

Wellpath ERMA Export Format

1. Control Segments

1. The MSH Segment - Message Header

The MSH segment defines the characteristics of the message. The sending and receiving applications are identified. The encoding characters used as delimiters for the message are also indicated. The MSH message type is used to indicate the type of message being transmitted.

In the MSH of the ACK response, the values of the Sending Application, Sending Facility, Receiving Application, and Receiving Facility will be the reverse of the values in the original message.

Note: The entry in the R/O column is Post-validator.

Segment Layout

MSH Seq	Name	R/O	Comments
01	Field separator	<u>R</u>	Field separator. Value required is – ASCII(124)
02	Encoding Character	<u>R</u>	Used to separate data field components, repeating data elements, and text control characters. Must be printable characters that will never be included in transmitted data. Required values: Pos 1: Component Separator ^ - ASCII(94) Pos 2: Repetition Separator ~ - ASCII(126) Pos 3: Escape \ - ASCII(92) Pos 4: Sub-component & - ASCII(38).
03	Sending Application	<u>R</u>	ERMA
04	Sending Facility	<u>R</u>	Wellpath facility name
05	Receive Application	<u>R</u>	Blank
06	Receiving Facility	<u>P</u>	
07	Date/Time of Message	<u>R</u>	System date and time the message was formatted in the sending system.
08	Security	<u>P</u>	
09	Message Type	<u>R</u>	Specific HL7 message type and event triggering the message.
09.1	Type	<u>R</u>	Value must = ADT and must be sent by the source system.
09.2	Event	<u>R</u>	See <i>Chapter 4 – Supported ADT Trigger Events</i> for allowable ADT event triggers.
10	Message Control ID	<u>R</u>	Initiator generated. Should be but is not always unique.
11	Processing ID	<u>O</u>	Acceptable values: P = Production
11.1	Processing ID	<u>O</u>	
11.2	Mode	<u>O</u>	
12	Version ID	<u>R</u>	HL7 version.
13	Sequence Number	<u>N</u>	
14	Continuation Number	<u>N</u>	
15	Accept ACK Type	<u>N</u>	
16	Application ACK Type	<u>N</u>	

17	Country Code	<u>N</u>	
18	Character Set	<u>N</u>	
19	Language of Message	<u>N</u>	

2. ADT Segments

1. The PID Segment - Patient Identification

The PID segment identifies the person and usually the encounter associated with the message. Patient demographic information is also provided. CHR requires at least one primary Patient or Person Identifier.

Segment Layout

PID Seq	Name	R/O	Comments
01	Set ID - PID	<u>R</u>	
02	External Patient ID	<u>O</u>	Unique patient identifier within the Wellpath facility. Often referred to Patient number, Resident Number, or inmate number. This is implied to be the parent of the organization identified the MSH:4. This can vary, but generally is implied to be a cross-facility identifier. Sometimes called an Enterprise or External Identifier.
02.1	Patient ID	<u>O</u>	
02.2	Check Digit	<u>N</u>	
02.3	Check Digit	<u>N</u>	
02.4	Scheme Assigning Authority	<u>N</u>	
02.5	Identifier Type	<u>N</u>	
02.6	Assigning Facility	<u>N</u>	
03	Internal Patient ID	<u>R</u>	This is implied to be the same as MSH:4. This is a Medical Record Number.
03.1	Patient ID	<u>R</u>	
03.2	Check Digit	<u>N</u>	
03.3	Check Digit	<u>N</u>	
03.4	Scheme Assigning Authority	<u>N</u>	
03.5	Identifier Type	<u>N</u>	
03.6	Assigning Facility	<u>N</u>	
04	Alternate Patient ID	<u>O</u>	While other identifiers can be stored here, only one identifier type may be stored here.
04.1	Patient ID	<u>O</u>	
04.2	Check Digit	<u>N</u>	
04.3	Check Digit	<u>N</u>	
04.4	Scheme Assigning Authority	<u>N</u>	
04.5	Identifier Type	<u>N</u>	
04.6	Assigning Facility	<u>N</u>	
05	Patient Name	<u>R</u>	
05.1	Last Name	<u>R</u>	
05.2	First Name	<u>R</u>	
05.3	Middle Name	<u>O</u>	

05.4	Suffix	<u>O</u>	
05.5	Prefix	<u>O</u>	
05.6	Degree	<u>N</u>	
06	Mother's Maiden Name	<u>O</u>	
07	Date of Birth	<u>R</u>	
08	Sex	<u>R</u>	See HL7 2.5 Codeset: CS_GENDER
09	Patient Alias	<u>O</u>	
09.1	Last Name	<u>O</u>	
09.2	First Name	<u>O</u>	
09.3	Middle Name	<u>O</u>	
09.4	Suffix	<u>O</u>	
09.5	Prefix	<u>O</u>	
09.6	Degree	<u>N</u>	
10	Race	<u>O</u>	See HL7 2.5 Codeset: CS_RACE
11	Patient Address	<u>O</u>	
11.1	Address Line 1	<u>O</u>	
11.2	Address Line 2	<u>O</u>	
11.3	City	<u>O</u>	
11.4	State	<u>O</u>	
11.5	ZIP Code	<u>O</u>	
11.6	Country	<u>N</u>	
11.7	Type	<u>N</u>	
11.8	Other Geographic	<u>N</u>	
11.9	Designation	<u>N</u>	
11.9	County/Parish	<u>N</u>	
11.10	Census Tract	<u>N</u>	
12	County Code	<u>P</u>	
13	Home Phone Number	<u>O</u>	
13.1	Home Phone Number	<u>O</u>	18 character limit - format: (999) 999-9999
14	Business Phone Number	<u>O</u>	18 character limit - format: (999) 999-9999
15	Language – Patient	<u>O</u>	See HL7 2.5 Codeset: CS_LANGUAGE
16	Marital Status	<u>O</u>	See HL7 2.5 Codeset: CS_MARITAL_STATUS
17	Religion	<u>O</u>	See HL7 2.5 Codeset: CS_RELIGION
18	Patient Account Number	<u>C</u>	
18.1	Patient Account Number	<u>C</u>	
18.2	Check Digit	<u>N</u>	
18.3	Check Digit	<u>N</u>	
18.4	Scheme	<u>N</u>	
18.5	Assigning Authority	<u>N</u>	
18.6	Identifier Type	<u>N</u>	
18.6	Assigning Facility	<u>N</u>	
19	SSN – Patient	<u>O</u>	format 999-99-9999.

20	Driver's License Number	<u>P</u>	
21	Mother's Identifier	<u>P</u>	
22	Ethnic Group	<u>O</u>	See HL7 2.5 Codeset: CS_ETHNIC_GROUP
23	Birth Place	<u>O</u>	100 character limit
24	Multiple Birth Indicator	<u>O</u>	Acceptable values: Y = Yes N = No
25	Birth Order	<u>O</u>	
26	Citizenship	<u>O</u>	See HL7 2.5 Codeset: CS_CITIZENSHIP
27	Veterans Military Status	<u>P</u>	
28	Nationality	<u>O</u>	See HL7 2.5 Codeset: CS_NATIONALITY
29	Patient Death Date/Time	<u>O</u>	Date/time at which the death occurred.
30	Patient Death Indicator	<u>O</u>	Acceptable values: Y = The patient is deceased. N = The patient is not deceased.

2. The PD1 Segment – Patient Demographic Segment

The HL7 2.5 PD1 patient demographic segment contains likely-to-change patient demographic information. The PD1 segment is optional, and follows the PID segment in any ADT message for any ADT event trigger code.

Segment Layout

PD1 Seq	Name	R/O	Comments
01	Living Dependency	<u>P</u>	
02	Living Arrangement	<u>P</u>	
03	Primary Care Facility	<u>P</u>	
04	Primary Care Provider	<u>O</u>	Valid examples: NPI&2.16.840.1.113883.4.6&ISO <assigning authority mnemonic>&<local OID>&ISO If this component is populated, then this sub-component must be "NPI" or the ID of the assigning authority. If this component is populated, then this sub-component must contain the correct OID of the assigning authority. If this component is populated, then this sub-component must be "ISO".
04.1	Provider Identifier	<u>R</u>	
04.2	Last Name	<u>R</u>	
04.3	First Name	<u>O</u>	
04.4	Middle Name	<u>O</u>	
04.5	Suffix	<u>O</u>	
04.6	Prefix	<u>O</u>	
04.7	Degree	<u>O</u>	
04.8	Source Table	<u>O</u>	
04.9	Assigning Authority	<u>C</u>	
04.9.1	Namespace ID	<u>C</u>	
04.9.2	Universal ID	<u>C</u>	
04.9.3	Universal ID	<u>C</u>	
04.10	Type Name Type	<u>N</u>	

04.11	Check Digit	<u>N</u>	
04.12	Check Digit	<u>N</u>	
04.13	Scheme Identifier Type	<u>C</u>	If the 9th component is populated, then this component must be from this list: <ul style="list-style-type: none"> NPI = National Provider Identifier PRN = Provider Number
05	Student Indicator	<u>Q</u>	See HL7 2.5 Codeset: CS_STUDENT_IND
06	Handicap	<u>P</u>	
07	Living Will	<u>Q</u>	See HL7 2.5 Codeset: CS_LIVING_WILL
08	Organ Donor	<u>P</u>	
09	Separate Bill	<u>P</u>	
10	Duplicate Patient	<u>P</u>	
11	Privacy Type	<u>P</u>	
12	Protection Indicator	<u>Q</u>	See HL7 2.5 Codeset: CS_PROTECTION_IND
13	Protection Indicator Effective Date/Time	<u>C</u>	This field indicates the effective date/time for PD1:12. Note: The time part of this field is included.

1. PD1 Business Rules and Guidelines

Protection Indicator

Definitions include:

- HIPAA OPT-IN
- HIPAA OPT-OUT

Subdefinitions include:

- Y^Yes (means protected)
- N^No (means not protected)

This will allow the upstream ADT system of authority to indicate the consent status of a patient within the HIE. This field will allow the upstream ADT system of authority to indicate the patient's OPT-IN or OPT-OUT setting. The Codeset will use the definition values of "HIPAA OPT-IN" and "HIPAA OPT-OUT". The standard Codeset value for Opt-In is "OI" and "OO" for Opt-Out according to HL7 2.6 standard values.

The Subdefinition is required for the HIPAA defined codes.

Protection Indicator Effective Date/Time

- Look at PD1:12. If valued, and the value has a Definition of HIPAA OPT-IN or HIPAA OPT-OUT, PD1:13 MUST be populated.

3. The MRG Segment – Merge Patient Information

The MRG segment contains the "incorrect patient identifier" and the "incorrect patient account number".

Segment Layout

MRG Seq	Name	R/O	Comments
01	Prior Patient Identifier List	<u>C</u>	Required for A40 and A44 messages.
02	Prior Alternate Patient ID	<u>N</u>	
03	Prior Patient Account Number	<u>C</u>	Required for A41 and A44 messages.
04	Prior Patient ID	<u>N</u>	
05	Prior Visit Number	<u>N</u>	
06	Prior Alternate Visit ID	<u>N</u>	
07	Prior Patient Name	<u>N</u>	

4. The NK1 Segment – Next of Kin

The NK1 segment contains information about the patient's other related parties.

Segment Layout

NK1 Seq	Name	R/O	Comments
01	Set ID - NK1	<u>R</u>	
02	Next of Kin Name	<u>R</u>	
02.1	Last Name	<u>R</u>	
02.2	First Name	<u>O</u>	
02.3	Middle Name	<u>O</u>	
02.4	Suffix	<u>O</u>	
02.5	Prefix	<u>O</u>	
02.6	Degree	<u>N</u>	
03	Next of Kin Relationship to Patient	<u>R</u>	See HL7 2.5 Codeset: CS_REL_TO_PERSON
04	Next of Kin Address	<u>O</u>	
04.1	Address Line 1	<u>O</u>	
04.2	Address Line 2	<u>O</u>	
04.3	City	<u>O</u>	
04.4	State	<u>O</u>	
04.5	ZIP Code	<u>O</u>	
04.6	Country	<u>O</u>	
04.7	Type	<u>N</u>	
04.8	Other Geographic	<u>N</u>	
04.9	County/Parish	<u>N</u>	
04.10	Census Tract	<u>N</u>	
05	Next of Kin Phone Number	<u>O</u>	18 character limit - format: (999) 999-9999
06	Next of Kin Employer Phone Number	<u>O</u>	18 character limit - format: (999) 999-9999
07	Contact Role	<u>P</u>	
08	Start Date	<u>P</u>	
09	End Date	<u>P</u>	
10	Next of Kin Job Title	<u>O</u>	
11	Next of Kin Job Code/Class	<u>P</u>	
11.1	Job Code	<u>P</u>	
11.2	Job Class	<u>P</u>	
12	Next of Kin Employee Number	<u>O</u>	
13	Organization Name	<u>P</u>	
14	Marital Status	<u>O</u>	See HL7 2.5 Codeset: CS_MARITAL_STATUS
15	Sex	<u>O</u>	See HL7 2.5 Codeset: CS_GENDER
16	Date of Birth	<u>O</u>	
17	Living Dependency	<u>P</u>	
18	Ambulatory Status	<u>P</u>	
19	Citizenship	<u>O</u>	See HL7 2.5 Codeset: CS_CITIZENSHIP

20	Primary Language	<u>Q</u>	See HL7 2.5 Codeset: CS_LANGUAGE
21	Living Arrangement	<u>P</u>	
22	Privacy Type	<u>P</u>	
23	Protection Indicator	<u>Q</u>	See HL7 2.5 Codeset: CS_PROTECTION_IND
24	Student Indicator	<u>Q</u>	See HL7 2.5 Codeset: CS_STUDENT_IND
25	Religion	<u>P</u>	
26	Mother's Maiden Name	<u>Q</u>	
27	Nationality	<u>Q</u>	See HL7 2.5 Codeset: CS_NATIONALITY
28	Ethnic Group	<u>P</u>	
29	Contact Reason	<u>P</u>	
30	Contact Person Name	<u>P</u>	
31	Contact Phone	<u>P</u>	
32	Contact Address	<u>P</u>	
33	NK1 Identifiers	<u>Q</u>	
34	Job Status	<u>Q</u>	
35	Race	<u>Q</u>	See HL7 2.5 Codeset: CS_RACE
36	Handicap	<u>P</u>	
37	Contact Person Social Security Number	<u>Q</u>	
38	Next of Kin Birth Place	<u>Q</u>	
39	VIP Indicator	<u>P</u>	

1. NK1 Business Rules and Guidelines

ERMA will include all NK1 segments for this encounter.

Protection Indicator

Subdefinitions include:

- Y^Yes (means confidential)
- N^No (means not confidential)

This field identifies the patient's encounter next of kin protection that determines, in turn, whether access to information about this encounter next of kin should be kept from users who do not have adequate authority for a specific encounter next of kin.

5. The PV1 Segment – Patient Visit

The PV1 segment provides visit or encounter specific information.

Segment Layout

PV1 Seq	Name	R/O	Comments
01	Set ID - PV1	<u>R</u>	Starts at 1; increments by 1.
02	Patient Class	<u>R</u>	See HL7 2.5 Codeset: CS_ENCOUNTER_CLASS
03	Patient Location	<u>Q</u>	
03.1	Point of Service Location	<u>Q</u>	
03.2	Patient Room	<u>Q</u>	
03.3	Patient Bed	<u>Q</u>	
03.4	Facility ID	<u>Q</u>	
03.5	Bed Status	<u>N</u>	
03.6	Location Type	<u>N</u>	

03.7	Building	<u>O</u>	
03.8	Floor	<u>N</u>	
04	Admission Type	<u>O</u>	See HL7 2.5 Codeset: CS_ADMIT_TYPE
05	Pre-admit Number	<u>P</u>	
06	Prior Patient Location	<u>P</u>	
07	Attending Doctor	<u>O</u>	Valid examples: NPI&2.16.840.1.113883.4.6&ISO <assigning authority mnemonic>&<local OID>&ISO
07.1	Provider Identifier	<u>R</u>	
07.2	Last Name	<u>R</u>	
07.3	First Name	<u>O</u>	
07.4	Middle Name	<u>O</u>	
07.5	Suffix	<u>O</u>	
07.6	Prefix	<u>O</u>	
07.7	Degree	<u>O</u>	
07.8	Source Table	<u>O</u>	
07.9	Assigning Authority	<u>C</u>	
07.9.1	Namespace ID	<u>C</u>	
07.9.2	Universal ID	<u>C</u>	
07.9.3	Universal ID Type	<u>C</u>	
07.10	Name Type	<u>N</u>	
07.11	Check Digit	<u>N</u>	
07.12	Check Digit	<u>N</u>	
07.13	Scheme Identifier Type	<u>C</u>	
08	Referring Doctor	<u>O</u>	Valid examples: NPI&2.16.840.1.113883.4.6&ISO <assigning authority mnemonic>&<local OID>&ISO
08.1	Provider Identifier	<u>R</u>	
08.2	Last Name	<u>R</u>	
08.3	First Name	<u>O</u>	
08.4	Middle Name	<u>O</u>	
08.5	Suffix	<u>O</u>	
08.6	Prefix	<u>O</u>	
08.7	Degree	<u>O</u>	
08.8	Source Table	<u>O</u>	
08.9	Assigning Authority	<u>C</u>	
08.9.1	Namespace ID	<u>C</u>	
08.9.2	Universal ID	<u>C</u>	
08.9.3	Universal ID Type	<u>C</u>	
08.10	Name Type	<u>N</u>	
08.11	Check Digit	<u>N</u>	
08.12	Check Digit	<u>N</u>	
08.13	Scheme Identifier Type	<u>C</u>	

09	Consulting Doctor	<u>O</u>	
09.1	Provider Identifier	<u>R</u>	
09.2	Last Name	<u>R</u>	
09.3	First Name	<u>O</u>	
09.4	Middle Name	<u>O</u>	
09.5	Suffix	<u>O</u>	
09.6	Prefix	<u>O</u>	
09.7	Degree	<u>O</u>	
09.8	Source Table	<u>O</u>	
09.9	Assigning Authority	<u>C</u>	Valid examples: NPI&2.16.840.1.113883.4.6&ISO <assigning authority mnemonic>&<local OID>&ISO
09.9.1	Namespace ID	<u>C</u>	
09.9.2	Universal ID	<u>C</u>	
09.9.3	Universal ID Type	<u>C</u>	
09.10	Name Type	<u>N</u>	
09.11	Check Digit	<u>N</u>	
09.12	Check Digit	<u>N</u>	
09.13	Scheme Identifier Type	<u>C</u>	
10	Hospital Service	<u>O</u>	See HL7 2.5 Codeset: CS_ADMIT_SERVICE
11	Temporary Location	<u>P</u>	
12	Pre-admit Test Indicator	<u>P</u>	
13	Re-admission Indicator	<u>P</u>	
14	Admission Source	<u>O</u>	See HL7 2.5 Codeset: CS_ADMIT_SOURCE
15	Ambulatory Status	<u>P</u>	
16	VIP Indicator	<u>O</u>	See HL7 2.5 Codeset: CS_VIP_IND
17	Admitting Doctor	<u>O</u>	
17.1	Provider Identifier	<u>R</u>	
17.2	Last Name	<u>R</u>	
17.3	First Name	<u>O</u>	
17.4	Middle Name	<u>O</u>	
17.5	Suffix	<u>O</u>	
17.6	Prefix	<u>O</u>	
17.7	Degree	<u>O</u>	
17.8	Source Table	<u>O</u>	
17.9	Assigning Authority	<u>C</u>	Valid examples: NPI&2.16.840.1.113883.4.6&ISO <assigning authority mnemonic>&<local OID>&ISO
17.9.1	Namespace ID	<u>C</u>	
17.9.2	Universal ID	<u>C</u>	
17.9.3	Universal ID Type	<u>C</u>	
17.10	Name Type	<u>N</u>	
17.11	Check Digit	<u>N</u>	

17.12	Check Digit	N	
17.13	Scheme Identifier Type	C	•
18	Patient Type	O	See HL7 2.5 Codeset: CS_ENCOUNTER_TYPE
19	Visit Number	P	
20	Financial Class	O	See HL7 2.5 Codeset: CS_FINANCIAL_CLASS
21	Charge Price Indicator	P	
22	Courtesy Code	P	
23	Credit Rating	P	
24	Contract Code	P	
25	Contract Effective Date	P	
26	Contract Amount	P	
27	Contract Period	P	
28	Interest Code	P	
29	Transfer to Bad Debt Code	P	
30	Transfer to Bad Debt Date	P	
31	Bad Debt Agency Code	P	
32	Bad Debt Transfer Amount	P	
33	Bad Debt Recover Amount	P	
34	Delete Account Indicator	P	
35	Delete Account Date	P	
36	Discharge Disposition	O	See HL7 2.5 Codeset: CS_DISCHARGE_DISPOSITION
37	Discharge To Location	P	
37.1	Code	P	
37.2	Description	P	
38	Diet Type	P	
39	Servicing Facility	O	See HL7 2.5 Codeset: CS_SERVICING_FACILITY
40	Bed Status	P	
41	Account Status	P	
42	Pending Location	P	
43	Prior Temporary Location	P	
44	Admit Date/Time	R	Will always be populated in visit-level ADT messages.
45	Discharge Date/Time	C	
46	Current Patient Balance	P	
47	Total Charges	P	
48	Total Adjustment	P	
49	Total Payments	P	
50	Alternate Visit ID	P	
51	Visit Indicator	P	

52	Other Healthcare Providers	P	
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6. The PV2 Segment – Additional Patient Visit Information

The PV2 segment provides additional visit or encounter specific information.

Segment Layout

PV2 Seq	Name	R/O	Comments
01	Prior Pending Locations	P	
02	Accommodation Code	Q	See HL7 2.5 Codeset: CS_ACCOMODATION
03	Admit Reason	Q	
03.1	Admit Reason Code	N	
03.2	Admit Reason Text	Q	
04	Transfer Reason	P	
04.1	Transfer Reason Code	P	
04.2	Transfer Reason Text	P	
05	Patient Valuables	P	
06	Patient Valuables Location	P	
07	Visit User Code	P	
08	Expected Admit Date	P	
09	Expected Discharge Date	P	
10	Estimated Length of Inpatient Stay	P	
11	Actual Length of Inpatient Stay	P	
12	Visit Description	P	
13	Referral Source Code	P	
14	Previous Service Date	P	
15	Employment Illness Related Indicator	P	
16	Purge Status Code	P	
17	Purge Status Date	P	
18	Special Program Code	P	
19	Retention Indicator	P	
20	Expected Number of Insurance Plans	P	
21	Visit Publicity Code	P	
22	Visit Protection Indicator	Q	See HL7 2.5 Codeset: CS_PROTECTION_IND

7. The AL1 Segment - Patient Allergy Information

The AL1 segment provides transmission of allergies that pertain to information gathered by admissions for this encounter.

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Segment Layout

AL1 Seq	Name	R/O	Comments
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01	Set ID - AL1	<u>R</u>	Supplied if an AL1 segment is sent.
02	Allergy Type	<u>R</u>	
03	Allergy Code	<u>R</u>	
03.1	Identifier	<u>O</u>	
03.2	Description	<u>R</u>	
03.3	Name of Coding System	<u>N</u>	
04	Allergy Severity	<u>O</u>	See HL7 2.5 Codeset: CS_ALLERGY_SEVERITY_CODE
05	Allergy Reaction	<u>O</u>	See HL7 2.5 Codeset: CS_ALLERGY_REACTION_CODE
06	Identification Date	<u>O</u>	

8. The DG1 Segment – Diagnosis

The DG1 segment contains patient diagnosis information of various types.

Segment Layout

DG1 Seq	Name	R/O	Comments
01	Set ID - DG1	<u>R</u>	
02	Diagnosis Coding Method	<u>R</u>	See HL7 2.5 Codeset: CS_DIAGNOSIS_CODE_METHOD
03	Diagnosis Code	<u>C</u>	Can be blank for a free-text diagnosis, but will be populated if a coded diagnosis.
03.1	Identifier	<u>R</u>	
03.2	Description	<u>R</u>	
03.3	Name of Coding System	<u>R</u>	
04	Diagnosis Description	<u>C</u>	
05	Diagnosis Date and Time	<u>O</u>	
06	Diagnosis Type	<u>R</u>	See HL7 2.5 Codeset: CS_DIAGNOSIS_TYPE
07	Major Diagnostic Category (MDB)	<u>P</u>	
08	Diagnostic Related Group	<u>P</u>	
09	DRG Approval Indicator	<u>P</u>	
10	DRG Group Review Code	<u>P</u>	
11	Outlier Type	<u>P</u>	
12	Outlier Days	<u>P</u>	
13	Outlier Cost	<u>P</u>	
14	Grouper Version and Type	<u>P</u>	
15	Diagnosis Priority	<u>R</u>	Acceptable values: 0 = Not included in diagnosis ranking 1 = The primary diagnosis 2 = For ranked secondary diagnoses
16	Diagnosing Clinician	<u>P</u>	

17	Diagnosis Classification	<u>P</u>	
18	Confidential Indicator	<u>O</u>	See HL7 2.5 Codeset: CS_PROTECTION_IND
19	Attestation Date/Time	<u>P</u>	

9. The PR1 Segment – Procedures

The PR1 segment contains information relative to various types of procedures that can be performed on a patient.

Segment Layout

PR1 Seq	Name	R/O	Comments
01	Set ID - PR1	<u>R</u>	Set ID begins at 1 and increments by 1.
02	Procedure Coding Method	<u>N</u>	Use PR1:3.3.
03	Procedure Code	<u>R</u>	Must be populated by the sending system.
03.1	Identifier	<u>R</u>	
03.2	Text	<u>R</u>	
03.3	Name of Coding System	<u>R</u>	
03.4	Alternate Identifier	<u>O</u>	
03.5	Alternate Text	<u>O</u>	
03.6	Name of Alternate Coding System	<u>O</u>	
04	Procedure Description	<u>N</u>	Use PR1:3.2.
05	Procedure Date/Time	<u>R</u>	
06	Procedure Functional Type	<u>O</u>	Acceptable values: A = Anesthesia P = Procedure for treatment (therapeutic, including operations) I = Invasive Procedure not classified elsewhere (i.e. IV catheter) D = Diagnostic procedure
07	Procedure Minutes	<u>O</u>	
08	Anesthesiologist	<u>O</u>	Valid examples: NPI&2.16.840.1.113883.4.6&ISO <assigning authority mnemonic>&<local OID>&ISO
08.1	Identifier	<u>R</u>	
08.2	Last Name	<u>R</u>	
08.3	First Name	<u>O</u>	
08.4	Middle Name	<u>O</u>	
08.5	Suffix	<u>O</u>	
08.6	Prefix	<u>O</u>	
08.7	Degree	<u>O</u>	
08.8	Source Table	<u>O</u>	
08.9	Assigning Authority	<u>C</u>	
08.9.1	Namespace ID	<u>C</u>	
08.9.2	Universal ID	<u>C</u>	

08.9.3	Universal ID	<u>C</u>	•
Type			
08.10	Name Type	<u>N</u>	
Code			
08.11	Identifier Check	<u>N</u>	
Digit			
08.12	Check Digit	<u>N</u>	•
Scheme			
08.13	Identifier Type	<u>C</u>	
Code			
09	Anesthesia Code	<u>O</u>	Codeset – User defined
10	Anesthesia Minutes	<u>O</u>	
11	Surgeon	<u>O</u>	Valid examples: NPI&2.16.840.1.113883.4.6&ISO <assigning authority mnemonic>&<local OID>&ISO •
11.1	Identifier	<u>R</u>	
11.2	Last Name	<u>R</u>	
11.3	First Name	<u>O</u>	
11.4	Middle Name	<u>O</u>	
11.5	Suffix	<u>O</u>	
11.6	Prefix	<u>O</u>	
11.7	Degree	<u>O</u>	
11.8	Source Table	<u>O</u>	
11.9	Assigning	<u>C</u>	
Authority			
11.9.1	Namespace ID	<u>C</u>	
11.9.2	Universal ID	<u>C</u>	
11.9.3	Universal ID	<u>C</u>	
Type			
11.10	Name Type	<u>N</u>	
Code			
11.11	Identifier Check	<u>N</u>	
Digit			
11.12	Check Digit	<u>N</u>	
Scheme			
11.13	Identifier Type	<u>C</u>	
Code			
12	Procedure Practitioner	<u>O</u>	Valid examples: NPI&2.16.840.1.113883.4.6&ISO <assigning authority mnemonic>&<local OID>&ISO •
12.1	Identifier	<u>R</u>	
12.2	Last Name	<u>R</u>	
12.3	First Name	<u>O</u>	
12.4	Middle Name	<u>O</u>	
12.5	Suffix	<u>O</u>	
12.6	Prefix	<u>O</u>	
12.7	Degree	<u>O</u>	
12.8	Source Table	<u>O</u>	
12.9	Assigning	<u>C</u>	
Authority			
12.9.1	Namespace ID	<u>C</u>	

12.9.2	Universal ID	<u>C</u>	•
12.9.3	Universal ID	<u>C</u>	
12.10	Type Name Type	<u>N</u>	
12.11	Code Identifier Check	<u>N</u>	
12.12	Digit Check Digit	<u>N</u>	
12.13	Scheme Identifier Type	<u>C</u>	
12.13	Code		
13	Consent Code	<u>O</u>	
13.1	Identifier	<u>R</u>	
13.2	Text	<u>R</u>	
13.3	Name of Coding System	<u>R</u>	
13.4	Alternate Identifier	<u>O</u>	
13.5	Alternate Text	<u>O</u>	
13.6	Name of Alternate Coding System	<u>O</u>	
14	Procedure Priority	<u>R</u>	<p>When the same procedure is performed multiple times.</p> <p>Possible Values: 0 = the admitting procedure 1 = the primary procedure 2 and higher = for ranked secondary procedures</p>
15	Associated Diagnosis Code	<u>O</u>	<p>Will be populated with a code.</p> <p>Will be populated with a description.</p>
15.1	Identifier	<u>R</u>	
15.2	Text	<u>R</u>	
15.3	Name of Coding System	<u>R</u>	
15.4	Alternate Identifier	<u>O</u>	
15.5	Alternate Text	<u>O</u>	
15.6	Name of Alternate Coding System	<u>O</u>	
16	Procedure Code Modifier	<u>O</u>	
16.1	Identifier	<u>R</u>	
16.2	Text	<u>R</u>	
16.3	Name of Coding System	<u>R</u>	
16.4	Alternate Identifier	<u>O</u>	
16.5	Alternate Text	<u>O</u>	
16.6	Name of Alternate Coding System	<u>O</u>	

17	Procedure DRG Type	<u>O</u>	
18	Tissue Type Code	<u>O</u>	
18.1	Identifier	<u>R</u>	
18.2	Text	<u>R</u>	
18.3	Name of Coding System	<u>R</u>	
18.4	Alternate Identifier	<u>O</u>	
18.5	Alternate Text	<u>O</u>	
18.6	Name of Alternate Coding System	<u>O</u>	
19	Procedure Identifier	<u>R</u>	
19.1	Entity Identifier	<u>R</u>	This field contains a value that uniquely identifies a single procedure for an encounter. Value is ISO.
19.2	Namespace ID	<u>O</u>	
19.3	Universal ID	<u>O</u>	
19.4	Universal ID Type	<u>O</u>	
20	Procedure Action Code	<u>O</u>	Codeset - Maintenance Control on Procedures The following codes are from the HL7 table 0206 and are the same as what is in TXA:21. Possible values: A = Add U = Update D = Delete

10. The GT1 Segment – Guarantor

The GT1 segment contains guarantor (person or organization with financial responsibility for payment of a patient account) data for patient and insurance billing applications.

GT1 Seq	Name	R/O	Comments
01	Set ID - GT1	<u>R</u>	Set ID begins at 1 and increments by 1.
02	Guarantor Number	<u>O</u>	
03	Guarantor Name	<u>R</u>	
03.1	Last Name	<u>R</u>	
03.2	First Name	<u>O</u>	
03.3	Middle Name	<u>O</u>	
03.4	Prefix	<u>O</u>	
03.5	Suffix	<u>O</u>	
03.6	Degree	<u>N</u>	
04	Guarantor Spouse Name	<u>P</u>	
05	Guarantor Address	<u>O</u>	
05.1	Address Line 1	<u>O</u>	
05.2	Address Line 2	<u>O</u>	
05.3	City	<u>O</u>	
05.4	State	<u>O</u>	

05.5	ZIP	<u>O</u>	
05.6	Country	<u>N</u>	
05.7	Type	<u>N</u>	
05.8	Other Geographic	<u>N</u>	
05.9	County/Parish	<u>N</u>	
06	Guarantor Phone Number – Home	<u>O</u>	18 character limit - format: (999) 999-9999
07	Guarantor Phone Number – Business	<u>O</u>	18 character limit - format: (999) 999-9999
08	Guarantor Date of Birth	<u>O</u>	
09	Guarantor Sex	<u>O</u>	See HL7 2.5 Codeset: CS_GENDER
10	Guarantor Type	<u>P</u>	
11	Guarantor Relationship	<u>R</u>	See HL7 2.5 Codeset: CS_REL_TO_PERSON
12	Guarantor SSN	<u>O</u>	
13	Guarantor Date – Begin	<u>P</u>	
14	Guarantor Date – End	<u>P</u>	
15	Guarantor Priority	<u>P</u>	
16	Guarantor Employer Name	<u>O</u>	
17	Guarantor Employer Address	<u>O</u>	
17.1	Address Line 1	<u>O</u>	
17.2	Address Line 2	<u>O</u>	
17.3	City	<u>O</u>	
17.4	State	<u>O</u>	
17.5	ZIP	<u>O</u>	
17.6	Country	<u>N</u>	
17.7	Type	<u>N</u>	
17.8	Other Geographic	<u>N</u>	
17.9	County/Parish	<u>N</u>	
18	Guarantor Employer Phone	<u>O</u>	18 character limit - format: (999) 999-9999
19	Guarantor Employee ID Number	<u>O</u>	
20	Guarantor Employment Status	<u>P</u>	
21	Guarantor Organization	<u>P</u>	
21.1	Organization Name	<u>P</u>	
21.2	Organization Name	<u>P</u>	
	Type Code		
21.3	ID Number	<u>P</u>	
21.4	Check Digit	<u>P</u>	
21.5	Check Digit Scheme	<u>P</u>	
21.6	Assigning Authority	<u>P</u>	
21.7	Identifier Type Code	<u>P</u>	
21.8	Assigning Facility	<u>P</u>	
22	Guarantor Billing Hold Flag	<u>P</u>	
23	Guarantor Credit Rating Code	<u>P</u>	

24	Guarantor Death Date/Time	P	
25	Guarantor Death Indicator	P	
26	Guarantor Charge Adjustment Code	P	
27	Guarantor House Annual Income	P	
28	Guarantor Household Size	P	
29	Guarantor Employer ID Number	Q	
30	Guarantor Marital Status Code	Q	See HL7 2.5 Codeset: CS_MARITAL_STATUS
31	Guarantor Hire Effective Date	P	
32	Employment Stop Date	P	
33	Living Dependency	P	
34	Ambulatory Status	P	
35	Citizenship	Q	See HL7 2.5 Codeset: CS_CITIZENSHIP
36	Primary Language	Q	See HL7 2.5 Codeset: CS_LANGUAGE
37	Living Arrangement	P	
38	Privacy Type	P	
39	Protection Indicator	Q	See HL7 2.5 Codeset: CS_PROTECTION_IND
40	Student Indicator	Q	See HL7 2.5 Codeset: CS_STUDENT_IND
41	Religion	Q	See HL7 2.5 Codeset: CS_RELIGION
42	Mother's Maiden Name	Q	
43	Nationality	Q	See HL7 2.5 Codeset: CS_NATIONALITY
44	Ethnic Group	P	
45	Contact Person Name	P	
46	Contact Person Phone	P	
47	Contact Reason	P	
48	Contact Relationship	P	
49	Job Title	P	
50	Job Code	P	
50.1	Job Code	P	
50.2	Job Class	P	
51	Guarantor Employer Organization Name	P	
52	Handicap	P	
53	Job Status	P	
54	Guarantor Financial Class	P	
54.1	Financial Class	P	
54.2	Effective Date	P	
55	Guarantor Race	Q	See HL7 2.5 Codeset: CS_RACE
56	Guarantor Birth Place	P	
57	VIP Indicator	P	

11. The IN1 Segment – Insurance Information

The IN1 segment contains insurance policy coverage information necessary to produce pro-rated patient and insurance bills.

Segment Layout

IN1 Seq	Name	R/O	Comments
01	Set ID - IN1	R	Set ID begins at 1 and increments by 1
02	Insurance Plan ID	O	
03	Insurance Company ID	R	
03.1	ID	R	
03.2	Code Identifying the Check Digit Scheme Employed	N	
03.3	Assigning Authority	N	
03.4	Identifier Type Code	N	
03.5	Assigning Facility	N	
04	Insurance Company Name	R	
05	Insurance Company Address	O	
05.1	Street Address	O	
05.2	Other Designation	O	
05.3	City	O	
05.4	State or Province	O	
05.5	ZIP or Postal Code	O	
05.6	Address Type	N	
05.7	Other Geographic Designation	N	
05.8	Country/Parish Code	N	
05.9	Census Tract	N	
06	Insurance Comp Contact Person	P	
07	Insurance Company Phone Number	O	18 character limit - format: (999) 999-9999
08	Group Number	O	
09	Group Name	O	
10	Insured's Group Employer ID	O	
11	Insured's Group Employer Name	O	
12	Plan Effective Date/Time	O	
13	Plan Expiration Date	O	
14	Authorization Information	O	
14.1	Authorization Number	O	
14.2	Date	N	
14.3	Source	N	
15	Plan Type	O	
16	Name of Insured	R	
16.1	Last Name	R	

16.2	First Name	<u>O</u>	
16.3	Middle Name	<u>O</u>	
16.4	Suffix	<u>O</u>	
16.5	Prefix	<u>O</u>	
16.6	Degree	<u>N</u>	
17	Insured's Relationship to Patient	<u>R</u>	See HL7 2.5 Codeset: CS_REL_TO_PERSON
18	Insured's Date of Birth	<u>O</u>	
19	Insured's Address	<u>O</u>	
19.1	Address Line 1	<u>O</u>	
19.2	Address Line 2	<u>O</u>	
19.3	City	<u>O</u>	
19.4	State	<u>O</u>	
19.5	ZIP	<u>O</u>	
19.6	Country	<u>N</u>	
19.7	Type	<u>N</u>	
19.8	Other Geographic	<u>N</u>	
19.9	County/Parish	<u>N</u>	
20	Assignment of Benefits	<u>P</u>	
21	Coordination of Benefits	<u>P</u>	
22	Coordination of Benefits Priority	<u>O</u>	
23	Notice of Admission Code	<u>P</u>	
24	Notice of Admission Date	<u>P</u>	
25	Report of Eligibility Code	<u>P</u>	
26	Report of Eligibility Date	<u>P</u>	
27	Release Information Code	<u>P</u>	
28	Pre-admit Certification (PAC)	<u>P</u>	
29	Verification Date/Time	<u>P</u>	
30	Verification By	<u>P</u>	
31	Type of Agreement Code	<u>P</u>	
32	Billing Status	<u>P</u>	
33	Lifetime Reserve Days	<u>P</u>	
34	Delay Before Life Reserve Day	<u>P</u>	
35	Company Plan Code	<u>P</u>	
36	Policy Number	<u>O</u>	
37	Policy Deductible	<u>P</u>	
38	Policy Limit – Maximum Amount	<u>P</u>	
39	Policy Limit – Maximum Days	<u>P</u>	
40	Room Rate – Semi-Private	<u>P</u>	
41	Room Rate – Private	<u>P</u>	
42	Insured's Employment Status	<u>P</u>	
43	Insured's Sex	<u>O</u>	See HL7 2.5 Codeset: CS_GENDER

44	Insured's Employer Address	P	
45	Verification Status	P	
46	Prior Insurance Plan ID	P	
47	Coverage Type	P	
48	Handicap	P	
49	Insured's ID Number	O	
50	Signature Code	P	
51	Signature Code Date	P	
52	Insured's Birth Place	P	
53	VIP Indicator	P	

12. The IN2 Segment – Insurance Additional Info

The IN2 segment contains additional insurance policy coverage and benefit information necessary for billing and reimbursement. Fields used by this segment are defined by HICFA or other regulatory agencies.

Segment Layout

IN2 Seq	Name	R/O	Comments
01	Insured's Employee ID	O	
02	Insured's SSN	O	
03	Insured's Employer ID and Name	O	
03.1	Employer ID	C	
03.2	Employer Name	C	
04	Employer Information Data	P	
05	Mail Claim Party	P	
06	Medicare Health Insurance Card Number	P	
07	Medicaid Case Name	P	
08	Medicaid Case Number	P	
09	Champus Sponsor Name	P	
10	Champus ID Number	P	
11	Dependent of Champus Recipient	P	
12	Champus Organization	P	
13	Champus Station	P	
14	Champus Service	P	
15	Champus Rank/Grade	P	
16	Champus Status	P	
17	Champus Retire Date	P	
18	Champus Non-Avail Cert on File	P	
19	Baby Coverage	P	
20	Combine Baby Bill	P	
21	Blood Deductible	P	
22	Special Coverage Approval Number	P	

23	Special Coverage Approval Title	<u>P</u>	
24	Non-Covered Insurance Code	<u>P</u>	
25	Payor ID	<u>P</u>	
26	Payor Sub ID	<u>P</u>	
27	Eligibility Source	<u>P</u>	
28	Room Coverage Type/Amount	<u>P</u>	
28.1	Room Type	<u>P</u>	
28.2	Amount Type	<u>P</u>	
28.3	Coverage Amount	<u>P</u>	
29	Policy Type/Amount	<u>P</u>	
29.1	Policy Type	<u>P</u>	
29.2	Amount Class	<u>P</u>	
29.3	Amount	<u>P</u>	
30	Daily Deductible	<u>P</u>	
31	Living Dependency	<u>P</u>	
32	Ambulatory Status	<u>P</u>	
33	Citizenship	<u>O</u>	See HL7 2.5 Codeset: CS_CITIZENSHIP
34	Primary Language	<u>O</u>	See HL7 2.5 Codeset: CS_LANGUAGE
35	Living Arrangement	<u>P</u>	
36	Privacy Type	<u>P</u>	
37	Protection Indicator	<u>O</u>	See HL7 2.5 Codeset: CS_PROTECTION_IND
38	Student Indicator	<u>O</u>	See HL7 2.5 Codeset: CS_STUDENT_IND
39	Religion	<u>O</u>	See HL7 2.5 Codeset: CS_RELIGION
40	Mother's Maiden Name	<u>O</u>	
41	Nationality	<u>O</u>	See HL7 2.5 Codeset: CS_NATIONALITY
42	Ethnic Group	<u>P</u>	
43	Marital Status	<u>O</u>	See HL7 2.5 Codeset: CS_MARITAL_STATUS
44	Insured Employment Start	<u>P</u>	
45	Insured Employment Stop	<u>P</u>	
46	Job Title	<u>O</u>	
47	Job	<u>P</u>	
48	Job Status	<u>P</u>	
49	Employer Contact Person	<u>P</u>	
50	Employer Contact Phone	<u>P</u>	
51	Employer Contact Reason	<u>P</u>	
52	Insured Contact Person	<u>P</u>	
53	Insured Contact Phone	<u>P</u>	
54	Insured Contact Reason	<u>P</u>	
55	Relationship to Patient Start Date	<u>P</u>	
56	Relationship to Patient Stop Date	<u>P</u>	

57	Insurance Company Contact Reason	<u>P</u>	
58	Insurance Company Contact Phone	<u>P</u>	
59	Policy Scope	<u>P</u>	
60	Policy Source	<u>P</u>	
61	Patient Member Number	<u>P</u>	
62	Guarantor Relation to Insured	<u>P</u>	
63	Insured Home Phone Number	<u>Q</u>	18 character limit - format: (999) 999-9999
64	Insured Employer Phone Number	<u>Q</u>	18 character limit - format: (999) 999-9999
65	Military Handicapped Program Code	<u>P</u>	
66	Suspend Flag	<u>P</u>	
67	Copay Limit Flag	<u>P</u>	
68	Stop Loss Limit Flag	<u>P</u>	
69	Insured Organization Name and ID	<u>P</u>	
70	Insured Employer Organization Name/ID	<u>P</u>	
71	Race	<u>Q</u>	See HL7 2.5 Codeset: CS_RACE
72	Patient Relationship to Insured	<u>P</u>	

13. The ACC Segment – Accident Information

The ACC segment contains patient accident information.

Segment Layout

ACC Seq	Name	R/O	Comments
01	Accident Date/Time	<u>Q</u>	
02	Accident Code	<u>R</u>	See HL7 2.5 Codeset: CS_ACCIDENT_CODE
03	Accident Location	<u>Q</u>	
04	Auto Accident State	<u>Q</u>	
05	Accident Job Related Indicator	<u>Q</u>	
06	Accident Death Indicator	<u>Q</u>	
07	Entered By	<u>P</u>	
08	Accident Description	<u>P</u>	
09	Brought In By	<u>P</u>	
10	Police Notified Indicator	<u>P</u>	
11	Accident Address	<u>P</u>	