

11. Patient Referral

病人转诊

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11.2 PURPOSE

The Patient Referral chapter defines the message set used in patient referral communications between mutually exclusive healthcare entities. These referral transactions frequently occur between entities with different methods and systems of capturing and storing data. Such transactions frequently traverse a path connecting primary care providers, specialists, payors, government agencies, hospitals, labs, and other healthcare entities. The availability, completeness, and currency of information for a given patient will vary greatly across such a spectrum.

本章定义了应用于相互独立的医疗实体之间的病人安排交流信息。这些医疗安排的变动经常发生于应用不同获取和保存数据的方法和系统的实体之间。这种事务经常在初级保健单位、专家、付款者、政府机构、医院、实验室及其它医疗单位之间建立联系。对于一个病人的信息的可用性、完整性及同步性在他们之间大为不同。

The referral in this specification is viewed from the perspective of the provider as an individual, irrespective of his/her affiliation with a specific institution or campus. Events triggering this kind of message are not restricted to a hospital environment, but have a community-wide area of impact in which more extensive identification of patients and healthcare providers is needed. Therefore, a referral must contain adequate identification information to meet the broadly varying requirements of the dissimilar systems within the community.

在本说明中谈及的医疗安排是从把供应作为个体化来看的，而不是把它与特定的机构联系起来。带来这种信息交换的事件不是限于医院的范围，而是社区性的范围。在其中需要更广泛的病人及保健单位的识别，因此，医疗安排必须包括足够的识别信息以满足社区中不同的系统的广泛的千差万别的要求。

This chapter describes the various events and resulting transactions that make up the referral message set. Examples have been provided to demonstrate the use of this specification within the events described. Each event example centers on a primary care provider's encounter with a patient. All of the examples in this chapter have been constructed using the HL7 Encoding Rules.

本章叙述了一些不同的事件和由此产生的构成医疗安排系列的事务。如何在这些事件中应用本说明都一一举例说明。例子主要集中于初级保健单位处理病人中全部例子都采用 HL7 编码准则完成。

11.2.1 Patient referral and responses 病人转诊和回复

When a patient is referred by one healthcare entity (e.g., a primary care provider) to another (e.g., a specialist or lab) or when a patient inquiry is made between two separate entities, little is known about the information each party requires to identify or codify the patient. The receiving entity may have no knowledge of the patient and may require a full set of demographics, subscriber and billing information, eligibility/coverage information, pre-authorization information, and/or clinical data to process the referral. If the receiving entity already has a record of the patient, the precise requirements for identifying that patient record will vary greatly from one entity to another. The existing record of a patient residing in the database of a specialist, a lab, or a hospital may require updating with more current information. In addition, providers receiving a referral often require detailed information about the provider making the referral, such as a physician's name and address.

当病人在医疗单位间周转时（例如：初级保健单位到专家或实验室）或医疗单位之间的病人病情咨询时，医疗单位识别及整理资料所需的信息不为人知，转入单位可能没有病人的资料，需要一系列的人口、用户及记帐信息、资格/范围信息、认可前的信息。以及（或）临床资料来完成转入，如果转入单位已经拥有该病人的记录，用于该病人的记录的详细要求在各单位间是不同的。在专家、实验室或医院中的数据库中已存在的病人记录可能需要更新的信息来更新。此外，接受转入的单位常需要转出单位的详细信息，例如：内科医师的姓名和地址。

For example, a primary care provider making a referral may need to obtain insurance information or pre-authorization from a payor prior to making a referral. Getting this information requires an inquiry and a response between the primary care provider and the payor. In addition, the primary care provider may request results from a lab to accompany the referral. Getting these results may require an inquiry and a response between the primary care provider and the lab. The information could then be incorporated into a referral sent from the primary care provider to the specialist. As the referral is processed, requested procedures are performed, the results are observed, and the relevant data must be returned to the primary care provider. Such a response may frequently take the form of multiple responses as results become available.

例如：一个初级保健单位在转出前需要保险的信息或付款者的预先认可。获得此类信息需要初级保健单位转出时可能需要实验室出示结果，得到这些结果同样需要二者之间的咨询和应答。然后，这些信息被汇集整和起来由初级医疗单位送至专科医院，随着转诊的进程、要求的步骤一一完成，实验室结果逐一分析。相关的资料必须反馈给初级保健单位，随着结果可以应用，这种应答也以多种多样的形式表现出来。

The message set that encompasses these transactions includes the referral (REF), requests for information (RQA, RQC, RQP, RQI) and the returned patient information (RCI, RCL, RPA, RPI, RPL, RRI). The referral message originates a transaction and a return patient information message concludes the transaction. At least one RPA/RPI is required to complete a patient referral or a patient request transaction, although multiple RPI messages may be returned in response to a single REF message. The segments used in the REF, RQA, RQI, RQP, RRI, RPH, RCI, RCL, RPA and RPI messages encompass information about patient, guarantor and next of kin demographics, eligibility/coverage information, accident, diagnosis, requested procedures, payor pre-authorization, notes, and referring and consulting provider data.

围绕这些事务中的一系列信息，包括转诊在内，需要信息（RQA...RQL）以及信息的回馈（RCI, RCL...FRL）转诊产生了事务、信息的蕴涵了这种事务，完成转诊或病员咨询事务，至少需要一次 RPA/RPI，尽管对于单个转诊信息多次 FPI 信息可能得到的反馈。在 REF、

RQA、RQI、RQP、RRL、...信息中采用的部分包括关于病人，担保人，亲属情况，合格/范围的信息以及转诊和会诊单位的资料。

11.2.1.1 Patient referral 病人转诊

There are clear distinctions between a referral and an order. An order is almost always an intra-enterprise transaction and represents a request from a patient's active provider to supporting providers for clearly defined services and/or results. While the supporting provider may exercise great discretion in the performance of an order, overall responsibility for the patient's plan of treatment remains with the ordering provider. As such, the ordering provider retains significant control authority for the order and can, after the fact, cause the order to be canceled, reinstated, etc. Additionally, detailed results produced by the supporting provider are always reported back to the ordering provider, who remains ultimately responsible for evaluating their value and relevance. A referral, on the other hand, can be either an intra- or an inter-enterprise transaction and represents not only a request for additional provider support but also a transfer of a portion or all of the responsibility for the patient's plan of treatment. Once the referral is made, the referring provider, during the transfer period, retains almost no control of any resulting actions. The referred-to provider becomes responsible for placing any additional orders and for evaluating the value and relevance of any results, which may or may not be automatically passed back to the referring provider. A referred-to provider may, in turn, also become a referring provider.

在转诊和医嘱间有明确的区分，医嘱通常是单位内部的事务，是主治者要求辅助者提供明确指定服务和（或）检查结果。尽管辅助单位谨慎地执行医嘱。但医嘱制定人仍需对病人的治疗计划负责。如此以来，医嘱制定人仍严格把持着医嘱权，由此可以取消医嘱，恢复医嘱等。此外，主治者要负责评价辅助单位提供的详细检查报告和相关性。而转出医疗安排既可为同一单位内部，也可为不同单位之间的事务。其不但要求其他单位的支持。而且部分或全部移交了治疗计划的责任。转出单位在转出起不负任何责任，而转入单位取而代之执行判定医嘱的评价检查结果的价值和相关性，可以也可以不反馈给转出单位。转入单位，反之，也变成了转出单位。

A referral message is used to support transactions related to the referral of a patient from one healthcare provider to another. This kind of message will be particularly useful from the perspective of a primary care provider referring a patient to a specialist. However, the application of the message should not be limited to this model. For example, a referral may be as simple as a physician sending a patient to another physician for a consultation or it may be as complex as a primary care provider sending a patient to a specialist for specific medical procedures to be performed and attaching the payor authorizations for those requested procedures as well as the relevant clinical information on the patient's case.

转诊的资料帮助实现医疗单位间病人的周转。这类资料在初级医疗单位转病人到专科时特别有用。然而，资料的应用并不仅限于这种模式。例如：转诊可以简单到一个内科医师请另一个内科医师为病人会诊，也可以复杂至初级医疗单位把病人转到专科或得到付款单位对转诊的授权。以及提供病人的相关的临床资料。

In a community model, stringent security requirements will need to be met when dealing with the release of clinical information. This message set facilitates the proper qualification of requests because the message packet will contain all the data required by any application in the community, including the necessary patient demographic information and the proper identification of the party requesting the information.

在社区模式中，临床资料的公布需要符合严格的安全要求。由于这一系列资料包括全部的社区内实行需要的数据，包括必须的家庭、人口信息及索要资料的单位的正确识别。

11.2.1.2 Responding to a patient referral 对转诊的回复

When a patient is referred by one provider to another or is pre-admitted, there is a great likelihood that subsequent transactions will take place between the initiating entity (the referring or admitting physician) and the responding entity (the specialist or hospital). The subsequent transactions might include a variety of queries, orders, etc. Within those subsequent transactions, there must be a way for the initiating system to refer to the patient. The “generic” patient information included in the original referral or the pre-admit Patient Identification (PID) segment may not be detailed enough to locate the patient in the responding facility’s database, unless the responding facility has assigned a unique identifier to the new patient. Similarly, the responding system may not have record retrieval capabilities based on any of the unambiguous, facility-neutral data elements (like the Social Security Number) included in the original referral or pre-admit PID segment. This problem could result in the responding system associating subsequent orders or requests with the wrong patient. One solution to this potential problem is for the responding system to utilize the RRI message and return to the initiating system the unique internal identifier it assigns to the patient, and with which it will primarily (or even exclusively) refer to that patient in all subsequent update operations. However, the intent of the RRI message is that it will supply the originator of the referral type message with sufficient patient demographic and/or clinical information to properly process continued transactions.

当病人转诊或安排入院时，在初始单位转入或收病人的内科医师和回应单位（专科医师或医院）就产生这种事务。随之而来的事务可以包括一系列的询问、医嘱等。其中，需要有对病人的初级描述，这一“类型”的病人资料包括最初的转诊或入院前病人的识别。（PID）除非回应单位已经指定了特殊的新病人识别方法，否则它不会在回应指定的数据库中准确定位新病人。同样，回应单位系统也不会具有基于在最初转诊或入院中包括的清晰客观参照数据对记录的提取能力。这一问题会导致回应单位无法正确的把病人及响应的医嘱和要求联系起来。解决这一潜在的问题的办法之一，是应用 RRI 资料及回到最初单位指定的特定内部识别。通过它就可以在所有的接下来的更新操作中专一地指定响应病人。但是，RRI 资料的作用主要是提供帮助初始单位顺利完成转诊过程所需的充足的病人家庭人口资料和临床资料。

11.2.2 Application roles and data process 应用准则与数据处理

11.2.2.1 Application roles 应用准则

This Standard assumes that there are four roles that an application can take on: a referring or referred-by provider application role, a referred-to provider application role, a querying application role, and an auxiliary application role. These application roles define the interactions an application will have with other applications in the messaging environment. In many environments, any single application may take on more than one application role.

这个标准是基于一个应用具有以下 4 个准则： 这些准则定义了日消息环境下一个应用程序与另一个应用程序之间的交互作用。在许多环境中，单个的应用程序可能具有多于一个的应用准则。

This Standard’s definition of application roles does not intend to define or limit the functionality of specific products developed by vendors of such applications. Instead, this information is provided to help define the model used to develop this Standard, and to provide an unambiguous way for applications to communicate with each other.

这个应用准则标准的定义并不打算明确界限或限制由对于这样的应用程序的买主开发的特别产品的功能。相反，它不仅能帮助定义开发这个标准的模型，而且还能为应用提供一个明确的方式去互相通讯。

11.2.2.2 The referring provider application role 专科医生应用程序准则

A referring provider application requests the services of another healthcare provider (a referred-to provider) application. There may or may not be any association between the referring provider application and the receiving entity. Although in most cases a referral environment will be inter-enterprise in nature, it is not limited to that model and applies to intra-enterprise situations also. Because the referring provider application cannot exert any control over the referred-to provider application, it must send requests to modify the status of the referred-to provider application. The referring provider application will often assume an auxiliary application role once a patient has been accepted by another application. Once this happens, the referring provider application may receive unsolicited status updates from the referred-to provider application concerning the care of a patient.

专科医生应用程式需要医院应用程式所提供的服务。在专科医生应用程式与接收实体之间可能有也可能没有任何联系。虽然在大多数情况下，一个特定的环境在本质上是企业内部的，但对企业内部而言它也不应该被限于那个模型和应用的范围内，因为专科医生的应用程式不能施加任何控制于医疗单位应用程序，它必须发出请求去改变医疗单位应用程序状态。一旦一个病人被某一个应用程序所接受，专科医生应用程序经常假设有一个互补性的应用规则。一旦发生这个，专科医生应用程序可能会接收从和照顾这个病人有关的医疗单位应用程序中的主动的状态升级。

The analog of a referring provider application in a non-automated environment might be a primary care provider diagnosing a patient with a problem that must in turn be referred to a specialist for a service. The primary care provider would contact the specialist and refer the patient into his care. Often, the specialist may not receive the patient into his care, preferring instead to refer the patient to another healthcare provider. The referring provider will indicate the diagnosis and any requested services, and the specialist to whom the patient is referred will indicate whether the referral will be accepted as specified. Once a patient referral has been accepted by the specialist, the specialist may send out updates to the primary care provider concerning the status of the patient as regards any tests performed, their outcomes, etc.

在一个非自动化的环境下，专科医生应用系统的分析可能就是一个诊断出病人得了什么必须有专家治疗的病的初级保健单位。初级保健单位将和专家取得联系并且推荐病人去他那儿治疗。经常，专家可能不接收这个病人而是推荐病人去另外一家医疗单位。专科医生将简要说明推荐是否被特别接收的原因。一旦推举的病人被专家所接受，专家将会对初级医疗单位发出关于测试执行情况，它们的结果等等的升级命令。

11.2.2.3 The referred-to provider application role 专科医生应用程序规则

A referred-to provider application, in the referral model, is one that performs one or more services requested by another healthcare provider (referring provider). In other words, a referred-to provider application exerts control over a certain set of services and defines the availability of those services. Because of this control, no other application has the ability to accept, reject, or otherwise modify a referral accepted by a particular referred-to provider application.

在转诊模式下，专科医生应用程式应医疗单位的请求执行一个或多个服务。换句话说，一个专科医生应用程式对一系列的服务施加控制，并且定义这些服务的可行性。由于这种控制，没有其他的应用程式能够接收，拒绝或者反过来改变一个已经被一个特别的专科医生说接受的转诊系统。

Other applications can, on the other hand, make requests to modify the status of an accepted referral “owned by” the referred-to provider application. The referred-to provider application either grants or denies requests for information, or otherwise modifies the referrals for the services over which it exerts control.

另一个方面，其他的应用程式能够提出请求去改变一个已经为专科医生应用程式所接收的转诊系统。专科医生应用程式或者接受或者拒绝这种请求，或反过来改变因为它所施加的 controls 的服务的转诊系统。

Finally, the referred-to provider application also provides information about the referral encounter to other applications. The reasons that an application may be interested in receiving such information are varied. An application may have previously requested the status of the referral encounter, or it may simply be interested in the information for its own clinical reporting or statistical purposes. There are two methods whereby the referred-to provider applications disseminate this information: by issuing unsolicited information messages to auxiliary applications, or by responding to queries made by querying applications.

最后，专科医生应用程式也提供关于偶遇其它应用程式的转诊系统信息。应用程式可能对接收此种信息的原因是多种多样的。一个应用程式可能会提前需要转诊的供需见面的状态，或者它只简单的因为它自己的医疗报告或统计目的而对信息感兴趣。所以专科医生应用系统散布信息有两种方法：一是通过散布简单的消息给复杂的应用系统，二是通过查询的应用程式去对查询作出回应。

The analog of a referred-to provider application in a non-automated environment might be a specialist such as a cardiologist. A patient does not generally go to a cardiologist for routine health care. Instead, a patient generally goes to a primary care provider, who may diagnose the patient with a heart ailment and refer that patient to a cardiologist. The cardiologist would review the information provided with the referral request and determine whether or not to accept the patient into his care. Once the cardiologist accepts the patient, anyone needing information on the status of the patient must then make requests to the cardiologist. In addition, the cardiologist may forward unsolicited information regarding the treatment of the patient back to the primary care provider. Once the cardiologist accepts the referred patient, he/she may determine that additional information regarding the patient is needed. It will often take the role of a querying application by sending a query message to the patient's primary care provider and requesting additional information on demographics, insurance information, laboratory test results, etc.

被转诊方应用程序的模拟在一个非自动化环境下可能是一个专家，例如一个心脏病专家。一个病人一般不会经常为了日常的健康检查找心脏病专家。然而病人可以经常去初级医疗单位，诊断病人的心脏疾病并把病人提交给专家。心脏病专家将会使用转诊请求来回顾提供的信息并决定是否接收这个病人。一旦心脏病专家接受了这个病人，任何一个需要的病人状况的信息必须给心脏病专家发出请求。另外，心脏病专家可能会反过来主动发出关于病人治疗的信息给初级医疗单位。一旦心脏病专家接收了转诊病人，他/她可能要决定关于病人需要的附加信息。这个过程经常扮演查询程序的角色来发送一个查询消息给病人的初级医疗单位和请求的人口附加信息、保险信息、实验室实验结果，等等。

11.2.2.4 The querying application role 查询程序角色

A querying application neither exerts control over, nor requests changes to a referral. Rather than accepting unsolicited information about referrals, as does an auxiliary application, the querying application actively solicits this information using a query mechanism. It will, in general, be driven by an entity seeking information about a referral such as a referring provider application or an entity seeking information about a referred patient such as a referred-to provider application. The information that the querying application receives is valid only at the exact time that the query results are generated by the provider applications. Changes made to the referral or the referred patient's status after the query results have been returned are not communicated to the querying application until it issues another query transaction.

查询应用程序即不运行控制也不请求转变转诊。胜于接收关于转诊主动提出的，就象执行一个辅助的程序，这个查询程序积极的恳求这个查询机制信息。通常，它被一个实体分开寻找关于象一个转

诊方程序信息的转诊，或者一个实体寻找关于象一个被转诊方程序信息的转诊。仅在查询结果的准确时间内接收查询程序消息是有效的。

The analog of a querying application in a non-automated environment might be a primary care provider seeking information about a specific patient who has been referred to a specialist. For example, a patient may have been referred to a specialist in order that a specific test be performed, following which, the patient would return to the primary care provider. If the specialist has not forwarded information regarding the testing procedures for the patient to the primary care provider, the primary care provider would then query the specialist for the outcome of those procedures. Likewise, if a specialist received a referred patient without the preliminary diagnoses of test results, he/she might in turn query the primary care provider for the information leading to the diagnoses and subsequent referral.

在一个非自动的环境下查询程序的相似体可能是一个初级医疗单位寻求关于特定病人的信息，这是一个被专家指定的病人。例如：一个病人可能为了执行特殊的检查转给专家，接下来，病人将返回给初级医疗单位。如果专家没有送来关于病人检查处理的信息给初级医疗单位，初级医疗单位可以询问专家关于这些处理的结果。同样的如果一个专家接收了一个病人，不包括初级的检查结果，他/她可能询问初级医疗单位初级检查的结果。

11.2.2.5 The auxiliary application role 辅助程序角色

Like querying applications, an auxiliary application neither exerts control over nor requests changes to a referral or a referred patient. They, too, are only concerned with gathering information about a particular referral. An auxiliary application is considered an “interested third-party,” in that it is interested in any changes to a particular referral or referred patient, but has no interest in changing it or controlling it in any way. An auxiliary application passively collects information by receiving unsolicited updates from a provider application.

象查询程序一样，辅助程序角色即不运行控制也不请求转变转诊。辅助程序角色也仅仅与收集关于特定转诊病人的信息。一个辅助程序被认为是一个“有意义的第三方”，变成特殊转诊或转诊病人是有意义的，但是在所有的情况下不是有意义的。一个查询程序被动的收集信息通过接受主动提出的来自医疗单位程序的升级。

The analog of an auxiliary application in a non-automated environment might be any person receiving reports containing referral information. For example, an insurance company may need information about the activities a patient experiences during specific referral encounters. Primary care providers may need to forward information regarding all referred patients to a payor organization.

在非自动环境下辅助程序的相似体可能是所有的接受包含转诊信息的报告的人。例如：一个保险公司可能需要关于一个病人在特殊转诊过程中经历的活动的信息。初级医疗单位可能需要迅速的把关于所有转诊病人的信息送给付款者机构。

In turn, a primary care provider may have the ability to track electronically a patient’s medical record. She or he would then be very interested in receiving any information regarding the patient (s)he has referred to a specialist.

实际上，一个初级医疗单位可能有能力记录电子病人检查记录。他或她将对接任何关于转到专家的病人的消息感兴趣。

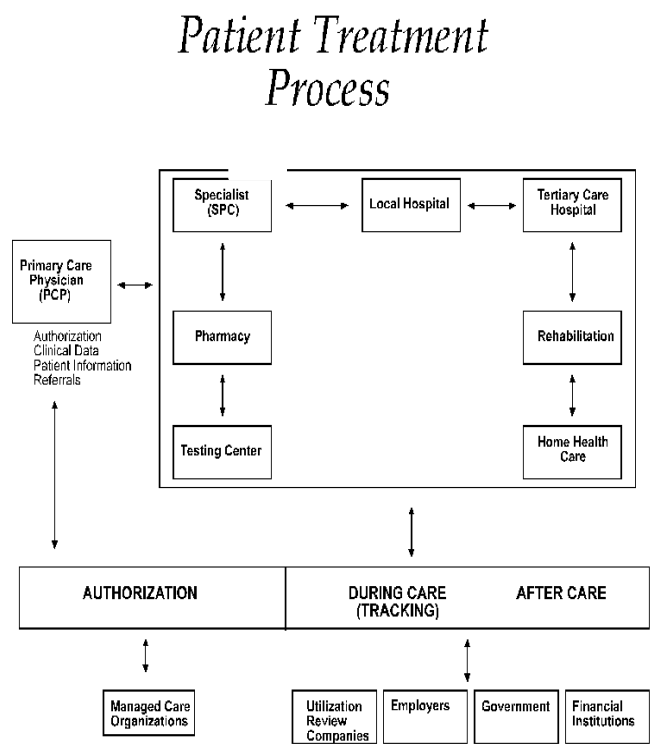
11.2.2.6 Application roles in a messaging environment 消息环境的应用程序角色。

In a messaging environment, these four application roles communicate using specific kinds of messages and trigger events. The following figure illustrates the relationships between these application roles in a messaging environment:

在一个消息环境中，这四个应用程序角色通讯使用了特别各种各样的消息和触发事件。下列图形化的例子说明了消息环境的应用程序角色个应用程序之间的关系。

Figure 11-1. Application role messaging relationships

图 11-1. 消息关系程序角色



11.2.3 Glossary 术语表

11.2.3.1 Benefits:

The services payable under a specific payor plan. They are also referred to as an insurance product, such as professional services, prescription drugs, etc.

11.2.3.2 Clinical information:

Refers to the data contained in the patient record. The data may include such things as problem lists, lab results, current medications, family history, etc. For the purposes of this chapter, clinical information is limited to diagnoses (DG1& DRG), results reported (OBX/OBR), and allergies (AL1).

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11.2.3.3 Dependent:

Refers to a person who is affiliated with a subscriber, such as spouse or child.

11.2.3.4 Eligibility/coverage:

Refers to the period of time a subscriber or dependent is entitled to benefits.

11.2.3.5 Encounter:

Refers to a meeting between a covered person and a healthcare provider whose services are provided.

11.2.3.6 Guarantor:

Refers to a person who has financial responsibility for the payment of a patient account.

11.2.3.7 Healthcare provider:

Refers to a person licensed, certified or otherwise authorized or permitted by law to administer health care in the ordinary course of business or practice of a profession, including a healthcare facility.

11.2.3.8 Payor:

Indicates a third-party entity who pays for or underwrites coverage for healthcare expenses. A payor may be an insurance company, a health maintenance organization (HMO), a preferred provider organization (PPO), a government agency or an agency such as a third-party administrator (TPA).

11.2.3.9 Pre-authorization:

Refers to the process of obtaining prior approval as to the appropriateness of a service. Pre-authorization does not guarantee coverage.

11.2.3.10 Primary care provider:

Indicates the provider responsible for delivering care as well as authorizing and channeling care to specialists and other providers in a gatekeeper system. The provider is also referred to as a case manager or a gatekeeper.

11.2.3.11 Referral:

Means a provider's recommendation that a covered person receive care from a different provider.

11.2.3.12 Referring provider:

Indicates the provider who requests services from a specialist or another primary care provider. A referring provider may, in fact, be a specialist who is referring a patient to another specialist.

11.2.3.13 Referred-to-provider:

Typically indicates a specialty care provider who provides services at the request of a primary care provider or another specialty care provider.

11.2.3.14 Specialist:

Means a provider of services which are beyond the capabilities or resources of the primary care provider. A specialist is also known as a specialty care provider who provides services at the request of a primary care provider or another specialty care provider.

11.2.3.15 Subscriber:

Refers to a person who elects benefits and is affiliated with an employer or insurer.

11.2.3.16 医疗津贴:

特定付款单位计划内可提供资金的服务。也指保险的产品，如专业服务，处方药物等。

11.2.3.17 临床信息:

指病人病历记录包含的数据。这些数据包括主要的问题清单、实验室检查结果、目前治疗、家族史等。在本章中临床信息仅限于诊断，检查结果及过敏史。

11.2.3.18 依赖他人者:

指用户家属，如配偶或孩子。

11.2.3.19 资格/范围:

指用户和依赖他人者享受医疗津贴的时限。

11.2.3.20 供需见面:

指在时限范围内用户和提供其医疗服务的单位间的见面。

11.2.3.21 担保人:

指对于病人帐户付款提供金融担保的人。

11.2.3.22 医疗单位:

指注册、认可、授权或法律允许的在业余或职业医疗中提供医疗服务的人。包括医疗机构。

11.2.3.23 付款单位:

指负责承担合约中包括的医疗支出的第三方。它可以是保险公司, 保健维护组织(HMO), 指定提供组织(PPO), 政府机构或其他机构。例如第三方管理单位(TPA)。

11.2.3.24 预先认可:

指获取适合服务预先同意的过程, 它不保证其同意的范围。

11.2.3.25 初级保健单位:

指负责提供保健, 以及在把关系统中认可转到专科或其他医疗单位治疗的提供者。它也指病例管理员及审核员。

11.2.3.26 转诊:

指医疗单位对于处于实现内的人接受其他单位医疗服务的建议。

11.2.3.27 转诊方:

指用于专科医生或其它一级保健员提供服务的提供者。事实上, 它也可以为介绍病人给其它专科医生的专科医生。

11.2.3.28 被转诊方:

主要指提供给保健员或另一专科保健提供者所要求的医疗服务的专科保健员。

11.2.3.29 专家:

指能力在一级保健员之上的医务工作者, 也指为一级保健员或其他专科保健员提供医疗服务的专科保健员。

11.2.3.30 用户:

指选择医疗津贴, 与雇员或保险公司建立联系的人。

11.3 PATIENT INFORMATION REQUEST MESSAGES AND TRIGGER EVENTS 病人信息的请求消息和触发事件

Patient information may need to be retrieved from various enterprises. The definition of these enterprises often varies greatly. Some enterprises may be providers or reference laboratories, while others may be payors providing insurance information. In the first case, the message definitions will focus on patient and provider information, while in the latter case, the message definition will deal primarily with patient and subscriber identification.

病人信息可能需要从各种机构中重新获得。这些机构的定义经常有很大的变化。有些机构可能是医疗单位或涉及到的实验室，而另一些有可能是提供保险信息的付款单位。第一个事件，消息的定义将集中在病人和医疗单位的信息，而以后的事件，消息的定义将主要处理用户和病人的鉴定。

11.3.1 RQI/RPI - request for insurance information (event I01) RQI/RPI -请求保险信息（事件 101）

This event triggers a message to be sent from one healthcare provider to another to request insurance information for a specified patient.

这个事件触发了一个消息，它从一个医疗机构发送到另一个，为一个特定的病人请求保险信息。

<u>RQI^I01^RQI_I01</u>	<u>Request Patient Information</u>	<u>Chapter</u>
MSH	Message Header	2
{		
PRD	Provider Data	11
{{CTD}}	Contact Data	11
}		
PID	Patient Identification	3
{{NK1}}	Next of Kin/Associated Parties	6
{{GT1}}	Guarantor	6
{		
IN1	Insurance	6
[IN2]	Insurance Additional Info	6
[IN3]	Insurance Add'l Info - Cert	6
}		
}		
{{NTE}}	Notes and Comments	2

<u>RPI^I01^RPI_I01</u>	<u>Return Patient Information</u>	<u>Chapter</u>
MSH	Message Header	2
MSA	Message Acknowledgment	3
{		
PRD	Provider Data	11
{{CTD}}	Contact Data	11
}		
PID	Patient Identification	3
{{NK1}}	Next of Kin/Associated Parties	6
{{GT1}}	Guarantor	6
{		
IN1	Insurance	6
[IN2]	Insurance Additional Info	6
[IN3]	Insurance Add'l Info - Cert	6
}		
}		
{{NTE}}	Notes and Comments	2

<u>RQI^I01^RQI_I01</u>	<u>请求病人信息</u>	<u>章</u>
MSH	消息头	2
{		
PRD	医疗单位的数据	11
{{CTD}}	相关数据	11
}		
PID	病人鉴定	3
{{NK1}}	下一个同类的或相关的部分	6
{{GT1}}	担保人	6
{		
IN1	保险	6
[IN2]	保险附加信息	6
[IN3]	保险附加信息-确定的信息	6
}		
}		

<u>RPI^I01^RPI_I01</u>	<u>Return Patient Information</u>	<u>Chapter</u>
[{NTE}]	说明与注释	2
<u>RPI^I01^RPI_I01</u>	返回病人的信息	章
MSH	消息头	2
MSA	消息确认	3
{		
PRD	医疗单位的数据	11
[{CTD}]	相关数据	11
}		
PID	病人鉴定	3
[{NK1}]	下一个同类的或相关的部分	6
[[{GT1}]]	担保人	6
{		
IN1	保险	6
[IN2]	保险附加信息	6
[IN3]	保险附加信息-确定的信息	6
}		
}		
[{NTE}]	说明与注释	2

11.3.2 RQI/RPL - request/receipt of patient selection display list (event I02) RQI/RPL -显示名单(事件 I02)

This trigger event occurs when the inquirer specifies a request for a name lookup listing. Generally, this request is used by the responder when insufficient data is on hand for a positive match. In this case, the requester may ask for a list of possible candidates from which to make a selection. This event code is also used by the responder to signify that the return information contains a list of information rather than information specific to a single patient.

当请求者为了一个查询名单中的名字而指定一个请求时，这个事件被触发。通常，当回应者手头上没有某一确定病人足够的信息时，这个请求被使用。既然这样，请求者可以请求一个可能成为候选者的病人名单，并可以从这个名单中作出选择。这个事件编码也可以用在回应者表示回复信息，它包括一个列表，而不是一个特定病人的信息。

<u>RQI^I02^RQI_I01</u>	<u>Request Patient Information</u>	<u>Chapter</u>
MSH	Message Header	2
{		
PRD	Provider Data	11
[{CTD}]	Contact Data	11
}		
PID	Patient Identification	3
[{NK1}]	Next of Kin/Associated Parties	6
[[{GT1}]]	Guarantor	6
{		
IN1	Insurance	6
[IN2]	Insurance Additional Info	6
[IN3]	Insurance Add'l Info - Cert	6
}		
}		
[{NTE}]	Notes and Comments	2
<u>RQI^I02^RQI_I01</u>	返回病人的信息	章
MSH	消息头	2
{		
PRD	医疗单位的数据	11
[{CTD}]	相关数据	11
}		
PID	病人鉴定	3
[{NK1}]	下一个同类的或相关的部分	6
[[{GT1}]]	担保人	6

<u>RQI^I02^RQI_I01</u>	<u>Request Patient Information</u>	<u>Chapter</u>
{		
IN1	保险	6
[IN2]	保险附加信息	6
[IN3]	保险附加信息-确定的信息	6
}		
]		
[{NTE}]	说明与注释	2

<u>RPL^I02^RPL_I02</u>	<u>Return Patient Display List</u>	<u>Chapter</u>
MSH	Message Header	2
MSA	Message Acknowledgment	3
{		
PRD	Provider Data	11
[{{CTD}}]	Contact Data	11
}		
[{NTE}]	Notes and Comments	2
[{DSP}]	Display Data	5
[DSC]	Continuation Pointer	2

<u>RPL^I02^RPL_I02</u>	<u>返回病人名单</u>	<u>章</u>
MSH	消息头	2
MSA	消息确认	3
{		
PRD	医疗单位的数据	11
[{{CTD}}]	相关数据	11
}		
[{NTE}]	说明与注释	2
[{DSP}]	病人列表	5
[DSC]	附加部分指针	2

11.3.3 RQI/RPR - request/receipt of patient selection list (event I03)

RQI/RPR - 请求接受病人选择列表(事件 I03)

This trigger event occurs when the inquirer specifies a request for a listing of patient names. This event differs from event I02 (request/receipts of patient selection display list) in that it returns the patient list in repeating PID segments instead of repeating DSP segments.

<u>RQI^I03^RQI_I01</u>	<u>Request Patient Information</u>	<u>Chapter</u>
MSH	Message Header	2
{		
PRD	Provider Data	11
[{{CTD}}]	Contact Data	11
}		
PID	Patient Identification	3
[{NK1}]	Next of Kin/Associated Parties	6
[{GT1}]	Guarantor	6
{		
IN1	Insurance	6
[IN2]	Insurance Additional Info	6
[IN3]	Insurance Add'l Info - Cert	6
}		
]		
[{NTE}]	Notes and Comments	2

<u>RPR^I03^RPR_I03</u>	<u>Return Patient List</u>	<u>Chapter</u>
MSH	Message Header	2
MSA	Message Acknowledgment	3
{		
PRD	Provider Data	11

<u>RPR^I03^RPR I03</u>	<u>Return Patient List</u>	<u>Chapter</u>
{{ CTD }}	Contact Data	11
}		
{{PID}}	Patient Identification	3
{{NTE}}	Notes and Comments	2

当查询者为了一些查询名单中的名字而指定一个请求时，这个事件被触发。这个事件和事件 I02 不同，事件 I03 是在重复 PID 片时返回病人名单，而不是在重复 DSP 时返回。

<u>RQI^I03^RQI I01</u>	<u>返回病人信息</u>	<u>章</u>
MSH	消息头	2
{		
PRD	医疗单位的数据	11
{{ CTD }}	相关数据	11
}		
PID	病人鉴定	3
{{NKL}}	下一个同类的或相关的部分	6
{{GT1}}	担保人	6
{		
IN1	保险	6
[IN2]	保险附加信息	6
[IN3]	保险附加信息-确定的信息	6
}		
]		
{{NTE}}	说明与注释	2

<u>RPR^I03^RPR I03</u>	<u>返回病人列表</u>	<u>章</u>
MSH	消息头	2
MSA	消息确认	3
{		
PRD	医疗单位的数据	11
{{ CTD }}	相关数据	11
}		
{{PID}}	病人鉴定	3
{{NTE}}	说明与注释	2

11.3.4 RQP/RPI - request for patient demographic data (event I04)

RQP/RPI - r 请求病人的各项数据（事件 I04）

这个事件触发了一个请求，它从一个医疗单位到另一个医疗单位间传递病人详细的信息，包括保险费和帐单。通常，这种事务发生在两个医疗单位之间，但是也可以直接传递给付款者。

<u>RQP^I04^RQP I04</u>	<u>请求病人的亲属统计</u>	<u>章</u>
MSH	消息头	2
{		
PRD	医疗单位的数据	11
{{ CTD }}	相关数据	11
}		
PID	病人鉴定	3
{{NKL}}	下一个同类的或相关的部分	6
{{GT1}}	担保人	6
{{NTE}}	说明与注释	2

<u>RPI^I04^RPI I04</u>	<u>Return Patient Information 返回病人信息</u>	<u>章</u>
MSH	消息头	2
MSA	消息确认	3
{		
PRD	医疗单位的数据	11

<u>RPI^I04^RPI_I04</u>	<u>Return Patient Information 返回病人信息</u>	<u>章</u>
{{ CTD }}	相关数据	11
}		
PID	病人鉴定	3
{{NK1}}	下一个同类的或相关的部分	6
[{{GT1}}	担保人	6
{		
IN1	保险	6
[IN2]	保险附加信息	6
[IN3]	保险附加信息-确定的信息	6
}		
]		
[{{NTE}}	说明与注释	2

This event triggers a request from one healthcare provider to another for patient demographic information, including insurance and billing information. Typically, this transaction would occur between one provider to another, but it could also be directed to a payor.

<u>RQP^I04^RQP_I04</u>	<u>Request Patient Demographics</u>	<u>Chapter</u>
MSH	Message Header	2
{		
PRD	Provider Data	11
{{ CTD }}	Contact Data	11
}		
PID	Patient Identification	3
{{NK1}}	Next of Kin/Associated Parties	6
[{{GT1}}	Guarantor	6
[{{NTE}}	Notes and Comments	2

<u>RPI^I04^RPI_I04</u>	<u>Return Patient Information</u>	<u>Chapter</u>
MSH	Message Header	2
MSA	Message Acknowledgment	3
{		
PRD	Provider Data	11
{{ CTD }}	Contact Data	11
}		
PID	Patient Identification	3
{{NK1}}	Next of Kin/Associated Parties	6
[{{GT1}}	Guarantor	6
{		
IN1	Insurance	6
[IN2]	Insurance Additional Info	6
[IN3]	Insurance Add'l Info - Cert	6
}		
]		
[{{NTE}}	Notes and Comments	2

11.3.5 RQC/RCI - request for patient clinical information (event I05)
RQC/RCI -请求病人临床信息（事件 I05）

This event is used to request clinical information for a specific patient. Generally, this transaction occurs between one provider and another (typically a laboratory or radiology, etc.). However, it may also be very useful for a payor-to-provider request for clinical observation information to be used in considering a request for treatment authorization.

这个事件用在为一个特定病人请求临床信息时。通常，这个事务发生在两个医疗机构之间（一般是一个实验室或放射科）。然而，对于从付款者到医疗单位的临床信息，这个事务可能非常有用，用于请求治疗许可。

<u>RQC^I05^RQC_I05</u>	<u>请求临床信息</u>	<u>章</u>
MSH	消息头	2

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<u>RQC^I05^RQC I05</u>	请求临床信息	章
QRD	查询定义	5
[QRF]	查询筛选	5
{		
PRD	医疗单位的数据	11
[CTD]	相关数据	11
}		
PID	病人鉴定	3
[{NK1}]	下一个同类的或相关的部分	6
[{GT1}]	担保人	6
[{NTE}]	说明与注释	2

<u>RCI^I05^RCI I05</u>	返回临床信息	章
MSH	消息头	2
MSA	消息确认	3
QRD	查询定义	5
[QRF]	查询筛选	5
{		
PRD	医疗单位的数据	11
[CTD]	相关数据	11
}		
PID	病人鉴定	3
[{DG1}]	诊断	6
[{DRG}]	诊断相关的组合	6
[{AL1}]	敏感信息	3
[
{		
OBR	请求观察报告	4
[NTE]	说明与注释	2
[
{		
OBX	意见/结果	7
[NTE]	说明与注释	2
}		
]		
]		
[NTE]	说明与注释	2

<u>RQC^I05^RQC I05</u>	<u>Request Clinical Information</u>	<u>Chapter</u>
MSH	Message Header	2
QRD	Query Definition	5
[QRF]	Query Filter	5
{		
PRD	Provider Data	11
[CTD]	Contact Data	11
}		
PID	Patient Identification	3
[{NK1}]	Next of Kin/Associated Parties	6
[{GT1}]	Guarantor	6
[{NTE}]	Notes and Comments	2

<u>RCI^I05^RCI I05</u>	<u>Return Clinical Information</u>	<u>Chapter</u>
MSH	Message Header	2
MSA	Message Acknowledgment	3
QRD	Query Definition	5
[QRF]	Query Filter	5
{		
PRD	Provider Data	11
[CTD]	Contact Data	11
}		
PID	Patient Identification	3
[{DG1}]	Diagnosis	6
[{DRG}]	Diagnosis Related Group	6

<u>RCI^I05^RCI I05</u>	<u>Return Clinical Information</u>	<u>Chapter</u>
[[AL1]]	Allergy Information	3
[
{		
OBR	Observation Request	4
[{{NTE}}]	Notes and Comments	2
[
{		
OBX	Observation/Result	7
[{{NTE}}]	Notes and Comments	2
}		
]		
}		
]		
[[NTE]]	Notes and Comments	2

11.3.6 RQC/RCL - request/receipt of clinical data listing (event I06)

RQC/RCL - 请求/接受临床数据列表(事件 I06)

This event code is sent from one healthcare provider to another (typically a laboratory or radiology, etc.) to request a list of available clinical observation information. When the provider is dealing with a community model in which remote requests make transmission of large amounts of data impractical, this event code will provide for interactive lists of transactions from which more specific selections can be made.

这个事件代码用来发送一个从一个医疗单位到另一个的请求，请求的是一个有用的临床观测报告。当医疗单位处理这些来自远方的大量的不切实际的数据时，这个事件代码将提供一些交互的事务列表，从这些列表中医疗机构可以作更有效的选择。

<u>RQC^I06^RQC I05</u>	<u>请求临床信息</u>	<u>章</u>
MSH	消息头	2
QRD	查询定义	5
[QRF]	查询筛选	5
{		
PRD	医疗单位的数据	11
[{{CTD}}]	相关数据	11
}		
PID	病人鉴定	
[[NK1]]	下一个同类的或相关的部分	6
[GT1]	担保人	6
[[NTE]]	说明与注释	2

<u>RCL^I06^RCL I06</u>	<u>返回临床列表</u>	<u>章</u>
MSH	消息头	2
MSA	消息确认	2
QRD	查询定义	5
[QRF]	查询筛选	5
{		
PRD	医疗单位的数据	11
[{{CTD}}]	相关数据	11
}		
PID	病人鉴定	3
[[DG1]]	诊断	6
[[DRG]]	诊断相关的组合	6
[[AL1]]	敏感信息	3
[[NTE]]	说明与注释	2
[[DSP]]	病人列表	5
[DSC]	附加部分指针	2

<u>RQC^I06^RQC I05</u>	<u>Request Clinical Information</u>	<u>Chapter</u>
MSH	Message Header	2
QRD	Query Definition	5
[QRF]	Query Filter	5

<u>RQC^I06^RQC I05</u>	<u>Request Clinical Information</u>	<u>Chapter</u>
{		
PRD	Provider Data	11
[CTD]	Contact Data	11
}		
PID	Patient Identification3	
[[NK1]]	Next of Kin/Associated parties	6
[GT1]	Guarantor	6
[{NTE}]	Notes and Comments	2

<u>RCL^I06^RCL I06</u>	<u>Return Clinical List</u>	<u>Chapter</u>
MSH	Message Header	2
MSA	Message Acknowledgment	2
QRD	Query Definition	5
[QRF]	Query Filter	5
{		
PRD	Provider Data	11
[CTD]	Contact Data	11
}		
PID	Patient Identification	3
[[DGL]]	Diagnosis	6
[{DRG}]	Diagnosis Related Group	6
[{ALI}]	Allergy Information	3
[{NTE}]	Notes and Comments	2
[{DSP}]	Display Data	5
[DSC]	Continuation Pointer	2

11.3.7 PIN/ACK - unsolicited insurance information (event I07) PIN/ACK -主动提出的保险信息（事件 I07）

This trigger event is used by an entity or organization to transmit to a healthcare provider the insurance information on a specific patient. Typically, the healthcare provider will be a primary care provider.

这个触发事件用在一个实体或机构把一个特定病人的保险信息传送给医疗单位。通常，这个医疗单位是一个初级医疗单位。

<u>PIN^I07^RQI I01</u>	<u>病人保险信息</u>	<u>章</u>
MSH	消息头	2
{		
PRD	医疗单位的数据	11
[CTD]	相关数据	11
}		
PID	下一个同类的或相关的部分	3
[[{GT1}]]	担保人	6
{		
IN1	保险	6
[IN2]	保险附加信息	6
[IN3]	保险附加信息-确定的信息	6
}		
]		
[{NTE}]	说明与注释	2

<u>ACK^I07^ACK</u>	<u>普通确认</u>	<u>章</u>
MSH	消息头	2
MSA	消息确认	2
[ERR]	错误信息	2

<u>PIN^I07^RQI I01</u>	<u>Patient Insurance Information</u>	<u>Chapter</u>
MSH	Message Header	2
{		
PRD	Provider Data	11

<u>PIN^I07^RQI I01</u>	<u>Patient Insurance Information</u>	<u>Chapter</u>
[CTD]	Contact Data	11
}		
PID	Patient Identification	3
[NK1]	Next of Kin/Associated Parties	6
[GT1]	Guarantor	6
{		
IN1	Insurance	6
[IN2]	Insurance Additional Info	6
[IN3]	Insurance Add'l Info -Cert	6
}		
]		
[NTE]	Notes and Comments	2
<u>ACK^I07^ACK</u>	<u>General Acknowledgment</u>	<u>Chapter</u>
MSH	Message Header	2
MSA	Message Acknowledgment	2
[ERR]	Error Information	2

11.4 PATIENT TREATMENT AUTHORIZATION REQUESTS 对病人实施治疗的授权请求。

This functional definition applies to a request for treatment authorization. Although this message also pertains to the payor, it differs greatly from that of an insurance information request. This message is used to request an authorization for specific procedures. Just as patient identification was important in an insurance information request, the focus of this functional area is provider identification, requested treatments/procedures and, in many cases, clinical information on a patient needed to fulfill review or certification requirements.

这个功能的定义应用于处理授权请求。虽然这个消息同样适合于付款者，它很大程度上有别于一个保险信息的请求。这个消息用在请求一个对于特殊程序的授权。只是象病人鉴定在一个保险信息请求中是一样重要的，这个功能领域的重点是医疗单位的鉴定，请求/处理和、在很多病历当中、病人需要去满足复查或证明是必要条件的临床信息

11.4.1 RQA/RPA - request patient authorization message RQA/RPA -请求病人许可消息

All trigger events in this group use the following message definition.

这个组里所有的触发事件使用了以下的消息定义。

<u>RQA^I08-I11^RQA I08</u>	<u>请求病人授权</u>	<u>章</u>
MSH	消息头	2
[RF1]	转诊信息	11
[
AUT	授权信息	11
[CTD]	相关的数据	11
]		
{		
PRD	医疗单位的数据	11
[CTD]	相关的数据	11
}		
PID	病人鉴定	3
[NK1]	下一个同类的或相关的部分	6
[GT1]	担保人	6
{		
IN1	保险	6
[IN2]	保险附加信息	6
[IN3]	保险附加信息-确定的信息	6

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<u>RQA^I08-I11^RQA I08</u>	<u>请求病人授权</u>	<u>章</u>
}		
]		
[ACC]	意外事件信息	6
[{DG1}]	诊断	6
[{DRG}]	p 诊断相关的组合	6
[{AL1}]	敏感信息	3
[
{		
PR1	程序	6
[
AUT	授权信息	11
[CTD]	相关的数据	11
]		
}		
]		
[
{		
OBR	观测请求	4
[{NTE}]	说明与注释	2
[
{		
OBX	观察报告 / 结果	7
[{NTE}]	说明与注释	2
}		
]		
}		
]		
[
PV1	病人访问	3
[PV2]	病人访问附加信息	3
]		
[{NTE}]	说明与注释	2
<u>RPA^I08-I11^RPA I08</u>	<u>返回病人授权</u>	<u>章</u>
MSH	消息头	2
MSA	消息确认	3
[RF1]	转诊信息	11
[
AUT	授权信息	11
[CTD]	相关的数据	11
]		
{		
PRD	医疗单位的数据	11
[CTD]	相关的数据	11
}		
PID	病人鉴定	3
[{NK1}]	下一个同类的或相关的部分	6
[{GT1}]	担保人	6
[
{		
IN1	保险	6
[IN2]	保险附加信息	6
[IN3]	保险附加信息-确定的信息	6
}		
]		
[ACC]	意外事件的信息	6
[{DG1}]	诊断	6
[{DRG}]	诊断相关的组合	6
[{AL1}]	敏感信息	3
{		
PR1	程序	6
[
AUT	授权信息	11
[CTD]	相关的数据	11
]		
}		
[
{		

<u>RPA^I08-I11^RPA I08</u>	返回病人授权	章
OBR	观测请求	4
[{NTE}]	说明与注释	2
[
{		
OBX	观察报告/结果	7
[{NTE}]	说明与注释	2
}		
]		
}		
]		
[
PV1	病人访问	3
[PV2]	病人访问附加信息	3
]		
[{NTE}]	说明与注释	2

<u>RQA^I08-I11^RQA I08</u>	<u>Request Patient Authorization</u>	<u>Chapter</u>
MSH	Message Header	2
[RF1]	Referral Information	11
[
AUT	Authorization Information	11
[CTD]	Contact Data	11
]		
{		
PRD	Provider Data	11
[CTD]	Contact Data	11
}		
PID	Patient Identification	3
[{NK1}]	Next of Kin/Associated Parties	6
[{GT1}]	Guarantor	6
{		
IN1	Insurance	6
[IN2]	Insurance Additional Info	6
[IN3]	Insurance Add'l Info - Cert	6
}		
]		
[ACC]	Accident Information	6
[{DG1}]	Diagnosis	6
[{DRG}]	Diagnosis Related Group	6
[{AL1}]	Allergy Information	3
[
{		
PR1	Procedure	6
[
AUT	Authorization Information	11
[CTD]	Contact Data	11
]		
}		
]		
[
{		
OBR	Observation Request	4
[{NTE}]	Notes and Comments	2
[
{		
OBX	Observation/Result	7
[{NTE}]	Notes and Comments	2
}		
]		
}		
]		
[
PV1	Patient Visit	3
[PV2]	Patient Visit Additional Info	3
]		
[{NTE}]	Notes and Comments	2

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<u>RPA^I08-I11^RPA I08</u>	<u>Return Patient Authorization</u>	<u>Chapter</u>
MSH	Message Header	2
MSA	Message Acknowledgment	3
[RF1]	Referral Information	11
[
AUT	Authorization Information	11
[CTD]	Contact Data	11
]		
{		
PRD	Provider Data	11
[{CTD}]	Contact Data	11
}		
PID	Patient Identification	3
[[NK1]]	Next of Kin/Associated Parties	6
[[GT1]]	Guarantor	6
[
{		
IN1	Insurance	6
[IN2]	Insurance Additional Info	6
[IN3]	Insurance Add'l Info - Cert	6
}		
]		
[ACC]	Accident Information	6
[{DG1}]	Diagnosis	6
[{DRG}]	Diagnosis Related Group	6
[{AL1}]	Allergy Information	3
{		
PR1	Procedure	6
[
AUT	Authorization Information	11
[CTD]	Contact Data	11
]		
}		
[
{		
OBR	Observation Request	4
[{NTE}]	Notes and Comments	2
[
{		
OBX	Observation/Result	7
[{NTE}]	Notes and Comments	2
}		
]		
}		
]		
[
PV1	Patient Visit	3
[PV2]	Patient Visit Additional Info	3
]		
[[NTE]]	Notes and Comments	2

Note: The abstract message definitions for both the RPA and RQA include the patient visit segments (PV1 and PV2). The PV1 and PV2 segments appear in the RPA and RQA as an optional grouping to specify the visit or encounter that **generated** the referral authorization request. The PV1 and PV2 **should not** be used to provide suggested information for a future encounter or visit generated by the referral authorization request.

注释: 适合于 RPA 和 RQA 包括病人访问片 (PV1 和 PV2) 的抽象消息的定义。PV1 和 PV2 片出现在 RPA 和 RQA 里, 象一个随意的分组来指定这个访问或遭遇, 这个访问或遭遇产生了转诊的许可请求。PV1 和 PV2 不能用于提供暗示的信息, 因为转诊许可请求产生了一个未来的遭遇或访问。

The trigger events that use this message definition are described in Sections 11.4.2, “RQA/RPA - request for treatment authorization information (event I08),” through 11.4.5, “RQA/RPA - request for cancellation of an authorization (event I11).”

使用了这个消息定义的触发事件在以下几节得到描述: 从 11.3.2 节“RQA/RPA-请求治疗许可信息 (事件 I08)”到 11.3.5 节“请求取消一个授权 (事件 I11)”

11.4.2 RQA/RPA - request for treatment authorization information (event I08) **RQA/RPA - 请求治疗许可信息（事件 I08）**

This event triggers a message to be sent from a healthcare provider to a payor requesting authorization to perform specific medical procedures or tests on a given patient. The specific medical procedures must be filled out in the PRI segments. Each repeating PRI segment may be paired with an AUT segment so that authorization information can be given regarding dollar amounts, number of treatments, and perhaps the estimated length of stay for treatment. The OBR and OBX segments should be used to include any relevant clinical information that may be required to support or process the authorization.

这个事件触发了从医疗机构到付款者的授权请求的消息，这个消息是为了执行特殊的医疗手续或特定病人的检查。这个医疗手续必须填写 PRI 片。每一个重复的 PRI 片可能是成对的 AUT 片，因此授权信息可能是给定的总的医疗费、治疗次数、也可能是估计的治疗时间长短。OBR 和 OBX 片应该用在包括所有相关的临床信息，这些信息对支持和处理授权来说可能是必须的。

11.4.3 RQA/RPA - request for modification to an authorization (event I09) **RQA/RPA - 请求对一个授权的修改（事件 I09）**

This event triggers a message sent from a healthcare provider to a payor requesting changes to a previously referenced authorization. For example, a provider may determine that a substitute testing or surgical procedure should be performed on a specified patient.

这个事件触发了一个从医疗机构到付款者的消息，来请求修改一个以前引用的授权信息。例如：一个医疗机构可能发现一个替代检查或外科治疗将要为一个病人执行。

11.4.4 RQA/RPA - request for resubmission of an authorization (event I10) **RQA/RPA -再次请求授权（事件 I10）**

If a previously submitted request for treatment authorization is rejected or canceled, this event could trigger a resubmission message for a referenced authorization. For example, the payor may have rejected a request until additional clinical information is sent to support the authorization request.

如果一个最初提出的治疗授权请求被拒绝或取消，这个事件会触发一个再次提出请求的消息。例如：付款者可能驳回一个请求直到收到附加的临床信息来支持这个授权请求。

11.4.5 RQA/RPA - request for cancellation of an authorization (event I11) **RQA/RPA -请求取消一个授权（事件 I11）**

This event may trigger the cancellation of an authorization. It may be used by the provider to indicate that an authorized service was not performed, or perhaps that the patient changed to another provider. A payor may use this request to reject a submitted authorization request from a provider.

这个事件可以触发取消一个授权。医疗机构可以用它来指定一个未执行的授权服务，或者把一个病人转给另一个医疗机构。一个付款者可以用这个请求拒绝来自医疗机构提交的、授权请求。

11.5 PATIENT REFERRAL MESSAGES AND TRIGGER EVENTS

病人转诊的消息和事件。

These message definitions and event codes define the patient referral. Although only three trigger events are defined, the abstract message is very versatile and can provide for a wide variety of inter-enterprise transactions.

这些消息的定义和事件代码详细说明了转诊。虽然只定义了三个出发事件，这些抽象的通用的消息可以提供广泛的多样的内部企业事务。

11.5.1 REF/RRI - patient referral message REF/RRI -病人转诊消息

The trigger events that use this message definition are described in Sections 11.5.2, “REF/RRI - patient referral (event I12),” through 11.5.5, “REF/RRI - request patient referral status (event I15).”

用这个消息定义的触发事件在从第 11.4.2 节（REF/RRI -）到第 11.4.5 节（REF/RRI -中被描述。

REF^I12-I15^REF_I12	病人转诊	章
MSH	消息头	2
[RF1]	转诊信息	11
[
AUT	授权信息	11
[CTD]	相关的数据	11
]		
{		
PRD	医疗单位的数据	11
[{CTD}]	相关的数据	11
}		
PID	病人鉴定	3
[{NK1}]	下一个同类的或相关的部分	6
[{GT1}]	担保人	6
[
{		
IN1	保险	6
[IN2]	保险附加信息	6
[IN3]	保险附加信息-确定的信息	6
}		
]		
[ACC]	意外事件的信息	6
[{DG1}]	诊断	6
[{DRG}]	诊断相关的组合	6
[{AL1}]	敏感信息	3
[
{		
PR1	过程	6
[
AUT	授权信息	11
[CTD]	相关的数据	11
]		
}		
]		
[
{		
OBR	观测请求	4
[{NTE}]	说明与注释	2
[
{		
OBX	观察报告/结果	7
[{NTE}]	说明与注释	2
}		
]		
}		
]		
[
PV1	病人访问	3

<u>REF^I12-I15^REF I12</u>	病人转诊	章
[PV2]	病人访问附加信息	3
[
PV1	病人访问	3
[PV2]	病人访问附加信息	3
]		
[{NTE}]	说明与注释	2

<u>RRI^I12-I15^RRI I12</u>	Return Referral Information 返回转诊信息	章
MSH	消息头	2
[MSA]	消息确认	3
[RF1]	转诊信息	11
[
AUT	授权信息	11
[CTD]	相关的数据	11
]		
{ PRD	医疗单位的数据	11
[{ CTD }]	相关的数据	11
}		
PID	病人鉴定	3
[ACC]	意外事件的信息	6
[{DGL}]	诊断	6
[{DRG}]	诊断相关的组合	6
[{AL1}]	敏感信息	3
[
{		
PR1	过程	6
[
AUT	授权信息	11
[CTD]	相关的数据	11
]		
}		
]		
[
{		
OBR	观测请求	4
[{NTE}]	说明与注释	2
[
{		
OBX	观察报告/结果	7
[{NTE}]	说明与注释	2
}		
]		
}		
]		
[
PV1	病人访问	3
[PV2]	病人访问附加信息	3
]		
[{NTE}]	说明与注释	2

<u>REF^I12-I15^REF I12</u>	Patient Referral	Chapter
MSH	Message Header	2
[RF1]	Referral Information	11
[
AUT	Authorization Information	11
[CTD]	Contact Data	11
]		
{		
PRD	Provider Data	11
[{ CTD }]	Contact Data	11
}		
PID	Patient Identification	3
[{NK1}]	Next of Kin/Associated Parties	6

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<u>REF^I12-I15^REF I12</u>	<u>Patient Referral</u>	<u>Chapter</u>
[{GT1}]	Guarantor	6
[
{		
IN1	Insurance	6
[IN2]	Insurance Additional Info	6
[IN3]	Insurance Add'l Info -Cert	6
}		
]		
[ACC]	Accident Information	6
[{DG1}]	Diagnosis	6
[{DRG}]	Diagnosis Related Group	6
[{AL1}]	Allergy Information	3
[
{		
PR1	Procedure	6
[
AUT	Authorization Information	11
[CTD]	Contact Data	11
]		
}		
]		
[
{		
OBR	Observation Request	4
[{NTE}]	Notes and Comments	2
[
{		
OBX	Observation/Result	7
[{NTE}]	Notes and Comments	2
}		
]		
}		
]		
[
PV1	Patient Visit	3
[PV2]	Patient Visit Additional Info	3
]		
[
PV1	Patient Visit	3
[PV2]	Patient Visit Additional Info	3
]		
[{NTE}]	Notes and Comments	2
<u>RRI^I12-I15^RRI I12</u>	<u>Return Referral Information</u>	<u>Chapter</u>
MSH	Message Header	2
[MSA]	Message Acknowledgment	3
[RF1]	Referral Information	11
[
AUT	Authorization Information	11
[CTD]	Contact Data	11
]		
{		
PRD	Provider Data	11
[{CTD}]	Contact Data	11
}		
PID	Patient Identification	3
[ACC]	Accident Information	6
[{DG1}]	Diagnosis	6
[{DRG}]	Diagnosis Related Group	6
[{AL1}]	Allergy Information	3
[
{		
PR1	Procedure	6
[
AUT	Authorization Information	11
[CTD]	Contact Data	11
]		
}		
]		

<u>RRI^I12-I15^RRI I12</u>	<u>Return Referral Information</u>	<u>Chapter</u>
[
{		
OBR	Observation Request	4
[{{NTE}}]	Notes and Comments	2
[
{		
OBX	Observation/Result	7
[{{NTE}}]	Notes and Comments	2
}		
]		
}		
]		
[
PV1	Patient Visit	3
[PV2]	Patient Visit Additional Info	3
]		
[{{NTE}}]	Notes and Comments	2

Note:	The abstract message definitions for both the REF and RRI include the patient visit segments (PV1 and PV2). The PV1 and PV2 segments appear in the REF as an optional grouping to specify the visit or encounter that generated the referral. The PV1 and PV2 should not be used to provide suggested information for a future encounter or visit generated by the referral.
注释:	REF 和 RRI 包括病人访问片（PV1 和 PV2）抽象的消息定义。PV1 和 PV2 片出现在 REF 中，象一个随意分组来指定产生转诊的访问或供需见面。PV1 和 PV2 将不会用在提供为一个将来的转诊供需见面或产生访问的暗示信息

The PV1 and PV2 are also included in the RRI message definition. It should be noted that these segments do not merely mirror the segments in the originating REF message. Rather, they may contain information regarding the visit or encounter that **resulted** from the referral.

PV1 和 PV2 还包括 RRI 消息的定义。应该表示出这些片不仅仅是反映在这个引发 REF 消息中的片。反而，这些片可能包含关于从转诊中得到结果的访问和供需见面的消息。

11.5.2 REF/RRI - patient referral (event I12) REF/RRI -病人转诊(事件 I12)

This event triggers a message to be sent from one healthcare provider to another regarding a specific patient. The referral message may contain patient demographic information, specific medical procedures to be performed (accompanied by previously obtained authorizations) and relevant clinical information pertinent to the patient’s case.

这个事件触发了一个从一个医疗机构到另一个医疗机构关于一个特殊病人的消息。这个转诊消息可能包括病人的人口情况、执行特殊的医疗检查过程（附有最初得到的授权）和有关的关于病历的临床信息。

11.5.3 REF/RRI - modify patient referral (event I13) REF/RRI -修改病人转诊(事件 I13)

This event triggers a message to be sent from one healthcare provider to another regarding changes to an existing referral. Changes in a referral may include additional instructions from the referring provider, additional clinical information, and even additional information on patient demographics.

这个事件触发了一个从一个医疗机构到另一个医疗机构关于修改一个现有的转诊过程的消息。修改内容可能包括附加的转诊方的指导、附加的临床信息、甚至包括附加病人人口情况。

11.5.4 REF/RRI - cancel patient referral (event I14) REF/RRI -取消病人转诊(事件 I14)

This event triggers a message to be sent from one healthcare provider to another canceling a referral. A previous referral may have been made in error, or perhaps the cancellation has come from the patient.

这个事件触发了一个从一个医疗机构到另一个医疗机构取消病人转诊的消息。一个最初的转诊可能是一个错误、或者也许是这个病人提出取消的。

11.5.5 REF/RRI - request patient referral status (event I15) REF/RRI -请求病人转诊状况(事件 I15)

This event triggers a message to be sent between healthcare providers regarding the status of a patient referral request. A previous referral has been made and acknowledged; however, no response has been received to indicate results and/or procedures performed.

这个事件触发了一个消息，它在医疗机构间发送关于病人转诊请求状况的消息。发生在一个最初的转诊被处理和认可后，还没有接到关于指出结果和/或执行过程的回复时。

11.6 SEGMENTS 片

11.6.1 RF1 - referral information segment RF1 - 转诊资料片

This segment represents information that may be useful when sending referrals from the referring provider to the referred-to provider.

这个片描述了在从转诊方到接受方发送消息时的的资料。

HL7 属性表- RF1 –转诊信息

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	元素名
1	250	CE	O	Y	0283	01137	转诊状态
2	250	CE	O			01138	转诊优先权
3	250	CE	O			01139	转诊类型
4	250	CE	O			01140	转诊部署
5	250	CE	O			01141	转诊类别
6	30	EI	R			01142	引发转诊标志
7	26	TS	O	Y	0280	01143	有效日期
8	26	TS	O			01144	终止日期
9	26	TS	O			01145	处理日期
10	250	CE	O			01228	转诊原因
11	30	EI	O		0336	01300	外部转诊标志

HL7 Attribute Table - RF1 –Referral Information

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	250	CE	O	Y	0283	01137	Referral Status
2	250	CE	O		0280	01138	Referral Priority
3	250	CE	O		0281	01139	Referral Type
4	250	CE	O		0282	01140	Referral Disposition

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
5	250	CE	O		0284	01141	Referral Category
6	30	EI	R			01142	Originating Referral Identifier
7	26	TS	O			01143	Effective Date
8	26	TS	O			01144	Expiration Date
9	26	TS	O			01145	Process Date
10	250	CE	O	Y	0336	01228	Referral Reason
11	30	EI	O	Y		01300	External Referral Identifier

11.6.1.0 RF1 - field definitions RF1 -域定义

11.6.1.1 RF1-1 Referral status (CE) 01137 RF1-1 转诊情况 (CE) 01137

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

成份: <标识符 (ST)> ^ <正文 (ST)> ^ <编码体系的名字 (IS)> ^ <间隔标识符 (ST)> ^ <间隔的正文 (ST)> ^ <间隔编码体系的名字 (IS)>

Definition: This field contains the status of the referral as defined by either the referred-to or the referred-by provider. Refer to [User-defined Table 0283 - Referral status](#) for suggested values.

定义: 这个域包含了转诊的状况, 转诊包括转诊方和被转诊方。在 [用户定义表 0283 – 转诊状况](#) 中提到了其代表值。

用户定义表 0283-转诊状况

值	描述
A	可接受的
P	未决定的
R	拒绝的
E	期满的

User-defined Table 0283 - Referral status

Value	Description
A	Accepted
P	Pending
R	Rejected
E	Expired

11.6.1.2 RF1-2 Referral priority (CE) 01138 RF1-2 转诊优先权(CE) 01138

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

成份: <标识符 (ST)> ^ <正文 (ST)> ^ <编码体系的名字 (IS)> ^ <间隔标识符 (ST)> ^ <间隔的正文 (ST)> ^ <间隔编码体系的名字 (IS)>

Definition: This field contains the urgency of the referral. Refer to [User-defined Table 0280 - Referral priority](#) for suggested values.

定义：这个域包含了紧急转诊。在用户定义表 0280-转诊优先权中提到了其代表值。

用户定义表 0280-转诊优先权

值	描述
S	统计
A	ASAP
R	常规

User-defined Table 0280 - Referral priority

Value	Description
S	STAT
A	ASAP
R	Routine

11.6.1.3 RF1-3 Referral type (CE) 01139 RF1-3 转诊类型 (CE) 01139

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (ST)>

成份： <标识符 (ST)> ^ <正文 (ST)> ^ <编码体系的名字 (ST)> ^ <间隔标识符 (ST)> ^ <间隔的正文 (ST)> ^ <间隔编码体系的名字 (ST)>

Definition: This field contains the type of referral. It is loosely associated with a clinical specialty or type of resource. Refer to [User-defined Table 0281 - Referral type](#) for suggested values.

定义：这个域包含了转诊类型。在中用户定义表 0281-转诊类型提到了其代表值。

用户定义表 0281-转诊类型

值	描述
Lab	实验室
Rad	放射科
Med	内科
Skn	熟练的护士
Psy	神经科
Hom	家庭医疗

User-defined Table 0281 - Referral type

Value	Description
Lab	Laboratory
Rad	Radiology
Med	Medical
Skn	Skilled Nursing
Psy	Psychiatric

Value	Description
Hom	Home Care

11.6.1.4 RF1-4 Referral disposition (CE) 01140 RF1-4 转诊部署 (CE) 01140

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate
identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

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成份: <标识符 (ST)> ^ <正文 (ST)> ^ <编码体系的名字 (ST)> ^ <间隔标识符 (ST)> ^ <间隔的正文 (ST)> ^ <间隔编码体系的名字 (ST)>

Definition: This field contains the type of response or action that the referring provider would like from the referred-to provider. Refer to [User-defined Table 0282 - Referral disposition](#) for suggested values.

定义: 这个域包含了回复类型和转诊方希望从被转诊方得到的反映。在用户定义表 0282-转诊部署中提到了其代表值。

用户定义表 0282-转诊部署

Value 值	Description 描述
WR	Send Written Report 发送书面报告
RP	Return Patient After Evaluation 返回病人以后的鉴定
AM	Assume Management 采取处理
SO	Second Opinion 另外的意见

User-defined Table 0282 - Referral disposition

Value	Description
WR	Send Written Report
RP	Return Patient After Evaluation
AM	Assume Management
SO	Second Opinion

11.6.1.5 RF1-5 Referral category (CE) 01141 RF1-5 转诊类别 (CE) 01141

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

成份: <标识符 (ST)> ^ <正文 (ST)> ^ <编码体系的名字 (ST)> ^ <间隔标识符 (ST)> ^ <间隔的正文 (ST)> ^ <间隔编码体系的名字 (ST)>

Definition: This field contains the location at which the referral will take place. Refer to [User-defined Table 0284 - Referral category](#) for suggested values.

定义: 这个域包含了转诊发生的区域, 在用户定义表 0284-转诊种类中提到了其代表值。

用户定义表 0284-转诊种类

Value 值	Description 描述
I	Inpatient 住院病人
O	Outpatient 门诊病人
A	Ambulatory 流动病人
E	Emergency 急诊病人

User-defined Table 0284 - Referral category

Value	Description
I	Inpatient
O	Outpatient
A	Ambulatory
E	Emergency

11.6.1.6 RF1-6 Originating referral identifier (EI) 01142 RF1-6 r 引发转诊标志 (EI) 01142

Components: <entity identifier (ST)> ^ <namespace ID (IS)> ^ <universal ID (ST)> ^ <universal ID type (ID)>

成份: <实体标识 (ST)> ^ <namespace 标识符 (IS)> ^ <通用标识符 (ST)> ^ <通用标识符类型 (ID)>

Definition: This field contains the originating application’s permanent identifier for the referral. This is a composite field.

定义: 这个域包含了为一个转诊引发程序的永久的标识符。这是一个复合的域。

The first component is a string of up to 15 characters that identifies an individual referral. It is assigned by the originating application, and it identifies a referral, and the subsequent referral transactions, uniquely among all such referrals from a particular processing application.

第一部分是一个 15 个字符的字符串，它标识了一个唯一的转诊。它由一个引发程序来分配，并且由它来识别一个转诊，通过精确的处理程序，转诊事务在所有的这些并发的转诊当中是唯一的。

The second component is optional because this field, itself, is already defined as a *referral identifier*.

第二部分是可选的，因为这个域它本身已经被作为一个转诊标识符来定义的。

The third component is optional. If used, it should contain the application identifier for the referred-to or external applications (i.e., *not* the originating application). The application identifier is a string of up to 15 characters that is uniquely associated with an application. A given healthcare provider facility, or group of intercommunicating healthcare provider facilities, should establish a unique list of applications that may be potential originators and recipients, and then assign unique application identifiers to each of those applications. This list of application identifiers becomes one of the healthcare provider facility’s master dictionary lists. Since applications fulfilling different application roles can send and receive referral messages, the assigning authority application identifier may not identify the application sending or receiving a particular message. Data elements on the Message Header (MSH) segment are available to identify the actual sending and receiving applications.

第三部分是可选的，如果是用过的，它可能包含转诊方或外部应用的申请标识符（注，不是引发程序）。这个申请标识符是一个 15 个字符的字符串，它是和一个申请唯一关联的。一个给定的医疗提供程序，或一组交互的医疗提供程序，应建立一个唯一的申请列表，它可能是一个潜在的发出者或接受者，然后为每一个申请分配一个申请标识符。这个申请标识符列表变成了医疗提供程序主要字典中的一个。自从这些申请满足不同的可以接受或发送转诊信息的申请任务，这个分配特许的申请标识符可以不鉴定这个发送或接收特定信息的申请。消息头的数据元素段对目前的发送或接收申请来说是有用的。

11.6.1.7 RF1-7 Effective date (TS) 01143 RF1-7 有效时间 (TS) 01143

Definition: This field contains the date on which the referral is effective.

定义：这个域包含了转诊有效的时间段。

11.6.1.8 RF1-8 Expiration date (TS) 01144 RF1-8 终止时间 (TS) 01144

Definition: This field contains the date on which the referral expires.

定义：这个域包含了转诊终止了的日期。

11.6.1.9 RF1-9 Process date (TS) 01145 RF1-9 处理时间 (TS) 01145

Definition: This field contains the date on which the referral originated. It is used in cases of retroactive approval.

定义：这个域包含了转诊发生的时间。它用在从转诊正式批准开始生效时。

11.6.1.10 RF1-10 Referral reason (CE) 01228 RF1-10 转诊原因 E) 01228

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

成份：<标识符 T> ^ <正文 ST> ^ <编码体系的名字 ^ <间隔标识符> ^ <间隔的正文> ^ <间隔编码体系的名字 (IS)>

Definition: This field contains the reason for which the referral will take place. Refer to [User-defined Table 0336 - Referral reason](#) for suggested values.

定义：这个域包含了转诊将要发生的原因。在用户定义表 0336 –转诊原因中提到了其代表值。

用户定义表 0336 –转诊原因

值	描述
S	另外的意见
P	病人优先权
O	安排好的医疗机构
W	工作量

User-defined Table 0336 - Referral reason

Value	Description
S	Second Opinion
P	Patient Preference
O	Provider Ordered
W	Work Load

11.6.1.11 RF1-11 External referral identifier (EI) 01300 RF1-11 外部转诊标识符 (EI) 01300

Components: <entity identifier (ST)> ^ <namespace ID (IS)> ^ <universal ID (ST)> ^ <universal ID type (ID)>

成份: <实体标识符 (ST)> ^ <namespace ID (IS)> ^ <通用标识符 (ST)> ^ <通用标识符类型 (ID)>

Definition: This field contains an external application's permanent identifier for the referral. That is, this referral identifier does not belong to the application that originated the referral and assigned the originating referral identifier.

定义: 这个域包含了一个转诊的外部程序的永久的标识符。即, 这个转诊标识符不属于引发转诊或分配引发转诊标识符的申请。

The first component is a string of up to 15 characters that identifies an individual referral. It is typically assigned by the referred-to provider application responding to a referral originating from a referring provider application, and it identifies a referral, and the subsequent referral transactions, uniquely among all such referrals for a particular referred-to provider processing application. For example, when a primary care provider (referring provider) sends a referral to a specialist (referred-to provider), the specialist's application system may accept the referral and assign it a new referral identifier which uniquely identifies that particular referral within the specialist's application system. This new referral identifier would be placed in the external referral identifier field when the specialist responds to the primary care physician.

第一部分是一个 15 个字符的字符串, 它用来识别不同的转诊, 转诊方程序回应一个来自转诊提供方的转诊发起, 它鉴定一个转诊, 这些并发的转诊时务, 在这些适合于特殊转诊方处理的程序中是唯一的。例如, 一个初级医疗机构 (转诊医疗单位) 向一个专家医师 (转诊接收方) 发送一个转诊, 专家医师的应用系统可能会接收这个转诊并且分配给它一个转诊标识符, 这个标识符是专家医师的应用系统里的特定转诊的唯一标识。当专家医师回复初级医疗机构时, 这个新的转诊标识符将被放置到一个外部的转诊标识符域中。

The second component is optional because this field, itself, is already defined as a *referral identifier*.

第二部分是可选的，因为，它自己已经被作为一个转诊标识符而定义了。

The third component is optional. If used, it should contain the application identifier for the referred-to or external application (i.e., not the originating application. The application identifier is a string of up to 15 characters that is uniquely associated with an application. A given healthcare provider facility, or group of intercommunicating healthcare provider facilities, should establish a unique list of applications that may be potential originators and recipients, and then assign unique application identifiers to each of those applications. This list of application identifiers becomes one of the healthcare provider facility's master dictionary lists. Since applications fulfilling different application roles can send and receive referral messages, the assigning authority application identifier may not identify the application sending or receiving a particular message. Data elements on the Message Header (MSH) segment are available to identify the actual sending and receiving applications.

第三部分也是可选的。如果是用过的，它可能包含转诊方或外部应用的申请标识符（注，不是引发程序）。这个申请标识符是一个 15 个字符的字符串，它是和一个申请唯一关联的。一个给定的医疗提供程序，或一组交互的医疗提供程序，应建立一个唯一的申请列表，它可能是一个潜在的发出者或接受者，然后为每一个申请分配一个申请标识符。这个申请标识符列表变成了医疗提供程序主要字典中的一个。自从这些申请满足不同的可以接受或发送转诊信息的申请任务，这个分配特许的申请标识符可以不鉴定这个发送或接收特定信息的申请。消息头的元素段对目前的发送或接收申请来说是有用的。

11.6.2 AUT - authorization information segment AUT - 授权信息片

This segment represents an authorization or a pre-authorization for a referred procedure or requested service by the payor covering the patient's health care.

这个片描述了一个授权或预先授权，它适合于一个转诊操作或由付款方负担病人健康请求的服务。

HL7 属性表 - AUT - 授权信息

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	250	CE	O		0072	01146	付款者授权，计划号
2	250	CE	R		0285	01147	付款者授权，公司号
3	45	ST	O			01148	付款者授权，公司名
4	26	TS	O			01149	有效授权时间
5	26	TS	O			01150	期满时间
6	30	EI	C			01151	鉴别时间
7	25	CP	O			01152	退还限制
8	2	NM	O			01153	治疗请求号
9	2	NM	O			01154	治疗授权号
10	26	TS	O			01145	处理时间

HL7 Attribute Table - AUT - Authorization Information

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	250	CE	O		0072	01146	Authorizing Payor, Plan ID
2	250	CE	R		0285	01147	Authorizing Payor, Company ID
3	45	ST	O			01148	Authorizing Payor, Company Name
4	26	TS	O			01149	Authorization Effective Date
5	26	TS	O			01150	Authorization Expiration Date
6	30	EI	C			01151	Authorization Identifier
7	25	CP	O			01152	Reimbursement Limit

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
8	2	NM	O			01153	Requested Number of Treatments
9	2	NM	O			01154	Authorized Number of Treatments
10	26	TS	O			01145	Process Date

11.6.2.0 AUT - field definitions AUT -域定义

11.6.2.1 AUT-1 Authorizing payor, plan ID (CE) 01146 AUT-1 付款者授权, 计划号 (CE) 01146

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

成份: <标识符 T)> ^ <正文 ST)> ^ <编码体系的名字 ^ <间隔标识符> ^ <间隔的正文> ^ <间隔编码体系的名字 (IS)>

Definition: This field contains the ID of the coverage plan authorizing treatment. Values should be entries in a locally-defined table of plan codes. [User defined Table 0072- Insurance plan ID](#) is used as the HL7 identifier for the user-defined table of values for this field.

定义: 这个域包含了担负计划授权治疗的标识符。值将要登陆在计划编码的局部定义表中。用户说明表 0072 – 保险计划标识符用在为了对于这个域的值的用户定义表的 HL7 标识符中。

用户说明表 0072 – 保险计划标识符

值	描述
	没有提出值定义

User-defined Table 0072 - Insurance plan ID

Value	Description
	No suggested values defined

11.6.2.2 AUT-2 Authorizing payor, company ID (CE) 01147 AUT-2 付款者授权, 公司号 (CE) 01147

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

成份: <标识符 T)> ^ <正文 ST)> ^ <编码体系的名字 ^ <间隔标识符> ^ <间隔的正文> ^ <间隔编码体系的名字 (IS)>

Definition: This field contains the ID of the insurance company or other entity that administers the authorizing coverage plan. Values may be entries in a locally-defined table of payor codes. [User-defined Table 0285 - Insurance company ID codes](#) is used as the HL7 identifier for the user-defined table of values for this field.

定义: 这个域包含了保险公司或其它实体的标识符, 这些实体是执行授权保险计划的。代表值可能在付款者编码的本地说明表中。用户说明表 0285 – 保险公司标识符编码被作为适合于用户说明表的这个域的值 HL7 标识符来使用的。

用户说明表 0285 – 保险公司标识符编码

Value	Description
	没有提出值定义

User-defined Table 0285 - Insurance company ID codes

Value	Description
	No suggested values defined

11.6.2.3 AUT-3 Authorizing payor, company name (ST) 01148 AUT-3 付款者的授权, 公司的名字(ST) 01148

Definition: This field contains the name of the insurance company or other entity that administers the authorizing coverage plan.

定义: 这个域包含了保险公司或其它执行授权保险计划的实体的名字。

11.6.2.4 AUT-4 Authorization effective date (TS) 01149 AUT-4 授权有效时间 (TS) 01149

Definition: This field contains the effective date of the authorization.

定义: 这个域包含了授权的有效时间

11.6.2.5 AUT-5 Authorization expiration date (TS) 01150 AUT-5 授权的期满时间 (TS) 01150

Definition: This field contains the expiration date after which the authorization to treat will no longer be in effect from the perspective of the coverage plan.

定义: 这个域包含了从保险项目计划的观点来看的执行授权不再有效后的期满时间。

11.6.2.6 AUT-6 Authorization identifier (EI) 01151 AUT-6 授权标识符(EI) 01151

Components: <entity identifier (ST)> ^ <namespace ID (IS)> ^ <universal ID (ST)> ^ <universal ID type (ID)>

成份: <实体标识符 (ST)> ^ <namespace ID (IS)> ^ <通用标识符 (ST)> ^ <通用标识符类型 (ID)>

Definition: This field contains the coverage application's permanent identifier assigned to track the authorization and all related billing documents. This field is conditionally required. It is not required when authorization information is being requested. However, it is required when this segment is contained in a message which is responding to a request and contains the authorization information. This is a composite field.

定义: 这个域包含了保险项目的永久标识符被分配追踪这个授权和所有有关的文档。这个域在一定条件下是必须的。在授权信息已经被请求时这个域不是必须的。然而, 在一个正在回复一个请求或包含授权信息的信息中包含了这个片时这个域是必须的。这是一个复合的域。

The first component of this field is a string of up to 15 characters that identifies an individual authorization. It is assigned by the coverage application, and it identifies an authorization, and the subsequent billing transactions resulting from the given authorization, uniquely among all such authorizations granted from a particular processing application.

第一部分是一个 15 个字符的字符串, 它用来识别一个唯一的授权。它被保险项目程序分配, 并鉴定一个授权, 这些并发的事务作为从一个给定的授权的结果, 在所有的被一个特殊的处理程序承认的授权中是唯一。

The second component is optional because this field, itself, is already defined as an *authorization identifier*.

第二部分是一个可选的，因为这个域它本身已经被作为一个授权标识符定义。

The third component is optional. If used it should contain the application identifier for the coverage application. The application identifier is a string of up to six characters that is uniquely associated with an application. A given healthcare provider facility, or group of intercommunicating healthcare provider facilities, should establish a unique list of applications that may be potential originators and recipients, and then assign unique application identifiers to each of those applications. This list of application identifiers becomes one of the healthcare provider facility's master dictionary lists. Since applications fulfilling different application roles can send and receive referral messages containing authorizations, the coverage application identifier may not identify the application sending or receiving a particular message. Data elements on the Message Header (MSH) segment are available to identify the actual sending and receiving applications.

第三部分也是可选的。如果是用过的，它可能包含转诊方或外部应用的申请标识符（注，不是引发程序）。这个申请标识符是一个 15 个字符的字符串，它是和一个申请唯一关联的。一个给定的医疗提供程序，或一组交互的医疗提供程序，应建立一个唯一的申请列表，它可能是一个潜在的发出者或接受者，然后为每一个申请分配一个申请标识符。这个申请标识符列表变成了医疗提供程序主要字典中的一个。自从这些申请满足不同的可以接受或发送转诊信息的申请任务，这个分配特许的申请标识符可以不鉴定这个发送或接收特定信息的申请。消息头的元素段对目前的发送或接收申请来说是有用的。

11.6.2.7 AUT-7 Reimbursement limit (CP) 01152 AUT-7 退还限定 (CP) 01152

Components: <price (MO)> ^ <price type (ID)> ^ <from value (NM)> ^ <to value (NM)> ^ <range units (CE)> ^ <range type (ID)>

组成: <价钱 (MO)> ^ <价钱类型 (ID)> ^ <价钱来源 (NM)> ^ <价钱目的 (NM)> ^ <计量单位 s (CE)> ^ <计量规范 (ID)>

Definition: This field contains the dollar limit for reimbursement specified by the coverage plan for the authorized treatment.

定义: 这个域包含了退还钱的限制，特别是由适合于授权处理的保险计划。

11.6.2.8 AUT-8 Requested number of treatments (NM) 01153 AUT-8 被请求治疗的数量 (NM) 01153

Definition: This field contains the *requested* number of times that the treatment may be administered to the patient without obtaining additional authorization.

定义: 这个域包含了不用获得附加的授权而处理程序可以治疗一个病人的次数的请求数量。

11.6.2.9 AUT-9 Authorized number of treatments (NM) 01154 AUT-9 经授权治疗的数量 (NM) 01154

Definition: This field contains the number of times that the authorized treatment may be administered to the patient without obtaining additional authorization.

定义: 这个域包含了不用获得附加的授权而授权处理程序可以治疗一个病人的次数的请求数量。

11.6.2.10 AUT-10 Process date (TS) 01145 AUT-10 进行时间 (TS) 01145

Definition: This field contains the date that the authorization originated with the authorizing party.

定义：这个域包含了批准方引起的授权时间。

11.6.3 PRD - provider data segment PRD - 医疗单位数据片

This segment will be employed as part of a patient referral message and its related transactions. The PRD segment contains data specifically focused on a referral, and it is inter-enterprise in nature. The justification for this new segment comes from the fact that we are dealing with referrals that are external to the facilities that received them. Therefore, using a segment such as the current PV1 would be inadequate for all the return information that may be required by the receiving facility or application. In addition, the PV1 does not always provide information sufficient to enable the external facility to make a complete identification of the referring entity. The information contained in the PRD segment will include the referring provider, the referred-to provider, the referred-to location or service, and the referring provider clinic address.

这个片会被当作一个病人转诊的消息或与它相关的事务来使用。PRD 片包含了特别是以转诊为重点的数据。适合于这个新片的理由来自一种行为，这种行为是我们处理外部转诊到接收转诊单位。因此，使用一个片，例如现在的 PV1，将会不适合所有的返回信息，这些信息对于接受的设备或请求可能是必须的。另外，PVI 不总是提供足够的信息让外部设备能够产生一个完整的转诊实体的鉴定。这些信息包含在 PRD 片中必须包含转诊提供方，被转诊方，转出位置或服务，和转诊医疗单位的临床地址。

HL7 属性表 - PRD – 医疗单位的数据

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	元素名
1	250	CE	R	Y	0286	01155	医疗单位的角色
2	250	XPN	O	Y		01156	医疗单位的名字
3	250	XAD	O	Y		01157	医疗单位的地址
4	60	PL	O			01158	医疗单位的位置
5	250	XTN	O	Y		01159	医疗单位的通讯信息
6	250	CE	O			00684	首选的联系方式—医疗单位
7	100	CM	O	Y		01162	医疗单位的标识符
8	26	TS	O			01163	医疗单位的角色有效开始时间
9	26	TS	O			01164	医疗单位的角色有效结束时间

HL7 Attribute Table - PRD – Provider Data

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	250	CE	R	Y	0286	01155	Provider Role
2	250	XPN	O	Y		01156	Provider Name
3	250	XAD	O	Y		01157	Provider Address
4	60	PL	O			01158	Provider Location
5	250	XTN	O	Y		01159	Provider Communication Information
6	250	CE	O			00684	Preferred Method of Contact - Provider
7	100	CM	O	Y		01162	Provider Identifiers
8	26	TS	O			01163	Effective Start Date of Provider Role
9	26	TS	O			01164	Effective End Date of Provider Role

11.6.3.0 PRD field definitions PRD 域定义

11.6.3.1 PRD-1 Provider role (CE) 01155 PRD-1 医疗单位的角色 (CE) 01155

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

成份: <标识符 T)> ^ <正文 ST)> ^ <编码体系的名字 ^ <间隔标识符> ^ <间隔的正文> ^ <间隔编码体系的名字 (IS)>

Definition: This field contains the contact role that defines the relationship of the person described in this segment to the patient being referred. When a referral is inter-enterprise in nature, there are several important relationships that must be identified. For example, the proper identification of both the referring and the referred-to provider is critical for proper processing of a referral. In addition, some enterprises may want information regarding a consulting provider or the identity of the person who actually prepared the referral. This contact role may also expand to represent affiliated persons to whom information regarding this referral must be forwarded or copied. Refer to [User-defined Table 0286 - Provider role](#) for suggested values.

定义: 这个域包含了相关联的角色, 它详细说明了在这个片里描述的病人转诊时人之间的关系。当一个转诊实际上是单位之间的, 有许多重要的必须识别的关系。例如, 为了一个转诊适当的处理, 转诊方和被转诊方之间的适当的识别是关键的。另外, 一些单位可能需要医疗单位或实际上准备转诊的人的标识的信息。这个相关的角色可能也扩展为描绘对于关系到这个转诊必须被提前或复制的信息的有关系的人。阅读用户 - 定义表 0286 - 医疗单位的角色提供的代表值。

用户 - 定义表 0286 - 医疗单位的角色

值	描述
RP	提交医疗单位 r
PP	初级医疗单位
CP	咨询医疗单位
RT	被转诊方

User-defined Table 0286 - Provider role

Value	Description
RP	Referring Provider
PP	Primary Care Provider
CP	Consulting Provider
RT	Referred to Provider

11.6.3.2 PRD-2 Provider name (XPN) 01156 PRD-2 医疗单位的名字 (XPN) 01156

Components: In Version 2.3, replaces the PN data type. <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)> ^ <degree (e.g., MD) (IS)> ^ <name type code (ID) > ^ <name representation code (ID)> ^ <name context (CE)> ^ <name validity range (DR)> ^ <name assembly order (ID)>

组成: 在版本 2.3 中, 代替 PN 数据类型, <姓 (FN)> ^ <名字 (ST)> ^ <第二个或更多的名字或最初的关于 (ST) 的> ^ <后缀 (例如, JR or III) (ST)> ^ <前缀 (例如, DR) (ST)> ^ <学位 (例如, MD) (IS)> ^ <名字类型码 (ID) > ^ <名字表示码 (ID)> ^ <名字的前后关系 (CE)> ^ <名字的有效范围 (DR)> ^ <名字汇编顺序 (ID)>

Definition: This field contains the name of the provider identified in this segment. Generally, this field will describe a physician associated with the referral. However, it is not limited to physicians. This field may contain the name of any valid healthcare provider associated with this referral. If this Provider Name is a physician's name, you may refer to *PRD-7-Provider identifiers* for the physician identifier.

定义：这个域包含了再这个片中识别医疗单位的名字。通常，这个域将描述一个用这个转诊联合起来的医生。然而，对医生来说不是有限的。这个域可能包含了用这个转诊联合起来的任何医疗提供单位的名字。如果这个医疗单位的名字是一个医生的名字，你也许会为了一个医生的标识符提到 *PRD-7-医疗单位鉴定*。

11.6.3.3 PRD-3 Provider address (XAD) 01157 PRD-3 医疗单位的地址 (XAD) 01157

Components: In Version 2.3 and later, replaces the AD data type. <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 (IS)> ^ <census tract (IS)> ^ <address representation code (ID)> ^ <address validity range (DR)>

组成：在 2.3 和其后续版本中，取代了 AD 数据类型。 <街道地址 (SAD)> ^ <其它名称 (ST)> ^ <城市 (ST)> ^ <州或省 (ST)> ^ <邮政编码 (ST)> ^ <国家 (ID)> ^ <地址类型 (ID)> ^ <其它地理名称 (ST)> ^ <县和自治区的编码 (IS)> ^ <人口普查 (IS)> ^ <地址描述码 (ID)> ^ <地址有效范围 (DR)>

Definition: This field contains the mailing address of the provider identified in this segment. One of the key components to completing the “circle of care” and provider/institution bonding is the issuance of follow-up correspondence to the referring provider.

定义：这个域包含了在这个片中识别的医疗提供单位的邮寄地址。为了完成 “circle of care” 和联合起来的医疗单位/机构的关键性组成部分的一员，它是转诊方可持续通讯的发布。

11.6.3.4 PRD-4 Provider location (PL) 01158 PRD-4 Provider location 医疗单位的医疗范围 (PL) 01158

Components: <point of care (IS)> ^ <room (IS)> ^ <bed (IS)> ^ <facility (HD)> ^ <location status (IS)> ^ <person location type (IS)> ^ <building (IS)> ^ <floor (IS)> ^ <location description (ST)>

Subcomponents of facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

组成：<护理点 (IS)> ^ <房间 (IS)> ^ <床 (IS)> ^ <设备 (HD)> ^ <区域状态 (IS)> ^ <人位置的类型 (IS)> ^ <建筑物 (IS)> ^ <地面 (IS)> ^ <区域描述 (ST)>

简易的辅助组成：<姓名 ID (IS)> & <一般 ID (ST)> & <一般 ID 类型 (ID)>

Definition: This field contains the location of the provider as needed when a provider that may be external to a given enterprise must be referenced. For example, if this provider represented the referred-to physician, the *PRD-4-Provider location* should identify the clinic of the physician or provider to whom this referral has been sent. The identification of the provider's location is specified by an application and facility identifier carried in the facility field. The application ID and facility ID would be used in the same manner as their corresponding fields in the MSH segment (*MSH-3-Sending application*, *MSH-5-Receiving application*, *MSH-4-Sending facility*, *MSH-6-Receiving facility*). That is, the facility field will contain an application identifier and facility identifier which describe the location of this provider. However, it should be noted that they may describe a different location because the provider location being referenced in this field *may not be* the location from which the message originated, which is being described by the MSH.

定义：当一个医疗单位扩展到必须被引用的特定的企业时，这个域包含了医疗单位需要的范围。例如，如果这个医疗单位表现为转诊接收的医生，*PRD-4-医疗单位范围*将鉴定临床医生或发出转诊的医疗单位。医疗单位范围的鉴定被一个程序和和设备域中传输的设备标识符所指定。应用程序标识

符和设备标识符将和他们在 MSH 片中相应的域使用同样的方式。因此，设备域将包含一个描述这个医疗单位范围的应用程序的标识符。然而，他们可能描绘了一个不同的范围，因为在这个域中被指定了的联系范围也许不是来自于最初消息的范围，这个消息已经被 MSH 描述了。

11.6.3.5 PRD-5 Provider communication information (XTN) 01159 PRD-5 医疗单位的通讯信息 (XTN) 01159

Components: [NNN] [(999)]999-9999 [X999999] [B999999] [C any text] ^ <telecommunication use code (ID)> ^ <telecommunication equipment type (ID)> ^ <email address (ST)> ^ <country code (NM)> ^ <area/city code (NM)> ^ <phone number (NM)> ^ <extension (NM)> ^ <any text (ST)>

组成: [NNN] [(999)]999-9999 [X999999] [B999999] [C any 正文] ^ <电讯用号码 (ID)> ^ <电讯设备类型 (ID)> ^ <电子邮件地址 (ST)> ^ <国家代码 (NM)> ^ <地区/城市代码 (NM)> ^ <电话号码 (NM)> ^ <扩展名 (NM)> ^ <任何一种正文 (ST)>

Definition: This field contains information, such as the phone number or electronic mail address, used to communicate with the provider or organization.

定义: 这个域包含了信息，例如电话号码或电子邮件地址，医疗单位或机构常用的通讯方式。

11.6.3.6 PRD-6 Preferred method of contact - provider (CE) 00684 PRD-6 联系医疗单位的首选方法 (CE) 00684

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

成份: <标识符 T)> ^ <正文 ST)> ^ <编码体系的名字 ^ <间隔标识符> ^ <间隔的正文> ^ <间隔编码体系的名字 (IS)>

Definition: This field contains the preferred method to use when communicating with the provider. Refer to *User-defined Table 0185 - Preferred method of contact* for suggested values.

定义: 这个域包含了在和医疗单位通讯时使用的首选方法。阅读 *用户定义表 0185 – 首选联系方法* 提供的代表值

11.6.3.7 PRD-7 Provider identifiers (CM) 01162 PRD-7 医疗单位的标识符 (CM) 01162

Components: <ID number (ST)> ^ <type of ID number (IS)> ^ <other qualifying info (ST)>

组成: <标识符号码 (ST)> ^ <标识符号码的类型 (IS)> ^ <其它符合要求的信息 (ST)>

Definition: This repeating field contains the provider's unique identifiers such as UPIN, Medicare and Medicaid numbers. Refer to *PRA-6-Practitioner ID numbers* in Chapter 8 (Section 8.6.3.6, "Practitioner ID numbers") for suggested values.

定义: 这个重复的域包含了例如 UPIN，医疗保险制度和医疗保险号码的医疗单位的唯一的标识符。阅读 *PRA-6-公认医疗单位的 ID 号码* 在第 8 章中(8.6.3.6 节,“公认医疗单位的 ID 号码”)提供的代表值

11.6.3.8 PRD-8 Effective start date of provider role (TS) 01163 PRD-8 医疗单位角色的有效开始日期 (TS) 01163

Definition: This field contains the date that the role of the provider effectively began. For example, this date may represent the date on which a physician was assigned as a patient's primary care provider.

定义：这个域包含了医疗单位角色的有效开始日期。例如：这个日期可以描述医生被指定为病人的初级医疗单位的日期。

11.6.3.9 PRD-9 Effective end date of provider role (TS) 01164 PRD-9 医疗单位角色的有效结束日期 (TS) 01164

Definition: This field contains the date that the role of the provider effectively ended. For example, this date may represent the date that a physician was removed as a patient's primary care provider.

定义：这个域包含了医疗单位角色的有效结束日期。这个日期可以描述医生被免去为病人的初级医疗单位的日期。

Note: The *PRD-8-Effective start date of role* and *PRD-9-Effective end date of role* fields should *not* be used as trigger events. For example, they should not be used to trigger a change in role. These two dates are for informational purposes only.

注释：医疗单位角色的有效开始日期和医疗单位角色的有效结束日期域不会用在触发事件上。例如：他们不会用在触发一个角色改变的事件上。这两个日期仅是为了提供目的。

11.6.4 CTD - contact data segment CTD - 相关数据片

The CTD segment may identify any contact personnel associated with a patient referral message and its related transactions. The CTD segment will be paired with a PRD segment. The PRD segment contains data specifically focused on provider information in a referral. While it is important in an inter-enterprise transaction to transmit specific information regarding the providers involved (referring and referred-to), it may also be important to identify the contact personnel associated with the given provider. For example, a provider receiving a referral may need to know the office manager or the billing person at the institution of the provider who sent the referral. This segment allows for multiple contact personnel to be associated with a single provider.

CTD 片可以通过病人转诊消息和有关的事务来鉴定所有相关的人员。CTD 片将和 PRD 片是一对。PRD 片包含的数据特别集中在一个转诊中的医疗单位的信息。当在一个内部企业事务传输特定的关于医疗单位包括（转诊方和被转诊方）的信息时。它可能对于鉴定与特定医疗单位有关的人是很重要的。例如：一个医疗单位接受一个转诊病人，它可能需要知道发送转诊的医疗单位机构的事务处理人员或人员表。这个片允许多重相关的人与一个单独的医疗单位有关系。

HL7 属性表- CTD –联系数据

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	元素名
1	250	CE	R	Y	0131	00196	联系角色
2	250	XPN	O	Y		01165	联系名字
3	250	XAD	O	Y		01166	联系地址
4	60	PL	O			01167	联系范围
5	250	XTN	O	Y		01168	联系的通讯信息
6	250	CE	O		0185	00684	首选的联系方式
7	100	CM	O	Y		01171	联系标识符

HL7 Attribute Table - CTD – Contact Data

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	250	CE	R	Y	0131	00196	Contact Role
2	250	XPN	O	Y		01165	Contact Name
3	250	XAD	O	Y		01166	Contact Address
4	60	PL	O			01167	Contact Location
5	250	XTN	O	Y		01168	Contact Communication Information
6	250	CE	O		0185	00684	Preferred Method of Contact - Provider
7	100	CM	O	Y		01171	Contact Identifiers

11.6.4.0 CTD field definitions CTD 域定义

11.6.4.1 CTD-1 Contact role (CE) 00196 CTD-1 联系角色 (CE) 00196

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

组成: <标识符 (ST)> ^ <正文 (ST)> ^ <编码系统的名字 (IS)> ^ <间隔标识符 (ST)> ^ <间隔的正文 (ST)> ^ <间隔编码体系的名字 (IS)>

Definition: This field contains the contact role that defines the relationship of the person described in this segment to the patient being referred. When a referral is inter-enterprise in nature, there are some important relationships that must be identified. For example, it may be necessary to identify the contact representative at the clinic that sent the referral. *User-defined Table 0131 - Contact role* is used as the HL7 identifier for the user-defined table of values for this field.

定义: 这个域包含了联系角色, 它定义了人之间的关系, 在病人发生转诊的片中得到描述。当一个转诊发生在国家内部企业时, 有一些重要的关系必须被鉴定。例如: 在发送转诊的临床部门鉴定相关的代理人是有必要的。用户定义表 *0131-联系角色* 象这个域值的用户定义表的 HL7 标识符一样来使用。

11.6.4.2 CTD-2 Contact name (XPN) 01165 CTD-2 相关名字 (XPN) 01165

Components: In Version 2.3, replaces the PN data type. <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)> ^ <degree (e.g., MD) (IS)> ^ <name type code (ID)> ^ <name representation code (ID)> ^ <name context (CE)> ^ <name validity range (DR)> ^ <name assembly order (ID)>

组成: 在版本 2.3 中, 代替 PN 数据类型, <姓 (FN)> ^ <名字 (ST)> ^ <第二个或更多的名字或最初的关于 (ST) 的> ^ <后缀 (例如, JR or III) (ST)> ^ <前缀 (例如, DR) (ST)> ^ <学位 (例如, MD) (IS)> ^ <名字类型码 (ID)> ^ <名字表示码 (ID)> ^ <名字的前后关系 (CE)> ^ <名字的有效范围 (DR)> ^ <名字汇编顺序 (ID)>

Definition: This field contains the name of the contact person identified in this segment. Generally, this field will describe a person or provider associated with the referral. If this contact name is a physician, you may refer to the *CTD-7-Contact identifiers* (Section 11.6.4.7) for the physician identifier.

定义: 这个域包含了在这个片中定义的联系人的名字。通常, 这个域将描述与转诊有关的一个人或医疗单位。如果这个联系人是一个医生, 你为了医生的标识符需要阅读 *CTD-7-联系标识符*(11.5.4.7节)

11.6.4.3 CTD-3 Contact address (XAD) 01166 CTD-3 联系地址 (XAD) 01166

Components: In Version 2.3 and later, replaces the AD data type. <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 (IS)> ^ <census tract (IS)> ^ <address representation code (ID)> ^ <address validity range (DR)>

组成: 在 2.3 和其后续版本中, 取代了 AD 数据类型。 <街道地址 (SAD)> ^ <其它名称 (ST)> ^ <城市 (ST)> ^ <州或省 (ST)> ^ <邮政编码 (ST)> ^ <国家 (ID)> ^ < 地址类型 (ID)> ^ <其它地理名称 (ST)> ^ <县和自治区的编码 (IS)> ^ <人口普查 (IS)> ^ <地址描述码 (ID)> ^ <地址有效范围 (DR)>

Definition: This field contains the mailing address of the contact person identified in this segment. One of the key components for completing the “circle of care” and provider/institution bonding is the issuance of follow-up correspondence to the referring provider.

定义: 这个域包含了在这个片中定义的联系人的邮件地址。为了完成 “circle of care” 和联合起来的医疗单位/机构的关键性组成部分的一员, 它是转诊方可持续通讯的发布。

11.6.4.4 CTD-4 Contact location (PL) 01167 CTD-4 联系范围 (PL) 01167

Components: <point of care (IS)> ^ <room (IS)> ^ <bed (IS)> ^ <facility (HD)> ^ <location status (IS)> ^ <person location type (IS)> ^ <building (IS)> ^ <floor (IS)> ^ <location description (ST)>

Subcomponents of facility: <namespace ID (IS) & <universal ID (ST)> & <universal ID type (ID)>

组成: <护理点 (IS)> ^ <房间 (IS)> ^ <床 (IS)> ^ <设备 (HD)> ^ <区域状态 (IS)> ^ <人位置的类型 (IS)> ^ < . 建筑物 (IS)> ^ <地面 (IS)> ^ <区域描述 (ST)>

简易的辅助组成: <姓名 ID (IS) & <一般 ID (ST)> & <一般 ID 类型 (ID)>

Definition: This field contains the location of the contact, which is required when a contact that may be external to a given enterprise must be referenced. For example, if this contact represents the office manager of the referred-to physician, then the contact location should identify the clinic of the physician or provider to whom this referral has been sent. The identification of the contact's location is specified by an application and facility identifier carried in the facility field. The application identifier and the facility identifier would be used in the same manner as their corresponding fields in the MSH segment (*MSH-3-Sending application, MSH-5-Receiving application, MSH-4-Sending facility, MSH-6-Receiving facility*). That is, the facility field will contain an application identifier and facility identifier which describe the location of this contact. However, it should be noted that they may describe a different location because the contact location being referenced in this field *may not be* the location from which the message originated, which is being described by the MSH.

定义: 这个域包含了联系的范围, 当一个联系方式可能是外部的. 一个指定特定的企业时它是必须的。例如: 如果这个联系描绘了被转诊处理人员, 那么, 联系范围将鉴定转诊发生的医生或医疗单位的临床信息。联系范围的鉴定是被一个应用和在设备域中传输的设备标识符指定的。这个应用标识符和设备标识符将应用在当作在 MSH 片中他们同样的域。(MSH-3-发送应用, MSH-5-接收应用, MSH-4-发送设备, MSH-6-接收设备)。因此, 设备域包含一个描述联系范围的应用标识符和设备标

识符。然而，他们可能描绘了一个不同的范围，因为在这个域中被指定了的联系范围也许不是来自于最初消息的范围，这个消息已经被 MSH 描述了。

11.6.4.5 CTD-5 Contact communication information (XTN) 01168 CTD-5 联系的通讯信息 (XTN) 01168

Components: [NNN] [(999)]999-9999 [X999999] [B999999] [C any text] ^ <telecommunication use code (ID)> ^ <telecommunication equipment type (ID)> ^ <email address (ST)> ^ <country code (NM)> ^ <area/city code (NM)> ^ <phone number (NM)> ^ <extension (NM)> ^ <any text (ST)>

组成: [NNN] [(999)]999-9999 [X999999] [B999999] [C any 正文] ^ <电讯用号码 (ID)> ^ <电讯设备类型 (ID)> ^ <电子邮件地址 (ST)> ^ <国家代码 (NM)> ^ <地区/城市代码 (NM)> ^ <电话号码 (NM)> ^ <扩展名 (NM)> ^ <任何一种正文 (ST)>

Definition: This field contains the information, such as the phone number or electronic mail address, used to communicate with the contact person or organization.

定义: 这个域包含了信息，例如电话号码或电子邮件地址，联系人或机构常用的通讯方式。

11.6.4.6 CTD-6 Preferred method of contact - provider (CE) 00684 CTD-6 首选的联系方式 –医疗单位(CE) 00684

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

组成: <标识符 (ST)> ^ <正文 (ST)> ^ <编码系统的名字 (IS)> ^ <间隔标识符 (ST)> ^ <间隔的正文 (ST)> ^ <间隔编码体系的名字 (IS)>

Definition: This field contains the preferred method to use when communicating with the contact person. Refer to *User-defined Table 0185 - Preferred method of contact* for suggested values.

定义: 当与联系人通讯时，这个域包含了使用的首选方法。阅读 *用户定义表 0185 – 首选联系方法* 了解其代表值。

11.6.4.7 CTD-7 Contact identifiers (CM) 01171 CTD-7 联系标识符 (CM) 01171

Components: <ID number (ST)> ^ <type of ID number (IS)> ^ <other qualifying info (ST)>

组成: <标识符号码 (ST)> ^ <标识符号码的类型 (IS)> ^ <其它符合要求的信息 (ST)>

Definition: This repeating field contains the contact's unique identifiers such as UPIN, Medicare and Medicaid numbers. Refer to Chapter 8 (Section 8.6.3.6, "Practitioner ID numbers") for suggested values.

定义: 这个重复的域包含了联系的唯一标识符，例如 UPIN，医疗保险和医疗保险号码。阅读 第 8 章 (8.6.3.6 节, “公认医疗单位的号码”) 了解其代表值。

11.7 EXAMPLES 例子

The following examples will demonstrate the proposed way in which the RQI, RQA and REF messages can be used with the I01 (request for insurance information), I08 (request for treatment authorization information), I15 (request patient referral status) and I06 (request/receipt of clinical data listing) event codes. The events are presented in the order in which they would occur in a typical patient encounter. The first event to occur when the patient visits the medical practice is the verification of eligibility/coverage information. Next, the patient will be diagnosed and may

be referred to a specialist for further treatment. This procedure may require a request for pre-authorization from the payor, which will be forwarded to the referral provider. Once the referral provider begins treatment, messages regarding the status or outcome of the treatment will be sent to the referring provider. Queries may also be sent to the specialist and reference laboratories.

下列的例子将示范建议使用的方法，其中 RQI, RQA 和 REF 消息能应用在 I01, I08, I15 和 I06 事件代码。这些事件发生在一个典型的病人见面中。第一个事件发生在做医疗检查是一个合格的确认时。下一个，病人将被诊断或可能转到一个专家处做进一步的治疗。这个程序可能需要一个来自付款者的预先授权请求，请求将被发送到转诊方。一旦转诊方开始治疗，关于治疗状况和结果的消息将被发送到转诊方。查询也可能被发送给专家和有关的实验室。

11.7.1 RQI message using an I01 event with an immediate response RQI 通过直接回答的消息应用 I01 事件

When a patient arrives for an appointment, the office staff will frequently need to verify the patient's insurance information. In the following RQI message example, Dr. Blake is sending an insurance information request to the Washington State Insurance Company for her patient, Cary Joe Brown. The response from the payor is shown in a more complete IN1 segment. However, it should be noted that in addition to the IN1 segment, this return information could have been placed in the NTE segment to serve as display data. This strategy would serve a broader community of diverse application systems that might have different levels of ability to process the record-formatted data.

当一个病人来到时，处理程序将需要不断检验病人的保险信息。在下列的 RQI 消息例子中，Blake 医生给华盛顿区保险公司发送了一个她病人 Cary Joe Brown 的保险请求信息。付款者的回应更多的完全的 IN1 片中提出。然而他注释一个另外的 IN1 片，这个回复信息放置在 NTE 片中提供显示时间。这个策略将服务于不同应用系统的广域通讯，这个系统可能有不同的能力水平去处理记录格式的数据。

```
MSH|^~\&|BLAKEMD|EWHIN|MSC|EWHIN|19940107155043||RQI^I01|BLAKEM7888|P|2.4|||NE|AL<cr>

PRD|RP|BLAKE^BEVERLY^^^DR^MD|N. 12828 NEWPORT HIGHWAY^^MEAD^WA^99021|^^BLAKEMD&EWHIN^^^^BLAKE MEDICAL CENTER|BLAKEM7899<cr>

PRD|RT|WSIC||^MSC&EWHIN^^^^WASHINGTON STATE INSURANCE COMPANY<cr>

PID|||402941703^9^M10||BROWN^CARY^JOE||19600309|||||||402941703<cr>

IN1|1|PPO|WA02|WSIC (WA State Code)|<cr>

MSH|^~\&|MSC|EWHIN|BLAKEMD|EWHIN|19940107155212||RPI^I01|MSC2112|P|2.4|||ER|ER<cr>

MSA|AA|BLAKEM7888|ELIGIBILITY INFORMATION FOUND<cr>

PRD|RP|BLAKE^BEVERLY^^^DR^MD|N. 12828 NEWPORT HIGHWAY^^MEAD^WA^99021|^^BLAKEMD&EWHIN^^^^BLAKE MEDICAL CENTER|BLAKEM7899<cr>

PRD|RT|WSIC||^MSC&EWHIN^^^^WASHINGTON STATE INSURANCE COMPANY<cr>

PID|||402941703^9^M10||BROWN^CARY^JOE||19600301|||||||402941703,CR>

IN1|1|PPO|WA02|WSIC (WA State Code)|11223 FOURTH STREET^^MEAD^WA^99021^USA|ANN MILLER|509)333-1234|987654321|||19901101|||BROWN^CARY^JOE|1|19600309|N. 12345 SOME STREET^^MEAD^WA^99021^USA|11223 FOURTH STREET|||402941703|||I01|M<cr>
```

11.7.2 RQA message using an I08 event with an immediate response

RQA 通过直接回答的消息应用 I08 事件

When the attending physician decides to refer the patient for treatment to another healthcare provider, pre-authorization may be required by the payor. In the following RQA example, Dr. Blake is requesting the appropriate pre-authorization from Washington State Insurance Company for a colonoscopy on Cary Joe Brown. The request includes the diagnosis, in case it is a factor in the approval decision. As shown below, the immediate response indicates approval of the request that was made on 01/10/94 and that expires on 05/10/94. In actuality, most payors require some human intervention in the pre-authorization process and would probably not respond immediately.

当主治医师决定提交一个需要治疗的病人到另一个医疗机构，付款者可能需要预先授权。在下列的 RQA 例子中，Blake 医生正在为了 Cary Joe Brown 的结肠镜检查从华盛顿区保险公司请求适当的预先授权。这个请求包含了诊断、他在正式批准的决定中可能是一个代理人。直接的反应暗示着制定在 01/10/94 并终止在 05/10/94 的请求确认。实际上，大多数的付款者需要一些在预先授权处理中介入的人和不需要立即反馈的。

```
MSH|^~\&|BLAKEMD|EWHIN|MSC|EWHIN|19940110105307||RQA^I08|BLAKEM7898|P|2.4|||NE|
AL<cr>
PRD|RP|BLAKE^BEVERLY^^^DR^MD|N. 12828 NEWPORT HIGHWAY^^MEAD^WA^99021|
^^^BLAKEMD&EWHIN^^^^BLAKE MEDICAL CENTER|BLAKEM7899<cr>
PRD|RT|WSIC|^^^^MSC&EWHIN^^^^WASHINGTON STATE INSURANCE COMPANY<cr>
PID|||402941703^9^M10||BROWN^CARY^JOE||19600309|||402941703<cr>
IN1|1|PPO|WA02|WSIC (WA State Code)|11223 FOURTH STREET^^MEAD^WA^99021^USA|ANN
MILLER|(509)333-1234|987654321|||19901101|||BROWN^CARY^JOE|1|19600309|N.
12345 SOME
STREET^^MEAD^WA^99021^USA|||402941703|||01|M<cr>
DG1|1|I9|569.0|RECTAL POLYP|19940106103500|0<cr>
PR1|1|C4|45378|Colonoscopy|19940110105309|00<cr>

MSH|^~\&|MSC|EWHIN|BLAKEMD|EWHIN|19940110154812||RPA^I08|MSC2112|P|2.4|||ER|ER<
cr>
MSA|AA|BLAKEM7888<cr>
PRD|RP|BLAKE^BEVERLY^^^DR^MD|N. 12828 NEWPORT HIGHWAY^^MEAD^WA^99021|
^^^BLAKEMD&EWHIN^^^^BLAKE MEDICAL CENTER|BLAKEM7899<cr>
PRD|RT|WSIC|^^^^MSC&EWHIN^^^^WASHINGTON STATE INSURANCE COMPANY<cr>
PID|||402941703^9^M10||BROWN^CARY^JOE||19600301|||402941703<cr>
IN1|1|PPO|WA02|WSIC (WA State Code)|11223 FOURTH STREET^^MEAD^WA^99021^USA|ANN
MILLER|(509)333-1234|987654321|||19901101|||BROWN^CARY^JOE|1|19600309|N.
12345 SOME
STREET^^MEAD^WA^99021^USA|||402941703|||01|M<cr>
DG1|1|I9|569.0|RECTAL POLYP|19940106103500|0<cr>
PR1|1|C4|45378|Colonoscopy|19940110105309|00<cr>
AUT|PPO|WA02|WSIC (WA State Code)|19940110|19940510|123456789|175|1<cr>
```

11.7.3 RQA message using an I08 event with a deferred response

RQA 通过直接回答的消息应用 I08 事件

In the following example of a pre-authorization request, the payor indicates his receipt of the request (a standard acknowledgment message), but defers issuing a pre-authorization to a later time. This response represents a more typical payor transaction sequence. Note the use of the “Accept Acknowledgment Type,” requiring the receiving system to respond in all cases to receipt of the message.

在以下的预先授权请求的，付款者例子中需要一个请求的收据（一个标准回执消息），但是延迟发出一个预先授权一段时间。这个回复代表了更多的付款者事务顺序的类型。使用“接受回执类型”的注释，需要接收系统回复所有的消息接收病例。

```
MSH|^~\&|BLAKEMD|EWHIN|MSC|EWHIN|19940110105307||RQA^I08|BLAKEM7898|P|2.4|||AL|AL<cr>

PRD|RP|BLAKE^BEVERLY^DR^MD|N. 12828 NEWPORT HIGHWAY^MEAD^WA^99021|
^^^BLAKEMD&EWHIN^^^^BLAKE MEDICAL CENTER|BLAKEM7899<cr>

PRD|RT|WSIC|^^^^MSC&EWHIN^^^^WASHINGTON STATE INSURANCE COMPANY<cr>

PID|||402941703^9^M10||BROWN^CARY^JOE||19600301|||402941703<cr>

IN1|1|PPO|WA02|WSIC (WA State Code)|11223 FOURTH STREET^MEAD^WA^99021^USA|ANN
MILLER|(509)333-1234|987654321|||19901101|||BROWN^CARY^JOE|1|19600309|N.
12345 SOME
STREET^MEAD^WA^99021^USA|||402941703|||01|M<cr>

PR1|1|C4|45378|Colonoscopy|19940110105309|00<cr>

MSH|^~\&|MSC|EWHIN|BLAKEMD|EWHIN|1994011015315||MCF|MSC2112|P|2.4|||ER|ER<cr>

MSA|AA|BLAKEM7888<cr>

MSH|^~\&|MSC|EWHIN|BLAKEMD|EWHIN|19940111102304||RPA^I08|MSC2113|P|2.4|||ER|ER<
cr>

MSA|AA|BLAKEM7888<cr>

PRD|RP|BLAKE^BEVERLY^DR^MD|N. 12828 NEWPORT HIGHWAY^MEAD^WA^99021|
^^^BLAKEMD&EWHIN^^^^BLAKE MEDICAL CENTER|BLAKEM7899<cr>

PRD|RT|WSIC|^^^^MSC&EWHIN^^^^WASHINGTON STATE INSURANCE COMPANY<cr>

PID|||402941703^9^M10||BROWN^CARY^JOE||19600301|||402941703<cr>

IN1|1|PPO|WA02|WSIC (WA State Code)|11223 FOURTH STREET^MEAD^WA^99021^USA|ANN
MILLER|(509)333-1234|987654321|||19901101|||BROWN^CARY^JOE|1|19600309|N.
12345 SOME
STREET^MEAD^WA^99021^USA|||402941703|||01|M<cr>

PR1|1|C4|45378|Colonoscopy|19940110105309|00<cr>

AUT|PPO|WA02|WSIC (WA State Code)|19940110|19940510|123456789|175|1<cr>
```

11.7.4 REF message using an I11 event with an immediate response

REF 通过直接回答的消息应用 I11 事件

Once pre-authorization has been received, the patient is referred to the referral provider. In the following example, Dr. Blake is referring Cary Joe Brown to Dr. Jose Jimenez for a colonoscopy. The referral message includes the patient's demographic information, diagnosis and the pre-authorization information retrieved during the previous transaction. The dates contained in the pre-authorization segment (e.g., authorization date and authorization expiration date) pertain to the authorization, given by a payor, for a specified procedure. They are not intended to imply any kind of schedule request. Scheduling will be handled by the referral provider and the patient in a separate transaction. Not all referrals will require a detailed chain of response messages, so in this case, a simple acknowledgment in the form of an RPI is returned with a note from the referred-to provider.

一旦预先授权被承认，病人已经转到转诊方。在下面的例子中，为做结肠镜检查 Blake 医生把 Cary Joe Brown 转到 Jose Jimenez 医生处。包括病人人口信息的转诊消息，诊断和预先授权信息在以前的事务中被重新得到。在预先授权片中包含的日期属于授权，为了特别的过程被付款者授权。请求不是有意暗示所有请求时刻表。时刻表将为了住院方和在一个单独事务中的病人处理。不是所有的转诊需要一个详细的回复消息链，因此在这个过程中，一个 RPI 形式的简单的回执返回了一个来自被转诊方的消息。

```

MSH|^~\&|BLAKEMD|EWHIN|JIME|EWHIN|19940111113142||REF^I11|BLAKEM7899|P|2.4|||NE
|AL<cr>
RF1||R|MED|RP|O|REF4502|19940111|19940510|19940111<cr>
PRD|RP|BLAKE^BEVERLY^^^DR^MD|N. 12828 NEWPORT HIGHWAY^^MEAD^WA^99021|
^^BLAKEMD&EWHIN^^^^BLAKE MEDICAL CENTER|BLAKEM7899<cr>
CTD|PR|JONES^BUCK|N. 12828 NEWPORT
HIGHWAY^^MEAD^WA^99021|^^BLAKEMD&EWHIN^^^^BLAKE MEDICAL CENTER<cr>
PRD|RT|JIMENEZ^JOSE^^^DR|||^JIME&EWHIN^^^^JIMENEZ AND SMITH|||531886<cr>
PID|||1234567891^1^M10||BROWN^CARY^JOE||19600309|M||C|N. 12345 SOME
STREET^^MEAD^WA^99021^USA|SPO|(509)466-6801|(509)466-0396|ENGL|M|M|40294170
3|BROWN*CJ4298^WA<cr>
NK1|1|BROWN^KATHARINA^LOU|2|N. 12345 SOME
STREET^^MEAD^WA^99021^USA|(509)466-6801<cr>
GT1|1||BROWN^CARY^JOE||N. 12345 SOME
STREET^^MEAD^WA^99021^USA|(509)466-6801|(509)466-0396|19600309|M||1|40294170
3|||WISMER*MARTIN||456789|01<cr>
IN1|1|PPO|WA02|WSIC (WA State Code)|11223 FOURTH STREET^^MEAD^WA^99021^USA|ANN
MILLER|509|333-1234|987654321|||19901101|||BROWN^CARY^JOE|1|19600309|N.
12345 SOME
STREET^^MEAD^WA^99021^USA|||402941703|||01|M<cr>
ACC|19940105125700|WR|WISMER*MARTIN<cr>
DG1|1|I9|569.0|RECTAL POLYP|19940106103500|0<cr>

PR1|1|C4|45378|Colonoscopy|19940110105309|00<cr>
AUT|PPO|WA02|WSIC (WA State Code)|19940110|19940510|123456789|175|1<cr>

MSH|^~\&|JIME|EWHIN|BLAKEMD|EWHIN|19940111152401||RRI^I11|JIME1123|P|2.4|||ER|E
R<cr>
MSA|AA|BLAKEM7899<cr>

RF1|A|R|MED|RP|O|REF4502|19940111|19940510|19940111<cr>
PRD|RP|BLAKE^BEVERLY^^^DR^MD|N. 12828 NEWPORT HIGHWAY^^MEAD^WA^99021|
^^BLAKEMD&EWHIN^^^^BLAKE MEDICAL CENTER|BLAKEM7899<cr>
CTD|PR|JONES^BUCK|N. 12828 NEWPORT
HIGHWAY^^MEAD^WA^99021|^^BLAKEMD&EWHIN^^^^BLAKE MEDICAL CENTER<cr>
PRD|RT|JIMENEZ^JOSE^^^DR|||^JIME&EWHIN^^^^JIMENEZ AND SMITH|||531886<cr>
PID|||1234567891^1^M10||BROWN^CARY^JOE||19600309|M||C|N. 12345 SOME
STREET^^MEAD^WA^99021^USA|SPO|(509)466-6801|(509)466-0396|ENGL|M|M|40294170
3|BROWN*CJ4298^WA<cr>
DG1|1|I9|569.0|RECTAL POLYP|19940106103500|0<cr>

PR1|1|C4|45378|Colonoscopy|19940111141509|00<cr>
NTE|||Patient is doing well.~Full recovery expected.<cr>

```

11.7.5 REF message using an I11 event with a deferred response

REF 通过延期回答的消息应用 I11 事件

The following example demonstrates the ability of the referral provider to return a series of responses. For most referrals, multiple responses will be returned because referrals may contain multiple requested procedures that may be performed over a period of time. The referral provider determines the completion of this chain of messages and indicates that designation in the following example by setting the “Processed” flag in the MSA segment. This procedure will probably vary from network to network.

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下面的例子示范了转诊方返回一系列回复的功能。对于大多数的转诊，多重回复将被返回，因为转诊可以包含在一定时期内可以被描绘的多重请求过程。通过在 MSA 片中设置“处理过程”标志转诊方确定了一系列消息和在以下例子中指定的说明的完成。这个过程或许不同于网到网的过程。

```
MSH|^~\&|BLAKEMD|EWHIN|JIME|EWHIN|19940111113142||REF^I11|BLAKEM7899|P|2.4|||AL
|AL<cr>
RF1||R|MED|RP|O|REF4502|19940111|19940510|19940111<cr>
PRD|RP|BLAKE^BEVERLY^^^DR^MD|N. 12828 NEWPORT HIGHWAY^^MEAD^WA^99021|
^^BLAKEMD&EWHIN^^^^BLAKE MEDICAL CENTER|BLAKEM7899<cr>
CTD|PR|JONES^BUCK|N. 12828 NEWPORT
HIGHWAY^^MEAD^WA^99021|^^BLAKEMD&EWHIN^^^^BLAKE MEDICAL CENTER<cr>
PRD|RT|JIMENEZ^JOSE^^^DR||^JIME&EWHIN^^^^JIMENEZ AND SMITH|||531886<cr>
PID|||1234567891^1^M10||BROWN^CARY^JOE||19600309|M||C|N. 12345 SOME
STREET^^MEAD^WA
^99021^USA|SPO|(509)466-6801|(509)466-0396|ENGL|M|M||402941703|BROWN*CJ4298^
WA<cr>
NK1|1|BROWN^KATHARINA^LOU|2|N. 12345 SOME
STREET^^MEAD^WA^99021^USA|(509)466-6801<cr>
GT1|1||BROWN^CARY^JOE||N. 12345 SOME STREET^^MEAD^WA^99021^USA|(509)466-6801
|(509)466-0396|19600309|M||1|402941703|||WISMER*MARTIN||456789|01<cr>
IN1|1|PPO|WA02|WSIC (WA State Code)|11223 FOURTH STREET^^MEAD^WA^99021^USA|ANN
MILLER|(509)333-1234|987654321|||19901101|||BROWN^CARY^JOE|1|19600309|N.
12345 SOME
STREET^^MEAD^WA^99021^USA|||402941703|||01|M<cr>
ACC|19940105125700|WR|WISMER*MARTIN<cr>
DG1|1|I9|569.0|RECTAL POLYP|19940106103500|0<cr>
PR1|1|C4|45378|Colonoscopy|19940110105309|00<cr>
AUT|PPO|WA02|WSIC (WA State Code)|19940110|19940510|123456789|175|1<cr>

MSH|^~\&|JIME|EWHIN|BLAKEMD|EWHIN|19940111154812||MCF|JIME1123|P|2.4|||ER|ER<cr>
>
MSA|AA|BLAKEM7899<cr>

MSH|^~\&|JIME|EWHIN|BLAKEMD|EWHIN|19940112152401||RRI^I11|JIME1124|P|2.4|||ER|E
R<cr>
MSA|AA|BLAKEM7899<cr>
RF1|A|R|MED|RP|O|REF4502|19940111|19940510|19940111<cr>
PRD|RP|BLAKE^BEVERLY^^^DR^MD|N. 12828 NEWPORT
HIGHWAY^^MEAD^WA^99021|^^BLAKEMD&EWHIN^^^^BLAKE MEDICAL
CENTER|BLAKEM7899<cr>
CTD|PR|JONES^BUCK|N. 12828 NEWPORT
HIGHWAY^^MEAD^WA^99021|^^BLAKEMD&EWHIN^^^^BLAKE MEDICAL CENTER<cr>
PRD|RT|JIMENEZ^JOSE^^^DR||^JIME&EWHIN^^^^JIMENEZ AND SMITH|||531886<cr>
PID|||1234567891^1^M10||BROWN^CARY^JOE||19600309|M||C|N. 12345 SOME
STREET^^MEAD^WA
99021^USA|SPO|(509)466-6801|(509)466-0396|ENGL|M|M||402941703|BROWN*CJ4298^W
A<cr>
DG1|1|I9|569.0|RECTAL POLYP|19940106103500|0<cr>

PR1|1|C4|45378|Colonoscopy|19940111141509|00<cr>
NTE|||Patient is doing well.~Full recovery expected.<cr>
```


11.7.6 RQC inquiry message using an I05 event with an immediate response

RQC 通过延迟回答的查询消息应用 I05 事件

In this example, Dr. Blake is querying a reference laboratory for the results of all lab work performed on Cary Joe Brown between the dates of 03/20/94 and 03/22/94 and requests that the data be returned in a record or data elemented format. The message request contains all of the patient identification, as well as the provider identification necessary for the responding facility to qualify the request.

在这个例子中，Blake 医生为了执行 Cary Joe Brown 的所有实验室工作的结果而询问一个涉及的实验室，发生在 03/20/94 和 03/22/94 之间的请求在元素形式的记录和数据中返回的数据。这个消息请求包含了所有的病人鉴定，对于回应的设备，医疗单位的鉴定也是有必要限定请求的。

```
MSH|^~\&|BLAKEMD|EWHIN|EHS_LAB|EWHIN|19940410113142||RQC^I05|BLAKEM7899|P|2.4||
|NE|AL<cr>
QRD|19940504144501|R|I|BLAKEM7899|||5^RD|PATIENT|RES|ALL<cr>
QRF|EHS_LAB^EWHIN|19940320000000|19940322235959<cr>
PRD|RP|BLAKE^BEVERLY^^^DR^AMD|N.12828NEWPORT
HIGHWAY^^MEAD^WA^99021|^^^BLAKEMD&EWHIN^^^^BLAKE MEDICAL
CENTER|BLAKEM7899<cr>
CTD|PR|JONES^BUCK|N. 12828 NEWPORT
HIGHWAY^^MEAD^WA^99021|^^^BLAKEMD&EWHIN^^^^BLAKE MEDICAL CENTER<cr>
PRD|RT|EMPLAB^EMPIRE LAB|||^^^EHS_LAB&EWHIN^^^^^EIMPIRE LABORATORIES<cr>
PID|||1234567891^1^M10||BROWN^CARY^JOE||19600309|M||C|N.12345SOME
STREET^^MEAD^WA^
99021^USA|SPO|(509)466-6801|(509)466-0396|ENGL|M|M||402941703|BROWN*CJ4298^W
A<cr>

MSH|^~\&|EHS_LAB|EWHIN|BLAKEMD|EWHIN|19940411152401||RPI^I05|EHS LAB4250|P|2.4||
|ER|ER<cr>
MSA|AA|BLAKEM7899<cr>
QRD|19940504144501|R|I|BLAKEM7899|||5^RD|PATIENT|RES|ALL<cr>
QRF|EHS_LAB^EWHIN|19940320000000|19940322235959<cr>
PRD|RP|BLAKE^BEVERLY^^^DR^AMD|N. 12828 NEWPORT
HIGHWAY^^MEAD^WA^99021|^^^BLAKEMD&EWHIN^^^^BLAKE MEDICAL
CENTER|BLAKEM7899<cr>
CTD|PR|JONES^BUCK|N. 12828 NEWPORT
HIGHWAY^^MEAD^WA^99021|^^^BLAKEMD&EWHIN^^^^BLAKE MEDICAL CENTER<cr>
PRD|RT|EMPLAB^EMPIRE LAB|||^^^EHS_LAB&EWHIN^^^^^EIMPIRE LABORATORIES<cr>
PID|||1234567891^1^M10||BROWN^CARY^JOE||19600309|M||C|N. 12345 SOME
STREET^^MEAD^WA^
99021^USA|SPO|(509)466-6801|(509)466-0396|ENGL|M|M||402941703|BROWN*CJ4298^W
A<cr>

OBR|1||1045813^LAB|L1505.003^COMPLETE BLOOD COUNT
(D)|||19940320104700|""|1^EA|||
|19940320112400||CARM|||19940320104955|||F<cr>
OBX|1|ST|L1550.000^HEMOGLOBIN, AUTO HEME||11.6|g/dl|12.0-16.0|L|||F<cr>
OBX|2|ST|L1551.003^HEMATOCRIT (D)||36.4|%|36-45|||F<cr>
OBX|3|ST|L1552.000^RBC, AUTO HEME||3.94|ml/u|4.1-5.1|L|||F<cr>
OBX|4|ST|L1553.000^MCV, AUTO HEME||92.4|fl|80-100|||F<cr>
OBX|5|ST|L1554.000^MCH, AUTO HEME||29.3|pg|26-34|||F<cr>
OBX|6|ST|L1555.000^MCHC, AUTO HEME||31.8|g/dl|31-37|||F<cr>
OBX|7|ST|L1557.000^RBC DISTRIBUTION WIDTH||15.3|%|0-14.8|H|||F<cr>
OBX|8|ST|L1558.003^PLATELET COUNT (D)||279|th/u|140-440|||F<cr>
OBX|9|ST|L1559.000^WBC, AUTO HEME||7.9|th/u|4.5-11.0|||F<cr>
OBX|10|ST|L1561.100^NEUTROPHILS, % AUTO||73.8|%|||F<cr>
```

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OBX|11|ST|L1561.510^LYMPHOCYTES, % AUTO||16.6|%|||F<cr>
OBX|12|ST|L1562.010^MONOCYTES, % AUTO||7.3|%|||F<cr>
OBX|13|ST|L1563.010^EOSINOPHILS, % AUTO||1.7|%|||F<cr>
OBX|14|ST|L1564.010^BASOPHILS, % AUTO||0.7|%|||F<cr>
OBX|15|ST|L1565.010^NEUTROPHILS, ABS AUTO||5.8|th/u||1.8-7.7|||F<cr>
OBX|16|ST|L1566.010^LYMPHOCYTES, ABS AUTO||1.3|th/u||1.0-4.8|||F<cr>
OBX|17|ST|L1567.010^MONOCYTES, ABS AUTO||0.6|th/u||0.1-0.8|||F<cr>
OBX|18|ST|L1568.010^EOSINOPHILS, ABS AUTO||0.1|th/u||0-0.7|||F<cr>
OBX|19|ST|L1569.000^BASOPHILS, ABS AUTO||0.1|th/u||0-0.2|||F<cr>
OBX|20|ST|L2110.003^PROTHROMBIN TIME (D)||30.7|sec||11.1-14.0|HH|||F<cr>
NTE|1|L|COAGULATION CRITICAL VALUES CALLED TO VICKIE QUASCHNICK~AT 1130 BY
VON~Therapeutic Ranges(oral anticoagulant):~Most clinical situations: 16.1
- 21.1 sec ~ (1.3 - 1.7 times the mean of the normal range)~Mech heart
valve, recurrent embolism: 18.6 - 23.6 sec ~ (1.5 - 1.9 times the mean of
the normal range)<cr>
OBX|21|ST|L2110.500^INR||5.95|||F<cr>
NTE|1|L|Therapeutic Range (oral anticoagulant):~ Most clinical situations:
2.0 - 3.0~ Mech heart valve, recurrent embolism: 3.0 - 4.0<cr>
OBX|22|ST|L3110.003^SODIUM (D)||141|mmo||135-146|||F<cr>
OBX|23|ST|L3111.003^POTASSIUM (D)||3.8|mmo||3.5-5.1|||F<cr>
OBX|24|ST|L3112.003^CHLORIDE (D)||111|mmo||98-108|H|||F<cr>
OBX|25|ST|L3113.003^CO2 (TOTAL) (D)||23.7|mmo||23-30|||F<cr>
OBX|26|ST|L3114.000^ANION GAP||6||7-17|L|||F<cr>
OBX|27|ST|L3120.003^CREATININE (D)||1.4|mg/d||0.5-1.2|H|||F<cr>
OBX|28|ST|L3121.003^UREA NITROGEN (D)||24|mg/d||7-25|||F<cr>
OBX|29|ST|L3123.003^GLUCOSE (D)||123|mg/d||65-115|H|||F<cr>
OBX|30|ST|L3126.003^CALCIUM (D)||8.7|mg/d||8.4-10.2|||F<cr>
OBR|2||1045825^LAB|L2560.000^BLOOD GAS, ARTERIAL (R)||19940320105800|""|
1^EA|||19940320105800|CARM|||19940320105844|||F<cr>
OBX|1|ST|L2565.000^PH, ARTERIAL BLD GAS (R)||7.46||7.35-7.45|H|||F<cr>
OBX|2|ST|L2566.000^PCO2, ARTERIAL BLOOD GAS||28|mm/Hg||35-45|LL|||F<cr>
NTE|1|L|BLOOD GAS ANALYSIS CRITICAL VALUE(S) CALLED TO~DR. CARLSON.<cr>
OBX|3|ST|L2567.000^PO2, ARTERIAL BLOOD GAS||83|mm/Hg||80-100|||F<cr>
OBX|4|ST|L2568.000^O2 SAT, ART BLD GAS (R)||96|%||95-99|||F<cr>
OBX|5|ST|L2569.000^BASE EX, ARTERIAL BLD GAS||-2.1|mEq/l||-2.0-2.0|L|||F<cr>
OBX|6|ST|L2570.000^HCO3, ARTERIAL BLD GAS||19.4|mEq/l||22-26|L|||F<cr>
OBX|7|ST|L2571.000^PATIENT TEMP, ABG||96.2|deg F|||F<cr>
OBX|8|ST|L2572.000^MODE, ABG||ROOM AIR|||F<cr>
OBR|3||1045812^LAB|L2310.003^URINALYSISD)||19940320121800|""|1^EA|||19940320
121800|CARM|||19940320104953|||F<cr>
OBX|1|ST|L2320.303^SPECIFIC GRAVITY, UR (D)||1.015||1.002-1.030|||F<cr>
OBX|2|ST|L2320.403^PH, UR (D)||7.0||5.0-7.5|||F<cr>
OBX|3|ST|L2320.503^PROTEIN, QUAL, UR (D)||NEG|mg/d|||F<cr>
OBX|4|ST|L2320.703^GLUCOSE, QUAL, UR (D)||0|mg/d||0-30|||F<cr>
OBX|5|ST|L2320.803^KETONES, UR (D)||NEG|mg/d|||F<cr>
OBX|6|ST|L2320.903^OCCULT BLOOD, UR (D)||SMALL|||A|||F<cr>
OBX|7|ST|L2321.003^BILIRUBIN, UR (D)||NEG|||F<cr>
OBX|8|ST|L2321.100^LEUKOCYTES, UR||MOD|||A|||F<cr>
OBX|9|ST|L2321.200^NITRITES, UR||NEG|||F<cr>

```

OBX|10|ST|L2321.300^AUROBILINOGEN, UR||NEG|||||F<cr>
OBX|11|ST|L2342.000^MICRO SPUN VOLUME, UR||8|m1|8-8||||F<cr>
OBX|12|ST|L2350.003^RBC, UR (D)||5-10|/hpf||||F<cr>
OBX|13|ST|L2350.100^WBC, UR||>100|/hpf||||F<cr>
OBX|14|ST|L2350.200^EPITHELIAL CELLS, UR||2+|||||F<cr>
OBX|15|ST|L2350.300^BACTERIA, UR||2+|||A|||F<cr>

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11.8 OUTSTANDING ISSUES 未解决的问题

11.8.1 HL7 overlapping with ASC X12N HL7 和 ASC X12N 的重复部分

There have been discussions regarding overlap of the proposed Patient Referral Chapter with recent development efforts by a committee within the ASC X12N organization. In the Healthcare Task Group (Task Group 2) of the ASC X12N Insurance Subcommittee, the Services Review Working Group (Working Group 10) has been working on a referral transaction (Transaction 278). This transaction has been designed from a payor perspective by focusing on *certification* of a referral or *notification* that a referral took place. This focus deals primarily with the financial or reimbursement side of a referral. There are some similarities between the two messages. However, there are also some clear differences. For example, the ASC X12 transaction does not provide for provider-to-provider referrals containing clinical data. Referrals containing a patient's clinical record along with diagnoses and requested procedures are the major focus of the work being done by HL7. In an effort to alleviate some of the controversy that this issue has caused, sections of this HL7 Patient Referral chapter have been removed. These sections dealt primarily with eligibility and plan coverage information. That information will be specifically handled by ASC X12N transactions 271 and 272, and the new interactive transactions.

被提出的病人转诊章节和 ASC X12N 内的一个委员会近来发展的成就之间的重引起了讨论。在 ASC X12N 的保险委员会中的健康工作小组中，服务审查工作小组（工作组 10）已经影响了转诊事务处理。（事务 278）。这个事务被付款者的观点所描绘，这个观点集中在转诊证明或转诊发生的通告中。这个焦点主要是处理转诊财政或付还方的问题。这两个消息有许多相同点。可是，仍有许多明显的不同。例如：事务 ASC X12 不提供医疗机构到医疗机构的临床信息的转诊。转诊包括病人的临床记录随同诊断和请求手续是 HL7 主要集中的工作。为了努力减少一些已经发生了的争论，病人转诊章的 HL7 节已经删掉。这些章节主要处理合格的或计划包含的信息。这些信息明确的被 ASC X12N 事务 271 和 272 或新的交互式的事务处理。

There are some convergence activities currently in progress. The HL7 - X12 Joint Coordinating Committee has been formed to facilitate efforts to unify these two standard development organizations as well as others. Work is in progress to harmonize HL7 trigger events within X12N transactions, as well as in joint data modeling. There has also been some work done at the working group level to harmonize the common data segments of the two respective referral messages. There is ongoing participation by both HL7 committees and X12N work groups to achieve a certain level of data compatibility.

有一些集中的行为正在进行。HL7 - X12 联合协调委员会正在组成来推动统一这两个第一流的发展机构，也包括其他机构。工作在进一步协调 X12N 事务中的 HL7 触发事件，也包括正在结合的数据模块。这个工作小组已经作了一些工作来协调两个不同的转诊消息的公共的数据片。这个正在进行的合作

The HL7 Board of Directors has directed HL7 to continue development of the Patient Referral Chapter for the following reasons:

The HL7 - X12 coordination is ongoing, but will not be complete in time for Standard Version 2.3.

Chapter 11: Referral

The HL7 Patient Referral Chapter addresses business needs that the X12 transaction does not (e.g., transmission of codified clinical data).

作者的 HL7 模板指引 HL7 继续发展病人转诊章，因为以下理由：

HL7 - X12 的同步正在进行，但是对于 2.3 的标准版本将不会及时完成。

HL7 病人转诊章从事商业需求，而 X12 事务不会（例如编制临床数据的传输）。