

Index

A

- A19 usage notes, 3-17
- ACC, 6-56
- Accommodation code, 3-60
- account ID, 4-23
- Account status, 3-56
- ACK, 6-3, 6-4, 6-5
- ACK General Acknowledgment, 10-18
- Acknowledgements
 - enhanced mode, 2-2
 - original mode, 2-2
- ACKNOWLEDGMENT, 2-67, 4-5
 - delayed - MCF, 2-67
 - general - ACK, 2-67
- action by, 4-22
- action code, 12-21, 12-25
- action code usage, 12-3
- action date/time, 12-18, 12-21
- actual dispense amount, 4-82
- actual dispense units, 4-82
- actual dosage form, 4-82
- Actual length of inpatient stay, 3-60
- actual problem resolution date/time, 12-22
- actual strength, 4-83
- actual strength unit, 4-84
- AD, 2-13
- ADD, 2-107
- Add person information, 3-22
- Address, 3-65
- administered amount, 4-94
- administered at location, 4-95
- administered code, 4-94
- administered dosage form, 4-94
- administered per (time unit), 4-95
- administered strength, 4-95
- administered strength unit, 4-95
- administered units, 4-94
- administering provider, 4-95
- administration method, 4-69
- administration notes, 4-89, 4-94
- administration sub-ID counter, 4-94
- administrative device, 4-68
- administrative site, 4-68
- Admission type, 3-50
- Admit / visit notification, 3-2
- Admit a patient - event A01 (basic example), 3-78
- Admit a patient - event A01 (complex example), 3-79, 3-80, 3-81, 3-82
- Admit date/time, 3-57
- Admit reason, 3-60
- Admit source, 3-53
- Admitting doctor, 3-53
- ADT transaction set, 3-1

Index

AIG - appointment information - general resource segment, 10-43

AIG field definitions, 10-43

AIL - appointment information - location resource segment, 10-46

AIP - appointment information - personnel resource segment, 10-50

AIS - appointment information - service segment, 10-40

AL1 - patient allergy information segment, 3-70

AL1 field definitions, 3-70

Allergy code/mnemonic/description, 3-70

Allergy reaction, 3-71

Allergy severity, 3-71

Allergy type, 3-70

allow substitution, 4-64

Allow substitutions code, 10-42, 10-46, 10-49, 10-52

Alternate patient ID, 3-44

Alternate visit ID, 3-57

Ambulatory status, 3-53, 3-67

anticipated price, 4-58

anticipated problem resolution date/time, 12-22

Application roles, 10-5, 10-7, 11-3

Application roles in a messaging environment, 11-5

Appointment, 10-9

Appointment duration, 10-29, 10-35

Appointment duration units, 10-29, 10-36

Appointment reason, 10-28, 10-35

Appointment slot spacing criteria, 10-55

Appointment timing quantity, 10-36

appointment type, 10-9, 10-28, 10-35

Appointments, 10-4

APR - appointment preferences segment, 10-53

ARQ - appointment request segment, 10-25

ARQ field definitions, 10-26

Assigned patient location, 3-50

assistant result interpreter, 4-44, 7-28

Associated party identifiers, 3-69

Attending doctor, 3-51

AUT - authorization information segment, 11-22

AUT - data element definitions, 11-22

Authorization effective date, 11-22

Authorization expiration date, 11-22

Authorization identifier, 11-22

Authorized number of treatments, 11-23

Authorizing payor, company ID, 11-22

Authorizing payor, company name, 11-22

Authorizing payor, plan ID, 11-22

Auxiliary application, 10-10

auxiliary application role, 10-7, 11-4

B

Baby detained indicator, 3-63

Background, 1-2

Bad debt agency code, 3-55

Bad debt recovery amount, 3-55

Bad debt transfer amount, 3-55

BAR, 6-2, 6-3, 6-5, 6-63, 6-64

Batch Processing, 1-9

Batch protocol, 2-81

Bed location, 3-71

Bed status, 3-56, 3-71

Bed status update, 3-18
 bedside monitoring, 4-2
 Benefits, 11-5
 BHS, 2-109
 Billing media code, 3-63
 Birth order, 3-47
 Birth place, 3-47
 BLG, 4-23
 Block, 10-10
 Book, 10-10
 Break Points
 queries, 2-71
 BTS, 2-110
 Business phone number, 3-65

C
 call back phone number, 4-21
 Cancel admit / visit notification, 3-11
 Cancel discharge / end visit, 3-12
 Cancel patient arriving - tracking, 3-25
 Cancel patient departing - tracking, 3-26
 Cancel patient referral, 11-18
 Cancel pending admit, 3-22
 Cancel pending discharge, 3-21
 Cancel pending transfer, 3-21
 Cancel pre-admit, 3-28
 Cancel transfer, 3-12
 cancellation, 4-10
 CD, 2-14
 CE, 2-14
 certainty of problem, 12-23
 CF, 2-15
 Change an inpatient to an outpatient, 3-7
 Change an outpatient to an inpatient, 3-6
 Charge price indicator, 3-54
 charge to practice, 4-40, 7-24
 charge type, 4-23
 Child appointment, 10-10
 Citizenship, 3-48, 3-67
 CK, 2-15
 Clinic organization name, 3-62
 clinical
 observations, 4-1, 4-2
 Clinical information, 11-6
 Clinical Trials, 7-59
 CM, 2-17
 CN, 2-17
 Coding Schemes
 Diagnostic, 7-10
 Coding System
 ASTM 1238-88 Table 5, 7-11
 collection volume, 4-35, 7-19
 collector's comment, 4-45
 collector identifier, 4-35, 7-20
 collector's comment, 7-29
 component amount, 4-70
 component code, 4-70
 component strength, 4-70
 component strength unit, 4-71

Index

component units, 4-70

Consulting doctor, 3-52

Contact address, 11-27

Contact identifiers, 11-27

Contact location, 11-27

Contact name, 11-26

Contact person's name, 3-68

Contact person's telephone number, 3-69

Contact person address, 3-69

Contact person social security number, 3-70

Contact phone number, 11-27

Contact reason, 3-68

Contact role, 3-65, 11-24

Contract amount, 3-55

Contract code, 3-54

Contract effective date, 3-55

Contract period, 3-55

Control/Query, 2-1

County code, 3-45

Courtesy code, 3-54

CP, 2-18

CQ, 2-20

Credit rating, 3-54

CTD - contact data segment, 11-26

CTD data element definitions, 11-26

current goal review date/time, 12-19

current goal review status, 12-19

Current patient balance, 3-57

CX, 2-20

cyclic placer order groups, 4-30

D

D/T of most recent refill or dose dispensed, 4-76

danger code, 4-36, 7-20

Data Fields, 2-5

data type

- TQ, 4-2

Data types, 2-9

- AD, 2-13
- CD, 2-14
- CE, 2-14
- CF, 2-15
- CK, 2-15
- CM, 2-17
- CN, 2-17
- CP, 2-18
- CQ, 2-20
- CX, 2-20
- DT, 2-23
- ED, 2-23
- EI, 2-25
- FT, 2-26
- HD, 2-26
- ID, 2-28
- MA, 2-28
- MO, 2-29
- NA, 2-29
- NM, 2-29
- PL, 2-29

PN, 2-32
 RP, 2-37
 SI, 2-41
 SN, 2-42
 ST, 2-42
 TM, 2-43
 TN, 2-43
 TQ, 2-43
 TS, 2-44
 TX, 2-44
 XAD, 2-46
 XCN, 2-47
 XON, 2-48
 XPN, 2-49
 XTN, 2-50
 date needed, 4-57
 Date of birth, 3-45, 3-67
 date/time dispensed, 4-81
 date/time end of administration, 4-94
 Date/time of event, 3-41
 date/time of transaction, 4-20
 Date/time planned event, 3-41
 date/time start of administration, 4-94
 Delete a patient record, 3-19
 Delete account date, 3-55
 Delete account indicator, 3-55
 Delete person information, 3-23
 Delimiters, 2-8
 deliver - to location, 4-63, 4-75
 deliver to ID, 4-57
 Dependent, 11-6
 dept. cost center, 4-57
 DFT, 6-4
 DG1, 6-10, 6-64
 diagnostic
 imaging, 4-2
 studies, 4-2
 Diagnostic coding schemes, 7-10
 diagnostic serv sect ID, 4-41, 7-25
 Diet Orders, 4-47
 Diet type, 3-56
 diet, supplement, or preference code, 4-50
 diets, 4-2
 Discharge date/time, 3-57
 Discharge disposition, 3-55
 Discharge/end visit, 3-4
 Discharged to location, 3-56
 discontinue, 4-10
 dispense amount, 4-75
 dispense notes, 4-82
 dispense sub-ID, 4-88
 dispense sub-ID counter, 4-81
 dispense units, 4-75
 dispense/give code, 4-81
 dispense-to location, 4-83, 4-89
 dispensing provider, 4-82
 DISPLAY MESSAGES, 2-67
 DRG, 6-14

Index

Driver's license number - patient, 3-47
DSC, 2-105
DSP, 2-106
DT, 2-23
duplicate fields, 4-7
Duplicate patient, 3-76
Duration, 10-42, 10-45, 10-49, 10-52
Duration units, 10-42, 10-45, 10-49, 10-52

E

Effective date, 11-20
Effective end date of role, 11-26
Effective start date of role, 11-25
EI, 2-25
electrocardiograms, 4-2
Eligibility/coverage, 11-6
embedded query language, 2-3
Employment illness related indicator, 3-61
Encoding Rules, 1-7
Encounter, 11-6
End account, 6-5
End date, 3-66
entered by, 4-20
Entered by location, 10-32, 10-38
Entered by person, 10-32, 10-37
Entered by phone number, 10-32, 10-38
enterer's location, 4-21
entering device, 4-22
entering organization, 4-22
episode of care, 12-18
episode of care ID, 12-22
EQL, 2-112
ERQ, 2-117
ERR, 2-97
Escape sequences, 2-52
 formatted text, 2-54
 formatting codes, 2-52
 hexidecimal, 2-54
 highlighting, 2-53
 local, 2-55
 special character, 2-53
escort required, 4-45, 7-29
Estimated length of inpatient stay, 3-60
Ethnic group, 3-47, 3-68
Event reason, 10-35
Event reason code, 3-41
event replay queries, 2-3
Event type code, 3-41
EVN field definitions, 3-41
EVN segment, 3-41
Example
 acknowledgment general, 2-119
 custom IV, 4-99
 enhanced mode, 2-121
 error return, 2-119
 master file update, 2-124
 original mode, 2-120
 query, 2-120
 response to queries, 4-106

- sequence number
 - initial message, 2-119
 - various levels of coding in an order, 4-97
- EXAMPLE TRANSACTIONS, 10-56
- Expected admit date, 3-60
- Expected discharge date, 3-60
- Expected discharge disposition, 3-62
- expected goal achievement date/time, 12-19
- Expected number of insurance plans, 3-62
- Expected surgery date and time, 3-63
- Expiration date, 11-20
- F**
 - Family/significant other awareness of problem/prognosis, 12-24
 - FHS, 2-107
 - Fields, 2-5
 - Figure 10-1. An example excerpt from an appointment book, 10-2
 - Figure 10-2 Application role messaging relationships, 10-8
 - Figure 10-3. ARQ attributes, 10-26
 - Figure 12-2. GOL attributes, 12-17
 - Figure 3-1. EVN attributes, 3-41
 - Figure 3-2. PID attributes, 3-43
 - Figure 3-3. PV1 attributes, 3-49
 - Figure 3-4. PV2 attributes, 3-59
 - Figure 3-5. NK1 attributes, 3-64
 - Figure 3-6. AL1 attributes, 3-70
 - Figure 3-7. NPU attributes, 3-71
 - Figure 3-8. MRG attributes, 3-72
 - Figure 3-9. PD1 attributes, 3-74
 - File Transfers, 1-9
 - filler, 4-1, 4-3
 - Filler application, 10-10
 - filler application role, 10-6
 - Filler appointment ID, 10-26, 10-28, 10-34, 10-38
 - Filler contact address, 10-37
 - Filler contact location, 10-37
 - Filler contact person, 10-37
 - Filler contact phone number, 10-37
 - filler field #1, 4-40, 7-24
 - filler field #2, 4-40, 7-24
 - filler order number, 4-17, 4-34, 7-18
 - Filler override criteria, 10-55
 - Filler status code, 10-39, 10-42, 10-46, 10-49, 10-53
 - Finance, 6-1
 - Financial class, 3-54
 - First similar illness date, 3-63
 - food, 4-1
 - Formatted text, 2-54
 - Formatting codes, 2-52
 - FT, 2-26
 - FT1, 6-6, 6-63
 - FTS, 2-108
 - G**
 - Generate accounts receivable statements, 6-4
 - Generate bills, 6-4
 - give amount - maximum, 4-74, 4-88
 - give amount - minimum, 4-74, 4-88
 - give code, 4-74, 4-88

Index

give dosage form, 4-74, 4-89

give per (time unit), 4-90

give per (time unit) as encoded by the pharmacy/treatment
supplier, 4-77

give rate amount, 4-78, 4-90

give rate units, 4-78, 4-90

give strength, 4-78, 4-91

give strength unit, 4-78, 4-91

give sub-ID counter, 4-87, 4-93

give units, 4-74, 4-88

Glossary

chapter 4, 4-3

goal, 12-1

goal classification, 12-19

goal established date/time, 12-18

goal evaluation, 12-19

goal evaluation comment, 12-20

goal ID, 12-18

goal instance ID, 12-18

goal life cycle status, 12-20

goal life cycle status date/time, 12-20

goal management discipline, 12-19

goal review interval, 12-19

goal target name, 12-20

goal target type, 12-20

GT1, 6-20

Guarantor, 11-6

H

Handicap, 3-69, 3-75

HD, 2-26

Health care provider, 11-6

Hexadecimal, 2-54

Highlighting, 2-53

History, 1-5

HL7 - X12 Joint Coordinating Committee, 11-34

hospital item code, 4-57

Hospital service, 3-52

I

ID, 2-28

Identification date, 3-71

IMPLEMENTATION CONSIDERATIONS, 3-82, 10-59

IN1, 6-30

IN2, 6-39

IN3, 6-51

indication, 4-67, 4-78, 4-84, 4-91, 4-96

Individual awareness of problem, 12-23

Individual awareness of prognosis, 12-24

inter-enterprise, 11-2

Interest code, 3-55

intra-enterprise, 11-2

Introduction, 1-1

Issues, 10-59

item code - external, 4-56

item code - internal, 4-56

item natural account code, 4-57

IV Solution Groups, 4-71

J

Job status, 3-69

L

laboratory

tests, 4-1, 4-2

Link patient information, 3-20

Living arrangement, 3-67, 3-74

Living dependency, 3-67, 3-74

Living will, 3-75

Location group, 10-48

Location resource ID, 10-47

Location selection criteria, 10-55

Location type, 10-48

Logical relationship of resource and service segments, 10-59

M

MA, 2-28

manufacturer's catalog, 4-58

manufacturer ID, 4-58

manufacturers of vaccines, 4-117

Marital status, 3-46, 3-67

Master File Notification for Staff/Practitioner, 8-12

Master Files, 8-1

master goal list number, 12-18

master problem list number, 12-22

Merge patient information, 3-16

Merge patient information - account number only, 3-27

Merge patient information - patient ID & account number,
3-27

Merge patient information - patient ID only, 3-26

Merge person information, 3-24

Message

ACK, 2-67, 6-3, 6-4, 6-5

ACKNOWLEDGMENT, 2-67

BAR, 6-2, 6-3, 6-5

Chapter formats for defining HL7 messages, 2-57

CONSTRUCTION RULES, 2-55

definition, 2-5

definitions - orders, 4-3

delimiters, 2-8

DFT, 6-4

display vs. record-oriented, 2-67

MCF, 2-67

NMD, C-2

ORM, 4-3, 4-60

ORR, 4-5

RAS, 4-92

RDE, 4-71

RDS, 4-79

RGV, 4-85

Sample Control And Query, 2-119

unsolicited display update - Q05, 2-68

unsolicited display update message continuation, 2-68

MESSAGE CONTROL SEGMENTS, 2-85

MESSAGE SEGMENTS, 10-25

Messages

MFD, 8-4

MFN, 8-3

ORU, 7-13

MFA, 8-8

MFD, 8-4

Index

MFE, 8-7
MFI, 8-5
MFN, 8-3
MFQ, 8-4
Military non availability code, 3-63
Military partnership code, 3-63
Miscellaneous
 HL7 tables used across all chapters, 2-119
MO, 2-29
Modes for updating via repeating segments, 2-84
Modify patient referral, 11-18
Mother's maiden name, 3-68
Mother's identifier, 3-47
Mother's maiden name, 3-44
MRG - merge patient information segment, 3-71
MRG field definitions, 3-72
MSA, 2-96
MSH, 2-85
Multiple birth indicator, 3-47
Multiple placer applications, 10-59

N

NA, 2-29
Name, 3-65
Narrative reports, 7-5
Nationality, 3-48, 3-68
NCK, C-2
needs human review, 4-65, 4-77, 4-83, 4-89
Network Management, C-1
New diagnoses/problems, 12-5

New goals, 12-5
Newborn baby indicator, 3-63
next goal review date/time, 12-19
Next of kin / associated parties employee number, 3-66
Next of kin / associated parties job code/, 3-66
Next of kin / associated parties job title, 3-66
NK1 - next of kin / associated parties segment, 3-63
NK1 field definitions, 3-64
NM, 2-29
NMD, C-2
NMQ, C-1
Notification of addition of service/resource on appointment (event S18), 10-20
Notification of appointment cancellation (event S15), 10-19
Notification of appointment deletion (event S17), 10-19
Notification of appointment discontinuation (event S16), 10-19
Notification of appointment modification (event S14), 10-19
Notification of appointment rescheduling (event S13), 10-18
Notification of blocked schedule time slot(s) (event S23), 10-21
Notification of cancellation of service/resource on appointment (event S20), 10-20
Notification of deletion of service/resource on appointment (event S22), 10-20
Notification of discontinuation of service/resource on appointment (event S21), 10-20
Notification of modification of service/resource on appointment (event S19), 10-20
Notification of new appointment booking (event S12), 10-18
Notification of opened ("un-blocked") schedule time slot(s) (event S24), 10-21

Notification that patient did not show up for scheduled appointment (event S26), 10-21

NPU - bed status update segment, 3-71

NPU field definitions, 3-71

NSC, C-5

NST, C-3

NTE, 2-111

number of refills, 4-64, 4-76

number of refills remaining, 4-76, 4-82

number of refills/doses dispensed, 4-76

number of sample containers, 4-45, 7-29

O

OBR, 4-32, **7-15**

observation date/time, 4-35, 7-19

observation end date/time, 4-35, 7-19

Observation Reporting, 7-1

observation segment, 4-3

observations-to-follow, 4-13

OBX, 7-30

Occurrence number, 10-27, 10-34

ODS, 4-49

ODT, 4-51

OM1, 8-22

OM2, 8-39

OM3, 8-43

OM4, 8-44

OM5, 8-47

OM6, 8-48

Operator ID, 3-41, 3-42

ORC, 4-6

order, 4-3

detail segment, 4-3

other, 4-2

order callback phone number, 4-40, 7-24

order control, 4-8

event acknowledgment, 4-8

event notification, 4-8

event request, 4-8

order control code reason, 4-22

order effective date/time, 4-21

order entry

examples of use, 4-46

order status, 4-19

inheritance, 4-31

ordering provider, 4-21, 4-39, 7-23

ordering provider's DEA number, 4-65, 4-76

orders, 4-1

Organ donor, 3-76

Organization name, 3-66

Original mode queries - display oriented, 10-22

Original mode queries - record oriented, 10-22

ORM, 4-3, 4-60

ORR, 4-5

pharmacy, 4-60

ORU, 7-13

P

P01, 6-2, 6-4, 6-63, 6-64

P02, 6-3

Index

- P03, 6-3, 6-63
- P04, 6-4
- P05, 6-2, 6-4
- P06, 6-5
- parent, 4-20
- Parent and child appointments, 10-5
- Parent appointment, 10-10
- Parent filler appointment ID, 10-32
- parent number, 4-43, 7-27
- Parent placer appointment ID, 10-32, 10-38
- parent result, 4-42, 7-26
- parent/child, 4-8
- Patient account number, 3-46
- Patient accounts
 - add, 6-2
 - purge, 6-3
- Patient address, 3-45
- Patient alias, 3-45
- Patient arriving, 3-10
- Patient charge adjustment code, 3-63
- Patient class, 3-50
- patient class for any visit related information, 3-1
- Patient death date and time, 3-48
- Patient death indicator, 3-48
- Patient departing - tracking, 3-9
- Patient goes on a "leave of absence", 3-18
- Patient ID (external ID, 3-43
- Patient ID (internal ID), 3-44
- Patient name, 3-44
- Patient primary care provider name & ID no., 3-75
- Patient primary facility, 3-74
- Patient query, 3-16
- Patient record links, 3-109
- Patient Referral, 11-1, 11-2, 11-15, 11-17
- Patient referral and responses, 11-1
- Patient returns from a "leave of absence", 3-19
- Patient separate bill indicator, 3-76
- Patient status code, 3-62
- Patient tracking, 3-10
- Patient type, 3-54
- Patient valuables, 3-60
- Patient valuables location, 3-60
- Payor, 11-6
- payors, 11-1
- PD1 - patient demographic segment, 3-74
- Pending admit, 3-13
- Pending discharge, 3-15
- Pending location, 3-56
- Pending transfer, 3-14
- Personnel resource ID, 10-50
- pharmacist/treatment provider verifier ID, 4-65
- pharmacist/treatment supplier's verifier ID, 4-76
- pharmacy, 4-1
- pharmacy/treatment, 4-92
 - administration message, 4-92
 - administration segment, 4-93
 - component order segment, 4-69
 - dispense message, 4-79

- dispense segment, 4-81
- encoded order, 4-71
- encoded order segment, 4-72
- examples of use, 4-97
- give message, 4-85
- give segment, 4-87
- order message, 4-60
- order segment, 4-61
- orders, 4-60
- queries, 4-97
- route segment, 4-67
- usage notes, 4-79
- pharmacy/treatment special administration instructions, 4-90
- pharmacy/treatment special dispensing instructions, 4-77
- pharmacy/treatment supplier special dispensing instructions, 4-83
- Phone number, 3-65
- Phone number - business, 3-46
- Phone number - home, 3-45
- PID - patient identification segment, 3-42
- PID field definitions, 3-43
- PL, 2-29
- placer, 4-1, 4-3
- Placer application, 10-11
- placer application role, 10-6
- Placer appointment ID, 10-26, 10-28, 10-33
- Placer contact address, 10-31, 10-36
- Placer contact location, 10-31, 10-36
- Placer contact person, 10-31, 10-36
- Placer contact phone number, 10-31, 10-36
- placer field #1, 4-40, 7-24
- placer field #2, 4-40, 7-24
- placer group number, 4-18, 10-27, 10-34
- placer order group, 4-3, 4-7
- placer order groups
 - cyclic, 4-30
- placer order number, 4-17, 4-34, 7-17
- planned patient transport comment, 4-46, 7-30
- PN, 2-32
- Point of Care system, 12-4
- Post detail financial transactions, 6-3
- PR1, 6-16
- PRA, 8-17
- PRD - provider data segment, 11-23
- PRD data element definitions, 11-24
- Pre-admit a patient, 3-6
- Pre-admit number, 3-51
- Pre-admit test indicator, 3-52
- Pre-authorization, 11-6**
- Preferred method of contact, 11-25, 11-27
- prescription number, 4-76, 4-82
- previous goal review date/time, 12-19
- Previous service date, 3-61
- Previous treatment date, 3-62
- Primary care provider, 11-6
- primary care provider (PCP), 11-1
- primary care providers, 11-1
- Primary language, 3-46, 3-67

Index

principal result interpreter, 4-44, 7-28

Prior alternate patient ID, 3-72

Prior patient account number, 3-72

Prior patient ID - external, 3-73

Prior patient ID - internal, 3-72

Prior patient location, 3-51

Prior pending location, 3-59

Prior temporary location, 3-57

priority, 4-35, 7-19, 10-30

Probability of problem, 12-23

problem, 12-2

problem classification, 12-22

problem confirmation status, 12-23

problem date of onset, 12-23

problem detail segment -, 12-20

problem established date/time, 12-22

problem ID, 12-21

problem instance ID, 12-22

problem life cycle status, 12-23

problem life cycle status date-time, 12-23

problem list, 12-4

problem management discipline, 12-22

problem onset text, 12-23

problem persistence, 12-22

Problem prognosis, 12-24

problem ranking, 12-23

Process date, 11-21, 11-23

Processing

 batch, 1-9

PROCESSING RULES

 APPLICATION, 2-59, 2-62, 2-64, 2-67, 2-97

 deferred, 2-62, 2-64, 2-67, 2-97

 enhanced, 2-59

 original, 2-59

Protection indicator, 3-68

Protocols

 acknowledging batches, 2-83

 batch, 2-81

 batch message as a query response, 2-83

 continuation messages, 2-79

 HL7 batch file structure, 2-81

 HL7 special, 2-77

 modes for updating via repeating segments, 2-84

 other, 1-9

 related segments and data usage, 2-82

 segments, 2-79

 sequence number, 2-77

provider's administration instructions, 4-63, 4-75

provider's pharmacy/treatment instructions, 4-63

Provider address, 11-25

Provider identifiers, 11-25

Provider location, 11-25

Provider name, 11-24

Provider phone number, 11-25

Publicity indicator, 3-67

Purge status code, 3-61

Purge status date, 3-61

PV1 - patient visit segment, 3-48

PV1 field definitions, 3-50

PV1 usage notes, 3-58

PV2 - patient visit - additional information segment, 3-58

PV2 field definitions, 3-59

PV2 segment, 3-58

Q

Q05, 2-68

QAK, 2-118

QRD, 2-97

QRF, 2-101

Quantity/timing, 4-19, 4-24, 4-42, 4-73, 4-88, 7-26

Quantity/timing component

condition, 4-27

conjunction, 4-28

duration, 4-26

end date/time, 4-26

interval, 4-24

order sequencing, 4-28

priority, 4-27

quantity, 4-24

start date/time, 4-26

text, 4-28

Queries, 2-3, 2-69

deferred - Q02, 2-73

deferred response - Q03, 2-74

display vs. record oriented, 2-69

error response, 2-77

immediate response - Q01, 2-72

immediate vs. deferred response, 2-70

interactive continuation or cancellation of response messages, 2-70

logical display break points, 2-71

message definition, 2-69

MESSAGE DEFINITIONS, 2-72

message implementation considerations, 2-76

TRIGGER EVENTS, 2-72

queries for immunization records, 4-111

Query

MFQ, 8-4

NMQ, C-1

results observation, 7-15

query acknowledgement with no records found, 4-120

query for vaccination record, 4-112, 4-118

Query Response

RAR, 4-106

RDR, 4-106

RER, 4-107

RGR, 4-107

Query transactions, 10-21

Querying application, 10-11

querying application role, 10-6, 11-4

R

Race, 3-45, 3-69

RAR, 4-106

RAS, 4-92

RDE, 4-71

RDF, 2-115

RDR, 4-106

Index

- RDS, 4-79
- RDT, 2-116
- Re-admission indicator, 3-52
- reason for study, 4-43, 7-27
- reasons used with transactions, 10-9
- Recurring service code, 3-63
- REF - patient referral message, 11-15
- REF deferred example, 11-31
- REF immediate example, 11-30
- Reference Documents, 1-16
- Referral, 11-6
- Referral category, 11-20
- Referral disposition, 11-19
- Referral identifier, 11-20, 11-21
- Referral priority, 11-19
- Referral source, 3-61
- Referral status, 11-18
- Referral type, 11-19
- referred-by provider, 11-3
- referred-to provider, 11-3
- referred-to provider application role, 11-3
- Referred-to-provider, 11-6
- Referring doctor, 3-51, 3-58
- Referring provider, 11-6
- referring provider application role, 11-3
- Register a patient, 3-5
- Reimbursement limit, 11-23
- Relationship, 3-65
- relevant clinical information, 4-36, 7-20
- Religion, 3-46, 3-68
- Repeating interval, 2-12, 2-37, 10-30
- Repeating interval duration, 10-31
- replace request, 4-11
- replacement, 4-10
- Reporting units, 7-37
- Request addition of service/resource on appointment (event S07), 10-16
- Request and receive new appointment - event S01, 10-56
- Request and receive new appointment with repeating interval - event S01, 10-58
- Request appointment cancellation (event S04), 10-15
- Request appointment deletion (event S06), 10-15
- Request appointment discontinuation (event S05), 10-15
- Request appointment modification (event S03), 10-15
- Request appointment rescheduling (event S02), 10-14
- Request cancellation of service/resource on appointment (event S09), 10-16
- Request deletion of service/resource on appointment (event S11), 10-17
- Request discontinuation of service/resource on appointment (event S10), 10-17
- Request event reason, 10-28
- Request for cancellation of an authorization, 11-14, 11-15
- Request for insurance information, 11-7
- Request for modification to an authorization, 11-15
- Request for patient clinical information, 11-10
- Request for patient demographic data, 11-9
- Request for resubmission of an authorization, 11-15
- Request for treatment authorization information, 11-14
- Request modification of service/resource on appointment (event S08), 10-16

- Request new appointment booking (event S01), 10-14
- Request patient referral status, 11-15, 11-18
- Request/receipt of clinical data listing, 11-11
- Request/receipt of patient selection display list, 11-7
- Request/receipt of patient selection list, 11-8
- requested date/time, 4-35, 7-19
- requested dispense amount, 4-64
- requested dispense code, 4-64
- requested dispense units, 4-64
- requested dosage form, 4-63
- requested give amount - maximum, 4-63
- requested give amount - minimum, 4-62
- requested give code, 4-62
- requested give per (time unit), 4-66
- requested give units, 4-63
- Requested number of treatments, 11-23
- Requested start date/time range, 2-12, 2-22, 10-29
- requested strength, 4-66
- requested strength unit, 4-67
- requisition line number, 4-56
- requisition quantity, 4-57
- requisition unit of measure, 4-57
- RER, 4-107
- Resource, 10-11
- Resource group, 10-44, 10-51
- Resource group ID, 10-40
- Resource ID, 10-43
- Resource quantity, 10-44
- Resource quantity units, 10-44
- Resource role, 10-51
- Resource selection criteria, 10-54
- Resource type, 10-44
- resources, 10-3
- Responding to a patient referral, 11-2
- response flag, 4-19
- response to vaccination query, 4-113, 4-118
- result copies to, 4-43, 7-27
- result status, 4-41, 7-25
- results rpt/status chng, 4-40, 7-24
- Retention indicator, 3-62
- RF1 - data element definitions, 11-18
- RF1 - referral information segment, 11-18
- RGR, 4-107
- RGS - resource group segment, 10-39
- RGV, 4-85
- Role, 11-26, 12-2, 12-25
- Role assumption reason, 12-25
- Role begin date/time, 12-25
- Role duration, 12-25
- Role end date/time, 12-25
- Role person, 12-25
- role segment - ROL, 12-24
- route, 4-67
- RP, 2-37
- RQ1, 4-58
- RQA - request for patient treatment authorization, 11-12
- RQA deferred example, 11-29
- RQA immediate example, 11-28

Index

RQC immediate example, 11-32

RQD, 4-56

RQI immediate example, 11-28

RX component type, 4-69

RXA, 4-93

RXC, 4-69

RXD, 4-81

RXE, 4-72

RXG, 4-87

RXO, 4-61

RXR, 4-67

S

Sample Control And Query Messages, 2-119

Scenarios, 12-2

 clinical repository loading, 12-2

 consultation, 12-2

SCH - schedule activity information segment, 10-33

SCH field definitions, 10-33

Schedule, 10-11

Schedule ID, 10-27, 10-35

scheduled - date/time, 4-44, 7-28

Schedules, 10-2

Security/sensitivity, 12-24

Segment

 ACC, 6-56

 BLG, 4-23

 DG1, 6-10

 DRG, 6-14

 FT1, 6-6

 GT1, 6-20

 IN1, 6-30

 IN2, 6-39

 IN3, 6-51

 MFA, 8-8

 MFE, 8-7

 OBR, 4-32

 ODS, 4-49

 ODT, 4-51

 OM2, 8-39

 ORC, 4-6

 PR1, 6-16

 RQ1, 4-58

 RQD, 4-56

 RXA, 4-93

 RXC, 4-69

 RXD, 4-81

 RXE, 4-72

 RXG, 4-87

 RXO, 4-61

 RXR, 4-67

 UB1, 6-57

 UB2, 6-60

Segment notes

 MRG merge patient information, 3-73

Segments, 2-5

 ADD, 2-107

 BHS, 2-109

 BTS, 2-110

DSC, 2-105	STF, 8-12
DSP, 2-106	URD, 2-103
EQL, 2-112	URS, 2-104
ERQ, 2-117	VTQ, 2-113
ERR, 2-97	Senarios
FHS, 2-107	patient pre-admission or patient admission, 12-2
FTS, 2-108	Sequence number protocol, 2-77
MFI, 8-5	Service, 10-11
MSA, 2-96	service period, 4-50, 4-51
MSH, 2-85	Services, 10-3
NCK, C-2	Servicing facility, 3-56
NSC, C-5	Set ID - AIG, 10-43
NST, C-3	Set ID - AIL, 10-47
NTE, 2-111	Set ID - AIP, 10-50
OBR, 7-15	Set ID - AIS, 10-40
OBX, 7-30	Set ID - allergy, 3-70
OM1, 8-22	Set ID - next of kin / associated parties, 3-64
OM3, 8-43	set ID - observation request, 4-34, 7-17
OM4, 8-44	Set ID - patient ID, 3-43
OM5, 8-47	Set ID - patient visit, 3-50
OM6, 8-48	Set ID - RGS, 10-40
PRA, 8-17	Sex, 3-45
QAK, 2-118	Sex code, 3-67
QRD, 2-97	SI, 2-41
QRF, 2-101	Signature on file date, 3-63
RDF, 2-115	SIU Schedule Information Unsolicited, 10-18
RDT, 2-116	Slot, 10-11
ROL, 12-24	SN, 2-42
SPR, 2-116	Special character, 2-53

Index

Special program code, 3-61

Specialist, 11-6

specialists, 11-1

specimen, 4-36, 7-21

specimen action code, 4-36, 7-20

specimen received date/time, 4-36, 7-21

SPR, 2-116

SQM Schedule Query Message, 10-23

SQR Schedule Query Response, 10-24

SRM Schedule Request Message, 10-13

SRR Scheduled Request Response, 10-14

SSN number - patient, 3-47

ST, 2-42

Start date, 3-66

Start date/time, 10-41, 10-44, 10-48, 10-51

Start date/time offset, 10-41, 10-45, 10-48, 10-51

Start date/time offset units, 10-41, 10-45, 10-48

Statuses, 10-9

STF, 8-12

stored procedure requests, 2-3

Student indicator, 3-68, 3-75

Subscriber, 11-6

substance expiration date, 4-84, 4-91, 4-96

substance lot number, 4-84, 4-91, 4-95

substance manufacturer, 4-84, 4-91, 4-96

substance refusal reason, 4-96

substitute allowed, 4-59

substitution status, 4-75, 4-83, 4-89

supplies, 4-1, 4-2

Supply Orders, 4-53

Swap patients, 3-15

Swapping a patient, 3-82

T

taxable, 4-59

technician, 4-44, 7-28

Temporary location, 3-52

Text fields

- escape sequences, 2-52

text instruction, 4-51, 4-52

Time selection criteria, 2-12, 2-40, **10-53**, 10-55, 10-56

TM, 2-43

TN, 2-43

Total adjustments, 3-57

Total charges, 3-57

total daily dose, 4-77, 4-83

Total payments, 3-57

TQ, 2-43, 4-24

transaction flow diagram, 4-109

transcriptionist, 4-44, 7-28

Transfer a patient, 3-3

Transfer reason, 3-60

Transfer to bad debt code, 3-55

Transfer to bad debt date, 3-55

transport arranged, 4-45, 7-29

transport arrangement responsibility, 4-45, 7-29

transport logistics of collected sample, 4-45, 7-29

transportation mode, 4-43, 7-27

tray type, 4-51

treatments, 4-2

Trigger event, 4-3

Q01, 2-72

P02, 6-3

P03, 6-3

P04, 6-4

P05, 6-4

P06, 6-5

Q02, 2-73

Q03, 2-74

Q05, 2-68

Trigger events, 2-1, 10-8

TRIGGER EVENTS AND MESSAGE DEFINITIONS,
11-6

TS, 2-44

tube feeding, 4-53

TX, 2-44

type, 4-50

U

UB1, 6-57

UB2, 6-60

unable-to-cancel, 4-10

universal service ID, 4-34, 7-19

Universal service identifier, 10-41

Unlink patient information, 3-28

Unsolicited insurance information, 11-12

Unsolicited notification of rescheduled appointment - event
S13, 10-57

unsolicited replacement, 4-11

unsolicited vaccination record update, 4-114, 4-119

Update account, 6-4

Update patient information, 3-8

Update person information, 3-24

URD, 2-103

URS, 2-104

Usage notes: PID patient identification, 3-48

User -defined Table 0001 - Sex, 3-45

User-defined Table 0002 - Marital status, 3-46

User-defined Table 0004 - Patient class, 3-50

User-defined Table 0007 - Admission type, 3-50

User-defined Table 0009 - Ambulatory status, 3-53

User-defined Table 0062-Event reason, 3-41

User-defined Table 0116 - Bed status, 3-56

User-defined Table 0127 Allergy type, 3-70

User-defined Table 0128 - Allergy severity, 3-71

User-defined table 0213 - Purge status, 3-61

V

vaccination record response, 4-113, 4-119

Vaccine code tables, 4-115

vaccine manufacturer, 4-117

vaccines administered, 4-115

vendor catalog, 4-59

vendor ID, 4-58

verified by, 4-20

Veterans military status, 3-48

VIP indicator, 3-53

virtual table request, 2-3

Visit description, 3-61

Visit number, 3-54

Index

Visit priority code, 3-62

Visit protection indicator, 3-62, 3-76

Visit publicity code, 3-62, 3-76

Visit user code, 3-60

vital signs, 4-2

VTQ, 2-113

W

when to charge, 4-23

X

XAD, 2-46

XCN, 2-47

XON, 2-48

XPN, 2-49

XTN, 2-50