

Data Elements (HL7 Data Transmission Guide - Appendix D)

Element	Description	HL7 Element
Ace Inhibitor Fill Flag	Was an ACE INHIBITOR prescribed and/or filled during this encounter (Y/N)?	ZEN-8-1
ADA Code	American Dental Association code that designates the type of dental service provided during this encounter. Nationally recognized standard code set. Required only for Dental encounters. Minimum of one value required.	ZDN-2-1
ADA Code Fee Amount	Fee for this ADA Code rounded to the nearest dollar. If multiple units are stated for this code entry, fee amount is the total for all units.	ZDN-4-1
ADA Units	Number of the services identified by the ADA code that were delivered (e.g., if the ADA code is for tooth extraction and there are three ADA units, that means three teeth were extracted).	ZDN-3-1
Admission Service	Code set indicating type of clinical service to which the patient was admitted. Applies to inpatient only. Required only for Direct Inpatient encounters.	PV1-10-1
Admission Type	Code indicating by what process a patient was admitted. Applies to inpatient only.	PV1-4-1
Attending Physician Affiliation Code	Affiliation of the attending physician.	PV1-7-1
Attending Physician Discipline Code	Discipline of the attending physician.	PV1-7-2
Attending Physician Local Code	The code used at the site to identify the attending physician. Usually, but not always the physician's initials.	PV1-7-3
Authorizing Facility	Facility that authorized the vendor to provide services to the patient. Required only for contract encounters.	ZV1-15-2
Beneficiary Classification Code	Classification of the type of patient, indicating a category under which an individual can become eligible for IHS benefits. Required only for registration, if tribe code is 998 or 999	ZP2-18-1
Blood Quantum Code	Code to designate whether or not the patient is an American Indian/Alaska Native and, if so, to what degree. Required only for registration, if tribe code is 998 or 999	ZP2-17-1
Cause of Death	ICD-9 code for cause of death. Preferred format is to include the dot. Nationally recognized standard code set.	ZRB-5-1 ZV1-35-1

Element	Description	HL7 Element
Cause of Diagnosis	Code designating the cause of this specified diagnosis.	ZDX-4-1
Cause of Injury	ICD-9 E-prefix code for the cause of the injury. (Only used if diagnosis code is between 800 and 999.9, meaning injury.) Preferred format is to include the dot. Nationally recognized standard code set.	ZDX-6-1
Chart Facility Code	Code to designate the facility where this chart is located.	PID-4-1 ZRC-6-1
Chart Number	A patient's record number at the specified facility. Preferred format is right-justified and zero filled.	PID-4-1 ZRC-7-1
Chart Status Code	Status of the specified chart at the local facility. (A = Active, D = Deleted, I = Inactive)	ZRC-8-1
CHS Paid Amount	For CHS (contracted health service) visits, total amount paid to the outside provider. Preferred format is 999999.99.	ZV1-17-1
City	City or town portion of this patient's mailing address.	PID-11-3
Clinic Code	Code indicating the type of clinic at which this encounter occurred. Required only for Direct Outpatient and Direct Dental encounters.	ZV1-3-1
Clinical Measure Code	Code describing the type of measurement that is being captured.	OBX for MSR-3-1
Clinical Measure Result Value	This field will be used for Blood Pressure, Height, & Weight. BP to be reported in ###/### format, height to be output in inches in ##.# format, weight in pounds in ###.# format.	OBX for MSR-5-1
Community of Residence Code	Code for the State/County/Community of Residence of the patient. Required only for registration.	ZP2-22-1
Coverage Type Code	Type of third party coverage for which the patient is eligible. Value depends on the associated insurance category code. If insurance category code = MCR or RRE, valid values for this field = A (Medicare Part A), or B (Medicare Part B). Otherwise, any free text value is accepted.	IN1-47-1
Data Entry Creation Date (character format)	Date the encounter record was created in the source system. Expected format is CCYYMMDD.	ZV1-1-1
Date Moved To Community (character format)	Date when the patient first moved to this community of residence. Expected format is CCYYMMDD.	ZP2-19-1
Date of Birth (character format)	Patient's Date of Birth. Expected format is CCYYMMDD. Registration-always required. Encounters, required only for dental.	PID-7-1

Element	Description	HL7 Element
Date of Death (character format)	Patient's Date of Death. Expected format is CCYYMMDD.	PID-29-1
Date of Last Update	Date this record was last modified by the local registration/encounter system. Date format is CCYYMMDD.	ZIN-1-1 ZRB-1-1 ZRC-1-1 ZRD-1-1 ZRL-1-1 ZV1-4-1
Day of Week	Day Of Week the encounter/admission occurred. (1 = Sunday, 2 = Monday, 3 = Tuesday, 4 = Wednesday, 5 = Thursday, 6 = Friday, 7 = Saturday)	ZV1-31-1
Dental Cost	Dental Total Cost rounded to the nearest dollar.	ZDN-6-1
Dental Delivery Code	The dental delivery modes designate whether this was a contracted or direct dental service. (D = Direct, K = Contract)	ZDN-5-1
Dental Operative Site	Code used to identify the tooth, range of teeth, or other location for which the ADA procedure was performed.	ZDP-2-1
Dentist's SSN	SSN for the dental provider. (format 999999999, no dashes.)	ZDN-7-1
Diagnosis Code	ICD-9 diagnosis code. Preferred format is to include the dot. Nationally recognized standard code set. Required only for non-dental direct encounters. Minimum of one value required.	DG1-3-1
Diagnosis Sequence Number	Sequence number of the diagnosis for which the CPT procedure was performed, if applicable. It is used to link this PROCEDURE record with the appropriate DX record.	ZPR-9-1
Discharge Date (character format)	Inpatient: date patient discharged. Outpatient: not applicable. Expected format is CCYYMMDD. Required only for Inpatient encounters.	PV1-45-1
Discharge Service Code	Code set indicating type of clinical service from which the patient was discharged.	ZV1-36-1
Discharge Type Code	Identifies how a patient was discharged from an inpatient visit. Not applicable for outpatient. IHS-specific code set.	ZV1-37-1
Disposition On ER Visits	The patient disposition code, if this is an ER visit.	PV1-36-1
DM Nutrition Education Flag	Was Diabetes Mellitus education given to the patient? (Y/N)	ZEN-13-1

Element	Description	HL7 Element
Education Code	Code that specifies the topic of education provided during this encounter.	OBX for PED-3-1
Education Understanding	Education - patient's level of understanding	OBX for PED-5-1
Eligibility End Date (character format)	Date that eligibility for the specific type of coverage ends. For Medicaid and Medicare, the eligibility end date; for private insurance, the expiration date. Expected format is CCYYMMDD.	IN1-13-1
Eligibility Start Date (character format)	Date that eligibility for the specific type of coverage begins. For Medicaid and Medicare, the eligibility date; for private insurance, the effective date. Expected format is CCYYMMDD.	IN1-12-1
Eligibility State Code	Numeric IHS-specific code indicating state where a patient is eligible for Medicaid.	IN1-15-1
Encounter Delete Flag	Flag received from the local system that indicates that this encounter was deleted from the local system.	ZV1-25-1
Encounter Export Date	Date this "snapshot" of the local encounter record was exported.	ZV1-26-1
Evaluation and Management CPT Code	CPT code from evaluation and management field of visit file. Nationally recognized standard code set.	ZV1-34-1
Export Log Number	Control number assigned to the export at the local level, that allows us to track the data back to the facility.	ZHS-3-1
Export Options	Options associated with an HL7 export file, such as to indicate if it is a total re-export, or an incremental export, etc.	ZHS-5-1
Father's First Name	Father's First Name.	ZP2-31-2
Father's Last Name	Father's Last Name.	ZP2-31-1
Father's Middle Name	Father's Middle Name.	ZP2-31-3
Fecal Occult Blood Lab Flag	Was a fecal occult blood test performed during this encounter? (Y/N)	ZEN-24-1

Element	Description	HL7 Element
Field Change Code	Has any field in this subset of records been modified since the data was last exported? This field is used by the source system to indicate to the NDW how to process this subset of records. (A = Add a brand new registration; Y = Yes, subsection is different from the last export; N = No changes since the last export)	ZIN-3-1 ZRB-3-1 ZRC-3-1 ZRD-3-1 ZRL-3-1
First Modified Date i.e., Export Begin Date (character format)	Begin Date of the date range used by the site to export data to the warehouse. Expected format is CCYYMMDD.	ZHS-1-1
First Name	First name of the patient; could also be an alias. Required only for registration.	PID-5-2 ZRL-6-2
Full Name	Patient's name prior to parsing into first, middle, last, etc. The format is specific to the local system.	ZRD-5-1
Gender	Sex of Patient as provided by the patient's registration information. (M = Male, F = Female, U = Unknown) Required only for registration.	PID-8-1
Glucose Value	Result value for a glucose test obtained during this encounter.	ZEN-16-1
HCPCS / CPT Code	HCPCS or CPT code for the specified procedure. Nationally recognized standard code set.	OBX for CPT-3-1 ZPR-8-1
HCPCS Quantity	Count of the number of times the associated HCPCS code was listed for this encounter.	OBX for CPT-5-1
HDL Cholesterol Test Flag	Was an HDL cholesterol test performed during this encounter? (Y/N)	ZEN-17-1
HDL Cholesterol Value	Result value for an HDL cholesterol test obtained during this encounter.	ZEN-18-1
Health Factor Category	Health factor category. (e.g., Tobacco)	OBX for HF-3-1
Health Factor Category Code	Health factor category code.	OBX for HF-4-1
Health Factor Code	Health Factor code.	OBX for HF-3-2
Health Factor Name	Name of Health Factor. (e.g., previous smoker)	OBX for HF-3-3

Element	Description	HL7 Element
HGBA1C Value	Result value for a HGBA1C test performed during this encounter.	ZEN-14-1
HL7 Immunization Code	No longer used, replaced by HL7 CVX code as of 5/1/2012. Proprietary subset of HL7 used by IHS beginning with version 7.0 of the RPMS Immunization Package. This was replaced in version 8.0 with the complete HL7 CVX code list.	ZIM-4-1
HTN Ever Documented Flag	Has this patient ever had Hypertension documented? (Y/N)	ZEN-4-1
HTN Last Documented (character format)	Date Hypertension (HTN) was last documented, if ever. Expected format is CCYYMMDD.	ZEN-5-1
ICD9 Procedure Code	ICD-9 procedure code for the surgical procedure. If multiple procedure codes are sent, the first one is considered to be the primary procedure. Preferred format is to include the dot. Nationally recognized standard code set.	PR1-3-1
IHS Exam Code	Exam that was performed on the patient during this encounter.	OBX for XAM-3-1
IHS Immunization Code	No longer used, replaced by HL7 CVX code as of 5/1/2012. Proprietary code for immunizations used by IHS prior to version 7.0 of the RPMS Immunization Package.	ZIM-5-1
Immunization Dose Number Code	The dose in an immunization series that was provided on this encounter. (Some immunizations require multiple doses over a period of time. Not necessarily a number.)	ZIM-6-1
Immunization Formulation Code	HL7's CVX code for the vaccine formulation. Nationally recognized standard code set.	ZIM-2-1
Immunization Manufacturer Code	HL7's MVX code for the vaccine's manufacturer. Nationally recognized standard code set.	ZIM-3-1
Infection Flag	Was this procedure related to an infection. (Y/N)	ZPR-5-1
Insurance Category Code	Type of Eligibility	IN1-4-1
Insurer EIN	Insurer's Employer Identification Number.	IN1-3-1
Insurer Name	Name of the insurance company.	IN1-4-2
Integration Control Number (ICN)	The Integration Control Number assigned as a patient identifier from the RPMS Master Patient Index (MPI) application. Not applicable to non-RPMS applications.	PID-3-3
Lab Result (character)	Lab result (character).	OBX for LAB-5-1

Element	Description	HL7 Element
Lab Test Name	Lab test name as stored in the local system.	OBX for LAB-3-2
Last Menstrual Period (character format)	Last known menstrual period on file. Expected format is CCYYMMDD.	ZEN-6-1
Last Modified Date i.e., Export End Date (character format)	End Date of the date range used by the site to export data to the warehouse. Expected format is CCYYMMDD.	ZHS-2-1
Last Name	Last name of the patient; could also be an alias. Required only for registration.	PID-5-1 ZRL-6-1
LDL Cholesterol Test Flag	Was an LDL cholesterol test performed during this encounter? (Y/N)	ZEN-19-1
LDL Cholesterol Value	Result value for an LDL cholesterol test obtained during this encounter.	ZEN-20-1
Length of Education	Length, in minutes, of the patient education provided for this specified topic.	OBX for PED-13-1
Length of Stay	Number of days the patient was in the inpatient setting. Not applicable for outpatient.	ZV1-38-1
LMP Noted (character format)	Date the last menstrual period on file was noted. Expected format is CCYYMMDD.	ZEN-7-1
Local SSN Verification Code	Field used by local facilities if they use the SSA information sent them to update their local databases. If they update their records to a "verified" code, they can use this field to note it.	ZP2-11-1
Location of Encounter	Facility code for the location where the visit took place. Required only for Direct encounters	PV1-3-1
LOINC Code	Logical Observation Identifiers Names and Codes (LOINC) to identify the lab test. Nationally recognized standard code set.	OBX for LAB-3-1
Mailing Address Street 1	First line of the street address portion of this patient's mailing address, P.O. box, or rural route address of the patient.	PID-11-1
Mailing Address Street 2	Second line of the street address portion of this patient's mailing address, P.O. box, or rural route address of the patient.	PID-11-2
Medicaid Eligibility Flag	Was this patient eligible for Medicaid benefits at the time of the visit? (Y/N)	ZEN-1-1
Medicare Eligibility Flag	Was this patient eligible for Medicare benefits at the time of the visit? (Y/N)	ZEN-2-1

Element	Description	HL7 Element
Medication Name	Name of the medication as stored in the local system.	ZMD-2-1
Medication NDC Code	National Drug Code (NDC) for this medication as stored in the local system. Nationally recognized standard code set	ZMD-3-1
Medication Quantity	Quantity of medicine dispensed (e.g., number of pills, milliliters of a liquid preparation, grams of a topical cream, etc.). Entry is a number, units (# of pills, mls, mgs, etc.) are implicit in the NDC code. (Formatted as a number up to 9999999.999.)	ZMD-5-1
Microalbuminuria Flag	Was an Microalbuminuria test performed during this encounter (Y/N)?	ZEN-11-1
Microalbuminuria Value	Result value of the Microalbuminuria test performed during this encounter.	ZEN-12-1
Middle Name	Middle name of the patient; could also be an alias.	PID-5-3 ZRL-6-3
Midwifery Flag	A flag to indicate if the provider is a midwife.	ZVP-7-1
Mother's First Name	Mother's First Name.	ZP2-35-2
Mother's Maiden Last Name	Mother's Maiden Last Name.	ZP2-35-1
Mother's Middle Name	Mother's Middle Name.	ZP2-35-3
Name of Exporting Box's Site	Name of Exporting Box's Site.	BHS-10-1
Name Suffix	Name suffix, such as Sr., Jr., III, etc.	ZRD-7-1 ZRL-6-4
Number of Consults	Number of physician consultations with the patient during an inpatient stay. Not applicable for outpatient encounters.	ZV1-12-1
Number of Lab Tests Done	Total number of lab tests that were performed for this visit.	ZEN-25-1
Number of PCC Visits	The total number of pcc visits that are contained in this export.	ZTS-1-1
Pap Lab Test Flag	Was a Pap test performed during this encounter? (Y/N)	ZEN-15-1

Element	Description	HL7 Element
PCC Visit Errors (RPMS systems only)	Number of PCC visits skipped (not exported) due to error.	ZTS-3-1
PCC Visits Skipped (RPMS systems only)	Total number of PCC visits skipped (not exported).	ZTS-2-1
PHN Activity Code	Activity Code used for reporting Public Health Nursing visits.	ZPN-2-1
PHN Activity Minutes	Total number of minutes to complete the Public Health Nursing activity.	ZV1-22-1
PHN Intervention Level	Code indicating the level of intervention used during a Public Health Nursing activity.	ZPN-3-1
PHN Travel Minutes	Travel Time utilized for Public Health Nursing activity, recorded in minutes.	ZV1-23-1
Place of Injury	Code for the place of injury. (Only used if ICD-9 diagnosis code is between 800 and 999.9, signifying an injury.)	ZDX-7-1
Plan Name	Plan Name for Medicaid Coverage. Applicable Only for Medicaid.	IN1-15-2
Policy Holder's First Name	First name of the insurance policy holder.	IN1-16-2
Policy Holder's Last Name	Last name of the insurance policy holder.	IN1-16-1
Policy Holder's Middle Name	Middle name of the insurance policy holder.	IN1-16-3
Policy Number	Insurance policy number.	IN1-49-1
Policy Prefix/Suffix	Policy suffix for Medicare, or prefix for Railroad Retirement.	IN1-49-2
Prescription Quantity	Number of prescriptions written for this patient/visit.	ZV1-29-1
Private Insurance Eligibility Flag	Was this patient eligible for other private insurance carrier benefits at the time of the visit?	ZEN-3-1
Procedure Date (character format)	Date the procedure took place. Expected format is CCYYMMDD.	PR1-5-1
Provider Affiliation Code	The affiliation of the provider. If multiple affiliations are sent, the first occurrence listed is considered to be the affiliation of the primary provider.	PR1-11-1 ZVP-2-1

Element	Description	HL7 Element
Provider Class X12 Code	HIPAA "provider classification" code, a more specific service or occupation related to the Provider Type. For example, the Classification for Allopathic & Osteopathic Physicians is based upon the General Specialty Certificates as issued by the appropriate national boards. Nationally recognized standard code set.	ZPR-10-1 ZVP-4-1
Provider Discipline Code	The discipline of the provider. If multiple disciplines are sent, the first occurrence listed is considered to be the discipline of the primary provider. Required only for Direct Outpatient and Direct Dental encounters. Minimum of one value required.	PR1-11-2 ZVP-2-2
Provider Local Code	Code used at the site to identify the provider. Usually, but not always the provider's initials.	ZVP-3-1
Provider Spec X12 Code	HIPAA "provider specialization" code, a more specialized area of the Classification in which a provider chooses to practice or make services available. For example, the Area of Specialization for provider type Allopathic & Osteopathic Physicians is based upon the Subspecialty Certificates as issued by the appropriate national boards. Nationally recognized standard code set.	ZPR-11-1 ZVP-5-1
Provider Type X12 Code	HIPAA "provider type" code, a major grouping of service(s) or occupation(s) of health care providers. For example: Allopathic & Osteopathic Physicians, Dental Providers, Hospitals, etc. Nationally recognized standard code set.	ZPR-12-1 ZVP-6-1
PSA Lab Test Flag	Was a Prostate Specific Antigen test performed during this encounter? (Y/N)	ZEN-23-1
Purchase Order Number	Identification number assigned when issuing IHS-43/64/57 purchase documents. These purchase documents authorize use of Contract Health Services (CHS) funds to obtain medical/dental care away from an IHS or tribal health care facility.	ZV1-15-1
Range Lower Limit	Lower limit for the normal reference range of the associated lab test.	OBX for LAB-7-1
Range Upper Limit	Upper limit for the normal reference range of the associated lab test.	OBX for LAB-7-2
Registration Record Create Date (character format)	Date that the registration record was created on the local system. Expected format is CCYYMMDD.	ZP2-1-1
Registration Status Code	Status of a patient registration record and all of its components, i.e. demographics, charts, aliases, and insurance eligibilities. A record may become inactive due to the death of patient, registration consolidated with another for same patient, etc. (A = Active, D = Deleted, I = Inactive)	ZRD-8-1

Element	Description	HL7 Element
Relationship to Insured	Patient's relationship to insured (e.g. self, spouse, etc.). The description associated with the X12 Relation to Insured code set is preferred.	IN1-17-1
Sequence Number	For the first occurrence, the sequence number is 1; for the second occurrence, the sequence number is 2, and so on.	DG1-1-1 OBX for CPT-1-1 OBX for HF-1-1 OBX for LAB-1-1 OBX for MSR-1-1 OBX for PED-1-1 OBX for SKT-1-1 OBX for XAM-1-1 PR1-1-1 ZDN-1-1 ZDP-1-1 ZIM-1-1 ZMD-1-1 ZVP-1-1
Service / Admission Date (character format)	Outpatient: date of service. Inpatient: admission date. Expected format is CCYYMMDD. Required for all encounter types.	PV1-44-1
Service Category Code	Category of the service that was provided to the patient during this encounter. Required for all encounters.	ZV1-33-1
Service Eligibility Code	Code that specifies the types of services for which this patient was eligible. Note: Native Americans cannot be coded as ineligible.	ZP2-34-1
Service Level Code	Code that specifies the Level of Service for this encounter.	ZV1-6-1
Service Type Code	A code that specifies the service type for this encounter. Required for all encounters.	ZV1-32-1
Skin Test Code	Code for a skin test performed during this visit.	OBX for SKT-3-1
Skin Test Reading	Numeric measurement in mm of a skin test measured during this visit.	OBX for SKT-5-2
Skin Test Result Code	Code for a skin test result, reading performed during this visit.	OBX for SKT-5-1
Skipped Demo Patients (RPMS systems only)	Number of PCC visits not exported because the patient's name was 'DEMO, PATIENT'.	ZTS-4-1

Element	Description	HL7 Element
Social Security Number & Pseudo-SSN Flag	Composite field consisting of the social security number (or pseudo-ssn) and a flag indicating if it is an actual ssn or a pseudo-ssn assigned by the facility.	PID-19-1
Source File Export Date (character format)	Date the export was run at the facility. Expected format is CCYYMMDD.	BHS-7-1
Source File Record Quantity	Total number of records contained in the source file, i.e., the file the IE receives from the facility. This should be the number of HL7 messages, plus 2 for the header and trailer records.	ZTS-5-1
Source File Type Code	A code designating the file type of the export (e.g. HL7, chsstat, structured format)	ZHS-4-1
Source File Version Number	The version of the file extract software that is being utilized by the exporting site.	ZHS-6-1
Source System Code	Source System Codes will be unique across all source systems that feed the DW. Therefore, a particular code will also implicitly identify the source system that generated a particular record. For non-RPMS sites, the value will be assigned by the NDW; contact the NPIRS help desk.	MSH-3-1
State Code	United States Postal Service state code for this patient's mailing address.	PID-11-4
Static ASUFAC of Exporting Box	Code used to identify the actual machine from where the data originated.	BHS-4-1
Time of Day	Time of day the encounter/admission occurred.	ZV1-30-1
Title	Title of the patient, such as Mr., Ms., Mrs., Miss, etc.	ZRD-6-1 ZRL-6-5
Tooth Surface	Tooth surface.	ZDP-3-1
Transfer Facility Code	Code that is used to specify the facility to which the patient was transferred.	PV1-37-1
Tribe Code	Indian tribe code specifying patient's tribal membership. Required only for registration.	ZP2-15-1
Triglyceride Test Flag	Was a triglyceride test performed during this encounter? (Y/N)	ZEN-21-1
Triglyceride Value	Result value for a triglyceride test obtained during this encounter	ZEN-22-1
Unique Encounter Code	This identifier is generated by the source system. Preferred format is a unique 5-digit database identifier assigned by IHS, concatenated with a unique, right justified, zero filled 10-char encounter identifier from the source system. Required only for encounters.	PV1-19-1

Element	Description	HL7 Element
Unique Registration Code	This identifier is generated by the source system. Preferred format is a unique 5-digit database identifier assigned by IHS, concatenated with a unique, right justified, zero filled 10-char registration identifier from the source system.	PID-3-1
Unit of Measure	Unit of measure for the lab result.	OBX for LAB-6-1
Urine Protein Test Flag	Was a urine protein test performed during this encounter? (Y/N)	ZEN-9-1
Urine Protein Value	Result value for a urine protein test obtained during this encounter.	ZEN-10-1
VA Drug Class Code	Code representing the VA Drug Class. This code is assigned by the local system. Nationally recognized standard code set.	ZMD-4-1
Vendor Type Code	A CHS-specific code set that characterizes the type of vendor that is providing patient services. A vendor is a provider that is contracted by IHS. Applicable to CHS encounters only. Required only for contract encounters.	ZV1-21-1
Veteran Flag	Identifies a person who has previously served in the US Military. Veterans generally receive special veteran's assistance for medical bills. Note: This flag indicates if the patient is a veteran. It is NOT intended to identify all patients who are eligible for veteran's benefits. Values: Y=Veteran, blank=non-Veteran.	PID-27-1
Zip Code	Zip code (5-char) for this patient's mailing address.	PID-11-5