Parameters

Message Profile
HL7 Version:	2.4
Profile Type:	Constrainable
Topics:	confsig-McKesson-2.4-profile-accNE_accAL-Deferred

Encoding Method
ER7

Use Case

Actors
system:	the application
user:	The person using the system
patient:	The person being treated

Pre Conditions
1:	Pre condition 1
2:	Pre condition 2

Event Flow
1:	Flow 1
2:	Flow 2

Post Conditions
1:	Post Condition 1
2:	Post Condition 2

Derived Events
1:	Derived 1
2:	Derived 2

Interaction 1

Interaction 1

Dynamic Definition

Accept Acknowledgement:	NE
Application Acknowledgement:	AL
Acknowledgement Mode:	Deferred

Static Definition

Event Description:	Admit a Patient
Message Type:	ADT
Trigger Event:	A01
Message Structure:	ADT_A01
Topics:	confsig-McKesson-2.4-static-ADT-A01-null-ADT_A01-HBOCHI2x_Feb02-Draft-Sender

Grammar

MSH EVN PID [PD1] [ROL] [NK1] PV1 [PV2] [ROL] [OBX] [AL1] [DG1] [{ PR1 [ROL] }] [GT1] [{ IN1 [IN2] [IN3] [ROL] }] [ACC] [UB1] [UB2] [ZPV] [ZDG] [ZPR] [ZIN] [ZIP]

MSH - Message Header

(Usage: Required   *Cardinality:*1..1*)*

HL7 deviation: Z field added by McKesson. Definition: Identify the user that initiated, or caused to be initiated the HL7 transaction. The user identifier should be unique for the sending application and facility as indicated in MSH:3 and MSH:4. It could be the user's application sign-on id. If this field is populated and EVN:5 is populated, they must be the same value.

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Field Separator	ST		1	R	1..1	e.g.	
2	Encoding Characters	ST		4	R	1..1	
3	Sending Application	HD		6	R	1..1	
4	Sending Facility	HD		20	R	1..*	
5	Receiving Application	HD		6	O	0..1	
6	Receiving Facility	HD		30	O	0..1	
7	Date/Time Of Message	TS		26	R	1..1	
8	Security	ST		40	O	0..1	
9	Message Type	MSG		15	R	1..1	
10	Message Control ID	ST		20	R	1..1	
11	Processing ID	ID	HL70103	1	R	1..1	
12	Version ID	ID	HL70104	8	R	1..1	
13	Sequence Number	ZSN		15	O	0..1	
14	Continuation Pointer	IS	99H0082	1	O	0..1	
15	Accept Acknowledgment Type	ID	HL70155	2	O	0..1	
16	Application Acknowledgment Type	ID	HL70155	2	O	0..1	
17	Country Code	ID	HL70399	3	O	0..1	
18	Character Set	ID	HL70211	6	O	0..3	
19	Principal Language Of Message	ZCE			O	0..1	
30	(Z field) Organization	ZCE			O	0..1	
31	(Z field) Plant	ID	99H0083	1	O	0..1	
32	(Z field) HBOCHI Version	ID	99H0076	4	C	0..1	
33	(Z-Field) Workstation ID	HD	HL70300	30	O	0..1	

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
34	(Z-Field) User ID	XCN		3	O	0..1	

3. Sending Application

HL7 deviation: HL7 supports the HD data type for this optional field. HBOCHI requires this field. HBOCHI has defined a vocabularyand a length of six charactersfor this field. Definition: Ensures the unique identificationof the originating applicationto support the routing and processing of the message. HBOCHI has defined this required field to contain a unique string of up to six-characters in length. The first two characters are to be drawn from the Application Codes User-defined HL70361 table, and the last four optional characters are to be business unit defined. The specific value of these four characters are to be negotiated within each implementation. Each Application value must represent a logical Master Patient Index (MPI). If an application supports multiple logical MPIs, then each MPI instance will be defined as a different Sending Application value within an enterprise. The impactof this is that a sending application may only assign one person identifier of <identifier type code> PI to a person. The following systems allow this field to be customer defined, and therefore, cannot guarantee conformance to the Sending Application Code table: Care Manager, Pathways Financial Manager, Pathways Material Management, Pathways Staff Scheduling, PathwaysSurgical Manager, and PathwaysHealthcare Scheduling. However, conformance to this naming convention is required for predictable integration between McKesson systems. Failure to do so may result in unpredictable results.

4. Sending Facility

Definition: HBOCHI has defined this required fieldto represent the facility originating the application message. The facility can be a real and physical entity such as a hospital, health care institution, or clinic, for example. In addition, the facility can be a virtual or logical entity such as an automated service used to instantiate person records, such as backloading historical person data or an administrative function, such as table maintenance. HBOCHI standard data type deviation: The component length has been changed from the standard HD field length of 6 to be 20. HL7 deviation: HL7 defines this field as optional. HBOCHI supports a vocabulary for this required field. HL7 deviation: With special regard to table maintenance, the sending facility may repeat with the appropriate encoding repetition character. Note: If no value is available, the default is the value found in MSH:3 and must be replicated in this field, only if your application does not support the concept of facility, for exampleManaged Care systems do not support the concept of facility.

5. Receiving Application

Definition: Ensures the unique identification of the receiving application to support the routing and processing of the message. Refer to MSH:3 - Sending Application for more details.

6. Receiving Facility

HL7 deviation: HBOCHIhas defined a vocabulary for this field. HBOCHI standard data type deviation: The component length has been changed from thestandard HD field length of 6 to be 30.

9. Message Type

HL7 deviation: For a list of HBOCHI-approved Z-messages, refer to Appendix A, section A.3.3.

11. Processing ID

HL7 deviation: HL7 supports the PT data type for this field. HBOCHI supports the ID data type with a length of 1character.

12. Version ID

HL7 deviation: HL7 supports the VID data type for this field. HBOCHI supports the ID data type with a length of 8 characters.

13. Sequence Number

Definition: If the message is processed by Enterprise Messaging Service (EMS), a numeric incremental counter is appended for each receiving application. In the example of an A28 message routed inbound to the repository system, then routed outbound to STAR after processingby EMS, the message STAR receives would indicate: 99^1 (where99 represents the Sequence number and 1 represents the replicate number). A numeric indicator is not appended for the message routed to the repository system. HL7 deviation: HL7 supportsthe NM data type for this field. HBOCHI supports ZSN data type.

14. Continuation Pointer

If HBOCHI continuation message methodology is used, McKesson has defined a length of one (1) character for this field. Refer to section 2.3.6 for details on the HBOCHI continuation messages.

15. Accept Acknowledgment Type
Definition: Refer to section 2.3 for additional information.

16. Application Acknowledgment Type
Definition: Refer to section2.3 for additional information.

18. Character Set
HL7 deviation: HL7 supports a length of 16 characters and unlimited repetition. HBOCHI supports a length of six characters and supports up to three repetitions.

30. (Z field) Organization
HL7 deviation: Z field added by McKesson. Definition: Encounter Management uses Organizations. An organization may represent a physical entity, such as an outpatient clinic, or a virtual grouping, such as a group of physician offices.

31. (Z field) Plant
HL7 deviation:Z field added by McKesson. Definition: Plant is used to reportthe pavilion code for HealthQuest patient administration. Thepavilion represents a separate, distinct, physical location, which is subject to the facility. It is used in census tracking and room/bed activity for billing purposes.

32. (Z field) HBOCHI Version
HL7 deviation: Z field added by McKesson. Definition: This field reports the HBOCHI version ID. Itis required if the message should be processed based on the documented HBOCHI rules defined for the version indicated. If not present, the rules for processing the message are implementation specific. This field is not required in an acknowledgement (ACK/NAK). The McKesson 2.3aspecification has been rescinded and should not be implemented. It is replaced by HBOCHI 2.3b.

Condition Predicate:
This field is not required in an acknowledgement (ACK/NAK).

33. (Z-Field) Workstation ID
HL7 deviation: Z field added by McKesson. Definition: Identify the originatingPhysical terminal or workstation that initiated, or caused tobe initiated the HL7 transaction. If populated the workstation identifier must be unique forthe sending application and facility as indicated in MSH:3 and MSH:4. This item could be anyof a number of identifiers that an application knows for a user device, for example, the application assigned terminal id or the IP address as read from the workstation. HBOCHI standarddata type deviation: The component length has been changed from the standard HD field lengthof 6 to be 30. If the application/facility cannot establish aunique identifier, additional implementation negotiation is required.

34. (Z-Field) User ID
HL7 deviation: Z field added by McKesson. Definition: Identify the user that initiated,or caused to be initiated theHL7 transaction. The user identifier should be unique for the sending application and facility as indicated in MSH:3 and MSH:4. It could be the user's application sign-on id. If thisfield is populated and EVN:5 is populated, they must be the same value.

EVN - Event Type
(Usage: Required   *Cardinality:*1..1*)*

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Event Type Code	ID	HL70003	3	O	0..1	
2	Recorded Date/Time	TS		26	R	1..1	
3	Date/Time Planned Event	TS		26	O	0..1	
4	Event Reason Code	IS	HL70062	3	O	0..1	
5	Operator ID	XCN	HL70061	3	O	0..1	
6	Event Occurred	TS		24	O	0..1	

1. Event Type Code
Retained for backwards compatibility.

5. Operator ID

HL7 deviation: This field repeats in HL7 but not in HBOCHI.

6. Event Occurred

Definition: Prior to HBOCHI 2.3b this field was not supported. Backloaddates were previously communicated in EVN-2. For the purposesof backload to the repository,the following hierarchy of dates should be used: PV1:47 - Discharge Date, PV1-44 - Admit Date, and EVN:6 - Event Occurred, and EVN:2 - Recorded Date (if there is no discharge, admit, or event occurred date). This date is used to determine whether ornot to update the repository information in order to preservethe integrity of the data with feeds from multiple systems.

PID - Patient identification

(Usage: Required *Cardinality:*1..1*)*

HL7 deviation: This field is optional in HL7 and required by HBOCHI.

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - PID	SI		4	R	1..1	
2	Patient ID	CX		20	C	0..1	
3	Patient Identifier List	CX		20	C	0..1	
4	Alternate Patient ID - PID	CX		20	O	0..1	
5	Patient Name	XPN		3	R	1..1	
6	Mother's Maiden Name	XPN		3	O	0..1	
7	Date/Time Of Birth	TS		17	O	0..1	
8	Administrative Sex	IS	99H0100	1	O	0..1	
9	Patient Alias	XPN		3	O	0..1	
10	Race	IS	99H0109	3	O	0..2	
11	Patient Address	XAD		3	O	0..3	
13	Phone Number - Home	XTN		250	O	0..3	
14	Phone Number - Business	XTN		250	O	0..3	
15	Primary Language	ZCE	ISO0639	250	O	0..1	
16	Marital Status	IS	99H0107	1	O	0..2	
17	Religion	ZCE	99H0108	250	O	0..2	
18	Patient Account Number	CX		20	C	0..1	
19	SSN Number - Patient	ST		16	O	0..1	
20	Driver's License Number - Patient	DLN		25	O	0..1	
21	Mother's Identifier	CX		20	C	0..1	
22	Ethnic Group	IS	99H0110	3	O	0..1	
23	Birth Place	ST		30	O	0..1	
24	Multiple Birth Indicator	ID	HL70136	1	O	0..1	
25	Birth Order	NM		1	O	0..1	
26	Citizenship	IS	HL70171	3	O	0..1	
27	Veterans Military Status	ZCE	HL70172	250	O	0..1	
28	Nationality	ZCE	ISO3166	250	O	0..1	
29	Patient Death Date and Time	TS		17	O	0..1	
30	Patient Death Indicator	ID	HL70136	1	O	0..1	
31	Identity Unknown Indicator	ID	HL70136	1	O	0..1	

1. Set ID - PID

HL7 deviation: This field is optional in HL7 and required by HBOCHI.

2. Patient ID

Definition: When available, the person's unique Enterprise Number, as assigned by the Enterprise Master Patient Index (EMPI), mustbe reported in this field. All systems are expected to maintain the enterprise number and include it in all messages. When aperson is either first encountered as a patient or is unable to provide an enterprise number,the treatment facility will admit or register the patient regardless of this status. The receipt of an admit (A01) or registration (A04) message without anenterprise number will cause the EMPI to retrieve/assign an enterprise number and issue a subsequent link patient information (A24) message. The treatmentfacility will reconcile the enterprise number and other patient identifiers based on the A24 message. HBOCHI restricts the allowed values in the <identifiertype code> component to be PE only. HL7 deviation: This field is retained for backwards compatibility in HL7 and conditionally required by HBOCHI. HL7 2.4 has deprecated the use of this field in favor of the repeating PID:3 field. HBOCHI will continue to support this field for theEnterprise Number; however, itis recommended that the Enterprise Number also be sent as a repetition of the PID:3 field.

Condition Predicate:

This field is required in A39 - Merge Person External ID and A46 - Change External ID messages.

3. Patient Identifier List

Definition: HBOCHI supports this field as repeating (introduced in HL7 v2.2) with the following restrictions. The first iteration must be the MedicalRecord Number with <identifiertype code (ID)> component of MR, for example: |987654321^^^ST1A^MR|. If the medical record number is unable to be reported, a placeholder must be used, forexample: |~123456^^^ST1^PI|. Any subsequent iteration may contain other identifiers negotiated during implementation planning. HL7 deviation: This field isrequired in HL7 and conditionally required by HBOCHI. HBOCHI has additionally required that the first repetition of this field contain an identifier with an <identifier type code> of MR.

Condition Predicate:

This field is not required in an A39 - Merge Person External ID, or A46 - Change External ID message, orA24 - Link patient information, if the identifier relevant to the particular PID segment is in PID:2. For all other messages this field is required.

4. Alternate Patient ID - PID

Definition: PHS temporary number (deprecated). HL7 deviation: HL7 2.4 has deprecatedthe use of this field in favorof the repeating PID:3 field. HBOCHI will continue to supportthis field for the PHS Temporary Number; however, it is recommended that this number also be sent as a repetition of the PID:3 field. This field is optional in HBOCHI and retained for backwards compatibility in HL7.

5. Patient Name

HL7 deviation: This field repeats in HL7 2.3; HBOCHI does not support repetitions. HBOCHI standard data type deviation:

7. Date/Time Of Birth

HL7 deviation: McKesson products will support two lengths for Date of Birth, both of which are shorter than theHL7 recommendation of 26: 1 DATE form: 8 characters in the transaction. The database may store a native time stamp, but outbound transactions must NEVER populate the hours:minutes positions. If a product supports thisform, they must identify such in the field note in their specification. When a product receives a full timestamp with hours:minutes, only the Year/Month/Day portion of the data is to be stored in the database. This is for support of older and legacyproducts for which a business case does not exist for changing the database to support a fulltimestamp. 2 TIMESTAMP form: either 12 or 17 characters in the transaction (12 for a local time without a time zone offset, 17 if the full time zone offsetis included in the transaction). Databases may store either or both the string form and the internal DBMS timestamp form. Product MUST be able to differentiate whether the hours:minutes is valued at midnight or not present for all transactions. If aDATE form is received, the hours:minutes must be assumed to be Not Present. In this case, ifa new DOB is being created froma received DOB in DATE form, the hours:minutes must be saved as Not Present. If a DOB existsand demographics is being updated/merged, the existing hours:minutes value must be kept, andthe status must be set to Present. If the stored DOB has its hours:minutes as Not Present, outbound transactions must populate only the 8 characters of Year/Month/Day, otherwise the fullvalue must be populated. If a TIMESTAMP form is received, the hours:minutes must be assumed to be Present (possibly valued by the Sender as 0000 to indicate midnight) and must be saved. Sending systems cannot force receiving systems to save a 'Not Present' condition on the hours:minutes portion of the DOB. Once a system instantiates an hours:minutes portion for the DOB, any system that is able to save data in TIMESTAMP form will do so. The TIMESTAMP form is strongly recommended for newer products, and mandated for brand newdevelopment.

8. Administrative Sex

HL7 deviation: HBOCHI does not support all the values defined in the user-defined table HL70001 - Administrative Sex. McKesson has defined a vocabulary for this field.

9. Patient Alias

HL7 deviation: This field is optional in HBOCHI and retained for backwards compatibility in HL7.

10. Race

HL7 deviation: HBOCHI supports a field length of three and data type ofIS and has defined a vocabulary for this field. HL7 defines this field as a CE data type using User-defined table HL70005.

11. Patient Address

HL7 deviation: This field repeats with unlimited repetitions in HL7 2.3; HBOCHI supports three repetitions.

13. Phone Number - Home

HL7 deviation: This field repeats with unlimited repetitions in HL7 2.3; HBOCHI supports three repetitions.

14. Phone Number - Business

HL7 deviation: This field repeats with unlimited repetitions in HL7 2.3; HBOCHI supports three repetitions.

16. Marital Status

HL7 deviation: HBOCHI supports a field length of one with the IS data type and has defined a vocabulary for this field. HL7 defines this field as a CE data type using User-defined table HL70002.

17. Religion

Definition: HBOCHI supports a field length of three. McKesson has defined a vocabulary for this field. HL7 defines this field as a CE data type using User-defined table HL70006.

18. Patient Account Number

Definition: This is typically referred to as the billing number and tends totie the patient to a specific billable incidence of care. Thebilling scenario may be relatedto a single visit, recurring visits, billing period, or a stay as an admitted patient. Typically account numbers are assigned for each episode incidence and are listed as visits under the MPI. HBOCHI restricts the allowed value in the <identifier type code> component to be AN only. HL7 deviation: This field is optional in HL7 and conditionally required by HBOCHI.

Condition Predicate:

: The Patient Account Number is conditionally required by HBOCHI in messages related to a specific incidence of patient care. It is not required in the following messages: A14 - Pending Admit, A28 - Add Person Information, A29 - Delete Person Information, and A31 - Update Person Information.

19. SSN Number - Patient

Definition: HL7 2.4 has deprecated the use of this field in favor of the repeating PID:3 field. HBOCHI will continueto support this field for the SSN; however, it is recommendedthat this number also be sent as a repetition of the PID:3 field. The social security number will include dashes, for example, 999-99-9999. The social security number should not be used as the sole person identifier index because this number is not necessarily unique. HL7 deviation: HBOCHI supports this field as optional while HL7 has retained this for backwards compatibility.

21. Mother's Identifier

HL7 deviation: This field is optional in HL7 and conditionally required by HBOCHI.

Condition Predicate:

The Mother's Identifier is required by HBOCHI when the patient is a newborn.

22. Ethnic Group

HL7 deviation: HBOCHI supports a data type of IS and a fieldlength of three. HL7 supports the CE data type.

23. Birth Place

HL7 deviation: HBOCHI supports a field length of thirty. HL7 supports a length of 250.

25. Birth Order

HL7 deviation: HBOCHI supports a field length of one; HL7 supports a field length of 2.

26. Citizenship

HL7 deviation: HBOCHI supports a field length of three with the datatype IS and has defined a vocabulary for this field. HL7 defines this field as a CE data type.

27. Veterans Military Status

HBOCHI standard data type deviation: This component supports a length of seven.This field does not support thesecond tuple of the CE data type.

28. Nationality

Definition: Use the three-byte alpha version of ISO Table 3166. HL7 deviation: From V2.4 onward,this field has been retained for backwards compatibility only. This field does not support the second tuple of the CE data type.

31. Identity Unknown Indicator

Definition: This can be used to indicate to the receiving system that this record should not be matched to an existing record. · Y - Patient's Identity is Unknown Used to indicate to the receiving system that it should not attempt to "fuzzy"match or associate this information to an existing person, only exact patient identifier matching. Examples of its use could be John Does, veterinary specimens, newborns, other specimens, persons with very limited demographic data or any person forwhich matching or associationsare not applicable. A person associated with this indicator will be referred to as "Pseudo Person". · N or blank - Patient's Identity is known Used to indicate to the receiving system thatnormal "fuzzy" matching logic and associations to existing persons should occur. A person associated with an "N" or blank indicator will be referred to as a"Full Person". To promote a "Pseudo Person" to a "Full Person", the sending system must either send double quotes or an "N".From that point forward, the person will be seen as a "Full Person". A "Full Person" can never be demoted to "Pseudo Person".

PD1 - patient additional demographic

(Usage: Optional   *Cardinality:* 0..1 *)*

Definition: As of HBOCHI 2.x,february 2002, this field is retained for backward compatibility only. The ROL segment is now used to convey more complete information about the primary care provider. This field contained the provider name and ID of the primary care provider. Multiple names are allowed for the same person. The legal name must be sent in the first sequence. If the legal name is not sent, then the repeat delimiter must be sent in the first sequence.

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
3	Patient Primary Facility	XON		250	O	0..1	
4	Patient Primary Care Provider Name & ID No.	XCN	HL70061	3	O	0..1	
5	Student Indicator	IS	HL70231	2	O	0..1	
7	Living Will Code	ZCE	HL70315	2	O	0..1	
8	Organ Donor Code	ZCE	HL70316	2	O	0..1	
11	Publicity Code	ZCE	HL70215	250	O	0..1	
14	Place of Worship	XON		250	O	0..1	
15	Advance Directive Code	ZCE	HL70005	250	O	0..1	

4. Patient Primary Care Provider Name & ID No.

Definition: As of HBOCHI2.x,february 2002, this field is retained for backward compatibility only. The ROL segment isnow used to convey more complete information about the primary care provider. This field contained the provider name and IDof the primary care provider. Multiple names are allowed for the same person. The legal name must be sent in the first sequence. If the legal name is not sent, then the repeat delimiter must be sent in the first sequence.

7. Living Will Code

HL7 deviation: HL7 defines this field with the IS data type. HBOCHI supports the CE data type for this field.

ROL - Role

(Usage: Optional   *Cardinality:* 0..1 *)*

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Role Instance ID	EI		60	C	0..1	
2	Action Code	ID	HL70287	2	R	1..1	
3	Role-ROL	CE	HL70443	250	R	1..1	

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
4	Role Person	XCN		250	R	1..*	
7	Role Duration	CE		250	O	0..1	
8	Role Action Reason	CE		250	O	0..1	
9	Provider Type	CE		250	O	0..1	
10	Organization Unit Type - ROL	CE	HL70406	250	O	0..1	

NK1 - Next of kin / associated parties
(Usage: Optional   *Cardinality:* 0..1 *)*

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - NK1	SI		4	R	1..1	
2	Name	XPN		3	R	1..1	
3	Relationship	ZCE	99H0101	250	R	1..1	
4	Address	XAD		3	O	0..1	
5	Phone Number	XTN		250	O	0..3	
6	Business Phone Number	XTN		250	O	0..1	
7	Contact Role	ZCE	HL70131	250	O	0..1	
8	Start Date	DT		8	O	0..1	
9	End Date	DT		8	O	0..1	
10	Next of Kin / Associated Parties Job Title	ST		60	O	0..1	
11	Next of Kin / Associated Parties Job Code/Class	JCC	HL70327	45	O	0..1	
12	Next of Kin / Associated Parties Employee Number	CX		20	O	0..1	
13	Organization Name - NK1	XON		250	O	0..1	
14	Marital Status	IS	HL70002	250	O	0..1	
15	Administrative Sex	IS	HL70001	1	O	0..1	
16	Date/Time Of Birth	TS		17	O	0..1	
17	Living Dependency	IS	HL70223	2	O	0..1	
18	Ambulatory Status	IS	HL70009	2	O	0..1	
19	Citizenship	IS	ISO3166	3	O	0..1	
20	Primary Language	ZCE	HL70296	250	O	0..1	
21	Living Arrangement	IS	HL70220	2	O	0..1	
22	Publicity Code	ZCE	HL70215	250	O	0..1	
23	Protection Indicator	ID	HL70136	1	O	0..1	
24	Student Indicator	IS	HL70231	2	O	0..1	
25	Religion	IS	HL70006	3	O	0..1	
26	Mother's Maiden Name	XPN		250	O	0..1	
27	Nationality	ZCE	HL70212	250	O	0..1	
28	Ethnic Group	IS	HL70189	3	O	0..1	
29	Contact Reason	ZCE	HL70222	250	O	0..1	
30	Contact Person's Name	XPN		3	O	0..1	
31	Contact Person's Telephone Number	XTN		250	O	0..1	
32	Contact Person's Address	XAD		3	O	0..1	

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
33	Next of Kin/Associated Party's Identifiers	CX		20	O	0..1	
34	Job Status	IS	HL70311	2	O	0..1	
35	Race	IS	HL70005	1	O	0..1	
36	Handicap	IS	HL70295	2	O	0..1	
37	Contact Person Social Security Number	ST		16	O	0..1	

2. Name

HL7 deviation: Next of Kin Name is required by HBOCHI but optional in HL7. HL7 supports unlimited repetition forthis field; HBOCHI does not support repetition.

3. Relationship

HL7 deviation: Next of Kin Relationship is required by HBOCHI but optional in HL7. McKesson has defined a vocabulary for this. Refer to HBOCHI Table 99H0101 - Relationship.

4. Address

HL7deviation: HL7 supports unlimited repetitions for this field; HBOCHI does not support repetitions.

5. Phone Number

HL7 deviation: HL7 supports unlimited repetitions for this field; HBOCHI supports three repetitions.

6. Business Phone Number

HL7 deviation: HL7 supports unlimited repetitions for this field; HBOCHI does not support repetitions.

13. Organization Name - NK1

Definition: This field may be used to communicate the next of kin's employer. In order to accommodate systems where there isno employer table, only the organization name is required. HL7deviation: HL7 supports unlimited repetitions for this field; HBOCHI does not support repetitions.

14. Marital Status

HL7 deviation: HBOCHI supports a definedvocabulary with a length of onefor this field; HL7 supports the CE data type.

16. Date/Time Of Birth

HL7 deviation: McKesson products will support two lengths for Date of Birth, both of which differ from theHL7 default TS data type length of 26: 1 DATE form: 8 characters in the transaction. The database may store a native time stamp, but outbound transactions must NEVER populate the hours:minutes positions. If a product supports this form, they must identify such in the field note in their specifications. When a product receives a full timestamp with hours:minutes, only theYear/Month/Day portion of the data is to be stored in the database. This is for support of older and legacy products for which a business case does not exist for changing the database to support a full timestamp. 2 TIMESTAMP form: either 12 or 17 characters in the transaction (12 for a local time without a timezone offset, 17 if the full time zone offset is included in the transaction). Databases may store either or both the string form and the internal DBMS timestamp form. Product MUST be able to differentiate whether the hours:minutes is valued at midnight or not present for all transactions. If a DATE form is received, the hours:minutes must be assumed to be Not Present. In this case, if a new DOB is being created from a received DOB in DATE form, the hours:minutes must be saved as Not Present. If a DOB exists and demographicsis being updated/merged, the existing hours:minutes value mustbe kept, and the status must be set to Present. If the storedDOB has its hours:minutes as Not Present, outbound transactions must populate only the 8 characters of Year/Month/Day, otherwise the full value must be populated. If a TIMESTAMP form is received, the hours:minutes must be assumed to be Present (possibly valued by the Sender as 0000 to indicate midnight) and must be saved. Sending systems cannot force receiving systems tosave a 'Not Present' conditionon the hours:minutes portion ofthe DOB. Once a system instantiates an hours:minutes portion for the DOB, any system that isable to save data in TIMESTAMPform will do so. The TIMESTAMPform is strongly recommended for newer products, and mandatedfor brand new development.

19. Citizenship

HL7deviation: HBOCHI supports the three-byte alpha version of ISOtable 3166 for this field; HL7supports the CE data type.

25. Religion

HL7 deviation: HBOCHI supports a length of three and data type IS for this field; HL7 supports the CE data type.

26. Mother's Maiden Name
HL7 deviation: HL7 supports unlimited repetitions for this field; HBOCHI does not support repetitions.

28. Ethnic Group
HL7deviation: HBOCHI supports a length of three and data type IS for this field; HL7 supports the CE data type.
HL7 supports unlimited repetitions for this field; HBOCHI does not support repetitions.

29. Contact Reason
HL7 deviation: HBOCHI supports a length of three and data type IS for this field; HL7 supports the CE data type.
HL7 supports unlimited repetitions for this field; HBOCHI does not support repetitions.

35. Race
HL7 deviation: HBOCHI supports a length of one and data type IS for this field; HL7 supports the CE data type.
HL7 supports unlimiterepetitions for this field; HBOCHI does not support repetitions.

PV1 - Patient visit
(Usage: Required   *Cardinality:*1..1*)*

HL7 deviation: The PV1 segment is required by HL7 but is not populated by HBOCHI in person events, for example, A28 - Add Person and A31 - Update Person. Since PV1-2 is a required field, the following values were approved by HL7 (version 2.4) for User Defined Table 0004:

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - PV1	SI		4	R	1..1	
2	Patient Class	IS	HL70004	1	R	1..1	
3	Assigned Patient Location	PL		80	O	0..1	
4	Admission Type	IS	HL70007	2	O	0..1	
5	Preadmit Number	CX		20	O	0..1	
6	Prior Patient Location	PL		80	O	0..1	
7	Attending Doctor	XCN		3	O	0..1	
8	Referring Doctor	XCN		3	O	0..1	
9	Consulting Doctor	XCN		3	O	0..1	
10	Hospital Service	IS	HL70069	3	O	0..1	
11	Temporary Location	PL		80	O	0..1	
12	Preadmit Test Indicator	IS	HL70087	2	O	0..1	
13	Re-admission Indicator	IS	HL70092	2	O	0..1	
14	Admit Source	IS	HL70023	6	O	0..1	
15	Ambulatory Status	IS	HL70009	2	O	0..1	
16	VIP Indicator	IS	HL70099	2	O	0..1	
17	Admitting Doctor	XCN		3	C	0..1	
18	Patient Type	IS	HL70018	2	O	0..1	
19	Visit Number	CX		20	O	0..1	
20	Financial Class	FC	HL70064	50	O	0..4	
21	Charge Price Indicator	IS	HL70032	2	O	0..1	
22	Courtesy Code	IS	HL70045	2	O	0..1	
23	Credit Rating	IS	HL70046	2	O	0..1	
24	Contract Code	IS	HL70044	2	O	0..1	
25	Contract Effective Date	DT		8	O	0..1	
26	Contract Amount	NM		12	O	0..1	

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
27	Contract Period	NM		3	O	0..1	
28	Interest Code	IS	HL70073	2	O	0..1	
29	Transfer to Bad Debt Code	IS	HL70110	1	O	0..1	
30	Transfer to Bad Debt Date	DT		8	O	0..1	
31	Bad Debt Agency Code	IS	HL70021	10	O	0..1	
32	Bad Debt Transfer Amount	NM		12	O	0..1	
33	Bad Debt Recovery Amount	NM		12	O	0..1	
34	Delete Account Indicator	IS	HL70111	1	O	0..1	
35	Delete Account Date	DT		8	O	0..1	
36	Discharge Disposition	IS	HL70112	3	O	0..1	
37	Discharged to Location	DLD	HL70113	25	O	0..1	
38	Diet Type	IS	HL70114	250	O	0..1	
39	Servicing Facility	IS	HL70115	2	O	0..1	
40	Bed Status	IS	HL70116	1	O	0..1	
41	Account Status	IS	HL70117	2	O	0..1	
42	Pending Location	PL		80	O	0..1	
43	Prior Temporary Location	PL		80	O	0..1	
44	Admit Date/Time	TS		24	C	0..1	
45	Discharge Date/Time	TS		24	C	0..1	
46	Current Patient Balance	NM		12	O	0..1	
47	Total Charges	NM		12	O	0..1	
48	Total Adjustments	NM		12	O	0..1	
49	Total Payments	NM		12	O	0..1	
50	Alternate Visit ID	CX		20	O	0..1	
51	Visit Indicator	IS	HL70326	1	O	0..1	
52	Other Healthcare Provider	XCN		3	O	0..1	

1. Set ID - PV1

HL7 deviation: This field is optionalin HL7 and required by HBOCHI.

2. Patient Class

HL7 deviation: The PV1 segment is required by HL7 but is not populated by HBOCHI in person events, for example, A28 - Add Person and A31 - Update Person. Since PV1-2 is a required field, the following values were approved by HL7 (version 2.4) for User Defined Table 0004:

3. Assigned Patient Location

Definition: This fieldis optional; however, if it ispopulated the facility component is required as per the PL data type definition. This field is to be used to determine the patient's location and should bepopulated whenever the sendingapplication has a specific location for the patient. This field is not populated for events that are not relevant to a specific patient location (e.g., person updates). As per the HL7 manual, in a discharge message, this field will contain the patient's location prior to the discharge event.

4. Admission Type

HL7 deviation: This component is required if this field is valued; it must indicate the facility in which the other valued componentsapply. HBOCHI standard data type deviation: The component length has been changed from the standard HD field length of 6 to be 8.

7. Attending Doctor

HL7 deviation: HL7 supports unlimited repetitions; HBOCHI does not supportrepetition.

8. Referring Doctor

HL7 deviation: HL7 supports unlimited repetitions; HBOCHI does not support repetition.

9. Consulting Doctor

HL7 deviation: This field is optional inHBOCHI; HL7 supports this for backwards compatibility purposes only.

17. Admitting Doctor

HL7 deviation: This field is conditionally required in HBOCHI but optional in HL7.

Condition Predicate:

This field must be valued in the following message: A01 - Admit a patient.

38. Diet Type

HL7 deviation: HL7 defines this field as a CE data type; HBOCHI has defined this field as IS and has specified a vocabulary and length of 2.

44. Admit Date/Time

HL7 deviation: This field is optional in HL7 but conditionally required in HBOCHI.

Condition Predicate:

Required if A01 - Admit a patient or other admit type patient messages.

45. Discharge Date/Time

HL7 deviation: This field is optional in HL7 but conditionally required in HBOCHI. HL7 support unlimited repetition; HBOCHI does not support repetition.

Condition Predicate:

: The Discharge Date/Time is conditionally required by HBOCHI in those events where it should be present. For example, it would not be present in an A05 - Pre-Admit a Patient, however it should be present in an A03 - Discharge a Patient.

PV2 - Patient visit - additional information

(Usage: Optional   *Cardinality:* 0..1 *)*

Although annotated as an optional segment, consideration should be given to including it in all Pre-Admit (A05) and Pending Discharge (A16) messages. This allows the expected admit date and expected discharge date to be explicit, rather than implied from EVN:3 <Date/time of planned event>.

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Prior Pending Location	PL		80	O	0..1	
2	Accommodation Code	ZCE	HL70129	250	O	0..1	
3	Admit Reason	ZCE		250	O	0..1	
4	Transfer Reason	ZCE		250	O	0..1	
5	Patient Valuables	ST		25	O	0..1	
6	Patient Valuables Location	ST		25	O	0..1	
7	Visit User Code	IS	HL70130	2	O	0..1	
8	Expected Admit Date/Time	TS		26	C	0..1	
9	Expected Discharge Date/Time	TS		26	C	0..1	
10	Estimated Length of Inpatient Stay	NM		3	O	0..1	
11	Actual Length of Inpatient Stay	NM		3	O	0..1	
12	Visit Description	ST		50	O	0..1	
13	Referral Source Code	XCN		3	O	0..1	
14	Previous Service Date	DT		8	O	0..1	
15	Employment Illness Related Indicator	ID	HL70136	1	O	0..1	
16	Purge Status Code	IS	HL70213	1	O	0..1	
17	Purge Status Date	DT		8	O	0..1	

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
18	Special Program Code	IS	HL70214	2	O	0..1	
19	Retention Indicator	ID	HL70136	1	O	0..1	
20	Expected Number of Insurance Plans	NM		1	O	0..1	
21	Visit Publicity Code	IS	HL70215	1	O	0..1	
22	Visit Protection Indicator	ID	HL70136	1	O	0..1	
23	Clinic Organization Name	XON		250	O	0..1	
24	Patient Status Code	IS	HL70216	2	O	0..1	
25	Visit Priority Code	IS	HL70217	1	O	0..1	
26	Previous Treatment Date	DT		8	O	0..1	
27	Expected Discharge Disposition	IS	HL70112	2	O	0..1	
28	Signature on File Date	DT		8	O	0..1	
29	First Similar Illness Date	DT		8	O	0..1	
30	Patient Charge Adjustment Code	IS	HL70218	3	O	0..1	
31	Recurring Service Code	IS	HL70219	2	O	0..1	
32	Billing Media Code	ID	HL70136	1	O	0..1	
33	Expected Surgery Date and Time	TS		26	O	0..1	
34	Military Partnership Code	ID	HL70136	1	O	0..1	
35	Military Non-Availability Code	ID	HL70136	1	O	0..1	
36	Newborn Baby Indicator	ID	HL70136	1	O	0..1	
37	Baby Detained Indicator	ID	HL70136	1	O	0..1	
38	Mode of Arrival Code	ZCE	HL70430	250	O	0..1	
39	Recreational Drug Use Code	ZCE	HL70431	250	O	0..1	
40	Admission Level of Care Code	ZCE	HL70432	250	O	0..1	
41	Precaution Code	ZCE	HL70433	250	O	0..3	
42	Patient Condition Code	ZCE	HL70434	250	O	0..5	
44	Organ Donor Code	IS	HL70316	2	O	0..1	
45	Advance Directive Code	ZCE	HL70435	250	O	0..1	
47	Expected LOA Return Date/Time	TS		26	C	0..1	
48	Expected Testing Date/Time	TS		26	O	0..1	
49	Visit Clergy Notify Indicator	ID	HL70316	1	O	0..1	

1. Prior Pending Location
HL7 deviation: HL7 requires this field for A26 - Cancel Pending Transfer messages.

7. Visit User Code
HL7 deviation: HL7 supports unlimited repetition for this field; HBOCHI does not support repetition.

8. Expected Admit Date/Time
HL7 deviation: HL7 does not support the conditionality rule supported byHBOCHI above.

Condition Predicate:
This field is conditionally required by HBOCHI. It is required in A05 - Pre-Admit a Patient and A14 - Pending Admit messages.

9. Expected Discharge Date/Time
HL7 deviation: HL7 does not support the conditionality rule supported by HBOCHI above.

Condition Predicate:

: This field is conditionally required by HBOCHI. It is required in an A16 - Pending Discharge message.

21. Visit Publicity Code

Definition: Codeindicating whether patient information can be disclosed to outside callers. Codes used are uppercase punctuation, for example, !, #, and @.

30. Patient Charge Adjustment Code

HL7 deviation: HL7 supports the data type CE; HBOCHI has a defined vocabulary and supports the data type IS and a length of 3.

31. Recurring Service Code

HL7 deviation: HL7 supports the data type CE; HBOCHI has a defined vocabulary and supports the datatype IS and a length of 3.

41. Precaution Code

Definition: Code representing precautions that need to be taken with individual patients. HL7 deviation: This field repeats with unlimitedrepetitions in HL7 2.3; HBOCHI supports three repetitions

42. Patient Condition Code

Definition: Code indicating the person's medical condition. For example, Critical, Poor, and Stable. HL7 deviation: This field repeats with unlimited repetitions in HL7 2.3; HBOCHI supports five repetitions.

45. Advance Directive Code

Definition: Code indicating the patient's instructions to the facility, for example, do not resuscitate, living will, and organ donor. If the sending system supports a last verified date for theadvance directive, the second component of field ZPV-24 should also be populated.

47. Expected LOA Return Date/Time

Definition: This field contains the date/time that the patient is expected to return from LOA.

Condition Predicate:

Refer to HL7 2.4 conditionality rule.

ROL - Role

(Usage: Optional   *Cardinality:* 0..1 *)*

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Role Instance ID	EI		60	C	0..1	
2	Action Code	ID	HL70287	2	R	1..1	
3	Role-ROL	CE	HL70443	250	R	1..1	
4	Role Person	XCN		250	R	1..*	
7	Role Duration	CE		250	O	0..1	
8	Role Action Reason	CE		250	O	0..1	
9	Provider Type	CE		250	O	0..1	
10	Organization Unit Type - ROL	CE	HL70406	250	O	0..1	

OBX - Observation/Result

(Usage: Optional   *Cardinality:* 0..1 *)*

The field requirements for the OBX segment when used in a Patient Administration message are the same as documented in the Results Chapter. The McKesson Specifications Manager Tool contains a "Patient Administration" version or the OBX segment (OBX-A) for use by systems that may populate the OBX segment differently when it is contained in a Patient Administration message.

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - OBX	SI		4	R	1..1	
2	Value Type	ID	HL70125	2	R	1..1	
3	Observation Identifier	ZCE		250	R	1..1	

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
4	Observation Sub-Id	ST		20	C	0..1	
5	Observation Value	VARIES		65536	R	1..1	
6	Units	ZCE		250	O	0..1	
7	References Range	ST		60	O	0..1	
8	Abnormal Flags	ID	HL70078	10	O	0..5	
9	Probability	NM		5	O	0..1	
10	Nature of Abnormal Test	ID	HL70080	5	O	0..1	
11	Observation Result Status	ID	HL70085	2	R	1..1	
12	Date Last Observation Normal Value	TS		26	O	0..1	
14	Date/Time of the Observation	TS		26	O	0..1	
15	Producer's ID	ZCE		250	O	0..1	
16	Responsible Observer	XCN		3	O	0..1	
17	Observation Method	ZCE		250	O	0..2	

1. Set ID - OBX

Definition: For clarity, the Set ID will be valued with a sequentially-valued number. HL7 deviation: HL7 defines this field as optional. HBOCHI requires this field.

2. Value Type

HL7 deviation: HL7 lists this field as conditionally required, it is optional if the value in OBX-11-Observation result status is 'X'. HBOCHI requires this field as it requires a value in OBX-5 even though OBX-11 is set to 'X'.

4. Observation Sub-Id

Definition: It is strongly recommended to restrict this field to positive integers if it is not blank.

Condition Predicate:

required if message includes multiple OBX segments with the same value in OBX-3-Observation Identifier field.

5. Observation Value

Definition: The data type is determined by the type of information being reported and is sent in the OBX:2 field. Implementation note: The maximum length for this field is variable and must be negotiated during implementation of the interface. This is an open issue for HBOCHI to resolve. Inbound Notes: If the data type defined in OBX:2 is not supported by the receiving system, the message cannot be rejected due to invalid data type. Furthermore, the OBX:5 value must be stored by the receiver, in a format defined by the receiving system that maintains the integrity of the data. HBOCHI recommends that if the receiving system does not support the OBX:2 data type, it store the OBX:5 value as ST or TX . Outbound Notes: OBX 5 is required outbound. Blank lines for reports should be sent as space(s) and should be defined with the TX data type in OBX:2. If there is no value (i.e. ||) for OBX:5, then the OBX segment should be suppressed (i.e. not included in the result message). OBX 2 must have the appropriate value type based on the data in OBX 5. If the OBX:2 value is "RP" the reference pointer value will be sent in OBX:5 HL7 deviation: HL7 2.3 field notes for OBX:5 state: "It is not a required field because some systems will report only the normalcy/abnormalcy (OBX:8), especially in product experience reporting." No McKesson products currently support product experience reporting. If normalcy / abnormalcy (OBX:8) values are being sent, a value will also always be sent in OBX:5. HL7 deviation: HBOCHI supports the use of the escape sequence \X0c\ to indicate a page break in this field only if the data type (as defined in OBX.3) is "FT". This is the only escape sequence that is supported to indicate a page break in the result text. The receiving system may not support this sequence so the processing of page break should be negotiated between the applications during implementation. HL7 deviation: HL7 supports unlimited repetitions. HBOCHI does not support repetition for this field.

8. Abnormal Flags

HL7 deviation: HL7 supports a length of 5 and the IS data type for this field. HBOCHI supports a length of 10 and the ID data type

10. Nature of Abnormal Test

HL7 deviation: HL7 supports a length of two; HBOCHI supports a length of five. HL7 supports unlimited repetition; HBOCHI does not support repetitions for this field.

11. Observation Result Status

> HL7 deviation: HL7 supports a length of one; HBOCHI supports a length of two.

AL1 - Patient allergy information

> *(Usage:* Optional   *Cardinality:* 0..1 *)*
>
> HL7 deviation: HBOCHI has endorsed the addition of Z-fields at the end of the AL1 segment.

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - AL1	SI		4	R	1..1	
2	Allergen Type Code	IS	HL70127	2	O	0..1	
3	Allergen Code/Mnemonic/Description	ZCE		250	O	0..1	
4	Allergy Severity Code	IS	HL70128	1	O	0..1	
5	Allergy Textual Reaction	ST		15	O	0..1	
6	Identification Date	DT		8	O	0..1	
7	(Z-field) Allergy Codified Reaction	ZCE	99H0073	116	O	0..1	
8	(Z-field) Allergy Onset Date/Time	TS		26	O	0..1	
9	(Z-field) Allergy Onset Text	ST		15	O	0..1	
10	(Z-field) Allergy Status	IS	99H0070	2	O	0..1	
11	(Z-field) Entered By	XCN		376	O	0..1	
12	(Z-field) Verified By	XCN		376	O	0..1	

1. Set ID - AL1

> HL7 deviation:HL7 supports a data type of CE; HBOCHI supports the data type SI with a length of 4. A request for technical correction has been sent to HL7.

2. Allergen Type Code

> Definition: Allergy Type uses thesuggested HL7 User-Defined Table HL70127 as valid values. HBOCHI has also added extensions to this table. HL7 deviation: HL7supports a data type of CE; HBOCHI supports a vocabulary witha length of two.

3. Allergen Code/Mnemonic/Description

> Definition: Code and coding system are used to uniquely identifythe allergy. The description is used as the textual description the application displays to the user if this is a non-recognized code or is a non-coded allergy. If the code and coding system are not used, the description may still be used as a free text allergy. Note: POC sends either NDC or MDX (MicroMedix) codes.

4. Allergy Severity Code

> Definition: The severity of the allergy. HL7 deviation: HL7 supports a data type of CE; HBOCHI supports avocabulary with a length of one. A numeric value system to hasbeen proposed to allow for descriptions to vary between systems. Values are 0-9 where 0 is unknown and 9 is the most severe. Examples are as follows:

5. Allergy Textual Reaction

> HL7 deviation: HL7 supports unlimited repetitions for this field; HBOCHI does not support repetitions.

7. (Z-field) Allergy Codified Reaction

> Definition: The code and coding system provide a unique ID for the reaction.

8. (Z-field) Allergy Onset Date/Time

> Definition: Actual date/time the allergy began.

9. (Z-field) Allergy Onset Text

> Definition: Textual description of the allergy onset.

10. (Z-field) Allergy Status

> Definition: The status of the allergy.

11. (Z-field) Entered By

Definition: Staff who entered the allergy. If no staff is sent and this is a new allergy, a default interface staff ID will be entered on inbound transactions.

12. (Z-field) Verified By

Definition: Staff who reviewed the allergy. If no staff is sent and this is a new allergy, a default interface staff ID will be entered on inbound transactions.

DG1 - Diagnosis
(Usage: Optional   *Cardinality:* 0..1 *)*

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - DG1	SI		4	R	1..1	
3	Diagnosis Code - DG1	CE	HL70051	250	O	0..1	
6	Diagnosis Type	IS	HL70052	2	R	1..1	

< PROCEDURES - g1R >
(Usage: Optional   *Cardinality:*0..* *)*

PR1 - Procedures
(Usage: Required   *Cardinality:*1..1*)*

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - PR1	SI		4	R	1..1	
3	Procedure Code	CE	HL70088	250	R	1..1	
5	Procedure Date/Time	TS		26	R	1..1	
13	Consent Code	CE	HL70059	250	O	0..1	
15	Associated Diagnosis Code	CE	HL70051	250	O	0..1	
16	Procedure Code Modifier	CE	HL70340	250	O	0..1	
18	Tissue Type Code	CE	HL70417	250	O	0..1	

ROL - Role
(Usage: Optional   *Cardinality:* 0..1 *)*

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Role Instance ID	EI		60	C	0..1	
2	Action Code	ID	HL70287	2	R	1..1	
3	Role-ROL	CE	HL70443	250	R	1..1	
4	Role Person	XCN		250	R	1..*	
7	Role Duration	CE		250	O	0..1	
8	Role Action Reason	CE		250	O	0..1	
9	Provider Type	CE		250	O	0..1	
10	Organization Unit Type - ROL	CE	HL70406	250	O	0..1	

<End PROCEDURES>

GT1 - Guarantor
(Usage: Optional   *Cardinality:* 0..1 *)*

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - GT1	SI		4	R	1..1	
2	Guarantor Number	CX		250	O	0..1	

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
3	Guarantor Name	XPN		250	R	1..*	
11	Guarantor Relationship	CE	HL70063	250	O	0..1	
19	Guarantor Employee ID Number	CX		250	O	0..1	
23	Guarantor Credit Rating Code	CE	HL70341	250	O	0..1	
26	Guarantor Charge Adjustment Code	CE	HL70218	250	O	0..1	
29	Guarantor Employer ID Number	CX		250	O	0..1	
30	Guarantor Marital Status Code	CE	HL70002	250	O	0..1	
35	Citizenship	CE	HL70171	250	O	0..1	
36	Primary Language	CE	HL70296	250	O	0..1	
38	Publicity Code	CE	HL70215	250	O	0..1	
41	Religion	CE	HL70006	250	O	0..1	
43	Nationality	CE	HL70212	250	O	0..1	
44	Ethnic Group	CE	HL70189	250	O	0..1	
47	Contact Reason	CE	HL70222	250	O	0..1	
55	Guarantor Race	CE	HL70005	250	O	0..1	

< INSURANCE - g3R >
(Usage: Optional *Cardinality:* 0..* *)*

IN1 - Insurance
(Usage: Required *Cardinality:* 1..1 *)*

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - IN1	SI		4	R	1..1	
2	Insurance Plan ID	CE	HL70072	250	R	1..1	
3	Insurance Company ID	CX		250	R	1..*	
10	Insured's Group Emp ID	CX		250	O	0..1	
17	Insured's Relationship To Patient	CE	HL70063	250	O	0..1	
42	Insured's Employment Status	CE	HL70066	250	O	0..1	
49	Insured's ID Number	CX		250	O	0..1	

IN2 - Insurance Additional Information
(Usage: Optional *Cardinality:* 0..1 *)*

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Insured's Employee ID	CX		250	O	0..1	
11	Dependent Of Military Recipient	CE	HL70342	250	O	0..1	
25	Payor ID	CX		250	O	0..1	
26	Payor Subscriber ID	CX		250	O	0..1	
33	Citizenship	CE	HL70171	250	O	0..1	
34	Primary Language	CE	HL70296	250	O	0..1	
36	Publicity Code	CE	HL70215	250	O	0..1	
39	Religion	CE	HL70006	250	O	0..1	
41	Nationality	CE	HL70212	250	O	0..1	
42	Ethnic Group	CE	HL70189	250	O	0..1	

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
43	Marital Status	CE	HL70002	250	O	0..1	
61	Patient Member Number	CX		250	O	0..1	
62	Guarantor's Relationship To Insured	CE	HL70063	250	O	0..1	
65	Military Handicapped Program	CE	HL70343	250	O	0..1	
71	Race	CE	HL70005	250	O	0..1	
72	HCFA Patient's Relationship to Insured	CE	HL70344	250	O	0..1	

IN3 - Insurance Additional Information, Certification

(Usage: Optional   *Cardinality:* 0..1 *)*

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - IN3	SI		4	R	1..1	
2	Certification Number	CX		250	O	0..1	
12	Non-Concur Code/Description	CE	HL70233	250	O	0..1	
17	Appeal Reason	CE	HL70345	250	O	0..1	
18	Certification Agency	CE	HL70346	250	O	0..1	

ROL - Role

(Usage: Optional   *Cardinality:* 0..1 *)*

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Role Instance ID	EI		60	C	0..1	
2	Action Code	ID	HL70287	2	R	1..1	
3	Role-ROL	CE	HL70443	250	R	1..1	
4	Role Person	XCN		250	R	1..*	
7	Role Duration	CE		250	O	0..1	
8	Role Action Reason	CE		250	O	0..1	
9	Provider Type	CE		250	O	0..1	
10	Organization Unit Type - ROL	CE	HL70406	250	O	0..1	

<End INSURANCE>

ACC - Accident

(Usage: Optional   *Cardinality:* 0..1 *)*

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
2	Accident Code	CE	HL70050	250	O	0..1	
4	Auto Accident State	CE	HL70347	250	O	0..1	

UB1 - UB82

(Usage: Optional   *Cardinality:* 0..1 *)*

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
12	Special Program Indicator (44)	CE	HL70348	250	O	0..1	
13	PSRO/UR Approval Indicator (87)	CE	HL70349	250	O	0..1	
17	Occurrence Span (33)	CE	HL70351	250	O	0..1	

UB2 - UB92 Data
(Usage: Optional   *Cardinality:* 0..1 *)*

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents

ZPV - Supplemental patient visit segment
(Usage: Optional   *Cardinality:* 0..1 *)*

> Definition: The last verified date indicates the date the Advance Directive was last validated. Typically this validation is by a clinician. If the sending system supports Advance Directive Last Verified Date, this field should be populated. When this field is valued, the field PV2 - Advance Directive Code is required. The first component, Advanced Directive Code, has been deprecated in favor of the HL7 equivalent.

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - Patient Visit	SI		4	R	1..1	
4	Final Discharge Indicator	ID	HL70136	2	O	0..1	
5	Discharge Condition	ST		3	O	0..1	
6	Isolation Code	ZCE		100	O	0..1	
7	IV Therapy Code	ZCE		100	O	0..1	
9	Oxygen Therapy Code	ZCE		100	O	0..1	
17	Admission Cancellation Reason	ZCE		100	O	0..1	
20	Phone Charge Indicator	ID	HL70136	2	O	0..1	
21	TV Charge Indicator	ID	HL70136	2	O	0..1	
22	Orders Indicator	ZCE		250	O	0..1	
23	Balance Indicator	ZCE		100	O	0..1	
24	Advance Directive Information	ZCM_ZPV_24		132	O	0..1	
25	Appointment ID	CM_ZPV_25			O	0..1	

1. Set ID - Patient Visit
> Definition: ZPV-1-set ID containsthe number that identifies this transaction. For the first occurrence of the segment the sequence number shall be 1, for thesecond occurrence it shall be 2, for example.

4. Final Discharge Indicator
> Definition: Indicates the patient's discharge was finalized. Values are Y for Yes or N for No. Refer to HL7 Table 0136 - Yes/No indicator for valid values.

5. Discharge Condition
> Definition: Code indicating how the patient was discharged from the facility. For example, AMA for Against Medical Advice, DIS for Normal Discharge, and EXP for Expired.

6. Isolation Code
> Definition: Code indicating the reason for the patient's isolation, for example, Protective or Staph.

7. IV Therapy Code
> Definition: Code indicatingthe various types of IV Therapy the patient has received.

9. Oxygen Therapy Code
> Definition: Code indicating various types of oxygen therapies thepatient has received.

17. Admission Cancellation Reason
> Definition: Code indicating the reason for canceling this encounter.

20. Phone Charge Indicator
> Definition: This field indicates to the financialsystem that charges are to be accrued for the phone. Refer to HL7 table 0136 - Yes/No indicator for valid values.

21. TV Charge Indicator

Definition: This field indicates to the financial system that charges are to be accrued for the TV. Refer to HL7 table 0136- Yes/No indicator for valid values.

22. Orders Indicator

Definition: Indicates to the to ADT system that orders have been placed on the visit. For example, 1 - Orders have been placed on the visit, 0 - Orders have not been placed on the visit.

23. Balance Indicator

Definition: Indicates tothe to ADT system that chargeshave been accrued for the visit. For example, 1 - charges haveaccrued on the visit, 0 - charges have not accrued on the visit.

24. Advance Directive Information

Definition: The last verified date indicates the date the Advance Directive was last validated. Typically this validation is by a clinician. If the sending system supports Advance Directive Last Verified Date, this field should be populated. When this fieldis valued, the field PV2 - Advance Directive Code is required. The first component, AdvancedDirective Code, has been deprecated in favor of the HL7 equivalent.

25. Appointment ID

Definition: This field contains the unique filler application permanentappointment id that identifiesthe appointment. Example: Thisfield would be filled in Patient Tracking messages, such as A10 patient arrival and A09 patient departing.

ZDG - Additional diagnosis segment

(Usage: Optional   *Cardinality:* 0..1 *)*

Note: Although some of this data is now supported in standard HL7 2.3 fields, HBOCHI 2.3b is not supporting theses HL7 extensions and therefore this Z-segment is still supported.

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - Diagnosis	SI		4	R	1..1	
2	DRG Transfer Type	ST		21	O	0..1	
3	DRG Assigned Date/Time	TS		26	O	0..1	

2. DRG Transfer Type

Definition: Code indicating the type of hospital receiving a transfer patient, which affects how a facility is reimbursed under diagnosis-related groups (DRGs).

3. DRG Assigned Date/Time

Definition: Date and time that the diagnosis-related group (DRG) was assigned. See HL7 v2.3, DRG-2.

ZPR - Additional procedure segment

(Usage: Optional   *Cardinality:* 0..1 *)*

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - Procedure	SI		4	R	1..1	
2	Procedure DRG Type	IS		20	O	0..1	
3	Tissue Type Code	ZCE		100	O	0..1	

1. Set ID - Procedure

Definition: Sequential numbering ofthe procedures assigned to a patient during a visit.

2. Procedure DRG Type

Definition: Indicates a procedure's priority ranking. Values are: Value Description 1st Non-Operative 1st non-Op 2nd Non-Operative 2nd non-Op Major Operative Major Op 2nd Operative 2nd Op 3rd Operative 3rd Op

3. Tissue Type Code

Definition: Code representing type of tissue removed from a patient or the results of a histological test.

ZIN - Additional insurance transaction segment

(Usage: Optional   *Cardinality:* 0..1 *)*

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - Insurance	SI		4	R	1..1	
2	Insurance Plan Name	ST		33	O	0..1	
3	Blue Shield Coverage Indicator	ID	HL70136	2	O	0..1	
4	Comment	ST		36	O	0..1	
5	Default Copay	NM		9	O	0..1	
6	Referral Required	ID	HL70136	1	O	0..1	
7	Benefits	ST		15	O	0..1	
8	Blue Shield Plan Number	ST		25	C	0..1	
9	Primary/Secondary Indicator	IS	99H0075	1	O	0..1	

2. Insurance Plan Name

Definition: This field specifies the name of the insurance plan reported in the IN1 segment. The company name(for example, Blue Cross) is reported in IN1.4. This field reports the insurance plan name, for example, Blue Cross of Georgia.

3. Blue Shield Coverage Indicator

Definition: Indicates whether the insured hasBlue Shield coverage, if insurance is provided by Blue Cross. Values are: Y/N (yes or no). Refer to HL7 Table 0136 - Yes/No indicator for valid values.

4. Comment

Definition: Additional information about the payer.

5. Default Copay

Definition: Default copay at the insurance carrier/benefit package level.

6. Referral Required

Definition: Indicates at the insurance carrier/benefit package level if a referral is required. Yes/No indicator. Refer to HL7 Table 0136 - Yes/No indicator for valid values.

7. Benefits

Definition: Benefits offered by the insurance carrier/benefit package, for example, optical, dental, or x-ray.

8. Blue Shield Plan Number

Definition: The state code for Blue Shield that identifies payment for physician services. This code is specific to a state.

Condition Predicate:

The code is conditionally required, dependent on state availability for insurance provided by Blue Cross.

9. Primary/Secondary Indicator

Definition: This field is differentfrom the IN1-22-Coordination of benefits priority. The HL7 2.2 definition of this field states, "If the insurance works in conjunction with other insuranceplans, what is the priority sequence? Values are 1,2,3, for example." The PPM system allows aperson to have multiple insurance coverages active concurrently. The system allows the user to enter a Primary/Secondary indicator and a sequential insurance indicator for each coverage that a person has. The Primary/Secondary coverage is a high level overview that indicates which coverage is primary/secondaryfor a person. The sequential insurance indicator is used to indicate where the charges for the service(s) rendered will be filed against, and can be different at each business organization (clinic/facility). Example: Mary Smith has the following insurance coverages. When looking at Mary's high level demographic and insurance coverage information, the primary/secondary indicator will indicate the order: Insurance carrier Benefit(s) Prim/sec indicator HMO Office Visits Vision P - Primary BC/BS Mental Health S - Secondary AetnaReconstructive T - Tertiary Thesequential insurance indicator will vary by the business organizations (hospital, physician clinic) that provides service(s)to Mary. The sequential insurance indicator will be used to determine where the insurance should be filed. Business organization Insurance carrier Prim/secindicator Sequential indicatorHMO Clinic HMO P 1 BC/BS S 2 Aetna T 3 Business organization Insurance carrier Prim/sec indicator Sequential indicator Mental Health Clinic HMO P 2 BC/BS S 1 Aetna T 3 Business organization Insurance carrier Prim/sec indicator Sequential indicator Plastic Surgical Center HMOP 2 BC/BS S 3 Aetna T 1

ZIP - Additional insurance provider information segment

(Usage: Optional   *Cardinality:* 0..1 *)*

This Z-segment was created to communicate multiple primary care providers for a person for one insurance carrier and benefit package. Many health plans today assign multiple primary care providers to an individual. Examples: · All females between the age of 18 and 40 are allowed to have two primary care providers. One for Obstetrics and Gynecology and one Internal Medicine. · One person could have a primary care provider for the hospital, a different primary care provider for the physician clinic, and yet another for primary pharmacy. · A person can switch who their primary care provider is at any time. Therefore, one person could have multiple primary care providers at the physician clinic. Dr. Jones from June of 1997 through December of 1997, and Dr. Feye from January of 1998 on. This segment would be a repeating segment. There could be multiple ZIP segments per insurance company and plan ID.

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - ZIP	SI		4	R	1..1	
2	Set ID of corresponding IN1 segment	SI		4	O	0..1	
3	Primary Care Provider	XCN		376	R	1..1	
4	Provider Type	IS		1	R	1..1	
5	Provider Effective Date	DT		8	O	0..1	
6	Provider Expiration Date	DT		8	O	0..1	

1. Set ID - ZIP

Definition:Contains the number that identifies this transaction. For the first occurrence the sequence number shall be 1, for the second occurrence it shall be 2, etc.

2. Set ID of corresponding IN1 segment

Definition: This field is the set id of the corresponding IN1 segment.

3. Primary Care Provider

Definition: This is the patient's primary care provider forthe provider type identified in the next field.

4. Provider Type

Definition: This field identifies the environment in which the provider is the primary care provider. Value Description 1 Hospital 2 Physician Clinic3 Pharmacy

5. Provider Effective Date

Definition: This field contains the date that the physician becomes the primary care provider for thepatient.

6. Provider Expiration Date

Definition: This field indicates the lastdate that the physician is theprimary care provider for the patient.