retained for backward compatibility only)	
R	Registered Name (animals only)	
S	Coded Pseudo-Name to ensure anonymity	

T	Indigenous/Tribal/Community Name	
U	Unspecified	

0201 – Telecommunication Use Code

Value	Description	Comments
ASN	Answering Service Number	
BPN	Beeper Number	
EMR	Emergency Number	
NET	Network (email) Address	
ORN	Other Residence Number	
PRN	Primary Residence Number	
VHN	Vacation Home Number	
WPN	Work Number	

0202 – Telecommunication Equipment Type

Value	Description	Comments
BP	Beeper	
CP	Cellular Phone	
FX	Fax	
Internet	Internet Address: Use Only If Telecommunication Use Code Is NET	
MD	Modem	
PH	Telephone	
TDD	Telecommunications Device for the Deaf	
TTY	Teletypewriter	
X.400	X.400 email address: Use Only If Telecommunication Use Code Is NET	

0203 – Identifier Type

Value	Description	Comments
AM	American Express	Deprecated and replaced by BC in v 2.5.
AN	Account number	An identifier that is unique to an account.
ANC	Account number Creditor	Class: Financial A more precise definition of an account number: sometimes two distinct account numbers must be transmitted in the same message, one as the creditor, the other as the debtor.

AND	Account number debtor	Class: Financial A more precise definition of an account number: sometimes two distinct account numbers must be transmitted in the same message, one as the creditor, the other as the debtor.
ANON	Anonymous identifier	An identifier for a living subject whose real identity is protected or suppressed Justification: For public health reporting purposes, anonymous identifiers are occasionally used for protecting patient identity in reporting certain results. For instance, a state health department may choose to use a scheme for generating an anonymous identifier for reporting a patient that has had a positive human immunodeficiency virus antibody test. Anonymous identifiers can be used in PID 3 by replacing the medical record number or other non-anonymous identifier. The assigning authority for an anonymous identifier would be the state/local health department.
ANT	Temporary Account Number	Class: Financial Temporary version of an Account Number. Use Case: An ancillary system that does not normally assign account numbers is the first time to register a patient. This ancillary system will generate a temporary account number that will only be used until an official account number is assigned.
APRN	Advanced Practice Registered Nurse number	An identifier that is unique to an advanced practice registered nurse within the jurisdiction of a certifying board.
BA	Bank Account Number	Class: Financial
BC	Bank Card Number	Class: Financial An identifier that is unique to a person's bank card. Replaces AM, DI, DS, MS, and VS beginning in v 2.5.
BR	Birth registry number	
BRN	Breed Registry Number	
CC	Cost Center number	Class: Financial Use Case: needed especially for transmitting information about invoices.
CY	County number	
DDS	Dentist license number	An identifier that is unique to a dentist within the jurisdiction of the licensing board.
DEA	Drug Enforcement Administration registration number	An identifier for an individual or organization relative to controlled substance regulation and transactions. Use case: This is a registration number that identifies an individual or organization relative to controlled substance regulation and transactions. A DEA number has a very precise and widely accepted meaning within the United States. Surprisingly, the US Drug Enforcement Administration does not solely assign DEA numbers in the United States.

		Hospitals have the authority to issue DEA numbers to their medical residents. These DEA numbers are based upon the hospital's DEA number, but the authority rests with the hospital on the assignment to the residents. Thus, DEA as an Identifier Type is necessary in addition to DEA as an Assigning Authority.
DFN	Drug Furnishing or prescriptive authority Number	An identifier issued to a health care provider authorizing the person to write drug orders Use Case: A nurse practitioner has authorization to furnish or prescribe pharmaceutical substances; this identifier is in component 1.
DI	Diner's Club card	Deprecated and replaced by BC in v 2.5.
DL	Driver's license number	
DN	Doctor number	
DO	Osteopathic License number	An identifier that is unique to an osteopath within the jurisdiction of a licensing board.
DPM	Podiatrist license number	An identifier that is unique to a podiatrist within the jurisdiction of the licensing board.
DR	Donor Registration Number	
DS	Discover Card	Deprecated and replaced by BC in v 2.5.
EI	Employee number	A number that uniquely identifies an employee to an employer.
EN	Employer number	
FI	Facility ID	
GI	Guarantor internal identifier	Class: Financial
GL	General ledger number	Class: Financial
GN	Guarantor external identifier	Class: Financial
HC	Health Card Number	
IND	Indigenous/Aboriginal	A number assigned to a member of an Indigenous or aboriginal group outside of Canada.
JHN	Jurisdictional health number (Canada)	Class: Insurance 2 uses: a) UK jurisdictional CHI number; b) Canadian provincial health card number:
LI	Labor and industries number	
LN	License number	
LR	Local Registry ID	
MA	Patient Medicaid number	Class: Insurance
MB	Member Number	An identifier for the insured of an insurance policy (this insured always has a subscriber), usually assigned by the insurance carrier. Use Case: Person is covered by an insurance policy. This person may or may not be the subscriber of the policy.

MC	Patient's Medicare number	Class: Insurance
MCD	Practitioner Medicaid number	Class: Insurance
MCN	Microchip Number	
MCR	Practitioner Medicare number	Class: Insurance
MD	Medical License number	An identifier that is unique to a medical doctor within the jurisdiction of a licensing board. Use Case: These license numbers are sometimes used as identifiers. In some states, the same authority issues all three identifiers, e.g., medical, osteopathic, and physician assistant licenses all issued by one state medical board. For this case, the CX data type requires distinct identifier types to accurately interpret component 1. Additionally, the distinction among these license types is critical in most health care settings (this is not to convey full licensing information, which requires a segment to support all related attributes).
MI	Military ID number	A number assigned to an individual who has had military duty, but is not currently on active duty. The number is assigned by the DOD or Veterans' Affairs (VA).
MR	Medical record number	An identifier that is unique to a patient within a set of medical records, not necessarily unique within an application.
MRT	Temporary Medical Record Number	Temporary version of a Medical Record Number Use Case: An ancillary system that does not normally assign medical record numbers is the first time to register a patient. This ancillary system will generate a temporary medical record number that will only be used until an official medical record number is assigned.
MS	MasterCard	Deprecated and replaced by BC in v 2.5.
NE	National employer identifier	In the US, the Assigning Authority for this value is typically CMS, but it may be used by all providers and insurance companies in HIPAA related transactions.
NH	National Health Plan Identifier	Class: Insurance Used for the UK NHS national identifier. In the US, the Assigning Authority for this value is typically CMS, but it may be used by all providers and insurance companies in HIPAA related transactions.
NI	National unique individual identifier	Class: Insurance In the US, the Assigning Authority for this value is typically CMS, but it may be used by all providers and insurance companies in HIPAA related transactions.
NII	National Insurance Organization Identifier	Class: Insurance in Germany a national identifier for an insurance company. It is printed

		on the insurance card (health card). It is not to be confused with the health card number itself.
NIIP	National Insurance Payor Identifier (Payor)	Class: Insurance in Germany the insurance identifier addressed as the payor. Use case: a subdivision issues the card with their identifier, but the main division is going to pay the invoices.
NNxxx	National Person Identifier where the xxx is the ISO table 3166 3-character (alphabetic) country code	
NP	Nurse practitioner number	An identifier that is unique to a nurse practitioner within the jurisdiction of a certifying board.
NPI	National provider identifier	Class: Insurance In the US, the Assigning Authority for this value is typically CMS, but it may be used by all providers and insurance companies in HIPAA related transactions.
OD	Optometrist license number	A number that is unique to an individual optometrist within the jurisdiction of the licensing board.
PA	Physician Assistant number	An identifier that is unique to a physician assistant within the jurisdiction of a licensing board
PCN	Penitentiary/correctional institution Number	A number assigned to individual who is incarcerated.
PE	Living Subject Enterprise Number	An identifier that is unique to a living subject within an enterprise (as identified by the Assigning Authority).
PEN	Pension Number	
PI	Patient internal identifier	A number that is unique to a patient within an Assigning Authority.
PN	Person number	A number that is unique to a living subject within an Assigning Authority.
PNT	Temporary Living Subject Number	Temporary version of a Lining Subject Number.
PPN	Passport number	A unique number assigned to the document affirming that a person is a citizen of the country. In the US, this number is issued only by the State Department.
PRC	Permanent Resident Card Number	
PRN	Provider number	A number that is unique to an individual provider, a provider group, or an organization within an Assigning Authority. Use case: This allows PRN to represent either an individual (a nurse) or a group/organization (orthopedic surgery team).
PT	Patient external identifier	
QA	QA number	

RI	Resource identifier	A generalized resource identifier. Use Case: An identifier type is needed to accommodate what are commonly known as resources. The resources can include human (e.g., a respiratory therapist), non-human (e.g., a companion animal), inanimate object (e.g., an exam room), organization (e.g., diabetic education class) or any other physical or logical entity.
RN	Registered Nurse Number	An identifier that is unique to a registered nurse within the jurisdiction of the licensing board.
RPH	Pharmacist license number	An identifier that is unique to a pharmacist within the jurisdiction of the licensing board.
RR	Railroad Retirement number	
RRI	Regional registry ID	
SL	State license	
SN	Subscriber Number	Class: Insurance An identifier for a subscriber of an insurance policy which is unique for, and usually assigned by, the insurance carrier. Use Case: A person is the subscriber of an insurance policy. The person's family may be plan members, but are not the subscriber.
SR	State registry ID	
SS	Social Security number	
TAX	Tax ID number	
TN	Treaty Number/ (Canada)	A number assigned to a member of an Indigenous group in Canada. Use Case: First Nation.
U	Unspecified identifier	
UPIN	Medicare/CMS (formerly HCFA)'s Universal Physician Identification numbers	Class: Insurance
VN	Visit number	
VS	VISA	Deprecated and replaced by BC in v 2.5.
WC	WIC identifier	
WCN	Workers' Comp Number	
XX	Organization identifier	

0204 – Organizational Name Type

Value	Description	Comments
A	Alias name	
D	Display name	
L	Legal name	
SL	Stock exchange listing name	

0205 – Price Type

Value	Description	Comments
AP	administrative price or handling fee	
DC	direct unit cost	
IC	indirect unit cost	
PF	professional fee for performing provider	
TF	technology fee for use of equipment	
TP	total price	
UP	unit price, may be based on length of procedure or service	

0207 – Processing Code

Value	Description	Comments
A	Archive	
I	Initial load	
Not present	Not present (the default, meaning current processing)	
R	Restore from archive	
T	Current processing, transmitted at intervals (scheduled or on demand)	

0211 – Alternate character sets

Value	Description	Comments
8859/1	The printable characters from the ISO 8859/1 Character set	
8859/2	The printable characters from the ISO 8859/2 Character set	
8859/3	The printable characters from the ISO 8859/3 Character set	
8859/4	The printable characters from the ISO 8859/4 Character set	
8859/5	The printable characters from the ISO 8859/5 Character set	
8859/6	The printable characters from the ISO 8859/6 Character set	

8859/7	The printable characters from the ISO 8859/7 Character set	
8859/8	The printable characters from the ISO 8859/8 Character set	
8859/9	The printable characters from the ISO 8859/9 Character set	
ASCII	The printable 7-bit ASCII character set.	(This is the default if this field is omitted)
BIG-5	Code for Taiwanese Character Set (BIG-5)	Does not need an escape sequence. BIG-5 does not need an escape sequence. ASCII is a 7-bit character set, which means that the top bit of the byte is "0". The parser knows that when the top bit of the byte is "0", the character set is ASCII. When it is "1", the following bytes should be handled as 2 bytes (or more). No escape technique is needed. However, since some servers do not correctly interpret when they receive a top bit "1", it is advised, in internet RFC, to not use this kind of non-safe non-escape extension.
CNS 11643-1992	Code for Taiwanese Character Set (CNS 11643-1992)	Does not need an escape sequence.
GB 18030-2000	Code for Chinese Character Set (GB 18030-2000)	Does not need an escape sequence.
ISO IR14	Code for Information Exchange (one byte) (JIS X 0201-1976).	Note that the code contains a space, i.e., "ISO IR14".
ISO IR159	Code of the supplementary Japanese Graphic Character set for information interchange (JIS X 0212-1990).	Note that the code contains a space, i.e., "ISO IR159".
ISO IR87	Code for the Japanese Graphic Character set for information interchange (JIS X 0208-1990),	Note that the code contains a space, i.e., "ISO IR87". The JIS X 0208 needs an escape sequence. In Japan, the escape technique is ISO 2022. From basic ASCII, escape sequence "escape" \$ B (in HEX, 1B 24 42) lets the parser know that following bytes should be handled 2-byte wise. Back to ASCII is 1B 28 42.
KS X 1001	Code for Korean Character Set (KS X 1001)	
UNICODE E	The worldwide character standard from ISO/IEC 10646-1-1993[6]	Deprecated. Retained for backward compatibility only as v 2.5. Replaced by specific Unicode encoding codes.
UNICODE E UTF-16	UCS Transformation Format, 16-bit form	UTF-16 is identical to ISO/IEC 10646 UCS-2. Note that the code contains a space before UTF but not before and after the hyphen.

UNICODE UTF-32	UCS Transformation Format, 32-bit form	UTF-32 is defined by Unicode Technical Report #19, and is an officially recognized encoding as of Unicode Version 3.1. UTF-32 is a proper subset of ISO/IEC 10646 UCS-4. Note that the code contains a space before UTF but not before and after the hyphen.
UNICODE UTF-8	UCS Transformation Format, 8-bit form	UTF-8 is a variable-length encoding, each code value is represented by 1,2 or 3 bytes, depending on the code value. 7-bit ASCII is a proper subset of UTF-8. Note that the code contains a space before UTF but not before and after the hyphen.

0212 – Nationality

Value	Description	Comments
AF	Afghanistan	
AL	Albania	
DZ	Algeria	
AS	American Samoa	
AD	Andorra	
AO	Angola	
AI	Anguilla	
AQ	Antarctica	
AG	Antigua and Barbuda	
AR	Argentina	
AM	Armenia	
AW	Aruba	
AU	Australia	
AT	Austria	
AZ	Azerbaijan	
BS	Bahamas (the)	
BH	Bahrain	
BD	Bangladesh	
BB	Barbados	
BY	Belarus	
BE	Belgium	
BZ	Belize	
BJ	Benin	
BM	Bermuda	
BT	Bhutan	
BO	Bolivia (Plurinational State of)	
BQ	Bonaire, Sint Eustatius, and Saba	

BA	Bosnia and Herzegovina	
BW	Botswana	
BV	Bouvet Island	
BR	Brazil	
IO	British Indian Ocean Territory (the)	
BN	Brunei Darussalam	
BG	Bulgaria	
BF	Burkina Faso	
BI	Burundi	
CV	Cabo Verde	
KH	Cambodia	
CM	Cameroon	
CA	Canada	
KY	Cayman Islands (the)	
CF	Central African Republic (the)	
TD	Chad	
CL	Chile	
CN	China	
CX	Christmas Island	
CC	Cocos (Keeling) Islands (the)	
CO	Colombia	
KM	Comoros (the)	
CD	Congo (the Democratic Republic of the)	
CG	Congo (the)	
CK	Cook Islands (the)	
CR	Costa Rica	
HR	Croatia	
CU	Cuba	
CW	Curaçao	
CY	Cyprus	
CZ	Czechia	
CI	Côte d'Ivoire	
DK	Denmark	
DJ	Djibouti	
DM	Dominica	
DO	Dominican Republic (the)	
EC	Ecuador	
EG	Egypt	

SV	El Salvador	
GQ	Equatorial Guinea	
ER	Eritrea	
EE	Estonia	
SZ	Eswatini	
ET	Ethiopia	
FK	Falkland Islands (the) [Malvinas]	
FO	Faroe Islands (the)	
FJ	Fiji	
FI	Finland	
FR	France	
GF	French Guiana	
PF	French Polynesia	
TF	French Southern Territories (the)	
GA	Gabon	
GM	Gambia (the)	
GE	Georgia	
DE	Germany	
GH	Ghana	
GI	Gibraltar	
GR	Greece	
GL	Greenland	
GD	Grenada	
GP	Guadeloupe	
GU	Guam	
GT	Guatemala	
GG	Guernsey	
GN	Guinea	
GW	Guinea-Bissau	
GY	Guyana	
HT	Haiti	
HM	Heard Island and McDonald Islands	
VA	Holy See (the)	
HN	Honduras	
HK	Hong Kong	
HU	Hungary	
IS	Iceland	
IN	India	
ID	Indonesia	

IR	Iran (Islamic Republic of)	
IQ	Iraq	
IE	Ireland	
IM	Isle of Man	
IL	Israel	
IT	Italy	
JM	Jamaica	
JP	Japan	
JE	Jersey	
JO	Jordan	
KZ	Kazakhstan	
KE	Kenya	
KI	Kiribati	
KP	Korea (the Democratic People's Republic of)	
KR	Korea (the Republic of)	
KW	Kuwait	
KG	Kyrgyzstan	
LA	Lao People's Democratic Republic (the)	
LV	Latvia	
LB	Lebanon	
LS	Lesotho	
LR	Liberia	
LY	Libya	
LI	Liechtenstein	
LT	Lithuania	
LU	Luxembourg	
MO	Macao	
MG	Madagascar	
MW	Malawi	
MY	Malaysia	
MV	Maldives	
ML	Mali	
MT	Malta	
MH	Marshall Islands (the)	
MQ	Martinique	
MR	Mauritania	
MU	Mauritius	
YT	Mayotte	
MX	Mexico	

FM	Micronesia (Federated States of)	
MD	Moldova (the Republic of)	
MC	Monaco	
MN	Mongolia	
ME	Montenegro	
MS	Montserrat	
MA	Morocco	
MZ	Mozambique	
MM	Myanmar	
NA	Namibia	
NR	Nauru	
NP	Nepal	
NL	Netherlands (the)	
NC	New Caledonia	
NZ	New Zealand	
NI	Nicaragua	
NE	Niger (the)	
NG	Nigeria	
NU	Niue	
NF	Norfolk Island	
MK	North Macedonia	
MP	Northern Mariana Islands (the)	
NO	Norway	
OM	Oman	
PK	Pakistan	
PW	Palau	
PS	Palestine, State of	
PA	Panama	
PG	Papua New Guinea	
PY	Paraguay	
PE	Peru	
PH	Philippines (the)	
PN	Pitcairn	
PL	Poland	
PT	Portugal	
PR	Puerto Rico	
QA	Qatar	
RO	Romania	
RU	Russian Federation (the)	

RW	Rwanda	
RE	Réunion	
BL	Saint Barthélémy	
SH	Saint Helena, Ascension and Tristan da Cunha	
KN	Saint Kitts and Nevis	
LC	Saint Lucia	
MF	Saint Martin (French part)	
PM	Saint Pierre and Miquelon	
VC	Saint Vincent and the Grenadines	
WS	Samoa	
SM	San Marino	
ST	São Tomé and Príncipe	
SA	Saudi Arabia	
SN	Senegal	
RS	Serbia	
SC	Seychelles	
SL	Sierra Leone	
SG	Singapore	
SX	Sint Maarten (Dutch part)	
SK	Slovakia	
SI	Slovenia	
SB	Solomon Islands	
SO	Somalia	
ZA	South Africa	
GS	South Georgia and the South Sandwich Islands	
SS	South Sudan	
ES	Spain	
LK	Sri Lanka	
SD	Sudan (the)	
SR	Suriname	
SJ	Svalbard and Jan Mayen	
SE	Sweden	
CH	Switzerland	
SY	Syrian Arab Republic (the)	
TW	Taiwan (Province of China)	
TJ	Tajikistan	
TZ	Tanzania, the United Republic of	
TH	Thailand	

TL	Timor-Leste	
TG	Togo	
TK	Tokelau	
TO	Tonga	
TT	Trinidad and Tobago	
TN	Tunisia	
TM	Turkmenistan	
TC	Turks and Caicos Islands (the)	
TV	Tuvalu	
TR	Türkiye	
UG	Uganda	
UA	Ukraine	
AE	United Arab Emirates (the)	
GB	United Kingdom of Great Britain and Northern Ireland (the)	
UM	United States Minor Outlying Islands (the)	
US	United States of America (the)	
UY	Uruguay	
UZ	Uzbekistan	
VU	Vanuatu	
VE	Venezuela (Bolivarian Republic of)	
VN	Viet Nam	
VG	Virgin Islands (British)	
VI	Virgin Islands (U.S.)	
WF	Wallis and Futuna	
EH	Western Sahara*	
YE	Yemen	
ZM	Zambia	
ZW	Zimbabwe	
AX	Åland Islands	

0213 – Purge Status Code

Value	Description	Comments
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.	
P	Marked for purge. User is no longer able to update the visit.	

0214 – Special Program Code

Value	Description	Comments
CH	Child Health Assistance	
ES	Elective Surgery Program	
FP	Family Planning	
O	Other	
U	Unknown	

0215 – Publicity Code

Value	Description	Comments
F	Family only	
N	No Publicity	
O	Other	
U	Unknown	

0216 – Patient Status Code

Value	Description	Comments
AI	Active Inpatient	
DI	Discharged Inpatient	

0217 – Visit Priority Code

Value	Description	Comments
1	Emergency	
2	Urgent	
3	Elective	

0218 – Patient Charge Adjustment

There are no suggested values for this table.

0219 – Recurring Service Code

There are no suggested values for this table.

0220 – Living Arrangement

Value	Description	Comments
A	Alone	
F	Family	
I	Institution	
R	Relative	
S	Spouse Only	
U	Unknown	

0222 – Contact Reason

There are no suggested values for this table.

0223 – Living Dependency

Value	Description	Comments
C	Small Children Dependent	
M	Medical Supervision Required	
O	Other	
S	Spouse Dependent	
U	Unknown	

0231 – Student Status

Value	Description	Comments
F	Full-time student	
N	Not a student	
P	Part-time student	

0232 – Insurance Company Contact Reason

Value	Description	Comments
01	Medicare claim status	
02	Medicaid claim status	
03	Name/address change	

0233 – Non-Concur Code/Description

There are no suggested values for this table.

0288 – Census Tract

There are no suggested values for this table.

0289 – County/parish

Value	Description	Comments
00	ALL COUNTIES	
01	Adair	
02	Alfalfa	
03	Atoka	
04	Beaver	
05	Beckham	
06	Blaine	
07	Bryan	
08	Caddo	
09	Canadian	
10	Carter	
11	Cherokee	
12	Choctaw	
13	Cimarron	
14	Cleveland	
15	Coal	
16	Comanche	
17	Cotton	
18	Craig	
19	Creek	
20	Custer	
21	Delaware	
22	Dewey	
23	Ellis	
24	Garfield	
25	Garvin	
26	Grady	
27	Grant	
28	Greer	
29	Harmon	
30	Harper	
31	Haskell	
32	Hughes	
33	Jackson	
34	Jefferson	
35	Johnston	
36	Kay	
37	Kingfisher	
38	Kiowa	
39	Latimer	

40	LeFlore	
41	Lincoln	
42	Logan	
43	Love	
44	McClain	
45	McCurtain	
46	McIntosh	
47	Major	
48	Marshall	
49	Mayes	
50	Murray	
51	Muskogee	
52	Noble	
53	Nowata	
54	Okfuskee	
55	Oklahoma	
56	Okmulgee	
57	Osage	
58	Ottawa	
59	Pawnee	
60	Payne	
61	Pittsburg	
62	Pontotoc	
63	Pottawatomie	
64	Pushmataha	
65	Roger Mills	
66	Rogers	
67	Seminole	
68	Sequoyah	
69	Stephens	
70	Texas	
71	Tillman	
72	Tulsa	
73	Wagoner	
74	Washington	
75	Washita	
76	Woods	
77	Woodward	

0292 – Vaccines Administered

Value	Description	Comments
01	DTP	diphtheria, tetanus toxoids and pertussis vaccine
02	OPV	poliovirus vaccine, live, oral
03	MMR	measles, mumps, and rubella virus vaccine
04	M/R	measles and rubella virus vaccine
05	measles	measles virus vaccine
06	rubella	rubella virus vaccine
07	mumps	mumps virus vaccine
08	Hep B, adolescent or pediatric	hepatitis B vaccine, pediatric or pediatric/adolescent dosage
09	Td (adult)	tetanus and diphtheria toxoids, adsorbed for adult use
10	IPV	poliovirus vaccine, inactivated
100	pneumococcal conjugate	pneumococcal conjugate vaccine, polyvalent
101	typhoid, ViCPs	typhoid Vi capsular polysaccharide vaccine
102	DTP-Hib-Hep B	DTP- Haemophilus influenzae type b conjugate and hepatitis b vaccine
103	meningococcal C conjugate	meningococcal C conjugate vaccine
104	Hep A-Hep B	hepatitis A and hepatitis B vaccine
105	smallpox, diluted	smallpox vaccine, diluted
106	DTaP, 5 pertussis antigens [i]	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens
107	DTaP, NOS	diphtheria, tetanus toxoids and acellular pertussis vaccine, NOS
108	meningococcal, NOS	meningococcal vaccine, NOS
109	pneumococcal, NOS	pneumococcal vaccine, NOS
11	pertussis	pertussis vaccine
12	diphtheria antitoxin	diphtheria antitoxin
13	TIG	tetanus immune globulin
14	IG, NOS	immune globulin, NOS
15	influenza, split (incl. purified surface antigen)	influenza virus vaccine, split virus (incl. purified surface antigen)
16	influenza, whole	influenza virus vaccine, whole virus
17	Hib, NOS	Haemophilus influenzae type b vaccine, conjugate NOS
18	rabies, intramuscular injection	rabies vaccine, for intramuscular injection
19	BCG	Bacillus Calmette-Guerin vaccine
20	DTaP	diphtheria, tetanus toxoids and acellular pertussis vaccine
21	Varicella	varicella virus vaccine
22	DTP-Hib	DTP-Haemophilus influenzae type b conjugate vaccine
23	plague	plague vaccine

24	anthrax	anthrax vaccine
25	typhoid, oral	typhoid vaccine, live, oral
26	cholera	cholera vaccine
27	botulinum antitoxin	botulinum antitoxin
28	DT (pediatric)	diphtheria and tetanus toxoids, adsorbed for pediatric use
29	CMVIG	cytomegalovirus immune globulin, intravenous
30	HBIG	hepatitis B immune globulin
31	Hep A, pediatric, NOS	hepatitis A vaccine, pediatric dosage, NOS
32	meningococcal	meningococcal polysaccharide vaccine
33	pneumococcal	pneumococcal polysaccharide vaccine
34	RIG	rabies immune globulin
35	tetanus toxoid	tetanus toxoid
36	VZIG	varicella zoster immune globulin
37	yellow fever	yellow fever vaccine
38	rubella/mumps	rubella and mumps virus vaccine
39	Japanese encephalitis	Japanese encephalitis vaccine
40	rabies, intradermal injection	rabies vaccine, for intradermal injection
41	typhoid, parenteral	typhoid vaccine, parenteral, other than acetone-killed, dried
42	Hep B, adolescent/high risk infant 2	hepatitis B vaccine, adolescent/high risk infant dosage
43	Hep B, adult4	hepatitis B vaccine, adult dosage
44	Hep B, dialysis	hepatitis B vaccine, dialysis patient dosage
45	Hep B, NOS	hepatitis B vaccine, NOS
46	Hib (PRP-D)	Haemophilus influenzae type b vaccine, PRP-D conjugate
47	Hib (HbOC)	Haemophilus influenzae type b vaccine, HbOC conjugate
48	Hib (PRP-T)	Haemophilus influenzae type b vaccine, PRP-T conjugate
49	Hib (PRP-OMP)	Haemophilus influenzae type b vaccine, PRP-OMP conjugate
50	DTaP-Hib	DTaP-Haemophilus influenzae type b conjugate vaccine
51	Hib-Hep B	Haemophilus influenzae type b conjugate and Hepatitis B vaccine
52	Hep A, adult	hepatitis A vaccine, adult dosage
53	typhoid, parenteral, AKD (U.S. military)	typhoid vaccine, parenteral, acetone-killed, dried (U.S. military)
54	adenovirus, type 4	adenovirus vaccine, type 4, live, oral
55	adenovirus, type 7	adenovirus vaccine, type 7, live, oral
56	dengue fever	dengue fever vaccine
57	hantavirus	hantavirus vaccine

58	Hep C	hepatitis C vaccine
59	Hep E	hepatitis E vaccine
60	herpes simplex 2	herpes simplex virus, type 2 vaccine
61	HIV	human immunodeficiency virus vaccine
62	HPV	human papilloma virus vaccine
63	Junin virus	Junin virus vaccine
64	leishmaniasis	leishmaniasis vaccine
65	leprosy	leprosy vaccine
66	Lyme disease	Lyme disease vaccine
67	malaria	malaria vaccine
68	melanoma	melanoma vaccine
69	parainfluenza-3	parainfluenza-3 virus vaccine
70	Q fever	Q fever vaccine
71	RSV-IGIV	respiratory syncytial virus immune globulin, intravenous
72	rheumatic fever	rheumatic fever vaccine
73	Rift Valley fever	Rift Valley fever vaccine
74	rotavirus	rotavirus vaccine, tetravalent, live, oral
75	smallpox	smallpox vaccine
76	Staphylococcus bacterio lysate	Staphylococcus bacteriophage lysate
77	tick-borne encephalitis	tick-borne encephalitis vaccine
78	tularemia vaccine	tularemia vaccine
79	vaccinia immune globulin	vaccinia immune globulin
80	VEE, live	Venezuelan equine encephalitis, live, attenuated
81	VEE, inactivated	Venezuelan equine encephalitis, inactivated
82	adenovirus, NOS1	adenovirus vaccine, NOS
83	Hep A, ped/adol, 2 dose	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule
84	Hep A, ped/adol, 3 dose	hepatitis A vaccine, pediatric/adolescent dosage, 3 dose schedule
85	Hep A, NOS	hepatitis A vaccine, NOS
86	IG	immune globulin, intramuscular
87	IGIV	immune globulin, intravenous
88	influenza, NOS	influenza virus vaccine, NOS
89	polio, NOS	poliovirus vaccine, NOS
90	rabies, NOS	rabies vaccine, NOS
91	typhoid, NOS	typhoid vaccine, NOS
92	VEE, NOS	Venezuelan equine encephalitis vaccine, NOS
93	RSV-MAb	respiratory syncytial virus monoclonal antibody (palivizumab), intramuscular
94	MMRV	measles, mumps, rubella, and varicella virus vaccine

95	TST-OT tine test	tuberculin skin test; old tuberculin, multipuncture device
96	TST-PPD intradermal	tuberculin skin test; purified protein derivative solution, intradermal
97	TST-PPD tine test	tuberculin skin test; purified protein derivative, multipuncture device
98	TST, NOS	tuberculin skin test; NOS
99	RESERVED - do not use	RESERVED - do not use
998	no vaccine administered	no vaccine administered
999	Unknown	unknown vaccine or immune globulin

0295 – Handicap

There are no suggested values for this table.

0296 – Primary Language

ISO table 639 values are recommended for use where primary language is provided.

Value	Description	Comments
aa	Afar	
ab	Abkhazian	
ae	Avestan	
af	Afrikaans	
ak	Akan	
am	Amharic	
an	Aragonese	
ar	Arabic	
as	Assamese	
av	Avaric	
ay	Aymara	
az	Azerbaijani	
ba	Bashkir	
be	Belarusian	
bg	Bulgarian	
bh	Bihari languages	
bi	Bislama	
bm	Bambara	
bn	Bengali	
bo	Tibetan	
br	Breton	
bs	Bosnian	
ca	Catalan; Valencian	
ce	Chechen	
ch	Chamorro	

co	Corsican	
cr	Cree	
cs	Czech	
cu	Church Slavic; Old Slavonic; Church Slavonic; Old Bulgarian; Old Church Slavonic	
cv	Chuvash	
cy	Welsh	
cy	Welsh	
da	Danish	
de	German	
dv	Divehi; Dhivehi; Maldivian	
dz	Dzongkha	
ee	Ewe	
el	Greek, Modern (1453-)	
en	English	
eo	Esperanto	
es	Spanish; Castilian	
et	Estonian	
eu	Basque	
fa	Persian	
ff	Fulah	
fi	Finnish	
fj	Fijian	
fo	Faroese	
fr	French	
fy	Western Frisian	
ga	Irish	
gd	Gaelic; Scottish Gaelic	
gl	Galician	
gn	Guarani	
gu	Gujarati	
gv	Manx	
ha	Hausa	
he	Hebrew	
hi	Hindi	
ho	Hiri Motu	
hr	Croatian	
ht	Haitian; Haitian Creole	
hu	Hungarian	
hy	Armenian	
hz	Herero	

ia	Interlingua (International Auxiliary Language Association)	
id	Indonesian	
ie	Interlingue; Occidental	
ig	Igbo	
ii	Sichuan Yi; Nuosu	
ik	Inupiaq	
io	Ido	
is	Icelandic	
it	Italian	
iu	Inuktitut	
ja	Japanese	
jv	Javanese	
ka	Georgian	
kg	Kongo	
ki	Kikuyu; Gikuyu	
kj	Kuanyama; Kwanyama	
kk	Kazakh	
kl	Kalaallisut; Greenlandic	
km	Central Khmer	
kn	Kannada	
ko	Korean	
kr	Kanuri	
ks	Kashmiri	
ku	Kurdish	
kv	Komi	
kw	Cornish	
ky	Kyrgyzstan; Kyrgyz	
la	Latin	
lb	Luxembourgish; Letzeburgesch	
lg	Ganda	
li	Limburgan; Limburger; Limburgish	
ln	Lingala	
lo	Lao	
lt	Lithuanian	
lu	Luba-Katanga	
lv	Latvian	
mg	Malagasy	
mh	Marshallese	
mi	Maori	
mk	Macedonian	

ml	Malayalam	
mn	Mongolian	
mr	Marathi	
ms	Malay	
mt	Maltese	
my	Burmese	
na	Nauru	
nb	Bokmål, Norwegian; Norwegian Bokmål	
nd	Ndebele, North; North Ndebele	
ne	Nepali	
ng	Ndonga	
nl	Dutch; Flemish	
nn	Norwegian Nynorsk; Nynorsk, Norwegian	
no	Norwegian	
nr	Ndebele, South; South Ndebele	
nv	Navajo; Navaho	
ny	Chichewa; Chewa; Nyanja	
oc	Occitan (post 1500)	
oj	Ojibwa	
om	Oromo	
or	Odia	
os	Ossetian; Ossetic	
pa	Panjabi; Punjabi	
pi	Pali	
pl	Polish	
ps	Pushto; Pashto	
pt	Portuguese	
qu	Quechua	
rm	Romansh	
rn	Rundi	
ro	Romanian; Moldavian; Moldovan	
ru	Russian	
rw	Kinyarwanda	
sa	Sanskrit	
sc	Sardinian	
sd	Sindhi	
se	Northern Sami	
sg	Sango	
si	Sinhala; Sinhalese	
sk	Slovak	
sl	Slovenian	

sm	Samoan	
sn	Shona	
so	Somali	
sq	Albanian	
sr	Serbian	
ss	Swati	
st	Sotho, Southern	
su	Sundanese	
sv	Swedish	
sw	Swahili	
ta	Tamil	
te	Telugu	
tg	Tajik	
th	Thai	
ti	Tigrinya	
tk	Turkmen	
tl	Tagalog	
tn	Tswana	
to	Tonga (Tonga Islands)	
tr	Turkish	
ts	Tsonga	
tt	Tatar	
tw	Twi	
ty	Tahitian	
ug	Uighur; Uyghur	
uk	Ukrainian	
ur	Urdu	
uz	Uzbek	
ve	Venda	
vi	Vietnamese	
vo	Volapük	
wa	Walloon	
wo	Wolof	
xh	Xhosa	
yi	Yiddish	
yo	Yoruba	
za	Zhuang; Chuang	
zh	Chinese	
zu	Zulu	

0297 – CN ID Source

There are no suggested values for this table.

0298 – CP Range Type

Value	Description	Comments
F	Flat-rate. Apply the entire price to this interval, do not pro-rate the price if the full interval has not occurred/been consumed	
P	Pro-rate. Apply this price to this interval, pro-rated by whatever portion of the interval has occurred/been consumed	

0300 – Namespace ID

There are no suggested values for this table.

0301 – Universal ID Type

Value	Description	Comments
DNS	An Internet dotted name. Either in ASCII or as integers	
GUID	Same as UUID.	
HCD	The CEN Healthcare Coding Scheme Designator. (Identifiers used in DICOM follow this assignment scheme.)	
HL7	Reserved for future HL7 registration schemes	
ISO	An International Standards Organization Object Identifier	
L,M,N	These are reserved for locally defined coding schemes.	
Random	Usually a base64 encoded a string of random bits. The uniqueness depends on the length of the bits. Mail systems often generate ASCII string "unique names," from a combination of random bits and system names. Obviously, such identifiers will not be constrained to the base64 character set.	
URI	Uniform Resource Identifier	
UUID	The DCE Universal Unique Identifier	

x400	An X.400 MHS format identifier	
x500	An X.500 directory name	

0302 – Point of Care

There are no suggested values for this table.

0303 – Room

There are no suggested values for this table.

0304 – Bed

There are no suggested values for this table.

0305 – Person Location Type

Value	Description	Comments
C	Clinic	
D	Department	
H	Home	
N	Nursing Unit	
O	Provider's Office	
P	Phone	
S	SNF	

0306 – Location Status

There are no suggested values for this table.

0307 – Building

There are no suggested values for this table.

0308 – Floor

There are no suggested values for this table.

0309 – Coverage Type

Value	Description	Comments
B	Both hospital and physician	
H	Hospital/institutional	
P	Physician/professional	

0311 – Job Status

Value	Description	Comments
O	Other	
P	Permanent	
T	Temporary	

U	Unknown	
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0312 – Policy Scope

There are no suggested values for this table.

0313 – Policy Source

There are no suggested values for this table.

0315 – Living Will Code

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

0316 – Organ Donor Code

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

0322 – Completion Status

Value	Description	Comments
CP	Complete	

NA	Not Administered	
PA	Partially Administered	
RE	Refused	

0323 – Action Code

Value	Description	Comments
A	Add/Insert	
D	Delete	
U	Update	
X	No change	

0326 – Visit Indicator

Value	Description	Comments
A	Account level (default)	
V	Visit level	

0327 – Job Code

There are no suggested values for this table.

0328 – Employee Classification

There are no suggested values for this table.

0333 – Driver’s License Issuing Authority

There are no suggested values for this table.

0335 – Repeat Pattern

Value	Description	Comments
A	Ante (before)	
BID	twice a day at institution-specified times	(e.g., 9AM-4PM)
C	service is provided continuously between start time and stop time	
D	Cibus Diurnus (lunch)	
I	Inter	(e.g., between this meal and the next, between dinner and sleep)
M	Cibus Matutinus (breakfast)	
Meal Related Timings	<timing>C (“cum”) <meal>	
Once	one time only.	This is also the default when this component is null.
P	Post (after)	

PRN	given as needed	
PRNxxx	where xxx is some frequency code	(e.g., PRNQ6H); given as needed over the frequency period.
Q<integer>D	every <integer> days	
Q<integer>H	every <integer> hours	
Q<integer>J<day#>	repeats on a particular day of the week,	From the French jour (day). If <integer> is missing, the repeat rate is assumed to be 1. Day numbers are counted from 1=Monday to 7=Sunday. So Q2J2 means every second Tuesday; Q1J6 means every Saturday.
Q<integer>L	every <integer> months (Lunar cycle)	
Q<integer>M	every <integer> minutes	
Q<integer>S	every <integer> seconds	
Q<integer>W	every <integer> weeks	
QAM	in the morning at institution-specified time	
QHS	every day before the hour of sleep	
QID	four times a day at institution-specified times	(e.g., 9AM-11AM-4PM-9PM)
QOD	every other day	(same as Q2D)
QPM	in the evening at institution-specified time	
QSHIFT	during each of three eight-hour shifts at institution-specified times	
TID	three times a day at institution-specified times	(e.g., 9AM-4PM-9PM)
U<spec>	for future use, where <spec> is an interval specification as defined by the UNIX cron specification.	
V	Cibus Vespertinus (dinner)	
xID	"X" times per day at institution-specified times, where X is a numeral 5 or greater.	(e.g., 5ID=five times per day; 8ID=8 times per day)

0339 – Advanced Beneficiary Notice Code

Value	Description	Comments
1	Service is subject to medical necessity procedures	

2	Patient has been informed of responsibility, and agrees to pay for service	
3	Patient has been informed of responsibility, and asks that the payer be billed	
4	Advanced Beneficiary Notice has not been signed	

0341 – Guarantor Credit Rating Code

There are no suggested values for this table.

0342 – Military Recipient

There are no suggested values for this table.

0343 – Military Handicapped Program Code

There are no suggested values for this table.

0344 – Patient’s Relationship to Insured

Value	Description	Comments
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	

0345 – Appeal Reason

There are no suggested values for this table.

0346 – Certification Agency

There are no suggested values for this table.

0347 – State/province

Value	Description	Comments
AB	Alberta (US and Canada)	
AL	ALABAMA	
AK	ALASKA	
AS	AMERICAN SAMOA	
AZ	ARIZONA	
AR	ARKANSAS	
CA	CALIFORNIA	
CO	COLORADO	
CT	CONNECTICUT	
DE	DELAWARE	
DC	DISTRICT of COLUMBIA	
FL	FLORIDA	
GA	GEORGIA	
GU	GUAM	
HI	HAWAII	
ID	IDAHO	
IL	ILLINOIS	
IN	INDIANA	
IA	IOWA	
KS	KANSAS	
KY	KENTUCKY	
LA	LOUISIANA	
ME	MAINE	
MD	MARYLAND	
MA	MASSACHUSETTS	
MI	MICHIGAN	
MN	MINNESOTA	
MS	MISSISSIPPI	
MO	MISSOURI	
MT	MONTANA	
NE	NEBRASKA	
NV	NEVADA	

NH	NEW HAMPSHIRE	
NJ	NEW JERSEY	
NM	NEW MEXICO	
NY	NEW YORK	
NC	NORTH CAROLINA	
ND	NORTH DAKOTA	
MP	NORTHERN MARIANA IS	
OH	OHIO	
OK	OKLAHOMA	
OR	OREGON	
PA	PENNSYLVANIA	
PR	PUERTO RICO	
RI	RHODE ISLAND	
SC	SOUTH CAROLINA	
SD	SOUTH DAKOTA	
TN	TENNESSEE	
TX	TEXAS	
UT	UTAH	
VT	VERMONT	
VA	VIRGINIA	
VI	VIRGIN ISLANDS	
WA	WASHINGTON	
WV	WEST VIRGINIA	
WI	WISCONSIN	
WY	WYOMING	

0354 – Message Structure

Value	Description	Comments
ACK	Varies	
ADT_A0 1	A01, A04, A08, A13	
ADT_A0 2	A02	
ADT_A0 3	A03	
ADT_A0 5	A05, A14, A28, A31	
ADT_A0 6	A06, A07	
ADT_A0 9	A09, A10, A11, A12	
ADT_A15	A15	
ADT_A16	A16	

ADT_A17	A17	
ADT_A18	A18	
ADT_A20	A20	
ADT_A21	A21, A22, A23, A25, A26, A27, A29, A32, A33	
ADT_A24	A24	
ADT_A30	A30, A34, A35, A36, A46, A47, A48, A49	
ADT_A37	A37	
ADT_A38	A38	
ADT_A39	A39, A40, A41, A42	
ADT_A43	A43, A44	
ADT_A45	A45	
ADT_A50	A50, A51	
ADT_A52	A52, A53, A55	
ADT_A54	A54	
ADT_A60	A60	
ADT_A61	A61, A62	
ADT_P01	P01	

0356 – Alternate Character Set Handling Scheme

Value	Description	Comments
<null>	This is the default, indicating that there is no character set switching occurring in this message.	This is the default.
2.3	The character set switching mode specified in HL7 2.5, section 2.7.2, "Escape sequences supporting multiple character sets" and section 2.A.46, "XPN - extended person name".	Note that the escape sequences used in this mode do not use the ASCII "esc" character, as defined in ISO 2022-1994. They are "HL7 escape sequences" as first defined in HL7 2.3, sec. 2.9.2. (Also, note that sections 2.8.28.6.1 and 2.9.2 in HL7 2.3 correspond to sections 2.16.93 and 2.7.2 in HL7 2.5.)

ISO 2022-1994	This standard is titled "Information Technology - Character Code Structure and Extension Technique".	This standard specifies an escape sequence from basic one byte character set to specified other character set, and vice versa. The escape sequence explicitly specifies what alternate character set to be evoked. Note that in this mode, the actual ASCII escape character is used as defined in the referenced ISO document. As noted in 1.7.1, escape sequences to/from alternate character set should occur within HL7 delimiters. In other words, HL7 delimiters are basic one byte characters only, and just before and just after delimiters, character encoding status should be the basic one byte set.
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0357 – Message error condition codes

Value	Description	Comments
0	Message accepted	Success. Optional, as the AA conveys success. Used for systems that must always return a status code.
100	Segment sequence error	Error: The message segments were not in the proper order, or required segments are missing.
101	Required field missing	Error: A required field is missing from a segment
102	Data type error	Error: The field contained data of the wrong data type, e.g., an NM field contained "FOO".
103	Table value not found	Error: A field of data type ID or IS was compared against the corresponding table, and no match was found.
200	Unsupported message type	Rejection: The Message Type is not supported.
201	Unsupported event code	Rejection: The Event Code is not supported.
202	Unsupported processing id	Rejection: The Processing ID is not supported.
203	Unsupported version id	Rejection: The Version ID is not supported.
204	Unknown key identifier	Rejection: The ID of the patient, order, etc., was not found. Used for transactions other than additions, e.g., transfer of a non-existent patient.
205	Duplicate key identifier	Rejection: The ID of the patient, order, etc., already exists. Used in response to addition transactions (Admit, New Order, etc.).
206	Application record locked	Rejection: The transaction could not be performed at the application storage level, e.g., database locked.
207	Application internal error	Rejection: A catchall for internal errors not explicitly covered by other codes.

0360 – Degree/license/certificate

Value	Description	Comments
AA	Associate of Arts	
AAS	Associate of Applied Science	
ABA	Associate of Business Administration	
AE	Associate of Engineering	
AS	Associate of Science	
BA	Bachelor of Arts	
BBA	Bachelor of Business Administration	
BE	Bachelor of Engineering	
BFA	Bachelor of Fine Arts	
BN	Bachelor of Nursing	
BS	Bachelor of Science	
BSL	Bachelor of Science - Law	
BSN	Bachelor of Science - Nursing	
BT	Bachelor of Theology	
CANP	Certified Adult Nurse Practitioner	
CER	Certificate	
CMA	Certified Medical Assistant	
CNM	Certified Nurse Midwife	
CNP	Certified Nurse Practitioner	
CNS	Certified Nurse Specialist	
CPNP	Certified Pediatric Nurse Practitioner	
CRN	Certified Registered Nurse	
DBA	Doctor of Business Administration	
DED	Doctor of Education	
DIP	Diploma	
DO	Doctor of Osteopathy	
EMT	Emergency Medical Technician	
EMTP	Emergency Medical Technician - Paramedic	
FPNP	Family Practice Nurse Practitioner	
HS	High School Graduate	
JD	Juris Doctor	
MA	Master of Arts	

MBA	Master of Business Administration	
MCE	Master of Civil Engineering	
MD	Doctor of Medicine	
MDA	Medical Assistant	
MDI	Master of Divinity	
ME	Master of Engineering	
MED	Master of Education	
MEE	Master of Electrical Engineering	
MFA	Master of Fine Arts	
MME	Master of Mechanical Engineering	
MS	Master of Science	
MSL	Master of Science - Law	
MSN	Master of Science - Nursing	
MT	Master of Theology	
MT	Medical Technician	
NG	Non-Graduate	
NP	Nurse Practitioner	
PA	Physician Assistant	
PharmD	Doctor of Pharmacy	
PHD	Doctor of Philosophy	
PHE	Doctor of Engineering	
PHS	Doctor of Science	
PN	Advanced Practice Nurse	
RMA	Registered Medical Assistant	
RPH	Registered Pharmacist	
SEC	Secretarial Certificate	
TS	Trade School Graduate	

0361 – Application

There are no suggested values for this table.

0362 – Facility

There are no suggested values for this table.

0363 – Assigning Authority

There are no suggested values for this table.

0364 – Comment Type

Value	Description	Comments
1R	Primary Reason	
2R	Secondary Reason	
AI	Ancillary Instructions	
DR	Duplicate/Interaction Reason	
GI	General Instructions	
GR	General Reason	
PI	Patient Instructions	
RE	Remark	

0396 – Coding System

Value	Description	Comments
99zzz or L	Local general code (where z is an alphanumeric character)	Locally defined codes for the purpose of sender or receiver. Local codes can be identified by L (for backward compatibility) or 99zzz (where z is an alphanumeric character).
ACR	American College of Radiology finding codes	Index for Radiological Diagnosis Revised, 3rd Edition 1986, American College of Radiology, Reston, VA.
ANS+	HL7 set of units of measure	HL7 set of units of measure based upon ANSI X3.50 - 1986, ISO 2988-83, and US customary units / see chapter 7, section 7.4.2.6.
ART	WHO Adverse Reaction Terms	WHO Collaborating Centre for International Drug Monitoring, Box 26, S-751 03, Uppsala, Sweden.
AS4	ASTM E1238/ E1467 Universal	American Society for Testing & Materials and CPT4 (see Appendix X1 of Specification E1238 and Appendix X2 of Specification E1467).
AS4E	AS4 Neurophysiology Codes	ASTM's diagnostic codes and test result coding/grading systems for clinical neurophysiology. See ASTM Specification E1467, Appendix 2.
ATC	American Type Culture Collection	Reference cultures (microorganisms, tissue cultures, etc.), related biological materials and associated data. American Type Culture Collection, 12301 Parklawn Dr, Rockville MD, 20852. (301) 881-2600. http://www.atcc.org
C4	CPT-4	American Medical Association, P.O. Box 10946, Chicago IL 60610.
C5	CPT-5	(Under development - same contact as above)
CAS	Chemical abstract codes	These include unique codes for each unique chemical, including all generic drugs. The codes do not distinguish among different dosing forms. When multiple equivalent CAS numbers exist, use the first one listed in USAN. USAN 1990 and the USP dictionary of drug names,

		William M. Heller, Ph.D., Executive Editor, United States Pharmacopeial Convention, Inc., 12601 Twinbrook Parkway, Rockville, MD 20852.
CD2	CDT-2 Codes	American Dental Association's Current Dental Terminology (CDT-2) code. American Dental Association, 211 E. Chicago Avenue, Chicago, Illinois 60611.
CDCA	CDC Analyte Codes	As above, for CDCM
CDCM	CDC Methods/Instruments Codes	Public Health Practice Program Office, Centers for Disease Control and Prevention, 4770 Buford Highway, Atlanta, GA, 30421. Also available via FTP: ftp://ftp.cdc.gov/pub/laboratory_info/CLIA/ .
CDS	CDC Surveillance	CDC Surveillance Codes. For data unique to specific public health surveillance requirements. Epidemiology Program Office, Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA, 30333. (404) 639-3661.
CE	CEN ECG diagnostic codes	CEN PT007. A quite comprehensive set of ECG diagnostic codes (abbreviations) and descriptions published as a pre-standard by CEN TC251. Available from CEN TC251 secretariat, c/o Georges DeMoor, State University Hospital Gent, De Pintelaan 185-5K3, 9000 Gent, Belgium or Jos Willems, University of Gathuisberg, 49 Herestraat, 3000 Leuven, Belgium.
CLP	CLIP	Simon Leeming, Beth Israel Hospital, Boston MA. Codes for radiology reports.
CPTM	CPT Modifier Code	Available for the AMA at the address listed for CPT above. These codes are found in Appendix A of CPT 2000 Standard Edition. (CPT 2000 Standard Edition, American Medical Association, Chicago, IL).
CST	COSTART	International coding system for adverse drug reactions. In the USA, maintained by the FDA, Rockville, MD.
CVX	CDC Vaccine Codes	National Immunization Program, Centers for Disease Control and Prevention, 1660 Clifton Road, Atlanta, GA, 30333
DCM	DICOM Controlled Terminology	Codes defined in DICOM Content Mapping Resource. Digital Imaging and Communications in Medicine (DICOM). NEMA Publication PS-3.16 National Electrical Manufacturers Association (NEMA). Rosslyn, VA, 22209. Available at: http://medical.nema.org
E	EUCLIDES	Available from Euclides Foundation International nv, Excelsiorlaan 4A, B-1930 Zaventem, Belgium; Phone: 32 2 720 90 60.
E5	Euclides quantity codes	Available from Euclides Foundation International nv (see above)

E6	Euclides Lab method codes	Available from Euclides Foundation International nv, Excelsiorlaan 4A, B-1930 Zaventem, Belgium; Phone: 32 2 720 90 60.
E7	Euclides Lab equipment codes	Available from Euclides Foundation International nv (see above)
ENZC	Enzyme Codes	Enzyme Committee of the International Union of Biochemistry and Molecular Biology. Enzyme Nomenclature: Recommendations on the Nomenclature and Classification of Enzyme-Catalysed Reactions. London: Academic Press, 1992.
FDDC	First DataBank Drug Codes	National Drug Data File. Proprietary product of First DataBank, Inc. (800) 633-3453, or http://www.firstdatabank.com .
FDDX	First DataBank Diagnostic Codes	Used for drug-diagnosis interaction checking. Proprietary product of First DataBank, Inc. As above for FDDC.
FDK	FDA K10	Dept. of Health & Human Services, Food & Drug Administration, Rockville, MD 20857. (device & analyte process codes).
HB	HIBCC	Health Industry Business Communications Council, 5110 N. 40th St., Ste 120, Phoenix, AZ 85018.
HCPCS	CMS (formerly HCFA) Common Procedure Coding System	HCPCS: contains codes for medical equipment, injectable drugs, transportation services, and other services not found in CPT4.[7]
HCPT	Health Care Provider Taxonomy	The Blue Cross and Blue Shield Association will act as the administrator of the Provider Taxonomy so that the code structure is classified as external to X12. Ongoing maintenance is solely the responsibility of Workgroup 15 (Provider Information) within ANSI ASC X12N, or the work group's successor. Blue Cross and Blue Shield Association, 225 North Michigan Avenue, Chicago, IL 60601, Attention: ITS Department, ECNS Unit. http://www.wpc-edi.com/taxonomy/ Primary distribution is the responsibility of Washington Publishing Company, through its World Wide Web Site, at the same web site.
HHC	Home Health Care	Home Health Care Classification System; Virginia Saba, EdD, RN; Georgetown University School of Nursing; Washington, DC.
HI	Health Outcomes	Health Outcomes Institute codes for outcome variables available (with responses) from Stratis Health (formerly Foundation for Health Care Evaluation and Health Outcomes Institute), 2901 Metro Drive, Suite 400, Bloomington, MN, 55425-1525; (612) 854-3306 (voice); (612) 853-8503 (fax); info@stratishealth.org . See examples in the Implementation Guide.

HL7nnnn	HL7 Defined Codes where nnnn is the HL7 table number	Health Level Seven where nnnn is the HL7 table number
HOT	Japanese Nationwide Medicine Code	
HPC	CMS (formerly HCFA) Procedure Codes (HCPCS)	Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS) including modifiers. http://www.cms.hhs.gov/MedHCPCSGenInfo/
I10	ICD-10	World Health Publications, Albany, NY.
I10P	ICD-10 Procedure Codes	Procedure Coding System (ICD-10-PCS.) See http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/08_ICD10.asp for more information.
I9	ICD9	World Health Publications, Albany, NY.
I9C	ICD-9CM	Commission on Professional and Hospital Activities, 1968 Green Road, Ann Arbor, MI 48105 (includes all procedures and diagnostic tests).
IBT	ISBT	Retained for backward compatibility only as of v 2.5. This code value has been superceded by IBTnnnn. International Society of Blood Transfusion. Blood Group Terminology 1990. VOX Sanquines 1990 58(2):152-169.
IBTnnnn	ISBT 128 codes where nnnn specifies a specific table within ISBT 128.	International Society of Blood Transfusion. (Specific contact information will be supplied to editor.) The variable suffix (nnnn) identifies a specific table within ISBT 128.
IC2	ICHPPC-2	International Classification of Health Problems in Primary Care, Classification Committee of World Organization of National Colleges, Academies and Academic Associations of General Practitioners (WONCA), 3rd edition. An adaptation of ICD9 intended for use in General Medicine, Oxford University Press.
ICD10AM	ICD-10 Australian modification	
ICD10CA	ICD-10 Canada	
ICDO	International Classification of Diseases for Oncology	International Classification of Diseases for Oncology, 2nd Edition. World Health Organization: Geneva, Switzerland, 1990. Order from: College of American Pathologists, 325 Waukegan Road, Northfield, IL, 60093-2750. (847) 446-8800.
ICS	ICCS	Commission on Professional and Hospital Activities, 1968 Green Road, Ann Arbor, MI 48105.
ICSD	International Classification of Sleep Disorders	International Classification of Sleep Disorders Diagnostic and Coding Manual, 1990, available from American Sleep Disorders Association, 604 Second Street SW, Rochester, MN 55902

ISO+	ISO 2955.83 (units of measure) with HL7 extensions	See chapter 7, section 7.4.2.6
ISONnnn	ISO Defined Codes where nnnn is the ISO table number	International Standards Organization where nnnn is the ISO table number
IUPC	IUPAC/IFCC Component Codes	Codes used by IUPAC/IFF to identify the component (analyte) measured. Contact Henrik Olesen, as above for IUPP.
IUPP	IUPAC/IFCC Property Codes	International Union of Pure and Applied Chemistry/International Federation of Clinical Chemistry. The Silver Book: Compendium of terminology and nomenclature of properties in clinical laboratory sciences. Oxford: Blackwell Scientific Publishers, 1995. Henrik Olesen, M.D., D.M.Sc., Chairperson, Department of Clinical Chemistry, KK76.4.2, Rigshospitalet, University Hospital of Copenhagen, DK-2200, Copenhagen.
JC10	JLAC/JSLM, nationwide laboratory code	Source: Classification & Coding for Clinical Laboratory. Japanese Society of Laboratory Medicine (JSLM, Old: Japan Society of Clinical Pathology). Version 10, 1997. A multiaxial code including an analyte code (e.g., Rubella = 5f395), identification code (e.g., virus ab IGG=1431), a specimen code (e.g., serum =023) and a method code (e.g., ELISA = 022)
JC8	Japanese Chemistry	Clinical examination classification code. Japan Association of Clinical Pathology. Version 8, 1990. A multiaxial code including a subject code (e.g., Rubella = 5f395, identification code (e.g., virus ab IGG), a specimen code (e.g., serum =023) and a method code (e.g., ELISA = 022)
JJ1017	Japanese Image Examination Cache	
LB	Local billing code	Local billing codes/names (with extensions if needed).
LN	Logical Observation Identifier Names and Codes (LOINC®)	Regenstrief Institute, c/o LOINC, 1050 Wishard Blvd., 5th floor, Indianapolis, IN 46202. 317/630-7433. Available from the Regenstrief Institute server at http://www.Regenstrief.org/loinc/loinc.htm .
MCD	Medicaid	Medicaid billing codes/names.
MCR	Medicare	Medicare billing codes/names.
MDDX	Medispan Diagnostic Codes	Codes Used for drug-diagnosis interaction checking. Proprietary product. Hierarchical drug codes for identifying drugs down to manufacturer and pill size. MediSpan, Inc., 8425 Woodfield Crossing Boulevard, Indianapolis, IN 46240. Tel: (800) 428-4495. http://www.medispan.com/Products/index.aspx?cat=1 as above for MGPI.

MEDC	Medical Economics Drug Codes	Proprietary Codes for identifying drugs. Proprietary product of Medical Economics Data, Inc. (800) 223-0581.
MEDR	Medical Dictionary for Drug Regulatory Affairs (MEDDRA)	Dr. Louise Wood, Medicines Control Agency, Market Towers, 1 Nine Elms Lane, London SW85NQ, UK Tel: (44)0 171-273-0000 http://www.medddramsso.com/MSSOWeb/index.htm
MEDX	Medical Economics Diagnostic Codes	Used for drug-diagnosis interaction checking. Proprietary product of Medical Economics Data, Inc. (800) 223-0581.
MGPI	Medispan GPI	Medispan hierarchical drug codes for identifying drugs down to manufacturer and pill size. Proprietary product of MediSpan, Inc., 8425 Woodfield Crossing Boulevard, Indianapolis, IN 46240. Tel: (800) 428-4495.
MXV	CDC Vaccine Manufacturer Codes	As above, for CVX
NDA	NANDA	North American Nursing Diagnosis Association, Philadelphia, PA.
NDC	National drug codes	These provide unique codes for each distinct drug, dosing form, manufacturer, and packaging. (Available from the National Drug Code Directory, FDA, Rockville, MD, and other sources.)
NIC	Nursing Interventions Classification	Iowa Intervention Project, College of Nursing, University of Iowa, Iowa City, Iowa
NPI	National Provider Identifier	Health Care Finance Administration, US Dept. of Health and Human Services, 7500 Security Blvd., Baltimore, MD 21244.
NUBC	National Uniform Billing Committee Code	
OHA	Omaha System	Omaha Visiting Nurse Association, Omaha, NB.
OHA	Omaha	Omaha Visiting Nurse Association, Omaha, NB.
POS	POS Codes	HCFA Place of Service Codes for Professional Claims (See http://www.cms.hhs.gov/PlaceofServiceCodes/)
RC	Read Classification	The Read Clinical Classification of Medicine, Park View Surgery, 26 Leicester Rd., Loughborough LE11 2AG (includes drug procedure and other codes, as well as diagnostic codes).
SDM	SNOMED- DICOM Microglossary	College of American Pathologists, Skokie, IL, 60077-1034. (Formerly designated as 99SDM).
SNM	Systemized Nomenclature of Medicine (SNOMED)	Systemized Nomenclature of Medicine, 2nd Edition 1984 Vols 1, 2, College of American Pathologists, Skokie, IL.
SNM3	SNOMED International	SNOMED International, 1993 Vols 1-4, College of American Pathologists, Skokie, IL, 60077-1034.
SNT	SNOMED topology codes (anatomic sites)	College of American Pathologists, 5202 Old Orchard Road, Skokie, IL 60077-1034.

UC	UCDS	Uniform Clinical Data Systems. Ms. Michael McMullan, Office of Peer Review Health Care Finance Administration, The Meadows East Bldg., 6325 Security Blvd., Baltimore, MD 21207; (301) 966 6851.
UMD	MDNS	Universal Medical Device Nomenclature System. ECRI, 5200 Butler Pike, Plymouth Meeting, PA 19462 USA. Phone: 215-825-600 0, Fax: 215-834-1275.
UML	Unified Medical Language	National Library of Medicine, 8600 Rockville Pike, Bethesda, MD 20894.
UPC	Universal Product Code	The Uniform Code Council. 8163 Old Yankee Road, Suite J, Dayton, OH 45458; (513) 435 3070
UPIN	UPIN	Medicare/CMS 's (formerly HCFA) universal physician identification numbers, available from Health Care Financing Administration, U.S. Dept. of Health and Human Services, Bureau of Program Operations, 6325 Security Blvd., Meadows East Bldg., Room 300, Baltimore, MD 21207
USPS	United States Postal Service	Two Letter State and Possession Abbreviations are listed in Publication 28, Postal Addressing Standards which can be obtained from Address Information Products, National Address Information Center, 6060 Primacy Parkway, Suite 101, Memphis, Tennessee 38188-0001 Questions of comments regarding the publication should be addressed to the Office of Address and Customer Information Systems, Customer and Automation Service Department, US Postal Service, 475 Lenfant Plaza SW Rm 7801, Washington, DC 20260-5902
W1	WHO record # drug codes (6 digit)	World Health organization record number code. A unique sequential number is assigned to each unique single component drug and to each multi-component drug. Eight digits are allotted to each such code, six to identify the active agent, and 2 to identify the salt, of single content drugs. Six digits are assigned to each unique combination of drugs in a dispensing unit. The six-digit code is identified by W1, the 8 digit code by W2.
W2	WHO record # drug codes (8 digit)	World Health organization record number code. A unique sequential number is assigned to each unique single component drug and to each multi-component drug. Eight digits are allotted to each such code, six to identify the active agent, and 2 to identify the salt, of single content drugs. Six digits are assigned to each unique combination of drugs in a dispensing unit. The six-digit code is identified by W1, the 8 digit code by W2.

W4	WHO record # code with ASTM extension	With ASTM extensions (see Implementation Guide), the WHO codes can be used to report serum (and other) levels, patient compliance with drug usage instructions, average daily doses and more (see Appendix X1 the Implementation Guide).
WC	WHO ATC	WHO's ATC codes provide a hierarchical classification of drugs by therapeutic class. They are linked to the record number codes listed above.
C4	CPT-4	American Medical Association, P.O. Box 10946, Chicago IL 60610.
C5	CPT-5	(Under development - same contact as above)
CAS	Chemical abstract codes	These include unique codes for each unique chemical, including all generic drugs. The codes do not distinguish among different dosing forms. When multiple equivalent CAS numbers exist, use the first one listed in USAN. USAN 1990 and the USP dictionary of drug names, William M. Heller, Ph.D., Executive Editor, United States Pharmacopeial Convention, Inc., 12601 Twinbrook Parkway, Rockville, MD 20852.
CD2	CDT-2 Codes	American Dental Association's Current Dental Terminology (CDT-2) code. American Dental Association, 211 E. Chicago Avenue, Chicago, Illinois 60611.
CDCA	CDC Analyte Codes	As above, for CDCM
CDCM	CDC Methods/Instruments Codes	Public Health Practice Program Office, Centers for Disease Control and Prevention, 4770 Buford Highway, Atlanta, GA, 30421. Also available via FTP: ftp://ftp.cdc.gov/pub/laboratory_info/CLIA/ .
CDS	CDC Surveillance	CDC Surveillance Codes. For data unique to specific public health surveillance requirements. Epidemiology Program Office, Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA, 30333. (404) 639-3661.
CE	CEN ECG diagnostic codes	CEN PT007. A quite comprehensive set of ECG diagnostic codes (abbreviations) and descriptions published as a pre-standard by CEN TC251. Available from CEN TC251 secretariat, c/o Georges DeMoor, State University Hospital Gent, De Pintelaan 185-5K3, 9000 Gent, Belgium or Jos Willems, University of Gathuisberg, 49 Herestraat, 3000 Leuven, Belgium.
CLP	CLIP	Simon Leeming, Beth Israel Hospital, Boston MA. Codes for radiology reports.
CPTM	CPT Modifier Code	Available for the AMA at the address listed for CPT above. These codes are found in Appendix A of CPT 2000 Standard Edition. (CPT 2000

		Standard Edition, American Medical Association, Chicago, IL).
CST	COSTART	International coding system for adverse drug reactions. In the USA, maintained by the FDA, Rockville, MD.
CVX	CDC Vaccine Codes	National Immunization Program, Centers for Disease Control and Prevention, 1660 Clifton Road, Atlanta, GA, 30333
DCM	DICOM Controlled Terminology	Codes defined in DICOM Content Mapping Resource. Digital Imaging and Communications in Medicine (DICOM). NEMA Publication PS-3.16 National Electrical Manufacturers Association (NEMA). Rosslyn, VA, 22209. Available at: http://medical.nema.org
E	EUCLIDES	Available from Euclides Foundation International nv, Excelsiorlaan 4A, B-1930 Zaventem, Belgium; Phone: 32 2 720 90 60.
E5	Euclides quantity codes	Available from Euclides Foundation International nv (see above)
E6	Euclides Lab method codes	Available from Euclides Foundation International nv, Excelsiorlaan 4A, B-1930 Zaventem, Belgium; Phone: 32 2 720 90 60.
E7	Euclides Lab equipment codes	Available from Euclides Foundation International nv (see above)
ENZC	Enzyme Codes	Enzyme Committee of the International Union of Biochemistry and Molecular Biology. Enzyme Nomenclature: Recommendations on the Nomenclature and Classification of Enzyme-Catalysed Reactions. London: Academic Press, 1992.
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FDDX	First DataBank Diagnostic Codes	Used for drug-diagnosis interaction checking. Proprietary product of First DataBank, Inc. As above for FDDC.
FDK	FDA K10	Dept. of Health & Human Services, Food & Drug Administration, Rockville, MD 20857. (device & analyte process codes).
HB	HIBCC	Health Industry Business Communications Council, 5110 N. 40th St., Ste 120, Phoenix, AZ 85018.
HCPCS	CMS (formerly HCFA) Common Procedure Coding System	HCPCS: contains codes for medical equipment, injectable drugs, transportation services, and other services not found in CPT4.[7]
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		Blue Cross and Blue Shield Association, 225 North Michigan Avenue, Chicago, IL 60601, Attention: ITS Department, ECNS Unit. http://www.wpc-edi.com/taxonomy/ Primary distribution is the responsibility of Washington Publishing Company, through its World Wide Web Site, at the same web site.
HHC	Home Health Care	Home Health Care Classification System; Virginia Saba, EdD, RN; Georgetown University School of Nursing; Washington, DC.
HI	Health Outcomes	Health Outcomes Institute codes for outcome variables available (with responses) from Stratis Health (formerly Foundation for Health Care Evaluation and Health Outcomes Institute), 2901 Metro Drive, Suite 400, Bloomington, MN, 55425-1525; (612) 854-3306 (voice); (612) 853-8503 (fax); info@stratishealth.org . See examples in the Implementation Guide.
HL7nnnn	HL7 Defined Codes where nnnn is the HL7 table number	Health Level Seven where nnnn is the HL7 table number
HOT	Japanese Nationwide Medicine Code	
HPC	CMS (formerly HCFA) Procedure Codes (HCPCS)	Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS) including modifiers. http://www.cms.hhs.gov/MedHCPCSGenInfo/
I10	ICD-10	World Health Publications, Albany, NY.
I10P	ICD-10 Procedure Codes	Procedure Coding System (ICD-10-PCS.) See http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/08_ICD10.asp for more information.
I9	ICD9	World Health Publications, Albany, NY.
I9C	ICD-9CM	Commission on Professional and Hospital Activities, 1968 Green Road, Ann Arbor, MI 48105 (includes all procedures and diagnostic tests).
IBT	ISBT	Retained for backward compatibility only as of v 2.5. This code value has been superceded by IBTnnnn. International Society of Blood Transfusion. Blood Group Terminology 1990. VOX Sanquines 1990 58(2):152-169.
IBTnnnn	ISBT 128 codes where nnnn specifies a specific table within ISBT 128.	International Society of Blood Transfusion. (Specific contact information will be supplied to editor.) The variable suffix (nnnn) identifies a specific table within ISBT 128.
IC2	ICHPPC-2	International Classification of Health Problems in Primary Care, Classification Committee of World Organization of National Colleges, Academies and Academic Associations of General Practitioners (WONCA), 3rd edition. An adaptation of ICD9 intended for use in General Medicine, Oxford University Press.

ICD10AM	ICD-10 Australian modification	
ICD10CA	ICD-10 Canada	
ICDO	International Classification of Diseases for Oncology	International Classification of Diseases for Oncology, 2nd Edition. World Health Organization: Geneva, Switzerland, 1990. Order from: College of American Pathologists, 325 Waukegan Road, Northfield, IL, 60093-2750. (847) 446-8800.
ICS	ICCS	Commission on Professional and Hospital Activities, 1968 Green Road, Ann Arbor, MI 48105.
ICSD	International Classification of Sleep Disorders	International Classification of Sleep Disorders Diagnostic and Coding Manual, 1990, available from American Sleep Disorders Association, 604 Second Street SW, Rochester, MN 55902
ISO+	ISO 2955.83 (units of measure) with HL7 extensions	See chapter 7, section 7.4.2.6
ISOnnnn	ISO Defined Codes where nnnn is the ISO table number	International Standards Organization where nnnn is the ISO table number
IUPC	IUPAC/IFCC Component Codes	Codes used by IUPAC/IFF to identify the component (analyte) measured. Contact Henrik Olesen, as above for IUPP.
IUPP	IUPAC/IFCC Property Codes	International Union of Pure and Applied Chemistry/International Federation of Clinical Chemistry. The Silver Book: Compendium of terminology and nomenclature of properties in clinical laboratory sciences. Oxford: Blackwell Scientific Publishers, 1995. Henrik Olesen, M.D., D.M.Sc., Chairperson, Department of Clinical Chemistry, KK76.4.2, Rigshospitalet, University Hospital of Copenhagen, DK-2200, Copenhagen.
JC10	JLAC/JSLM, nationwide laboratory code	Source: Classification & Coding for Clinical Laboratory. Japanese Society of Laboratory Medicine (JSLM, Old: Japan Society of Clinical Pathology). Version 10, 1997. A multi-axial code including an analyte code (e.g., Rubella = 5f395), identification code (e.g., virus ab IGG=1431), a specimen code (e.g., serum =023) and a method code (e.g., ELISA = 022)
JC8	Japanese Chemistry	Clinical examination classification code. Japan Association of Clinical Pathology. Version 8, 1990. A multi-axial code including a subject code (e.g., Rubella = 5f395, identification code (e.g., virus ab IGG), a specimen code (e.g., serum =023) and a method code (e.g., ELISA = 022)
JJ1017	Japanese Image Examination Cache	

LB	Local billing code	Local billing codes/names (with extensions if needed).
LN	Logical Observation Identifier Names and Codes (LOINC®)	Regenstrief Institute, c/o LOINC, 1050 Wishard Blvd., 5th floor, Indianapolis, IN 46202. 317/630-7433. Available from the Regenstrief Institute server at http://www.Regenstrief.org/loinc/loinc.htm .
MCD	Medicaid	Medicaid billing codes/names.
MCR	Medicare	Medicare billing codes/names.
MDDX	Medispan Diagnostic Codes	Codes Used for drug-diagnosis interaction checking. Proprietary product. Hierarchical drug codes for identifying drugs down to manufacturer and pill size. MediSpan, Inc., 8425 Woodfield Crossing Boulevard, Indianapolis, IN 46240. Tel: (800) 428-4495. http://www.medispan.com/Products/index.aspx?cat=1 as above for MGPI.
MEDC	Medical Economics Drug Codes	Proprietary Codes for identifying drugs. Proprietary product of Medical Economics Data, Inc. (800) 223-0581.
MEDR	Medical Dictionary for Drug Regulatory Affairs (MEDDRA)	Dr. Louise Wood, Medicines Control Agency, Market Towers, 1 Nine Elms Lane, London SW85NQ, UK Tel: (44)0 171-273-0000 http://www.meddramsso.com/MSSOWeb/index.htm
MEDX	Medical Economics Diagnostic Codes	Used for drug-diagnosis interaction checking. Proprietary product of Medical Economics Data, Inc. (800) 223-0581.
MGPI	Medispan GPI	Medispan hierarchical drug codes for identifying drugs down to manufacturer and pill size. Proprietary product of MediSpan, Inc., 8425 Woodfield Crossing Boulevard, Indianapolis, IN 46240. Tel: (800) 428-4495.
MXV	CDC Vaccine Manufacturer Codes	As above, for CVX
NDA	NANDA	North American Nursing Diagnosis Association, Philadelphia, PA.
NDC	National drug codes	These provide unique codes for each distinct drug, dosing form, manufacturer, and packaging. (Available from the National Drug Code Directory, FDA, Rockville, MD, and other sources.)
NIC	Nursing Interventions Classification	Iowa Intervention Project, College of Nursing, University of Iowa, Iowa City, Iowa
NPI	National Provider Identifier	Health Care Finance Administration, US Dept. of Health and Human Services, 7500 Security Blvd., Baltimore, MD 21244.
NUBC	National Uniform Billing Committee Code	
OHA	Omaha System	Omaha Visiting Nurse Association, Omaha, NB.
OHA	Omaha	Omaha Visiting Nurse Association, Omaha, NB.

0399 – Country Code

Value	Description	Comments
ABW	Aruba	
AFG	Afghanistan	
AGO	Angola	
AIA	Anguilla	
ALA	Åland Islands	
ALB	Albania	
AND	Andorra	
ARE	United Arab Emirates	
ARG	Argentina	
ARM	Armenia	
ASM	American Samoa	
ATA	Antarctica	
ATF	French Southern Territories	
ATG	Antigua and Barbuda	
AUS	Australia	
AUT	Austria	
AZE	Azerbaijan	
BDI	Burundi	
BEL	Belgium	
BEN	Benin	
BES	Bonaire, Saint Eustatius, and Saba	
BFA	Burkina Faso	
BGD	Bangladesh	
BGR	Bulgaria	
BHR	Bahrain	
BHS	Bahamas	
BIH	Bosnia and Herzegovina	
BLM	Saint Barthélemy	
BLR	Belarus	
BLZ	Belize	
BMU	Bermuda	
BOL	Bolivia, Plurinational State of	
BRA	Brazil	
BRB	Barbados	
BRN	Brunei Darussalam	
BTN	Bhutan	

BVT	Bouvet Island	
BWA	Botswana	
CAF	Central African Republic	
CAN	Canada	
CCK	Cocos (Keeling) Islands	
CHE	Switzerland	
CHL	Chile	
CHN	China	
CIV	Côte d'Ivoire	
CMR	Cameroon	
COD	Congo, the Democratic Republic of the	
COG	Congo	
COK	Cook Islands	
COL	Colombia	
COM	Comoros	
CPV	Cabo Verde	
CRI	Costa Rica	
CUB	Cuba	
CUW	Curaçao	
CXR	Christmas Island	
CYM	Cayman Islands	
CYP	Cyprus	
CZE	Czech Republic	
DEU	Germany	
DJI	Djibouti	
DMA	Dominica	
DNK	Denmark	
DOM	Dominican Republic	
DZA	Algeria	
ECU	Ecuador	
EGY	Egypt	
ERI	Eritrea	
ESH	Western Sahara	
ESP	Spain	
EST	Estonia	
ETH	Ethiopia	
FIN	Finland	
FJI	Fiji	
FLK	Falkland Islands (Malvinas)	

FRA	France	
FRO	Faroe Islands	
FSM	Micronesia, Federated States of	
GAB	Gabon	
GBR	United Kingdom	
GEO	Georgia	
GGY	Guernsey	
GHA	Ghana	
GIB	Gibraltar	
GIN	Guinea	
GLP	Guadeloupe	
GMB	Gambia	
GNB	Guinea-Bissau	
GNQ	Equatorial Guinea	
GRC	Greece	
GRD	Grenada	
GRL	Greenland	
GTM	Guatemala	
GUF	French Guiana	
GUM	Guam	
GUY	Guyana	
HKG	Hong Kong	
HMD	Heard Island and McDonald Islands	
HND	Honduras	
HRV	Croatia	
HTI	Haiti	
HUN	Hungary	
IDN	Indonesia	
IMN	Isle of Man	
IND	India	
IOT	British Indian Ocean Territory	
IRL	Ireland	
IRN	Iran, Islamic Republic of	
IRQ	Iraq	
ISL	Iceland	
ISR	Israel	
ITA	Italy	
JAM	Jamaica	
JEY	Jersey	

JOR	Jordan	
JPN	Japan	
KAZ	Kazakhstan	
KEN	Kenya	
KGZ	Kyrgyzstan	
KHM	Cambodia	
KIR	Kiribati	
KNA	Saint Kitts and Nevis	
KOR	Korea, Republic of	
KWT	Kuwait	
LAO	Lao People's Democratic Republic	
LBN	Lebanon	
LBR	Liberia	
LBY	Libya	
LCA	Saint Lucia	
LIE	Liechtenstein	
LKA	Sri Lanka	
LSO	Lesotho	
LTU	Lithuania	
LUX	Luxembourg	
LVA	Latvia	
MAC	Macao	
MAF	Saint Martin (French part)	
MAR	Morocco	
MCO	Monaco	
MDA	Moldova, Republic of	
MDG	Madagascar	
MDV	Maldives	
MEX	Mexico	
MHL	Marshall Islands	
MKD	Macedonia, the former Yugoslav Republic of	
MLI	Mali	
MLT	Malta	
MMR	Myanmar	
MNE	Montenegro	
MNG	Mongolia	
MNP	Northern Mariana Islands	
MOZ	Mozambique	
MRT	Mauritania	

MSR	Montserrat	
MTQ	Martinique	
MUS	Mauritius	
MWI	Malawi	
MYS	Malaysia	
MYT	Mayotte	
NAM	Namibia	
NCL	New Caledonia	
NER	Niger	
NFK	Norfolk Island	
NGA	Nigeria	
NIC	Nicaragua	
NIU	Niue	
NLD	Netherlands	
NOR	Norway	
NPL	Nepal	
NRU	Nauru	
NZL	New Zealand	
OMN	Oman	
PAK	Pakistan	
PAN	Panama	
PCN	Pitcairn	
PER	Peru	
PHL	Philippines	
PLW	Palau	
PNG	Papua New Guinea	
POL	Poland	
PRI	Puerto Rico	
PRK	Korea, Democratic People's Republic of	
PRT	Portugal	
PRY	Paraguay	
PSE	Palestinian Territory, Occupied	
PYF	French Polynesia	
QAT	Qatar	
REU	Réunion	
ROU	Romania	
RUS	Russian Federation	
RWA	Rwanda	
SAU	Saudi Arabia	

SDN	Sudan	
SEN	Senegal	
SGP	Singapore	
SGS	South Georgia and the South Sandwich Islands	
SHN	Saint Helena, Ascension and Tristan da Cunha	
SJM	Svalbard and Jan Mayen	
SLB	Solomon Islands	
SLE	Sierra Leone	
SLV	El Salvador	
SMR	San Marino	
SOM	Somalia	
SPM	Saint Pierre and Miquelon	
SRB	Serbia	
STP	São Tomé and Príncipe	
SUR	Suriname	
SVK	Slovakia	
SVN	Slovenia	
SWE	Sweden	
SWZ	Swaziland	
SXM	Sint Maarten (Dutch part)	
SYC	Seychelles	
SYR	Syrian Arab Republic	
TCA	Turks and Caicos Islands	
TCD	Chad	
TGO	Togo	
THA	Thailand	
TJK	Tajikistan	
TKL	Tokelau	
TKM	Turkmenistan	
TLS	Timor-Leste	
TON	Tonga	
TTO	Trinidad and Tobago	
TUN	Tunisia	
TUR	Turkey	
TUV	Tuvalu	
TWN	Taiwan, Province of China	
TZA	Tanzania, United Republic of	
UGA	Uganda	
UKR	Ukraine	

UMI	United States Minor Outlying Islands	
URY	Uruguay	
USA	United States	
UZB	Uzbekistan	
VAT	Holy See (Vatican City State)	
VCT	Saint Vincent and the Grenadines	
VEN	Venezuela, Bolivarian Republic of	
VGB	Virgin Islands, British	
VIR	Virgin Islands, U.S.	
VNM	Viet Nam	
VUT	Vanuatu	
WLF	Wallis and Futuna	
WSM	Samoa	
YEM	Yemen	
ZAF	South Africa	
ZMB	Zambia	
ZWE	Zimbabwe	

0427 – Risk Management Incident Code

Value	Description	Comments
B	Body fluid exposure	
C	Contaminated Substance	
D	Diet Errors	
E	Equipment problem	
F	Patient fell (not from bed)	
H	Patient fell from bed	
I	Infusion error	
J	Foreign object left during surgery	
K	Sterile precaution violated	
O	Other	
P	Procedure error	
R	Pharmaceutical error	
S	Suicide Attempt	
T	Transfusion error	

0429 – Production Class Code

Value	Description	Comments
BR	Breeding/genetic stock	
DA	Dairy	
DR	Draft	
DU	Dual Purpose	
LY	Layer, Includes Multiplier flocks	
MT	Meat	
NA	Not Applicable	
OT	Other	
PL	Pleasure	
RA	Racing	
SH	Show	
U	Unknown	

0430 – Mode of Arrival Code

Value	Description	Comments
A	Ambulance	
C	Car	
F	On foot	
H	Helicopter	
O	Other	
P	Public Transport	
U	Unknown	

0431 – Recreational Drug Use Code

Value	Description	Comments
A	Alcohol	
C	Tobacco - chewed	
K	Kava	
M	Marijuana	
O	Other	
T	Tobacco - smoked	
U	Unknown	

0432 – Admission Level of Care Code

Value	Description	Comments
AC	Acute	
CH	Chronic	
CO	Comatose	

CR	Critical	
IM	Improved	
MO	Moribund	

0433 – Precaution Code

Value	Description	Comments
A	Aggressive	
B	Blind	
C	Confused	
D	Deaf	
I	On IV	
N	“No-code” (i.e., Do not resuscitate)	
O	Other	
P	Paraplegic	
U	Unknown	

0434 – Patient Condition Code

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

0435 – Advance Directive Code

Value	Description	Comments
DNR	Do not resuscitate	

0441 – Immunization Registry Status

Value	Description	Comments
A	Active	
I	Inactive	
L	Inactive - Lost to follow-up (cancel contract)	
M	Inactive - Moved or gone elsewhere (cancel contract)	
O	Other	

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

0444 – Name Assembly Order

Value	Description	Comments
F	Prefix Family Middle Given Suffix	
G	Prefix Given Middle Family Suffix	

0445 – Identity Reliability Code

Value	Description	Comments
AL	Patient/Person Name is an Alias	
UA	Unknown/Default Address	
UD	Unknown/Default Date of Birth	
US	Unknown/Default Social Security Number	

0446 – Species Code

There are no suggested values for this table.

0447 – Breed Code

There are no suggested values for this table.

0448 – Name Context

There are no suggested values for this table.

0465 – Name/address Representation

Value	Description	Comments
A	Alphabetic (i.e., Default or some single byte)	
I	Ideographic (i.e., Kanji)	
P	Phonetic (i.e., ASCII, Katakana, Hiragana, etc.)	

0472 – TQ Conjunction ID

Value	Description	Comments
A	Asynchronous	Do the next specification in parallel with this one (unless otherwise constrained by the following components: ORC-7^4-start date/time

		and ORC-7^5-end date/time). The conjunction of "A" specifies two parallel instructions, as are sometimes used in medication, e.g., prednisone given at 1 tab on Monday, Wednesday, Friday, and at 1/2 tab on Tuesday, Thursday, Saturday, Sunday.
C	Actuation Time	It will be followed by a completion time for the service. This code allows one to distinguish between the time and priority at which a service should be actuated (e.g., blood should be drawn) and the time and priority at which a service should be completed (e.g., results should be reported). For continuous or periodic services, the point at which the service is actually stopped is determined by the components ORC-7^5-end date/time and ORC-7^3-duration, whichever indicates an earlier stopping time. Ordinarily, only one of these components would be present, but if one requested an EKG with the specification ^1^QAM^X3^D10 then the EKG would be done for only three days since the number of repeats (3) defined the earlier stopping time.
S	Synchronous	Do the next specification after this one (unless otherwise constrained by the following components: ORC-7^4-start date/time and ORC-7^5-end date/time). An "S" specification implies that the second timing sequence follows the first, e.g., when an order is written to measure blood pressure Q15 minutes for the 1st hour, then every 2 hours for the next day.

0480 – Pharmacy Order Types

Value	Description	Comments
M	Medication	Default value. Includes, but is not limited to, tables, capsules, powders, puffs, and other non-injected/non-infused products.
O	Other solution as medication orders	Includes, but is not limited to, piggybacks and syringes
S	IV Large Volume Solutions	Includes, but is not limited to, TPNs, admixtures, solutions, and drips.

0482 – Order Type

Value	Description	Comments
I	Inpatient Order	
O	Outpatient Order	

0483 – Authorization Mode

Value	Description	Comments
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	

0485 – Extended Priority Codes

Value	Description	Comments
A	ASAP	Fill after S orders
C	Callback	
P	Preop	
PRN	As needed	
R	Routine	Default
S	Stat	With highest priority
T	Timing critical	A request implying that it is critical to come as close as possible to the requested time, e.g., for a trough anti-microbial level.
TD<integer>		Timing critical within <integer> days.
TH<integer>		Timing critical within <integer> hours.
TL<integer>		Timing critical within <integer> months.
TM<integer>		Timing critical within <integer> minutes.
TS<integer>		Timing critical within <integer> seconds.
TW<integer>		Timing critical within <integer> weeks.

0495 – Body Site Modifier

Value	Description	Comments
ANT	Anterior	
BIL	Bilateral	
DIS	Distal	

EXT	External	
L	Left	
LAT	Lateral	
LLQ	Quadrant, Left Lower	
LOW	Lower	
LUQ	Quadrant, Left Upper	
MED	Medial	
POS	Posterior	
PRO	Proximal	
R	Right	
RLQ	Quadrant, Right Lower	
RUQ	Quadrant, Right Upper	
UPP	Upper	

0503 – Sequence/Results Flag

Value	Description	Comments
C	Cyclical	Used for indicating a repeating cycle of service requests; for example, individual intravenous solutions used in a cyclical sequence (a.k.a. "Alternating IVs"). This value would be compatible with linking separate service requests or with having all cyclical service request components in a single service request. Likewise, the value would be compatible with either Parent-Child messages or a single service request message to communicate the service requests' sequencing
R	Reserved for future use	
S	Sequential	

0504 – Sequence Condition Code

Value	Description	Comments
EE	End related service request(s), end current service request.	
ES	End related service request(s), start current service request.	
SE	Start related service request(s), end current service request.	
SS	Start related service request(s), start current service request.	

0505 – Cyclic Entry/Exit Indicator

Value	Description	Comments
#	The last service request in a cyclic group.	
*	The first service request in a cyclic group	

0506 – Service Request Relationship

Value	Description	Comments
C	Compound	A compound is an extempo order which may be made up of multiple drugs. For example, many hospitals have a standard item called "Magic Mouthwash". The item is ordered that way by the physician. The extempo items will contain multiple products, such as Maalox, Benadryl, Xylocaine, etc. They will all be mixed together and will be dispensed in a single container.
E	Exclusive	An exclusive order is an order where only one of the multiple items should be administered at any one dosage time. The nurse may choose between the alternatives, but should only give ONE of them. An example would be: Phenergan 25 mg PO, IM or R q6h prn (orally, intramuscularly, or rectally every 6 hours as needed).
N	Nurse prerogative	Where a set of two or more orders exist and the Nurse, or other caregiver, has the prerogative to choose which order will be administered at a particular point in time. For example, Milk of Magnesia PO 30 ml qhs (at bedtime) Dulcolax Supp R @ hs prn Colace 100 mg capsule PO bid. The nurse would be administering MOM, but may add the Colace and may also give the Dulcolax Supp as needed to promote and maintain regularity.
S	Simultaneous	A simultaneous order is 2 or more drugs which are ordered to be given at the same time. A common example of this would be Demerol and Phenergan (Phenergan is given with the Demerol to control the nausea that Demerol can cause). The order could be: Demerol 50 mg IM with Phenergan 25 mg IM q4h prn (every 4 hours as needed).
T	Tapering	A tapering order is one in which the same drug is used, but it has a declining dosage over a number of days. For example, Decadron 0.5 mg is often ordered this way. The order would look like this: Decadron 0.5 mg qid (four times a day) for 2 days, then Decadron 0.5 mg tid (three times a day) for 2 days, then Decadron 0.5 mg bid (twice a day) for 2 days, then Decadron 0.5 mg qd (daily) for 2 days, then stop.

0527 – Calendar Alignment

Value	Description	Comments
DM	day of the month	d
DW	day of the week (begins with Monday)	d

DY	day of the year	d
HD	hour of the day	h
MY	month of the year	mo
NH	minute of the hour	min
SN	second of the minute	s
WY	week of the year	wk

0528 – Event Related Period

Value	Description	Comments
AC	before meal (from lat. ante cibus)	
ACD	before lunch (from lat. ante cibus diurnus)	
ACM	before breakfast (from lat. ante cibus matutinus)	
ACV	before dinner (from lat. ante cibus vespertinus)	
HS	the hour of sleep (e.g., H18-22)	
IC	between meals (from lat. inter cibus)	
ICD	between lunch and dinner	
ICM	between breakfast and lunch	
ICV	between dinner and the hour of sleep	
PC	after meal (from lat. post cibus)	
PCD	after lunch (from lat. post cibus diurnus)	
PCM	after breakfast (from lat. post cibus matutinus)	
PCV	after dinner (from lat. post cibus vespertinus)	

0529 – Precision

Value	Description	Comments
D	day	Retained for backward compatibility only
H	hour	Retained for backward compatibility only
L	month	Retained for backward compatibility only
M	minute	Retained for backward compatibility only
S	second	Retained for backward compatibility only
Y	year	Retained for backward compatibility only

0533 – Application Error Code

There are no suggested values for this table.

0534 – Notify Clergy Code

Value	Description	Comments
L	Last Rites only	
N	No	
O	Other	
U	Unknown	
Y	Yes	

0535 – Signature Code

Value	Description	Comments
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.	
M	Signed authorization for assignment of benefits on file.	
P	Signature generated by provider because the patient was not physically present for services.	
S	Signed authorization for release of any medical or other information necessary to process this claim on file.	

0552 – Advanced Beneficiary Notice Override Reason

There are no suggested values for this table.

Other Standard Mapping Tables

The following tables are defined for use in fields, components, and subcomponents whose values are derived from other national or international standards.

ISO4217 – Currency Codes

Value	Description	Comments
	No universal currency	
AED	UAE Dirham	
AFN	Afghani	
ALL	Lek	
AMD	Armenian Dram	
ANG	Netherlands Antillean Guilder	
AOA	Kwanza	
ARS	Argentine Peso	

AUD	Australian Dollar	
AWG	Aruban Florin	
AZN	Azerbaijan Manat	
BAM	Convertible Mark	
BBD	Barbados Dollar	
BDT	Taka	
BGN	Bulgarian Lev	
BHD	Bahraini Dinar	
BIF	Burundi Franc	
BMD	Bermudian Dollar	
BND	Brunei Dollar	
BOB	Boliviano	
BOV	Mvdol	
BRL	Brazilian Real	
BSD	Bahamian Dollar	
BTN	Ngultrum	
BWP	Pula	
BYN	Belarusian Ruble	
BZD	Belize Dollar	
CAD	Canadian Dollar	
CDF	Congolese Franc	
CHE	WIR Euro	
CHF	Swiss Franc	
CHW	WIR Franc	
CLF	Unidad de Fomento	
CLP	Chilean Peso	
CNY	Yuan Renminbi	
COP	Colombian Peso	
COU	Unidad de Valor Real	
CRC	Costa Rican Colon	
CUC	Peso Convertible	
CUP	Cuban Peso	
CVE	Cabo Verde Escudo	
CZK	Czech Koruna	
DJF	Djibouti Franc	
DKK	Danish Krone	
DOP	Dominican Peso	
DZD	Algerian Dinar	
EGP	Egyptian Pound	
ERN	Nakfa	
ETB	Ethiopian Birr	

EUR	Euro	
FJD	Fiji Dollar	
FKP	Falkland Islands Pound	
GBP	Pound Sterling	
GEL	Lari	
GHS	Ghana Cedi	
GIP	Gibraltar Pound	
GMD	Dalasi	
GNF	Guinean Franc	
GTQ	Quetzal	
GYD	Guyana Dollar	
HKD	Hong Kong Dollar	
HNL	Lempira	
HRK	Kuna	
HTG	Gourde	
HUF	Forint	
IDR	Rupiah	
ILS	New Israeli Sheqel	
INR	Indian Rupee	
IQD	Iraqi Dinar	
IRR	Iranian Rial	
ISK	Iceland Krona	
JMD	Jamaican Dollar	
JOD	Jordanian Dinar	
JPY	Yen	
KES	Kenyan Shilling	
KGS	Som	
KHR	Riel	
KMF	Comorian Franc	
KPW	North Korean Won	
KRW	Won	
KWD	Kuwaiti Dinar	
KYD	Cayman Islands Dollar	
KZT	Tenge	
LAK	Lao Kip	
LBP	Lebanese Pound	
LKR	Sri Lanka Rupee	
LRD	Liberian Dollar	
LSL	Loti	
LYD	Libyan Dinar	
MAD	Moroccan Dirham	

MDL	Moldovan Leu	
MGA	Malagasy Ariary	
MKD	Denar	
MMK	Kyat	
MNT	Tugrik	
MOP	Pataca	
MRU	Ouguiya	
MUR	Mauritius Rupee	
MVR	Rufiyaa	
MWK	Malawi Kwacha	
MXN	Mexican Peso	
MXV	Mexican Unidad de Inversion (UDI)	
MYR	Malaysian Ringgit	
MZN	Mozambique Metical	
NAD	Namibia Dollar	
NGN	Naira	
NIO	Cordoba Oro	
NOK	Norwegian Krone	
NPR	Nepalese Rupee	
NZD	New Zealand Dollar	
OMR	Rial Omani	
PAB	Balboa	
PEN	Sol	
PGK	Kina	
PHP	Philippine Peso	
PKR	Pakistan Rupee	
PLN	Zloty	
PYG	Guarani	
QAR	Qatari Rial	
RON	Romanian Leu	
RSD	Serbian Dinar	
RUB	Russian Ruble	
RWF	Rwanda Franc	
SAR	Saudi Riyal	
SBD	Solomon Islands Dollar	
SCR	Seychelles Rupee	
SDG	Sudanese Pound	
SEK	Swedish Krona	
SGD	Singapore Dollar	
SHP	Saint Helena Pound	
SLL	Leone	

SOS	Somali Shilling	
SRD	Surinam Dollar	
SSP	South Sudanese Pound	
STN	Dobra	
SVC	El Salvador Colon	
SYP	Syrian Pound	
SZL	Lilangeni	
THB	Baht	
TJS	Somoni	
TMT	Turkmenistan New Manat	
TND	Tunisian Dinar	
TOP	Pa'anga	
TRY	Turkish Lira	
TTD	Trinidad and Tobago Dollar	
TWD	New Taiwan Dollar	
TZS	Tanzanian Shilling	
UAH	Hryvnia	
UGX	Uganda Shilling	
USD	US Dollar	
USN	US Dollar (Next day)	
UYI	Uruguay Peso en Unidades Indexadas (UI)	
UYU	Peso Uruguayo	
UYW	Unidad Previsional	
UZS	Uzbekistan Sum	
VES	Bolívar Soberano	
VND	Dong	
VUV	Vatu	
WST	Tala	
XAF	CFA Franc BEAC	
XAG	Silver	
XAU	Gold	
XBA	Bond Markets Unit European Composite Unit (EURCO)	
XBB	Bond Markets Unit European Monetary Unit (E.M.U.-6)	
XBC	Bond Markets Unit European Unit of Account 9 (E.U.A.-9)	
XBD	Bond Markets Unit European Unit of Account 17 (E.U.A.-17)	
XCD	East Caribbean Dollar	
XDR	SDR (Special Drawing Right)	
XOF	CFA Franc BCEAO	

XPD	Palladium	
XPF	CFP Franc	
XPT	Platinum	
XSU	Sucre	
XTS	Codes specifically reserved for testing purposes	
XUA	ADB Unit of Account	
XXX	The codes assigned for transactions where no currency is involved	
YER	Yemeni Rial	
ZAR	Rand	
ZMW	Zambian Kwacha	
ZWL	Zimbabwe Dollar	

Troubleshooting

Production Support

State Designated Entity Support

Helpdesk Phone: 918-236-3450

Helpdesk Email: helpdesk@myhealthaccess.net

[State Designated Entity Service Desk Portal](#)

Legal Advisory Language

Patient Informed Consent for an Opt-Out Health Information Exchange

We Value Informed Consent

State Designated Entity and its board of directors believe Individuals should be provided a reasonable opportunity and capability to make informed decisions about the collection, use, and disclosure of their individually identifiable health information. This belief is present in our privacy and security framework.

We also value having the right information about the right patient available to the right provider at the right time in the right setting.

State Designated Entity provides a method for any Individual, or an Individual's personal representative (as defined in 45 CFR § 164.502(g)) to opt out of the sharing of their PHI through the Network, as well as a method to revoke the opt-out request. Minors may make their own opt-out requests in instances in which they may legally consent for their own health services, as outlined in 63 Okla. Stat. §2602 A (1)-(7) and

42 CFR Part 2, as verified by the Participant. Providers and payers must not condition treatment or coverage on an Individual's willingness to permit access to their PHI through the Network.

Data Recipients and Data User Responsibilities Toward Informed Consent

State Designated Entity Members must provide information about an Individual's option to opt out or to revoke the opt-out request. State Designated Entity website hosts downloadable opt-out and revocation forms with complete instructions for submitting the form. A customizable Patient Information Flyer is available for use, or as a model, as determined by the Member organization. The Member's HIPAA Notice of Privacy may require changes to incorporate the use of health information exchange (see example language below).

Data Recipients will make available to Individuals information about how their data may be accessed via health information exchange, and the option and process to opt out utilizing State Designated Entity-provided or State Designated Entity-approved educational materials in Data Recipient locations. Participants are responsible for accurately representing the opt-out opportunity to Individuals and may provide additional patient education opportunities with their notice of privacy practices, or other methods in cooperation with the State Designated Entity. Some Data Suppliers, such as behavioral health facilities, may provide additional patient preference policies based on their technical and procedural capabilities. However, compliance with any additional patient preferences beyond those supported by the State Designated Entity is the responsibility of the individual Data Supplier, and not of the State Designated Entity.

In addition to a handout, poster, or other means State Designated Entity Members choose to educate patients about the network and their option to opt out, Members may want to explicitly identify the use of health information exchange in their notice of privacy practices. To this end, the following serve as examples of HIPAA Privacy Notice language related to use of health information exchange:

1. Treatment

"For instance, we may participate in digital health information exchanges with other health care provider members, in which we send patient data to a network system committed to securing the information and allowing your data to be available to another member who is providing treatment to you."
And/or,

- 2. We may also participate with digital health information exchanges and their members, in which we send patient data to a network system committed to securing the information and allowing your data to be available to other members who are providing treatment to you.*

3. Electronic Health Information Networks

Until now, providers and health plans have exchanged information about you for purposes of treatment, payment, and health care operations directly by

hand-delivery, telephone, mail, facsimile, or e-mail. This process is time consuming and expensive, may not be secure, and often is unreliable. Electronic health information networks change this process. New technology allows a provider or a health plan to submit a single request through a health information network to obtain electronic records for a specific patient from other network participants. Your electronic medical record will be included in the network, and accessed by other network participants who have a relationship to you unless you affirmatively choose not to participate by submitting an Opt-Out Request to the network. By opting out your information would be blocked from being seen by network participants.