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# Static Definitions

## *Admission, Discharge, Transfer Notifications*

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## Message Level<sup>1</sup>

Each HL7 message sent to MiHIN will conform to the static definition given in the subsection below corresponding to the trigger event of the message.

### ADT (Patient Administration) Message – Trigger Events A01, A04, A05, A08, A13, A14, A28, A31

The definitions in the table below will be conformed to by all of the HL7 source messages sending the following ADT trigger events:

- A01 (admit/visit notification)
- A04 (register a patient)
- A05 (pre-admit a patient)
- A08 (update patient information)
- A13 (cancel discharge / end visit)
- A14 (pending admit)
- A28 (add person information)
- A31 (update person information)

Segment	Description	Usage	Cardinality	HL7 Chapter	Comments
MSH	Message header	R	1..1	2	
[ { SFT } ]	Software segment	RE	0..99	2	Implemented beginning in HL7 V2.5
EVN	Event type	R	1..1	3	
PID	Patient identification	R	1..1	3	
[ PD1 ]	Additional demographics	RE	0..1	3	
[ { NK1 } ]	Next of kin / associated parties	X	0..0	3	
PV1	Patient visit	R	1..1	3	
[ PV2 ]	Patient visit - additional info.	X	0..0	3	
[ { DB1 } ]	Disability information	X	0..0	3	

<sup>1</sup> The language and material in this section has been adapted from original material created by HL7. MiHIN received permission to share and adapt HL7 writing in 2018. If you have any questions, please feel free to write to MiHIN. If you would like to see the original source material, please visit <http://www.hl7.org/index.cfm>

Segment	Description	Usage	Cardinality	HL7 Chapter	Comments
[ { OBX } ]	Observation / result	RE	0..2	7	Patient height and weight
[ { AL1 } ]	Allergy information	X	0..0	3	
[ { DG1 } ]	Diagnosis information	RE	0..99	6	
[ DRG ]	Diagnosis related group	X	0..0	6	
[ { PR1	Procedures	RE	0..99	6	
[ { ROL } ]	Role	X	0..0	12	
}]					
[ { GT1 } ]	Guarantor	X	0..0	6	
[					
{ IN1	Insurance	R	0..99	6	
[ IN2 ]	Insurance additional info.	X	0..0	6	
[ { IN3 } ]	Insurance add'l info - cert.	X	0..0	6	
}					
]					
[ ACC ]	Accident information	X	0..0	6	
[ UB1 ]	Universal bill information	X	0..0	6	
[ UB2 ]	Universal bill 92 information	X	0..0	6	

### ADT (Patient Administration) Message – Trigger Events A02, A21, A22, A23, A25, A26, A27, A29, A32, A33

The definitions in the table below will be conformed to by all HL7 source messages sending the following ADT trigger events:

- A02 (transfer a patient)

- A21 (patient goes on a “leave of absence”)
- A22 (patient returns from a “leave of absence”)
- A23 (delete a patient record)
- A25 (cancel pending discharge)
- A26 (cancel pending transfer)
- A27 (cancel pending admit)
- A29 (delete person information)
- A32 (cancel patient arriving – tracking)
- A33 (cancel patient departing – tracking)

Segment	Description	Usage	Cardinality	HL7 Chapter	Comments
MSH	Message header	R	1..1	2	
[ { SFT } ]	Software segment	RE	0..99	2	Implemented beginning in HL7 V2.5
EVN	Event type	R	1..1	3	
PID	Patient identification	R	1..1	3	
[ PD1 ]	Additional demographics	RE	0..1	3	
PV1	Patient visit	R	1..1	3	
[ PV2 ]	Patient visit - additional info.	X	0..0	3	
[ { DB1 } ]	Disability information	X	0..0	3	
[ { OBX } ]	Observation / result	RE	0..2	7	Patient height and weight

### ADT (Patient Administration) Message – Trigger Event A03

The definitions in the table below will be conformed to by all HL7 source messages sending ADT trigger event A03 (discharge / end visit).

Segment	Description	Usage	Cardinality	HL7 Chapter	Comments
MSH	Message header	R	1..1	2	
[ { SFT } ]	Software segment	RE	0..99	2	Implemented beginning in HL7 V2.5
EVN	Event type	R	1..1	3	
PID	Patient identification	R	1..1	3	

Segment	Description	Usage	Cardinality	HL7 Chapter	Comments
[ PD1 ]	Additional demographics	RE	0..1	3	
PV1	Patient visit	R	1..1	3	
[ PV2 ]	Patient visit - additional info.	X	0..0	3	
[ { DB1 } ]	Disability information	X	0..0	3	
[ { DG1 } ]	Diagnosis information	RE	0..99	6	
[ DRG ]	Diagnosis related group	X	0..0	6	
[ { PR1	Procedures	RE	0..99	6	
[ { ROL } ]	Role	X	0..0	12	
}]					
[ { OBX } ]	Observation / result	RE	0..2	7	Patient height and weight
[					
{ IN1	Insurance	R	0..99	6	
[ IN2 ]	Insurance additional info.	X	0..0	6	
[ { IN3 } ]	Insurance add'l info - cert.	X	0..0	6	
}					
]					



### ADT (Patient Administration) Message – Trigger Events A06, A07

The definitions in the table below will be conformed to by all HL7 source messages sending ADT trigger events A06 (change an outpatient to an inpatient) and A07 (change an inpatient to an outpatient).

Segment	Description	Usage	Cardinality	HL7 Chapter	Comments
MSH	Message header	R	1..1	2	
[ { SFT } ]	Software segment	RE	0..99	2	Implemented beginning in HL7 V2.5
EVN	Event type	R	1..1	3	
PID	Patient identification	R	1..1	3	
[ PD1 ]	Additional demographics	RE	0..1	3	
[ MRG ]	Merge Information	RE	0..1	3	
[ { NK1 } ]	Next of kin / associated parties	X	0..0	3	
PV1	Patient visit	R	1..1	3	
[ PV2 ]	Patient visit - additional info.	X	0..0	3	
[ { DB1 } ]	Disability information	X	0..0	3	
[ { OBX } ]	Observation / result	RE	0..2	7	Patient height and weight
[ { AL1 } ]	Allergy information	X	0..0	3	
[ { DG1 } ]	Diagnosis information	RE	0..99	6	
[ DRG ]	Diagnosis related group	X	0..0	6	
[ { PR1	Procedures	RE	0..99	6	
[ { ROL } ]	Role	X	0..0	12	
}]					
[ { GT1 } ]	Guarantor	X	0..0	6	
[					

Segment	Description	Usage	Cardinality	HL7 Chapter	Comments
{ IN1	Insurance	R	0..99	6	
[ IN2 ]	Insurance additional info.	X	0..0	6	
[ { IN3 } ]	Insurance add'l info - cert.	X	0..0	6	
}					
]					
[ ACC ]	Accident information	X	0..0	6	
[ UB1 ]	Universal bill information	X	0..0	6	
[ UB2 ]	Universal bill 92 information	X	0..0	6	

### ADT (Patient Administration) Message – Trigger Events A09, A10, A11, A15

The definitions in the table below will be conformed to by all HL7 source messages sending the following ADT trigger events:

- A09 (patient departing – tracking)
- A10 (patient arriving – tracking)
- A11 (cancel admit / visit notification)
- A15 (pending transfer)

Segment	Description	Usage	Cardinality	HL7 Chapter	Comments
MSH	Message header	R	1..1	2	
[ { SFT } ]	Software segment	RE	0..99	2	Implemented beginning in HL7 V2.5
EVN	Event type	R	1..1	3	
PID	Patient identification	R	1..1	3	
[ PD1 ]	Additional demographics	RE	0..1	3	
PV1	Patient visit	R	1..1	3	
[ PV2 ]	Patient visit - additional info.	X	0..0	3	
[ { DB1 } ]	Disability information	X	0..0	3	

Segment	Description	Usage	Cardinality	HL7 Chapter	Comments
[ { OBX } ]	Observation / result	RE	0..2	7	Patient height and weight
[ { DG1 } ]	Diagnosis information	RE	0..99	6	

### ADT (Patient Administration) Message – Trigger Event A12

The definitions in the table below will be conformed to by all HL7 source messages sending ADT trigger event A12 (cancel transfer).

Segment	Description	Usage	Cardinality	HL7 Chapter	Comments
MSH	Message header	R	1..1	2	
[ { SFT } ]	Software segment	RE	0..99	2	Implemented beginning in HL7 V2.5
EVN	Event type	R	1..1	3	
PID	Patient identification	R	1..1	3	
[ PD1 ]	Additional demographics	RE	0..1	3	
PV1	Patient visit	R	1..1	3	
[ PV2 ]	Patient visit - additional info.	X	0..0	3	
[ { DB1 } ]	Disability information	X	0..0	3	
[ { OBX } ]	Observation / result	RE	0..2	7	Patient height and weight
[ DG1 ]	Diagnosis information	RE	0..1	6	

### ADT (Patient Administration) Message – Trigger Event A17

The definitions in the table below will be conformed to by all HL7 source messages sending ADT trigger event A17 (swap patients).

Segment	Description	Usage	Cardinality	HL7 Chapter	Comments
MSH	Message header	R	1..1	2	
[ { SFT } ]	Software segment	RE	0..99	2	Implemented beginning in HL7 V2.5
EVN	Event type	R	1..1	3	

Segment	Description	Usage	Cardinality	HL7 Chapter	Comments
PID	Patient identification	R	1..1	3	1st patient ("swap-from") information
[ PD1 ]	Additional demographics	RE	0..1	3	
PV1	Patient visit	R	1..1	3	
[ PV2 ]	Patient visit - additional info.	X	0..0	3	
[ { DB1 } ]	Disability information	X	0..0	3	
[ { OBX } ]	Observation / result	RE	0..2	7	Patient height and weight
PID	Patient identification	R	1..1	3	2nd patient ("swap-to") information
[ PD1 ]	Additional demographics	RE	0..1	3	
PV1	Patient visit	R	1..1	3	
[ PV2 ]	Patient visit - additional info.	X	0..0	3	
[ { DB1 } ]	Disability information	X	0..0	3	
[ { OBX } ]	Observation / result	RE	0..2	7	Patient height and weight

### ADT (Patient Administration) Message – Trigger Event A20

The definitions in the table below will be conformed to by all HL7 source messages sending ADT trigger event A20 (bed status update).

Segment	Description	Usage	Cardinality	HL7 Chapter	Comments
MSH	Message header	R	1..1	2	
[ { SFT } ]	Software segment	RE	0..99	2	Implemented beginning in HL7 V2.5
EVN	Event type	R	1..1	3	
NPU	Non-patient update	R	1..1	3	

### ADT (Patient Administration) Message – Trigger Events A24, A37

The definitions in the table below will be conformed to by all HL7 source messages sending ADT trigger event A24 (link patient information) and A37 (unlink patient information).

Segment	Description	Usage	Cardinality	HL7 Chapter	Comments
MSH	Message header	R	1..1	2	
[ { SFT } ]	Software segment	RE	0..99	2	Implemented beginning in HL7 V2.5
EVN	Event type	R	1..1	3	
PID	Patient identification	R	1..1	3	Patient's first ID to link (A24) or unlink (A37) (same person as that of second patient ID)
[ PD1 ]	Additional demographics	RE	0..1	3	
[ PV1 ]	Patient visit	RE	1..1	3	Linkage may take place outside a visit context
[ { DB1 } ]	Disability information	X	0..0	3	
PID	Patient identification	R	1..1	3	Patient's second ID to link (A24) or unlink (A37) (same person as that of first patient ID)
[ PD1 ]	Additional demographics	RE	0..1	3	
[ PV1 ]	Patient visit	RE	1..1	3	Linkage may take place outside a visit context
[ { DB1 } ]	Disability information	X	0..0	3	

### ACK (Acknowledgment) Message

Receiving organizations will send an acknowledgment message reply to each message received from MiHIN. The definitions in the table below will be conformed to by all HL7 acknowledgment messages.

Segment	Description	Usage	Cardinality	HL7 Chapter	Comments
MSH	Message header	R	1..1	2	
MSA	Message acknowledgment	R	1..1	2	
[ { ERR } ]	Error	RE	0..99	2	

## Segment Level<sup>2</sup>

Each segment of an HL7 message sent to MiHIN will conform to the static definition given in the corresponding subsection below. The definitions of each field are given in Section 6, “Static Definition – Field Level.”

### MSH (Message Header) Segment

The definitions in the table below will be conformed to by all HL7 messages sending the MSH (message header) segment.

Definitions of all fields, including components, subcomponents, and vocabularies of each field, are given in Section 6.1, “MSH (Message Header) Segment Fields.”

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
1	1	ST	R	1..1		00001	Field Separator	
2	4	ST	R	1..1		00002	Encoding Characters	
3	180	HD	R	1..1	0361	00003	Sending Application	OID for sending hospital's or health system's application
4	180	HD	R	1..1	0362	00004	Sending Facility	OID / NPI for sending hospital and OID for sending health system
5	180	HD	R	1..1	0361	00005	Receiving Application	OID for MiHIN Transition of Care service
6	180	HD	R	1..1	0362	00006	Receiving Facility	OID for MiHIN enterprise
7	26	TS	R	1..1		00007	Date/Time of Message	
8	40	ST	X	0..0		00008	Security	

<sup>2</sup> The language and material in this section has been adapted from original material created by HL7. MiHIN received permission to share and adapt HL7 writing in 2018. If you have any questions, please feel free to write to MiHIN. If you would like to see the original source material, please visit <http://www.hl7.org/index.cfm>

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
9	7	CM	R	1..1	0076			
0003	00009	Message Type						
10	20	ST	R	1..1		00010	Message Control ID	Should be repopulated (rather than pass-through) for outbound message header
11	3	PT	R	1..1		00011	Processing ID	Should always be P when in production
12	60	VID	R	1..1	0104	00012	Version ID	
13	15	NM	X	0..0		00013	Sequence Number	
14	180	ST	X	0..0		00014	Continuation Pointer	
15	2	ID	X	0..0	0155	00015	Accept Acknowledgment Type	
16	2	ID	X	0..0	0155	00016	Application Acknowledgment Type	
17	2	ID	X	0..0		00017	Country Code	
18	16	ID	X	0..0		00692	Character Set	
19	60	CE	X	0..0			Principal Language of Message	
20	20	ID	X	0..0		00356	Alternate Character Set Handling Scheme	

### SFT (Software) Segment

The definitions in the table below will be conformed to by all HL7 messages sending the SFT (software) segment. Systems using HL7 versions previous to Version 2.5 will not be expected to send the SFT segment.

Definitions of all fields, including components, subcomponents, and vocabularies of each field, are given in Section 6.2, "SFT (Software) Segment Fields."

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
1	567	XON	R	1..1		01834	Software Vendor Organization	
2	15	ST	R	1..1		01835	Software Certified Version or Release Number	
3	20	ST	R	1..1		01836	Software Product Name	
4	20	ST	R	1..1		01837	Software Binary ID	
5	1024	TX	X	0..0		01838	Software Product Information	
6	26	TS	X	0..0		01839	Software Install Date	

### EVN (Event Type) Segment

The definitions in the table below will be conformed to by all HL7 messages sending the EVN (event type) segment. Systems using HL7 versions previous to Version 2.4 will not be expected to send field EVN-7-event facility.

Definitions of all fields, including components, subcomponents, and vocabularies of each field, are given in Section 6.3, “EVN (Event Type) Segment Fields.”

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
1	3	ID	X	0..0	0003	00099	Event Type Code	
2	26	TS	R	1..1		00100	Recorded Date/Time	
3	26	TS	X	0..0		00101	Date/Time Planned Event	
4	3	IS	X	0..0	0062	00102	Event Reason Code	
5	60	XCN	X	0..0	0188	00103	Operator ID	
6	26	TS	X	0..0		01278	Event Occurred	
7	180	HD	R	1..1		01534	Event Facility	Implemented beginning in HL7 V2.4

### PID (Patient Identification) Segment

The definitions in the table below will be conformed to by all HL7 messages sending the PID (patient identification) segment.

Definitions of all fields, including components, subcomponents, and vocabularies of each field, are given in Section 6.4, “PID (Patient Identification) Segment Fields.”



Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
1	4	SI	X	0..0		00104	Set ID - PID	
2	20	CX	RE	0..1		00105	Patient ID	
3	20	CX	R	1..99		00106	Patient Identifier List	
4	20	CX	RE	0..99		00107	Alternate Patient ID - PID	
5	48	XPN	R	1..99		00108	Patient Name	
6	48	XPN	X	0..0		00109	Mother's Maiden Name	
7	26	TS	R	1..1		00110	Date/Time of Birth	
8	1	IS	R	1..1	0001	00111	Sex	
9	48	XPN	X	0..0		00112	Patient Alias	
10	80	CE	RE	0..19	0005	00113	Race	
11	106	XAD	RE	0..19		00114	Patient Address	
12	4	IS	X	0..0	0289	00115	County Code	
13	40	XTN	RE	0..9		00116	Phone Number - Home	
14	40	XTN	RE	0..9		00117	Phone Number - Business	
15	60	CE	X	0..0	0296	00118	Primary Language	
16	80	CE	X	0..0	0002	00119	Marital Status	
17	80	CE	X	0..0	0006	00120	Religion	
18	20	CX	X	0..0		00121	Patient Account Number	
19	4	ST	R	1..1		00122	SSN Number - Patient	Last four digits only are required to increase the strength of patient match
20	25	DLN	RE	0..1		00123	Driver's License Number - Patient	
21	20	CX	C	0..1		00124	Mother's Identifier	Populated if the age of the patient is less than 1 month

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
22	80	CE	RE	0..19	0189	00125	Ethnic Group	
23	60	ST	X	0..0		00126	Birth Place	
24	1	ID	RE	0..1	0136	00127	Multiple Birth Indicator	
25	2	NM	C	0..1		00128	Birth Order	Populated if and only if PID-24 is Y
26	80	CE	X	0..0	0171	00129	Citizenship	
27	60	CE	X	0..0	0172	00130	Veterans Military Status	
28	80	CE	X	0..0	0212	00739	Nationality	
29	26	TS	RE	0..1		00740	Patient Death Date and Time	
30	1	ID	RE	0..1	0136	00741	Patient Death Indicator	

### PD1 (Additional Demographics) Segment

The definitions in the table below will be conformed to by all HL7 messages sending the PD1 (additional demographics) segment.

Definitions of all fields, including components, subcomponents, and vocabularies of each field, are given in Section 6.5, "PD1 (Additional Demographics) Segment Fields."

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
1	2	IS	X	0..0	0223	00755	Living Dependency	
2	2	IS	X	0..0	0220	00742	Living Arrangement	
3	90	XON	X	0..0		00756	Patient Primary Facility	
4	90	XCN	RE	0..19		00757	Patient Primary Care Provider Name & ID No.	
5	2	IS	X	0..0	0231	00745	Student Indicator	
6	2	IS	X	0..0	0295	00753	Handicap	
7	2	IS	X	0..0	0315	00759	Living Will	
8	2	IS	X	0..0	0316	00760	Organ Donor	
9	1	ID	X	0..0	0136	00761	Separate Bill	

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
10	20	CX	X	0..0		00762	Duplicate Patient	
11	80	CE	X	0..0	0215	00743	Publicity Code	
12	1	ID	X	0..0	0136	00744	Protection Indicator	

### PV1 (Patient Visit) Segment

The definitions in the table below will be conformed to by all HL7 messages sending the PV1 (patient visit) segment.

Definitions of all fields, including components, subcomponents, and vocabularies of each field, are given in Section 6.6, "PV1 (Patient Visit) Segment Fields."

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
1	4	SI	X	0..0		00131	Set ID - PV1	
2	1	IS	R	1..1	0004	00132	Patient Class	
3	80	PL	RE	0..1		00133	Assigned Patient Location	
4	2	IS	RE	0..1	0007	00134	Admission Type	
5	20	CX	X	0..0		00135	Preadmit Number	
6	80	PL	X	0..0		00136	Prior Patient Location	
7	60	XCN	RE	0..19	0010	00137	Attending Doctor	
8	60	XCN	RE	0..19	0010	00138	Referring Doctor	
9	60	XCN	RE	0..19	0010	00139	Consulting Doctor	Deprecated in V2.3.1 in favor of ROL
10	3	IS	RE	0..1	0069	00140	Hospital Service	
11	80	PL	X	0..0		00141	Temporary Location	
12	2	IS	X	0..0	0087	00142	Preadmit Test Indicator	
13	2	IS	RE	0..1	0092	00143	Re-admission Indicator	
14	3	IS	RE	0..1	0023	00144	Admit Source	
15	2	IS	X	0..0	0009	00145	Ambulatory Status	
16	2	IS	X	0..0	0099	00146	VIP Indicator	

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
17	60	XCN	RE	0..19	0010	00147	Admitting Doctor	
18	2	IS	RE	0..1	0018	00148	Patient Type	
19	20	CX	X	0..0		00149	Visit Number	
20	50	FC	X	0..0	0064	00150	Financial Class	
21	2	IS	X	0..0	0032	00151	Charge Price Indicator	
22	2	IS	X	0..0	0045	00152	Courtesy Code	
23	2	IS	X	0..0	0046	00153	Credit Rating	
24	2	IS	X	0..0	0044	00154	Contract Code	
25	8	DT	X	0..0		00155	Contract Effective Date	
26	12	NM	X	0..0		00156	Contract Amount	
27	3	NM	X	0..0		00157	Contract Period	
28	2	IS	X	0..0	0073	00158	Interest Code	
29	1	IS	X	0..0	0110	00159	Transfer to Bad Debt Code	
30	8	DT	X	0..0		00160	Transfer to Bad Debt Date	
31	10	IS	X	0..0	0021	00161	Bad Debt Agency Code	
32	12	NM	X	0..0		00162	Bad Debt Transfer Amount	
33	12	NM	X	0..0		00163	Bad Debt Recovery Amount	
34	1	IS	X	0..0	0111	00164	Delete Account Indicator	
35	8	DT	X	0..0		00165	Delete Account Date	
36	3	IS	RE	0..1	0112	00166	Discharge Disposition	
37	25	CM	RE	0..1	0113	00167	Discharged to Location	
38	80	CE	X	0..0	0114	00168	Diet Type	
39	2	IS	X	0..0	0115	00169	Servicing Facility	
40	1	IS	X	0..0	0116	00170	Bed Status	

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
41	2	IS	X	0..0	0117	00171	Account Status	
42	80	PL	X	0..0		00172	Pending Location	
43	80	PL	X	0..0		00173	Prior Temporary Location	
44	26	TS	RE	0..1		00174	Admit Date/Time	
45	26	TS	RE	0..1		00175	Discharge Date/Time	
46	12	NM	X	0..0		00176	Current Patient Balance	
47	12	NM	X	0..0		00177	Total Charges	
48	12	NM	X	0..0		00178	Total Adjustments	
49	12	NM	X	0..0		00179	Total Payments	
50	20	CX	X	0..0	0203	00180	Alternate Visit ID	
51	1	IS	X	0..0	0326	01226	Visit Indicator	
52	60	XCN	X	0..0	0010	01274	Other Healthcare Provider	

### OBX (Observation / Result) Segment

The definitions in the table below will be conformed to by all HL7 messages sending the OBX (observation / result) segment.

Definitions of all fields, including components, subcomponents, and vocabularies of each field, are given in Section 6.7, "OBX (Observation / Result) Segment Fields."

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
1	4	SI	RE	0..1		00569	Set ID - OBX	
2	3	ID	R	1..1	0125	00570	Value Type	Always NM for patient height and weight
3	80	CE	R	1..1		00571	Observation Identifier	Always a LOINC code for patient height and weight. LOINC coding is strongly recommended for other observations.

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
4	20	ST	X	0..0		00572	Observation Sub-ID	
5	65536		RE	0..1		00573	Observation Value	Must be sent unless OBX-11 = X
6	60	CE	R	1..1		00574	Units	
7	60	ST	X	0..0		00575	References Range	
8	5	ID	X	0..0	0078	00576	Abnormal Flags	
9	5	NM	X	0..0		00577	Probability	
10	2	ID	X	0..0	0080	00578	Nature of Abnormal Test	
11	1	ID	R	1..1	0085	00579	Observation Result Status	
12	26	TS	X	0..0		00580	Date Last Obs Normal Values	
13	20	ST	X	0..0		00581	User Defined Access Checks	
14	26	TS	R	1..1		00582	Date/Time of the Observation	
15	60	CE	X	0..0		00583	Producer's ID	
16	80	XCN	X	0..0		00584	Responsible Observer	
17	60	CE	X	0..0		00936	Observation Method	

### DG1 (Diagnosis Information) Segment

The definitions in the table below will be conformed to by all HL7 messages sending the DG1 (diagnosis information) segment.

Definitions of all fields, including components, subcomponents, and vocabularies of each field, are given in Section 6.8, "DG1 (Diagnosis Information) Segment Fields."

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
1	4	SI	X	0..0		00375	Set ID - DG1	
2	2	ID	C	0..1	0053	00376	Diagnosis Coding Method	Deprecated in V2.3.1 in favor of DG1-3.3 / DG1-3.6. To be

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
								populated only when those components are not used.
3	60	CE	R	1..1	0051	00377	Diagnosis Code - DG1	
4	40	ST	R	1..1		00378	Diagnosis Description	
5	26	TS	R	1..1		00379	Diagnosis Date/Time	
6	2	IS	R	1..1	0052	00380	Diagnosis Type	
7	60	CE	X	0..0	0118	00381	Major Diagnostic Category	
8	60	CE	X	0..0	0055	00382	Diagnosis Related Group	
9	1	ID	X	0..0	0136	00383	DRG Approval Indicator	
10	2	IS	X	0..0	0056	00384	DRG Grouper Review Code	
11	60	CE	X	0..0	0083	00385	Outlier Type	
12	3	NM	X	0..0		00386	Outlier Days	
13	12	CP	X	0..0		00387	Outlier Cost	
14	4	ST	X	0..0		00388	Grouper Version And Type	
15	2	ID	X	0..0	0359	00389	Diagnosis Priority	
16	60	XCN	X	0..0		00390	Diagnosing Clinician	
17	3	IS	X	0..0	0228	00766	Diagnosis Classification	
18	1	ID	X	0..0	0136	00767	Confidential Indicator	
19	26	TS	X	0..0		00768	Attestation Date/Time	

### PR1 (Procedures) Segment

The definitions in the table below will be conformed to by all HL7 messages sending the PR1 (procedures) segment.

Definitions of all fields, including components, subcomponents, and vocabularies of each field, are given in Section 6.9, “PR1 (Procedures) Segment Fields.”

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
1	4	SI	X	0..0		00391	Set ID - PR1	
2	2	IS	C	1..1	0089	00392	Procedure Coding Method	Deprecated in V2.3.1 in favor of PR1-3.3 / PR1-3.6. To be populated only when those components are not used.
3	80	CE	R	1..1	0088	00393	Procedure Code	
4	40	ST	C	1..1		00394	Procedure Description	Deprecated in V2.3.1 in favor of PR1-3.2 / PR1-3.5. To be populated only when those components are not used.
5	26	TS	R	1..1		00395	Procedure Date/Time	
6	2	IS	X	0..0	0230	00396	Procedure Functional Type	
7	4	NM	X	0..0		00397	Procedure Minutes	
8	120	XCN	RE	1..19	0010	00398	Anesthesiologist	Deprecated in V2.3.1 in favor of ROL
9	2	IS	X	0..0	0019	00399	Anesthesia Code	
10	4	NM	X	0..0		00400	Anesthesia Minutes	
11	120	XCN	RE	1..19	0010	00401	Surgeon	Deprecated in V2.3.1 in favor of ROL
12	230	XCN	X	0..0	0010	00402	Procedure Practitioner	
13	60	CE	X	0..0	0059	00403	Consent Code	



Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
14	2	NM	X	0..0		00404	Procedure Priority	
15	80	CE	X	0..0	0051	00772	Associated Diagnosis Code	
16	80	CE	X	0..0	0340	01316	Procedure Code Modifier	

### IN1 (Insurance) Segment

The definitions in the table below will be conformed to by all HL7 messages sending the IN1 (insurance) segment.

Definitions of all fields, including components, subcomponents, and vocabularies of each field, are given in Section 6.10, "IN1 (Insurance) Segment Fields."

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
1	4	SI	R	1..1		00426	Set ID - IN1	
2	60	CE	R	1..1	0073	00368	Insurance Plan ID	
3	59	CX	R	1..9		00428	Insurance Company ID	
4	130	XON	R	1..9		00429	Insurance Company Name	
5	106	XAD	X	0..0		00430	Insurance Company Address	
6	48	XPN	X	0..0		00431	Insurance Co Contact Person	
7	40	XTN	X	0..0		00432	Insurance Co Phone Number	
8	12	ST	X	0..0		00433	Group Number	
9	130	XON	X	0..0		00434	Group Name	
10	12	CX	X	0..0		00435	Insured's Group Emp ID	
11	130	XON	X	0..0		00436	Insured's Group Emp Name	
12	8	DT	X	0..0		00437	Plan Effective Date	
13	8	DT	X	0..0		00438	Plan Expiration Date	

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
14	55	CM	X	0..0		00439	Authorization Information	
15	3	IS	X	0..0	0086	00440	Plan Type	
16	48	XPN	X	0..0		00441	Name Of Insured	
17	80	CE	X	0..0	0063	00442	Insured's Relationship To Patient	
18	26	TS	X	0..0		00443	Insured's Date Of Birth	
19	106	XAD	X	0..0		00444	Insured's Address	
20	2	IS	X	0..0	0135	00445	Assignment Of Benefits	
21	2	IS	X	0..0	0173	00446	Coordination Of Benefits	
22	2	ST	X	0..0		00447	Coord Of Ben. Priority	
23	1	ID	X	0..0	0136	00448	Notice Of Admission Flag	
24	8	DT	X	0..0		00449	Notice Of Admission Date	
25	1	ID	X	0..0	0136	00450	Report Of Eligibility Flag	
26	8	DT	X	0..0		00451	Report Of Eligibility Date	
27	2	IS	X	0..0	0093	00452	Release Information Code	
28	15	ST	X	0..0		00453	Pre-Admit Cert (PAC)	
29	26	TS	X	0..0		00454	Verification Date/Time	
30	60	XCN	X	0..0		00455	Verification By	
31	2	IS	X	0..0	0098	00456	Type Of Agreement Code	
32	2	IS	X	0..0	0022	00457	Billing Status	
33	4	NM	X	0..0		00458	Lifetime Reserve Days	

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
34	4	NM	X	0..0		00459	Delay Before L.R. Day	
35	8	IS	X	0..0	0042	00460	Company Plan Code	
36	15	ST	RE	0..1		00461	Policy Number	
37	12	CP	X	0..0		00462	Policy Deductible	
38	12	CP	X	0..0		00463	Policy Limit - Amount	
39	4	NM	X	0..0		00464	Policy Limit - Days	
40	12	CP	X	0..0		00465	Room Rate - Semi-Private	
41	12	CP	X	0..0		00466	Room Rate - Private	
42	60	CE	X	0..0	0066	00467	Insured's Employment Status	
43	1	IS	X	0..0	0001	00468	Insured's Sex	
44	106	XAD	X	0..0		00469	Insured's Employer's Address	
45	2	ST	X	0..0		00470	Verification Status	
46	8	IS	X	0..0	0072	00471	Prior Insurance Plan ID	
47	3	IS	X	0..0	0309	01227	Coverage Type	
48	2	IS	X	0..0	0295	00753	Handicap	
49	12	CX	X	0..0		01230	Insured's ID Number	

### NPU (Non-Patient Update) Segment

The definitions in the table below will be conformed to by all HL7 messages sending the NPU (non-patient update) segment.

Definitions of all fields, including components, subcomponents, and vocabularies of each field, are given in Section 6.11, "NPU (Non-Patient Update) Segment Fields."

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
1	80	PL	R	1..1		00209	Bed Location	
2	1	IS	RE	0..1	0116	00170	Bed Status	

### MSA (Message Acknowledgment) Segment

The definitions in the table below will be conformed to by all HL7 messages sending the MSA (message acknowledgment) segment.

Definitions of all fields, including components, subcomponents, and vocabularies of each field, are given in Section 6.12, “MSA (Message Acknowledgment) Segment Fields.”

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
1	2	ID	R	1..1	0008	00018	Acknowledgment Code	
2	20	ST	R	1..1		00010	Message Control ID	
3	80	ST	X	0..0		00020	Text Message	
4	15	NM	X	0..0		00021	Expected Sequence Number	
5	1	ID	X	0..0	0102	00022	Delayed Acknowledgment Type	
6	100	CE	X	0..0		00023	Error Condition	

### ERR (Error) Segment

The definitions in the table below will be conformed to by all HL7 messages sending the ERR (error) segment.

Definitions of all fields, including components, subcomponents, and vocabularies of each field, are given in Section 6.13, “ERR (Error) Segment Fields.”

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
1	493	ELD	C	0..99		00024	Error Code and Location	Deprecated by HL7 V2.5 in favor of ERR-2 through ERR-12. If HL7 version is prior to V2.5, must be present.
2	18	ERL	CE	0..99		01812	Error Location	If HL7 version is 2.5 or later, must

Seq	Len	DT	Usage	Cardinality	TBL#	Item #	Element Name	Comments
								be present if error code in ERR-3 relates to a message location.
3	705	CWE	C	0..1	0357	01813	HL7 Error Code	If HL7 version is 2.5 or later, must be present.
4	2	ID	C	0..1	0516	01814	Severity	If HL7 version is 2.5 or later, must be present.
5	705	CWE	X	0..0	0533	01815	Application Error Code	
6	80	ST	X	0..0		01816	Application Error Parameter	
7	2048	TX	X	0..0		01817	Diagnostic Information	
8	250	TX	X	0..0		01818	User Message	
9	20	IS	X	0..0	0517	01819	Inform Person Indicator	
10	705	CWE	X	0..0	0518	01820	Override Type	
11	705	CWE	X	0..0	0519	01821	Override Reason Code	
12	652	XTN	X	0..0		01822	Help Desk Contact Point	

## Field Level<sup>3</sup>

### MSH (Message Header) Segment Fields

The detailed field definitions below will be conformed to by all HL7 messages sending the MSH (message header) segment.

A summary table of usages, cardinalities and element names of all fields in the MSH segment is provided in Section 5.1, “MSH (Message Header) Segment.”

#### *MSH-1: Field Separator*

This field, whose data type is ST (string), contains the top-level delimiter for HL7 elements within segments. HL7 Version 2.x processing rules require that the field separator be a single unique printable character, and that the field separator not be duplicated by any of the encoding characters in MSH-2 (see below).

#### *MSH-2: Encoding Characters*

This field, whose data type is ST (string), contains the component separator (secondary element delimiter), repetition separator, escape character, and subcomponent separator (tertiary element delimiter). HL7 Version 2.x processing rules require that each of the four encoding characters be a single unique printable character, and that none of the encoding characters duplicate the field separator.

#### *MSH-3: Sending Application*

This field contains the identifier of the application that generated the current message instance. The data type of MSH-3-sending application is HD, whose components are defined as follows:

Cmp	DT	Usage	TBL#	Element Name	Comments
1	IS	R	0361	Namespace ID	A string containing the name and/or other distinguishing information about the application instance.
2	ST	RE		Universal ID	MiHIN expects the sender to use a registered for this component. The OID used in this component should represent the application instance (e.g., the installation and version of a particular vendor’s ADT or clinical departmental system) that is generating the message.

<sup>3</sup> The language and material in this section has been adapted from original material created by HL7. MiHIN received permission to share and adapt HL7 writing in 2018. If you have any questions, please feel free to write to MiHIN. If you would like to see the original source material, please visit <http://www.hl7.org/index.cfm>

Cmp	DT	Usage	TBL#	Element Name	Comments
3	ID	CE	0301	Universal ID Type	If Component 2 is defined, this component will contain ISO.

### *MSH-4: Sending Facility*

This field contains the identifiers of the facility and system that generated the current message instance. The data type of MSH-4-sending facility is HD, whose components are defined as follows:

Cmp	DT	Usage	TBL#	Element Name	Comments
1	IS	R	0362	Namespace ID	MiHIN expects the sender to use a registered OID for this component. The OID used in this component should represent the hospital that is sending the message. For example, if a patient is seen at Lansing Central Hospital and it is part of the Lansing Hospital System which has a unified EHR, the Lansing Central Hospital OID would go here.
2	ST	RE		Universal ID	MiHIN expects the sender to use a registered OID for this component. The OID used in this component should represent the system containing the hospital that is sending the message. For example, if a patient is seen at Lansing Central Hospital and it is part of the Lansing Hospital System which has a unified EHR, the Lansing Hospital System OID would go here.
3	ID	CE	0301	Universal ID Type	If either Component 1 or Component 2 is defined, this component will contain ISO.

### *MSH-5: Receiving Application*

This field contains the identifier of the application to which the current message instance is directed. The data type of MSH-5-receiving application is HD, whose components are defined as follows:

Cmp	DT	Usage	TBL#	Element Name	Comments
1	IS	R	0361	Namespace ID	A string containing the name and/or other distinguishing information about the application instance. When sending to MiHIN, use the literal string Transitions of Care Notification.
2	ST	RE		Universal ID	MiHIN expects the sender to use a registered OID for this component. When sending

Cmp	DT	Usage	TBL#	Element Name	Comments
					production messages to MiHIN, use the OID value 2.16.840.1.113883.3.1481.1.2.2.  When sending test messages to MiHIN, use the OID value 2.16.840.1.113883.3.1481.2.2.2.  When sending development messages to MiHIN, use the OID value 2.16.840.1.113883.3.1481.3.2.2.
3	ID	CE	0301	Universal ID Type	If Component 2 is defined, this component will contain ISO.

### *MSH-6: Receiving Facility*

This field contains the identifier of the facility to which the current message instance is directed. The data type of MSH-6-receiving facility is HD, whose components are defined as follows:

Cmp	DT	Usage	TBL#	Element Name	Comments
1	IS	R	0362	Namespace ID	A string containing the name and/or other distinguishing information about the receiving facility. When sending to MiHIN, use the literal string "Michigan Health Information Network."
2	ST	RE		Universal ID	MiHIN expects the sender to use a registered OID for this component. When sending to MiHIN, use the value 2.16.840.1.113883.3.1481.
3	ID	CE	0301	Universal ID Type	If Component 2 is defined, this component will contain ISO.

### *MSH-7: Date/Time of Message*

This field, whose data type is TS, contains the date and time when the sending system built the message.

### *MSH-9: Message Type*

This field, whose data type is CM, contains the message type and trigger event of the message. Its components are defined as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ID	R	0076	Message Type	Always ADT
2	ID	R	0003	Trigger Event	The three-character trigger event code for the current message instance
3	ID	X	0301	Message Structure	



### *MSH-10: Message Control ID*

This field, whose data type is ST, contains a unique identifier for the message.

### *MSH-11: Processing ID*

This field is of data type PT. Its components are defined as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ID	R	0103	Processing ID	Must contain P for all production messages. May contain D for debugging messages or T for training messages.
2	ST	RE	0207	Universal ID	Must be empty, signifying current (real-time) processing.

### *MSH-12: Version ID*

This field is of data type VID. Its components are defined as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ID	R	0104	Version ID	The HL7 version by whose rules the current message instance was generated.
2	CE	X		Internationalization Code	
3	CE	X		Internal Version ID	

## SFT (Software) Segment Fields

The detailed field definitions below will be conformed to by all HL7 messages sending the SFT (software) segment. Systems using HL7 versions previous to Version 2.5 will not be expected to send the SFT segment.

A summary table of usages, cardinalities and element names of all fields in the SFT segment is provided in Section 5.2, "SFT (Software) Segment."

### *SFT-1: Software Vendor Organization*

This field, whose data type is XON, contains name and other identifying information for the vendor of the software that created the current message instance. Its components are defined as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	R		Organization Name	Name of the vendor of the software that created the current message instance.
2	IS	X	0204	Organization Name Type Code	

Cmp	DT	Usage	TBL#	Element Name	Comments
3	NM	X		ID Number	
4	NM	X		Check Digit	
5	ID	X	0061	Code Identifying the Check Digit Scheme Employed	
6	HD	X	0363	Assigning Authority	
7	IS	X	0203	Identifier Type Code	
8	HD	X		Assigning Facility ID	
9	ID	X		Name Representation Code	

### *SFT-2: Software Certified Version or Release Number*

This field, whose data type is ST, contains the latest version or release number of the software that created the current message instance.

### *SFT-3: Software Product Name*

This field, whose data type is ST, contains the name of the software that created the current message instance.

### *SFT-4: Software Binary ID*

This field, whose data type is ST, contains a unique checksum or other identifier that distinguishes the version of the software that created the current message instance from similar versions of the same software and from other products of the same vendor.

## EVN (Event Type) Segment Fields

The detailed field definitions below will be conformed to by all HL7 messages sending the EVN (event type) segment.

A summary table of usages, cardinalities and element names of all fields in the EVN segment is provided in “EVN (Event Type) Segment.”

### *EVN-2: Recorded Date/Time*

This field, whose data type is TS, contains the date and time when the event that triggered the creation of the current message instance was recorded in the creating system.

### *EVN-7: Event Facility*

This field identifies the actual facility where the event occurred, as distinct from the facility identified in MSH-4-sending facility.

The data type of EVN-7-event facility is HD, whose components are defined as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	R		ID	The full, unique identifier value for the patient.
2	ST	X		Check Digit	
3	ID	X	0061	Code Identifying the Check Digit Scheme Employed	
4	HD	RE	0063	Assigning Authority	The system, organization, agency or department that created this patient identifier.
5	IS	RE	0203	Identifier Type Code	What kind of identifier this is: local, facility, state or national, Social Security, Medicare, etc.
6	HD	RE		Assigning Facility	The place or location where the identifier was first assigned to the patient.

### *PID-3: Patient Identifier List*

This field, which allows for up to 99 occurrences, contains at least the identifier for the patient at the institution or facility at which the event occurred. It is recommended that any other identifiers for the patient be sent in additional occurrences of PID-3-patient identifier list rather than in fields PID-2-patient ID, PID-4-alternate patient ID-PID, or PID-19-SSN number-patient, all of which were deprecated as of HL7 Version 2.3.1.

The data type of PID-3-patient identifier list is CX, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	R		ID	The full, unique identifier value for the patient.
2	ST	X		Check Digit	Restatement of the check digit portion, if any, of the ID number in component 1.
3	ID	X	0061	Code Identifying the Check Digit Scheme Employed	
4	HD	RE	0063	Assigning Authority	The system, organization, agency or department that created this patient identifier.

Cmp	DT	Usage	TBL#	Element Name	Comments
5	IS	RE	0203	Identifier Type Code	What kind of identifier this is: local, facility, state or national, Medicare, etc.
6	HD	RE		Assigning Facility	The place or location where the identifier was first assigned to the patient.

### *PID-4: Alternate Patient ID – PID*

The historical intent of this field is to contain one or more identifiers for the patient other than the principal patient identifier carried in PID-3. It is recommended that identifiers for the patient be sent in occurrences of PID-3-patient identifier list rather than in fields PID-2-patient ID, PID-4-alternate patient ID-PID, or PID-19-SSN number-patient, all of which were deprecated as of HL7 Version 2.3.1.

The data type of PID-4-alternate patient ID-PID is CX, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	R		ID	The full, unique identifier value for the patient.
2	ST	X		Check Digit	
3	ID	X	0061	Code Identifying the Check Digit Scheme Employed	
4	HD	RE	0063	Assigning Authority	The system, organization, agency or department that created this patient identifier.
5	IS	RE	0203	Identifier Type Code	What kind of identifier this is: local, facility, state or national, Social Security, Medicare, etc.
6	HD	RE		Assigning Facility	The place or location where the identifier was first assigned to the patient.

### *PID-5: Patient Name*

This field contains all of the names by which the patient is known in the system that generated the current message instance. Each name is sent in a separate repetition of PID-5-patient name.

If known, the patient's legal name is to be sent in the first repetition of PID-5-patient name. If the patient's legal name is not known, the first repetition of PID-5-patient name is to be left empty.

The data type of PID-5-patient name is XPN, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	R		Family name & last name prefix	Last name of the patient. If the last name contains a prefix such as de or von that is excluded from alphabetization in the locale of the sending system, the last name prefix is restated in the second subcomponent of this component.
2	ST	R		Given Name	First name of the patient.
3	ST	RE		Middle Initial or Name	Multiple middle initials or names are separated by spaces.
4	ST	RE		Suffix	E.g., JR or III.
5	ST	RE		Prefix	E.g., DR.
6	IS	RE	0360	Degree	
7	ID	RE	0200	Name Type Code	
8	ID	X	4000	Name Representation Code	

### *PID-7: Date/Time of Birth*

This field, whose data type is TS, contains the date and time of the patient's birth as precisely as is recorded on the system from which the current message instance was sent. Minimum required precision is YYYYMMDD or YYYYMMDDMMSS.

### *PID-8: Sex*

This field contains the administrative sex of the patient. Its value is taken from HL7 Table 0001, Sex.

### *PID-10: Race*

This field contains a code and text specifying the patient's race. The data type of this field is CE, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	RE		Identifier	The standard code for the patient's race, preferably from the CDC race code set.
2	ST	RE		Text	The human-readable term for the patient's race, which must correspond to the value in Component 1 (Identifier) if any.
3	ST	RE		Name of Coding System	Name (usually abbreviated) of the code set from which the code in Component 1 and the text in Component 2 are taken.

Cmp	DT	Usage	TBL#	Element Name	Comments
4	ST	X		Alternate Identifier	
5	ST	X		Alternate Text	

### *PID-11: Patient Address*

This field contains the location of the patient's residence or mail delivery location. The data type of this field is XAD, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	RE		Street Address	If the street address portion of the patient's address is one line, it is sent in this component. If the street address portion of the patient's address is two lines, the first line is sent in this component.
2	ST	RE		Other Designation	If the street address portion of the patient's address is one line, this component is empty. If the street address portion of the patient's address is two lines, the second line is sent in this component.
3	ST	RE		City	
4	ST	RE		State or Province	
5	ST	RE		ZIP or Postal Code	
6	ID	RE		Country	If sent, this will be a code from the ISO 3166 table of three-character country designators.
7	ID	RE	0190	Address Type	
8	ST	RE		Other Geographic Designation	
9	IS	RE	0289	County/Parish Code	
10	IS	RE	0288	Census Tract	
11	ID	RE	4000	Address Representation Code	

### *PID-13: Phone Number – Home*

This field contains the telephone number of the patient’s residence. The data type of this field is XTN, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	R		[NNN] [(999)]999-999 [X99999] [B99999] [C any text]	The body of the telephone number can be sent in this component. Preferred usage is to break out the components of the telephone number in components 5-9.
2	ID	RE	0201	Telecommunications use code	
3	ID	RE	0202	Telecommunications equipment type	
4	ST	RE		Email Address	
5	NM	RE		Country Code	
6	NM	RE		Area/City Code	
7	NM	RE		Phone Number	
8	NM	RE		Extension	
9	ST	RE		Any Text	

### *PID-14: Phone Number – Business*

This field contains the telephone number of the patient’s workplace. The data type of this field is XTN, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	R		[NNN] [(999)]999-999 [X99999] [B99999] [C any text]	The body of the telephone number can be sent in this component. Preferred usage is to break out the components of the telephone number in components 5-9.
2	ID	RE	0201	Telecommunications use code	
3	ID	RE	0202	Telecommunications equipment type	
4	ST	RE		Email Address	
5	NM	RE		Country Code	
6	NM	RE		Area/City Code	
7	NM	RE		Phone Number	
8	NM	RE		Extension	

Cmp	DT	Usage	TBL#	Element Name	Comments
9	ST	RE		Any Text	

### *PID-19: SSN Number - Patient*

This field contains the last four digits of the patient's Social Security Number. Data in this field are used to improve the quality of matching between records containing similar patient identification criteria. This can be the last four of the SS# or in full nine digit format XXX-XX-XXXX.

### *PID-20: Driver's License Number – Patient*

This field contains the patient's driver's license number if available. The data type of this field is DLN, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	RE		License Number	
2	IS	RE	0333	Issuing State, Province, Country	If a country code is sent, this will be a code from the ISO 3166 table of three-character country designators.
3	DT	RE		Expiration Date	

### *PID-21: Mother's Identifier*

This field contains identifiers for the patient's mother. It must be populated if the age of the patient is 1 month or less.

The data type of PID-21-mother's identifier is CX, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	R		ID	The full, unique identifier value for the patient.
2	ST	X		Check Digit	Restatement of the check digit portion, if any, of the ID number in component 1.
3	ID	X	0061	Code Identifying the Check Digit Scheme Employed	
4	HD	RE	0063	Assigning Authority	The system, organization, agency or department that created this patient identifier.
5	IS	RE	0203	Identifier Type Code	What kind of identifier this is: local, facility, state or national, Medicare, etc.
6	HD	RE		Assigning Facility	The place or location where the identifier was first assigned to the patient.



### *PID-22: Ethnic Group*

This field contains a code and text specifying the patient’s membership, or lack thereof, in a particular ethnic group. The data type of this field is CE, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	RE		Identifier	The standard code specifying the patient’s membership, or lack thereof, in an ethnic group, preferably from the CDC race code set.
2	ST	RE		Text	The human-readable term for the patient’s ethnic group, which must correspond to the value in Component 1 (Identifier) if any.
3	ST	RE		Name of Coding System	Name (usually abbreviated) of the code set from which the code in Component 1 and the text in Component 2 are taken.
4	ST	X		Alternate Identifier	
5	ST	X		Alternate Text	
6	ST	X		Name of Alternate Coding System	

### *PID-24: Multiple Birth Indicator*

If it is known whether the patient (generally a neonate) is one of a number of multiple concurrent births (e.g., twins or triplets), this field, whose data type is ID, contains a value from HL7 Table 0136, Yes/No Indicator: Y if the patient is part of a multiple birth or N if the patient is not part of a multiple birth.

### *PID-25: Birth Order*

If the value of PID-24-multiple birth indicator is Y, this field, whose data type is NM, contains an integer indicating the order of this patient in the multiple birth: 1 if the first born, 2 if the second born, etc.

### *PID-29: Patient Death Date and Time*

If the patient is deceased, this field, whose data type is TS, contains the date and time of the patient’s death as precisely as is recorded on the system from which the current message instance was sent.

### *PID-30: Patient Death Indicator*

This field, whose data type is ID, indicates whether the patient is deceased. Its value is taken from HL7-defined Table 0136, Yes/no indicator.

### PD1 (Additional Demographics) Segment Fields

The detailed field definitions below will be conformed to by all HL7 messages sending the PD1 (additional demographics) segment.

A summary table of usages, cardinalities and element names of all fields in the PD1 segment is provided in Section 5.5, “PD1 (Additional Demographics) Segment.”

#### *PD1-4: Patient Primary Care Provider Name & ID No.*

If the patient’s primary care provider is known, identifying information for that provider is sent in this field.

The data type of this field is XCN, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	RE		ID Number	The full, unique identifier value for the provider. Use of NPI is recommended.
2	ST	R		Family name & last name prefix	Last name of the provider. If the last name contains a prefix such as de or von that is excluded from alphabetization in the locale of the sending system, the last name prefix is restated in the second subcomponent of this component.
3	ST	RE		Given Name	First name of the provider.
4	ST	RE		Middle Initial or Name	Multiple middle initials or names are separated by spaces.
5	ST	RE		Suffix	E.g. JR or III.
6	ST	RE		Prefix	E.g. DR.
7	IS	RE	0360	Degree	
8	IS	RE	0297	Source Table	
9	HD	RE	0363	Assigning Authority	The creator of the authoritative identification record from which this provider’s ID number and name data are derived.
10	ID	RE	0200	Name Type Code	
11	ST	RE		Identifier Check Digit	Restatement of the check digit portion, if any, of the ID number in component 1.

### PV1 (Patient Visit) Segment Fields

The detailed field definitions below will be conformed to by all HL7 messages sending the PV1 (patient visit) segment.

A summary table of usages, cardinalities, and element names of all fields in the PV1 segment is provided in “PV1 (Patient Visit) Segment.”

#### *PV1-2: Patient Class*

This field designates the type of visit, such as inpatient (I) or outpatient (O) for which the patient is registered.

The data type of field PV1-2-patient class is IS. It contains a value from user-defined Table 0004, Patient Class.

#### *PV1-3: Assigned Patient Location*

For an inpatient, this field designates the patient’s location in the medical center. The data type of this field is PL, which is defined as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	RE		ID Number	The full, unique identifier value for the provider. Use of NPI is recommended.
2	ST	R		Family name & last name prefix	Last name of the provider. If the last name contains a prefix such as de or von that is excluded from alphabetization in the locale of the sending system, the last name prefix is restated in the second subcomponent of this component.
3	ST	RE		Given Name	First name of the provider.
4	ST	RE		Middle Initial or Name	Multiple middle initials or names are separated by spaces.
5	ST	RE		Suffix	E.g. JR or III.
6	ST	RE		Prefix	E.g. DR.
7	IS	RE	0360	Degree	
8	IS	R	0297	Source Table	Always valued 0010 to designate user-defined Table 0010, Physician ID, as the source of values for this field.
9	HD	RE	0363	Assigning Authority	The creator of the authoritative identification record from which this provider’s ID number and name data are derived.
10	ID	RE	0200	Name Type Code	
11	ST	RE		Identifier Check Digit	Restatement of the check digit portion, if any, of the ID number in component 1.

### *PV1-8: Referring Doctor*

This field contains information for a single referring physician. Repetitions of this field may contain identifying information for the same physician in different master files or source systems. However, this field is not to be used to send information for multiple referring physicians.

The data type of this field is XCN, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	RE		ID Number	The full, unique identifier value for the provider. Use of NPI is recommended.
2	ST	R		Family name & last name prefix	Last name of the provider. If the last name contains a prefix such as de or von that is excluded from alphabetization in the locale of the sending system, the last name prefix is restated in the second subcomponent of this component.
3	ST	RE		Given Name	First name of the provider.
4	ST	RE		Middle Initial or Name	Multiple middle initials or names are separated by spaces.
5	ST	RE		Suffix	E.g. JR or III.
6	ST	RE		Prefix	E.g. DR.
7	IS	RE	0360	Degree	
8	IS	R	0297	Source Table	Always valued 0010 to designate user-defined Table 0010, Physician ID, as the source of values for this field.
9	HD	RE	0363	Assigning Authority	The creator of the authoritative identification record from which this provider's ID number and name data are derived.
10	ID	RE	0200	Name Type Code	
11	ST	RE		Identifier Check Digit	Restatement of the check digit portion, if any, of the ID number in component 1.

### *PV1-9: Consulting Doctor*

This field contains information for one or more consulting physicians. Repetitions of this field may contain identifying information for the same or different physicians in different master files or source systems.

The data type of this field is XCN, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	RE		ID Number	The full, unique identifier value for the provider. Use of NPI is recommended.
2	ST	R		Family name & last name prefix	Last name of the provider. If the last name contains a prefix such as de or von that is excluded from alphabetization in the locale of the sending system, the last name prefix is restated in the second subcomponent of this component.
3	ST	RE		Given Name	First name of the provider.
4	ST	RE		Middle Initial or Name	Multiple middle initials or names are separated by spaces.
5	ST	RE		Suffix	E.g. JR or III.
6	ST	RE		Prefix	E.g. DR.
7	IS	RE	0360	Degree	
8	IS	R	0297	Source Table	Always valued 0010 to designate user-defined Table 0010, Physician ID, as the source of values for this field.
9	HD	RE	0363	Assigning Authority	The creator of the authoritative identification record from which this provider's ID number and name data are derived.
10	ID	RE	0200	Name Type Code	
11	ST	RE		Identifier Check Digit	Restatement of the check digit portion, if any, of the ID number in component 1.

### *PV1-10: Hospital Service*

This field, whose data type is IS, contains a code for the treatment or type of surgery that was assigned to the patient with the most recent patient movement. When present, it is populated with a value from user-defined Table 0069, Hospital Service.

### *PV1-14: Admit Source*

This field, whose data type is IS, contains a code indicating from where the patient intake occurred. When present, it is populated with a value from user-defined Table 0023, Admit Source.

### *PV1-17: Admitting Doctor*

This field contains information for a single admitting physician. Repetitions of this field may contain identifying information for the same physician in different master files or source systems. However, this field is not to be used to send information for multiple admitting physicians.

The data type of this field is XCN, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	RE		ID Number	The full, unique identifier value for the provider. Use of NPI is recommended.
2	ST	R		Family Name and Last Name Prefix	Last name of the provider. If the last name contains a prefix such as de or von that is excluded from alphabetization in the locale of the sending system, the last name prefix is restated in the second subcomponent of this component.
3	ST	RE		Given Name	First name of the provider.
4	ST	RE		Middle Initial or Name	Multiple middle initials or names are separated by spaces.
5	ST	RE		Suffix	E.g. JR or III.
6	ST	RE		Prefix	E.g. DR.
7	IS	RE	0360	Degree	
8	IS	R	0297	Source Table	Always valued 0010 to designate user-defined Table 0010, Physician ID, as the source of values for this field.
9	HD	RE	0363	Assigning Authority	The creator of the authoritative identification record from which this provider's ID number and name data are derived.
10	ID	RE	0200	Name Type Code	
11	ST	RE		Identifier Check Digit	Restatement of the check digit portion, if any, of the ID number in component 1.

### *PV1-18: Patient Type*

This field, whose data type is IS, contains a site-specific code specifying the patient type. When present, it is populated with a value from user-defined Table 0018, Patient Type.

### *PV1-36: Discharge Disposition*

This field, whose data type is IS, contains a site-specific code indicating the status and/or location (e.g., home, expired) applicable to the patient at the time of discharge. When present, it is populated with a value from user-defined Table 0112, Discharge Disposition.

### *PV1-37: Discharged to Location*

This field, when populated, contains the identifier of the facility to which the patient was discharged.

The data type of field PV1-37-discharged to location is CM. Its components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	IS	RE	0113	Discharge Location	
2	TS	RE		Effective Date	

### *PV1-44: Admit Date/Time*

When present, this field, whose data type is TS, contains the date and time when the patient was admitted (if the patient is an inpatient) or when the current encounter began (if the patient is an outpatient).

### *PV1-45: Discharge Date/Time*

When present, this field, whose data type is TS, contains the date and time when the patient was discharged (if the patient was an inpatient and has been discharged) or when the current encounter ended (if the patient was an outpatient and the current encounter is complete).

## OBX (Observation / Result) Segment Fields

The detailed field definitions below will be conformed to by all HL7 messages sending the OBX (observation / result) segment.

A summary table of usages, cardinalities and element names of all fields in the OBX segment is provided in Section 5.7, "OBX (Observation / Result) Segment."

### *OBX-2: Value Type*

This field, whose data type is ID, contains the data type of the information carried in field OBX-5-observation value.

When present, field OBX-2-value type is populated with a value from HL7 Table 0125, Value Type. This field will be populated in all occurrences of the OBX segment except those in which field OBX-11-Observation Result Status is valued X, indicating that no value was obtained for the observation.

### *OBX-3: Observation Identifier*

This field contains a code that classifies the information carried in field OBX-5-observation value. The data type of field OBX-3-observation identifier is CE, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	RE		Identifier	The standard code specifying the kind of information, preferably from the LOINC code set. For height and weight, this must be a LOINC code (either for reported or measured).
2	ST	RE		Text	The human-readable term for the kind of information, which must correspond to the value in Component 1 (Identifier) if any.
3	ST	RE		Name of Coding System	Name (usually abbreviated) of the code set from which the code in Component 1 and the text in Component 2 are taken.
4	ST	X		Alternate Identifier	
5	ST	X		Alternate Text	
6	ST	X		Name of Alternate Coding System	

### *OBX-5: Observation Value*

This field contains the actual value whose data type is given in field OBX-2-value type and whose classification is given in field OBX-3-observation identifier. Its formatting follows the rules of the HL7 standard for the data type carried in OBX-2 and the HL7 version carried in field MSH-12-version ID.

### *OBX-6: Units*

This field contains the units of measure for the observation carried in field OBX-5-observation value. The data type of field OBX-6-units is CE, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	RE		Identifier	The standard code specifying the units of measure, preferably from ISO Standard 2955-1983.
2	ST	RE		Text	The human-readable term for the units of measure, which must correspond to the value in Component 1 (Identifier) if any.
3	ST	RE		Name of Coding System	Name (usually abbreviated) of the code set from which the code in Component 1 and the text in Component 2 are taken.
4	ST	X		Alternate Identifier	
5	ST	X		Alternate Text	
6	ST	X		Name of Alternate Coding System	



### *OBX-11: Observation Result Status*

This field, whose data type is ID, indicates the processing or release stage of the observation. It is populated with a value from HL7 Table 0085, Observation Result Status Codes Interpretation.

### *OBX-14: Date/Time of the Observation*

This field, whose data type is TS, indicates the date and time when the observation occurred, as precisely as available from the system that sent the current message instance.

## DG1 (Diagnosis Information) Segment Fields

The detailed field definitions below will be conformed to by all HL7 messages sending the DG1 (diagnosis information) segment.

A summary table of usages, cardinalities and element names of all fields in the DG1 segment is provided in “DG1 (Diagnosis Information) Segment.”

### *DG1-2: Diagnosis Coding Method*

This field indicates the coding system from which the code in field DG1-3-diagnosis code-DG1 was obtained.

Field DG1-2-diagnosis coding method, whose data type is ID, has been deprecated by HL7 in favor of the third component (Name of Coding System) of DG1-3. If present, DG1-2 is populated with a value from HL7 Table 0053, Diagnosis Coding Method.

### *DG1-3: Diagnosis Code – DG1*

This field contains the symbolic term, such as an ICD-9 code, assigned to this diagnosis.

The data type of DG1-3-diagnosis code is CE, whose components are defined as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	RE		Identifier	The standard code specifying the diagnosis.
2	ST	RE		Text	The human-readable term for the diagnosis, which must correspond to the value in Component 1 (Identifier) if any. Use this component in preference to field DG1-4-diagnosis description, which has been deprecated by HL7.
3	ST	RE		Name of Coding System	Name (usually abbreviated) of the code set from which the code in Component 1 and the text in Component 2 are taken. Use this component in preference to field DG1-2-diagnosis coding method, which has been deprecated by HL7.
4	ST	X		Alternate Identifier	

Cmp	DT	Usage	TBL#	Element Name	Comments
5	ST	X		Alternate Text	
6	ST	X		Name of Alternate Coding System	

### *DG1-4: Diagnosis Description*

This field contains the human-readable term for the diagnosis.

Field DG1-4-diagnosis description, whose data type is ST, has been deprecated by HL7 in favor of the second component (Text) of DG1-3.

### *DG1-5: Diagnosis Date/Time*

This field, whose data type is TS, indicates the date and time when the diagnosis was determined, as precisely as available from the system that sent the current message instance.

### *DG1-6: Diagnosis Type*

This field, whose data type is IS, contains a code indicating the stage of the diagnosis, such as admitting (A), working (W) or final (F). When present, it is populated from user-defined Table 0052, Diagnosis Type.

## PR1 (Procedures) Segment Fields

The detailed field definitions below will be conformed to by all HL7 messages sending the PR1 (procedures) segment.

A summary table of usages, cardinalities, and element names of all fields in the PR1 segment is provided in “PR1 (Procedures) Segment.”

### *PR1-2: Procedure Coding Method*

This field indicates the coding system from which the code in field PR1-3-procedure code was obtained.

Field PR1-2-procedure coding method, whose data type is ID, has been deprecated by HL7 in favor of the third component (Name of Coding System) of PR1-3. If present, PR1-2 is populated with a value from HL7 Table 0089, Procedure Coding.

### *PR1-3: Procedure Code*

This field contains the symbolic term, such as a CPT code, assigned to this procedure.

The data type of PR1-3-procedure code is CE, whose components are defined as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	RE		Identifier	The standard code specifying the procedure. Populated with a value from user-defined Table 0088, Procedure Code.
2	ST	RE		Text	The human-readable term for the procedure, which must correspond to the value in Component 1 (Identifier) if any. Use this component in preference to field PR1-4-procedure description, which has been deprecated by HL7.
3	ST	RE		Name of Coding System	Name (usually abbreviated) of the code set from which the code in Component 1 and the text in Component 2 are taken. Use this component in preference to field PR1-2-procedure coding method, which has been deprecated by HL7.
4	ST	X		Alternate Identifier	
5	ST	X		Alternate Text	
6	ST	X		Name of Alternate Coding System	

### *PR1-4: Procedure Description*

This field contains the human-readable term for the procedure.

Field PR1-4-procedure description, whose data type is ST, has been deprecated by HL7 in favor of the second component (Text) of PR1-3.

### *PR1-5: Procedure Date/Time*

This field, whose data type is TS, indicates the date and time when the procedure was performed, as precisely as available from the system that sent the current message instance.

### *PR1-8: Anesthesiologist*

This field contains information for a single anesthesiologist associated with the procedure. Repetitions of this field may contain identifying information for the same anesthesiologist in different master files or source systems. However, this field is not to be used to send information for multiple anesthesiologists.

Field PR1-8-anesthesiologist has been deprecated by HL7 in favor of the ROL segment.

The data type of this field is XCN, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	RE		ID Number	The full, unique identifier value for the provider.
2	ST	R		Family name & last name prefix	If the last name contains a prefix such as de or von that is excluded from alphabetization in the locale of the sending system, the last name prefix is restated in the second subcomponent of this component.
3	ST	RE		Given Name	
4	ST	RE		Middle Initial or Name	Multiple middle initials or names are separated by spaces.
5	ST	RE		Suffix	e.g., JR or III.
6	ST	RE		Prefix	e.g., DR.
7	IS	RE	0360	Degree	
8	IS	R	0297	Source Table	Always valued 0010 to designate user-defined Table 0010, Physician ID, as the source of values for this field.
9	HD	RE	0363	Assigning Authority	The creator of the authoritative identification record from which this provider's ID number and name data are derived.
10	ID	RE	0200	Name Type Code	
11	ST	RE		Identifier Check Digit	Restatement of the check digit portion, if any, of the ID number in component 1.

### *PR1-11: Surgeon*

This field contains information for a single surgeon associated with the procedure. Repetitions of this field may contain identifying information for the same surgeon in different master files or source systems. However, this field is not to be used to send information for multiple surgeons.

Field PR1-8-surgeon has been deprecated by HL7 in favor of the ROL segment.

The data type of this field is XCN, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	RE		ID Number	The full, unique identifier value for the provider.
2	ST	R		Family name & last name prefix	If the last name contains a prefix such as de or von that is excluded from alphabetization in the locale of the sending system, the last name prefix is restated in the second subcomponent of this component.

Cmp	DT	Usage	TBL#	Element Name	Comments
3	ST	RE		Given Name	
4	ST	RE		Middle Initial or Name	Multiple middle initials or names are separated by spaces.
5	ST	RE		Suffix	e.g., JR or III.
6	ST	RE		Prefix	e.g., DR.
7	IS	RE	0360	Degree	
8	IS	R	0297	Source Table	Always valued 0010 to designate user-defined Table 0010, Physician ID, as the source of values for this field.
9	HD	RE	0363	Assigning Authority	The creator of the authoritative identification record from which this provider's ID number and name data are derived.
10	ID	RE	0200	Name Type Code	
11	ST	RE		Identifier Check Digit	Restatement of the check digit portion, if any, of the ID number in component 1.

### IN1 (Insurance) Segment Fields

The detailed field definitions below will be conformed to by all HL7 messages sending the IN1 (insurance) segment.

A summary table of usages, cardinalities and element names of all fields in the IN1 segment is provided in "IN1 (Insurance) Segment."

#### *IN1-1: Set ID - IN1*

This is the ordinal number of this occurrence of the AL1 segment within the current message instance. The first occurrence is labeled 1, the second 2, and so on.

If the patient is paying out of pocket rather than using insurance, then, in the first occurrence of the IN1 segment, the term SELF-PAY must appear in the second component of IN1-2-Insurance Plan ID. This is necessary to suppress the sending of message information to insurance carriers.

#### *IN1-2: Insurance Plan ID*

This field contains a unique identifier for the insurance plan.

The data type of this field is CE, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	RE		Identifier	The symbolic identifier of the insurance plan.
2	ST	RE		Text	The human-readable name of the insurance plan, which must correspond to the value in Component 1 (Identifier) if any. If the patient is paying out of pocket rather than using insurance, then, in the first occurrence of the IN1 segment, the term SELF-PAY must appear in this component. This is necessary to suppress the sending of message information to insurance carriers.
3	ST	X		Name of Coding System	
4	ST	X		Alternate Identifier	
5	ST	X		Alternate Text	
6	ST	X		Name of Alternate Coding System	

### *IN1-3: Insurance Company ID*

This field contains a unique identifier for the insurance company. MiHIN will work with the ADT sending organizations to map contents of IN1-3-insurance company ID to insurance companies across the state for accurate delivery.

The data type of this field is CX, whose components are as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	R		ID	The full, unique identifier value for the insurance company.
2	ST	X		Check Digit	Restatement of the check digit portion, if any, of the ID number in component 1.
3	ID	X	0061	Code Identifying the Check Digit Scheme Employed	
4	HD	RE	0063	Assigning Authority	The system, organization, agency, or department that created this insurance company identifier.
5	IS	RE	0203	Identifier Type Code	Indicates that this is an insurance company identifier and, if applicable, more precisely indicates what kind of insurance company identifier this is: local, facility, state or national, Medicare, etc.
6	HD	RE		Assigning Facility	The place or location where the identifier was first assigned to the patient.

### *IN1-4: Insurance Company Name*

This field, whose data type is XON, contains name and other identifying information for the insurance company. MiHIN will work with the ADT sending organizations to map contents of IN1-4-insurance company name to insurance companies across the state for accurate delivery.

Its components are defined as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	R		Organization Name	Name of the insurance company.
2	IS	X	0204	Organization Name Type Code	
3	NM	X		ID Number	
4	NM	X		Check Digit	
5	ID	X	0061	Code Identifying the Check Digit Scheme Employed	
6	HD	X	0363	Assigning Authority	
7	IS	X	0203	Identifier Type Code	
8	HD	X		Assigning Facility ID	
9	ID	X		Name Representation Code	

### *IN1-36: Policy Number*

This field, whose data type is ST, 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., IN2-8-Medicaid case number, IN2-6-Medicare health insurance card number, and IN2-10-Military ID number). However, HL7 recommends that IN1-36-policy number be filled even when the patient's insurance number is also passed in one of these other fields.

## **NPU (Non-Patient Update) Segment Fields**

The detailed field definitions below will be conformed to by all HL7 messages sending the NPU (non-patient update) segment.

A summary table of usages, cardinalities, and element names of all fields in the NPU segment is provided in "NPU (Non-Patient Update) Segment."

### *NPU-1: Bed Location*

This field designates the location of the bed in the medical center. The data type of this field is PL, which is defined as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	IS	RE	0302	Point of Care	Entries in user-defined Table 0302 are defined at the medical center. No suggested values are provided by HL7.
2	IS	RE	0303	Room	Entries in user-defined Table 0303 are defined at the medical center. No suggested values are provided by HL7.
3	IS	RE	0304	Bed	Entries in user-defined Table 0304 are defined at the medical center. No suggested values are provided by HL7.
4	HD	RE		Facility	
5	IS	RE	0306	Location Status	
6	IS	RE	0305	Person Location Type	
7	IS	RE	0307	Building	Entries in user-defined Table 0307 are defined at the medical center. No suggested values are provided by HL7.
8	IS	RE	0308	Floor	Entries in user-defined Table 0308 are defined at the medical center. No suggested values are provided by HL7.
9	ST	RE		Location Description	

### *NPU-2: Bed Status*

This field, whose data type is IS, indicates the occupancy status of the bed. It is populated with a value from user-defined Table 0116, Bed Status.

## MSA (Message Acknowledgment) Segment Fields

The detailed field definitions below will be conformed to by all HL7 messages sending the MSA (message acknowledgment) segment.

A summary table of usages, cardinalities, and element names of all fields in the MSA segment is provided in "MSA (Message Acknowledgment) Segment."

### *MSA-1: Acknowledgment Code*

This field, whose data type is ID, indicates whether the receiver was able to persist and process the message successfully. It is populated with a value from HL7-defined Table 0008, Acknowledgment Code.

### *MSA-2: Message Control ID*

This field, whose data type is ST, contains the value of MSH-10-message control ID in the message received from the originating system. It allows an association to be maintained between this acknowledgment response and the message it is acknowledging.



## ERR (Error) Segment Fields

The detailed field definitions below will be conformed to by all HL7 messages sending the ERR (error) segment.

A summary table of usages, cardinalities, and element names of all fields in the ERR segment is provided in “ERR (Error) Segment.”

### *ERR-1: Error Code and Location*

Each occurrence of this field designates at what segment, field, repetition and/or component in the originating message an error occurred, and the nature of the error.

Field ERR-1-error code and location was deprecated in HL7 Version 2.5 in favor of fields ERR-2 through ERR-12, which allow errors to be specified with greater precision and detail. However, ERR-1 must be present if the HL7 version as specified in MSH-12-version ID is prior to 2.5.

The data type of this field is ELD, which is defined as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	RE		Segment ID	Present if and only if the error corresponded to an element of the originating message.
2	NM	CE		Segment Sequence	If and only if component 1 is sent, this component indicates to what occurrence of the segment the error corresponded. It should contain the value of the Set ID field (if present, generally field 1) of the segment.
3	NM	CE		Field Position	If and only if component 1 is sent, this component indicates to what field (if any) the error corresponded.
4	CE	R	0357	Code Identifying Error	This component is sent as three subcomponents, separated by the subcomponent separator. The first component is the appropriate code from Table 0357, Message Error Condition Codes; the second component is the corresponding description from Table 0357; the third component is the string literal HL70357.

### *ERR-2: Error Location*

This field indicates the location(s) in the received message at which the indicated error occurred. For errors occurring at one or more specific locations, field ERR-2-error location must be present if the HL7 version as specified in field MSH-12-version ID is 2.5 or later.

The data type of this field is ERL, which is defined as follows.

Cmp	DT	Usage	TBL#	Element Name	Comments
1	ST	R		Segment ID	
2	NM	R		Segment Sequence	This component indicates to what occurrence of the segment the error corresponded. It should contain the value of the Set ID field, if present. If the error corresponds to a segment that contains no Set ID field and occurs only once, this component should contain 1.
3	NM	CE		Field Position	This component indicates to what field (if any) the error corresponded.
4	NM	CE		Field Repetition	If component 3 is populated and the element at the field position indicated by component 3 contains multiple occurrences, this component contains an integer corresponding to the ordinal occurrence in which the error occurred.
5	NM	CE		Component Number	If component 3 is populated and the element at the field position indicated by component 3 contains multiple components, this component contains an integer corresponding to the ordinal position of the component in which the error occurred.
6	NM	CE		Sub-Component Number	If component 5 is populated and the element at the component position indicated by component 5 contains multiple subcomponents, this component contains an integer corresponding to the ordinal position of the subcomponent in which the error occurred.

### *ERR-3: HL7 Error Code*

This field, whose data type is CNE, contains a code specifying the nature of the error. It must be present if the HL7 version indicated in field MSH-12-version ID is 2.5 or later.

The value in this field is taken from HL7 Table 0357, Message Error Condition Codes.

### *ERR-4: Severity*

This field, whose data type is ID, contains a code specifying whether the error is informational, warning or fatal. It must be present if the HL7 version indicated in field MSH-12-version ID is 2.5 or later.

The value in this field is taken from HL7 Table 0516, Error Severity.