

SCC PPS HL7 Interface Specifications

DSRIP Partner Message Processing

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Revision History and Acronyms and Meanings

Revision History

| Version | Date | Author(s) | Reason for Change |
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| V0100 | 22-Jul-2015 | Greg Quattlebaum, Amy Schlung | Initial Release |
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Acronyms

Below is a list of acronyms and meanings used within this document.

| Acronym | Definition |
|---------|--|
| ADT | Admission, Discharge, Transfer patient demographic information |
| AIG | Appointment Information / General Resource |
| AIL | Appointment Information / Location Resource |
| AIP | Appointment Information / Personnel Resource |
| AIS | Appointment Information / Service |
| AL1 | Allergy Information |
| DG1 | Diagnosis |
| EVN | Event Type |
| HL7 | Health Level 7 Generic Record |
| IN1 | Insurance Information |
| IN2 | Insurance Additional Information |

| Acronym | Definition |
|---------|---|
| MRG | Merge Patient Information |
| MSH | Message Header |
| NK1 | Next of Kin |
| NTE | ADT , SCH/SIU : Notes and Comments ORU : Order Level Comments ORU : Observation Level Comments PPR : Problem Comments |
| OBR | Observation Report |
| OBX | Observation / Result |
| ORC | Common Order |
| PD1 | ADT : Patient Demographic SCH / SIU : Merge Patient Information |
| PID | Patient Identification |

| Acronym | Definition |
|---------|--|
| PR1 | Procedures |
| PRB | ADT: Problems PPR: Problem Detail |
| PV1 | Patient Visit |
| PV2 | Patient Visit – Additional Information |
| RGS | Resource Group |
| ROL | Problem Detail |
| RXA | Pharmacy Administration |
| RXR | Pharmacy Route |
| SCH | Schedule Activity Information |
| ZAL | Additional Allergy Information |
| ZCN | Custom Consent |
| ZEI | Person Employment Information |
| ZPB | Additional Information |
| ZPI | Additional Person / Patient Information |

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Introduction

This document represents the initial draft version of the Suffolk PPS HL7 Data Specification. The document objective is to provide our DSRIP partners early visibility to the HL7 message formats that will be supported by the **Suffolk Population Health Platform** in advance of the Suffolk PPS “Go-Live” date. It is expected that ongoing revisions will be made to the document as feedback is received from our DSRIP partners. As such, the HL7 message definitions currently defined herein **should not be** considered finalized. Once comments are incorporated, the document will be frozen and placed under strict change control at which time the message definitions will be considered finalized.

Message Definition

It is recommended that the segments in the table below be included in messages sent to Cerner OPENLink. Additional segments can be sent, if they meet the HL7 2.5.1 standard, but may be ignored. Segments to be included will be discussed in detail during the specification meetings, which will include Cerner and client representatives.

Messages

| Segment | Segment Name | ADT | ORU | PPR | SCH / SIU | VXU | Comments |
|---------|---|-----|-----|-----|-----------|-----|--|
| AIG | Appointment Information / General Resource | | | | ✓ | | |
| AIL | Appointment Information / Location Resource | | | | ✓ | | |
| AIP | Appointment Information / Personnel Resource | | | | ✓ | | |
| AIS | Appointment Information / Service | | | | ✓ | | SCH / SIU: Required |
| AL1 | Allergy Information | ✓ | | | | | ADT: Repeats |
| DG1 | Diagnosis | ✓ | | | ✓ | | ADT: Repeats SCH / SIU: Repeats |
| EVN | Event Type | ✓ | | | ✓ | | ADT: Optional SCH / SIU: Optional |
| IN1 | Insurance Information | ✓* | | | | | |
| IN2 | Insurance Additional Information | ✓* | | | | | |
| MRG | Merge Patient Information | ✓ | | | | | ADT: Conditional |
| MSH | Message Header | ✓ | ✓ | ✓ | ✓ | ✓ | |
| NK1 | Next of Kin | ✓* | | | | | |
| NTE | ADT, SCH/SIU: Notes and Comments ORU: Order Level Comments ORU: Observation Level Comments PPR: Problem Comments | ✓ | ✓ | ✓ | ✓ | | ADT: Repeats ORU: Optional PPR: Optional |

| Segment | Segment Name | ADT | ORU | PPR | SCH / SIU | VXU | Comments |
|---------|--|-----|-----|-----|-----------|-----|------------------------|
| OBR | Observation Report | | ✓ | | | | |
| OBX | Observation / Result | | ✓ | | | | |
| ORC | Common Order | | ✓ | | | ✓ | |
| PD1 | ADT: Patient Demographic SCH / SIU: Merge Patient Information | ✓* | | | ✓ | | SCH / SIU: Conditional |
| PID | Patient Identification | ✓ | ✓ | ✓ | ✓ | ✓ | |
| PR1 | Procedures | ✓ | | | | | ADT: Repeats |
| PRB | ADT: Problems PPR: Problem Detail | ✓ | | ✓ | | | ADT: Repeats |
| PV1 | Patient Visit | ✓ | ✓ | | ✓ | ✓ | SCH / SIU: Repeats |
| PV2 | Patient Visit – Additional Information | ✓ | | | ✓ | | |
| RGS | Resource Group | | | | ✓ | | SCH / SIU: Required |
| ROL | Problem Detail | | | ✓* | | | |
| RXA | Pharmacy Administration | | | | | ✓ | |
| RXR | Pharmacy Route | | | | | ✓ | |
| SCH | Schedule Activity Information | | | | ✓ | | |
| ZAL | Additional Allergy Information | ✓ | | | | | ADT: Repeats |
| ZCN | Custom Consent | ✓ | | | | | ADT: Optional |
| ZEI | Person Employment Information | ✓* | | | | | |
| ZPB | Additional Information | | | ✓ | | | PPR: Optional |
| ZPI | Additional Person / Patient Information | ✓* | | | | | |

*Added to base specifications.

Control Segments

The fields defined in the segments below are recommended or required for population of the OPENLink system. Additional fields from the HL7 2.5.1 standard can be provided, but may not be used. Fields to be included in specific implementations will be discussed in detail during the specification meetings, which will include Cerner and client representatives.

AIG (Appointment Information / General Resource) Segment

SCH / SIU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|------------------------------|----------|--------------|
| 1 | R | Set ID | | |
| 2 | O | Segment Action Code | | |
| 3 | O | Resource ID | | |
| 4 | O | Resource Type | | |
| 5 | O | Resource Group | | |
| 6 | O | Resource Quantity | | |
| 7 | O | Resource Quantity Units | | |
| 8 | O | Start Date/Time | | |
| 9 | O | Start Date/Time Offset | | |
| 10 | O | Start Date/Time Offset Units | | |
| 11 | O | Duration | | |
| 12 | O | Duration Units | | |
| 13 | O | Allow Substitution Code | | |
| 14 | O | Filler Status Code | | |

AIL (Appointment Information / Location Resource) Segment

SCH / SIU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|-------------------------------------|----------|--------------|
| R | 1 | Set ID | | |
| R | 2 | Segment Action Code | | |
| R | 3 | Location Resource ID | | |
| O | 3.1 | Point of Care | | |
| O | 3.2 | Room | | |
| O | 3.3 | Bed | | |
| O | 3.4 | Facility | | |
| O | 3.5 | Location Status | | |
| O | 3.6 | Person Location Type | | |
| O | 3.7 | Building | | |
| O | 3.8 | Floor | | |
| O | 3.9 | Location Type | | |
| O | 4 | Location Type | | |
| O | 4.1 | Identifier | | |
| O | 5 | Location Group | | |
| O | 6 | Start Date/Time | | |
| O | 7 | Start Date/Time Offset | | |
| O | 8 | Start Date/Time Offset Units | | |
| O | 9 | Duration | | |
| O | 10 | Duration Units | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-------------------------|----------|--------------|
| O | 11 | Allow Substitution Code | | |
| O | 12 | Filler Status Code | | |

AIP (Appointment Information / Personnel Resource) Segment

SCH / SIU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|--|----------|--------------|
| R | 1 | Set ID | | |
| R | 2 | Segment Action Code | | |
| R | 3 | Personnel Resource ID | | |
| O | 3.1 | ID Number | | |
| O | 3.2 | Family Name | | |
| O | 3.3 | Given Name | | |
| O | 3.4 | Middle Initial or Name | | |
| O | 3.5 | Suffix | | |
| O | 3.6 | Prefix | | |
| O | 3.7 | Degree | | |
| O | 3.8 | Source Table | | |
| O | 3.9 | Assigning Authority | | |
| O | 3.10 | Name Type | | |
| O | 3.11 | Identifier Check Digit | | |
| O | 3.12 | Code Identifying Check Digit Scheme Employed | | |
| O | 3.13 | Identifier Type Code | | |
| O | 3.14 | Assigning Authority ID | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-------------------------------------|----------|--------------|
| O | 4 | Resource Role | | |
| O | 4.1 | Identifier | | |
| O | 5 | Resource Group | | |
| O | 5.1 | Identifier | | |
| O | 6 | Start Date/Time | | |
| O | 6.1 | Time of Event | | |
| O | 7 | Start Date/Time Offset | | |
| O | 8 | Start Date/Time Offset Units | | |
| O | 8.1 | Identifier | | |
| O | 9 | Duration | | |
| O | 10 | Duration Units | | |
| O | 10.1 | Identifier | | |
| O | 11 | Allow Substitution Code | | |
| O | 12 | Filler Status Code | | |
| O | 12.1 | Identifier | | |

AIS (Appointment Information / Service) Segment

SCH / SIU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------------|----------|--------------|
| R | 1 | Set ID | | |
| O | 2 | Segment Action Code | | |
| O | 3 | Universal Service ID | | |
| O | 4 | Start Date/Time | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|------------------------------|----------|--------------|
| O | 5 | Start Date/Time Offset | | |
| O | 6 | Start Date/Time Offset Units | | |
| O | 7 | Duration | | |
| O | 8 | Duration Units | | |
| O | 9 | Allow Substitution Code | | |
| O | 10 | Filler Status Code | | |

AL1 (Patient Allergy Information) Segment

ADT Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-------------------------|---|------------------------------|
| R | 1 | Set ID | | |
| C | 2 | Allergy Type / Category | | Allergy / Adverse Event Type |
| R | 3 | Allergy Code | | |
| R | 3.1 | Identifier | | |
| O | 3.2 | Text | | |
| R | 3.3 | Coding System OID | | |
| O | 4 | Allergy Severity | | |
| C | 4.1 | Identifier | | |
| C | 4.2 | Text | | |
| C | 4.3 | Coding System OID | | |
| O | 5 | Allergy Reaction | For Millennium clients- can also be sent in ZAL 7.2 | |
| C | 5.1 | Identifier | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|----------------------------|----------|--------------|
| C | 5.2 | Text | | |
| C | 5.3 | Coding System OID | | |
| O | 6 | Identification Date | | |

DG1 (Diagnosis) Segment

ADT Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|---------------------------------|----------|--------------------|
| R | 1 | Set ID | | |
| R | 2 | Diagnosis Coding Method | | |
| R | 3 | Diagnosis Code | | |
| R | 3.1 | identifier | | |
| C | 3.2 | Text | | |
| C | 3.3 | Coding System OID | | |
| C | 4 | Diagnosis Description | | |
| O | 5 | Diagnosis Date / Time | | |
| R | 6 | Diagnosis Type | | Diagnosis Type |
| O | 15 | Diagnosis Priority | | Diagnosis Priority |
| O | 16 | Diagnosing Clinician | | |
| O | 16.1 | Diagnosing Clinician ID | | |
| O | 16.2 | Diagnosing Clinician Last Name | | |
| O | 16.3 | Diagnosing Clinician First Name | | |
| C | 16.13 | ID Type | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|--------------------------------|----------|--------------|
| O | 17 | Diagnosis Classification | | |
| O | 26 | Present on Admission Indicator | | |

SCH / SIU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|---------------------------------|----------|--------------------|
| R | 1 | Set ID | | |
| R | 2 | Diagnosis Coding Method | | |
| R | 3 | Diagnosis Code | | |
| O | 4 | Diagnosis Description | | |
| O | 5 | Diagnosis Date / Time | | |
| R | 6 | Diagnosis Type | | Diagnosis Type |
| O | 15 | Diagnosis Priority | | Diagnosis Priority |
| O | 16 | Diagnosing Clinician | | |
| O | 16.1 | Diagnosing Clinician ID | | |
| O | 16.2 | Diagnosing Clinician Last Name | | |
| O | 16.3 | Diagnosing Clinician First Name | | |

EVN (Event Type) Segment

ADT Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|----------|--------------|
| O | 1 | Event Type | | |
| O | 2 | Date / Time of Event | | |

SCH / SIU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|----------------------------------|--------------|
| O | 1 | | Event Type | |
| O | 2 | | Date / Time of Event | |
| O | 16 | Problem Date of Onset | Date and time the problem began. | |

IN1 (Insurance Information)

ADT Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|------------------------|----------|--------------|
| O | 2 | Insurance Plan ID | | |
| O | 3 | Insurance Company ID | | |
| O | 4 | Insurance Company Name | | |
| O | 8 | Group Number | | |
| O | 9 | Group Name | | |
| O | 12 | Plan Effective Date | | |
| O | 13 | Plan Expiration Date | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|---|--------------|
| C | 15 | Plan Type | | |
| C | 36 | Policy Number | If Medicaid plan type, ensure Medicaid ID is sent here. | |

IN2 (Insurance Additional Information)

ADT Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|----------------------------|----------|--------------|
| O | 6 | Medicare Health Ins Card # | | |
| O | 8 | Medicaid Case Number | | |
| O | 10 | Champus ID Number | | |
| O | 5 | Student Indicator | | |

MRG (Merge) Segment

ADT Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-------------------------------|----------|--------------|
| R | 1 | Prior Patient Identifier List | | |
| R | 1.1 | Identifier | | |
| O | 1.4 | Assigning Authority | | |
| O | 1.5 | Identifier Type | | |
| O | 2 | Prior Alternate Patient ID | | |
| O | 7 | Prior Patient Name | | |

MSH (Message Header) Segment

ADT Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|--|--------------|
| R | 1 | Field Separator | | |
| R | 2 | Encoding Characters | ^~\& | |
| R | 3 | Send Application | Description of sending application. | |
| R | 4 | Send Facility OID | Unique identifier for source system Can contain a string, mnemonic, or actual OID. | |
| O | 5 | Receive Application | Description of receiving application. | |
| O | 6 | Receive Facility | Description of receiving facility. | |
| R | 7 | D/T of Message | CCYYMMDDHHMMSS | |
| R | 9 | Message Type | | |
| R | 9.1 | Type | ADT | |
| R | 9.2 | Event | A01, A02, A03, A04, A05 (Note- can be removed with A11 provided FIN, Admit date, and OID match), A08, A11, A13, A28 (as A04 or A08), A31(as A08), A40 | |
| O | 10 | Message Control ID | | |
| R | 11 | Message Processing ID | T for Test or P for Production | |
| R | 12 | Version ID | HL7 version ID | |

ORU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|-------------------------------------|--------------|
| R | 1 | Field Separator | | |
| R | 2 | Encoding Characters | ^~\& | |
| R | 3 | Send Application | Description of sending application. | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|------------------------------|---|--------------|
| R | 4 | Send Facility | Description of sending facility / encounter organization. | |
| R | 5 | Receive Application | Description of receiving application. | |
| R | 6 | Receive Facility | Description of receiving facility. | |
| R | 7 | D/T of Message | CCYYMMDDHHMMSS | |
| R | 9 | Message Type | | |
| R | 9.1 | Type | ORU | |
| R | 9.2 | Event | R01 | |
| R | 10 | Message Control ID | | |
| R | 11 | Message Processing ID | T or P | |
| R | 12 | Version ID | 2.3 | |

PPR Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|----------------------------|---|--------------|
| R | 1 | Field Separator | | |
| R | 2 | Encoding Characters | ^~\& | |
| R | 3 | Send Application | Description of sending application. | |
| R | 4 | Send Facility | Description of sending facility / encounter organization. | |
| R | 5 | Receive Application | Description of receiving application. | |
| R | 6 | Receive Facility | Description of receiving facility. | |
| R | 7 | D/T of Message | CCYYMMDDHHMMSS | |
| R | 9 | Message Type | | |
| R | 9.1 | Type | PPR | |
| R | 9.2 | Event | PC1 – Problem Add PC2 – Problem Update PC3 – Problem Delete | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|--------------------------------|--------------|
| R | 10 | Message Control ID | | |
| R | 11 | Message Processing ID | T for Test or P for Production | |
| R | 12 | Version ID | 2.5.1 | |

SCH / SIU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|---------------------------------------|--------------|
| R | 1 | Field Separator | | |
| R | 2 | Encoding Characters | ^~\& | |
| R | 3 | Send Application | Description of sending application. | |
| R | 4 | Send Facility OID | Unique identifier for source system | |
| R | 5 | Receive Application | Description of receiving application. | |
| R | 6 | Receive Facility | Description of receiving facility. | |
| R | 7 | D/T of Message | CCYYMMDDHHMMSS | |
| R | 9 | Message Type | | |
| R | 9.1 | Type | SIU | |
| R | 9.2 | Event | | |
| R | 10 | Message Control ID | | |
| R | 11 | Message Processing ID | T for Test or P for Production | |
| R | 12 | Version ID | | |

VXU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|---|--------------|
| R | 1 | Field Separator | | |
| R | 2 | Encoding Characters | ^~\& | |
| R | 3 | Send Application | Description of sending application. | |
| R | 4 | Send Facility | Description of sending facility / encounter organization. | |
| R | 5 | Receive Application | Description of receiving application. | |
| R | 6 | Receive Facility | Description of receiving facility. | |
| R | 7 | D/T of Message | CCYYMMDDHHMMSS | |
| R | 9 | Message Type | | |
| R | 9.1 | Type | ORU | |
| R | 9.2 | Event | R01 | |
| R | 10 | Message Control ID | | |
| R | 11 | Message Processing ID | T or P | |
| R | 12 | Version ID | 2.3 | |

NK1 (Next of Kin) Segment

ADT Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|----------|--------------|
| O | 2 | Next of Kin Name | | |
| O | 2.1 | last_name | | |
| O | 2.2 | first_name | | |
| O | 2.3 | middle_name | | |
| O | 4 | Next of Kin Address | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|--------------------------|--|--------------|
| O | 4.1 | Address Line 1 | | |
| O | 4.2 | Address Line 2 | | |
| O | 4.3 | City | | |
| O | 4.4 | State | | |
| O | 4.5 | Zip Code | | |
| O | 5 | NOK Phone Nbr | | |
| O | 6 | NOK Bus Phone Nbr | | |
| O | 7 | Contact Role | HealthIntent Needs the EMC – Emergency Contact | |
| C | 7.1 | Identifier | | |
| C | 7.2 | Text Description | | |
| C | 7.3 | Coding System | | |
| O | 15 | Sex | | |
| O | 31 | Contact Phone | | |

NTE (Notes and Comments) Segment

ADT Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|--------------------------|---|--------------|
| O | 1 | Set ID | | |
| O | 2 | Source of Comment | | |
| O | 3 | Comment | This field used for Comments section in HIE | |
| O | 4 | Comment Type | | |

ORU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|----------|--------------|
| O | 1 | Set ID | | |
| O | 2 | Source of Comment | | |
| R | 3 | Comment | | |
| O | 4 | Comment Type | | |

PPR Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|----------|--------------|
| O | 1 | Set ID | | |
| O | 2 | Source of Comment | | |
| O | 3 | Comment | | |
| O | 4 | Comment Type | | |

SCH / SIU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|--------------------------------------|---|---------------------|
| R | 1 | Action Code | Send only: AD = Add CO = Correct DE = Delete UP = Update | |
| R | 2 | Action Date / Time | | |
| R | 3 | Problem ID | | |
| C | 3.1 | Identifier | SNOMED CT terms descending from the Clinical Findings (404684003) or Situation with Explicit Context (243796009) hierarchies recommended. | |
| C | 3.2 | Description | | |
| C | 3.3 | Coding System | | |
| R | 4 | Problem Instance ID | Unique identifier for the problem. Remains unique over time. Identifies a specific instance for a specific patient and is unique across all patients. | |
| O | 10 | Classification | Identifies the kind of problem. | Problem Type |
| O | 12 | Persistence | Indicates the perseverance of a problem. (acute, chronic) | |
| O | 13 | Confirmation Status | Indicates the verification status of the problem. | |
| O | 14 | Life Cycle Status | Current status of the problem. | |
| O | 14.1 | Identifier | | Problem Status Code |
| O | 14.2 | Text | | |
| O | 15 | Life Cycle Status Date / Time | Effective date and time of the life cycle status code. | |

OBR (Observation Request) Segment

ORU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|--------------------------------|--|------------------|
| O | 1 | Set ID | | |
| C | 2 | Placer Order Number | Identifies an order uniquely among all orders from a particular ordering application. Uniqueness must persist over time. | |
| C | 3 | Filler Order Number | Identifies an order uniquely among all orders from a particular filling application. Uniqueness must persist over time. | |
| R | 4 | Universal Service ID | | |
| R | 4.1 | Identifier | LOINC code | Laboratory Order |
| R | 4.2 | Text Description | | |
| O | 4.3 | Coding System OID | | |
| O | 4.4 | Alternate Identifier | | |
| O | 4.5 | Alternate Text | | |
| O | 4.6 | Alternate Coding System | | |
| C | 7 | Observation Date / Time | | |
| O | 15 | Specimen Source | | |
| O | 15.1 | Source Code | | |
| O | 15.2 | Additives | | |
| O | 15.3 | Source Description free text | | |
| O | 16 | Ordering Provider | | |
| O | 16.1 | ID | | |
| O | 16.2 | Last Name | | |
| O | 16.3 | First Name | | |
| O | 16.4 | Middle Name | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-------------------------------|----------|---------------|
| O | 16.5 | Suffix | | |
| O | 16.6 | Prefix | | |
| O | 16.7 | Degree | | |
| O | 18 | Placer Field 1 | | |
| O | 20 | Filler Field 1 | | |
| O | 21 | Filler Field 2 | | |
| O | 24 | Diagnostic Service Section ID | | |
| C | 25 | Result Status | | Result Status |

OBX (Observation / Result) Segment

ORU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-------------------------|---------------------------------------|-----------------------------------|
| O | 1 | Set ID | | |
| R | 2 | Value Type | | |
| R | 3 | Observation Identifier | Of the detail. | |
| R | 3.1 | Identifier | LOINC code | Laboratory Observation Identifier |
| O | 3.2 | Text Description | | |
| O | 3.3 | Coding System OID | | |
| O | 3.4 | Alternate Identifier | | |
| O | 3.5 | Alternate Text | | |
| O | 3.6 | Alternate Coding System | | |
| C | 5 | Observation Value | Actual observed results of type OBX;2 | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|-----------------------------------|---|------------------|
| O | 5.2 | | | |
| O | 5.3 | PDF (for encoded PDF) | Value 'PDF' for type of encoded PDF document / Value 'RTF' for formatted RTF document | |
| O | 5.4 | Encoding Type (Base64) | Value 'Base64' for encoding type | |
| O | 5.5 | Encoded Document | Base64 Encoded PDF document content / Formatted RTF document content | |
| | | | | |
| O | 6 | Units | | Units of Measure |
| C | 6.1 | Units | | |
| C | 6.2 | Units description | | |
| C | 6.3 | Coding scheme OID | | |
| O | 7 | Reference Range | | |
| O | 7.1 | Range | Low-high or >lower limit or <upper limit | |
| O | 7.2 | Low | | |
| O | 7.3 | High | | |
| O | 8 | Abnormal Flags | | Result Normalcy |
| R | 11 | Observation Results Status | | Result Status |
| O | 14 | Date / Time of Observation | Actual verification date/time | |
| O | 16 | Problem Date of Onset | Date and time the problem began. | |

ORC (Common Order) Segment

ORU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|----------|--------------|
| R | 1 | Order Control | "RE" | |
| O | 3 | Filler Order Number | | |
| O | 3.1 | Unique Filler ID | | |

VXU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|---|--------------|
| R | 1 | Order Control | "RE" | |
| R | 3 | Filler Order Number | | |
| R | 3.1 | Unique Filler ID | Must be a unique identifier for the immunization. | |

PD1 (Patient Demographic) Segment

ADT Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|----------|--------------|
| R | 4 | Primary Care Provider | | |
| R | 4.1 | Physician Id | | |
| C | 4.2 | Last Name | | |
| C | 4.3 | First name | | |
| O | 4.4 | Middle Name | | |
| R | 4.13 | Identifier Type OID | | |
| O | 7 | Living Will | | |

SCH / SII Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|---|----------|--------------|
| O | 1 | Living Dependency | | |
| O | 2 | Living Arrangement | | |
| O | 3 | Assigning Authority | | |
| C | 3.1 | Organization Name | | |
| C | 3.2 | Organization Name Type Code | | |
| C | 3.3 | ID Number | | |
| O | 4 | Patient Primary Care Provider Info | | |
| O | 4.1 | ID Number | | |
| O | 4.2 | Family Name | | |
| O | 4.3 | Given Name | | |
| O | 4.4 | Middle Initial/Name | | |
| O | 4.5 | Prefix | | |
| O | 4.6 | Suffix | | |
| O | 4.7 | Degree | | |
| O | 4.8 | Source | | |
| O | 4.9 | Assigning Authority | | |

PID (Patient Identification) Segment

ADT Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|----------|------------------------------|--|--------------|
| O | 1 | Set ID | | |
| R | 2 | External Patient ID | At minimum, either PID;2 or PID;3 must have the patient identifier along with the assigning authority OID value. If more than 2 values are available, then PID;3 may be used for repeating instances. | |
| R | 2.1 | Unique Patient Identifier | Unique identifier for the patient. Ex. MRN, CMRN. If a StonyBrook MRN is available it should be sent here. | |
| R | 2.4 | Assigning Authority OID | OID of Assigning Authority for value in 2.1 | |
| C | 2.5 | Identifier Type | | |
| R | 2.6 | Assigning Facility OID | Unique Identifier for sending system | |
| R | 3 | Internal Patient ID | . | |
| R | 3.1 | Unique Patient Identifier | Unique identifier for the patient. Ex. MRN, CMRN | |
| R | 3.4 | Assigning Authority OID | OID of Assigning Authority for value in 3.1 | |
| C | 3.5 | Identifier Type | | |
| R | 3.6 | Assigning Facility OID | Unique Identifier for sending system | |
| C | 4 | Alternate Patient ID | | |
| R | 4.1 | Alternate Patient Identifier | Internal ID for person. Same value sent in for personID for Historical files | |
| R | 4.4 | Assigning Authority OID | | |
| C | 4.5 | Identifier Type | | |
| R | 5 | Patient Name | | |
| R | 5.1 | Patient Last Name | | |
| R | 5.2 | Patient First Name | | |
| O | 5.3 | Patient Middle Name | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|-----------------------------|--|-----------------------|
| O | 5.4 | Suffix | | |
| O | 5.5 | Prefix | | |
| O | 5.6 | Degree | | |
| O | 6 | Mother's Maiden Name | This field contains the family name under which the mother was born (i.e., before marriage). | |
| O | 6.1 | Last Name | | |
| O | 6.2 | First Name | | |
| O | 6.3 | Middle Name | | |
| O | 6.4 | Suffix | | |
| O | 6.5 | Prefix | | |
| O | 6.6 | Degree | | |
| O | 7 | Date of Birth | CCYYMMDD or CCYYMMDDHHMMSS | |
| C | 8.1 | Sex | | Administrative Gender |
| O | 10 | Race | | Race |
| C | 10.1 | Identifier | | |
| C | 10.2 | Text | | |
| C | 10.3 | Coding System OID | | |
| O | 11 | Patient Address | | |
| O | 11.1 | Patient Address Line 1 | | |
| O | 11.2 | Patient Address Line 2 | | |
| O | 11.3 | City | | |
| O | 11.4 | State | | State |
| O | 11.5 | Zip code | | |
| O | 11.6 | Country | | Country |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|-------------------------------|--|-----------------------|
| O | 13 | Home Phone Number | Do not include formatting. Email addresses are supported in this field. | |
| O | 13.2 | Phone Type | “HP” = Home Phone “VP” = Vacation Home Phone “MC” = Mobile Phone | |
| O | 14 | Business Phone Number | Do not include formatting. | |
| O | 14.2 | Phone Type | “WP” = Work Phone | |
| O | 15 | Primary Language | | Language |
| C | 15.1 | Identifier | | |
| C | 15.2 | Text | | |
| C | 15.3 | Coding System OID | | |
| O | 16 | Marital Status | | Marital Status |
| C | 10.1 | Identifier | | |
| C | 10.2 | Text | | |
| C | 10.3 | Coding System OID | | |
| O | 17 | Religion | | Religious Affiliation |
| C | 10.1 | Identifier | | |
| C | 10.2 | Text | | |
| C | 10.3 | Coding System OID | | |
| R | 18 | Patient Account Number | | |
| R | 18.1 | Patient Account Number | | |
| R | 18.4 | Assigning Authority OID | Unique Identifier for sending system | |
| O | 18.5 | Identifier Type | | |
| O | 19 | Social Security Number | Do not include formatting. SSN can also be sent as an identifier in the PID;3 Patient Identifier List. | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|--------------------------|--|--------------|
| O | 20 | Driver's License Number | | |
| O | 22 | Ethnic Group | | Ethnicity |
| C | 22.1 | Identifier | | |
| C | 22.2 | Text | | |
| C | 22.3 | Coding System OID | | |
| O | 23 | Birth Place | | |
| O | 24 | Multiple Birth Indicator | "Y" = the patient was part of a multiple birth "N" = the patient was a single birth | |
| O | 25 | Birth Order | | |
| O | 29 | Patient Death Date | | |
| O | 30 | Patient Death Indicator | | |

ORU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|---------------------------|--|--------------|
| O | 1 | Set ID | | |
| R | 2 | External Patient ID | At minimum, either PID;2 or PID;3 must have the patient identifier along with the assigning authority OID value. If more than 2 values are available, then PID;3 may be used for repeating instances. | |
| R | 2.1 | Unique Patient Identifier | Unique identifier for the patient. Ex. MRN, CMRN. If a StonyBrook MRN is available it should be sent here. | |
| R | 2.4 | Assigning Authority OID | OID of Assigning Authority for value in 2.1 | |
| C | 2.5 | Identifier Type | | |
| R | 2.6 | Assigning Facility OID | Unique Identifier for sending system | |
| R | 3 | Internal Patient ID | . | |
| R | 3.1 | Unique Patient Identifier | Unique identifier for the patient. Ex. MRN, CMRN | |
| R | 3.4 | Assigning Authority OID | OID of Assigning Authority for value in 3.1 | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|------------|------------------------------|--|-----------------------|
| C | 3.5 | Identifier Type | | |
| R | 3.6 | Assigning Facility OID | Unique Identifier for sending system | |
| C | 4 | Alternate Patient ID | | |
| R | 4.1 | Alternate Patient Identifier | Internal ID for person. Same value sent in for personID for Historical files | |
| R | 4.4 | Assigning Authority OID | | |
| C | 4.5 | Identifier Type | | |
| R | 5 | Patient Name | | |
| R | 5.1 | Patient Last Name | | |
| R | 5.2 | Patient First Name | | |
| O | 5.3 | Patient Middle Name | | |
| O | 5.4 | Suffix | | |
| O | 5.5 | Prefix | | |
| O | 5.6 | Degree | | |
| O | 6 | Mother's Maiden Name | This field contains the family name under which the mother was born (i.e., before marriage). | |
| O | 6.1 | Last Name | | |
| O | 6.2 | First Name | | |
| O | 6.3 | Middle Name | | |
| O | 6.4 | Suffix | | |
| O | 6.5 | Prefix | | |
| O | 6.6 | Degree | | |
| O | 7 | Date of Birth | CCYYMMDD or CCYYMMDDHHMMSS | |
| O | 8.1 | Sex | | Administrative Gender |
| O | 10 | Race | | Race |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|------------------------------|--|----------------|
| O | 10.1 | Identifier | | |
| O | 10.2 | Text | | |
| O | 10.3 | Coding System OID | | |
| O | 11 | Patient Address | | |
| O | 11.1 | Patient Address Line 1 | | |
| O | 11.2 | Patient Address Line 2 | | |
| O | 11.3 | City | | |
| O | 11.4 | State | | State |
| O | 11.5 | Zip code | | |
| O | 11.6 | Country | | Country |
| O | 13 | Home Phone Number | Do not include formatting. Email addresses are supported in this field. | |
| O | 13.2 | Phone Type | “HP” = Home Phone “VP” = Vacation Home Phone “MC” = Mobile Phone | |
| O | 14 | Business Phone Number | Do not include formatting. | |
| O | 14.2 | Phone Type | “WP” = Work Phone | |
| O | 15 | Primary Language | | Language |
| O | 15.1 | Identifier | | |
| O | 15.2 | Text | | |
| O | 15.3 | Coding System OID | | |
| O | 16 | Marital Status | | Marital Status |
| O | 10.1 | Identifier | | |
| O | 10.2 | Text | | |
| O | 10.3 | Coding System OID | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|---------------------------------|--|-----------------------|
| O | 17 | Religion | | Religious Affiliation |
| O | 10.1 | Identifier | | |
| O | 10.2 | Text | | |
| O | 10.3 | Coding System | | |
| R | 18 | Patient Account Number | | |
| R | 18.1 | Patient Account Number | | |
| O | 18.4 | Assigning Authority | | |
| O | 18.5 | Identifier Type | | |
| O | 19 | Social Security Number | Do not include formatting. SSN can also be sent as an identifier in the PID;3 Patient Identifier List. | |
| O | 22 | Ethnic Group | | Ethnicity |
| O | 22.1 | Identifier | | |
| O | 22.2 | Text | | |
| O | 22.3 | Coding System OID | | |
| O | 23 | Birth Place | | |
| O | 24 | Multiple Birth Indicator | “Y” = the patient was part of a multiple birth “N” = the patient was a single birth | |
| O | 25 | Birth Order | | |

PPR Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|----------|----------------------------|---|--------------|
| O | 1 | Set ID | | |
| R | 2 | External Patient ID | At minimum, either PID;2 or PID;3 must have the patient identifier along with the assigning authority OID value. If more than 2 values are available, then PID;3 may be used for repeating instances. | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|----------|------------------------------|---|--------------|
| R | 2.1 | Unique Patient Identifier | Unique identifier for the patient. Ex. MRN, CMRN. If a StonyBrook MRN is available it should be sent here. | |
| R | 2.4 | Assigning Authority OID | OID of Assigning Authority for value in 2.1 | |
| C | 2.5 | Identifier Type | | |
| R | 2.6 | Assigning Facility OID | Unique Identifier for sending system | |
| R | 3 | Internal Patient ID | . | |
| R | 3.1 | Unique Patient Identifier | Unique identifier for the patient. Ex. MRN, CMRN | |
| R | 3.4 | Assigning Authority OID | OID of Assigning Authority for value in 3.1 | |
| C | 3.5 | Identifier Type | | |
| R | 3.6 | Assigning Facility OID | Unique Identifier for sending system | |
| C | 4 | Alternate Patient ID | | |
| R | 4.1 | Alternate Patient Identifier | Internal ID for person. Same value sent in for personID for Historical files | |
| R | 4.4 | Assigning Authority OID | | |
| C | 4.5 | Identifier Type | | |
| R | 5 | Patient Name | | |
| R | 5.1 | Patient Last Name | | |
| R | 5.2 | Patient First Name | | |
| O | 5.3 | Patient Middle Name | | |
| O | 5.4 | Suffix | | |
| O | 5.5 | Prefix | | |
| O | 5.6 | Degree | | |
| O | 6 | Mother's Maiden Name | This field contains the family name under which the mother was born (i.e., before marriage). | |
| O | 6.1 | Last Name | | |
| O | 6.2 | First Name | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|------------------------------|--|-----------------------|
| O | 6.3 | Middle Name | | |
| O | 6.4 | Suffix | | |
| O | 6.5 | Prefix | | |
| O | 6.6 | Degree | | |
| O | 7 | Date of Birth | CCYYMMDD or CCYYMMDDHHMMSS | |
| O | 8.1 | Sex | | Administrative Gender |
| O | 10 | Race | | Race |
| O | 10.1 | Identifier | | |
| O | 10.2 | Text | | |
| O | 10.3 | Coding System OID | | |
| O | 11 | Patient Address | | |
| O | 11.1 | Patient Address Line 1 | | |
| O | 11.2 | Patient Address Line 2 | | |
| O | 11.3 | City | | |
| O | 11.4 | State | | State |
| O | 11.5 | Zip code | | |
| O | 11.6 | Country | | Country |
| O | 13 | Home Phone Number | Do not include formatting. Email addresses are supported in this field. | |
| O | 13.2 | Phone Type | “HP” = Home Phone “VP” = Vacation Home Phone “MC” = Mobile Phone | |
| O | 14 | Business Phone Number | Do not include formatting. | |
| O | 14.2 | Phone Type | “WP” = Work Phone | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|---------------------------------|--|-----------------------|
| O | 15 | Primary Language | | Language |
| O | 15.1 | Identifier | | |
| O | 15.2 | Text | | |
| O | 15.3 | Coding System OID | | |
| O | 16 | Marital Status | | Marital Status |
| O | 10.1 | Identifier | | |
| O | 10.2 | Text | | |
| O | 10.3 | Coding System OID | | |
| O | 17 | Religion | | Religious Affiliation |
| O | 10.1 | Identifier | | |
| O | 10.2 | Text | | |
| O | 10.3 | Coding System OID | | |
| R | 18 | Patient Account Number | | |
| R | 18.1 | Patient Account Number | | |
| O | 18.4 | Assigning Authority OID | | |
| O | 18.5 | Identifier Type | | |
| O | 19 | Social Security Number | Do not include formatting. SSN can also be sent as an identifier in the PID;3 Patient Identifier List. | |
| O | 22 | Ethnic Group | | Ethnicity |
| O | 22.1 | Identifier | | |
| O | 22.2 | Text | | |
| O | 22.3 | Coding System | | |
| O | 23 | Birth Place | | |
| O | 24 | Multiple Birth Indicator | “Y” = the patient was part of a multiple birth “N” = the patient was a single birth | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|----------|--------------|
| O | 25 | Birth Order | | |

SCH / SIU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|------------------------------|---|--------------|
| O | 1 | Set ID | | |
| R | 2 | External Patient ID | At minimum, either PID;2 or PID;3 must have the patient identifier along with the assigning authority OID value. If more than 2 values are available, then PID;3 may be used for repeating instances. | |
| R | 2.1 | Unique Patient Identifier | Unique identifier for the patient. Ex. MRN, CMRN. If a StonyBrook MRN is available it should be sent here. | |
| R | 2.4 | Assigning Authority OID | OID of Assigning Authority for value in 2.1 | |
| C | 2.5 | Identifier Type | | |
| R | 2.6 | Assigning Facility OID | Unique Identifier for sending system | |
| R | 3 | Internal Patient ID | . | |
| R | 3.1 | Unique Patient Identifier | Unique identifier for the patient. Ex. MRN, CMRN | |
| R | 3.4 | Assigning Authority OID | OID of Assigning Authority for value in 3.1 | |
| C | 3.5 | Identifier Type | | |
| R | 3.6 | Assigning Facility OID | Unique Identifier for sending system | |
| C | 4 | Alternate Patient ID | | |
| R | 4.1 | Alternate Patient Identifier | Internal ID for person. Same value sent in for personID for Historical files | |
| R | 4.4 | Assigning Authority | | |
| C | 4.5 | Identifier Type | | |
| R | 5 | Patient Name | | |
| R | 5.1 | Patient Last Name | | |
| R | 5.2 | Patient First Name | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|-----------------------------|--|-----------------------|
| O | 5.3 | Patient Middle Name | | |
| O | 5.4 | Suffix | | |
| O | 5.5 | Prefix | | |
| O | 5.6 | Degree | | |
| O | 6 | Mother's Maiden Name | This field contains the family name under which the mother was born (i.e., before marriage). | |
| O | 6.1 | Last Name | | |
| O | 6.2 | First Name | | |
| O | 6.3 | Middle Name | | |
| O | 6.4 | Suffix | | |
| O | 6.5 | Prefix | | |
| O | 6.6 | Degree | | |
| O | 7 | Date of Birth | CCYYMMDD or CCYYMMDDHHMMSS | |
| O | 8.1 | Sex | | Administrative Gender |
| O | 10 | Race | | Race |
| O | 10.1 | Identifier | | |
| O | 10.2 | Text | | |
| O | 10.3 | Coding System | | |
| O | 11 | Patient Address | | |
| O | 11.1 | Patient Address Line 1 | | |
| O | 11.2 | Patient Address Line 2 | | |
| O | 11.3 | City | | |
| O | 11.4 | State | | State |
| O | 11.5 | Zip code | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|-------------------------------|--|-----------------------|
| O | 11.6 | Country | | Country |
| O | 13 | Home Phone Number | Do not include formatting. Email addresses are supported in this field. | |
| O | 13.2 | Phone Type | “HP” = Home Phone “VP” = Vacation Home Phone “MC” = Mobile Phone | |
| O | 14 | Business Phone Number | Do not include formatting. | |
| O | 14.2 | Phone Type | “WP” = Work Phone | |
| O | 15 | Primary Language | | Language |
| O | 15.1 | Identifier | | |
| O | 15.2 | Text | | |
| O | 15.3 | Coding System | | |
| O | 16 | Marital Status | | Marital Status |
| O | 10.1 | Identifier | | |
| O | 10.2 | Text | | |
| O | 10.3 | Coding System | | |
| O | 17 | Religion | | Religious Affiliation |
| O | 10.1 | Identifier | | |
| O | 10.2 | Text | | |
| O | 10.3 | Coding System | | |
| R | 18 | Patient Account Number | | |
| R | 18.1 | Patient Account Number | | |
| R | 18.4 | Assigning Authority OID | Unique Identifier for sending system | |
| O | 18.5 | Identifier Type | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|---------------------------------|--|--------------|
| O | 19 | Social Security Number | Do not include formatting. SSN can also be sent as an identifier in the PID;3 Patient Identifier List. | |
| O | 22 | Ethnic Group | | Ethnicity |
| O | 22.1 | Identifier | | |
| O | 22.2 | Text | | |
| O | 22.3 | Coding System | | |
| O | 23 | Birth Place | | |
| O | 24 | Multiple Birth Indicator | “Y” = the patient was part of a multiple birth “N” = the patient was a single birth | |
| O | 25 | Birth Order | | |

VXU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|----------|------------------------------|--|--------------|
| O | 1 | Set ID | | |
| R | 2 | External Patient ID | At minimum, either PID;2 or PID;3 must have the patient identifier along with the assigning authority OID value. If more than 2 values are available, then PID;3 may be used for repeating instances. | |
| R | 2.1 | Unique Patient Identifier | Unique identifier for the patient. Ex. MRN, CMRN. If a StonyBrook MRN is available it should be sent here. | |
| R | 2.4 | Assigning Authority OID | OID of Assigning Authority for value in 2.1 | |
| C | 2.5 | Identifier Type | | |
| R | 2.6 | Assigning Facility OID | Unique Identifier for sending system | |
| R | 3 | Internal Patient ID | . | |
| R | 3.1 | Unique Patient Identifier | Unique identifier for the patient. Ex. MRN, CMRN | |
| R | 3.4 | Assigning Authority OID | OID of Assigning Authority for value in 3.1 | |
| C | 3.5 | Identifier Type | | |
| R | 3.6 | Assigning Facility OID | Unique Identifier for sending system | |
| C | 4 | Alternate Patient ID | | |
| R | 4.1 | Alternate Patient Identifier | Internal ID for person. Same value sent in for personID for Historical files | |
| R | 4.4 | Assigning Authority | | |
| C | 4.5 | Identifier Type | | |
| R | 5 | Patient Name | | |
| R | 5.1 | Patient Last Name | | |
| R | 5.2 | Patient First Name | | |
| O | 5.3 | Patient Middle Name | | |
| O | 5.4 | Suffix | | |
| O | 5.5 | Prefix | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|-----------------------------|--|-----------------------|
| O | 5.6 | Degree | | |
| O | 6 | Mother's Maiden Name | This field contains the family name under which the mother was born (i.e., before marriage). | |
| O | 6.1 | Last Name | | |
| O | 6.2 | First Name | | |
| O | 6.3 | Middle Name | | |
| O | 6.4 | Suffix | | |
| O | 6.5 | Prefix | | |
| O | 6.6 | Degree | | |
| O | 7 | Date of Birth | CCYYMMDD or CCYYMMDDHHMMSS | |
| O | 8.1 | Sex | | Administrative Gender |
| O | 10 | Race | | Race |
| O | 10.1 | Identifier | | |
| O | 10.2 | Text | | |
| O | 10.3 | Coding System OID | | |
| O | 11 | Patient Address | | |
| O | 11.1 | Patient Address Line 1 | | |
| O | 11.2 | Patient Address Line 2 | | |
| O | 11.3 | City | | |
| O | 11.4 | State | | State |
| O | 11.5 | Zip code | | |
| O | 11.6 | Country | | Country |
| O | 13 | Home Phone Number | Do not include formatting. Email addresses are supported in this field. | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-------------------------------|--|-----------------------|
| O | 13.2 | Phone Type | "HP" = Home Phone "VP" = Vacation Home Phone "MC" = Mobile Phone | |
| O | 14 | Business Phone Number | Do not include formatting. | |
| O | 14.2 | Phone Type | "WP" = Work Phone | |
| O | 15 | Primary Language | | Language |
| O | 15.1 | Identifier | | |
| O | 15.2 | Text | | |
| O | 15.3 | Coding System OID | | |
| O | 16 | Marital Status | | Marital Status |
| O | 10.1 | Identifier | | |
| O | 10.2 | Text | | |
| O | 10.3 | Coding System OID | | |
| O | 17 | Religion | | Religious Affiliation |
| O | 10.1 | Identifier | | |
| O | 10.2 | Text | | |
| O | 10.3 | Coding System OID | | |
| R | 18 | Patient Account Number | | |
| R | 18.1 | Patient Account Number | | |
| O | 18.4 | Assigning Authority OID | | |
| O | 18.5 | Identifier Type | | |
| O | 19 | Social Security Number | Do not include formatting. SSN can also be sent as an identifier in the PID;3 Patient Identifier List. | |
| O | 22 | Ethnic Group | | Ethnicity |
| O | 22.1 | Identifier | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|---------------------------------|--|--------------|
| O | 22.2 | Text | | |
| O | 22.3 | Coding System | | |
| O | 23 | Birth Place | | |
| O | 24 | Multiple Birth Indicator | “Y” = the patient was part of a multiple birth “N” = the patient was a single birth | |
| O | 25 | Birth Order | | |

PR1 (Procedures) Segment

ADT Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|--|--|--------------|
| R | 1 | Set ID | | |
| R | 2 | Procedure Coding Method OID | | |
| R | 3 | Procedure Code | | |
| R | 3.1 | Procedure Code | | |
| O | 3.2 | Procedure Description | | |
| R | 3.3 | Coding Method | | |
| C | 4 | Procedure Description | | |
| R | 5 | Procedure Perform Date / Time | | |
| O | 6 | Procedure Functional Type | Describes the type of procedure (i.e. (A)nesthesia, (D)iagnostic procedure, (P)rocedure for treatment, (I)nvasive procedure not classified elsewhere) | |
| O | 12 | Procedure Practitioner | | |
| O | 12.1 | Practitioner ID | | |
| O | 12.2 | Practitioner Last Name | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|---------------------------|----------|--------------|
| O | 12.3 | Practitioner First Name | | |
| C | 12.13 | ID Type | | |
| O | 12.14 | Practitioner Type | | |
| O | 14 | Procedure Priority | | |

PRB (Patient Problem Detail) Segment

ADT Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|----------------------------|---|--------------|
| R | 1 | Action Code | Send only: AD = Add CO = Correct DE = Delete UP = Update | |
| R | 2 | Action Date / Time | | |
| R | 3 | Problem ID | | |
| C | 3.1 | Identifier | SNOMED CT terms descending from the Clinical Findings (404684003) or Situation with Explicit Context (243796009) hierarchies recommended. | |
| C | 3.2 | Description | | |
| C | 3.3 | Coding System | | |
| R | 4 | Problem Instance ID | Unique identifier for the problem. Remains unique over time. Identifies a specific instance for a specific patient and is unique across all patients. | |
| O | 10 | Classification | Identifies the kind of problem. | Problem Type |
| O | 12 | Persistence | Indicates the perseverance of a problem. (acute, chronic) | |
| O | 13 | Confirmation Status | Indicates the verification status of the problem. | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|--------------------------------------|--|---------------------|
| O | 14 | Life Cycle Status | Current status of the problem. | |
| O | 14.1 | Identifier | | Problem Status Code |
| O | 14.2 | Text | | |
| O | 15 | Life Cycle Status Date / Time | Effective date and time of the life cycle status code. | |
| O | 16 | Problem Date of Onset | Date and time the problem began. | |

PPR Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|----------------------------|---|--------------|
| R | 1 | Action Code | Send only: AD = Add CO = Correct DE = Delete UP = Update | |
| R | 2 | Action Date / Time | | |
| R | 3 | Problem ID | | |
| C | 3.1 | Identifier | SNOMED CT terms descending from the Clinical Findings (404684003) or Situation with Explicit Context (243796009) hierarchies recommended. | |
| C | 3.2 | Description | | |
| C | 3.3 | Coding System OID | | |
| R | 4 | Problem Instance ID | Unique identifier for the problem. Remains unique over time. Identifies a specific instance for a specific patient and is unique across all patients. | |
| O | 10 | Classification | Identifies the kind of problem. | |
| O | 12 | Persistence | Indicates the perseverance of a problem. (acute, chronic) | |
| O | 13 | Confirmation Status | Indicates the verification status of the problem. | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|--------------------------------------|--|---------------------|
| O | 14 | Life Cycle Status | Current status of the problem. | |
| O | 14.1 | Identifier | | Problem Status Code |
| O | 14.2 | Text | | |
| O | 15 | Life Cycle Status Date / Time | Effective date and time of the life cycle status code. | |

PV1 (Patient Visit) Segment

ADT Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|----------|-------------------------|----------|---------------|
| R | 1 | Set ID | | |
| R | 2 | Patient Class | | Patient Class |
| O | 3 | Patient Location | | |
| C | 3.1 | Nursing Unit | | |
| C | 3.4 | Facility ID | | |
| C | 3.7 | Building | | |
| O | 7 | Attending Doctor | | |
| C | 7.1 | Physician ID | | |
| O | 7.2 | Last Name | | |
| O | 7.3 | First Name | | |
| O | 7.4 | Middle Name | | |
| O | 7.5 | Suffix | | |
| O | 7.6 | Prefix | | |
| O | 7.7 | Degree | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|--------------------------|----------|------------------|
| C | 7.13 | ID Type | | |
| O | 8 | Referring Doctor | | |
| C | 8.1 | Physician ID | | |
| O | 8.2 | Last Name | | |
| O | 8.3 | First Name | | |
| O | 8.4 | Middle Name | | |
| O | 8.5 | Suffix | | |
| O | 8.6 | Prefix | | |
| O | 8.7 | Degree | | |
| C | 8.13 | ID Type | | |
| O | 9 | Consulting Doctor | | |
| C | 9.1 | Physician ID | | |
| O | 9.2 | Last Name | | |
| O | 9.3 | First Name | | |
| O | 9.4 | Middle Name | | |
| O | 9.5 | Suffix | | |
| O | 9.6 | Prefix | | |
| O | 9.7 | Degree | | |
| C | 9.13 | ID Type | | |
| O | 14 | Admit Source | | Admission Source |
| O | 17 | Admitting Doctor | | |
| C | 17.1 | Physician ID | | |
| O | 17.2 | Last Name | | |
| O | 17.3 | First Name | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|-------------------------------|----------------|----------------|
| O | 17.4 | Middle Name | | |
| O | 17.5 | Suffix | | |
| O | 17.6 | Prefix | | |
| O | 17.7 | Degree | | |
| C | 17.13 | ID Type | | |
| R | 18 | Patient Type | | Encounter Type |
| O | 19 | Visit Number | | |
| C | 19.1 | Identifier | | |
| C | 19.4 | Assigning Authority OID | | |
| O | 36 | Discharge Disposition | | |
| R | 44 | Admit Date / Time | CCYYMMDDHHMMSS | |
| O | 45 | Discharge Date / Time | CCYYMMDDHHMMSS | |
| O | 52 | Primary Care Physician | | |
| C | 52.1 | Physician ID | | |
| C | 52.2 | Last Name | | |
| C | 52.3 | First Name | | |
| O | 52.4 | Middle Name | | |
| C | 52.13 | ID Type | | |

ORU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|----------|-------------------------|----------|---------------|
| R | 1 | Set ID | | |
| R | 2 | Patient Class | | Patient Class |
| O | 3 | Patient Location | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|----------|--------------------------|----------|--------------|
| C | 3.1 | Nursing Unit | | |
| C | 3.4 | Facility ID | | |
| C | 3.7 | Building | | |
| O | 7 | Attending Doctor | | |
| C | 7.1 | Physician ID | | |
| O | 7.2 | Last Name | | |
| O | 7.3 | First Name | | |
| O | 7.4 | Middle Name | | |
| O | 7.5 | Suffix | | |
| O | 7.6 | Prefix | | |
| O | 7.7 | Degree | | |
| C | 7.13 | ID Type | | |
| O | 8 | Referring Doctor | | |
| C | 8.1 | Physician ID | | |
| O | 8.2 | Last Name | | |
| O | 8.3 | First Name | | |
| O | 8.4 | Middle Name | | |
| O | 8.5 | Suffix | | |
| O | 8.6 | Prefix | | |
| O | 8.7 | Degree | | |
| C | 8.13 | ID Type | | |
| O | 9 | Consulting Doctor | | |
| C | 9.1 | Physician ID | | |
| O | 9.2 | Last Name | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|------------------------------|----------------|------------------|
| O | 9.3 | First Name | | |
| O | 9.4 | Middle Name | | |
| O | 9.5 | Suffix | | |
| O | 9.6 | Prefix | | |
| O | 9.7 | Degree | | |
| C | 9.13 | ID Type | | |
| O | 14 | Admit Source | | Admission Source |
| O | 17 | Admitting Doctor | | |
| C | 17.1 | Physician ID | | |
| O | 17.2 | Last Name | | |
| O | 17.3 | First Name | | |
| O | 17.4 | Middle Name | | |
| O | 17.5 | Suffix | | |
| O | 17.6 | Prefix | | |
| O | 17.7 | Degree | | |
| C | 17.13 | ID Type | | |
| R | 18 | Patient Type | | Encounter Type |
| O | 19 | Visit Type | | |
| C | 19.1 | Identifier | | |
| C | 19.4 | Assigning Authority OID | | |
| O | 36 | Discharge Disposition | | |
| R | 44 | Admit Date / Time | CCYYMMDDHHMMSS | |
| O | 45 | Discharge Date / Time | CCYYMMDDHHMMSS | |

SCH / SII Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|--------------------------|----------|---------------|
| R | 1 | Set ID | | |
| R | 2 | Patient Class | | Patient Class |
| O | 3 | Patient Location | | |
| C | 3.1 | Nursing Unit | | |
| C | 3.4 | Facility ID | | |
| C | 3.7 | Building | | |
| O | 7 | Attending Doctor | | |
| C | 7.1 | Physician ID | | |
| O | 7.2 | Last Name | | |
| O | 7.3 | First Name | | |
| O | 7.4 | Middle Name | | |
| O | 7.5 | Suffix | | |
| O | 7.6 | Prefix | | |
| O | 7.7 | Degree | | |
| O | 8 | Referring Doctor | | |
| C | 8.1 | Physician ID | | |
| O | 8.2 | Last Name | | |
| O | 8.3 | First Name | | |
| O | 8.4 | Middle Name | | |
| O | 8.5 | Suffix | | |
| O | 8.6 | Prefix | | |
| O | 8.7 | Degree | | |
| O | 9 | Consulting Doctor | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|-------------------------------|----------------|------------------|
| C | 9.1 | Physician ID | | |
| O | 9.2 | Last Name | | |
| O | 9.3 | First Name | | |
| O | 9.4 | Middle Name | | |
| O | 9.5 | Suffix | | |
| O | 9.6 | Prefix | | |
| O | 9.7 | Degree | | |
| O | 14 | Admit Source | | Admission Source |
| O | 17 | Admitting Doctor | | |
| C | 17.1 | Physician ID | | |
| O | 17.2 | Last Name | | |
| O | 17.3 | First Name | | |
| O | 17.4 | Middle Name | | |
| O | 17.5 | Suffix | | |
| O | 17.6 | Prefix | | |
| O | 17.7 | Degree | | |
| R | 18 | Patient Type | | Encounter Type |
| O | 19 | Visit Number | | |
| O | 36 | Discharge Disposition | | |
| R | 44 | Admit Date / Time | CCYYMMDDHHMMSS | |
| O | 45 | Discharge Date / Time | CCYYMMDDHHMMSS | |
| O | 52 | Primary Care Physician | | |
| O | 52.1 | Physician ID | | |
| O | 52.2 | Last Name | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|----------|--------------|
| O | 52.3 | First Name | | |
| O | 52.4 | Middle Name | | |

VXU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|----------|-------------------------|----------|---------------|
| R | 1 | Set ID | | |
| R | 2 | Patient Class | | Patient Class |
| O | 3 | Patient Location | | |
| C | 3.1 | Nursing Unit | | |
| C | 3.4 | Facility ID | | |
| C | 3.7 | Building | | |
| O | 7 | Attending Doctor | | |
| C | 7.1 | Physician ID | | |
| O | 7.2 | Last Name | | |
| O | 7.3 | First Name | | |
| O | 7.4 | Middle Name | | |
| O | 7.5 | Suffix | | |
| O | 7.6 | Prefix | | |
| O | 7.7 | Degree | | |
| O | 8 | Referring Doctor | | |
| C | 8.1 | Physician ID | | |
| O | 8.2 | Last Name | | |
| O | 8.3 | First Name | | |
| O | 8.4 | Middle Name | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|--------------------------|----------|------------------|
| O | 8.5 | Suffix | | |
| O | 8.6 | Prefix | | |
| O | 8.7 | Degree | | |
| O | 9 | Consulting Doctor | | |
| C | 9.1 | Physician ID | | |
| O | 9.2 | Last Name | | |
| O | 9.3 | First Name | | |
| O | 9.4 | Middle Name | | |
| O | 9.5 | Suffix | | |
| O | 9.6 | Prefix | | |
| O | 9.7 | Degree | | |
| O | 14 | Admit Source | | Admission Source |
| O | 17 | Admitting Doctor | | |
| C | 17.1 | Physician ID | | |
| O | 17.2 | Last Name | | |
| O | 17.3 | First Name | | |
| O | 17.4 | Middle Name | | |
| O | 17.5 | Suffix | | |
| O | 17.6 | Prefix | | |
| O | 17.7 | Degree | | |
| R | 18 | Patient Type | | Encounter Type |
| O | 19 | Visit Number | | |
| C | 19.1 | Identifier | | |
| C | 19.4 | Assigning Authority OID | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|----------------|--------------|
| O | 36 | Discharge Disposition | | |
| R | 44 | Admit Date / Time | CCYYMMDDHHMMSS | |
| O | 45 | Discharge Date / Time | CCYYMMDDHHMMSS | |

PV2 (Patient Visit – Additional Information) Segment

ADT Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|----------|--------------|
| O | 3.2 | Reason for Visit | | |
| O | 8 | Expected Admit Date | | |

SCH / SIU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|----------|--------------|
| O | 3.2 | Reason for Visit | | |

RGS (Resource Group) Segment

SCH / SIU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|----------|--------------|
| R | 1 | Set ID | | |
| C | 2 | Segment Action Code | | |
| O | 3 | Resource Group ID | | |
| O | 3.1 | Identifier | | |
| O | 3.2 | Text | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|------------------------------|----------|--------------|
| O | 3.3 | Coding System | | |
| O | 3.4 | Alternate Identifier | | |
| O | 3.5 | Alternate Text | | |
| O | 3.6 | Name Alternate Coding System | | |

ROL (Role Person) Segment

PPR Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|----------|--------------|
| O | 4 | Role Person | | |
| O | 4.1 | id_nbr | | |
| O | 4.2 | last_name | | |
| O | 4.3 | first_name | | |
| O | 4.4 | middle_name | | |
| O | 4.13 | id_type | | |

RXA (Pharmacy Administration) Segment

VXU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------------------|---|----------------------|
| R | 1 | Set ID | | |
| R | 3 | Date/Time Start of Administration | CCYYMMDDHHMMSS | |
| R | 4 | Date/Time End of Administration | CCYYMMDDHHMMSS | |
| R | 5 | Administered Code | | |
| R | 5.1 | Code | The immunization code or product. | Vaccine Administered |
| C | 5.2 | Code Description | If no code exists, a description is required. | |
| C | 5.3 | Name of Coding | | |
| R | 6 | Administered Amount | | |
| C | 7 | Administered Units | | Units of Measure |
| O | 9.2 | Administration Notes | Notes will be sent in the second component | |
| O | 10 | Administration Provider | The person who performed (administered) the immunization. | |
| O | 10.1 | ID | | |
| O | 10.2 | Last Name | | |
| O | 10.3 | First Name | | |
| O | 10.4 | Middle Name | | |
| O | 10.5 | Suffix | | |
| O | 10.6 | Prefix | | |
| O | 10.7 | Degree | | |
| O | 13 | Administered Strength | | |

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|--------------------------------------|----------|------------------------|
| O | 14 | Administered Strength Units | | |
| O | 15 | Substance Lot Number | | |
| O | 16 | Substance Expiration Date | | |
| O | 17 | Substance Manufacturer Name | | |
| O | 17.1 | Identifier | | Vaccine Manufacturer |
| O | 17.2 | Text | | |
| O | 18 | Substance / Treatment Refusal Reason | | No Immunization Reason |
| O | 20 | Completion Status | | |
| O | 21 | Action Code | | |

RXR (Pharmacy Route) Segment

VXU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|----------|----------------------|
| R | 1 | Route | | |
| R | 1.1 | Identifier | | Medication Route FDA |
| R | 1.2 | Text | | |
| O | 2 | Administration Site | | |
| O | 2.1 | Identifier | | Body Site |
| O | 2.2 | Text | | |

SCH (Schedule Activity Information) Segment

SCH / SIU Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------------|----------|--------------|
| C | 1 | Placer Appointment ID | | |
| C | 2 | Filler Appointment ID | | |
| O | 6 | Event Reason | | |
| O | 7 | Appointment Reason | | |
| O | 11 | Appointment Timing Quantity | | |

ZAL (Additional Allergy Information) Segment

ADT Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|--|--------------|
| O | 1 | Activation Code | | |
| O | 2 | Activate Date Time | | |
| O | 3 | Allergy Instance | | |
| O | 4 | Allergy ID | | |
| O | 5 | Reaction Class | | |
| O | 5.1 | Reaction_class_cd | Identifies coded type of reaction | |
| R | 6 | Reaction Status | Example: Active, Resolved, Cancelled | |
| O | 7.1 | Reaction Code | If sent ZAL 7.2 and 7.3 are required | |
| C | 7.2 | Reaction Description | Use textual value from Nomenclature table for coded reactions or text from Reaction table for free-text reactions. | |
| C | 7.3 | Coding System | Example: SNOMED | |

ZCN (Custom Consent) Segment

ADT Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-----------|--------------------------------|---|--------------|
| R | 1 | Set ID | | |
| O | 2 | Substance Abuse Consent | | |
| O | 2.1 | Substance Abuse Flag | The Substance Abuse Flag is sent here. Possible values: A (allow), D (deny), or blank | |
| | 2.2 | Substance Abuse Timestamp | Format for substance abuse timestamp: YYYYMMDDHHMMSS | |
| R | 11 | Consent | | |
| O | 11.1 | Identifier | | |
| R | 11.2 | Consent Flag | The Universal Consent flag is sent here. Possible values: Y (yes), N (no), or blank | |
| O | 11.3 | Name of Coding System | | |
| R | 14 | Consent Start Date/Time | Timestamp for universal consent flag | |
| O | 15 | Consent End Date/Time | | |

ZEI (Person Employment Information) Segment

ADT Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|----------------------------|----------|--------------|
| O | 2 | Employment Status Code | | |
| O | 3 | Employer Name – Free Text | | |
| O | 8 | Person Occupation | | |
| O | 9 | Employment Start Date/Time | | |
| O | 10 | Employment End Date/Time | | |
| O | 11 | Employer Name - Coded | | |
| O | 11.1 | Employer Code | | |
| O | 11.2 | Employer Name | | |
| O | 12 | NK | | |
| O | 14 | Position | | |
| O | 15 | Job Title | | |

ZPB (Problems – Additional Information) Segment

PPR Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|----------|------------------|
| O | 1 | Set ID | | |
| O | 6 | Severity | | |
| O | 6.1 | Severity Code | | Problem Severity |
| O | 6.2 | Severity Description | | |

ZPI (Additional Person / Patient Information) Segment

ADT Messages

| R / O / C | Field | HL7 Field Description | Comments | Mapping Info |
|-----------|-------|-----------------------|----------|--------------|
| R | 11 | Cause of Death | | |