

**HL7 Interface Implementation Workbook**

**Vendor: <Vendor>**

**HL7 Medication Outbound**

WellSky - Home Health, Hospice

<Version> - <Date>

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# Revision History

| **Revision** | **Author** | **Summary of Changes** | **Date** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Overview

## Summary and Scope

This document serves as the specification for the HL7 messaging interface for the exchange of HL7 patient medication messages between WellSky Home Health and Hospice (HHH) and <Vendor>.

## Assumptions

This document assumes the reader is familiar with, and has access to, the HL7 2.4 specification.

## Audience

This guide serves as a technical resource for implementation analysts, interface engineers and application developers of WellSky HHH and <Vendor> who participate in the implementation of the interface. This document is intended to be used in conjunction with the HL7 Standard. The format and layout of this document is similar, but not identical to, the HL7 Standard.

## Related Publications

Health Level Seven, Version 2.4©.

# Interface Specification

## Interacting Vendors, Systems and Applications

|  |  |  |  |
| --- | --- | --- | --- |
| **Vendor** | **System (Product Line)** | **Application (Product)** | **Comments** |
| WellSky | Home Health and Hospice (HHH) | Hospice |  |
| <Vendor> | N/A | N/A |  |

## Supported HL7 Messages

|  |  |  |  |
| --- | --- | --- | --- |
| **Message Type** | **Description** | **Source [Vendor – System – Application]** | **Destination [Vendor – System – Application]** |
| OMP^O09 | Medication Order | WellSky - HHH - Hospice | <Vendor> |
| ORP^O10 | Medication Order ACK | <Vendor> | WellSky - HHH - Hospice |

## Implemented HL7 Message Interfaces

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Interface Name** | **Message  Protocol** | **Message Types** | **Transport Protocol** | **HTTP Method** | **Encryption** | **Authentication** |
| Medication Orders | HL7 2.4 | OMP^O09, ORP^O10 | HTTPS | POST | TLS (via HTTPS) | HTTP Basic Auth |

# Summary of Changes

This document is based on version 1.2 (8/1/2019) of the WellSky Home Health and Hospice HL7 Medication Outbound standard messaging specification. The following tables summarize planned, proposed or implemented changes in the Medication ADT Outbound interface with <Vendor> that deviate from the WellSky standard specification. These changes are also indicated in **orange** in the ‘Messaging Specification’ section of the document**.**

## HL7 Message Structure Changes

| **MESSAGE TYPE** | **SEGMENT** | **R/O** | **COMMENTS** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## HL7 Field-Level Changes

| **FIELD** | **ELEMENT NAME** | **WellSky HHH Field Mapping** | **LEN** | **R/O** | **VENDOR FORMAT/SAMPLE** | **COMMENTS** | **STATUS** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

# Messaging Specification

## Supported Trigger Events

This section describes the supported trigger events that result in the generation and transmission of HL7 messages through the interface. The trigger events are generated by medication user workflow in the WellSky Home Health and Hospice applications.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Trigger Event** | **HL7 Message** | **HL7**  **Event** | **HL7 ACK  Message** | **HL7 ACK**  **Event** | **Comments** |
| Medication Order - New | OMP | O09 | ORP | O10 | ORC-1 = NW |
| Medication Order - Discontinuation | OMP | O09 | ORP | O10 | ORC-1 = DC |

**Note**: Segments surrounded with [ ] indicate an optional segment. Segments surrounded with { } indicate a repeating segment.

## HL7 Message Segments

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment** | **Description** | **R/O** | **Comments** |
| MSH | Message header | R |  |
| PID | Patient Identification | R |  |
| PV1 | Patient Visit | R |  |
| PV2 | Patient Visit | O |  |
| ORC | Common Order | R |  |
| RXO | Pharmacy/Treatment Order | R |  |
| { RXR } | Pharmacy/Treatment Route | R |  |

## HL7 ACK Message Segments

|  |  |  |  |
| --- | --- | --- | --- |
| **Segment** | **Description** | **R/O** | **Comments** |
| MSH | Message header | R |  |
| MSA | Message Acknowledgement | R |  |
| ERR | Error Information | O |  |
| NTE | Notes and Comments | O |  |

## Message Structure

Note: Segments surrounded with [ ] indicate an optional segment. Segments surrounded with { } indicate a repeating segment.

### OMP^O09 – Medication Order

|  |  |  |
| --- | --- | --- |
| **Segment** | **Description** | **Comments** |
| MSH | Message Header |  |
| PID | Patient Identification |  |
| PV1 | Patient Visit |  |
| [ PV2 ] | Patient Visit – Additional Info |  |
| { |  |  |
| ORC | Common Order Info |  |
| RXO | Pharmacy/Treatment Order |  |
| { |  |  |
| RXR | Pharmacy Treatment Route |  |
| } |  |  |
| } |  |  |

### ORP^O10 – Medication Order Acknowledgment

|  |  |  |
| --- | --- | --- |
| **Segment** | **Description** | **Comments** |
| MSH | Message Header |  |
| MSA | Message Acknowledgement |  |
| [ ERR ] | Error |  |
| [ {NTE} ] | Notes and Comments |  |
| [ |  |  |
| [ PID | Patient Identification |  |
| [ {NTE} ] | Notes and Comments – Patient ID |  |
| ] |  |  |
| { |  |  |
| ORC | Common Order |  |
| RXO | Pharmacy/Treatment Order |  |
| { |  |  |
| RXR | Pharmacy Treatment Route |  |
| } |  |  |
| } |  |  |

## Message Segments

If a field is identified as required (R) in theR/O column, the WellSky HHH application sends a value in this field and expects a value in this field when receiving messages. These are the reasons a field can be documented as required:

* Compatibility and compliance with the HL7 standard (i.e., HL7 lists it as a required field).
* Ensure certain WellSky HHH functionality works correctly.
* Forward compatibility with a planned feature or functionality in WellSky HHH.
* Processing and error reporting (e.g., message control ID).
* For outbound communication - a field that the WellSky HHH interface will populate because WellSky HHH requires its entry.

Fields or subfields marked with (N) are not supported by WellSky HHH.

Field lengths are HL7 2.4 field lengths unless otherwise indicated.

### MSH – Message Header – HL7 v2.4

| **FIELD** | **SUBFIELD** | **ELEMENT NAME** | **WellSky HHH Field Mapping** | **LEN** | **R/O** | **VENDOR FORMAT/SAMPLE** | **COMMENTS** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | Field Separator |  | 1 | R | | |  |
| 2 |  | Encoding Characters |  | 4 | R | ^~\& |  |
| 3 |  | Sending Application |  | 180 | R | WellSky |  |
| 4 |  | Sending Facility | <WellSky Clinic Branch ID> | 180 | R | 53652 | WellSky Clinic Branch ID |
| 5 |  | Receiving Application |  | 180 | O | <Vendor-Specified> | Defined by <Vendor> |
| 6 |  | Receiving Facility |  | 180 | O | <Vendor-Specified> | Defined by <Vendor> |
| 7 |  | Creation Date/Time |  | 26 | R | CCYYMMDDHHMM-ZZZZ |  |
| 8 |  | Security |  | 40 | O |  |  |
| 9 | 1 | Message Type |  | 10 | R | OMP |  |
| 9 | 2 | Trigger Event |  | 3 | R | O09 |  |
| 10 |  | Message Control ID |  | 20 | R | OMP\_599102 | Unique message counter |
| 11 |  | Processing ID |  | 3 | R | P  T | P = Production; T = Training; D = Debugging |
| 12 |  | Version ID |  | 60 | R | 2.4 |  |
| 13 |  | Sequence Number |  | 15 | N |  |  |
| 14 |  | Continuation Pointer |  | 180 | N |  |  |
| 15 |  | Accept ACK Type |  | 2 | N |  |  |
| 16 |  | Application ACK Type |  | 2 | N |  |  |
| 17 |  | Country Code |  | 3 | N |  |  |
| 18 |  | Character Set |  | 16 | N |  |  |
| 19 |  | Principal Language of Message |  | 250 | N |  |  |
| 20 |  | Alternate Character Set Handling Scheme |  | 20 | N |  |  |
| 21 |  | Conformance Statement ID |  | 10 | N |  |  |

The sending system waits for an HL7 acknowledgement from the receiving system before assuming commitment by the receiver (and before proceeding to send the next message). The sender uses the Message Control ID (MSH10 and MSA2) for this purpose. When sending a message, the sender remembers the Message Control ID it puts in MSH10 and waits for a corresponding HL7 Acknowledgement message. When an acknowledgement is received, the sender verifies that MSA2 matches the Message Control ID that was sent. If so, the sender proceeds to the next message. If not, the sender discards the Acknowledgement message and continues to wait for an acknowledgement with the correct Message Control ID.

### PID – Patient Identification - HL7 v2.4

| **FIELD** | **SUBFIELD(S)** | **ELEMENT NAME** | **WellSky HHH**  **Field Mapping** | **LEN** | **R/O** | **VENDOR FORMAT/SAMPLE** | **COMMENTS** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | Set ID |  | 4 | R | 1 |  |
| 2 |  | Patient ID |  | 20 | O |  | Deprecated in HL7 2.4 |
| 3 |  | Patient Identifier List | <WellSky ID> | 250 | R | 1234-567-890 |  |
| 4 |  | Alternate Patient ID |  | 20 | O |  |  |
| 5 | 1 | Patient Name: Last Name |  | 40 | R | DUCK |  |
| 5 | 2 | Patient Name: First Name |  | 40 | R | DONALD |  |
| 5 | 3 | Patient Name: Middle Name |  | 40 | O | OSWALD |  |
| 5 | 4 | Patient Name: Suffix |  | 20 | N | III |  |
| 5 | 5 | Patient Name: Prefix |  | 20 | N | Sir |  |
| 5 | 6 - 11 | <multiple sub-fields> |  |  | N |  |  |
| 6 |  | Mother’s Maiden Name |  |  | N |  |  |
| 7 |  | Date/Time of Birth |  | 26 | R | CCYYMMDDHHMM |  |
| 8 |  | Sex |  | 1 | R | F = Female  M = Male  U = Unknown  N = N/A |  |
| 9 |  | Patient Alias |  | 250 | N |  |  |
| 10 |  | Race |  | 250 | N |  |  |
| 11 | 1 | Patient Address: Patient Address #1 |  | 40 | R | 111 DUCK ST |  |
| 11 | 2 | Patient Address: Patient Address #2 |  | 40 | O |  |  |
| 11 | 3 | Patient Address: City |  | 20 | R | FOWL |  |
| 11 | 4 | Patient Address: State |  | 20 | R | CA |  |
| 11 | 5 | Patient Address: Zip code |  | 10 | R | 99999 |  |
| 11 | 6 | Patient Address: Country |  | 20 | R | US |  |
| 11 | 7 - 8 | Patient Address: <multiple sub-fields> |  |  | N |  |  |
| 11 | 9 | Patient Address: County |  |  | O | Orange County |  |
| 11 | 10 - 12 | Patient Address: <multiple sub-fields> |  |  | N |  |  |
| 12 |  | County Code |  | 200 | N |  |  |
| 13 |  | Phone Number - Home |  | 20 | O | 8885551212 |  |
| 14 |  | Phone Number - Business |  | 20 | O | 8885551212 |  |
| 15 |  | Primary Language |  | 60 | O | eng^English^ISO639 | See ISO 639 table for list of language codes: <https://iso639-3.sil.org/code_tables/639/data> |
| 16 |  | Marital Status |  | 1 | N |  | HL7 Table 0002 – Marital Status  See <http://www.hl7.eu/refactored/tab0002.html> |
| 17 |  | Religion |  | 80 | N |  |  |
| 18 | 1 | Patient Account Number: ID |  | 30 | N |  |  |
| 18 | 2 - 5 | Patient Account Number: <multiple sub-fields> |  |  | N |  |  |
| 18 | 6 | Patient Account Number: Assigning Facility |  | 30 | N |  |  |
| 18 | 7 - 8 | Patient Account Number: <multiple sub-fields> |  |  | N |  |  |
| 19 |  | SSN Number - Patient |  | 16 | O | 123456789 |  |
| 20 |  | Driver's License Number - Patient |  | 25 | N |  |  |
| 21 |  | Mother's Identifier |  | 40 | N |  |  |
| 22 |  | Ethnic Group |  | 40 | N |  |  |
| 23 |  | Birth Place |  | 40 | N |  |  |
| 24 |  | Multiple Birth Indicator |  | 1 | N |  |  |
| 25 |  | Birth Order |  | 2 | N |  |  |
| 26 |  | Citizenship |  | 40 | N |  |  |
| 27 |  | Veterans Military Status |  | 40 | N |  |  |
| 28 |  | Nationality |  | 40 | N |  |  |
| 29 |  | Patient Death Date and Time |  | 26 | O | CCYYMMDD  or  CCYYMMDDMM-ZZZZ |  |
| 30 |  | Patient Death Indicator |  | 1 | R | Y = Not Deceased  N = Deceased |  |
| 31 |  | Identity Unknown Indicator |  | 1 | N |  |  |
| 32 |  | Identity Reliable Code |  | 20 | N |  |  |
| 33 |  | Last Update Date/Time |  | 26 | N |  |  |
| 34 |  | Last Update Facility |  | 40 | N |  |  |
| 35 |  | Species Code |  | 20 | N |  |  |
| 36 |  | Breed Code |  | 20 | N |  |  |
| 37 |  | Strain |  | 80 | N |  |  |
| 38 |  | Production Class Code |  | 40 | N |  |  |

### PV1 – Patient Visit – HL7 v2.4

| **FIELD(S)** | **SUBFIELD(S)** | **ELEMENT NAME** | **WellSky HHH**  **Field Mapping** | **LEN** | **R/O** | **VENDOR FORMAT/SAMPLE** | **COMMENTS** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | Set ID |  | 4 | R | 1 |  |
| 2 |  | Patient Class |  | 1 | R | I = Inpatient  O = Outpatient | HL7 Table 0004 – Patient Class  <http://www.hl7.eu/refactored/tab0004.html> |
| 3 | 1 | Assigned Patient Location: Point of Care |  | 16 | N |  |  |
| 3 | 2 | Assigned Patient Location: Room |  | 16 | N |  |  |
| 3 | 3 | Assigned Patient Location: Bed |  | 16 | N |  |  |
| 3 | 4 | Assigned Patient Location: Facility |  | 16 | N |  |  |
| 3 | 5 | Assigned Patient Location: Status |  | 16 | N |  |  |
| 3 | 6 | Assigned Patient Location: Person Location Type | <Facility Type Key> | 16 | R | 5 | WellSky HHH Facility Type Code.  See Table 1: PV1-3-6: WellSky HHH Facility Type Codes |
| 3 | 7 - 9 | Assigned Patient Location: <multiple sub-fields> |  |  |  |  |  |
| 4 |  | Admission Type |  | 2 | N |  | HL7 Table 0007 – Admission Type  <http://www.hl7.eu/refactored/tab0007.html> |
| 5 |  | Preadmit Number |  | 16 | N |  |  |
| 6 |  | Prior Patient Location |  | 40 | N |  |  |
| 7 | 1 | Attending Doctor: ID Number |  | 32 | R | <NPI> |  |
| 7 | 2 | Attending Doctor: Last Name |  | 30 | R |  |  |
| 7 | 3 | Attending Doctor: First Name |  | 30 | R |  |  |
| 7 | 4 | Attending Doctor: Middle Name/Initials |  | 20 | O |  |  |
| 7 | 5 | Attending Doctor: Suffix |  | 16 | O |  |  |
| 7 | 6 | Attending Doctor: Prefix |  | 16 | O |  |  |
| 7 | 7 | Attending Doctor: Degree |  | 16 | O |  |  |
| 7 | 8 - 18 | Attending Doctor: <multiple sub-fields> |  |  | N |  |  |
| 8 | 1 | Referring Doctor: ID Number |  | 32 | O | <NPI> |  |
| 8 | 2 | Referring Doctor: Last Name |  | 30 | O |  |  |
| 8 | 3 | Referring Doctor: First Name |  | 30 | O |  |  |
| 8 | 4 | Referring Doctor: Middle Name/Initials |  | 20 | O |  |  |
| 8 | 5 | Referring Doctor: Suffix |  | 16 | O |  |  |
| 8 | 6 | Referring Doctor: Prefix |  | 16 | O |  |  |
| 8 | 7 | Referring Doctor: Degree |  | 16 | O |  |  |
| 8 | 8 - 18 | Referring Doctor: <multiple sub-fields> |  |  | N |  |  |
| 9 |  | Consulting Doctor |  | 250 | N |  |  |
| 10 |  | Hospital Service |  | 3 | N |  |  |
| 11 |  | Temporary Location |  | 80 | N |  |  |
| 12 |  | Preadmit Test Indicator |  | 2 | N |  |  |
| 13 |  | Readmission Indicator |  | 2 | N |  |  |
| 14 |  | Admit Source |  | 6 | N |  |  |
| 15 |  | Ambulatory Status |  | 2 | N |  |  |
| 16 |  | VIP Indicator |  | 2 | N |  |  |
| 17 |  | Admitting Doctor |  | 250 | N |  |  |
| 18 |  | Patient Type |  | 2 | N |  |  |
| 19 |  | Visit Number |  | 20 | N |  |  |
| 20 |  | Financial Class |  | 50 | N |  |  |
| 21 |  | Charge Price Indicator |  | 2 | N |  |  |
| 22 |  | Courtesy Code |  | 2 | N |  |  |
| 23 |  | Credit Rating |  | 2 | N |  |  |
| 24 |  | Contract Code |  | 2 | N |  |  |
| 25 |  | Contract Effective Date |  | 8 | N |  |  |
| 26 |  | Contract Amount |  | 12 | N |  |  |
| 27 |  | Contract Period |  | 3 | N |  |  |
| 28 |  | Interest Code |  | 2 | N |  |  |
| 29 |  | Transfer to Bad Debt Code |  | 1 | N |  |  |
| 30 |  | Transfer to Bad Debt Date |  | 8 | N |  |  |
| 31 |  | Bad Debt Agency Code |  | 10 | N |  |  |
| 32 |  | Bad Debt Transfer Amount |  | 12 | N |  |  |
| 33 |  | Bad Debt Recovery Amount |  | 1 | N |  |  |
| 34 |  | Delete Account Indicator |  | 8 | N |  |  |
| 35 |  | Delete Account Date |  | 3 | N |  |  |
| 36 |  | Discharge Disposition |  | 25 | N |  |  |
| 37 |  | Discharged to Location |  | 250 | N |  |  |
| 38 |  | Diet Type |  | 40 | N |  |  |
| 39 |  | Servicing Facility |  | 40 | N |  |  |
| 40 |  | Bed Status |  | 1 | N |  |  |
| 41 |  | Account Status |  | 2 | N |  |  |
| 42 |  | Pending Location | <IDG Team> | 80 | O | Team A | WellSky HHH IDG Team Name. See Table 2: PV1-42-1: WellSky HHH IDG Teams |
| 43 |  | Prior Temporary Location |  | 80 | N |  |  |
| 44 |  | Admit Date/Time |  | 26 | R | CCYYMMDDHHMM-ZZZZ |  |
| 45 |  | Discharge Date/Time |  | 26 | O | CCYYMMDDHHMM-ZZZZ |  |
| 46 |  | Current Patient Balance |  | 12 | N |  |  |
| 47 |  | Total Charges |  | 12 | N |  |  |
| 48 |  | Total Adjustments |  | 12 | N |  |  |
| 49 |  | Total Payments |  | 12 | N |  |  |
| 50 |  | Alternate Visit ID |  | 20 | N |  |  |
| 51 |  | Visit Indicator |  | 1 | N |  |  |
| 52 |  | Other Healthcare Provider |  | 250 | N |  |  |

#### Table 1: PV1-3-6: WellSky HHH Facility Type Codes

|  |  |
| --- | --- |
| **WellSky HHH Facility Type Codes** | |
| **Facility Type Code** | **FacilityType** |
| 1 | Home |
| 2 | Hospital |
| 3 | Funeral Home |
| 4 | Physician Office |
| 5 | Hospice |
| 6 | Pharmacy |
| 7 | LTC or Non-skilled Nursing (NF) |
| 8 | Skilled Nursing Facility (SNF) |
| 10 | Other |
| 11 | Home Health Agency |
| 12 | Assisted Living Facility |
| 13 | Inpatient Psychiatric Facility |

This table enumerates the set of values (“Facility Type Code” column) that WellSky HHH will send in PV1-3-6.

#### Table 2: PV1-42-1: WellSky HHH IDG Teams

|  |  |  |
| --- | --- | --- |
| **IDG Team Key** | **IDG Team Name** | **Comments** |
| 0 | N/A |  |
| 10 | Team A |  |
| 20 | Team B |  |
| 30 | Team C |  |
| 40 | Team D |  |
| 50 | Team E |  |
| 60 | Team F |  |
| 70 | Team G |  |
| 80 | Team H |  |
| 90 | Team I |  |
| 100 | Team J |  |
| 101 | Team K |  |
| 102 | Team L |  |
| 103 | Team M |  |
| 104 | Team N |  |
| 105 | Team O |  |
| 106 | Team P |  |
| 107 | Team Q |  |
| 108 | Team R |  |
| 109 | Team S |  |
| 110 | Team T |  |

This table enumerates the set of values (“IDG Team Name” column) that WellSky HHH will send in PV1-42-1.

### PV2– Patient Visit Additional Info – HL7 v2.4

| **FIELD(S)** | **SUBFIELD(S)** | **ELEMENT NAME** | **WellSky HHH**  **Field Mapping** | **LEN** | **R/O** | **VENDOR FORMAT/SAMPLE** | **COMMENTS** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | Prior Pending Location |  | 80 | N |  |  |
| 2 |  | Accommodation Code |  | 250 | N |  |  |
| 3 |  | Admit Reason |  | 250 | N |  |  |
| 4 |  | Transfer Reason |  | 250 | N |  |  |
| 5 |  | Patient Valuables |  | 25 | N |  |  |
| 6 |  | Patient Valuables Location |  | 25 | N |  |  |
| 7 |  | Visit User Code |  | 2 | N |  |  |
| 8 |  | Expected Admit Date/Time |  | 26 | N |  |  |
| 9 |  | Expected Discharge Date/Time |  | 26 | N |  |  |
| 10 |  | Estimated Length of Inpatient Stay |  | 3 | N |  |  |
| 11 |  | Actual Length of Inpatient Stay |  | 3 | N |  |  |
| 12 |  | Visit Description |  | 50 | N |  |  |
| 13 |  | Referral Source Code |  | 250 | N |  |  |
| 14 |  | Previous Service Date |  | 8 | N |  |  |
| 15 |  | Employment Illness Related Indicator |  | 1 | N |  |  |
| 16 |  | Purge Status Code |  | 1 | N |  |  |
| 17 |  | Purge Status Date |  | 8 | N |  |  |
| 18 |  | Special Program Code |  | 2 | N |  |  |
| 19 |  | Retention Indicator |  | 1 | N |  |  |
| 20 |  | Expected Number of Insurance Pla |  | 1 | N |  |  |
| 21 |  | Visit Publicity Code |  | 1 | N |  |  |
| 22 |  | Visit Protection Indicator |  | 1 | N |  |  |
| 23 | 1 | Clinic Organization Name: Org Name | WellSky Clinic Name | 50 | O | <clinic name> |  |
| 23 | 2 - 9 | Clinic Organization Name: <multiple sub-fields> |  | 200 | N |  |  |
| 24 |  | Patient Status Code |  | 2 | N |  |  |
| 25 |  | Visit Priority Code |  | 1 | N |  |  |
| 26 |  | Previous Treatment Date |  | 8 | N |  |  |
| 27 |  | Expected Discharge Disposition |  | 2 | N |  |  |
| 28 |  | Signature on File Date |  | 8 | N |  |  |
| 29 |  | First Similar Illness Date |  | 8 | N |  |  |
| 30 |  | Patient Charge Adjustment Code |  | 250 | N |  |  |
| 31 |  | Recurring Service Code |  | 2 | N |  |  |
| 32 |  | Billing Media Code |  | 1 | N |  |  |
| 33 |  | Expected Surgery Date and Time |  | 26 | N |  |  |
| 34 |  | Military Partnership Code |  | 1 | N |  |  |
| 35 |  | Military Non-Availability Code |  | 1 | N |  |  |
| 36 |  | Newborn Baby Indicator |  | 1 | N |  |  |
| 37 |  | Baby Detained Indicator |  | 1 | N |  |  |
| 38 |  | Mode of Arrival Code |  | 250 | N |  |  |
| 39 |  | Recreational Drug Use Code |  | 250 | N |  |  |
| 40 |  | Admission Level of Care Code |  | 250 | N |  |  |
| 41 |  | Precaution Code |  | 250 | N |  |  |
| 42 |  | Patient Condition Code |  | 250 | N |  |  |
| 43 |  | Living Will Code |  | 2 | N |  |  |
| 44 |  | Organ Donor Code |  | 2 | N |  |  |
| 45 |  | Advance Directive Code |  | 250 | N |  |  |
| 46 |  | Patient Status Effective Date |  | 8 | N |  |  |
| 47 |  | Expected LOA Return Date/Time |  | 26 | N |  |  |

### ORC – Common Order – HL7 2.4

| **FIELD(S)** | **SUB**  **FIELD(S)** | **ELEMENT NAME** | **WellSky HHH**  **Field Mapping** | **LEN** | **R/O** | **VENDOR FORMAT/SAMPLE** | **COMMENTS** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | Order Control |  | 8 | R | NW = New Order  DC = Order Discontinued | Supported codes: NW, DC  HL7 Table 0119 – Order Control Codes (Standard)  See <http://www.hl7.eu/refactored/tab0119.html> |
| 2 | 1 | Placer Order Number - EI | PatientMedispan.PatientMedispanKey | 10 | R | <numeric> |  |
| 2 | 2 - 4 | Placer Order Number - <multiple sub-fields> |  | 12 | N |  |  |
| 3 |  | Filler Order Number |  | 22 | N |  |  |
| 4 |  | Placer Group Number |  | 22 | N |  |  |
| 5 |  | Order Status |  | 2 | R | IP | HL7 Table 0038 – Order Status  <http://www.hl7.eu/refactored/tab0038.html> |
| 6 |  | Response Flag |  | 1 | R | N | HL7 Table 0121 – Response Flag  <http://www.hl7.eu/refactored/tab0121.html>  Always set to ‘N’ |
| 7 | 1.1 | Quantity/Timing – Quantity Amount |  | 10 | N | 2.0 |  |
| 7 | 1.2 | Quantity/Timing – Quantity Units - Identifier |  | 32 | N | Tablet | Note: Data is not currently stored in a discrete field in HHH. |
| 7 | 2 | Quantity/Timing - Interval |  | 32 | N | 1 Time a Day | Note: Data is not currently stored in a discrete field in HHH. |
| 7 | 3 | Quantity/Timing - Duration |  | 32 | N | 10 Days | Note: Data is not currently stored in a discrete field in HHH. |
| 7 | 4 | Quantity/Timing – Start Date/Time |  | 8 | R | CCYYMMDD |  |
| 7 | 5 | Quantity/Timing – End Date/Time |  | 8 | O\* | CCYYMMDD | Optional if ORC-1 = NW Required if ORC-1 = DC |
| 7 | 6 | Quantity/Timing – Priority |  | 1 | O | R | HL7 Table 0027 – Priority  See <http://www.hl7.eu/refactored/tab0027.html>  Set to 'R' (routine). HHH currently does not store the priority. |
| 7 | 7 | Quantity/Timing – Condition |  | 32 | N |  |  |
| 7 | 8 | Quantity/Timing – Text |  | 32 | N | Take 2 tablets once a day for 10 days |  |
| 7 | 9 - 12 | Quantity/Timing – <multiple sub-fields> |  |  | N |  |  |
| 8 |  | Parent Order |  | 200 | N |  |  |
| 9 |  | Date/Time of Transaction |  | 26 | R | CCYYMMDDHHMM-ZZZZ |  |
| 10 |  | Entered By |  | 250 | O |  |  |
| 11 |  | Verified By |  | 250 | N |  |  |
| 12 |  | Ordering Provider |  | 250 | O |  |  |
| 13 |  | Enterer’s Location |  | 80 | N |  |  |
| 14 |  | Call Back Phone Number |  | 32 | N |  |  |
| 15 |  | Order Effective Date/Time |  | 26 | R | CCYYMMDDHHMM-ZZZZ |  |
| 16 |  | Order Control Code Reason |  | 250 | N |  |  |
| 17 |  | Entering Organization |  | 250 | N |  |  |
| 18 |  | Entering Device |  | 250 | N |  |  |
| 19 |  | Action By |  | 250 | N |  |  |
| 20 |  | ABN Code |  | 250 | N |  |  |
| 21 |  | Ordering Facility Name |  | 250 | N |  |  |
| 22 |  | Ordering Facility Address |  | 250 | N |  |  |
| 23 |  | Ordering Facility Phone Number |  | 250 | N |  |  |
| 24 |  | Ordering Provider Address |  | 250 | N |  |  |
| 25 | 1 - 3 | Order Status Modifier - <multiple sub-fields> |  |  | N |  |  |
| 25 | 4 | Order Status Modifier – Alternate Identifier |  | 1 | R | 0  1 | 0 = Non-covered  1 = Covered |
| 25 | 5 - 9 | Order Status Modifier - <multiple sub-fields> |  |  | N |  |  |

### RXO – Pharmacy/Treatment Order - HL7 v2.4

| **FIELD** | **SUB**  **FIELD** | **ELEMENT NAME** | **WellSky HHH**  **Field Mapping** | **LEN** | **R/O** | **VENDOR FORMAT/SAMPLE** | **COMMENTS** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 1 | Requested Give Code - Identifier |  | 32 | R | 23155019101 | NDC Code |
| 1 | 2 | Requested Give Code - Text |  | 64 | R | BUPROPION, 75 MG, Tablet | Medication Name |
| 1 | 3 | Requested Give Code – Coding System |  | 16 | R | NDC |  |
| 1 | 4 - 6 | Requested Give Code – <multiple sub-fields> |  |  | N |  |  |
| 2 |  | Requested Give Amt - Min |  | 10 | R | 1.0 |  |
| 3 |  | Requested Give Amt - Max |  | 10 | N | 0.0 |  |
| 4 | 1 | Requested Give Units - Identifier |  | 32 | N | {tbl}  TAB | See <http://unitsofmeasure.org/ucum.html>  See <http://hl7.org/fhir/v3/orderableDrugForm/cs.html> |
| 4 | 2 | Requested Give Units - Text |  | 200 | N | Tablet |  |
| 4 | 3 | Requested Give Units – Coding System |  | 32 | N | UCUM  HL7V3 | UCUM = Units of Measure  HL7V3 = Orderable Drug Form |
| 4 | 4 - 6 | Requested Give Units – <multiple sub-fields> |  | 32 | N |  |  |
| 5 | 1 | Requested Dosage Form - Identifier |  | 32 | O | TAB | See <http://hl7.org/fhir/v3/orderableDrugForm/cs.html> |
| 5 | 2 | Requested Dosage Form - Text |  | 200 | R | Oral Tablet |  |
| 5 | 3 | Requested Dosage Form – Coding System |  | 32 | O | HLV3 | <http://hl7.org/fhir/v3/orderableDrugForm/cs.html>  <http://hl7.org/fhir/v3/orderableDrugForm/vs.html> |
| 5 | 4 - 6 | Requested Dosage Form – <multiple sub-fields> |  |  | N |  |  |
| 6 | 1 - 6 | Provider’s Pharmacy Instructions - <multiple sub-fields> |  |  | N |  |  |
| 7 | 1 - 4 | Provider’s Administration Instructions - <multiple sub-fields> |  |  | N |  |  |
| 7 | 5 | Provider’s Administration Instructions – Alternate Text |  | 200 | R | 10 drops four times daily | SIG |
| 7 | 6 | Provider’s Administration Instructions – Alternate Coding System |  |  | N |  |  |
| 8 |  | Deliver-to-Location |  |  | N |  |  |
| 9 |  | Allow Substitutions |  | 1 | O | N | Valid values (from HL7 table 0161): ‘N’, ‘G’, ‘T’ |
| 10 |  | Requested Dispense Code |  |  | N |  |  |
| 11 |  | Requested Dispense Amount |  | 10 | N | 60 |  |
| 12 | 1 | Requested Dispense Units - Identifier |  | 32 | N | {tbl}  TAB | See <http://unitsofmeasure.org/ucum.html>  See <http://hl7.org/fhir/v3/orderableDrugForm/cs.html> |
| 12 | 2 | Requested Dispense Units - Text |  | 200 | N | Tablet(s) |  |
| 12 | 3 | Requested Dispense Units – Coding System |  | 32 | N | UCUM  HL7V3 | UCUM = Units of Measure  HL7V3 = Orderable Drug Form |
| 12 | 4 - 6 | Requested Dispense Units – <multiple sub-fields> |  |  | N |  |  |
| 13 |  | Number of Refills |  | 4 | O | 2 |  |
| 14 | 1 | Provider DEA Number - ID Number |  | 32 | O | 12345678 |  |
| 14 | 2 | Provider DEA Number - Family Name |  |  | R | Welby |  |
| 14 | 3 | Provider DEA Number - Given Name |  |  | R | Marcus |  |
| 14 | 4 | Provider DEA Number - Additional Names / Initials |  |  | O | M |  |
| 14 | 5 | Provider DEA Number - Suffix |  |  | O | III |  |
| 14 | 6 | Provider DEA Number - Prefix |  |  | O | Sir |  |
| 14 | 7 | Provider DEA Number - Degree |  |  | O | MD |  |
| 14 | 8 | Provider DEA Number - Source Table |  |  | N |  |  |
| 14 | 9 | Provider DEA Number - Assigning Authority |  |  | O | DEA |  |
| 14 | 10 - 12 | Provider DEA Number - <multiple sub-fields> |  |  | N |  |  |
| 14 | 13 | Provider DEA Number - Identifier Type Code |  |  | O | DEA |  |
| 14 | 14 - 18 | Provider DEA Number - <multiple sub-fields> |  |  | N |  |  |
| 15 |  | Supplier’s Verifier |  |  | N |  |  |
| 16 |  | Needs Human Review |  |  | N |  |  |
| 17 |  | Requested Give Per Time Unit |  | 40 | N | PRN | If medication is PRN populate with “PRN”. Otherwise left blank. |
| 18 |  | Requested Give Per Strength |  | 32 | N | 75.0 |  |
| 19 | 1 | Requested Give Per Strength Units - Identifier |  | 32 | N | {tbl}  TAB | See <http://unitsofmeasure.org/ucum.html>  See <http://hl7.org/fhir/v3/orderableDrugForm/cs.html> |
| 19 | 2 | Requested Give Per Strength Units - Text |  | 200 | N | Tablets(s) |  |
| 19 | 3 | Requested Give Per Strength Units – Coding System |  | 32 | N | UCUM  HL7V3 | UCUM = Units of Measure  HL7V3 = Orderable Drug Form |
| 19 | 4 - 6 | Requested Give Per Strength Units – <multiple sub-fields> |  |  | N |  |  |
| 20 |  | Indication |  |  | N |  |  |
| 21 |  | Requested Give Rate Amount |  | 16 | N | 150 |  |
| 22 | 1 | Requested Give Rate Units - Identifier |  | 32 | N | ml/h |  |
| 22 | 2 | Requested Give Rate Units - Text |  | 200 | N | ml/h |  |
| 22 | 3 | Requested Give Rate Units – Coding System |  | 32 | N | UCUM | See <http://unitsofmeasure.org/ucum.html> |
| 22 | 4 - 6 | Requested Rate Units – <multiple sub-fields> |  |  | N |  |  |
| 23 | 1 | Total Daily Dose Quantity |  |  | N | 10.0 |  |
| 23 | 2 | Total Daily Dose Units - Identifier |  | 32 | N | {tbl}  TAB | See <http://unitsofmeasure.org/ucum.html>  See <http://hl7.org/fhir/v3/orderableDrugForm/cs.html> |
| 23 | 3 | Total Daily Dose Units - Text |  | 200 | N | Tablet(s) |  |
| 23 | 4 | Total Daily Dose Units – Coding System |  | 32 | N | UCUM  HL7V3 | UCUM = Units of Measure  HL7V3 = Orderable Drug Form |
| 23 | 5 - 7 | Total Daily Dose Units – <multiple sub-fields> |  |  | N |  |  |
| 24 |  | Supplementary Code |  |  | N |  |  |

### RXR – Pharmacy/Treatment Route - HL7 v2.4

| **FIELD** | **SUB**  **FIELD** | **ELEMENT NAME** | **WellSky HHH**  **Field Mapping** | **LEN** | **R/O** | **VENDOR FORMAT/SAMPLE** | **COMMENTS** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 1 | Route - Identifier |  | 32 | O | 226643006 | HL7 Table 0162 - Route of administration (SNOMED)  See <http://www.hl7.eu/refactored/tab0162.html> |
| 1 | 2 | Route - Text |  | 200 | O | Oral Route |  |
| 1 | 3 | Route – Coding System |  | 32 | O | SNOMED |  |
| 1 | 4 - 6 | Route – <multiple sub-fields> |  |  | N |  |  |
| 2 | 1 | Administration Site - Identifier |  | 32 | N | LH | HL7 Table 0163 – Body Site  See <http://www.hl7.eu/refactored/tab0163.html> |
| 2 | 2 | Administration Site - Text |  | 200 | N | Left Hand |  |
| 2 | 3 | Administration Site – Coding System |  | 32 | N | TBL0163 |  |
| 2 | 4 - 6 | Administration Site – <multiple sub-fields> |  |  | N |  |  |
| 3 | 1 | Administration Device - Identifier |  | 32 | N | IVP | HL7 Table 0164 – Administration Device  See <http://www.hl7.eu/refactored/tab0164.html> |
| 3 | 2 | Administration Device - Text |  | 200 | N | IV Pump |  |
| 3 | 3 | Administration Device – Coding System |  | 32 | N | TBL0164 |  |
| 3 | 4 - 6 | Administration Device – <multiple sub-fields> |  |  | N |  |  |
| 4 | 1 | Administration Method - Identifier |  | 32 | N | CH | HL7 Table 0165 – Administration Method  See <http://www.hl7.eu/refactored/tab0164.html> |
| 4 | 2 | Administration Method - Text |  | 200 | N | Chew |  |
| 4 | 3 | Administration Method – Coding System |  | 32 | N | TBL0165 |  |
| 4 | 4 - 6 | Administration Method – <multiple sub-fields> |  |  | N |  |  |
| 5 | 1 | Routing Instruction – Identifier |  |  | N |  |  |
| 5 | 2 | Routing Instruction – Text |  | 200 | N | Oral |  |
| 5 | 3 - 6 | Routing Instruction – <multiple sub-fields> |  |  | N |  |  |

### MSA – Message Acknowledgement - HL7 v2.4

| **FIELD** | **SUB**  **FIELD(S)** | **ELEMENT NAME** | **WellSky HHH Field Mapping** | **LEN** | **R/O** | **VENDOR FORMAT/SAMPLE** | **COMMENTS** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | Acknowledgement Code |  | 2 | R | AA  AE  AR  CA  CE  CR | HL7 Table 0008 – Acknowledgement Code  See <http://www.hl7.eu/refactored/tab0008.html> |
| 2 |  | Message Control ID |  | 20 | R | 599102 |  |
| 3 |  | Text Message |  | 80 | O | Message Accepted |  |
| 4 |  | Expected Sequence Number |  | 15 | O |  |  |
| 5 |  | Delayed Acknowledgement Type |  | 1 | O | D  F | HL7 Table 0102 – Delayed Acknowledgement Type  D = Message received, stored for later processing  F = acknowledgment after processing |
| 6 | 1 | Error Condition: ID |  | 32 | O |  |  |
| 6 | 2 | Error Condition: Text |  | 200 | O |  |  |
| 6 | 4 - 6 | Error Condition: <multiple sub-fields> |  |  | N |  |  |

### ERR – Error Information - HL7 v2.4

| **FIELD** | **SUB**  **FIELD(S)** | **ELEMENT NAME** | **WellSky HHH Field Mapping** | **LEN** | **R/O** | **VENDOR FORMAT/SAMPLE** | **COMMENTS** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | Error Code and Location | N/A | 80 | R | 96 - Invalid Account Number |  |

### NTE – Notes and Comments - HL7 v2.4

| **FIELD** | **SUB**  **FIELD** | **ELEMENT NAME** | **WellSky HHH**  **Field Mapping** | **LEN** | **R/O** | **VENDOR FORMAT/SAMPLE** | **COMMENTS** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | Set ID | N/A | 4 | R |  |  |
| 2 |  | Source of Comment | N/A | 8 | O | O | HL7 Table 0105 – Source of Comment  See <http://www.hl7.eu/refactored/tab0105.html>  O = Other System |
| 3 |  | Comment | N/A | 65536 | O |  |  |
| 4 |  | Comment Type | N/A | 15 | O |  | HL7 Table 0364 – Comment Type  See <http://www.hl7.eu/refactored/tab0364.html> |