

Suffolk PPS HL7 Interface Specifications

DSRIP Partner Message Processing

August 3, 2015, V0200



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File Name:
Suffolk_HL7_Interface_Specs_080315_V0200.doc

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Revision History and Acronyms and Meanings

Revision History

Version	Date	Author(s)	Reason for Change
V0100	22-Jul-2015	Greg Quattlebaum, Amy Schlung	Initial Release
V0200	03-Aug-2015	Greg Quattlebaum	Client Changes

Acronyms

Below is a list of acronyms and meanings used within this document.

Acronym	Definition
ADT	Admission, Discharge, Transfer patient demographic information
AIG	Appointment Information / General Resource
AIL	Appointment Information / Location Resource
AIP	Appointment Information / Personnel Resource
AIS	Appointment Information / Service
AL1	Allergy Information
DG1	Diagnosis
EVN	Event Type
HL7	Health Level 7 Generic Record
IN1	Insurance Information
IN2	Insurance Additional Information
MRG	Merge Patient Information

Acronym	Definition
MSH	Message Header
NK1	Next of Kin
NTE	ADT , SCH/SIU : Notes and Comments ORU : Order Level Comments ORU : Observation Level Comments PPR : Problem Comments
OBR	Observation Report
OBX	Observation / Result
ORC	Common Order
PD1	ADT : Patient Demographic SCH / SIU : Merge Patient Information
PID	Patient Identification
PR1	Procedures

Acronym	Definition
PRB	ADT: Problems PPR: Problem Detail
PV1	Patient Visit
PV2	Patient Visit – Additional Information
RGS	Resource Group
ROL	Problem Detail
RXA	Pharmacy Administration
RXR	Pharmacy Route
SCH	Schedule Activity Information
ZAL	Additional Allergy Information
ZCN	Custom Consent
ZEI	Person Employment Information
ZPB	Additional Information
ZPI	Additional Person / Patient Information

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Introduction

This document represents the initial draft version of the Suffolk PPS HL7 Data Specification. The document objective is to provide our DSRIP partners early visibility to the HL7 message formats that will be supported by the **Suffolk Population Health Platform** in advance of the Suffolk PPS “Go-Live” date. It is expected that ongoing revisions will be made to the document as feedback is received from our DSRIP partners. As such, the HL7 message definitions currently defined herein **should not be** considered finalized. Once comments are incorporated, the document will be frozen and placed under strict change control at which time the message definitions will be considered finalized.

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Message Definition

It is recommended that the segments in the table below be included in messages sent to Cerner OPENLink. Additional segments can be sent, if they meet the HL7 2.5.1 standard, but may be ignored. Segments to be included will be discussed in detail during the specification meetings, which will include Cerner and client representatives.

Messages

Segment	Segment Name	ADT	ORU	PPR	SCH / SIU	VXU	Comments
AIG	Appointment Information / General Resource				✓		
AIL	Appointment Information / Location Resource				✓		
AIP	Appointment Information / Personnel Resource				✓		
AIS	Appointment Information / Service				✓		SCH / SIU: Required
AL1	Allergy Information	✓					ADT: Repeats
DG1	Diagnosis	✓			✓		ADT: Repeats SCH / SIU: Repeats
EVN	Event Type	✓			✓		ADT: Optional SCH / SIU: Optional
IN1	Insurance Information	✓*					
IN2	Insurance Additional Information	✓*					
MRG	Merge Patient Information	✓					ADT: Conditional
MSH	Message Header	✓	✓	✓	✓	✓	
NK1	Next of Kin	✓*					
NTE	ADT, SCH/SIU: Notes and Comments ORU: Order Level Comments ORU: Observation Level Comments PPR: Problem Comments	✓	✓	✓	✓		ADT: Repeats ORU: Optional PPR: Optional

Segment	Segment Name	ADT	ORU	PPR	SCH / SIU	VXU	Comments
OBR	Observation Report		✓				
OBX	Observation / Result		✓				
ORC	Common Order		✓			✓	
PD1	ADT: Patient Demographic SCH / SIU: Merge Patient Information	✓*			✓		SCH / SIU: Conditional
PID	Patient Identification	✓	✓	✓	✓	✓	
PR1	Procedures	✓					ADT: Repeats
PRB	ADT: Problems PPR: Problem Detail	✓		✓			ADT: Repeats
PV1	Patient Visit	✓	✓		✓	✓	SCH / SIU: Repeats
PV2	Patient Visit – Additional Information	✓			✓		
RGS	Resource Group				✓		SCH / SIU: Required
ROL	Problem Detail			✓*			
RXA	Pharmacy Administration					✓	
RXR	Pharmacy Route					✓	
SCH	Schedule Activity Information				✓		
ZAL	Additional Allergy Information	✓					ADT: Repeats
ZCN	Custom Consent	✓					ADT: Optional
ZEI	Person Employment Information	✓*					
ZPB	Additional Information			✓			PPR: Optional
ZPI	Additional Person / Patient Information	✓*					

*Added to base specifications.

Control Segments

The fields defined in the segments below are recommended or required for population of the OPENLink system. Additional fields from the HL7 2.5.1 standard can be provided, but may not be used. Fields to be included in specific implementations will be discussed in detail during the specification meetings, which will include Cerner and client representatives.

AIG (Appointment Information / General Resource) Segment

SCH / SIU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
1	R	Set ID		
2	O	Segment Action Code		
3	O	Resource ID		
4	O	Resource Type		
5	O	Resource Group		
6	O	Resource Quantity		
7	O	Resource Quantity Units		
8	O	Start Date/Time		
9	O	Start Date/Time Offset		
10	O	Start Date/Time Offset Units		
11	O	Duration		
12	O	Duration Units		
13	O	Allow Substitution Code		
14	O	Filler Status Code		

AIL (Appointment Information / Location Resource) Segment

SCH / SIU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Set ID		
R	2	Segment Action Code		
R	3	Location Resource ID		
O	3.1	Point of Care		
O	3.2	Room		
O	3.3	Bed		
O	3.4	Facility		
O	3.5	Location Status		
O	3.6	Person Location Type		
O	3.7	Building		
O	3.8	Floor		
O	3.9	Location Type		
O	4	Location Type		
O	4.1	Identifier		
O	5	Location Group		
O	6	Start Date/Time		
O	7	Start Date/Time Offset		
O	8	Start Date/Time Offset Units		
O	9	Duration		
O	10	Duration Units		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	11	Allow Substitution Code		
O	12	Filler Status Code		

AIP (Appointment Information / Personnel Resource) Segment

SCH / SIU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Set ID		
R	2	Segment Action Code		
R	3	Personnel Resource ID		
O	3.1	ID Number		
O	3.2	Family Name		
O	3.3	Given Name		
O	3.4	Middle Initial or Name		
O	3.5	Suffix		
O	3.6	Prefix		
O	3.7	Degree		
O	3.8	Source Table		
O	3.9	Assigning Authority		
O	3.10	Name Type		
O	3.11	Identifier Check Digit		
O	3.12	Code Identifying Check Digit Scheme Employed		
O	3.13	Identifier Type Code		
O	3.14	Assigning Authority ID		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	4	Resource Role		
O	4.1	Identifier		
O	5	Resource Group		
O	5.1	Identifier		
O	6	Start Date/Time		
O	6.1	Time of Event		
O	7	Start Date/Time Offset		
O	8	Start Date/Time Offset Units		
O	8.1	Identifier		
O	9	Duration		
O	10	Duration Units		
O	10.1	Identifier		
O	11	Allow Substitution Code		
O	12	Filler Status Code		
O	12.1	Identifier		

AIS (Appointment Information / Service) Segment

SCH / SIU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Set ID		
O	2	Segment Action Code		
O	3	Universal Service ID		
O	4	Start Date/Time		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	5	Start Date/Time Offset		
O	6	Start Date/Time Offset Units		
O	7	Duration		
O	8	Duration Units		
O	9	Allow Substitution Code		
O	10	Filler Status Code		

AL1 (Patient Allergy Information) Segment

ADT Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Set ID		
C	2	Allergy Type / Category		Allergy / Adverse Event Type
R	3	Allergy Code		
R	3.1	Identifier		
O	3.2	Text		
R	3.3	Coding System OID		
O	4	Allergy Severity		
C	4.1	Identifier		
C	4.2	Text		
C	4.3	Coding System OID		
O	5	Allergy Reaction	For Millennium clients- can also be sent in ZAL 7.2	
C	5.1	Identifier		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
C	5.2	Text		
C	5.3	Coding System OID		
O	6	Identification Date		

DG1 (Diagnosis) Segment

ADT Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Set ID		
R	2	Diagnosis Coding Method		
R	3	Diagnosis Code		
R	3.1	identifier		
C	3.2	Text		
C	3.3	Coding System OID		
C	4	Diagnosis Description		
O	5	Diagnosis Date / Time		
R	6	Diagnosis Type		Diagnosis Type
O	15	Diagnosis Priority		Diagnosis Priority
O	16	Diagnosing Clinician		
O	16.1	Diagnosing Clinician ID		
O	16.2	Diagnosing Clinician Last Name		
O	16.3	Diagnosing Clinician First Name		
C	16.13	ID Type		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	17	Diagnosis Classification		
O	26	Present on Admission Indicator		

SCH / SIU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Set ID		
R	2	Diagnosis Coding Method		
R	3	Diagnosis Code		
O	4	Diagnosis Description		
O	5	Diagnosis Date / Time		
R	6	Diagnosis Type		Diagnosis Type
O	15	Diagnosis Priority		Diagnosis Priority
O	16	Diagnosing Clinician		
O	16.1	Diagnosing Clinician ID		
O	16.2	Diagnosing Clinician Last Name		
O	16.3	Diagnosing Clinician First Name		

EVN (Event Type) Segment

ADT Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	1	Event Type		
O	2	Date / Time of Event		

SCH / SIU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	1		Event Type	
O	2		Date / Time of Event	
O	16	Problem Date of Onset	Date and time the problem began.	

IN1 (Insurance Information)

ADT Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	2	Insurance Plan ID		
O	3	Insurance Company ID		
O	4	Insurance Company Name		
O	8	Group Number		
O	9	Group Name		
O	12	Plan Effective Date		
O	13	Plan Expiration Date		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	15	Plan Type		
O	36	Policy Number		

IN2 (Insurance Additional Information)

ADT Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	6	Medicare Health Ins Card #		
O	8	Medicaid Case Number		
O	10	Champus ID Number		
O	5	Student Indicator		

MRG (Merge) Segment

ADT Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Prior Patient Identifier List		
R	1.1	Identifier		
O	1.4	Assigning Authority		
O	1.5	Identifier Type		
O	2	Prior Alternate Patient ID		
O	7	Prior Patient Name		

MSH (Message Header) Segment

ADT Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Field Separator		
R	2	Encoding Characters	^~\&	
R	3	Send Application	Description of sending application.	
R	4	Send Facility OID	Unique identifier for source system Can contain a string, mnemonic, or actual OID.	
O	5	Receive Application	Description of receiving application.	
O	6	Receive Facility	Description of receiving facility.	
R	7	D/T of Message	CCYYMMDDHHMMSS	
R	9	Message Type		
R	9.1	Type	ADT	
R	9.2	Event	A01, A02, A03, A04, A05 (Note- can be removed with A11 provided FIN, Admit date, and OID match), A08, A11, A13, A28 (as A04 or A08), A31(as A08), A40	
O	10	Message Control ID		
R	11	Message Processing ID	T for Test or P for Production	
R	12	Version ID	HL7 version ID	

ORU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Field Separator		
R	2	Encoding Characters	^~\&	
R	3	Send Application	Description of sending application.	

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	4	Send Facility	Description of sending facility / encounter organization.	
R	5	Receive Application	Description of receiving application.	
R	6	Receive Facility	Description of receiving facility.	
R	7	D/T of Message	CCYYMMDDHHMMSS	
R	9	Message Type		
R	9.1	Type	ORU	
R	9.2	Event	R01	
R	10	Message Control ID		
R	11	Message Processing ID	T or P	
R	12	Version ID	2.3	

PPR Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Field Separator		
R	2	Encoding Characters	^~\&	
R	3	Send Application	Description of sending application.	
R	4	Send Facility	Description of sending facility / encounter organization.	
R	5	Receive Application	Description of receiving application.	
R	6	Receive Facility	Description of receiving facility.	
R	7	D/T of Message	CCYYMMDDHHMMSS	
R	9	Message Type		
R	9.1	Type	PPR	
R	9.2	Event	PC1 – Problem Add PC2 – Problem Update PC3 – Problem Delete	

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	10	Message Control ID		
R	11	Message Processing ID	T for Test or P for Production	
R	12	Version ID	2.5.1	

SCH / SIU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Field Separator		
R	2	Encoding Characters	^~\&	
R	3	Send Application	Description of sending application.	
R	4	Send Facility OID	Unique identifier for source system	
R	5	Receive Application	Description of receiving application.	
R	6	Receive Facility	Description of receiving facility.	
R	7	D/T of Message	CCYYMMDDHHMMSS	
R	9	Message Type		
R	9.1	Type	SIU	
R	9.2	Event		
R	10	Message Control ID		
R	11	Message Processing ID	T for Test or P for Production	
R	12	Version ID		

VXU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Field Separator		
R	2	Encoding Characters	^~\&	
R	3	Send Application	Description of sending application.	
R	4	Send Facility	Description of sending facility / encounter organization.	
R	5	Receive Application	Description of receiving application.	
R	6	Receive Facility	Description of receiving facility.	
R	7	D/T of Message	CCYYMMDDHHMMSS	
R	9	Message Type		
R	9.1	Type	ORU	
R	9.2	Event	R01	
R	10	Message Control ID		
R	11	Message Processing ID	T or P	
R	12	Version ID	2.3	

NK1 (Next of Kin) Segment

ADT Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	2	Next of Kin Name		
O	2.1	last_name		
O	2.2	first_name		
O	2.3	middle_name		
O	4	Next of Kin Address		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	4.1	Address Line 1		
O	4.2	Address Line 2		
O	4.3	City		
O	4.4	State		
O	4.5	Zip Code		
O	5	NOK Phone Nbr		
O	6	NOK Bus Phone Nbr		
O	7	Contact Role	HealthIntent Needs the EMC – Emergency Contact	
C	7.1	Identifier		
C	7.2	Text Description		
C	7.3	Coding System		
O	15	Sex		
O	31	Contact Phone		

NTE (Notes and Comments) Segment

ADT Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	1	Set ID		
O	2	Source of Comment		
O	3	Comment	This field used for Comments section in HIE	
O	4	Comment Type		

ORU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	1	Set ID		
O	2	Source of Comment		
R	3	Comment		
O	4	Comment Type		

PPR Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	1	Set ID		
O	2	Source of Comment		
O	3	Comment		
O	4	Comment Type		

SCH / SIU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Action Code	Send only: AD = Add CO = Correct DE = Delete UP = Update	
R	2	Action Date / Time		
R	3	Problem ID		
C	3.1	Identifier	SNOMED CT terms descending from the Clinical Findings (404684003) or Situation with Explicit Context (243796009) hierarchies recommended.	
C	3.2	Description		
C	3.3	Coding System		
R	4	Problem Instance ID	Unique identifier for the problem. Remains unique over time. Identifies a specific instance for a specific patient and is unique across all patients.	
O	10	Classification	Identifies the kind of problem.	Problem Type
O	12	Persistence	Indicates the perseverance of a problem. (acute, chronic)	
O	13	Confirmation Status	Indicates the verification status of the problem.	
O	14	Life Cycle Status	Current status of the problem.	
O	14.1	Identifier		Problem Status Code
O	14.2	Text		
O	15	Life Cycle Status Date / Time	Effective date and time of the life cycle status code.	

OBR (Observation Request) Segment

ORU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	1	Set ID		
C	2	Placer Order Number	Identifies an order uniquely among all orders from a particular ordering application. Uniqueness must persist over time.	
C	3	Filler Order Number	Identifies an order uniquely among all orders from a particular filling application. Uniqueness must persist over time.	
R	4	Universal Service ID		
R	4.1	Identifier	LOINC code	Laboratory Order
R	4.2	Text Description		
O	4.3	Coding System OID		
O	4.4	Alternate Identifier		
O	4.5	Alternate Text		
O	4.6	Alternate Coding System		
C	7	Observation Date / Time		
O	15	Specimen Source		
O	15.1	Source Code		
O	15.2	Additives		
O	15.3	Source Description free text		
O	16	Ordering Provider		
O	16.1	ID		
O	16.2	Last Name		
O	16.3	First Name		
O	16.4	Middle Name		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	16.5	Suffix		
O	16.6	Prefix		
O	16.7	Degree		
O	18	Placer Field 1		
O	20	Filler Field 1		
O	21	Filler Field 2		
O	24	Diagnostic Service Section ID		
C	25	Result Status		Result Status

OBX (Observation / Result) Segment

ORU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	1	Set ID		
R	2	Value Type		
R	3	Observation Identifier	Of the detail.	
R	3.1	Identifier	LOINC code	Laboratory Observation Identifier
O	3.2	Text Description		
O	3.3	Coding System OID		
O	3.4	Alternate Identifier		
O	3.5	Alternate Text		
O	3.6	Alternate Coding System		
C	5	Observation Value	Actual observed results of type OBX;2	

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	5.2			
O	5.3	PDF (for encoded PDF)	Value 'PDF' for type of encoded PDF document / Value 'RTF' for formatted RTF document	
O	5.4	Encoding Type (Base64)	Value 'Base64' for encoding type	
O	5.5	Encoded Document	Base64 Encoded PDF document content / Formatted RTF document content	
O	6	Units		Units of Measure
C	6.1	Units		
C	6.2	Units description		
C	6.3	Coding scheme OID		
O	7	Reference Range		
O	7.1	Range	Low-high or >lower limit or <upper limit	
O	7.2	Low		
O	7.3	High		
O	8	Abnormal Flags		Result Normalcy
R	11	Observation Results Status		Result Status
O	14	Date / Time of Observation	Actual verification date/time	
O	16	Problem Date of Onset	Date and time the problem began.	

ORC (Common Order) Segment

ORU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Order Control	"RE"	
O	3	Filler Order Number		
O	3.1	Unique Filler ID		

VXU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Order Control	"RE"	
R	3	Filler Order Number		
R	3.1	Unique Filler ID	Must be a unique identifier for the immunization.	

PD1 (Patient Demographic) Segment

ADT Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	4	Primary Care Provider		
R	4.1	Physician Id		
C	4.2	Last Name		
C	4.3	First name		
O	4.4	Middle Name		
R	4.13	Identifier Type OID		
O	7	Living Will		

SCH / SII Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	1	Living Dependency		
O	2	Living Arrangement		
O	3	Assigning Authority		
C	3.1	Organization Name		
C	3.2	Organization Name Type Code		
C	3.3	ID Number		
O	4	Patient Primary Care Provider Info		
O	4.1	ID Number		
O	4.2	Family Name		
O	4.3	Given Name		
O	4.4	Middle Initial/Name		
O	4.5	Prefix		
O	4.6	Suffix		
O	4.7	Degree		
O	4.8	Source		
O	4.9	Assigning Authority		

PID (Patient Identification) Segment

ADT Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	1	Set ID		
C	2	External Patient ID		
R	2.1	Unique Patient Identifier	This patient identifier is used for matching. Must be the same as PID 3.1	
R	2.4	Assigning Authority OID	Unique Identifier for sending system	
C	2.5	Identifier Type		
R	2.6	Assigning Facility OID	Unique Identifier for sending system	
R	3	Internal Patient ID	Unique identifier for the patient. MRN, CMRN. Used for patient matching.	
R	3.1	Unique Patient Identifier	Must be the same as PID 2.1	
C	3.4	Assigning Authority OID		
C	3.5	Identifier Type		
R	3.6	Assigning Facility OID	Unique Identifier for sending system	
C	4	Alternate Patient ID		
C	4.1	Alternate Patient Identifier		
C	4.4	Assigning Authority OID		
C	4.5	Identifier Type		
R	5	Patient Name		
R	5.1	Patient Last Name		
R	5.2	Patient First Name		
O	5.3	Patient Middle Name		
O	5.4	Suffix		
O	5.5	Prefix		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	5.6	Degree		
O	6	Mother's Maiden Name	This field contains the family name under which the mother was born (i.e., before marriage).	
O	6.1	Last Name		
O	6.2	First Name		
O	6.3	Middle Name		
O	6.4	Suffix		
O	6.5	Prefix		
O	6.6	Degree		
O	7	Date of Birth	CCYYMMDD or CCYYMMDDHHMMSS	
C	8.1	Sex		Administrative Gender
O	10	Race		Race
C	10.1	Identifier		
C	10.2	Text		
C	10.3	Coding System OID		
O	11	Patient Address		
O	11.1	Patient Address Line 1		
O	11.2	Patient Address Line 2		
O	11.3	City		
O	11.4	State		State
O	11.5	Zip code		
O	11.6	Country		Country
O	13	Home Phone Number	Do not include formatting. Email addresses are supported in this field.	

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	13.2	Phone Type	"HP" = Home Phone "VP" = Vacation Home Phone "MC" = Mobile Phone	
O	14	Business Phone Number	Do not include formatting.	
O	14.2	Phone Type	"WP" = Work Phone	
O	15	Primary Language		Language
C	15.1	Identifier		
C	15.2	Text		
C	15.3	Coding System OID		
O	16	Marital Status		Marital Status
C	10.1	Identifier		
C	10.2	Text		
C	10.3	Coding System OID		
O	17	Religion		Religious Affiliation
C	10.1	Identifier		
C	10.2	Text		
C	10.3	Coding System OID		
R	18	Patient Account Number		
R	18.1	Patient Account Number		
R	18.4	Assigning Authority OID	Unique Identifier for sending system	
O	18.5	Identifier Type		
O	19	Social Security Number	Do not include formatting. SSN can also be sent as an identifier in the PID;3 Patient Identifier List.	
O	20	Driver's License Number		
O	22	Ethnic Group		Ethnicity

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
C	22.1	Identifier		
C	22.2	Text		
C	22.3	Coding System OID		
O	23	Birth Place		
O	24	Multiple Birth Indicator	“Y” = the patient was part of a multiple birth “N” = the patient was a single birth	
O	25	Birth Order		
O	29	Patient Death Date		
O	30	Patient Death Indicator		

ORU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	1	Set ID		
C	2	External Patient ID		
C	2.1	External Patient Identifier		
C	2.4	Assigning Authority OID		
C	2.5	Identifier Type		
R	3	Internal Patient ID	Unique identifier for the patient. MRN, CMRN. Used for patient matching.	
R	3.1	Internal Patient Identifier		
C	3.4	Assigning Authority OID		
C	3.5	Identifier Type		
C	4	Alternate Patient ID		
C	4.1	Alternate Patient Identifier		
C	4.4	Assigning Authority OID		
C	4.5	Identifier Type		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	5	Patient Name		
R	5.1	Patient Last Name		
R	5.2	Patient First Name		
O	5.3	Patient Middle Name		
O	5.4	Suffix		
O	5.5	Prefix		
O	5.6	Degree		
O	6	Mother's Maiden Name	This field contains the family name under which the mother was born (i.e., before marriage).	
O	6.1	Last Name		
O	6.2	First Name		
O	6.3	Middle Name		
O	6.4	Suffix		
O	6.5	Prefix		
O	6.6	Degree		
O	7	Date of Birth	CCYYMMDD or CCYYMMDDHHMMSS	
O	8.1	Sex		Administrative Gender
O	10	Race		Race
O	10.1	Identifier		
O	10.2	Text		
O	10.3	Coding System OID		
O	11	Patient Address		
O	11.1	Patient Address Line 1		
O	11.2	Patient Address Line 2		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	11.3	City		
O	11.4	State		State
O	11.5	Zip code		
O	11.6	Country		Country
O	13	Home Phone Number	Do not include formatting. Email addresses are supported in this field.	
O	13.2	Phone Type	"HP" = Home Phone "VP" = Vacation Home Phone "MC" = Mobile Phone	
O	14	Business Phone Number	Do not include formatting.	
O	14.2	Phone Type	"WP" = Work Phone	
O	15	Primary Language		Language
O	15.1	Identifier		
O	15.2	Text		
O	15.3	Coding System OID		
O	16	Marital Status		Marital Status
O	10.1	Identifier		
O	10.2	Text		
O	10.3	Coding System OID		
O	17	Religion		Religious Affiliation
O	10.1	Identifier		
O	10.2	Text		
O	10.3	Coding System		
R	18	Patient Account Number		
R	18.1	Patient Account Number		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	18.4	Assigning Authority		
O	18.5	Identifier Type		
O	19	Social Security Number	Do not include formatting. SSN can also be sent as an identifier in the PID;3 Patient Identifier List.	
O	22	Ethnic Group		Ethnicity
O	22.1	Identifier		
O	22.2	Text		
O	22.3	Coding System OID		
O	23	Birth Place		
O	24	Multiple Birth Indicator	“Y” = the patient was part of a multiple birth “N” = the patient was a single birth	
O	25	Birth Order		

PPR Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	1	Set ID		
C	2	External Patient ID		
C	2.1	External Patient Identifier		
C	2.4	Assigning Authority OID		
C	2.5	Identifier Type		
R	3	Internal Patient ID	Unique identifier for the patient. MRN, CMRN. Used for patient matching.	
R	3.1	Internal Patient Identifier		
C	3.4	Assigning Authority OID		
C	3.5	Identifier Type		
C	4	Alternate Patient ID		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
C	4.1	Alternate Patient Identifier		
C	4.4	Assigning Authority OID		
C	4.5	Identifier Type		
R	5	Patient Name		
R	5.1	Patient Last Name		
R	5.2	Patient First Name		
O	5.3	Patient Middle Name		
O	5.4	Suffix		
O	5.5	Prefix		
O	5.6	Degree		
O	6	Mother's Maiden Name	This field contains the family name under which the mother was born (i.e., before marriage).	
O	6.1	Last Name		
O	6.2	First Name		
O	6.3	Middle Name		
O	6.4	Suffix		
O	6.5	Prefix		
O	6.6	Degree		
O	7	Date of Birth	CCYYMMDD or CCYYMMDDHHMMSS	
O	8.1	Sex		Administrative Gender
O	10	Race		Race
O	10.1	Identifier		
O	10.2	Text		
O	10.3	Coding System OID		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	11	Patient Address		
O	11.1	Patient Address Line 1		
O	11.2	Patient Address Line 2		
O	11.3	City		
O	11.4	State		State
O	11.5	Zip code		
O	11.6	Country		Country
O	13	Home Phone Number	Do not include formatting. Email addresses are supported in this field.	
O	13.2	Phone Type	“HP” = Home Phone “VP” = Vacation Home Phone “MC” = Mobile Phone	
O	14	Business Phone Number	Do not include formatting.	
O	14.2	Phone Type	“WP” = Work Phone	
O	15	Primary Language		Language
O	15.1	Identifier		
O	15.2	Text		
O	15.3	Coding System OID		
O	16	Marital Status		Marital Status
O	10.1	Identifier		
O	10.2	Text		
O	10.3	Coding System OID		
O	17	Religion		Religious Affiliation
O	10.1	Identifier		
O	10.2	Text		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	10.3	Coding System OID		
R	18	Patient Account Number		
R	18.1	Patient Account Number		
O	18.4	Assigning Authority OID		
O	18.5	Identifier Type		
O	19	Social Security Number	Do not include formatting. SSN can also be sent as an identifier in the PID;3 Patient Identifier List.	
O	22	Ethnic Group		Ethnicity
O	22.1	Identifier		
O	22.2	Text		
O	22.3	Coding System		
O	23	Birth Place		
O	24	Multiple Birth Indicator	“Y” = the patient was part of a multiple birth “N” = the patient was a single birth	
O	25	Birth Order		

SCH / SIU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	1	Set ID		
C	2	External Patient ID		
R	2.1	Unique Patient Identifier	This patient identifier is used for matching. Must be the same as PID 3.1	
R	2.4	Assigning Authority OID	Unique Identifier for sending system	
C	2.5	Identifier Type		
R	2.6	Assigning Facility OID	Unique Identifier for sending system	
R	3	Internal Patient ID	Unique identifier for the patient. MRN, CMRN. Used for patient matching.	

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	3.1	Unique Patient Identifier	Must be the same as PID 2.1	
C	3.4	Assigning Authority		
C	3.5	Identifier Type		
R	3.6	Assigning Facility OID	Unique Identifier for sending system	
C	4	Alternate Patient ID		
C	4.1	Alternate Patient Identifier		
C	4.4	Assigning Authority		
C	4.5	Identifier Type		
R	5	Patient Name		
R	5.1	Patient Last Name		
R	5.2	Patient First Name		
O	5.3	Patient Middle Name		
O	5.4	Suffix		
O	5.5	Prefix		
O	5.6	Degree		
O	6	Mother's Maiden Name	This field contains the family name under which the mother was born (i.e., before marriage).	
O	6.1	Last Name		
O	6.2	First Name		
O	6.3	Middle Name		
O	6.4	Suffix		
O	6.5	Prefix		
O	6.6	Degree		
O	7	Date of Birth	CCYYMMDD or CCYYMMDDHHMMSS	

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	8.1	Sex		Administrative Gender
O	10	Race		Race
O	10.1	Identifier		
O	10.2	Text		
O	10.3	Coding System		
O	11	Patient Address		
O	11.1	Patient Address Line 1		
O	11.2	Patient Address Line 2		
O	11.3	City		
O	11.4	State		State
O	11.5	Zip code		
O	11.6	Country		Country
O	13	Home Phone Number	Do not include formatting. Email addresses are supported in this field.	
O	13.2	Phone Type	"HP" = Home Phone "VP" = Vacation Home Phone "MC" = Mobile Phone	
O	14	Business Phone Number	Do not include formatting.	
O	14.2	Phone Type	"WP" = Work Phone	
O	15	Primary Language		Language
O	15.1	Identifier		
O	15.2	Text		
O	15.3	Coding System		
O	16	Marital Status		Marital Status

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	10.1	Identifier		
O	10.2	Text		
O	10.3	Coding System		
O	17	Religion		Religious Affiliation
O	10.1	Identifier		
O	10.2	Text		
O	10.3	Coding System		
R	18	Patient Account Number		
R	18.1	Patient Account Number		
R	18.4	Assigning Authority OID	Unique Identifier for sending system	
O	18.5	Identifier Type		
O	19	Social Security Number	Do not include formatting. SSN can also be sent as an identifier in the PID;3 Patient Identifier List.	
O	22	Ethnic Group		Ethnicity
O	22.1	Identifier		
O	22.2	Text		
O	22.3	Coding System		
O	23	Birth Place		
O	24	Multiple Birth Indicator	“Y” = the patient was part of a multiple birth “N” = the patient was a single birth	
O	25	Birth Order		

VXU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	1	Set ID		
C	2	External Patient ID		
C	2.1	External Patient Identifier		
C	2.4	Assigning Authority OID		
C	2.5	Identifier Type		
R	3	Internal Patient ID	Unique identifier for the patient. MRN, CMRN. Used for patient matching.	
R	3.1	Internal Patient Identifier		
C	3.4	Assigning Authority OID		
C	3.5	Identifier Type		
C	4	Alternate Patient ID		
C	4.1	Alternate Patient Identifier		
C	4.4	Assigning Authority OID		
C	4.5	Identifier Type		
R	5	Patient Name		
R	5.1	Patient Last Name		
R	5.2	Patient First Name		
O	5.3	Patient Middle Name		
O	5.4	Suffix		
O	5.5	Prefix		
O	5.6	Degree		
O	6	Mother's Maiden Name	This field contains the family name under which the mother was born (i.e., before marriage).	
O	6.1	Last Name		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	6.2	First Name		
O	6.3	Middle Name		
O	6.4	Suffix		
O	6.5	Prefix		
O	6.6	Degree		
O	7	Date of Birth	CCYYMMDD or CCYYMMDDHHMMSS	
O	8.1	Sex		Administrative Gender
O	10	Race		Race
O	10.1	Identifier		
O	10.2	Text		
O	10.3	Coding System OID		
O	11	Patient Address		
O	11.1	Patient Address Line 1		
O	11.2	Patient Address Line 2		
O	11.3	City		
O	11.4	State		State
O	11.5	Zip code		
O	11.6	Country		Country
O	13	Home Phone Number	Do not include formatting. Email addresses are supported in this field.	
O	13.2	Phone Type	"HP" = Home Phone "VP" = Vacation Home Phone "MC" = Mobile Phone	
O	14	Business Phone Number	Do not include formatting.	

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	14.2	Phone Type	"WP" = Work Phone	
O	15	Primary Language		Language
O	15.1	Identifier		
O	15.2	Text		
O	15.3	Coding System OID		
O	16	Marital Status		Marital Status
O	10.1	Identifier		
O	10.2	Text		
O	10.3	Coding System OID		
O	17	Religion		Religious Affiliation
O	10.1	Identifier		
O	10.2	Text		
O	10.3	Coding System OID		
R	18	Patient Account Number		
R	18.1	Patient Account Number		
O	18.4	Assigning Authority OID		
O	18.5	Identifier Type		
O	19	Social Security Number	Do not include formatting. SSN can also be sent as an identifier in the PID;3 Patient Identifier List.	
O	22	Ethnic Group		Ethnicity
O	22.1	Identifier		
O	22.2	Text		
O	22.3	Coding System		
O	23	Birth Place		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	24	Multiple Birth Indicator	"Y" = the patient was part of a multiple birth "N" = the patient was a single birth	
O	25	Birth Order		

PR1 (Procedures) Segment

ADT Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Set ID		
R	2	Procedure Coding Method OID		
R	3	Procedure Code		
R	3.1	Procedure Code		
O	3.2	Procedure Description		
R	3.3	Coding Method		
C	4	Procedure Description		
R	5	Procedure Perform Date / Time		
O	6	Procedure Functional Type	Describes the type of procedure (i.e. (A)nesthesia, (D)iagnostic procedure, (P)rocedure for treatment, (I)nvasive procedure not classified elsewhere)	
O	12	Procedure Practitioner		
O	12.1	Practitioner ID		
O	12.2	Practitioner Last Name		
O	12.3	Practitioner First Name		
C	12.13	ID Type		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	12.14	Practitioner Type		
O	14	Procedure Priority		

PRB (Patient Problem Detail) Segment

ADT Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Action Code	Send only: AD = Add CO = Correct DE = Delete UP = Update	
R	2	Action Date / Time		
R	3	Problem ID		
C	3.1	Identifier	SNOMED CT terms descending from the Clinical Findings (404684003) or Situation with Explicit Context (243796009) hierarchies recommended.	
C	3.2	Description		
C	3.3	Coding System		
R	4	Problem Instance ID	Unique identifier for the problem. Remains unique over time. Identifies a specific instance for a specific patient and is unique across all patients.	
O	10	Classification	Identifies the kind of problem.	Problem Type
O	12	Persistence	Indicates the perseverance of a problem. (acute, chronic)	
O	13	Confirmation Status	Indicates the verification status of the problem.	
O	14	Life Cycle Status	Current status of the problem.	

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	14.1	Identifier		Problem Status Code
O	14.2	Text		
O	15	Life Cycle Status Date / Time	Effective date and time of the life cycle status code.	
O	16	Problem Date of Onset	Date and time the problem began.	

PPR Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Action Code	Send only: AD = Add CO = Correct DE = Delete UP = Update	
R	2	Action Date / Time		
R	3	Problem ID		
C	3.1	Identifier	SNOMED CT terms descending from the Clinical Findings (404684003) or Situation with Explicit Context (243796009) hierarchies recommended.	
C	3.2	Description		
C	3.3	Coding System OID		
R	4	Problem Instance ID	Unique identifier for the problem. Remains unique over time. Identifies a specific instance for a specific patient and is unique across all patients.	
O	10	Classification	Identifies the kind of problem.	
O	12	Persistence	Indicates the perseverance of a problem. (acute, chronic)	
O	13	Confirmation Status	Indicates the verification status of the problem.	
O	14	Life Cycle Status	Current status of the problem.	

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	14.1	Identifier		Problem Status Code
O	14.2	Text		
O	15	Life Cycle Status Date / Time	Effective date and time of the life cycle status code.	

PV1 (Patient Visit) Segment

ADT Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Set ID		
R	2	Patient Class		Patient Class
O	3	Patient Location		
C	3.1	Nursing Unit		
C	3.4	Facility ID		
C	3.7	Building		
O	7	Attending Doctor		
C	7.1	Physician ID		
O	7.2	Last Name		
O	7.3	First Name		
O	7.4	Middle Name		
O	7.5	Suffix		
O	7.6	Prefix		
O	7.7	Degree		
C	7.13	ID Type		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	8	Referring Doctor		
C	8.1	Physician ID		
O	8.2	Last Name		
O	8.3	First Name		
O	8.4	Middle Name		
O	8.5	Suffix		
O	8.6	Prefix		
O	8.7	Degree		
C	8.13	ID Type		
O	9	Consulting Doctor		
C	9.1	Physician ID		
O	9.2	Last Name		
O	9.3	First Name		
O	9.4	Middle Name		
O	9.5	Suffix		
O	9.6	Prefix		
O	9.7	Degree		
C	9.13	ID Type		
O	14	Admit Source		Admission Source
O	17	Admitting Doctor		
C	17.1	Physician ID		
O	17.2	Last Name		
O	17.3	First Name		
O	17.4	Middle Name		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	17.5	Suffix		
O	17.6	Prefix		
O	17.7	Degree		
C	17.13	ID Type		
R	18	Patient Type		Encounter Type
O	19	Visit Number		
C	19.1	Identifier		
C	19.4	Assigning Authority OID		
O	36	Discharge Disposition		
R	44	Admit Date / Time	CCYYMMDDHHMMSS	
O	45	Discharge Date / Time	CCYYMMDDHHMMSS	
O	52	Primary Care Physician		
C	52.1	Physician ID		
C	52.2	Last Name		
C	52.3	First Name		
O	52.4	Middle Name		
C	52.13	ID Type		

ORU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Set ID		
R	2	Patient Class		Patient Class
O	3	Patient Location		
C	3.1	Nursing Unit		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
C	3.4	Facility ID		
C	3.7	Building		
O	7	Attending Doctor		
C	7.1	Physician ID		
O	7.2	Last Name		
O	7.3	First Name		
O	7.4	Middle Name		
O	7.5	Suffix		
O	7.6	Prefix		
O	7.7	Degree		
C	7.13	ID Type		
O	8	Referring Doctor		
C	8.1	Physician ID		
O	8.2	Last Name		
O	8.3	First Name		
O	8.4	Middle Name		
O	8.5	Suffix		
O	8.6	Prefix		
O	8.7	Degree		
C	8.13	ID Type		
O	9	Consulting Doctor		
C	9.1	Physician ID		
O	9.2	Last Name		
O	9.3	First Name		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	9.4	Middle Name		
O	9.5	Suffix		
O	9.6	Prefix		
O	9.7	Degree		
C	9.13	ID Type		
O	14	Admit Source		Admission Source
O	17	Admitting Doctor		
C	17.1	Physician ID		
O	17.2	Last Name		
O	17.3	First Name		
O	17.4	Middle Name		
O	17.5	Suffix		
O	17.6	Prefix		
O	17.7	Degree		
C	17.13	ID Type		
R	18	Patient Type		Encounter Type
O	19	Visit Type		
C	19.1	Identifier		
C	19.4	Assigning Authority OID		
O	36	Discharge Disposition		
R	44	Admit Date / Time	CCYYMMDDHHMMSS	
O	45	Discharge Date / Time	CCYYMMDDHHMMSS	

SCH / SII Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Set ID		
R	2	Patient Class		Patient Class
O	3	Patient Location		
C	3.1	Nursing Unit		
C	3.4	Facility ID		
C	3.7	Building		
O	7	Attending Doctor		
C	7.1	Physician ID		
O	7.2	Last Name		
O	7.3	First Name		
O	7.4	Middle Name		
O	7.5	Suffix		
O	7.6	Prefix		
O	7.7	Degree		
O	8	Referring Doctor		
C	8.1	Physician ID		
O	8.2	Last Name		
O	8.3	First Name		
O	8.4	Middle Name		
O	8.5	Suffix		
O	8.6	Prefix		
O	8.7	Degree		
O	9	Consulting Doctor		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
C	9.1	Physician ID		
O	9.2	Last Name		
O	9.3	First Name		
O	9.4	Middle Name		
O	9.5	Suffix		
O	9.6	Prefix		
O	9.7	Degree		
O	14	Admit Source		Admission Source
O	17	Admitting Doctor		
C	17.1	Physician ID		
O	17.2	Last Name		
O	17.3	First Name		
O	17.4	Middle Name		
O	17.5	Suffix		
O	17.6	Prefix		
O	17.7	Degree		
R	18	Patient Type		Encounter Type
O	19	Visit Number		
O	36	Discharge Disposition		
R	44	Admit Date / Time	CCYYMMDDHHMMSS	
O	45	Discharge Date / Time	CCYYMMDDHHMMSS	
O	52	Primary Care Physician		
O	52.1	Physician ID		
O	52.2	Last Name		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	52.3	First Name		
O	52.4	Middle Name		

VXU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Set ID		
R	2	Patient Class		Patient Class
O	3	Patient Location		
C	3.1	Nursing Unit		
C	3.4	Facility ID		
C	3.7	Building		
O	7	Attending Doctor		
C	7.1	Physician ID		
O	7.2	Last Name		
O	7.3	First Name		
O	7.4	Middle Name		
O	7.5	Suffix		
O	7.6	Prefix		
O	7.7	Degree		
O	8	Referring Doctor		
C	8.1	Physician ID		
O	8.2	Last Name		
O	8.3	First Name		
O	8.4	Middle Name		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	8.5	Suffix		
O	8.6	Prefix		
O	8.7	Degree		
O	9	Consulting Doctor		
C	9.1	Physician ID		
O	9.2	Last Name		
O	9.3	First Name		
O	9.4	Middle Name		
O	9.5	Suffix		
O	9.6	Prefix		
O	9.7	Degree		
O	14	Admit Source		Admission Source
O	17	Admitting Doctor		
C	17.1	Physician ID		
O	17.2	Last Name		
O	17.3	First Name		
O	17.4	Middle Name		
O	17.5	Suffix		
O	17.6	Prefix		
O	17.7	Degree		
R	18	Patient Type		Encounter Type
O	19	Visit Number		
C	19.1	Identifier		
C	19.4	Assigning Authority OID		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	36	Discharge Disposition		
R	44	Admit Date / Time	CCYYMMDDHHMMSS	
O	45	Discharge Date / Time	CCYYMMDDHHMMSS	

PV2 (Patient Visit – Additional Information) Segment

ADT Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	3.2	Reason for Visit		
O	8	Expected Admit Date		

SCH / SIU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	3.2	Reason for Visit		

RGS (Resource Group) Segment

SCH / SIU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Set ID		
C	2	Segment Action Code		
O	3	Resource Group ID		
O	3.1	Identifier		
O	3.2	Text		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	3.3	Coding System		
O	3.4	Alternate Identifier		
O	3.5	Alternate Text		
O	3.6	Name Alternate Coding System		

ROL (Role Person) Segment

PPR Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	4	Role Person		
O	4.1	id_nbr		
O	4.2	last_name		
O	4.3	first_name		
O	4.4	middle_name		
O	4.13	id_type		

RXA (Pharmacy Administration) Segment

VXU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Set ID		
R	3	Date/Time Start of Administration	CCYYMMDDHHMMSS	
R	4	Date/Time End of Administration	CCYYMMDDHHMMSS	
R	5	Administered Code		
R	5.1	Code	The immunization code or product.	Vaccine Administered
C	5.2	Code Description	If no code exists, a description is required.	
C	5.3	Name of Coding		
R	6	Administered Amount		
C	7	Administered Units		Units of Measure
O	9.2	Administration Notes	Notes will be sent in the second component	
O	10	Administration Provider	The person who performed (administered) the immunization.	
O	10.1	ID		
O	10.2	Last Name		
O	10.3	First Name		
O	10.4	Middle Name		
O	10.5	Suffix		
O	10.6	Prefix		
O	10.7	Degree		
O	13	Administered Strength		

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	14	Administered Strength Units		
O	15	Substance Lot Number		
O	16	Substance Expiration Date		
O	17	Substance Manufacturer Name		
O	17.1	Identifier		Vaccine Manufacturer
O	17.2	Text		
O	18	Substance / Treatment Refusal Reason		No Immunization Reason
O	20	Completion Status		
O	21	Action Code		

RXR (Pharmacy Route) Segment

VXU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Route		
R	1.1	Identifier		Medication Route FDA
R	1.2	Text		
O	2	Administration Site		
O	2.1	Identifier		Body Site
O	2.2	Text		

SCH (Schedule Activity Information) Segment

SCH / SIU Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
C	1	Placer Appointment ID		
C	2	Filler Appointment ID		
O	6	Event Reason		
O	7	Appointment Reason		
O	11	Appointment Timing Quantity		

ZAL (Additional Allergy Information) Segment

ADT Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	1	Activation Code		
O	2	Activate Date Time		
O	3	Allergy Instance		
O	4	Allergy ID		
O	5	Reaction Class		
O	5.1	Reaction_class_cd	Identifies coded type of reaction	
R	6	Reaction Status	Example: Active, Resolved, Cancelled	
O	7.1	Reaction Code	If sent ZAL 7.2 and 7.3 are required	
C	7.2	Reaction Description	Use textual value from Nomenclature table for coded reactions or text from Reaction table for free-text reactions.	
C	7.3	Coding System	Example: SNOMED	

ZCN (Custom Consent) Segment

ADT Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	1	Set ID		
O	2	Substance Abuse Consent		
O	2.1	Substance Abuse Flag	The Substance Abuse Flag is sent here. Possible values: A (allow), D (deny), or blank	
	2.2	Substance Abuse Timestamp	Format for substance abuse timestamp: YYYYMMDDHHMMSS	
R	11	Consent		
O	11.1	Identifier		
R	11.2	Consent Flag	The Universal Consent flag is sent here. Possible values: Y (yes), N (no), or blank	
O	11.3	Name of Coding System		
R	14	Consent Start Date/Time	Timestamp for universal consent flag	
O	15	Consent End Date/Time		

ZEI (Person Employment Information) Segment

ADT Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	2	Employment Status Code		
O	3	Employer Name – Free Text		
O	8	Person Occupation		
O	9	Employment Start Date/Time		
O	10	Employment End Date/Time		
O	11	Employer Name - Coded		
O	11.1	Employer Code		
O	11.2	Employer Name		
O	12	NK		
O	14	Position		
O	15	Job Title		

ZPB (Problems – Additional Information) Segment

PPR Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
O	1	Set ID		
O	6	Severity		
O	6.1	Severity Code		Problem Severity
O	6.2	Severity Description		

ZPI (Additional Person / Patient Information) Segment

ADT Messages

R / O / C	Field	HL7 Field Description	Comments	Mapping Info
R	11	Cause of Death		