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3. Patient Administration

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Notes to Balloters

This is the First Normative Ballot for Version 2.9.1.

Please ballot on chapter content only as it contains all new changes due to V2.9.1 proposals to the standard. Any additional suggested changes will be found 'Out of Scope'. The formatting of the chapters is mainly driven by the requirement to automatically extract data for automatic consistency checking and to build the HL7 V2.9.1 Database.

The following table itemizes the changes that have been applied to the chapter.

HL7 HQ, the Work Group Chairs and the International Affiliates thank you for your consideration!

For this chapter we have the following questions:

<u>Section</u>	<u>Section Name</u>	<u>Change Type</u>	<u>Proposal #</u>	<u>Substantive Y/N</u>	<u>Line Item</u>
<u>3.3.1</u>	<u>ADT/ACK - Admit/Visit Notification (Event A01)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient, Next of Kin, Guarantor and Insurance</u>	<u>SOGI</u>	<u>Yes</u>	

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<u>3.3.2</u>	<u>ADT/ACK - Transfer a Patient (Event A02)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.3</u>	<u>ADT/ACK - Discharge/End Visit (Event A03)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient, Next of Kin, Guarantor and Insurance</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.4</u>	<u>ADT/ACK - Register a Patient (Event A04)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient, Next of Kin, Guarantor and Insurance</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.5</u>	<u>ADT/ACK - Pre-Admit a Patient (Event A05)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient, Next of Kin, Guarantor and Insurance</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.6</u>	<u>ADT/ACK - Change an Outpatient to an Inpatient (Event A06)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient, Next of Kin, Guarantor and Insurance</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.7</u>	<u>ADT/ACK - Change an Inpatient to an Outpatient (Event A07)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient, Next of Kin, Guarantor and Insurance</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.8</u>	<u>ADT/ACK - Update Patient Information (Event A08)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient, Next of Kin, Guarantor and Insurance</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.9</u>	<u>ADT/ACK - Patient Departing - Tracking (Event A09)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.10</u>	<u>ADT/ACK - Patient Arriving - Tracking (Event A10)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.11</u>	<u>ADT/ACK - Cancel Admit / Visit Notification (Event A11)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.12</u>	<u>ADT/ACK - Cancel Transfer (Event A12)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.13</u>	<u>ADT/ACK - Cancel Discharge / End Visit</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the</u>	<u>SOGI</u>	<u>Yes</u>	

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<u>Section</u>	<u>Section Name</u>	<u>Change Type</u>	<u>Proposal #</u>	<u>Substantive Y/N</u>	<u>Line Item</u>
	<i>(Event A13)</i>	message structure for Patient, Next of Kin, Guarantor and Insurance			
<u>3.3.14</u>	<i>ADT/ACK - Pending Admit (Event A14)</i>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient, Next of Kin, Guarantor and Insurance	SOGI	<u>Yes</u>	
<u>3.3.15</u>	<i>ADT/ACK - Pending Transfer (Event A15)</i>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	SOGI	<u>Yes</u>	
<u>3.3.16</u>	<i>ADT/ACK - Pending Discharge (Event A16)</i>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient, Next of Kin, Guarantor and Insurance	SOGI	<u>Yes</u>	
<u>3.3.17</u>	<i>ADT/ACK - Swap Patients (Event A17)</i>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	SOGI	<u>Yes</u>	
<u>3.3.21</u>	<i>ADT/ACK - Patient Goes on a Leave of Absence (Event A21)</i>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	SOGI	<u>Yes</u>	
<u>3.3.22</u>	<i>ADT/ACK - Patient Returns From a Leave of Absence (Event A22)</i>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	SOGI	<u>Yes</u>	
<u>3.3.23</u>	<i>ADT/ACK - Delete a Patient Record (Event A23)</i>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	SOGI	<u>Yes</u>	
<u>3.3.24</u>	<i>ADT/ACK - Link Patient Information (Event A24)</i>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for both Patients	SOGI	<u>Yes</u>	
<u>3.3.25</u>	<i>ADT/ACK - Cancel Pending Discharge (Event A25)</i>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	SOGI	<u>Yes</u>	
<u>3.3.26</u>	<i>ADT/ACK - Cancel Pending Transfer (Event A26)</i>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	SOGI	<u>Yes</u>	
<u>3.3.27</u>	<i>ADT/ACK - Cancel Pending Admit (Event A27)</i>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	SOGI	<u>Yes</u>	
<u>3.3.28</u>	<i>ADT/ACK - Add Person or Patient Information (Event A28)</i>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient, Next	SOGI	<u>Yes</u>	

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<u>Section</u>	<u>Section Name</u>	<u>Change Type</u>	<u>Proposal #</u>	<u>Substantive Y/N</u>	<u>Line Item</u>
		of Kin, Guarantor and Insurance			
<u>3.3.29</u>	<u>ADT/ACK - Delete Person Information (Event A29)</u>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.31</u>	<u>ADT/ACK - Update Person Information (Event A31)</u>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient, Next of Kin, Guarantor and Insurance	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.32</u>	<u>ADT/ACK - Cancel Patient Arriving - Tracking (Event A32)</u>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.33</u>	<u>ADT/ACK - Cancel Patient Departing - Tracking (Event A33)</u>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.37</u>	<u>ADT/ACK - Unlink Patient Information (Event A37)</u>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.38</u>	<u>ADT/ACK - Cancel Pre-Admit (Event A38)</u>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.40</u>	<u>ADT/ACK - Merge Patient - Patient Identifier List (Event A40)</u>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.41</u>	<u>ADT/ACK - Merge Account - Patient Account Number (Event A41)</u>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.42</u>	<u>ADT/ACK - Merge Visit - Visit Number (Event A42)</u>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.43</u>	<u>ADT/ACK - Move Patient Information - Patient Identifier List (Event A43)</u>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.44</u>	<u>ADT/ACK - Move Account Information - Patient Account Number (Event A44)</u>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.47</u>	<u>ADT/ACK - Change Patient Identifier List (Event A47)</u>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	<u>SOGI</u>	<u>Yes</u>	

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<u>3.3.49</u>	<u>ADT/ACK - Change Patient Account Number (Event A49)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.50</u>	<u>ADT/ACK - Change Visit Number (Event A50)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.51</u>	<u>ADT/ACK - Change Alternate Visit ID (Event A51)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.52</u>	<u>ADT/ACK - Cancel Leave of Absence for a Patient (Event A52)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.53</u>	<u>ADT/ACK - Cancel Patient Returns from a Leave of Absence (Event A53)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.54</u>	<u>ADT/ACK - Change Attending Doctor (Event A54)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.55</u>	<u>ADT/ACK - Cancel Change Attending Doctor (Event A55)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.56</u>	<u>OBP/RSP - Get Person Demographics (OBP) and Response (RSP) (Events Q21 and K21)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient to the RSP message structures</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.57</u>	<u>OBP/RSP - Find Candidates (OBP) and Response (RSP) (Events Q22 and K22)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient and Next of Kin to the RSP message structures</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.60</u>	<u>ADT/ACK - Update Adverse Reaction Information (Event A60)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.61</u>	<u>ADT/ACK - Change Consulting Doctor (Event A61)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient</u>	<u>SOGI</u>	<u>Yes</u>	
<u>3.3.62</u>	<u>ADT/ACK - Cancel Change Consulting Doctor (Event A62)</u>	<u>Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient</u>	<u>SOGI</u>	<u>Yes</u>	

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<u>3.3.63</u>	<u>QBP/RSP - Find Candidates including Visit Information (QBP) and Response (RSP) (Events Q32 and K32)</u>	Added Gender Harmony segments (GSP, GSR and GSC) to the message structure for Patient	SOGI	<u>Yes</u>	
<u>3.4.2</u>	<u>PID - Patient Identification Segment</u>	Include guidance on sending a "Name to Use" to address the patient	SOGI	<u>No</u>	
<u>3.4.15.3</u>	<u>OHI-3 Employment Status</u>	Fixed typo in definition sentence	V2-25378	<u>No</u>	
<u>3.4.19</u>	<u>GSP – Person Gender and Sex Segment</u>	Add new segment to support exchange of patient self-asserted gender identity, sexual orientation and other Gender Harmony related attributes	SOGI	<u>Yes</u>	
<u>3.4.20</u>	<u>GSR – Recorded Gender and Sex Segment</u>	Add a new segments to support exchange of Sex or gender as recorded in legal documents or systems	SOGI	<u>Yes</u>	
<u>3.4.21</u>	<u>GSC – Sex For Clinical Use Segment</u>	Add a new segment to support clear identification for the sex value to use for interpretation of results or decision about diagnostic procedures or treatment	SOGI	<u>Yes</u>	
<u>3.5.1</u>	<u>Admit/visit notification event A01 (admitted patient)</u>	Update example message with new GS* segments in support of Gender Harmony concepts	SOGI	<u>No</u>	
	<u>OHI – OH4</u>	Adjust length for data element 00816 to 1..1		<u>No</u>	

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3.2 PURPOSE

The Patient Administration transaction set provides for the transmission of new or updated demographic and visit information about patients. Since virtually any system attached to the network requires information about patients, the Patient Administration transaction set is one of the most commonly used.

Generally, information is entered into a Patient Administration system and passed to the nursing, ancillary and financial systems either in the form of an unsolicited update or a response to a record-oriented query.

This chapter defines the transactions that occur at the seventh level, that is, the abstract messages. The examples included in this chapter were constructed using the HL7 Encoding Rules.

3.3 TRIGGER EVENTS AND MESSAGE DEFINITIONS

3.3.1 ADT/ACK - Admit/Visit Notification (Event A01)

An A01 event is intended to be used for "Admitted" patients only. An A01 event is sent as a result of a patient undergoing the admission process which assigns the patient to a bed. It signals the beginning of a patient's stay in a healthcare facility. Normally, this information is entered in the primary Patient Administration system and broadcast to the nursing units and ancillary systems. It includes short stay and "Adam Everyman" (e.g., patient name is unknown) admissions. For example, an A01 event can be used to notify: the pharmacy system that a patient has been admitted and may be legitimately prescribed drugs; the nursing system that the patient has been admitted and needs a care plan prepared; the finance system of the start of the billing period; the dietary system that a new patient has been installed and requires dietary services; the laboratory, pathology, and radiology systems that a patient has been admitted and is entitled to receive services; the clinical repository that an admission has taken place for the EMR (electronic medical record).

When an account's start and end dates span a period greater than any particular visit, the P01 (add patient account) event should be used to transmit the opening of an account. The A01 event can notify systems of the creation of an account as well as notify them of a patient's arrival in the healthcare facility. In order to create a new account without notifying of patient's arrival, use the P01 event.

The ROL segment has been deprecated and retained for backwards compatibility purposes only as of v 2.9. The reader is referred to the PRT segment instead.

The PRT – Participation Information Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the PRT segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the PRT

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segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the PRT segment following the PR1 segment. Providers related to a specific insurance are reported in the PRT segment following the IN1/IN2/IN3 segments. To communicate the begin and end date of the provider, use the *–PRT-11 - Begin Date/Time* and the *–PRT-12 - End Date/Time* in the PRT segment, with the applicable *PRT-4 – Role of Participation*. Refer to Chapter 7 for the definition of the PRT segment.

ADT^A01^ADT_A01: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[{ OH1 }]	Employment Status		3
[{ OH2 }]	Past or Present Job		3
[OH3]	Usual Work		3
[{ OH4 }]	Combat Zone Work		3
[{ ARV }]	Access Restrictions	B	3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
[{	--- NEXT_OF_KIN begin		
NK1	Next of Kin / Associated Parties		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ OH2 }]	Past or Present Job		3
[OH3]	Usual Work		3
}}	--- NEXT_OF_KIN end		
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ ARV }]	Access Restrictions	B	3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7
}}	--- OBSERVATION end		
[{ AL1 }]	Allergy Information		3

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Segments	Description	Status	Chapter
[[IAM]]	Patient Adverse Reaction Information		3
[[DGI]]	Diagnosis Information		6
[DRG]	Diagnosis Related Group		6
[[	--- PROCEDURE begin		
PR1	Procedures		6
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
]]	--- PROCEDURE end		
[[GT1]]	Guarantor		6
[[GSP]]	Person Gender and Sex		3
[[GSR]]	Recorded Gender and Sex		3
[[	--- INSURANCE begin		
IN1	Insurance		6
[IN2]	Insurance Additional Info.		6
[[IN3]]	Insurance Additional Info - Cert.		6
[[GSP]]	Person Gender and Sex		3
[[GSR]]	Recorded Gender and Sex		3
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
[[	--- AUTHORIZATION begin		
AUT	Authorization Record		11
[[PRT]]	Participation		7
]]	--- AUTHORIZATION end		
[[	--- REFERRAL begin		
RF1	Referral Information		11
[[PRT]]	Participation		7
]]	--- REFERRAL end		
]]	--- INSURANCE end		
[ACC]	Accident Information		6
[UB1]	Universal Bill Information		6
[UB2]	Universal Bill 92 Information		6
[PDA]	Patient Death and Autopsy		3

Commented [MR|A1]: Don't we need to make a group here? – I think yes

Commented [MR|A2]: Do we need this or is Administrative Sex good enough for Guarantor (who may or may not be the same as the patient)?

Commented [MR|A3R2]: Checking with FM

Commented [MR|A4]: Do we need this for IN1 or is Administrative Sex good enough for Insured (who may or may not be the same as the patient)?

Commented [MR|A5R4]: Checking with FM

Commented [MR|A6]: Do we need this or is Administrative Sex good enough for Guarantor (who may or may not be the same as the patient)?

Commented [MR|A7R6]: Checking with FM

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Acknowledgment Choreography					
ADT^A01^ADT_A01					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH-15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH-16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A01^ACK	-	ACK^A01^ACK
Application Ack	ACK^A01^ACK	-	-	ACK^A01^ACK	ACK^A01^ACK

ACK^A01^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A01^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH-15	Blank	NE	AL, SU, ER
MSH-16	Blank	NE	NE
Immediate Ack	-	-	ACK^A01^ACK
Application Ack	-	-	-

3.3.2 ADT/ACK - Transfer a Patient (Event A02)

An A02 event is issued as a result of the patient changing his or her assigned physical location.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition. If the transfer function of your Patient Administration system allows demographics to change at the same time as the transfer (for example an address change), we recommend (but do not require) sending two messages (an A02 followed by an A08). This A02 event can be used with admitted and non-admitted patients.

The new patient location should appear in *PV1-3 - Assigned Patient Location* while the old patient location should appear in *PV1-6 - Prior Patient Location*. For example, an A02 event can be used to notify: laboratory, radiology, pathology that the patient has changed location and test results should be redirected; pharmacy that drugs should be redirected for the patient; dietary that the meals should be delivered to a different location; the clinical repository that a transfer has taken place for the Electronic Medical Record.

If the patient is going to a temporary location (such as the O/R, X-RAY, LIMBO, the HALLWAY) it is recommended that the A09 (patient departing-tracking) and A10 (patient arriving-tracking) events be used

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instead of A02. It is recommended that A02 be used only for a real change in the census bed in the Patient Administration system.

The ROL segment has been deprecated and retained for backwards compatibility purposes only as of v 2.9. The reader is referred to the PRT segment instead.

The PRT – Participation Information Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the PRT segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the PRT segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the PRT segment following the PR1 segment. Providers related to a specific insurance are reported in the PRT segment following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the *–PRT-11 - Begin Date/Time* and the *–PRT-12 - End Date/Time* in the PRT segment, with the applicable *PRT-4 – Role of Participation*. Refer to Chapter 7 for the definition of the PRT segment.

ADT^A02^ADT_A02: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[{ OH1 }]	Employment Status		3
[{ OH2 }]	Past or Present Job		3
[OH3]	Usual Work		3
[{ OH4 }]	Combat Zone Work		3
[{ ARV }]	Access Restrictions	B	3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ ARV }]	Access Restrictions	B	3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7
}]	--- OBSERVATION end		
[FDA]	Patient Death and Autopsy		3

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Acknowledgment Choreography					
ADT^A02^ADT_A02					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A02^ACK	-	ACK^A02^ACK
Application Ack	ADT^A02^ADT_A02	-	-	ACK^A02^ACK	ACK^A02^ACK

ACK^A02^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[[SFT]]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[[ERR]]	Error		2

Acknowledgment Choreography			
ACK^A02^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A02^ACK
Application Ack	-	-	-

3.3.3 ADT/ACK - Discharge/End Visit (Event A03)

An A03 event signals the end of a patient's stay in a healthcare facility. It signals that the patient's status has changed to "discharged" and that a discharge date has been recorded. The patient is no longer in the facility. The patient's location prior to discharge should be entered in [PV1-3 - Assigned Patient Location](#).

An A03 event can be sent to notify: the pharmacy that the patient's stay has ended and that entitlement to drugs has changed accordingly; the nursing system that the patient has been discharged and that the care plan can be completed; the extended care or home health system that the patient has been discharged and that the new extended care or home health admission assessment can be scheduled; the finance system that the patient billing period has ended; and/or the clinical repository that discharge has taken place for the EMR.

For non-admitted patients, an A03 event signals the end of a patient's visit to a healthcare facility. It could be used to signal the end of a visit for a one-time or recurring outpatient who is not assigned to a bed. It could also be used to signal the end of a visit to the Emergency Room. [PV1-45 - Discharge Date/Time](#) can be used for the visit end date/time.

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When an account's start and end dates span a period greater than any particular visit, the P06 (end account) event should be used to transmit information about the closing of an account. To indicate that a patient has expired, use an A03 event with the [PID-29 - Patient Death Date and Time](#) and [PID-30 - Patient Death Indicator](#) filled in.

The fields included when this message is sent should be the fields pertinent to communicate this event. The optional allergy, next-of-kin, insurance and guarantor fields should be sent when required to support advanced notification for pending extended care or home health admission requirements (such as scheduling of a nursing assessment in preparation for completion of the extended care plan). When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

The ROL segment has been deprecated and retained for backwards compatibility purposes only as of v 2.9. The reader is referred to the PRT segment instead.

The PRT - Participation Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the PRT segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the PRT segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the PRT segment following the PR1 segment. Providers related to a specific insurance are reported in the PRT segment following the IN1/IN2/IN3 segments. To communicate the begin date and end date of the provider, use the [-PRT-11 - Begin Date/Time](#) and the [-PRT-12 - End Date/Time](#) in the PRT segment, with the applicable [PRT-4 - Role of Participation](#). Refer to Chapter 7 for the definition of the PRT segment.

ADT^A03^ADT_A03: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[{ OH1 }]	Employment Status		3
[{ OH2 }]	Past or Present Job		3
[OH3]	Usual Work		3
[{ OH4 }]	Combat Zone Work		3
[{ ARV }]	Access Restrictions	B	3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
[{	--- NEXT_OF_KIN begin		
NK1	Next of Kin / Associated Parties		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ OH2 }]	Past or Present Job		3
[OH3]	Usual Work		3

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Segments	Description	Status	Chapter
}}	--- NEXT_OF_KIN end		
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ ARV]]	Access Restrictions	B	3
[{ ROL]]	Role	B	15
[{ PRT]]	Participation		7
[{ DB1]]	Disability Information		3
[{ AL1]]	Allergy Information		3
[{ IAM]]	Patient Adverse Event Reaction Information		3
[{ DGI]]	Diagnosis Information		6
[DRG]	Diagnosis Related Group		6
[{	--- PROCEDURE begin		
PR1	Procedures		6
[{ ROL]]	Role	B	15
[{ PRT]]	Participation		7
}}	--- PROCEDURE end		
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT]]	Participation		7
}}	--- OBSERVATION end		
[{ GT1]]	Guarantor		6
[{ GSP]]	Person Gender and Sex		3
[{ GSR]]	Recorded Gender and Sex		3
[{	--- INSURANCE begin		
IN1	Insurance		6
[IN2]	Insurance Additional Info.		6
[{ IN3]]	Insurance Additional Info - Cert.		6
[{ GT1 }]	Guarantor		6
[{ GSP }]	Person Gender and Sex		3
[{ ROL]]	Deprecated as of V2.9	B	15
[{ PRT]]	Participation		7
[{	--- AUTHORIZATION begin		
AUT	Authorization Record		11
[{ PRT]]	Participation		7
}}	--- AUTHORIZATION end		
[{	--- REFERRAL begin		
RF1	Referral Information		11
[{ PRT]]	Participation		7
}}	--- REFERRAL end		
}}	--- INSURANCE end		

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Segments	Description	Status	Chapter
[ACC]	Accident Information		6
[PDA]	Patient Death and Autopsy		3

Acknowledgment Choreography					
ADT^A03^ADT_A03					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A03^ACK	-	ACK^A03^ACK
Application Ack	ADT^A03^ADT_A03	-	-	ACK^A03^ACK	ACK^A03^ACK

ACK^A03^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A03^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A03^ACK
Application Ack	-	-	-

3.3.4 ADT/ACK - Register a Patient (Event A04)

An A04 event signals that the patient has arrived or checked in as a one-time, or recurring outpatient, and is not assigned to a bed. One example might be its use to signal the beginning of a visit to the Emergency Room (= Casualty, etc.).

Note: Some systems refer to these events as outpatient registrations or emergency admissions. *PVI-44 - Admit Date/Time* is used for the visit start date/time.

The ROL segment has been deprecated and retained for backwards compatibility purposes only as of v 2.9. The reader is referred to the PRT segment instead.

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The PRT - Participation Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the PRT segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the PRT segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the PRT segment following the PR1 segment. Providers related to a specific insurance are reported in the PRT segment following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the *-PRT-11 - Begin Date/Time* and the *-PRT-12 - End Date/Time* in the PRT segment, with the applicable *PRT-4 - role of Participation*. Refer to Chapter 7 for the definition of the PRT segment.

ADT^A04^ADT_A01: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[{ OH1 }]	Employment Status		3
[{ OH2 }]	Past or Present Job		3
[OH3]	Usual Work		3
[{ OH4 }]	Combat Zone Work		
[{ ARV }]	Access Restrictions	B	3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
[{	--- NEXT_OF_KIN begin		
NK1	Next of Kin / Associated Parties		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ OH2 }]	Past or Present Job		3
[OH3]	Usual Work		3
}}	--- NEXT_OF_KIN end		
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ ARV }]	Access Restrictions	B	3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7

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Segments	Description	Status	Chapter
}}	--- OBSERVATION end		
[{ AL1 }]	Allergy Information		3
[{ IAM }]	Patient Advers Reaction Information		3
[{ DG1 }]	Diagnosis Information		6
[DRG]	Diagnosis Related Group		6
[{	--- PROCEDURE begin		
PR1	Procedures		6
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
}}	--- PROCEDURE end		
[{ GT1 }]	Guarantor		6
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{	--- INSURANCE begin		
IN1	Insurance		6
[IN2]	Insurance Additional Info.		6
[{ IN3 }]	Insurance Additional Info - Cert.		6
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
[{	--- AUTHORIZATION begin		
AUT	Authorization Record		11
[{ PRT }]	Participation		7
}}	--- AUTHORIZATION end		
[{	--- REFERRAL begin		
RF1	Referral Information		11
[{ PRT }]	Participation		7
}}	--- REFERRAL end		
}}	--- INSURANCE end		
[ACC]	Accident Information		6
[UB1]	Universal Bill Information		6
[UB2]	Universal Bill 92 Information		6
[PDA]	Patient Death and Autopsy		3

Acknowledgment Choreography					
ADT^A04^ADT_A01					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A04^ACK	-	ACK^A04^ACK
Application Ack	ADT^A04^ADT_A01	-	-	ACK^A04^ACK	ACK^A04^ACK

ACK^A04^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A04^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A04^ACK
Application Ack	-	-	-

3.3.5 ADT/ACK - Pre-Admit a Patient (Event A05)

An A05 event is sent when a patient undergoes the pre-admission process. During this process, episode-related data is collected in preparation for a patient's visit or stay in a healthcare facility. For example, a pre-admit may be performed prior to inpatient or outpatient surgery so that lab tests can be performed prior to the surgery. This event can also be used to pre-register a non-admitted patient.

The ROL segment has been deprecated and retained for backwards compatibility purposes only as of v 2.9. The reader is referred to the PRT segment instead.

The PRT - Participation Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the PRT segment following the PID/PD1 segments. Visit level providers (corresponding to the PV1 data) are reported in the PRT segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the PRT segment following the PR1 segment. Providers related to a specific insurance are reported in the PRT segment following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the *-PRT-11 - Begin Date/Time* and the *-PRT-12 - End Date/Time* in the PRT segment, with the applicable *PRT-4 - Role of Participation*. Refer to Chapter 15 for the definition of the PRT segment.

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ADT^A05^ADT_A05: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[[ARV]]	Access Restrictions		3
[[SFT]]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[[GSP]]	Person Gender and Sex		3
[[GSR]]	Recorded Gender and Sex		3
[[GSC]]	Sex for Clinical Use		3
[[OH1]]	Employment Status		3
[[OH2]]	Past or Present Job		3
[OH3]	Usual Work		3
[[OH4]]	Combat Zone Work		3
[[ARV]]	Access Restrictions	B	3
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
[[	--- NEXT_OF_KIN begin		
NK1	Next of Kin / Associated Parties		3
[[GSP]]	Person Gender and Sex		3
[[GSR]]	Recorded Gender and Sex		3
[[OH2]]	Past or Present Job		3
[OH3]	Usual Work		3
]]	--- NEXT_OF_KIN end		
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[[ARV]]	Access Restrictions	B	3
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
[[DB1]]	Disability Information		3
[[	--- OBSERVATION begin		
OBX	Observation/Result		7
[[PRT]]	Participation		7
]]	--- OBSERVATION end		
[[AL1]]	Allergy Information		3
[[IAM]]	Patient Adverse Reaction Information		3
[[DG1]]	Diagnosis Information		6
[DRG]	Diagnosis Related Group		6
[[--- PROCEDURE begin		

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Segments	Description	Status	Chapter
PR1	Procedures		6
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
}}	--- PROCEDURE end		
[{ GT1 }]	Guarantor		6
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{	--- INSURANCE begin		
IN1	Insurance		6
[IN2]	Insurance Additional Info.		6
[{ IN3 }]	Insurance Additional Info - Cert.		6
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
[{	--- AUTHORIZATION begin		
AUT	Authorization Record		11
[{ PRT }]	Participation		7
}}	--- AUTHORIZATION end		
[{	--- REFERRAL begin		
RF1	Referral Information		11
[{ PRT }]	Participation		7
}}	--- REFERRAL end		
}}	--- INSURANCE end		
[ACC]	Accident Information		6
[UB1]	Universal Bill Information		6
[UB2]	Universal Bill 92 Information		6

Acknowledgment Choreography					
ADT^A05^ADT_A05					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A05^ACK	-	ACK^A05^ACK
Application Ack	ADT^A05^ADT_A05	-	-	ACK^A05^ACK	ACK^A05^ACK

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ACK^A05^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A05^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A05^ACK
Application Ack	-	-	-

3.3.6 ADT/ACK - Change an Outpatient to an Inpatient (Event A06)

An A06 event is sent when a patient who was present for a non-admitted visit is being admitted after an evaluation of the seriousness of the patient's condition. This event changes a patient's status from non-admitted to admitted. The new patient location should appear in [PV1-3 - Assigned Patient Location](#), while the old patient location (if different) should appear in [PV1-6 - Prior Patient Location](#). The new patient class should appear in [PV1-2 - Patient Class](#).

It will be left to implementation negotiation to determine whether disparate systems merely change the patient class, or close and open a new account. The current active account number should appear in field [PID-18 - Patient Account Number](#); the prior account number can be included optionally in [MRG-3 - Prior Patient Account Number](#). This arrangement is not intended to be a type of merge. The MRG segment is used here only for [MRG-3 - Prior Patient Account Number](#). [PV1-19 - Visit Number](#) may also be changed during this event.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

The ROL segment has been deprecated and retained for backwards compatibility purposes only as of v 2.9. The reader is referred to the PRT segment instead.

The PRT – Participation Information Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the PRT segment following the PID/PD1 segments. Visit level providers (corresponding to the PV1 data) are reported in the PRT segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the PRT segment following the PR1 segment. Providers related to a specific insurance are reported in the PRT segment following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the [PRT-11 –Begin Date/Time](#) and the [PRT-12 –End Date/Time](#) in the PRT segment, with the applicable [PRT-4 – role of Participation](#). Refer to Chapter 7 for the definition of the PRT segment.

ADT^A06^ADT_A06: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2

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Segments	Description	Status	Chapter
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[{ OH1 }]	Employment Status		3
[{ OH2 }]	Past or Present Job		3
[OH3]	Usual Work		3
[{ OH4 }]	Combat Zone Work		3
[{ ARV }]	Access Restrictions	B	3
—[{ ROL }]	Role	B	15
—[{ PRT }]	Participation		7
[MRG]	Merge Information		3
[{	--- NEXT_OF_KIN begin		
NK1	Next of Kin / Associated Parties		3
—[{ GSP }]	Person Gender and Sex		3
—[{ GSR }]	Recorded Gender and Sex		3
[{ OH2 }]	Past or Present Job		3
[OH3]	Usual Work		3
}}	--- NEXT_OF_KIN end		
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ ARV }]	Access Restrictions	B	3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7
}}	--- OBSERVATION end		
[{ AL1 }]	Allergy Information		3
[{ IAM }]	Patient Adverse Reaction Information		3
[{ DG1 }]	Diagnosis Information		6
[DRG]	Diagnosis Related Group		6
[{	--- PROCEDURE begin		
PR1	Procedures		6

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Segments	Description	Status	Chapter
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
]]	--- PROCEDURE end		
[[GT1]]	Guarantor		6
[[GSP]]	Person Gender and Sex		3
[[GSR]]	Recorded Gender and Sex		3
[[	--- INSURANCE begin		
IN1	Insurance		6
[IN2]	Insurance Additional Info.		6
[[IN3]]	Insurance Additional Info - Cert.		6
[[GSP]]	Person Gender and Sex		3
[[GSR]]	Recorded Gender and Sex		3
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
]]	--- INSURANCE end		
[ACC]	Accident Information		6
[UB1]	Universal Bill Information		6
[UB2]	Universal Bill 92 Information		6

Acknowledgment Choreography					
ADT^A06^ADT_A06					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A06^ACK	-	ACK^A06^ACK
Application Ack	ADT^A06^ADT_A06	-	-	ACK^A06^ACK	ACK^A06^ACK

ACK^A06^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[[SFT]]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A06^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A06^ACK
Application Ack	-	-	-

3.3.7 ADT/ACK - Change an Inpatient to an Outpatient (Event A07)

An A07 event is sent when a patient who was admitted changes his/her status to "no longer admitted" but is still being seen for this episode of care. This event changes a patient from an "admitted" to a "non-admitted" status. The new patient location should appear in [PV1-3 - Assigned Patient Location](#), while the old patient location (if different) should appear in [PV1-6 - Prior Patient Location](#).

It will be left to implementation negotiation to determine whether disparate systems merely change the patient class, or close and open a new account. The current active account number should appear in field [PID-18 - Patient Account Number](#); the prior account number can be included optionally in [MRG-3 - Prior Patient Account Number](#). This arrangement is not intended to be a type of merge. The MRG segment is used here only for [MRG-3 - Prior Patient Account Number](#). [PV1-19 - Visit Number](#) may also be changed during this event.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

The ROL segment has been deprecated and retained for backwards compatibility purposes only as of v 2.9. The reader is referred to the PRT segment instead.

The PRT – Participation Information Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the PRT segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the PRT segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the PRT segment following the PR1 segment. Providers related to a specific insurance are reported in the PRT segment following the IN1/IN2/IN3 segments. To communicate the begin and end date of the provider, use the [-PRT-11 - Begin Date/Time](#) and the [-PRT-12 - End Date/Time](#) in the PRT segment, with the applicable [PRT-4 – Role of Participation](#). Refer to Chapter 7 for the definition of the PRT segment.

ADT^A07^ADT A06: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3

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Segments	Description	Status	Chapter
[[OH1]]	Employment Status		3
[[OH2]]	Past or Present Job		3
[OH3]	Usual Work		3
[[OH4]]	Combat Zone Work		3
[[ARV]]	Access Restrictions	B	3
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
[MRG]	Merge Information		3
[[	--- NEXT_OF_KIN begin		
NK1	Next of Kin / Associated Parties		3
[[GSP]]	Person Gender and Sex		3
[[GSR]]	Recorded Gender and Sex		3
[[OH2]]	Past or Present Job		3
[OH3]	Usual Work		3
]]	--- NEXT_OF_KIN end		
FV1	Patient Visit		3
[FV2]	Patient Visit - Additional Info.		3
[[ARV]]	Access Restrictions	B	3
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
[[DB1]]	Disability Information		3
[[	--- OBSERVATION begin		
OBX	Observation/Result		7
[[PRT]]	Participation		7
]]	--- OBSERVATION end		
[[AL1]]	Allergy Information		3
[[IAM]]	Patient Adverse Reaction Information		3
[[DG1]]	Diagnosis Information		6
[DRG]	Diagnosis Related Group		6
[[	--- PROCEDURE begin		
PR1	Procedures		6
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
]]	--- PROCEDURE end		
[[GT1]]	Guarantor		6
[[GSP]]	Person Gender and Sex		3
[[GSR]]	Recorded Gender and Sex		3
[[--- INSURANCE begin		
IN1	Insurance		6
[IN2]	Insurance Additional Info.		6

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Segments	Description	Status	Chapter
[[IN3]]	Insurance Additional Info - Cert.		6
[[GSP]]	Person Gender and Sex		3
[[GSR]]	Recorded Gender and Sex		3
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
}}	--- INSURANCE end		
[ACC]	Accident Information		6
[UB1]	Universal Bill Information		6
[UB2]	Universal Bill 92 Information		6

Acknowledgment Choreography					
ADT^A07^ADT_A06					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A07^ACK	-	ACK^A07^ACK
Application Ack	ADT^A07^ADT_A06	-	-	ACK^A07^ACK	ACK^A07^ACK

ACK^A07^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[[SFT]]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A07^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A07^ACK
Application Ack	-	-	-

3.3.8 ADT/ACK - Update Patient Information (Event A08)

This trigger event is used when any patient information has changed but when no other trigger event has occurred. For example, an A08 event can be used to notify the receiving systems of a change of address or

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a name change. We strongly recommend that the A08 transaction be used to update fields that are not updated by any of the other trigger events. If there are specific trigger events for this update, these trigger events should be used. For example, if a patient's address and location are to be changed, then an A08 is used to change the patient address and the appropriate patient location trigger event is used to change the patient location. The A08 event can include information specific to an episode of care, but it can also be used for demographic information only.

The ROL segment has been deprecated and retained for backwards compatibility purposes only as of v 2.9. The reader is referred to the PRT segment instead.

The PRT – Participation Information Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the PRT segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the PRT segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the PRT segment following the PR1 segment. Providers related to a specific insurance are reported in the PRT segment following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the *PRT-11 – Begin Date/Time* and the *PRT-12 – End Date/Time* in the PRT, with the applicable *PRT-4 – role of Participation*. Refer to Chapter 7 for the definition of the PRT segment.

ADT^A08^ADT_A01: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[{ OH1 }]	Employment Status		3
[{ OH2 }]	Past or Present Job		3
[OH3]	Usual Work		3
[{ OH4 }]	Combat Zone Work		3
[{ ARV }]	Access Restrictions	B	3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
[{	--- NEXT_OF_KIN begin		
NK1	Next of Kin / Associated Parties		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ OH2 }]	Past or Present Job		3
[OH3]	Usual Work		3
}]	--- NEXT_OF_KIN end		
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3

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Segments	Description	Status	Chapter
[[ARV]]	Access Restrictions	B	3
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
[[DB1]]	Disability Information		3
[[	--- OBSERVATION begin		
OBX	Observation/Result		7
[[PRT]]	Participation		7
]]	--- OBSERVATION end		
[[AL1]]	Allergy Information		3
[[IAM]]	Patient Adverse Reaction Information		3
[[DGI]]	Diagnosis Information		6
[DRG]	Diagnosis Related Group		6
[[	--- PROCEDURE begin		
PR1	Procedures		6
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
]]	--- PROCEDURE end		
[[GT1]]	Guarantor		6
[[GSP]]	Person Gender and Sex		3
[[GSR]]	Recorded Gender and Sex		3
[[	--- INSURANCE begin		
IN1	Insurance		6
[IN2]	Insurance Additional Info.		6
[[IN3]]	Insurance Additional Info - Cert.		6
[[GSP]]	Person Gender and Sex		3
[[GSR]]	Recorded Gender and Sex		3
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
[[	--- AUTHORIZATION begin		
AUT	Authorization Record		11
[[PRT]]	Participation		7
]]	--- AUTHORIZATION end		
[[	--- REFERRAL begin		
RF1	Referral Information		11
[[PRT]]	Participation		7
]]	--- REFERRAL end		
]]	--- INSURANCE end		
[ACC]	Accident Information		6
[UB1]	Universal Bill Information		6
[UB2]	Universal Bill 92 Information		6

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Segments	Description	Status	Chapter
[PDA]	Patient Death and Autopsy		3

Acknowledgment Choreography					
ADT^A08^ADT_A01					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A08^ACK	-	ACK^A08^ACK
Application Ack	ADT^A08^ADT_A01	-	-	ACK^A08^ACK	ACK^A08^ACK

ACK^A08^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A08^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A08^ACK
Application Ack	-	-	-

3.3.3 ADT/ACK - Patient Departing - Tracking (Event A09)

The A09 and A10 - patient arriving-tracking events are used when there is a change in a patient's physical location (inpatient or outpatient) and when this is NOT a change in the official census bed location, as in the case of an outpatient setting. There are three situations that qualify as non-census location changes: (a) patient tracking, (b) the patient is in transit between locations for some time, (c) a notification of temporary location change.

Patient tracking: This can be used when the nursing application sends a "transfer" before the Patient Administration (or official census) system issues an A02 (transfer a patient) event. If the patient has left for a non-temporary location and is not in transit, then the *PV1-3 - Assigned Patient Location* must contain the new patient location, while *PV1-6 - Prior Patient Location* must contain the old patient location.

In transit: The patient's location during the time between an A09 and an A10 (patient arriving - tracking) is defined as "in transit." The A09 event is sent when a patient departs from one area of the healthcare facility

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for the purpose of arriving at another area, but without leaving the healthcare institution. This event is used when there is a time span during which the patient is neither at his/her old location nor at his/her new location. This process can take some time if a patient is being sent to another area in a multi-campus or multi-facility environment. The combination of an A09 and an A10 would serve the same purpose as an A02 (transfer a patient) event, except that it accounts for a gap in time required for transport between facilities. If the patient will be in transit during the time between the A09 (patient departing - tracking) event and the A10 (patient arriving - tracking) event, then *PV1-42 - Pending Location* is used for the new location, and *PV1-11 - Temporary Location* and *PV1-43 - Prior Temporary Location* would not be used. *PV1-6 - Prior Patient Location* should be used for the old location.

Temporary location: An A09 can also be used when the patient is being sent to a temporary location (such as the O/R, X-RAY, LIMBO, or HALLWAY). The patient may or may not return to the same assigned location after occupying the temporary location. If the patient is going to a temporary location (such as the O/R, X-RAY, LIMBO, or HALLWAY), then *PV1-11 - Temporary Location* is used to indicate the new temporary location. If the patient is moving from one temporary location to another, then *PV1-43 - Prior Temporary Location* may also be used. *PV1-6 - Prior Patient Location* and *PV1-11 - Temporary Location* should be used when the patient is moving from a permanent location to a temporary location.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

Attention: The DG1 segment was retained for backward compatibility only as of v2.4 and was withdrawn and removed from this message structure as of v2.7.

ADT^A09^ADT_A09: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7
}}	--- OBSERVATION end		

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Acknowledgment Choreography					
ADT^A09^ADT_A09					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A09^ACK	-	ACK^A09^ACK
Application Ack	ADT^A09^ADT_A09	-	-	ACK^A09^ACK	ACK^A09^ACK

ACK^A09^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A09^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A09^ACK
Application Ack	-	-	-

3.3.10 ADT/ACK - Patient Arriving - Tracking (Event A10)

The A10 event is sent when a patient arrives at a new location in the healthcare facility (inpatient or outpatient). The A09 - patient departing-tracking and A10 events are used when there is a change in a patient's physical location and when this is NOT a change in the official census bed location, as in the case of an outpatient setting. There are three varieties of these non-census location changes involving three different kinds of notification: (a) an unofficial notification of location change prior to the official notification of patient tracking, (b) the patient is in transit between locations for some time, (c) a notification of a temporary location change.

Patient tracking: If the patient is now at a non-temporary location and is not in transit, then *PV1-3 - Assigned Patient Location* must contain the new patient location and *PV1-6 - Prior Patient Location* can contain the old patient location.

In transit: This is used when there is some period of time between when the patient leaves his/her old location and when he/she arrives at the new assigned location. If the patient was in transit during the time between the A09 (patient departing-tracking) event and the A10 (patient arriving-tracking) event, then *PV1-3 - Assigned Patient Location* is used for the new location and *PV1-6 - Prior Patient Location* should be

used for the old location. *PV1-11 - Temporary Location* and *PV1-43 - Prior Temporary Location* are not used.

Temporary location: An A10 event can also be used when the patient is being transferred from a temporary location (X-RAY, O/R, LIMBO, or HALLWAY) to the new assigned location. If the patient is arriving at a temporary location (such as the O/R, X-RAY, LIMBO, or HALLWAY), then *PV1-11 - Temporary Location* would be used to indicate the new temporary location. If the patient is moving from one temporary location to another, then *PV1-43 - Prior Temporary Location* may also be used. If the patient is arriving at a permanent location from a temporary location, *PV1-3 - Assigned Patient Location* should be used for the new location, and *PV1-43 - Prior Temporary Location* should be used for the old location.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

Attention: The DG1 segment was retained for backward compatibility only as of v2.4 and was withdrawn and removed from this message structure as of v2.7.

ADT^A10^ADT_A09: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7
}]	--- OBSERVATION end		

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Acknowledgment Choreography					
ADT^A10^ADT_A09					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A10^ACK	-	ACK^A10^ACK
Application Ack	ADT^A10^ADT_A09	-	-	ACK^A10^ACK	ACK^A10^ACK

ACK^A10^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A10^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A10^ACK
Application Ack	-	-	-

3.3.11 ADT/ACK - Cancel Admit / Visit Notification (Event A11)

For "admitted" patients, the A11 event is sent when an A01 (admit/visit notification) event is cancelled, either because of an erroneous entry of the A01 event, or because of a decision not to admit the patient after all.

For "non-admitted" patients, the A11 event is sent when an A04 (register a patient) event is cancelled, either because of an erroneous entry of the A04 event, or because of a decision not to check the patient in for the visit after all. To cancel an A05 (pre-admit a patient) event, use the A38 (cancel pre-admit), which was new for Version 2.3 of this Standard.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

Attention: The DG1 segment was retained for backward compatibility only as of v2.4 and was withdrawn and removed from this message structure as of v2.7.

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ADT^A11^ADT_A09: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
FV1	Patient Visit		3
[FV2]	Patient Visit - Additional Info.		3
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7
}]	--- OBSERVATION end		

Acknowledgment Choreography

ADT^A11^ADT_A09

Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A11^ACK	-	ACK^A11^ACK
Application Ack	ADT^A11^ADT_A09	-	-	ACK^A11^ACK	ACK^A11^ACK

ACK^A11^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

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Acknowledgment Choreography			
ACK^A11^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A11^ACK
Application Ack	-	-	-

3.3.12 ADT/ACK - Cancel Transfer (Event A12)

The A12 event is sent when an A02 (transfer a patient) event is cancelled, either because of erroneous entry of the A02 event or because of a decision not to transfer the patient after all. [PV1-3 - Assigned Patient Location](#) must show the location of the patient prior to the original transfer.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) even be used in addition.

Attention: The DG1 segment was retained for backward compatibility only as of v2.4 and was withdrawn and removed from this message structure as of v2.7.

ADT^A12^ADT_A12: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		
}]	--- OBSERVATION end		

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Acknowledgment Choreography					
ADT^A12^ADT_A12					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A12^ACK	-	ACK^A12^ACK
Application Ack	ADT^A12^ADT_A12	-	-	ACK^A12^ACK	ACK^A12^ACK

ACK^A12^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A12^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A12^ACK
Application Ack	-	-	-

3.3.13 ADT/ACK - Cancel Discharge / End Visit (Event A13)

The A13 event is sent when an A03 (discharge/end visit) event is cancelled, either because of erroneous entry of the A03 event or because of a decision not to discharge or end the visit of the patient after all. [PV1-3 - Assigned Patient Location](#) should reflect the location of the patient after the cancellation has been processed.

Note: This location may be different from the patient's location prior to the erroneous discharge. Prior Location could be used to show the location of the patient prior to the erroneous discharge.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

The PRT - Participation Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the PRT segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the PRT segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the PRT segment following the PR1 segment. Providers related to a specific insurance are reported in the PRT segment

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following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the – *PRT-11 - Begin Date/Time* and the –*PRT-12 - End Date/Time* in the ROL, with the applicable *PRT-4 – Role of Participation*. Refer to Chapter 7 for the definition of the PRT segment.

ADT^A13^ADT_A01: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[{ OH1 }]	Employment Status		3
[{ OH2 }]	Past or Present Job		3
[{ OH3 }]	Usual Work		3
[{ OH4 }]	Combat Zone Work		3
[{ ARV }]	Access Restrictions	B	3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
[{	--- NEXT_OF_KIN begin		
NK1	Next of Kin / Associated Parties		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ OH2 }]	Past or Present Job		3
[OH3]	Usual Work		3
}}	--- NEXT_OF_KIN end		
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ ARV }]	Access Restrictions	B	3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7
}}	--- OBSERVATION end		
[{ AL1 }]	Allergy Information		3
[{ IAM }]	Patient Adverse Reaction Information		3

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Segments	Description	Status	Chapter
[[DG1]]	Diagnosis Information		6
[DRG]	Diagnosis Related Group		6
[[	--- PROCEDURE begin		
PR1	Procedures		6
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
]]	--- PROCEDURE end		
[[GT1]]	Guarantor		6
[[GSP]]	Person Gender and Sex		3
[[GSR]]	Recorded Gender and Sex		3
[[	--- INSURANCE begin		
IN1	Insurance		6
[IN2]	Insurance Additional Info.		6
[[IN3]]	Insurance Additional Info - Cert.		6
[[GSP]]	Person Gender and Sex		3
[[GSR]]	Recorded Gender and Sex		3
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
[[	--- AUTHORIZATION begin		
AUT	Authorization Record		11
[[PRT]]	Participation		7
]]	--- AUTHORIZATION end		
[[	--- REFERRAL begin		
RF1	Referral Information		11
[[PRT]]	Participation		7
]]	--- REFERRAL end		
]]	--- INSURANCE end		
[ACC]	Accident Information		6
[UB1]	Universal Bill Information		6
[UB2]	Universal Bill 92 Information		6
[PDA]	Patient Death and Autopsy		3

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Acknowledgment Choreography					
ADT^A13^ADT_A01					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A13^ACK	-	ACK^A13^ACK
Application Ack	ADT^A13^ADT_A01	-	-	ACK^A13^ACK	ACK^A13^ACK

ACK^A13^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A13^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A13^ACK
Application Ack	-	-	-

3.3.14 ADT/ACK - Pending Admit (Event A14)

An A14 event notifies other systems of a planned admission, when there is a reservation or when patient admission is to occur imminently. The A14 event is similar to a pre-admit, but without the implication that an account should be opened for the purposes of tests prior to admission. It is used when advanced notification of an admit is required in order to prepare for the patient's arrival.

The PRT - Participation Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the PRT segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the PRT segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the PRT segment following the PR1 segment. Providers related to a specific insurance are reported in the PRT segment following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the – [PRT-11 - Begin Date/Time](#) and the [PRT-12 - End Date/Time](#) in the PRT, with the applicable [PRT-4 – Role of Participation](#). Refer to Chapter 7 for the definition of the PRT segment.

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ADT^A14^ADT_A05: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[{ OH1 }]	Employment Status		3
[{ OH2 }]	Past or Present Job		3
[OH3]	Usual Work		3
[{ OH4 }]	Combat Zone Work		3
[{ ARV }]	Access Restrictions	B	3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
[{	--- NEXT_OF_KIN begin		
NK1	Next of Kin / Associated Parties		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ OH2 }]	Past or Present Job		3
[OH3]	Usual Work		3
}}	--- NEXT_OF_KIN end		
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ ARV }]	Access Restrictions	B	3
[{ROL}]	Role	B	15
[{ PRT }]	Participation		7
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7
}}	--- OBSERVATION end		
[{ AL1 }]	Allergy Information		3
[{ IAM }]	Patient Adverse Reaction Information		3
[{ DG1 }]	Diagnosis Information		6
[DRG]	Diagnosis Related Group		6
[{	--- PROCEDURE begin		

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Segments	Description	Status	Chapter
PR1	Procedures		6
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
}}	--- PROCEDURE end		
[{ GT1 }]	Guarantor		6
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{	--- INSURANCE begin		
IN1	Insurance		6
[IN2]	Insurance Additional Info.		6
[{ IN3 }]	Insurance Additional Info - Cert.		6
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
[{	--- AUTHORIZATION begin		
AUT	Authorization Record		11
[{ PRT }]	Participation		7
}}	--- AUTHORIZATION end		
[{	--- REFERRAL begin		
RF1	Referral Information		11
[{ PRT }]	Participation		7
}}	--- REFERRAL end		
}}	--- INSURANCE end		
[ACC]	Accident Information		6
[UB1]	Universal Bill Information		6
[UB2]	Universal Bill 92 Information		6

Acknowledgment Choreography					
ADT^A14^ADT_A05					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A14^ACK	-	ACK^A14^ACK
Application Ack	ADT^A14^ADT_A05	-	-	ACK^A14^ACK	ACK^A14^ACK

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ACK^A14^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A14^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A14^ACK
Application Ack	-	-	-

3.3.15 ADT/ACK - Pending Transfer (Event A15)

An A15 event notifies other systems of a plan to transfer a patient to a new location when the patient has not yet left the old location. It is used when advanced notification of a transfer is required in order to prepare for the patient's location change. For example, this transaction could be sent so that staff will be on hand to move the patient or so that dietary services can route the next meal to the new location.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

The ROL segment has been deprecated and retained for backwards compatibility purposes only as of v 2.9. The reader is referred to the PRT segment instead.

The PRT - Participation Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the PRT segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the PRT segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the PRT segment following the PR1 segment. Providers related to a specific insurance are reported in the PRT segment following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the [PRT-11 - Begin Date/Time](#) and the [PRT-12 - End Date/Time](#) in the PRT segment, with the applicable [PRT-4 - Role of Participation](#). Refer to Chapter 7 for the definition of the PRT segment.

Attention: The DG1 segment was retained in this message for backward compatibility only as of v2.4 and was withdrawn and removed from this message structure as of v2.7.

ADT^A15^ADT_A15: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3

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Segments	Description	Status	Chapter
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[GSP]	Person Gender and Sex		3
[GSR]	Recorded Gender and Sex		3
[GSC]	Sex for Clinical Use		3
[ARV]	Access Restrictions	B	3
[ROL]	Role	B	15
[PRT]	Participation		7
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[ARV]	Access Restrictions	B	3
[ROL]	Role	B	15
[PRT]	Participation		7
[DB1]	Disability Information		3
[	--- OBSERVATION begin		
OBX	Observation/Result		7
[PRT]	Participation		7
]	--- OBSERVATION end		

Acknowledgment Choreography					
ADT^A15^ADT_A15					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A15^ACK	-	ACK^A15^ACK
Application Ack	ADT^A15^ADT_A15	-	-	ACK^A15^ACK	ACK^A15^ACK

ACK^A15^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[SFT]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A15^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A15^ACK
Application Ack	-	-	-

3.3.16 ADT/ACK - Pending Discharge (Event A16)

An A16 event notifies other systems of a plan to discharge a patient when the patient has not yet left the healthcare facility. It is used when advanced notification of a discharge is required in order to prepare for the patient's change in location. For example, it is used to notify the pharmacy of the possible need for discharge drugs or to notify psychotherapy of the possible need for post-discharge appointments or to notify the extended care or home health system that the patient will be discharged and that the new extended care and home health admission assessment can be scheduled.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

The ROL segment has been deprecated and retained for backwards compatibility purposes only as of v 2.9. The reader is referred to the PRT segment instead.

The PRT – Participation Information Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the PRT segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the PRT segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the PRT segment following the PR1 segment. Providers related to a specific insurance are reported in the PRT segment following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the [PRT-11 - Begin Date/Time](#) and the [PRT-12 - End Date/Time](#) in the PRT, with the applicable [PRT-4 – Role of Participation](#). Refer to Chapter 7 for the definition of the PRT segment.

ADT^A16^ADT A16: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[{ OH1 }]	Employment Status		3
[{ OH2 }]	Past or Present Job		3
[OH3]	Usual Work		3

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Segments	Description	Status	Chapter
[[OH4]]	Combat Zone Work		3
[[ARV]]	Access Restrictions	B	3
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
[[	--- NEXT_OF_KIN begin		
NK1	Next of Kin / Associated Parties		3
[[GSP]]	Person Gender and Sex		3
[[GSR]]	Recorded Gender and Sex		3
[[OH2]]	Past or Present Job		3
[OH3]	Usual Work		3
]]	--- NEXT_OF_KIN end		
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[[ARV]]	Access Restrictions	B	3
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
[[DB1]]	Disability Information		3
[[	--- OBSERVATION begin		
OBX	Observation/Result		7
[[PRT]]	Participation		7
]]	--- OBSERVATION end		
[[AL1]]	Allergy Information		3
[[IAM]]	Patient Adverse Reaction Information		
[[DG1]]	Diagnosis Information		6
[DRG]	Diagnosis Related Group		6
[[	--- PROCEDURE begin		
PR1	Procedures		6
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
]]	--- PROCEDURE end		
[[GT1]]	Guarantor		6
[[GSP]]	Person Gender and Sex		3
[[GSR]]	Recorded Gender and Sex		3
[[	--- INSURANCE begin		
IN1	Insurance		6
[IN2]	Insurance Additional Info.		6
[[IN3]]	Insurance Additional Info - Cert.		6
[[GSP]]	Person Gender and Sex		3
[[GSR]]	Recorded Gender and Sex		3
[[ROL]]	Role	B	15

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Segments	Description	Status	Chapter
[{ PRT }]	Participation		7
[{	--- AUTHORIZATION begin		
AUT	Authorization Record		11
[{ PRT }]	Participation		7
}]	--- AUTHORIZATION end		
[{	--- REFERRAL begin		
RF1	Referral Information		11
[{ PRT }]	Participation		7
}]	--- REFERRAL end		
}]	--- INSURANCE end		
[ACC]	Accident Information		6

Acknowledgment Choreography					
ADT^A16^ADT_A16					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A16^ACK	-	ACK^A16^ACK
Application Ack	ADT^A16^ADT_A16	-	-	ACK^A16^ACK	ACK^A16^ACK

ACK^A16^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

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Acknowledgment Choreography			
ACK^A16^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A16^ACK
Application Ack	-	-	-

3.3.17 ADT/ACK - Swap Patients (Event A17)

The A17 is used when it is decided that two patients will exchange beds. The patient ID and visit data are repeated for the two patients changing places. See section 3.5.1, "[Swapping a patient](#)," for a discussion of issues related to implementing this trigger event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

ADT^A17^ADT_A17: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient (1) Identification		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[PD1]	Additional Demographics		3
PV1	Patient (1) Visit		3
[PV2]	Patient (1) Visit - Additional Info.		3
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION_RESULT_1 begin		
OBX	Observation/Result (1)		7
[{ PRT }]	Participation		7
}]	--- OBSERVATION_RESULT_1 end		
PID	Patient (2) Identification		3
[PD1]	Additional Demographics		3
PV1	Patient (2) Visit		3
[PV2]	Patient (2) Visit - Additional Info.		3
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION_RESULT_2 begin		
OBX	Observation/Result (2)		7
[{ PRT }]	Participation		7

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Segments	Description	Status	Chapter
}}	--- OBSERVATION_RESULT_2 end		

Acknowledgment Choreography					
ADT^A17^ADT_A17					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A17^ACK	-	ACK^A17^ACK
Application Ack	ADT^A17^ADT_A17	-	-	ACK^A17^ACK	ACK^A17^ACK

ACK^A17^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A17^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A17^ACK
Application Ack	-	-	-

3.3.18 ADT/ACK - Merge Patient Information (Event A18)

The Original Mode Query was maintained for backward compatibility as of v2.3.1 and was withdrawn as of v2.7. The reader is referred to sections 3.3.40 – (event A40 - merge patient-patient identifier list), 3.3.41 (event A41 - merge account-patient account number) and 3.3.42 (event A42 - merge visit-visit number) for the current query/response message structure.

See section 3.5.2, "*Merging patient/person information*," for a discussion of issues related to implementing patient merge events.

3.3.19 QRY/ADR - Patient Query (Event A19)

The Original Mode Query was maintained for backward compatibility as of v2.4 and was withdrawn as of v2.7. The reader is referred to chapter 5, section 5.4, for the current query/response message structure.

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3.3.20 ADT/ACK - Bed Status Update (Event A20)

Certain nursing/census applications need to be able to update the Patient Administration system's bed status. The following is the associated record layout:

ADT^A20^ADT_A20: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
NPU	Non-Patient Update		3

Acknowledgment Choreography

ADT^A20^ADT_A20

Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A20^ACK	-	ACK^A20^ACK
Application Ack	ADT^A20^ADT_A20	-	-	ACK^A20^ACK	ACK^A20^ACK

ACK^A20^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A20^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A20^ACK
Application Ack	-	-	-

3.3.21 ADT/ACK - Patient Goes on a Leave of Absence (Event A21)

An A21 event is sent to notify systems that an admitted patient has left the healthcare institution temporarily. It is used for systems in which a bed is still assigned to the patient, and it puts the current admitted patient activities on hold. For example, it is used to notify dietary services and laboratory systems when the patient goes home for the weekend.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

As there is no specific field for the LOA start date/time, it is recommended field *EVN-6 - Event Occurred* contain the date/time the patient actually left. *PV2-47 - Expected LOA Return Date/Time* is used to communicate the date/time the patient is expected to return from LOA.

ADT^A21^ADT_A21: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7
}]	--- OBSERVATION end		

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Acknowledgment Choreography					
ADT^A21^ADT_A21					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A21^ACK	-	ACK^A21^ACK
Application Ack	ADT^A21^ADT_A21	-	-	ACK^A21^ACK	ACK^A21^ACK

ACK^A21^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A21^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A21^ACK
Application Ack	-	-	-

3.3.22 ADT/ACK - Patient Returns From a Leave of Absence (Event A22)

An A22 event is sent to notify systems that an admitted patient has returned to the healthcare institution after a temporary "leave of absence." It is used for systems in which a bed is still assigned to the patient, and it takes their current admitted patient activities off of "hold" status. For example, it is used to notify dietary services and laboratory systems when the patient returns from a weekend trip to his/her home.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

As there is no specific field for the LOA start date/time, it is recommended that field *EVN-6 - Event Occurred* contain the date/time the patient actually returned from LOA. *PV2-47 - Expected LOA Return Date/Time* is used to communicate the date/time the patient was expected to return from LOA.

ADT^A22^ADT_A21: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3

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Segments	Description	Status	Chapter
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7
}]	--- OBSERVATION end		

Acknowledgment Choreography					
ADT^A22^ADT_A21					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A22^ACK	-	ACK^A22^ACK
Application Ack	ADT^A22^ADT_A21	-	-	ACK^A22^ACK	ACK^A22^ACK

ACK^A22^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

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Acknowledgment Choreography			
ACK^A22^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A22^ACK
Application Ack	-	-	-

3.3.23 ADT/ACK - Delete a Patient Record (Event A23)

The A23 event is used to delete visit or episode-specific information from the patient record. For example, it is used to remove old data from a database that cannot hold all historical patient visit data. When an event was entered erroneously, use one of the cancel transactions. This event can be used to purge account-level data while retaining the person in the database.

ADT^A23^ADT_A21: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7
}]	--- OBSERVATION end		

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Acknowledgment Choreography					
ADT^A23^ADT_A21					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A23^ACK	-	ACK^A23^ACK
Application Ack	ADT^A23^ADT_A21	-	-	ACK^A23^ACK	ACK^A23^ACK

ACK^A23^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A23^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A23^ACK
Application Ack	-	-	-

3.3.24 ADT/ACK - Link Patient Information (Event A24)

The A24 event is used when the first PID segment needs to be linked to the second PID segment and when both patient identifiers identify the same patient. Linking two or more patients does not require the actual merging of patient information; following a link event, the affected patient data records should remain distinct. For example, this event could be used in a hospital network environment in which there are multiple campuses and in which records need to be linked. For example, hospital A, hospital B, and hospital C would each keep their own records on a patient, but an A24 link event would be sent to a corporate-wide MPI to enable the coupling of ID information with the corporate ID number. It is used for corporate data repositories, etc. This event is not meant to link mothers and babies since a field exists (*PID-21 - Mother's Identifier*) for that purpose. See section 3.5.3, "*Patient record links*," for a discussion of issues related to implementing patient link messages and MPI issues.

This event can also be used to link two patient identifiers when a patient changes from inpatient to outpatient, or vice versa. This event can also be used to link two visits of the same patient.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

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ADT^A24^ADT_A24: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient (1) Identification		3
[PD1]	Patient (1) Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[FV1]	Patient (1) Visit		3
[{ DB1 }]	Patient (1) Disability Information		3
PID	Patient (2) Identification		3
[PD1]	Patient (2) Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[FV1]	Patient (2) Visit		3
[{ DB1 }]	Patient (2) Disability Information		3

Acknowledgment Choreography

ADT^A24^ADT_A24

Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A24^ACK	-	ACK^A24^ACK
Application Ack	ADT^A24^ADT_A24	-	-	ACK^A24^ACK	ACK^A24^ACK

ACK^A24^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A24^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A24^ACK
Application Ack	-	-	-

3.3.25 ADT/ACK - Cancel Pending Discharge (Event A25)

The A25 event is sent when an A16 (pending discharge) event is cancelled, either because of erroneous entry of the A16 event or because of a decision not to discharge the patient after all.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

ADT^A25^ADT_A21: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7
}}	--- OBSERVATION end		

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Acknowledgment Choreography					
ADT^A25^ADT_A21					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A25^ACK	-	ACK^A25^ACK
Application Ack	ADT^A25^ADT_A21	-	-	ACK^A25^ACK	ACK^A25^ACK

ACK^A25^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A25^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A25^ACK
Application Ack	-	-	-

3.3.26 ADT/ACK - Cancel Pending Transfer (Event A26)

The A26 event is sent when an A15 (pending transfer) event is cancelled, either because of erroneous entry of the A15 event or because of a decision not to transfer the patient after all.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

ADT^A26^ADT_A21: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3

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Segments	Description	Status	Chapter
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7
}]	--- OBSERVATION end		

Acknowledgment Choreography					
ADT^A26^ADT_A21					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A26^ACK	-	ACK^A26^ACK
Application Ack	ADT^A26^ADT_A21	-	-	ACK^A26^ACK	ACK^A26^ACK

ACK^A26^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

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Acknowledgment Choreography			
ACK^A26^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A26^ACK
Application Ack	-	-	-

3.3.27 ADT/ACK - Cancel Pending Admit (Event A27)

The A27 event is sent when an A14 (pending admit) event is cancelled, either because of erroneous entry of the A14 event or because of a decision not to admit the patient after all.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

ADT^A27^ADT_A21: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7
}]	--- OBSERVATION end		

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Acknowledgment Choreography					
ADT^A27^ADT_A21					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A27^ACK	-	ACK^A27^ACK
Application Ack	ADT^A27^ADT_A21	-	-	ACK^A27^ACK	ACK^A27^ACK

ACK^A27^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A27^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A27^ACK
Application Ack	-	-	-

3.3.28 ADT/ACK - Add Person or Patient Information (Event A28)

The purpose of this and the three following messages was to allow sites with multiple systems and respective master patient databases to communicate activity related to a person regardless of whether that person is currently a patient on each system. Each system has an interest in the database activity of the others in order to maintain data integrity across an institution. Though they are defined within the ADT message set, these messages differ in that they are not patient-specific. To a certain registry, the person may be a person of interest, a potential future patient, or a potential guarantor. For example, these events can be used to maintain an MPI (master patient index), a cancer registry, members of a managed care plan, an HIV database, etc.

These events should not replace the use of the A01 (admit/visit notification), A03 (discharge/end visit), A04 (register a patient), A08 (update patient information), etc., events. They are not intended to be used for notification of real-time Patient Administration events. These events are primarily for demographic data, but optional historical non-demographic data may be sent as well.

The person whose data is being sent should be identified in the PID segment using the [PID-3 - Patient Identifier List](#), even when the person is not a patient and may be a potential guarantor. An A28 establishes person identifiers, e.g., social security number, guarantor identifier, or other unique identifiers, and contains

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a person identifier in the [PID-3 - Patient Identifier List](#). The person involved may or may not have active or inactive cases associated with them. When field names and descriptions say "patient," we must translate that to "person" for these transactions. In this manner, "person information" about a guarantor can be sent independently of the guarantor's relation to any patient.

For example, a site with separate inpatient, outpatient and medical records systems may require that each system maintain concurrent person information. Prior to an admit, the new person is added to the master database of the inpatient system, resulting in the broadcast of a message. The outpatient system receives the message and adds the person to its database with the possibility that the person may someday become a patient in its system. The medical records system receives the message and adds the person to its database with the possibility that it will track inpatient, outpatient, or clinical data for that person. The clinical repository database or MPI receives the message to keep all potential patients and guarantors in its database.

The A28 event can be used to send everything that is known about a person. For example, it can be sent to an ICU unit (in addition to the A02 (transfer a patient) event) when a patient is transferred to the ICU unit in order to backload all demographic information for the patient into the ICU system. An A28 (add person information) or A31 (update person information) can also be used for backloading MPI information for the person, or for backloading person and historical information.

In addition to adding a person to a database, the delete, update, and merge messages work in a similar manner to maintain concurrent person information. It is left up to site-specific negotiations to decide how much data must be transmitted or re-transmitted when a person becomes a patient.

To maintain backward compatibility with previous releases, the PV1 segment is required. However, a "pseudo-optional" PV1 can be achieved by valuing [PV1-2 - Patient Class](#) to N - not applicable.

The ROL segment has been deprecated and retained for backwards compatibility purposes only as of v 2.9. The reader is referred to the PRT segment instead.

The PRT – Participation Information Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the PRT segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the PRT segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the PRT segment following the PR1 segment. Providers related to a specific insurance are reported in the PRT segment following the IN1/IN2/IN3 segments. To communicate the begin and end date of the provider, use the [PRT-11 - Begin Date/Time](#) and the [PRT-12 - End Date/Time](#) in the PRT, with the applicable [PRT-4 – Role of Participation](#). Refer to Chapter 7 for the definition of the PRT segment.

ADT^A28^ADT_A05: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[{ OH1 }]	Employment Status		3
[{ OH2 }]	Past or Present Job		3
[OH3]	Usual Work		3

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Segments	Description	Status	Chapter
[[OH4]]	Combat Zone Work		3
[[ARV]]	Access Restrictions	B	3
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
[[	--- NEXT_OF_KIN begin		
[[NK1]]	Next of Kin / Associated Parties		3
[[GSP]]	Person Gender and Sex		3
[[GSR]]	Recorded Gender and Sex		3
[[OH2]]	Past or Present Job		3
[OH3]	Usual Work		3
]]	--- NEXT_OF_KIN end		
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[[ARV]]	Access Restrictions	B	3
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
[[DB1]]	Disability Information		3
[[	--- OBSERVATION begin		
OBX	Observation/Result		7
[[PRT]]	Participation		7
]]	--- OBSERVATION end		
[[AL1]]	Allergy Information		3
[[IAM]]	Patient Adverse Reaction Information		3
[[DG1]]	Diagnosis Information		6
[DRG]	Diagnosis Related Group		6
[[	--- PROCEDURE begin		
PR1	Procedures		6
[[ROL]]	Role	B	15
[[PRT]]	Participation		7
]]	--- PROCEDURE end		
[[GT1]]	Guarantor		6
[[GSP]]	Person Gender and Sex		3
[[GSR]]	Recorded Gender and Sex		3
[[	--- INSURANCE begin		
IN1	Insurance		6
[IN2]	Insurance Additional Info.		6
[[IN3]]	Insurance Additional Info - Cert.		6
[[GSP]]	Person Gender and Sex		3
[[GSR]]	Recorded Gender and Sex		3
[[ROL]]	Role	B	15

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Segments	Description	Status	Chapter
{{ PRT }}	Participation		7
{{	--- AUTHORIZATION begin		
AUT	Authorization Record		11
{{ PRT }}	Participation		7
}}	--- AUTHORIZATION end		
{{	--- REFERRAL begin		
RF1	Referral Information		11
{{ PRT }}	Participation		7
}}	--- REFERRAL end		
}}	--- INSURANCE end		
[ACC]	Accident Information		6
[UB1]	Universal Bill Information		6
[UB2]	Universal Bill 92 Information		6

Acknowledgment Choreography					
ADT^A28^ADT_A05					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A28^ACK	-	ACK^A28^ACK
Application Ack	ADT^A28^ADT_A05	-	-	ACK^A28^ACK	ACK^A28^ACK

ACK^A28^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
{{ SFT }}	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A28^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A28^ACK
Application Ack	-	-	-

3.3.29 ADT/ACK - Delete Person Information (Event A29)

An A29 event can be used to delete all demographic information related to a given person. This event "undoes" an A28 (add person information) event. The information from the A28 event is deleted. This event is used, for example, when adding the information was performed in error, or when another record already exists for the person, or when one wants to purge the person from the database. When this event occurs, all visit and account level data for this person is also purged.

To maintain backward compatibility with previous releases, the PV1 segment is required. However, a "pseudo-optional" PV1 can be achieved by valuing *PV1-2 - Patient Class* to N - not applicable.

ADT^A29^ADT_A21: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7
}}	--- OBSERVATION end		

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Acknowledgment Choreography					
ADT^A29^ADT_A21					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A29^ACK	-	ACK^A29^ACK
Application Ack	ADT^A29^ADT_A21	-	-	ACK^A29^ACK	ACK^A29^ACK

ACK^A29^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A29^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A29^ACK
Application Ack	-	-	-

3.3.30 ADT/ACK - Merge Person Information (Event A30)

Attention: The Merge Person Information event was maintained for backward compatibility only as of v2.3.1 and withdrawn as of v2.7. From V 2.3.1 onwards, the reader is referred to the A40 (merge patient-patient identifier list) event to be used to merge patient information for a current episode.

3.3.31 ADT/ACK - Update Person Information (Event A31)

An A31 event can be used to update person information on an MPI. It is similar to an A08 (update patient information) event, but an A08 (update patient information) event should be used to update patient information for a current episode. An A28 (add person information) or A31 can also be used for backloading MPI information for the person, or for backloading person and historical information.

To maintain backward compatibility with previous releases, the PV1 segment is required. However, a "pseudo-optional" PV1 can be achieved by valuing *PV1-2 - Patient Class* to N - not applicable.

The ROL segment has been deprecated and retained for backwards compatibility purposes only as of v 2.9. The reader is referred to the PRT segment instead.

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The PRT – Participation Information Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the PRT segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the PRT segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the PRT segment following the PR1 segment. Providers related to a specific insurance are reported in the PRT segment following the IN1/IN2/IN3 segments. To communicate the begin and end date of the provider, use the *PRT-11 - Begin Date/Time* and the *PRT-12 - End Date/Time* in the PRT segment, with the applicable *PRT-4 – Role of Participation*. Refer to Chapter 7 for the definition of the PRT segment.

ADT^A31^ADT_A05: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[{ OH1 }]	Employment Status		3
[{ OH2 }]	Past or Present Job		3
[OH3]	Usual Work		3
[{ OH4 }]	Combat Zone Work		3
[{ ARV }]	Access Restrictions	B	3
[{ ROL }]	Deprecated as of V2.9	B	15
[{ PRT }]	Participation		7
[{	--- NEXT_OF_KIN begin		
NK1	Next of Kin / Associated Parties		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ OH2 }]	Past or Present Job		3
[OH3]	Usual Work		3
}}	--- NEXT_OF_KIN end		
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ ARV }]	Access Restrictions	B	3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7

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Segments	Description	Status	Chapter
}}	--- OBSERVATION end		
[{ AL1]}	Allergy Information		3
[{ IAM]}	Patient Adverse Reaction Information		3
[{ DG1]}	Diagnosis Information		6
[DRG]	Diagnosis Related Group		6
[{	--- Procedure begin		
PR1	Procedures		6
[{ ROL]}	Role	B	15
[{ PRT]}	Participation		7
}}	--- PROCEDURE end		
[{ GT1]}	Guarantor		6
[{ GSP]}	Person Gender and Sex		3
[{ GSR]}	Recorded Gender and Sex		3
[{	--- INSURANCE begin		
IN1	Insurance		6
[IN2]	Insurance Additional Info.		6
[{ IN3]}	Insurance Additional Info - Cert.		6
[{ GSP]}	Person Gender and Sex		3
[{ GSR]}	Recorded Gender and Sex		3
[{ ROL]}	Role	B	15
[{ PRT]}	Participation		7
[{	--- AUTHORIZATION begin		
AUT	Authorization Record		11
[{ PRT]}	Participation		7
}}	--- AUTHORIZATION end		
[{	--- REFERRAL begin		
RF1	Referral Information		11
[{ PRT]}	Participation		7
}}	--- REFERRAL end		
}}	--- INSURANCE end		
[ACC]	Accident Information		6
[UB1]	Universal Bill Information		6
[UB2]	Universal Bill 92 Information		6

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Acknowledgment Choreography					
ADT^A31^ADT_A05					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A31^ACK	-	ACK^A31^ACK
Application Ack	ADT^A31^ADT_A05	-	-	ACK^A31^ACK	ACK^A31^ACK

ACK^A31^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A31^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A31^ACK
Application Ack	-	-	-

3.3.32 ADT/ACK - Cancel Patient Arriving - Tracking (Event A32)

The A32 event is sent when an A10 (patient arriving-tracking) event is cancelled, either because of erroneous entry of the A10 event or because of a decision not to receive the patient after all.

If the patient was in a non-temporary location, then the [PVI-3 - Assigned Patient Location](#) may contain (if known) the original patient location prior to the erroneous A10 (patient arriving-tracking) event. If the patient was in a temporary location, then [PVI-11 - Temporary Location](#) may contain (if known) the original patient location prior to the erroneous A10 (patient arriving-tracking) event.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

ADT^A32^ADT_A21: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2

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Segments	Description	Status	Chapter
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7
}]	--- OBSERVATION end		

Acknowledgment Choreography					
ADT^A32^ADT_A21					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A32^ACK	-	ACK^A32^ACK
Application Ack	ADT^A32^ADT_A21	-	-	ACK^A32^ACK	ACK^A32^ACK

ACK^A32^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A32^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A32^ACK
Application Ack	-	-	-

3.3.33 ADT/ACK - Cancel Patient Departing - Tracking (Event A33)

The A33 event is sent when an A09 (patient departing-tracking) event is cancelled, either because of erroneous entry of the A09 event or because of a decision not to send the patient after all.

If the patient was in a non-temporary location, then *PV1-3 - Assigned Patient* location must contain the original patient location prior to the erroneous A09 (patient departing-tracking) event. If the patient was in a temporary location, then *PV1-11 - Temporary Location* must contain the original patient location prior to the erroneous A09 (patient departing-tracking) event.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

ADT^A33^ADT_A21: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7
}]	--- OBSERVATION end		

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Acknowledgment Choreography					
ADT^A33^ADT_A21					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A33^ACK	-	ACK^A33^ACK
Application Ack	ADT^A33^ADT_A21	-	-	ACK^A33^ACK	ACK^A33^ACK

ACK^A33^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A33^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A33^ACK
Application Ack	-	-	-

3.3.34 ADT/ACK - Merge Patient Information - Patient ID Only (Event A34)

Attention: The Merge Patient Information – Patient ID Only (A34) event was maintained for backward compatibility only as of v2.3.1 and withdrawn as of v2.7. From V 2.3.1 onwards, the reader is referred to the A40 (Merge Patient-Patient Identifier List) event.

3.3.35 ADT/ACK - Merge Patient Information - Account Number Only (Event A35)

Attention: The Merge Patient Information – Account Number Only (A35) event was maintained for backward compatibility only as of v2.3.1 and withdrawn as of v2.7. From V 2.3.1 onwards, the reader is referred to the A41 (Merge Patient - Patient Account Number) event.

3.3.36 ADT/ACK - Merge Patient Information - Patient ID & Account Number (Event A36)

Attention: The Merge Patient Information – Patient ID & Account Number (A36) event was maintained for backward compatibility only as of v2.3.1 and withdrawn as of v2.7. From V 2.3.1 onwards, the reader is

referred to the A40 (Merge Patient-Patient Identifier List) event and the A41 (merge patient - patient account number) event.

3.3.37 ADT/ACK - Unlink Patient Information (Event A37)

The A37 event unlinks two patient identifiers.

ADT^A37^ADT_A37: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient (1) Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[PV1]	Patient (1) Visit		3
[{ DB1 }]	Disability Information		3
PID	Patient (2) Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[PV1]	Patient (2) Visit		3
[{ DB1 }]	Disability Information		3

Acknowledgment Choreography

ADT^A37^ADT_A37

Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A37^ACK	-	ACK^A37^ACK
Application Ack	ADT^A37^ACK	-	-	ACK^A37^ACK	ACK^A37^ACK

ACK^A37^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2

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Segments	Description	Status	Chapter
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A37^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A37^ACK
Application Ack	-	-	-

3.3.38 ADT/ACK - Cancel Pre-Admit (Event A38)

The A38 event is sent when an A05 (pre-admit a patient) event is cancelled, either because of erroneous entry of the A05 event or because of a decision not to pre-admit the patient after all.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other fields change, it is recommended that the A08 (update patient information) event be used in addition.

ADT^A38^ADT_A38: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ DB1 }]	Disability Information		3
[{	--- OBSERVATION begin		
OBX	Observation/Result		7
[{ PRT }]	Participation		7
}	--- OBSERVATION end		
[{ DG1 }]	Diagnosis Information		6

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Segments	Description	Status	Chapter
[DRG]	Diagnosis Related Group		6

Acknowledgment Choreography					
ADT^A38^ADT_A38					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A38^ACK	-	ACK^A38^ACK
Application Ack	ADT^A38^ADT_A38	-	-	ACK^A38^ACK	ACK^A38^ACK

ACK^A38^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A38^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A38^ACK
Application Ack	-	-	-

3.3.39 ADT/ACK - Merge Person - Patient ID (Event A39)

Attention: The Merge Person – Patient ID (A39) event was maintained for backward compatibility only as of v2.3.1 and withdrawn as of v2.7. From V 2.3.1 onwards, the reader is referred to the A41 (Merge Patient - Patient Account Number) event.

3.3.40 ADT/ACK - Merge Patient - Patient Identifier List (Event A40)

A merge has been done at the patient identifier list level. That is, two *PID-3 - Patient Identifier List* identifiers have been merged into one.

An A40 event is used to signal a merge of records for a patient that was incorrectly filed under two different identifiers. The "incorrect source identifier" identified in the MRG segment (*MRG-1 - Prior Patient Identifier List*) is to be merged with the required "correct target identifier" of the same "identifier type code" component identified in the PID segment (*PID-3 - Patient Identifier List*). The "incorrect source identifier" would then logically never be referenced in future transactions. It is noted that some systems

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may still physically keep this "incorrect identifier" for audit trail purposes or other reasons associated with database index implementation requirements.

The identifiers involved in identifying the patients may or may not have accounts, which may or may not have visits. An A40 (merge patient-patient identifier list) event is intended for merging patient records without merging other subordinate identifiers. Any other subordinate identifiers that were previously associated with the "incorrect source identifier" are now associated with the "correct target identifier." Specification of these other subordinate identifiers is not required.

This event and the message syntax do, however, allow for the specification of any other "new subordinate identifiers" (in addition to the *PID-3 - Patient Identifier List* identifier). For those environments that may require changes to these other subordinate identifiers because of the A40 (merge patient-patient identifier list) event, it is required that the old and new identifiers be a "tightly coupled" pair.

See sections 3.5.2, "*Merging patient/person information*," and 3.5.2.1.2, "*Merge*," for a discussion of issues related to the implementation of merge messages.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other fields change, it is recommended that the A31 (update person information) event be used for person level updates and A08 (update patient information) event for patient level updates.

ADT^A40^ADT_A39: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
{	--- PATIENT begin		
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[({ GSP })]	Person Gender and Sex		3
[({ GSR })]	Recorded Gender and Sex		3
[({ GSC })]	Sex for Clinical Use		3
MRG	Merge Information		3
[PV1]	Patient Visit		3
}	--- PATIENT end		

Acknowledgment Choreography

ADT^A40^ADT_A39

Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A40^ACK	-	ACK^A40^ACK
Application Ack	ADT^A40^ADT_A39	-	-	ACK^A40^ACK	ACK^A40^ACK

ACK^A40^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A40^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A40^ACK
Application Ack	-	-	-

3.3.41 ADT/ACK - Merge Account - Patient Account Number (Event A41)

A merge has been done at the account identifier level. That is, two *PID-18 - Patient Account Number* identifiers have been merged into one.

An A41 event is used to signal a merge of records for an account that was incorrectly filed under two different account numbers. The "incorrect source patient account number" identified in the MRG segment (*MRG-3 - Prior Patient Account Number*) is to be merged with the "correct target patient account number" identified in the PID segment (*PID-18 - Patient Account Number*). The "incorrect source patient account number" would then logically never be referenced in future transactions. It is noted that some systems may still physically keep this "incorrect identifier" for audit trail purposes or other reasons associated with database index implementation requirements.

The patient account numbers involved may or may not have visits. An A41 (merge account-patient account number) is intended for merging account records without merging other subordinate identifiers. Any other subordinate identifiers that were previously associated with the "incorrect source account number" are now associated with the required "correct target account number." Specification of these other subordinate identifiers is not required.

This event and the message syntax do, however, allow for the specification of any other "new subordinate identifiers" (in addition to the *PID-18 - Patient Account Number* identifier). For those environments that may require changes to these other subordinate identifiers because of this A41 (merge account-patient account number) event, it is required that the old and new identifiers be a "tightly coupled" pair.

Each superior identifier associated with this account identifier level should have the same value in both the PID and MRG segments.

See sections 3.5.2, "*Merging patient/person information*," and 3.5.2.1.2, "*Merge*," for a discussion of issues related to the implementation of merge messages.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other fields change, it is recommended that the A08 (update patient information) event be used in addition

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ADT^A41^ADT_A39: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
{	--- PATIENT begin		
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
MRG	Merge Information		3
[PV1]	Patient Visit		3
}	--- PATIENT end		

Acknowledgment Choreography

ADT^A41^ADT_A39

Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A41^ACK	-	ACK^A41^ACK
Application Ack	ADT^A41^ADT_A39	-	-	ACK^A41^ACK	ACK^A41^ACK

ACK^A41^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A41^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A41^ACK
Application Ack	-	-	-

3.3.42 ADT/ACK - Merge Visit - Visit Number (Event A42)

A merge has been done at the visit identifier level. That is, two *PV1-19 - Visit Number* identifiers have been merged into one.

An A42 event is used to signal a merge of records for a visit that was incorrectly filed under two different visit numbers. The "incorrect source visit number" identified in the MRG segment (*MRG-5 - Prior Visit Number*) is to be merged with the required "correct target visit number" identified in the PV1 segment (*PV1-19 - Visit Number*). The "incorrect source visit number" would then logically never be referenced in future transactions. It is noted that some systems may still physically keep this "incorrect identifier" for audit trail purposes or other reasons associated with database index implementation requirements.

An A42 (merge visit-visit number) event is intended for merging visit records without merging other identifiers. Any other identifiers that were previously associated with the "incorrect source visit number" are now associated with the "correct target visit number."

Each superior identifier associated with this visit identifier level should have the same value in the PID and MRG segments, or the MRG and PV1 segments, as appropriate.

See sections 3.5.2, "*Merging patient/person information*," and 3.5.2.1.2, "*Merge*," for a discussion of issues related to the implementation of merge messages.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other fields change, it is recommended that the A08 (update patient information) event be used in addition

ADT^A42^ADT_A39: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
{	--- PATIENT begin		
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
MRG	Merge Information		3
[PV1]	Patient Visit		3

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Segments	Description	Status	Chapter
}	--- PATIENT end		

Acknowledgment Choreography					
ADT^A42^ADT_A39					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A42^ACK	-	ACK^A42^ACK
Application Ack	ADT^A42^ADT_A39	-	-	ACK^A42^ACK	ACK^A42^ACK

ACK^A42^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A42^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A42^ACK
Application Ack	-	-	-

3.3.43 ADT/ACK - Move Patient Information - Patient Identifier List (Event A43)

A move has been done at the patient identifier list level. Identifier to be moved in the *PID-3 - Patient Identifier List* and *MRG-1 - Prior Patient Identifier List* will have the same value. The "from" (incorrect source patient ID) and "to" (correct target patient ID) identifiers have different values. See A43 examples in section 5. The identifiers involved in identifying the patient to be moved (*MRG-1 - Prior Patient Identifier List*) may or may not have accounts, which may or may not have visits. In any case, all subordinate data sets associated with the identifier in *MRG-1 - Prior Patient Identifier List* are moved along with the identifier, from the "incorrect source patient ID" to the "correct target patient ID."

No identifiers subordinate to the identifier (account number, visit number, alternate visit ID) are valued in this message. Specification of these other subordinate identifiers is not required.

This event and the message syntax do, however, allow for the specification of a "new identifier" (*PID-3 - Patient Identifier List*), which may be application and/or implementation specific and therefore require site negotiation.

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See sections 3.5.2, "*Merging patient/person information*," and 3.5.2.1.3, "*Move*," for a discussion of issues related to the implementation of move messages.

The fields included when this message is sent should be the fields pertinent to communicate this event. When demographic data in other fields change, it is recommended that the A08 (update patient information) event be used in conjunction with this message. However, all PID data associated with the "correct target identifier" (*PID-3 - Patient Identifier List*) are treated as updated information.

ADT^A43^ADT_A43: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
{	--- PATIENT begin		
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
MRG	Merge Information		3
}	--- PATIENT end		

Acknowledgment Choreography

ADT^A43^ADT_A43

Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A43^ACK	-	ACK^A43^ACK
Application Ack	ADT^A43^ADT_A43	-	-	ACK^A43^ACK	ACK^A43^ACK

ACK^A43^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

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Acknowledgment Choreography			
ACK^A43^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A43^ACK
Application Ack	-	-	-

3.3.44 ADT/ACK - Move Account Information - Patient Account Number (Event A44)

A move has been done at the account identifier level. That is, a *PID-18 - Patient Account Number* associated with one *PID-3 - Patient Identifier List* has been moved to another patient identifier list.

An A44 event is used to signal a move of records identified by the *MRG-3 - Prior Patient Account Number* from the "incorrect source patient identifier list" identified in the MRG segment (*MRG-1 - Prior Patient Identifier List*) to the "correct target patient identifier list" identified in the PID segment (*PID-3 - Patient Identifier List*).

The account number involved in identifying the account to be moved (*MRG-3 - Prior Patient Account Number*) may or may not have visits. In any case, all subordinate data sets associated with the account number in *MRG-3 - Prior Patient Account Number* are moved along with the account number, from the "incorrect source" ID (*MRG-1 - Prior Patient Identifier List*) to the "correct target" ID (*PID-3 - Patient Identifier List*).

No identifiers subordinate to the account number (visit number, alternate visit ID) are valued in this message.

This event and the message syntax do, however, allow for the specification of a "new identifier" (*PID-18 - Patient Account Number*), which may be application and/or implementation-specific and therefore require site negotiation.

All of the identifiers superior to the account number should be valued in both the MRG segment and the PID segment. In this message, the *PID-3 - Patient Identifier List* is superior to the account number.

See sections 3.5.2, "Merging patient/person information," and 3.5.2.1.3, "Move," for a discussion of issues related to the implementation of move messages.

The fields included when this message is sent should be the fields pertinent to communicate this event. When demographic data in other fields change, it is recommended that the A08 (update patient information) event be used in conjunction with this message. However, all PID data associated with the "account number" are treated as updated information.

ADT^A44^ADT_A44: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
{	--- PATIENT begin		
PID	Patient Identification		3

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Segments	Description	Status	Chapter
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[{ ARV }]	Access Restrictions	B	3
MRG	Merge Information		3
}	--- PATIENT end		

Acknowledgment Choreography					
ADT^A44^ADT_A44					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A44^ACK	-	ACK^A44^ACK
Application Ack	ADT^A44^ADT_A44	-	-	ACK^A44^ACK	ACK^A44^ACK

ACK^A44^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A44^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A44^ACK
Application Ack	-	-	-

3.3.45 ADT/ACK - Move Visit Information - Visit Number (Event A45)

A move has been done at the visit identifier level. That is, a *PVI-19 - Visit Number* or *PVI-50 - Alternate Visit ID* associated with one account identifier (*PID-18 - Patient Account Number*) has been moved to another account identifier.

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An A45 event is used to signal a move of records identified by the *MRG-5 - Prior Visit Number* or the *MRG-6 - Prior Alternate Visit ID* from the "incorrect source account identifier" identified in the MRG segment (*MRG-3 - Prior Patient Account Number*) to the "correct target account identifier" identified in the PID segment (*PID-18 - Patient Account Number*).

This event and the message syntax do allow for the specification of "new identifiers" (*PV1-19 - Visit Number*, or *PV1-50 - Alternate Visit ID*), which may be application and/or implementation-specific and therefore require site negotiation.

All of the identifiers superior to the visit number or alternate visit ID should be valued in both the MRG segment and the PID segments. In this message, the account number and *PID-3 - Patient Identifier List* are superior to the visit number and alternate visit ID.

See sections 3.5.2, "*Merging patient/person information*," and 3.5.2.1.3, "*Move*," for a discussion of issues related to the implementation of move messages. The fields included when this message is sent should be the fields pertinent to communicate this event. When demographic data in other fields change, it is recommended that the A08 (update patient information) event be used in conjunction with this message. However, all PID data associated with the "correct target visit ID" are treated as updated information.

ADT^A45^ADT_A45: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
{	--- MERGE_INFO begin		
MRG	Merge Information		3
PV1	Patient Visit		3
}	--- MERGE_INFO end		

Acknowledgment Choreography

ADT^A45^ADT_A45

Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A45^ACK	-	ACK^A45^ACK
Application Ack	ADT^A45^ADT_A45	-	-	ACK^A45^ACK	ACK^A45^ACK

ACK^A45^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A45^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A45^ACK
Application Ack	-	-	-

3.3.46 ADT/ACK - Change Patient ID (Event A46)

Attention: The Change Patient ID(A46) event was maintained for backward compatibility only as of v2.3.1 and withdrawn as of v2.7. From V 2.3.1 onwards, the reader is referred to the A47 (Change patient Identifier List) event..

3.3.47 ADT/ACK - Change Patient Identifier List (Event A47)

A change has been done at the patient identifier list level. That is, a single PID-3 - patient identifier list value has been found to be incorrect and has been changed.

An A47 event is used to signal a change of an incorrectly assigned *PID-3 - Patient Identifier List* value. The "incorrect source identifier" value is stored in the MRG segment (*MRG-1 - Prior Patient Identifier List*) and is to be changed to the "correct target patient ID" value stored in the PID segment (*PID-3 - Patient Identifier List*).

The identifier involved in identifying the patient may or may not have accounts, which may or may not have visits. An A47 (change patient identifier list) event is intended for changing the value of the patient identifier list without affecting other subordinate identifiers. Any other subordinate identifiers that were previously associated with the "incorrect source identifier" are now associated with the "correct target identifier." Specification of these other subordinate identifiers is not required.

This event and the message syntax do, however, allow for the specification of "new subordinate identifiers" (in addition to the *PID-3 - Patient Identifier List* identifier). For those environments that may require changes to these other subordinate identifiers because of this A47 (change patient identifier list) event, it is required that the old and new identifiers be a "tightly coupled" pair.

See sections 3.5.2, "*Merging patient/person information*," and 3.5.2.1.4, "*Change identifier*," for a discussion of issues related to the implementation of change messages.

The fields included when this message is sent should be the fields pertinent to communicate this event. When demographic data in other fields change, it is recommended that the A31 (update patient information) event be used in conjunction with this message.

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ADT^A47^ADT_A44: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
{	--- PATIENT begin		
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[{ ARV }]	Access Restrictions	B	3
MGR	Merge Information		3
}	---PATIENT end		

Acknowledgment Choreography

ADT^A47^ADT_A44

Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A47^ACK	-	ACK^A47^ACK
Application Ack	ADT^A47^ADT_A44	-	-	ACK^A47^ACK	ACK^A47^ACK

ACK^A47^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A47^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A47^ACK
Application Ack	-	-	-

3.3.48 ADT/ACK - Change Alternate Patient ID (Event A48)

Attention: The Change Alternate Patient ID (A48) event was maintained for backward compatibility only as of v2.3.1 and withdrawn as of v2.7. From V 2.3.1 onwards, the reader is referred to the A37 (Change patient Identifier List) event.

3.3.49 ADT/ACK - Change Patient Account Number (Event A49)

A change has been done at the account identifier level. That is, a PID-18 - patient account number has been found to be incorrect and has been changed.

An A49 event is used to signal a change of an incorrectly assigned account number value. The "incorrect source account number" value is stored in the MRG segment (*MRG-3 - Prior Patient Account Number*) and is to be changed to the "correct target account number" value stored in the PID segment (*PID-18 - Patient Account Number*).

The patient account identifier involved in identifying the account may or may not have visits. An A49 (change patient account number) event is intended for changing the value of the account identifier without affecting other subordinate identifiers. Any other subordinate identifiers that were previously associated with the "incorrect source account number" are now associated with the "correct target account number". Specification of these other subordinate identifiers is not required.

This event and the message syntax do, however, allow for the specification of "new subordinate identifiers" (in addition to the *PID-18 - Patient Account Number Identifier*). For those environments that may require changes to these other subordinate identifiers because of this A49 (change patient account number) event, it is required that the old and new identifiers be a "tightly coupled" pair.

Each superior identifier associated with this account identifier level, i.e. the PID-3/MRG-1 should have the same value in both the PID and MRG segments.

See sections 3.5.2, "*Merging patient/person information*," and 3.5.2.1.4, "*Change identifier*," for a discussion of issues related to the implementation of change messages.

The fields included when this message is sent should be the fields pertinent to communicate this event. When demographic data in other fields change, it is recommended that the A08 (update patient information) event be used in conjunction with this message.

ADT^A49^ADT_A43: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
{	--- PATIENT begin		

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Segments	Description	Status	Chapter
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
MRG	Merge Information		3
}	--- PATIENT end		

Acknowledgment Choreography					
ADT^A49^ADT_A43					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A49^ACK	-	ACK^A49^ACK
Application Ack	ADT^A49^ADT_A43	-	-	ACK^A49^ACK	ACK^A49^ACK

ACK^A49^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error Information		2

Acknowledgment Choreography				
ACK^A49^ACK				
Field name	Field Value: Original mode	Field value: Enhanced mode		
MSH.15	Blank	NE	AL, SU, ER	
MSH.16	Blank	NE	NE	
Immediate Ack	-	-	ACK^A49^ACK	
Application Ack	-	-	-	

3.3.50 ADT/ACK - Change Visit Number (Event A50)

A change has been done at the visit identifier level. That is, a *PVI-19 - Visit Number* has been found to be incorrect and has been changed.

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An A50 event is used to signal a change of an incorrectly assigned visit number value. The "incorrect source visit number" value is stored in the MRG segment (*MRG-5 - Prior Visit Number*) and is to be changed to the "correct target visit number" value stored in the PV1 segment (*PV1-19 - Visit Number*).

Each superior identifier associated with this visit number identifier level, i.e. PID-3/MRG-1 and PID-18/MRG-3 should have the same value in both the PID and MRG segments.

See sections 3.5.2, "*Merging patient/person information*," and 3.5.2.1.4, "*Change identifier*," for a discussion of issues related to the implementation of change messages.

The fields included when this message is sent should be the fields pertinent to communicate this event. When demographic data in other fields change, it is recommended that the A08 (update patient information) event be used in conjunction with this message.

ADT^A50^ADT_A50: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
MRG	Merge Information		3
PV1	Patient Visit		3

Acknowledgment Choreography

ADT^A50^ADT_A50

Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A50^ACK	-	ACK^A50^ACK
Application Ack	ADT^A50^ADT_A50	-	-	ACK^A50^ACK	ACK^A50^ACK

ACK^A50^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

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Acknowledgment Choreography			
ACK^A50^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A50^ACK
Application Ack	-	-	-

3.3.51 ADT/ACK - Change Alternate Visit ID (Event A51)

A change has been done at the alternate visit identifier level. That is, a *PV1-50 - Alternate Visit ID* has been found to be incorrect and has been changed.

An A51 event is used to signal a change of an incorrectly assigned alternate visit ID value. The "incorrect source alternate visit ID" value is stored in the MRG segment (*MRG-6 - Prior Alternate Visit ID*) and is to be changed to the "correct target alternate visit ID" value stored in the PV1 segment (*PV1-50 - Alternate Visit ID*).

Each superior identifier associated with this alternate visit identifier level, i.e. PID-3/MRG-1 and PID-18/MRG-3 should have the same value in both the PID and MRG segments.

See sections 3.5.2, "*Merging patient/person information*," and 3.5.2.1.4, "*Change identifier*," for a discussion of issues related to the implementation of change messages.

The fields included when this message is sent should be the fields pertinent to communicate this event. When demographic data in other fields change, it is recommended that the A08 (update patient information) event be used in conjunction with this message.

ADT^A51^ADT A50: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
MRG	Merge Information		3
PV1	Patient Visit		3

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Acknowledgment Choreography					
ADT^A51^ADT_A50					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A51^ACK	-	ACK^A51^ACK
Application Ack	ADT^A51^ADT_A50	-	-	ACK^A51^ACK	ACK^A51^ACK

ACK^A51^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A51^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A51^ACK
Application Ack	-	-	-

3.3.52 ADT/ACK- Cancel Leave of Absence for a Patient (Event A52)

The A52 event is sent when an A21 (patient goes on "leave of absence") event is cancelled, either because of erroneous entry of the A21 event or because of a decision not to put the patient on "leave of absence" after all.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

As there is no specific field for the cancel LOA date/time, it is recommended field *EVN-6 - Event Occurred* contain the date/time the LOA was actually cancelled (but not necessarily recorded).

ADT^A52^ADT_A52: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2

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Segments	Description	Status	Chapter
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3

Acknowledgment Choreography					
ADT^A52^ADT_A52					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A52^ACK	-	ACK^A52^ACK
Application Ack	ADT^A52^ADT_A52	-	-	ACK^A52^ACK	ACK^A52^ACK

ACK^A52^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A52^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A52^ACK
Application Ack	-	-	-

3.3.53 ADT/ACK - Cancel Patient Returns from a Leave of Absence (Event A53)

The A53 event is sent when an A22 (patient returns from "leave of absence") event is cancelled, either because of erroneous entry of the A22 event or because of a decision not to return the patient from "leave of absence" after all.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

As there is no specific field for the cancel LOA date/time, it is recommended that field [EVN-6 - Event Occurred](#) contain the date/time the return from LOA was actually cancelled (but not necessarily recorded).

[PV2-47 - Expected LOA Return Date/Time](#) is used to communicate the date/time the patient is expected to return from LOA.

ADT^A53^ADT_A52: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3

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Acknowledgment Choreography					
ADT^A53^ADT_A52					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A53^ACK	-	ACK^A53^ACK
Application Ack	ADT^A53^ADT_A52	-	-	ACK^A53^ACK	ACK^A53^ACK

ACK^A53^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A53^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A53^ACK
Application Ack	-	-	-

3.3.54 ADT/ACK - Change Attending Doctor (Event A54)

An A54 event is issued as a result of a change in the attending doctor responsible for the treatment of a patient.

When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

The new attending doctor of the patient should appear in the *PV1-7 - Attending Doctor*. For example, an A54 event can be used to notify the billing system that doctors' fees should be billed to the new doctor starting from the timestamp in the message.

The ROL - Role Segment was used in this message to communicate providers not specified elsewhere. As of v2.9, this has been deprecated in preference to the PRT segment as a more robust and flexible method of conveying participation. Hereafter, instructions for the PRT segment should apply, using the PRT segment. Person level providers with an ongoing relationship are reported in the PRT segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the PRT segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the PRT segment following the PR1 segment. Providers related to a specific insurance are reported in the PRT segment following the IN1/IN2/IN3 segments.

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To communicate the begin and end date of the attending, referring, or admitting doctor, use the *PRT-11 - Begin Date/Time* and the *PRT-12 - End Date/time* in the PRT segment, with the applicable *PRT-4 – Role of Participation*. Refer to Chapter 7 for the definition of the PRT segment. Use "UP" in *PRT-2 - Action Code*.

ADT^A54^ADT_A54: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7

Acknowledgment Choreography

ADT^A54^ADT_A54

Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A54^ACK	-	ACK^A54^ACK
Application Ack	ADT^A54^ADT_A54	-	-	ACK^A54^ACK	ACK^A54^ACK

ACK^A54^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

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Acknowledgment Choreography			
ACK^A54^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A54^ACK
Application Ack	-	-	-

3.3.55 ADT/ACK - Cancel Change Attending Doctor (Event A55)

The A55 event is sent when an A54 (change attending doctor) event is cancelled, either because of erroneous entry of the A54 event or because of a decision not to change the attending doctor after all. [PVI-7 - Attending Doctor](#) must contain the patient's doctor prior to the change of attending doctor.

The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event be used in addition.

ADT^A55^ADT_A54: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[{ROL}]	Role	B	15
[{ PRT }]	Participation		7
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ROL}]	Role	B	15
[{ PRT }]	Participation		7

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Acknowledgment Choreography					
ADT^A55^ADT_A54					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A55^ACK	-	ACK^A55^ACK
Application Ack	ADT^A55^ADT_A54	-	-	ACK^A55^ACK	ACK^A55^ACK

ACK^A55^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A55^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A55^ACK
Application Ack	-	-	-

3.3.56 QBP/RSP - Get Person Demographics (QBP) and Response (RSP) (Events Q21 and K21)

This query/response is designed for interaction between a client system and an MPI (Master Person Index). The query consists of an identifier for a person, and the response of the demographics for that person.

Query Statement ID:	Q21
Query Type:	Query
Query Name:	Q21 Get Person Demographics
Query Trigger:	QBP^Q21^QBP_Q21
Query Mode:	
Response Trigger:	RSP^K21^RSP_K21
Query Characteristics	
Purpose:	Returns demographics information for a specified person

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QBP^Q21^QBP_Q21: Query By Parameter

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
QPD	Query Parameter Definition Segment		5
RCP	Response Control Parameters		5
[DSC]	Continuation Pointer		2

Acknowledgment Choreography

QBP^Q21^QBP_Q21

Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^Q21^ACK	-	ACK^Q21^ACK
Application Ack	RSP^K21^RSP_K21	-	-	RSP^K21^RSP_K21	RSP^K21^RSP_K21

RSP^K21^RSP_K21: Segment Pattern Response

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[ERR]	Error		2
QAK	Query Acknowledgment		5
QPD	Query Parameter Definition Segment		5
[	--- QUERY_RESPONSE begin		
PID	Patient Identification		3
[PD1]	Additional Demographics		3
__[{ GSP }]	Person Gender and Sex		3
__[{ GSR }]	Recorded Gender and Sex		3
__[{ GSC }]	Sex for Clinical Use		3
[{ ARV }]	Access Restrictions	B	3
[{	--- NEXT OF KIN begin		
__ {{NK1 }}	Next of Kin		3
__[{ GSP }]	Person Gender and Sex		3
__[{ GSR }]	Recorded Gender and Sex		3
}]	--- NEXT OF KIN end		

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Segments	Description	Status	Chapter
QRI	Query Response Instances		5
]]	--- QUERY_RESPONSE end		
[DSC]	Continuation Pointer		2

Acknowledgment Choreography			
RSP^K21^RSP_K21			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^K21^ACK
Application Ack	-	-	-

Field Seq.	Field Name	Key/ Search	S or t	LEN	TYPE	O p t	R e p	Match Op	TBL	Segment Field Name	LOINC or HL7 Code/ Domain	Element Name
1	PersonIdentifier	S	Y	250	CX	R	N			PID-3		Patient Identifier List
2	WhatDomainsReturned				CX	O	Y			PID-3		Patient Identifier List

Input Parameter	Comp. Name	DT	Description
PersonIdentifier ()		CX	Components: <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ < assigning authority (HD)> ^ <identifier type code (IS)> ^ < assigning facility (HD)
			The combination of values for <i>PersonIdentifier.ID</i> , and <i>PersonIdentifier.AssigningAuthority</i> , are intended to identify a person uniquely. The <i>PersonIdentifier.IDTypeCode</i> is useful for further filtering or to supply uniqueness in the event that the assigning authority may have more than one coding system.
			Example: ...|112234^^GOOD HEALTH HOSPITAL|...
			Only one PID.3 may be specified, only 1 segment pattern will be returned.
PersonIdentifier.	ID		PID.3.1 must be valued.
PersonIdentifier	Assigning Authority		PID.3.4 must be valued.
PersonIdentifier	Identifier type code		
WhatDomainsReturned		CX	Components: <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ < assigning authority (HD)> ^ <identifier type code (IS)> ^ < assigning facility (HD)
			This parameter restricts the set of domains for which identifiers are returned in PID-3. If this is not specified, then identifiers for all known domains shall be returned. It does not restrict the search for the person.
			Example: ... ^^GOOD HEALTH HOSPITAL~^^SOUTH LAB ...
			Only the following components should be valued.

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Input Parameter	Comp. Name	DT	Description
WhatDomainsReturned	Assigning Authority		PID.3.4 must be valued.
WhatDomainsReturned	Identifier type code		

Following is an example of a Q21/K21 query/response pair of messages. First is the query:

```
MSH|^~\&|CLINREG|WESTCLIN|HOSPMP|HOSP|199912121135-0600||QBP^Q21^QBP_Q21|1|D|2.5|
QPD|Q21^Get Person Demographics^HL7nnn|111069|112234^^GOOD HEALTH HOSPITAL|^^GOOD HEALTH HOSPITAL~^^SOUTH LAB|
RCP|I|
```

This query is asking for demographics for the person identified by the identifier 112234 from the assigning authority GOOD HEALTH HOSPITAL. With the demographics, we want identifiers returned for the person from the assigning authorities GOOD HEALTH HOSPITAL and SOUTH LAB. Here is a sample response:

```
MSH|^~\&|HOSPMP|HOSP|CLINREG|WESTCLIN|199912121135-0600||RSP^K21^RSP_K21|1|D|2.5|
MSA|AA|8699|
QAK|111069|OK|Q21^Get Person Demographics^HL7nnn|1|
QPD|Q21^Get Person Demographics^HL7nnn|111069|112234^^GOOD HEALTH HOSPITAL|^^GOOD HEALTH HOSPITAL~^^SOUTH LAB|
PID|||112234^^GOOD HEALTH HOSPITAL~98223^^SOUTH LAB||Everyman^Adam||19600614|M||C|2101 Webster # 106^^Oakland^CA^94612|
QRI|100|
```

3.3.57 QBP/RSP - Find Candidates (QBP) and Response (RSP) (Events Q22 and K22)

This query/response is designed for interaction between a client system and an MPI (Master Person Index). The query consists of a set of demographics for a person, and the response is the list of candidates considered by the MPI to match that set.

Each returned person, specified by a PID segment, can also have an optional *QRI - Query Response* Instance segment containing information about the quality of the match.

Query Statement ID:	Q22
Query Type:	Query
Query Name:	Q22 Find Candidates
Query Trigger:	QBP^Q22^QBP_Q21
Query Mode:	
Response Trigger:	RSP^K22^RSP_K22
Query Characteristics	
Purpose:	Returns list of candidates matching demographic data specified by the input parameters.

QBP^Q22^QBP_Q21: Query By Parameter

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2

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Segments	Description	Status	Chapter
QPD	Query Parameter Definition Segment		5
RCP	Response Control Parameters		5
[DSC]	Continuation Pointer		2

Acknowledgment Choreography					
QBP^Q22^QBP_Q21					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^Q22^ACK	-	ACK^Q22^ACK
Application Ack	RSP^K22^RSP_K22	-	-	RSP^K22^RSP_K22	RSP^K22^RSP_K22

RSP^K22^RSP_K22: Segment Pattern Response

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[ERR]	Error		2
QAK	Query Acknowledgment		5
QPD	Query Parameter Definition Segment		5
[{	--- QUERY_RESPONSE begin		
PID	Patient Identification		3
[PD1]	Additional Demographics		5
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[ (	--- NEXT OF KIN begin		
[NK1]	Next of Kin		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[)]	--- NEXT OF KIN end		
[QRI]	Query Response Instance		5
[]	--- QUERY_RESPONSE end		
[DSC]	Continuation Pointer		2

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Acknowledgment Choreography			
RSP^K22^RSP_K22			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^K22^ACK
Application Ack	-	-	-

Field Seq.	Field Name	Key/Search	Sort	LEN	TYPE	Opt	Rep	Match Op	TBL	Segment Field Name	LOINC or HL7 Code/Domain	Element Name
1	Demographics Fields				QIP	R	Y					
2	SearchConfidenceThreshold				NM	O	N					
3	AlgorithmName				ST	O	N					
4	AlgorithmVersion				ST	O	N					
5	AlgorithmDescription				ST	O	N					
6	WhatDomainsReturned				CX	O	Y			PID-3		Patient Identifier List

Input Parameter	Comp. Name	DT	Description
DemographicsFields		QIP	Components: <segment field name (ST)> ^ <value1 (ST) & value2 (ST) & value3 (ST)...> Components may be any fields in the PID or PD1. If subcomponents of fields need to be specified, each subcomponent should be listed separately. Example: ...|@PID.5.1^EVERYMAN~@PID.5.2^ADAM~@PID.8^M|...
SearchConfidenceThreshold		NM	Indicates the minimum match confidence for candidates to be returned for the query. The value instructs the queried system to return no records (PID segments) for persons whose "match weight" on the lookup was lower than the user-defined value. Example: |80|
AlgorithmName		ST	Identifies the specific algorithm the queried system should use. Example: |MATCHWARE|
AlgorithmVersion		ST	Identifies the specific algorithm version the queried system should use. Example: |1.2|
AlgorithmDescription		ST	Description of the algorithm the queried system should use.
WhatDomainsReturned		CX	Components: <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ < assigning authority (HD)> ^ <identifier type code (IS)> ^ < assigning facility (HD)> This parameter restricts the set of domains for which identifiers are returned in PID-3. If this is not specified, then identifiers for all known domains shall be returned. It does not restrict the search for persons. Example: ...|^|^GOOD HEALTH HOSPITAL~|^|^SOUTH LAB|...
			Only the following components should be valued.

Input Parameter	Comp. Name	DT	Description
WhatDomainsReturned	Assigning Authority		PID.3.4 must be valued.
WhatDomainsReturned	Identifier type code		

Following is an example of a Q22/K22 query/response pair of messages. First is the query:

```
MSH|^~\&|CLINREG|WESTCLIN|HOSPMPI|HOSP|199912121135-0600||QBP^Q22^QBP_Q21|1|D|2.5
QPD|Q22^Find Candidates^HL7nnn|111069|@PID.5.1^EVERYMAN~@PID.5.2^ADAM~
@PID.8^M|80|MATCHWARE|1.2||^GOOD HEALTH HOSPITAL~^SOUTH LAB|
RCP|I|20^RD
```

This query is asking for a list of persons matching the name ADAM EVERYMAN with the gender Male. Candidates with a match level above 80 using the algorithm Matchware version 1.2 should be returned. The returned records should include identifiers for both the assigning authorities GOOD HEALTH HOSPITAL and SOUTH LAB. The RCP segment specifies that the number of matches should be limited to 20. Here is a sample response:

```
MSH|^~\&|HOSPMPI|HOSP|CLINREG|WESTCLIN|200712121135-
0600||RSP^K22^RSP_K22|1|D|2.5.1|
MSA|AA|8699|
QAK|111069|OK|Q22^Find Candidates^HL7nnn|3|
QPD|Q22^Find Candidates^HL7nnn|111069|@PID.5.1^EVERYMAN~
@PID.5.2^ADAM~@PID.8^M|80|MATCHWARE|1.2||^GOOD HEALTH HOSPITAL~^SOUTH
LAB|
PID||66785^^^GOOD HEALTH HOSPITAL~99999^^^SOUTH
LAB||Everyman^Adam||19630423|M||C|C^^Madison^WI^99999|
QRI|95||MATCHWARE 1.2|
PID||87443^^^GOOD HEALTH HOSPITAL~651189^^^SOUTH
LAB||Everyman^Adam||19470606|M||C|555-555-2004^^Madison^WI^99999|
QRI|90||MATCHWARE 1.2|
PID||43266^^^GOOD HEALTH HOSPITAL~81209^^^SOUTH
LAB||Everyman^Adam||19901210|M||C|4444 Home Street^^Lodi^WI^99999|
QRI|85||MATCHWARE 1.2|
```

[mailto:](#)Three candidates were returned. Notice the 3 at the end of the QAK segment signifying the number of matches. Each has a PID and QRI segment, and the QRI segment in each case gives a confidence factor for each of the candidates

3.3.58 QBP/RSP - Get Corresponding Identifiers (QBP) and Response (RSP) (Events Q23 and K23)

This query/response is designed for interaction between a client system and an MPI (Master Person Index). The query consists of an identifier for a person, and the response is a list of identifiers for that person from the domains specified.

Query Statement ID:	Q23
Query Type:	Query
Query Name:	Q23 Get Corresponding Identifiers
Query Trigger:	QBP^Q23^QBP_Q21
Query Mode:	
Response Trigger:	RSP^K23^RSP_K23
Query Characteristics	

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Query Statement ID:	Q23
Purpose:	Returns list of identifiers from the specified domains, given an identifier from a given domain.

QBP^Q23^QBP_Q21: Query By Parameter

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
QPD	Query Parameter Definition Segment		5
RCP	Response Control Parameters		5
[DSC]	Continuation Pointer		2

Acknowledgment Choreography					
QBP^Q23^QBP_Q21					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^Q23^ACK	-	ACK^Q23^ACK
Application Ack	RSP^K23^RSP_K23	-	-	RSP^K23^RSP_K23	RSP^K23^RSP_K23

RSP^K23^RSP_K23: Segment Pattern Response

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[ERR]	Error		2
QAK	Query Acknowledgment		5
QPD	Query Parameter Definition Segment		5
[	--- QUERY_RESPONSE begin		
PID	Patient Identification		3
]	--- QUERY_RESPONSE end		
[DSC]	Continuation Pointer		2

Commented [MR|A8]: Note: I did NOT add GS* segments here, because the use case is JUST for Identifiers – please let me know, fi I am incorrect

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Acknowledgment Choreography			
RSP^K23^RSP_K23			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^K23^ACK
Application Ack	-	-	-

Field Seq.	Field Name	Key/ Search	Sort	LEN	TYPE	Opt	Rep	Match Op	TBL	Segment Field Name	LOINC or HL7 Code/ Domain	Element Name
1	PersonIdentifier	S	Y	20	CX	R	N			PID-3		Patient Identifier List
2	WhatDomainsReturned				CX	O	Y			PID-3		Patient Identifier List

Input Parameter	Comp. Name	DT	Description
PersonIdentifier		CX	Components: <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ < assigning authority (HD)> ^ <identifier type code (IS)> ^ < assigning facility (HD)
			The combination of values for <i>PersonIdentifier.ID</i> , and <i>PersonIdentifier.AssigningAuthority</i> , are intended to identify a person uniquely. The <i>PersonIdentifier.IDTypeCode</i> is useful for further filtering or to supply uniqueness in the event that the assigning authority may have more than one coding system.
			Example: ...|112234^^^GOOD HEALTH HOSPITAL|...
			Only one PID.3 may be specified, only 1 segment pattern will be returned.
PersonIdentifier	ID		PID.3.1 must be valued.
PersonIdentifier	Assigning Authority		PID.3.4 must be valued.
PersonIdentifier	Identifier type code		
WhatDomainsReturned		CX	Components: <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ < assigning authority (HD)> ^ <identifier type code (IS)> ^ < assigning facility (HD)
			This parameter restricts the set of domains for which identifiers are returned in PID-3. If this is not specified, then identifiers for all known domains shall be returned. It does not restrict the search for the person.
			Example: |^^^GOOD HEALTH HOSPITAL~^^^SOUTH LAB|
			Only the following components should be valued.
WhatDomainsReturned	Assigning Authority		PID.3.4 must be valued.
WhatDomainsReturned.	Identifier type code		

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Following is an example of a Q23/K23 query/response pair of messages. First is the query:

```
MSH|^~\&|CLINREG|WESTCLIN|HOSP|199912121135-0600||QBP^Q23^QBP_Q21|1|D|2.5
QPD|Q23^Get Corresponding IDs^HL7nnnn|111069|112234^^^GOOD HEALTH
HOSPITAL|^^^WEST CLINIC~^^^SOUTH LAB|
RCP||I|
```

This query is asking for identifiers from WEST CLINIC and SOUTH LAB for the person identified with the identifier 112234 from the assigning authority GOOD HEALTH HOSPITAL. Here is a sample response:

```
MSH|^~\&|HOSP|HOSP|CLINREG|WESTCLIN|199912121135-
0600||RSP^K23^RSP_K23|1|D|2.5|
MSA|AA|8699|
QAK|111069|OK|Q23^Get Corresponding IDs^HL7nnnn|1|
QPD|Q23^Get Corresponding IDs^HL7nnn|111069|112234^^^GOOD HEALTH HOSPITAL|^^^WEST
CLINIC~^^^SOUTH LAB|
PID|||56321A^^^WEST CLINIC~66532^^^SOUTH LAB||EVERYMAN^ADAM||19630423|M||C|N2378
South Street^^Madison^WI^53711|
```

Note: that the identifiers returned do not include the GOOD HEALTH HOSPITAL identifier, as it was not specified in the list of WhatDomainsReturned.

3.3.59 QBP/RSP - Allocate Identifiers (QBP) and Response (RSP) (Events Q24 and K24)

This query/response is designed for interaction between a client system and an MPI (Master Person Index). The query consists of domains in which identifiers should be allocated. The response is new identifiers in those domains.

This event is not meant to cause the creation of a new person record, or to bind identifiers to a particular person record. The events *A28 - Add person information* and *A24 - Link patient information* should be used for that purpose. This event is meant to simply reserve the use of identifiers.

Query Statement ID:	Q24
Query Type:	Query
Query Name:	Allocate Identifiers
Query Trigger:	QBP^Q24^QBP_Q21
Query Mode:	
Response Trigger:	RSP^K24^RSP_K23
Query Characteristics	
Purpose:	Request that an MPI allocate an identifier for a given domain.

QBP^Q24^QBP_Q21: Query By Parameter

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
QPD	Query Parameter Definition Segment		5
RCP	Response Control Parameters		5
[DSC]	Continuation Pointer		2

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Acknowledgment Choreography					
QBP^K24^QBP_Q21					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^K24^ACK	-	ACK^K24^ACK
Application Ack	RSP^K24^RSP_K24	-	-	RSP^K24^RSP_K24	RSP^K24^RSP_K24

RSP^K24^RSP_K23: Segment Pattern Response

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[ERR]	Error		2
QAK	Query Acknowledgment		5
QPD	Query Parameter Definition Segment		5
[	--- QUERY_RESPONSE begin		
PID	Patient Identification		3
]	--- QUERY_RESPONSE end		
[DSC]	Continuation Pointer		2

Commented [MR|A9]: Note: I did NOT add GS* segments here, because the use case is JUST for Identifiers – please let me know, fi I am incorrect

Acknowledgment Choreography			
RSP^K24^RSP_K23			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^K24^ACK
Application Ack	-	-	-

Field Seq.	Field Name	Key/ Search	S or t	LEN	TYPE	O p t	R e p	Match Op	TBL	Segmen t Field Name	LOINC or HL7 Code/ Domain	Element Name
1	DomainToAllo cateln				CX	R	Y			PID-3		Patient Identifier

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Input Parameter	Comp. Name	DT	Description
DomainToAllocateIn ()		CX	Components: <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ < assigning authority (HD)> ^ <identifier type code (IS)> ^ < assigning facility (HD) This parameter specifies in which domains to allocate identifiers. Example: ... ^GOOD HEALTH HOSPITAL ... Only the following components should be valued.
DomainToAllocateIn	Assigning Authority		PID.3.4 must be valued.
DomainToAllocateIn	Identifier type code		

Following is an example of a Q24/K24 query/response pair of messages. First is the query:

```
MSH|^~\&|CLINREG|WESTCLIN|HOSPMPI|HOSP|199912121135-0600||QBP^Q24^QBP_Q21|1|D|2.5  
QPD|Q24^Allocate Identifiers^HL7nnnn|111069|^W^WEST CLINIC~^S^SOUTH LAB|  
RCP||I|
```

This query is asking for identifiers from WEST CLINIC and SOUTH LAB to be reserved and returned. Here is a sample response:

```
MSH|^~\&|HOSPMPI|HOSP|CLINREG|WESTCLIN|199912121135-  
0600||RSP^K24^RSP_K23|1|D|2.5|  
MSA|AA|8699|  
QAK|111069|OK|Q24^Allocate Identifiers^HL7nnnn|1|  
QPD|A56^Allocate Identifiers^HL7nnn|111069|^W^WEST CLINIC~^S^SOUTH LAB|  
PID|||624335A^W^WEST CLINIC~564325^S^SOUTH LAB|
```

Note: The PID segment returned does not include any person demographics as the identifiers are not yet "attached" to any person record. Presumably the querying system would eventually send back to the MPI an [A28 Add person information](#) to create a person record for the identifiers or an [A24 Link patient information](#) to link the identifiers to an existing person record.

3.3.60 ADT/ACK - Update Adverse Reaction Information (Event A60)

This trigger event is used when person/patient allergy information has changed. It is used in conjunction with a new allergy segment, the *IAM - Patient Allergy Information Segment-Unique Identifier*, which supports Action code/unique identifier mode update for repeating segments as defined in 2.10.4, "Protocol for interpreting repeating segments or segment groups in an update Message."

ADT^A60^ADT_A60: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3

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Segments	Description	Status	Chapter
[{ ARV }]	Access Restrictions	B	3
[--- VISIT_GROUP begin		
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[{ ARV }]	Access Restrictions	B	3
]	--- VISIT_GROUP end		
[{	--- ADVERSE_REACTION_GROUP begin		3
IAM	Patient adverse reaction information		2
[{ NTE }]	Notes and Comments		3
[{ IAR }]	Allergy Reaction Segment		
}]	--- ADVERSE_REACTION_GROUP end		

Acknowledgment Choreography					
ADT^A60^ADT_A60					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A60^ACK	-	ACK^A60^ACK
Application Ack	ADT^A60^ADT_A60	-	-	ACK^A60^ACK	ACK^A60^ACK

ACK^A60^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

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Acknowledgment Choreography			
ACK^A60^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A60^ACK
Application Ack	-	-	-

3.3.61 ADT/ACK - Change Consulting Doctor (Event A61)

An A61 event is used as a result of a change in the consulting physician(s) for the treatment of a patient.

When other important fields change, it is recommended that the A08 (update patient information) event be used in addition. If the Patient Administration system allows demographics to change at the same time (for example an address change), two messages (an A61 followed by an A08) should be sent.

The new consulting doctor(s) of the patient should appear in the [PV1-9 - Consulting Doctor](#) and may appear in a role segment per new consulting physician.

If a consulting doctor stops being consulting doctor for this patient-visit, the end date/time can be sent in the [PRT-12 - End Date/Time](#).

For example, an A61 event can be used to notify the billing system that doctors' fees for being a consulting doctor, should be billed to the new doctor(s) starting from the timestamp in the message.

It is recommended that field [EVN-6 - Event Occurred](#) contains the date/time the event actually occurred to the patient.

The ROL segment has been deprecated and retained for backwards compatibility purposes only as of v 2.9. The reader is referred to the PRT segment instead.

The PRT – Participation Information Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the PRT segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the PRT segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the PRT segment following the PR1 segment. Providers related to a specific insurance are reported in the PRT segment following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the [PRT-11 - Participation Begin Date/Time](#) and the [PRT-12 - Participation End Date/Time](#) in the PRT segment, with the applicable [PRT-4 - Participation](#). Refer to Chapter 7 for the definition of the PRT segment.

ADT^A61^ADT_A61: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3

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Segments	Description	Status	Chapter
[{ GSC }]	Sex for Clinical Use		3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
PV1	Patient Visit		3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
[PV2]	Patient Visit - Additional Info.		3

Acknowledgment Choreography					
ADT^A61^ADT_A61					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A61^ACK	-	ACK^A61^ACK
Application Ack	ADT^A61^ADT_A61	-	-	ACK^A61^ACK	ACK^A61^ACK

ACK^A61^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A61^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A61^ACK
Application Ack	-	-	-

3.3.62 ADT/ACK - Cancel Change Consulting Doctor (Event A62)

The A62 event is sent when an A61 (change consulting doctor) event is cancelled, either because of erroneous entry of the A61 event or because of a decision not to change the consulting physician(s) after all. *PV1-9 - Consulting Doctor* must show the patient's doctor prior to the change being cancelled.

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The fields included when this message is sent should be the fields pertinent to communicate this event. When other important fields change, it is recommended that the A08 (update patient information) event is used.

ADT^A62^ADT_A61: ADT Message

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ ARV }]	Access Restrictions		3
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[PD1]	Additional Demographics		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
[{ GSC }]	Sex for Clinical Use		3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
PV1	Patient Visit		3
[{ ROL }]	Role	B	15
[{ PRT }]	Participation		7
[PV2]	Patient Visit - Additional Info.		3

Acknowledgment Choreography

ADT^A62^ADT_A61

Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^A62^ACK	-	ACK^A62^ACK
Application Ack	ADT^A62^ADT_A61	-	-	ACK^A62^ACK	ACK^A62^ACK

ACK^A62^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[{ ERR }]	Error		2

Acknowledgment Choreography			
ACK^A62^ACK			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^A62^ACK
Application Ack	-	-	-

3.3.63 QBP/RSP - Find Candidates including Visit Information (QBP) and Response (RSP) (Events Q32 and K32-)

This query/response is designed for interaction between a client system and an MPI (Master Person Index). The query consists of a set of demographic and/or visit attribute values for a person, and the response is the list of candidates considered by the MPI to match that set.

Each returned person, specified by a PID segment and by a PV1 segment containing information about the current visit, can also have an optional QRI - Query Response Instance segment containing information about the quality of the match.

Query Statement ID:	Q32
Query Type:	Query
Query Name:	Q32 Find Candidates with Visit Information
Query Trigger:	QBP^Q32^QBP_Q21
Query Mode:	
Response Trigger:	RSP^K32^RSP_K25
Query Characteristics	
Purpose:	Returns list of candidates matching demographic and/or visit data specified by the input parameters.

QBP^Q32^QBP_Q21: Query By Parameter

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[UAC]	User Authentication Credential		2
QPD	Query Parameter Definition Segment		5
RCP	Response Control Parameters		5
[DSC]	Continuation Pointer		2

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Acknowledgment Choreography					
QBP^Q32^QBP_Q21					
Field name	Field Value: Original mode	Field value: Enhanced mode			
MSH.15	Blank	NE	AL, SU, ER	NE	AL, SU, ER
MSH.16	Blank	NE	NE	AL, SU, ER	AL, SU, ER
Immediate Ack	-	-	ACK^Q32^ACK	-	ACK^Q32^ACK
Application Ack	RSP^K32^RSP_K32	-	-	RSP^K32^RSP_K32	RSP^K32^RSP_K32

RSP^K32^RSP_K32: Segment Pattern Response

Segments	Description	Status	Chapter
MSH	Message Header		2
[{ SFT }]	Software Segment		2
MSA	Message Acknowledgment		2
[ERR]	Error		2
QAK	Query Acknowledgment		5
QPD	Query Parameter Definition Segment		5
{ {	--- QUERY_RESPONSE begin		
PID	Patient Identification		3
[PD1]	Additional Demographics		5
[{ NK1 }]	Next of Kin		3
[{ GSP }]	Person Gender and Sex		3
[{ GSR }]	Recorded Gender and Sex		3
PV1	Patient Visit		3
[PV2]	Patient Visit - Additional Info.		3
[QRI]	Query Response Instance		5
}}	--- QUERY_RESPONSE end		
[DSC]			2

Acknowledgment Choreography			
RSP^K32^RSP_K32			
Field name	Field Value: Original mode	Field value: Enhanced mode	
MSH.15	Blank	NE	AL, SU, ER
MSH.16	Blank	NE	NE
Immediate Ack	-	-	ACK^K32^ACK
Application Ack	-	-	-

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Field Seq.	Field Name	Key/ Search	Sort	LEN	TYPE	Opt	Rep	Match Op	TBL	Segment Field Name	LOINC or HL7 Code/ Domain	Element Name
1	Demographics / Visit Fields				QIP	R	Y					
2	SearchConfidenceThreshold				NM	O	N					
3	AlgorithmName				ST	O	N					
4	AlgorithmVersion				ST	O	N					
5	AlgorithmDescription				ST	O	N					
6	WhatDomainsReturned				CX	O	Y			PID-3		Patient Identifier List

Input Parameter	Comp. Name	DT	Description
Demographics/Visit Fields		QIP	Components: <segment field name (ST)> ^ <value1 (ST) & value2 (ST) & value3 (ST)...> Components may be any fields in the PID, PD1, PV1 and/or PV2. If subcomponents of fields need to be specified, each subcomponent should be listed separately. Example: ...|@PID.5.1^SMITH~@PV1.3.2^389~...
SearchConfidenceThreshold		NM	Indicates the minimum match confidence for candidates to be returned for the query. The value instructs the queried system to return no records (PID segments) for persons whose "match weight" on the lookup was lower than the user-defined value. Example: |80|
AlgorithmName		ST	Identifies the specific algorithm the queried system should use. Example: |MATCHWARE|
AlgorithmVersion		ST	Identifies the specific algorithm version the queried system should use. Example: |1.2|
AlgorithmDescription		ST	Description of the algorithm the queried system should use.
WhatDomainsReturned		CX	Components: <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ < assigning authority (HD)> ^ <identifier type code (IS)> ^ < assigning facility (HD)> This parameter restricts the set of domains for which identifiers are returned in PID-3. If this is not specified, then identifiers for all known domains shall be returned. It does not restrict the search for persons. Example: ...|^^^METRO HOSPITAL~^^^SOUTH LAB|...
WhatDomainsReturned	Assigning Authority		Only the following components should be valued. PID.3.4 must be valued.
WhatDomainsReturned	Identifier type code		

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Following is an example of a Q25/K25 query/response pair of messages. First is the query:

```
MSH|^&~\|CLINREG|WESTCLIN|HOSP|HOSP|199912121135-  
0600||QBP^Q25^QBP_Q21|8702|D|2.6  
QPD|Q25^Find Candidates Including Visit  
Information^HL70471|111069|@PID.5.1^SMITH~@PV1.3.2^389  
|80|MATCHWARE|1.2||^METRO HOSPITAL  
RCP||I|20^RD
```

This query is asking for a list of persons matching the name SMITH who are recorded as being in Room 389. Candidates with a match level above 80 using the algorithm Matchware version 1.2 should be returned. The returned records should include identifiers for assigning authority METRO HOSPITAL. The RCP segment specifies that the number of matches should be limited to 20. Here is a sample response:

```
MSH|^&~\|HOSP|HOSP|CLINREG|WESTCLIN|200412121135-  
0600||RSP^K25^RSP_K25|H352357509|D|2.6  
MSA|AA|8702  
QAK|111069|OK|Q25^Find Candidates Including Visit Information^HL70471|1  
QPD|Q25^Find Candidates Including Visit  
Information^HL70471|111069|@PID.5.1^SMITH~  
@PID.5.2^JOHN~@PID.8^M|80|MATCHWARE|1.2||^METRO HOSPITAL  
PID|||66785^^METRO HOSPITAL||Smith^John||19630423|M||C|N2378 South  
Street^^Madison^WI^53711  
PV1||I|W^389^1^METRO HOSPITAL^^^3|||12345^MORGAN^REX^J^^MD^0010^METRO  
HOSPITAL^L||67890^GRAINGER^LUCY^X^^MD^0010^METRO  
HOSPITAL^L|MED|||A0||13579^POTTER^SHERMAN^T^^MD^0010^METRO HOSPITAL^L  
QRI|95|MATCHWARE 1.2
```

One candidate was returned. Notice the 1 at the end of the QAK segment signifying the number of matches. The group of segments includes a PID, PV1, and QRI segment; the QRI segment gives a confidence factor for the candidate.

3.4 MESSAGE SEGMENTS

3.4.1 EVN - Event Type Segment

The EVN segment is used to communicate necessary trigger event information to receiving applications. Valid event types for all chapters are contained in [HL7 Table 0003 - Event Type](#).

HL7 Attribute Table - EVN – Event Type

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1				W			00099	Event Type Code
2			DTM	R			00100	Recorded Date/Time
3			DTM	O			00101	Date/Time Planned Event
4			CWE	O		0062	00102	Event Reason Code
5			XCN	O	Y	0188	00103	Operator ID
6			DTM	O			01278	Event Occurred
7			HD	O			01534	Event Facility

3.4.1.1 EVN-1 Event Type Code

Attention: The EVN-1 field was retained for backward compatibility only as of v2.5 and the detail was withdrawn and removed from the standard as of v2.7.

3.4.1.2 EVN-2 Recorded Date/Time (DTM) 00100

Definition: Most systems will default to the system date/time when the transaction was entered, but they should also permit an override.

3.4.1.3 EVN-3 Date/Time Planned Event (DTM) 00101

Definition: This field contains the date/time that the event is planned. We recommend that [PV2-8 - Expected Admit Date/Time](#), [PV2-9 - Expected Discharge Date/Time](#) or [PV2-47 - Expected LOA Return date/time](#) be used whenever possible.

3.4.1.4 EVN-4 Event Reason Code (CWE) 00102

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the reason for this event. Refer to [User-defined Table 0062 - Event Reason](#) in Chapter 2C, Code Tables, for suggested values.

3.4.1.5 EVN-5 Operator ID (XCN) 00103

Components: <Person Identifier (ST)> ^ <Family Name (FN)> ^ <Given Name (ST)> ^ <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^ <DEPRECATED-Source Table (CWE)> ^ <Assigning Authority (HD)> ^ <Name Type Code (ID)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent> ^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Professional Suffix (ST)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from Partner/Spouse (ST)>

Subcomponents for Source Table (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

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Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field identifies the individual responsible for triggering the event. Refer to [User-defined Table 0188 - Operator ID](#) in Chapter 2C, Code Tables, for suggested values.

3.4.1.6 EVN-6 Event Occurred (DTM) 01278

Definition: This field contains the date/time that the event actually occurred. For example, on a transfer (A02 transfer a patient), this field would contain the date/time the patient was actually transferred. On a cancellation event, this field should contain the date/time that the event being cancelled occurred.

3.4.1.7 EVN-7 Event Facility (HD) 01534

Components: <Namespace ID (IS)> ^ <Universal ID (ST)> ^ <Universal ID Type (ID)>

Definition: This field identifies the actual facility where the event occurred as differentiated from the sending facility (MSH-4). It would be the facility at which the Operator (EVN-5) has entered the event.

Use Case: System A is where the patient is originally registered. This registration message is sent to an MPI, System B. The MPI needs to broadcast the event of this update and would become the sending facility. This new field would allow for retention of knowledge of the originating facility where the event occurred. The MPI could be the assigning authority for the ID number as well which means that it is performing the function of assigning authority for the facility originating the event.

3.4.2 PID - Patient Identification Segment

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

It should be noted that from V2.4 onwards the demographics of animals can also be sent in the PID segment (see PID-35 to PID-38).

The assigning authority, the fourth component of the patient identifiers, is a HD data type that is uniquely associated with the assigning authority that originally assigned the number. A given institution, or group of intercommunicating institutions, should establish a list of assigning authorities that may be potential assignors of patient identification (and other important identification) numbers. The list will be one of the institution's master dictionary lists. Since third parties (other than the assignors of patient identification numbers) may send or receive HL7 messages containing patient identification numbers, the assigning authority in the patient identification numbers may not be the same as the sending and receiving systems identified in the MSH. The assigning authority must be unique across applications at a given site. This field is required in HL7 implementations that have more than a single Patient Administration application

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assigning such numbers. The assigning authority and identifier type codes are strongly recommended for all CX data types.

With HL7 V2.3, the nomenclature for the fourth component of the patient identifiers was changed from "assigning facility ID" to "assigning authority". While the identifier may be unique to a given healthcare facility (for example, a medical record assigned by facility A in Hospital XYZ), the identifier might also be assigned at a system level (for example a corporate person index or enterprise number spanning multiple facilities) or by a government entity, for example a nationally assigned unique individual identifier. While a facility is usually an assigning authority, not all assigning authorities are facilities. Therefore, the fourth component is referred to as an assigning authority, but retains backward compatibility using the construct of the HD data type (see the note in chapter 2). Additionally, CX data types support the use of assigning facility (HD) as the sixth component.

[In order to support "name to use" to indicate how to address the patient, when that does not match their legal name, include an occurrence of Patient Name \(PID-5\), where the nametype code \(PID-5.7\) is valued 'N'.](#)

HL7 Attribute Table - PID - Patient Identification

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	1..4		SI	O			00104	Set ID - PID
2				W			00105	Patient ID
3			CX	R	Y		00106	Patient Identifier List
4				W			00107	Alternate Patient ID - PID
5			XPN	R	Y	0200	00108	Patient Name
6			XPN	O	Y		00109	Mother's Maiden Name
7			DTM	O			00110	Date/Time of Birth
8			CWE	O		0001	00111	Administrative Sex
9				W			00112	Patient Alias
10			CWE	O	Y	0005	00113	Race
11			XAD	O	Y		00114	Patient Address
12				W			00115	County Code
13			XTN	W	Y		00116	Phone Number - Home
14			XTN	W	Y		00117	Phone Number - Business
15			CWE	O		0296	00118	Primary Language
16			CWE	O		0002	00119	Marital Status
17			CWE	O		0006	00120	Religion
18			CX	O		0061	00121	Patient Account Number
19				W			00122	SSN Number - Patient
20				W			00123	Driver's License Number - Patient
21			CX	O	Y	0061	00124	Mother's Identifier
22			CWE	O	Y	0189	00125	Ethnic Group
23		250#	ST	O			00126	Birth Place
24	1..1		ID	O		0136	00127	Multiple Birth Indicator
25		2=	NM	O			00128	Birth Order
26			CWE	O	Y	0171	00129	Citizenship
27			CWE	O		0172	00130	Veterans Military Status
28				W			00739	Nationality
29			DTM	O			00740	Patient Death Date and Time
30	1..1		ID	O		0136	00741	Patient Death Indicator
31	1..1		ID	O		0136	01535	Identity Unknown Indicator
32			CWE	O	Y	0445	01536	Identity Reliability Code
33			DTM	O			01537	Last Update Date/Time

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SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
34			HD	O			01538	Last Update Facility
35			CWE	O			01539	Taxonomic Classification Code
36			CWE	B		0447	01540	Breed Code
37		80=	ST	O			01541	Strain
38			CWE	O	2	0429	01542	Production Class Code
39			CWE	O	Y	0171	01840	Tribal Citizenship
40			XTN	O	Y		02289	Patient Telecommunication Information

3.4.2.1 PID-1 Set ID - PID (SI) 00104

Definition: This field contains the number that identifies this transaction. For the first occurrence of the segment, the sequence number shall be one, for the second occurrence, the sequence number shall be two, etc.

3.4.2.2 PID-2 Patient ID 00105

Attention: The PID-2 field was retained for backward compatibility only as of v2.3.1 and was withdrawn and removed from this message structure as of v2.7. It is recommended to use [PID-3 - Patient Identifier List](#) for all patient identifiers.

3.4.2.3 PID-3 Patient Identifier List (CX) 00106

Components: <ID Number (ST)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Effective Date (DT)> ^ <Expiration Date (DT)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the list of identifiers (one or more) used by the healthcare facility to uniquely identify a patient (e.g., medical record number, billing number, birth registry, national unique individual identifier, etc.). In Canada, the Canadian Provincial Healthcare Number should be sent in this field. The arbitrary term of "internal ID" has been removed from the name of this field for clarity.

3.4.2.4 PID-4 Alternate Patient ID - PID 00107

Attention: The PID-4 field was retained for backward compatibility only as of v2.3.1 and was withdrawn and removed from this message structure as of v2.7. It is recommended to use [PID-3 - Patient Identifier List](#) for all patient identifiers.

3.4.2.5 PID-5 Patient Name (XPN) 00108

Components: <Family Name (FN)> ^ <Given Name (ST)> ^ <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^ <Name Type Code (ID)> ^ <Name Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent> ^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Professional Suffix (ST)> ^ <Called By (ST)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from Partner/Spouse (ST)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains one or more of the names of the patient. The XPN.7 Name Type Code, and not the order, conveys how the name should be interpreted. As of v2.7, Name Type Code is Required. Refer to [HL7 Table 0200 - Name Type](#) in Chapter 2C, Code Tables, for valid values. Specification of meaning based on sequence is deprecated.

In addition to allowing repetition of this field for transmitting multiple names with different Name Type Codes, repetition also allows for representing the same name in different character sets based on the value in XPN.8 Name Representation Code.

Multiple given names and/or initials are separated by spaces.

For animals, if a Name Type of "R" is used, use "Name Context" to identify the authority with which the animal's name is registered.

3.4.2.6 PID-6 Mother's Maiden Name (XPN) 00109

Components: <Family Name (FN)> ^ <Given Name (ST)> ^ <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^ <Name Type Code (ID)> ^ <Name Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent> ^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Professional Suffix (ST)> ^ <Called By (ST)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from Partner/Spouse (ST)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

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Definition: This field contains the family name under which the mother was born (i.e., before marriage). It is used to distinguish between patients with the same last name.

3.4.2.7 PID-7 Date/Time of Birth (DTM) 00110

Definition: This field contains the patient's date and time of birth.

3.4.2.8 PID-8 Administrative Sex (CWE) 00111

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the patient's sex. Refer to [User-defined Table 0001 - Administrative Sex](#) in Chapter 2C, Code Tables, for suggested values.

3.4.2.9 PID-9 Patient Alias 00112

Attention: The PID-9 field was retained for backward compatibility only as of v2.4 and was withdrawn and removed from this message structure as of v2.7. It is recommended to use [PID-5 - Patient Name](#) for all patient names.

3.4.2.10 PID-10 Race (CWE) 00113

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field refers to the patient's race. Refer to [User-defined Table 0005 - Race](#) in Chapter 2C, Code Tables, for suggested values. The second triplet of the CWE data type for race (alternate identifier, alternate text, and name of alternate coding system) is reserved for governmentally assigned codes.

3.4.2.11 PID-11 Patient Address (XAD) 00114

Components: <Street Address (SAD)> ^ <Other Designation (ST)> ^ <City (ST)> ^ <State or Province (ST)> ^ <Zip or Postal Code (ST)> ^ <Country (ID)> ^ <Address Type (ID)> ^ <Other Geographic Designation (ST)> ^ <County/Parish Code (CWE)> ^ <Census Tract (CWE)> ^ <Address Representation Code (ID)> ^ <WITHDRAWN Constituent> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Expiration Reason (CWE)> ^ <Temporary Indicator (ID)> ^ <Bad Address Indicator (ID)> ^ <Address Usage (ID)> ^ <Addressee (ST)> ^ <Comment (ST)> ^ <Preference Order (NM)> ^ <Protection Code (CWE)> ^ <Address Identifier (EI)>

Subcomponents for Street Address (SAD): <Street or Mailing Address (ST)> & <Street Name (ST)> & <Dwelling Number (ST)>

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Subcomponents for County/Parish Code (CWE): <Identifier (ST)> <Text (ST)> <Name of Coding System (ID)> <Alternate Identifier (ST)> <Alternate Text (ST)> <Name of Alternate Coding System (ID)> <Coding System Version ID (ST)> <Alternate Coding System Version ID (ST)> <Original Text (ST)> <Second Alternate Identifier (ST)> <Second Alternate Text (ST)> <Name of Second Alternate Coding System (ID)> <Second Alternate Coding System Version ID (ST)> <Coding System OID (ST)> <Value Set OID (ST)> <Value Set Version ID (DTM)> <Alternate Coding System OID (ST)> <Alternate Value Set OID (ST)> <Alternate Value Set Version ID (DTM)> <Second Alternate Coding System OID (ST)> <Second Alternate Value Set OID (ST)> <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Census Tract (CWE): <Identifier (ST)> <Text (ST)> <Name of Coding System (ID)> <Alternate Identifier (ST)> <Alternate Text (ST)> <Name of Alternate Coding System (ID)> <Coding System Version ID (ST)> <Alternate Coding System Version ID (ST)> <Original Text (ST)> <Second Alternate Identifier (ST)> <Second Alternate Text (ST)> <Name of Second Alternate Coding System (ID)> <Second Alternate Coding System Version ID (ST)> <Coding System OID (ST)> <Value Set OID (ST)> <Value Set Version ID (DTM)> <Alternate Coding System OID (ST)> <Alternate Value Set OID (ST)> <Alternate Value Set Version ID (DTM)> <Second Alternate Coding System OID (ST)> <Second Alternate Value Set OID (ST)> <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Expiration Reason (CWE): <Identifier (ST)> <Text (ST)> <Name of Coding System (ID)> <Alternate Identifier (ST)> <Alternate Text (ST)> <Name of Alternate Coding System (ID)> <Coding System Version ID (ST)> <Alternate Coding System Version ID (ST)> <Original Text (ST)> <Second Alternate Identifier (ST)> <Second Alternate Text (ST)> <Name of Second Alternate Coding System (ID)> <Second Alternate Coding System Version ID (ST)> <Coding System OID (ST)> <Value Set OID (ST)> <Value Set Version ID (DTM)> <Alternate Coding System OID (ST)> <Alternate Value Set OID (ST)> <Alternate Value Set Version ID (DTM)> <Second Alternate Coding System OID (ST)> <Second Alternate Value Set OID (ST)> <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Protection Code (CWE): <Identifier (ST)> <Text (ST)> <Name of Coding System (ID)> <Alternate Identifier (ST)> <Alternate Text (ST)> <Name of Alternate Coding System (ID)> <Coding System Version ID (ST)> <Alternate Coding System Version ID (ST)> <Original Text (ST)> <Second Alternate Identifier (ST)> <Second Alternate Text (ST)> <Name of Second Alternate Coding System (ID)> <Second Alternate Coding System Version ID (ST)> <Coding System OID (ST)> <Value Set OID (ST)> <Value Set Version ID (DTM)> <Alternate Coding System OID (ST)> <Alternate Value Set OID (ST)> <Alternate Value Set Version ID (DTM)> <Second Alternate Coding System OID (ST)> <Second Alternate Value Set OID (ST)> <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Address Identifier (EI): <Entity Identifier (ST)> <Namespace ID (IS)> <Universal ID (ST)> <Universal ID Type (ID)>

Definition: This field contains the address of the patient. Multiple addresses for the same person may be sent. As of v2.7 the "primary mailing address" constraint as the first sequence has been removed...

3.4.2.12 PID-12 County Code 00115

Attention: The PID-12 field was retained for backward compatibility only as of v2.3 and was withdrawn and removed from this message structure as of v2.7. The county can now be supported in the county/parish code component of the XAD data type ([PID-11 - Patient Address](#)).

3.4.2.13 PID-13 Phone Number - Home (XTN) 00116

Components: <WITHDRAWN Constituent> ^ <Telecommunication Use Code (ID)> ^ <Telecommunication Equipment Type (ID)> ^ <Communication Address (ST)> ^ <Country Code (SNM)> ^ <Area/City Code (SNM)> ^ <Local Number (SNM)> ^ <Extension (SNM)> ^ <Any Text (ST)> ^ <Extension Prefix (ST)> ^ <Speed Dial Code (ST)> ^ <Unformatted Telephone number (ST)> ^ <Effective Start Date (DTM)> ^ <Expiration Date (DTM)> ^ <Expiration Reason (CWE)> ^ <Protection Code (CWE)> ^ <Shared Telecommunication Identifier (EI)> ^ <Preference Order (NM)>

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Subcomponents for Expiration Reason (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Protection Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Shared Telecommunication Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Attention: The PID13 field has been retained for backward compatibility as of v 2.7 and withdrawn as of v 2.9. The reader is referred to section [3.4.2.40, PID-40 – Patient Telecommunication Information](#) instead, which replaces [PID-13 – Phone Number - Home](#) with the intention that the components of the XTN data type be used to identify phone usage (Telecommunication use code) and type of equipment (telecommunication equipment type).

This field contains the patient's personal phone numbers. All personal phone numbers for the patient are sent in the following sequence. The first sequence is considered the primary number (for backward compatibility). If the primary number is not sent, then a repeat delimiter is sent in the first sequence. Refer to [HL7 Table 0201 - Telecommunication Use Code](#) and [HL7 Table 0202 - Telecommunication Equipment Type](#) in Chapter 2C, Code Tables, for valid values.

3.4.2.14 PID-14 Phone Number - Business (XTN) 00117

Components: <WITHDRAWN Constituent> ^ <Telecommunication Use Code (ID)> ^ <Telecommunication Equipment Type (ID)> ^ <Communication Address (ST)> ^ <Country Code (SNM)> ^ <Area/City Code (SNM)> ^ <Local Number (SNM)> ^ <Extension (SNM)> ^ <Any Text (ST)> ^ <Extension Prefix (ST)> ^ <Speed Dial Code (ST)> ^ <Unformatted Telephone number (ST)> ^ <Effective Start Date (DTM)> ^ <Expiration Date (DTM)> ^ <Expiration Reason (CWE)> ^ <Protection Code (CWE)> ^ <Shared Telecommunication Identifier (EI)> ^ <Preference Order (NM)>

Subcomponents for Expiration Reason (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Protection Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Shared Telecommunication Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Attention: The PID-14 field has been retained for backward compatibility only as of v2.7 and withdrawn as of v 2.9.. The reader is referred to section [3.4.2.40, PID-40 – Patient Telecommunication Information](#) instead, which replaces [PID-14 – Phone Number - Business](#) with the intention that the components of the XTN data type be used to identify phone usage (Telecommunication use code) and type of equipment (telecommunication equipment type).

This field contains the patient's business telephone numbers. All business numbers for the patient are sent in the following sequence. The first sequence is considered the patient's primary business phone number (for backward compatibility). If the primary business phone number is not sent, then a repeat delimiter must be sent in the first sequence. Refer to [HL7 Table 0201 - Telecommunication Use Code](#) and [HL7 Table 0202 - Telecommunication Equipment Type](#) in Chapter 2C, Code Tables, for valid values.

3.4.2.15 PID-15 Primary Language (CWE) 00118

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the patient's primary language. HL7 recommends using ISO table 639 as the suggested values in [User-defined Table 0296 - Primary Language](#) within Chapter 2C, Code Tables.

3.4.2.16 PID-16 Marital Status (CWE) 00119

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the patient's marital (civil) status. Refer to [User-defined Table 0002 - Marital Status](#) in Chapter 2C, Code Tables, for suggested values.

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3.4.2.17 PID-17 Religion (CWE) 00120

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
<Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
(ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
Alternate Value Set Version ID (DTM)>

Definition: This field contains the patient's religion. Refer to [User-defined Table 0006 - Religion](#) in Chapter 2C, Code Tables, for suggested values.

3.4.2.18 PID-18 Patient Account Number (CX) 00121

Components: <ID Number (ST)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme
(ID)> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^
<Assigning Facility (HD)> ^ <Effective Date (DT)> ^ <Expiration Date (DT)>
^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)>
^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)>
& <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)>
& <Universal ID Type (ID)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> &
<Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate
Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System
Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original
Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text
(ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate
Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID
(ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)>
& <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)>
& <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set
OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text
(ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> &
<Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding
System Version ID (ST)> & <Alternate Coding System Version ID (ST)> &
<Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second
Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> &
<Second Alternate Coding System Version ID (ST)> & <Coding System OID
(ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate
Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate
Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> &
<Second Alternate Value Set OID (ST)> & <Second Alternate Value Set
Version ID (DTM)>

Definition: This field contains the patient account number assigned by accounting to which all charges, payments, etc., are recorded. It is used to identify the patient's account. Refer to [HL7 Table 0061 - Check Digit Scheme](#) in Chapter 2C, Code Tables, for valid values.

3.4.2.19 PID-19 SSN Number - Patient 00122

Attention: The PID-19 field was retained for backward compatibility only as of v 2.3.1 and was withdrawn and removed from this message structure as of v 2.7. It is recommended to use [PID-3 - Patient Identifier List](#) for all patient identifiers.

3.4.2.20 PID-20 Driver's License Number - Patient 00123

Attention: The PID-20 field was retained for backward compatibility only as of v 2.5 and was withdrawn and removed from this message structure as of v 2.7. It is recommended to use [PID-3 - Patient Identifier List](#) for all patient identifiers.

3.4.2.21 PID-21 Mother's Identifier (CX) 00124

Components: <ID Number (ST)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Effective Date (DT)> ^ <Expiration Date (DT)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field is used, for example, as a link field for newborns. Typically a patient ID or account number may be used. This field can contain multiple identifiers for the same mother. Refer to [HL7 Table 0061 - Check Digit Scheme](#) in Chapter 2C, Code Tables, for valid values.

3.4.2.22 PID-22 Ethnic Group (CWE) 00125

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field further defines the patient's ancestry. Refer to [User-defined Table 0189 - Ethnic Group](#) in Chapter 2C, Code Tables, for suggested values. The second triplet of the CWE data type for ethnic group (alternate identifier, alternate text, and name of alternate coding system) is reserved for governmentally assigned codes. In the US, a current use is to report ethnicity in line with US federal standards for Hispanic origin.

3.4.2.23 PID-23 Birth Place (ST) 00126

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

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3.4.2.24 PID-24 Multiple Birth Indicator (ID) 00127

Definition: This field indicates whether the patient was part of a multiple birth. Refer to [HL7 Table 0136 - Yes/No Indicator](#) in Chapter 2C, Code Tables, for valid values.

Y the patient was part of a multiple birth

N the patient was a single birth

3.4.2.25 PID-25 Birth Order (NM) 00128

Definition: When a patient was part of a multiple birth, a value (number) indicating the patient's birth order is entered in this field.

3.4.2.26 PID-26 Citizenship (CWE) 00129

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

This field contains the information related to a person's country citizenship. For country citizenship HL7 recommends using ISO table 3166. For a local definition, [User-defined Table 0171 - Citizenship](#) in Chapter 2C, Code Tables, should be used.

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

In the Netherlands, this field is used for "Nationaliteit".

3.4.2.27 PID-27 Veterans Military Status (CWE) 00130

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the military status assigned to a veteran. Refer to [User-defined Table 0172 - Veterans Military Status](#) in Chapter 2C, Code Tables, for suggested values.

3.4.2.28 PID-28 Nationality 00739

Attention: The PID-28 field was retained for backward compatibility only as of v 2.4 and was withdrawn and removed from this message structure as of v 2.7. It is recommended to refer to [PID-10 - Race](#), [PID-22 - Ethnic group](#) and [PID-26 - Citizenship](#).

3.4.2.29 PID-29 Patient Death Date and Time (DTM) 00740

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

3.4.2.30 PID-30 Patient Death Indicator (ID) 00741

Definition: This field indicates whether the patient is deceased. Refer to [HL7 Table 0136 - Yes/No Indicator](#) in Chapter 2C, Code Tables, for valid values.

- Y the patient is deceased
 N the patient is not deceased

3.4.2.31 PID-31 Identity Unknown Indicator (ID) 01535

Definition: This field indicates whether or not the patient's/person's identity is known. Refer to [HL7 Table 0136 - Yes/No Indicator](#) in Chapter 2C, Code Tables, for valid values.

- Y the patient's/person's identity is unknown
 N the patient's/person's identity is known

3.4.2.32 PID-32 Identity Reliability Code (CWE) 01536

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
 <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
 Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
 System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
 Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
 Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
 (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
 Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
 Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
 Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
 Alternate Value Set Version ID (DTM)>

Definition: This field contains a coded value used to communicate information regarding the reliability of patient/person identifying data transmitted via a transaction. Values could indicate that certain fields on a PID segment for a given patient/person are known to be false (e.g., use of default or system-generated values for Date of Birth or Social Security Number). Refer to [User-defined Table 0445 - Identity Reliability Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.2.33 PID-33 Last Update Date/Time (DTM) 01537

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

3.4.2.34 PID-34 Last Update Facility (HD) 01538

Components: <Namespace ID (IS)> ^ <Universal ID (ST)> ^ <Universal ID Type (ID)>

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

...|GOOD HEALTH Hospital|...

3.4.2.35 PID-35 Taxonomic Classification Code (CWE) 01539

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
 <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
 Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
 System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
 Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
 Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
 (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
 Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
 Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
 Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
 Alternate Value Set Version ID (DTM)>

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Definition: A code representing the taxonomic classification (e.g. species and/or breed) of an organism. This may include the common or scientific name in the description component, based on the coding system(s) used. SNOMED-CT is the recommended coding system. If this field is not valued, a human is assumed. If the specificity of the coding system is insufficient to represent the organism to the degree desired, the most detailed coded value available may be used in this field and additional information sent in the text field, [PID-37 – Strain](#).

For example:

```
...|L-80700^Canine, NOS^SNM3|...  
...|L-80100^Bovine^SNM3|...  
...|L-80A00^Feline^SNM3|...
```

3.4.2.36 PID-36 Breed Code (CWE) 01540

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: From v 2.8 onward, this field has been retained for backward compatibility only. The specific breed of animal. This field, unlike Species and Strain is specific to animals and cannot be generally used for all living organisms. SNOMED is the recommended coding system. Refer to [User-defined Table 0447 - Breed Code](#) in Chapter 2C, Code Tables, for suggested values.

Conditionality Rule: This field must be valued if [PID-37 - Strain](#) is valued.

For example, (showing primary and alternative coding systems, using locally defined "American Kennel Club" nomenclature):

```
...|L-80733^ Staffordshire bull terrier^SNM3^^American Staffordshire  
Terrier^99AKC|...  
...|L-80900^Weimaraner^SNM3|...  
...|L-80439^Peruvian Paso Horse^SNM3|...
```

3.4.2.37 PID-37 Strain (ST) 01541

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

Example:

```
...|DeKalb|...  
...|Balb/c|...  
...|DXL|...
```

3.4.2.38 PID-38 Production Class Code (CWE) 01542

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the code and/or text indicating the primary use for which the living subject was bred or grown. Refer to [User-defined Table 0429 - Production Class Code](#) in Chapter 2C, Code Tables, for suggested values. For example:

```
...|DA^Dairy^L|...
...|MT^Meat^L|...
...|RA^Racing^L|...
```

3.4.2.39 PID-39 Tribal Citizenship (CWE) 01840

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

This field contains the information related to a person's tribal citizenship. For tribal citizenship, in the United States, HL7 recommends using the Bureau of Indian Affairs (BIA) Tribal Identity List. For a local definition, [User-defined Table 0171 - Citizenship](#) in Chapter 2C, Code Tables should be used.

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

3.4.2.40 PID-40 Patient Telecommunication Information (XTN) 02289

Components: <WITHDRAWN Constituent> ^ <Telecommunication Use Code (ID)> ^ <Telecommunication Equipment Type (ID)> ^ <Communication Address (ST)> ^ <Country Code (SNM)> ^ <Area/City Code (SNM)> ^ <Local Number (SNM)> ^ <Extension (SNM)> ^ <Any Text (ST)> ^ <Extension Prefix (ST)> ^ <Speed Dial Code (ST)> ^ <Unformatted Telephone number (ST)> ^ <Effective Start Date (DTM)> ^ <Expiration Date (DTM)> ^ <Expiration Reason (CWE)> ^ <Protection Code (CWE)> ^ <Shared Telecommunication Identifier (EI)> ^ <Preference Order (NM)>

Subcomponents for Expiration Reason (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Protection Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Shared Telecommunication Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Definition: This field contains the patient's personal telecommunication contact information. This field replaces [PID-13 – Phone Number - Home](#) and [PID-14 – Phone Number – Business](#) with the intention that

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the components of the XTN data type be used to identify phone usage (Telecommunication use code) and type of equipment (telecommunication equipment type). Jointly, these components will describe the nature of the telecommunication data contained in this field and removes the sequenced-based assumptions in PID-13 and PID-14.

3.4.3 PV1 - Patient Visit Segment

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

The facility ID, the optional fourth component of each patient location field, is a HD data type that is uniquely associated with the healthcare facility containing the location. A given institution, or group of intercommunicating institutions, should establish a list of facilities that may be potential assignors of patient locations. The list will be one of the institution's master dictionary lists. Since third parties other than the assignors of patient locations may send or receive HL7 messages containing patient locations, the facility ID in the patient location may not be the same as that implied by the sending and receiving systems identified in the MSH. The facility ID must be unique across facilities at a given site. This field is required for HL7 implementations that have more than a single healthcare facility with bed locations, since the same <point of care> ^ <room> ^ <bed> combination may exist at more than one facility.

HL7 Attribute Table - PV1 - Patient Visit

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	1..4		SI	O			00131	Set ID - PV1
2			CWE	R		0004	00132	Patient Class
3			PL	O			00133	Assigned Patient Location
4			CWE	O		0007	00134	Admission Type
5			CX	O			00135	Preadmit Number
6			PL	O			00136	Prior Patient Location
7			XCN	O	Y	0010	00137	Attending Doctor
8			XCN	O	Y	0010	00138	Referring Doctor
9			XCN	B	Y		00139	Consulting Doctor
10			CWE	O		0069	00140	Hospital Service
11			PL	O			00141	Temporary Location
12			CWE	O		0087	00142	Preadmit Test Indicator
13			CWE	O		0092	00143	Re-admission Indicator
14			CWE	O		0023	00144	Admit Source
15			CWE	O	Y	0009	00145	Ambulatory Status
16			CWE	O		0099	00146	VIP Indicator
17			XCN	O	Y	0010	00147	Admitting Doctor
18			CWE	O		0018	00148	Patient Type
19			CX	O			00149	Visit Number
20			FC	O	Y	0064	00150	Financial Class
21			CWE	O		0032	00151	Charge Price Indicator
22			CWE	O		0045	00152	Courtesy Code
23			CWE	O		0046	00153	Credit Rating
24			CWE	O	Y	0044	00154	Contract Code
25			DT	O	Y		00155	Contract Effective Date
26		12=	NM	O	Y		00156	Contract Amount
27		3=	NM	O	Y		00157	Contract Period

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SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
28			CWE	O		0073	00158	Interest Code
29			CWE	O		0110	00159	Transfer to Bad Debt Code
30			DT	O			00160	Transfer to Bad Debt Date
31			CWE	O		0021	00161	Bad Debt Agency Code
32		12=	NM	O			00162	Bad Debt Transfer Amount
33		12=	NM	O			00163	Bad Debt Recovery Amount
34			CWE	O		0111	00164	Delete Account Indicator
35			DT	O			00165	Delete Account Date
36			CWE	O		0112	00166	Discharge Disposition
37			DLD	O		0113	00167	Discharged to Location
38			CWE	O		0114	00168	Diet Type
39			CWE	O		0115	00169	Servicing Facility
40				W			00170	Bed Status
41			CWE	O		0117	00171	Account Status
42			PL	O			00172	Pending Location
43			PL	O			00173	Prior Temporary Location
44			DTM	O			00174	Admit Date/Time
45			DTM	O			00175	Discharge Date/Time
46		12=	NM	O			00176	Current Patient Balance
47		12=	NM	O			00177	Total Charges
48		12=	NM	O			00178	Total Adjustments
49		12=	NM	O			00179	Total Payments
50			CX	O	Y	0203	00180	Alternate Visit ID
51			CWE	O		0326	01226	Visit Indicator
52				W			01274	Other Healthcare Provider
53		50#	ST	O			02290	Service Episode Description
54			CX	O			02291	Service Episode Identifier

3.4.3.1 PV1-1 Set ID - PV1 (SI) 00131

Definition: This field contains the number that identifies this transaction. For the first occurrence of the segment, the sequence number shall be one, for the second occurrence, the sequence number shall be two, etc.

3.4.3.2 PV1-2 Patient Class (CWE) 00132

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field is used by systems to categorize patients by site. It does not have a consistent industry-wide definition. It is subject to site-specific variations. Refer to [User-defined Table 0004 - Patient Class](#) in Chapter 2C, Code Tables, for suggested values.

"Commercial Account" is used by reference labs for specimen processing when the service is billed back to a third party. A registration is processed for the specimen to facilitate the subsequent billing. The identity of the patient may be known or unknown. In either case, for billing and statistical purposes, the patient class is considered a commercial account due to the third party billing responsibility.

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"Not Applicable" is used only in cases where the PV1 segment itself is not applicable but is retained in the message definitions for backwards compatibility (for example when a managed care system sends A28, A29, or A31 messages to indicate the enrolment of a patient in the system and there is no scheduled "visit" or "encounter" and hence the entire PV1 segment is not applicable).

3.4.3.3 PV1-3 Assigned Patient Location (PL) 00133

Components: <Point of Care (HD)> ^ <Room (HD)> ^ <Bed (HD)> ^ <Facility (HD)> ^ <Location Status (IS)> ^ <Person Location Type (IS)> ^ <Building (HD)> ^ <Floor (HD)> ^ <Location Description (ST)> ^ <Comprehensive Location Identifier (EI)> ^ <Assigning Authority for Location (HD)>

Subcomponents for Point of Care (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Room (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Bed (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Building (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Floor (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Comprehensive Location Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Authority for Location (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

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

3.4.3.4 PV1-4 Admission Type (CWE) 00134

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates the circumstances under which the patient was or will be admitted. Refer to [User-defined Table 0007 - Admission Type](#) in Chapter 2C, Code Tables, for suggested values. In the US, entities required to be compliant with the US Healthcare Information Technology Standards Panel (HITSP) are required to use the Official Universal Billing (UB) 04 2008 numeric codes found on form locator 14. Refer to External Table UB04FL14 for valid values.

For example:

Non-US |E^Emergency^HL70007|

US: |1^Emergency^UB04FL14^^^2008, v 2.0|

To report that information is not available:

Non-US: [NI^No Information^HL70532]

US: [9^Information not available^ UB04FL14^2008, v 2.0]

3.4.3.5 PV1-5 Preadmit Number (CX) 00135

Components: <ID Number (ST)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Effective Date (DT)> ^ <Expiration Date (DT)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

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

3.4.3.6 PV1-6 Prior Patient Location (PL) 00136

Components: <Point of Care (HD)> ^ <Room (HD)> ^ <Bed (HD)> ^ <Facility (HD)> ^ <Location Status (IS)> ^ <Person Location Type (IS)> ^ <Building (HD)> ^ <Floor (HD)> ^ <Location Description (ST)> ^ <Comprehensive Location Identifier (EI)> ^ <Assigning Authority for Location (HD)>

Subcomponents for Point of Care (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Room (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Bed (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

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Subcomponents for Building (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Floor (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Comprehensive Location Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Authority for Location (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

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

3.4.3.7 PV1-7 Attending Doctor (XCN) 00137

Components: <Person Identifier (ST)> ^ <Family Name (FN)> ^ <Given Name (ST)> ^ <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^ <DEPRECATED-Source Table (CWE)> ^ <Assigning Authority (HD)> ^ <Name Type Code (ID)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent> ^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Professional Suffix (ST)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from Partner/Spouse (ST)>

Subcomponents for Source Table (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the attending physician information. Multiple names and identifiers for the same physician may be sent. The field sequences are not used to indicate multiple attending doctors. As of v2.7, if *XCN.1 ID Number* is populated, then the *XCN.13 Identifier Type Code* and the *XCN.9 Assigning Authority* or *XCN.22 Assigning Jurisdiction* or *XCN.23 Assigning Agency or Department* are required. If *XCN.2 Family Name* is populated, then the *XCN.10 Name Type Code* is required. No assumptions can be safely made based on position or sequence. Specification of meaning based on sequence is deprecated. Depending on local agreements, either ID or the name may be absent in this field. Refer to *User-defined Table 0010 - Physician ID* in Chapter 2C, Code Tables, for suggested values.

3.4.3.8 PV1-8 Referring Doctor (XCN) 00138

Components: <Person Identifier (ST)> ^ <Family Name (FN)> ^ <Given Name (ST)> ^ <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^ <DEPRECATED-Source Table (CWE)> ^ <Assigning Authority (HD)> ^ <Name Type Code (ID)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent> ^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Professional Suffix (ST)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from Partner/Spouse (ST)>

Subcomponents for Source Table (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

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Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the referring physician information. Multiple names and identifiers for the same physician may be sent. The field sequences are not used to indicate multiple referring doctors. As of v 2.7 if *XCN.1 ID Number* is populated, then the *XCN.13 Identifier Type Code* and the *XCN.9 Assigning Authority* or *XCN.22 Assigning Jurisdiction* or *XCN.23 Assigning Agency or Department* are required. If *XCN.2 Family Name* is populated, then the *XCN.10 Name Type Code* is required. No assumptions can be safely made based on position or sequence. Specification of meaning based on sequence is deprecated. Depending on local agreements, either the ID or the name may be absent from this field. Refer to *User-defined Table 0010 - Physician ID* in Chapter 2C, Code Tables, for suggested values.

3.4.3.9 PV1-9 Consulting Doctor (XCN) 00139

Components: <Person Identifier (ST)> ^ <Family Name (FN)> ^ <Given Name (ST)> ^ <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^ <DEPRECATED-Source Table (CWE)> ^ <Assigning Authority (HD)> ^ <Name Type Code (ID)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent> ^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Professional Suffix (ST)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from Partner/Spouse (ST)>

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Subcomponents for Source Table (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

From V2.4 onward, this field has been retained for backward compatibility only. It is recommended to use the PRT - Participation segment for consulting physicians instead.

3.4.3.10 PV1-10 Hospital Service (CWE) 00140

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

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Definition: This field contains the treatment or type of surgery that the patient is scheduled to receive. It is a required field with trigger events A01 (admit/visit notification), A02 (transfer a patient), A14 (pending admit), A15 (pending transfer). Refer to [User-defined Table 0069 - Hospital Service](#) in Chapter 2C, Code Tables, for suggested values.

3.4.3.11 PV1-11 Temporary Location (PL) 00141

Components: <Point of Care (HD)> ^ <Room (HD)> ^ <Bed (HD)> ^ <Facility (HD)> ^ <Location Status (IS)> ^ <Person Location Type (IS)> ^ <Building (HD)> ^ <Floor (HD)> ^ <Location Description (ST)> ^ <Comprehensive Location Identifier (EI)> ^ <Assigning Authority for Location (HD)>

Subcomponents for Point of Care (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Room (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Bed (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Building (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Floor (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Comprehensive Location Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Authority for Location (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

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

3.4.3.12 PV1-12 Preadmit Test Indicator (CWE) 00142

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates whether the patient must have pre-admission testing done in order to be admitted. Refer to [User-defined Table 0087 - Pre-Admit Test Indicator](#) in Chapter 2C, Code Tables, for suggested values.

3.4.3.13 PV1-13 Re-Admission Indicator (CWE) 00143

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates that a patient is being re-admitted to the healthcare facility and gives the circumstances. We suggest using "R" for readmission or else null. Refer to [User-defined Table 0092 - Re-Admission Indicator](#) in Chapter 2C, Code Tables, for suggested values.

3.4.3.14 PV1-14 Admit Source (CWE) 00144

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates from where the patient was admitted. Refer to [User-defined Table 0023 - Admit Source](#) in Chapter 2C, Code Tables, for suggested values. In the US, this field should use the Official Uniform Billing (UB) 04 2008 numeric codes found on form locator 15. Refer to [External Table UB04FL15 Source of Origin](#) for valid values. The UB has redefined the Admission Source as the Point of Origin for Admission or Visit. The new UB definition is the code indicating the Point of Origin for this Admission or Visit

For Example:

US: |1^Physician Referral^UB04FL15^^^^2008, v 2.0|

To report that information is not available:

US: |9^Information not available^ UB04FL15^^^^2008, v 2.0|

3.4.3.15 PV1-15 Ambulatory Status (CWE) 00145

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates any permanent or transient handicapped conditions. Refer to [User-defined Table 0009 - Ambulatory Status](#) in Chapter 2C, Code Tables, for suggested entries.

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3.4.3.16 PV1-16 VIP Indicator (CWE) 00146

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
<Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
(ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
Alternate Value Set Version ID (DTM)>

Definition: This field identifies the type of VIP. Refer to [User-defined Table 0099 - VIP Indicator](#) in Chapter 2C, Code Tables, for suggested values.

3.4.3.17 PV1-17 Admitting Doctor (XCN) 00147

Components: <Person Identifier (ST)> ^ <Family Name (FN)> ^ <Given Name (ST)> ^
<Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g.,
JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^
<DEPRECATED-Source Table (CWE)> ^ <Assigning Authority (HD)> ^ <Name Type
Code (ID)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^
<Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name
Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent>
^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date
(DTM)> ^ <Professional Suffix (ST)> ^ <Assigning Jurisdiction (CWE)> ^
<Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^
<Security Check Scheme (ID)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own
Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from
Partner/Spouse (ST)>

Subcomponents for Source Table (CWE): <Identifier (ST)> & <Text (ST)> & <Name of
Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)>
& <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)>
& <Alternate Coding System Version ID (ST)> & <Original Text (ST)> &
<Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name
of Second Alternate Coding System (ID)> & <Second Alternate Coding System
Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> &
<Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> &
<Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> &
<Second Alternate Coding System OID (ST)> & <Second Alternate Value Set
OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)>
& <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)>
& <Universal ID Type (ID)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of
Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)>
& <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)>
& <Alternate Coding System Version ID (ST)> & <Original Text (ST)> &
<Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name
of Second Alternate Coding System (ID)> & <Second Alternate Coding System
Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> &
<Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> &
<Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> &
<Second Alternate Coding System OID (ST)> & <Second Alternate Value Set
OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the admitting physician information. Multiple names and identifiers for the same physician may be sent. The field sequences are not used to indicate multiple admitting doctors. As of v2.7 if *XCN.1 ID Number* is populated, then the *XCN.13 Identifier Type Code* and the *XCN.9 Assigning Authority* or *XCN.22 Assigning Jurisdiction* or *XCN.23 Assigning Agency or Department* are required. If *XCN.2 Family Name* is populated, then the *XCN.10 Name Type Code* is required. No assumptions can be safely made based on position or sequence. Specification of meaning based on sequence is deprecated. By local agreement, the name or ID may be absent in this field. Refer to *User-defined Table 0010 - Physician ID* in Chapter 2C, Code Tables, for suggested values.

3.4.3.18 PV1-18 Patient Type (CWE) 00148

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains site-specific values that identify the patient type. Refer to *User-defined Table 0018 - Patient Type* in Chapter 2C, Code Tables, for suggested values.

3.4.3.19 PV1-19 Visit Number (CX) 00149

Components: <ID Number (ST)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Effective Date (DT)> ^ <Expiration Date (DT)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

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Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: For backward compatibility, a NM data type may be sent, but HL7 recommends that new implementations use the CX data type. This field contains the unique number assigned to each patient visit. The assigning authority and identifier type code are strongly recommended for all CX data types.

3.4.3.20 PV1-20 Financial Class (FC) 00150

Components: <Financial Class Code (CWE)> ^ <Effective Date (DTM)>

Subcomponents for Financial Class Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the financial class(es) assigned to the patient for the purpose of identifying sources of reimbursement. Refer to [User-defined Table 0064 - Financial Class](#) in Chapter 2C, Code Tables, for suggested values.

3.4.3.21 PV1-21 Charge Price Indicator (CWE) 00151

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the code used to determine which price schedule is to be used for room and bed charges. Refer to [User-defined Table 0032 - Charge/Price Indicator](#) in Chapter 2C, Code Tables, for suggested values.

3.4.3.22 PV1-22 Courtesy Code (CWE) 00152

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
 <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
 Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
 System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
 Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
 Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
 (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
 Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
 Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
 Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
 Alternate Value Set Version ID (DTM)>

Definition: This field indicates whether the patient will be extended certain special courtesies. Refer to [User-defined Table 0045 - Courtesy Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.3.23 PV1-23 Credit Rating (CWE) 00153

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
 <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
 Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
 System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
 Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
 Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
 (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
 Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
 Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
 Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
 Alternate Value Set Version ID (DTM)>

Definition: This field contains the user-defined code to determine past credit experience. Refer to [User-defined Table 0046 - Credit Rating](#) in Chapter 2C, Code Tables, for suggested values.

3.4.3.24 PV1-24 Contract Code (CWE) 00154

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
 <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
 Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
 System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
 Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
 Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
 (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
 Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
 Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
 Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
 Alternate Value Set Version ID (DTM)>

Definition: This field identifies the type of contract entered into by the healthcare facility and the guarantor for the purpose of settling outstanding account balances. Refer to [User-defined Table 0044 - Contract Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.3.25 PV1-25 Contract Effective Date (DT) 00155

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

3.4.3.26 PV1-26 Contract Amount (NM) 00156

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

3.4.3.27 PV1-27 Contract Period (NM) 00157

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

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3.4.3.28 PV1-28 Interest Code (CWE) 00158

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates the amount of interest that will be charged the guarantor on any outstanding amounts. Refer to [User-defined Table 0073 - Interest Rate Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.3.29 PV1-29 Transfer to Bad Debt Code (CWE) 00159

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates that the account was transferred to bad debts and gives the reason. Refer to [User-defined Table 0110 - Transfer to Bad Debt Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.3.30 PV1-30 Transfer to Bad Debt Date (DT) 00160

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

3.4.3.31 PV1-31 Bad Debt Agency Code (CWE) 00161

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field can be used as a ST type for backward compatibility. This field uniquely identifies the bad debt agency to which the account was transferred. This code is site defined. One possible implementation would be to edit against a table such as [User-defined Table 0021 - Bad Debt Agency Code](#); in chapter 2C, however, this is not required.

3.4.3.32 PV1-32 Bad Debt Transfer Amount (NM) 00162

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

3.4.3.33 PV1-33 Bad Debt Recovery Amount (NM) 00163

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

3.4.3.34 PV1-34 Delete Account Indicator (CWE) 00164

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates that the account was deleted from the file and gives the reason. Refer to [User-defined Table 0111 - Delete Account Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.3.35 PV1-35 Delete Account Date (DT) 00165

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

3.4.3.36 PV1-36 Discharge Disposition (CWE) 00166

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the disposition of the patient at time of discharge (i.e., discharged to home, expired, etc.). Refer to [User-defined Table 0112 - Discharge Disposition](#) in Chapter 2C, Code Tables, for suggested values. In the US, this field should use the Official Uniform Billing (UB) 04 2008 numeric codes found on form locator 17. Refer to [External Table UB04FL17 Patient Discharge Status](#) for valid values.

Examples:

US: |01^ Discharged to home or self care (routine discharge)^UB04FL17^^^^2008, v 2.0|

Usage Note: NUBC does not supply a null value for this field.

3.4.3.37 PV1-37 Discharged to Location (DLD) 00167

Components: <Discharge to Location (CWE)> ^ <Effective Date (DTM)>

Subcomponents for Discharge to Location (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates the healthcare facility to which the patient was discharged and the date. Refer to [User-defined Table 0113 - Discharged to Location](#) in Chapter 2C, Code Tables, for suggested values.

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3.4.3.38 PV1-38 Diet Type (CWE) 00168

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates a special diet type for a patient. Refer to [User-defined Table 0114 - Diet Type](#) in Chapter 2C, Code Tables, for suggested values.

3.4.3.39 PV1-39 Servicing Facility (CWE) 00169

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field is used in a multiple facility environment, e.g., multiple campuses or buildings, to indicate the healthcare facility with which this visit is associated. Refer to [User-defined Table 0115 - Servicing Facility](#) in Chapter 2C, Code Tables, for suggested values.

An optional sixth component, the facility ID, may be valued in each individual location field in PV1, instead of placing it here.

3.4.3.40 PV1-40 Bed Status 00170

Definition: **The PV1-40 field was retained for backward compatibility only as of v 2.3, and the field withdrawn as of v 2.7.** The information is now held in the fifth component of the PL datatype in PV1-3.

3.4.3.41 PV1-41 Account Status (CWE) 00171

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the account status. Refer to [User-defined Table 0117 - Account Status](#) in Chapter 2C, Code Tables, for suggested values.

3.4.3.42 PV1-42 Pending Location (PL) 00172

Components: <Point of Care (HD)> ^ <Room (HD)> ^ <Bed (HD)> ^ <Facility (HD)> ^ <Location Status (IS)> ^ <Person Location Type (IS)> ^ <Building (HD)> ^ <Floor (HD)> ^ <Location Description (ST)> ^ <Comprehensive Location Identifier (EI)> ^ <Assigning Authority for Location (HD)>

Subcomponents for Point of Care (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Room (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Bed (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Building (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Floor (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Comprehensive Location Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Authority for Location (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

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

3.4.3.43 PV1-43 Prior Temporary Location (PL) 00173

Components: <Point of Care (HD)> ^ <Room (HD)> ^ <Bed (HD)> ^ <Facility (HD)> ^ <Location Status (IS)> ^ <Person Location Type (IS)> ^ <Building (HD)> ^ <Floor (HD)> ^ <Location Description (ST)> ^ <Comprehensive Location Identifier (EI)> ^ <Assigning Authority for Location (HD)>

Subcomponents for Point of Care (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Room (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Bed (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Building (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Floor (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Comprehensive Location Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Authority for Location (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Definition: This field is used to reflect the patient's temporary location (such as the operating room/theatre or x-ray) prior to a transfer from a temporary location to an actual location, or from a temporary location to another temporary location. The first component may be the nursing station for inpatient locations, or the clinic, department, or home for locations other than inpatient.

3.4.3.44 PV1-44 Admit Date/Time (DTM) 00174

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

3.4.3.45 PV1-45 Discharge Date/Time (DTM) 00175

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

3.4.3.46 PV1-46 Current Patient Balance (NM) 00176

Definition: This field contains the visit balance due.

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3.4.3.47 PV1-47 Total Charges (NM) 00177

Definition: This field contains the total visit charges.

3.4.3.48 PV1-48 Total Adjustments (NM) 00178

Definition: This field contains the total adjustments for visit.

3.4.3.49 PV1-49 Total Payments (NM) 00179

Definition: This field contains the total payments for visit.

3.4.3.50 PV1-50 Alternate Visit ID (CX) 00180

Components: <ID Number (ST)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Effective Date (DT)> ^ <Expiration Date (DT)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the alternative, temporary, or pending optional visit ID number to be used if needed. Multiple alternate identifiers may be sent. Refer to [HL7 Table 0061 - Check Digit Scheme](#) in Chapter 2C, Code Tables, for valid values. Refer to [HL7 Table 0203 - Identifier Type](#) in Chapter 2C, Code Tables, for valid values. The assigning authority and identifier type codes are strongly recommended for all CX data types.

3.4.3.51 PV1-51 Visit Indicator (CWE) 01226

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field specifies the level on which data are being sent. It is the indicator used to send data at two levels, visit and account. HL7 recommends sending an 'A' or no value when the data in the message are at the account level, or 'V' to indicate that the data sent in the message are at the visit level. Refer to [User-defined Table 0326 - Visit Indicator](#) in Chapter 2C, Code Tables, for suggested values.

The value of this element affects the context of data sent in PV1, PV2 and any associated hierarchical segments (e.g., DB1, AL1, DG1, etc.).

3.4.3.52 PV1-52 Other Healthcare Provider (XCN) 01274

Components: <Person Identifier (ST)> ^ <Family Name (FN)> ^ <Given Name (ST)> ^
 <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^
 <DEPRECATED-Source Table (CWE)> ^ <Assigning Authority (HD)> ^ <Name Type Code (ID)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^
 <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent> ^
 <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Professional Suffix (ST)> ^ <Assigning Jurisdiction (CWE)> ^
 <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^
 <Security Check Scheme (ID)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from Partner/Spouse (ST)>

Subcomponents for Source Table (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

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Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: The PV1-52 field was retained for backward compatibility only as of v 2.4 and withdrawn as of v 2.7. The reader is advised to use the PRT segment to communicate providers not specified elsewhere. Refer to Chapter 7 for the definition of the PRT segment.

3.4.3.53 PV1-53 Service Episode Description (ST) 02290

Definition: This field contains a brief user-defined description of a Service Episode in or for which the visit occurs. A Service Episode is the context in which the treatment or management of an arbitrary subset of a Patient's medical conditions occurs. The definition of the start time, stop time, and included events of a Service Episode is entirely arbitrary; it may include a single outpatient visit or a hospitalization, or extend over significant period of time, e.g., the duration of a pregnancy, or an oncology treatment regimen, or a cardiac episode from infarction through rehabilitation. A Service Episode may involve one or more Healthcare Organizations.

3.4.3.54 PV1-54 Service Episode Identifier (CX) 02291

Components: <ID Number (ST)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Effective Date (DT)> ^ <Expiration Date (DT)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the identifier of a Service Episode in or for which the visit occurs.

3.4.4 PV2 - Patient Visit - Additional Information Segment

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

HL7 Attribute Table - PV2 - Patient Visit - Additional Information

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1			PL	C			00181	Prior Pending Location
2			CWE	O		0129	00182	Accommodation Code
3			CWE	O			00183	Admit Reason
4			CWE	O			00184	Transfer Reason
5		25=	ST	O	Y		00185	Patient Valuables
6		25=	ST	O			00186	Patient Valuables Location
7			CWE	O	Y	0130	00187	Visit User Code
8			DTM	O			00188	Expected Admit Date/Time
9			DTM	O			00189	Expected Discharge Date/Time
10		3=	NM	O			00711	Estimated Length of Inpatient Stay
11		3=	NM	O			00712	Actual Length of Inpatient Stay
12		50#	ST	O			00713	Visit Description
13			XCN	O	Y		00714	Referral Source Code
14			DT	O			00715	Previous Service Date
15	1..1		ID	O		0136	00716	Employment Illness Related Indicator
16			CWE	O		0213	00717	Purge Status Code
17			DT	O			00718	Purge Status Date
18			CWE	O		0214	00719	Special Program Code
19	1..1		ID	O		0136	00720	Retention Indicator
20		1=	NM	O			00721	Expected Number of Insurance Plans
21			CWE	O		0215	00722	Visit Publicity Code
22	1..1		ID	B		0136	00723	Visit Protection Indicator
23			XON	O	Y		00724	Clinic Organization Name
24			CWE	O		0216	00725	Patient Status Code
25			CWE	O		0217	00726	Visit Priority Code
26			DT	O			00727	Previous Treatment Date
27			CWE	O		0112	00728	Expected Discharge Disposition
28			DT	O			00729	Signature on File Date
29			DT	O			00730	First Similar Illness Date
30			CWE	O		0218	00731	Patient Charge Adjustment Code
31			CWE	O		0219	00732	Recurring Service Code
32	1..1		ID	O		0136	00733	Billing Media Code
33			DTM	O			00734	Expected Surgery Date and Time
34	1..1		ID	O		0136	00735	Military Partnership Code
35	1..1		ID	O		0136	00736	Military Non-Availability Code
36	1..1		ID	O		0136	00737	Newborn Baby Indicator
37	1..1		ID	O		0136	00738	Baby Detained Indicator
38			CWE	O		0430	01543	Mode of Arrival Code
39			CWE	O	Y	0431	01544	Recreational Drug Use Code
40			CWE	O		0432	01545	Admission Level of Care Code
41			CWE	O	Y	0433	01546	Precaution Code
42			CWE	O		0434	01547	Patient Condition Code
43			CWE	O		0315	00759	Living Will Code

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SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
44			CWE	O		0316	00760	Organ Donor Code
45			CWE	C	Y	0435	01548	Advance Directive Code
46			DT	O			01549	Patient Status Effective Date
47			DTM	C			01550	Expected LOA Return Date/Time
48			DTM	O			01841	Expected Pre-admission Testing Date/Time
49			CWE	O	Y	0534	01842	Notify Clergy Code
50			DT	O			02141	Advance Directive Last Verified Date

3.4.4.1 PV2-1 Prior Pending Location (PL) 00181

Components: <Point of Care (HD)> ^ <Room (HD)> ^ <Bed (HD)> ^ <Facility (HD)> ^ <Location Status (IS)> ^ <Person Location Type (IS)> ^ <Building (HD)> ^ <Floor (HD)> ^ <Location Description (ST)> ^ <Comprehensive Location Identifier (EI)> ^ <Assigning Authority for Location (HD)>

Subcomponents for Point of Care (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Room (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Bed (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Building (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Floor (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Comprehensive Location Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Authority for Location (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

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

3.4.4.2 PV2-2 Accommodation Code (CWE) 00182

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates the specific patient accommodations for this visit. Refer to [User-defined Table 0129 - Accommodation Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.4.3 PV2-3 Admit Reason (CWE) 00183

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

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

3.4.4.4 PV2-4 Transfer Reason (CWE) 00184

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

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

3.4.4.5 PV2-5 Patient Valuables (ST) 00185

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

3.4.4.6 PV2-6 Patient Valuables Location (ST) 00186

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

3.4.4.7 PV2-7 Visit User Code (CWE) 00187

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field further categorizes a patient's visit with respect to an individual institution's needs, and is expected to be site-specific. Refer to [User-defined Table 0130 - Visit User Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.4.8 PV2-8 Expected Admit Date/Time (DTM) 00188

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

3.4.4.9 PV2-9 Expected Discharge Date/Time (DTM) 00189

Definition: This field contains the date and time that the patient is expected to be discharged. This is a non-event related date used by ancillaries to determine more accurately the projected workloads. This field is also used to reflect the anticipated discharge date/time of an outpatient/emergency patient, or an inpatient.

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3.4.4.10 PV2-10 Estimated Length of Inpatient Stay (NM) 00711

Definition: This field specifies the estimated days of inpatient stays.

3.4.4.11 PV2-11 Actual Length of Inpatient Stay (NM) 00712

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

3.4.4.12 PV2-12 Visit Description (ST) 00713

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

3.4.4.13 PV2-13 Referral Source Code (XCN) 00714

Components: <Person Identifier (ST)> ^ <Family Name (FN)> ^ <Given Name (ST)> ^
<Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g.,
JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^
<DEPRECATED-Source Table (CWE)> ^ <Assigning Authority (HD)> ^ <Name Type
Code (ID)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^
<Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name
Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent>
^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date
(DTM)> ^ <Professional Suffix (ST)> ^ <Assigning Jurisdiction (CWE)> ^
<Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^
<Security Check Scheme (ID)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own
Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from
Partner/Spouse (ST)>

Subcomponents for Source Table (CWE): <Identifier (ST)> & <Text (ST)> & <Name of
Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)>
& <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)>
& <Alternate Coding System Version ID (ST)> & <Original Text (ST)> &
<Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name
of Second Alternate Coding System (ID)> & <Second Alternate Coding System
Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> &
<Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> &
<Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> &
<Second Alternate Coding System OID (ST)> & <Second Alternate Value Set
OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)>
& <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)>
& <Universal ID Type (ID)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of
Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)>
& <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)>
& <Alternate Coding System Version ID (ST)> & <Original Text (ST)> &
<Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name
of Second Alternate Coding System (ID)> & <Second Alternate Coding System
Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> &
<Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> &
<Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> &
<Second Alternate Coding System OID (ST)> & <Second Alternate Value Set
OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> &
<Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate
Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System
Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original
Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text
(ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate
Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID
(ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)>
& <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)>
& <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set
OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

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

3.4.4.14 PV2-14 Previous Service Date (DT) 00715

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

3.4.4.15 PV2-15 Employment Illness Related Indicator (ID) 00716

Definition: This field specifies whether a patient's illness was job-related. Refer to [HL7 Table 0136 - Yes/No Indicator](#) in Chapter 2C, Code Tables, for valid values.

Y the patient's illness was job-related

N the patient's illness was not job-related

3.4.4.16 PV2-16 Purge Status Code (CWE) 00717

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the purge status code for the account. It is used by the application program to determine purge processing. Refer to [User-defined Table 0213 - Purge Status Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.4.17 PV2-17 Purge Status Date (DT) 00718

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

3.4.4.18 PV2-18 Special Program Code (CWE) 00719

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field designates the specific health insurance program for a visit required for healthcare reimbursement. Refer to [User-defined Table 0214 - Special Program Codes](#) in Chapter 2C, Code Tables, for suggested values.

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3.4.4.19 PV2-19 Retention Indicator (ID) 00720

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

- Y retain data
- N normal purge processing

3.4.4.20 PV2-20 Expected Number of Insurance Plans (NM) 00721

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

3.4.4.21 PV2-21 Visit Publicity Code (CWE) 00722

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains a user-defined code indicating what level of publicity is allowed for a specific visit. Refer to [User-defined Table 0215 - Publicity Code](#) in Chapter 2C, Code Tables, for suggested values. Refer to [PD1-11 - Publicity Code](#) for the patient level publicity code.

3.4.4.22 PV2-22 Visit Protection Indicator (ID) 00723

Definition: **From v 2.6 onward, this field has been retained for backwards compatibility only.** Use the ARV segment instead. This field identifies the person's protection that determines, in turn, whether access to information about this person should be kept from users who do not have adequate authority for a specific visit. Refer to [HL7 Table 0136 - Yes/No Indicator](#) in Chapter 2C, Code Tables, for valid values.

- Y protect access to patient information
- N normal access

Refer to [PD1-12 - Protection Indicator](#) for the patient level protection indicator.

3.4.4.23 PV2-23 Clinic Organization Name (XON) 00724

Components: <Organization Name (ST)> ^ <Organization Name Type Code (CWE)> ^ <WITHDRAWN Constituent> ^ <WITHDRAWN Constituent> ^ <WITHDRAWN Constituent> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^ <Organization Identifier (ST)>

Subcomponents for Organization Name Type Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

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

3.4.4.24 PV2-24 Patient Status Code (CWE) 00725

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates the status of the episode of care. Refer to [User-defined Table 0216 - Patient Status](#) in Chapter 2C, Code Tables, for suggested values.

3.4.4.25 PV2-25 Visit Priority Code (CWE) 00726

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the priority of the visit. Refer to [User-defined Table 0217 - Visit Priority Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.4.26 PV2-26 Previous Treatment Date (DT) 00727

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

3.4.4.27 PV2-27 Expected Discharge Disposition (CWE) 00728

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field describes what the patient's disposition is expected to be at the end of the visit. Refer to [User-defined Table 0112 - Discharge Disposition](#) in Chapter 2C, Code Tables, for suggested values.

3.4.4.28 PV2-28 Signature on File Date (DT) 00729

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

3.4.4.29 PV2-29 First Similar Illness Date (DT) 00730

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

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3.4.4.30 PV2-30 Patient Charge Adjustment Code (CWE) 00731

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains a user-defined code that indicates which adjustments should be made to this patient's charges. Refer to [User-defined Table 0218 - Patient Charge Adjustment](#) in in chapter 2C, for suggested values. This field is the same as [GT1-26 - Guarantor Charge Adjustment Code](#).

3.4.4.31 PV2-31 Recurring Service Code (CWE) 00732

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates whether the treatment is continuous. Refer to [User-defined Table 0219 - Recurring Service](#) in Chapter 2C, Code Tables, for suggested values.

3.4.4.32 PV2-32 Billing Media Code (ID) 00733

Definition: This field indicates if the account is to be rejected from tape billing. Refer to [HL7 Table 0136 - Yes/No Indicator](#) in Chapter 2C, Code Tables, for valid values.

Y reject account from tape billing
N normal processing

3.4.4.33 PV2-33 Expected Surgery Date and Time (DTM) 00734

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

3.4.4.34 PV2-34 Military Partnership Code (ID) 00735

Definition: This field indicates that a military healthcare facility has contracted with a non-military healthcare facility for the use of its services. Refer to [HL7 Table 0136 - Yes/No Indicator](#) in Chapter 2C, Code Tables, for valid values.

Y contract(s) exist
N no contract(s) exist

3.4.4.35 PV2-35 Military Non-Availability Code (ID) 00736

Definition: This field indicates whether a patient has permission to use a non-military healthcare facility for treatment. Refer to [HL7 Table 0136 - Yes/No Indicator](#) in Chapter 2C, Code Tables, for valid values.

Y the patient has permission to use a non-military healthcare facility
N the patient does not have permissions to use a non-military healthcare facility

3.4.4.36 PV2-36 Newborn Baby Indicator (ID) 00737

Definition: This field indicates whether the patient is a baby. Refer to [HL7 Table 0136 - Yes/No Indicator](#) in Chapter 2C, Code Tables, for valid values.

- Y the patient is a baby
 N the patient is not a baby

3.4.4.37 PV2-37 Baby Detained Indicator (ID) 00738

Definition: This field indicates if the baby is detained after the mother's discharge. Refer to [HL7 Table 0136 - Yes/No Indicator](#) in Chapter 2C, Code Tables, for valid values.

- Y the baby was detained
 N normal discharge of mother and baby

3.4.4.38 PV2-38 Mode of Arrival Code (CWE) 01543

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
 <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
 Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
 System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
 Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
 Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
 (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
 Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
 Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
 Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
 Alternate Value Set Version ID (DTM)>

Definition: Identifies how the patient was brought to the healthcare facility. Refer to [User-defined Table 0430 - Mode of Arrival Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.4.39 PV2-39 Recreational Drug Use Code (CWE) 01544

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
 <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
 Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
 System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
 Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
 Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
 (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
 Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
 Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
 Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
 Alternate Value Set Version ID (DTM)>

Definition: This field indicates what recreational drugs the patient uses. It is used for the purpose of room assignment. Refer to [User-defined Table 0431 - Recreational Drug Use Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.4.40 PV2-40 Admission Level of Care Code (CWE) 01545

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
 <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
 Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
 System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
 Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
 Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
 (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
 Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
 Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
 Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
 Alternate Value Set Version ID (DTM)>

Definition: This field indicates the acuity level assigned to the patient at the time of admission. Refer to [User-defined Table 0432 - Admission Level of Care Code](#) in Chapter 2C, Code Tables, for suggested values.

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3.4.4.41 PV2-41 Precaution Code (CWE) 01546

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates non-clinical precautions that need to be taken with the patient. Refer to [User-defined Table 0433 - Precaution Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.4.42 PV2-42 Patient Condition Code (CWE) 01547

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates the patient's current medical condition for the purpose of communicating to non-medical outside parties, e.g., family, employer, religious minister, media, etc. Refer to [User-defined Table 0434 - Patient Condition Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.4.43 PV2-43 Living Will Code (CWE) 00759

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates whether or not the patient has a living will and, if so, whether a copy of the living will is on file at the healthcare facility. If the patient does not have a living will, the value of this field indicates whether the patient was provided information on living wills. Refer to [User-defined Table 0315 - Living Will Code](#) in Chapter 2C, Code Tables, for suggested values. See also [PD1-7 - Living Will](#).

3.4.4.44 PV2-44 Organ Donor Code (CWE) 00760

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates whether the patient wants to donate his/her organs and whether an organ donor card or similar documentation is on file with the healthcare organization. Refer to [User-defined](#)

Table 0316 - Organ Donor Code in Chapter 2C, Code Tables, for suggested values. See also *PD1-8 - Organ Donor*.

3.4.4.45 PV2-45 Advance Directive Code (CWE) 01548

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates the patient's instructions to the healthcare facility. Refer to *User-defined Table 0435 - Advance Directive Code* in Chapter 2C, Code Tables, for suggested values. See also *PD1-15 - Advance Directive Code*. This field is required if *PV2-50 - Advance Directive Last Verified Date* is valued.

Note: for details about specific consent refer to the Consent (CON) segment in chapter 9.

3.4.4.46 PV2-46 Patient Status Effective Date (DT) 01549

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

3.4.4.47 PV2-47 Expected LOA Return Date/Time (DTM) 01550

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

3.4.4.48 PV2-48 Expected Preadmission Testing Date/Time (DTM) 01841

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

3.4.4.49 PV2-49 Notify Clergy Code (CWE) 01842

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field allows the user to indicate whether the clergy should be notified. Refer to *User-defined Table 0534 - Notify Clergy Code* in Chapter 2C, Code Tables, for suggested values.

3.4.4.50 PV2-50 Advance Directive Last Verified Date (DT) 02141

Definition: This field indicates the date that all the advance directives held in *PV2-45 - Advance Directive Code* were last verified. When this field is valued, the field *PV2-45 - Advance Directive Code* is required.

3.4.5 NK1 - Next of Kin / Associated Parties Segment

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

If a person or organization fulfills multiple contact roles, for example, a person is an emergency contact and a next of kin, it is recommended to send a NK1 segment for each contact role (field 7).

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HL7 Attribute Table - NK1 - Next of Kin / Associated Parties

SEQ	LEN	C.LEN	DT	OPT	R P/#	TBL#	ITEM#	ELEMENT NAME
1	1..4		SI	R			00190	Set ID - NK1
2			XPN	O	Y	0200	00191	Name
3			CWE	O		0063	00192	Relationship
4			XAD	O	Y		00193	Address
5			XTN	W	Y		00194	Phone Number
6			XTN	W	Y		00195	Business Phone Number
7			CWE	O		0131	00196	Contact Role
8			DT	O			00197	Start Date
9			DT	O			00198	End Date
10		60#	ST	O			00199	Next of Kin / Associated Parties Job Title
11			JCC	O			00200	Next of Kin / Associated Parties Job Code/Class
12			CX	O			00201	Next of Kin / Associated Parties Employee Number
13			XON	O	Y		00202	Organization Name - NK1
14			CWE	O		0002	00119	Marital Status
15			CWE	O		0001	00111	Administrative Sex
16			DTM	O			00110	Date/Time of Birth
17			CWE	O	Y	0223	00755	Living Dependency
18			CWE	O	Y	0009	00145	Ambulatory Status
19			CWE	O	Y	0171	00129	Citizenship
20			CWE	O		0296	00118	Primary Language
21			CWE	O		0220	00742	Living Arrangement
22			CWE	O		0215	00743	Publicity Code
23	1..1		ID	O		0136	00744	Protection Indicator
24			CWE	O		0231	00745	Student Indicator
25			CWE	O		0006	00120	Religion
26			XPN	O	Y		00109	Mother's Maiden Name
27			CWE	O		0212	00739	Nationality
28			CWE	O	Y	0189	00125	Ethnic Group
29			CWE	O	Y	0222	00747	Contact Reason
30			XPN	O	Y	0200	00748	Contact Person's Name
31			XTN	W	Y		00749	Contact Person's Telephone Number
32			XAD	O	Y		00750	Contact Person's Address
33			CX	O	Y		00751	Next of Kin/Associated Party's Identifiers
34			CWE	O		0311	00752	Job Status
35			CWE	O	Y	0005	00113	Race
36			CWE	O		0295	00753	Handicap
37		16#	ST	O			00754	Contact Person Social Security Number
38		250#	ST	O			01905	Next of Kin Birth Place
39			CWE	O		0099	00146	VIP Indicator
40			XTN	O			02292	Next of Kin Telecommunication Information
41			XTN	O			02293	Contact Person's Telecommunication Information

3.4.5.1 NK1-1 Set ID - NK1 (SI) 00190

Definition: This field contains the number that identifies this transaction. For the first occurrence of the segment, the sequence number shall be one, for the second occurrence, the sequence number shall be two, etc.

3.4.5.2 NK1-2 Name (XPN) 00191

Components: <Family Name (FN)> ^ <Given Name (ST)> ^ <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^ <Name Type Code (ID)> ^ <Name Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent> ^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Professional Suffix (ST)> ^ <Called By (ST)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from Partner/Spouse (ST)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains one or more of the names of the next of kin or associated party. The [XPN.7 Name Type Code](#), and not the order, conveys how the name should be interpreted. As of v 2.7 Name Type Code is required. Refer to [HL7 Table 0200 - Name Type](#) in Chapter 2C, Code Tables, for valid values. Specification of meaning based on sequence is deprecated.

In addition to allowing repetition of this field for transmitting multiple names with different Name Type Codes, repetition also allows for representing the same name in different character sets based on the value in [XPN.8 Name Representation Code](#).

3.4.5.3 NK1-3 Relationship (CWE) 00192

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the actual personal relationship that the next of kin/associated party has to the patient. Refer to [User-defined Table 0063 - Relationship](#) in Chapter 2C, Code Tables, for suggested values.

3.4.5.4 NK1-4 Address (XAD) 00193

Components: <Street Address (SAD)> ^ <Other Designation (ST)> ^ <City (ST)> ^ <State or Province (ST)> ^ <Zip or Postal Code (ST)> ^ <Country (ID)> ^ <Address Type (ID)> ^ <Other Geographic Designation (ST)> ^ <County/Parish Code (CWE)> ^ <Census Tract (CWE)> ^ <Address Representation Code (ID)> ^ <WITHDRAWN Constituent> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Expiration Reason (CWE)> ^ <Temporary Indicator (ID)> ^ <Bad Address Indicator (ID)> ^ <Address Usage (ID)> ^ <Addressee (ST)> ^ <Comment (ST)> ^ <Preference Order (NM)> ^ <Protection Code (CWE)> ^ <Address Identifier (EI)>

Subcomponents for Street Address (SAD): <Street or Mailing Address (ST)> & <Street Name (ST)> & <Dwelling Number (ST)>

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Subcomponents for County/Parish Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Census Tract (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Expiration Reason (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Protection Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Address Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Definition: This field contains the address of the next of kin/associated party. Multiple addresses are allowed for the same person. As of v2.7 the "primary mailing address" constraint as the first sequence has been removed. Primary Mailing Address is not an entry in either *XAD.7 – Address Type* or in *XAD.18 – Address Usage*.

3.4.5.5 NK1-5 Phone Number (XTN) 00194

Components: <WITHDRAWN Constituent> ^ <Telecommunication Use Code (ID)> ^ <Telecommunication Equipment Type (ID)> ^ <Communication Address (ST)> ^ <Country Code (SNM)> ^ <Area/City Code (SNM)> ^ <Local Number (SNM)> ^ <Extension (SNM)> ^ <Any Text (ST)> ^ <Extension Prefix (ST)> ^ <Speed Dial Code (ST)> ^ <Unformatted Telephone number (ST)> ^ <Effective Start Date (DTM)> ^ <Expiration Date (DTM)> ^ <Expiration Reason (CWE)> ^ <Protection Code (CWE)> ^ <Shared Telecommunication Identifier (EI)> ^ <Preference Order (NM)>

Subcomponents for Expiration Reason (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Protection Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Shared Telecommunication Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Attention: The NK1-5 field was retained for backward compatibility as of v2.7 and withdrawn as of v 2.9. The reader is referred to section [3.4.5.40 NK1-40](#) instead. This field contains the telephone number of the next of kin/associated party. Multiple phone numbers are allowed for the same person. The primary telephone number must be sent in the first sequence. If the primary telephone number is not sent, then the repeat delimiter must be sent in the first sequence. Refer to [HL7 Table 0201 - Telecommunication Use Code](#) and [HL7 Table 0202 - Telecommunication Equipment Type](#) in Chapter 2C, Code Tables, for valid values.

3.4.5.6 NK1-6 Business Phone Number (XTN) 00195

Components: <WITHDRAWN Constituent> ^ <Telecommunication Use Code (ID)> ^ <Telecommunication Equipment Type (ID)> ^ <Communication Address (ST)> ^ <Country Code (SNM)> ^ <Area/City Code (SNM)> ^ <Local Number (SNM)> ^ <Extension (SNM)> ^ <Any Text (ST)> ^ <Extension Prefix (ST)> ^ <Speed Dial Code (ST)> ^ <Unformatted Telephone number (ST)> ^ <Effective Start Date (DTM)> ^ <Expiration Date (DTM)> ^ <Expiration Reason (CWE)> ^ <Protection Code (CWE)> ^ <Shared Telecommunication Identifier (EI)> ^ <Preference Order (NM)>

Subcomponents for Expiration Reason (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Protection Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Shared Telecommunication Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

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Attention: The NK1-5 field was retained for backward compatibility as of v2.7 and withdrawn as of v 2.9. The reader is referred to section [3.4.5.40 NK1-40](#) instead. Multiple phone numbers are allowed for the same person. The primary business telephone number must be sent in the first sequence. If the primary business telephone number is not sent, then the repeat delimiter must be sent in the first sequence. Refer to [HL7 Table 0201 - Telecommunication Use Code](#) and [HL7 Table 0202 - Telecommunication Equipment Type](#) in Chapter 2C, Code Tables, for valid values.

3.4.5.7 NK1-7 Contact Role (CWE) 00196

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates the specific relationship role. Refer to [User-defined Table 0131 - Contact Role](#) in Chapter 2C, Code Tables, for suggested values. This field specifies the role that the next of kin/associated parties plays with regard to the patient.

3.4.5.8 NK1-8 Start Date (DT) 00197

Definition: This field contains the start date of the contact role.

3.4.5.9 NK1-9 End Date (DT) 00198

Definition: This field contains the end date of the contact role.

3.4.5.10 NK1-10 Next of Kin / Associated Parties Job Title (ST) 00199

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

3.4.5.11 NK1-11 Next of Kin / Associated Parties Job Code/Class (JCC) 00200

Components: <Job Code (CWE)> ^ <Job Class (CWE)> ^ <Job Description Text (TX)>

Subcomponents for Job Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Job Class (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

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

Note: The JCC data element appears in other segments as ITEM# 00786 (GT1-50, IN2-47, STF-19). It is assigned a different ITEM# in the NK1 segment because the element name and usage is variable. For example the job code/class can be for the patient's employer, or for an associated party's employment information.

3.4.5.12 NK1-12 Next of Kin / Associated Parties Employee Number (CX) 00201

Components: <ID Number (ST)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Effective Date (DT)> ^ <Expiration Date (DT)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

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

3.4.5.13 NK1-13 Organization Name - NK1 (XON) 00202

Components: <Organization Name (ST)> ^ <Organization Name Type Code (CWE)> ^ <WITHDRAWN Constituent> ^ <WITHDRAWN Constituent> ^ <WITHDRAWN Constituent> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^ <Organization Identifier (ST)>

Subcomponents for Organization Name Type Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

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Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)>
& <Universal ID Type (ID)>

Definition: This field contains the name of the organization that serves as a next of kin/associated party or as the next of kin of the patient. This field may also be used to communicate the name of the organization at which the associated party works. Multiple names for the same organization may be sent. If multiple names are sent, the legal name must be sent in the first sequence. If the legal name is not sent, then a repeat delimiter must be sent in the first sequence.

3.4.5.14 NK1-14 Marital Status (CWE) 00119

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
<Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
(ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
Alternate Value Set Version ID (DTM)>

Definition: This field contains the next of kin/associated party's marital status. Refer to [User-defined Table 0002 - Marital Status](#) in Chapter 2C, Code Tables, for suggested values.

3.4.5.15 NK1-15 Administrative Sex (CWE) 00111

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
<Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
(ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
Alternate Value Set Version ID (DTM)>

Definition: This field contains the next of kin/associated party's sex. Refer to [User-defined Table 0001 - Administrative Sex](#) in Chapter 2C, Code Tables, for suggested values.

3.4.5.16 NK1-16 Date/Time of Birth (DTM) 00110

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

3.4.5.17 NK1-17 Living Dependency (CWE) 00755

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
<Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
(ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
Alternate Value Set Version ID (DTM)>

Definition: This field identifies specific living conditions (e.g., spouse dependent on patient, walk-up) that are relevant to an evaluation of the patient's healthcare needs. This information can be used for discharge planning. Examples might include Spouse Dependent, Medical Supervision Required, Small Children Dependent. This field repeats because, for example, "spouse dependent" and "medical supervision required" can apply at the same time. Refer to [User-defined Table 0223 - Living Dependency](#) in Chapter 2C, Code Tables, for suggested values.

3.4.5.18 NK1-18 Ambulatory Status (CWE) 00145

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
 <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
 Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
 System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
 Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
 Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
 (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
 Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
 Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
 Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
 Alternate Value Set Version ID (DTM)>

Definition: This field identifies the transient rate of mobility for the next of kin/associated party. Refer to [User-defined Table 0009 - Ambulatory Status](#) in Chapter 2C, Code Tables for suggested values.

3.4.5.19 NK1-19 Citizenship (CWE) 00129

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
 <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
 Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
 System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
 Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
 Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
 (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
 Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
 Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
 Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
 Alternate Value Set Version ID (DTM)>

Definition: This field contains the code to identify the next of kin/associated party's citizenship. HL7 recommends using ISO 3166 as the suggested values in [User-defined Table 0171 - Citizenship](#) in Chapter 2C, Code Tables.

3.4.5.20 NK1-20 Primary Language (CWE) 00118

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
 <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
 Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
 System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
 Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
 Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
 (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
 Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
 Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
 Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
 Alternate Value Set Version ID (DTM)>

Definition: This field identifies the next of kin/associated party's primary speaking language. HL7 recommends using ISO 639 as the suggested values in [User-defined Table 0296 - Language](#) in Chapter 2C, Code Tables.

3.4.5.21 NK1-21 Living Arrangement (CWE) 00742

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
 <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
 Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
 System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
 Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
 Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
 (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
 Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
 Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
 Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
 Alternate Value Set Version ID (DTM)>

Definition: This field identifies the situation that the associated party lives in at his/her residential address. Refer to [User-defined Table 0220 - Living Arrangement](#) in Chapter 2C, Code Tables, for suggested values.

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3.4.5.22 NK1-22 Publicity Code (CWE) 00743

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates what level of publicity is allowed (e.g., No Publicity, Family Only) for the next of kin/associated party. Refer to [User-defined Table 0215 - Publicity Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.5.23 NK1-23 Protection Indicator (ID) 00744

Definition: This field identifies that next of kin/associated party's protection that determines, in turn, whether access to information about this person should be kept from users who do not have adequate authority. Refer to [HL7 Table 0136 - Yes/No Indicator](#) in Chapter 2C, Code Tables, for valid values.

Y protect access to next-of-kin information

N normal access

3.4.5.24 NK1-24 Student Indicator (CWE) 00745

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field identifies whether the next of kin/associated party is currently a student or not, and whether the next of kin/associated party is a full- or a part-time student. This field does not indicate the degree (high school, college) of the student or the field of study. Refer to [User-defined Table 0231 - Student Status](#) in chapter 2C, for suggested values.

3.4.5.25 NK1-25 Religion (CWE) 00120

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates the type of religion practiced by the next of kin/associated party. Refer to [User-defined Table 0006 - Religion](#) in Chapter 2C, Code Tables, for suggested values.

3.4.5.26 NK1-26 Mother's Maiden Name (XPN) 00109

Components: <Family Name (FN)> ^ <Given Name (ST)> ^ <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^ <Name Type Code (ID)> ^ <Name Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent> ^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Professional Suffix (ST)> ^ <Called By (ST)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from Partner/Spouse (ST)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

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

3.4.5.27 NK1-27 Nationality (CWE) 00739

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field identifies the nation or national group to which the next of kin/associated party belongs. This information may be different than the person's citizenship in countries in which multiple nationalities are recognized (e.g., Spain: Basque, Catalan, etc.). Refer to [User-defined Table 0212 - Nationality](#) in Chapter 2C, Code Tables, for suggested values.

3.4.5.28 NK1-28 Ethnic Group (CWE) 00125

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the next of kin/associated party's ethnic group. Refer to [User-defined Table 0189 - Ethnic Group](#) in Chapter 2C, Code Tables, for suggested values. The second triplet of the CWE data type for ethnic group (alternate identifier, alternate text, and name of alternate coding system) is reserved for governmentally assigned codes. In the US, a current use is to report ethnicity in line with US federal standards for Hispanic origin.

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3.4.5.29 NK1-29 Contact Reason (CWE) 00747

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
<Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
(ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
Alternate Value Set Version ID (DTM)>

Definition: This field identifies how the contact should be used (e.g., contact employer if patient is unable to work). Refer to [User-defined Table 0222 - Contact Reason](#) in Chapter 2C, Code Tables, for suggested values.

3.4.5.30 NK1-30 Contact Person's Name (XPN) 00748

Components: <Family Name (FN)> ^ <Given Name (ST)> ^ <Second and Further Given Names
or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix
(e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^ <Name Type Code (ID)> ^ <Name
Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent>
^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date
(DTM)> ^ <Professional Suffix (ST)> ^ <Called By (ST)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own
Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from
Partner/Spouse (ST)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of
Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)>
& <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)>
& <Alternate Coding System Version ID (ST)> & <Original Text (ST)> &
<Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name
of Second Alternate Coding System (ID)> & <Second Alternate Coding System
Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> &
<Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> &
<Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> &
<Second Alternate Coding System OID (ST)> & <Second Alternate Value Set
OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains one or more of the names of the person to contact, depending on the value of the relationship defined in [NK1-3 - Relationship](#). This field is typically needed when the NK1 is an organization. The [XPN.7 Name Type Code](#), and not the order, conveys how the name should be interpreted. As of v2.7, Name Type Code is required. Refer to [HL7 Table 0200 - Name Type](#) in Chapter 2C, Code Tables, for valid values. Specification of meaning based on sequence is deprecated.

In addition to allowing repetition of this field for transmitting multiple names with different Name Type Codes, repetition also allows for representing the same name in different character sets based on the value in [XPN.8 Name Representation Code](#).

3.4.5.31 NK1-31 Contact Person's Telephone Number (XTN) 00749

Components: <WITHDRAWN Constituent> ^ <Telecommunication Use Code (ID)> ^
<Telecommunication Equipment Type (ID)> ^ <Communication Address (ST)> ^
<Country Code (SNM)> ^ <Area/City Code (SNM)> ^ <Local Number (SNM)> ^
<Extension (SNM)> ^ <Any Text (ST)> ^ <Extension Prefix (ST)> ^ <Speed
Dial Code (ST)> ^ <Unformatted Telephone number (ST)> ^ <Effective Start
Date (DTM)> ^ <Expiration Date (DTM)> ^ <Expiration Reason (CWE)> ^
<Protection Code (CWE)> ^ <Shared Telecommunication Identifier (EI)> ^
<Preference Order (NM)>

Subcomponents for Expiration Reason (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Protection Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Shared Telecommunication Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Attention: The NK1-31 field was retained for backward compatibility as of v2.7 and withdrawn as of v 2.9. The reader is referred to section [3.3.5.41 NK-41 Contact Person's Telecommunication Information](#) instead. This field contains the telephone numbers of the contact person depending on the value of the relationship defined in [NK1-3 - Relationship](#). This field is typically needed when the NK1 is an organization. The primary telephone number must be sent in the first sequence. If the primary telephone number is not sent, then a repeat delimiter must be sent in the first sequence. Refer to [HL7 Table 0201 - Telecommunication Use Code](#) and [HL7 Table 0202 - Telecommunication Equipment Type](#) in Chapter 2C, Code Tables, for valid values.

3.4.5.32 NK1-32 Contact Person's Address (XAD) 00750

Components: <Street Address (SAD)> ^ <Other Designation (ST)> ^ <City (ST)> ^ <State or Province (ST)> ^ <Zip or Postal Code (ST)> ^ <Country (ID)> ^ <Address Type (ID)> ^ <Other Geographic Designation (ST)> ^ <County/Parish Code (CWE)> ^ <Census Tract (CWE)> ^ <Address Representation Code (ID)> ^ <WITHDRAWN Constituent> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Expiration Reason (CWE)> ^ <Temporary Indicator (ID)> ^ <Bad Address Indicator (ID)> ^ <Address Usage (ID)> ^ <Addressee (ST)> ^ <Comment (ST)> ^ <Preference Order (NM)> ^ <Protection Code (CWE)> ^ <Address Identifier (EI)>

Subcomponents for Street Address (SAD): <Street or Mailing Address (ST)> & <Street Name (ST)> & <Dwelling Number (ST)>

Subcomponents for County/Parish Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

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Subcomponents for Census Tract (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Expiration Reason (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Protection Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Address Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Definition: This field contains the addresses of the contact person depending on the value of the relationship defined in *NK1-3 - Relationship*. This field is typically used when the NK1 is an organization. As of v2.7, the "primary mailing address" constraint as the first sequence has been removed. Primary Mailing Address is not an entry in either *XAD.7 – Address Type* or in *XAD.18 – Address Usage*.

3.4.5.33 NK1-33 Next of Kin/Associated Party's Identifiers (CX) 00751

Components: <ID Number (ST)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Effective Date (DT)> ^ <Expiration Date (DT)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

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

3.4.5.34 NK1-34 Job Status (CWE) 00752

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field identifies the next of kin/associated party's job status. Refer to [User-defined Table 0311 - Job Status](#) in Chapter 2C, Code Tables, for suggested values.

3.4.5.35 NK1-35 Race (CWE) 00113

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field identifies the race of the next of kin/associated party. Refer to [User-defined Table 0005 - Race](#) in Chapter 2C, Code Tables, for suggested values. The second triplet of the CWE data type for race (alternate identifier, alternate text, and name of alternate coding system) is reserved for governmentally assigned codes.

3.4.5.36 NK1-36 Handicap (CWE) 00753

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the code that describes an associated party's disability. Refer to [User-defined Table 0295 - Handicap](#) in Chapter 2C, Code Tables, for suggested values.

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3.4.5.37 NK1-37 Contact Person Social Security Number (ST) 00754

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

3.4.5.38 NK1-38 Next of Kin Birth Place (ST) 01905

Definition: This field indicates the location of the next-of-kin's birth; for example, "St. Francis Community Hospital of Lower South Side." The actual address is reported in [NK1-4 - Address](#) with an identifier of "N".

3.4.5.39 NK1-39 VIP Indicator (CWE) 00146

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field identifies the type of VIP for the next-of-kin. Refer to [User-defined Table 0099 – VIP Indicator](#) in Chapter 2C, Code Tables.

3.4.5.40 NK1-40 Next of Kin Telecommunication Information (XTN) 02292

Components: <WITHDRAWN Constituent> ^ <Telecommunication Use Code (ID)> ^ <Telecommunication Equipment Type (ID)> ^ <Communication Address (ST)> ^ <Country Code (SNM)> ^ <Area/City Code (SNM)> ^ <Local Number (SNM)> ^ <Extension (SNM)> ^ <Any Text (ST)> ^ <Extension Prefix (ST)> ^ <Speed Dial Code (ST)> ^ <Unformatted Telephone number (ST)> ^ <Effective Start Date (DTM)> ^ <Expiration Date (DTM)> ^ <Expiration Reason (CWE)> ^ <Protection Code (CWE)> ^ <Shared Telecommunication Identifier (EI)> ^ <Preference Order (NM)>

Subcomponents for Expiration Reason (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Protection Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Shared Telecommunication Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Definition: This field contains the next of kin's telecommunication contact information. This field replaces [NK1-5 – Phone Number](#) and [NK1-6 – Business Phone Number](#) with the intention that the components of the XTN data type be used to identify phone usage (Telecommunication use code) and type of equipment

(telecommunication equipment type). Jointly, these components will describe the nature of the telecommunication data contained in this field.

3.4.5.41 NK1-41 Contact Person's Telecommunication Information (XTN) 02293

Components: <WITHDRAWN Constituent> ^ <Telecommunication Use Code (ID)> ^ <Telecommunication Equipment Type (ID)> ^ <Communication Address (ST)> ^ <Country Code (SNM)> ^ <Area/City Code (SNM)> ^ <Local Number (SNM)> ^ <Extension (SNM)> ^ <Any Text (ST)> ^ <Extension Prefix (ST)> ^ <Speed Dial Code (ST)> ^ <Unformatted Telephone number (ST)> ^ <Effective Start Date (DTM)> ^ <Expiration Date (DTM)> ^ <Expiration Reason (CWE)> ^ <Protection Code (CWE)> ^ <Shared Telecommunication Identifier (EI)> ^ <Preference Order (NM)>

Subcomponents for Expiration Reason (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Protection Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Shared Telecommunication Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Definition: This field contains the contact person's telecommunication contact information. This field replaces *NK1-31 – Contact Person's Telephone Number* with the intention that the components of the XTN data type be used to identify phone usage (Telecommunication use code) and type of equipment (telecommunication equipment type). Jointly, these components will describe the nature of the telecommunication data contained in this field.

3.4.6 AL1 - Patient Allergy Information Segment

The AL1 segment contains patient allergy information of various types. Most of this information will be derived from user-defined tables. Each AL1 segment describes a single patient allergy.

HL7 Attribute Table - AL1 - Patient Allergy Information

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	1..4		SI	R			00203	Set ID - AL1
2			CWE	O		0127	00204	Allergen Type Code
3			CWE	O			00205	Allergen Code/Mnemonic/Description
4			CWE	O		0128	00206	Allergy Severity Code
5		15=	ST	O	Y		00207	Allergy Reaction Code
6				W			00208	Identification Date

3.4.6.1 AL1-1 Set ID - AL1 (SI) 00203

Definition: This field contains the number that identifies this transaction. For the first occurrence of the segment, the sequence number shall be one, for the second occurrence, the sequence number shall be two, etc.

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3.4.6.2 AL1-2 Allergen Type Code (CWE) 00204

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates a general allergy category (drug, food, pollen, etc.). Refer to [User-defined Table 0127 - Allergen Type](#) in Chapter 2C, Code Tables, for suggested values.

3.4.6.3 AL1-3 Allergen Code/Mnemonic/Description (CWE) 00205

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field uniquely identifies a particular allergen. This element may conform to some external, standard coding system (that must be identified), or it may conform to local, largely textual or mnemonic descriptions.

3.4.6.4 AL1-4 Allergy Severity Code (CWE) 00206

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates the general severity of the allergy. Refer to [User-defined Table 0128 - Allergy Severity](#) in Chapter 2C, Code Tables, for valid values.

3.4.6.5 AL1-5 Allergy Reaction Code (ST) 00207

Definition: This field identifies the specific allergic reaction that was documented. This element may conform to some external, standard coding system, or it may conform to local, largely textual or mnemonic descriptions (e.g., convulsions, sneeze, rash, etc.).

3.4.6.6 AL1-6 Identification Date (DT) 00208

Definition: **The AL1-6 field was retained for backward compatibility only as of v 2.4 and has been withdrawn as of v 2.7.** The reader is referred to the [IAM-11 – Onset Date](#) or [IAM-13 – Inset Date](#) fields for dates when the allergy was identified..

3.4.7 IAM - Patient Adverse Reaction Information Segment

The IAM segment contains person/patient adverse reaction information of various types. Most of this information will be derived from user-defined tables. Each IAM segment describes a single person/patient adverse reaction. This segment is used in lieu of the *AL1 - Patient Allergy Information Segment* to support

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action code/unique identifier mode update definition of repeating segments as defined in 2.10.4.2 in chapter 2, section 2.4.10, "Protocol for interpreting repeating segments or segment groups in an update Message."
The AL1 segment is used to support Snapshot mode update definition as defined in 2.10.4.1.

HL7 Attribute Table - IAM - Patient Adverse Reaction Information

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	1..4		SI	R			01612	Set ID - IAM
2			CWE	O		0127	00204	Allergen Type Code
3			CWE	R			00205	Allergen Code/Mnemonic/Description
4			CWE	O		0128	00206	Allergy Severity Code
5		15=	ST	O	Y		00207	Allergy Reaction Code
6	1..1		CNE	R		0206	01551	Allergy Action Code
7			EI	C			01552	Allergy Unique Identifier
8		60=	ST	O			01553	Action Reason
9			CWE	O		0436	01554	Sensitivity to Causative Agent Code
10			CWE	O			01555	Allergen Group Code/Mnemonic/Description
11			DT	O			01556	Onset Date
12		60=	ST	O			01557	Onset Date Text
13			DTM	O			01558	Reported Date/Time
14			XPN	O			01559	Reported By
15			CWE	O		0063	01560	Relationship to Patient Code
16			CWE	O		0437	01561	Alert Device Code
17			CWE	O		0438	01562	Allergy Clinical Status Code
18			XCN	O			01563	Statused by Person
19			XON	O			01564	Statused by Organization
20			DTM	O			01565	Statused at Date/Time
21			XCN	O			02294	Inactivated by Person
22			DTM	O			02295	Inactivated Date/Time
23			XCN	O			02296	Initially Recorded by Person
24			DTM	O			02297	Initially Recorded Date/Time
25			XCN	O			02298	Modified by Person
26			DTM	O			02299	Modified Date/Time
27			CWE	O			02300	Clinician-Identified Allergen Code
28			XON	O			03293	Initially Recorded by Organization
29			XON	O			03294	Modified by Organization
30			XON	O			03295	Inactivated by Organization

3.4.7.1 IAM-1 Set ID - IAM (SI) 01612

Definition: This field contains the number that identifies this transaction. For the first occurrence of the segment, the sequence number shall be one, for the second occurrence, the sequence number shall be two, etc.

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3.4.7.2 IAM-2 Allergen Type Code (CWE) 00204

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates a general allergy category (drug, food, pollen, etc.). Refer to [User-defined Table 0127 - Allergen Type](#) in Chapter 2C, Code Tables, for suggested values.

3.4.7.3 IAM-3 Allergen Code/Mnemonic/Description (CWE) 00205

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field uniquely identifies a particular allergen. This element may conform to some external, standard coding system (that must be identified), or it may conform to local, largely textual or mnemonic descriptions.

If a system maintains allergen codes as its unique identifier for a particular allergy, and two systems have agreed to process the IAM using update mode, then this field can be used as the unique identifier instead of [IAM-8 - Allergy Unique Identifier](#). This does not preclude using allergen codes for unique identifiers for snapshot processing.

3.4.7.4 IAM-4 Allergy Severity Code (CWE) 00206

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates the general severity of the allergy. Refer to [User-defined Table 0128 - Allergy Severity Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.7.5 IAM-5 Allergy Reaction Code (ST) 00207

Definition: This field identifies the specific allergic reaction that was documented. This element may conform to some external, standard coding system, or it may conform to local, largely textual or mnemonic descriptions (e.g., convulsions, sneeze, rash, etc.).

3.4.7.6 IAM-6 Allergy Action Code (CNE) 01551

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains a code defining the status of the record. It allows allergy messages to be sent to delete or update previously sent allergy messages. Refer to [HL7 Table 0206 - Segment Action Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.7.7 IAM-7 Allergy Unique Identifier (EI) 01552

Components: <Entity Identifier (ST)> ^ <Namespace ID (IS)> ^ <Universal ID (ST)> ^ <Universal ID Type (ID)>

Definition: This field contains a value that uniquely identifies a single allergy for a person.

This field is conditionally required. The surrogate field to use is [IAM-3 - Allergen Code/Mnemonic/Description](#) if that field can uniquely identify the allergy on the receiving system.

3.4.7.8 IAM-8 Action Reason (ST) 01553e

Definition: This field contains the reason for the action indicated in the [IAM-6 - Allergy Action Code](#) field.

3.4.7.9 IAM-9 Sensitivity to Causative Agent Code (CWE) 01554

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the reason why the patient should not be exposed to a substance. Refer to [User-defined Table 0436 - Sensitivity to Causative Agent Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.7.10 IAM-10 Allergen Group Code/Mnemonic/Description (CWE) 01555

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the code, mnemonic, or description used to uniquely identify an allergen group when both a detailed allergy ([IAM-3 - Allergen Code/Mnemonic/Description](#)) and group level ([IAM-10 - Allergen Group Code/Mnemonic/Description](#)) need to be communicated. In cases where systems want to communicate both a specific drug allergy and the group of drugs to which the specific drug belongs (i.e.,

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Bactrim and Sulfa drugs; Ceclor and Penicillins/Cephalosporins) then the specific drug allergy is sent in [IAM-3 - Allergen Code/Mnemonic/Description](#) and the group level is sent in [IAM-10 - Allergen Group Code/Mnemonic/Description](#). However, if only a group level is being communicated, then it can be sent in IAM-3 as the primary identifier of the allergy.

3.4.7.11 IAM-11 Onset Date (DT) 01556

Definition: This field contains the actual date of the first reaction.

3.4.7.12 IAM-12 Onset Date Text (ST) 01557

Definition: This field contains a text description of the time period of the first reaction when an exact date is not known (e.g., adolescence, childhood, spring 1990).

3.4.7.13 IAM-13 Reported Date/Time (DTM) 01558

Definition: This field contains the date/time the allergy was reported to a caregiver.

3.4.7.14 IAM-14 Reported by (XPN) 01559

Components: <Family Name (FN)> ^ <Given Name (ST)> ^ <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^ <Name Type Code (ID)> ^ <Name Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent> ^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Professional Suffix (ST)> ^ <Called By (ST)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from Partner/Spouse (ST)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the name of the person reporting the allergy to a caregiver at the time reported in [IAM-14 - Reported Date/Time](#).

3.4.7.15 IAM-15 Relationship to Patient Code (CWE) 01560

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the personal relationship that the person reporting the allergy has to the patient. It uses the same table as that used by NK1-3. Refer to [User-defined Table 0063 - Relationship](#) in Chapter 2C, Code Tables, for suggested values. Examples include: brother, sister, mother, father, friend, spouse, etc.

3.4.7.16 IAM-16 Alert Device Code (CWE) 01561

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
 <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
 Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
 System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
 Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
 Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
 (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
 Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
 Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
 Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
 Alternate Value Set Version ID (DTM)>

Definition: This field describes any type of allergy alert device the patient may be carrying or wearing.
 Refer to [User-defined Table 0437 - Alert Device](#) in Chapter 2C, Code Tables, for suggested values.

3.4.7.17 IAM-17 Allergy Clinical Status Code (CWE) 01562

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
 <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
 Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
 System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
 Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
 Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
 (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
 Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
 Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
 Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
 Alternate Value Set Version ID (DTM)>

Definition: This field indicates the verification status for the allergy. Refer to [User-defined Table 0438 - Allergy Clinical Status](#) in Chapter 2C, Code Tables, for suggested values.

3.4.7.18 IAM-18 Stated by Person (XCN) 01563

Components: <Person Identifier (ST)> ^ <Family Name (FN)> ^ <Given Name (ST)> ^
 <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g.,
 JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^
 <DEPRECATED-Source Table (CWE)> ^ <Assigning Authority (HD)> ^ <Name Type
 Code (ID)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^
 <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name
 Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent>
 ^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date
 (DTM)> ^ <Professional Suffix (ST)> ^ <Assigning Jurisdiction (CWE)> ^
 <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^
 <Security Check Scheme (ID)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own
 Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from
 Partner/Spouse (ST)>

Subcomponents for Source Table (CWE): <Identifier (ST)> & <Text (ST)> & <Name of
 Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)>
 & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)>
 & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> &
 <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name
 of Second Alternate Coding System (ID)> & <Second Alternate Coding System
 Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> &
 <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> &
 <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> &
 <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set
 OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)>
 & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)>
 & <Universal ID Type (ID)>

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Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field identifies the provider who assigned the clinical status to the allergy (e.g., ...|S12345^EVERYMAN^ADAM^J^III^DR^MD|...).

3.4.7.19 IAM-19 Stated by Organization (XON) 01564

Components: <Organization Name (ST)> ^ <Organization Name Type Code (CWE)> ^ <WITHDRAWN Constituent> ^ <WITHDRAWN Constituent> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^ <Organization Identifier (ST)>

Subcomponents for Organization Name Type Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Definition: This field contains the name of the organization providing the update to the allergy (e.g., Good Health Hospital).

3.4.7.20 IAM-20 Stated at Date/Time (DTM) 01565

Definition: The date and time that this allergy was last stated by the *IAM-18 - Stated by Person* in the *IAM-19 - Stated by Organization*.

3.4.7.21 IAM-21 Inactivated by Person (XCN) 02294

Components: <Person Identifier (ST)> ^ <Family Name (FN)> ^ <Given Name (ST)> ^
 <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g.,
 JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^
 <DEPRECATED-Source Table (CWE)> ^ <Assigning Authority (HD)> ^ <Name Type
 Code (ID)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^
 <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name
 Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent>
 ^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date
 (DTM)> ^ <Professional Suffix (ST)> ^ <Assigning Jurisdiction (CWE)> ^
 <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^
 <Security Check Scheme (ID)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own
 Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from
 Partner/Spouse (ST)>

Subcomponents for Source Table (CWE): <Identifier (ST)> & <Text (ST)> & <Name of
 Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)>
 & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)>
 & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> &
 <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name
 of Second Alternate Coding System (ID)> & <Second Alternate Coding System
 Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> &
 <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> &
 <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> &
 <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set
 OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)>
 & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)>
 & <Universal ID Type (ID)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of
 Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)>
 & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)>
 & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> &
 <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name
 of Second Alternate Coding System (ID)> & <Second Alternate Coding System
 Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> &
 <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> &
 <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> &
 <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set
 OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> &
 <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate
 Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System
 Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original
 Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text
 (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate
 Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID
 (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)>
 & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)>
 & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set
 OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text
 (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> &
 <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding
 System Version ID (ST)> & <Alternate Coding System Version ID (ST)> &
 <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second
 Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> &
 <Second Alternate Coding System Version ID (ST)> & <Coding System OID
 (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate
 Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate
 Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> &
 <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set
 Version ID (DTM)>

Definition: This field identifies the user that inactivated the record entry about the patient's allergy

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(e.g. ...|S12345^Smith^John^J^III^DR^MD|...).

3.4.7.22 IAM-22 Inactivated Date/Time (DTM) 02295

Definition: The date and time that this allergy was inactivated by the [IAM-21 Inactivated by Person](#).

3.4.7.23 IAM-23 Initially Recorded by Person (XCN) 02296

Components: <Person Identifier (ST)> ^ <Family Name (FN)> ^ <Given Name (ST)> ^
<Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g.,
JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^
<DEPRECATED-Source Table (CWE)> ^ <Assigning Authority (HD)> ^ <Name Type
Code (ID)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^
<Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name
Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent>
^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date
(DTM)> ^ <Professional Suffix (ST)> ^ <Assigning Jurisdiction (CWE)> ^
<Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^
<Security Check Scheme (ID)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own
Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from
Partner/Spouse (ST)>

Subcomponents for Source Table (CWE): <Identifier (ST)> & <Text (ST)> & <Name of
Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)>
& <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)>
& <Alternate Coding System Version ID (ST)> & <Original Text (ST)> &
<Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name
of Second Alternate Coding System (ID)> & <Second Alternate Coding System
Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> &
<Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> &
<Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> &
<Second Alternate Coding System OID (ST)> & <Second Alternate Value Set
OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)>
& <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)>
& <Universal ID Type (ID)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of
Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)>
& <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)>
& <Alternate Coding System Version ID (ST)> & <Original Text (ST)> &
<Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name
of Second Alternate Coding System (ID)> & <Second Alternate Coding System
Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> &
<Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> &
<Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> &
<Second Alternate Coding System OID (ST)> & <Second Alternate Value Set
OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> &
<Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate
Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System
Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original
Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text
(ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate
Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID
(ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)>
& <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)>
& <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set
OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field identifies the user that created the entry in the record stating the allergy (e.g. ...|S12345^Smith^John^J^III^DR^MD|...).

3.4.7.24 IAM-24 Initially Recorded Date/Time (DTM) 02297

Definition: The date and time that this allergy entry was created by the *IAM-23 Created by Person*.

3.4.7.25 IAM-25 Modified by Person (XCEN) 02298

Components: <Person Identifier (ST)> ^ <Family Name (FN)> ^ <Given Name (ST)> ^ <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^ <DEPRECATED-Source Table (CWE)> ^ <Assigning Authority (HD)> ^ <Name Type Code (ID)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent> ^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Professional Suffix (ST)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from Partner/Spouse (ST)>

Subcomponents for Source Table (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

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Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field identifies the user that modified the allergy (e.g. ...[S12345^Smith^John^J^III^DR^MD]...).

3.4.7.26 IAM-26 Modified Date/Time (DTM) 02299

Definition: The date and time that this allergy was modified by the *IAM-25 Modified by Person*.

3.4.7.27 IAM-27 Clinician-Identified Allergen Code (CWE) 02300

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field identifies the clinician entered description associated to a particular allergen. This element may conform to some external, standard coding system (that must be identified), or it may conform to local, largely textual or mnemonic descriptions.

3.4.7.28 IAM-28 Initially Recorded by Organization (XON) 03293

Components: <Organization Name (ST)> ^ <Organization Name Type Code (CWE)> ^ <WITHDRAWN Constituent> ^ <WITHDRAWN Constituent> ^ <WITHDRAWN Constituent> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^ <Organization Identifier (ST)>

Subcomponents for Organization Name Type Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)>
& <Universal ID Type (ID)>

Definition: This field contains the name of the organization that initially recorded the allergy (e.g., a General Hospital).

3.4.7.29 IAM-29 Modified by Organization (XON) 03294

Components: <Organization Name (ST)> ^ <Organization Name Type Code (CWE)> ^
<WITHDRAWN Constituent> ^ <WITHDRAWN Constituent> ^ <WITHDRAWN
Constituent> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^
<Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^
<Organization Identifier (ST)>

Subcomponents for Organization Name Type Code (CWE): <Identifier (ST)> & <Text (ST)>
& <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate
Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System
Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original
Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text
(ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate
Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID
(ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)>
& <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)>
& <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set
OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)>
& <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)>
& <Universal ID Type (ID)>

Definition: This field contains the name of the organization that modified the allergy (e.g., a General Hospital).

3.4.7.30 IAM-30 Inactivated by Organization (XON) 03295

Components: <Organization Name (ST)> ^ <Organization Name Type Code (CWE)> ^
<WITHDRAWN Constituent> ^ <WITHDRAWN Constituent> ^ <WITHDRAWN
Constituent> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^
<Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^
<Organization Identifier (ST)>

Subcomponents for Organization Name Type Code (CWE): <Identifier (ST)> & <Text (ST)>
& <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate
Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System
Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original
Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text
(ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate
Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID
(ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)>
& <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)>
& <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set
OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)>
& <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)>
& <Universal ID Type (ID)>

Definition: This field contains the name of the organization that inactivated the allergy (e.g., a General Hospital).

3.4.8 IAR - Allergy Reaction Segment

The IAR segment is used to transmit a single reaction and information associated with this single reaction occurrence for a particular patient allergy (IAM – patient adverse reaction).

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HL7 Attribute Table – IAR – allergy reaction

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1			CWE	R			03296	Allergy Reaction Code
2			CWE	R		0128	03297	Allergy Severity Code
3			CWE	O		0436	03298	Sensitivity to Causative Agent Code
4		250=	ST	O			03299	Management

3.4.8.1 IAR-1 Allergy Reaction Code (CWE) 03296

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field identifies the specific allergic reaction that was documented. This element may conform to some external, standard coding system, or it may conform to local, largely textual or mnemonic descriptions (e.g., convulsions, sneeze, rash, etc.).

3.4.8.2 IAR-2 Allergy Severity Code (CWE) 03297

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates the general severity of the allergy. Refer to [User-defined Table 0128 - Allergy severity code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.8.3 IAR-3 Sensitivity to Causative Agent code (CWE) 03298

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the reason why the patient should not be exposed to a substance. Refer to [User-defined Table 0436 - Sensitivity to causative Agent code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.8.4 IAR-4 Management (ST) 03299

Definition: This field contains a textual description of the actions that were performed in response to the reaction.

3.4.9 NPU - Bed Status Update Segment

The NPU segment allows the updating of census (bed status) data without sending patient-specific data. An example might include changing the status of a bed from "housekeeping" to "unoccupied."

HL7 Attribute Table - NPU - Bed Status Update

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1			PL	R			00209	Bed Location
2			CWE	O		0116	00170	Bed Status

3.4.9.1 NPU-1 Bed Location (PL) 00209

Components: <Point of Care (HD)> ^ <Room (HD)> ^ <Bed (HD)> ^ <Facility (HD)> ^ <Location Status (IS)> ^ <Person Location Type (IS)> ^ <Building (HD)> ^ <Floor (HD)> ^ <Location Description (ST)> ^ <Comprehensive Location Identifier (EI)> ^ <Assigning Authority for Location (HD)>

Subcomponents for Point of Care (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Room (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Bed (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Building (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Floor (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Comprehensive Location Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Authority for Location (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Definition: This field contains the bed location that is a valid bed location.

3.4.9.2 NPU-2 Bed Status (CWE) 00170

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the bed status. Refer to [User-defined Table 0116 - Bed Status](#) in Chapter 2C, Code Tables, for suggested values.

3.4.10 MRG - Merge Patient Information Segment

The MRG segment provides receiving applications with information necessary to initiate the merging of patient data as well as groups of records. It is intended that this segment be used throughout the Standard to allow the merging of registration, accounting, and clinical records within specific applications.

The assigning authority, the fourth component of the patient identifiers, is an HD data type that is uniquely associated with the assigning authority that originally assigned the number. A given institution, or group of intercommunicating institutions, should establish a list of assigning authorities that may be potential assignors of patient identification (and other important identification) numbers. The list will be one of the

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institution's master dictionary lists. Since third parties (other than the assignors of patient identification numbers) may send or receive HL7 messages containing patient identification numbers, the assigning authority in the patient identification numbers may not be the same as those of the sending and receiving systems identified in the MSH. The assigning authority must be unique across applications at a given site. This field is required in HL7 implementations that have more than a single Patient Administration application assigning such numbers.

HL7 Attribute Table - MRG - Merge Patient Information

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1			CX	R	Y	0061	00211	Prior Patient Identifier List
2				W			00212	Prior Alternate Patient ID
3			CX	O		0061	00213	Prior Patient Account Number
4				W			00214	Prior Patient ID
5			CX	O		0061	01279	Prior Visit Number
6			CX	O	Y	0061	01280	Prior Alternate Visit ID
7			XPN	O	Y	0200	01281	Prior Patient Name

3.4.10.1 MRG-1 Prior Patient Identifier List (CX) 00211

Components: <ID Number (ST)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Effective Date (DT)> ^ <Expiration Date (DT)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the prior patient identifier list. This field contains a list of potential "old" numbers to match. Only one old number can be merged with one new number in a transaction. Refer to [HL7 Table 0061 - Check Digit Scheme](#) for valid values. The assigning authority and identifier type code are strongly recommended for all CX data types.

3.4.10.2 MRG-2 Prior Alternate Patient ID 00212

Definition: The MRG-2 field was retained for backward compatibility only as of v 2.3.1 and withdrawn as of v 2.7. The reader is referred to section 3.3.10.1, MRG-1 Prior Patient Identifier List (CX) 00211, instead.

3.4.10.3 MRG-3 Prior Patient Account Number (CX) 00213

Components: <ID Number (ST)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Effective Date (DT)> ^ <Expiration Date (DT)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the prior patient account number. Refer to [HL7 Table 0061 - Check Digit Scheme](#) for valid values. The assigning authority and identifier type code are strongly recommended for all CX data types.

3.4.10.4 MRG-4 Prior Patient ID 00214

Definition: **The MRG-4 field was retained for backward compatibility only as of v 2.3.1 and withdrawn as of v 2.7. The reader is referred to section 3.3.10.1, MRG-1 Prior Patient Identifier List (CX) 00211, instead.**

3.4.10.5 MRG-5 Prior Visit Number (CX) 01279

Components: <ID Number (ST)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Effective Date (DT)> ^ <Expiration Date (DT)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

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Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the prior visit number. Refer to [HL7 Table 0061 - Check Digit Scheme](#) for valid values. The assigning authority and identifier type code are strongly recommended for all CX data types.

3.4.10.6 MRG-6 Prior Alternate Visit ID (CX) 01280

Components: <ID Number (ST)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Effective Date (DT)> ^ <Expiration Date (DT)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the prior alternate visit number. Multiple alternate identifiers may be sent. Refer to [HL7 Table 0061 - Check Digit Scheme](#) in Chapter 2C, Code Tables, for valid values. The assigning authority and identifier type code are strongly recommended for all CX data types.

3.4.10.7 MRG-7 Prior Patient Name (XPN) 01281

Components: <Family Name (FN)> ^ <Given Name (ST)> ^ <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^ <Name Type Code (ID)> ^ <Name Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent> ^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Professional Suffix (ST)> ^ <Called By (ST)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from Partner/Spouse (ST)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the prior name of the patient. This field is not used to change a patient name. Refer to [HL7 Table 0200 - Name Type](#) in Chapter 2C, Code Tables, for valid values.

3.4.11 PD1 - Patient Additional Demographic Segment

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

HL7 Attribute Table - PD1 - Patient Additional Demographic

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1			CWE	O	Y	0223	00755	Living Dependency
2			CWE	O		0220	00742	Living Arrangement
3			XON	O	Y	0204	00756	Patient Primary Facility
4				W			00757	Patient Primary Care Provider Name & ID No.
5			CWE	O		0231	00745	Student Indicator
6			CWE	O		0295	00753	Handicap
7			CWE	O		0315	00759	Living Will Code
8			CWE	O		0316	00760	Organ Donor Code
9	1..1		ID	O		0136	00761	Separate Bill
10			CX	O	Y		00762	Duplicate Patient
11			CWE	O		0215	00743	Publicity Code
12	1..1		ID	B		0136	00744	Protection Indicator
13			DT	B			01566	Protection Indicator Effective Date
14			XON	O	Y		01567	Place of Worship
15			CWE	C	Y	0435	01548	Advance Directive Code
16			CWE	O		0441	01569	Immunization Registry Status
17			DT	O			01570	Immunization Registry Status Effective Date
18			DT	O			01571	Publicity Code Effective Date
19			CWE	O		0140	01572	Military Branch
20			CWE	O		0141	00486	Military Rank/Grade
21			CWE	O		0142	01573	Military Status
22			DT	O			02141	Advance Directive Last Verified Date
23			DT	O			03511	Retirement Date

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3.4.11.1 PD1-1 Living Dependency (CWE) 00755

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field identifies specific living conditions (e.g., spouse dependent on patient, walk-up) that are relevant to an evaluation of the patient's healthcare needs. This information can be used for discharge planning. This field repeats because, for example, "spouse dependent" and "medical supervision required" can apply at the same time. Refer to [User-defined Table 0223 - Living Dependency](#) in Chapter 2C, Code Tables, for suggested values.

3.4.11.2 PD1-2 Living Arrangement (CWE) 00742

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field identifies the situation in which the patient lives at his residential address. Examples might include Alone, Family, Relatives, Institution, etc. Refer to [User-defined Table 0220 - Living Arrangement](#) in Chapter 2C, Code Tables, for suggested values.

3.4.11.3 PD1-3 Patient Primary Facility (XON) 00756

Components: <Organization Name (ST)> ^ <Organization Name Type Code (CWE)> ^ <WITHDRAWN Constituent> ^ <WITHDRAWN Constituent> ^ <WITHDRAWN Constituent> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^ <Organization Identifier (ST)>

Subcomponents for Organization Name Type Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Definition: This field contains the name and identifier that specifies the "primary care" healthcare facility selected by the patient at the time of enrolment in an HMO Insurance Plan. Multiple names and identifiers are allowed for the same facility. The legal name of the healthcare facility must be sent in the first sequence. If the legal name of the facility is not sent, then the repeat delimiter must be sent in the first

sequence. Refer to [User-defined Table 0204 - Organizational Name Type](#) in Chapter 2C, Code Tables, for suggested values.

3.4.11.4 PD1-4 Patient Primary Care Provider Name & ID No. 00757

Definition: **The PD1-4 field was retained for backward compatibility only as of v 2.4 and withdrawn as of v 2.7.** The reader is advised that the PRT segment is now used to convey more complete information about the primary care provider.

3.4.11.5 PD1-5 Student Indicator (CWE) 00745

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates if the patient is currently a student or not, and whether the patient is a full-time or a part-time student. This field does not indicate the student's degree level (high school, college, elementary) or the student's field of study (accounting, engineering, etc.). Refer to [User-defined Table 0231 - Student Status](#) in chapter 2C, for suggested values.

3.4.11.6 PD1-6 Handicap (CWE) 00753

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates the nature of the patient's permanent handicapped condition (e.g., deaf, blind). A handicapped condition is defined as a physical or mental disability that is permanent. Transient handicapped conditions should be sent in the ambulatory status. Refer to [User-defined Table 0295 - Handicap](#) in Chapter 2C, Code Tables, for suggested values.

3.4.11.7 PD1-7 Living Will Code (CWE) 00759

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates whether or not the patient has a living will and, if so, whether a copy of the living will is on file at the healthcare facility. If the patient does not have a living will, the value of this field indicates whether the patient was provided information on living wills. Refer to [User-defined Table 0315 - Living Will Code](#) in Chapter 2C, Code Tables, for suggested values. See also [PV2-43 - Living Will Code](#).

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3.4.11.8 PD1-8 Organ Donor Code (CWE) 00760

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates whether the patient wants to donate his/her organs and whether an organ donor card or similar documentation is on file with the healthcare organization. Refer to [User-defined Table 0316 - Organ Donor Code](#) in Chapter 2C, Code Tables, for suggested values. See also [PV2-44 - Organ donor Code](#).

3.4.11.9 PD1-9 Separate Bill (ID) 00761

Definition: This field specifies that charges for this patient are to be billed separately from other patient bills with the same guarantor. (This bill is now a patient bill rather than a guarantor bill.) Refer to [HL7 Table 0136 - Yes/No Indicator](#) in Chapter 2C, Code Tables, for valid values.

Y Bill separately
N normal processing

3.4.11.10 PD1-10 Duplicate Patient (CX) 00762

Components: <ID Number (ST)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Effective Date (DT)> ^ <Expiration Date (DT)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field indicates that a patient is the same as, or a duplicate of, another patient found on the sending system. The intent is to be informational only and no action is required by the receiver. Include

the patient identifier if the sender knows an identifier for the patient. The assigning authority and identifier type code are strongly recommended for all CX data types.

3.4.11.11 PD1-11 Publicity Code (CWE) 00743

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains a user-defined code indicating what level of publicity is allowed (e.g., No Publicity, Family Only) for the patient. Refer to *User-defined Table 0215 - Publicity Code* in Chapter 2C, Code Tables, for suggested values. Refer to *PV2-21 - Visit Publicity Code* for visit level code.

3.4.11.12 PD1-12 Protection Indicator (ID) 00744

Definition: **From V2.6 onward, this field has been retained for backward compatibility only.** Use the ARV segment instead. This field identifies the patient's protection that determines, in turn, whether access to information about this person should be kept from users who do not have adequate authority for the patient. Refer to *HL7 Table 0136 - Yes/No Indicator* in Chapter 2C, Code Tables, for valid values.

Y protect access to information
N normal access

Refer to *PV2-22 - Visit Protection Indicator* for visit level code.

3.4.11.13 PD1-13 Protection Indicator Effective Date (DT) 01566

Definition: **From v 2.6 onward, this field has been retained for backward compatibility only.** Use the ARV segment instead. This field indicates the effective date for *PD1-12 - Protection Indicator*.

3.4.11.14 PD1-14 Place of Worship (XON) 01567

Components: <Organization Name (ST)> ^ <Organization Name Type Code (CWE)> ^ <WITHDRAWN Constituent> ^ <WITHDRAWN Constituent> ^ <WITHDRAWN Constituent> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^ <Organization Identifier (ST)>

Subcomponents for Organization Name Type Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

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

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3.4.11.15 PD1-15 Advance Directive Code (CWE) 01548

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
<Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
(ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
Alternate Value Set Version ID (DTM)>

Definition: This field indicates the patient's instructions to the healthcare facility. Refer to [User-defined Table 0435 - Advance Directive Code](#) in Chapter 2C, Code Tables, for suggested values. See also [PV2-45 - Advance Directive Code](#). When [PD1-22 - Advanced Directive Last Verified Date](#) is valued, this field is required.

3.4.11.16 PD1-16 Immunization Registry Status (CWE) 01569

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
<Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
(ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
Alternate Value Set Version ID (DTM)>

Definition: This field identifies the immunization registry status of the patient. Refer to [User-defined Table 0441 - Immunization Registry Status](#) in Chapter 2C, Code Tables, for suggested values.

3.4.11.17 PD1-17 Immunization Registry Status Effective Date (DT) 01570

Definition: This field indicates the effective date for the immunization registry status reported in [PD1-16 - Immunization Registry Status](#).

3.4.11.18 PD1-18 Publicity Code Effective Date (DT) 01571

Definition: This is the effective date for [PD1-11 - Publicity Code](#).

3.4.11.19 PD1-19 Military Branch (CWE) 01572

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^
<Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate
Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding
System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate
Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second
Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID
(ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set
Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value
Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate
Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second
Alternate Value Set Version ID (DTM)>

Definition: This field is defined by CMS or other regulatory agencies. Refer to [User-defined Table 0140 - Military Service](#) in Chapter 2C, Code Tables, for suggested values.

3.4.11.20 PD1-20 Military Rank/Grade (CWE) 00486

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This user-defined field identifies the military rank/grade of the patient. Refer to [User-defined Table 0141 - Military Rank/Grade](#) in Chapter 2C, Code Tables, for suggested values.

3.4.11.21 PD1-21 Military Status (CWE) 01573

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field is defined by CMS or other regulatory agencies. Refer to [User-defined Table 0142 - Military Status](#) in Chapter 2C, Code Tables, for suggested values.

3.4.11.22 PD1-22 Advance Directive Last Verified Date (DT) 02141

Definition: This field indicates the date that all the advance directives held in [PD1-15 - Advance Directive Code](#) were last validated. When this field is valued, the field [PD1-15 - Advance Directive Code](#) is required.

3.4.11.23 PD1-23 Retirement Date (DT) 03511

Definition: This field asserts a self-identified date that an individual considers themselves to have 'retired'.

3.4.12 DB1 - Disability Segment

The disability segment contains information related to the disability of a person. This segment was created instead of adding disability attributes to each segment that contains a person (to which disability may apply). This is an optional segment that can be used to send disability information about a person already defined by the Patient Administration Chapter. The disabled person code and identifier allow for the association of the disability information to the person.

HL7 Attribute Table - DB1 - Disability

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	1..4		SI	R			01283	Set ID - DB1
2			CWE	O		0334	01284	Disabled Person Code
3			CX	O	Y		01285	Disabled Person Identifier
4	1..1		ID	O		0136	01286	Disability Indicator
5			DT	O			01287	Disability Start Date
6			DT	O			01288	Disability End Date
7			DT	O			01289	Disability Return to Work Date
8			DT	O			01290	Disability Unable to Work Date

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3.4.12.1 DB1-1 Set ID - DB1 (SI) 01283

Definition: This field contains the number that identifies this transaction. For the first occurrence of the segment, the sequence number shall be one, for the second occurrence, the sequence number shall be two, etc.

3.4.12.2 DB1-2 Disabled Person Code (CWE) 01284

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: The value of this field indicates to which person the disability information relates in the message. For example, if the value is PT, the disability information relates to the patient. Refer to [User-defined Table 0334 - Disabled Person Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.12.3 DB1-3 Disabled Person Identifier (CX) 01285

Components: <ID Number (ST)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Effective Date (DT)> ^ <Expiration Date (DT)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This is the identifier (or identifiers) for the person whose disability information is sent on the segment. The assigning authority and identifier type code are strongly recommended for all CX data types.

3.4.12.4 DB1-4 Disability Indicator (ID) 01286

Definition: This field indicates if the person's visit is a disability visit. Refer to [HL7 Table 0136 - Yes/No Indicator](#) in Chapter 2C, Code Tables, for valid values.

Y a disability visit
N not a disability visit

3.4.12.5 DB1-5 Disability Start Date (DT) 01287

Definition: This field specifies the date the person became disabled.

3.4.12.6 DB1-6 Disability End Date (DT) 01288

Definition: This field specifies the ending date of the person's disability.

3.4.12.7 DB1-7 Disability Return to Work Date (DT) 01289

Definition: This field indicates the authorized date on which the patient can return to work for a specified disability case.

3.4.12.8 DB1-8 Disability Unable to Work Date (DT) 01290

Definition: This field specifies the first date in the date span that the patient is unable to work due to disability.

3.4.13 PDA - Patient Death and Autopsy Segment

This segment carries information on a patient's death and possible autopsy.

HL7 Attribute Table - PDA - Patient Death and Autopsy

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1			CWE	O	Y		01574	Death Cause Code
2			PL	O			01575	Death Location
3	1..1		ID	O		0136	01576	Death Certified Indicator
4			DTM	O			01577	Death Certificate Signed Date/Time
5			XCN	O			01578	Death Certified By
6	1..1		ID	O		0136	01579	Autopsy Indicator
7			DR	O			01580	Autopsy Start and End Date/Time
8			XCN	O			01581	Autopsy Performed By
9	1..1		ID	O		0136	01582	Coroner Indicator

3.4.13.1 PDA-1 Death Cause Code (CWE) 01574

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field is valued with the reason of the death.

3.4.13.2 PDA-2 Death Location (PL) 01575

Components: <Point of Care (HD)> ^ <Room (HD)> ^ <Bed (HD)> ^ <Facility (HD)> ^ <Location Status (IS)> ^ <Person Location Type (IS)> ^ <Building (HD)> ^ <Floor (HD)> ^ <Location Description (ST)> ^ <Comprehensive Location Identifier (EI)> ^ <Assigning Authority for Location (HD)>

Subcomponents for Point of Care (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Room (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

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Subcomponents for Bed (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Building (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Floor (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Comprehensive Location Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Authority for Location (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Definition: This field is valued with the place the death occurred.

3.4.13.3 PDA-3 Death Certified Indicator (ID) 01576

Definition: This field indicates whether a death was officially certified or not. Refer to [HL7 Table 0136 - Yes/No Indicator](#) in Chapter 2C, Code Tables, for valid values.

Y death has been certified
N death has not been certified

3.4.13.4 PDA-4 Death Certificate Signed Date/Time (DTM) 01577

Definition: This field is valued with the date and time the death certificate was signed.

3.4.13.5 PDA-5 Death Certified By (XCN) 01578

Components: <Person Identifier (ST)> ^ <Family Name (FN)> ^ <Given Name (ST)> ^ <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^ <DEPRECATED-Source Table (CWE)> ^ <Assigning Authority (HD)> ^ <Name Type Code (ID)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent> ^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Professional Suffix (ST)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from Partner/Spouse (ST)>

Subcomponents for Source Table (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field is valued with the person who signed the death certificate.

3.4.13.6 PDA-6 Autopsy Indicator (ID) 01579

Definition: This field indicates whether an autopsy was performed. Refer to [HL7 Table 0136 - Yes/No Indicator](#) in Chapter 2C, Code Tables, for valid values.

Y an autopsy was performed

N an autopsy was not performed

3.4.13.7 PDA-7 Autopsy Start and End Date/Time (DR) 01580

Components: <Range Start Date/Time (DTM)> ^ <Range End Date/Time (DTM)>

Definition: If an autopsy is performed, this field is valued with the date and time the autopsy was begun and completed

3.4.13.8 PDA-8 Autopsy Performed By (XCN) 01581

Components: <Person Identifier (ST)> ^ <Family Name (FN)> ^ <Given Name (ST)> ^ <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^ <DEPRECATED-Source Table (CWE)> ^ <Assigning Authority (HD)> ^ <Name Type Code (ID)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent> ^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Professional Suffix (ST)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from Partner/Spouse (ST)>

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Subcomponents for Source Table (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field is valued with the authority who performed the autopsy.

3.4.13.9 PDA-9 Coroner Indicator (ID) 01582

Definition: This flag indicates whether the case/death has been assigned to the coroner/medical examiner for investigative purposed. Refer to [HL7 Table 0136 - Yes/No Indicator](#) in Chapter 2C, Code Tables, for valid values.

- | | |
|---|---------------------------------------|
| Y | Has been assigned to the coroner. |
| N | Has not been assigned to the coroner. |

3.4.14 ARV - Access Restrictions segment

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

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The Access Restrictions segment (ARV) sent after the MSH acts as a manifest and declares the privacy and security classification (i.e. the confidentiality level), the sensitivity (i.e. access restriction reason) and provides handling instructions (e.g. what the data can be used for, what must be done to protect it and what may not be done with the data). The segment is optional and can repeat.

Examples:

A person/patient may have the right to object to any or all of his/her information to be disclosed. In addition, the patient may request that protected information not be disclosed to family members or friends who may be involved in their care or for notification purposes.

A realm or organization may have certain privacy policies.

A patient may have the right to opt out of being included on facility directories.

In an international context, a physician may be culturally obligated to protect the patient's privacy.

Any "opt-in" or "opt-out" restrictions are communicated in [ARV-3 - Access Restriction Value](#). This segment replaces PD1-12 and PV2-22, which have been deprecated in V2.6. The ARV segment is optional and as of 2.9 is sent immediately following the MSH segment to allow declaration of access restrictions for specific data elements ([ARV-9 - Access Restriction Message Location](#)), that are different from the overall security level declared in the Message Header Segment. The ARV segment can repeat, so that different security attributes across message elements can be declared.

Usage Notes:

The individual system security may want to utilize the Access Restriction Value along with the Access Restriction Reason and with the Confidentiality Code from Code defined in the Security Classification Tag (ARV-7) in order to implement the appropriate type of protection for the identified data. Each system has the flexibility to incorporate/map the access values into their security system appropriately; the actual implementation for access to protected data is determined by the individual system. The Access Restriction Values supported by an enterprise/system would be defined and determined by that organization.

It is expected that these access restriction values would be utilized in combination with other system security information (e.g., patient locations, user department, caregiver-patient relationships, other access restriction parameters) to determine user access.

System implementers should carefully control access to the restriction codes and values, as they themselves hold sensitive information.

HL7 Attribute Table - ARV - Access Restriction

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	1..4		SI	O			02143	Set ID
2	1..1		CNE	R		0206	02144	Access Restriction Action Code
3			CWE	R		0717	02145	Access Restriction Value
4			CWE	O	Y	0719	02146	Access Restriction Reason
5		250=	ST	O	Y		02147	Special Access Restriction Instructions
6			DR	O			02148	Access Restriction Date Range
7			CWE	R		0952	03512	Security Classification Tag
8			CWE	O	Y	0953	03513	Security Handling Instructions
9			ERL	O	Y		03514	Access Restriction Message Location
10			EI	C			02470	Access Restriction Instance Identifier

3.4.14.1 ARV-1 Set ID (SI) 02143

Definition: This field contains the number that identifies this segment. For the first occurrence of the segment, the sequence number shall be one, for the second occurrence, the sequence number shall be two, etc.

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3.4.14.2 ARV-2 Access Restriction Action Code (CNE) 02144

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains a code defining the action to be taken for this segment. It allows access restriction information to be sent to delete or update previously sent access restrictions. Refer to [HL7 Table 0206 - Segment Action Code](#) in Chapter 2C, Code Tables, for valid values.

3.4.14.3 ARV-3 Access Restriction Value (CWE) 02145

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field specifies the information to which access to sensitive information is restricted by applicable jurisdictional, organizational, patient privacy policy or law. This field is used to identify overarching context, for example specific policy defined data elements or message groups when applicable to ALL groups in the message. For example, under a specific minor's right to consent for healthcare law coded in ARV-3, all of the minor's demographic data coded in ARV-4 is sensitive, which may be conveyed in several segments (PID, PD1, PD2)). To a specific element, access may be restricted at the field level by employing the specific HL7 field location in ARV-9. For example, when only some of the demographic data is considered sensitive under a particular minor's consent coded in ARV-3. Refer to [User-defined Table 0717 – Access Restriction Value](#) in Chapter 2C, Code Tables, for suggested values.

The intent of this table is to declare the applicable patient consent directive, organizational policy or jurisdictional law.

As examples in the US this could be HIPAA Authorizations for Disclosure, HIPAA Notice of Privacy Practice or 42 CFR Part 2.

3.4.14.4 ARV-4 Access Restriction Reason (CWE) 02146

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field is used to convey the reason for the restricted access. Repeat of the Access Restriction Reason is allowed to accommodate communication of multiple reasons for an access restriction. Refer to [User-defined Table 0719 – Access Restriction Reason Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.14.5 ARV-5 Special Access Restriction Instructions (ST) 02147

Definition: Used to convey specific instructions about the protection of the patient's information which must be rendered to end users in accordance with patient consent directive, organizational policy, or jurisdictional law. For example, in US law 42 CFR Part 2, disclosed information made with patient consent must include a renderable "Prohibition on re-disclosure" warning (§ 2.321). In addition, organizational policy may require that some or all of the ARV field privacy tag values be rendered to end users, e.g., marking a consult note with "Restricted Confidentiality" or with sensitivity tags such as "VIP" or "EMP" for employee of the organization.

This field may also be used to specify instructions about the release of information to family and friends (e.g., "Do not release information to patient's brother, Adam Everyman"). These instructions may be in conjunction with other fields (as elected by the system).

3.4.14.6 ARV-6 Access Restriction Date Range (DR) 02148

Components: <Range Start Date/Time (DTM)> ^ <Range End Date/Time (DTM)>

Definition: This element defines the date from which an access restriction commences until the date it is specifically rescinded.

3.4.14.7 ARV-7 Security Classification Tag (CWE) 03512

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field defines the security classification (as defined by ISO/IEC 2382-8:1998(E/F)/ T-REC-X.812-1995) of an IT resource, in this case the message, which may be used to make access control decisions. Use of this field supports the business requirement for increasing or decreasing the level of confidentiality (classification or declassification) for a given message.

Refer to Externally-defined HL7 Table 0952 – HL7 Confidentiality Classification. Use of this table is recommended. The codes in this table are comprehensive non-overlapping hierarchical codes: Very Restricted > Restricted > Normal > Moderate > Low > Unrestricted. Restrictions to a comprehensive, non-overlapping set of codes is required for purposes of access control system algorithms such as Bell–

¹ § 2.32 Prohibition on re-disclosure.

(a) Notice to accompany disclosure. Each disclosure made with the patient's written consent must be accompanied by one of the following written statements:

(1) This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65; or

(2) 42 CFR part 2 prohibits unauthorized disclosure of these records.

From = <https://www.gpo.gov/fdsys/pkg/CFR-2011-title38-vol1/xml/CFR-2011-title38-vol1-sec1-476.xml>

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LaPadula Mode, which is used to adjudicate access requests against privacy policies. See Chapter 2C, Code Tables, for suggested values.

3.4.14.8 ARV-8 Security Handling Instructions (CWE) 03513

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field is repeatable and conveys instructions to users and receivers for secure distribution, transmission, and storage; dictates obligations or mandated actions; specifies any action prohibited by refrain policy such as dissemination controls; and stipulates the permissible purpose of use of an IT resource. It is used where MSH-27 or MSH-28, which may be the compilation of all Security Handling Instructions across all labels, are used, but differ from the applicable ones for the data identified in this ARV segment.

Refer to Externally-defined Table 0953 – Security Label Handling Instructions in Chapter 2C, Code Tables, for suggested values. – Use of this table is recommended.

3.4.14.9 ARV-9 Access Restriction Message Location (ERL) 03514

Components: <Segment ID (ST)> ^ <Segment Sequence (NM)> ^ <Field Position (NM)> ^ <Field Repetition (NM)> ^ <Component Number (NM)> ^ <Sub-Component Number (NM)>

Definition: This field is optional and repeating and identifies the location in a message related to the identified access restricted data. If multiple repetitions are present, the listed access restrictions apply to all listed places.

Note: Realm, business and policy rules will determine to what level the restrictions need to be supported. For example in a lab result exchange setting identifying elements more granular than the result at the segment level (i.e.OBX) is not expected, while in other settings more granular settings may apply.

3.4.14.10 ARV-10 Access Restriction Instance Identifier (EI) 02470

Components: <Entity Identifier (ST)> ^ <Namespace ID (ST)> ^ <Universal ID (ST)> ^ <Universal ID Type (ID)>

Definition: This field carries the unique identifier for this access restriction and is conditionally required when ARV-2 is NOT valued 'S' to support the use of action code for tracking changes when using dynamic mode. This instance identifier is persistent between messages. Implementation guides may restrict what mode to use, which will affect the effective optionality of this field.

3.4.15 OH1 - Person Employment Status segment

The OH1 segment is a clinical statement about the subject's state of being employed at the point in time the statement is recorded. Awareness of the subject's Employment Status can assist in understanding the subject's resources, access to benefits, and demands at home and work. If the subject is working (regardless of pay), information about their current job is communicated in OH2 Past or Present Job Segment. Information about volunteer work and past jobs can be collected in the Past or Present Job Segment regardless of current employment status, i.e., even if the subject is not employed at the time.

The intent is for the segment to be allowed to repeat within a message definition to allow a history of employment status for the patient.

This segment relates only to the patient and is not intended to relate to the Next of Kin.

Examples:

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A person/patient may be currently employed following a period of choosing to not be in the labor force. This would be represented by a repeating OH1 segment.

HL7 Attribute Table – OH1 – Person Employment Status

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1			SI	R			03516	Set ID
2	1..12 2		ID	O		0206	00816	Action Code
3			CWE	R		0957	03518	Employment Status
4			DT	O			03519	Employment Status Start Date
5			DT	O			03520	Employment Status End Date
6			DT	R			03521	Entered Date
7			EI	O			02432	Employment Status Unique Identifier

3.4.15.1 OH1-1 Set ID (SI) 03516

Definition: This field contains the number that identifies the OH1 segment instances in message structures where the OH1 segment repeats. For the first occurrence of the segment, the sequence number shall be one, for the second occurrence, the sequence number shall be two, etc.

3.4.15.2 OH1-2 Action Code (ID) 00816

Definition: This field contains a code defining the action to be taken for this segment. It allows this segment to be sent to delete or update, for example, previously sent information. Refer to [HL7 Table 0206 – Segment Action Code](#) in Chapter 2C, Code Tables, for valid values.

3.4.15.3 OH1-3 Employment Status (CWE) 03518

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains a code defining the employment status of a person during the associated time. Refer to [HL7 Table 0957 – Employment Status \(ODH\)](#) in Chapter 2C, Code Tables, for suggested values.

3.4.15.4 OH1-4 Employment Status Start Date (DT) 03519

Definition: This field asserts when the employment status began.

3.4.15.5 OH1-5 Employment Status End Date (DT) 03520

Definition: This field asserts when the employment status ended. If employment status is current, Employment Status End Date should be empty.

Note: The Employment Status End Date SHALL not be greater than the time the observation is made (OH1-6 Entered Date).

3.4.15.6 OH1-6 Entered Date (DT) 03521

Definition: This field records the date that the information was entered into the patient record.

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3.4.15.7 OH1-7 Employment Status Unique Identifier (EI) 02432

Components: <Entity Identifier (ST)> ^ <Namespace ID (ST)> ^ <Universal ID (ST)> ^
<Universal ID Type (ID)>

Definition: This field contains a value that uniquely identifies a single employment status for a person.

3.4.16 OH2 - Past or Present Job segment

The OH2 segment is used to communicate the information about a job or jobs which the subject currently holds or has held in the past. It includes related observations about the occupation (type of work), the type of business (industry) in which that occupation is performed, supervisory level (including military pay grade), and the employer's name and location. It should also include observations about the job's compensation and sector employment type (e.g., paid work, self-employed, volunteer) and work schedule, and may also contain observations for job duties and occupational exposures. The type of work a person performs (occupation) and their industry (type of business in which they work) are critical data elements for patient care, population health, and public health, with the current information being the most important. In the health care encounter, current occupation and industry are important because they provide information regarding the exposures a person may have to substances/environments/hazards that may cause illness/injury or may impact the treatment plan. The combination of occupation and industry serves as a key indicator of the person's work environment. The segment is designed to ensure that these data remain associated with one-another in perpetuity, even if multiple jobs are included.

This segment may relate either to the patient or to the Next of Kin.

The intent is for the segment to be allowed to repeat within a message definition to enable a job history for the person.

Examples:

A person/patient may currently hold a job as carpenter, and previously held a job as a painter. This would be represented by repeating OH2 segments.

HL7 Attribute Table – OH2 – Past or Present Job

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1			SI	R			03522	Set ID
2	<u>1..12</u> 2		ID	O		0206	00816	Action Code
3			DT	O			03524	Entered Date
4			CWE	R		0958	03525	Occupation
54			CWE	R		0955	03526	Industry
6			CWE	O		0959	03527	Work Classification
7	8		DT	O			02494	Job Start Date
8	8		DT	O			02495	Job End Date
9			CWE	O		0954	03528	Work Schedule
10			NM	O			03529	Average Hours worked per Day
11			NM	O			03530	Average Days Worked per Week
12	48		XON	O			03531	Employer Organization
13	106		XAD	O	Y		03546	Employer Address
14			CWE	O		0956	03532	Supervisory Level
15	250		ST	O	Y		03533	Job Duties
16	250		FT	O	Y		03534	Occupational Hazards
17			EI	O			02433	Job Unique Identifier
18			CWE	O		0136	02471	Current Job Indicator

3.4.16.1 OH2-1 Set ID (SI) 03522

Definition: This field contains the number that identifies the OH2 segment instances in message structures where the OH2 segment repeats. For the first occurrence of the segment, the sequence number shall be one, for the second occurrence, the sequence number shall be two, etc. If the subject of the OH2 segment changes (e.g. Patient vs Next of Kin) the Set ID sequence will be reset.

3.4.16.2 OH2-2 Action Code (CWE) 00816

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains a code defining the action to be taken for this segment. It allows this segment to be sent to delete or update, for example, previously sent information. Refer to [HL7 Table 0206 – Segment Action Code](#) in Chapter 2C, Code Tables, for valid values.

3.4.16.3 OH2-3 Entered Date (DT) 03524

Definition: This field records the date that the information was entered into the patient record.

3.4.16.4 OH2-4 Occupation (CWE) 03525

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains a code defining the occupation in which an individual is engaged in for the job recorded in this segment, regardless of duration. Refer to [HL7 Table 0958 – Occupation Code](#) in Chapter 2C, Code Tables, for suggested values. In the US, this field should use the Occupation CDC Census 2010 codes published at <https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.7186>

3.4.16.5 OH2-5 Industry (CWE) 03526

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains a code defining the industry in which an individual is engaged for the job recorded in this segment, regardless of duration. Refer to [HL7 Table 0955 – Industry Code](#) in Chapter 2C, Code Tables, for suggested values. In the US, this field should use the Industry CDC Census 2010 codes published at <https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.7187>

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3.4.16.6 OH2-6 Work Classification (CWE) 03527

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains a code defining the work classification associated with the job of a person recorded in this segment. Refer to [HL7 Table 0959 – Work Classification Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.16.7 OH2-7 Job Start Date (DT) 02494

Definition: This field asserts when the job began.

3.4.16.8 OH2-8 Job End Date (DT) 02495

Definition: This field asserts when the job ended. If the job is current, Job End Date shall be empty.

Note: The Employment Status End Date SHALL not be greater than the date noted in OH2-3 Entered Date.

3.4.16.9 OH2-9 Work Schedule (CWE) 03528

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains a code defining the work schedule associated with the job of a person recorded in this segment. Describes an individual's typical arrangement of working hours for a job. For example, work schedule may capture that an individual typically works a regular day shift, evening shift, or night shift. It can also specify if an individual has another type of schedule such as a rotating shift, split shift, etc. In healthcare settings, knowledge of a patient's typical work schedule may assist in diagnosis of healthcare issues related to irregular work hours or sleep patterns. It may also assist in determining appropriate treatment and prevention plans that will coordinate with the patient's work schedule. Refer to [HL7 Table 0954 – Work Schedule Code](#) in Chapter 2C, Code Tables, for suggested values.

3.4.16.10 OH2-10 Average Hours Worked Per Day (NM) 03529

Definition: This field asserts the average hours worked per day for the job of a person recorded in this segment.

3.4.16.11 OH2-11 Average Days Worked per Week (NM) 03530

Definition: This field asserts the average days worked per week for the job of a person recorded in this segment.

3.4.16.12 OH2-12 Employer Organization (XON) 03531

Components: <Organization Name (ST)> ^ <Organization Name Type Code (CWE)> ^ <WITHDRAWN Constituent> ^ <WITHDRAWN Constituent> ^ <WITHDRAWN Constituent> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^ <Organization Identifier (ST)>

Subcomponents for Organization Name Type Code (CWE): <Identifier (ST)> <Text (ST)> <Name of Coding System (ID)> <Alternate Identifier (ST)> <Alternate Text (ST)> <Name of Alternate Coding System (ID)> <Coding System Version ID (ST)> <Alternate Coding System Version ID (ST)> <Original Text (ST)> <Second Alternate Identifier (ST)> <Second Alternate Text (ST)> <Name of Second Alternate Coding System (ID)> <Second Alternate Coding System Version ID (ST)> <Coding System OID (ST)> <Value Set OID (ST)> <Value Set Version ID (DTM)> <Alternate Coding System OID (ST)> <Alternate Value Set OID (ST)> <Alternate Value Set Version ID (DTM)> <Second Alternate Coding System OID (ST)> <Second Alternate Value Set OID (ST)> <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> <Universal ID (ST)> <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> <Universal ID (ST)> <Universal ID Type (ID)>

Definition: This field asserts the name and or identifier of the employer organization for the job of a person recorded in this segment.

3.4.16.13 OH2-13 Employer Address (XAD) 03546

Components: <Street Address (SAD)> ^ <Other Designation (ST)> ^ <City (ST)> ^ <State or Province (ST)> ^ <Zip or Postal Code (ST)> ^ <Country (ID)> ^ <Address Type (ID)> ^ <Other Geographic Designation (ST)> ^ <County/Parish Code (CWE)> ^ <Census Tract (CWE)> ^ <Address Representation Code (ID)> ^ <WITHDRAWN Constituent> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Expiration Reason (CWE)> ^ <Temporary Indicator (ID)> ^ <Bad Address Indicator (ID)> ^ <Address Usage (ID)> ^ <Addressee (ST)> ^ <Comment (ST)> ^ <Preference Order (NM)> ^ <Protection Code (CWE)> ^ <Address Identifier (EI)>

Subcomponents for Street Address (SAD): <Street or Mailing Address (ST)> <Street Name (ST)> <Dwelling Number (ST)>

Subcomponents for County/Parish Code (CWE): <Identifier (ST)> <Text (ST)> <Name of Coding System (ID)> <Alternate Identifier (ST)> <Alternate Text (ST)> <Name of Alternate Coding System (ID)> <Coding System Version ID (ST)> <Alternate Coding System Version ID (ST)> <Original Text (ST)> <Second Alternate Identifier (ST)> <Second Alternate Text (ST)> <Name of Second Alternate Coding System (ID)> <Second Alternate Coding System Version ID (ST)> <Coding System OID (ST)> <Value Set OID (ST)> <Value Set Version ID (DTM)> <Alternate Coding System OID (ST)> <Alternate Value Set OID (ST)> <Alternate Value Set Version ID (DTM)> <Second Alternate Coding System OID (ST)> <Second Alternate Value Set OID (ST)> <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Census Tract (CWE): <Identifier (ST)> <Text (ST)> <Name of Coding System (ID)> <Alternate Identifier (ST)> <Alternate Text (ST)> <Name of Alternate Coding System (ID)> <Coding System Version ID (ST)> <Alternate Coding System Version ID (ST)> <Original Text (ST)> <Second Alternate Identifier (ST)> <Second Alternate Text (ST)> <Name of Second Alternate Coding System (ID)> <Second Alternate Coding System Version ID (ST)> <Coding System OID (ST)> <Value Set OID (ST)> <Value Set Version ID (DTM)> <Alternate Coding System OID (ST)> <Alternate Value Set OID (ST)> <Alternate Value Set Version ID (DTM)> <Second Alternate Coding System OID (ST)> <Second Alternate Value Set OID (ST)> <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Expiration Reason (CWE): <Identifier (ST)> <Text (ST)> <Name of Coding System (ID)> <Alternate Identifier (ST)> <Alternate Text (ST)> <Name of Alternate Coding System (ID)> <Coding System Version ID (ST)> <Alternate Coding System Version ID (ST)> <Original Text (ST)> <Second Alternate Identifier (ST)> <Second Alternate Text (ST)> <Name of Second Alternate Coding System (ID)> <Second Alternate Coding System Version ID (ST)> <Coding System OID (ST)> <Value Set OID (ST)> <Value Set Version ID (DTM)> <Alternate Coding System OID (ST)> <Alternate Value Set OID (ST)> <Alternate Value Set Version ID (DTM)> <Second Alternate Coding System OID (ST)> <Second Alternate Value Set OID (ST)> <Second Alternate Value Set Version ID (DTM)>

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Subcomponents for Protection Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Address Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Definition: This field asserts the address of the employer organization for the job of a person recorded in this segment. This field shall be populated with the address of the employer rather than the site that the employee works.

The field may repeat.

3.4.16.14 OH2-14 Supervisory Level (CWE) 03532

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains a code defining the supervisory level associated with the job of a person recorded in this segment. Supervisory Level reflects the amount of supervisory or management responsibilities for an individual's job. For example, in the US, in the military, this is the person's pay grade, which serves as a proxy for supervisory level and can be interpreted across branches. Refer to [HL7 Table 0956 – Supervisory Level Code](#) in Chapter 2C, Code Tables, for suggested values. In the US, this field should use the Job Supervisory Level or Pay Grade (ODH) codes published at <https://phinivads.cdc.gov/vads/ViewCodeSystem.action?oid=2.16.840.1.114222.4.11.7613>

3.4.16.15 OH2-15 Job Duties (ST) 03533

Definition: This field lists the regular actions performed at work. For example, a person may have the occupation of "construction laborer" and his specific job duties are to carry construction supplies. Specific job information is important in the healthcare setting because it provides information regarding hazards to which a person may have been exposed, which is pertinent to treatment and prevention. This field may repeat to list multiple job duties, or the job duties may be compiled as a single narrative.

3.4.16.16 OH2-16 Occupational Hazards (FT) 03534

Definition: This field lists the hazard(s) associated with a person's job. Job hazards are a source of potential harm to an individual's physical or mental health. Hazards may be biological, physical, psychological, chemical, or radiological in nature. An occupational hazard is one that is specific to the work or work environment of an individual. This field may repeat to list multiple occupational hazards, or the occupational hazards may be compiled as a single narrative.

3.4.16.17 OH2-17 Job Unique Identifier (EI) 02433

Components: <Entity Identifier (ST)> ^ <Namespace ID (IS)> ^ <Universal Identifier (ST)> ^ <Universal Identifier Type (ID)>

Definition: This field contains a value the uniquely identifies a single job for a person.

3.4.16.18 OH2-18 Current Job Indicator (CWE) 02471

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field defines a flag indicating if this is the person's current job (at the time the record was last updated) using 'Yes', when current and 'No' when not. Refer to [HL7 Table 0136 – Yes/no Indicator](#) in Chapter 2C, Code Tables, for valid values.

3.4.17 OH3 - Usual Work segment

The OH3 segment contains information about the occupation which the subject has held for the longest duration through his or her working history, at the point in time the statement is recorded. Longest-held occupations can be associated with conditions that develop slowly over time or even after the person is no longer performing that type of work, e.g., some respiratory conditions and cancers. It optionally includes a total duration observation, because a person can be in and out of a given occupation over time. In addition, knowing when the person began working in this occupation can provide information about potential exposures and allows the clinician to assess whether sufficient time has elapsed for a chronic condition to appear, i.e. the latency period. This guides appropriate use of screening tests to detect early disease. This segment may be related to either patient or to the Next of Kin.

Examples:

A person/patient may have worked as a waiter for 3 years, and worked as a nurse for 20 years. The Usual Work would reflect an occupation of nurse as the longest held occupation.

The intent is for the segment to be allowed to repeat within a message definition to enable communication of Usual Work for multiple family members, but not the patient. For instance, the Usual Work segment may be repeated in multiple Next of Kin groups in order to allow for inclusion of mother, father, or other related persons, but not more than one usual job is permitted for one person.

HL7 Attribute Table – OH3 – Usual Work

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1			SI	R			03535	Set ID
2	<u>1..12</u> 2		ID	O		0206	00816	Action Code
3			CWE	R		0958	03537	Occupation
4			CWE	R		0955	03538	Industry
5			NM	O			03539	Usual Occupation Duration (years)
6			DT	O			03540	Start year
7			DT	O			03542	Entered Date
8			EI	O			02446	Work Unique Identifier

3.4.17.1 OH3-1 Set ID (SI) 03535

Definition: This field contains the sequence number used to identify the OH3 segment instances in message structures where the OH3 segment repeats. For the first occurrence of the segment, the sequence number shall be one, for the second occurrence, the sequence number shall be two, etc. If the subject of the OH3 segment changes (e.g. Patient vs Next of Kin) the Set ID sequence will be reset.

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3.4.17.2 OH3-2 Action Code (ID) 00816

Definition: This field contains a code defining the action to be taken for this segment. It allows this segment to be sent to delete or update, for example, previously sent information. Refer to HL7 Table 0206 – Segment Action Code in Chapter 2C, Code Tables, for valid values.

3.4.17.3 OH3-3 Occupation (CWE) 03537

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains a code defining the occupation a person has held for the longest time during his or her life, regardless of the occupation currently held and regardless of whether or not it has been continuous time. Refer to [HL7 Table 0958 – Occupation Code](#) in Chapter 2C, Code Tables, for suggested values. In the US, this field should use the Occupation CDC Census 2010 codes published at <https://phinivads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.7186>

3.4.17.4 OH3-4 Industry (CWE) 03538

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains a code defining the industry a person has worked in for the longest time while in the usual occupation. Refer to [HL7 Table 0955 – Industry Code](#) in Chapter 2C, Code Tables, for suggested values. In the US, this field should use the Industry CDC Census 2010 codes published at <https://phinivads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.7187>

3.4.17.5 OH3-5 Usual Occupation Duration (years) (NM) 03539

Definition: This field asserts the number of years that the person has been working in the usual occupation. Decimals shall be used to indicate a duration shorter than 1 year.

3.4.17.6 OH3-6 Start Year (DT) 03540

Definition: This field identifies the year that the person began work in their usual occupation.

3.4.17.7 OH3-7 Entered Date (DT) 03542

Definition: This field records the date that the information was entered into the patient record.

3.4.17.8 OH3-8 Work Unique Identifier (EI) 02446

Components: <Entity Identifier (ST)> ^ <Namespace ID (IS)> ^ <Universal Identifier (ST)> ^ <Universal Identifier Type (ID)>

Definition: This field contains a value the uniquely identifies a single work for a person.

3.4.18 OH4 - Combat Zone Work segment

The OH4 segment contains the date range an individual has worked in what is considered a combat or hazardous duty zone; both civilian and military.

The intent is for the segment to be allowed to repeat within a message definition to enable a combat zone history for the patient.

Examples:

A person/ may have worked in a combat zone for 2 years, followed by 3 years where there was no combat zone work, returning to combat zone work for another 2 years. This would be reflected as two Combat work segments documenting the date ranges for the 2 periods when the combat zone work occurred.

HL7 Attribute Table – OH4 – Combat Zone Work

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1			SI	R			03543	Set ID
2	<u>1..12</u> 2		ID	O		<u>0206</u>	00816	Action Code
3			DT	R			03544	Combat Zone Start Date
4			DT	O			03545	Combat Zone End Date
5			DT	O			03524	Entered Date
6			EI	O			02449	Combat Zone Unique Identifier

3.4.18.1 OH4-1 Set ID (SI) 03543

Definition: This field contains the sequence number used to identify the OH4 segment instances in message structures where the OH4 segment repeats. For the first occurrence of the segment, the sequence number shall be one, for the second occurrence, the sequence number shall be two, etc.

3.4.18.2 OH4-2 Action Code (ID) 00816

Definition: This field contains a code defining the action to be taken for this segment. It allows this segment to be sent to delete or update, for example, previously sent information. Refer to [HL7 Table 0206 – Segment Action Code](#) in Chapter 2C, Code Tables, for valid values.

3.4.18.3 OH4-3 Combat Zone Start Date (DT) 03544

Definition: This field asserts when the combat zone duty began.

3.4.18.4 OH4-4 Combat Zone End Date (DT) 03545

3.4.18.5 Definition: This field asserts when the combat zone duty ended. If combat zone duty is current, Combat Zone End Date should be empty. OH4-5 Entered Date (DT) 03524

Definition: This field records the date that the information was entered into the patient record.

3.4.18.6 OH4-6 Combat Zone Unique Identifier (EI) 02449

Components: <Entity Identifier (ST)> ^ <Namespace ID (IS)> ^ <Universal Identifier (ST)> ^ <Universal Identifier Type (ID)>

Definition: This field contains a value the uniquely identifies a single combat zone for a person.

3.4.19 GSP – Person Gender and Sex Segment

It is imperative that both sex and gender vocabulary be formally integrated into clinical care because they are not interchangeable. Both influence health outcomes. Gender-marginalized individuals face significant barriers to adequate and culturally responsive healthcare, leading to numerous health disparities. The single field PID-8 Sex with user-defined values was renamed in V2.4 (2000) to Administrative Sex in recognition that it was insufficient or inappropriate for conveying sex for clinical use. There are now several fields in HL7 v2 that support communicating administrative sex values for various actors: PID-8 for the patient's Administrative Sex, IN1-43 for the Insured's Administrative Sex, GT1-9 for the Guarantor's Administrative Sex, NK1-15 for the Next of Kin / Associated Party's Administrative Sex, etc. It is widely recognized that the concept of Administrative Sex is not clearly defined and is very widely overloaded with other concepts in real-world implementations. The following segments Person Gender and Sex (GSP), Recorded Gender

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and Sex (GSR) and Sex for Clinical Use (GSC) address this gap by placing them inside the message structure in a way that provides the context, e.g. following the Patient segments (PID, PD1, PD2), the Next-of-Kin segment (NK1) or the Guarantor (GT1) segment, etc.

The GSP segment conveys person-level concepts relating to an individual. Common concepts known to be important include:

- Gender Identity which is an individual's personal sense of being a man, woman, boy, girl, nonbinary, or something else. This datum represents an individual's identity, ascertained by asking them what that identity is.
- Personal Pronouns which indicate the pronoun(s) specified by the individual to use when referring to the person in speech, in clinical notes, in written instructions and in other communications. Avoiding incorrect pronoun use and person misgendering is crucial in transgender and gender-diverse care. It is important to reliably exchange personal pronouns that the individual has specifically reported they want used. Different pronouns may be used in one care setting than another care setting. The pronouns used in the work environment may be different than those in the care setting.
- Sexual Orientation specifies a person's identification of their emotional, romantic, sexual, or affectional attraction to another person.

The HL7 base specification does not prescribe if/how a system maintains an audit trail of changes to the data represented in the GSP segment. Depending on system design and workflow needs, it may be necessary to retain the gender and sex history for an individual.

The use of the GSP segment is not restricted to use with a patient alone. Other individuals represented in a message (e.g. a next of kin or staff) may also have personal gender and sex values.

HL7 Attribute Table – GSP – Person Gender and Sex

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1			SI	R			03543	Set ID
2	1..1		ID	R		0206	00816	Action Code
3			EI	C			02510	GSP Instance Identifier
4			CWE	R		0820	02511	SOGI Concept
5			CWE	R		0821, 0822, 0823	02512	SOGI Concept Value
6			DR	O			02513	Validity Range
7			TX	O			02514	Comment

3.4.19.0 GSP field definitions

3.4.19.1 GSP-1 Set ID (SI) 03543

Definition: This field contains the sequence number used to identify the GSP segment instances in a message.

3.4.19.2 GSP-2 Action Code (ID) 00816

Definition: This field contains a code defining the action to be taken for this segment.

3.4.19.3 GSP-3 GSP Instance Identifier (EI) 02510

Components: <Entity Identifier (ST)> ^ <Namespace ID (ST)> ^ <Universal ID (ST)> ^ <Universal ID Type (ID)>

Definition: This field contains the value that uniquely identifies a single GSP declaration for an individual. This field is conditionally required when the Action Code in GSP-2 indicates data is not being sent in Snapshot Mode (valued “S”).

3.4.19.4 GSP-4 SOGI Concept (CWE) 02511

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains an identifier for the SOGI related concept being asserted (eg. Gender Identity or Personal Pronouns). Refer to User-defined Table HL7 Table 0820 - Gender Harmony Concepts in Chapter 2C, Code Tables, for suggested values.

3.4.19.5 GSP-5 SOGI Concept Value (CWE) 02512

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the value asserted for the concept conveyed in GSP-4. The appropriate value set to use will vary with the concept being communicated (i.e. the valid list of concepts for Gender Identity will be different than the valid list of concepts for Sexual Orientation).

For Gender Identity (GSP-4 is populated with ‘76691-5^Gender Identity^LN) refer to User-defined Table HL7 Table 0821 - Gender Identity in Chapter 2C, Code Tables, for suggested values.

For Personal Pronouns (GSP-4 is populated with ‘90778-2^Personal pronouns - Reported^LN) refer to User-defined Table HL7 Table 0822 - Personal Pronouns in Chapter 2C, Code Tables, for suggested values.

For Sexual Orientation (GSP-4 is populated with ‘76690-7^Sexual orientation^LN) refer to User-defined Table HL7 0823 - Sexual Orientation in Chapter 2C, Code Tables, for suggested values; use of external code systems like SNOMED CT to represent these concepts is recommended; for example in the US see USCDI v2 values (<https://www.healthit.gov/isa/taxonomy/term/2741/uscdi-v2>), which can be used as the base set, if appropriate for the jurisdiction.

3.4.19.6 GSP-6 Validity Period (DR) 02513

Components: <Range Start Date/Time (DTM)> ^ <Range End Date/Time (DTM)>

Definition: This field asserts the time frame during which the value in GSP-5 applies to the individual. This field may contain values for both the Start Date/Time and End Date/Time for values known to no longer be in use. Alternatively, the field may be populated with just a Start Date/Time which indicates that the value is still currently in use. **Note that the Start Date/Time for the Validity Period may be different than the date on which the data was collected and/or entered.**

3.4.19.7 GSP-7 Comment (TX) 02514

Definition: This field contains a free text comment pertaining to the value conveyed in GSP-5.

Commented [MR|A10]: The value set is created by HL7 users, but the suggested values are drawn from LOINC – is this the right verbiage?

Commented [MR|A11R10]: Also in the cross-paradigm IG they are creating a value set for the Document source Field label, that could probably overlap with this field (will be broader than LOINC for example)
<https://build.fhir.org/branches/FHIR-29673-gender-harmony-updates/valueset-recorded-sex-or-gender-source-field.html>

using this OID for the valueset
symbolic name: rsg-FieldName

Commented [MR|A12R10]: The document source field label will not cover all these codes, so not an option.

Commented [MR|A13]: IN this case we don't have overlap with Cross Paradigm IG, as they create an extension for each of these elements, so do not use LOINC and the Gravity IG does not currently include Gender Harmony constructs as far as I can tell (<https://build.fhir.org/ig/HL7/US-Core/sdoh.html>)

These are the LOINC codes to create a table with as the starting set – suggested values:

76691-5 Gender Identity LOINC
76690-7 Sexual orientation LOINC
90778-2 Personal pronouns - Reported LOINC

Commented [MR|A14R13]: UTG proposal for a new table – concept domain
Riki to provide the proper entries for each of the tables

Commented [MR|A15]: Or can we just use this sentence:
For Gender Identity (GSP-4 is populated with ‘76691-5^Gender Identity^LN) refer to the extensibly bound FHIR value set (<http://build.fhir.org/valueset-gender-identity.html>) for suggested values.

Commented [MR|A16]: Or can we use just this sentence?
For Personal Pronouns (GSP-4 is populated with ‘90778-2^Personal pronouns - Reported^LN) refer to the extensibly bound FHIR value set (ADD THE ACTUAL LINK based on <https://build.fhir.org/ig/HL7/fhir-gender-harmony/branches/main/terminology.html#required-valuenames-descriptions-and-example-code-systems>) for suggested values.

Commented [MR|A17]: Not sure if we want to keep this statement here?

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As an example, consider an individual who identified as male as of January 1 2021 and used he/him/his pronouns until July 1 2021 when the individual began to also identify as non-binary and adopt the they/them/theirs pronouns. If the individual had encounters with a provider in March and October, the following segments would represent the Person Gender and Sex information known at those times.

Message generated in March:

```
GSP|1|S||76691-5^Gender identity^LN |446151000124109^Identifies as male
gender^SCT|20210101
GSP|2|S||90778-2^Personal pronouns - Reported^LN |LA29518-
0^he/him/his/his/himself^LN|20210101
GSP|3|S||76690-7^Sexual orientation^LN|42035005^Bisexual^SCT|20210101
```

Message generated in October where the entire individual's history is conveyed:

```
GSP|1|S||76691-5^Gender identity^LN |446151000124109^Identifies as male
gender^SCT|20210101
GSP|2|S||76691-5^Gender identity^LN |33791000087105^Identifies as nonbinary
gender^SCT|20210701
GSP|3|S||90778-2^Personal pronouns - Reported^LN |LA29518-
0^he/him/his/his/himself^LN|20210101^20210630
GSP|4|S||90778-2^Personal pronouns - Reported^LN |LA29520-
6^they/them/their/theirs/themselves^LN|20210701
GSP|5|S||76690-7^Sexual orientation^LN|42035005^Bisexual^SCT|20210101
```

OR

Message generated in October where only the individual's current valid values are being conveyed

```
GSP|1|S||76691-5^Gender identity^LN |446151000124109^Identifies as male
gender^SCT|20210101
GSP|2|S||76691-5^Gender identity^LN |33791000087105^Identifies as nonbinary
gender^SCT|20210701
GSP|3|S||90778-2^Personal pronouns - Reported^LN |LA29520-
6^they/them/their/theirs/themselves^LN|20210701
GSP|4|S||76690-7^Sexual orientation^LN|42035005^Bisexual^SCT|20210101
```

3.4.20 GSR – Recorded Gender and Sex Segment

The recorded sex and gender is to be used to differentiate existing sex or gender data. This element is used for existing 'sex' or 'gender' elements in a document or record when the intent and meaning is unclear. An individual may have zero to many such attributes. For example, the individual's birth certificate information, passport information, driver's license information and national identity document information may all be present. Sex assigned at birth (SAAB), while very common and considered essential in some jurisdictions, is considered a recorded sex and gender entry.

Documenting the recorded gender or sex is an important aspect of transgender and gender-diverse care as an individual's identity documents may be updated at different rates or for different reasons. For instance, a

trans woman may be able to update her driver's license to 'F' but her state might not allow changing a value on her birth certificate, which may still read 'M'.

The HL7 base specification does not proscribe if/how a system maintains an audit trail of changes to the data represented in the GSR segment. Depending on system design and workflow needs, it may be necessary to retain the recorded gender and sex history for an individual.

The use of the GSR segment is not restricted to use with a patient alone. Other individuals represented in a message (e.g. a next of kin) may also have recorded gender and sex values.

HL7 Attribute Table – GSR – Recorded Gender and Sex

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1			SI	R			03543	Set ID
2	1..1		ID	R		0206	00816	Action Code
3			EI	C			02515	GSR Instance Identifier
4			CWE	R		0001	02516	Recorded Gender or Sex
5			CWE	O		0824	02517	Source Document Field Label
6			CWE	O		0825	02518	International Equivalent Sex Value
7			CWE	O		0826	02519	Document Gender Type
8			CWE	O		0827	02520	Jurisdiction Gender
9			DTM	O			02521	Acquisition Date
10			DR	O			02522	Validity Period
11			IX	O			02523	Comment

3.4.20.1 GSR-1 Set ID (SI) 03543

Definition: This field contains the sequence number used to identify the GSR segment instances in a message.

3.4.20.2 GSR-2 Action Code (ID) 00816

Definition: This field contains a code defining the action to be taken for this segment.

3.4.20.3 GSR-3 GSR Instance Identifier (EI) 02515

Components: <Entity Identifier (ST)> ^ <Namespace ID (ST)> ^ <Universal ID (ST)> ^ <Universal ID Type (ID)>

Definition: This field contains the value that uniquely identifies a single GSR declaration for an individual. This field is conditionally required when the Action Code in GSR-2 indicates data is not being sent in Snapshot Mode (valued "S").

3.4.20.4 GSR-4 Recorded Gender or Sex (CWE) 02516

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the sex or gender property for the individual from a document or other record. Refer to *User-defined Table HL70001 – Administrative Sex* in Chapter 2C, Code Tables, for suggested values.

Commented [CN18]: If we don't change GSR-2 we'll need to change this

Commented [MR|A19]: Or can we just point to the FHIR valueset here?

Commented [CN20R19]: I don't think there will be a FHIR value set (there's none specified in the FHIR extension)

Commented [MR|A21R19]: I found this for recorded Sex or Gender – and then they also have the international equivalent – how do we want to deal with that one – do we need an additional field?

Commented [MR|A22R19]: In the current FHIR-IG they point to Administrative Gender: <https://build.fhir.org/valueset-administrative-gender.html> so I used HL70001 here

3.4.20.5 GSR-5 Source Document Field Type and or Label (CWE) 02517

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the label of the source field on the document. From a data modeling perspective this is similar to the use of GSP-4 (Gender Harmony Concept), when there is a formal definition for the source field, for example in an EHR-s or in an electronic data exchange object. For paper documents this will be just the words and can be represented in any characters set. For example, on a Russian identity card it could be 'Пол', which would be populated in the original text component of the CWE datatype. Refer to User-defined table HL7 0824 - *Recorded Sex Or Gender Type* in Chapter 2 C, for suggested values.

3.4.20.6 GSR-6 International Equivalent Sex Value (CWE) 02518

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains an international representation of the value found on the document and documented in Recorded Gender or Sex (GSR-4). Refer to *User defined table 0825 - International Civil Aviation Organization Sex Or Gender* in Chapter 2 C, for suggested values drawn from ISO/IEC 8859-1 (Latin 1) or equivalent. For example a Russian identity card might have the value 'ж' for sex which is the source value, but the international equivalent would be 'F' for interoperability and international legal purposes, as outlined in documentation by the International Civil Aviation Organization (ICAO).

3.4.20.7 GSR-7 Document Gender Type (CWE) 02519

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the source document where this sex or gender property is recorded. E.g., national ID card, birth certificate, passport, patient medical record. Refer to User-defined Table 0826 *Document Gender Type (for gender uses)* for suggested values.

Commented [MR][A23]: Need to get the citation – or deal with that in the Chapter 2C table instead?

3.4.20.8 GSR-8 Jurisdiction Gender (CWE) 02520

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the jurisdiction or organization that issued the document from which the sex or gender was acquired. Refer to *User Defined HL7 Table 0827 -- Jurisdiction Gender Type* in Chapter 2C for suggested values.

3.4.20.9 GSR-9 Acquisition Date (DTM) 02521

Definition: This field contains the date/time when the sex or gender value was first recorded in the system.

3.4.20.10 GSR-10 Validity Period (DR) 02522

Components: <Range Start Date/Time (DTM)> ^ <Range End Date/Time (DTM)>

Definition: This field asserts the time period during which the recorded gender or sex value in GSR-4 applies to the individual. May be just a Start Date/Time for values which are still valid.

3.4.20.11 GSR-11 Comment (TX) 02523

Definition: This field contains a free text explanation about the context or source of the recorded sex or gender value.

3.4.21 GSC – Sex For Clinical Use Segment

Sex for Clinical Use is a categorization of a patient's clinical sex derived from observable information such as an organ inventory, recent hormone lab tests, genetic testing, menstrual status, obstetric history, etc. This property is intended for use in clinical decision making and indicates that treatment or diagnostic tests should consider best practices associated with the relevant reference population.

While clinical decision-making processes could account for the specific physiological or anatomical attributes of the patient, there are several practical considerations, such as patient privacy and limited capabilities of existing systems which create the need for a categorization that is easy to exchange. The Sex for Clinical Use categorization is intended to bridge the gap between the hypothetical ideal and the practical needs of operational systems.

Sex for Clinical Use is a contextual concept. For example, a patient may generally be categorized as male, but for a specific lab test, the resulting lab should use the reference ranges associated with a female reference population. In this case, systems may provide a patient-context sexForClinicalUse that acts as a 'default' for most care and annotate the lab order with a context-specific sexForClinicalUse. Systems may determine what enclosing contexts are useful, but Patient, Encounter, Order and Episode Of Care are enclosing contexts that may often apply.

Prior to the definition of Sex for Clinical Use as a concept, systems may have used administrative gender as an approximation of patient-level sex for clinical use. This practice required pre-coordination among exchange partners to explicitly overload the administrative sex concept for use as a clinical sex concept. In

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cases where there was no pre-coordination, some systems may have incorrectly inferred information about a patient's clinical sex from administrative gender.

For ease of interoperability, a patient's sex for clinical use is constrained to four possible categories. Any patient for which special considerations apply should be categorized as 'Specified'. The 'Specified' category is often represented as 'Other' in existing systems.

Female - Available data indicates that diagnostics, analytics, and treatments should consider best practices associated with female reference populations.

Male - Available data indicates that diagnostics, analytics, and treatments should consider best practices associated with male reference populations.

Specified - Available data indicates that diagnostics, analytics, and treatment best practices may be undefined or not aligned with existing sex-derived reference populations. Individuals or systems providing care should either use default behavior that is safe for both male and female populations, individually review treatment options with the patient, or carefully inspect relevant observations before proceeding with treatment.

Unknown - The sex for clinical use cannot be determined because there are no relevant evidence or documentation, or the evidence or documentation are not sufficient to determine a value. Sex for Clinical Use (SFCU) History and Practices

Because the SFCU can be context-specific, on rare occasions there may be more than one concurrent SFCU for a patient. For example, there could be multiple procedure results, each identifying a context specific SFCU determination used to set the normal range used.

The SFCU values exchanged in a message should be limited to those appropriate for the context(s) in the message. That is, an individual may have different SFCU values for two different procedures, but if the message only contains one of the procedures, only the SFCU value related to that procedure should be included in the message. Note that a single SFCU value may apply to multiple contexts within a single message (i.e. GSC-6 is allowed to repeat and point to multiple locations within the message).

The GSC segment should only be used to declare SFCU values for the patient conveyed in the message. Conveyance of a sex for clinical use for other individuals that may be described in the message (e.g. next of kin, guarantors, providers) is not permitted as these individuals will not have clinical contexts within the message.

HL7 Attribute Table – GSC – Sex for Clinical Use

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1			SI	R			03543	Set ID
2	1..1		ID	R		0206	00816	Action Code
3			EI	C			02524	GSC Instance Identifier
4			CWE	R		0828	02525	Sex for Clinical Use
5			DR	O			02526	Validity Period
6			ERL	R	Y		02527	Context
7			ERL	O	Y		02528	Evidence
8			TX	O			02529	Comment

3.4.21.1 GSC-1 Set ID (SI) 03543

Definition: This field contains the sequence number used to identify the GSC segment instances in a message.

3.4.21.2 GSC-2 Action Code (ID) 00816

Definition: This field contains a code defining the action to be taken for this segment.

3.4.21.3 GSC-3 GSC Instance Identifier (EI) 02524

Components: <Entity Identifier (ST)> ^ <Namespace ID (ST)> ^ <Universal ID (ST)> ^ <Universal ID Type (ID)>

Definition: This field contains the value that uniquely identifies a single GSC declaration for an individual. This field is conditionally required when the Action Code in GSC-2 indicates data is not being sent in Snapshot Mode (valued "S").

3.4.21.4 GSC-4 Sex for Clinical Use (CWE) 02525

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field asserts the context-specific categorization of a patient's sex for the purpose of clinical use. Refer to HL7-defined Table 0828 - Sex For Clinical Use in Chapter 2C, Code Tables, for suggested values.

3.4.21.5 GSC-5 Validity Period (DR) 02526

Components: <Range Start Date/Time (DTM)> ^ <Range End Date/Time (DTM)>

Definition: This field asserts the time frame during which this value applies to the patient context. May be just an initial date/time.

3.4.21.6 GSC-6 Context (ERL) 02527

Components: <Segment ID (ST)> ^ <Segment Sequence (NM)> ^ <Field Position (NM)> ^ <Field Repetition (NM)> ^ <Component Number (NM)> ^ <Sub-Component Number (NM)>

Definition: This field asserts the clinical context(s) relevant for the declared SFCU value. The ERL data type is used to specify a location in the message which carries the clinical context. For example, GSC-6 may point to procedure (PR1) or order (ORC) segment within the message. This field is allowed to repeat to allow a single declared SFCU value to be applied to multiple contexts within the message. As well, the GSC segment is allowed to repeat within a message as an individual may have different SFCU values for different contexts within a single message. The GSC-6 field is required as any SFCU value declared within a message must relate to at least one context within the same message.

3.4.21.7 GSC-7 Evidence (ERL) 02528

Components: <Segment ID (ST)> ^ <Segment Sequence (NM)> ^ <Field Position (NM)> ^ <Field Repetition (NM)> ^ <Component Number (NM)> ^ <Sub-Component Number (NM)>

Definition: This field asserts clinical data (e.g. observations, diagnoses) that are used to determine the SFCU value. The linked information should clearly align with the chosen SFCU value. This field is allowed to repeat as multiple pieces of clinical data may contribute to the chosen SFCU value.

3.4.21.8 GSC-8 Comment (TX) 02529

Definition: This field contains a free text comment pertaining to the sex for clinical use.

3.5 EXAMPLE TRANSACTIONS

3.5.1 Admit/visit notification - event A01 (admitted patient)

```
MSH|^~\&|ADT1|GOOD HEALTH HOSPITAL|GHH LAB, INC.|GOOD HEALTH
HOSPITAL|20210101|19880818|1126|SECURITY|ADT^A01^ADT_A01|MSG00001-
|P|2.89.1||<cr>

EVN|A01|20210101|20070818|1123||<cr>

PID|1||PATID1234^5^M11^ADT1^MR^GOOD HEALTH
HOSPITAL~123456789^^^USSA^SS|EVERYMAN^ADAM^A^III||19610615|M||C|2222 HOME
STREET^^GREENSBORO^NC^27401-1020|GL|(555) 555-2004|(555) 555-2004||S||

PATID12345001^2^M10^ADT1^AN^A|444333333|987654^NC|<cr>

GSP|1|S||76691-5^Gender identity^LN |446151000124109^Identifies as male
gender^SCT|20210101<cr>

GSP|2|S||90778-2^Personal pronouns - Reported^LN |LA29518-
0^he/him/his/his/himself^LN|20210101<cr>

GSP|3|S||76690-7^Sexual orientation^LN|42035005^Bisexual^SCT|20210101<cr>

NK1|1|NUCLEAR^NELDA^W|SPO^SPOUSE|||NK^NEXT OF KIN<cr>

PV1|1|I|2000^2012^01|||004777^ATTEND^AARON^A|||SUR|||ADM|A0|<cr>
```

Patient Adam A. Everyman, III was admitted on [July-January 18, 2007-2021](#) at 11:23 a.m. by Doctor Aaron A. Attending (#004777) for surgery (SUR). He has been assigned to room 2012, bed 01 on nursing unit 2000.

The message was sent from system ADT1 at the Good Health Hospital site to system GHH Lab, also at the Good Health Hospital site, on the same date as the admission took place, but three minutes after the admit.

Commented [MR]A24: I only updated this first example message to include GSP and GSR for the patient – what other messages in this section should be updated? I think for GSC segment use, we may need to include that in an order message – so chapter 4 or a result message in chapter 7, correct?

3.5.2 Pre-admit notification - event A05 (nonadmitted patient)

```

MSH|^~&|REGADT|GOOD HEALTH HOSPITAL|GHH
LAB||200701061000||ADT^A05^ADT_A05|000001|P|2.8|||<cr>

EVN|A05|200701061000|200701101400|01||200701061000<cr>

PID|1||PATID1234^^^GOOD HEALTH HOSPITAL^MR^GOOD HEALTH
HOSPITAL~123456789^^^USSA^SS|253763|EVERYMAN^ADAM^A||19560129|M||2222 HOME
STREET^^ISHPEMING^MI^49849^""^|(555)
555-2004|(555) 555-2004||S|C|99999^^^GOOD HEALTH HOSPITAL^AN|444-33-3333||<cr>

NK1|1|NUCLEAR^NELDA^W|SPO^SPOUSE|6666 HOME STREET ^^ISHPEMING^MI^49849^""^|555-
555-5001|555-555-5001555-555-5001|EC^EMERGENCY CONTACT<cr>

NK1|2|MUM^MARTHA^M|MOTHER|4444 HOME STREET ^^ISHPEMING^MI^49849^""^|555-555-
2006|555-555-2006~555-555-2006|EC^EMERGENCY CONTACT<cr>

NK1|3<cr>

NK1|4||6666 WORKER LOOP^^ISHPEMING^MI^49849|555-555-
3003|EM^EMPLOYER|19940605||PROGRAMMER||WORK IS FUN, INC.<cr>

FV1||O||||0148^ATTEND^AARON^A|0148^SENDER^SAM|AMB|||||0148^ATTEND^AARON^A|S|1
400|A|||||||GOOD HEALTH HOSPITAL|||||<cr>

FV2||||||200301101400|||||||200301101400<cr>

OBX||ST|1010.1^BODY WEIGHT||62|kg||||F<cr>

OBX||ST|1010.1^HEIGHT||190|cm||||F<cr>

DG1|1|19||BIOPSY||00<cr>

GT1|1|EVERYMAN^ADAM^A^""^""^""^||2222 HOME STREET
^ISHPEMING^MI^49849^""^|(555) 555-2004|555 555-2004||SE^SELF|444-33
3333||||2222 HOME STREET^^ISHPEMING^MI^49849^""^|555-555-2004
|||||||AUTO CLINIC<cr>

IN1|1|0|UAL|UARE INSURED, INC.|8888 INSURERS CIRCLE^^ISHPEMING^MI^49849^""^|555-
555-3015|90||||150 OK<cr>

IN1|2|""|""<cr>

```

Patient Adam A. Everyman was pre-admitted on January 6th, 2007 for ambulatory surgery, which is scheduled for January 10, 2007 at 1400. As part of the pre-admission process, he specified two emergency contacts as well as employer, insurance, and guarantor information. He also was measured and weighed.

Note: Above, the REGADT system supports the entry of four NK1 type records: first, second, and third emergency contacts and employer information. A third emergency contact was not provided for Adam A. Everyman. However, an NK1 record must be sent to support "snapshot" mode of update. The REGADT system also supports entry of two insurance plans, one guarantor, and one diagnosis.

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3.5.3 Register a patient - event A04 (nonadmitted patient)

```
MSH|^~&|REGADT|GOOD HEALTH HOSPITAL|GHH  
LAB||200712311501||ADT^A04^ADT_A01|000001|P|2.8|||<cr>  
EVN|A04|200701101500|200701101400|01||200701101410<cr>  
PID|||191919^^^GOOD HEALTH HOSPITAL^MR^GOOD HEALTH  
HOSPITAL^^^USSA^SS|253763|EVERYMAN^ADAM^A||19560129|M||2222 HOME  
STREET^^ISHPEMING^MI^49849^""^|555-555-2004|555-555-  
2004||S|C|10199925^^^GOOD HEALTH HOSPITAL^AN|371-66-9256||<cr>  
NK1|1|NUCLEAR^NELDA|SPOUSE|6666 HOME STREET^^ISHPEMING^MI^49849^""^|555-555-  
5001|555-555-5001~555-555-5001|EC1^FIRST EMERGENCY CONTACT<cr>  
NK1|2|MUM^MARTHA|MOTHER|4444 HOME STREET^^ISHPEMING^MI^49849^""^|555-555-  
2006|555-555-2006~555-555-2006|EC2^SECOND EMERGENCY CONTACT<cr>  
NK1|3<cr>  
NK1|4||6666 WORKER LOOP^^ISHPEMING^MI^49849^""^|(900)545-  
1200|EM^EMPLOYER|19940605||PROGRAMMER|||WORK IS FUN, INC.<cr>  
FV1||O|O/R|||0148^ATTEND^AARON^A|0148^ATTEND^AARON^A|0148^ATTEND^AARON^A|AMB|||  
||0148^ATTEND^AARON^A|S|1400|A| |||||GOOD HEALTH  
HOSPITAL|||199501101410<cr>  
FV2||| |||200701101400| |||||200301101400<cr>  
OBX||ST|1010.1^BODY WEIGHT||62|kg|||F<cr>  
OBX||ST|1010.1^HEIGHT||190|cm|||F<cr>  
DG1|1|19||BIOPSY||00|<cr>  
GT1|1|EVERYMAN^ADAM^A||2222 HOME STREET^^ISHPEMING^MI^49849^""^|444-33 3333|555-  
555-2004|||SE^SELF|444-33 3333|||AUTO CLINIC|2222 HOME  
STREET^^ISHPEMING^MI^49849^""^|555-555-2004|<cr>  
IN1|0|0|UA1|UARE INSURED, INC.|8888 INSURERS CIRCLE^^ISHPEMING^MI^49849^""^|555-  
555-3015|90| |||150 OK|<cr>  
IN1|2|""|""<cr>
```

Patient Adam A. Everyman arrived at location O/R for surgery on January 10th, 2007 at 1410 for ambulatory surgery which was scheduled for January 10, 2007 at 1400. The visit event was recorded into the Good Health Hospital system on January 10, 2007 at 1500. It was sent to the interface engine (IFENG) at 1501.

3.5.4 Change an outpatient to an inpatient - event A06

```
MSH|^~\&|REGADT|MCM|IFENG||200701110025||ADT^A06^ADT_A06|000001|P|2.8|||<cr>
EVN|A06|200701100250||01||200701102300<cr>
PID|||191919^^^GOOD HEALTH
HOSPITAL^MR^FAC1~11111^^^USSA^SS|253763|MASSIE^JAMES^A||19560129|M||2222
HOME STREET^^ISHPEMING^MI^49849^""^|555-555-2004|555-555-
2004||S|C|10199925^^^GOOD HEALTH HOSPITAL^AN|371-66-9256||<cr>
NK1|1|MASSIE^ELLEN|SPOUSE|2222 HOME STREET^^ISHPEMING^MI^49849^""^|555) 555
2004|555-555-5001~555-555-5001|EC1^FIRST EMERGENCY CONTACT<cr>
NK1|2|MASSIE^MARYLOU|MOTHER|300 ZOBERLEIN^^ISHPEMING^MI^49849^""^|555) 555
2004|555-555-5001~555-555-5001|EC2^SECOND EMERGENCY CONTACT<cr>
NK1|3<cr>
NK1|4||6666 WORKER LOOP^^ISHPEMING^MI^49849^""^|(900)545-
1200|EM^EMPLOYER|19940605||PROGRAMMER|||WORK IS FUN, INC.<cr>
FV1||I|6N^1234^A^GOOD HEALTH
HOSPITAL|||0100^SENDER, SAM|0148^ATTEND^AARON^A||SUR|||0148^SENDER, SAM|S|
1400|A|)|||GOOD HEALTH HOSPITAL|||199501102300|<cr>
OBX||ST|1010.1^BODY WEIGHT||62|kg|||F<cr>
OBX||ST|1010.1^HEIGHT||190|cm|||F<cr>
DG1|1|19||BIOPSY|00<cr>
GT1|1|EVERYMAN^ADAM^A||2222 HOME STREET^^ISHPEMING^MI^49849^""^|444-33 3333|555-
555-2004|||SE^SELF|444-33 3333|||AUTO CLINIC|2222 HOME
STREET^^ISHPEMING^MI^49849^""^|555-555-2004<cr>
IN1|0|0|UAI|UARE INSURED, INC.|8888 INSURERS CIRCLE^^ISHPEMING^MI^49849^""^|555-
555-3015|90|||50 OK<cr>
IN1|2|""|""<cr>
```

Patient Adam A. Everyman was later converted to an inpatient on January 10th, 2007 at 2300 to recover from the operation. The change from outpatient to inpatient was recorded on the MCM system on January 11, 2007 at 0020. He was assigned to room 1234, bed A on unit 6N. When Patient Adam A. Everyman was converted to an inpatient on January 10th, 2007 at 2300, his hospital service changed to SUR. His attending doctor and admitting doctors changed to Dr Sam Sender. As a result of the conversion, his account number changed from 10199925 to 10199925

3.5.5 Transfer patient - event A02 (first example)

```
MSH|^~\&|REGADT|GOOD HEALTH
HOSPITAL|IFENG||200701110500||ADT^A02^ADT_A02|000001|P|2.8|||<cr>
EVN|A02|200701110520||01||200701110500<cr>
PID|||191919^^^GOOD HEALTH
HOSPITAL^MR~11111^^^USSA^SS|253763|EVERYMAN^ADAM^A||19560129|M||2222 HOME
STREET^^ISHPEMING^MI^49849^""^|555-555-2004|555-555-
2004||S|C|10199925^^^GOOD HEALTH HOSPITAL^AN|444-33-3333|||<cr>
FV1||I|SICU^0001^01^GOOD HEALTH HOSPITAL||6N^1234^A^GOOD HEALTH
HOSPITAL|0200^ATTEND^AARON^A|0148^
SENDER^SAM||ICU|||0148^SENDER^SAM|S|1400|A|)|||GOOD HEALTH
HOSPITAL|||200701102300|<cr>
```

On January 11th, 2007 at 0500, Adam A. Everyman condition became worse due to a complication. As a result, he was transferred to the surgical ICU (SICU). The transfer was recorded on the Good Health Hospital system on January 11, 2007 at 0520. He was assigned to room 0001, bed 1. When Patient Adam A. Everyman was transferred to SICU, his hospital service changed to ICU and his attending doctor changed to Dr. Sam Sender.

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3.5.6 Cancel transfer - event A12

```
MSH|^~\&|REGADT|GOOD HEALTH  
HOSPITAL|IFENG||200701110600||ADT^A12^ADT_A12|000001|P|2.8|||<cr>  
EVN|A02|200701110600||01||200701110500<cr>  
PID||191919^^^GOOD HEALTH HOSPITAL|253763|EVERYMAN^ADAM^A||19560129|M||2222  
HOME STREET^^ISHPEMING^MI^49849^""^||555-555-2004|555-555-  
2004||S|C|10199925|444-33-3333||  
FV1||I|6N^1234^A^GOOD HEALTH HOSPITAL||SICU^0001^1^GOOD HEALTH  
HOSPITAL|0100^ATTEND^AARON^A|0148^ATTEND^AARON^A||SUR|||||0148^ATTEND^AARON  
^A|S|1400|A|)|||||GOOD HEALTH HOSPITAL||||200701102300|<cr>
```

It was determined that Adam A. Everyman was transferred to the wrong room in the SICU. Therefore, the transfer was cancelled.

3.5.7 Transfer patient - event A02 (second example)

```
MSH|^~\&|REGADT|GOOD HEALTH  
HOSPITAL|IFENG||200701110603||ADT^A02^ADT_A02|000001|P|2.8|||<cr>  
EVN|A02|200701110603||01||200701110500<cr>  
PID||191919^^^GOOD HEALTH  
HOSPITAL^MR^FAC1~1111^^^USSSA^SS|253763|EVERYMAN^ADAM^A||19560129|M||2222  
HOME STREET^^ISHPEMING^MI^49849^""^||555-555-2004|555-555-  
2004||S|C|10199925^^^GOOD HEALTH HOSPITAL^AN|444-33-3333||  
FV1||I|SICU^0001^02^GOOD HEALTH HOSPITAL||6N^1234^A^GOOD HEALTH  
HOSPITAL|0100^ATTEND^AARON^A|0148^ATTEND^AARON^A||SUR|||||0148^ATTEND^AARON  
^A|S|1400|A|)|||||GOOD HEALTH HOSPITAL||||200701102300|<cr>
```

The transfer is then repeated, this time to the correct bed: bed 2 of room 0001 in the SICU.

3.5.8 Discharge patient - event A03

```
MSH|^~\&|REGADT|GOOD HEALTH  
HOSPITAL|IFENG||200701121005||ADT^A03^ADT_A03|000001|P|2.8|||<cr>  
EVN|A03|200701121005||01||200701121000<cr>  
PID||191919^^^GOOD HEALTH  
HOSPITAL^MR~11111^^^USSSA^SS|253763|EVERYMAN^ADAM^A||19560129|M||2222 HOME  
STREET^^ISHPEMING^MI^49849^""^||555-555-2004|555-555-  
2004||S|C|10199925^^^GOOD HEALTH HOSPITAL^AN|444-33-3333|||||||<cr>  
FV1||I|6N||||0100^ATTEND^AARON^A|0148^ATTEND^AARON^A||SUR|||||0148^ATTEND^AARON  
^A|S|1400|A|)|||||SNF|ISH^GREEN ACRES RETIREMENT HOME||GOOD HEALTH  
HOSPITAL||||200701102300|200791121005<cr>
```

When Adam A. Everyman's condition became more stable, he returned to 6N for another day (transfer not shown) and then was discharged to the Green Acres Retirement Home.

3.5.9 Update adverse reaction info - unique identifier is provided - event A60 (where unique identifier is provided)

```
MSH|^~\&|ADT|CA.SCA|IE|200701310815-
0800|200702010101||ADT^A60^ADT_A60|6757498734|P|2.8|
EVN||200701310815-0800
PID||987654321098||EVERYWOMAN^EVE^E||19530406|F
PV1||O
PV2|||||||200701310800-0800
IAM|1|DA|^Penicillin|SV^^HL70128|^rash on back|A^^HL70323|12345||AL^^HL70436|
19990127||200301311015|NUCLEAR^NEVILLE^H|^Husband||C^^HL70438|MLEE^ATTEND^AAR
ON^A^^MD||
```

3.5.10 Update adverse reaction info - allergen code provides unique identifier - event A60 (where the allergen code provides unique identifier)

```
MSH|^~\&|ADT|CA.SCA|IE|200701310815-
0800|200702010101||ADT^A60^ADT_A60|6757498734|P|2.8|
EVN||200701310815-0800
PID||987654321098||EVERYWOMAN^EVE^E||19530406|F
PV1||O
PV2|||||||200701310800-0800
IAM|1|DA|PHM1345^Penicillin^local|SV^^HL70128|^rash on
back|A^^HL70323|||AL^^HL70436|01^Penicillins,Cephalosporins^NDDF
DAC|20070127||200701311015|
NUCLEAR^NEVILLE^H|^Husband||C^^HL70438|MLEE^ATTEND^AARON^A^^MD||
```

3.6 IMPLEMENTATION NOTES

3.6.1 Swapping a patient

Some systems may handle this as a single function. Others may require a multiple process in which:

- patient A is assigned a temporary location
- patient B is assigned patient A's location
- patient A is assigned patient B's prior location

This three-step scenario requires three separate transfer messages instead of a single swap message. If all beds in a hospital are occupied, it may be necessary to use a dummy location.

3.6.2 Merging patient/person information

3.6.2.1 Definitions: Merge, move, and change identifier events

The term "identifier" is used throughout this section. An identifier is associated with a set (or sets) of data. For example, an identifier (*PID-3 - Patient Identifier List*) may be a medical record number which has associated with it account numbers (*PID-18 - Patient Account Number*). Account number (*PID-18 - Patient Account Number*) is a type of identifier which may have associated with it visit numbers (*PV1-19 - Visit Number*).

This section addresses the events that occur usually for the purposes of correcting errors in person, patient, account, or visit identifiers. The types of errors that occur typically fall into three categories:

1) Duplicate identifier created

The registrar fails to identify an existing person, patient, account, or visit and creates a new, "duplicate" record instead of using the existing record. A "merge" operation is used to fix this

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type of error.

2) **Incorrect identifier selected**

The registrar mistakenly selects the wrong person, patient, or account and creates or attaches a patient, account, or visit underneath the incorrect person, patient, or account. A "move" operation is used to fix this type of error.

3) **Incorrect identifier assigned**

The registrar accidentally types in the wrong new identifier for a person, patient, account, or visit. This type of mistake usually occurs when identifiers are manually assigned (not system generated). A "change identifier" operation is used to fix this type of error.

3.6.2.1.1 *Hierarchy of Identifiers*

This section was written from the perspective of one controlling MPI and does not adequately cover the implementation of peer MPIs or multiple enterprise identifiers. To avoid future problems implementors should carefully examine the inferences of multiple identifiers.

Enterprise level MPI systems may collaborate forming either peer-to-peer or hierarchical relationships. When this occurs, multiple enterprise level identifiers may be required in the context of a single HL7 message. An example of a peer-to-peer MPI relationship might be represented by a data sharing application between the US Department of Veterans Affairs and the US Department of Defense, where each have their own MPI. An example of a hierarchical MPI relationship might be required by the need for local, city, and state organizations to collaborate, where each have an MPI.

These events assume a hierarchy of identifiers exists between person, patient, account, and visit. The hierarchy is as follows:

Level 3 - Patient (identified by *PID-3 - Patient Identifier List*)

Level 2 - Account (identified by *PID-18 - Patient Account Number*)

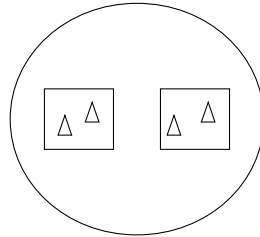
Level 1 - Visit (identified by *PVI-19 - Visit Number*)

The visit-level identifier *PVI-19 - Visit Number* is the lowest level identifier and is considered subordinate to the account-level identifier *PID-18 - Patient Account Number*.

This means that visit identifiers are defined within the context of an account identifier, and implies that visit identifiers are unique within account identifiers. Similarly, account identifiers are subordinate to, and unique within, patient identifiers; patient identifiers are subordinate to, and unique within, person identifiers.

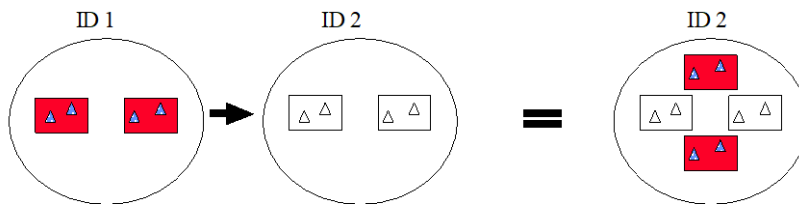
Conversely, the person-level identifier is the highest-level identifier and is considered superior to the patient-level identifiers, which are superior to the account-level identifier, which is superior to any visit-level identifiers.

Note that these events will also apply to environments in which one or more of these levels do not occur. For example, some environments may not have a person (or MPI) level, or they may not have a visit level, or they may have a visit level without an account level. The hierarchy concept is depicted graphically below. For example, Adam Everyman might be assigned an MPI number at the Good Health Hospital network (depicted by the circle). He may have different medical records at two hospitals within the network (depicted by the squares). Associated with each of these medical records are two accounts (depicted by the triangles). Note that the environment illustrated does not support the "visit" level, although in other implementations it might.



3.6.2.1.2 Merge

A merge event signals that two distinct records have been combined together into a single record with a single set of identifiers and data surviving at the level of the merge. All records at a level subordinate to the merged identifier are combined under the surviving record. For example, an A40 (merge patient - patient identifier list) event would be sent to signal that two person records (identified by *MRG-1 - Prior Patient ID* and by *PID-3 - Patient ID*) have been merged into a single record. All of the identifiers, accounts, and visits under the person record are not merged together - they are instead combined under the same person record. The following figure graphically depicts the merge event:

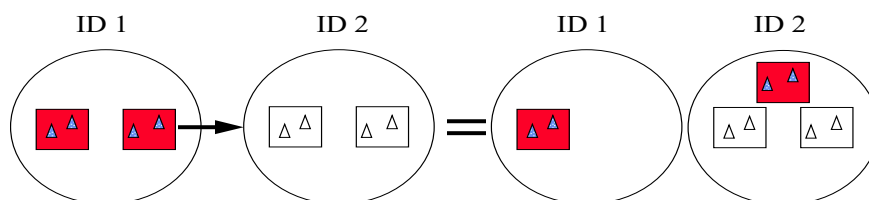


Note: It is not the intent of the merge definition to define the application or implementation specifics of how various systems or environments define, use or handle non-surviving information. "Non-surviving" in this document implies that a data set was existing in a fashion that was incorrect. Merging it into a new data set in itself implies that where there were two datasets, there is now only one. The means by which any system or environment conveys this new data set and the absence of the previous data set to the user is application specific. It is noted that some systems may still physically keep these "incorrect" datasets for audit trail or other purposes.

3.6.2.1.3 Move

A "move" involves transferring one or more datasets (identified by a subordinate identifier) from one superior identifier at the next hierarchical level to another superior identifier at the next hierarchical level, while all identifiers involved retain their original value. An exception to retaining the original identifier value may occur if any of the subordinate source identifiers already exist under the target superior identifier. In this case the identifier value may have to be renumbered in order to be uniquely identified under the target superior identifier. (Refer to section 3.5.2.2.8, "*A45 - Move visit information*" for an illustration of this.)

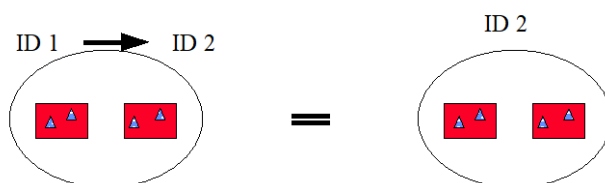
A move event signals that a patient, account, or visit has been moved from one person, patient, or account, respectively, to another. All records at a subordinate level are also moved. For example, an A43 (move patient information - patient identifier list) event would be sent to signal that a medical records administrator has moved a medical record attached to an incorrect person to a correct person. The following figure graphically depicts the move event:



Note: The move event implies that all data related to the incorrect source ID and its subordinate IDs (specified in the MRG segment) will be moved to the correct target ID (specified in the PID or PV1 segment). Specifying each subordinate ID in repeating PID/MRG/PV1 sets is optional but not recommended.

3.6.2.1.4 Change identifier

A change identifier event signals that a single person, patient, account, or visit identifier has been changed. It does not reflect a merge or a move; it is simply a change of an identifier. For example, a "Change Identifier" event would be sent to signal that the registrar has changed an incorrectly assigned person identifier to a correct person identifier. The following picture graphically depicts this event:



3.6.2.1.5 Source and target identifiers

Merge, move, and change events reference target and source identifiers. The incorrect source identifier is specified in the MRG segment. The correct target identifier is identified in the PID or PV1 segment. For example, when you are changing a patient identifier number the source would be *MRG-3 - Prior Patient Account Number*. The target is *PID-18 - Patient Account Number*.

3.6.2.1.6 Tightly coupled relationship

When patient/person identifiers are the target in merge, move, or change events, as specified in the *PID-2 - Patient ID*, *PID-3 - Patient Identifier List* and *PID-4 - Alternate Patient ID-PID*, the associated source identifiers in the *MRG-4 - Prior Patient ID*, *MRG-1 - Prior Patient Identifier List*, and *MRG-2 - Prior Alternate Patient ID*, respectively, must be "tightly coupled." Each event that is defined as a merge, move, or change message carries the "tightly" coupled relationship at the appropriate level in one of two ways: first, by virtue of positional placement in the sequence of identifiers; or, second, by identifier type and assigning authority. The methodology used to establish the definition of "tightly coupled" relationship is determined by site negotiation. The recommended definition is by virtue of positional placement in the sequence of identifiers (pairwise). In addition, HL7 allows the use of the second definition by identifier type and assigning authority as an acceptable convention to establish a "tightly coupled" relationship. In the absence of a site negotiated definition, it is assumed that the positional placement of the identifiers is the default method.

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The list of identifiers can be aligned positionally in their respective segment fields and processed by the receiving system by virtue of their order. This is sometimes referred to as an "ordered pairwise" relationship and is described further in section 3.5.2.1.7, "*Ordered pairwise relationship*".

Alternatively, the uniqueness of the identifiers included in the message is determined by the combination of identifier type and assigning authority. It is assumed that both sending system and receiving system can inspect both of these qualifiers as a message is constructed or processed to determine the "tightly coupled" relationship between the identifiers. This can be referred to as "identifier type/assigning authority" relationship and is described further in section 3.5.2.1.8, "*Identifier type/assigning authority relationship*".

The pairing of identifiers between the MRG segment fields and their associated identifiers in the PID or PV1 segment are defined below:

Person		
<i>PID-2 - Patient ID</i>	<i>with</i>	<i>MRG-4 - Prior Patient ID</i>
Patient		
<i>Pid-3 - Patient Identifier List</i>	<i>with</i>	<i>MRG-1 - Prior Patient Identifier List</i>
	<i>and by</i>	Explicit order of identifiers in the list
	<i>or by</i>	<identifier type code> and <assigning authority> field components
<i>PID-4 - Alternate Patient ID</i>	<i>with</i>	<i>MRG-2 - Prior Alternate Patient ID</i>
Account		
<i>PID-18 - Patient Account Number</i>	<i>with</i>	<i>MRG-3 - Prior Patient Account Number</i>
Visit		
<i>PV1-19 - Visit Number</i>	<i>with</i>	<i>MRG-5 - Prior Visit Number</i>
<i>PV1-50 - Alternate Visit ID</i>	<i>with</i>	<i>MRG-6 - Prior Alternate Visit ID</i>

3.6.2.1.7 Ordered pairwise relationship

In a strict sense, this type of relationship is characterized by a one-to-one association based on type (e.g., medical record number to medical record number, etc.) and the corresponding order of the element, and is typically found in list or set operations. However, for purposes of practical implementation, this relationship will be defined as a simple one-for-one pairing, as exists between the *PID-3 - Patient Identifier List* and the *MRG-1 - Prior Patient Identifier List*. In other words, elements "A", "B", and "C" in the first list would directly correspond to elements "X", "Y", and "Z" in the second list. No consideration is made to the type or value of the corresponding elements; it is the explicit order of the elements which controls the association process. This scenario could be expressed as follows:

List₁ = {A,B,C}

List₂ = {X,Y,Z}

A : X
B : Y
C : Z

A second scenario may arise which deserves mention. As in the list example above, elements "A", "B", and "C" in the first list would "pair-up" with elements "X", "Y", "Z", "Q", "R", and "S" in the second list. Again, no consideration is made to the type or value of the corresponding elements; it is the order and presence which controls the association process. This scenario could be expressed as follows:

List₁ = {A,B,C}

List₂ = {X,Y,Z,Q,R,S}

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A : X
B : Y
C : Z
: Q
: R
: S

In the second scenario, the last three elements "Q", "R", and "S" are not affected and their value remains as if no association had been made.

A third scenario may arise which deserves mention. As in the list example above, elements "A", "B", "C", "D", "E", and "F" in the first list would "pair-up" with elements "X", "Y", and "Z" in the second list. Again, no consideration is made to the type or value of the corresponding elements; it is the order and presence which controls the association process. This scenario could be expressed as follows:

List₁ = {A,B,C,D,E,F}

List₂ = {X,Y,Z}

A : X
B : Y
C : Z
D :
E :
F :

In the third scenario, the last three elements "D", "E", and "F" are not affected and their value remains the same as if no association had been made.

3.6.2.1.8 Identifier type / assigning authority relationship

As stated earlier, the uniqueness of the identifiers included in a message can be determined by the combination of identifier type (t) and assigning authority (a). It is assumed that both sending system and receiving system can inspect both of these qualifiers as a message is constructed or processed. This method is used to determine the "tightly coupled" relationship between the identifiers. The implementation of this relationship exists between the [PID-3 - Patient Identifier List](#) and the [MRG-1 - Prior Patient Identifier List](#). In other words, elements "B^{t2}a1", "C^{t3}a1", "D^{t4}a1", "A^{t1}a1", "E^{t5}a1", and "F^{t6}a1" in the first list would be associated with elements "X^{t1}a1", "Y^{t2}a1", and "Z^{t3}a1" in the second list. This scenario could be expressed as follows:

List₁ = {B^{t2}a1,C^{t3}a1,D^{t4}a1,A^{t1}a1,E^{t5}a1,F^{t6}a1}

List₂ = {X^{t1}a1,Y^{t2}a1,Z^{t3}a1}

B ^{t2} a1 : Y ^{t2} a1
C ^{t3} a1 : Z ^{t3} a1
D ^{t4} a1 :
A ^{t1} a1 : X ^{t1} a1
E ^{t5} a1 :
F ^{t6} a1 :

In this scenario, the three elements which do not have corresponding identifier type and assigning authority "D^{t4}a1", "E^{t5}a1", and "F^{t6}a1" are not affected and their value remains the same as if no association had been made.

A second scenario may arise which deserves mention. In the case of identifier type and assigning authority definition, the elements "A^t1^a1", "B^t2^a1", and "C^t3^a1" in the first list would be associated with elements "X^t4^a1", "Y^t2^a1", "Z^t3^a1", "Q^t1^a1", "R^t5^a1", and "S^t6^a1" in the second list. No consideration is made to the order of the identifiers; it is the identifier type and assigning authority of the corresponding elements which controls the association process. This scenario could be expressed as follows:

List₁ = {A^t1^a1, B^t2^a1, C^t3^a1}

List₂ = {X^t4^a1, Y^t2^a1, Z^t3^a1, Q^t1^a1, R^t5^a1, S^t6^a1}

A^t1^a1 : Q^t1^a1
B^t2^a1 : Y^t2^a1
C^t3^a1 : Z^t3^a1
: X^t4^a1
: R^t5^a1
: S^t6^a1

In the second scenario, the three elements which do not have corresponding identifier type and assigning authority "X^t4^a1", "R^t5^a1", and "S^t6^a1" are not affected and their value remains the same as if no association had been made.

3.6.2.1.9 Global merge and move message construct versus repeating segment message constructs

A flexible message construct is provided for merge trigger events. The message construct allows for a repeating set of PID, optional PD1, MRG, and optional PV1 segments as illustrated below:

```
MSH
EVN
{
  PID
  [PD1]
  MRG
  [PV1]
}
```

Trigger events support the concept of a global move or merge, where all the subordinate identifiers are moved or merged. For example, the use case for A41 (merge account-patient account number) (Section 3.5.2.2.3, "[A41 - merge account - patient account number \(global\)](#)") illustrates a merge on the patient account number ([PID-18 - Patient Account Number](#)). All subordinate identifiers ([PV1-19 - Visit Number](#)) are moved to the target [PID-18 - Patient Account Number Identifier](#), even though they are not specified in the message.

A repeating segment message construct supports reporting of the subordinate identifiers using the repeating segments. This is illustrated in the use case for A40 (merge patient - patient identifier list) (Section 3.5.2.2.2, "[A40 - merge patient - patient identifier list \(repeating segment\)](#)"), A41 (merge account - patient account number) (Section 3.5.2.2.4, "[A41 - merge account - patient account number \(repeating segment\)](#)"), and A45 (move visit information-visit number) (Section 3.5.2.2.9 "[A45 - move visit information - visit number \(repeating segment\)](#)"). Specifying each subordinate ID in repeating segments is optional but not recommended. This construct can be used when renumbering of identifiers is necessary as illustrated in Sections 3.5.2.2.2, "[A40 - merge patient - patient identifier list \(repeating segment\)](#)," 3.5.2.2.4, "[A41 - merge account - patient account number \(repeating segment\)](#)," and 3.5.2.2.9, "[A45 - move visit information - visit number \(repeating segment\)](#)," or to explicitly identify individual subordinate identifiers as illustrated in Section 3.5.2.2.9, "[A45 - move visit information - visit number \(repeating segment\)](#)."

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3.6.2.1.10 Identifier renumbering

When renumbering of identifiers occurs, the repeating segment construct may be required in order to report identifier number changes. When renumbering occurs, the incorrect source identifier is specified in the MRG segment and the correct target identifier is reported in the PID or PV1 segment. Refer to the use case for A41 (merge account-patient account number) for an illustration.

3.6.2.1.11 Superior identifier reporting

When merging or moving subordinate numbers, the higher level, "superior" identifiers should be included in the message. For example, when merging an account where the target is *PID-18 - Patient Account Number* and the source is *MRG-3 - Prior Patient Account Number*, the higher level patient identifiers (*PID-3 - Patient Identifier List* and *MRG-1 - Prior Patient Identifier List*) and person identifiers (*PID-2 - Patient ID* and *MRG-4 - Prior Patient ID*) should also be reported in the message.

3.6.2.2 Trigger events

The intent of trigger events A40 (merge patient- patient identifier list), A41 (merge account-patient account number), A42 (merge visit-visit number), A43 (move patient information-patient identifier list), A44 (move account information-patient account number), A45 (move visit information-visit number), A47 (change patient identifier list), A49 (change patient account number), A50 (change visit number), and A51 (change alternate visit ID) is to reconcile distinct sets of existing person/patient data records that have been entered under different identification numbers, either deliberately or because of errors. Ideally, following any of these trigger events, all of the person/patient data should be accessible under whatever surviving identifiers were specified in the messages. Because of substantial differences in database architectures and system-dependent data processing requirements or limitations, the exact meaning and implementation of these events must be negotiated between systems.

3.6.2.2.1 A40 - merge patient - patient identifier list

A40 - Merge patient - patient identifier list	
Use Case - During the admission process, the registrar does not find a record for patient EVE EVERYWOMAN in the ADT system and creates a new record with patient identifier MR2. EVE EVERYWOMAN has actually been to the healthcare facility several times in the past under her maiden name, Eve Maidenname with patient identifier MR1. The problem persists for a while. During that time, several more accounts are assigned to Eve under her newly created patient ID MR2. Finally, the problem is discovered and Medical Records merges her two charts together leaving patient identifier MR1. All the accounts (ACCT1, ACCT2) that were assigned to MR2 are combined under MR1 as a result.	
Target: <i>PID-3 - Patient Identifier List</i> (Note: <i>PID-18 - Patient Account Number</i> is not valued; all accounts associated with MR2 are combined under MR1). To merge <i>PID-18 - Patient Account Number</i> data only, use event A41 (merge account-patient account number). To move <i>PID-18 - Patient Account Number</i> data use event A44 (move account information-patient account number).	
Source: <i>MRG-1 - Prior Patient Identifier List</i> (Note: <i>MRG-3 - Prior Patient Account Number</i> is not valued; all accounts associated with MR2 are combined under MR1.)	
Example Transaction:	
MSH|^~\&|REGADT|MCM|RSP1P8|MCM|200301051530|SEC|ADT^A40^ADT_A39|00000003|P|2.8|<cr>	
EVN|A40|200301051530<cr>	
PID||MR1^^^XYZ||MAIDENNAME^EVE|...<cr>	
MRG|MR2^^^XYZ<cr>	
Before Merge	After Merge
MR1 MR2	MR1
ACCT1 ACCT1	ACCT1
ACCT2 ACCT2	ACCT2
	ACCT1
	ACCT2

Implementation considerations: This scenario exists when two medical records are established for the same person.

Since there could be a discrepancy in the demographic information between the two records, reconciliation may be required. In the example above, the implementation allowed the older demographic information (in the PID) to survive. The demographics implied by the IDs in the MRG segment, did not survive. Surviving and non-surviving demographic information is application and implementation specific. An A08 (update patient information) event should be sent and/or negotiated as necessary to provide for implementation and application-specific needs.

3.6.2.2.2 A40 - merge patient - patient identifier list (repeating segment)

A40 - Merge patient - patient identifier list	
<p>Use Case - During the admission process, the registrar does not find a record for patient EVE EVERYWOMAN in the Patient Administration system and creates a new record with patient identifier MR2. EVE EVERYWOMAN has actually been to the healthcare facility several times in the past under her maiden name, EVE MAIDENNAME with patient identifier MR1. The problem persists for a while. During that time, several more accounts are assigned to EVE under her newly created patient ID MR2. Finally, the problem is discovered and Medical Records merges her two charts together leaving patient identifier MR1. All the accounts (ACCT1, ACCT2) that were assigned to MR2 are combined under MR1 as a result. Since the account numbers are not unique, they are also renumbered.</p>	
Target: <i>PID-3 - Patient Identifier List</i> and <i>PID-18 - Patient Account Number</i>	
Source: <i>MRG-1 - Prior Patient Identifier List</i> and <i>MRG-3 - Prior Patient Account Number</i>	
<p>Example Transaction:</p> <pre>MSH|^~\&|REGADT|MCM|RSP1P8|MCM|200301051530|SEC|ADT^A40^ADT_A39|00000003|P|2.8|<cr> EVN|A40|200301051530<cr> PID|||MR1^^^XYZ||EVERYWOMAN^EVE|||ACCT3<cr> MRG|MR2^^^XYZ||ACCT1<cr> PID|||MR1^^^XYZ||EVERYWOMAN^EVE|||ACCT4<cr> MRG|MR2^^^XYZ||ACCT2<cr></pre>	
Before Merge	After Merge
MR1 MR2 ACCT1 ACCT1* ACCT2 ACCT2*	MR1 ACCT1 ACCT2 ACCT3* ACCT4* *accounts renumbered
<p>Implementation considerations: This scenario exists when two medical records are established for the same person.</p> <p>If the account numbers are not unique (as implied by the After Merge example above) and renumbering of the accounts is required, you must use repeating segments as illustrated in the Example Transaction. Refer to Section 3.5.2.1.9, "<i>Global merge and move message construct versus repeating segment message constructs</i>," for additional information regarding message construct.</p> <p>Since there could be a discrepancy in the demographic information between the two records, reconciliation may be required. In the example above, the implementation allowed the older demographic information (in the PID) to survive. The demographics implied by the IDs in the MRG segment, did not survive. Surviving and non-surviving demographic information is application and implementation specific. An A08 (update patient information) event should be sent and/or negotiated as necessary to provide for implementation and application specific needs.</p>	

3.6.2.2.3 A41 - merge account - patient account number (global)

This event illustrates the concept of a global merge as defined in Section 3.5.2.1.9, "*Global merge and move message construct versus repeating segment message constructs*."

A41 - Merge account information - patient account number
<p>Use Case - Eve Everywoman (patient identifier MR1) is a recurring outpatient at the Physical Therapy clinic at hospital XYZ with account number ACCT1. She has visited the clinic several times. When she arrives for therapy, a new registrar does not realize she</p>

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already has an account and opens a new one with account number ACCT2. When the mistake is discovered, the two accounts are merged together, combining all visits under account ACCT1.	
Target: <i>PID-18 - Patient Account Number</i>	
Source: <i>MRG-3 - Prior Patient Account Number</i>	
<p>Example Transaction:</p> <pre>MSH|^~\&|REGADT|MCM|RSP1P8|MCM|200301051530|SEC|ADT^A41^ADT_A39|00000005|P|2.8|<cr> EVN|A41|200301051530<cr> PID|||MR1^^^XYZ||EVERYWOMAN^EVE||19501010|M|||123 NORTH STREET^NY^NY^10021|| (212) 111-3333||S||ACCT1<cr> MRG|MR1^^^XYZ||ACCT2<cr></pre>	
Before Merge	After Merge
MR1 ACCT1 96124 96126 ACCT2 96128 96130	MR1 ACCT1 96124 96126 96128 96130
<p>Implementation considerations: This scenario exists when two accounts are established for the same patient.</p> <p>The PV1 segment is not valued since this event is really a merge at the <i>PID-18 - Patient Account Number</i> level. All identifiers below the <i>PID-18 - Patient Account Number</i> are combined under the surviving Patient Account Number.</p> <p>Since there could be a discrepancy in the demographic information between the two records, reconciliation may be required. Surviving and non-surviving demographic information is application and implementation specific. An A08 (update patient information) event should be sent and/or negotiated as necessary to provide for implementation and application-specific needs.</p>	

3.6.2.2.4 A41 - merge account - patient account number (repeating segment)

This event illustrates the concept of a repeating segment merge as defined in 3.5.2.2.1.

A41 - Merge account - patient account number	
<p>Use Case - Eve Everywoman (patient identifier MR1) is a recurring outpatient at the Physical Therapy clinic at hospital XYZ with account number ACCT1. She has visited the clinic several times. When she arrives for therapy, a new registrar does not realize she already has an account and opens a new one with account number ACCT2. When the mistake is discovered, the two accounts are merged together, combining all visits under account ACCT1.</p>	
Target: <i>PID-18 - Patient Account Number</i> and <i>PV1-19 - Visit Number</i>	
Source: <i>MRG-3 - Prior Patient Account Number</i> and <i>MRG-5 - Prior Visit Number</i>	
<p>Example Transaction:</p> <pre>MSH ^~\& REGADT MCM RSP1P8 MCM 200301051530 SEC ADT^A41^ADT_A39 00000005 P 2.8 <cr> EVN A41 200301051530<cr> PID MR1^^^XYZ EVERYWOMAN^EVE 19501010 F 123 NORTH STREET^NY^NY^10021 (212) 111-3333 S ACCT1<cr> MRG MR1^^^XYZ ACCT2 VISIT1<cr> PV1 1 I VISIT3<cr> PID MR1^^^XYZ EVERYWOMAN^EVE 19501010 F 123 NORTH STREET^NY^NY^10021 (212) 111-3333 S ACCT1<cr> MRG MR1^^^XYZ ACCT2 VISIT2 PV1 1 I VISIT4<cr></pre>	
Before Merge	After Merge

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MR1 ACCT1 VISIT1 VISIT2 ACCT2 VISIT1* VISIT2* *Visits erroneously assigned	MR1 ACCT1 VISIT1 VISIT2 VISIT3** VISIT4** **Visits combined and renumbered as a result of merging the account
<p>Implementation considerations: This scenario exists when two accounts and associated visits are established for the same patient.</p> <p>Repeating PID/MRG/PV1 segments report each Account Number and Visit Number affected. This construct is required since the visits are renumbered in this example.</p> <p>Since there could be a discrepancy in the demographic information between the two records, reconciliation may be required. Surviving and non-surviving demographic information is application and implementation specific. An A08 (update patient information) event should be sent and/or negotiated as necessary to provide for implementation and application-specific needs.</p>	

3.6.2.2.5 A42 - Merge visit - visit number

A42 - Merge visit - visit number	
<p>Use Case - A42 (merge visit -visit number) - Eve Everywoman (patient identifier MR1) is a recurring outpatient at the Physical Therapy clinic at hospital XYZ with account number ACCT1. She has visited the clinic several times. When she arrives for therapy, two different registrars create a new visit numbers. The mistake is not discovered immediately and clinical data is recorded under both visit numbers. When the mistake is discovered, the two visits are merged together, leaving visit VISIT1.</p>	
Target: <i>PV1-19 - Visit Number</i>	
Source: <i>MRG-5 - Prior Visit Number</i>	
<p>Example Transaction:</p> <pre>MSH|^~&|REGADT|MCM|RSP1P8|MCM|200301051530|SEC|ADT^A42^ADT_A39|00000005|P|2.8|<cr> EVN|A42|200301051530<cr> PID||MR1^^^XYZ||EVERYEWOMAN^EVE||19501010|F||123 NORTH STREET^NY^NY^10021|| (212) 111-3333||S||ACCT1<cr> MRG|MR1^^^XYZ||ACCT1||VISIT2<cr> PV1|1|I|||||||||||||VISIT1</pre>	
Before Merge	After Merge
MR1 ACCT1 VISIT1 VISIT2	MR1 ACCT1 VISIT1
Implementation considerations: This scenario exists when two visits are established in error for the same patient and episode of care.	

3.6.2.2.6 A43 - move patient information - patient identifier list

A43 - Move patient information - patient identifier list
<p>Use Case - information from ABC HMO is loaded to a repository system each month. Eve Everywoman is entered in January and assigned Enterprise Number 1 (E1). Eve has visited Hospital XYZ and is assigned medical record number MR1. Evi Everywoman (a different person) is also a member of ABC HMO loaded to the repository and assigned Enterprise Number E2. Evi has visited Hospital XYZ and is assigned medical record number MR1. Evi visits Clinic DEF where she is assigned medical record number MR2 which is erroneously associated with Eve's Enterprise Number (E1). When the error is discovered MR2 is moved from Enterprise Number E1 to E2.</p>
Target: <i>PID-2 - Patient ID</i>
Source: <i>MRG-4 - Prior Patient ID</i>
Example transaction:

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<pre>MSH ^~\& REPOSITORY ENT RSP1P8 MCM 200301051530 SEC ADT^A43^ADT_A43 0000009 P 2.8 <cr> EVN A43 200301051530<cr> PID 1 E2 MR2^^^ABCHMO EVERYWOMAN^EVI ...<cr> MRG MR2^^^ABCHMO E1<cr></pre>	
Before Move	After Move
<pre>E1 E2 MR1 MR1 MR2</pre>	<pre>E1 E2 MR1 MR1 MR2</pre>
<p>Implementation considerations: <i>PID-3 - Patient Identifier List</i> and <i>MRG-1 - Prior Patient Identifier List</i> are the same value since the PID-3 value does not change in this scenario.</p> <p>The example above would be expressed as follows. In the following example, the assigning authority ENT1 represents an Enterprise and the PE identifier type code represents the Person's Enterprise number. The MR1 identifier is omitted from the message because it is not moved.</p> <pre>MSH|^~\&|REPOSITORY|ENT|RSP1P8|MCM|200301051530|SEC|ADT^A43^ADT_A43|0000009 |P|2.8|<cr> EVN|A43|200301051530<cr> PID|1||E2^^^ENT1^PE~MR2^^^ABCHMO^MR|||EVERYWOMAN^EVI|...<cr> MRG|E1^^^ENT1^PE~MR2^^^ABCHMO^MR|. . .<cr></pre>	

3.6.2.2.7 A44 - move account information - patient account number

A44 - Move account information - patient account number	
<p>Use Case - During the admission process, the admitting clerk uses the Medical Record Number of Adam Everyman III (MR1) instead of Adam Everyman, Jr. (MR2). The Patient Administration system assigns the new admission account number ACCT2. When the mistake is discovered, account ACCT2 is moved to the correct Medical Record, MR2. The account number is not changed.</p>	
<p>Target: <i>PID-3 - Patient Identifier List</i> and <i>PID-18 - Patient Account Number</i> (Note: <i>PID-18 - Patient Account Number</i> and <i>MRG-3 - Prior Patient Account Number</i> will be the same since the account number does not change in this scenario).</p>	
<p>Source: <i>MRG-1 - Prior Patient Identifier List</i> and <i>MRG-3 - Prior Patient Account Number</i> (NOTE: <i>MRG-3 - Prior Patient Account Number</i> must be valued to indicate which account to move)</p>	
<p>Example Transaction:</p> <pre>MSH|^~\&|REGADT|MCM|RSP1P8|MCM|200301051530|SEC|ADT^A44^ADT_A43|00000007|P| 2.8|<cr> EVN|A44|200301051530<cr> PID|||MR2^^^XYZ||Everyman^Adam^A^JR||19501010|M||123 EAST STREET^NY^NY^10021|| (212) 111-3333||S||ACCT2<cr> MRG|MR1^^^XYZ||ACCT2<cr></pre>	
Before Move	After Move
<pre>MR1 MR2 ACCT1 ACCT1 ACCT2</pre>	<pre>MR1 MR2 ACCT1 ACCT1 ACCT2</pre>
<p>Implementation considerations: This scenario exists when two medical records legitimately exist for two different people and an account is incorrectly associated with the wrong medical record number.</p>	

3.6.2.2.8 A45 - move visit information - visit number (repeating segment)

A45 - Move visit information - visit number
<p>Use Case - Eve Everywoman (patient identifier MR1) is a recurring outpatient at the Physical Therapy and Speech Therapy clinics at hospital XYZ. She is assigned a different account for each clinic; her account number for Physical Therapy is ACCT1 and her account number for Speech Therapy is X1. However, on two different occasions, the Speech Therapy registrar accidentally assigned her visits</p>

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(96102 and 96104) to the Physical Therapy account. The problem is later discovered and the corresponding visits are moved to the correct account.	
Target: <i>PID-18 - Patient Account Number</i> and <i>PV1-19 - Visit Number</i> .	
Source: <i>MRG-3 - Prior Patient Account Number</i> and <i>MRG-5 - Prior Visit Number</i> .	
<p>Example Transaction:</p> <pre> MSH|^~\&|REGADT|MCM|RSP1P8|MCM|200301051530|SEC|ADT^A45^ADT_A45|00000005|P| 2.8|<cr> EVN|A45|200301051530<cr> PID|||MR1^^^XYZ||EVERYWOMAN^EVE||19501010|M|||123 NORTH STREET^^NY^NY^10021|||(212)111-3333|||S||X1<cr> MRG|MR1^^^XYZ||ACCT1||96102<cr> PV1||O|PT|||||||||||96102<cr> MRG|MR1^^^XYZ||ACCT1||96104<cr> PV1||O|PT|||||||||||96104<cr> </pre>	
Before Move	After Move
MR1 ACCT1 96100 96102* 96104* X1 96101 96103 96105 *Visits erroneously assigned	MR1 ACCT1 96100 X1 96101 96102 96103 96104 96105
<p>In the above transaction/implementation, the application that generated the message assigns unique visit numbers.</p> <p>Implementation Considerations: In this scenario the repeating MRG/PV1 construct is used to indicate which visits are moved, as illustrated in the Example Transaction. <i>MRG-5 - Prior Visit Number</i> and <i>PV1-19 - Visit Number</i> are the same values because the visit numbers do not change. Refer to section 3.5.2.1.9, "Global merge and move message construct versus repeating segment message constructs," for additional information regarding message construct.</p>	

3.6.2.2.9 A45 - move visit information - visit number (repeating segment)

A45 - Move visit information - visit number
<p>Use Case -Eve Everywoman (patient identifier MR1) is a recurring outpatient at the Physical Therapy and Speech Therapy clinics at hospital XYZ. She is assigned a different account for each clinic; her account number for Physical Therapy is ACCT1 and her account number for Speech Therapy is X1. However, on two different occasions, the Speech Therapy registrar accidentally assigned her visits (VISIT2 and VISIT3) to the Physical Therapy account. The problem is later discovered and the corresponding visits are moved to the correct account.</p>
Target: <i>PID-18 - Patient Account Number</i> and <i>PV1-19 - Visit Number</i> .
Source: <i>MRG-3 - Prior Patient Account Number</i> and <i>MRG-5 - Prior Visit Number</i> .
Example Transaction:

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<pre>MSH ^~\& REGADT MCM RSP1P8 MCM 200301051530 SEC ADT^A45^ADT_A45 00000005 P 2.8 <cr> EVN A45 200301051530<cr> PID MR1^^^XYZ EVERYWOMAN^EVE 19501010 M 123 NORTH STREET^^^NY^NY^10021 (212)111-3333 S X1<cr> MRG MR1^^^XYZ ACCT1 VISIT2<cr> PV1 O PT VISIT4<cr> MRG MR1^^^XYZ ACCT1 VISIT3<cr> PV1 O PT VISIT5<cr></pre>	
Before Move	After Move
MR1 ACCT1 VISIT1 VISIT2* VISIT3* X1 VISIT1 VISIT2 VISIT3 *Visits erroneously assigned	MR1 ACCT1 VISIT1 X1 VISIT1 VISIT2 VISIT3 VISIT4** VISIT5** **visits moved and renumbered
<p>In the above transaction/implementation, the application that generated the message allows non-unique visit numbers. Implementation Considerations: If Visit Numbers are not unique (as implied by the After Move example above) and renumbering of the visits is required, you must use a repeating MRG/PV1 construct as illustrated in the Example Transaction. Refer to 3.5.2.2.1, "A40 - merge patient - patient identifier list," for additional information regarding message construct.</p>	

3.6.2.2.10 A47 - change patient identifier list

A47 - Change patient identifier list	
<p>Use Case - The Medical Records Department of XYZ hospital uses a system of manual medical record number assignment. During the admission process, the registrar accidentally assigned the wrong Medical Record Number (MR2 instead of MR1) to ADAM EVERYMAN. Since the correct Medical Record has not yet been assigned to any patient, no merge takes place. The Patient Identifier List is simply changed.</p>	
Target: PID-3 - Patient Identifier List	
Source: MRG-1 - Prior Patient Identifier List	
<p>Example Transaction:</p> <pre>MSH|^~\&|REGADT|MCM|RSP1P8|MCM|200301051530|SEC|ADT^A47|00000002|P|2.8|<cr> EVN|A47|200301051530<cr> PID|||MR1^^^XYZ||EVERYMAN^ADAM||19501010|M|||987 SOUTH STREET^^^NY^NY^10021|||(212)111-3333|||S||ACCT1<cr> MRG|MR2^^^XYZ||ACCT1<cr></pre>	
Before Change	After Change
MR2 ACCT1	MR1 ACCT1
Implementation considerations: None.	

3.6.2.2.11 A49 - change patient account number

A49 - Change patient account number
<p>Use Case - Patients are automatically assigned an account number by hospital XYZ's Patient Administration system at admission. However, when the Patient Administration system is down, the admitting clerk manually assigns account numbers from a pool of downtime account numbers. ADAM EVERYMAN (patient ID MR1) was manually assigned downtime account number ACCT1.</p>

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When the Patient Administration system came back up, the admitting clerk accidentally entered the wrong account number, X1, into the system. When the problem was later discovered, the account number was changed from X1 to ACCT1.	
Target: <i>PID-18 - Patient Account Number</i>	
Source: <i>MRG-3 - Prior Patient Account Number</i>	
<p>Example Transaction:</p> <pre>MSH|^~\&|REGADT|MCM|RSP1P8|MCM|200301051530|SEC|ADT^A49^ADT_A30|00000006|P|2.8|<cr> EVN|A49|200301051530<cr> PID||MR1^^^XYZ||EVERYMAN^ADAM||19501010|M||123 SOUTH STREET^NY^NY^10021|| (212) 111-2222||S|CAT|ACCT1<cr> MRG|MR1^^^XYZ||X1<cr></pre>	
Before Change	After Change
MR1 X1	MR1 ACCT1
Implementation Considerations: None.	

3.6.2.2.12 A50 - change visit number

A50 - Change visit number	
<p>Use Case - Patients are automatically assigned a visit number by hospital XYZ's Patient Administration system at check-in. However, when the Patient Administration system is down, the admitting clerk manually assigns visit numbers from a pool of downtime numbers. ADAM EVERYMAN (patient ID MR1) was manually assigned downtime visit number VISIT1. When the Patient Administration system came back up, the admitting clerk accidentally entered the wrong visit number, VISIT2, into the system. When the problem was later discovered, the visit number was changed from VISIT2 to VISIT1.</p>	
Target: <i>PVI-19 - Visit Number</i>	
Source: <i>MRG-5 - Prior Visit Number</i>	
<p>Example Transaction:</p> <pre>MSH|^~\&|REGADT|MCM|RSP1P8|MCM|200301051530|SEC|ADT^A50^ADT_A50|00000006|P|2.8|<cr> EVN|A50|200301051530<cr> PID||MR1^^^XYZ||EVERYMAN^ADAM||19501010|M||123 SOUTH STREET^NY^NY^10021|| (212) 111-2222||S|CAT|ACCT1<cr> MRG|MR1^^^XYZ||ACCT1||VISIT2<cr> PVI|1|O||3||99^BROWN^JERRY||ONC||1||VIP|99^BROWN^JERRY|O/P|VISIT1...<cr></pre>	
Before Change	After Change
MR1 ACCT1 VISIT2	MR1 ACCT1 VISIT1
Implementation considerations: None.	

3.6.2.2.13 A51 - change alternate visit ID

A51 - Change alternate visit ID
<p>Use Case - Patients are automatically assigned an alternate visit number by hospital XYZ's Patient Administration system at check-in. However, when the Patient Administration system is down, the admitting clerk manually assigns alternate visit numbers from a pool of downtime numbers. ADAM EVERYMAN was manually assigned downtime alternate visit number AV1. When the Patient Administration system came back up, the admitting clerk accidentally entered the wrong alternate visit number, AV2, into the system. When the problem was later discovered, the alternate visit number was changed from AV2 to AV1.</p>
Target: <i>PVI-50 - Alternate Visit ID</i>

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Source: MRG-6 - Prior Alternate Visit ID	
<p>Example Transaction:</p> <pre>MSH ^~\& REGADT MCM RSP1P8 MCM 200301051530 SECURITY ADT^A51^ADT_A50 000000 06 P 2.8 <cr> EVN A51 200301051530<cr> PID MR1^^^XYZ EVERYMAN^ADAM 19501010 M 123 SOUTH STREET^^NY^NY^10021 (212) 111-2222 S CAT ACCT1<cr> MRG MR1^^^XYZ ACCT1 AV2<cr> PV1 1 O 3 99^BROWN^JERRY ONC 1 VIP 99^BROWN^JERRY O/P V1 SP 1 1 A 19990902081010 AV1<cr></pre>	
Before Change	After Change
MR1 ACCT1 VISIT1 AV2	MR1 ACCT1 VISIT1 AV1
Implementation Considerations: None.	

3.6.2.2.14 Example using multiple messages

A47 - Change patient identifier list and A49 - Change patient account number	
<p>Use Case - Patients are automatically assigned Medical Records Numbers and account numbers by hospital XYZ's Patient Administration system at admission. However, when the Patient Administration system is down, the admitting clerk manually assigns account numbers and Medical Records numbers from a pool of downtime numbers. ADAM EVERYMAN was manually assigned downtime Medical Record Number MR1 and downtime account number A1. When the Patient Administration system came back up, the admitting clerk accidentally enters the wrong Medical Record Number (MR2) and account number (X1) into the system. The error occurred because she was reading from the paperwork for a different downtime admit not yet entered into the Patient Administration system. The problem is quickly discovered, and the medical record number and account number was fixed accordingly. Since the other downtime admit had not yet been entered into the Patient Administration system, no merge was required.</p>	
Target: PID-3 - Patient Identifier List (Message 1) and PID-18 - Patient Account Number (Message 2)	
Source: MRG-1 - Prior Patient Identifier List (Message 1) and MRG-3 - Prior Patient Account Number (Message 2)	
<p>Example Transaction - Message 1:</p> <pre>MSH|^~\&|REGADT|MCM|RSP1P8|MCM|200301051530|SEC|ADT^A47^ADT_A30|00000006|P| 2.8|<cr> EVN|A47|200301051530<cr> PID|||MR1^^^XYZ^MR||EVERYMAN^ADAM||19501010|M|||123 SOUTH STREET^^NY^NY^10021|| (212) 111-2222|||S|CAT|X1<cr> MRG|MR2^^^XYZ^MR||<cr></pre> <p>Example Transaction - Message 2:</p> <pre>MSH|^~\&|REGADT|MCM|RSP1P8|MCM|200301051530|SEC|ADT^A49^ADT_A30|00000006|P| 2.5<cr> EVN|A49|200301051530<cr> PID|||MR1^^^XYZ^MR||EVERYMAN^ADAM||19501010|M|||123 SOUTH STREET^^NY^NY^10021|| (212) 111-2222|||S|CAT|ACCT1<cr> MRG|MR1^^^XYZ^MR||X1<cr></pre>	
Before Change	After Change
MR2 X1	MR1 ACCT1
Implementation considerations: Message 1 (A47) changes the patient identifier list. Message 2 (A49) changes the account number.	

3.6.2.2.15 Example using multiple messages

A44 - Move account information - patient account number and A49 - Change patient account number	
Use Case - During the admitting process, the admitting clerk uses the Medical Record Number of Adam Everyman, III (MR1) instead of Adam Everyman, Jr. (MR2). The Patient Administration system assigns the new admission account number A1. When the mistake is discovered, the account is moved to the correct Medical Record, MR2. The Patient Administration system generates a new account number as a result: number X1.	
Target: <i>PID-3 - Patient Identifier List</i> (Message 1) and <i>PID-18 - Patient Account Number</i> (Message 2)	
Source: <i>MRG-1 - Prior Patient Identifier List</i> (Message 1) and <i>MRG-3 - Prior Patient Account Number</i> (Message 2)	
<p>Example Transaction (Message 1):</p> <pre>MSH|^~\&|REGADT|MCM|RSP1P8|MCM|200301051530|SEC|ADT^A44^ADT_A43|00000007|P|2.8|<cr> EVN|A44|200301051530<cr> PID||MR2^^^XYZ^MR|EVERYMAN^ADAM^A^JR||19501010|M||123 EAST STREET^^NY^NY^10021|| (212) 111-3333||S||ACCT1<cr> MRG|MR1^^^XYZ^MR||ACCT1<cr></pre> <p>Example Transaction (Message 2):</p> <pre>MSH|^~\&|REGADT|MCM|RSP1P8|MCM|200301051530|SEC|ADT^A49^ADT_A30|00000007|P|2.5<cr> EVN|A49|200301051530<cr> PID||MR2^^^XYZ^MR|EVERYMAN^ADAM^A^JR||19501010|M||123 EAST STREET^^NY^NY^10021|| (212) 111-3333||S||X1<cr> MRG|MR2^^^XYZ^MR||ACCT1<cr></pre>	
Before Change	After Change
MR1 MR2 ACCT1	MR1 MR2 X1
Implementation Considerations: Message 1, A44 (move account information-patient account number), moves the account from MR1 to MR2. Message 2, A49 (change patient account number), changes the account number.	

3.6.3 Patient record links

Linking two or more patients does not require the actual merging of patient information as discussed in Section 3.5.2, "*Merging patient/person information*;" following a link trigger event, sets of affected patient data records should remain distinct. However, because of differences in database architectures, there may be system-dependent limitations or restrictions regarding the linking of one or more patients that must be negotiated.

There are multiple approaches for implementing Master Patient Indexes. It is useful for the purpose of MPI mediation to support two types of linkage. Explicit linkage requires a message declaring a link has been made between multiple identifiers. Implicit linkage is performed when a receiving system infers the linkage from the presence of multiple identifiers present in *PID-3 - Patient Identifier List*.

In an MPI setting, the A24 -link patient information message is preferred for transmitting an explicit link of identifiers whether they are in the same or different assigning authorities. The A37 unlink patient information message is preferred for transmitting the explicit unlinking of identifiers.

Implicit linkage of identifiers, sometimes called passive linking, has been implemented using various messages. An acknowledged method is inclusion of multiple identifiers in *PID-3 - Patient Identifier List*, which the receiving system implicitly links. An MPI or application that makes such an implicit linkage can generate an A24 -link patient information message to explicitly notify another system of this action.

3.6.4 MPI Integration - an introduction

The purpose of this section is to provide some insight into how HL7 committees have approached the area of MPI integration, as well as to provide concrete examples of how the integration could be done using messages in Version 2.4 and later.

3.6.4.1 Definitions - what is an MPI?

There can be quite a bit of confusion as to what defines an MPI. Early definitions called it a Master Patient Index, implying only patient data would be managed. Later the definition was expanded to mean persons in general, including patients, guarantors, subscribers, and even providers; essentially any entity that could be considered a "person." Thus the current acronym MPI generally is inferred to mean Master Person Index.

An MPI is generally used to manage person identification and cross-reference across disparate systems. Healthcare organizations may have several systems handling various different data processing needs, from laboratory to billing, each with its own database of persons and person identifier numbering schemes. Each of these can be called an ID Domain. An MPI can function as a Correlation Manager between these domains, providing a cross-reference of a person's identifiers across each of the domains. Typically an MPI will also have one universal or enterprise identifier that uniquely identifies the person in the MPI itself. The domain for this identifier may or may not be the domain for clients of the MPI.

MPI functionality also typically includes methods to provide an identifier for a person, given a set of traits or demographics for that person. An example of the use of this is for a client system to query the MPI for a person given a set of demographics. The MPI uses matching algorithms to find possible matching persons, and returns to the client system the identifiers for those persons.

This section currently deals only with MPI functionality related to persons in the context of Version 2.4 and later. It is assuming integration using Version 2.4 and later ADT messages, and the functionality surrounding finding and identifying a person.

3.6.4.2 HL7 and CORBAMED PIDS

There has been an effort to harmonize the modeling work that has been done in the CORBAMED Patient Identification Service (PIDS) with the HL7 message set, with an eye toward HL7 Version 3.0. You may see evidence of CORBAMED modeling in this implementation, but that should not be taken as evidence that full harmonization has taken place. There is much work left to do in this area.

3.6.4.3 MPI QUERY for person lookup and identification

Several QBP/RSP queries have been developed to aid in the integration of systems with an MPI. They consist of several Qxx/Kxx trigger/response pairs and one Q24/K24 trigger/response pair. The following table lists their functions:

MPI QBP/RSP Queries

Query	Name	MPI Use
Q21/K21	Get Person Demographics	Given a person identifier, return the PID and optionally the PD1 segments for the matching person.
Q22/K22	Find Candidates	Given some demographics, optionally a match threshold and algorithm, find and return a list of matching persons.
Q23/K23	Get Corresponding Identifiers	Given a person's identifier and a list of identifier domains, return the person's identifiers in those domains.
Q24/K24	Allocate Identifiers	Given a list of identifier domains, return new identifiers for those domains. Should not link to a person, just reserve and return identifiers.

The following sections show several scenarios involving looking up a person on a "client" system, and how it can be integrated to an MPI. The basic flow is for a user to enter person information on the client system, and the client system using services of the MPI to match the user's input to a person that exists somewhere on the two systems.

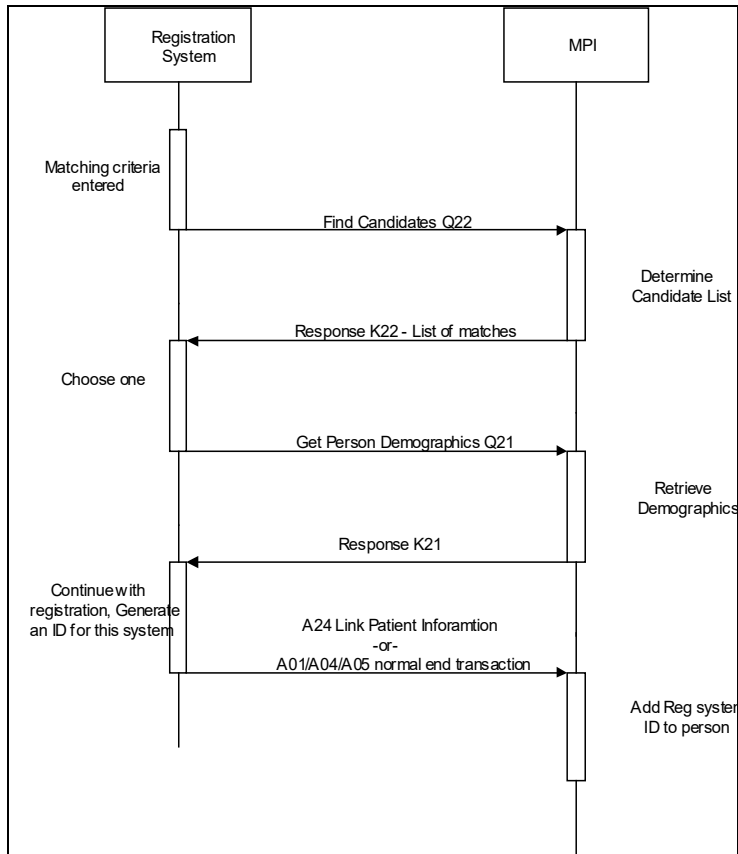
The scenarios are differentiated on two variables:

ID Creator - Which system assigns new person identifiers for the client system. This can either be the MPI or the client system.

Person Existence - On which system the person record currently exists - the client system, the MPI, or both.

3.6.4.4 Client system assigns identifier, person exists on MPI only

In this scenario, a client system (e.g., a registration system) will query an MPI for a person that does not currently exist on the client system. The MPI returns a list of one or more possible matching candidates, and one is chosen by the user on the client system. The client system assigns the person an identifier and an update is sent to the MPI to notify it of the new assigned identifier.



3.6.4.4.1 **Figure 3-1** - Client system assigns identifier, person exists on MPI only

The messages are defined as follows:

Q22/K22 Find Candidates - This signals the MPI to search its database for a list of persons that match the demographic criteria sent in the query, using whatever algorithms it has at its disposal, or using the algorithm optionally specified in the query. The response includes a list of "candidates" that matched the criteria in the query, one PID segment for each candidate. The query can also specify the identifier domains

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to return in *PID-3 - Patient Identifier List*, so that the client system identifier and the MPI enterprise identifier could be returned for each match.

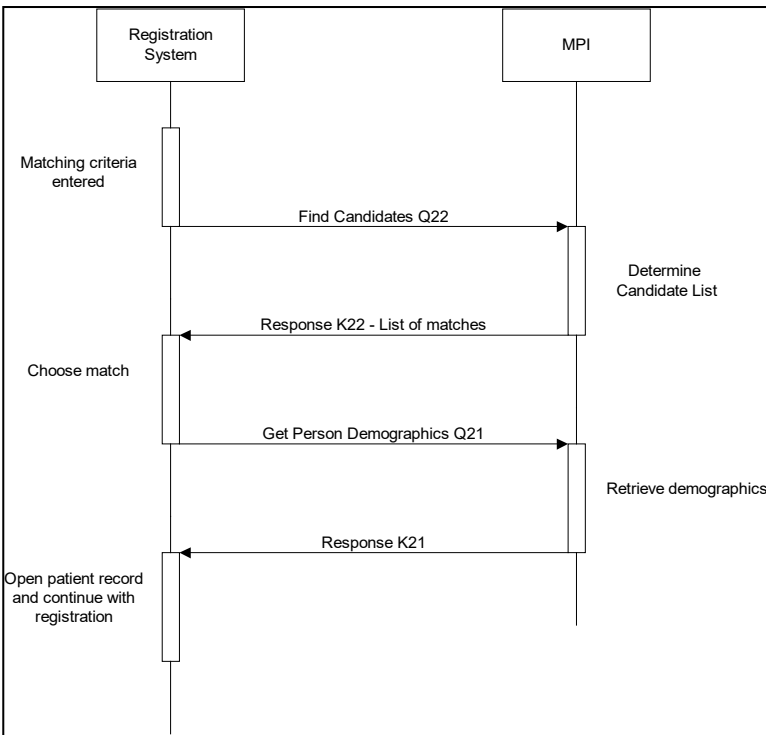
Q21/K21 Get Person Demographics - Once a candidate is chosen from the list, another query may be done to retrieve the full set of demographics for that person.

A24 or A01/A04/A05 - This transaction is to update the MPI with the new identifier the client system has created for the person. It is acceptable for systems to simply send an *A01 Admit/visit notification*, *A04 Register a patient* or *A05 Pre-admit a patient* as may have been done traditionally, with the new client system identifier and the existing MPI enterprise identifier in PID-3. However an *A24 Link patient information* may be sent instead, with one PID segment containing the MPI enterprise identifier for the person, and the second PID segment containing the new registration system identifier.

3.6.4.5 Client system assigns identifier, person exists on both systems

In this scenario, a client system (e.g., a registration system) will query an MPI for a person, and the person record exists on both systems. The MPI returns a list of possible matching candidates, and one is chosen by the user on the client system. The client system simply asks the MPI for an updated set of demographics and does not assign an identifier since the person already exists with an identifier on the client system.

Prior to querying the MPI, the client system may query its own database to reduce network transactions. However, the full searching capabilities of the MPI may be preferred to the client system in order to prevent the selection of the wrong person.



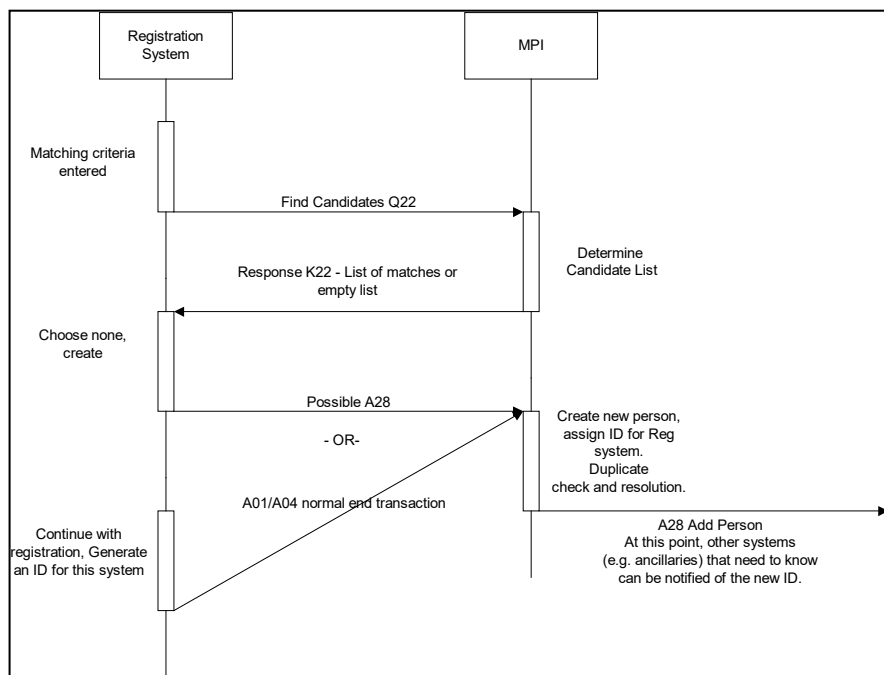
3.6.4.5.1 **Figure 3-2** - Client system assigns identifier, person exists on both systems

The message flow is identical to the message flow in the 3.5.4.5 example, with the exception that the final update to the MPI is not needed in order to give the MPI a new identifier for the person. The MPI should already have the client system identifier from previous transactions.

An ADT event may be sent later by the client system simply to update the MPI with any demographic changes that occur.

3.6.4.6 Client system assigns identifier, person exists on neither system

In this scenario, a client system (e.g., a registration system) will query an MPI for a person, and the person does not exist on either system. The MPI returns a list of possible matching candidates, or possibly an empty list. The user does *not* choose one, and a new person record is created.



3.6.4.6.1 **Figure 3-3** - Client system assigns identifier, does not exist on either system

The message flow again begins with a *Q22/K22 Find Candidates* query. The response may or may not contain a list of candidates.

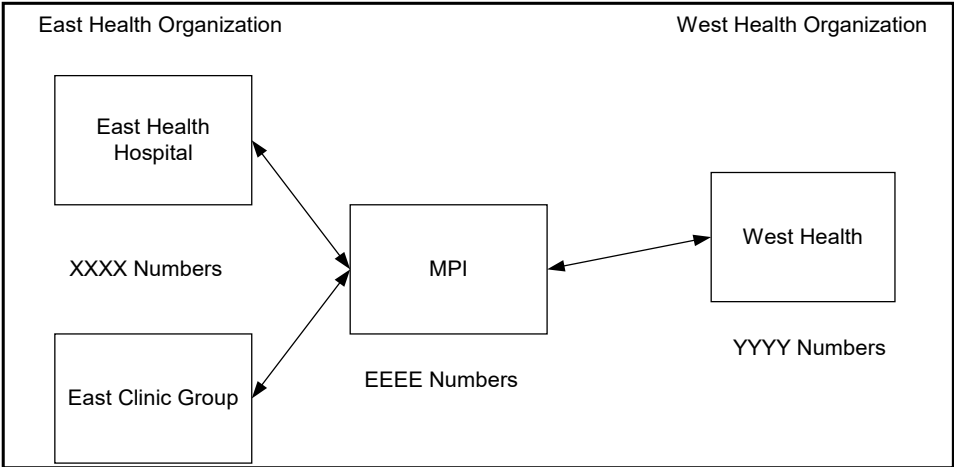
If the client system assigns a person identifier when the record is created, an *A28 Add person information* could be sent to the MPI to notify it of the record creation. If the client system does not create an identifier until the registration is completed, the A01, A04 or A05 events could serve the purpose of notifying the MPI of an added person and identifier. The fact that the person will have an identifier unknown to the MPI, and no enterprise identifier, will allow the MPI to infer that a person record is being added.

When the person record is added to the MPI with the new identifier, an enterprise identifier is assigned, and ancillary systems may be notified of the new person record creation.

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3.6.4.7 MPI assigns identifier, person exists on MPI

In the next set of three scenarios, it is assumed that a third party (ID Manager) creates identifiers for the client system, and for these examples the MPI fulfills this role. The QBP/RSP queries support this service.



3.6.4.7.1 **Figure 3-4** - Example of two healthcare organizations merging

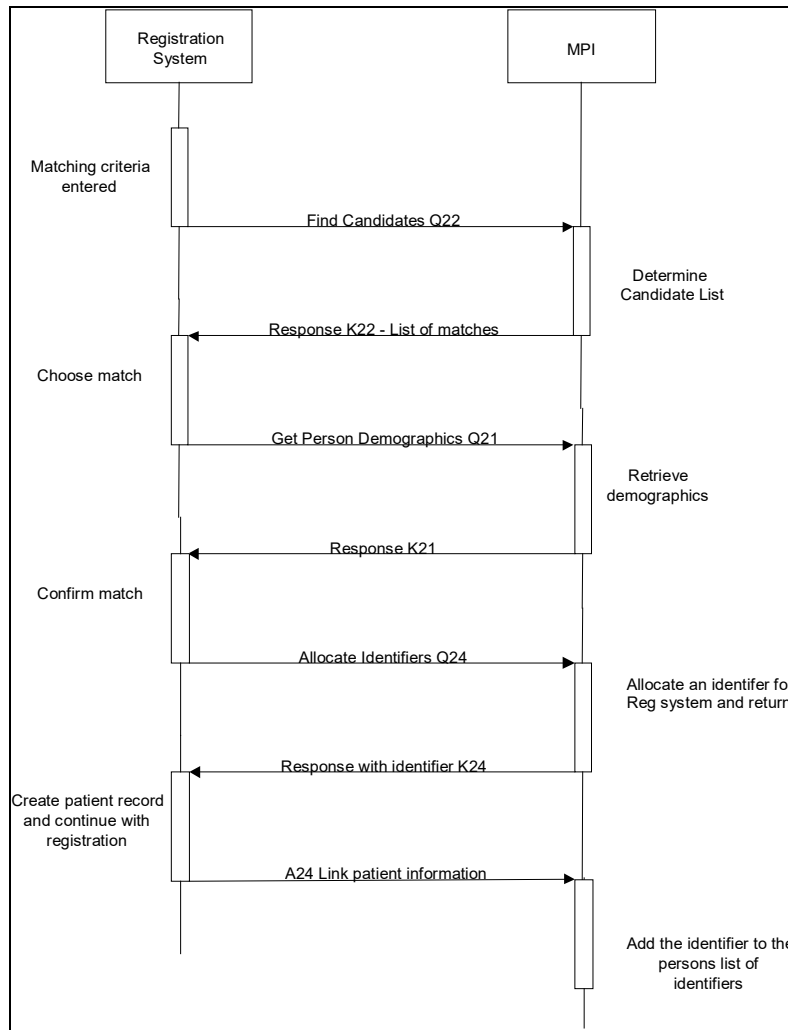
Figure 3-4 shows a case where identifiers may need to be assigned by a third party. In the example, East Health Organization had one identifier domain (XXXX numbers) for both the hospital registration system and the outpatient clinic registration numbers. Coordination was done through the use of pre-printed charts for new patients, which prevented the two systems from using the same XXXX number for two patients.

Later West Health Organization is bought and merged with East. West has been using its own identifier domain (YYYY numbers). An MPI is also implemented to keep a cross-reference between the two systems, and assigns its own enterprise identifier (EEEE number) to each patient.

Because the organization is attempting to go paperless, East decides to forgo its pre-printed charts, but still keep the XXXX numbers. Since the pre-printed charts are no longer there to keep numbers from being re-used between the hospital and clinic, a third party is needed to assign the XXXX numbers.

A patient arrives at East Hospital that had never been there, but had been to West previously. To register the patient, the hospital system submits a Find Candidates Q22/K22 query to get from the MPI a list of possible matching patients. The user finds the patient since she had been to West previously. Since the patient is new to East, she must be given a new East identifier (XXXX number). An Allocate Identifiers A56/K24 query is sent from the East Hospital to the MPI and the MPI generates an XXXX number and returns it. Later when the registration is finished, an A24 Link Person Information message is sent to notify the MPI that the allocated identifier has been assigned to a patient.

In the following first scenario, the person record exists on the MPI, however it does not exist on the client system. The message flow assumes that the MPI is assigning identifiers for the client system that are not the enterprise identifiers. If this were not the case, the Allocate Identifiers A56/K24 query would not be needed.



3.6.4.7.2 **Figure 3-5** - MPI assigns identifier, person exists on MPI

The message flow is similar to previous examples, with the exception of the *Q24/K24 Allocate Identifiers* query and the final *A24 Link Patient Information* message:

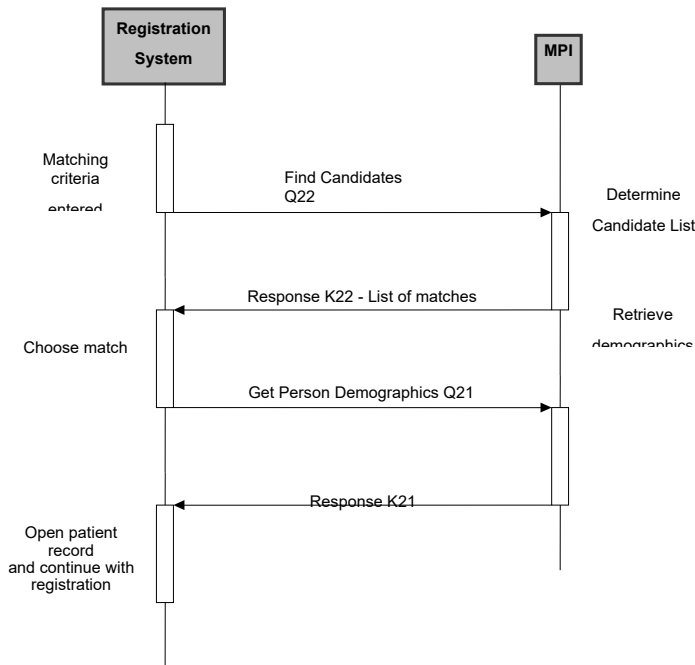
Q24/K24 Allocate Identifiers - This query is for the client system to ask the MPI for an identifier in the client system's domain. It is not to assign the identifier to a particular person record, but rather just to reserve an identifier for later use.

A24 Link patient information - This message is to notify the MPI that the previously allocated identifier has been assigned to a person. The A24 should include one PID segment with the new identifier and one PID segment with the MPI enterprise identifier.

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3.6.4.8 MPI assigns identifier, person exists on both systems

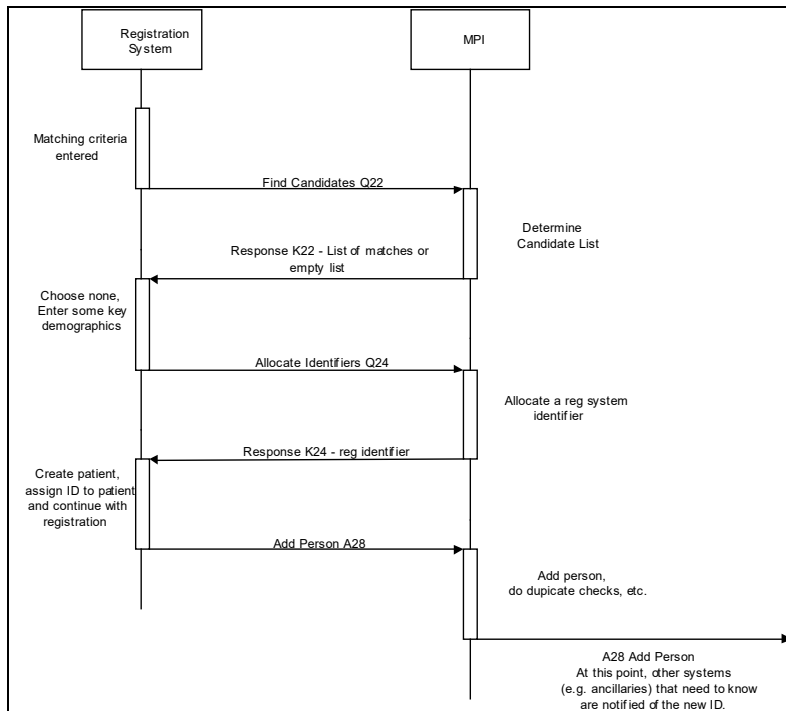
is scenario is identical to the scenario in 3.5.4.2 Client system assigns identifier, person exists on both systems.



3.6.4.8.1 Figure 3- 6 - MPI assigns identifier, person exists on both systems

3.6.4.9 MPI assigns identifier, person exists on neither system

In this scenario, the person does not exist on either system. The message flow is similar to 3.5.4.7, "MPI assigns identifier, person exists on MPI"; however, there is no need for the Q21/K21Get person Demographics query as a double-check for the user since the person does not exist on the MPI. Also, after the person is registered and the identifier assigned, an A28 Add Person Information is sent to the MPI to have it add the person to its database and assign an enterprise identifier.



3.6.4.9.1 **Figure 3-7** - MPI assigns identifier, person exists on neither system

3.6.5 Usage notes: Non-human PID patient identification

The species attribute is required for non-human patients. The breed and strain attributes are conditional. Thus if the strain attribute is populated, the species attribute must be populated, but the breed attribute is optional. The production class attribute is optional, but if populated the species attribute must also be populated. The name of the animal populates the PID-5 attribute, component 2. The last name of the owner may populate component 1 of PID-5. Owner information is transmitted in the NK1 segment.

Example 1: Mrs. EVERYWOMAN brings her 9 year old, female, spayed miniature poodle, Fluffy, into the Allstate University, Veterinary Medical Teaching Hospital to have skin growths removed. The poodle resides with Mrs. EVERYWOMAN in her apartment at 2222 Home Street, Apt 123, in Ann Arbor, MI 11111, Washtenaw County;

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```
MSH|^~\&||ALLSTATE UNIV VMTH||200702171830||ADT^A04<cr>
PID|1||A83245^^^VMTH^MR^UCD||EVERYWOMAN^Fluffy^^^^^D||19901001|S||2222 Home
St^Apt 123^Ann Arbor^MI^11111^USA^^^Washtenaw||||||MI||||||L-
80700^Canine, NOS^SNM3|L-80832^Miniature Poodle, NOS^SNM3<cr>
NK1|1|EVERYWOMAN^EVE^M^^Mrs.^L|O|2222 Home St^Apt 123^Ann Arbor^MI
^11111^USA^^^Washtenaw|(530) 555-4325^^^emeverywoman123@AOL.COM||CP|<cr>
PV1|1|O||R||0045^BARKER^BART^^Dr.^DVM||||||||||||||||1999021
61015<cr>
mailto:OBX|1|NM|21611-9^Age^LN||9|yr<cr>
OBX|2|NM|3141-9^Body Weight^LN||16|lb<cr>
```

Example 2: Over the Hill Horses owns the Morgan horse mare named Breeze that is referred by Dr. Equine of Foothill Veterinary Clinic for colic (acute abdominal pain) to the Allstate University, Veterinary Medical Teaching Hospital. The manager of the farm and contact person is Randall "Buck" Shins, who works at the farm headquarters in Ypsilanti, MI, 11111:

```
MSH|^~\&||Foothill Veterinary Clinic||Allstate Univ
VMTH|200702171830||ADT^A04<cr>
PID|1||N324256^^^^Foothill Vet
Clinic|^Breeze^^^^^D||F||^MI^^^Lassen||||||||19981123|Y|||
|L-80400^Horse^SNM3|L-80431^Morgan horse^SNM3||BR<cr>
NK1|1||||O||||Over the Hill Horses||||||~Shins^Buck^^Mr.^N|(530)
555-9843^^^Buckshins@OvertheHill.com|2222 Farm Rd ^Suite
A^Ypsilanti^MI^11111^^^Lassen<cr>
PV1|1|E||R||^Equine^^Dr.^DVM||||||||||||199903102013<cr>
>
```

3.7 REFERENCED ORGANIZATIONS AND DOCUMENTS

- HCFA, Health Care Financing Administration, U.S. Dept. of Health and Human Services, USA
- CMS, Centers for Medicare/Medicaid Services
- ERISA: Employment Retirement Income Security Act, USA
- LOINC: Lab Observation Identifier Names and Codes, Regenstrief Institute, Indianapolis, IN, USA
- CORBAMED Person Identification Service (PIDS) - Adopted Submission. 12 February 1998.