



Incoming Patient Administration - Registration and ADT Interface Technical Specification

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Technical Specification Introduction

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This technical specification documents the subset of an industry messaging standard that an Epic interface supports in the released software version. It might not support the entire standard specification, depending on functional needs.

Message Specifications

The interface receives patient demographic, encounter, and insurance information. When filing insurance information, the interface supports only indemnity coverages (it does not currently support managed care coverages used by Tapestry).

ADT^A01 Admit/Visit Notification

This message is normally received when the patient has completed the admission process that assigns the patient to a bed. It signals the beginning of a patient's stay in a healthcare facility. It can also be used for non-admitted patients, e.g., day surgery or outpatient visit, to indicate the patient has arrived or checked in for a visit. The Admit message opens a new encounter if an encounter with the same identifier doesn't already exist. If the interface is allowed to create new patients, and the patient is not already in the Epic system when the A01 message is received, the patient is added to the system before the new encounter is created.

ADT^A02 Transfer a Patient

An A02 event is issued when a patient's assigned physical location is changed. The new patient location is specified in the Assigned Patient Location field (PV1-3). The patient must already exist in the Epic system or the message will be rejected and an error logged. The transfer date and time will be taken from the Event Occurred field (EVN-6). If this field is not populated, the transfer date and time will be set to the time the message is filed into the Epic database.

ADT^A03 Discharge/End Visit

An A03 event signals the end of a patient's stay in a healthcare facility. This transaction is used to record the actual discharge date, clear the Assigned Patient Location, and close the encounter in the Epic system. The patient must already exist in the Epic system or the message will be rejected and an error logged. If the encounter has already been closed, the discharge date will be updated.

ADT^A04 Register a Patient

This message is normally received for an outpatient visit. It can be used for non-admitted patients, e.g., day surgery or outpatient visit, to indicate the patient has arrived or checked in for a visit. The message can create a new encounter if an encounter with the same identifier doesn't already exist. If the interface is allowed to create new patients, and the patient is not already in the Epic system when the A04 message is received, the patient can be added to the system before the new encounter is created. The interface can also be configured to require that the patient exists before receiving an A04 message.

ADT^A05 Pre-admit a Patient

This message is normally received when the patient is pre-admitted for a hospital event. It can also be used for non-admitted patients, e.g., day surgery or outpatient visit, to indicate the patient will be arriving in the future. The Preadmit message opens a new encounter if an encounter with the same identifier doesn't already exist. If the interface is allowed to create new patients, and the patient is not already in the Epic system when the A05 message is received, the patient is added to the system before the new encounter is created.

ADT^A06 Change an Outpatient to an Inpatient

This event is used when a patient who was present for a non-admitted visit is admitted after evaluation of the patient's condition (e.g., in the case of an emergency room visit). The encounter type for the existing visit will be

changed to the new type indicated by the Patient Class field (PV1-2). The new patient location should appear in the Assigned Patient Location field (PV1-3). The patient must already exist in the Epic system or the message will be rejected and an error logged.

ADT^A07 Change an Inpatient to an Outpatient

An A07 event is used when a patient who was admitted is no longer admitted but is still being seen for the same episode of care. The encounter type for the existing visit will be changed to the new type indicated by the Patient Class field (PV1-2). The new location (if applicable) should appear in the Assigned Patient Location field (PV1-3). The patient must already exist in the Epic system or the message will be rejected and an error logged.

ADT^A08 Update Patient Information

This trigger event is used when any patient information has changed, but no other trigger event has occurred. Normally if an A08 event is received for a patient who is not in the Epic system, the message will be rejected and an error will be logged. Similarly, an A08 should match to an existing visit for the patient, although the interface could be configured to create the visit if it does not already exist.

ADT^A11 Cancel Admit / Visit Notification

The A11 event is sent as a result of an A01 (Admit) event being canceled, either due to erroneous entry of the A01 event, or due to a decision to not admit the patient after all. The patient must already exist in the Epic system or the message will be rejected and an error logged. If clinical data or active orders exist for the patient the message will be filed and a warning will be logged, or the message will be rejected and an error will be logged depending on configuration. Default behavior maintains backwards compatibility and will not log a warning or fatal error.

ADT^A12 Cancel Transfer

The A12 event is sent as a result of an A02 (Transfer) event being canceled, either due to erroneous entry of the A02 event, or due to a decision to not transfer the patient after all. The patient must already exist in the Epic system or the message will be rejected and an error logged.

ADT^A13 Cancel Discharge / End Visit

The A13 event is sent as a result of an A03 (Discharge) event being canceled, either due to erroneous entry of the A03 event, or due to a decision not to discharge the patient after all. The patient must already exist in the Epic system or the message will be rejected and an error logged.

ADT^A17 Swap Patients

The A17 event is used when it is decided that two patients should exchange beds. The patient ID and visit data are repeated for the two patients changing places. Both patients in the message must already exist in Epic and their current locations must match the corresponding locations specified in message. Otherwise, the message will be rejected and an error will be logged.

ADT^A18 Merge Patient Information

This event is still supported for backwards compatibility. We recommend, however, that you use the ADT^A40 event for merging two patient records.

ADT^A23 Delete a Patient Record

Patients are never deleted in Epic; however, this message can be received and treated as an A08 event.

ADT^A24 Link Patient Information

This event is treated identically to event type A18; the second PID segment will be processed as if it were an MRG segment.

ADT^A28 Add Person Information

This event can add or update patient information.

ADT^A29 Delete Person Information

This event does not automatically remove patients from the system.

This event can be used to log a PATIENT DELETION MESSAGE RECEIVED (2253) error to a workqueue for the HIM/

Identity team to evaluate deletion for the patient linked in the message.

If patients should never be deleted from the system, this error can be disabled using profile variable A29_ACTION (5274).

ADT^A30 Merge Person Information

This event is treated identically to event type A40.

ADT^A31 Update Person Information

This event can add or update patient information.

ADT^A34 Merge Patient Information – Patient ID Only

This event is treated identically to event type A40.

ADT^A37 Un-Merge Patient Information

This event will log an error, 254-Unmerge Patient Request, so that the un-merge can be processed manually. It will not perform the un-merge action automatically.

ADT^A38 Cancel Pre-admit

The A38 event is sent as a result of an A05 (Pre-admit) event being canceled, either due to erroneous entry of the A05 event, or due to a decision to not pre-admit the patient after all. The patient must already exist in the Epic system or the message will be rejected and an error logged. If clinical data or active orders exist for the patient the message will be filed and a warning will be logged, or the message will be rejected and an error will be logged depending on configuration. Default behavior maintains backwards compatibility and will not log a warning or fatal error.

ADT^A43 Move Identity IDs

The ID move (ADT^A43) event is used to move Identity IDs from one patient to another.

ADT^A60 Update Allergy Information

This the current HL7 standard and recommended event is used when patient allergy information has been changed.

BAR^P01 Add Patient Account

This event is treated identically to event type A04.

DFT^P03 Post Detail Financial Transactions

This event is used to file diagnoses and procedures specified in the FT1 segment. Otherwise it is treated identically to an A08 event. It does not update the billing application with charge and credit information.

Message Format for Event Types A01, A02, A03, A04, A05, A06, A07, A08, A11, A12, A13, A14, A15, A23, A28, A29, A31, A38, P01, and P03

ADT	ADT Message	Chapter
MSH	Message Header	2
[EVN]	Event Type	2
PID	Patient Identification	3
[PD1]	Additional Demographics	3

ADT	ADT Message	Chapter
[[CON]]	Patient Level Consent Info	9
[[NTE]]	Notes and Comments	2
[[NK1]]	Next of Kin / Associated Parties	3
[PV1]	Patient Visit	3
[PV2]	Patient Visit – Additional Info	3
[[OBX]]	Observation	7
[[CON]]	Visit Level Consent Info	9
[[ROL]]	Role Information	12
[[AL1]]	Patient Allergy Information	3
[FT1]	Financial Transaction	6
[[DG1]]	Diagnosis Information	6
[[PR1]]	Procedures	6
[GT1]	Guarantor Information	6
[[IN1	Insurance Information	6
[[IN2]]]	Additional Insurance Information	6
[ACC]	Accident Information	6
[UB2]	Universal Bill 92 Information	6

ADT	ADT Message	Chapter
[IAM]	Patient Adverse Reaction Info	3
[ZIF]	Infection Information	-
Additional Custom Segments	N/A	N/A

ACK	General Acknowledgment	Chapter
MSH	Message Header	2
MSA	Message Acknowledgment	2
[ERR]	Error Information	2

The interface can only receive allergy information in either the AL1 segment or the IAM segment. If both segments are populated in a message, no allergy information will be updated.

HL7 only supports the receipt of the IAM segment in the A60 event, but Epic also allows this segment in the A01, A03, A04, A05, A06, A07, A08, A13, A28, A31, P01. In these events the interface can receive allergy information in either the IAM or AL1 segment, but not both. If both segments are populated, no allergy information will be filed.

Message Format for Event Type A17

ADT	ADT Message	Chapter
MSH	Message Header	2
[EVN]	Event Type	2
PID	Patient (1) Identification	3
[PD1]	Additional Demographics	3
PV1	Patient (1) Visit	3
[PV2]	Patient Visit (1) – Additional Info	3

ADT	ADT Message	Chapter
PID	Patient (2) Identification	3
[PD1]	Additional Demographics	3
PV1	Patient (2) Visit	3
[PV2]	Patient (2) Visit – Additional Info	3

ACK	General Acknowledgment	Chapter
MSH	Message Header	2
MSA	Message Acknowledgment	2
[ERR]	Error Information	2

Message Format for Event Types A18, A30, and A34

ADT	ADT Message	Chapter
MSH	Message Header	2
[EVN]	Event Type	2
PID	Patient Identification	3
[PD1]	Additional Demographics	3
MRG	Merge Information	3

ACK	General Acknowledgment	Chapter
MSH	Message Header	2

ACK	General Acknowledgment	Chapter
MSA	Message Acknowledgment	2
[ERR]	Error Information	2

Message Format for Event Types A24 and A37

ADT	ADT Message	Chapter
MSH	Message Header	2
[EVN]	Event Type	2
PID	Patient Identification	3
[PD1]	Additional Demographics	3
PID	Merge Information	3
[PD1]	Additional Demographics	3

ACK	General Acknowledgment	Chapter
MSH	Message Header	2
MSA	Message Acknowledgment	2
[ERR]	Error Information	2

Message Format for Event Type A60

ADT	ADT Message	Chapter
MSH	Message Header	2

ADT	ADT Message	Chapter
[EVN]	Event Type	2
PID	Patient Identification	3
[PV1]	Patient Visit	3
[PV2]	Patient Visit – Additional Info	3
[[IAM]]	Patient Adverse Reaction Info	3

ACK	General Acknowledgment	Chapter
MSH	Message Header	2
MSA	Message Acknowledgment	2
[ERR]	Error Information	2

Sample Messages

ADT^A03 Discharge

Format Example

```
MSH|^~\&|XX|YY||ZZ|20051223000530||ADT^A03|161949|D|2.4
EVN|A03|20051223000530|||891701|20051223000530
PID|||50521935^^^^XX|ZZTEST^BILL^"^^^|19721221|F|ZZTEST^BILL^~|UN-6|9200 W STATE
ST^"^^MADISON^WI^53226^| |(414)887-6
453|(414)444-3333|XX-S|66000757630|
PV1||I|UNH1^123^A|||006080^GILLIS^TROY^^^^^^^^^XPROV|||INC|||||
006080^GILLIS^TROY^^^^^^^^^XPROV|||||||XX-01|||||20051222132214|
20051222235959
PV2|||||
DG1|||^Hx Palpitations|||
```


ADT^A04 Outpatient Registration

Format Example

```
MSH|^~\&|XX|YY||ZZ|20051222132306||ADT^A04|161935|D|2.4
EVN|A01|20051222132306|||891701|20051222132306
PID|||50521935^^^^XX|ZZTEST^BILL^"^^^|19721221|F|ZZTEST^BILL^~|XX-6|9200 W STATE
ST^"^^MADISON^WI^53226^| |(414)887-6453|(414)444-3333|UN-S|66000757630|
NK1|1|ZZTEST^DAUGHTER^|XX-0|4422 S LOOMIS BLVD^"^^WEST ALLIS^WI^53214|(414)222-8888|
(262)333-5555|EC1
```

PV1||O|XXINCO|||006080^GILLIS^TROY^^^^^^^^^XXPROV|||INCO|||||
006080^GILLIS^TROY^^^^^^^^^XXPROV|||||||||||||||||||20051222132214
PV2|||||||
DG1|||^Colonoscopy|||
GT1|1|50521935X|AA^CARLA^|9200 W STATE ST^^MADISON^WI^53226^^|(414)259-3000||||XX-X|
125-41-2000

Supported Segments and Fields

 Fields in gray are not supported by this interface.

Message Types: IN REG/ADT/DEM (STANDARD)

MSH - Message Header

Element Name	Type	Usage	Notes
2 - Encoding Characters	ST	Required	Value is typically: ^~\&
3 - Sending Application	HD	Optional	Sending Application name
4 - Sending Facility	HD	Optional	Sending Facility name
5 - Receiving Application	HD	Optional	Format: Free text
6 - Receiving Facility	HD	Optional	Free text
7 - Date/Time of Message	DTM	Optional	Timestamp of the message
8 - Security	ST	Optional	—
9 - Message Type	MSG	Required	Format: <Message type>^<Trigger event> Example: ADT^A01
10 - Message Control ID	ST	Optional	Value to be returned in MSA-2 in the Acknowledgment message
11 - Processing ID	PT	Required	Values: <ul style="list-style-type: none">D: DebuggingP: ProductionT: Training
12 - Version ID	VID	Required	HL7 version number. For example, 2.5.
13 - Sequence Number	NM	Optional	Optional field used in sequence number protocol. By default, Epic does not use sequence number protocol.
14 - Continuation Pointer	ST	Optional	In conjunction with the HL7 DSC segment, this field is used to identify continuations of messages. It allows large messages to be broken into multiple smaller messages, which is necessary under certain implementation limitations. MSH-14 contains the identifier matching the value sent in the DSC segment in a previous message, identifying the current message as a continuation of the previous.
15 - Accept Acknowledgment Type	ID	Optional	This field identifies the conditions under which Accept Acknowledgments must be returned in response to a message. This field is required for enhanced acknowledgment mode. If null, acknowledgments are sent in original acknowledgment mode. Values: <ul style="list-style-type: none">AL: AlwaysER: Error/reject conditions only

Element Name	Type	Usage	Notes
			<ul style="list-style-type: none"> NE: Never SU: Successful completion only
16 - Application Acknowledgment Type	ID	Optional	—
17 - Country Code	ID	Optional	—
18 - Character Set	ID	Optional	—
19 - Not Supported	—	—	—
20 - Not Supported	—	—	—
21 - Conformance Statement ID	EI	Optional	—
22 - Sending Responsible Organization	XON	Optional	—
23 - Receiving Responsible Organization	XON	Optional	—

EVN - Event Type (Optional)

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Not Supported	—	—	—
3 - Not Supported	—	—	—
4 - Event Reason Code	IS	Optional	—
5 - Operator ID	XCN	Optional	ID of the user who triggered the message
6 - Event Occurred	DTM	Optional	Note: This value is filed as the transfer date and time for an A02 message.

PID - Patient Identification

Segment-Level Summary

The patient identification segment.

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Patient ID	CX	Optional	This field is for backward compatibility only.
3 - Patient Identifier List	CX	Required	<p>Format: <ID>^^^<HL7 Assigning Authority>^<HL7 Coding System / HL7 ID Type>~<ID2>^^^<HL7 Assigning Authority>^<HL7 Coding System / HL7 ID Type></p> <p>A patient's national identifier and driver's license number are filed as received in PID-19 and PID-20.</p>
4 - Alternate Patient ID	CX	Optional	This field is for backward compatibility only.
5 - Patient Name	XPN	Required	<p>Format: <Last Name>^<First Name>^<Middle Name>^<Suffix>^<Title>^<Academic degree>^<Name</p>

Element Name	Type	Usage	Notes
<code>Type>^^^^<Name Assembly Order></code>			
6 - Mother's Maiden Name	XPN	Optional	Mother's maiden name.
7 - Date/Time of Birth	DTM	Optional	Only date of birth is supported for patient validation.
8 - Sex	ID	Optional	<p>Patient sex. Must receive exactly "" to delete previous values. Only the first component is filed.</p> <p>Format: <code><Sex>^^^^^^</code></p>
9 - Patient Alias	XPN	Optional	<p>Aliases may repeat. Escape characters can be translated. The aliases received in the message can either append to overwrite the patient's current alias list. If the seventh component (name type code) of the field is M, the value in the first component is treated as patient maiden name. The example format to receive patient maiden name:</p> <p><code><Patient maiden name>^^^^^M~</code></p>
10 - Race	CWE	Optional	<p>Patient race. Only the first component of the field is filed. This field must contain exactly "" to delete stored data.</p> <p>Format: <code><race>^^^^^^~<race>^^^^^^</code></p>
11 - Patient Address	XAD	Optional	<p>Permanent Address</p> <ul style="list-style-type: none"> • Street • Dwelling Number • City • State • ZIP/Postal code • Country • County • District • Start Date <p>Confidential Address</p> <ul style="list-style-type: none"> • Street • Dwelling Number • City • State • ZIP/Postal code • County • Country • District • Start Date • End Date

Element Name	Type	Usage	Notes
			<ul style="list-style-type: none"> • Addressee
			Temporary Address
			<ul style="list-style-type: none"> • Street • Dwelling Number • City • State • ZIP/Postal code • County • Country • District • Start Date • End Date • Addressee
			Shared Residence
			<ul style="list-style-type: none"> • Address Comment (20th Component)
			Format:
			Escape characters can be translated
			This field can repeat, with permanent, confidential, and temporary addresses sent in separate repetitions. The different addresses are denoted by a flag in the Address Type piece of the field (11.7)
			State, county, and country category values can be mapped using a translation table.
			ZIP/postal code is required to be in the U.S. or Canadian format unless the interface is configured to receive international formats.
			If a ZIP code is received, the interface attempts to find an associated county. If a unique value is found for the county and a value is not specified in the message, the interface files it to the patient's chart.
			Format:
			<code><Street 1>^<Street 2>^<City>^<State>^<ZIP code>^<Country>^<Address Type>^^<County>^<District>^^^<Start Date>^<End Date>^^^^<Addressee></code>
			Or
			<code>&<Street 1>&<House Number>^<Street 2>^<City>^<State>^<ZIP code>^<Country>^<Address Type>^^<County>^<District>^^^<Start Date>^<End Date>^^^^<Addressee></code>
12 - County Code	IS	Optional	This field is for backward compatibility only. Use the county component of

Element Name	Type	Usage	Notes
			the patient address in PID-11 instead.
13 - Phone Number – XTN Home		Optional	<ul style="list-style-type: none"> • Phone • E-mail address • Multiple e-mail addresses <p>Formats:</p> <pre>nnnnnn-nnnn^<Telecommunication use code>^<Telecommunication equipment type>^<E-mail address>^<Country code>^<Area/city code>^<Local number>^<Extension>^<Any text>^<Extension prefix>^<Speed dial code>^<Unformatted telephone number>^^^^^<Priority></pre> <p>or</p> <pre>(nnn)nnn-nnnnx<extension>^^^^^^^^^^^^^^^^^<Priority></pre> <p>or</p> <pre>^^^^^<City/area code>^<Number>^<Extension>^^^^^^^^^^^^^^^^^<Priority></pre> <p>or</p> <pre>#<text></pre>
14 - Phone Number – XTN Work		Optional	<pre>(nnn)nnn-nnnnx<extension>^^^^^^^^^^^^^^^^^<Priority></pre> <p>or</p> <pre>^^^^^<City/area code>^<Number>^<Extension>^^^^^^^^^^^^^^^^^<Priority></pre> <p>or</p> <pre>#<text></pre>
15 - Primary Language	CWE	Optional	<p>The value received in the field can either be stored as the patient language, spoken language, or both.</p> <p>To delete information, this field must contain exactly "".</p> <p>Format: <code><code>^^^^^^^^~</code></p>
16 - Marital Status	CWE	Optional	<p>Patient marital status. Only the first component is used. This field must contain exactly "" to delete stored data.</p> <p>Format: <code><code>^^^^^^^^</code></p>
17 - Religion	CWE	Optional	<p>Patient religion. Only the first component is used. This field must contain exactly "" to delete stored data.</p> <p>Format: <code><religion>^^^^^^^^</code></p>
18 - Patient Account Number	CX	Optional	<p>Format:</p> <pre><value></pre> <p>or</p> <pre><value>^^^<Assigning Authority>^<ID Type></pre>

Element Name	Type	Usage	Notes
19 - SSN Number – Patient	ST	Optional	Format depends on the country. Format checking options are configurable. National identifier can also be received in PID-3.
20 - Driver's License Number – Patient	DLN	Optional	Format: <code><Driver's license number>^<Driver's license state></code> Note: State can optionally be mapped using a translation table. Driver's license number can also be received in PID-3. Example: <code>G6515665260505^WI</code>
21 - Mother's Identifier	CX	Optional	This field is used to link a newborn to their mother. It should only be sent for the admission during which the patient is born. It can contain the MRN or the visit identifier for the delivering parent. Send "" in the first component to remove the link.
22 - Ethnic Group	CWE	Optional	Patient ethnic group. Only the first component is used. This field must contain exactly "" to delete stored data. Format: <code><ethnic group>^^^^^^~</code>
23 - Birth Place	XAD	Optional	Birth city and state HL7 address format is used rather than the string format defined in the standard. State can be mapped using a translation table
24 - Multiple Birth Indicator	ID	Optional	This field can be set to "Y" or "N" to denote whether the patient was born as part of a multiple birth (twins, triplets, etc.).
25 - Multiple Birth Order	—	—	If this patient was part of a multiple birth, this field represents the order in which the patient was born. For example, a '3' represents the third child in a set of triplets.
26 - Citizenship	CWE	Optional	This field can be mapped using a translation table. To file as a list of countries instead of a single citizenship flag, set profile variable <code>FILE_CITIZENSHIP_AS_LIST (4585)</code> to 1-True.
27 - Veterans Military Status	CWE	Optional	This field can be mapped using a translation table.
28 - Nationality	CWE	Optional	This field can be mapped using a translation table.
29 - Patient Death Date and Time	DTM	Optional	The date, and optionally time, of the patient's death. If this field is populated, the patient deceased indicator (PID-30) should also be sent as "Y".
30 - Patient Death Indicator	ID	Optional	Indicates whether the patient is deceased. Send "Y" for deceased and "N" for not deceased.
31 - Identity Unknown Indicator	—	—	Flag to determine if this is a temporary patient.
32 - Identity Reliability Code	CWE	Optional	Indicates whether a national ID received in PID-3 or PID-19 should be considered verified.

ZPD - Patient Identification - Additional Patient Information

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Patient Ancestry	ST	Optional	This field is mapped using a translation table. This field can repeat.
2 - Preferred Communication Method	ST	Optional	A patient's preferred communication method. This field can repeat. Format: <code><code></code>
3 - Patient Multiple Birth Total	—	—	If this patient was part of a multiple birth, this field represents the total number of births.
4 - Not Supported	—	—	—
5 - Not Supported	—	—	—
6 - Not Supported	—	—	—
7 - Not Supported	—	—	—
8 - Not Supported	—	—	—
9 - Not Supported	—	—	—
10 - Pay Grade	CWE	Optional	This field is mapped using a translation table. Format: <code><ID>^<Description>^<Coding System></code>
11 - Assigned Unit	CWE	Optional	This field is mapped using a translation table. Format: <code><ID>^<Description>^<Coding System></code>
12 - Military Patient Category	CWE	Optional	This field is mapped using a translation table. Format: <code><ID>^<Description>^<Coding System></code>
13 - Family Member Prefix	CWE	Optional	This field is mapped using a translation table. Format: <code><ID>^<Description>^<Coding System></code>
14 - Scheduling Group	ST	Optional	Format: <code><String></code> Or <code><String>^<Description></code>
15 - Race/Ethnicity ID Method	ST	Optional	This field is mapped using a translation table.
16 - Patient Texting Opt-In	CWE	Optional	This field indicates whether a patient prefers to receive appointment reminder texts. Format: <code><code></code>
17 - Patient/Client Death Place	CWE	Optional	This field is mapped using a translation table.
18 - Contact Interpreter Required	CNE	Optional	This field indicates if a patient requires an interpreter.
19 - Nationality	IS	Optional	Must receive exactly "" to delete existing values. This field can repeat. Only the first component is filed. Format: <code><Nationality>~<Nationality>^^^^^^</code>

Element Name	Type	Usage	Notes
20 - Gender Identity	CWE	Optional	Must receive exactly "" to delete previous values. Only the first component is filed. Format: <Gender Identity>^^^^^^
21 - Sexual Orientation	CWE	Optional	Must receive exactly "" to delete existing values. This field can repeat. Format: <Sexual Orientation>~<Sexual Orientation>^^^^^^
22 - Sex Assigned at Birth	CWE	Optional	Must receive exactly "" to delete previous values. Only the first component is filed. Format: <Sex Assigned at Birth>^^^^^^
23 - Not Supported	—	—	—
24 - Not Supported	—	—	—
25 - Managing Organization	—	—	Patient managing organization.
26 - Place of Birth - District	—	—	Patient place of birth district.
27 - Migration Info	—	—	Patient migration pattern. Set the first component to the pattern type, and the second to the associated country. For example: Emigrant^LATVIA
28 - Residence Permit Info	—	—	Patient residence permit. The first component is the type of permit, and the second is the date the permit expires. For example: 2^20200101
29 - Resident in Congregate Care Setting	CNE	Optional	This field indicates if a patient is a resident in a congregate care setting, such as a group home, residential treatment facility, maternity home, etc. Must receive exactly "" to delete previous values.
30 - Employed in Healthcare	CWE	Optional	This field indicates if a patient is employed in healthcare. Must receive exactly "" to delete previous values.
31 - School District Number	—	—	School District Number Must receive exactly "" to delete previous values.
32 - Hearing Impaired	—	—	Flag indicating whether the patient is hearing impaired.
33 - Visually Impaired	—	—	Flag indicating whether the patient is visually impaired.

ZTP - Patient Communication Preference

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Communication Preference Concept	CWE	Optional	The type of communication such as health maintenance reminders or lab results. This field can be mapped using a translation table. Format: <concept ID>^<concept name>

Element Name	Type	Usage	Notes
2 - Communication Preference Media	ST	Optional	<p>ZTP-2.1 should contain the media name (for example, phone). ZTP-2.2 should contain a value that represents either Yes or No to indicate whether a media is approved. If a media is received and ZTP-2.2 is blank, the interface files the media as approved.</p> <p>If the deletion character ("") is received in ZTP 2.2, the communication preference is updated to match the default settings for the communication concept in Epic.</p> <p>Example: Text^Y~Phone^Y~E-mail^N</p>

PD1 - Patient Additional Demographics

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Not Supported	—	—	—
3 - Primary Facility	XON	Optional	<p>The value received here is stored as the patient's primary location. It must correspond to a facility, service area, or location record in the facility database.</p> <p>Preferred format:</p> <ul style="list-style-type: none"> ^^^^^<AUTH>^<IDTYPE>^^^<ID> <p>Other accepted formats:</p> <ul style="list-style-type: none"> ^^<ID>^^^<AUTH>^<IDTYPE> <NAME>
4 - Primary Care Provider	XCN	Optional	<p>Format: Preferred<ID>^^^^^^^<Assigning authority>^^^^<ID type>or<Provider ID>^<Last name>^<First name>^<Middle initial></p> <p>Note: This field can be configured to be ignored – PV1-7 would be used instead.</p> <p>Information about other types of primary care providers can be sent in the ROL segment.</p>
5 - Not Supported	—	—	—
6 - Not Supported	—	—	—
7 - Not Supported	—	—	—
8 - Not Supported	—	—	—
9 - Not Supported	—	—	—
10 - Not Supported	—	—	—
11 - Not Supported	—	—	—
12 - Not Supported	—	—	—
13 - Not Supported	—	—	—
14 - Place of Worship	XON	Optional	<Place of Worship name>^^<Place of Worship ID>
15 - Advance Directive Code	CWE	Optional	<p>The value received here will populate the patient advance directive status. The default format is to receive a Y for a patient with advance directive information or an N for a patient without advance directive information.</p>

Element Name	Type	Usage	Notes
			This field can optionally be translated using a translation table.
16 - Not Supported	—	—	—
17 - Not Supported	—	—	—
18 - Not Supported	—	—	—
19 - Military Branch	CWE	Optional	This field is mapped via a translation table. Format: <ID>^<Description>^Coding System
20 - Military Rank	CWE	Optional	This field is mapped via a translation table. Format: <ID>^<Description>^Coding System
21 - Military Component	CWE	Optional	This field is mapped via a translation table. Format: <ID>^<Description>^Coding System
22 - Advance Directive Date	DT	Optional	This date will be used to populate the advance directive reviewed date and pairs with PD1-15. If this field is omitted, the interface uses EVN-6, then MSH-7, and finally the current date, until a valid date is found.

ZDU - Patient Education Information

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Academic Degree	CWE	Optional	—
3 - Not Supported	—	—	—
4 - Not Supported	—	—	—
5 - Not Supported	—	—	—
6 - Not Supported	—	—	—
7 - Not Supported	—	—	—
8 - School Address	XAD	Optional	Files the location of education from the 8th repetition: ^^^^^^Value

ROL - Role Information (After PID)

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Role Action Code	CWE	Optional	This field is used only when filing primary care provider and care team provider information.
3 - Role	CWE	Optional	This field is mapped using one of two translation tables.
4 - Role Person	XCN	Optional	Format: <ID>^^^^^^^<Assigning authority>^^^^<ID type> (preferred) or: <ID>
5 - Role Begin Date/ time	DTM	Optional	Begin date and time.

Element Name	Type	Usage	Notes
6 - Role End Date/time	DTM	Optional	End date and time.
7 - Not Supported	—	—	—
8 - Role Change Reason	CWE	Optional	Reason for Change This field is mapped using a translation table. This field is supported only when filing primary care provider or patient care team information from a ROL segment.
9 - Not Supported	—	—	—
10 - Not Supported	—	—	—
11 - Role Address	AD	Optional	Identifies the office address of the person in this ROL segment. <ul style="list-style-type: none"> • Street • City • State • ZIP/Postal code • Country • County Format: <Street 1>^<Street 2>^<City>^<State>^<ZIP code>^<Country>^<Address Type>^^<County>

CON - Patient Level Consent Information

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Set ID	SI	Required	—
2 - Consent Type	CNE	Required	Note: Document type must not be visit specific
3 - Consent Form ID and Version	ST	Optional	Only one line of text is currently supported. Use this field to describe the consent form (version, ID, etc).
4 - Consent Form Number	EI	Required	External document ID that uniquely identifies the consent document.
5 - Consent Text	FT	Optional	Use this field to describe the content of the consent form. This field supports multiple lines in the form of special formatting characters e.g. \.br\, \.sp\ etc.
6 - Not Supported	—	—	—
7 - Not Supported	—	—	—
8 - Not Supported	—	—	—
9 - Not Supported	—	—	—
10 - Not Supported	—	—	—
11 - Consent Status	CNE	Required	Certain configurable statuses can cause the interface to delete the consent document from the patient's record.
12 - Not Supported	—	—	—

Element Name	Type	Usage	Notes
13 - Consent Decision Date/Time	DTM	Optional	—
14 - Consent Effective Date/Time	DTM	Optional	—
15 - Consent End Date/Time	DTM	Optional	—
16 - Not Supported	—	—	—
17 - Not Supported	—	—	—
18 - Not Supported	—	—	—
19 - Not Supported	—	—	—
20 - Not Supported	—	—	—
21 - Not Supported	—	—	—
22 - Not Supported	—	—	—
23 - Not Supported	—	—	—
24 - Consenter ID	XPN	Optional	The consenter's name is expected in standard HL7 format.
25 - Relationship to Subject Table	IS	Optional	—

NTE - Notes and Comments (Patient)

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Not Supported	—	—	—
3 - Comment	FT	Optional	Patient-level comment text.

NK1 - Next of Kin/Associated Parties

Segment-Level Summary

This optional segment receives information about parties associated with the patient. These may include the patient's employer, the patient's relatives, and other patient contacts.

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Name	XPN	Optional	This field is required for each emergency contact that represent a person. It is ignored when receiving employer information.
3 - Relationship	CWE	Optional	This field is ignored when receiving employer information. For all other contacts, this field is required unless the NK1-7 role is filed. This field can be mapped using a translation table.
4 - Address	XAD	Optional	—
5 - Phone Number	XTN	Optional	This field can file the contact's home phone number, mobile phone number, or both.
6 - Business Phone Number	XTN	Optional	This field is ignored when receiving employer information.
7 - Contact Role	CWE	Optional	Indicates the contact role. This field is typically used to indicate whether a patient contact is an employer or another type of patient contact. It is required if the NK1-3 relationship is blank.

Element Name	Type	Usage	Notes
8 - Start Date	DT	Optional	The start date for the relationship.
9 - End Date	—	Optional	The end date of the relationship.
10 - Next of Kin / Associated Parties Job Title	ST	Optional	—
11 - Not Supported	—	—	—
12 - Associated Parties Employee Number	ST	Optional	Used to specify the employee ID when NK1-7 indicates the segment is for an employer. Only NK1-12.1 is used.
13 - Organization Name	XON	Optional	Used to specify the employer name when filing employer data. Only NK1-13.1 is used.
14 - Not Supported	—	—	—
15 - Administrative Sex	—	—	Administrative sex of the relation.
16 - Date/Time of Birth	CE	Optional	When the contact was born
17 - Not Supported	—	—	—
18 - Not Supported	—	—	—
19 - Citizenship	—	—	List of countries this relation is a citizen of. Delimited as HL7 repetitions (using the ~ character).
20 - Preferred Language	—	—	Preferred spoken language of the relation.
21 - Not Supported	—	—	—
22 - Not Supported	—	—	—
23 - Not Supported	—	—	—
24 - Not Supported	—	—	—
25 - Not Supported	—	—	—
26 - Not Supported	—	—	—
27 - Not Supported	—	—	—
28 - Not Supported	—	—	—
29 - Contact Reason	CF	Optional	This field contains a free-text comment about the contact and whether the contact is an authorized mail recipient. Only the last repetition for comments and the last valid mail recipient flag are filed. Format: ^<Comment>~<Authorized recipient flag>^^<Coding system>
30 - Not Supported	—	—	—
31 - Not Supported	—	—	—
32 - Not Supported	—	—	—
33 - Next of Kin / Associated Party's Identifiers	CX	Optional	Used to file either the employer ID or a UUID. The first component is the ID and the fifth component is a string to indicate the type of ID. When filing the employer ID, this is used when NK1-7 indicates the segment is for an employer. This is used only when Prelude is set up to

Element Name	Type	Usage	Notes
			use linked employer records. Format: <code>ID^^^^<ID TYPE STRING></code>
34 - Job Status	IS	Optional	Used to specify the patient's job status, e.g., full or part time when NK1-7 indicates the segment is for an employer.
35 - Not Supported	—	—	—
36 - Patient Next of Kin Handicap	—	—	Used to specify assisted communication needs of the patient contact.
37 - Contact Person National Identifier	ST	Optional	Relation national identifier.

IAM - Patient Allergy Information

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Set ID – Document	SI	Optional	—
2 - Allergen Type Code	CWE	Optional	—
3 - Allergen Code/Mnemonic/Description	CWE	Required	External allergy code Format: <code><Code>^<Description>^<ID type></code>
4 - Allergy Severity Code	CWE	Optional	Allergy severity Mapped using a translation table.
5 - Allergy Reaction Code	ST	Optional	Format: <code><Reaction ID>^<Reaction text></code> (preferred) or Free text
6 - Allergy Action Code	CNE	Required	Determines if the allergen is to be added, deleted, or updated. Format:

- A – Add
- D – Delete
- U – Update

Note: If this field is left blank, a fatal error will be logged and the interface will not update the allergy record.

If an action code of "A" is received but the interface has found a matching allergy, it will update that record and log an informational message saying that we received an action code of "A," but the allergy already exists.

If an action code of "U" is received, but the allergy does not exist, the interface will create one and log an information message saying that we received an action code of "U," but the allergy does not already exist.

If an action code of "D" is received, the interface will mark the allergy as deleted, but it will still be available for viewing in the application by choosing to display "deleted" allergy records.

Element Name	Type	Usage	Notes
			After an allergy has been marked as "deleted," it is possible to put it back on the active list by filing a message that has an action code of "U."
7 - Allergy Unique Identifier	EI	Optional	Allergy identification number
8 - Not Supported	—	—	—
9 - Sensitivity to Causative Agent Code	CWE	Optional	Allergy sensitivity or type (in application). Mapped using a translation table.
10 - Allergen Group Code/Mnemonic/Description	CWE	Optional	External allergy code Format: <Code>^<Description>^<ID type>
11 - Onset Date	DT	Optional	Date the allergy was initially noted. Format: CCYYMMDD
12 - Not Supported	—	—	—
13 - Reported Date	DTM	Optional	The date the allergy was entered. Format: CCYYMMDD
14 - Not Supported	—	—	—
15 - Not Supported	—	—	—
16 - Not Supported	—	—	—
17 - Not Supported	—	—	—
18 - Stated by Person	XCN	Optional	The user/provider that entered the patient allergy data. Format:<ID>^<Name>or<ID>^^^^^^^<Assigning authority>^^^^<ID type> (preferred)
19 - Not Supported	—	—	—
20 - Stated at Date	DTM	Optional	Verification date This item will only be stored if the interface is configured to update the allergy verification date.

NTE - Notes and Comments Following the IAM Segment

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Not Supported	—	—	—
3 - Comment	FT	Optional	Comments stored per patient allergy.

AL1 - Patient Allergy Information

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Set ID – Document	SI	Optional	—
2 - Allergen Type Code	CWE	Optional	—

Element Name	Type	Usage	Notes
3 - Allergen Code/ Mnemonic/ Description	CWE	Required	External allergy code Format: <Code>^<Description>^<ID type> If the HL7 data wipe value is received in the first AL1 segment, the interface will delete all the existing patient allergy information.
4 - Allergy Severity Code	CWE	Optional	Allergy severity Mapped using a translation table.
5 - Allergy Reaction Code	ST	Optional	Format: <Reaction ID>^<Reaction text> (preferred) or Free text
6 - Identification Date	DT	Optional	Date the allergy was initially noted. Format: CCYYMMDD
7 - Not Supported	—	—	—
8 - Not Supported	—	—	—
9 - Sensitivity to Causative Agent Code	CWE	Optional	Allergy sensitivity or type (in application) Mapped using a translation table.

NPU - Non-Patient Update

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Bed Location	PL	Required	<Department/Point of Care>^<Room>^<Bed>
2 - Bed Status	CWE	Required	Bed status can be mapped using a translation table.

PV1 - Patient Visit

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Patient Class	IS	Optional	Contains the patient class of the encounter, or the ADT event described in the message.
3 - Assigned Patient Location	PL	Optional	Format: <Point of care/ Department>^<Room>^<Bed>^<Facility>^^^<Building>^<Floor>^^^ <Assigning Authority> Only department is required to be sent in this field.
4 - Admission Type	IS	Optional	This field can be mapped using a translation table.
5 - Not Supported	—	—	—
6 - Not Supported	—	—	—
7 - Attending Doctor	XCN	Optional	The preferred format is: <ID>^^^^^^^<Assigning authority>^^^^<ID type> Otherwise, the format is: <Provider ID>^<Last name>^<First name>^<Middle name>
8 - Referring Doctor	XCN	Optional	The preferred format is: <ID>^^^^^^^<Assigning authority>^^^^<ID type>

Element Name	Type	Usage	Notes
			Otherwise, the format is: <Provider ID>^<Last name>^<First name>^<Middle name>
9 - Consulting Doctor	XCN	Optional	The preferred format is:< ID>^^^^^^^<Assigning authority>^^^^<ID type> Otherwise, the format is: <Provider ID>^<Last name>^<First name>^<Middle name>
10 - Hospital Service	IS	Optional	Contains the hospital service for the encounter.
11 - Not Supported	—	—	—
12 - Pre-admit Test Indicator	IS	Optional	Mapped using a translation table.
13 - Not Supported	—	—	—
14 - Admit Source	IS	Optional	This field is mapped using a translation table.
15 - Ambulatory Status	IS	Optional	Mapped using a translation table.
16 - VIP Indicator	IS	Optional	Mapped using a translation table.
17 - Admitting Doctor	XCN	Optional	The preferred format is: <ID>^^^^^^^<Assigning authority>^^^^<ID type> Otherwise, the format is: <Provider ID>^<Last name>^<First name>^<Middle name>
18 - Patient Type	IS	Optional	Mapped using a translation table.
19 - Visit Number	CX	Optional	Format: <value> or <value>^^^<Assigning Authority> ^<ID Type>
20 - Financial Class	FC	Optional	Primarily supported for backwards compatibility. Financial information is received in the GT1/IN1 segments. Mapped using a translation table.
21 - Not Supported	—	—	—
22 - Not Supported	—	—	—
23 - Not Supported	—	—	—
24 - Not Supported	—	—	—
25 - Not Supported	—	—	—
26 - Not Supported	—	—	—
27 - Not Supported	—	—	—
28 - Not Supported	—	—	—
29 - Not Supported	—	—	—
30 - Not Supported	—	—	—
31 - Not Supported	—	—	—
32 - Not Supported	—	—	—
33 - Not Supported	—	—	—
34 - Not Supported	—	—	—

Element Name	Type	Usage	Notes
35 - Account Close Date/Time	DTM	Optional	—
36 - Discharge Disposition	IS	Optional	Mapped using a translation table.
37 - Discharged to Location	CM	Optional	Mapped using a translation table.
38 - Not Supported	—	—	—
39 - Not Supported	—	—	—
40 - Not Supported	—	—	—
41 - Account Status	IS	Optional	This item is no longer used by the applications and is maintained for backward compatibility only.
42 - Pending Location	PL	Optional	<Point of care/Department>^<Room>^<Bed>^<Facility>
43 - Not Supported	—	—	—
44 - Admit Date/Time	DTM	Optional	Contains the admission date and time for hospital encounters, or the visit date for other encounters.
45 - Discharge Date/Time	DTM	Optional	Contains the discharge date and time for hospital encounters.
46 - Not Supported	—	—	—
47 - Not Supported	—	—	—
48 - Not Supported	—	—	—
49 - Not Supported	—	—	—
50 - Alternate Visit ID	CX	Optional	Format: <value> or <value>^^^<Assigning Authority>^<ID Type>
51 - Visit Indicator	IS	Optional	The visit indicator is only supported when using non-recommended configuration to file coverages.

PV2 - Patient Visit – Additional Information

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Accommodation Code	CWE	Optional	Contains the accommodation code for the encounter or ADT event.
3 - Reason for Visit	CWE	Optional	This repeating field contains coded reasons for visits and associated comments. Format: <Reason ID>^<Description>^<HL7 Coding system>^^^^^^<Comments>~...
4 - Not Supported	—	—	—
5 - Not Supported	—	—	—
6 - Patient Valuables Location	ST	Optional	—
7 - Visit User Code	IS	Optional	This field is mapped using a translation table.
8 - Expected Admit Date/Time	DTM	Optional	—
9 - Expected Discharge Date/Time	DTM	Optional	Only the expected discharge date is stored.

Element Name	Type	Usage	Notes
10 - Expected Length of Stay	NM	Optional	—
11 - Not Supported	—	—	—
12 - Not Supported	—	—	—
13 - Not Supported	—	—	—
14 - Not Supported	—	—	—
15 - Not Supported	—	—	—
16 - Not Supported	—	—	—
17 - Not Supported	—	—	—
18 - Not Supported	—	—	—
19 - Not Supported	—	—	—
20 - Not Supported	—	—	—
21 - Visit Publicity Code	IS	Optional	Visit Publicity Code can be mapped using a translation table.
22 - Visit Protection Indicator	ID	Optional	Y – Restricted N or blank – Not restricted Note: This item controls access to the patient's medical records in EpicCare and is not visit-specific.
23 - Clinic Source Location	XON	Optional	Format: <EAF ID>^<Name>^>Name Type>^^^<HL7 Assigning Authority>^<HL7 ID Type>~<EAF ID>^<Name>^<Name Type>^^^<HL7 Assigning Authority>^<HL7 ID Type>
24 - Patient Visit Status	IS	Optional	This field is mapped using a translation table.
25 - Not Supported	—	—	—
26 - Not Supported	—	—	—
27 - Not Supported	—	—	—
28 - Not Supported	—	—	—
29 - Not Supported	—	—	—
30 - Not Supported	—	—	—
31 - Not Supported	—	—	—
32 - Not Supported	—	—	—
33 - Not Supported	—	—	—
34 - Not Supported	—	—	—
35 - Not Supported	—	—	—
36 - Not Supported	—	—	—
37 - Not Supported	—	—	—
38 - Mode of Arrival Code	CWE	Optional	This field is mapped using a translation table.
39 - Not Supported	—	—	—
40 - Level of Care	CWE	Optional	Contains the level of care for the encounter or ADT event, or the acuity level for the encounter.

ZPV - Patient Visit -- Additional Visit Information

Element Name	Type	Usage	Notes
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Element Name	Type	Usage	Notes
1 - Clinic Code	ST	Optional	This can be configured to send an identifier of clinic code related to the encounter.
2 - Client Code	ST	Optional	This can be configured to receive an identifier of client code related to the encounter.
3 - Not Supported	—	—	—
4 - Not Supported	—	—	—
5 - Not Supported	—	—	—
6 - Not Supported	—	—	—
7 - Insurance Type	CE	Optional	—
8 - Not Supported	—	—	—
9 - Not Supported	—	—	—
10 - Not Supported	—	—	—
11 - Not Supported	—	—	—
12 - Not Supported	—	—	—
13 - Not Supported	—	—	—
14 - Not Supported	—	—	—
15 - Not Supported	—	—	—
16 - Not Supported	—	—	—
17 - Not Supported	—	—	—
18 - Not Supported	—	—	—
19 - Not Supported	—	—	—
20 - Accommodation Reason	IS	Optional	Contains the reason for the accommodation code specified in PV2-2.
21 - Self-Pay Flag	ST	Optional	This is mapped using a translation table.
22 - Not Supported	—	—	—
23 - Not Supported	—	—	—
24 - Not Supported	—	—	—
25 - Not Supported	—	—	—
26 - Not Supported	—	—	—
27 - Not Supported	—	—	—
28 - Not Supported	—	—	—
29 - Not Supported	—	—	—
30 - Not Supported	—	—	—
31 - Not Supported	—	—	—
32 - Not Supported	—	—	—
33 - Not Supported	—	—	—
34 - Source of Payment Code	CE	Optional	Source of Payment
35 - Not Supported	—	—	—
36 - ED Historical Encounter	—	—	Indicates whether an encounter is an ED encounter. This field is used only when converting legacy system information to encounters in Epic. Format: Code Example: Y

Element Name	Type	Usage	Notes
37 - Financial Clearance	TX	Optional	Indicates whether the patient requires financial clearance for a visit. Example: Y
38 - Contact Type	ST	Optional	Specifies a value to map to a contact type (I EPT 30).

ZPE - Patient Visit Pending Event

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Pending Event ID	ST	Optional	—

OBX - Observation

Segment-Level Summary

Element Name	Type	Usage	Notes																						
1 - Not Supported	—	—	—																						
2 - Value Type	ID	Required	<table><tr><th>Data</th><th>Supported Data Type</th></tr><tr><td>Height</td><td>NM</td></tr><tr><td>Weight</td><td>NM</td></tr><tr><td>Photo</td><td>RP</td></tr><tr><td>SmartData</td><td>ST, TX, NM, DT, TM, DTM, or RP</td></tr><tr><td>School Name</td><td>ST or TX</td></tr><tr><td>School Address</td><td>XAD, ST, or TX</td></tr><tr><td>School District</td><td>ST or TX</td></tr><tr><td>School Code</td><td>CWE</td></tr><tr><td>School Role</td><td>CWE</td></tr><tr><td>School Presence</td><td>CWE</td></tr></table>	Data	Supported Data Type	Height	NM	Weight	NM	Photo	RP	SmartData	ST, TX, NM, DT, TM, DTM, or RP	School Name	ST or TX	School Address	XAD, ST, or TX	School District	ST or TX	School Code	CWE	School Role	CWE	School Presence	CWE
Data	Supported Data Type																								
Height	NM																								
Weight	NM																								
Photo	RP																								
SmartData	ST, TX, NM, DT, TM, DTM, or RP																								
School Name	ST or TX																								
School Address	XAD, ST, or TX																								
School District	ST or TX																								
School Code	CWE																								
School Role	CWE																								
School Presence	CWE																								

Element Name	Type	Usage	Notes
3 - Observation ID	CWE	Required	Identifies the type of value received in OBX-5. Epic supports identifiers for the patient's height, weight, and other vitals if they can be mapped to identifiers in Epic. Format: <Observation ID>^<Observation name>
4 - Not Supported	—	—	—
5 - Observation Value	—	Optional	Weight, height, photo, school data, or SmartData value. If OBX-2 is a reference pointer then OBX-5.1 should be a filename on the Web BLOB server; otherwise the field should be numeric. Height, weight, and school data file only if there is an associated visit.
6 - Units	CWE	Optional	The interface requires units for height and weight values. Supported weight units are: <ul style="list-style-type: none"> • KG - Kilogram • G - Gram • LB - Pound • OZ - Ounce Supported height units are: <ul style="list-style-type: none"> • M - Meter • CM - Centimeter • FT - Feet • IN - Inch
7 - Not Supported	—	—	—
8 - Not Supported	—	—	—
9 - Not Supported	—	—	—
10 - Not Supported	—	—	—
11 - Not Supported	—	—	—
12 - Not Supported	—	—	—
13 - Not Supported	—	—	—
14 - Date/Time of the Observation	DTM	Optional	This value is used only for Inpatient encounters and is used when storing the vitals Instant Taken time in the flowsheet record. If no value is received here, the current instant is used.

ROL - Role Information (After PV1)

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Role Action Code	CWE	Optional	This field is used only when filing primary care provider information.
3 - Role	CWE	Optional	This field is mapped using one of two translation tables.
4 - Role Person	XCN	Optional	Format: <ID>^^^^^^^<Assigning authority>^^^^<ID type> (preferred)

Element Name	Type	Usage	Notes
or: <ID>			
5 - Role Begin Date/time	DTM	Optional	Begin date and time.
6 - Role End Date/time	—	—	End date and time.
7 - Not Supported	—	—	—
8 - Role Change Reason	CWE	Optional	Reason for Change This field is mapped using a translation table. This field is supported only when filing primary care provider information from a ROL segment.
9 - Not Supported	—	—	—
10 - Not Supported	—	—	—
11 - Rol Address	AD	Optional	Identifies the office address of the person in this ROL segment. <ul style="list-style-type: none"> • Street • City • State • ZIP/Postal code • Country • County Format: <Street 1>^<Street 2>^<City>^<State>^<ZIP code>^<Country>^<Address Type>^^<County>

CON - Visit Level Consent Information

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Set ID	SI	Required	—
2 - Consent Type	CNE	Required	Note: Document type must be visit specific as defined in the application.
3 - Consent Form ID and Version	ST	Optional	Only one line of text is currently supported. Use this field to describe the consent form (version, ID, etc)
4 - Consent Form Number	EI	Optional	External document ID that uniquely identifies the consent document.
5 - Consent Text	FT	Optional	Use this field to describe the content of the consent form. This field supports multiple lines in the form of special formatting characters e.g. \.br\, \.sp\ etc.
6 - Not Supported	—	—	—
7 - Not Supported	—	—	—
8 - Not Supported	—	—	—
9 - Not Supported	—	—	—
10 - Not Supported	—	—	—

Element Name	Type	Usage	Notes
11 - Consent Status	CNE	Required	Sending certain configured statuses will cause the interface to delete the consent document from the patient's record.
12 - Not Supported	—	—	—
13 - Consent Decision Date/Time	DTM	Optional	—
14 - Consent Effective Date/Time	DTM	Optional	—
15 - Consent End Date/Time	DTM	Optional	—
16 - Not Supported	—	—	—
17 - Not Supported	—	—	—
18 - Not Supported	—	—	—
19 - Not Supported	—	—	—
20 - Not Supported	—	—	—
21 - Not Supported	—	—	—
22 - Not Supported	—	—	—
23 - Not Supported	—	—	—
24 - Consenter ID	XPN	Optional	The consenter's name is expected in standard HL7 format.
25 - Relationship to Subject Table	IS	Optional	—

MRG - Merge Patient Information

Element Name	Type	Usage	Notes
1 - Prior Patient ID – Internal	CX	Required	—
2 - Prior Alternate Patient ID	CX	Optional	<ID>^^^<SA>^<assigning authority>~<ID2>^^^<SA2>^<Assigning Authority>
3 - Prior Patient Account Number	CX	Optional	—
4 - Prior Patient ID – External	CX	Optional	<ID>^^^<SA>^<assigning authority>~<ID2>^^^<SA2>^<Assigning Authority>

FT1 - Financial Transaction

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Not Supported	—	—	—
3 - Not Supported	—	—	—
4 - Transaction Date	DTM	Required	Order date
5 - Not Supported	—	—	—
6 - Not Supported	—	—	—
7 - Not Supported	—	—	—
8 - Not Supported	—	—	—

Element Name	Type	Usage	Notes
9 - Not Supported	—	—	—
10 - Transaction Quantity	NM	Optional	—
11 - Not Supported	—	—	—
12 - Not Supported	—	—	—
13 - Not Supported	—	—	—
14 - Not Supported	—	—	—
15 - Not Supported	—	—	—
16 - Not Supported	—	—	—
17 - Not Supported	—	—	—
18 - Not Supported	—	—	—
19 - Diagnosis Code	CWE	Optional	Format: <Diagnosis code>^<Description>^<Code set>
20 - Not Supported	—	—	—
21 - Ordered By Code	XCN	Optional	Billing provider Format: <ID>^^^^^^^<Assigning authority>^^^^<ID type> (preferred) or <Provider ID>^<Last name>^<First name>^<Middle name>
22 - Not Supported	—	—	—
23 - Not Supported	—	—	—
24 - Not Supported	—	—	—
25 - Procedure Code	CNE	Optional	<ul style="list-style-type: none"> • Order • Level of service • Additional E/M codes Format: <CPT4 code>^<Description>^C4 or <Procedure code>^<Description>^<Coding system>
26 - Procedure Code Modifier	CNE	Optional	Format: <CPT4 code>^<Description>^C4

DG1 - Diagnosis

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Diagnosis Coding Method	ID	Required	Value: <Code set> or <Null>, depending on configuration
3 - Diagnosis Code	CWE	Optional	Format: <Diagnosis code>^<Description>^<Code set>
4 - Diagnosis Description	ST	Optional	Used for backwards compatibility only. Format: String
5 - Not Supported	—	—	—
6 - Diagnosis Type	IS	Required	Format: <Diagnosis type>^<Free-text diagnosis context>
7 - Not Supported	—	—	—
8 - Not Supported	—	—	—

Element Name	Type	Usage	Notes
9 - Not Supported	—	—	—
10 - Not Supported	—	—	—
11 - Not Supported	—	—	—
12 - Not Supported	—	—	—
13 - Not Supported	—	—	—
14 - Not Supported	—	—	—
15 - Not Supported	—	—	—
16 - Not Supported	—	—	—
17 - Not Supported	—	—	—
18 - Not Supported	—	—	—
19 - Not Supported	—	—	—
20 - Not Supported	—	—	—
21 - Diagnosis Action Code	ID	Optional	—

PR1 - Procedure

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Set ID	SI	Required	—
2 - Procedure Coding Method	IS	Optional	—
3 - Procedure Code	CNE	Required	Format: <CPT4 code>^<Description>^C4or<Procedure code>^<Description>^<Coding system>
4 - Procedure Description	ST	Optional	—
5 - Procedure Date/Time	DTM	Required	Order date
6 - Not Supported	—	—	—
7 - Not Supported	—	—	—
8 - Not Supported	—	—	—
9 - Not Supported	—	—	—
10 - Not Supported	—	—	—
11 - Surgeon	XCN	Optional	Authorizing provider. If a provider is not received in this field, the encounter provider will be used. Format: <ID>^^^^^^^<Assigning authority>^^^^<ID type> (preferred) Otherwise, the format is: <Provider ID>^<Last name>^<First name>^<Middle initial>

ZRL - Additional PCP Data

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - PCP Change Requested By	CE	Optional	—

Element Name	Type	Usage	Notes
2 - PCP Comments	FT	Optional	Comments associated with the PCP change.
3 - PCP Change User	XCN	Optional	The user responsible for the PCP change.

GT1 - Guarantor

Segment-Level Summary

Guarantor information

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Guarantor Number	CX	Required	Account ID Format: <ID>^^^^<HL7 ID Type>
3 - Guarantor Name	XPN	Required	Account name. If a name is not received, the patient name is used as the account name. Format: <Last>^<First>^<Middle Name or Initial>^<Suffix>
4 - Guarantor Spouse Name	XPN	Optional	—
5 - Guarantor Address	XAD	Optional	<ul style="list-style-type: none"> Billing Address Street Dwelling Number City State ZIP/Postal code CountryCounty Temporary Billing Address Street City State ZIP/Postal code Country Start Date End Date

Format: Standard HL7 address format. Escape characters can be translated for street and city.

Notes:

This field can repeat, with permanent and temporary addresses sent in separate fields. The different addresses are denoted by a flag in the <Address Type> piece of the field (piece 7)

If the account received in this segment is linked to the patient address and configurable address update is not set, then the address(es) received in this field will not be filed and the permanent guarantor address will be

Element Name	Type	Usage	Notes
			<p>overwritten by the permanent patient address (from PID-11).</p> <p>County, country, and state can be mapped using a translation table.</p> <p>ZIP/postal code is required to be in the U.S. or Canadian format unless the interface is configured for international formatting.</p> <p>Format: <Street 1>^<Street 2/House Number>^<City>^<State>^<ZIP code>^<Country>^<Address Type>^^<County>^^^^<Start Date>^<End Date></p>
6 - Guarantor Phone Number – Home	XTN	Optional	<p>Billing home phone</p> <p>Format: (nnn)nnn-nnnn^^^^^<City/Area code>^<Number>^<Extension></p> <p>Or</p> <p>#<text></p> <p>Home phone number updates can be linked to address updates. If the account received in this segment is linked to the patient address and the configurable address update is not set, then the phone number received in this field is not filed but is overwritten by the patient home phone number (from PID-13).</p>
7 - Guarantor Phone Number – Business	XTN	Optional	<p>Billing work phone</p> <p>Format: (nnn)nnn-nnnn^^^^^<City/Area code>^<Number>^<Extension></p> <p>Or</p> <p>#<text></p>
8 - Guarantor Date/Time of Birth	DTM	Optional	Only date of birth is supported.
9 - Guarantor Administrative Sex	IS	Optional	This field is mapped using a translation table.
10 - Guarantor Type	IS	Optional	Account type This field is mapped using a translation table. If this field is null, new accounts will be assigned a default account type of Personal/Family.
11 - Guarantor Relationship	CWE	Optional	Specifies the relationship this guarantor has to the patient. For example, a guarantor who is the patient's father would send a value meaning "father".
12 - Guarantor National Identifier	ST	Optional	<p>Billing national identifier.</p> <p>Format depends on the country.</p> <p>Format checking is configurable.</p>
13 - Not Supported	—	—	—
14 - Not Supported	—	—	—
15 - Not Supported	—	—	—
16 - Guarantor Employer Name	XPN	Optional	This field works as XON if no component separators are present in GT1-16 else it works as XPN with the following format:

Element Name	Type	Usage	Notes
			<p><Full Surname> & <Own Surname Prefix> & <Own Surname> & <Surname Prefix From Partner/Spouse> & <Surname From Partner/Spouse> ^ <Given/First Name> ^ <Second and Further Given Names or Initials Thereof/Middle Name> ^ <Suffix (e.g., JR or III)> ^ <Prefix/Title (e.g., DR)> ^ <Academic Degree (e.g., MD)> ^^^^^^ <Professional Suffix></p> <p>Repetition is not supported.</p>
17 - Guarantor Employer Address	XAD	Optional	<p>Street</p> <p>City</p> <p>State</p> <p>ZIP/Postal code</p> <p>Country</p> <p>Escape characters can be translated for street and city. ZIP/postal code is required to be in the U.S. or Canadian format unless configured for international formats. State can optionally be mapped using a translation table.</p> <p>This data can also optionally be stored to the Employer master file record under certain conditions.</p>
18 - Guarantor Employer Phone Number	XTN	Optional	<p>Format: (nnn)nnn-nnnn^^^^^<City/Area code>^<Number>^<Extension></p> <p>Or</p> <p>#<text></p> <p>This data can also optionally be stored to the Employer master file record under certain conditions.</p>
19 - Guarantor Employee ID Number	CX	Optional	Format: String
20 - Guarantor Employment Status	IS	Optional	This field is mapped using a translation table.
21 - Not Supported	—	—	—
22 - Not Supported	—	—	—
23 - Guarantor Credit Rating Code	CWE	Optional	<p>Account status</p> <p>This field is mapped using a translation table. Only the first line of the account status will be affected.</p>
24 - Not Supported	—	—	—
25 - Not Supported	—	—	—
26 - Not Supported	—	—	—
27 - Not Supported	—	—	—
28 - Not Supported	—	—	—
29 - Not Supported	—	—	—
30 - Not Supported	—	—	—
31 - Guarantor Hire Effective Date	DT	Optional	—

Element Name	Type	Usage	Notes
32 - Not Supported	—	—	—
33 - Not Supported	—	—	—
34 - Not Supported	—	—	—
35 - Not Supported	—	—	—
36 - Guarantor Language	CWE	Optional	This field is mapped using a translation table

NTE - Notes and Comments (Guarantor)

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Not Supported	—	—	—
3 - Comment	FT	Optional	—

IN1 - Insurance

Segment-Level Summary

Key information data

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Insurance Plan ID	CWE	Required	Format: <Plan ID> or <Plan ID>^<Plan name> or <Plan ID>^<Plan name>^<Plan ID coding system>
3 - Insurance Company ID	CX	Required	Format depends on configuration <Text> or <Payer ID>^^^<Payer ID HL7 Assigning Authority>^<Payer ID HL7 ID Type>~
4 - Insurance Company Name	XON	Optional	This field contains the name of the insurance company.
5 - Insurance Company Address	XAD	Optional	<ul style="list-style-type: none"> • Street • City • State • ZIP/Postal code • Country <p>Country and state can be mapped using a translation table. ZIP/postal code is required to be in the U.S. or Canadian format unless configured for international formats. Escape characters can be translated.</p>
6 - Not Supported	—	—	—
7 - Insurance Company Phone Number	XTN	Optional	(nnn)nnn-nnnn^^^<City/Area code>^<Number>^<Extension> Or #<text>
8 - Group Number	ST	Optional	Format: String

Element Name	Type	Usage	Notes
			Escape characters can be translated.
9 - Group Name	XON	Optional	Format: String Escape characters can be translated.
10 - Not Supported	—	—	—
11 - Not Supported	—	—	—
12 - Plan Effective Date	DT	Optional	Can be stored at either the coverage or member level.
13 - Plan Expiration Date	DT	Optional	Can be stored at either the coverage or member level.
14 - Authorization Information	CM	Optional	The value of this field is stored as an authorization or a pre-certification number, specific to the insurance in the segment, under a hospital account record.
15 - Plan Type	IS	Optional	This is stored as the benefit code.
16 - Name of Insured	XPN	Optional	Name of subscriber. Escape characters can be translated. The interface can be configured so that it does not store this information if already present in the coverage.
17 - Insured's Relationship to Patient	CWE	Optional	The interface can be configured so that it does not store this information if already present in the coverage.
18 - Insured's Date of Birth	DTM	Optional	Only date of birth is supported. The interface can be configured so that it does not store this information if already present in the coverage.
19 - Insured's Address	XAD	Optional	<ul style="list-style-type: none"> • Street • City • State • ZIP/Postal code • CountryCounty <p>Notes: Country, county and state can be mapped using a translation table. Escape characters can be translated. The interface can be configured so that it does not store this information if already present in the coverage.</p>
20 - Assignment of Benefits	IS	Optional	Whether to accept assignment of benefits
21 - Not Supported	—	—	—
22 - Coordination of Benefits Priority	ST	Optional	<p>The value in this field can be used to determine the filing order of the coverage. The interface can also be configured to receive both a hospital and professional filing order in this field.</p> <p>Format: Either a number indicating the filing order for this coverage, or "special." To accept both a professional and hospital filing order, the values should be received in that order and separated by an asterisk (e.g. 2*3, where 2 is the professional filing order and 3 is the hospital filing order).</p>

Element Name	Type	Usage	Notes
23 - Not Supported	—	—	—
24 - Not Supported	—	—	—
25 - Not Supported	—	—	—
26 - Not Supported	—	—	—
27 - Not Supported	—	—	—
28 - Not Supported	—	—	—
29 - Verification Date/Time	DTM	Optional	This is the verification date/time or last date verified of coverage depending on the interface configuration. If the facility profile setting for the verification level is set to patient, IN1-29 will not be stored.
30 - Verification By	XCN	Optional	ID of user verifying coverage. A default is used if the ID does not map to an Epic user record. Format: <ID> If the facility profile setting for the verification level is set to patient, IN1-30 will not be stored.
31 - Not Supported	—	—	—
32 - Not Supported	—	—	—
33 - Not Supported	—	—	—
34 - Not Supported	—	—	—
35 - Company Plan Code	ST	Optional	Format: <Coverage ID>
36 - Policy Number	ST	Required	Insurance ID Escape characters can be translated. Can be stored at either the coverage or member level.
37 - Not Supported	—	—	—
38 - Not Supported	—	—	—
39 - Not Supported	—	—	—
40 - Not Supported	—	—	—
41 - Not Supported	—	—	—
42 - Insured's Employment Status	CWE	Optional	This field is mapped using a translation table. The interface can be configured so that it does not store this information if already present in the coverage.
43 - Insured's Administrative Sex	IS	Optional	This field is mapped using a translation table. The interface can be configured so that it does not store this information if already present in the coverage.
44 - Insured's Employer's Address	XAD	Optional	<ul style="list-style-type: none"> • Street • City • State • ZIP/Postal code • Country Format: Standard HL7 address format. Notes: Escape characters can be translated for street and city.

Element Name	Type	Usage	Notes
45 - Verification Status	ST	Optional	Verification status of the coverage. This field is mapped using a translation table. If the facility profile setting for the verification level is set to Patient, IN1-45 will not be stored.
46 - Not Supported	—	—	—
47 - Not Supported	—	—	—
48 - Not Supported	—	—	—
49 - Insured's ID Number	CX	Optional	—

IN2 - Additional Insurance

Segment-Level Summary

Additional insurance data, such as demographics, CMS, and employment information.

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Insured's Social Security Number	ST	Optional	Subscriber national identifier. The interface can be configured so that it does not store this information if already present in the coverage. Format: nnn-nn-nnnn or nnnnnnnnnn ; Format checking is configurable.
3 - Insured's Employer's Name and ID	XCN	Optional	—
4 - Not Supported	—	—	—
5 - Mail Claim Party	IS	Optional	Claim mail code This field is mapped using a translation table.
6 - Medicare Health Ins Card Number	ST	Optional	—
7 - Not Supported	—	—	—
8 - Medicaid Case Number	ST	Optional	—
9 - Not Supported	—	—	—
10 - Not Supported	—	—	—
11 - Not Supported	—	—	—
12 - Not Supported	—	—	—
13 - Not Supported	—	—	—
14 - Military Service	IS	Optional	This field is mapped using a translation table.
15 - Military Rank/Grade	IS	Optional	This field is mapped using a translation table.
16 - Military Status	IS	Optional	This field is mapped using a translation table.
17 - Not Supported	—	—	—
18 - Not Supported	—	—	—
19 - Not Supported	—	—	—
20 - Not Supported	—	—	—
21 - Not Supported	—	—	—
22 - Not Supported	—	—	—

Element Name	Type	Usage	Notes
23 - Not Supported	—	—	—
24 - Non-Covered Insurance Code	IS	Optional	Uses translation table. HL7 user defined table for this field is 0143.
25 - Not Supported	—	—	—
26 - Payor Subscriber ID	CX	Optional	—
27 - Not Supported	—	—	—
28 - Not Supported	—	—	—
29 - Not Supported	—	—	—
30 - Not Supported	—	—	—
31 - Not Supported	—	—	—
32 - Not Supported	—	—	—
33 - Not Supported	—	—	—
34 - Not Supported	—	—	—
35 - Not Supported	—	—	—
36 - Not Supported	—	—	—
37 - Not Supported	—	—	—
38 - Not Supported	—	—	—
39 - Not Supported	—	—	—
40 - Not Supported	—	—	—
41 - Not Supported	—	—	—
42 - Not Supported	—	—	—
43 - Not Supported	—	—	—
44 - Not Supported	—	—	—
45 - Not Supported	—	—	—
46 - Not Supported	—	—	—
47 - Not Supported	—	—	—
48 - Not Supported	—	—	—
49 - Not Supported	—	—	—
50 - Not Supported	—	—	—
51 - Not Supported	—	—	—
52 - Not Supported	—	—	—
53 - Not Supported	—	—	—
54 - Not Supported	—	—	—
55 - Not Supported	—	—	—
56 - Not Supported	—	—	—
57 - Not Supported	—	—	—
58 - Not Supported	—	—	—
59 - Not Supported	—	—	—
60 - Not Supported	—	—	—
61 - Patient Member Number	CX	Optional	—
62 - Not Supported	—	—	—
63 - Insured's Phone Number – Home	XTN	Optional	The interface can be configured so that it does not store this information

Element Name	Type	Usage	Notes
			if already present in the coverage. Format: (nnn)nnn-nnnn^^^^^<City/Area code>^<Number>^<Extension> Or #<text>
64 - Insured's Employer Phone Number	XTN	Optional	The interface can be configured so that it does not store this information if already present in the coverage. Format: (nnn)nnn-nnnn^^^^^<City/Area code>^<Number>^<Extension> Or #<text>
65 - Not Supported	—	—	—
66 - Not Supported	—	—	—
67 - Not Supported	—	—	—
68 - Not Supported	—	—	—
69 - Not Supported	—	—	—
70 - Not Supported	—	—	—
71 - Not Supported	—	—	—
72 - Patient's Relationship to Insured	CWE	Optional	A configuration setting determines if this field or if field IN1-17 is used to store the relationship. This field is mapped using a translation table. The interface can be configured so that it does not store this information if already present in the coverage.

IN3 - Additional Insurance Certification

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Not Supported	—	—	—
3 - Not Supported	—	—	—
4 - Not Supported	—	—	—
5 - Not Supported	—	—	—
6 - Not Supported	—	—	—
7 - Not Supported	—	—	—
8 - Not Supported	—	—	—
9 - Not Supported	—	—	—
10 - Not Supported	—	—	—
11 - Not Supported	—	—	—
12 - Not Supported	—	—	—
13 - Not Supported	—	—	—
14 - Physician Reviewer	XCN	Optional	—

ZIN - Additional Insurance

Segment-Level Summary

Additional insurance information related to IN1 data.

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Authorized Bed Days	ST	Optional	Format: <Start Date>^<End Date>^<Days Type>^<Total Days>
3 - Next Review Date	DT	Optional	—
4 - Total Approved Days	NM	Optional	—
5 - Denied Days	ST	Optional	Format: <Start Date>^<End Date>
6 - Not Supported	—	—	—
7 - Not Supported	—	—	—
8 - Not Supported	—	—	—
9 - Insured's Relationship to Guarantor	CE	Optional	—
10 - Member Relationship to Guarantor	CE	Optional	—
11 - Process Control Number	ST	Optional	—
12 - Not Supported	—	—	—
13 - Not Supported	—	—	—
14 - Not Supported	—	—	—
15 - Not Supported	—	—	—
16 - Not Supported	—	—	—
17 - Not Supported	—	—	—
18 - Not Supported	—	—	—
19 - Medicare Legacy HIC Number	—	—	—

ACC - Accident

Segment-Level Summary

This segment contains information about an accident affecting the patient.

Element Name	Type	Usage	Notes
1 - Accident Date/Time	DTM	Optional	Only the date is supported. Format: YYYYMMDD
2 - Accident Code	CWE	Optional	Format: <Code>^^^<Condition related to>
3 - Not Supported	—	—	—
4 - Auto Accident State	CWE	Optional	Auto accident state
5 - Not Supported	—	—	—
6 - Not Supported	—	—	—
7 - Not Supported	—	—	—

Element Name	Type	Usage	Notes
8 - Accident Description	ST	Optional	Free text

UB2 - Universal Bill 92 Information

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Not Supported	—	—	—
3 - Condition Code	IS	Optional	This field is mapped using a translation table
4 - Not Supported	—	—	—
5 - Not Supported	—	—	—
6 - Value Code and Amount	CM	Optional	This field is mapped using a translation table Format: <Code>^<Amount>
7 - Occurrence Code and Date	CM	Optional	The Occurrence Code is mapped using a translation table Format: <Code>^<Date>
8 - Occurrence Span Code/Dates	CM	Optional	This Occurrence Span Code is mapped using a translation table Format: <Code>^<From date>^<To date>

ZIF - Infection Information

Element Name	Type	Usage	Notes
1 - Patient Infection Codes	ST	Optional	This field contains patient-level infection codes. This field can repeat. Format: <Code>
2 - Encounter Infection Codes	ST	Optional	This field contains encounter-level infection codes. This field can repeat. Format: <Code>

ZFY - Patient FYI Information

Element Name	Type	Usage	Notes
1 - FYI Type	ST	Optional	—
2 - FYI Action	ST	Optional	—
3 - FYI Summary	ST	Optional	—
4 - FYI Text	ST	Optional	—

ZFR - Price Estimate Information

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Not Supported	—	—	—
3 - Not Supported	—	—	—
4 - Not Supported	—	—	—
5 - Not Supported	—	—	—
6 - Pre-payment Due	—	—	Pre-payment amount. Positive and negative alphanumeric values are

Element Name	Type	Usage	Notes
			supported in this field.

ZPS - Additional Patient Location Information

Element Name	Type	Usage	Notes
1 - Patient Location	CWE	Optional	Format: <Department> ^^ <Coding System>

ZEL - Veterans Eligibility Information

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Veteran Coverages	CNE	Optional	The coverage levels for a veteran. This field can repeat, and the first repetition is considered the veteran's primary coverage. If the first repetition is blank, no coverage levels are filed. Format: <ID>&<ID>&
2 - Dental Coverage Level	CNE	Optional	The dental coverage level for a veteran. This field does not repeat. Format: <ID>
3 - Priority Group	CNE	Optional	Veteran priority group. This field does not repeat. Format: <ID>
4 - Enrollment Status	CNE	Optional	The VA enrollment status for a veteran. This field does not repeat. Format: <ID>
5 - Veteran Combat Coverage Level	CNE	Optional	A veteran's combat coverage level. This field does not repeat. Format: <ID>
6 - Veteran Combat Coverage Expiration Date	DT	Optional	The expiration date for a combat coverage level received in ZEL-5. This field does not repeat. Format: YYYYMMDD

ZVR - Patient Relationship

Element Name	Type	Usage	Notes
1 - Patient Relation Responsibility Code	IS	Optional	Patient relation responsibility code.
2 - Not Supported	—	—	—
3 - Patient Relation Limitation Code	IS	Optional	Limitation code
4 - Guardianship	IS	Optional	Division of tasks flag
5 - Not Supported	—	—	—
6 - Not Supported	—	—	—
7 - Additional Relation Type	—	—	Additional Patient Relationship Type
8 - Additional Relation Start Date	DT	—	Start date for additional relation in ZVR-7.

Element Name	Type	Usage	Notes
9 - Additional Relation End Date	DT	—	End date for additional relation in ZVR-7.

ZOA - External Account Information

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Account Number	ST	Optional	Case ID (FID)
2 - Account Type	FT	Optional	Case Type (Falltyp)
3 - Account Department	—	Optional	Format: <Department ID> ^^ <HL7 coding system>
4 - Account Active	—	Optional	Case Status
5 - Account Service	—	Optional	Case Organizational Unit (Fach OE)
6 - Account Date of Service	DT	Optional	Case Start Date
7 - Account Info 1	ST	Optional	—
8 - Account Info 2	—	Optional	Case Class (Fallart)
9 - Account Provider	—	Optional	Case Referring Physician (Zuweiser)

Format: <ID> ^^^^^^^ <Assigning authority> ^^^ <ID type>

10 - Account Close Date/Time	DTM	Optional	Case Close Date/Time
11 - Account Admit Source	—	Optional	Admit Source (Einweisungsart)
12 - Account Insured Class	—	Optional	Insured Class (Versicherungsklasse)
13 - Account Treatment Class	—	Optional	Treatment Class (Behandlungsklasse)
14 - Account Comfort Class	—	Optional	Comfort Class (Komfortklasse)
15 - Account Entry Type	—	Optional	Entry Type (Eintrittsart)
16 - Account Admission Type	—	Optional	Admission Type (Aufnahmeart)
17 - Account Insurance Type	—	Optional	Insurance Type (Versicherungsart)
18 - Zoa-18 Account Case Status	—	—	Case Status

Message Types: INCOMING BED STATUS

MSH - Message Header

Element Name	Type	Usage	Notes
2 - Encoding Characters	ST	Required	Value is typically: ^~\&
3 - Sending Application	—	—	Format: Free text
4 - Sending Facility	HD	Optional	Format: Free text
5 - Receiving Application	HD	Optional	Free text
6 - Receiving Facility	HD	Optional	Free text
7 - Date/Time of Message	DTM	Optional	—
8 - Security	ST	Optional	—
9 - Message Type	MSG	Required	Format: <Message type>^<Trigger event> Example: ORM^O01
10 - Message Control ID	ST	Optional	Value to be returned in MSA-2 in the Acknowledgment message
11 - Processing ID	PT	Required	Values: <ul style="list-style-type: none">• D: Debugging• P: Production• T: Training
12 - Version ID	VID	Required	HL7 version number. For example, 2.5.
13 - Sequence Number	NM	Optional	Optional field used in sequence number protocol. By default, Epic does not use sequence number protocol.
14 - Continuation Pointer	ST	Optional	In conjunction with the HL7 DSC segment, this field is used to identify continuations of messages. It allows large messages to be broken into multiple smaller messages, which is necessary under certain implementation limitations. MSH-14 contains the identifier matching the value sent in the DSC segment in a previous message, identifying the current message as a continuation of the previous.
15 - Accept Acknowledgment Type	ID	Optional	This field identifies the conditions under which Accept Acknowledgments must be returned in response to a message. This field is required for enhanced acknowledgment mode. If null, acknowledgments are sent in original acknowledgment mode. Values: <ul style="list-style-type: none">• AL: Always• ER: Error/reject conditions only• NE: Never• SU: Successful completion only

Element Name	Type	Usage	Notes
16 - Application Acknowledgment Type	ID	Optional	—
17 - Country Code	ID	Optional	—
18 - Character Set	ID	Optional	—
19 - Not Supported	—	—	—
20 - Not Supported	—	—	—
21 - Conformance Statement ID	EI	Optional	—
22 - Sending Responsible Organization	XON	Optional	—
23 - Receiving Responsible Organization	XON	Optional	—

EVN - Event Type (Optional)

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Not Supported	—	—	—
3 - Not Supported	—	—	—
4 - Event Reason Code	IS	Optional	—
5 - Operator ID	XCN	Optional	ID of the user who triggered the message
6 - Event Occurred	DTM	Optional	Note: This value is filed as the transfer date and time for an A02 message.

NPU - Non-Patient Update

Segment-Level Summary

Element Name	Type	Usage	Notes
1 - Bed Location	PL	Required	<Department/Point of Care>^<Room>^<Bed>
2 - Bed Status	CWE	Required	Bed status can be mapped using a translation table.

Message Types: INCOMING FINLAND SCHOOL DATA

MSH - Message Header

Segment-Level Summary

Message Header

Element Name	Type	Usage	Notes
2 - Encoding Characters	ST	Required	Value is typically: ^~\&
3 - Sending Application	HD	Optional	Sending Application name
4 - Sending Facility	HD	Optional	Sending Facility name
5 - Receiving Application	HD	Optional	Format: Free text
6 - Receiving Facility	HD	Optional	Free text
7 - Date/Time of Message	DTM	Optional	—
8 - Security	ST	Optional	—
9 - Message Type	MSG	Required	Format: <code><Message type>^<Trigger event></code> Example: ADT^A28
10 - Message Control ID	ST	Optional	Value to be returned in MSA-2 in the Acknowledgment message
11 - Processing ID	PT	Required	Values: <ul style="list-style-type: none">D: DebuggingP: ProductionT: Training
12 - Version ID	VID	Required	HL7 version number. For example, 2.5.
13 - Sequence Number	NM	Optional	Optional field used in sequence number protocol. By default, Epic does not use sequence number protocol.
14 - Continuation Pointer	ST	Optional	In conjunction with the HL7 DSC segment, this field is used to identify continuations of messages. It allows large messages to be broken into multiple smaller messages, which is necessary under certain implementation limitations. MSH-14 contains the identifier matching the value sent in the DSC segment in a previous message, identifying the current message as a continuation of the previous.
15 - Accept Acknowledgment Type	ID	Optional	This field identifies the conditions under which Accept Acknowledgments must be returned in response to a message. This field is required for enhanced acknowledgment mode. If null, acknowledgments are sent in original acknowledgment mode. Values: <ul style="list-style-type: none">AL: AlwaysER: Error/reject conditions only

Element Name	Type	Usage	Notes
			<ul style="list-style-type: none"> NE: Never SU: Successful completion only
16 - Application Acknowledgment Type	ID	Optional	—
17 - Country Code	ID	Optional	—
18 - Character Set	ID	Optional	—
19 - Not Supported	—	—	—
20 - Not Supported	—	—	—
21 - Conformance Statement ID	EI	Optional	—
22 - Sending Responsible Organization	XON	Optional	—
23 - Receiving Responsible Organization	XON	Optional	—

PID - Patient Identification

Segment-Level Summary

The patient identification segment.

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Patient ID	CX	Optional	This field is for backward compatibility only.
3 - Patient Identifier List	CX	Required	Format: <code><Patient ID>^^^^<Assigning Authority></code>
4 - Alternate Patient ID	CX	Optional	This field is for backward compatibility only.
5 - Patient Name	XPN	Required	Format: <code><Last Name>^<First Name>^<Middle Name>^<Suffix>^<Title>^<Academic degree>^<Name Type>^^^^<Name Assembly Order>~...</code>
6 - Mother's Maiden Name	XPN	Optional	Mother's maiden name.
7 - Date/Time of Birth	DTM	Optional	Only date of birth is supported for patient validation.
8 - Sex	ID	Optional	Patient sex. Must receive exactly "" to delete previous values. Only the first component is filed. Format: <code><Sex>^^^^^^</code>
9 - Patient Alias	XPN	Optional	Aliases may repeat. Escape characters can be translated. The aliases received in the message can either append to overwrite the patient's current alias list. If the seventh component (name type code) of the field is M, the value in the first component is treated as patient maiden name. The example format to receive patient maiden name:

Element Name	Type	Usage	Notes
			<Patient maiden name>^^^^^M~
10 - Race	CWE	Optional	<p>Patient race. Only the first component of the field is filed. This field must contain exactly "" to delete stored data.</p> <p>Format: <race>^^^^^^~<race>^^^^^^</p>
11 - Patient Address	XAD	Optional	<p>Permanent Address</p> <ul style="list-style-type: none"> • Street • Dwelling Number • City • State • ZIP/Postal code • Country • County • District • Start Date <p>Confidential Address</p> <ul style="list-style-type: none"> • Street • Dwelling Number • City • State • ZIP/Postal code • County • Country • District • Start Date • End Date • Addressee <p>Temporary Address</p> <ul style="list-style-type: none"> • Street • Dwelling Number • City • State • ZIP/Postal code • County • Country • District

Element Name	Type	Usage	Notes
			<ul style="list-style-type: none"> • Start Date • End Date • Addressee <p>Shared Residence</p> <ul style="list-style-type: none"> • Address Comment (20th Component) <p>Format:</p> <p>Escape characters can be translated</p> <p>This field can repeat, with permanent, confidential, and temporary addresses sent in separate repetitions. The different addresses are denoted by a flag in the <code><Address Type></code> piece of the field (11.7)</p> <p>State, county, and country category values can be mapped using a translation table.</p> <p>ZIP/postal code is required to be in the U.S. or Canadian format unless the interface is configured to receive international formats.</p> <p>If a ZIP code is received, the interface attempts to find an associated county. If a unique value is found for the county and a value is not specified in the message, the interface files it to the patient's chart.</p> <p>Format:</p> <pre><Street 1>^<Street 2>^<City>^<State>^<ZIP code>^<Country>^<Address Type>^^<County>^<District>^^^<Start Date>^<End Date>^^^^^<Addressee></pre> <p>Or</p> <pre>&<Street 1>&<House Number>^<Street 2>^<City>^<State>^<ZIP code>^<Country>^<Address Type>^^<County>^<District>^^^<Start Date>^<End Date>^^^^^<Addressee></pre>
12 - County Code	IS	Optional	This field is for backward compatibility only. Use the county component of the patient address in PID-11 instead.
13 - Phone Number – XTN Home		Optional	<ul style="list-style-type: none"> • Phone • E-mail address • Multiple e-mail addresses <p>Formats:</p> <pre>nnnnnn-nnnn^<Telecommunication use code>^<Telecommunication equipment type>^<E-mail address>^<Country code>^<Area/city code>^<Local number>^<Extension>^<Any text>^<Extension prefix>^<Speed dial code>^<Unformatted telephone number>^^^^^^<Priority></pre> <p>or</p>

Element Name	Type	Usage	Notes
			<code>(nnn)nnn-nnnnx<extension>^^^^^^^^^^^^^^^^^<Priority></code> or <code>^^^^<City/area code>^<Number>^<Extension>^^^^^^^^^^^^^^^^^<Priority></code> or <code>#<text></code>
14 - Phone Number – XTN Work		Optional	<code>(nnn)nnn-nnnnx<extension>^^^^^^^^^^^^^^^^^<Priority></code> or <code>^^^^<City/area code>^<Number>^<Extension>^^^^^^^^^^^^^^^^^<Priority></code> or <code>#<text></code>
15 - Primary Language	CWE	Optional	Specifies which language the patient is most familiar with
16 - Marital Status	CWE	Optional	Patient marital status. Only the first component is used. This field must contain exactly "" to delete stored data. Format: <code><code>^^^^^^^</code>
17 - Religion	CWE	Optional	Patient religion. Only the first component is used. This field must contain exactly "" to delete stored data. Format: <code><religion>^^^^^^^</code>
18 - Patient Account Number	CX	Optional	Format: <code><value></code> or <code><value>^^<Assigning Authority>^<ID Type></code>
19 - SSN Number – Patient	ST	Optional	Format depends on the country. Format checking options are configurable. National identifier can also be received in PID-3.
20 - Driver's License Number – Patient	DLN	Optional	Format: <code><Driver's license number>^<Driver's license state></code> Note: State can optionally be mapped using a translation table. Driver's license number can also be received in PID-3. Example: <code>G6515665260505^WI</code>
21 - Mother's Identifier	CX	Optional	—
22 - Ethnic Group	CWE	Optional	Patient ethnic group. Only the first component is used. This field must contain exactly "" to delete stored data. Format: <code><ethnic group>^^^^^^~</code>
23 - Birth Place	XAD	Optional	Birth city and state

Element Name	Type	Usage	Notes
			HL7 address format is used rather than the string format defined in the standard. State can be mapped using a translation table
24 - Multiple Birth Indicator	ID	Optional	This field can be set to "Y" or "N" to denote whether the patient was born as part of a multiple birth (twins, triplets, etc.).
25 - Multiple Birth Order	—	—	If this patient was part of a multiple birth, this field represents the order in which the patient was born. For example, a '3' represents the third child in a set of triplets.
26 - Citizenship	CWE	Optional	This field can be mapped using a translation table. To file as a list of countries instead of a single citizenship flag, set profile variable FILE_CITIZENSHIP_AS_LIST (4585) to 1-True.
27 - Veterans Military Status	CWE	Optional	This field can be mapped using a translation table.
28 - Nationality	CWE	Optional	This field can be mapped using a translation table.
29 - Patient Death Date and Time	DTM	Optional	—
30 - Patient Death Indicator	ID	Optional	—
31 - Identity Unknown Indicator	—	—	Flag to determine if this is a temporary patient.
32 - Identity Reliability Code	CWE	Optional	Indicates whether a national ID received in PID-3 or PID-19 should be considered verified.

PD1 - Patient Additional Demographics

Segment-Level Summary

Patient Additional Demographics

Element Name	Type	Usage	Notes
1 - Not Supported	—	—	—
2 - Not Supported	—	—	—
3 - Primary Facility	XON	Optional	<p>The value received here is stored as the patient's primary location. It must correspond to a facility, service area, or location record in the facility database.</p> <p>Preferred format:</p> <ul style="list-style-type: none"> <code>^^^^^<AUTH>^<IDTYPE>^^^<ID></code> <p>Other accepted formats:</p> <ul style="list-style-type: none"> <code>^^<ID>^^^<AUTH>^<IDTYPE></code> <code><NAME></code>
4 - Primary Care Provider	XCN	Optional	<p>Format: <code>Preferred<ID>^^^^^^^<Assigning authority>^^^^<ID type>or<Provider ID>^<Last name>^<First name>^<Middle initial></code></p>

Note: This field can be configured to be ignored – PV1-7 would be used

Element Name	Type	Usage	Notes
			instead.
			Information about other types of primary care providers can be sent in the ROL segment.
5 - Not Supported	—	—	—
6 - Not Supported	—	—	—
7 - Not Supported	—	—	—
8 - Not Supported	—	—	—
9 - Not Supported	—	—	—
10 - Not Supported	—	—	—
11 - Not Supported	—	—	—
12 - Not Supported	—	—	—
13 - Not Supported	—	—	—
14 - Place of Worship	XON	Optional	<Place of Worship name>^^<Place of Worship ID>
15 - Advance Directive Code	CWE	Optional	The value received here will populate the patient advance directive status. The default format is to receive a Y for a patient with advance directive information or an N for a patient without advance directive information. This field can optionally be translated using a translation table.
16 - Not Supported	—	—	—
17 - Not Supported	—	—	—
18 - Not Supported	—	—	—
19 - Military Branch	CWE	Optional	This field is mapped via a translation table. Format: <ID>^<Description>^Coding System
20 - Military Rank	CWE	Optional	This field is mapped via a translation table. Format: <ID>^<Description>^Coding System
21 - Military Component	CWE	Optional	This field is mapped via a translation table. Format: <ID>^<Description>^Coding System
22 - Advance Directive Date	DT	Optional	This date will be used to populate the advance directive reviewed date and pairs with PD1-15. If this field is omitted, the interface uses EVN-6, then MSH-7, and finally the current date, until a valid date is found.

ZFI - Finland School Information

Segment-Level Summary

Finland School Data

Element Name	Type	Usage	Notes
1 - Primus School Name	—	—	School Name
2 - Primus Education Status	—	—	Education Status
3 - Primus Class (grade)	—	—	Class
4 - Primus Class Group	—	—	Class Group

Element Name	Type	Usage	Notes
5 - Studenta School Location	—	—	School Location
6 - Studenta Degree	—	—	Degree
7 - Studenta Start Group	—	—	Start Group
8 - Studenta Start Date Of Degree	—	—	Start Date of Degree

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