

# 3.

# Patient Administration

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## 3.1 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.

## 3.2 TRIGGER EVENTS AND MESSAGE DEFINITIONS

### 3.2.1 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 - Role Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the ROL segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the ROL segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the ROL segment following the PR1 segment. Providers related to a specific insurance are reported in the ROL segment following the IN1/IN2/IN3 segments. To communicate the begin and end date of the provider, use the [ROL-5 - Role Begin Date/Time](#) and the [ROL-6 - Role End Date/Time](#) in the ROL segment, with the applicable [ROL-3 - Role Code](#). Refer to Chapter 15 for the definition of the ROL segment.

ADT^A01^ADT A01: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { NK1 } ]	Next of Kin / Associated Parties		3
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { DB1 } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7
[ { AL1 } ]	Allergy Information		3
[ { DG1 } ]	Diagnosis Information		6
[ DRG ]	Diagnosis Related Group		6
[ {	--- PROCEDURE begin		
PR1	Procedures		6

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
[ { ROL } ]	Role		15
}]	--- PROCEDURE end		
[ { GT1 } ]	Guarantor		6
[ {	--- INSURANCE begin		
IN1	Insurance		6
[ IN2 ]	Insurance Additional Info.		6
[ { IN3 } ]	Insurance Additional Info - Cert.		6
[ { ROL } ]	Role		15
[ { AUT } ]	Authorization Record		11
[ { RF1 } ]	Referral Information		11
}]	--- INSURANCE end		
[ ACC ]	Accident Information		6
[ UB1 ]	Universal Bill Information		6
[ UB2 ]	Universal Bill 92 Information		6
[ PDA ]	Patient Death and Autopsy		3

#### ACK^A01^ACK: General Acknowledgment

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

### 3.2.2 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 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 - Role Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the ROL segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the ROL segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the ROL segment following the PR1 segment. Providers related to a specific insurance are reported in the ROL segment following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the [ROL-5 - Role Begin Date/Time](#) and the [ROL-6 - Role End Date/Time](#) in the ROL segment, with the applicable [ROL-3 - Role Code](#). Refer to Chapter 15 for the definition of the ROL segment.

ADT^A02^ADT A02: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { DB1 } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7
[ PDA ]	Patient Death and Autopsy		3

ACK^A02^ACK: General Acknowledgment

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

**3.2.3 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.

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 - Role Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the ROL segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the ROL segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the ROL segment following the PR1 segment. Providers related to a specific insurance are reported in the ROL segment following the IN1/IN2/IN3 segments. To communicate the begin date and end date of the provider, use the [ROL-5 - Role Begin Date/Time](#) and the [ROL-6 - Role End Date/Time](#) in the ROL segment, with the applicable [ROL-3 - Role Code](#). Refer to Chapter 15 for the definition of the ROL segment.

#### ADT^A03^ADT\_A03: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { NK1 } ]	Next of Kin / Associated Parties		3
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { DB1 } ]	Disability Information		3
[ { AL1 } ]	Allergy Information		3
[ { DG1 } ]	Diagnosis Information		6
[ DRG ]	Diagnosis Related Group		6
[ {	--- PROCEDURE begin		
PR1	Procedures		6
[ { ROL } ]	Role		15
}}	--- PROCEDURE end		
[ { OBX } ]	Observation/Result		7
[ { GT1 } ]	Guarantor		6
[ {	--- INSURANCE begin		
IN1	Insurance		6
[ IN2 ]	Insurance Additional Info.		6
[ { IN3 } ]	Insurance Additional Info - Cert.		6
[ { ROL } ]	Role		15
[ { AUT } ]	Authorization Record		11
[ { RF1 } ]	Referral Information		11
}}	--- INSURANCE end		
[ ACC ]	Accident Information		6
[ PDA ]	Patient Death and Autopsy		3

#### ACK^A03^ACK: General Acknowledgment

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

### 3.2.4 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 that some systems refer to these events as outpatient registrations or emergency admissions. [PV1-44 - Admit Date/Time](#) is used for the visit start date/time.

The ROL - Role Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the ROL segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the ROL segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the ROL segment following the PR1 segment. Providers related to a specific insurance are reported in the ROL segment following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the [ROL-5 - Role Begin Date/Time](#) and the [ROL-6 - Role End Date/Time](#) in the ROL segment, with the applicable [ROL-3 - Role Code](#). Refer to Chapter 15 for the definition of the ROL segment.

ADT^A04^ADT\_A01: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
<a href="#">EVN</a>	Event Type		3
<a href="#">PID</a>	Patient Identification		3
[ <a href="#">PD1</a> ]	Additional Demographics		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { <a href="#">NK1</a> } ]	Next of Kin / Associated Parties		3
<a href="#">PV1</a>	Patient Visit		3
[ <a href="#">PV2</a> ]	Patient Visit - Additional Info.		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { <a href="#">DB1</a> } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7
[ { <a href="#">AL1</a> } ]	Allergy Information		3
[ { DG1 } ]	Diagnosis Information		6
[ DRG ]	Diagnosis Related Group		6
[ {	--- PROCEDURE begin		
PR1	Procedures		6
[ { ROL } ]	Role		15
}]	--- PROCEDURE end		
[ { GT1 } ]	Guarantor		6
[ {	--- INSURANCE begin		
IN1	Insurance		6
[ IN2 ]	Insurance Additional Info.		6
[ { IN3 } ]	Insurance Additional Info - Cert.		6
[ { ROL } ]	Role		15
[ { AUT } ]	Authorization Record		11
[ { RF1 } ]	Referral Information		11
}]	--- INSURANCE end		
[ ACC ]	Accident Information		6
[ UB1 ]	Universal Bill Information		6
[ UB2 ]	Universal Bill 92 Information		6
[ <a href="#">PDA</a> ]	Patient Death and Autopsy		3



ACK^A04^ACK: General Acknowledgment

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

**3.2.5 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 - Role Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the ROL segment following the PID/PD1 segments. Visit level providers (corresponding to the PV1 data) are reported in the ROL segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the ROL segment following the PR1 segment. Providers related to a specific insurance are reported in the ROL segment following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the [ROL-5 - Role Begin Date/Time](#) and the [ROL-6 - Role End Date/Time](#) in the ROL segment, with the applicable [ROL-3 - Role Code](#). Refer to Chapter 15 for the definition of the ROL segment.

ADT^A05^ADT\_A05: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { NK1 } ]	Next of Kin / Associated Parties		3
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { DB1 } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7
[ { AL1 } ]	Allergy Information		3
[ { DG1 } ]	Diagnosis Information		6
[ DRG ]	Diagnosis Related Group		6
[ {	--- PROCEDURE begin		
PR1	Procedures		6
[ { ROL } ]	Role		15
}}	--- PROCEDURE end		
[ { GT1 } ]	Guarantor		6
[ {	--- INSURANCE begin		
IN1	Insurance		6
[ IN2 ]	Insurance Additional Info.		6
[ { IN3 } ]	Insurance Additional Info - Cert.		6
[ { ROL } ]	Role		15
[ { AUT } ]	Authorization Record		11

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
[ { RF1 } ]	Referral Information		11
}]	--- INSURANCE end		
[ ACC ]	Accident Information		6
[ UB1 ]	Universal Bill Information		6
[ UB2 ]	Universal Bill 92 Information		6

#### ACK^A05^ACK: General Acknowledgment

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

### 3.2.6 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 - Role Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the ROL segment following the PID/PD1 segments. Visit level providers (corresponding to the PV1 data) are reported in the ROL segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the ROL segment following the PR1 segment. Providers related to a specific insurance are reported in the ROL segment following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the [ROL-5 - Role Begin Date/Time](#) and the [ROL-6 - Role End Date/Time](#) in the ROL segment, with the applicable [ROL-3 - Role Code](#). Refer to Chapter 15 for the definition of the ROL segment.

#### ADT^A06^ADT A06: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
<a href="#">EVN</a>	Event Type		3
<a href="#">PID</a>	Patient Identification		3
[ <a href="#">PD1</a> ]	Additional Demographics		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ <a href="#">MRG</a> ]	Merge Information		3
[ { <a href="#">NK1</a> } ]	Next of Kin / Associated Parties		3

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { DB1 } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7
[ { AL1 } ]	Allergy Information		3
[ { DG1 } ]	Diagnosis Information		6
[ DRG ]	Diagnosis Related Group		6
[ {	--- PROCEDURE begin		
PR1	Procedures		6
[ { ROL } ]	Role		15
}]	--- PROCEDURE end		
[ { GT1 } ]	Guarantor		6
[ {	--- INSURANCE begin		
IN1	Insurance		6
[ IN2 ]	Insurance Additional Info.		6
[ { IN3 } ]	Insurance Additional Info - Cert.		6
[ { ROL } ]	Role		15
}]	--- INSURANCE end		
[ ACC ]	Accident Information		6
[ UB1 ]	Universal Bill Information		6
[ UB2 ]	Universal Bill 92 Information		6

#### ACK^A06^ACK: General Acknowledgment

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

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

following the PR1 segment. Providers related to a specific insurance are reported in the ROL segment following the IN1/IN2/IN3 segments. To communicate the begin and end date of the provider, use the [ROL-5 - Role Begin Date/Time](#) and the [ROL-6 - Role End Date/Time](#) in the ROL segment, with the applicable [ROL-3 - Role Code](#). Refer to Chapter 15 for the definition of the ROL segment.

#### ADT^A07^ADT\_A06: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ MRG ]	Merge Information		3
[ { NK1 } ]	Next of Kin / Associated Parties		3
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { DB1 } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7
[ { AL1 } ]	Allergy Information		3
[ { DG1 } ]	Diagnosis Information		6
[ DRG ]	Diagnosis Related Group		6
[ {	--- PROCEDURE begin		
PR1	Procedures		6
[ { ROL } ]	Role		15
}}	--- PROCEDURE end		
[ { GT1 } ]	Guarantor		6
[ {	--- INSURANCE begin		
IN1	Insurance		6
[ IN2 ]	Insurance Additional Info.		6
[ { IN3 } ]	Insurance Additional Info - Cert.		6
[ { ROL } ]	Role		15
}}	--- INSURANCE end		
[ ACC ]	Accident Information		6
[ UB1 ]	Universal Bill Information		6
[ UB2 ]	Universal Bill 92 Information		6

#### ACK^A07^ACK: General Acknowledgment

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

### 3.2.8 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

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 - Role Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the ROL segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the ROL segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the ROL segment following the PR1 segment. Providers related to a specific insurance are reported in the ROL segment following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the [ROL-5 - Role Begin Date/Time](#) and the [ROL-6 - Role End Date/Time](#) in the ROL, with the applicable [ROL-3 - Role Code](#). Refer to Chapter 15 for the definition of the ROL segment.

ADT^A08^ADT\_A01: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { NK1 } ]	Next of Kin / Associated Parties		3
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { DB1 } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7
[ { AL1 } ]	Allergy Information		3
[ { DG1 } ]	Diagnosis Information		6
[ DRG ]	Diagnosis Related Group		6
[ {	--- PROCEDURE begin		
PR1	Procedures		6
[ { ROL } ]	Role		15
}]	--- PROCEDURE end		
[ { GT1 } ]	Guarantor		6
[ {	--- INSURANCE begin		
IN1	Insurance		6
[ IN2 ]	Insurance Additional Info.		6
[ { IN3 } ]	Insurance Additional Info - Cert.		6
[ { ROL } ]	Role		15
[ { AUT } ]	Authorization Record		11
[ { RF1 } ]	Referral Information		11
}]	--- INSURANCE end		
[ ACC ]	Accident Information		6
[ UB1 ]	Universal Bill Information		6
[ UB2 ]	Universal Bill 92 Information		6
[ PDA ]	Patient Death and Autopsy		3

ACK^A08^ACK: General Acknowledgment

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

**3.2.9 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 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
[ { DB1 } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7

#### ACK^A09^ACK: General Acknowledgment

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

### 3.2.10 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
<a href="#">EVN</a>	Event Type		3
<a href="#">PID</a>	Patient Identification		3
[ <a href="#">PD1</a> ]	Additional Demographics		3

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { DB1 } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7

#### ACK^A10^ACK: General Acknowledgment

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

### 3.2.11 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.**

#### ADT^A11^ADT\_A09: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { DB1 } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7

#### ACK^A11^ACK: General Acknowledgment

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



### 3.2.12 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { DB1 } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7

ACK^A12^ACK: General Acknowledgment

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

### 3.2.13 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 that 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 ROL - Role Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the ROL segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the ROL segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the ROL segment following the PR1 segment. Providers related to a specific insurance are reported in the ROL segment following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the [ROL-5 - Role Begin Date/Time](#) and the [ROL-6 - Role End Date/Time](#) in the ROL, with the applicable [ROL-3 - Role Code](#). Refer to Chapter 15 for the definition of the ROL segment.

ADT^A13^ADT A01: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { NK1 } ]	Next of Kin / Associated Parties		3
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { DB1 } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7
[ { AL1 } ]	Allergy Information		3
[ { DG1 } ]	Diagnosis Information		6
[ DRG ]	Diagnosis Related Group		6
[ {	--- PROCEDURE begin		
PR1	Procedures		6
[ { ROL } ]	Role		15
}]	--- PROCEDURE end		
[ { GT1 } ]	Guarantor		6
[ {	--- INSURANCE begin		
IN1	Insurance		6
[ IN2 ]	Insurance Additional Info.		6
[ { IN3 } ]	Insurance Additional Info - Cert.		6
[ { ROL } ]	Role		15
[ { AUT } ]	Authorization Record		11
[ { RF1 } ]	Referral Information		11
}]	--- INSURANCE end		
[ ACC ]	Accident Information		6
[ UB1 ]	Universal Bill Information		6
[ UB2 ]	Universal Bill 92 Information		6
[ PDA ]	Patient Death and Autopsy		3

ACK^A13^ACK: General Acknowledgment

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

**3.2.14 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 ROL - Role Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the ROL segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the ROL segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the ROL segment following the PR1 segment. Providers related to a specific insurance are reported in the ROL segment following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the [ROL-5 - Role Begin Date/Time](#) and the [ROL-6 - Role End Date/Time](#) in the ROL, with the applicable [ROL-3 - Role Code](#). Refer to Chapter 15 for the definition of the ROL segment.

#### ADT^A14^ADT\_A05: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { NK1 } ]	Next of Kin / Associated Parties		3
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { DB1 } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7
[ { AL1 } ]	Allergy Information		3
[ { DG1 } ]	Diagnosis Information		6
[ DRG ]	Diagnosis Related Group		6
[ {	--- PROCEDURE begin		
PR1	Procedures		6
[ { ROL } ]	Role		15
}}	--- PROCEDURE end		
[ { GT1 } ]	Guarantor		6
[ {	--- INSURANCE begin		
IN1	Insurance		6
[ IN2 ]	Insurance Additional Info.		6
[ { IN3 } ]	Insurance Additional Info - Cert.		6
[ { ROL } ]	Role		15
[ { AUT } ]	Authorization Record		11
[ { RF1 } ]	Referral Information		11
}}	--- INSURANCE end		
[ ACC ]	Accident Information		6
[ UB1 ]	Universal Bill Information		6
[ UB2 ]	Universal Bill 92 Information		6

#### ACK^A14^ACK: General Acknowledgment

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

### 3.2.15 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 - Role Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the ROL segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the ROL segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the ROL segment following the PR1 segment. Providers related to a specific insurance are reported in the ROL segment following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the [ROL-5 - Role Begin Date/Time](#) and the [ROL-6 - Role End Date/Time](#) in the ROL segment, with the applicable [ROL-3 - Role Code](#). Refer to Chapter 15 for the definition of the ROL 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { DB1 } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7

ACK^A15^ACK: General Acknowledgment

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

### 3.2.16 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 - Role Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the ROL segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the ROL segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the ROL segment following the PR1 segment. Providers related to a specific insurance are reported in the ROL segment following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the [ROL-5 - Role Begin Date/Time](#) and the [ROL-6 - Role End Date/Time](#) in the ROL, with the applicable [ROL-3 - Role Code](#). Refer to Chapter 15 for the definition of the ROL segment.

#### ADT^A16^ADT A16: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
<a href="#">EVN</a>	Event Type		3
<a href="#">PID</a>	Patient Identification		3
[ PD1 ]	Additional Demographics		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { NK1 } ]	Next of Kin / Associated Parties		3
<a href="#">PV1</a>	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { DB1 } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7
[ { AL1 } ]	Allergy Information		3
[ { DG1 } ]	Diagnosis Information		6
[ DRG ]	Diagnosis Related Group		6
[ {	--- PROCEDURE begin		
PR1	Procedures		6
[ { ROL } ]	Role		15
}]	--- PROCEDURE end		
[ { GT1 } ]	Guarantor		6
[ {	--- INSURANCE begin		
IN1	Insurance		6
[ IN2 ]	Insurance Additional Info.		6
[ { IN3 } ]	Insurance Additional Info - Cert.		6
[ { ROL } ]	Role		15
[ { AUT } ]	Authorization Record		11
[ { RF1 } ]	Referral Information		11
}]	--- INSURANCE end		
[ ACC ]	Accident Information		6

#### ACK^A16^ACK: General Acknowledgment

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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSA	Message Acknowledgment		2
[ { ERR } ]	Error		2

### 3.2.17 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient (1) Identification		3
[ PD1 ]	Additional Demographics		3
PV1	Patient (1) Visit		3
[ PV2 ]	Patient (1) Visit - Additional Info.		3
[ { DB1 } ]	Disability Information		3
[ { OBX } ]	Observation/Result (1)		7
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
[ { OBX } ]	Observation/Result (2)		7

#### ACK^A17^ACK: General Acknowledgment

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

### 3.2.18 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.

### 3.2.19 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.

### 3.2.20 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

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

#### ACK^A20^ACK: General Acknowledgment

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

### 3.2.21 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { DB1 } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7

#### ACK^A21^ACK: General Acknowledgment

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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSA	Message Acknowledgment		2
[ { ERR } ]	Error		2

### 3.2.22 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
<a href="#">EVN</a>	Event Type		3
<a href="#">PID</a>	Patient Identification		3
[ <a href="#">PD1</a> ]	Additional Demographics		3
<a href="#">PV1</a>	Patient Visit		3
[ <a href="#">PV2</a> ]	Patient Visit - Additional Info.		3
[ { <a href="#">DB1</a> } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7

#### ACK^A22^ACK: General Acknowledgment

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

### 3.2.23 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
<a href="#">EVN</a>	Event Type		3
<a href="#">PID</a>	Patient Identification		3
[ <a href="#">PD1</a> ]	Additional Demographics		3



<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { DB1 } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7

#### ACK^A23^ACK: General Acknowledgment

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

### 3.2.24 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.

#### ADT^A24^ADT\_A24: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient (1) Identification		3
[ PD1 ]	Patient (1) Additional Demographics		3
[ PV1 ]	Patient (1) Visit		3
[ { DB1 } ]	Patient (1) Disability Information		3
PID	Patient (2) Identification		3
[ PD1 ]	Patient (2) Additional Demographics		3
[ PV1 ]	Patient (2) Visit		3
[ { DB1 } ]	Patient (2) Disability Information		3

#### ACK^A24^ACK: General Acknowledgment

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
[ UAC ]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[ { ERR } ]	Error		2

### 3.2.25 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { DB1 } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7

#### ACK^A25^ACK: General Acknowledgment

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

### 3.2.26 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { DB1 } ]	Disability Information		3

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
[ { OBX } ]	Observation/Result		7

ACK^A26^ACK: General Acknowledgment

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

**3.2.27 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { DB1 } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7

ACK^A27^ACK: General Acknowledgment

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

**3.2.28 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 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 - Role Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the ROL segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the ROL segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the ROL segment following the PR1 segment. Providers related to a specific insurance are reported in the ROL segment following the IN1/IN2/IN3 segments. To communicate the begin and end date of the provider, use the [ROL-5 - Role Begin Date/Time](#) and the [ROL-6 - Role End Date/Time](#) in the ROL, with the applicable [ROL-3 - Role Code](#). Refer to Chapter 15 for the definition of the ROL segment.

#### ADT^A28^ADT A05: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
<a href="#">EVN</a>	Event Type		3
<a href="#">PID</a>	Patient Identification		3
[ <a href="#">PD1</a> ]	Additional Demographics		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { <a href="#">NK1</a> } ]	Next of Kin / Associated Parties		3
<a href="#">PV1</a>	Patient Visit		3
[ <a href="#">PV2</a> ]	Patient Visit - Additional Info.		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { <a href="#">DB1</a> } ]	Disability Information		3

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
[{ OBX }]	Observation/Result		7
[{ AL1 }]	Allergy Information		3
[{ DG1 }]	Diagnosis Information		6
[ DRG ]	Diagnosis Related Group		6
[{	--- PROCEDURE begin		
PR1	Procedures		6
[{ ROL }]	Role		15
}]	--- PROCEDURE end		
[{ GT1 }]	Guarantor		6
[{	--- INSURANCE begin		
IN1	Insurance		6
[ IN2 ]	Insurance Additional Info.		6
[{ IN3 }]	Insurance Additional Info - Cert.		6
[{ ROL }]	Role		15
[{ AUT }]	Authorization Record		11
[{ RF1 }]	Referral Information		11
}]	--- INSURANCE end		
[ ACC ]	Accident Information		6
[ UB1 ]	Universal Bill Information		6
[ UB2 ]	Universal Bill 92 Information		6

#### ACK^A28^ACK: General Acknowledgment

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

### 3.2.29 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[ UAC ]	User Authentication Credential		2
<a href="#">EVN</a>	Event Type		3
<a href="#">PID</a>	Patient Identification		3
[ <a href="#">PD1</a> ]	Additional Demographics		3
<a href="#">PV1</a>	Patient Visit		3
[ <a href="#">PV2</a> ]	Patient Visit - Additional Info.		3
[ { <a href="#">DB1</a> } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7

ACK^A29^ACK: General Acknowledgment

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

**3.2.30 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.

**3.2.31 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 - Role Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the ROL segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the ROL segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the ROL segment following the PR1 segment. Providers related to a specific insurance are reported in the ROL segment following the IN1/IN2/IN3 segments. To communicate the begin and end date of the provider, use the [ROL-5 - Role Begin Date/Time](#) and the [ROL-6 - Role End Date/Time](#) in the ROL segment, with the applicable [ROL-3 - Role Code](#). Refer to Chapter 15 for the definition of the ROL segment.

ADT^A31^ADT\_A05: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
<a href="#">EVN</a>	Event Type		3
<a href="#">PID</a>	Patient Identification		3
[ <a href="#">PD1</a> ]	Additional Demographics		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { <a href="#">NK1</a> } ]	Next of Kin / Associated Parties		3
<a href="#">PV1</a>	Patient Visit		3
[ <a href="#">PV2</a> ]	Patient Visit - Additional Info.		3
[ { ARV } ]	Access Restrictions		3
[ { ROL } ]	Role		15
[ { <a href="#">DB1</a> } ]	Disability Information		3
[ { OBX } ]	Observation/Result		7
[ { <a href="#">AL1</a> } ]	Allergy Information		3
[ { DG1 } ]	Diagnosis Information		6
[ <a href="#">DRG</a> ]	Diagnosis Related Group		6

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
[{	--- Procedure begin		
PR1	Procedures		6
[{ ROL }]	Role		15
}]	--- PROCEDURE end		
[{ GT1 }]	Guarantor		6
[{	--- INSURANCE begin		
IN1	Insurance		6
[ IN2 ]	Insurance Additional Info.		6
[{ IN3 }]	Insurance Additional Info - Cert.		6
[{ ROL }]	Role		15
[{ AUT }]	Authorization Record		11
[{ RF1 }]	Referral Information		11
}]	--- INSURANCE end		
[ ACC ]	Accident Information		6
[ UB1 ]	Universal Bill Information		6
[ UB2 ]	Universal Bill 92 Information		6

#### ACK^A31^ACK: General Acknowledgment

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

### 3.2.32 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 [PV1-3 - 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 [PV1-11 - 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[{ SFT }]	Software Segment		2
[ UAC ]	User Authentication Credential		2
<a href="#">EVN</a>	Event Type		3
<a href="#">PID</a>	Patient Identification		3
[ <a href="#">PD1</a> ]	Additional Demographics		3
<a href="#">PV1</a>	Patient Visit		3
[ <a href="#">PV2</a> ]	Patient Visit - Additional Info.		3
[ { <a href="#">DB1</a> } ]	Disability Information		3
[ { <a href="#">OBX</a> } ]	Observation/Result		7

ACK^A32^ACK: General Acknowledgment

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

**3.2.33 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
<a href="#">EVN</a>	Event Type		3
<a href="#">PID</a>	Patient Identification		3
[ <a href="#">PD1</a> ]	Additional Demographics		3
<a href="#">PV1</a>	Patient Visit		3
[ <a href="#">PV2</a> ]	Patient Visit - Additional Info.		3
[ { <a href="#">DB1</a> } ]	Disability Information		3
[ { <a href="#">OBX</a> } ]	Observation/Result		7

ACK^A33^ACK: General Acknowledgment

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

**3.2.34 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.

**3.2.35 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.



### 3.2.36 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.

### 3.2.37 ADT/ACK - Unlink Patient Information (Event A37)

The A37 event unlinks two patient identifiers.

ADT^A37^ADT\_A37: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient (1) Identification		3
[ PD1 ]	Additional Demographics		3
[ PV1 ]	Patient (1) Visit		3
[ { DB1 } ]	Disability Information		3
PID	Patient (2) Identification		3
[ PD1 ]	Additional Demographics		3
[ PV1 ]	Patient (2) Visit		3
[ { DB1 } ]	Disability Information		3

ACK^A37^ACK: General Acknowledgment

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

### 3.2.38 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { DB1 } ]	Disability Information		3

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
[ { OBX } ]	Observation/Result		7
[ { DG1 } ]	Diagnosis Information		6
[DRG]	Diagnosis Related Group		6

#### ACK^A38^ACK: General Acknowledgment

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

### 3.2.39 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.

### 3.2.40 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 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
<b>EVN</b>	Event Type		3
{	--- PATIENT begin		

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
<a href="#">PID</a>	Patient Identification		3
[ <a href="#">PD1</a> ]	Additional Demographics		3
<a href="#">MRG</a>	Merge Information		3
[ <a href="#">PV1</a> ]	Patient Visit		3
}	--- PATIENT end		

#### ACK^A40^ACK: General Acknowledgment

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { <a href="#">SFT</a> } ]	Software Segment		2
[ <a href="#">UAC</a> ]	User Authentication Credential		2
<a href="#">MSA</a>	Message Acknowledgment		2
[ { <a href="#">ERR</a> } ]	Error		2

### 3.2.41 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

#### ADT^A41^ADT A39: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { <a href="#">SFT</a> } ]	Software Segment		2
[ <a href="#">UAC</a> ]	User Authentication Credential		2
<a href="#">EVN</a>	Event Type		3
{	--- PATIENT begin		
<a href="#">PID</a>	Patient Identification		3

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
[ PD1 ]	Additional Demographics		3
MRG	Merge Information		3
[ PV1 ]	Patient Visit		3
}	--- PATIENT end		

#### ACK^A41^ACK: General Acknowledgment

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

### 3.2.42 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
{	--- PATIENT begin		
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
MRG	Merge Information		3
[ PV1 ]	Patient Visit		3
}	--- PATIENT end		

ACK^A42^ACK: General Acknowledgment

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

**3.2.43 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.

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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
{	--- PATIENT begin		
PID	Patient Identification		3
[PD1]	Additional Demographics		3
MRG	Merge Information		3
}	--- PATIENT end		

ACK^A43^ACK: General Acknowledgment

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

### 3.2.44 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
{	--- PATIENT begin		
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
[ { ARV } ]	Access Restrictions		3
MRG	Merge Information		3
}	--- PATIENT end		

#### ACK^A44^ACK: General Acknowledgment

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

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

A move has been done at the visit identifier level. That is, a [PV1-19 - Visit Number](#) or [PV1-50 - Alternate Visit ID](#) associated with one account identifier ([PID-18 - Patient Account Number](#)) has been moved to another account identifier.

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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
{	--- MERGE_INFO begin		
MRG	Merge Information		3
PV1	Patient Visit		3
}	--- MERGE_INFO end		

ACK^A45^ACK: General Acknowledgment

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

### 3.2.46 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..

### 3.2.47 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.

ADT^A47^ADT\_A44: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
<a href="#">EVN</a>	Event Type		3
{	--- PATIENT begin		
<a href="#">PID</a>	Patient Identification		3
[ <a href="#">PD1</a> ]	Additional Demographics		3
[ { ARV } ]	Access Restrictions		3
<a href="#">MRG</a>	Merge Information		3
}	---PATIENT end		

ACK^A47^ACK: General Acknowledgment

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

### **3.2.48 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.

### **3.2.49 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
{	--- PATIENT begin		
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
MRG	Merge Information		3
}	--- PATIENT end		

#### ACK^A49^ACK: General Acknowledgment

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

### 3.2.50 ADT/ACK - Change Visit Number (Event A50)

A change has been done at the visit identifier level. That is, a [PV1-19 - Visit Number](#) has been found to be incorrect and has been changed.

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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
MRG	Merge Information		3
PV1	Patient Visit		3

ACK^A50^ACK: General Acknowledgment

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

### 3.2.51 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
MRG	Merge Information		3
PV1	Patient Visit		3

ACK^A51^ACK: General Acknowledgment

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

**3.2.52 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
<a href="#">EVN</a>	Event Type		3
<a href="#">PID</a>	Patient Identification		3
[ <a href="#">PD1</a> ]	Additional Demographics		3
<a href="#">PV1</a>	Patient Visit		3
[ <a href="#">PV2</a> ]	Patient Visit - Additional Info.		3

ACK^A52^ACK: General Acknowledgment

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

**3.2.53 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3

ACK^A53^ACK: General Acknowledgment

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

**3.2.54 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 is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the ROL segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the ROL segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the ROL segment following the PR1 segment. Providers related to a specific insurance are reported in the ROL segment following the IN1/IN2/IN3 segments.

To communicate the begin and end date of the attending, referring, or admitting doctor, use the [ROL-5 - Role Begin Date/Time](#) and the [ROL-6 - Role End Date/time](#) in the ROL segment, with the applicable [ROL-3 - Role Code](#). Refer to Chapter 15 for the definition of the ROL segment. Use "UP" in [ROL-2 - Action Code](#).

ADT^A54^ADT A54: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
[ { ROL } ]	Role		15
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { ROL } ]	Role		15

ACK^A54^ACK: General Acknowledgment

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

**3.2.55 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. [PV1-7 - 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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
<a href="#">EVN</a>	Event Type		3
<a href="#">PID</a>	Patient Identification		3
[ <a href="#">PD1</a> ]	Additional Demographics		3
[ {ROL} ]	Role		15
<a href="#">PV1</a>	Patient Visit		3
[ <a href="#">PV2</a> ]	Patient Visit - Additional Info.		3
[ {ROL} ]	Role		15

ACK^A55^ACK: General Acknowledgment

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

**3.2.56 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.

<b>Query Statement ID:</b>	Q21
<b>Query Type:</b>	Query
<b>Query Name:</b>	Q21 Get Person Demographics
<b>Query Trigger:</b>	QBP^Q21^QBP_Q21
<b>Query Mode:</b>	
<b>Response Trigger:</b>	RSP^K21^RSP_K21
<b>Query Characteristics</b>	

<b>Query Statement ID:</b>	Q21
<b>Purpose:</b>	Returns demographics information for a specified person

QBP^Q21^QBP\_Q21: Query By Parameter

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
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

RSP^K21^RSP\_K21: Segment Pattern Response

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
MSA	Message Acknowledgement		2
[ERR]	Error		2
QAK	Query Acknowledgement		5
QPD	Query Parameter Definition Segment		5
[	--- QUERY_RESPONSE begin		
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
[ { ARV } ]	Access Restrictions		3
[ { NK1 } ]	Next of Kin		3
QRI	Query Response Instances		5
]	--- QUERY_RESPONSE end		
[DSC]	Continuation Pointer		2

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	250	CX	R	N			PID-3		Patient Identifier List
2	WhatDomains Returned				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

Input Parameter	Comp. Name	DT	Description
			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		

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

```
MSH|^~\&|CLINREG|WESTCLIN|HOSPMPI|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|||
```

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|^~\&|HOSPMPI|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|
```

### 3.2.57 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.

<b>Query Statement ID:</b>	Q22
<b>Query Type:</b>	Query
<b>Query Name:</b>	Q22 Find Candidates
<b>Query Trigger:</b>	QBP^Q22^QBP_Q21
<b>Query Mode:</b>	
<b>Response Trigger:</b>	RSP^K22^RSP_K22
<b>Query Characteristics</b>	
<b>Purpose:</b>	Returns list of candidates matching demographic data

<b>Query Statement ID:</b>	Q22
	specified by the input parameters.

QBP^Q22^QBP\_Q21: Query By Parameter

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
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

RSP^K22^RSP\_K22: Segment Pattern Response

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
MSA	Message Acknowledgement		2
[ERR]	Error		2
QAK	Query Acknowledgement		5
QPD	Query Parameter Definition Segment		5
[ {	--- QUERY_RESPONSE begin		
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		5
[ { NK1 } ]	Next of Kin		3
[ QRI ]	Query Response Instance		5
}}	--- QUERY_RESPONSE end		
[ DSC ]	Continuation Pointer		2

Field Seq.	Field Name	Key/ Search	S o r t	LEN	TYPE	O p t	R e p	Match Op	TBL	Segmen t Field Name	LOINC or HL7 Code/ Domai n	ElementN ame
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	WhatDomains Returned				CX	O	Y			PID-3		Patient Identifier List

Input Parameter	Comp. Name	DT	Description
-----------------	------------	----	-------------



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.
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|HOSPMP|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|^~\&|HOSPMP|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|
```

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

### 3.2.58 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.

<b>Query Statement ID:</b>	Q23
<b>Query Type:</b>	Query
<b>Query Name:</b>	Q23 Get Corresponding Identifiers
<b>Query Trigger:</b>	QBP^Q23^QBP_Q21
<b>Query Mode:</b>	
<b>Response Trigger:</b>	RSP^K23^RSP_K23
<b>Query Characteristics</b>	
<b>Purpose:</b>	Returns list of identifiers from the specified domains, given an identifier from a given domain.

#### QBP^Q23^QBP\_Q21: Query By Parameter

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
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

#### RSP^K23^RSP\_K23: Segment Pattern Response

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

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	WhatDomains Returned				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		

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

```
MSH|^~\&|CLINREG|WESTCLIN|HOSPMPI|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|||
```

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|^~\&|HOSPMPI|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.

### 3.2.59 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.

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

### QBP^Q24^QBP\_Q21: Query By Parameter

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
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

### RSP^K24^RSP\_K23: Segment Pattern Response

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

Field Seq.	Field Name	Key/ Search	Sort	LEN	TYPE	Op	Rep	Match Op	TBL	Segment Field Name	LOINC or HL7 Code/ Domain	Element Name
1	DomainToAllocateIn				CX	R	Y			PID-3		Patient Identifier

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)

Input Parameter	Comp. Name	DT	Description
			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|||
```

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 that 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.

### 3.2.60 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
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ { ARV } ]	Access Restrictions		3
[ PV1 ]	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ { ARV } ]	Access Restrictions		3
[ {	--- ADVERSE REACTION GROUP begin		
IAM	Patient adverse reaction information		3
[ { NTE } ]	Notes and Comments		2
[ { IAR } ]	Allergy Reaction Segment		3
}]	--- ADVERSE REACTION GROUP end		

#### ACK^A60^ACK: General Acknowledgment

Segments	Description	Status	Chapter
MSH	Message Header		2
[ { SFT } ]	Software Segment		2

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
[ UAC ]	User Authentication Credential		2
MSA	Message Acknowledgment		2
[ { ERR } ]	Error		2

### 3.2.61 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 [ROL-6 - Role 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 - Role Segment is used in this message to communicate providers not specified elsewhere. Person level providers with an ongoing relationship are reported in the ROL segment following the PID/PD1 segments. Providers corresponding to the PV1 data are reported in the ROL segment following the PV1/PV2 segments. Providers related to a specific procedure are reported in the ROL segment following the PR1 segment. Providers related to a specific insurance are reported in the ROL segment following the IN1/IN2/IN3 segments. To communicate the begin- and end-date of the provider, use the [ROL-5 - Role Begin Date/Time](#) and the [ROL-6 - Role End Date/Time](#) in the ROL segment, with the applicable [ROL-3 - Role Code](#). Refer to Chapter 15 for the definition of the ROL segment.

#### ADT^A61^ADT A61: ADT Message

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
[ {ROL} ]	Role		15
PV1	Patient Visit		3
[ {ROL} ]	Role		15
[ PV2 ]	Patient Visit - Additional Info.		3

#### ACK^A61^ACK: General Acknowledgment

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

### 3.2.62 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.

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

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
[ UAC ]	User Authentication Credential		2
EVN	Event Type		3
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		3
[ {ROL} ]	Role		15
PV1	Patient Visit		3
[ {ROL} ]	Role		15
[ PV2 ]	Patient Visit - Additional Info.		3

#### ACK^A62^ACK: General Acknowledgment

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

### 3.2.63 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.

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

**QBP^Q32^QBP Q21: Query By Parameter**

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
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

**RSP^K32^RSP K32: Segment Pattern Response**

<u>Segments</u>	<u>Description</u>	<u>Status</u>	<u>Chapter</u>
MSH	Message Header		2
[ { SFT } ]	Software Segment		2
MSA	Message Acknowledgement		2
[ERR]	Error		2
QAK	Query Acknowledgement		5
QPD	Query Parameter Definition Segment		5
[{	--- QUERY_RESPONSE begin		
PID	Patient Identification		3
[ PD1 ]	Additional Demographics		5
[ { NK1 } ]	Next of Kin		3
PV1	Patient Visit		3
[ PV2 ]	Patient Visit - Additional Info.		3
[ QRI ]	Query Response Instance		5
}]	--- QUERY_RESPONSE end		
[ DSC ]			2

Field Seq.	Field Name	Key/ Search	S o r t	LEN	TYPE	O p t	R e p	Match Op	TBL	Segmen t Field Name	LOINC or HL7 Code/ Domai n	ElementN ame
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	WhatDomains Returned				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



Input Parameter	Comp. Name	DT	Description
			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: ... ^M^METRO HOSPITAL~^S^SOUTH LAB ...
			Only the following components should be valued.
WhatDomainsReturned	Assigning Authority		PID.3.4 must be valued.
WhatDomainsReturned	Identifier type code		

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

```
MSH|^&~\|CLINREG|WESTCLIN|HOSPMPI|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|^M^METRO HOSPITAL
RCP|||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|^&~\|HOSPMPI|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|^M^METRO HOSPITAL
PID|||66785^M^METRO HOSPITAL|Smith^John||19630423|M|C|N2378 South
Street^Madison^WI^53711
PV1||I|W^389^1^METRO HOSPITAL^M^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.

## 3.3 MESSAGE SEGMENTS

### 3.3.1 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

#### 3.3.1.1 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.

#### 3.3.1.2 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.

#### 3.3.1.3 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.

#### 3.3.1.4 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.

#### 3.3.1.5 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)>

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.

### 3.3.1.6 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.

### 3.3.1.7 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.

### 3.3.2 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 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.

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			XP	R	Y	0200	00108	Patient Name
6			XP	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	B	Y		00116	Phone Number - Home
14			XTN	B	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

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
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
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

### 3.3.2.1 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.

### 3.3.2.2 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.

### 3.3.2.3 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.

### 3.3.2.4 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.

### 3.3.2.5 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.

## 3.3.2.6 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)>

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.

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

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

## 3.3.2.8 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.

## 3.3.2.9 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.

## 3.3.2.10 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.



### 3.3.2.11 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)>

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...



## 3.3.2.12 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](#)).

## 3.3.2.13 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)>

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: The PID13 field has been retained for backward compatibility only as of v 2.7. The reader is referred to section [3.3.2.40, 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.

## 3.3.2.14 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)>

Definition: The PID-14 field has been retained for backward compatibility only as of v2.7. The reader is referred to section 3.3.2.40, [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.

### 3.3.2.15 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.

### 3.3.2.16 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.

### 3.3.2.17 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.

### 3.3.2.18 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.

### 3.3.2.19 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.

### 3.3.2.20 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.

### 3.3.2.21 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.

### 3.3.2.22 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.

## 3.3.2.23 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".

## 3.3.2.24 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

## 3.3.2.25 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.

## 3.3.2.26 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".

## 3.3.2.27 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.

## 3.3.2.28 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](#).

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

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

**3.3.2.30 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

**3.3.2.31 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

**3.3.2.32 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.

**3.3.2.33 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.

**3.3.2.34 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]...

### 3.3.2.35 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)>

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]...

### 3.3.2.36 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]...

### 3.3.2.37 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|...  
 ...|Bald/c|...  
 ...|DXL|...

### 3.3.2.38 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|...

### 3.3.2.39 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.

### 3.3.2.40 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 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.

### 3.3.3 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

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
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
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

### 3.3.3.1 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.

## 3.3.3.2 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.

"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).

## 3.3.3.3 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](#).

## 3.3.3.4 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^HL70597|

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

## 3.3.3.5 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 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.

### 3.3.3.6 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)>

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](#).

### 3.3.3.7 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 [XCEN.1 ID Number](#) is populated, then the [XCEN.13 Identifier Type Code](#) and the [XCEN.9 Assigning Authority](#) or [XCEN.22 Assigning Jurisdiction](#) or [XCEN.23 Assigning Agency or Department](#) are required. If [XCEN.2 Family Name](#) is populated, then the [XCEN.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.

## 3.3.3.8 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)>

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 [XCEN.1 ID Number](#) is populated, then the [XCEN.13 Identifier Type Code](#) and the [XCEN.9 Assigning Authority](#) or [XCEN.22 Assigning Jurisdiction](#) or [XCEN.23 Assigning Agency or Department](#) are required. If [XCEN.2 Family Name](#) is populated, then the [XCEN.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.

### 3.3.3.9 PV1-9 Consulting Doctor (XCEN) 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)>

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 ROL - Role segment for consulting physicians instead.**

### 3.3.3.10 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)>

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.

### 3.3.3.11 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](#).

### 3.3.3.12 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.

### 3.3.3.13 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.

### 3.3.3.14 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]

### 3.3.3.15 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.

### 3.3.3.16 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.

### 3.3.3.17 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.

### 3.3.3.18 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.

## 3.3.3.19 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)>

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.

## 3.3.3.20 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.

## 3.3.3.21 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.

## 3.3.3.22 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.

## 3.3.3.23 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.

## 3.3.3.24 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.



## 3.3.3.25 PV1-25 Contract Effective Date (DT) 00155

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

## 3.3.3.26 PV1-26 Contract Amount (NM) 00156

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

## 3.3.3.27 PV1-27 Contract Period (NM) 00157

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

## 3.3.3.28 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.

## 3.3.3.29 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.

## 3.3.3.30 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.

## 3.3.3.31 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.

**3.3.3.32 PV1-32 Bad Debt Transfer Amount (NM) 00162**

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

**3.3.3.33 PV1-33 Bad Debt Recovery Amount (NM) 00163**

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

**3.3.3.34 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.

**3.3.3.35 PV1-35 Delete Account Date (DT) 00165**

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

**3.3.3.36 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.

**3.3.3.37 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.

### 3.3.3.38 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.

### 3.3.3.39 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.

### 3.3.3.40 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.

### 3.3.3.41 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.

### 3.3.3.42 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](#).

#### 3.3.3.43 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.

#### 3.3.3.44 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.

## 3.3.3.45 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.

## 3.3.3.46 PV1-46 Current Patient Balance (NM) 00176

Definition: This field contains the visit balance due.

## 3.3.3.47 PV1-47 Total Charges (NM) 00177

Definition: This field contains the total visit charges.

## 3.3.3.48 PV1-48 Total Adjustments (NM) 00178

Definition: This field contains the total adjustments for visit.

## 3.3.3.49 PV1-49 Total Payments (NM) 00179

Definition: This field contains the total payments for visit.

## 3.3.3.50 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.

## 3.3.3.51 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.).

## 3.3.3.52 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)>

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 ROL-Role Segment to communicate providers not specified elsewhere. Refer to Chapter 15 for the definition of the ROL segment.

### 3.3.3.53 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.

### 3.3.3.54 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.

### 3.3.4 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

SEQ	LEN	C.LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
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
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

### 3.3.4.1 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.

### 3.3.4.2 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.



**3.3.4.3 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.

**3.3.4.4 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.

**3.3.4.5 PV2-5 Patient Valuables (ST) 00185**

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

**3.3.4.6 PV2-6 Patient Valuables Location (ST) 00186**

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

**3.3.4.7 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.

**3.3.4.8 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.

**3.3.4.9 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.

**3.3.4.10 PV2-10 Estimated Length of Inpatient Stay (NM) 00711**

Definition: This field specifies the estimated days of inpatient stays.



## 3.3.4.11 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.

## 3.3.4.12 PV2-12 Visit Description (ST) 00713

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

## 3.3.4.13 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).

#### 3.3.4.14 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.

#### 3.3.4.15 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

#### 3.3.4.16 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.

#### 3.3.4.17 PV2-17 Purge Status Date (DT) 00718

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

#### 3.3.4.18 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.

## 3.3.4.19 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

## 3.3.4.20 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.

## 3.3.4.21 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.

## 3.3.4.22 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.

## 3.3.4.23 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.

#### 3.3.4.24 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.

#### 3.3.4.25 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.

#### 3.3.4.26 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.

#### 3.3.4.27 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.

#### 3.3.4.28 PV2-28 Signature on File Date (DT) 00729

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

#### 3.3.4.29 PV2-29 First Similar Illness Date (DT) 00730

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

## 3.3.4.30 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 chapter 2C, for suggested values. This field is the same as [GT1-26 - Guarantor Charge Adjustment Code](#).

## 3.3.4.31 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.

## 3.3.4.32 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

## 3.3.4.33 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.

## 3.3.4.34 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

## 3.3.4.35 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

## 3.3.4.36 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

**3.3.4.37    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

**3.3.4.38    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.

**3.3.4.39    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.

**3.3.4.40    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.



## 3.3.4.41 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.

## 3.3.4.42 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.

## 3.3.4.43 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](#).

## 3.3.4.44 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](#).

#### 3.3.4.45 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.

#### 3.3.4.46 PV2-46 Patient Status Effective Date (DT) 01549

Definition: This field indicates the effective date for [PV2-24 - Patient Status](#).

#### 3.3.4.47 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.

#### 3.3.4.48 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.

#### 3.3.4.49 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.

#### 3.3.4.50 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.

### 3.3.5 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).



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			XP	O	Y	0200	00191	Name
3			CWE	O		0063	00192	Relationship
4			XAD	O	Y		00193	Address
5			XTN	B	Y		00194	Phone Number
6			XTN	B	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			XP	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			XP	O	Y	0200	00748	Contact Person's Name
31			XTN	B	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

## 3.3.5.1 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.

## 3.3.5.2 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](#).

## 3.3.5.3 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.

## 3.3.5.4 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)>

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](#).

### 3.3.5.5 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)>

**Definition: Retained for backward compatibility only as of v2.7;** refer to section 3.3.5.40 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.

### 3.3.5.6 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)>

Definition: **Retained for backward compatibility only as of v2.7.** This field contains the business telephone number of the next of kin/associated party. Multiple phone numbers are allowed for the same person. The primary business telephone number must be sent in the first sequence. If the primary business telephone number is not sent, then the repeat delimiter must be sent in the first sequence. Refer to [HL7 Table 0201 - Telecommunication Use Code](#) and [HL7 Table 0202 - Telecommunication Equipment Type](#) in Chapter 2C, Code Tables, for valid values.

### 3.3.5.7 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.

### 3.3.5.8 NK1-8 Start Date (DT) 00197

Definition: This field contains the start date of the contact role.

### 3.3.5.9 NK1-9 End Date (DT) 00198

Definition: This field contains the end date of the contact role.

### 3.3.5.10 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.

### 3.3.5.11 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.

### 3.3.5.12 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 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.

### 3.3.5.13 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)>



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.

### 3.3.5.14 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.

### 3.3.5.15 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.

### 3.3.5.16 NK1-16 Date/Time of Birth (DTM) 00110

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

### 3.3.5.17 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.

## 3.3.5.18 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.

## 3.3.5.19 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.

## 3.3.5.20 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.

## 3.3.5.21 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.



## 3.3.5.22 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.

## 3.3.5.23 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

## 3.3.5.24 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.

## 3.3.5.25 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.

### 3.3.5.26 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.

### 3.3.5.27 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.

### 3.3.5.28 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.

## 3.3.5.29 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.

## 3.3.5.30 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](#).

## 3.3.5.31 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)>

Definition: **Retained for backward compatibility only as of v2.7**; refer to section [3.3.5.41](#) 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.

### 3.3.5.32 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)>

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](#).

### 3.3.5.33 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.

### 3.3.5.34 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.

### 3.3.5.35 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.

### 3.3.5.36 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.



## 3.3.5.37 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](#).

## 3.3.5.38 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".

## 3.3.5.39 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.

## 3.3.5.40 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.

### 3.3.5.41 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.

## 3.3.6 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	R			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

### 3.3.6.1 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.



## 3.3.6.2 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.

## 3.3.6.3 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.

## 3.3.6.4 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 suggested values.

## 3.3.6.5 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.).

## 3.3.6.6 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..

## 3.3.7 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 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			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 Code
28			XON	O			03293	Initially Recorded by Organization
29			XON	O			03294	Modified by Organization
30			XON	O			03295	Inactivated by Organization

### 3.3.7.1 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.

### 3.3.7.2 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.

## 3.3.7.3 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.

## 3.3.7.4 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.

## 3.3.7.5 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.).

## 3.3.7.6 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.

## 3.3.7.7 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. It is unique across all segments and messages for a person. If a system maintains allergen codes as a unique identifier for a particular allergy, then this field should not be used.

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.

### 3.3.7.8 IAM-8 Action Reason (ST) 01553e

Definition: This field contains the reason for the action indicated in the [IAM-6 - Allergy Action Code](#) field.

### 3.3.7.9 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.

### 3.3.7.10 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., 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.

### 3.3.7.11 IAM-11 Onset Date (DT) 01556

Definition: This field contains the actual date of the first reaction.

### 3.3.7.12 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).

### 3.3.7.13 IAM-13 Reported Date/Time (DTM) 01558

Definition: This field contains the date/time the allergy was reported to a caregiver.

## 3.3.7.14 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](#).

## 3.3.7.15 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.

## 3.3.7.16 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.

### 3.3.7.17 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.

### 3.3.7.18 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)>

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|...).

### 3.3.7.19 IAM-19 Stated by Organization (XON) 01564

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 providing the update to the allergy (e.g., Good Health Hospital).

### 3.3.7.20 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](#).

**3.3.7.21 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

(e.g. ...| S12345^Smith^John^J^III^DR^MD|...).

### 3.3.7.22 IAM-22 Inactivated Date/Time (DTM) 02295

Definition: The date and time that this allergy was inactivated by the [IAM-21 Inactivated by Person](#).

### 3.3.7.23 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|...).

### 3.3.7.24 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](#).

### 3.3.7.25 IAM-25 Modified by Person (XCN) 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)>

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|...).

### 3.3.7.26 IAM-26 Modified Date/Time (DTM) 02299

Definition: The date and time that this allergy was modified by the [IAM-25 Modified by Person](#).

### 3.3.7.27 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.

### 3.3.7.28 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).

### 3.3.7.29 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).

### 3.3.7.30 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).

## 3.3.8 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).

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

### 3.3.8.1 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.).

### 3.3.8.2 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.

### 3.3.8.3 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.

### 3.3.8.4 IAR-4 Management (ST) 03299

Definition: This field contains a textual description of the actions that were performed in response to the reaction.

### 3.3.9 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

#### 3.3.9.1 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.

#### 3.3.9.2 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.

### 3.3.10 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



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

### 3.3.10.1 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.

### 3.3.10.2 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.**



### 3.3.10.3 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 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.

### 3.3.10.4 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.**

### 3.3.10.5 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)>

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.

### 3.3.10.6 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.

## 3.3.10.7 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.

## 3.3.11 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

## 3.3.11.1 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.

## 3.3.11.2 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.

## 3.3.11.3 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.

**3.3.11.4 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 ROL segment is now used to convey more complete information about the primary care provider.

**3.3.11.5 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.

**3.3.11.6 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.

**3.3.11.7 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](#).

## 3.3.11.8 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](#).

## 3.3.11.9 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

## 3.3.11.10 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.

#### 3.3.11.11 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.

#### 3.3.11.12 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.

#### 3.3.11.13 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](#).

#### 3.3.11.14 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.



## 3.3.11.15 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.

## 3.3.11.16 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.

## 3.3.11.17 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](#).

## 3.3.11.18 PD1-18 Publicity Code Effective Date (DT) 01571

Definition: This is the effective date for [PD1-11 - Publicity Code](#).

## 3.3.11.19 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.

## 3.3.11.20 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.

## 3.3.11.21 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.

## 3.3.11.22 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.

## 3.3.12 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

## 3.3.12.1 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.

## 3.3.12.2 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.

## 3.3.12.3 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.

## 3.3.12.4 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

## 3.3.12.5 DB1-5 Disability Start Date (DT) 01287

Definition: This field specifies the date the person became disabled.

**3.3.12.6 DB1-6 Disability End Date (DT) 01288**

Definition: This field specifies the ending date of the person's disability.

**3.3.12.7 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.

**3.3.12.8 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.

**3.3.13 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

**3.3.13.1 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.

**3.3.13.2 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)>

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.

### 3.3.13.3 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

### 3.3.13.4 PDA-4 Death Certificate Signed Date/Time (DTM) 01577

Definition: This field is valued with the date and time the death certificate was signed.

### 3.3.13.5 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.

### 3.3.13.6 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

### 3.3.13.7 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

### 3.3.13.8 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)>

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.

### 3.3.13.9 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.

### 3.3.14 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.

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 is sent after the PID/PD1 segments to describe access restrictions associated with the person/patient. The ARV segment is optional and is sent after the PV1/PV2 segments to describe access restrictions associated with that specific encounter.

#### Usage Notes:

The individual system security may want to utilize the Access Restriction Value along with the Access Restriction Reason (and/or with the Confidentiality Code from another segment, e.g., OM1-30 or other data) in order to implement the appropriate type of protection for the person, patient, visit and/or visit 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			CNE	R		<a href="#">0206</a>	02144	Access Restriction Action Code
3			CWE	R		<a href="#">0717</a>	02145	Access Restriction Value
4			CWE	O	Y	<a href="#">0719</a>	02146	Access Restriction Reason
5		250=	ST	O	Y		02147	Special Access Restriction Instructions
6			DR	O			02148	Access Restriction Date Range

#### 3.3.14.1 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.

#### 3.3.14.2 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 suggested values.

## 3.3.14.3 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 is restricted. This access may be restricted at a field level by employing the specific HL7 field identifiers or may be otherwise determined by user-defined coded values. Refer to [User-defined Table 0717 – Access Restriction Value](#) in Chapter 2C, Code Tables, for suggested values.

## 3.3.14.4 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.

## 3.3.14.5 ARV-5 Special Access Restriction Instructions (ST) 02147

Definition: Used to convey specific instructions about the protection of the patient's data (e.g., "Always refer to the patient as Mr. Everyman"). 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).

## 3.3.14.6 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 EXAMPLE TRANSACTIONS

## 3.4.1 Admit/visit notification - event A01 (admitted patient)

```
MSH|^~\&|ADT1|GOOD HEALTH HOSPITAL|GHH LAB, INC.|GOOD HEALTH
HOSPITAL|198808181126|SECURITY|ADT^A01^ADT_A01|MSG00001|P|2.8||<cr>
EVN|A01|200708181123||<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>
NK1|1|NUCLEAR^NELDA^W|SPO^SPOUSE|||NK^NEXT OF KIN<cr>
PV1|1||2000^2012^01|||004777^ATTEND^AARON^A||SUR|||ADM|A0|<cr>
```

Patient Adam A. Everyman, III was admitted on July 18, 2007 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.

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Final Standard.

Patient Adam A. Everyman was pre-admitted on January 6<sup>th</sup>, 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 that 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.

### 3.4.3 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>
PV1||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>
PV2|||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|||50 OK|<cr>
IN1|2|""|<cr>
```

Patient Adam A. Everyman arrived at location O/R for surgery on January 10<sup>th</sup>, 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.

### 3.4.4 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>
PV1||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|UA1|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 10<sup>th</sup>, 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 10<sup>th</sup>, 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 10199923 to 10199925

### 3.4.5 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>
PV1|||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 11<sup>th</sup>, 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.

### 3.4.6 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||
PV1|||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|140
0|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.

### 3.4.7 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^^^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||
PV1|||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|140
0|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.

### 3.4.8 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~1111^^^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>
PV1|||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.

### 3.4.9 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^AARON^A^^^
MD||
```

### 3.4.10 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||
```

## 3.5 IMPLEMENTATION NOTES

### 3.5.1 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.

### 3.5.2 Merging patient/person information

#### 3.5.2.1 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 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.

### 3.5.2.1.1 *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](#))

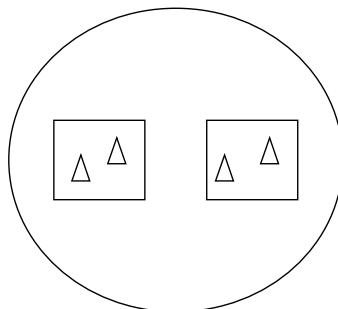
Level 1 - Visit (identified by [PV1-19 - Visit Number](#))

The visit-level identifier [PV1-19 - 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.

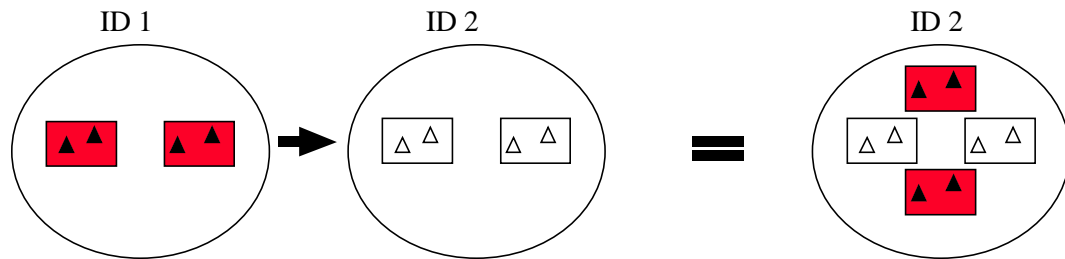
Note that these events will also apply to environments in which one or more of these levels do not occur. For example, some environments may not have a person (or MPI) level, or they may not have a visit level, or they may have a visit level without an account level. The hierarchy concept is depicted 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.





## 3.5.2.1.2 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:

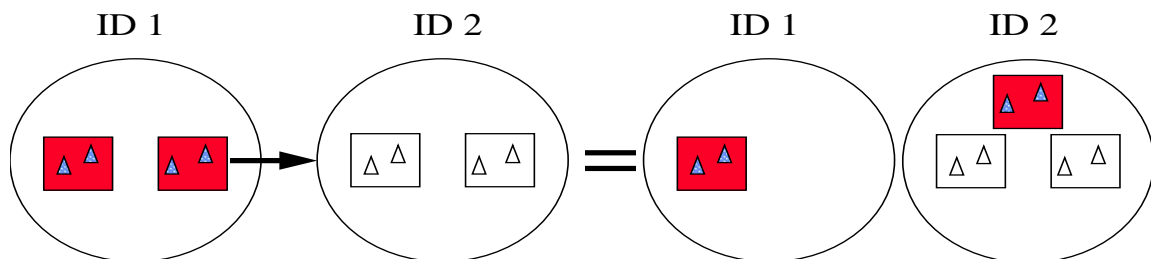


**Note:** It is not the intent of the merge definition to define the application or implementation specifics of how various systems or environments define, use or handle non-surviving information. "Non-surviving" in this document implies that a data set was existing in a fashion that was incorrect. Merging 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.

## 3.5.2.1.3 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.)

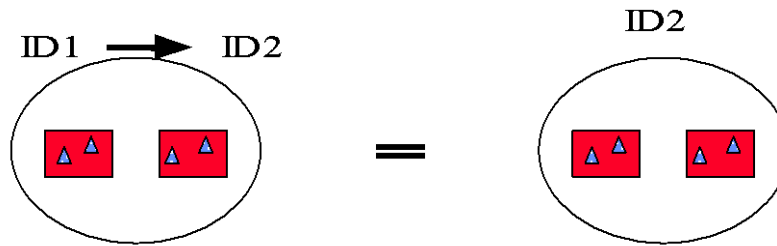
A move event signals that a patient, account, or visit has been moved from one person, patient, or account, respectively, to another. All records at a subordinate level are also moved. For example, an A43 (move patient information - patient identifier list) event would be sent to signal that a medical 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.

### 3.5.2.1.4 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:



### 3.5.2.1.5 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 account number the source would be [MRG-3 - Prior Patient Account Number](#). The target is [PID-18 - Patient Account Number](#).

### 3.5.2.1.6 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.

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
--------

PID-2 - Patient ID	<i>with</i>	MRG-4 - Prior Patient ID
<b>Patient</b>		
PID-3 - Patient Identifier List	<i>with</i>	MRG-1 - Prior Patient Identifier List
	<i>and by</i>	Explicit order of identifiers in the list
	<i>or by</i>	<identifier type code> and <assigning authority> field components
PID-4 - Alternate Patient ID	<i>with</i>	MRG-2 - Prior Alternate Patient ID
<b>Account</b>		
PID-18 - Patient Account Number	<i>with</i>	MRG-3 - Prior Patient Account Number
<b>Visit</b>		
PV1-19 - Visit Number	<i>with</i>	MRG-5 - Prior Visit Number
PV1-50 - Alternate Visit ID	<i>with</i>	MRG-6 - Prior Alternate Visit ID

### 3.5.2.1.7 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:

List<sub>1</sub> = {A,B,C}

List<sub>2</sub> = {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:

List<sub>1</sub> = {A,B,C}

List<sub>2</sub> = {X,Y,Z,Q,R,S}

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:

List<sub>1</sub> = {A,B,C,D,E,F}

List<sub>2</sub> = {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.

### 3.5.2.1.8 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:

List<sub>1</sub> = {B^t2^a1,C^t3^a1,D^t4^a1,A^t1^a1,E^t5^a1,F^t6^a1}

List<sub>2</sub> = {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:

List<sub>1</sub> = {A^t1^a1,B^t2^a1,C^t3^a1}

List<sub>2</sub> = {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.

### 3.5.2.1.9 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 \(repeating segment\)](#)."

### 3.5.2.1.10 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.

### 3.5.2.1.11 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.

### 3.5.2.2 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.

### 3.5.2.2.1 A40 - merge patient - patient identifier list

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 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.</p>	
<p>Target: <a href="#">PID-3 - Patient Identifier List</a> (Note: <a href="#">PID-18 - Patient Account Number</a> is not valued; all accounts associated with MR2 are combined under MR1). To merge <a href="#">PID-18 - Patient Account Number</a> data only, use event A41 (merge account-patient account number). To move <a href="#">PID-18 - Patient Account Number</a> data use event A44 (move account information-patient account number).</p>	
<p>Source: <a href="#">MRG-1 - Prior Patient Identifier List</a>) (Note: <a href="#">MRG-3 - Prior Patient Account Number</a> is not valued; all accounts associated with MR2 are combined under MR1.)</p>	
<p>Example Transaction:</p> <pre>MSH ^~\&amp; REGADT MCM RSP1P8 MCM 200301051530 SEC ADT^A40^ADT_A39 00000003 P 2.8 &lt;cr&gt; EVN A40 200301051530&lt;cr&gt; PID   MR1^^^XYZ  MAIDENNAME^EVE ....&lt;cr&gt; MRG MR2^^^XYZ&lt;cr&gt;</pre>	
Before Merge	After Merge
<div>MR1</div> <div>ACCT1</div> <div>ACCT2</div> <div>MR2</div> <div>ACCT1</div> <div>ACCT2</div>	<div>MR1</div> <div>ACCT1</div> <div>ACCT2</div> <div>ACCT1</div> <div>ACCT2</div>
<p>Implementation considerations: This scenario exists when two medical records are established for the same person.</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>	

### 3.5.2.2.2 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>
<p>Target: <a href="#">PID-3 - Patient Identifier List</a> and <a href="#">PID-18 - Patient Account Number</a></p>
<p>Source: <a href="#">MRG-1 - Prior Patient Identifier List</a> and <a href="#">MRG-3 - Prior Patient Account Number</a></p>
<p>Example Transaction:</p> <pre>MSH ^~\&amp; REGADT MCM RSP1P8 MCM 200301051530 SEC ADT^A40^ADT_A39 00000003 P 2.8 &lt;cr&gt; EVN A40 200301051530&lt;cr&gt; PID   MR1^^^XYZ  EVERYWOMAN^EVE        ACCT3&lt;cr&gt; MRG MR2^^^XYZ  ACCT1&lt;cr&gt;</pre>

PID  MR1^^^XYZ  EVERYWOMAN^EVE       ACCT4<cr> MRG MR2^^^XYZ  ACCT2<cr>	
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, "<a href="#">Global merge and move message construct versus repeating segment message constructs</a>," 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>	

### 3.5.2.2.3 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	
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.	
Target: <a href="#">PID-18 - Patient Account Number</a>	
Source: <a href="#">MRG-3 - Prior Patient Account Number</a>	
Example Transaction: 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>	
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 <a href="#">PID-18 - Patient Account Number</a> level. All identifiers below the <a href="#">PID-18 - Patient Account Number</a> 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>	

### 3.5.2.2.4 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>	
<p>Target: <b>PID-18 - Patient Account Number</b> and <b>PV1-19 - Visit Number</b></p>	
<p>Source: <b>MRG-3 - Prior Patient Account Number</b> and <b>MRG-5 - Prior Visit Number</b></p>	
<p>Example Transaction:</p> <pre>MSH ^~\&amp; REGADT MCM RSP1P8 MCM 200301051530 SEC ADT^A41^ADT_A39 00000005 P 2.8 &lt;cr&gt; EVN A41 200301051530&lt;cr&gt; PID   MR1^^^XYZ  EVERYWOMAN^EVE  19501010 F   123 NORTH STREET^^^NY^NY^10021  (212)111-3333  S  ACCT1&lt;cr&gt; MRG MR1^^^XYZ  ACCT2  VISIT1&lt;cr&gt; PV1 1               VISIT3&lt;cr&gt; PID   MR1^^^XYZ  EVERYWOMAN^EVE  19501010 F   123 NORTH STREET^^^NY^NY^10021  (212)111-3333  S  ACCT1&lt;cr&gt; MRG MR1^^^XYZ  ACCT2  VISIT2 PV1 1               VISIT4&lt;cr&gt;</pre>	
Before Merge	After Merge
<p>MR1 ACCT1 VISIT1 VISIT2 ACCT2 VISIT1* VISIT2*</p> <p>*Visits erroneously assigned</p>	<p>MR1 ACCT1 VISIT1 VISIT2 VISIT3** VISIT4**</p> <p>**Visits combined and renumbered as a result of merging the account</p>
<p>Implementation considerations: This scenario exists when two accounts and associated visits are established for the same patient. 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>	

### 3.5.2.2.5 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>	
<p>Target: <b>PV1-19 - Visit Number</b></p>	
<p>Source: <b>MRG-5 - Prior Visit Number</b></p>	
<p>Example Transaction:</p> <pre>MSH ^~\&amp; REGADT MCM RSP1P8 MCM 200301051530 SEC ADT^A42^ADT_A39 00000005 P 2.8 &lt;cr&gt; EVN A42 200301051530&lt;cr&gt; PID   MR1^^^XYZ  EVERYEWOMAN^EVE  19501010 F   123 NORTH STREET^^^NY^NY^10021  (212)111-3333  S  ACCT1&lt;cr&gt; MRG MR1^^^XYZ  ACCT1  VISIT2&lt;cr&gt; PV1 1               VISIT1</pre>	
Before Merge	After Merge
<p>MR1 ACCT1 VISIT1</p>	<p>MR1 ACCT1 VISIT1</p>

VISIT2	
Implementation considerations: This scenario exists when two visits are established in error for the same patient and episode of care.	

## 3.5.2.2.6 A43 - move patient information - patient identifier list

A43 - Move patient information - patient identifier list													
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.													
Target: <a href="#">PID-2 - Patient ID</a>													
Source: <a href="#">MRG-4 - Prior Patient ID</a>													
Example transaction:													
<pre>MSH ^~\&amp; REPOSITORY ENT RSP1P8 MCM 200301051530 SEC ADT^A43^ADT_A43 0000009 P 2.8 &lt;cr&gt; r&gt; EVN A43 200301051530&lt;cr&gt; PID 1 E2 MR2^^^ABCHMO  EVERYWOMAN^EVI ....&lt;cr&gt; MRG MR2^^^ABCHMO  E1&lt;cr&gt;</pre>													
Before Move	After Move												
<table> <tr> <td>E1</td><td>E2</td></tr> <tr> <td>MR1</td><td>MR1</td></tr> <tr> <td>MR2</td><td></td></tr> </table>	E1	E2	MR1	MR1	MR2		<table> <tr> <td>E1</td><td>E2</td></tr> <tr> <td>MR1</td><td>MR1</td></tr> <tr> <td></td><td>MR2</td></tr> </table>	E1	E2	MR1	MR1		MR2
E1	E2												
MR1	MR1												
MR2													
E1	E2												
MR1	MR1												
	MR2												
Implementation considerations: <a href="#">PID-3 - Patient Identifier List</a> and <a href="#">MRG-1 - Prior Patient Identifier List</a> are the same value since the PID-3 value does not change in this scenario.													
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.													
<pre>MSH ^~\&amp; REPOSITORY ENT RSP1P8 MCM 200301051530 SEC ADT^A43^ADT_A43 0000009 P 2.8 &lt;cr&gt; r&gt; EVN A43 200301051530&lt;cr&gt; PID 1  E2^^^ENT1^PE~MR2^^^ABCHMO^MR  EVERYWOMAN^EVI ....&lt;cr&gt; MRG E1^^^ENT1^PE~MR2^^^ABCHMO^MR ...&lt;cr&gt;</pre>													

## 3.5.2.2.7 A44 - move account information - patient account number

A44 - Move account information - patient account number									
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.									
Target: <a href="#">PID-3 - Patient Identifier List</a> and <a href="#">PID-18 - Patient Account Number</a> (Note: <a href="#">PID-18 - Patient Account Number</a> and <a href="#">MRG-3 - Prior Patient Account Number</a> will be the same since the account number does not change in this scenario).									
Source: <a href="#">MRG-1 - Prior Patient Identifier List</a> and <a href="#">MRG-3 - Prior Patient Account Number</a> (NOTE: <a href="#">MRG-3 - Prior Patient Account Number</a> must be valued to indicate which account to move)									
Example Transaction:									
<pre>MSH ^~\&amp; REGADT MCM RSP1P8 MCM 200301051530 SEC ADT^A44^ADT_A43 00000007 P 2.8 &lt;cr&gt; EVN A44 200301051530&lt;cr&gt; PID  MR2^^^XYZ  Everyman^Adam^A^JR  19501010 M  123 EAST STREET^^NY^NY^10021  (212)111-3333  S  ACCT2&lt;cr&gt; MRG MR1^^^XYZ  ACCT2&lt;cr&gt;</pre>									
Before Move	After Move								
<table> <tr> <td>MR1</td><td>MR2</td></tr> <tr> <td>ACCT1</td><td>ACCT1</td></tr> </table>	MR1	MR2	ACCT1	ACCT1	<table> <tr> <td>MR1</td><td>MR2</td></tr> <tr> <td>ACCT1</td><td>ACCT1</td></tr> </table>	MR1	MR2	ACCT1	ACCT1
MR1	MR2								
ACCT1	ACCT1								
MR1	MR2								
ACCT1	ACCT1								

ACCT2	ACCT2
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.	

### 3.5.2.2.8 A45 - move visit information - visit number (repeating segment)

A45 - Move visit information - visit number	
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 (96102 and 96104) to the Physical Therapy account. The problem is later discovered and the corresponding visits are moved to the correct account.	
Target: <a href="#">PID-18 - Patient Account Number</a> and <a href="#">PV1-19 - Visit Number</a> .	
Source: <a href="#">MRG-3 - Prior Patient Account Number</a> and <a href="#">MRG-5 - Prior Visit Number</a> .	
<p>Example Transaction:</p> <pre>MSH ^~\&amp; REGADT MCM RSP1P8 MCM 200301051530 SEC ADT^A45^ADT_A45 00000005 P 2.8 &lt;cr&gt; EVN A45 200301051530&lt;cr&gt; PID   MR1^^^XYZ  EVERYWOMAN^EVE  19501010 M   123 NORTH STREET^^NY^NY^10021  (212)111-3333  S  X1&lt;cr&gt; MRG MR1^^^XYZ  ACCT1  96102&lt;cr&gt; PV1  O PT          96102&lt;cr&gt; MRG MR1^^^XYZ  ACCT1  96104&lt;cr&gt; PV1  O PT          96104&lt;cr&gt;</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. <a href="#">MRG-5 - Prior Visit Number</a> and <a href="#">PV1-19 - Visit Number</a> are the same values because the visit numbers do not change. Refer to section <a href="#">3.5.2.1.9, "Global merge and move message construct versus repeating segment message constructs,"</a> for additional information regarding message construct.</p>	

### 3.5.2.2.9 A45 - move visit information - visit number (repeating segment)

A45 - Move visit information - visit number	
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.	
Target: <a href="#">PID-18 - Patient Account Number</a> and <a href="#">PV1-19 - Visit Number</a> .	
Source: <a href="#">MRG-3 - Prior Patient Account Number</a> and <a href="#">MRG-5 - Prior Visit Number</a> .	
<p>Example Transaction:</p> <pre>MSH ^~\&amp; REGADT MCM RSP1P8 MCM 200301051530 SEC ADT^A45^ADT_A45 00000005 P 2.8 &lt;cr&gt; EVN A45 200301051530&lt;cr&gt; PID   MR1^^^XYZ  EVERYWOMAN^EVE  19501010 M   123 NORTH STREET^^NY^NY^10021  (212)111-3333  S  X1&lt;cr&gt;</pre>	

MRG MR1^^^XYZ  ACCT1  VISIT2<cr> PV1  O PT         VISIT4<cr> MRG MR1^^^XYZ  ACCT1  VISIT3<cr> PV1  O PT         VISIT5<cr>	
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
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 <a href="#">3.5.2.2.1, "A40 - merge patient - patient identifier list,"</a> for additional information regarding message construct.	

### 3.5.2.2.10 A47 - change patient identifier list

A47 - Change patient identifier list	
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.	
Target: <a href="#">PID-3 - Patient Identifier List</a>	
Source: <a href="#">MRG-1 - Prior Patient Identifier List</a>	
Example Transaction: 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>	
Before Change	After Change
MR2 ACCT1	MR1 ACCT1
Implementation considerations: None.	

### 3.5.2.2.11 A49 - change patient account number

A49 - Change patient account number	
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. 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: <a href="#">PID-18 - Patient Account Number</a>	
Source: <a href="#">MRG-3 - Prior Patient Account Number</a>	
Example Transaction: 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>	
Before Change	After Change
MR1 X1	MR1 ACCT1
Implementation Considerations: None.	

### 3.5.2.2.12 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: <a href="#">PV1-19 - Visit Number</a>	
Source: <a href="#">MRG-5 - Prior Visit Number</a>	
<p>Example Transaction:</p> <pre>MSH ^~\&amp; REGADT MCM RSP1P8 MCM 200301051530 SEC ADT^A50^ADT_A50 00000006 P 2.8 &lt;cr&gt; EVN A50 200301051530&lt;cr&gt; PID   MR1^^^XYZ  EVERYMAN^ADAM  19501010 M  123 SOUTH STREET^^NY^NY^10021  (212)111- 2222   S CAT ACCT1&lt;cr&gt; MRG MR1^^^XYZ  ACCT1  VISIT2&lt;cr&gt; PV1 1 O  3   99^BROWN^JERRY   ONC   1  VIP 99^BROWN^JERRY O/P VISIT1...&lt;cr&gt;</pre>	
Before Change	After Change
MR1 ACCT1 VISIT2	MR1 ACCT1 VISIT1
Implementation considerations: None.	

### 3.5.2.2.13 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: <a href="#">PV1-50 - Alternate Visit ID</a>	
Source: <a href="#">MRG-6 - Prior Alternate Visit ID</a>	
<p>Example Transaction:</p> <pre>MSH ^~\&amp; REGADT MCM RSP1P8 MCM 200301051530 SECURITY ADT^A51^ADT_A50 00000006 P 2. 8 &lt;cr&gt; EVN A51 200301051530&lt;cr&gt; PID   MR1^^^XYZ  EVERYMAN^ADAM  19501010 M  123 SOUTH STREET^^NY^NY^10021  (212)111- 2222   S CAT ACCT1&lt;cr&gt; MRG MR1^^^XYZ  ACCT1  AV2&lt;cr&gt; PV1 1 O  3   99^BROWN^JERRY   ONC   1  VIP 99^BROWN^JERRY O/P V1 SP A     1999 0902081010     AV1&lt;cr&gt;</pre>	
Before Change	After Change
MR1 ACCT1 VISIT1 AV2	MR1 ACCT1 VISIT1 AV1

Implementation Considerations: None.

### 3.5.2.2.14 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: <a href="#">PID-3 - Patient Identifier List</a> (Message 1) and <a href="#">PID-18 - Patient Account Number</a> (Message 2)	
Source: <a href="#">MRG-1 - Prior Patient Identifier List</a> (Message 1) and <a href="#">MRG-3 - Prior Patient Account Number</a> (Message 2)	
<p>Example Transaction - Message 1:</p> <pre>MSH ^~\&amp; REGADT MCM RSP1P8 MCM 200301051530 SEC ADT^A47^ADT_A30 00000006 P 2.8 &lt;cr&gt; EVN A47 200301051530&lt;cr&gt; PID   MR1^^^XYZ^MR  EVERYMAN^ADAM  19501010 M   123 SOUTH STREET^^^NY^NY^10021   (212)111-2222   S CAT X1&lt;cr&gt; MRG MR2^^^XYZ^MR &lt;cr&gt;</pre> <p>Example Transaction - Message 2:</p> <pre>MSH ^~\&amp; REGADT MCM RSP1P8 MCM 200301051530 SEC ADT^A49^ADT_A30 00000006 P 2.5 &lt;cr&gt; EVN A49 200301051530&lt;cr&gt; PID   MR1^^^XYZ^MR  EVERYMAN^ADAM  19501010 M   123 SOUTH STREET^^^NY^NY^10021   (212)111-2222   S CAT ACCT1&lt;cr&gt; MRG MR1^^^XYZ^MR  X1&lt;cr&gt;</pre>	
Before Change	After Change
MR2	MR1
X1	ACCT1
Implementation considerations: Message 1 (A47) changes the patient identifier list. Message 2 (A49) changes the account number.	

### 3.5.2.2.15 Example using multiple messages

A44 - Move account information - patient account number and A49 - Change patient account number	
<p>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.</p>	
Target: <a href="#">PID-3 - Patient Identifier List</a> (Message 1) and <a href="#">PID-18 - Patient Account Number</a> (Message 2)	
Source: <a href="#">MRG-1 - Prior Patient Identifier List</a> (Message 1) and <a href="#">MRG-3 - Prior Patient Account Number</a> (Message 2)	
<p>Example Transaction (Message 1):</p> <pre>MSH ^~\&amp; REGADT MCM RSP1P8 MCM 200301051530 SEC ADT^A44^ADT_A43 00000007 P 2.8 &lt;cr&gt; EVN A44 200301051530&lt;cr&gt; PID   MR2^^^XYZ^MR  EVERYMAN^ADAM^A^JR  19501010 M   123 EAST STREET^^^NY^NY^10021   (212)111-3333   S ACCT1&lt;cr&gt; MRG MR1^^^XYZ^MR  ACCT1&lt;cr&gt;</pre> <p>Example Transaction (Message 2):</p> <pre>MSH ^~\&amp; REGADT MCM RSP1P8 MCM 200301051530 SEC ADT^A49^ADT_A30 00000007 P 2.5 &lt;cr&gt; EVN A49 200301051530&lt;cr&gt; PID   MR2^^^XYZ^MR  EVERYMAN^ADAM^A^JR  19501010 M   123 EAST STREET^^^NY^NY^10021   (212)111-3333   S X1&lt;cr&gt; MRG MR2^^^XYZ^MR  ACCT1&lt;cr&gt;</pre>	
Before Change	After Change
MR1 MR2	MR1 MR2

ACCT1	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.	

### 3.5.3 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.

### 3.5.4 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.

#### 3.5.4.1 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.

#### 3.5.4.2 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.



### 3.5.4.3 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.

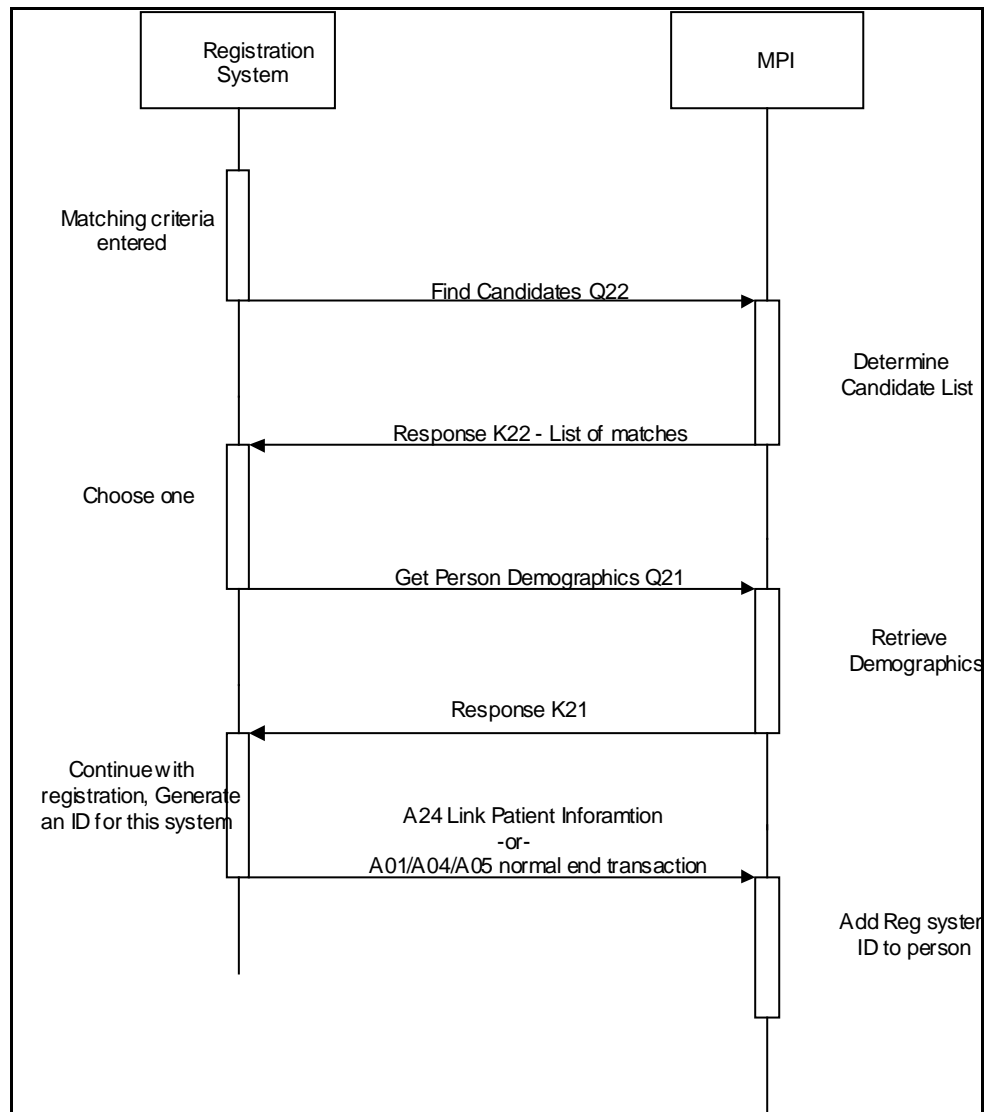
The scenarios are differentiated on two variables:

**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.

### 3.5.4.4 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.



3.5.4.4.1 **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 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.

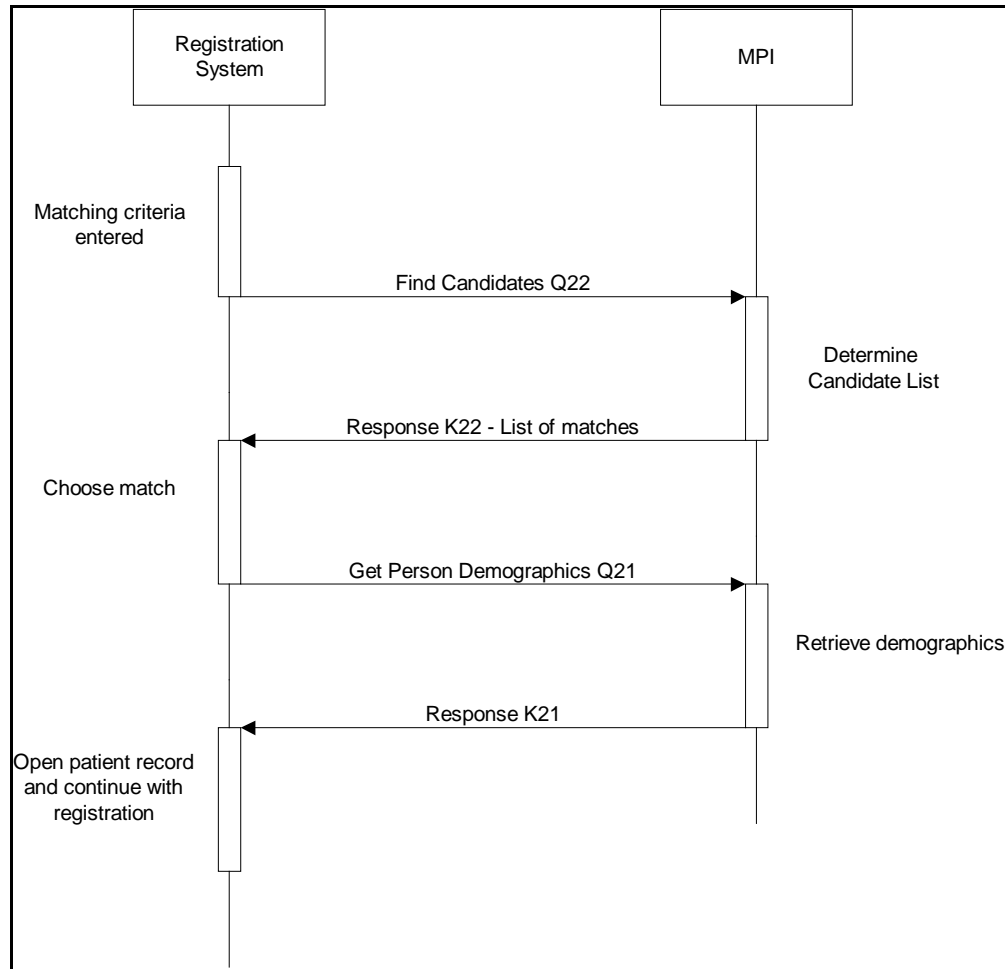
**Q21/K21 Get Person Demographics** - Once a candidate is chosen from the list, another query may be done to retrieve the full set of demographics for that person.

**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.

#### 3.5.4.5 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.



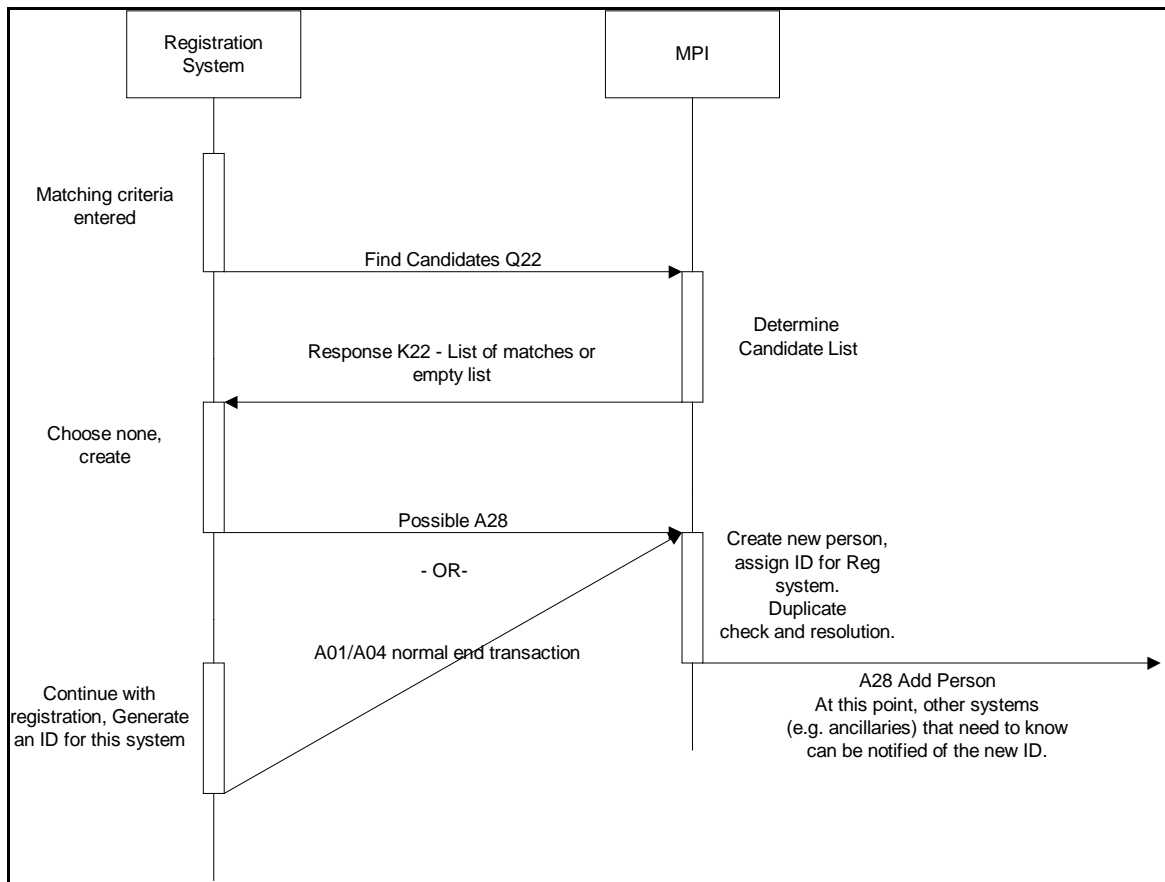
##### 3.5.4.5.1 Figure 3-2 - Client system assigns identifier, person exists on both systems

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.

#### 3.5.4.6 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.



3.5.4.6.1 **Figure 3-3** - Client system assigns identifier, does not exist on either system

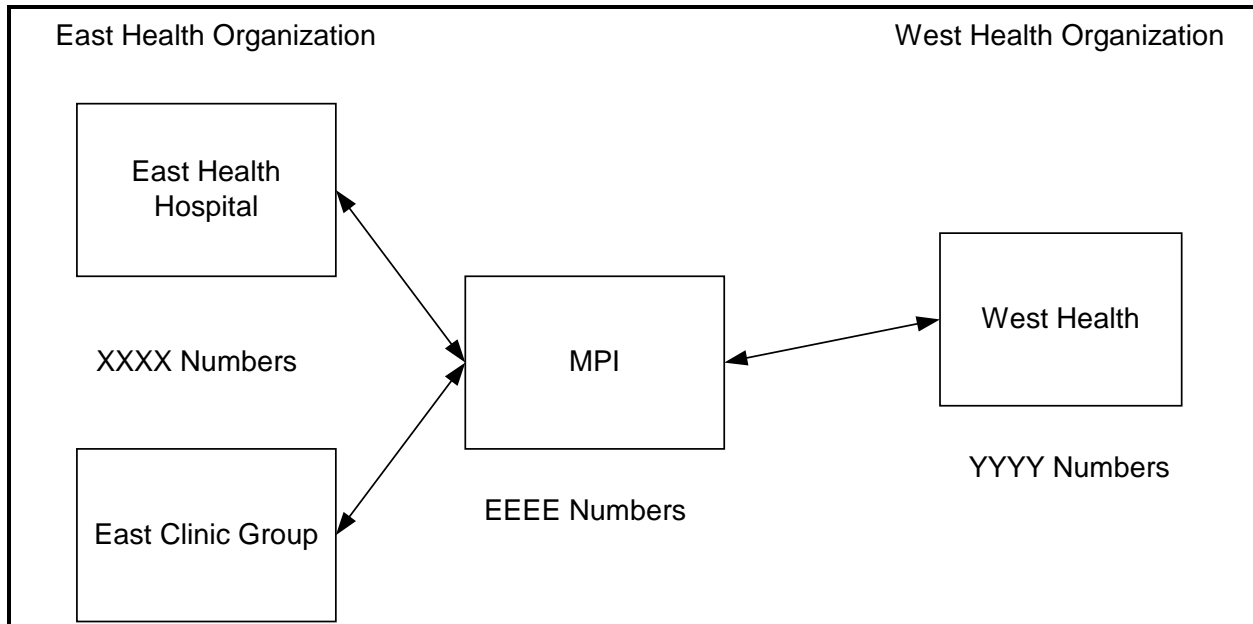
The message flow again begins with a *Q22/K22 Find Candidates* query. The response may or may not contain a list of candidates.

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.

### 3.5.4.7 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.



3.5.4.7.1 **Figure 3-4 - Example of two healthcare organizations merging**

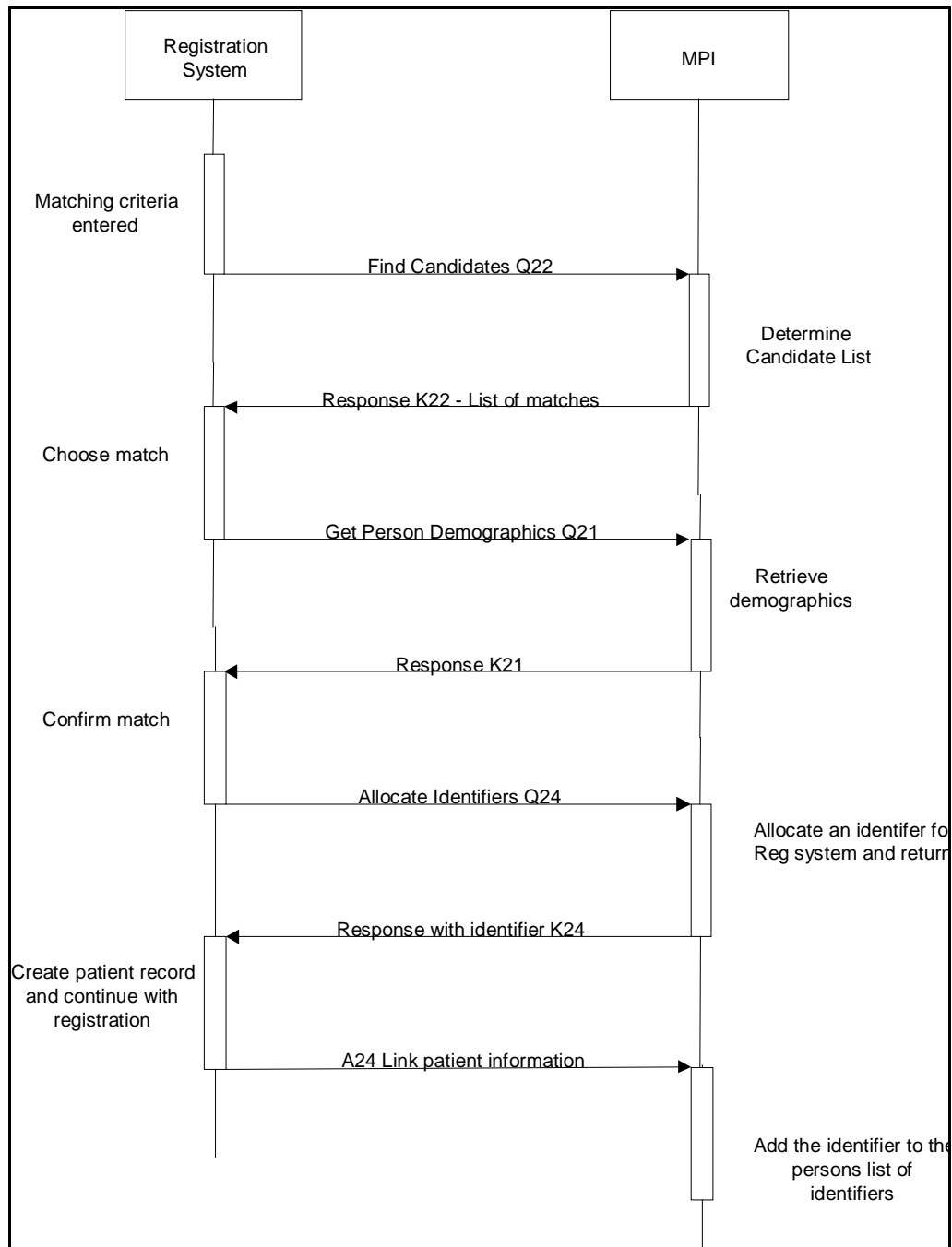
Figure 3-4 shows a case where identifiers may need to be assigned by a third party. In the example, East Health Organization had one identifier domain (XXXX numbers) for both the hospital registration system and the outpatient clinic registration numbers. Coordination was done through the use of pre-printed 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.



3.5.4.7.2 Figure 3-5 - MPI assigns identifier, person exists on MPI

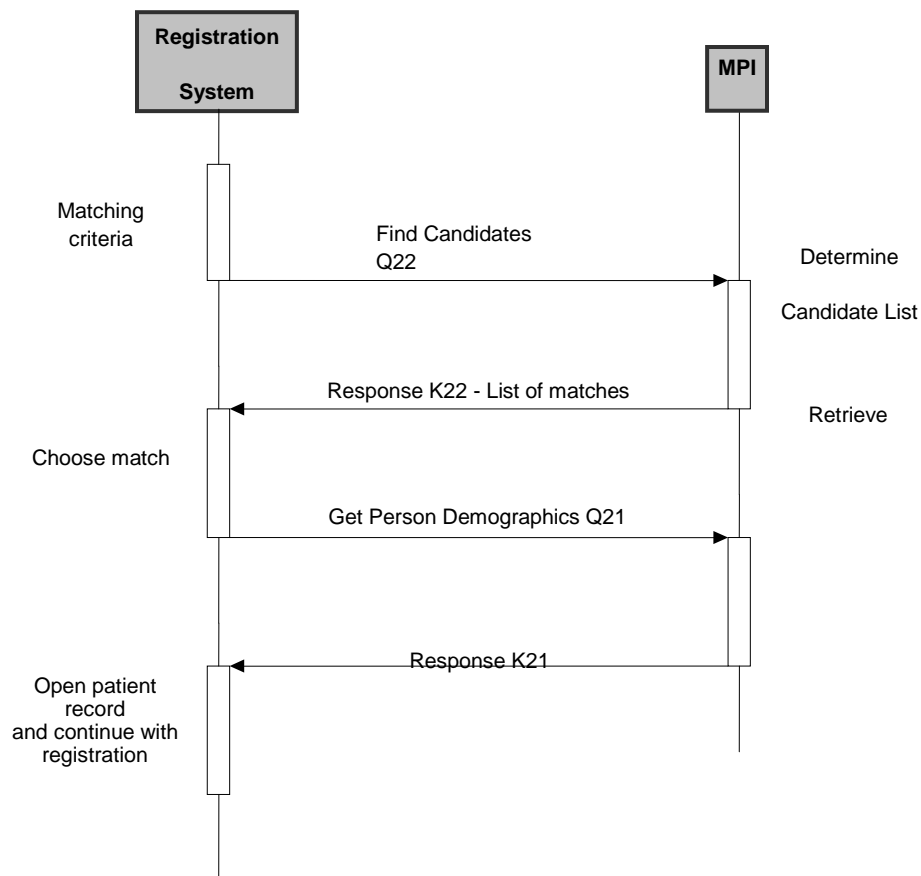
The message flow is similar to previous examples, with the exception of the *Q24/K24 Allocate Identifiers* query and the final *A24 Link Patient Information* message:

**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.

## 3.5.4.8 MPI assigns identifier, person exists on both systems

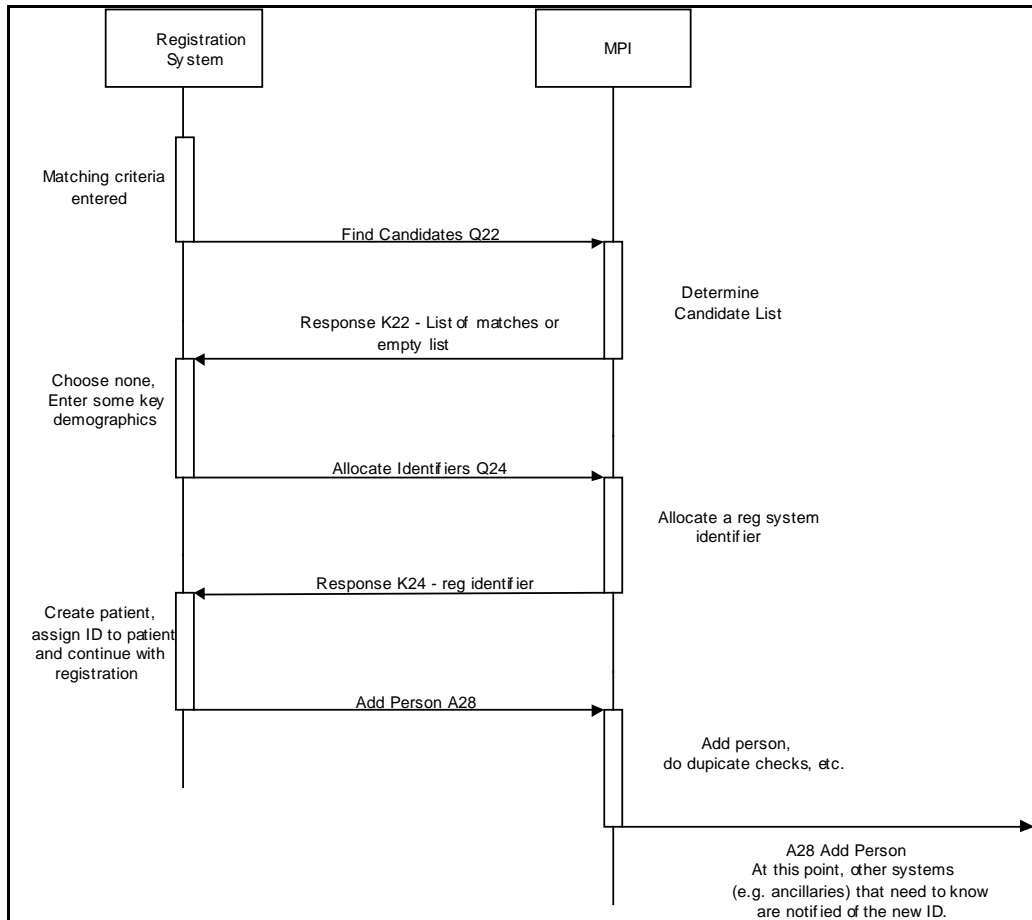
is scenario is identical to the scenario in 3.5.4.2 Client system assigns identifier, person exists on both systems.

3.5.4.8.1 *Figure 3- 6 - MPI assigns identifier, person exists on both systems*

## 3.5.4.9 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/K21 *Get 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.





3.5.4.9.1 Figure 3-7 - MPI assigns identifier, person exists on neither system

### 3.5.5 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|||||||||||||||||199902161015<cr>
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>

### 3.6 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.