PHIN MESSAGING GUIDE FOR SYNDROMIC SURVEILLANCE: EMERGENCY DEPARTMENT, URGENT CARE AND INPATIENT SETTINGS

ADT MESSAGES A01, A03, A04, and A08

HL7 Version 2.5.1
(Version 2.3.1 Compatible)

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</thead>
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A revision history may be found at the end of this Guide.

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ORGANIZATION OF THIS GUIDE

Chapter 1 - Introduction
This chapter describes the scope of this Guide and gives supporting background.

Chapter 2 - Actors, Goals and Messaging Transactions
Chapter 2 describes the business motivations that this Guide will support. This Guide also describes the entities (actors) that rely on the messages. In addition, it defines the transactions that will support the goals of these actors (use cases). Finally, it describes the broader context within which this messaging occurs. There are supporting business processes outside of the actual messaging that are keys to success.

Chapter 3 - Messaging infrastructure
Chapter 3 focuses on the underlying rules and concepts that are the basis for HL7 messaging. It illustrates the components of messages and the grammatical rules for specifying the components and subcomponents.

Chapter 4 – Data Type Definitions
This chapter describes and specifies all data types anticipated for use by the messages supported by this Guide. Where there are subcomponents to a data type, it will specify any rules related to their use. The value sets used in messages are specified in Appendix A. Data types are the building block for fields, described in Chapter 5.

Chapter 5 - Message Segments by Trigger Event
Chapter 5 gives specifications for message segments. Segments are units of the message that carry specific types of information. For instance, PID carries patient identifying information. The segments included in this chapter are those that are needed by the messages specified in Chapter 6.

Appendix A: Code Tables
This appendix lists expected value sets for all coded data elements used in this Guide.

Appendix B: Syndromic Surveillance Message Examples
This appendix shows detailed examples of the messages specified in the body of this Guide.
Appendix C: Future Data Elements of Interest

This appendix presents data elements that are considered for the future iterations of the syndromic surveillance guide.

Appendix D: Translation of Data Elements between HL7 2.5.1 and 2.3.1

This appendix documents the differences when using HL7 2.3.1 instead of HL7 2.5.1.

Appendix E: Revision History

This appendix documents the revision history of PHIN MESSAGING GUIDE FOR SYNDROMIC SURVEILLANCE: EMERGENCY DEPARTMENT, URGENT CARE AND INPATIENT SETTINGS ADT MESSAGES A01, A03, A04, and A08 HL7 Version 2.5.1(Version 2.3.1 Compatible).
CHAPTER 1 - INTRODUCTION

Syndromic surveillance is a process that regularly and systematically uses health and health-related data in near "real-time" to make information available on the health of a community. This information includes statistics on disease trends and community health seeking behaviors that support essential public health surveillance functions in governmental public health authorities (PHAs). Syndromic surveillance is particularly useful to local, state, and federal PHAs for supporting public health situational awareness, emergency response management, and outbreak recognition and characterization. Patient encounter data from healthcare settings are a critical input for syndromic surveillance. Clinical data are provided by hospitals and urgent care centers to PHAs for all patient encounters (not a subset), and used by PHAs under authorities granted to them by applicable local and state laws.

For the purposes of this Messaging Guide, emergency department and urgent care services are defined using the following definition from the Centers for Medicare and Medicaid Services (CMS):

Emergency services are defined as being services furnished to an individual who has an emergency medical condition as defined in 42 CFR 424.101. The CMS has adopted the definition of emergency medical condition in that section of the Code of Federal Regulations (CFR). However, it seemed clear that Congress intended that the term "emergency or urgent care services" not be limited to emergency services since they also included "urgent care services." Urgent Care Services are defined in 42 CFR 405.400 as services furnished within 12 hours in order to avoid the likely onset of an emergency medical condition. For example, if a beneficiary has an ear infection with significant pain, CMS would view that as requiring treatment to avoid the adverse consequences of continued pain and perforation of the eardrum. The patient’s condition would not meet the definition of emergency medical condition because immediate care is not needed to avoid placing the health of the individual in serious jeopardy or to avoid serious impairment or dysfunction. However, although it does not meet the definition of emergency care, the beneficiary needs care within a relatively short period of time (which CMS defines as 12 hours) to avoid adverse consequences, and the beneficiary may not be able to find another physician or practitioner to provide treatment within 12 hours.

The Centers for Disease Control and Prevention (CDC)'s Public Health Information Network (PHIN) is a national initiative to increase the capacity of public health agencies to electronically exchange data and information across organizations and jurisdictions.

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Health Level Seven (HL7) is a nationally recognized standard for electronic data exchange between systems housing health care data. The HL7 standard is a key factor that supports this two-way exchange of information because it defines a syntax or grammar for formulating the messages that carry this information. It further describes a standard vocabulary that is used in these messages. HL7 also does not depend on specific software, that is, it is platform independent.

This document represents the collaborative effort of the International Society for Disease Surveillance (ISDS), the Centers for Disease Control and Prevention (CDC), and National Institute of Standards and Technology (NIST) to specify a national electronic messaging standard that enables disparate healthcare applications to submit or transmit administrative and clinical data for public health surveillance and response. Recommendations made by expert committees convened by ISDS and CDC serve as the basis for this guide.

This Guide provides:

1. An HL7 messaging and content reference standard for national, syndromic surveillance electronic health record technology certification
2. A basis for local and state syndromic surveillance messaging implementation guides
3. A resource for planning for the increasing use of electronic health record technology and for providing details on health data elements that may become a part of future public health syndromic surveillance messaging requirements

This Guide provides elements of interest and business rules for laboratory results processing for syndromic surveillance but does not include the segment profiles. It is expected that a version 2.0 will be published that will reference conformance profile for electronic laboratory reporting for syndromic surveillance based on the S&I Framework Laboratory Results Interface (LRI) Implementation Guide.

This implementation guide replaces or supersedes all previous guide releases and related documentation. Specifically, this guide supersedes:

- PHIN Messaging Guide for Syndromic Surveillance: Emergency Department and

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This Guide is based on HL7 Version 2.5.1, as published by the HL7 organization (www.hl7.org). Backwards compatibility considerations to HL7 Version 2.3.1 are provided in Appendix D.

INTENDED AUDIENCE

This Guide has three audiences. The first is managers of healthcare and public health information systems that must understand this process at a high level. The second is technical personnel who develop or work with the information systems that extract, transport, load and transform electronic health record (EHR) data for syndromic surveillance. Finally, the third is national health information technology policy makers who develop and implement EHR technology certification rules and procedures to promote gains in systems interoperability and capability.

SCOPE

This Guide is intended to facilitate the exchange of patient clinical encounter records for syndromic surveillance purposes between different systems. This includes:

- Sending for all patient encounters
- Treatment facility information
- Limited personal identifiable information,
- Demographic information about patients,
- Visit information,
- Diagnostic and pre-diagnostic information,
- Vital measurement information, and
- Risk factor and other information,
- Acknowledging message receipt

The Guide is not intended to specify other issues such as:

- Establishing and maintaining a health data relationship among healthcare providers and PHAs
- Legal and governance issues regarding data access authorizations, data ownership and data use
- Business rules, which are not implicit in HL7, applied when creating a message (including data extraction from source systems);
- A standard transport layer;
- Business rules, which are not implicit in HL7, applied when processing a received message (including translation, normalization, and preparing data for statistical analyses); and
- Data quality monitoring and control.

Local implementers are responsible for the important issues described above. One way
to insure success is to publish a local profile or implementation guide that outlines the local business rules and processes. These guides may further constrain this Guide, but may not contradict it. This Guide does identify some of the key issues that should be addressed in local profiles.

ASSUMPTIONS

This Guide makes the following assumptions:

- Infrastructure is in place to allow accurate and secure information exchange between sending and receiving systems;
- Privacy and security has been implemented at an appropriate level; and
- External business rules are documented locally

An ability to join multiple records for the same patient visit with limited personal identifiable information, as well as to securely look up additional information about the patient, is crucial for syndromic surveillance practice. This requires that data senders provide de-identified record identifier with each and every visit record, in addition to maintaining well-defined data integration and public health investigation processes. Guidance for these and other core syndromic surveillance processes are available from ISDS in Core Processes and EHR Requirements for Public Health Syndromic Surveillance. Visit www.syndromic.org for more information.

ORGANIZATION AND FLOW

The first two chapters define what can be done and why. The chapters that follow describe and specify how. They start at the most granular level and proceed to the message level. Several appendices support implementers with value sets and examples of use.
CHAPTER 2 - ACTORS, GOALS AND MESSAGING TRANSACTIONS

Use Case Model

The use case model is based on business process documentation and core requirements for public health syndromic surveillance using emergency department (ED), urgent care (UC) and inpatient electronic health record data.

<table>
<thead>
<tr>
<th>Item</th>
<th>Detail</th>
</tr>
</thead>
</table>
| Description                       | The Public Health Syndemic Surveillance Use Case focuses on the transmission of electronic health data from healthcare providers (senders) and the reception of that data by a public health authorities (PHAs) (receiver). Health data transmitted are captured in a health information system during a patient’s visit to a healthcare facility.  
  Senders of data include, but are not limited to hospitals, emergency departments, urgent care centers, clinician networks, hospital corporations, corporate third party operators of information brokers, regional data centers for hospitals, health information exchanges (HIEs), and regional health information organizations (RHIOs).  
  Receivers may be state, regional and/or local public health authorities, or a designated third party. A PHA is broadly defined as including agencies or authorities of the United States, states, territories, political subdivisions of states or territories, American Indian tribes, or an individual or entity acting under a grant of authority from such agencies and responsible for public health matters as part of an official mandate.  
  The goal of the use case is to provide secure, reliable delivery of syndemic surveillance data to PHAs. A variety of transport methods may be used. If PHIN MS is used for transport, then use of the HL7 Acknowledgements may be unnecessary, although PHIN MS does not ensure that the payload conforms to HL7 formatting rules, it does provide safe and reliable transport. If another transport mechanism is chosen, consideration should be given for acknowledgement of messages, whether single or batch, and/or possible acknowledgement of payload prior to processing or consumption. |
| Actors                            | Patient - A person with symptoms of a health problem that seeks treatment 
  Senders of syndromic surveillance data include, but are not limited to: Hospitals, emergency departments, urgent care centers, and regional data centers for hospitals.  
  The syndromic surveillance receiver perspective is from the PHA’s point of view. Data transmission to a federal authority is not explicitly addressed. Data transmission between local and state jurisdictions is also out of scope. |
| Assumptions and Limitations       | The following assumptions are preconditions for the use of this profile:  
  1. Syndromic surveillance data senders are responsible for providing data that are syntactically and semantically consistent with the syndromatic |
# TABLE 2-1: USE CASE: ELECTRONIC EMERGENCY DEPARTMENT, URGENT CARE AND INPATIENT HEALTH RECORD SYNDROMIC DATA TO PUBLIC HEALTH

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DETAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>surveillance data receiver’s requirements.</td>
</tr>
<tr>
<td></td>
<td>2. Prior to sending syndromic data, the data sender and receiver have completed all the necessary legal and administrative work for syndromic surveillance data exchange. The scope of data exchange is limited to hospital (ED and inpatient) and urgent care (UC) patient visits information captured by electronic medical record systems and sent to a PHA.</td>
</tr>
</tbody>
</table>

**Business Rules**

For emergency department (ED), urgent care (UC), and inpatient settings (Inpatient):

- Data must be timely for syndromic surveillance. Therefore, data transmission frequency should be at least once every 24 hours...
- Batch processing may optionally be used as shown in figures 2.1.3 and 2.1.5 and table 2-3. The statements below are conformance requirements for the application as a whole during the sending of multiple messages.
  a. **Conformance Statement SS-001**: ALL messages constrained by this guide that are produced as a result of a single patient encounter for the purpose of syndromic surveillance, SHALL have the same value for PV1-19.1 (Visit ID).
  b. **Conformance Statement SS-002**: Messages constrained by this guide that are produced as a result of different patient encounters for the purpose of syndromic surveillance, SHALL NOT have the same value for PV1-19.1 (Visit ID).

For ED and UC settings only:

- When data elements are updated in the sender’s system, the entire record (i.e., all specified elements) shall be resent. Message receivers will use unique identifiers to match and reconcile records.
- Provide syndromic surveillance data for all face-to-face clinical encounters
- Provide with each syndromic surveillance record, de-identified data that can be securely used to lookup additional information about a patient visit of public health concern

For inpatient setting only:

- At minimum, syndromic surveillance inpatient data providers should:
  - Provide syndromic surveillance data for all new hospital inpatient admissions (a.k.a., syndromic surveillance admission records)
  - Provide syndromic surveillance data at least once for all hospital discharges (a.k.a., syndromic surveillance post-discharge records)
  - Provide with each syndromic surveillance admission and post-discharge record de-identified data that can be used to join records for the same visit, and securely used to lookup additional information about a patient visit of public health concern.

If and only if senders are providing syndromic surveillance laboratory results data to PHA, the following business rules apply

- In all cases, the dynamic interaction model for laboratory reporting is the same as that for ADT messages. In particular, lab reports may be sent in an
acknowledged or unacknowledged mode.

- Lab reports are always to be sent without regards to synchronization with any other messages including ADT messages. While it is acceptable to send laboratory messages either synchronously with or in the same message, batch, or file as their corresponding ADT messages, and data receiver systems must be able to correctly process all of these variations, there is no requirement or even suggestion that this be done.

- **Conformance Statement SS-003:** Laboratory results should be sent as soon as they're available with a minimum delay. They shall be sent within a maximum 24 hours of receipt by the data center. There is no need to delay either ADT or laboratory messages, and this should not be done.

- It is understood that laboratory data may well originate from different systems or even different facilities than the corresponding ADT data. However, as listed in the specification, it is essential that matching PID segments or, at a minimum, patient identifier fields, be sent. This may require additional logic on the data sender end. Note that, as with ADT segments, patient names should generally not be sent.

The Send Syndromic Surveillance Data Use Case Model has two primary participating actors, the Syndromic Data Sender and the Syndromic Data Receiver. The patient actor triggers the sending of the data initially from the original provider. See figure 2.1.1 below.

![Figure 2.1.1 – Send Syndromic Surveillance Data Use Case Model](image)

**MESSAGE ACKNOWLEDGEMENTS**

HL7 messages that are sent from a healthcare setting to Public Health may be acknowledged. The Acknowledgement type will be solely HL7 Original Mode – no Enhanced Mode Acknowledgements are supported. This means that the receiver at the public health department must assume responsibility for the syndromic surveillance message before it sends the Acknowledgement message, i.e., it must commit the message to persistent storage and intend to process the message. The only conditions
that are evaluated for the positive acknowledgement or a possible error rejection are the:

- Message Type contained in MSH-9 is one that can be processed
- Processing ID contained in MSH-11 is appropriate for the communications and can be processed
- Version ID contained in MSH-12 is 2.5.1 and can be processed.

Other types of possible errors in the message, especially in content, must result in downstream action after the acknowledgement message has been sent.

**Note:** Although the Original Model Acknowledgement is simplest and least costly to implement, it does not generally support syntactic validation of messages. Messages that are accepted with an Acknowledgement message may thus still be missing fields that are required. To do this more detailed level of Acknowledgement usually requires Enhanced Mode Accept Acknowledgement.

**DYNAMIC INTERACTION MODELS**

**Send Syndromic Surveillance Data with Acknowledgement**

![Activity Diagram](image)

**Figure 2.1.2 Activity Diagram for Send Syndromic Surveillance Data Use Case - Acknowledgement Required**

The Send Syndromic Surveillance Data With Acknowledgement activity diagram model consists of Syndromic Surveillance Data Sender transmitting data to the Syndromic
Send Syndromic Surveillance Data Without Acknowledgement

The Send Syndromic Surveillance Data Without Acknowledgement activity diagram model consists of Syndromic Surveillance Data Sender transmitting data to the Syndromic Surveillance Data Receiver. An acknowledgement is not sent by the Syndromic Surveillance Data Receiver.

Send Syndromic Surveillance Data - Batch

The Send Syndromic Surveillance Data Batch activity diagram model consists of Syndromic Surveillance Data Sender transmitting a batch to the Syndromic Surveillance Data Receiver. An acknowledgement is not sent by the Syndromic Surveillance Data Receiver.
**Send Syndromic Surveillance Laboratory Results with Acknowledgement**

The Send Syndromic Surveillance Laboratory Results With Acknowledgement activity diagram model consists of Syndromic Surveillance Data Sender transmitting laboratory results to the Syndromic Surveillance Data Receiver. An acknowledgement is sent by the Syndromic Surveillance Data Receiver.

**Send Syndromic Surveillance Laboratory Results without Acknowledgement**

The Send Syndromic Surveillance Laboratory Results Without Acknowledgement activity diagram model consists of Syndromic Surveillance Data Sender transmitting laboratory results to the Syndromic Surveillance Data Receiver. An acknowledgement is not sent by the Syndromic Surveillance Data Receiver.
INTERACTIONS

Some additional ADT trigger events not noted in this section may occur within the normal workflow of an EHR. The below ADT trigger events represent the primary message types for PHAs related to syndromic surveillance.

<table>
<thead>
<tr>
<th>EVENT</th>
<th>MESSAGE TYPE</th>
<th>RECEIVER ACTION</th>
<th>SENDER</th>
<th>DATA VALUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient visits provider/facility</td>
<td>ADT^A01^ADT_A01</td>
<td>Accept, Reject, Error</td>
<td>SS Data Sender</td>
<td>MSH-9 = &quot;ADT^A01^ADT_A01&quot;</td>
</tr>
<tr>
<td>Patient is admitted to provider facility</td>
<td>ADT^A01^ADT_A01</td>
<td>Accept, Reject, Error</td>
<td>SS Data Sender</td>
<td>MSH-9 = &quot;ADT^A01^ADT_A01&quot;</td>
</tr>
<tr>
<td>Provider ends patient’s visit</td>
<td>ADT^A03^ADT_A03</td>
<td>Accept, Reject, Error</td>
<td>SS Data Sender</td>
<td>MSH-9 = &quot;ADT^A03^ADT_A03&quot;</td>
</tr>
<tr>
<td>Patient is discharged from facility</td>
<td>ADT^A03^ADT_A03</td>
<td>Accept, Reject, Error</td>
<td>SS Data Sender</td>
<td>MSH-9 = &quot;ADT^A03^ADT_A03&quot;</td>
</tr>
<tr>
<td>Patient registers at provider facility</td>
<td>ADT^A04^ADT_A01</td>
<td>Accept, Reject, Error</td>
<td>SS Data Sender</td>
<td>MSH-9 = &quot;ADT^A04^ADT_A01&quot;</td>
</tr>
<tr>
<td>Patient record is updated</td>
<td>ADT^A08^ADT_A01</td>
<td>Accept, Reject, Error</td>
<td>SS Data Sender</td>
<td>MSH-9 = &quot;ADT^A08^ADT_A01&quot;</td>
</tr>
<tr>
<td>Lab results are received</td>
<td>ORU^R01^ORU_R01</td>
<td>Accept, Reject, Error</td>
<td>SS Data Sender</td>
<td>MSH-9 = &quot;ORU^R01^ORU_R01&quot; ORC-1 = &quot;RE&quot;</td>
</tr>
<tr>
<td>Accept message</td>
<td>ACK message related to type of message sent</td>
<td>None</td>
<td>SS Data Receiver</td>
<td>MSA-1 = ‘AA’</td>
</tr>
<tr>
<td>Reject message</td>
<td>ACK message related to type of message sent</td>
<td>None</td>
<td>SS Data Receiver</td>
<td>MSA-1 = ‘AR’</td>
</tr>
<tr>
<td>Error Message</td>
<td>ACK message related to type of message sent</td>
<td>None</td>
<td>SS Data Receiver</td>
<td>MSA-1 = ‘AE’</td>
</tr>
<tr>
<td>Event</td>
<td>Message Type</td>
<td>Receiver Action</td>
<td>Sender</td>
<td>Data Values</td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------------</td>
<td>-----------------</td>
<td>--------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Patient visits provider/facility</td>
<td>ADT^A01^ADT_A01</td>
<td>None</td>
<td>SS Data Sender</td>
<td>MSH-9 = “ADT^A01^ADT_A01”</td>
</tr>
<tr>
<td>Patient is admitted to provider facility</td>
<td>ADT^A01^ADT_A01</td>
<td>None</td>
<td>SS Data Sender</td>
<td>MSH-9 = “ADT^A01^ADT_A01”</td>
</tr>
<tr>
<td>Provider ends patient’s visit</td>
<td>ADT^A03^ADT_A03</td>
<td>None</td>
<td>SS Data Sender</td>
<td>MSH-9 = “ADT^A03^ADT_A03”</td>
</tr>
<tr>
<td>Patient is discharged from facility</td>
<td>ADT^A03^ADT_A03</td>
<td>None</td>
<td>SS Data Sender</td>
<td>MSH-9 = “ADT^A03^ADT_A03”</td>
</tr>
<tr>
<td>Patient registers at provider facility</td>
<td>ADT^A04^ADT_A01</td>
<td>None</td>
<td>SS Data Sender</td>
<td>MSH-9 = “ADT^A04^ADT_A01”</td>
</tr>
<tr>
<td>Patient record is updated</td>
<td>ADT^A08^ADT_A01</td>
<td>None</td>
<td>SS Data Sender</td>
<td>MSH-9 = “ADT^A08^ADT_A01”</td>
</tr>
<tr>
<td>Labs results are received for patient</td>
<td>ORU^R01^ORU_R01</td>
<td>Accept, Reject, Error</td>
<td>SS Data Sender</td>
<td>MSH-9 = “ORU^R01^ORU_R01” ORC-1 = “RE”</td>
</tr>
</tbody>
</table>
### DATA ELEMENTS OF INTEREST

Table 2-5 contains the data elements of interest commonly used for public health syndromic surveillance.

<table>
<thead>
<tr>
<th>COLUMN NAME</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Element Name</td>
<td>Name of the core data set element as provided by ISDS</td>
</tr>
<tr>
<td>Description of Field</td>
<td>Description of the data element</td>
</tr>
<tr>
<td>Usage</td>
<td>Refers to whether an element must appear in the message. The Usage codes are:</td>
</tr>
<tr>
<td></td>
<td>• R – Required Indicates that the field is a required field. A value must be present in the field in order for the message to be accepted.</td>
</tr>
<tr>
<td></td>
<td>• RE – Required, but can be empty: Indicates that the field is a required field. However, if there is no data captured in the field due to the setting (e.g. no chief complaint data for a trauma patient) and the field is blank, the message may be sent with the field containing no data.</td>
</tr>
<tr>
<td></td>
<td>• O – Optional: Optional for data to be sent in a message. Local jurisdictions must further constrain these elements for implementation.</td>
</tr>
<tr>
<td>Cardinality</td>
<td>Minimum and maximum number of times the element may appear</td>
</tr>
<tr>
<td>Value Set OID / Name</td>
<td>Value Set OID and Name of value set containing the values that define the data element. These may be used to populate the tables from which coded message fields are drawn</td>
</tr>
<tr>
<td>Implementation Notes</td>
<td>Describes additional notes that are relevant to the rules and/or processing of the data element field.</td>
</tr>
<tr>
<td></td>
<td><strong>NOTE:</strong> If it is not otherwise explicitly stated, data element usage applies to both INPATIENT and ED/UC settings.</td>
</tr>
<tr>
<td>Recommended HL7 Location</td>
<td>Recommended location of Data Element for HL7 message population</td>
</tr>
<tr>
<td>Data Element Name</td>
<td>Description of Field</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Facility Identifier (Treating)</td>
<td>Unique facility identifier of facility where the patient is treated (original provider of the data)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Element Name</td>
<td>Description of Field</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Facility Name (Treating)</td>
<td>Name of the treating facility where the patient is treated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Value Set /Value Domain</th>
<th>Implementation Notes</th>
<th>Recommended HL7 Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Street Address (Treating)</td>
<td>Street address of treating facility location</td>
<td>RE</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
<td>If this data element is captured and maintained as part of the facility registration process, it may not be sent with every message. See ISDS recommendations, section 4.2, on Facility Registration.</td>
<td>OBX Segment (XAD Data Type) with PHINQUESTION Code (SS002) Observation Identifier</td>
</tr>
<tr>
<td>Facility City (Treating)</td>
<td>City of treating facility location</td>
<td>RE</td>
<td>O</td>
<td>[0..1]</td>
<td>The ISDS recommendations recommend free text City/Town designations.</td>
<td>If this data element is captured and maintained as part of the facility registration process, it may not be sent with every message. See ISDS recommendations, section 4.2, on Facility Registration.</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
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<th>Implementation Notes</th>
<th>Recommended HL7 Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility ZIP Code (Treating)</td>
<td>ZIP Code of treating facility location</td>
<td>RE</td>
<td>O</td>
<td>[0..1]</td>
<td>USPS</td>
<td>If this data element is captured and maintained as part of the facility registration process, it may not be sent with every message. See ISDS recommendations, section 4.2, on Facility Registration.¹</td>
<td>Example OBX segment: OBX</td>
</tr>
<tr>
<td>Facility County (Treating)</td>
<td>County of treating facility location</td>
<td>RE</td>
<td>O</td>
<td>[0..1]</td>
<td>The ISDS recommendations allow free text County designations.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
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<th>Value Set /Value Domain</th>
<th>Implementation Notes</th>
<th>Recommended HL7 Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility State (Treating)</td>
<td>State of treating facility location</td>
<td>RE</td>
<td>O</td>
<td>[0..1]</td>
<td>2.16.840.1.114222.4.11.830</td>
<td>If this data element is captured and maintained as part of the facility registration process, it may not be sent with every message. See ISDS recommendations, section 4.2, on Facility Registration.⁶</td>
<td></td>
</tr>
<tr>
<td>Message Date/Time</td>
<td>Date and time that the report is created / generated from original source (from treating facility)</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td></td>
<td>EVN-2Example Report Date/Time: 1:01:59 AM EST on July 4, 2011[20110704010159-0500]</td>
<td></td>
</tr>
</tbody>
</table>

### TABLE 2-5: DATA ELEMENTS OF INTEREST

<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Value Set /Value Domain</th>
<th>Implementation Notes</th>
<th>Recommended HL7 Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique Patient / Visit Identifier</td>
<td>Unique identifier for the patient or visit</td>
<td>R</td>
<td>R</td>
<td>[1..*]</td>
<td>2.16.840.1.114222.4.11.3597</td>
<td>Unique Patient Identifiers related to individual identifiers found in the Value set/Value Set Domain column. A visit is defined as a discrete or unique clinical encounter within a service department or location. <strong>Note:</strong> Every UC and ED visit will generate a record. Every inpatient admission and inpatient discharge will also generate a record.</td>
<td>PID-3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PHVS_IdentifierType_SyndromicSurveillance</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td>Unique Patient Identifiers related to individual identifiers found in the Value set/Value Set Domain column. A visit is defined as a discrete or unique clinical encounter within a service department or location. <strong>Note:</strong> Every UC and ED visit will generate a record. Every inpatient admission and inpatient discharge will also generate a record.</td>
<td></td>
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<tr>
<td></td>
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<td>Example PID-3 Fields:</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Internal Identifier (PI)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[95101100001^^^^PI]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>External Identifier (PT)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[E95101100001^^^^PT]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>PV1-19</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>The Unique Visiting ID occurs in the 1st component of the CX data type. The 5th component, the Identifier Type Code, defines the identifier as the Visit Number (VN).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>Example PV1-19 Field:</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>[VN101100001^^^^VN]</td>
<td></td>
</tr>
<tr>
<td>Data Element Name</td>
<td>Description of Field</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Value Set /Value Domain</td>
<td>Implementation Notes</td>
<td>Recommended HL7 Location</td>
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</tr>
<tr>
<td>Age</td>
<td>Numeric value of patient age at time of visit</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>For OBX-3, please use: 2.16.840.1.114222.4.11 .3589 PHVS_ObservationIdentifier_SyndromicSurveillance 21612-7 Age – Reported (LOINC)</td>
<td>This element is represented by the LOINC code: 21612-7 in the OBX observation identifier. The actual data value occurs in the 5th field of the same OBX segment and is Numeric as defined by the OBX Data Type NM. Data providers and receivers should determine specific data restrictions for their jurisdiction. Age units correspond to numeric value of patient age (e.g. Days, Month or Years) is populated in OBX-6</td>
<td>OBX Segment (NM Data Type, 1st Component, 5th field) with LOINC Code (21612-7) Observation Identifier Example OBX Segment: OBX</td>
</tr>
<tr>
<td>Data Element Name</td>
<td>Description of Field</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
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</tr>
<tr>
<td>Age Units</td>
<td>Unit corresponding to numeric value of patient age</td>
<td>CE</td>
<td>CE</td>
<td>[1..1]</td>
<td>For OBX-6 Please use: 2.16.840.1.114222.4.11.3402 PHVS_AgeUnit_SyndemicSurveillance</td>
<td>Condition Predicate: If OBX-3.1 = 21612-7 than OBX-6 must be valued. Relevant Age Unit values are defined in value set. Unknown has been added to the value set to allow for instances where the patient age may not be obtainable. OBX-6 Age units correspond to numeric value of patient age (e.g. Days, Month or Years) used in OBX-5</td>
<td>OBX Segment (CE Data Type, 6th field) Example OBX Segment: OBX</td>
</tr>
<tr>
<td>Gender</td>
<td>Stated gender of patient</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>2.16.840.1.114222.4.11.3403 PHVS_Gender_SyndemicSurveillance</td>
<td>Relevant Gender values are defined in value set.</td>
<td>PID-8</td>
</tr>
<tr>
<td>Race</td>
<td>Race of patient</td>
<td>RE</td>
<td>RE</td>
<td>[0..*]</td>
<td>2.16.840.1.114222.4.11.836 PHVS_RaceCategory_CDC</td>
<td>Relevant Race Category values are defined in value set.</td>
<td>PID-10</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Ethnicity of patient</td>
<td>RE</td>
<td>RE</td>
<td>[0..*]</td>
<td>2.16.840.1.114222.4.11.837 PHVS_EthnicityGroup_CDC</td>
<td>Relevant Ethnicity values are defined in value set.</td>
<td>PID-22</td>
</tr>
<tr>
<td>Data Element Name</td>
<td>Description of Field</td>
<td>Sender Usage</td>
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<td>----------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Patient City/Town</td>
<td>City or town of patient residence</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
<td>The ISDS recommendations allow free text City/Town designations.</td>
<td>PID-11.3</td>
</tr>
<tr>
<td>Patient ZIP Code</td>
<td>ZIP Code of patient residence</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
<td>Provide a minimum of 5 digits for domestic ZIP codes. Foreign postal codes should be supported.</td>
<td>PID-11.5</td>
</tr>
<tr>
<td>Patient County</td>
<td>County of patient residence</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>2.16.840.1.114222.4.11 .829&lt;br&gt;PHVS_County_FIPS_6-4</td>
<td>Patient’s residence County</td>
<td>PID-11.9</td>
</tr>
<tr>
<td>Patient State</td>
<td>State of patient residence</td>
<td>RE</td>
<td>O</td>
<td>[0..1]</td>
<td>2.16.840.1.114222.4.11 .830&lt;br&gt;PHVS_State_FIPS_5-2</td>
<td>It is recommended that the 2-digit (numeric) abbreviation be used for State of the patient domestic home address.</td>
<td>PID-11.4</td>
</tr>
<tr>
<td>Patient Country</td>
<td>Country of patient residence</td>
<td>RE</td>
<td>O</td>
<td>[0..1]</td>
<td>2.16.840.1.114222.4.11 .828&lt;br&gt;PHVS_Country_ISO_3_166-1</td>
<td>It is recommended that the 3-character country codes be used for Country of the patient home address.</td>
<td>PID-11.6</td>
</tr>
<tr>
<td>Chief Complaint / Reason for</td>
<td>Short description of the patient’s self-reported</td>
<td>RE</td>
<td>RE</td>
<td>[0..*]</td>
<td>2.16.840.1.114222.4.11 .3589</td>
<td>Chief Complaint, as a concept, is clinically supposed to represent the patient’s reason for the&lt;br&gt;Conformance Statement SS-005: If patient’s chief complaint is captured as an unstructured, free-text note, then chief complaint...</td>
<td>Conformance Statement SS-005:</td>
</tr>
<tr>
<td>Data Element Name</td>
<td>Description of Field</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
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</tr>
</tbody>
</table>
| Visit            | chief complaint or reason for visit |              |                |             | PHVS_ObservationIdentifier_SyndromicSurveillance | visit—in their own words This element is represented by the LOINC code: 8661-1 in the OBX observation identifier. The actual data value occurs in the 5th field of the same OBX (OBX-5) segment and is Coded with Exception as defined by the OBX Data Type CWE. Using the CWE allows for the possibility of free text, while also allowing for the coded values listed. If data flows through an intermediary or third party, the intermediary must keep the original text (OBX-5: CWE:9) of the transmission. | OBX Segment (CWE Data Type, 5th field) with LOINC Code (8661-1) Observation Identifier
Conformance Statement SS-006: If patient’s chief complaint is captured from a Coding System, then chief complaint SHALL be valued in OBX-5, CWE:1, CWE:2, CWE:3.
PHVS_AdministrativeDiagnosis_CDC_ICD-9CM
or
PHVS_CauseOfDeath_ICD-10_CDC
or
PHVS_Disease_CDC (SNOMED Based Value set)
For further guidance refer to the column – ‘Recommended HL7’ complaint SHALL be valued in OBX-5, CWE:9. |
<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
<th>Sender Usage</th>
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<th>Recommended HL7 Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location’</td>
<td>Conformance Statement SS-004: The implementation SHALL support all 3 value sets.</td>
<td>both</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>REPORTED^LN</td>
</tr>
<tr>
<td>Conformance Statement SS-007: If patient’s chief complaint is captured as a structured field (e.g., drop-down menu), then chief complaint SHALL be valued in OBX-5, CWE:2.</td>
<td>OBX</td>
<td>3</td>
<td>CWE</td>
<td>8661-1^CHIEF COMPLAINT – REPORTED^LN</td>
<td></td>
<td>^Dizziness and giddiness</td>
<td></td>
</tr>
<tr>
<td>Conformance Statement SS-008: The implementation SHALL support a minimum of 70 characters for unstructured, free-text patient’s chief complaint.</td>
<td>OBX</td>
<td>3</td>
<td>CWE</td>
<td>8661-1^CHIEF COMPLAINT – REPORTED^LN</td>
<td></td>
<td>^Dizziness and giddiness</td>
<td></td>
</tr>
<tr>
<td>Data Element Name</td>
<td>Description of Field</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Value Set / Value Domain</td>
<td>Implementation Notes</td>
<td>Recommended HL7 Location</td>
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</tr>
<tr>
<td>Admit Reason</td>
<td>Short description of the provider’s reason for admitting the patient</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>Free Text Or PHVS_AdministrativeDiagnosis_CDC_ICD-9CM Or PHVS_AdministrativeDiagnosis_ICD-10CM Or PHVS_Disease_CDC</td>
<td>INPATIENT DATA ELEMENT OF INTEREST ONLY</td>
<td>PV2-3 Free Text Statements are documented in PV2-3.2 Text</td>
</tr>
<tr>
<td>Admit or Encounter Date / Time</td>
<td>Date and Time of encounter or admission</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>HL7 Date/Time Format: YYYYMMDDHHMM[SS[S[S[S[S]]]] [+-ZZZZ]</td>
<td>PV1-44 Conformance Statement SS-010: PV1-44 (Admit Date/Time) SHALL be expressed with a minimum precision of the nearest minute and be represented in the following format: ‘YYYYMMDDHHMM[SS[S[S[S[S]]]] [+-ZZZZ]’ Example Admit or Encounter Date/Time: 2:06:59 PM EST on April 1, 2011</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 2-5: DATA ELEMENTS OF INTEREST

<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Patient Class</td>
<td>Patient classification within facility</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>2.16.840.1.114222.4.11 .3404 PHVS_PatientClass_SyndromicSurveillance</td>
<td>Relevant Patient Class values are defined in value set.</td>
<td>PV1-2</td>
</tr>
<tr>
<td>Hospital Unit</td>
<td>Hospital unit where patient is at the time the message is sent (admission and discharge)</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>For OBX-3 Please use: 2.16.840.1.114222.4.11 .3589 PHVS_ObservationIdentifier_SyndromicSurveillance 56816-2 Patient location (LOINC) For OBX-5 Please use: 2.16.840.1.113883.13.19 NHSNHealthcareServiceLocationCode</td>
<td>INPATIENT DATA ELEMENT OF INTEREST ONLY</td>
<td>OBX Segment (CWE Data Type, 5th field) with (56816-2) Observation Identifier Example OBX Segment OBX[3</td>
</tr>
<tr>
<td>Data Element Name</td>
<td>Description of Field</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
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<td>--------------------------</td>
</tr>
<tr>
<td>Unique Physician Identifier</td>
<td>Unique identifier for the physician providing care</td>
<td>O</td>
<td>O</td>
<td>[0..*]</td>
<td>Recommendation of the use of the National Provider Identifier Standard provided by Centers for Medicare and Medicaid Services. For more information about NPI, search for, or to apply for a NPI, <a href="http://example.com">click here</a>. If NPI is not available, use a different unique identifier, such as OID or a State-designated identifier.</td>
<td>ED/UC DATA ELEMENT OF INTEREST ONLY</td>
<td>PV1-7</td>
</tr>
<tr>
<td>Diagnosis Type</td>
<td>Qualifier for Diagnosis / Injury Code specifying type of diagnosis</td>
<td>RE</td>
<td>RE</td>
<td>[0..*]</td>
<td>2.16.840.1.114222.4.11.827</td>
<td>It is critical to be able to distinguish among the diagnosis types when the syndromic system is receiving messages in real-time.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Note: Include ICD-9-CM V-codes and E-codes. When the primary diagnosis code is an injury, also provide one or more supplemental external-cause-of-injury codes or E-codes. E-codes provide useful information on the mechanism and intent of injury, place of occurrence, and activity at</td>
<td></td>
<td></td>
<td></td>
<td>PHVS_DiagnosisType_2x</td>
<td>DG1-6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Condition Predicate: If the DG1 Segment is provided, DG1-6 (Diagnosis Type) is required to be valued.</td>
<td></td>
<td></td>
<td></td>
<td>PHVS_AdministrativeDiagnosis_CDC_ICD-9CM</td>
<td>DG1-3</td>
<td></td>
</tr>
<tr>
<td>Primary Diagnosis</td>
<td>Primary diagnosis of the patient's condition</td>
<td>RE</td>
<td>RE</td>
<td>[0..*]</td>
<td>2.16.840.1.114222.4.11.856</td>
<td>Note: Include ICD-9-CM V-codes and E-codes. When the primary diagnosis code is an injury, also provide one or more supplemental external-cause-of-injury codes or E-codes. E-codes provide useful information on the mechanism and intent of injury, place of occurrence, and activity at</td>
<td>DG1-3</td>
</tr>
<tr>
<td>Additional Diagnosis</td>
<td>Additional diagnoses of the patient's condition(s)</td>
<td></td>
<td></td>
<td></td>
<td>PHVS_CauseOfDeath_2x</td>
<td>When sending data, Primary Diagnosis and Additional Diagnosis are reported using the same data field. The data elements are separated in the</td>
<td></td>
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<td>Data Element Name</td>
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<td></td>
<td>ICD-10_CDC Or 2.16.840.1.114222.4 .11.909 PHVS_Disease_CD (SNOMED Based Value set) Conformance Statement SS-011: The implementation SHALL support all 3 value sets.</td>
<td>the time of injury. This also applies to ICD-10-CM (when it is implemented) where V, W, X, Y and selected T codes represent external cause of injury codes. Data should be sent on a regular schedule and should not be delayed for diagnosis or verification procedures. Regular updating of data should be used to correct any errors or send data available later. This field is a repeatable field; multiple codes may be sent. The first diagnosis code should be the primary diagnosis.</td>
<td>ISDS Recommendations and Guidelines document in order to distinguish the PHA use/significance between the two data elements.</td>
</tr>
<tr>
<td>Data Element Name</td>
<td>Description of Field</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Value Set /Value Domain</td>
<td>Implementation Notes</td>
<td>Recommended HL7 Location</td>
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<tr>
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</tr>
</tbody>
</table>
| Discharge Disposition  | Patient's anticipated location or status following discharge | RE           | RE             | [0..1]       | 2.16.840.1.114222.4.11.915  
PHVS_DischargeDisposition_HL7_2x  
The disposition of the patient at time of discharge (i.e., discharged to home, expired, etc.). | It is expected that this field will update with multiple submissions.  
This data element is:  
Required in ADT^A03 message type/trigger event  
Required Empty in ADT^A08 message type/trigger event  
Not Supported in ADT^A01, ADT^A04 message type/trigger event                                                                                                                                                                           | PV1-36                   |
<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Value Set /Value Domain</th>
<th>Implementation Notes</th>
<th>Recommended HL7 Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge Date/Time</td>
<td>Date and time of discharge</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
<td>HL7 Date/Time Format: YYYYMMDDHHMM[SS[.S[S[S[S]]]] [+-ZZZZ]</td>
<td>PV1-45</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-012:</strong> If present, PV1-45 (Discharge Date/Time) <strong>SHALL</strong> be expressed with a minimum precision of the nearest minute and be represented in the following format: ‘YYYYMMDDHHMM[SS[.S[S[S[S]]]] [+-ZZZZ]’</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Condition Predicate:</strong> This data element is:</td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Required in ADT^A03 message type/trigger event</td>
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<td></td>
<td></td>
<td>Required Empty is ADT^A08 message type/trigger event</td>
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<td></td>
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<td></td>
<td></td>
<td>Not Supported in ADT^A01, ADT^A04 message type/trigger event</td>
<td></td>
</tr>
<tr>
<td>Example Discharge Date/Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4:45:12 PM EST on January 13, 2011</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[20110113164512-0500]</td>
<td></td>
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<tr>
<td>Data Element Name</td>
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<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Value Set /Value Domain</td>
<td>Implementation Notes</td>
<td>Recommended HL7 Location</td>
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<td>--------------------------</td>
</tr>
<tr>
<td>Height</td>
<td>Height of the patient</td>
<td>RE</td>
<td>O</td>
<td>[0..1]</td>
<td>For OBX-3 Please use: 2.16.840.1.113883.3.88 .12.80.62</td>
<td>INPATIENT DATA ELEMENT OF INTEREST ONLY</td>
<td>OBX Segment (NM Data Type, 1st Component, 5th field) with LOINC Code (8302-2 ) Observation Identifier</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PHVS_VitalSignResult_HITSP 8302-2 Body height (LOINC)</td>
<td>This element is represented by the LOINC code: 8302-2 in the OBX observation identifier.</td>
<td>Example OBX Segment: OBX</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>For OBX-6 Please use: 2.16.840.1.114222.4.11 .891</td>
<td>The actual data value occurs in the 5th field of the same OBX segment and is Numeric as defined by the OBX Data Type NM.</td>
<td>Units of measure (OBX-6, (CE Data Type) must be included defining the numeric value.</td>
</tr>
<tr>
<td>Data Element Name</td>
<td>Description of Field</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Value Set / Value Domain</td>
<td>Implementation Notes</td>
<td>Recommended HL7 Location</td>
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</tr>
<tr>
<td>Weight</td>
<td>Weight of the patient</td>
<td>RE</td>
<td>O</td>
<td>[0..1]</td>
<td>For OBX-3 Please use: 2.16.840.1.113883.3.88.12.80.62 PHVS_VitalSignResult_HITSP 3141-9 Body weight Measured (LOINC) For OBX-6 Please use: 2.16.840.1.114222.4.11.879 PHVS_WeightUnit_UCUM</td>
<td>INPATIENT DATA ELEMENT OF INTEREST ONLY This element is represented by the LOINC code: 3141-9 in the OBX observation identifier. The actual data value occurs in the 5th field of the same OBX segment and is Numeric as defined by the OBX Data Type NM. Weight: Units of Measure must also be included in OBX-6.</td>
<td>OBX Segment (NM Data Type, 1st Component, 5th field) with LOINC Code (3141-9) Observation Identifier Example OBX Segment: OBX</td>
</tr>
</tbody>
</table>
### TABLE 2-5: DATA ELEMENTS OF INTEREST

<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Value Set /Value Domain</th>
<th>Implementation Notes</th>
<th>Recommended HL7 Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Status</td>
<td>Smoking status of patient</td>
<td>RE</td>
<td>O</td>
<td>[0..1]</td>
<td>For OBX-3 Please use:</td>
<td>INPATIENT DATA ELEMENT OF INTEREST ONLY</td>
<td>OBX Segment (CWE Data Type, 5th field) with LOINC Code (72166-2) Observation Identifier Example OBX Segment:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.16.840.1.114222.4.11</td>
<td>PHVS_ObservationIdentifier_SyndromicSurveillance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.3589</td>
<td>72166-2 Tobacco smoking status (LOINC)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>For OBX-5 Please use:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
|                       |                                           |              |                |             | 2.16.840.1.114222.4.11| PHVS_SmokingStatus_MU                                                                                                                      | OBX|1|CWE|72166-2^TOBACCO SMOKING STATUS^LN||42807100012410 3 ^Current Heavy tobacco smoker ^SCT|||||20110217
<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Value Set /Value Domain</th>
<th>Implementation Notes</th>
<th>Recommended HL7 Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Temperature</td>
<td>Initial temperature of the patient</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>For OBX-3 Please use: 2.16.840.1.113883.3.88 .12.80.62 PHVS_VitalSignResult_HITSP 8310-5 Body temperature (LOINC) OBX-6 Please use: 2.16.840.1.114222.4.11 .919 PHVS_TemperatureUnit_UCUM</td>
<td>ED/UC DATA ELEMENT OF INTEREST ONLY This element is represented by the LOINC code: 8310-5 in the OBX observation identifier. The actual data value occurs in the 5th field of the same OBX segment and is numeric as defined by the OBX Data Type NM. Temperature: Units of Measure must also be included in OBX-6. Fahrenheit and Celsius units of measure are included in the value set.</td>
<td>OBX Segment  (NM Data Type, 1st Component, 5th field) with LOINC Code (8310-5) Observation Identifier Example OBX Segment: OBX</td>
</tr>
</tbody>
</table>
### TABLE 2-5: DATA ELEMENTS OF INTEREST

<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Value Set /Value Domain</th>
<th>Implementation Notes</th>
<th>Recommended HL7 Location</th>
</tr>
</thead>
</table>
| Systolic and Diastolic Blood Pressure (SBP/DBP) – Most recent | Most recent Systolic and Diastolic Blood Pressure of the patient.                     | O            | O             | [0..1]       | For OBX-3 Please use: 2.16.840.1.113883.3.88.12.80.62 PHVS_VitalSignResult_HITSP 8480-6 Systolic blood pressure (LOINC) 8462-4 Diastolic blood pressure (LOINC) OBX-6 Please use: 2.16.840.1.114222.4.11 .920 PHVS_BloodPressureUnit_UCUM BP is communicated using 2 distinct data elements for Systolic / Diastolic 8480-6 Systolic blood pressure (LOINC) 8462-4 Diastolic blood pressure (LOINC) BP Systolic: Units of Measure must also be included in OBX-6. BP Diastolic: Units of Measure must also be included in OBX-6. | OBX Segment (NM Data Type, 1st Component, 5th field) with LOINC Code (8480-6) SYSTOLIC Observation Identifier Example OBX Segment: OBX|2|NM|8480-6^SYSTOLIC BLOOD PRESSURE^LN||120|mm(hg)|||||F|||20110217  
<p>| Procedure Code   | Procedures administered to the patient                                              | O            | O             | [0..1]       | CPT-4 or free text       | If a PR1segment is included in message then this is a required data element. Note: Each jurisdiction should define what procedure codes should be transmitted.                                                                                                                                  | PR1-3                                                                                                                                                                                                                  |</p>
<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Value Set / Value Domain</th>
<th>Implementation Notes</th>
<th>Recommended HL7 Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation, symptoms, and clinical findings</td>
<td>Data element(s) describing the observation, symptoms, and clinical findings for a patient’s condition</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
<td>ED/UC DATA ELEMENT OF INTEREST ONLY The individual data elements related to observation, symptoms, and clinical findings have not been determined. If used, the specific data elements should be specified and agreed upon by individual jurisdictions and their data sharing partners.</td>
<td>OBX Segment</td>
</tr>
<tr>
<td>Data Element Name</td>
<td>Description of Field</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Value Set / Value Domain</td>
<td>Implementation Notes</td>
<td>Recommended HL7 Location</td>
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</tr>
<tr>
<td>Triage Notes</td>
<td>Triage notes for the patient visit</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>For OBX-3 Please use: 2.16.840.1.114222.4.11.3589 PHVS_ObservationIdentifier_SyndromicSurveillance 54094-8 Emergency department Triage note (LOINC) For OBX-5 Please use: Free text For further guidance refer to the column – ‘Recommended HL7 Location’</td>
<td>ED/UC DATA ELEMENT OF INTEREST ONLY This element is represented by the LOINC code: 54094-8 in the OBX observation identifier. The actual data value occurs in the 5th field of the same OBX segment and is Text as defined by the OBX Data Type TX. Triage Notes should be sent as free text. Triage notes may benefit from additional processing (e.g. negation processing, natural language processing, etc.) in order to maximize the utility of the data.</td>
<td>OBX Segment (TX Data Type, 5th field) with LOINC Code (54094-8) Observation Identifier Example OBX Segment: OBX[1]TX[54094-8^EMERGENCY DEPARTMENT TRIAGE NOTE^LN][Pain a recurrent cramping sensation.][[[]][][[201102091114]]]</td>
</tr>
<tr>
<td>Data Element Name</td>
<td>Description of Field</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Value Set /Value Domain</td>
<td>Implementation Notes</td>
<td>Recommended HL7 Location</td>
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</tr>
<tr>
<td>Clinical Impression</td>
<td>Clinical impression (free text) of the diagnosis</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>For OBX-3 Please use: 2.16.840.1.114222.4.11 .3589 PHVS_ObservationIdentifier_SyndromicSurveillance 44833-2 Preliminary diagnosis (LOINC)</td>
<td>ED/UC DATA ELEMENT OF INTEREST ONLY This element is represented by the LOINC code: 44833-2 in the OBX observation identifier. The actual data value occurs in the 5th field of the same OBX segment and is Text as defined by the OBX Data Type TX.</td>
<td>OBX Segment (TX Data Type, 5th field) with LOINC Code (44833-2) Observation Identifier Example OBX Segment: OBX[1</td>
</tr>
<tr>
<td>Date of onset</td>
<td>Date that the patient began having symptoms of condition being reported</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>For OBX-3 Please use: 2.16.840.1.114222.4.11 .3589 PHVS_ObservationIdentifier_SyndromicSurveillance 11368-8 Illness or injury onset date and time (LOINC)</td>
<td>ED/UC DATA ELEMENT OF INTEREST ONLY This element is represented by the LOINC code: 11368-8 in the OBX observation identifier. The actual data value occurs in the 5th field of the same OBX segment and is a Timestamp as defined by the OBX Data Type TS.</td>
<td>OBX Segment (TS Data Type, 1st Component, 5th field) with LOINC Code (11368-8) Observation Identifier Example OBX Segment: OBX[7</td>
</tr>
<tr>
<td>Data Element Name</td>
<td>Description of Field</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Value Set /Value Domain</td>
<td>Implementation Notes</td>
<td>Recommended HL7 Location</td>
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<td>------------------------------------------</td>
</tr>
</tbody>
</table>
| Facility/Visit type | Type of facility that the patient visited for treatment                             | R            | R              | [1..1]       | For OBX-3 Please use: 2.16.840.1.114222.4.11 .3589 PHVS_ObservationIdentifier_SyndromicSurveillance SS003 Facility / Visit Type (PHIN Questions)  
For OBX-5 Please use: 2.16.840.1.114222.4.11 .3401 PHVS_FacilityVisitType_SyndromicSurveillance | ED/UC DATA ELEMENT OF INTEREST ONLY  
Relevant facility/visit type values are defined in value set.  
This data can also be accommodated in the Facility Registration process as defined by ISDS for facilities where a single facility/visit type is expected. | OBX Segment (CWE Data Type) with PHINQUESTIONS Code (SS003) Observation Identifier  
Example OBX segment: OBX|2|CWE|SS003^FACILITY/VISIT TYPE^PHINQUESTIONS||261QE0002X^Emergency Care^HCPTNUCC))))|F|||201102091114 |
<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Value Set /Value Domain</th>
<th>Implementation Notes</th>
<th>Recommended HL7 Location</th>
</tr>
</thead>
</table>
| Medical Record #  | Patient medical record number | O            | O              | [0..1]       | 2.16.840.1.114222.4.11 .3597 PHVS_IdentifierType_SyndromicSurveillance | ED/UC DATA ELEMENT OF INTEREST ONLY  
It is recommended that data providers submit the patient medical record number to facilitate identification of the patient, in the event of a required follow-up investigation. Without the medical record number, the work required to follow-up on the records of interest greatly increases on the data provider and may cause unacceptable delays in public health response. In addition, the medical record number may aid in record de-duplication efforts and may often aid in the resolution of apparent transcription errors. | PID-3  
The Medical Record # is a specific instance of a unique patient identifier. It occurs in the 1st component of the CX data type. The fifth component, the Identifier Type Code, defines the identifier as the Medical Record # (MR).  
Example PID-3 Field: |MR101100001^MR|
<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Value Set /Value Domain</th>
<th>Implementation Notes</th>
<th>Recommended HL7 Location</th>
</tr>
</thead>
</table>
| Initial Pulse Oximetry            | 1st recorded pulse oximetry value                         | O            | O              | [0..1]        | For OBX-3 Please use: 2.16.840.1.114222.4.11.3589 | ED/UC DATA ELEMENT OF INTEREST ONLY
This element is represented by the LOINC code: 59408-5 in the OBX observation identifier.
The actual data value occurs in the 5th field of the same OBX segment and is numeric as defined by the OBX Data Type NM. Units of measure must also be included. Percentage is the only value included in the value set. | OBX Segment (NM Data Type, 1st Component, 5th field) with LOINC Code (59408-5) Observation Identifier Example OBX Segment: OBX|4|NM|59408-5^OXYGEN SATURATION IN ARTERIAL BLOOD BY PULSE OXIMETRY^LN||91%^PERCENT^UCUM||A||F|||201102171451 39 Units of measure (OBX-6, (CE Data Type) must be included defining the numeric value. |
| Laboratory test/panel requested   | The nature of a test ordered for a patient                | O            | O              | [0..1]        | For OBR-4 Please use: PHVS_LabTestOrderables_CDC | Must include code, text, coding system, and coding system version. **Note:** Each jurisdiction should decide which laboratory tests/panels should be transmitted. | ORU Message OBR-4 |

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**TABLE 2-5: DATA ELEMENTS OF INTEREST**
<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Value Set /Value Domain</th>
<th>Implementation Notes</th>
<th>Recommended HL7 Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory Result</td>
<td>The result of a test performed</td>
<td>O</td>
<td>O</td>
<td>[0..*]</td>
<td>For OBX-5, Please use one of the following: 2.16.840.1.114222.4.11 .6054</td>
<td>Must include code, text, coding system, and coding system version. <strong>Note:</strong> Each jurisdiction should decide which laboratory tests/panels should be transmitted.</td>
<td>ORU Message OBX Segment OBX-5</td>
</tr>
<tr>
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<td>PHVS_LabTestResult_ReportableConditions</td>
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<td>2.16.840.1.114222.4.11 .3359</td>
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<td>PHVS_EvaluationFinding_CDC</td>
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<td>PHVS_Microorganism_CDC</td>
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<td>2.16.840.1.114222.4.11 .1014</td>
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<td>PHVS_ModifierOrQualifier_CDC</td>
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<td>OBX-6 Units of measure</td>
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<td></td>
<td>Please use: 2.16.840.1.114222.4.11 .838</td>
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<td></td>
<td></td>
<td></td>
<td>PHVS_UnitsOfMeasure_CDC</td>
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</tr>
</tbody>
</table>

Drawn from SNOMED CT. At a minimum, it will contain the SNOMED CT® Laboratory Test Finding (118246004) hierarchy and the SNOMED CT® Microorganism (264395009) sub-tree. It may also need to contain various modifiers and qualifiers as identified in PHVS_ModifierOrQualifier_CD C value set.

The HITSP C80 Laboratory Observation Value Set covers only the Laboratory Test Findings portion of this value set, and really needs to be expanded to cover at least microorganisms and commonly use qualifiers and modifiers.
<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Value Set /Value Domain</th>
<th>Implementation Notes</th>
<th>Recommended HL7 Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory test performed</td>
<td>The specific test performed / analyte measured</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>Please use : 2.16.840.1.114222.4.11.1002</td>
<td>Must include code, text, coding system, and coding system version. <strong>Note:</strong> Each jurisdiction should decide which laboratory tests/panels should be transmitted.</td>
<td>ORU Message OBX Segment OBX-3</td>
</tr>
<tr>
<td>Date/time of laboratory test</td>
<td>The clinically-relevant date/time of the measurement, such as the time a procedure was performed on the patient or a sample was obtained.</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>HL7 Date/Time Format: YYYYMMDDHHMM[SS[.S[S[S[S]]]]] [+/-ZZZZ]</td>
<td><strong>ELR Condition predicate:</strong> For observations related to the testing of a specimen, OBX-14 (Date/Time of the Observation) shall contain specimen collection time and will be the same value as OBR-7 and SPM-17.1</td>
<td>ORU Message OBX Segment OBX-14</td>
</tr>
<tr>
<td>Data Element Name</td>
<td>Description of Field</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Value Set /Value Domain</td>
<td>Implementation Notes</td>
<td>Recommended HL7 Location</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------</td>
<td>--------------</td>
<td>---------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Laboratory Test Status</td>
<td>The release status of a lab result.</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>2.16.840.1.114222.4.11.811</td>
<td>PHVS_ObservationResultStatus_HL7_2x</td>
<td>ORU Message OBX-11</td>
</tr>
<tr>
<td>Date of Lab Report</td>
<td>The date a result was reported by the performing lab</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>HL7 Date/Time Format: YYYYMMDHHMM[SS[S[S[S]]]] [+/ZZZZ]</td>
<td></td>
<td>ORU Message OBR-22</td>
</tr>
<tr>
<td>Performing Organization</td>
<td>The organization or facility that performed a lab test</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>All tests performed reported by the same lab for the same customer SHOULD have identical values.. AssigningAuthority SHALL be globally unique and SHOULD be NPI.</td>
<td></td>
<td>ORU Message OBX23-24</td>
</tr>
<tr>
<td>Specimen Type</td>
<td>The type of specimen upon which a lab test was performed</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>2.16.840.1.114222.4.11.6046</td>
<td>PHVS_SpecimenType_HL7_2x</td>
<td>ORU Message SPM-4</td>
</tr>
</tbody>
</table>
CHAPTER 3 - MESSAGING INFRASTRUCTURE

HL7 (Health Level Seven) version 2 is the most widely used standard for computer communication of patient information in the United States Healthcare industry today. This guide is based on the HL7 version 2.5.1 messaging standard, published by Health Level Seven International, Inc., and approved as an ANSI standard on February 21, 2007, as an update to the version 2.5 standard released in 2003. This section describes the messages used for syndromic surveillance, and includes a very brief introduction to HL7 terms and concepts. The reader is referred to the full HL7 version 2.5.1 Standard for complete information and details of this background.

Basic HL7 Terms Attributes

<table>
<thead>
<tr>
<th>TABLE 3-1: BASIC HL7 TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TERM</strong></td>
</tr>
<tr>
<td>Message</td>
</tr>
<tr>
<td>Segment</td>
</tr>
<tr>
<td>Field</td>
</tr>
<tr>
<td>Component</td>
</tr>
<tr>
<td>Data type</td>
</tr>
<tr>
<td>Delimiters</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>TERM</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>^</td>
</tr>
<tr>
<td>&amp;</td>
</tr>
<tr>
<td>~</td>
</tr>
<tr>
<td>\</td>
</tr>
</tbody>
</table>
CHAPTER 4 - DATA TYPE DEFINITIONS

The HL7 Standards define a large number of data types for use in HL7 messaging. Not all of these datatypes are required for the messages defined in this guide. Those datatypes that are used in this guide are defined and specified further in the table below.

<table>
<thead>
<tr>
<th>DATA TYPE</th>
<th>DATA TYPE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>CE</td>
<td>Coded Element</td>
</tr>
<tr>
<td>CWE</td>
<td>Coded with Exceptions</td>
</tr>
<tr>
<td>CX</td>
<td>Extended Composite ID with check Digit</td>
</tr>
<tr>
<td>DTM</td>
<td>Date/Time</td>
</tr>
<tr>
<td>EI</td>
<td>Entity Identifier</td>
</tr>
<tr>
<td>FN</td>
<td>Family Name</td>
</tr>
<tr>
<td>HD</td>
<td>Hierarchic Designator</td>
</tr>
<tr>
<td>ID</td>
<td>Coded Value for HL7-defined tables</td>
</tr>
<tr>
<td>IS</td>
<td>Coded Value for user-defined tables</td>
</tr>
<tr>
<td>MSG</td>
<td>Message Type</td>
</tr>
<tr>
<td>NM</td>
<td>Numeric</td>
</tr>
<tr>
<td>PL</td>
<td>Person Location</td>
</tr>
<tr>
<td>PT</td>
<td>Processing Type</td>
</tr>
<tr>
<td>SI</td>
<td>Sequence Identifier</td>
</tr>
<tr>
<td>ST</td>
<td>String Data</td>
</tr>
<tr>
<td>TX⁷</td>
<td>Text Data</td>
</tr>
</tbody>
</table>

⁷ In this message specification, the only allowed escape sequences are those allowed in HL7 Version 2.5.1, Chapter 2, and Section 2.7.4 - Special Characters. These are the escape sequences...
TABLE 4-1: DATA TYPES UTILIZED IN SYNDROMIC SURVEILLANCE

<table>
<thead>
<tr>
<th>DATA TYPE</th>
<th>DATA TYPE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>TS</td>
<td>Timestamp</td>
</tr>
<tr>
<td>VID</td>
<td>Version Identifier</td>
</tr>
<tr>
<td>XAD</td>
<td>Extended Address</td>
</tr>
<tr>
<td>XCN</td>
<td>Extended Composite ID Number and Name for Persons</td>
</tr>
<tr>
<td>XPN</td>
<td>Extended Person Name</td>
</tr>
</tbody>
</table>

TABLE 4-2: HL7 DATA TYPE TABLE ATTRIBUTES

<table>
<thead>
<tr>
<th>ABBREVIATION</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEQ</td>
<td>Sequence – The number of components for data type listed in numerical order.</td>
</tr>
<tr>
<td>LEN</td>
<td>Length of component for data type</td>
</tr>
<tr>
<td>DT</td>
<td>Data Type of component</td>
</tr>
<tr>
<td>OPT</td>
<td>Optionality – Please refer to the Sender Usage and Receiver Usage columns (see Table 5-2 for explanation, see Table 5-3A for example).</td>
</tr>
<tr>
<td>TBL#</td>
<td>Please refer to the Description/Comments column (see Table 5-3A for example).</td>
</tr>
<tr>
<td>COMPONENT NAME</td>
<td>Descriptive name of the component in data type.</td>
</tr>
</tbody>
</table>

CE - CODED ELEMENT

<table>
<thead>
<tr>
<th>SEQ</th>
<th>LEN</th>
<th>DT</th>
<th>OPT</th>
<th>TBL#</th>
<th>COMPONENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20</td>
<td>ST</td>
<td></td>
<td></td>
<td>Identifier</td>
</tr>
<tr>
<td>2</td>
<td>199</td>
<td>ST</td>
<td></td>
<td></td>
<td>Text</td>
</tr>
<tr>
<td>3</td>
<td>20</td>
<td>ID</td>
<td></td>
<td></td>
<td>Name of Coding System</td>
</tr>
<tr>
<td>4</td>
<td>20</td>
<td>ST</td>
<td>X</td>
<td></td>
<td>Alternate Identifier</td>
</tr>
<tr>
<td>5</td>
<td>199</td>
<td>ST</td>
<td>X</td>
<td></td>
<td>Alternate Text</td>
</tr>
<tr>
<td>6</td>
<td>20</td>
<td>ID</td>
<td>X</td>
<td></td>
<td>Name of Alternate Coding System</td>
</tr>
</tbody>
</table>

Definition: This data type transmits codes and the text associated with the code.
Example: PID-10 Race |2054-5^Black or African American^2.16.840.1.113883.6.238|

Usage Note on the Alternate components (4, 5, 6) for this messaging guide these are marked not sequences for the message delimiters (i.e., "|" = \F, "^" = \S, "~" = \R, "&" = \T, and "\" = \E).
IDENTIFIER (ST)
Definition: Sequence of characters (the code) that uniquely identifies the item being referenced. Different coding schemes will have different elements here.

TEXT (ST)
Definition: The descriptive or textual name of the identifier, e.g., myocardial infarction or X-ray impression.

NAME OF CODING SYSTEM (ID)
Definition: Identifies the coding scheme being used in the identifier component. The combination of the identifier and name of coding system components will be a unique code for a data item. Each system has a unique identifier.

CWE – CODED WITH EXCEPTIONS

<table>
<thead>
<tr>
<th>SEQ</th>
<th>LEN</th>
<th>DT</th>
<th>OPT</th>
<th>TBL#</th>
<th>COMPONENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20</td>
<td>ST</td>
<td></td>
<td></td>
<td>Identifier</td>
</tr>
<tr>
<td>2</td>
<td>199</td>
<td>ST</td>
<td></td>
<td></td>
<td>Text</td>
</tr>
<tr>
<td>3</td>
<td>20</td>
<td>ID</td>
<td></td>
<td></td>
<td>Name of Coding System</td>
</tr>
<tr>
<td>4</td>
<td>20</td>
<td>ST</td>
<td></td>
<td></td>
<td>Alternate Identifier</td>
</tr>
<tr>
<td>5</td>
<td>199</td>
<td>ST</td>
<td></td>
<td></td>
<td>Alternate Text</td>
</tr>
<tr>
<td>6</td>
<td>20</td>
<td>ID</td>
<td></td>
<td></td>
<td>Name of Alternate Coding System</td>
</tr>
<tr>
<td>7</td>
<td>10</td>
<td>ST</td>
<td></td>
<td></td>
<td>Coding System Version ID</td>
</tr>
<tr>
<td>8</td>
<td>10</td>
<td>ST</td>
<td></td>
<td></td>
<td>Alternate Coding System Version ID</td>
</tr>
<tr>
<td>9</td>
<td>199</td>
<td>ST</td>
<td></td>
<td></td>
<td>Original Text</td>
</tr>
</tbody>
</table>

Example: Chief Complaint / Reason for Visit:

|OBX|3|CWE|8661-1^CHIEF COMPLAINT:FIND:PT:PATIENT:NOM:REPORTED^LN||7804^Dizziness and giddiness [780.4]^I9CDX^^^^^DIZZY||||||F|||201102171531|

Definition: Specifies a coded element and its associated detail. The CWE data type is used when 1) specified vocabulary is defined or 3) when text is in place, the code may be omitted.

Usage Notes: This is a field that is generally sent using a code, but where the code may
be omitted in exceptional instances or by site agreement. Exceptional instances arise when the coding system being used does not have a code to describe the concept in the text.

Components 1-3 & 7 are used in one of three ways:

a) **Coded:** The identifier contains a valid code from a coding system. The coding system must be present and have a value from the set of allowed coding systems.

b) **Uncoded:** Text is valued, the identifier has no value, and coding system and version ID follow the same rules as discussed for option 1.

**Example 2:** OBX segment where the observation identifier is a LOINC code and the observation value is being sent as a CWE value, and the value is sent as text because the correct clinical value, "Wesnerian" was not found in the set of allowed values.

Component 9:
This is the original text that was available to an automated process or a human before a specific code was assigned. This field is optional.

**IDENTIFIER (ST)**
Definition: Sequence of characters (the code) that uniquely identifies the item being referenced. Different coding schemes will have different elements here.

**TEXT (ST)**
Definition: The descriptive or textual name of the identifier, e.g., myocardial infarction or X-ray impression.

**NAME OF CODING SYSTEM (ID)**
Definition: Identifies the coding scheme being used in the identifier component. The combination of the **identifier** and **name of coding system** components will be a unique code for a data item. Each system has a unique identifier.

**ALTERNATE IDENTIFIER (ST)**
Definition: An alternate sequence of characters (the code) that uniquely identifies the item being referenced. Analogous to "Identifier" in component 1.

**ALTERNATE TEXT (ST)**
Definition: The descriptive or textual name of the alternate identifier. Analogous to "Text" in component 2.
NAME OF ALTERNATE CODING SYSTEM (ID)
Definition: Identifies the coding scheme being used in the alternate identifier component. Analogous to “Name of Coding System” above.

CODING SYSTEM VERSION ID (ST)
This is the version ID for the coding system identified by components 1-3. It belongs conceptually to the group of component 1-3 and appears here only for reasons of backward compatibility.

ALTERNATE CODING SYSTEM VERSION ID (ST)
This is the version ID for the coding system identified by components 4-6. It belongs conceptually to the group of alternate components (See usage note in section introduction) and appears here only for reasons of backward compatibility.

ORIGINAL TEXT (ST)
The original text that was available to an automated process or a human before a specific code was assigned.

CX - EXTENDED COMPOSITE ID WITH CHECK DIGIT

<table>
<thead>
<tr>
<th>SEQ</th>
<th>LEN</th>
<th>DT</th>
<th>OPT</th>
<th>TBL#</th>
<th>COMPONENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15</td>
<td>ST</td>
<td>OPT</td>
<td></td>
<td>ID Number</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>ST</td>
<td>OPT</td>
<td></td>
<td>Check Digit</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>ID</td>
<td>OPT</td>
<td></td>
<td>Check Digit Scheme</td>
</tr>
<tr>
<td>4</td>
<td>227</td>
<td>HD</td>
<td>OPT</td>
<td></td>
<td>Assigning Authority</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>ID</td>
<td>OPT</td>
<td></td>
<td>Identifier Type Code</td>
</tr>
<tr>
<td>6</td>
<td>227</td>
<td>HD</td>
<td>OPT</td>
<td></td>
<td>Assigning Facility</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>DT</td>
<td>OPT</td>
<td></td>
<td>Effective Date</td>
</tr>
<tr>
<td>8</td>
<td>8</td>
<td>DT</td>
<td>OPT</td>
<td></td>
<td>Expiration Date</td>
</tr>
<tr>
<td>9</td>
<td>705</td>
<td>CWE</td>
<td>OPT</td>
<td></td>
<td>Assigning Jurisdiction</td>
</tr>
<tr>
<td>10</td>
<td>705</td>
<td>CWE</td>
<td>OPT</td>
<td></td>
<td>Assigning Agency or Department</td>
</tr>
</tbody>
</table>

Definition: This data type is used for specifying an identifier with its associated administrative detail.

Note: The check digit and check digit scheme are null if ID is alphanumeric.
Example: PID-3 Patient ID: |MD01059711^^^ADMITTING^MR^MID-CO HLTH CTR^9876543210^NPI |

**ID (ST)**
Definition: The value of the identifier itself.

**CHECK DIGIT (ST)**
The check digit in this data type is not an add-on produced by the message processor. It is the check digit that is part of the identifying number used in the sending application. If the sending application does not include a self-generated check digit in the identifying number, this component should be valued null.

**CHECK DIGIT SCHEME (ID)**
Definition: Contains the code identifying the check digit scheme employed.

**ASSIGNING AUTHORITY (HD)**
Definition: The assigning authority is a unique name of the system (or organization or agency or department) that creates the data.

**IDENTIFIER TYPE CODE (ID)**
Definition: It is a code corresponding to the type of identifier. In some cases, this code may be used as a qualifier to the “Assigning authority” component.

**ASSIGNING FACILITY (HD)**
Definition: The place or location identifier where the identifier was first assigned to the patient. This component is not an inherent part of the identifier but rather part of the history of the identifier: as part of this data type, its existence is a convenience for certain intercommunicating systems.

**DTM - DATE/TIME**

<table>
<thead>
<tr>
<th>SEQ</th>
<th>LEN</th>
<th>DT</th>
<th>OPT</th>
<th>TBL#</th>
<th>COMPONENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Date/Time</td>
</tr>
</tbody>
</table>

Definition: Specifies a point in time using a 24-hour clock notation. The number of characters populated (excluding the time zone specification) specifies the precision.

Example: |199904| specifies April 1999.
Format: YYYY[MM][DD][HH][MM][SS][S][S][S]]]]][+/ZZZ].
Thus:
c) only the first four are used to specify a precision of "year"
d) the first six are used to specify a precision of "month"
e) the first eight are used to specify a precision of "day"
f) the first ten are used to specify a precision of "hour"
g) the first twelve are used to specify a precision of "minute"
h) the first fourteen are used to specify a precision of "second"
i) the first sixteen are used to specify a precision of "one tenth of a second"
j) the first nineteen are used to specify a precision of "one ten thousandths of a second"

**EI - ENTITY IDENTIFIER**

<table>
<thead>
<tr>
<th>SEQ</th>
<th>LEN</th>
<th>DT</th>
<th>OPT</th>
<th>TBL#</th>
<th>COMPONENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>199</td>
<td>ST</td>
<td></td>
<td></td>
<td>Entity Identifier</td>
</tr>
<tr>
<td>2</td>
<td>20</td>
<td>IS</td>
<td></td>
<td></td>
<td>Namespace ID</td>
</tr>
<tr>
<td>3</td>
<td>199</td>
<td>ST</td>
<td></td>
<td></td>
<td>Universal ID</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>ID</td>
<td></td>
<td></td>
<td>Universal ID Type</td>
</tr>
</tbody>
</table>

**Definition:** The entity identifier defines a given entity within a specified series of identifiers.

Example: MSH-21 Message Profile: PH_SS-NoAck^SS Sender^2.16.840.1.114222.4.10.3^ISO

The EI is appropriate for, but not limited to, machine or software generated identifiers. The generated identifier goes in the first component. The remaining components: 2 through 4, are known as the assigning authority; they identify the machine/system responsible for generating the identifier in component 1.

The specified series, the assigning authority, is defined by components 2 through 4. The assigning authority is of the hierarchic designator (HD) data type, but it is defined as three separate components in the EI data type, rather than as a single component as would normally be the case. This is in order to maintain backward compatibility with the EI's use as a component in several existing data fields. Otherwise, the components 2 through 4 are as defined in "HD - hierarchic designator"). Hierarchic designators (HD) are unique across a given HL7 implementation.

**ENTITY IDENTIFIER (ST)**

Definition: The first component, <entity identifier>, is usually defined to be unique within the series of identifiers created by the <assigning authority>, defined by a hierarchic designator, represented by components 2 through 4. See "HD - hierarchic designator".
NAMESPACE ID (IS)
Definition: See "Namespace ID" for definition.
The assigning authority is a unique identifier of the system (or organization or agency or department) that creates the data.

Note: When the HD is used as a part of another data type, in this case as part of the EI data type, this table may be re-defined (given a different user-defined table number and name) by the technical committee responsible for that segment.

UNIVERSAL ID (ST)
See "Universal ID" for definition.

UNIVERSAL ID TYPE (ID)
See "Universal ID Type" for definition.

FN - FAMILY NAME

<table>
<thead>
<tr>
<th>SEQ</th>
<th>LEN</th>
<th>DT</th>
<th>OPT</th>
<th>TBL#</th>
<th>COMPONENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>50</td>
<td>ST</td>
<td></td>
<td></td>
<td>Surname</td>
</tr>
<tr>
<td>2</td>
<td>20</td>
<td>ST</td>
<td>X</td>
<td></td>
<td>Own Surname Prefix</td>
</tr>
<tr>
<td>3</td>
<td>50</td>
<td>ST</td>
<td>X</td>
<td></td>
<td>Own Surname</td>
</tr>
<tr>
<td>4</td>
<td>20</td>
<td>ST</td>
<td>X</td>
<td></td>
<td>Surname Prefix From Partner/Spouse</td>
</tr>
<tr>
<td>5</td>
<td>50</td>
<td>ST</td>
<td>X</td>
<td></td>
<td>Surname From Partner/Spouse</td>
</tr>
</tbody>
</table>

Definition: This data type allows full specification of the surname of a person. Where appropriate, it differentiates the person's own surname from that of the person's partner or spouse, in cases where the person's name may contain elements from either name. It also permits messages to distinguish the surname prefix (such as "van" or "de") from the surname root.

SURNAME (ST)
Definition: This is the person's last name.

HD - HIERARCHIC DESIGNATOR

<table>
<thead>
<tr>
<th>SEQ</th>
<th>LEN</th>
<th>DT</th>
<th>OPT</th>
<th>TBL#</th>
<th>COMPONENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20</td>
<td>IS</td>
<td></td>
<td></td>
<td>Namespace ID</td>
</tr>
</tbody>
</table>

Definition: See "Namespace ID" for definition.
Definition: The basic definition of the HD is that it identifies an (administrative or system or application or other) entity that has responsibility for managing or assigning a defined set of instance identifiers (such as placer or filler number, patient identifiers, provider identifiers, etc.). This entity could be a particular health care application such as a registration system that assigns patient identifiers, a governmental entity such as a licensing authority that assigns professional identifiers or drivers' license numbers, or a facility where such identifiers are assigned.

Examples: EVN-7: CITY GENL HOSP^0133195934^NPI

**NAMESPACE ID (IS)**

**UNIVERSAL ID (ST)**

Definition: The HD’s second component, `<universal ID>` (UID), is a string formatted according to the scheme defined by the third component, `<universal ID type>` (UID type). The UID is intended to be unique over time within the UID type. It is rigorously defined. Each UID must belong to one of the specifically enumerated schemes for constructing UIDs (defined by the UID type). The UID (second component) must follow the syntactic rules of the particular universal identifier scheme (defined by the third component). Note that these syntactic rules are not defined within HL7 but are defined by the rules of the particular universal identifier scheme (defined by the third component).

**UNIVERSAL ID TYPE (ID)**

Definition: The third component governs the interpretation of the second component of the HD.

**ID - CODED VALUE FOR HL7 DEFINED TABLES**

Maximum Length: Varies - dependent on length of longest code in code set.

Definition: The value of such a field follows the formatting rules for an ST field except that it is drawn from a table of legal values.
IS - CODED VALUE FOR USER-DEFINED TABLES

<table>
<thead>
<tr>
<th>SEQ</th>
<th>LEN</th>
<th>DT</th>
<th>OPT</th>
<th>TBL#</th>
<th>COMPONENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Coded Value for User-Defined Tables</td>
</tr>
</tbody>
</table>

Definition: The value of such a field follows the formatting rules for a ST field except that it is drawn from a site-defined (or user-defined) table of legal values.

MSG - MESSAGE TYPE

<table>
<thead>
<tr>
<th>SEQ</th>
<th>LEN</th>
<th>DT</th>
<th>OPT</th>
<th>TBL#</th>
<th>COMPONENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>ID</td>
<td>R</td>
<td>0076</td>
<td>Message Code</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>ID</td>
<td>R</td>
<td>0003</td>
<td>Trigger Event</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>ID</td>
<td>R</td>
<td>0354</td>
<td>Message Structure</td>
</tr>
</tbody>
</table>

Definition: This field contains the message type, trigger event, and the message structure ID for the message.

Example: MSH-9 Message Type: |ADT^A08^ADT_A01|

MESSAGE CODE (ID)

Definition: Specifies the message type code.

TRIGGER EVENT (ID)

Definition: Specifies the trigger event code.

MESSAGE STRUCTURE (ID)

Definition: Specifies the abstract message structure code.

NM - NUMERIC

<table>
<thead>
<tr>
<th>SEQ</th>
<th>LEN</th>
<th>DT</th>
<th>OPT</th>
<th>TBL#</th>
<th>COMPONENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Numeric</td>
</tr>
</tbody>
</table>

Definition: A number represented as a series of ASCII numeric characters consisting of an optional leading sign (+ or -), the digits and an optional decimal point. In the absence of a sign, the number is assumed to be positive. If there is no decimal point, the number is assumed to be an integer. Leading zeros, or trailing zeros after a decimal point, are not significant.
**Examples:** |999| |-123.792|

**PL - PERSON LOCATION**

<table>
<thead>
<tr>
<th>SEQ</th>
<th>LEN</th>
<th>DT</th>
<th>OPT</th>
<th>TBL#</th>
<th>COMPONENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20</td>
<td>IS</td>
<td>IS</td>
<td></td>
<td>Point of Care</td>
</tr>
<tr>
<td>2</td>
<td>20</td>
<td>IS</td>
<td>IS</td>
<td></td>
<td>Room</td>
</tr>
<tr>
<td>3</td>
<td>20</td>
<td>IS</td>
<td>IS</td>
<td></td>
<td>Bed</td>
</tr>
<tr>
<td>4</td>
<td>227</td>
<td>HD</td>
<td></td>
<td></td>
<td>Facility</td>
</tr>
<tr>
<td>5</td>
<td>20</td>
<td>IS</td>
<td>IS</td>
<td></td>
<td>Location Status</td>
</tr>
<tr>
<td>6</td>
<td>20</td>
<td>IS</td>
<td>IS</td>
<td></td>
<td>Person Location Type</td>
</tr>
<tr>
<td>7</td>
<td>20</td>
<td>IS</td>
<td>IS</td>
<td></td>
<td>Building</td>
</tr>
<tr>
<td>8</td>
<td>20</td>
<td>IS</td>
<td>IS</td>
<td></td>
<td>Floor</td>
</tr>
<tr>
<td>9</td>
<td>199</td>
<td>ST</td>
<td></td>
<td></td>
<td>Location Description</td>
</tr>
<tr>
<td>10</td>
<td>427</td>
<td>EI</td>
<td></td>
<td></td>
<td>Comprehensive Location Identifier</td>
</tr>
<tr>
<td>11</td>
<td>227</td>
<td>HD</td>
<td></td>
<td></td>
<td>Assigning Authority for Location</td>
</tr>
</tbody>
</table>

**Definition:** This data type is used to specify a patient location within a healthcare institution. Which components are valued depends on the needs of the site. For example for a patient treated at home, only the person location type is valued. It is most commonly used for specifying patient locations, but may refer to other types of persons within a healthcare setting.

**Note:** This data type contains several location identifiers that should be thought of in the following order from the most general to the most specific: facility, building, floor, point of care, room, bed. Additional data about any location defined by these components can be added in the following components: person location type, location description and location status.
Example: Nursing Unit
A nursing unit at Community Hospital: 4 East, room 136, bed B
4E^136^B^CommunityHospital^N

Example: Home
The patient was treated at his home.

POINT OF CARE (IS)
Definition: This component specifies the code for the point where patient care is administered. It is conditional on PL.6 Person Location Type (e.g., nursing unit or department or clinic). After floor, it is the most general patient location designation.

ROOM (IS)
Definition: This component specifies the code for the patient's room. After point of care, it is the most general person location designation.

BED (IS)
Definition: This component specifies the code for the patient's bed. After room, it is the most general person location designation.

FACILITY (HD)
Definition: This component is subject to site interpretation but generally describes the highest level physical designation of an institution, medical center or enterprise. It is the most general person location designation.
See ""HD - hierarchic designator". HD - hierarchic designator" for discussion of data type

LOCATION STATUS (IS)
Definition: This component specifies the code for the status or availability of the location. For example, it may convey bed status.

PERSON LOCATION TYPE (IS)
Definition: Person location type is the categorization of the person’s location defined by facility, building, floor, point of care, room or bed. Although not a required field, when used, it may be the only populated field. It usually includes values such as nursing unit, department, clinic, SNF, physician’s office.

BUILDING (IS)
Definition: This component specifies the code for the building where the person is
located. After facility, it is the most general person location designation.

**FLOOR (IS)**

Definition: This component specifies the code for the floor where the person is located. After building, it is the most general person location designation.

**LOCATION DESCRIPTION (ST)**

Definition: This component describes the location in free text.

**COMPREHENSIVE LOCATION IDENTIFIER (EI)**

Definition: The unique identifier that represents the physical location as a whole without regard for the individual components. This definition accommodates sites that may have a different method of defining physical units or who may code at a less granular level. For example, point of care, room, and bed may be one indivisible code.

**ASSIGNING AUTHORITY FOR LOCATION (HD)**

Definition: The entity that creates the data for the individual physical location components. If populated, it should be the authority for all components populated.

**PT - PROCESSING TYPE**

<table>
<thead>
<tr>
<th>SEQ</th>
<th>LEN</th>
<th>DT</th>
<th>OPT</th>
<th>TBL#</th>
<th>COMPONENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>ID</td>
<td></td>
<td></td>
<td>Processing ID</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>ID</td>
<td></td>
<td></td>
<td>Processing Mode</td>
</tr>
</tbody>
</table>

Definition: This data type indicates whether to process a message as defined in HL7 Application (level 7) Processing rules.

**PROCESSING ID (ID)**

Definition: It is a value that defines whether the message is part of a production, training, or debugging system.

**PROCESSING MODE (ID)**

Definition: It is a value that defines whether the message is part of an archival process or an initial load.
**SI - SEQUENCE ID**

<table>
<thead>
<tr>
<th>SEQ</th>
<th>LEN</th>
<th>DT</th>
<th>OPT</th>
<th>TBL#</th>
<th>COMPONENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
<td>Sequence ID</td>
</tr>
</tbody>
</table>

**Definition:** A non-negative integer in the form of a NM field.

---

**ST - STRING DATA**

<table>
<thead>
<tr>
<th>SEQ</th>
<th>LEN</th>
<th>DT</th>
<th>OPT</th>
<th>TBL#</th>
<th>COMPONENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>199</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>String Data</td>
</tr>
</tbody>
</table>

**Definition:** String data is left justified with trailing blanks optional.

**Example:** Chief Compliant: OBX-5, CWE:9 (Original Text): |OBX|2|CWE|8661-1^CHIEF COMPLAINT:FIND:PT:PATIENT:NOM:REPORTED^LN||HEADACHE FOR 2 DAYS|

---

**TX - TEXT DATA**

**Definition:** String data meant for user display (on a terminal or printer). Such data would not necessarily be left justified since leading spaces may contribute greatly to the clarity of the presentation to the user. Because this type of data is intended for display, it may contain certain escape character sequences designed to control the display. Leading spaces should be included. Trailing spaces should be removed.

**Example OBX Segment:** |OBX|1|TX|54094-8^TRIAGE NOTE:FIND:PT:EMERGENCY DEPARTMENT:DOC^LN||Pain and recurrent cramping sensation.|201102091114|

---

**TS - TIME STAMP**

<table>
<thead>
<tr>
<th>SEQ</th>
<th>LEN</th>
<th>DT</th>
<th>OPT</th>
<th>TBL#</th>
<th>COMPONENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>24</td>
<td>DTM</td>
<td>R</td>
<td></td>
<td>Time</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>ID</td>
<td>X</td>
<td>X</td>
<td>Degree of Precision</td>
</tr>
</tbody>
</table>

**Definition:** Specifies a point in time.

**TIME (DTM)**

Definition: The point in time.
See “Date/Time” for the full description of this component.

**VID – VERSION IDENTIFIER**

<table>
<thead>
<tr>
<th>SEQ</th>
<th>LEN</th>
<th>DT</th>
<th>OPT</th>
<th>TBL#</th>
<th>COMPONENT NAME</th>
</tr>
</thead>
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<tr>
<td>1</td>
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<td>ID</td>
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<td></td>
<td>Version ID</td>
</tr>
<tr>
<td>2</td>
<td>483</td>
<td>CE</td>
<td></td>
<td></td>
<td>Internationalization Code</td>
</tr>
<tr>
<td>3</td>
<td>483</td>
<td>CE</td>
<td></td>
<td></td>
<td>International Version ID</td>
</tr>
</tbody>
</table>

Example: MSH-12 Version ID: |2.5.1|

**VERSION ID (ID)**

Definition: This field is used to identify the HL7 version.

**XAD - EXTENDED ADDRESS**

<table>
<thead>
<tr>
<th>SEQ</th>
<th>LEN</th>
<th>DT</th>
<th>OPT</th>
<th>TBL#</th>
<th>COMPONENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
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<td>SAD</td>
<td></td>
<td></td>
<td>Street Address</td>
</tr>
<tr>
<td>2</td>
<td>120</td>
<td>ST</td>
<td></td>
<td></td>
<td>Other Designation</td>
</tr>
<tr>
<td>3</td>
<td>50</td>
<td>ST</td>
<td></td>
<td></td>
<td>City</td>
</tr>
<tr>
<td>4</td>
<td>50</td>
<td>ST</td>
<td></td>
<td></td>
<td>State or Province</td>
</tr>
<tr>
<td>5</td>
<td>12</td>
<td>ST</td>
<td></td>
<td></td>
<td>Zip or Postal Code</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
<td>ID</td>
<td></td>
<td></td>
<td>Country</td>
</tr>
<tr>
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<td>ID</td>
<td></td>
<td></td>
<td>Address Type</td>
</tr>
<tr>
<td>8</td>
<td>50</td>
<td>ST</td>
<td></td>
<td></td>
<td>Other Geographic Designation</td>
</tr>
<tr>
<td>9</td>
<td>20</td>
<td>IS</td>
<td></td>
<td></td>
<td>County/Parish Code</td>
</tr>
<tr>
<td>10</td>
<td>20</td>
<td>IS</td>
<td>X</td>
<td></td>
<td>Census Tract</td>
</tr>
<tr>
<td>11</td>
<td>1</td>
<td>ID</td>
<td>X</td>
<td></td>
<td>Address Representation Code</td>
</tr>
<tr>
<td>12</td>
<td>53</td>
<td>DR</td>
<td>X</td>
<td></td>
<td>Address Validity Range</td>
</tr>
<tr>
<td>13</td>
<td>26</td>
<td>TS</td>
<td>X</td>
<td></td>
<td>Effective Date</td>
</tr>
<tr>
<td>14</td>
<td>26</td>
<td>TS</td>
<td>X</td>
<td></td>
<td>Expiration Date</td>
</tr>
</tbody>
</table>
Definition: This data type specifies the address of a person, place or organization plus associated information.

Example OBX segment: FACILITY LOCATION

OBX|1|XAD|SS002^TREATING FACILITY
LOCATION^PHINQUESTION||^^^13^30341^USA^C^DEKALB||||||F|||201102091114

**Street Address (SAD)**

**Other Designation (ST)**

Definition: Second line of address. In US usage, it qualifies address. Examples: Suite 555 or Fourth Floor. When referencing an institution, this component specifies the street address.

**City (ST)**

Definition: This component specifies the city, or district or place where the addressee is located depending upon the national convention for formatting addresses for postal usage.

**State or Province (ST)**

Definition: This component specifies the state or province where the addressee is located. State or province should be represented by the official postal service codes for that country.

**Zip or Postal Code (ST)**

Definition: This component specifies the ZIP or postal code where the addressee is located.

**Country (ID)**

Definition: This component specifies the country where the addressee is located.

**Address Type (ID)**

Definition: This component specifies the kind or type of address.

**Other Geographic Designation (ST)**

Definition: This component specifies any other geographic designation.

**County/Parish Code (IS)**

Definition: This is a code that represents the county in which the specified address resides.
## XCN - EXTENDED COMPOSITE ID NUMBER AND NAME FOR PERSONS

**HL7 Component Table - XCN – Extended Composite ID Number and Name for Persons**

<table>
<thead>
<tr>
<th>SEQ</th>
<th>LEN</th>
<th>DT</th>
<th>OPT</th>
<th>TBL#</th>
<th>COMPONENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15</td>
<td>ST</td>
<td>O</td>
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<td>ID Number</td>
</tr>
<tr>
<td>2</td>
<td>194</td>
<td>FN</td>
<td>O</td>
<td></td>
<td>Family Name</td>
</tr>
<tr>
<td>3</td>
<td>30</td>
<td>ST</td>
<td>O</td>
<td></td>
<td>Given Name</td>
</tr>
<tr>
<td>4</td>
<td>30</td>
<td>ST</td>
<td>O</td>
<td></td>
<td>Second and Further Given Names or Initials Thereof</td>
</tr>
<tr>
<td>5</td>
<td>20</td>
<td>ST</td>
<td>O</td>
<td></td>
<td>Suffix (e.g., JR or III)</td>
</tr>
<tr>
<td>6</td>
<td>20</td>
<td>ST</td>
<td>O</td>
<td></td>
<td>Prefix (e.g., DR)</td>
</tr>
<tr>
<td>7</td>
<td>5</td>
<td>IS</td>
<td>B</td>
<td></td>
<td>0360 Degree (e.g., MD)</td>
</tr>
<tr>
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<td>4</td>
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<td>C</td>
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<td>0297 Source Table</td>
</tr>
<tr>
<td>9</td>
<td>227</td>
<td>HD</td>
<td>O</td>
<td></td>
<td>0363 Assigning Authority</td>
</tr>
<tr>
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<td>1</td>
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<td>ID</td>
<td>C</td>
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<td>0203 Identifier Type Code</td>
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<td>O</td>
<td></td>
<td>Professional Suffix</td>
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<tr>
<td>22</td>
<td>705</td>
<td>CWE</td>
<td>O</td>
<td></td>
<td>Assigning Jurisdiction</td>
</tr>
<tr>
<td>23</td>
<td>705</td>
<td>CWE</td>
<td>O</td>
<td></td>
<td>Assigning Agency or Department</td>
</tr>
</tbody>
</table>

**Definition:** This data type specifies the ID number and name of a person.
Example: 2231231234^Hippocrates^Harold^H^IV^Dr^MD^^&Provider Master.Community Health and Hospitals&NPI^L^9^M10^DN^&Good Health Hospital.Community Health and Hospitals&L^A

XPN - EXTENDED PERSON NAME

<table>
<thead>
<tr>
<th>SEQ</th>
<th>LEN</th>
<th>DT</th>
<th>OPT</th>
<th>TBL#</th>
<th>COMPONENT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>194</td>
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<td></td>
<td>Family Name</td>
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<td>ST</td>
<td></td>
<td></td>
<td>Given Name</td>
</tr>
<tr>
<td>3</td>
<td>30</td>
<td>ST</td>
<td></td>
<td></td>
<td>Second and Further Given Names or Initials Thereof</td>
</tr>
<tr>
<td>4</td>
<td>20</td>
<td>ST</td>
<td></td>
<td></td>
<td>Suffix (e.g., JR or III)</td>
</tr>
<tr>
<td>5</td>
<td>20</td>
<td>ST</td>
<td></td>
<td></td>
<td>Prefix (e.g., DR)</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td>IS</td>
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<td></td>
<td>Degree (e.g., MD)</td>
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<td>483</td>
<td>CE</td>
<td>X</td>
<td></td>
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<td>DR</td>
<td>X</td>
<td></td>
<td>Name Validity Range</td>
</tr>
<tr>
<td>11</td>
<td>1</td>
<td>ID</td>
<td>X</td>
<td></td>
<td>Name Assembly Order</td>
</tr>
<tr>
<td>12</td>
<td>26</td>
<td>TS</td>
<td>X</td>
<td></td>
<td>Effective Date</td>
</tr>
<tr>
<td>13</td>
<td>26</td>
<td>TS</td>
<td>X</td>
<td></td>
<td>Expiration Date</td>
</tr>
<tr>
<td>14</td>
<td>199</td>
<td>ST</td>
<td>X</td>
<td></td>
<td>Professional Suffix</td>
</tr>
</tbody>
</table>

Example: PID-5 Patient Name: If Patient Name is known, but not desired to be sent, then the second occurrence of PID-5 is valued and only PID-5.7 (Name Type Code) is valued with the constant value "S" |

| ^^^^^^S|

FAMILY NAME (FN)
Definition: This component allows full specification of the surname of a person.

GIVEN NAME (ST)
Definition: First name
SECOND AND FURTHER GIVEN NAMES OR INITIALS THEREOF (ST)
Definition: Multiple middle names may be included by separating them with spaces.

SUFFIX (ST)
Definition: This is used to specify a name suffix (e.g., Jr. or III).

PREFIX (ST)
Definition: This is used to specify a name prefix (e.g., Dr.).

DEGREE (IS)

NAME TYPE CODE (ID)
CHAPTER 5 - MESSAGE TYPE/TRIGGER EVENT AND SEGMENTS

ENCODING RULES

The following list details the encoding rules.

- Encode each segment in the order specified in the Message Structure.
- Begin each segment with the three-letter segment ID (e.g., PID).
- End each segment with the carriage return terminator (hex 0D). Note that in the examples in this guide, this character is illustrated as “<cr>”. This character is a single ASCII character; the segment terminator is NOT the four-character sequence.
- Encode the data fields in the sequence given in the corresponding segment definition tables.
- Encode each data field according to the data type format listed in this guide.
- Components, subcomponents, or repetitions that are not valued at the end of a field need not be represented by component separators. Likewise, field separators are not required for empty fields at the end of a segment.

For example, the data fields and segments below are equivalent:

```
|^XXX&YYY&^| is equal to |^XXX&YYY|
|ABC^DEF^^| is equal to |ABC^DEF|
```

and

```
MSH|^~&||Facility_NPI^0131191934^NPI|||201009221330||
   ADT^A04^ADT_A01|1|P|2.3.1|<cr>
MSH|^~&||Facility_NPI^0131191934^NPI|||201009221330||
   ADT^A04^ADT_A01|1|P|2.5.1|<cr>
```

is equal to

```
MSH|^~&||Facility_NPI^0131191934^NPI|||201009221330||
   ADT^A04^ADT_A01|1|P|2.3.1<cr>
MSH|^~&||Facility_NPI^0131191934^NPI|||201009221330||
   ADT^A04^ADT_A01|1|P|2.5.1<cr>
```

- The Receiver should ignore undocumented segments that are sent and conform to the HL7 message structure.
STATIC MODEL - MESSAGE STRUCTURE

HL7 Message Structure Attributes

The structure of the supported messages in this guide are described in tabular format (refer to the following section). The columns of those tables are used as described in the table below.

<table>
<thead>
<tr>
<th>ABBREVIATION</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Segment</td>
<td>Three-character code for the segment and the abstract syntax (e.g., the square and curly braces) If a segment is not documented in this guide, it should not be sent.</td>
</tr>
<tr>
<td></td>
<td>• [ XXX ] Optional</td>
</tr>
<tr>
<td></td>
<td>• { XXX } Repeating</td>
</tr>
<tr>
<td></td>
<td>• XXX Required</td>
</tr>
<tr>
<td></td>
<td>• [{ XXX }] Optional and Repeating</td>
</tr>
<tr>
<td>Name</td>
<td>Name of the segment</td>
</tr>
<tr>
<td>Description</td>
<td>Explanation of the use of the segment</td>
</tr>
<tr>
<td>Usage</td>
<td>Use of the segment for syndromic surveillance Indicates if the segment is required, optional, or conditional in a message Legal values are:</td>
</tr>
<tr>
<td></td>
<td>• R – Required, Must always be populated</td>
</tr>
<tr>
<td></td>
<td>• RE – Required, but may be empty (segment is not sent). If the Sender has data, it must be sent. The Receiver must be capable of processing data if sent, and must not raise an error or warning if the data is not sent.</td>
</tr>
<tr>
<td></td>
<td>• O – Optional There is no specified conformance rules for either Sender or Receiver for this segment in this guide. As an implemented interface must follow known rules for populating segments, a specific interface for a particular Sender or Receiver must constrain this usage to either R, RE, C, CE, or X. This has been deliberately left unconstrained in this guide to support differing and sometimes mutually exclusive statutory requirements in different jurisdictions; this must be determined locally.</td>
</tr>
<tr>
<td>Cardinality</td>
<td>Minimum and maximum number of times the segment may appear</td>
</tr>
<tr>
<td></td>
<td>[0..1] Segment may be omitted and can have, at most, one occurrence.</td>
</tr>
<tr>
<td></td>
<td>[1..1] Segment must have exactly one occurrence.</td>
</tr>
<tr>
<td></td>
<td>[0..*] Segment may be omitted or repeat an unlimited number of times.</td>
</tr>
<tr>
<td></td>
<td>[1..*] Segment must appear at least once, and may repeat unlimited number of times.</td>
</tr>
</tbody>
</table>
Constrained Message Types

The HL7 message formats sent to public health agencies will be constrained versions of the 2.5.1 abstract message formats. Only the segments necessary for carrying the syndromic data, and certain structural message segments, are included. All of the General Acknowledgement (ACK) messages were placed in the final table (Table 5-7).

Message types that are NOT documented in this guide are considered NOT SUPPORTED.

HL7 ADT Message Types

The following HL7 ADT Messages have been identified for syndromic surveillance. Additional ADT trigger events not noted in this section may occur within the normal workflow of an EHR. The below ADT trigger events represent the core data elements of interest for public health authorities (PHAs) related to syndromic surveillance:

- ADT^A01 Admit / Visit Notification
- ADT^A04 Register a Patient
- ADT^A08 Update Patient Information
- ADT^A03 Discharge / End Visit
- ACK^A01 General Acknowledgement
- ACK^A04 General Acknowledgement
- ACK^A08 General Acknowledgement
- ACK^A03 General Acknowledgement

HL7 ORU Message Types

ORU Messages may be sent for syndromic surveillance purposes. General business rules and interaction diagrams regarding lab data exchange using ORU message types are provided in Chapter 2. Further specifications are under development and will be included in future guide versions.

Static Model – Message Segments

Segment Profile Attributes

Fields or components that are NOT documented in this guide are considered NOT SUPPORTED. Inclusion of any field or component that is not supported should not result in failure of the entire message by the receiver, as per recommended receiver behaviors as defined in HL7.

The abbreviated terms and segment definitions used in the constrained message
formats are detailed in the following table.

<table>
<thead>
<tr>
<th>ABBREVIATION</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Name</td>
<td>Descriptive name of the data element</td>
</tr>
<tr>
<td>Sequence (Seq)</td>
<td>Sequence of the elements as they are numbered in the HL7 segment</td>
</tr>
<tr>
<td>Data type (DT)</td>
<td>Data type used for HL7 element</td>
</tr>
<tr>
<td>Length (Len)</td>
<td>Length of an element is calculated using the following rules:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ \text{Field length} = (\text{Sum of all supported component lengths}) + (\text{component number of the last-supported component}) - 1. ]</td>
</tr>
<tr>
<td></td>
<td>[ \text{Component length} = (\text{Sum of all supported sub-component lengths}) + (\text{sub-component number of the last-supported component}) - 1. ]</td>
</tr>
<tr>
<td>Sender Usage</td>
<td>Indicator of whether a data element is required, optional, or conditional</td>
</tr>
<tr>
<td></td>
<td>in a message, set separately for Senders and Receivers. Legal values are:</td>
</tr>
<tr>
<td></td>
<td>( R ) – Required, Must always be populated by the Sender, and if not</td>
</tr>
<tr>
<td></td>
<td>present, the Receiver may reject the message.</td>
</tr>
<tr>
<td></td>
<td>( \text{RE}^8 ) - Required, but may be empty (no value). If the Sender has</td>
</tr>
<tr>
<td></td>
<td>data, the data must be sent. The Receiver must be capable of processing</td>
</tr>
<tr>
<td></td>
<td>data if sent, and must not raise an error or warning if the data is not</td>
</tr>
<tr>
<td></td>
<td>sent.</td>
</tr>
<tr>
<td></td>
<td>( O ) – Optional-There are no specified conformance rules for either</td>
</tr>
<tr>
<td></td>
<td>Sender or Receiver for this field in this guide. As an implemented interface</td>
</tr>
<tr>
<td></td>
<td>must follow known rules for populated fields and components, a specific</td>
</tr>
<tr>
<td></td>
<td>interface for a particular Sender or Receiver must constrain this usage to</td>
</tr>
<tr>
<td></td>
<td>either ( R ), ( \text{RE} ), ( C ), ( \text{CE} ), or ( X ). This value has been deliberately left</td>
</tr>
<tr>
<td></td>
<td>unconstrained in this guide to support differing and sometimes mutually</td>
</tr>
<tr>
<td></td>
<td>exclusive statutory requirements in different jurisdictions; this must be</td>
</tr>
<tr>
<td></td>
<td>determined locally.</td>
</tr>
<tr>
<td></td>
<td>( C ) – Conditional - When conditionality predicate evaluates to ‘True’,</td>
</tr>
<tr>
<td></td>
<td>considered the same as ‘( R )’. When condition evaluates to ‘False’,</td>
</tr>
<tr>
<td></td>
<td>Senders must not populate the field, and Receivers may raise an error if</td>
</tr>
<tr>
<td></td>
<td>the field is present but must not raise an error if the field is not</td>
</tr>
<tr>
<td></td>
<td>present.</td>
</tr>
<tr>
<td></td>
<td>( \text{CE} ) - Conditionality Empty - When conditionality predicate</td>
</tr>
</tbody>
</table>

\(^8\) The element may be missing from the message, but must be sent by sending application if there is relevant data. A conforming sending application must be capable of providing all ‘RE’ elements. If conforming sending application knows required values for the element, it must send that element. If conforming sending application does not know the required values, then that element will be omitted.
### TABLE 5-2: SEGMENT PROFILE ATTRIBUTES

<table>
<thead>
<tr>
<th>ABBREVIATION</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>to 'True', behaves the same as 'RE'. When conditionality predicate evaluates to 'False', the Sender should not populate the field, and the Receiver may raise an application error if the field is present.</td>
</tr>
<tr>
<td></td>
<td>X - Not supported - Senders must not populate. Receivers may ignore the element if it is sent, or may raise an error if field is present.</td>
</tr>
</tbody>
</table>

**Note:** A required field in an optional segment does not mean the segment must be present in the message. It means that if the segment is present, the required fields within that segment must be populated. The same applies to required components of optional fields. If the field is being populated, then the required components must be populated. The same applies to required sub-components of optional components. If a component is being populated, then the required sub-components of that component must be populated.

### Cardinality

<table>
<thead>
<tr>
<th>Minimum and maximum number of times the field may appear.</th>
</tr>
</thead>
<tbody>
<tr>
<td>[0..0] Field never present</td>
</tr>
<tr>
<td>[0..1] Field may be omitted and can have, at most, one occurrence.</td>
</tr>
<tr>
<td>[1..1] Field must have exactly one occurrence</td>
</tr>
<tr>
<td>[0..n] Field may be omitted or may repeat up to n times</td>
</tr>
<tr>
<td>[1..n] Field must appear at least once, and may repeat up to n time.</td>
</tr>
<tr>
<td>[0..*] Field may be omitted or repeat an unlimited number of times.</td>
</tr>
<tr>
<td>[1..*] Field must appear at least once, and may repeat unlimited number of times.</td>
</tr>
<tr>
<td>[m..n] Field must appear at least m and at most n times.</td>
</tr>
</tbody>
</table>

### Values / Value Set

<table>
<thead>
<tr>
<th>Link to value set or literal value of data expected to be populated in the field. Numbers in this field denote the related vocabulary in that HL7 Table. Contains the name and/or the PHIN Value Set (accessible through PHIN VADS) when relevant as well as notes, condition rules and recommendations</th>
</tr>
</thead>
</table>

- Fields shaded in yellow denote unsupported fields. The usage is also marked 'X'.
- Components and subcomponents of a single field are noted as a dotted decimal number.
ADMIT / VISIT NOTIFICATION MESSAGE (ADT^A01)

ADT^A01 messages are used to communicate syndromic surveillance data to PHAs in the event of a patient admission to a hospital inpatient facility. This may occur as a result of a patient transfer from another facility (e.g., an emergency department or another hospital), or from other places (e.g., home).

<table>
<thead>
<tr>
<th>SEG</th>
<th>NAME</th>
<th>DESCRIPTION</th>
<th>USAGE</th>
<th>CARDINALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSH</td>
<td>Message Header</td>
<td>Information explaining how to parse and process the message</td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Information includes identification of message delimiters, sender, receiver, message type, timestamp, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVN</td>
<td>Event Type</td>
<td>Trigger event information for receiving application</td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td>PID</td>
<td>Patient Identification</td>
<td>Patient identifying and demographic information</td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td>PV1</td>
<td>Patient Visit</td>
<td>Information related to this visit at this facility including the nature of the visit, critical timing information and a unique visit identifier.</td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td>[PV2]</td>
<td>Patient Visit Additional Information</td>
<td>Admit Reason information.</td>
<td>RE</td>
<td>[0..1]</td>
</tr>
<tr>
<td>{OBX}</td>
<td>Observation / Result</td>
<td>Information regarding the age, temperature, and other information</td>
<td>R</td>
<td>[1..*]</td>
</tr>
<tr>
<td>{DG1}</td>
<td>Diagnosis</td>
<td>Admitting Diagnosis and, optionally, Working and Final Diagnosis information</td>
<td>RE</td>
<td>[0..*]</td>
</tr>
<tr>
<td>{PR1}</td>
<td>Procedures</td>
<td>Information relative to various types of procedures performed</td>
<td>O</td>
<td>[0..*]</td>
</tr>
</tbody>
</table>
### TABLE 5-3 ADT^A01 ADMIT / VISIT NOTIFICATION

<table>
<thead>
<tr>
<th>SEG</th>
<th>NAME</th>
<th>DESCRIPTION</th>
<th>USAGE</th>
<th>CARDINALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>[IN1]</td>
<td>Insurance</td>
<td>Information about insurance policy coverage information</td>
<td>O</td>
<td>[0..*]</td>
</tr>
</tbody>
</table>
**Message Header (MSH) Segment**

The MSH Segment is used to define the intent, source, destination, and some specifics of the syntax of the message. This segment includes identification of message delimiters, sender, receiver, message type, timestamp, etc.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Separator</td>
<td>1</td>
<td>ST</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> This field contains the separator between the segment ID and the first real field, MSH-2-encoding characters. As such it serves as the separator and defines the character to be used as a separator for the rest of the message. Default value is</td>
</tr>
<tr>
<td>Encoding Characters</td>
<td>2</td>
<td>ST</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> This field contains the four characters in the following order: the component separator, repetition separator, escape character, and subcomponent separator. Default values are ^~&amp; (ASCII 94, 126, 92, and 38, respectively).</td>
</tr>
<tr>
<td>Sending Application</td>
<td>3</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field uniquely identifies the sending application among all other applications within the network enterprise. The network enterprise consists of all those applications that participate in the exchange of HL7 messages within the enterprise.</td>
</tr>
</tbody>
</table>
### TABLE 5-3A: MESSAGE HEADER SEGMENT (MSH)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sending Facility</td>
<td>4</td>
<td>HD</td>
<td>227</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>National Provider Identifier. (10-digit identifier)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field further describes the sending application, MSH-3-sending application. This field uniquely identifies the facility associated with the application that sends the message. If Acknowledgements are in use, this facility will receive any related Acknowledgement message. <strong>Note:</strong> The use of 'NPI' should be discussed during the implementation process as local jurisdictions may differ on their use of identifiers for this field</td>
</tr>
<tr>
<td>Namespace ID</td>
<td>4.1</td>
<td>IS</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Universal ID</td>
<td>4.2</td>
<td>ST</td>
<td>199</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td></td>
</tr>
<tr>
<td>Universal ID Type</td>
<td>4.3</td>
<td>ID</td>
<td>6</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>PHVS_UniversalIDType_SyndromicSurveillance</strong></td>
</tr>
<tr>
<td>Receiving Application</td>
<td>5</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field uniquely identifies the receiving application among all other applications within the network enterprise. The network enterprise consists of all those applications that participate in the exchange of HL7 messages within the enterprise.</td>
</tr>
<tr>
<td>Receiving Facility</td>
<td>6</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field identifies the receiving application among multiple identical instances of the application running on behalf of different organizations.</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----</td>
<td>-----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Date/Time Of Message</td>
<td>7</td>
<td>TS</td>
<td>26</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-013:</strong> MSH-7 (Date/Time of Message) SHALL be expressed with a minimum precision of the nearest minute, and be represented in the following format: ‘YYYYMMDDHHMM[SS[.S[S[S[S]]]]] +/-ZZZZ’ <strong>Definition:</strong> This field contains the date/time that the sending system created the message. If the time zone is specified, it will be used throughout the message as the default time zone. <strong>Note:</strong> MSH-7 (Date/Time of Message) does not have to equal EVN-2 (Message Date/Time)</td>
</tr>
<tr>
<td>Security</td>
<td>8</td>
<td>ST</td>
<td>40</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td><strong>Conformance Statement SS-014:</strong> MSH-9 (Message Type) SHALL be the literal value: ‘ADT^A01^ADT_A01’, <strong>Definition:</strong> This field contains the message type, trigger event, and the message structure ID for the message.</td>
</tr>
<tr>
<td>Message Type</td>
<td>9</td>
<td>MSG</td>
<td>15</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_MessageType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Message Code</td>
<td>9.1</td>
<td>ID</td>
<td>3</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_MessageType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Trigger Event</td>
<td>9.2</td>
<td>ID</td>
<td>3</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_EventType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Message Structure</td>
<td>9.3</td>
<td>ID</td>
<td>7</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_MessageStructure_SyndromicSurveillance</td>
</tr>
</tbody>
</table>
### TABLE 5-3A: MESSAGE HEADER SEGMENT (MSH)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Message Control ID  | 10  | ST | 199    | R            | R              | [1..1]       | **Definition**: This field contains a number or other identifier that uniquely identifies the message. The receiving system echoes this ID back to the sending system in the Message acknowledgment segment (MSA).  
**Note**: This field is a number or other identifier that uniquely identifies the message. |
| Processing ID       | 11  | PT | 3      | R            | R              | [1..1]       | **Conformance Statement SS-015**: MSH-11 (Processing ID) SHALL have a value in the set of literal values: “P” for Production, “D” for Debug or “T” for Training.  
**Definition**: This field is used to decide whether to process the message as defined in HL7 Application (level 7) Processing rules.  
**Note**: Indicates how to process the message as defined in HL7 processing rules |
| Version ID          | 12  | VID| 5      | R            | R              | [1..1]       | **Conformance Statement SS-016**: MSH-12 (Version ID) SHALL have a value ‘2.5.1’  
**Definition**: This field is matched by the receiving system to its own version to be sure the message will be interpreted correctly. For this message the value shall be 2.5.1  
**Note**: HL7 version number used to interpret format and content of the message. |
<p>| Sequence Number     | 13  | NM | 15     | X            | X              | [0..1]       |
| Continuation Pointer| 14  | ST | 180    | X            | X              | [0..1]       |</p>
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accept Acknowledgement Type</td>
<td>15</td>
<td>ID</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0155: HL7 defined: Accept/application acknowledgment conditions</td>
</tr>
<tr>
<td>Application Acknowledgement Type</td>
<td>16</td>
<td>ID</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0155: HL7 defined: Accept/application acknowledgment conditions</td>
</tr>
<tr>
<td>Country Code</td>
<td>17</td>
<td>ID</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0399: HL7 defined: Country code</td>
</tr>
<tr>
<td>Character Set</td>
<td>18</td>
<td>ID</td>
<td>16</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0211: HL7 defined: Alternate character sets</td>
</tr>
<tr>
<td>Principal Language Of Message</td>
<td>19</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Character Set Handling Scheme</td>
<td>20</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0356: HL7 defined: Alternate character set handling scheme</td>
</tr>
</tbody>
</table>
### TABLE 5-3A: MESSAGE HEADER SEGMENT (MSH)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Message Profile Identifier | 21  | EI | 427    | R            | R              | [0..1]       | **Conformance Statement SS-017:** An instance of MSH.21 (Message Profile Identifier) **SHALL** contain the constant value:  
  
  PH_SS-Ack^SS Sender^2.16.840.1.114222.4.10.3^ISO or  
  PH_SS-Ack^SS Receiver^2.16.840.1.114222.4.10.3^ISO  
  
  PH_SS-NoAck^SS  
  Sender^2.16.840.1.114222.4.10.3^ISO or  
  PH_SS-NoAck^SS  
  Receiver^2.16.840.1.114222.4.10.3^ISO  
  
  PH_SS-Batch^SS Sender^2.16.840.1.114222.4.10.3^ISO or  
  PH_SS-Batch^SS  
  Receiver^2.16.840.1.114222.4.10.3^ISO  
  
  **Definition:** Sites may use this field to assert adherence to, or reference, a message profile. Message profiles contain detailed explanations of grammar, syntax, and usage for a particular message or set of messages. |
### Event Type (EVN) Segment

The EVN segment is used to communicate trigger event information to receiving applications.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Type Code</td>
<td>1</td>
<td>ID</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>PHVS_EventType_SyndromicSurveillance</td>
</tr>
</tbody>
</table>
| Recorded Date/Time       | 2   | TS | 26     | R            | R              | [1..1]       | **Conformance Statement SS-018:** EVN-2 (Recorded Date/Time of Message) **SHALL** be expressed with a minimum precision of the nearest minute, and be represented in the following format: ‘YYYYMMDDHHMM[SS[.S[S[S]])] [+/-ZZZZ]’  
**Note:** EVN-2 (Recorded Date/Time) does not have to equal MSH-7 (Date/Time of Message)  
**Note:** Most systems default to the system Date/Time when the transaction was entered.  
**Data Element of Interest:** Message Date/Time                                                                                       |
| Date/Time Planned Event  | 3   | TS | 26     | X            | X              | [0..1]       |                                                                                      |
| Event Reason Code        | 4   | IS | 3      | X            | X              | [0..1]       | HL7 table 0062: User defined: Event reason                                           |
| Operator ID              | 5   | XCN| 309    | X            | X              | [0..*]       | HL7 table 0188: User defined: Operator ID                                           |
| Event Occurred           | 6   | TS | 26     | X            | X              | [0..1]       |                                                                                      |
| Event Facility           | 7   | HD | 241    | R            | R              | [1..1]       | **Definition:** This field identifies the location where the patient was actually treated. |
TABLE 5-3B: EVENT TYPE SEGMENT (EVN)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Namespace ID       | 7.1 | IS | 20     | RE           | O              | [0..1]       | Note: The use of ‘NPI’ should be discussed during the implementation process as local jurisdictions may differ on their use of identifiers for this field.  
Data Element of Interest: Facility Identifier (Treating) (EVN-7.1)  
Data Element of Interest: Facility Name (Treating) (EVN-7.2)  
Recommend the use of the Organization Name Legal Business Name (LBN) associated with the National Provider Identifier Standard provided by Centers for Medicare and Medicaid Services. For more information about NPI, search for, or to apply for a NPI, [click here](#).  
If NPI is not available, use a different unique identifier, such as OID or a State-designated identifier. |
| Universal ID       | 7.2 | ST | 199    | R            | R              | [1..1]       | Recommend the use of the National Provider Identifier Standard provided by Centers for Medicare and Medicaid Services. For more information about NPI, search for, or to apply for a NPI, [click here](#).  
If NPI is not available, use a different unique identifier, such as OID or a State-designated identifier. |
| Universal ID Type  | 7.3 | ID | 6      | R            | R              | [1..1]       | PHVS_UniversalIDType_SyndromicSurveillance                                                                                                                                                                                                  |
Patient Identification (PID) Segment

The PID Segment is used as the primary means of communicating patient identification information. This segment contains pertinent patient identifying and demographic information.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set ID - PID</td>
<td>1</td>
<td>SI</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Conformance Statement SS-019: PID-1 (Set ID) SHALL have the Literal Value of ‘1’</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Definition: This field contains the number that identifies this transaction. The sequence number shall be one.</td>
</tr>
<tr>
<td>Patient ID</td>
<td>2</td>
<td>CX</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>Definition: PID.3 is a repeating field that can accommodate multiple patient identifiers.</td>
</tr>
<tr>
<td>Patient Identifier List</td>
<td>3</td>
<td>CX</td>
<td>478</td>
<td>R</td>
<td>R</td>
<td>[1..*]</td>
<td>Note: Patient’s unique identifier(s) from the facility that is submitting this report to public health officials. Different jurisdictions use different identifiers and may often use a combination of identifiers to produce a unique patient identifier. Patient identifiers should be strong enough to remain a unique identifier across different data provider models, such as a networked data provider or State HIE. Data Element of Interest: Unique Patient Identifier</td>
</tr>
<tr>
<td>ID Number</td>
<td>3.1</td>
<td>ST</td>
<td>15</td>
<td>R</td>
<td>R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check Digit</td>
<td>3.2</td>
<td>ST</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 5-3C: PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check Digit Scheme</td>
<td>3.3</td>
<td>ID</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0061: HL7 defined: Check digit scheme</td>
</tr>
<tr>
<td>Assigning Authority</td>
<td>3.4</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td>HL7 table 0363: User defined: Assigning authority</td>
</tr>
<tr>
<td>Identifier Type Code</td>
<td>3.5</td>
<td>ID</td>
<td>5</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_IdentifierType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Assigning Facility</td>
<td>3.6</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td>3.7</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>3.8</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Assigning Jurisdiction</td>
<td>3.9</td>
<td>CWE</td>
<td>705</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Assigning Facility</td>
<td>3.10</td>
<td>CWE</td>
<td>705</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Patient ID - PID</td>
<td>4</td>
<td>CX</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Patient Name</td>
<td>5</td>
<td>XPN</td>
<td>294</td>
<td>R</td>
<td>R</td>
<td>[1..*]</td>
<td>Note: Syndromic surveillance does not require the patient name. A Visit or Patient ID, as specified within this guide, shall be used by PHAs to join related visit data and for working with hospitals to find additional visit information for syndromic surveillance signal confirmation or investigation. Since, however, HL7 requires the patient name, the field must be populated even when data patient name shall not be sent. In such an instance (i.e., patient name is not sent), patient name shall be</td>
</tr>
</tbody>
</table>
**TABLE 5-3C: PATIENT IDENTIFICATION SEGMENT (PID)**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Name</td>
<td>5.1</td>
<td>FN</td>
<td>194</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td>presented in a pseudonymized manner.</td>
</tr>
<tr>
<td>Given Name</td>
<td>5.2</td>
<td>ST</td>
<td>30</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Conformance Statement SS-020:</strong> If PID-5 (Patient Name) is unknown then the first occurrence of PID-5 <strong>SHALL NOT</strong> be valued.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-021:</strong> If PID-5 (Patient Name) is unknown then the second occurrence of PID-5 <strong>SHALL</strong> be valued and only PID-5.7 (Name Type Code) shall be valued with the constant value &quot;U&quot; (i.e., PID-5 shall be valued as</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-022:</strong> If PID-5 (Patient Name) is known, but not desired to be sent, then the first occurrence of PID-5 <strong>SHALL NOT</strong> be valued.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-023:</strong> If PID-5 (Patient Name) is known, but not desired to be sent, then the second occurrence of PID-5 <strong>SHALL</strong> be valued and only PID-5.7 (Name Type Code) shall be valued with the constant value &quot;S&quot; (i.e., PID-5 shall be valued as</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field contains the names of the patient; the primary or legal name of the patient is reported first. Therefore, the name type code in this field should be &quot;L - Legal&quot;.</td>
</tr>
</tbody>
</table>

**Definition:** This field contains the names of the patient; the primary or legal name of the patient is reported first. Therefore, the name type code in this field should be "L - Legal".
### TABLE 5-3C: PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Given Name or Initials</td>
<td>5.3</td>
<td>ST</td>
<td>30</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Suffix</td>
<td>5.4</td>
<td>ST</td>
<td>20</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Prefix</td>
<td>5.5</td>
<td>ST</td>
<td>20</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Degree</td>
<td>5.6</td>
<td>IS</td>
<td>6</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0360: User defined: Degree/license/certificate</td>
</tr>
<tr>
<td>Name Type Code</td>
<td>5.7</td>
<td>ID</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_NameType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Name Representation Code</td>
<td>5.8</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name Context</td>
<td>5.9</td>
<td>CE</td>
<td>483</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name Validity Range</td>
<td>5.10</td>
<td>DR</td>
<td>53</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Name Assembly Order</td>
<td>5.11</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0444: HL7 defined: Name assembly order</td>
</tr>
<tr>
<td>Effective Date</td>
<td>5.12</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>5.13</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Professional Suffix</td>
<td>5.14</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Mother’s Maiden Name</td>
<td>6</td>
<td>XPN</td>
<td>294</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 5-3C: PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time of Birth</td>
<td>7</td>
<td>TS</td>
<td>26</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field contains the patient’s date and time of birth.</td>
</tr>
<tr>
<td>Administrative Sex</td>
<td>8</td>
<td>IS</td>
<td>1</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Data Element of Interest:</strong> Gender</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field contains the patient’s sex.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>PHVS_Gender_SyndromicSurveillance</strong></td>
</tr>
<tr>
<td>Patient Alias</td>
<td>9</td>
<td>XPN</td>
<td>294</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>10</td>
<td>CE</td>
<td>478</td>
<td>RE</td>
<td>RE</td>
<td>[0..*]</td>
<td><strong>Definition:</strong> This field refers to the patient’s race.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Note:</strong> Patient could have more than one race defined.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Data Element of Interest:</strong> Race</td>
</tr>
<tr>
<td>Identifier</td>
<td>10.1</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>PHVS_RaceCategory_CDC</strong></td>
</tr>
<tr>
<td>Text</td>
<td>10.2</td>
<td>ST</td>
<td>199</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>10.3</td>
<td>ID</td>
<td>20</td>
<td>CE</td>
<td>C</td>
<td>[0..1]</td>
<td><strong>Condition Predicate:</strong> If PID-10.1 (the identifier) is provided, then PID 10.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>10.4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>10.5</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>10.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----</td>
<td>-----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>---------------------</td>
</tr>
</tbody>
</table>
| Patient Address          | 11  | XAD | 513    | RE           | RE             | [0..1]       | **Definition:** This field contains the mailing address of the patient.  
**Note:** Expecting only the patient primary (current) address information in the supported components |
| Street Address           | 11.1| SAD | 184    | O            | O              | [0..1]       |                     |
| Other Designation        | 11.2| ST  | 120    | O            | O              | [0..1]       |                     |
| City                     | 11.3| ST  | 50     | O            | O              | [0..1]       | **Data Element of Interest:** Patient City/Town |
| State or Province        | 11.4| ST  | 50     | O            | O              | [0..1]       | PHVS_State_FIPS_5-2  
**Data Element of Interest:** Patient State |
| ZIP or Postal Code       | 11.5| ST  | 12     | RE           | RE             | [0..1]       | USPS               
**Data Element of Interest:** Patient ZIP Code |
| Country                  | 11.6| ID  | 3      | O            | O              | [0..1]       | PHVS_Country_ISO_3166-1  
**Data Element of Interest:** Patient Country |
| Address Type             | 11.7| ID  | 3      | O            | O              | [0..1]       | PHVS_AddressType_HL7_2x |
| Other Geographic Designation | 11.8| ST  | 50     | O            | O              | [0..1]       |                     |
| County/Parish Code       | 11.9| IS  | 20     | RE           | RE             | [0..1]       | PHVS_County_FIPS_6-4  
**Data Element of Interest:** Patient County |
# TABLE 5-3C: PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census Tract</td>
<td>11.10</td>
<td>IS</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Address Representation Code</td>
<td>11.11</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Address Validity Range</td>
<td>11.12</td>
<td>DR</td>
<td>53</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td>11.13</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>11.14</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>County Code</td>
<td>12</td>
<td>IS</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0289: User defined: County/parish</td>
</tr>
<tr>
<td>Phone Number - Home</td>
<td>13</td>
<td>XTN</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Phone Number - Business</td>
<td>14</td>
<td>XTN</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Primary Language</td>
<td>15</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0296: User defined: Primary Language</td>
</tr>
<tr>
<td>Marital Status</td>
<td>16</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0002: User defined: Marital Status</td>
</tr>
<tr>
<td>Religion</td>
<td>17</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0006: User defined: Religion</td>
</tr>
<tr>
<td>Patient Account Number</td>
<td>18</td>
<td>CX</td>
<td>250</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field contains the patient account number assigned by accounting to which all charges, payments, etc., are recorded. It is used to identify the patient's account.</td>
</tr>
</tbody>
</table>

---

**PHIN Messaging Guide For Syndromic Surveillance: Emergency Department, Urgent Care And Inpatient Settings**
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSN Number - Patient</td>
<td>19</td>
<td>ST</td>
<td>16</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Driver's License Number - Patient</td>
<td>20</td>
<td>DLN</td>
<td>64</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Mother's Identifier</td>
<td>21</td>
<td>CX</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Ethnic Group</td>
<td>22</td>
<td>CE</td>
<td>478</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field further defines the patient’s ancestry. <strong>Data Element of Interest:</strong> Ethnicity</td>
</tr>
<tr>
<td>Identifier</td>
<td>22.1</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>PHVS_EthnicityGroup_CDC</td>
</tr>
<tr>
<td>Text</td>
<td>22.2</td>
<td>ST</td>
<td>199</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>22.3</td>
<td>ID</td>
<td>20</td>
<td>CE</td>
<td>CE</td>
<td>[0..1]</td>
<td><strong>Condition Predicate:</strong> If PID-22.1 (the identifier) is provided then PID 22.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>22.4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>22.5</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>22.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Birth Place</td>
<td>23</td>
<td>ST</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Multiple Birth Indicator</td>
<td>24</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
</tbody>
</table>
# TABLE 5-3C: PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Order</td>
<td>25</td>
<td>NM</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Citizenship</td>
<td>26</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0171: User defined: Citizenship</td>
</tr>
<tr>
<td>Veterans Military Status</td>
<td>27</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0172: User defined: Veterans Military Status</td>
</tr>
<tr>
<td>Nationality</td>
<td>28</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0212: User defined: Nationality</td>
</tr>
<tr>
<td>Patient Death Date and Time</td>
<td>29</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>Definition: This field shall not be populated on an admission message.</td>
</tr>
<tr>
<td>Patient Death Indicator</td>
<td>30</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>Definition: This field shall not be populated on an admission message.</td>
</tr>
<tr>
<td>Identity Unknown Indicator</td>
<td>31</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Identity Reliability Code</td>
<td>32</td>
<td>IS</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0445: User defined: Identity Reliability Code</td>
</tr>
<tr>
<td>Last Update Date/Time</td>
<td>33</td>
<td>TS</td>
<td>26</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>Definition: This field contains the last update date and time for the patient’s/person’s identifying and demographic data, as defined in the PID segment.</td>
</tr>
<tr>
<td>Last Update Facility</td>
<td>34</td>
<td>HD</td>
<td>241</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>Definition: This field identifies the facility of the last update to a patient’s/person’s identifying and demographic data, as defined in the PID segment.</td>
</tr>
<tr>
<td>Species Code</td>
<td>35</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0446: User defined: Species code</td>
</tr>
</tbody>
</table>
### TABLE 5-3C: PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breed Code</td>
<td>36</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0447: User defined: Breed code</td>
</tr>
<tr>
<td>Strain</td>
<td>37</td>
<td>ST</td>
<td>80</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Production Class Code</td>
<td>38</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0429: User defined: Production Class Code</td>
</tr>
<tr>
<td>Tribal Citizenship</td>
<td>39</td>
<td>CWE</td>
<td>697</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0171: User defined: Citizenship</td>
</tr>
</tbody>
</table>
**Patient Visit (PV1) Segment**

The PV1 segment is used by Registration/Patient Administration applications to communicate information on a visit-specific basis.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set ID - PV1</td>
<td>1</td>
<td>SI</td>
<td>4</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Conformance Statement SS-024</strong>: PV1-1 (Set ID) SHALL have the Literal Value of ’1’</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition</strong>: This field contains the number that identifies this transaction. The sequence number shall be one</td>
</tr>
<tr>
<td>Patient Class</td>
<td>2</td>
<td>IS</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>PHVS_PatientClass_SyndromicSurveillance</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition</strong>: This field is used by systems to categorize patients by site.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Data Element of Interest</strong>: Patient Class</td>
</tr>
<tr>
<td>Assigned Patient Location</td>
<td>3</td>
<td>PL</td>
<td>1220</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field contains the patient’s initial assigned location or the location to which the patient is being moved. The first component may be the nursing station for inpatient locations, or clinic or department, for locations other than inpatient.</td>
</tr>
<tr>
<td>Admission Type</td>
<td>4</td>
<td>IS</td>
<td>2</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>HL7 table 0007</strong>: User defined: Admission type</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition</strong>: This field indicates the circumstances under which the patient was or will be admitted.</td>
</tr>
</tbody>
</table>

**TABLE 5-3D: PATIENT VISIT SEGMENT (PV1)**
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-admit Number</td>
<td>5</td>
<td>CX</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Prior Patient Location</td>
<td>6</td>
<td>PL</td>
<td>1220</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Attending Doctor</td>
<td>7</td>
<td>XCN</td>
<td>309</td>
<td>O</td>
<td>O</td>
<td>[0..*]</td>
<td>Recommend the use of the National Provider Identifier Standard provided by Centers for Medicare and Medicaid Services. For more information about NPI, search for, or to apply for a NPI, <a href="#">click here</a>. If NPI is not available, use a different unique identifier, such as OID or a State-designated identifier. <strong>Data Element of Interest:</strong> Unique Physician Identifier.</td>
</tr>
<tr>
<td>Referring Doctor</td>
<td>8</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
<tr>
<td>Consulting Doctor</td>
<td>9</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
<tr>
<td>Hospital Service</td>
<td>10</td>
<td>IS</td>
<td>3</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>HL7 table 0069: User defined: Hospital Service <strong>Definition:</strong> This field contains the treatment or type of surgery that the patient is scheduled to receive.</td>
</tr>
<tr>
<td>Temporary Location</td>
<td>11</td>
<td>PL</td>
<td>1220</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
**TABLE 5-3D: PATIENT VISIT SEGMENT (PV1)**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preadmit Test Indicator</td>
<td>12</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0087: User defined: Pre-Admit Test Indicator</td>
</tr>
<tr>
<td>Re-admission Indicator</td>
<td>13</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0092: User defined: Re-admission Indicator</td>
</tr>
<tr>
<td>Admit Source</td>
<td>14</td>
<td>IS</td>
<td>6</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>HL7 table 0023: User defined: Admit Source definitions: This field indicates where the patient was admitted.</td>
</tr>
<tr>
<td>Ambulatory Status</td>
<td>15</td>
<td>IS</td>
<td>2</td>
<td>O</td>
<td>O</td>
<td>[0..*]</td>
<td>HL7 table 0009: User defined: Ambulatory Status definitions: This field indicates any permanent or transient handicapped conditions.</td>
</tr>
<tr>
<td>VIP Indicator</td>
<td>16</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0099: User defined: VIP Indicator</td>
</tr>
<tr>
<td>Admitting Doctor</td>
<td>17</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
<tr>
<td>Patient Type</td>
<td>18</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0018: User defined: Patient Type</td>
</tr>
<tr>
<td>Visit Number</td>
<td>19</td>
<td>CX</td>
<td>478</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Definition: This field contains the unique number assigned to each patient visit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Note:</strong> Unique identifier for a patient visit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Data Element of Interest:</strong> Unique Visit Identifier (PV1-19):</td>
</tr>
<tr>
<td>ID Number</td>
<td>19.1</td>
<td>ST</td>
<td>15</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td></td>
</tr>
</tbody>
</table>
## TABLE 5.3D: PATIENT VISIT SEGMENT (PV1)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check Digit</td>
<td>19.2</td>
<td>ST</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Check Digit Scheme</td>
<td>19.3</td>
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<td>227</td>
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<td>Conformance Statement SS-025: PV1-19.5 (Identifier Type Code) SHALL be valued to the Literal Value ‘VN’. PHVS_IdentifierType_SyndromicSurveillance</td>
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<td>227</td>
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<td>Description/Comments</td>
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<td>IS</td>
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<td>[0..1]</td>
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<td>Delete Account Date</td>
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<td>Discharge Disposition</td>
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<td>X</td>
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<td><strong>Definition</strong>: This field shall not be populated in an Admission message</td>
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<td>47</td>
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<td>HL7 table 0113: User defined: Discharged to Location</td>
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<td>[0..1]</td>
<td>HL7 table 0114: User defined: Diet type</td>
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<td>39</td>
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<td>HL7 table 0115: User defined: Servicing Facility</td>
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<td>IS</td>
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<td>[0..0]</td>
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<td>Prior Temporary Location</td>
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<td>Description/Comments</td>
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</tr>
</tbody>
</table>
| Admit Date/Time             | 44  | TS | 26     | R            | R              | [1..1]       | Conformance Statement SS-010: PV1-44 (Admit Date/Time) SHALL be expressed with a minimum precision of the nearest minute and be represented in the following format: 'YYYYMMDDHHMM[SS[.S[S[S[S]]]][+/-ZZZ]'  
**Definition:** This field contains the admit date/time. This field is also used to reflect the date/time of an outpatient/emergency patient registration.  
**Note:** Date and time of the patient presentation.  
**Data Element of Interest:** Admit Date/Time                                                                                                                                                                                                                                                                                                           |
| Discharge Date/Time         | 45  | TS | 26     | X            | X              | [0..1]       | **Definition:** This field shall not be populated in an Admission message                                                                                                                                                                                                                                                                                                                                                                                      |
| Current Patient Balance     | 46  | NM | 12     | X            | X              | [0..1]       |                                                                                                                                                                                                                                                                                                                                                                                                               |
| Total Charges               | 47  | NM | 12     | X            | X              | [0..1]       |                                                                                                                                                                                                                                                                                                                                                                                                               |
| Total Adjustments           | 48  | NM | 12     | X            | X              | [0..1]       |                                                                                                                                                                                                                                                                                                                                                                                                               |
| Total Payments              | 49  | NM | 12     | X            | X              | [0..1]       |                                                                                                                                                                                                                                                                                                                                                                                                               |
| Alternate Visit ID          | 50  | CX | 250    | X            | X              | [0..1]       | HL7 table 0203: User defined: Identifier type                                                                                                                                                                                                                                                                                                                                                              |
| Visit Indicator             | 51  | IS | 1      | X            | X              | [0..1]       | HL7 table 0326: User defined: Visit Indicator                                                                                                                                                                                                                                                                                                                                                              |
| Other Healthcare Provider   | 52  | XCN| 309    | X            | X              | [0..0]       | HL7 table 0010: User defined: Physician ID                                                                                                                                                                                                                                                                                                                                                                 |
Patient Visit – Additional Information (PV2) Segment

The PV2 segment is a continuation of visit-specific information and is the segment where the Admit Reason is passed.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
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<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
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<tbody>
<tr>
<td>Prior Pending Location</td>
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<td>1220</td>
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<tr>
<td>Accommodation Code</td>
<td>2</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0129: User defined: Accommodation Code</td>
</tr>
</tbody>
</table>
| Admit Reason            | 3   | CE | 478    | RE           | RE             | [0..1]       | **Definition**: This field contains the short description of the providers’ reason for patient admission.  
**NOTE**: It may be coded (CE:1 and CE:3) or Free text (CE:2.)  
**Data Element of Interest**: Admit Reason |
| Identifier              | 3.1 | ST | 20     | RE           | RE             | [0..1]       | **PHVS_AdministrativeDiagnosis_CDC_ICD-9CM** Or **PHVS_AdministrativeDiagnosis_ICD-10CM** Or **PHVS_Disease_CDC**  
**Conformance Statement SS-009**: The implementation SHALL support all 3 value sets. |
| Text                    | 3.2 | ST | 199    | RE           | RE             | [0..1]       | If only Free Text is used, it is communicated in this component.                        |
### TABLE 5-3E: PATIENT VISIT – ADDITIONAL INFORMATION SEGMENT (PV2)

<table>
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<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Name of Coding System                  | 3.3 | ID  | 20     | C            | C              | [0..1]       | **Condition Predicate:** If PV2-3.1 (the identifier) is provided then PV2-3.3 is valued.

**Conformance Statement SS-026:** PV2-3.3 **SHALL** be valued to one of the Literal Values in the set (‘I10’, ‘I9CDX’, ‘SCT’). |
| Alternate Identifier                   | 3.4 | ST  | 20     | X            | X              | [0..1]       |                                                                                       |
| Alternate Text                         | 3.5 | ST  | 199    | X            | X              | [0..1]       |                                                                                       |
| Name of Alternate Coding System        | 3.6 | ID  | 20     | X            | X              | [0..1]       |                                                                                       |
| Transfer Reason                        | 4   | CE  | 478    | X            | X              | [0..1]       |                                                                                       |
| Patient Valuables                      | 5   | ST  | 25     | X            | X              | [0..*]       |                                                                                       |
| Patient Valuables Location             | 6   | ST  | 25     | X            | X              | [0..1]       |                                                                                       |
| Visit User Code                        | 7   | IS  | 2      | X            | X              | [0..*]       | **HL7 table 0130:** User defined: Visit User Code                                    |
| Expected Admit Date/Time               | 8   | TS  | 26     | X            | X              | [0..1]       |                                                                                       |
| Expected Discharge Date/Time           | 9   | TS  | 26     | X            | X              | [0..1]       |                                                                                       |
| Estimated Length of Inpatient Stay     | 10  | NM  | 3      | X            | X              | [0..1]       |                                                                                       |
## TABLE 5-3E: PATIENT VISIT – ADDITIONAL INFORMATION SEGMENT (PV2)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
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<td>Referral Source Code</td>
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<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
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### TABLE 5-3E: PATIENT VISIT – ADDITIONAL INFORMATION SEGMENT (PV2)

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<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
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<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
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<td>36</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Baby Detained Indicator</td>
<td>37</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Mode of Arrival Code</td>
<td>38</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0430: User defined: Mode of Arrival Code</td>
</tr>
<tr>
<td>Recreational Drug Use Code</td>
<td>39</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0431: User defined: Recreational Drug Use Code</td>
</tr>
<tr>
<td>Admission Level of Care Code</td>
<td>40</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0432: User defined: Admission Level of Care Code</td>
</tr>
<tr>
<td>Precaution Code</td>
<td>41</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0433: User defined: Precaution Code</td>
</tr>
<tr>
<td>Patient Condition Code</td>
<td>42</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0434: User defined: Patient Condition Code</td>
</tr>
<tr>
<td>Living Will Code</td>
<td>43</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0315: User defined: Living Will Code</td>
</tr>
<tr>
<td>Organ Donor Code</td>
<td>44</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0316: User defined: Organ Donor Code</td>
</tr>
<tr>
<td>Patient Status Effective Date</td>
<td>46</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Expected LOA Return Date/Time</td>
<td>47</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expected Pre-admission Testing Date/Time</td>
<td>48</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Notify Clergy Code</td>
<td>49</td>
<td>IS</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0534: User defined: Notify Clergy Code</td>
</tr>
</tbody>
</table>
Observation/Result (OBX) Segment

The OBX Segment in the ADT Message is used to transmit observations related to the patient and visit. In Table 2-5 if the data element is carried in an OBX and usage is ‘Required’, the segment and its fields must be populated. The data elements in Table 2.5 DATA ELEMENTS OF INTEREST that use OBX segments are not expected to utilize any specified Set ID number within a given set of OBX segments in a message. However, the Set IDs are required to be sequential.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set ID - OBX</td>
<td>1</td>
<td>SI</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Note: Set ID numbers the repetitions of the segments</td>
</tr>
</tbody>
</table>

Conformance Statement SS-027: For the first repeat of the OBX segment, the sequence number SHALL be one (1), for the second repeat, the sequence number shall be two (2), etc.

Example:

OBX[1]....
OBX[2]....
OBX[3]....

Definition: This field contains the sequence number.
### TABLE 5-3F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Value Type | 2   | ID | 3      | R            | R             | [1..1]       | **Conformance Statement SS-028**: OBX-2 **S**HALL be valued to the Literal Value in the set (‘TS’, ‘TX’, ‘NM’, ‘CWE’, ‘XAD’) **PHVS_ValueType_SyndromicSurveillance**  
**Definition**:  This field contains the format of the observation value in OBX.  
Note: Identifies the structure of data in observation value (OBX.5) |
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation Identifier</td>
<td>3</td>
<td>CE</td>
<td>478</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>PHVS_ObservationIdentifier_SyndromicSurveillance</strong>&lt;br&gt;<strong>Definition:</strong> This field contains a unique identifier for the observation.&lt;br&gt;<strong>Note:</strong> Identifies data to be received in observation value (OBX.5)&lt;br&gt;<strong>Data Elements of Interest</strong> communicated in OBX Segment may include:&lt;br&gt;Facility Street address (Treating), Data Type: XAD:1, SAD:1&lt;br&gt;Facility City (Treating), Data Type: XAD:3&lt;br&gt;Facility State (Treating), Data Type: XAD:4&lt;br&gt;Facility ZIP Code (Treating), Data Type: XAD:5&lt;br&gt;Facility County (Treating), Data Type: XAD:9&lt;br&gt;Age, Data Type: NM&lt;br&gt;Facility / Visit Type, Data Type: CWE (only for ED/UC)&lt;br&gt;Chief Complaint/Reason for Visit, Data Type: CWE, (Free Text is preferred)&lt;br&gt;Clinical Impression, Data Type: TX&lt;br&gt;Initial Temperature, Data Type: NM&lt;br&gt;Height, Data Type: NM, PHVS_HeightUnit_UCUM&lt;br&gt;Weight, Data Type: NM, PHVS_WeightUnit_UCUM&lt;br&gt;Smoking Status, PHVS_SmokingStatus_MU&lt;br&gt;Triage Notes, Data Type: TX</td>
</tr>
<tr>
<td>Identifier</td>
<td>3.1</td>
<td>ST</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td></td>
</tr>
<tr>
<td>Text</td>
<td>3.2</td>
<td>ST</td>
<td>199</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>3.3</td>
<td>ID</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Condition Predicate:</strong> If OBX-3.1 (the identifier) is provided then OBX-3.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>3.4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>3.5</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>3.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Observation Sub-ID</td>
<td>4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Observation Value</td>
<td>5</td>
<td>varies</td>
<td>99999</td>
<td>RE</td>
<td>RE</td>
<td>[0..*]</td>
<td>Listed below are the supported fields for each of the supported value types.</td>
</tr>
</tbody>
</table>

**Definition:** This field contains the value observed by the observation producer. OBX-2-value type contains the data type for this field according to which observation value is formatted.

**Note:** Values received in observation value are defined by value type (OBX.2) and observation identifier (OBX.3).

**Notes on Data Types:**
- **TS Data Type:** Unconstrained. Some values might be to the day, others to the year/decade, etc.
- **TX Data Type:** The TX data type is used to carry string data intended for display purposes. It can contain leading blanks (space characters).
- **NM Data Type:** A numeric data type is a number
### TABLE 5-3F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>represented as a series of ASCII numeric characters consisting of an optional leading sign (+ or -), the digits and an optional decimal point. In the absence of a sign, the number is assumed to be positive. If there is no decimal point the number is assumed to be an integer.</td>
</tr>
</tbody>
</table>

**CWE Data Type: Data Element: Facility / Visit Type (only for ED/UC)**

- **CWE-5:2 Text**: It is strongly recommended that text be sent to accompany any identifier.

**CWE Data Type: Data Element: Chief Complaint / Reason for visit**

- It is the short description of the patient’s self-reported chief complaint or reason for visit.
- It is preferred that Free text is used.
- Free Text should appear in CWE:9

**XAD Data Type: Data Elements:**

- **Facility Street address (Treating), Data Type: XAD:1, SAD:1:**
  - **Note**: This is the first subcomponent of the SAD data type. This has the same effect as being the first component of the field, while limiting the length based on other subcomponents that are not supported.

- **Facility City (Treating), Data Type: XAD:3**
- **Facility State (Treating), Data Type: XAD:4**
### TABLE 5-3F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility ZIP Code (Treating), Data Type: XAD:5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility County (Treating), Data Type: XAD:9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Beginning of OBX-5 Observation Value Usage Based on Data Type in OBX-2

**TS Data Type**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>5.1</td>
<td>DTM</td>
<td>24</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Degree of Precision</td>
<td>5.2</td>
<td>ST</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
</tbody>
</table>

**TX Data Type**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text Data</td>
<td>5.1</td>
<td>TX</td>
<td>65536</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>

**NM Data Type**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numeric Value</td>
<td>5.1</td>
<td>ST</td>
<td>16</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>

**CWE Data Type: Data Element #7 Facility / Visit Type (only for ED/UC)**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifier</td>
<td>5.1</td>
<td>ST</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_FacilityVisitType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Text</td>
<td>5.2</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>5.3</td>
<td>ID</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Condition Predicate: If OBX-5.1 (the identifier) is provided then OBX-5.3 is valued.</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>---------------</td>
<td>-------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>5.4</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>5.5</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>.</td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>5.6</td>
<td>ID</td>
<td>20</td>
<td>C</td>
<td>C</td>
<td>[0..1]</td>
<td><strong>Condition Predicate:</strong> If OBX-5.4 (the identifier) is provided then OBX-5.6 is valued.</td>
</tr>
<tr>
<td>Coding System Version ID</td>
<td>5.7</td>
<td>ST</td>
<td>10</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Coding System Version ID</td>
<td>5.8</td>
<td>ST</td>
<td>10</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Original Text</td>
<td>5.9</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>Free text goes here</td>
</tr>
</tbody>
</table>

**CWE Data Type: Data Element #25 Chief Complaint / Reason for visit- Free Text is preferred**

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5.1</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Conformance Statement SS-005:</strong> If patient’s chief complaint is captured as an unstructured, free-text note, then chief complaint <strong>SHALL</strong> be valued in OBX-5, CWE:9.</td>
</tr>
</tbody>
</table>

**OBX Segment** (CWE Data Type, 5th field) with LOINC Code (8661-1) Observation Identifier

Example OBX Segment (free text):

```
```

**Conformance Statement SS-006:** If patient’s chief complaint is captured as a structured, free-text note, then chief complaint **SHALL** begin with the LOINC Code (8661-1) Observation Identifier.

Example OBX Segment (structured text):

```
```
### TABLE 5-3F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>

| complaint is captured from a Coding System, then chief complaint **SHALL** be valued in OBX- 5, CWE:1, CWE:2, CWE:3.                                                                 |
| PHVS_AdministrativeDiagnosis_CDC_ICD-9CM  or |     |    |        |              |               |             | **Conformance Statement SS-004**: The implementation **SHALL** support all 3 value sets.                                                                   |
| PHVS_CauseOfDeath_ICD-10_CDC                  |     |    |        |              |               |             |                                                                                                                                                      |
| or PHVS_Disease_CDC                           |     |    |        |              |               |             |                                                                                                                                                      |

Example OBX Segment (coded):

```
OBX|3|CWE|8661-1^CHIEF
COMPLAINT:FIND:PT:PATIENT:NOM:REPORTED^L
N||7804^Dizziness and giddiness
[780.4]^I9CDX|||F|||20110217
```

**Conformance Statement SS-007**: If patient's chief complaint is captured as a structured field (e.g., drop-down menu), then chief complaint **SHALL** be valued in OBX- 5, CWE:2.

```
OBX|3|CWE|8661-1^CHIEF
COMPLAINT:FIND:PT:PATIENT:NOM:REPORTED^L
N|^Dizziness and giddiness|||F|||20110217
```

**Conformance Statement SS-008**: The implementation **SHALL** support a minimum of 70 characters for unstructured, free-text patient's chief complaint.

```
OBX|3|CWE|8661-1^CHIEF
COMPLAINT:FIND:PT:PATIENT:NOM:REPORTED^L
N|^Dizziness and giddiness|||F|||20110217
```
### TABLE 5-3F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text</td>
<td>5.2</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>5.3</td>
<td>ID</td>
<td>20</td>
<td>C</td>
<td>C</td>
<td>[0..1]</td>
<td>Condition Predicate: If OBX-5.1 (the identifier) is provided then OBX-5.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>5.4</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>5.5</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>5.6</td>
<td>ID</td>
<td>20</td>
<td>C</td>
<td>C</td>
<td>[0..1]</td>
<td>Condition Predicate: If OBX-5.4 (the identifier) is provided then OBX-5.6 is valued.</td>
</tr>
<tr>
<td>Coding System Version ID</td>
<td>5.7</td>
<td>ST</td>
<td>10</td>
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<td>O</td>
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</tr>
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<tr>
<td>Original Text</td>
<td>5.9</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
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<td>[0..1]</td>
<td>Free text is Preferred and it goes here</td>
</tr>
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### XAD Data Type

<table>
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<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
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<td>Street Address</td>
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<td>SAD</td>
<td>184</td>
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<td>[0..1]</td>
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<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
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<td>50</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>The ISDS recommendations recommend free text City/Town designations.</td>
</tr>
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<td>State or Province</td>
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<td>O</td>
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<td>12</td>
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<td>5.6</td>
<td>ID</td>
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<td>O</td>
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<td>O</td>
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<td>O</td>
<td>[0..1]</td>
<td></td>
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<td>County/Parish Code</td>
<td>5.9</td>
<td>IS</td>
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<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>The ISDS recommendations allow free text County designations.</td>
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<tr>
<td>Census Tract</td>
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<td>IS</td>
<td>20</td>
<td>X</td>
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<td>Address Representation Code</td>
<td>5.11</td>
<td>ID</td>
<td>1</td>
<td>X</td>
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<td></td>
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<td>Address Validity Range</td>
<td>5.12</td>
<td>DR</td>
<td>53</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td>5.13</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>5.14</td>
<td>TS</td>
<td>26</td>
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### TABLE 5-3F: OBSERVATION / RESULT SEGMENT (OBX)

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<th>Field Name</th>
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<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of OBX-5 Observation Value Usage Based on Data Type in OBX-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Units      | 6   | CE | 62     | C            | C              | [0..1]       | **Condition Predicate:** If OBX.2 (Value Type) is valued “NM”  
**Background:** When an observation’s value is measured on a continuous scale, one must report the measurement units within the unit’s field of the OBX segment.  
**Data Elements of Interest:**  
- Age units  
- Initial Temperature units  
- Height units  
- Weight Units  
PHVS_AgeUnit_SyndromicSurveillance |
| Identifier | 6.1 | ST | 20     | R            | R              | [1..1]       | **Conformance Statement SS-029:** If OBX 3.1 is valued with 21612-7, then OBX-6.1 (Identifier) SHALL be valued to a member of the set:  
PHVS_AgeUnit_SyndromicSurveillance  
**Conformance Statement SS-030:** If OBX 3.1 = is valued with 11289-6 then OBX-6.1 (Identifier) SHALL be valued to a member of the set:  
PHVS_TemperatureUnit_UCUM  
**Conformance Statement SS-031:** If OBX 3.1 is valued with 59408-5 then OBX6.1 (Identifier) SHALL be valued to a member of the set  
PHVS_PulseOximetryUnit_UCUM |
<p>| Text       | 6.2 | ST | 20     | O            | O              | [0..1]       |                      |</p>
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<thead>
<tr>
<th>Field Name</th>
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<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Coding System</td>
<td>6.3</td>
<td>ID</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Condition Predicate:</strong> If OBX-6.1 (the identifier) is provided then OBX-6.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>6.4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>6.5</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>6.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
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<td>References Range</td>
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<td>60</td>
<td>X</td>
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<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Abnormal Flags</td>
<td>8</td>
<td>IS</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Probability</td>
<td>9</td>
<td>NM</td>
<td>5</td>
<td>X</td>
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<td>[0..1]</td>
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<td>Nature of Abnormal Test</td>
<td>10</td>
<td>ID</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0080: HL7 defined: Nature of Abnormal Test</td>
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<td>Observation Result Status</td>
<td>11</td>
<td>ID</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>HL7 table 0085: HL7 defined: Observation Result Status</td>
</tr>
<tr>
<td>Effective Date of Reference Range</td>
<td>12</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field contains the observation result status. This field reflects the current completion status of the results for one Observation Identifier.</td>
</tr>
<tr>
<td>User Defined Access Checks</td>
<td>13</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
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</tr>
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<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
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<td>--------------</td>
<td>---------------------------------------------------------------</td>
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<tr>
<td>Date/Time of the Observation</td>
<td>14</td>
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<td>26</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field is the observation date-time is the physiologically relevant date-time or the closest approximation to that date-time</td>
</tr>
<tr>
<td>Producer's ID</td>
<td>15</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
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</tr>
<tr>
<td>Responsible Observer</td>
<td>16</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
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<td>Observation Method</td>
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<td>X</td>
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<td>Equipment Instance Identifier</td>
<td>18</td>
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<td>424</td>
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<tr>
<td>Date/Time of the Analysis</td>
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<td>26</td>
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<td>[0..1]</td>
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</table>
Diagnosis (DG1) Segment

The DG1 segment contains patient diagnosis information of various types. Syndromic surveillance supports Admitting, Working and Final Diagnosis types.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set ID - DG1</td>
<td>1</td>
<td>SI</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Conformance Statement SS-032: DG1-1 (Set ID) for the first occurrence of a DG1 Segment SHALL have the Literal Value of ‘1’. Each following occurrence SHALL be numbered consecutively</td>
</tr>
<tr>
<td>Diagnosis Coding Method</td>
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<td>ID</td>
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</tr>
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<td>478</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Definition: This contains the diagnosis code assigned to this diagnosis. Data Element of Interest: Diagnosis Condition Predicate: If the DG1 Segment is provided, DG1-3 (Diagnosis) is required to be valued.</td>
</tr>
<tr>
<td>Identifier</td>
<td>3.1</td>
<td>ST</td>
<td>20</td>
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<td>RE</td>
<td>[0..1]</td>
<td>PHVS_AdministrativeDiagnosis_CDC_ICD-9CM Or PHVS_AdministrativeDiagnosis_ICD-10CM Or PHVS_Disease_CDC Conformance Statement SS-011: The implementation SHALL support all 3 value sets.</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
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<td>RE</td>
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<td>Condition Predicate: If DG1-3.1 (the identifier) is provided then DG1-3.3 is valued.</td>
</tr>
<tr>
<td>Name of Coding System</td>
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<td>ID</td>
<td>20</td>
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<td>[1..1]</td>
<td>Conformance Statement SS-033: DG1-3.3 SHALL be valued to one of the Literal Values in the set ('I10', 'I9CDX', 'SCT').</td>
</tr>
<tr>
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<tr>
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<td>3.6</td>
<td>ID</td>
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<td>[0..1]</td>
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<td>Diagnosis Description</td>
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<td>40</td>
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<tr>
<td>Diagnosis Date/Time</td>
<td>5</td>
<td>TS</td>
<td>26</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>Definition: This field contains the date/time that the diagnosis was determined</td>
</tr>
<tr>
<td>Diagnosis Type</td>
<td>6</td>
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<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_DiagnosisType_HL7_2x</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Definition: This field contains a code that identifies the type of diagnosis being sent</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>Note: Identifies the type of diagnosis being sent.</td>
</tr>
<tr>
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<td>Data Element of Interest: Diagnosis type</td>
</tr>
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<td>Condition Predicate: If the DG1 Segment is provided, DG1-6 (Diagnosis Type) is required to be valued.</td>
</tr>
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</table>
## TABLE 5-3G: DIAGNOSIS SEGMENT (DG1)

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<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
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<tr>
<td>Major Diagnostic Category</td>
<td>7</td>
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<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0118: User defined: Major Diagnostic Category</td>
</tr>
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<td>8</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
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<td>HL7 table 0055: User defined: Diagnostic Related Group</td>
</tr>
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<td>DRG Approval Indicator</td>
<td>9</td>
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<td>1</td>
<td>X</td>
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<td>[0..0]</td>
<td>HL7 table 0136: HL7 defined: Yes/no Indicator</td>
</tr>
<tr>
<td>DRG Grouper Review Code</td>
<td>10</td>
<td>IS</td>
<td>2</td>
<td>X</td>
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<td>[0..0]</td>
<td>HL7 table 0056: User defined: DRG Grouper Review Code</td>
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<td>Outlier Type</td>
<td>11</td>
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<td>HL7 table 0083: User defined: Outlier Type</td>
</tr>
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<td>Outlier Days</td>
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<td>Outlier Cost</td>
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<td>Diagnosis Priority</td>
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<td>HL7 table 0359: HL7 defined: Diagnosis Priority</td>
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<td>Diagnosing Clinician</td>
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<td>XCN</td>
<td>309</td>
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<td>Diagnosis Classification</td>
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<td>HL7 table 0228: User defined: Diagnosis Classification</td>
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<td>HL7 table 0136: HL7 defined: Yes/no Indicator</td>
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<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
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<tr>
<td>Attestation Date/Time</td>
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<td>427</td>
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<td>Diagnosis Action Code</td>
<td>21</td>
<td>ID</td>
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<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0206: HL7 defined: Segment Action Code</td>
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</table>
Procedures (PR1) Segment

The PR1 segment is used to carry information relative to various types of procedures performed.

<table>
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<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Set ID – PR1                     | 1   | SI | 4      | R            | R             | [1..1]      | **Conformance Statement SS-034:** For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc.  
**Definition:** This field contains the number that identifies this transaction. |
| Procedure Coding Method          | 2   | IS | 3      | X            | X             | [0..1]      | HL7 table 0089: User defined: Procedure Coding Method                                |
| Procedure Code                   | 3   | CE | 478    | R            | R             | [1..1]      | **Definition:** This field contains a unique identifier assigned to the procedure    
**Data Element of Interest:** Procedure Code                                          |
| Identifier                        | 3.1 | ST | 20     | RE           | RE            | [0..1]      | CPT-4                                                                               |
| Text                             | 3.2 | ST | 199    | O            | O             | [0..1]      | Free Text                                                                            |
| Name of Coding System            | 3.3 | ID | 20     | CE           | CE            | [1..1]      | **Condition Predicate:** If PR1-3.1 (the identifier) is provided then PR1-3.3 is valued. |
| Procedure Description            | 4   | ST | 40     | X            | X             | [0..0]      |                                                                                     |
| Procedure Date/Time              | 5   | TS | 26     | R            | R             | [1..1]      | **Definition:** This field contains the date/time that the procedure was performed.  |

[HL7 table 0089](https://www.hl7.org)
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
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<td>6</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0230: User defined: Procedure Functional Type</td>
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<td>Procedure Minutes</td>
<td>7</td>
<td>NM</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
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<td>Anesthesiologist</td>
<td>8</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
<tr>
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<td>IS</td>
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<td>X</td>
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<td>Surgeon</td>
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<td>HL7 table 0059: User defined: Consent code</td>
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<td>HL7 table 0418: HL7 defined: Procedure Priority</td>
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<td>HL7 table 0051: User defined: Diagnosis Code</td>
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<td>HL7 table 0340: User defined: Procedure Code Modifier</td>
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<td>Cardinality</td>
<td>Description/Comments</td>
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**Insurance (IN1) Segment**

The IN1 segment contains insurance policy coverage information necessary to produce properly pro-rated and patient and insurance bills.

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<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set ID – IN1</td>
<td>1</td>
<td>SI</td>
<td>4</td>
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<td>R</td>
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<td><strong>Definition:</strong> The Set ID in the IN1 segment is used to aggregate the grouping of insurance segments.</td>
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<tr>
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<td></td>
<td><strong>Note:</strong> SET ID numbers the repetitions of the segments.</td>
</tr>
<tr>
<td>Insurance Plan ID</td>
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<td>CE</td>
<td>478</td>
<td>R</td>
<td>R</td>
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<td><strong>Definition:</strong> This field contains a unique identifier for the insurance plan.</td>
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<td>250</td>
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<td><strong>Definition:</strong> This field contains unique identifiers for the insurance company. The assigning authority and identifier type code are strongly recommended for all CX data types.</td>
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<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
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<td>O</td>
<td>O</td>
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<td>HL7 table 0086: User defined: Plan Type</td>
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<td></td>
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<td><strong>Definition</strong>: This field contains the coding structure that identifies the various plan types, for example, Medicare, Medicaid, Blue Cross, HMO, etc.</td>
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<tr>
<td>Name Of Insured</td>
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<td>XPN</td>
<td>294</td>
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<td>Insured_ Address</td>
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<td>513</td>
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<td>HL7 table 0135: User defined: Assignment of Benefits</td>
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### TABLE 5-3I: INSURANCE SEGMENT (IN1)

<table>
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<th>Field Name</th>
<th>Seq</th>
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<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
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<tr>
<td>Coordination Of Benefits</td>
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<td>X</td>
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<td>Verification By</td>
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<td>X</td>
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### TABLE 5-3I: INSURANCE SEGMENT (IN1)

<table>
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<th>Length</th>
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<th>Description/Comments</th>
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<td>538</td>
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<td>Room Rate - Semi-Private</td>
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<td>Receiver Usage</td>
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<td>Description/Comments</td>
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<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 Table 0099: User defined: VIP Indicator</td>
</tr>
</tbody>
</table>
**REGISTER A PATIENT MESSAGE (ADT^A04)**

ADT^A04 messages are used to communicate syndromic surveillance data to PHAs in the event of a patient visit registration to an emergency department or urgent care facility.

<table>
<thead>
<tr>
<th><strong>SEG</strong></th>
<th><strong>NAME</strong></th>
<th><strong>DESCRIPTION</strong></th>
<th><strong>USAGE</strong></th>
<th><strong>CARDINALITY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>MSH</td>
<td>Message Header</td>
<td>Information explaining how to parse and process the message. Information includes identification of message delimiters, sender, receiver, message type, timestamp, etc.</td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td>EVN</td>
<td>Event Type</td>
<td>Trigger event information for receiving application</td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td>PID</td>
<td>Patient Identification</td>
<td>Patient identifying and demographic information</td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td>PV1</td>
<td>Patient Visit</td>
<td>Information related to this visit at this facility including the nature of the visit, critical timing information and a unique visit identifier.</td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td>[PV2]</td>
<td>Patient Visit Additional Information</td>
<td>Admit Reason information.</td>
<td>RE</td>
<td>[0..1]</td>
</tr>
<tr>
<td>{OBX}</td>
<td>Observation / Result</td>
<td>Information regarding the age, temperature, and other information</td>
<td>R</td>
<td>[1..*]</td>
</tr>
<tr>
<td>[[DG1]]</td>
<td>Diagnosis</td>
<td>Admitting Diagnosis and, optionally, Working and Final Diagnosis information</td>
<td>RE</td>
<td>[0..*]</td>
</tr>
<tr>
<td>[[PR1]]</td>
<td>Procedures</td>
<td>Information relative to various types of procedures performed</td>
<td>O</td>
<td>[0..*]</td>
</tr>
</tbody>
</table>
### Table 5-4: ADT^A04 Register a Patient

<table>
<thead>
<tr>
<th>Seg</th>
<th>Name</th>
<th>Description</th>
<th>Usage</th>
<th>Cardinality</th>
</tr>
</thead>
<tbody>
<tr>
<td>{{IN1}}</td>
<td>Insurance</td>
<td>Information about insurance policy coverage information</td>
<td>O</td>
<td>[0..*]</td>
</tr>
</tbody>
</table>
**Message Header (MSH) Segment**

The MSH Segment is used to define the intent, source, destination, and some specifics of the syntax of the message. This segment includes identification of message delimiters, sender, receiver, message type, timestamp, etc.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Separator</td>
<td>1</td>
<td>ST</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> This field contains the separator between the segment ID and the first real field, MSH-2-encoding characters. As such, the field serves as the separator and defines the character to be used as a separator for the rest of the message. Default value is</td>
</tr>
<tr>
<td>Encoding Characters</td>
<td>2</td>
<td>ST</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> This field contains the four characters in the following order: the component separator, repetition separator, escape character, and subcomponent separator. Default values are ^~&amp; (ASCII 94, 126, 92, and 38, respectively).</td>
</tr>
<tr>
<td>Sending Application</td>
<td>3</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field uniquely identifies the sending application among all other applications within the network enterprise. The network enterprise consists of all those applications that participate in the exchange of HL7 messages within the enterprise.</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----</td>
<td>-----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Sending Facility</td>
<td>4</td>
<td>HD</td>
<td>227</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>National Provider Identifier. (10-digit identifier)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field further describes the sending application, MSH-3-sending application. This field uniquely identifies the facility associated with the application that sends the message. If Acknowledgements are in use, this facility will receive any related Acknowledgement message. <strong>Note:</strong> The use of 'NPI' should be discussed during the implementation process as local jurisdictions may differ on their use of identifiers for this field</td>
</tr>
<tr>
<td>Namespace ID</td>
<td>4.1</td>
<td>IS</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Universal ID</td>
<td>4.2</td>
<td>ST</td>
<td>199</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td></td>
</tr>
<tr>
<td>Universal ID Type</td>
<td>4.3</td>
<td>ID</td>
<td>6</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>PHVS_UniversalIDType_SyndromicSurveillance</strong></td>
</tr>
<tr>
<td>Receiving Application</td>
<td>5</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>HL7 table 0361: User-defined: Application <strong>Definition:</strong> This field uniquely identifies the receiving application among all other applications within the network enterprise. The network enterprise consists of all those applications that participate in the exchange of HL7 messages within the enterprise.</td>
</tr>
<tr>
<td>Receiving Facility</td>
<td>6</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>HL7 table 0362: User-defined: Facility <strong>Definition:</strong> This field identifies the receiving application among multiple identical instances of the application running on behalf of different organizations</td>
</tr>
</tbody>
</table>
### TABLE 5-4A: MESSAGE HEADER SEGMENT (MSH)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time Of Message</td>
<td>7</td>
<td>TS</td>
<td>26</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-013</strong>: MSH-7 (Date/Time of Message) <strong>SHALL</strong> be expressed with a minimum precision of the nearest minute, and be represented in the following format: ‘YYYYMMDDHHMM[SS[S[S[S[S[S[S]]]]]] [+/−ZZZZ]’. <strong>Definition</strong>: This field contains the date/time that the sending system created the message. If the time zone is specified, it will be used throughout the message as the default time zone. <strong>Note</strong>: MSH-7 (Date/Time of Message) does not have to equal EVN-2 (Message Date/Time)</td>
</tr>
<tr>
<td>Security</td>
<td>8</td>
<td>ST</td>
<td>40</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Message Type</td>
<td>9</td>
<td>MSG</td>
<td>15</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-014</strong>: MSH-9 (Message Type) <strong>SHALL</strong> be the literal value: ‘ADT^A04^ADT_A01’. <strong>Definition</strong>: This field contains the message type, trigger event, and the message structure ID for the message.</td>
</tr>
<tr>
<td>Message Code</td>
<td>9.1</td>
<td>ID</td>
<td>3</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_MessageType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Trigger Event</td>
<td>9.2</td>
<td>ID</td>
<td>3</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_EventType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Message Structure</td>
<td>9.3</td>
<td>ID</td>
<td>7</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_MessageStructure_SyndromicSurveillance</td>
</tr>
</tbody>
</table>
### TABLE 5-4A: MESSAGE HEADER SEGMENT (MSH)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Message Control ID| 10  | ST | 199    | R            | R             | [1..1]       | **Definition:** This field contains a number or other identifier that uniquely identifies the message. The receiving system echoes this ID back to the sending system in the Message acknowledgment segment (MSA).  
**Note:** This field is a number or other identifier that uniquely identifies the message. |
| Processing ID     | 11  | PT | 3      | R            | R             | [1..1]       | **Conformance Statement SS-015:** MSH-11 (Processing ID) SHALL have a value in the set of literal values: “P” for Production, “D” for Debug or “T” for Training.  
**Definition:** This field is used to decide whether to process the message as defined in HL7 Application (level 7) Processing rules.  
**Note:** Indicates how to process the message as defined in HL7 processing rules. |
| Version ID        | 12  | VID| 5      | R            | R             | [1..1]       | **Conformance Statement SS-016:** MSH-12 (Version ID) SHALL have a value ‘2.5.1’  
**Definition:** This field is matched by the receiving system to its own version to be sure the message will be interpreted correctly. For this message the value shall be 2.5.1  
**Note:** HL7 version number used to interpret format and content of the message. |
| Sequence Number   | 13  | NM | 15     | X            | X             | [0..1]       |                                                                                         |
| Continuation Pointer| 14  | ST | 180    | X            | X             | [0..1]       |                                                                                         |
### TABLE 5-4A: MESSAGE HEADER SEGMENT (MSH)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accept Acknowledgement Type</td>
<td>15</td>
<td>ID</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0155: HL7 defined: Accept/application acknowledgment conditions</td>
</tr>
<tr>
<td>Application Acknowledgement Type</td>
<td>16</td>
<td>ID</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0155: HL7 defined: Accept/application acknowledgment conditions</td>
</tr>
<tr>
<td>Country Code</td>
<td>17</td>
<td>ID</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0399: HL7 defined: Country code</td>
</tr>
<tr>
<td>Character Set</td>
<td>18</td>
<td>ID</td>
<td>16</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0211: HL7 defined: Alternate character sets</td>
</tr>
<tr>
<td>Principal Language Of Message</td>
<td>19</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Character Set Handling Scheme</td>
<td>20</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0356: HL7 defined: Alternate character set handling scheme</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>---------------</td>
<td>-------------</td>
<td>----------------------</td>
</tr>
</tbody>
</table>
| Message Profile Identifier  | 21  | EI | 427    | R            | R             | [0..1]       | **Conformance Statement SS-017:** An instance of MSH.21 (Message Profile Identifier) **SHALL** contain the constant value: 

PH_SS-Ack^SS Sender^2.16.840.1.114222.4.10.3^ISO or 
PH_SS-Ack^SS Receiver^2.16.840.1.114222.4.10.3^ISO 

PH_SS-NoAck^SS 
Sender^2.16.840.1.114222.4.10.3^ISO or 
PH_SS-NoAck^SS 
Receiver^2.16.840.1.114222.4.10.3^ISO 

PH_SS-Batch^SS Sender^2.16.840.1.114222.4.10.3^ISO or 
PH_SS-Batch^SS 
Receiver^2.16.840.1.114222.4.10.3^ISO 
**Definition:** Sites may use this field to assert adherence to, or reference, a message profile. Message profiles contain detailed explanations of grammar, syntax, and usage for a particular message or set of messages. |
### Event Type (EVN) Segment

The EVN segment is used to communicate trigger event information to receiving applications.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Type Code</td>
<td>1</td>
<td>ID</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>PHVS_EventType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Recorded Date/Time</td>
<td>2</td>
<td>TS</td>
<td>26</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-018:</strong> EVN-2 (Recorded Date/Time of Message) <strong>SHALL</strong> be expressed with a minimum precision of the nearest minute, and be represented in the following format: ‘YYYYMMDDHHMM[SS[.S[S[S[S]]]]] [+/-ZZZZ]’ <strong>Note:</strong> EVN-2 (Recorded Date/Time) does not have to equal MSH-7 (Date/Time of Message) <strong>Note:</strong> Most systems default to the system Date/Time when the transaction was entered. <strong>Data Element of Interest:</strong> Message Date/Time</td>
</tr>
<tr>
<td>Date/Time Planned Event</td>
<td>3</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Event Reason Code</td>
<td>4</td>
<td>IS</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0062: User defined: Event reason</td>
</tr>
<tr>
<td>Operator ID</td>
<td>5</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0188: User defined: Operator ID</td>
</tr>
<tr>
<td>Event Occurred</td>
<td>6</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Event Facility</td>
<td>7</td>
<td>HD</td>
<td>241</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition</strong>: This field identifies the location where the patient was actually treated. &lt;br&gt;&lt;br&gt;<strong>Note</strong>: The use of ‘NPI’ should be discussed during the implementation process as local jurisdictions may differ on their use of identifiers for this field. &lt;br&gt;&lt;br&gt;<strong>Data Element of Interest</strong>: Facility Identifier (Treating) (EVN-7.1)  &lt;br&gt;&lt;br&gt;<strong>Data Element of Interest</strong>: Facility Name (Treating) (EVN-7.2)</td>
</tr>
<tr>
<td>Namespace ID</td>
<td>7.1</td>
<td>IS</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>Recommend the use of the Organization Name Legal Business Name (LBN) associated with the National Provider Identifier Standard provided by Centers for Medicare and Medicaid Services. For more information about NPI, search for, or to apply for a NPI, click here.  &lt;br&gt;&lt;br&gt;If NPI is not available, use a different unique identifier, such as OID or a State-designated identifier.</td>
</tr>
</tbody>
</table>
### TABLE 5-4B: EVENT TYPE SEGMENT (EVN)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal ID</td>
<td>7.2</td>
<td>ST</td>
<td>199</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Recommend the use of the National Provider Identifier Standard provided by Centers for Medicare and Medicaid Services. For more information about NPI, search for, or to apply for a NPI, <a href="#">click here</a>. If NPI is not available, use a different unique identifier, such as OID or a State-designated identifier.</td>
</tr>
<tr>
<td>Universal ID Type</td>
<td>7.3</td>
<td>ID</td>
<td>6</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_UniversalIDType_SyndromicSurveillance</td>
</tr>
</tbody>
</table>
**Patient Identification (PID) Segment**

The PID Segment is used as the primary means of communicating patient identification information. This segment contains pertinent patient identifying and demographic information.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Set ID - PID          | 1   | SI | 4      | R            | R              | [1..1]       | **Conformance Statement SS-019:** PID-1 (Set ID) SHALL have the Literal Value of ‘1’

**Definition:** This field contains the number that identifies this transaction. The sequence number shall be one.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Patient ID            | 2   | CX | 20     | X            | X              | [0..0]       | **Definition:** PID.3 is a repeating field that can accommodate multiple patient identifiers.

**Note:** Patient’s unique identifier(s) from the facility that is submitting this report to public health officials. Different jurisdictions use different identifiers and may often use a combination of identifiers to produce a unique patient identifier. Patient identifiers should be strong enough to remain a unique identifier across different data provider models, such as a networked data provider or State HIE.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Identifier List</td>
<td>3</td>
<td>CX</td>
<td>478</td>
<td>R</td>
<td>R</td>
<td>[1..*]</td>
<td><strong>Data Element of Interest:</strong> Unique Patient Identifier</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Number</td>
<td>3.1</td>
<td>ST</td>
<td>15</td>
<td>R</td>
<td>R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Check Digit</td>
<td>3.2</td>
<td>ST</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Check Digit Scheme</td>
<td>3.3</td>
<td>ID</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0061: HL7 defined: Check digit scheme</td>
</tr>
<tr>
<td>Assigning Authority</td>
<td>3.4</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td>HL7 table 0363: User defined: Assigning authority</td>
</tr>
<tr>
<td>Identifier Type Code</td>
<td>3.5</td>
<td>ID</td>
<td>5</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_IdentifiantType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Assigning Facility</td>
<td>3.6</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td>3.7</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>3.8</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Assigning Jurisdiction</td>
<td>3.9</td>
<td>CWE</td>
<td>705</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Assigning Facility</td>
<td>3.10</td>
<td>CWE</td>
<td>705</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Alternate Patient ID - PID</td>
<td>4</td>
<td>CX</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Patient Name</td>
<td>5</td>
<td>XPN</td>
<td>294</td>
<td>R</td>
<td>R</td>
<td>[1..*]</td>
<td>Note: Syndromic surveillance does not require the patient name. A Visit or Patient ID, as specified within this guide, shall be used by PHAs to join related visit data and for working with hospitals to find additional visit information for syndromic surveillance signal confirmation or investigation. Since, however, HL7 requires the patient name, the field must be populated even when data patient</td>
</tr>
</tbody>
</table>
### TABLE 5-4C: PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Name</td>
<td>5.1</td>
<td>FN</td>
<td>194</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td>name shall not be sent. In such an instance (i.e., patient name is not sent), patient name shall be presented in a pseudonymized manner.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-020:</strong> If PID-5 (Patient Name) is unknown then the first occurrence of PID-5 SHALL NOT be valued.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-021:</strong> If PID-5 (Patient Name) is unknown then the second occurrence of PID-5 SHALL be valued and only PID-5.7 (Name Type Code) shall be valued with the constant value “U” (i.e., PID-5 shall be valued as</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-022:</strong> If PID-5 (Patient Name) is known, but not desired to be sent, then the first occurrence of PID-5 SHALL NOT be valu</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-023:</strong> If PID-5 (Patient Name) is known, but not desired to be sent, then the second occurrence of PID-5 SHALL be valued and only PID-5.7 (Name Type Code) shall be valued with the constant value “S” (i.e., PID-5 shall be valued as</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong>  This field contains the names of the patient; the primary or legal name of the patient is reported first. Therefore, the name type code in this field should be “L - Legal”.</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Given Name</td>
<td>5.2</td>
<td>ST</td>
<td>30</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Second Given Name or Initials</td>
<td>5.3</td>
<td>ST</td>
<td>30</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Suffix</td>
<td>5.4</td>
<td>ST</td>
<td>20</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Prefix</td>
<td>5.5</td>
<td>ST</td>
<td>20</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Degree</td>
<td>5.6</td>
<td>IS</td>
<td>6</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0360: User defined: Degree/license/certificate</td>
</tr>
<tr>
<td>Name Type Code</td>
<td>5.7</td>
<td>ID</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_NameType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Name Representation Code</td>
<td>5.8</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name Context</td>
<td>5.9</td>
<td>CE</td>
<td>483</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name Validity Range</td>
<td>5.10</td>
<td>DR</td>
<td>53</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Name Assembly Order</td>
<td>5.11</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0444: HL7 defined: Name assembly order</td>
</tr>
<tr>
<td>Effective Date</td>
<td>5.12</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
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<tr>
<td>Expiration Date</td>
<td>5.13</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Professional Suffix</td>
<td>5.14</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
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</tbody>
</table>
### TABLE 5-4C: PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s Maiden Name</td>
<td>6</td>
<td>XPN</td>
<td>294</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Date/Time of Birth</td>
<td>7</td>
<td>TS</td>
<td>26</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field contains the patient’s date and time of birth.</td>
</tr>
<tr>
<td>Administrative Sex</td>
<td>8</td>
<td>IS</td>
<td>1</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field contains the patient’s sex. <strong>Data Element of Interest</strong>: Gender</td>
</tr>
<tr>
<td>Patient Alias</td>
<td>9</td>
<td>XPN</td>
<td>294</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>10</td>
<td>CE</td>
<td>478</td>
<td>RE</td>
<td>RE</td>
<td>[0..*]</td>
<td><strong>Definition</strong>: This field refers to the patient’s race <strong>Note</strong>: Patient could have more than one race defined. <strong>Data Element of Interest</strong>: Race</td>
</tr>
<tr>
<td>Identifier</td>
<td>10.1</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>PHVS_RaceCategory_CDC</strong></td>
</tr>
<tr>
<td>Text</td>
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<td>ST</td>
<td>199</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>10.3</td>
<td>ID</td>
<td>20</td>
<td>CE</td>
<td>C</td>
<td>[0..1]</td>
<td><strong>Condition Predicate</strong>: If PID-10.1 (the identifier) is provided, then PID 10.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>10.4</td>
<td>ST</td>
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<td>[0..1]</td>
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<tr>
<td>Alternate Text</td>
<td>10.5</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
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<td>----------------</td>
<td>-------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>10.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>Definition: This field contains the mailing address of the patient. Note: Expecting only the patient primary (current) address information in the supported components</td>
</tr>
<tr>
<td>Patient Address</td>
<td>11</td>
<td>XAD</td>
<td>513</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
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<td>Street Address</td>
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<td>SAD</td>
<td>184</td>
<td>O</td>
<td>O</td>
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<td>Data Element of Interest: Patient City/Town</td>
</tr>
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<td>11.2</td>
<td>ST</td>
<td>120</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
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<td>City</td>
<td>11.3</td>
<td>ST</td>
<td>50</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>PHVS_State_FIPS_5-2 Data Element of Interest: Patient State</td>
</tr>
<tr>
<td>State or Province</td>
<td>11.4</td>
<td>ST</td>
<td>50</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>USPS Data Element of Interest: Patient ZIP Code</td>
</tr>
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<td>ZIP or Postal Code</td>
<td>11.5</td>
<td>ST</td>
<td>12</td>
<td>RE</td>
<td>RE</td>
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<td>PHVS_Country_ISO_3166-1 Data Element of Interest: Patient Country</td>
</tr>
<tr>
<td>Country</td>
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<td>ID</td>
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</tr>
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<tr>
<td>Other Geographic Designation</td>
<td>11.8</td>
<td>ST</td>
<td>50</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
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<td>-------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>County/Parish Code</td>
<td>11.9</td>
<td>IS</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>PHVS_County_FIPS_6-4</td>
</tr>
<tr>
<td>Data Element of Interest: Patient County</td>
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<td>Census Tract</td>
<td>11.10</td>
<td>IS</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Address Representation Code</td>
<td>11.11</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Address Validity Range</td>
<td>11.12</td>
<td>DR</td>
<td>53</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td>11.13</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>11.14</td>
<td>TS</td>
<td>26</td>
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<td>[0..1]</td>
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<td>County Code</td>
<td>12</td>
<td>IS</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0289: User defined: County/parish</td>
</tr>
<tr>
<td>Phone Number - Home</td>
<td>13</td>
<td>XTN</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Phone Number - Business</td>
<td>14</td>
<td>XTN</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Primary Language</td>
<td>15</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0296: User defined: Primary Language</td>
</tr>
<tr>
<td>Marital Status</td>
<td>16</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0002: User defined: Marital Status</td>
</tr>
<tr>
<td>Religion</td>
<td>17</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0006: User defined: Religion</td>
</tr>
<tr>
<td>Patient Account Number</td>
<td>18</td>
<td>CX</td>
<td>250</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>Definition: This field contains the patient account number assigned by accounting to which all</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>---------------</td>
<td>-------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>SSN Number - Patient</td>
<td>19</td>
<td>ST</td>
<td>16</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>charges, payments, etc., are recorded. It is used to identify the patient's account.</td>
</tr>
<tr>
<td>Driver's License Number - Patient</td>
<td>20</td>
<td>DLN</td>
<td>64</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Mother's Identifier</td>
<td>21</td>
<td>CX</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Ethnic Group</td>
<td>22</td>
<td>CE</td>
<td>478</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field further defines the patient's ancestry.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Data Element of Interest</strong>: Ethnicity</td>
</tr>
<tr>
<td>Identifier</td>
<td>22.1</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Condition Predicate</strong>: If PID-22.1 (the identifier) is provided then PID 22.3 is valued.</td>
</tr>
<tr>
<td>Text</td>
<td>22.2</td>
<td>ST</td>
<td>199</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>22.3</td>
<td>ID</td>
<td>20</td>
<td>CE</td>
<td>CE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>22.4</td>
<td>ST</td>
<td>20</td>
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<td>[0..1]</td>
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</tr>
<tr>
<td>Alternate Text</td>
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<td>ST</td>
<td>199</td>
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<td>[0..1]</td>
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</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>22.6</td>
<td>ID</td>
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</tr>
<tr>
<td>Birth Place</td>
<td>23</td>
<td>ST</td>
<td>250</td>
<td>X</td>
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<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 5-4C: PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple Birth Indicator</td>
<td>24</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td><strong>HL7 table 0136</strong>: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Birth Order</td>
<td>25</td>
<td>NM</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Citizenship</td>
<td>26</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td><strong>HL7 table 0171</strong>: User defined: Citizenship</td>
</tr>
<tr>
<td>Veterans Military Status</td>
<td>27</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td><strong>HL7 table 0172</strong>: User defined: Veterans Military Status</td>
</tr>
<tr>
<td>Nationality</td>
<td>28</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td><strong>HL7 table 0212</strong>: User defined: Nationality</td>
</tr>
<tr>
<td>Patient Death Date and Time</td>
<td>29</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field shall not be populated on a registration message.</td>
</tr>
<tr>
<td>Patient Death Indicator</td>
<td>30</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field shall not be populated on a registration message.</td>
</tr>
<tr>
<td>Identity Unknown Indicator</td>
<td>31</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td><strong>HL7 table 0136</strong>: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Identity Reliability Code</td>
<td>32</td>
<td>IS</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td><strong>HL7 table 0445</strong>: User defined: Identity Reliability Code</td>
</tr>
<tr>
<td>Last Update Date/Time</td>
<td>33</td>
<td>TS</td>
<td>26</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field contains the last update date and time for the patient's/person's identifying and demographic data, as defined in the PID segment.</td>
</tr>
<tr>
<td>Last Update Facility</td>
<td>34</td>
<td>HD</td>
<td>241</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field identifies the facility of the last update to a patient's/person's identifying and demographic data, as defined in the PID segment.</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>-------------------------</td>
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<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>Species Code</td>
<td>35</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0446: User defined: Species code</td>
</tr>
<tr>
<td>Breed Code</td>
<td>36</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0447: User defined: Breed code</td>
</tr>
<tr>
<td>Strain</td>
<td>37</td>
<td>ST</td>
<td>80</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Production Class Code</td>
<td>38</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0429: User defined: Production Class Code</td>
</tr>
<tr>
<td>Tribal Citizenship</td>
<td>39</td>
<td>CWE</td>
<td>697</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0171: User defined: Citizenship</td>
</tr>
</tbody>
</table>
**Patient Visit (PV1) Segment**

The PV1 segment is used by Registration/Patient Administration applications to communicate information on a visit-specific basis.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set ID - PV1</td>
<td>1</td>
<td>SI</td>
<td>4</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Conformance Statement SS-024</strong>: PV1-1 (Set ID) SHALL have the Literal Value of ‘1’</td>
</tr>
<tr>
<td>Patient Class</td>
<td>2</td>
<td>IS</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition</strong>: This field is used by systems to categorize patients by site.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Data Element of Interest</strong>: Patient Class</td>
</tr>
<tr>
<td>Assigned Patient Location</td>
<td>3</td>
<td>PL</td>
<td>1220</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field contains the patient’s initial assigned location or the location to which the patient is being moved. The first component may be the nursing station for inpatient locations, or clinic or department, for locations other than inpatient.</td>
</tr>
<tr>
<td>Admission Type</td>
<td>4</td>
<td>IS</td>
<td>2</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>HL7 table 0007</strong>: User defined: Admission type</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition</strong>: This field indicates the circumstances under which the patient was or will be admitted.</td>
</tr>
<tr>
<td>Pre-admit Number</td>
<td>5</td>
<td>CX</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
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</table>
### TABLE 5-4D: PATIENT VISIT SEGMENT (PV1)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Patient Location</td>
<td>6</td>
<td>PL</td>
<td>1220</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>Recommend the use of the National Provider Identifier Standard provided by Centers for Medicare and Medicaid Services. For more information about NPI, search for, or to apply for a NPI, <a href="#">click here</a>. If NPI is not available, use a different unique identifier, such as OID or a State-designated identifier. <strong>Data Element of Interest:</strong> Unique Physician Identifier.</td>
</tr>
<tr>
<td>Attending Doctor</td>
<td>7</td>
<td>XCN</td>
<td>309</td>
<td>O</td>
<td>O</td>
<td>[0..*]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
<tr>
<td>Referring Doctor</td>
<td>8</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
<tr>
<td>Consulting Doctor</td>
<td>9</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
<tr>
<td>Hospital Service</td>
<td>10</td>
<td>IS</td>
<td>3</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>HL7 table 0069: User defined: Hospital Service <strong>Definition:</strong> This field contains the treatment or type of surgery that the patient is scheduled to receive.</td>
</tr>
<tr>
<td>Temporary Location</td>
<td>11</td>
<td>PL</td>
<td>1220</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Preadmit Test Indicator</td>
<td>12</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0087: User defined: Pre-Admit Test Indicator</td>
</tr>
<tr>
<td>Re-admission Indicator</td>
<td>13</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0092: User defined: Re-admission Indicator</td>
</tr>
</tbody>
</table>
TABLE 5-4D: PATIENT VISIT SEGMENT (PV1)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit Source</td>
<td>14</td>
<td>IS</td>
<td>6</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>HL7 table 0023: User defined: Admit Source</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Definition: This field indicates where the patient was admitted.</td>
</tr>
<tr>
<td>Ambulatory Status</td>
<td>15</td>
<td>IS</td>
<td>2</td>
<td>O</td>
<td>O</td>
<td>[0..*]</td>
<td>HL7 table 0009: User defined: Ambulatory Status</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Definition: This field indicates any permanent or transient handicapped conditions.</td>
</tr>
<tr>
<td>VIP Indicator</td>
<td>16</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0099: User defined: VIP Indicator</td>
</tr>
<tr>
<td>Admitting Doctor</td>
<td>17</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
<tr>
<td>Patient Type</td>
<td>18</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0018: User defined: Patient Type</td>
</tr>
<tr>
<td>Visit Number</td>
<td>19</td>
<td>CX</td>
<td>478</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Definition: This field contains the unique number assigned to each patient visit.</td>
</tr>
<tr>
<td>ID Number</td>
<td>19.1</td>
<td>ST</td>
<td>15</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Note: Unique identifier for a patient visit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Data Element of Interest: Unique Visit Identifier</td>
</tr>
<tr>
<td>Check Digit</td>
<td>19.2</td>
<td>ST</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
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</tr>
<tr>
<td>Check Digit Scheme</td>
<td>19.3</td>
<td>ID</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0061: HL7 defined: Check Digit Scheme</td>
</tr>
<tr>
<td>Assigning Authority</td>
<td>19.4</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td>HL7 table 0363: User defined: Assigning Authority</td>
</tr>
</tbody>
</table>
### TABLE 5-4D: PATIENT VISIT SEGMENT (PV1)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifier Type Code</td>
<td>19.5</td>
<td>ID</td>
<td>5</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Conformance Statement SS-025: PV1-19.5 (Identifier Type Code) SHALL be valued to the Literal Value ‘VN’. PHVS_IdentifierType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Assigning Facility</td>
<td>19.6</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td>19.7</td>
<td>DT</td>
<td>8</td>
<td>X</td>
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<td>[0..1]</td>
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<tr>
<td>Expiration Date</td>
<td>19.8</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Assigning Jurisdiction</td>
<td>19.9</td>
<td>CWE</td>
<td>705</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
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<td>Assigning Facility</td>
<td>19.10</td>
<td>CWE</td>
<td>705</td>
<td>X</td>
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<td>Financial Class</td>
<td>20</td>
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<td>50</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0064: User defined: Financial Class</td>
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<td>Charge Price Indicator</td>
<td>21</td>
<td>IS</td>
<td>2</td>
<td>X</td>
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<td>HL7 table 0032: User defined: Charge Price Indicator</td>
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<td>22</td>
<td>IS</td>
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<td>X</td>
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<td>HL7 table 0045: User defined: Courtesy Code</td>
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<td>Credit Rating</td>
<td>23</td>
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<td>X</td>
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<td>[0..1]</td>
<td>HL7 table 0046: User defined: Credit rating</td>
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<td>Contract Code</td>
<td>24</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0044: User defined: Contract code</td>
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<td>Contract Effective Date</td>
<td>25</td>
<td>DT</td>
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<td>X</td>
<td>[0..*]</td>
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<td>Field Name</td>
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<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
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<td>-----------------------------------------------------------</td>
</tr>
<tr>
<td>Contract Amount</td>
<td>26</td>
<td>NM</td>
<td>12</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
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<td>Contract Period</td>
<td>27</td>
<td>NM</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
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<td>Interest Code</td>
<td>28</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0073: User defined: Interest Code</td>
</tr>
<tr>
<td>Transfer to Bad Debt Code</td>
<td>29</td>
<td>IS</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0110: User defined: Transfer to Bad Debt Code</td>
</tr>
<tr>
<td>Transfer to Bad Debt Date</td>
<td>30</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0021: User defined: Bad Debt Agency Code</td>
</tr>
<tr>
<td>Bad Debt Agency Code</td>
<td>31</td>
<td>IS</td>
<td>10</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0021: User defined: Bad Debt Agency Code</td>
</tr>
<tr>
<td>Bad Debt Transfer Amount</td>
<td>32</td>
<td>NM</td>
<td>12</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Bad Debt Recovery Amount</td>
<td>33</td>
<td>NM</td>
<td>12</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Delete Account Indicator</td>
<td>34</td>
<td>IS</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0111: User defined: Delete Account Indicator</td>
</tr>
<tr>
<td>Delete Account Date</td>
<td>35</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Discharge Disposition</td>
<td>36</td>
<td>IS</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field shall not be populated in an Registration message</td>
</tr>
<tr>
<td>Discharged to Location</td>
<td>37</td>
<td>DLD</td>
<td>47</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0113: User defined: Discharged to Location</td>
</tr>
</tbody>
</table>
### TABLE 5-4D: PATIENT VISIT SEGMENT (PV1)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet Type</td>
<td>38</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0114: User defined: Diet type</td>
</tr>
<tr>
<td>Servicing Facility</td>
<td>39</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0115: User defined: Servicing Facility</td>
</tr>
<tr>
<td>Bed Status</td>
<td>40</td>
<td>IS</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0116: User defined: Bed Status</td>
</tr>
<tr>
<td>Account Status</td>
<td>41</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0117: User defined: Account Status</td>
</tr>
<tr>
<td>Pending Location</td>
<td>42</td>
<td>PL</td>
<td>1220</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Prior Temporary Location</td>
<td>43</td>
<td>PL</td>
<td>1220</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Admit Date/Time</td>
<td>44</td>
<td>TS</td>
<td>26</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Conformance Statement SS-010: PV1-44 (Admit Date/Time) SHALL be expressed with a minimum precision of the nearest minute and be represented in the following format: 'YYYYMMDDHHMM[SS.S.S.S][+/-ZZZZ]'</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field contains the admit date/time. This field is also used to reflect the date/time of an outpatient/emergency patient registration.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Note:</strong> Date and time of the patient presentation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Data Element of Interest:</strong> Admit Date/Time</td>
</tr>
<tr>
<td>Discharge Date/Time</td>
<td>45</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field shall not be populated in a Registration message</td>
</tr>
<tr>
<td>Current Patient Balance</td>
<td>46</td>
<td>NM</td>
<td>12</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Total Charges</td>
<td>47</td>
<td>NM</td>
<td>12</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Total Adjustments</td>
<td>48</td>
<td>NM</td>
<td>12</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Total Payments</td>
<td>49</td>
<td>NM</td>
<td>12</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Visit ID</td>
<td>50</td>
<td>CX</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0203: User defined: Identifier type</td>
</tr>
<tr>
<td>Visit Indicator</td>
<td>51</td>
<td>IS</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0326: User defined: Visit Indicator</td>
</tr>
<tr>
<td>Other Healthcare Provider</td>
<td>52</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
</tbody>
</table>
**Patient Visit – Additional Information (PV2) Segment**

The PV2 segment is a continuation of visit-specific information and is the segment where the Admit Reason is passed.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Pending Location</td>
<td>1</td>
<td>PL</td>
<td>1220</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Accommodation Code</td>
<td>2</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0129: User defined: Accommodation Code</td>
</tr>
</tbody>
</table>
| Admit Reason              | 3   | CE | 478    | RE           | RE             | [0..1]       | **Definition**: This field contains the short description of the reason for patient’s registration.  
**NOTE**: It may be coded (CE:1 and CE:3) or Free text (CE:2.)  
**Data Element of Interest**: Admit Reason |
| Identifier                | 3.1 | ST | 20     | RE           | RE             | [0..1]       | **PHVS_AdministrativeDiagnosis_CDC_ICD-9CM** Or **PHVS_AdministrativeDiagnosis_ICD-10CM** Or **PHVS_Disease_CDC**  
**Conformance Statement SS-009**: The implementation SHALL support all 3 value sets. |
| Text                      | 3.2 | ST | 199    | RE           | RE             | [0..1]       | If only Free Text is used, it is communicated in this component.                    |
## TABLE 5-4E: PATIENT VISIT – ADDITIONAL INFORMATION SEGMENT (PV2)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Coding System</td>
<td>3.3</td>
<td>ID</td>
<td>20</td>
<td>C</td>
<td>C</td>
<td>[0..1]</td>
<td><strong>Condition Predicate:</strong> If PV2-3.1 (the identifier) is provided then PV2-3.3 is valued. <strong>Conformance Statement SS-026:</strong> PV2-3.3 SHALL be valued to one of the Literal Values in the set ('I10', 'I9CDX', 'SCT').</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>3.4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
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<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>3.5</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>3.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Transfer Reason</td>
<td>4</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Patient Valuables</td>
<td>5</td>
<td>ST</td>
<td>25</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Patient Valuables Location</td>
<td>6</td>
<td>ST</td>
<td>25</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Visit User Code</td>
<td>7</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0130: User defined: Visit User Code</td>
</tr>
<tr>
<td>Expected Admit Date/Time</td>
<td>8</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expected Discharge Date/Time</td>
<td>9</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Estimated Length of Inpatient Stay</td>
<td>10</td>
<td>NM</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Actual Length of Inpatient Stay</td>
<td>11</td>
<td>NM</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Visit Description</td>
<td>12</td>
<td>ST</td>
<td>50</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Referral Source Code</td>
<td>13</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Previous Service Date</td>
<td>14</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Employment Illness Related Indicator</td>
<td>15</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Purge Status Code</td>
<td>16</td>
<td>IS</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0213: User defined: Purge Status Code</td>
</tr>
<tr>
<td>Purge Status Date</td>
<td>17</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Special Program Code</td>
<td>18</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0214: User defined: Special Program Code</td>
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<tr>
<td>Retention Indicator</td>
<td>19</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: User defined: Retention Indicator</td>
</tr>
<tr>
<td>Expected Number of Insurance Plans</td>
<td>20</td>
<td>NM</td>
<td>1</td>
<td>X</td>
<td>X</td>
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<td></td>
</tr>
<tr>
<td>Visit Publicity Code</td>
<td>21</td>
<td>IS</td>
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<td>X</td>
<td>X</td>
<td>[0..1]</td>
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</tr>
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<td>Visit Protection Indicator</td>
<td>22</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
</tbody>
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### TABLE 5-4E: PATIENT VISIT – ADDITIONAL INFORMATION SEGMENT (PV2)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Organization Name</td>
<td>23</td>
<td>XON</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Patient Status Code</td>
<td>24</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0216: User defined: Patient Status code</td>
</tr>
<tr>
<td>Visit Priority Code</td>
<td>25</td>
<td>IS</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0217: User defined: Visit Priority code</td>
</tr>
<tr>
<td>Previous Treatment Date</td>
<td>26</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expected Discharge Disposition</td>
<td>27</td>
<td>IS</td>
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<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0112: User defined: Discharge Disposition</td>
</tr>
<tr>
<td>Signature on File Date</td>
<td>28</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
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<td>First Similar Illness Date</td>
<td>29</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
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</tr>
<tr>
<td>Patient Charge Adjustment Code</td>
<td>30</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0218: User defined: Charge Adjustment Code</td>
</tr>
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<td>Recurring Service Code</td>
<td>31</td>
<td>IS</td>
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<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0219: User defined: Recurring Service Code</td>
</tr>
<tr>
<td>Billing Media Code</td>
<td>32</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Expected Surgery Date and Time</td>
<td>33</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Military Partnership Code</td>
<td>34</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>-----------------------------------</td>
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<td>--------------</td>
<td>----------------</td>
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<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Military Non-Availability Code</td>
<td>35</td>
<td>ID</td>
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<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Newborn Baby Indicator</td>
<td>36</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Baby Detained Indicator</td>
<td>37</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Mode of Arrival Code</td>
<td>38</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0430: User defined: Mode of Arrival Code</td>
</tr>
<tr>
<td>Recreational Drug Use Code</td>
<td>39</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0431: User defined: Recreational Drug Use Code</td>
</tr>
<tr>
<td>Admission Level of Care Code</td>
<td>40</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0432: User defined: Admission Level of Care Code</td>
</tr>
<tr>
<td>Precaution Code</td>
<td>41</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0433: User defined: Precaution Code</td>
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<tr>
<td>Patient Condition Code</td>
<td>42</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0434: User defined: Patient Condition Code</td>
</tr>
<tr>
<td>Living Will Code</td>
<td>43</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0315: User defined: Living Will Code</td>
</tr>
<tr>
<td>Organ Donor Code</td>
<td>44</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0316: User defined: Organ Donor Code</td>
</tr>
<tr>
<td>Patient Status Effective Date</td>
<td>46</td>
<td>DT</td>
<td>8</td>
<td>X</td>
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<td>[0..1]</td>
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<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>-----------------------------------------</td>
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<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>Expected LOA Return Date/Time</td>
<td>47</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expected Pre-admission Testing Date/Time</td>
<td>48</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Notify Clergy Code</td>
<td>49</td>
<td>IS</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0534: User defined: Notify Clergy Code</td>
</tr>
</tbody>
</table>
Observation/Result (OBX) Segment

The OBX Segment in the ADT Message is used to transmit observations related to the patient and visit. In Table 2-5 if the data element is carried in an OBX and usage is ‘Required’, the segment and its fields must be populated. The data elements in Table 2.5 DATA ELEMENTS OF INTEREST that use OBX segments are not expected to utilize any specified Set ID number within a given set of OBX segments in a message. However, the Set IDs are required to be sequential.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set ID - OBX</td>
<td>1</td>
<td>SI</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Note: Set ID numbers the repetitions of the segments</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Conformance Statement SS-027: For the first repeat of the OBX segment, the sequence number SHALL be one (1), for the second repeat, the sequence number shall be two (2), etc. Example: OBX[1].... OBX[2].... OBX[3].... Definition: This field contains the sequence number.</td>
</tr>
</tbody>
</table>
### TABLE 5-4F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>

**PHVS_ValueType_SyndromicSurveillance**

**Definition:** This field contains the format of the observation value in OBX.

**Note:** Identifies the structure of data in observation value (OBX.5)
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Observation Identifier | 3   | CE  | 478    | R            | R              | [1..1]      | **PHVS_ObservationIdentifier_SyndromicSurveillance**  
  **Definition:** This field contains a unique identifier for the observation.  
  **Note:** Identifies data to be received in observation value (OBX.5)  
  **Data Elements of Interest** communicated in OBX Segment may include:  
  - Facility Street address (Treating), Data Type: XAD:1, SAD:1  
  - Facility City (Treating), Data Type: XAD:3  
  - Facility State (Treating), Data Type: XAD:4  
  - Facility ZIP Code (Treating), Data Type: XAD:5  
  - Facility County (Treating), Data Type: XAD:9  
  - Age, Data Type: NM  
  - Facility / Visit Type, Data Type: CWE (only for ED/UC)  
  - Chief Complaint/Reason for Visit, Data Type: CWE, (Free Text is preferred)  
  - Clinical Impression, Data Type: TX  
  - Initial Temperature, Data Type: NM  
  - Height, Data Type: NM  
  - Weight, Data Type: NM  
  - Smoking Status, PHVS_SmokingStatus_MU  
  - Triage Notes, Data Type: TX |
| Identifier          | 3.1 | ST  | 20     | R            | R              | [1..1]      |                                                                                       |
| Text                | 3.2 | ST  | 199    | O            | O              | [0..1]      |                                                                                       |
## TABLE 5.4F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Coding System</td>
<td>3.3</td>
<td>ID</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Condition Predicate:</strong> If OBX-3.1 (the identifier) is provided then OBX-3.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>3.4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>3.5</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>3.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Observation Sub-ID</td>
<td>4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Observation Value</td>
<td>5</td>
<td>varies</td>
<td>99999</td>
<td>RE</td>
<td>RE</td>
<td>[0..*]</td>
<td>Listed below are the supported fields for each of the supported value types. <strong>Definition:</strong> This field contains the value observed by the observation producer. OBX-2-value type contains the data type for this field according to which observation value is formatted. <strong>Note:</strong> Values received in observation value are defined by value type (OBX.2) and observation identifier (OBX.3). <strong>Notes on Data Types:</strong> TS Data Type: Unconstrained. Some values might be to the day, others to the year/decade, etc. TX Data Type: The TX data type is used to carry string data intended for display purposes. It can contain leading blanks (space characters). NM Data Type: A numeric data type is a number</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>---------------------</td>
</tr>
</tbody>
</table>

represented as a series of ASCII numeric characters consisting of an optional leading sign (+ or -), the digits and an optional decimal point. In the absence of a sign, the number is assumed to be positive. If there is no decimal point the number is assumed to be an integer.

CWE Data Type: Data Element: Facility / Visit Type (only for ED/UC)

CWE:2 Text: It is strongly recommended that text be sent to accompany any identifier.

CWE Data Type: Data Element: Chief Complaint / Reason for visit

It is the short description of the patient’s self-reported chief complaint or reason for visit. It is preferred that Free text is used.

Free Text should appear in CWE:9

XAD Data Type: Data Elements:

Facility Street address (Treating), Data Type: XAD:1, SAD:1:

*Note:* This is the first subcomponent of the SAD data type. This has the same effect as being the first component of the field, while limiting the length based on other subcomponents that are not supported.

Facility City (Treating), Data Type: XAD:3
Facility State (Treating), Data Type: XAD:4
Facility ZIP Code (Treating), Data Type: XAD:5
### TABLE 5-4F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility County (Treating), Data Type: XAD:9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Beginning of OBX-5 Observation Value Usage Based on Data Type in OBX-2**

#### TS Data Type

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>5.1</td>
<td>DTM</td>
<td>24</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Degree of Precision</td>
<td>5.2</td>
<td>ST</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
</tbody>
</table>

#### TX Data Type

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text Data</td>
<td>5.1</td>
<td>TX</td>
<td>65536</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>

#### NM Data Type

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numeric Value</td>
<td>5.1</td>
<td>ST</td>
<td>16</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>

#### CWE Data Type: Data Element #7 Facility / Visit Type (only for ED/UC)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifier</td>
<td>5.1</td>
<td>ST</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_FacilityVisitType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Text</td>
<td>5.2</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>5.3</td>
<td>ID</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Condition Predicate: If OBX-5.1 (the identifier) is provided then OBX-5.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>5.4</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Alternate Text</td>
<td>5.5</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>5.6</td>
<td>ID</td>
<td>20</td>
<td>C</td>
<td>C</td>
<td>[0..1]</td>
<td><strong>Condition Predicate:</strong> If OBX-5.4 (the identifier) is provided then OBX-5.6 is valued.</td>
</tr>
<tr>
<td>Coding System Version ID</td>
<td>5.7</td>
<td>ST</td>
<td>10</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Coding System Version ID</td>
<td>5.8</td>
<td>ST</td>
<td>10</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Original Text</td>
<td>5.9</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>Free text goes here</td>
</tr>
</tbody>
</table>

**CWE Data Type: Data Element #25 Chief Complaint / Reason for visit- Free Text is preferred**

| Identifier                                | 5.1 | ST | 20    | RE | RE | [0..1] | **Conformance Statement SS-005:** If patient’s chief complaint is captured as an unstructured, free-text note, then chief complaint **SHALL** be valued in OBX-5, CWE:9. **OBX Segment** (CWE Data Type, 5th field) with LOINC Code (8661-1) Observation Identifier Example OBX Segment (free text):

```
OBX|3|CWE|8661-1^CHIEF COMPLAINT:FIND:PT:PATIENT:Nom:REPORTED^L N||^^^^^^STOMACH ACHE|||||201102171531
```

**Conformance Statement SS-006:** If patient’s chief complaint is captured from a Coding System, then chief complaint **SHALL** be valued in OBX-5, CWE:1,
### TABLE 5-4F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CWE:2, CWE:3.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PHVS_AdministrativeDiagnosis_CDC_ICD-9CM or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PHVS_CauseOfDeath_ICD-10_CDC or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PHVS_Disease_CDC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-004:</strong> The implementation SHALL support all 3 value sets.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Example OBX Segment (coded):</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-007:</strong> If patient’s chief complaint is captured as a structured field (e.g., drop-down menu), then chief complaint SHALL be valued in OBX- 5, CWE:2.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OBX</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-008:</strong> The implementation SHALL support a minimum of 70 characters for unstructured, free-text patient’s chief complaint.</td>
</tr>
</tbody>
</table>

**Text**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text</td>
<td>5.2</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
## TABLE 5-4F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Coding System</td>
<td>5.3</td>
<td>ID</td>
<td>20</td>
<td>C</td>
<td>C</td>
<td>[0..1]</td>
<td><strong>Condition Predicate:</strong> If OBX-5.1 (the identifier) is provided then OBX-5.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>5.4</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>5.5</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>5.6</td>
<td>ID</td>
<td>20</td>
<td>C</td>
<td>C</td>
<td>[0..1]</td>
<td><strong>Condition Predicate:</strong> If OBX-5.4 (the identifier) is provided then OBX-5.6 is valued.</td>
</tr>
<tr>
<td>Coding System Version ID</td>
<td>5.7</td>
<td>ST</td>
<td>10</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Coding System Version ID</td>
<td>5.8</td>
<td>ST</td>
<td>10</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Original Text</td>
<td>5.9</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Free text is Preferred and it goes here</strong></td>
</tr>
</tbody>
</table>

### XAD Data Type

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>Data Type</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>5.1</td>
<td>SAD</td>
<td>184</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
</tr>
<tr>
<td>Street or Mailing Address</td>
<td>5.1.1</td>
<td>ST</td>
<td>120</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
</tr>
<tr>
<td>Street Name</td>
<td>5.1.2</td>
<td>ST</td>
<td>50</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
</tr>
<tr>
<td>Dwelling Number</td>
<td>5.1.3</td>
<td>ST</td>
<td>12</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
</tr>
<tr>
<td>Other Designation</td>
<td>5.2</td>
<td>ST</td>
<td>120</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
</tr>
</tbody>
</table>
### TABLE 5-4F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>5.3</td>
<td>ST</td>
<td>50</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>The ISDS recommendations recommend free text City/Town designations.</td>
</tr>
<tr>
<td>State or Province</td>
<td>5.4</td>
<td>ST</td>
<td>50</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>PHVS_State_FIPS_5-2</td>
</tr>
<tr>
<td>ZIP or Postal Code</td>
<td>5.5</td>
<td>ST</td>
<td>12</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>USPS</td>
</tr>
<tr>
<td>Country</td>
<td>5.6</td>
<td>ID</td>
<td>3</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>PHVS_Country_ISO_3166-1</td>
</tr>
<tr>
<td>Address Type</td>
<td>5.7</td>
<td>ID</td>
<td>3</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>PHVS_AddressType_HL7_2x</td>
</tr>
<tr>
<td>Other Geographic Designation</td>
<td>5.8</td>
<td>ST</td>
<td>50</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>County/Parish Code</td>
<td>5.9</td>
<td>IS</td>
<td>20</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>The ISDS recommendations allow free text County designations.</td>
</tr>
<tr>
<td>Census Tract</td>
<td>5.10</td>
<td>IS</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Address Representation Code</td>
<td>5.11</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Address Validity Range</td>
<td>5.12</td>
<td>DR</td>
<td>53</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td>5.13</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>5.14</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>

**End of OBX-5 Observation Value Usage Based on Data Type in OBX-2**
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Units      | 6   | CE | 62     | C            | C             | [0..1]       | **Condition Predicate:** If OBX.2 (Value Type) is valued “NM”  
**Background:** When an observation’s value is measured on a continuous scale, one must report the measurement units within the unit’s field of the OBX segment.  
**Data Elements of Interest:**  
- Age units  
- Initial Temperature units  
- Height units  
- Weight Units  
  PHVS_AgeUnit_SyndromicSurveillance |
| Identifier | 6.1 | ST | 20     | R            | R             | [1..1]       | **Conformance Statement SS-029:** If OBX 3.1 is valued with 21612-7, then OBX-6.1 (Identifier) **SHALL** be valued to a member of the set:  
  PHVS_AgeUnit_SyndromicSurveillance  
**Conformance Statement SS-030:** If OBX 3.1 = is valued with 11289-6 then OBX-6.1 (Identifier) **SHALL** be valued to a member of the set:  
  PHVS_TemperatureUnit_UCUM  
**Conformance Statement SS-031:** If OBX 3.1 is valued with 59408-5 then OBX6.1 (Identifier) **SHALL** be valued to a member of the set  
  PHVS_PulseOximetryUnit_UCUM |
<p>| Text       | 6.2 | ST | 20     | O            | O             | [0..1]       |</p>
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Coding System</td>
<td>6.3</td>
<td>ID</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Condition Predicate:</strong> If OBX-6.1 (the identifier) is provided then OBX-6.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>6.4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>6.5</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>6.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>References Range</td>
<td>7</td>
<td>ST</td>
<td>60</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Abnormal Flags</td>
<td>8</td>
<td>IS</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td><strong>HL7 table 0078:</strong> User defined: Abnormal Flags</td>
</tr>
<tr>
<td>Probability</td>
<td>9</td>
<td>NM</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Nature of Abnormal Test</td>
<td>10</td>
<td>ID</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td><strong>HL7 table 0080:</strong> HL7 defined: Nature of Abnormal Test</td>
</tr>
<tr>
<td>Observation Result Status</td>
<td>11</td>
<td>ID</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> This field contains the observation result status. This field reflects the current completion status of the results for one Observation Identifier.</td>
</tr>
<tr>
<td>Effective Date of Reference Range</td>
<td>12</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>User Defined Access Checks</td>
<td>13</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----</td>
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<td>--------------</td>
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<td>-------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Date/Time of the Observation</td>
<td>14</td>
<td>TS</td>
<td>26</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field is the observation date-time is the physiologically relevant date-time or the closest approximation to that date-time.</td>
</tr>
<tr>
<td>Producer's ID</td>
<td>15</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Responsible Observer</td>
<td>16</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Observation Method</td>
<td>17</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Equipment Instance Identifier</td>
<td>18</td>
<td>EI</td>
<td>424</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Date/Time of the Analysis</td>
<td>19</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
Diagnosis (DG1) Segment

The DG1 segment contains patient diagnosis information of various types. Syndromic surveillance supports Admitting, Working and Final Diagnosis types.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Set ID - DG1                | 1   | SI | 4      | R            | R              | [1..1]       | **Conformance Statement SS-032:** DG1-1 (Set ID) for the first occurrence of a DG1 Segment **SHALL** have the Literal Value of ‘1’. Each following occurrence **SHALL** be numbered consecutively.  
**Definition:** This field contains the number that identifies this transaction. For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc. |
| Diagnosis Coding Method     | 2   | ID | 2      | X            | X              | [0..1]       | HL7 table 0053: User defined: Diagnosis Coding Method                                                                                                     |
| Diagnosis Code - DG1        | 3   | CE | 478    | R            | R              | [1..1]       | **Definition:** This contains the diagnosis code assigned to this diagnosis.  
**Data Element of Interest:** Diagnosis  
**Condition Predicate:** If the DG1 Segment is provided, DG1-3 (Diagnosis) is required to be valued.                                                                 |
| Identifier                  | 3.1 | ST | 20     | R            | RE             | [0..1]       | **PHVS_AdministrativeDiagnosis_CDC_ICD-9CM**  
**Or**  
**PHVS_AdministrativeDiagnosis_ICD-10CM**  
**Or**  
**PHVS_Disease_CDC**  
**Conformance Statement SS-011:** The implementation **SHALL** support all 3 value sets.                                                                 |
### TABLE 5-4G: DIAGNOSIS SEGMENT (DG1)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text</td>
<td>3.2</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Condition Predicate</strong>: If DG1-3.1 (the identifier) is provided then DG1-3.3 is valued. <strong>Conformance Statement SS-033</strong>: DG1-3.3 <strong>SHALL</strong> be valued to one of the Literal Values in the set ('I10', 'I9CDX', 'SCT').</td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>3.3</td>
<td>ID</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition</strong>: This field contains the date/time that the diagnosis was determined. <strong>Note</strong>: Identifies the type of diagnosis being sent. <strong>Data Element of Interest</strong>: Diagnosis type <strong>Condition Predicate</strong>: If the DG1 Segment is provided, DG1-6 (Diagnosis Type) is required to be valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>3.4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field contains a code that identifies the type of diagnosis being sent <strong>Note</strong>: Identifies the type of diagnosis being sent. <strong>Data Element of Interest</strong>: Diagnosis type <strong>Condition Predicate</strong>: If the DG1 Segment is provided, DG1-6 (Diagnosis Type) is required to be valued.</td>
</tr>
<tr>
<td>Alternate Text</td>
<td>3.5</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field contains a code that identifies the type of diagnosis being sent <strong>Note</strong>: Identifies the type of diagnosis being sent. <strong>Data Element of Interest</strong>: Diagnosis type <strong>Condition Predicate</strong>: If the DG1 Segment is provided, DG1-6 (Diagnosis Type) is required to be valued.</td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>3.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field contains a code that identifies the type of diagnosis being sent <strong>Note</strong>: Identifies the type of diagnosis being sent. <strong>Data Element of Interest</strong>: Diagnosis type <strong>Condition Predicate</strong>: If the DG1 Segment is provided, DG1-6 (Diagnosis Type) is required to be valued.</td>
</tr>
<tr>
<td>Diagnosis Description</td>
<td>4</td>
<td>ST</td>
<td>40</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Diagnosis Date/Time</td>
<td>5</td>
<td>TS</td>
<td>26</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field contains the date/time that the diagnosis was determined. <strong>Note</strong>: Identifies the type of diagnosis being sent. <strong>Data Element of Interest</strong>: Diagnosis type <strong>Condition Predicate</strong>: If the DG1 Segment is provided, DG1-6 (Diagnosis Type) is required to be valued.</td>
</tr>
<tr>
<td>Diagnosis Type</td>
<td>6</td>
<td>IS</td>
<td>2</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition</strong>: This field contains a code that identifies the type of diagnosis being sent <strong>Note</strong>: Identifies the type of diagnosis being sent. <strong>Data Element of Interest</strong>: Diagnosis type <strong>Condition Predicate</strong>: If the DG1 Segment is provided, DG1-6 (Diagnosis Type) is required to be valued.</td>
</tr>
</tbody>
</table>
### TABLE 5-4G: DIAGNOSIS SEGMENT (DG1)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Diagnostic Category</td>
<td>7</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0118: User defined: Major Diagnostic Category</td>
</tr>
<tr>
<td>Diagnostic Related Group</td>
<td>8</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0055: User defined: Diagnostic Related Group</td>
</tr>
<tr>
<td>DRG Approval Indicator</td>
<td>9</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0136: HL7 defined: Yes/no Indicator</td>
</tr>
<tr>
<td>DRG Grouper Review Code</td>
<td>10</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0056: User defined: DRG Grouper Review Code</td>
</tr>
<tr>
<td>Outlier Type</td>
<td>11</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0083: User defined: Outlier Type</td>
</tr>
<tr>
<td>Outlier Days</td>
<td>12</td>
<td>NM</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Outlier Cost</td>
<td>13</td>
<td>CP</td>
<td>538</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Grouper Version And Type</td>
<td>14</td>
<td>ST</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Diagnosis Priority</td>
<td>15</td>
<td>ID</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0359: HL7 defined: Diagnosis Priority</td>
</tr>
<tr>
<td>Diagnosing Clinician</td>
<td>16</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Diagnosis Classification</td>
<td>17</td>
<td>IS</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0228: User defined: Diagnosis Classification</td>
</tr>
<tr>
<td>Confidential Indicator</td>
<td>18</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no Indicator</td>
</tr>
</tbody>
</table>
### TABLE 5-4G: DIAGNOSIS SEGMENT (DG1)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attestation Date/Time</td>
<td>19</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Diagnosis Identifier</td>
<td>20</td>
<td>EI</td>
<td>427</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Diagnosis Action Code</td>
<td>21</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0206: HL7 defined: Segment Action Code</td>
</tr>
</tbody>
</table>
Procedures (PR1) Segment

The PR1 segment is used to carry information relative to various types of procedures performed.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set ID – PR1</td>
<td>1</td>
<td>SI</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-034</strong>: For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc. <strong>Definition</strong>: This field contains the number that identifies this transaction.</td>
</tr>
<tr>
<td>Procedure Coding Method</td>
<td>2</td>
<td>IS</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0089: User defined: Procedure Coding Method</td>
</tr>
<tr>
<td>Procedure Code</td>
<td>3</td>
<td>CE</td>
<td>478</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition</strong>: This field contains a unique identifier assigned to the procedure <strong>Data Element of Interest</strong>: Procedure Code</td>
</tr>
<tr>
<td>Identifier</td>
<td>3.1</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>CPT-4</td>
</tr>
<tr>
<td>Text</td>
<td>3.2</td>
<td>ST</td>
<td>199</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>Free Text</td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>3.3</td>
<td>ID</td>
<td>20</td>
<td>CE</td>
<td>CE</td>
<td>[1..1]</td>
<td><strong>Condition Predicate</strong>: If PR1-3.1 (the identifier) is provided then PR1-3.3 is valued.</td>
</tr>
<tr>
<td>Procedure Description</td>
<td>4</td>
<td>ST</td>
<td>40</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Procedure Date/Time</td>
<td>5</td>
<td>TS</td>
<td>26</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> This field contains the date/time that the procedure was performed.</td>
</tr>
<tr>
<td>Procedure Functional Type</td>
<td>6</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0230: User defined: Procedure Functional Type</td>
</tr>
<tr>
<td>Procedure Minutes</td>
<td>7</td>
<td>NM</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Anesthesiologist</td>
<td>8</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
<tr>
<td>Anesthesia Code</td>
<td>9</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0019: User defined: Anesthesia Code</td>
</tr>
<tr>
<td>Anesthesia Minutes</td>
<td>10</td>
<td>NM</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
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</tr>
<tr>
<td>Surgeon</td>
<td>11</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
<tr>
<td>Procedure Practitioner</td>
<td>12</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
<tr>
<td>Consent Code</td>
<td>13</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0059: User defined: Consent code</td>
</tr>
<tr>
<td>Procedure Priority</td>
<td>14</td>
<td>ID</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0418: HL7 defined: Procedure Priority</td>
</tr>
<tr>
<td>Associated Diagnosis Code</td>
<td>15</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0051: User defined: Diagnosis Code</td>
</tr>
<tr>
<td>Procedure Code Modifier</td>
<td>16</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0340: User defined: Procedure Code Modifier</td>
</tr>
</tbody>
</table>
### TABLE 5-4H: PROCEDURES SEGMENT (PR1)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure DRG Type</td>
<td>17</td>
<td>IS</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0416: User defined: Procedure DRG Type</td>
</tr>
<tr>
<td>Tissue Type Code</td>
<td>18</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0417: User defined: Tissue Type Code</td>
</tr>
<tr>
<td>Procedure Identifier</td>
<td>19</td>
<td>EI</td>
<td>427</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Procedure Action Code</td>
<td>20</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0206: HL7 defined: Segment Action Code</td>
</tr>
</tbody>
</table>


Insurance (IN1) Segment

The IN1 segment contains insurance policy coverage information necessary to produce properly pro-rated and patient and insurance bills.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Set ID – IN1              | 1   | SI | 4      | R            | R              | [1..1]      | Definition: The Set ID in the IN1 segment is used to aggregate the grouping of insurance segments.  
Note: SET ID numbers the repetitions of the segments.                                      |
| Insurance Plan ID         | 2   | CE | 478    | R            | R              | [1..1]      | HL7 table 0072: User defined: Insurance Plan ID  
Definition: This field contains a unique identifier for the insurance plan.                    |
<p>| Insurance Company ID      | 3   | CX | 250    | R            | R              | [1..<em>]      | Definition: This field contains unique identifiers for the insurance company. The assigning authority and identifier type code are strongly recommended for all CX data types. |
| Insurance Company Name    | 4   | XON| 250    | X            | X              | [0..</em>]      |                                                                                       |
| Insurance Company Address | 5   | XAD| 513    | X            | X              | [0..<em>]      |                                                                                       |
| Insurance Co Contact Person| 6   | XPN| 294    | X            | X              | [0..</em>]      |                                                                                       |
| Insurance Co Phone Number | 7   | XTN| 250    | X            | X              | [0..*]      |                                                                                       |
| Group Number              | 8   | ST | 12     | X            | X              | [0..1]      |                                                                                       |</p>
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Name</td>
<td>9</td>
<td>XON</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Insured_s Group Emp ID</td>
<td>10</td>
<td>CX</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Insured_s Group Emp Name</td>
<td>11</td>
<td>XON</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Plan Effective Date</td>
<td>12</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>Plan Type: This field contains the coding structure that identifies the various plan types, for example, Medicare, Medicaid, Blue Cross, HMO, etc.</td>
</tr>
<tr>
<td>Plan Expiration Date</td>
<td>13</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>Plan Type: This field contains the coding structure that identifies the various plan types, for example, Medicare, Medicaid, Blue Cross, HMO, etc.</td>
</tr>
<tr>
<td>Authorization Information</td>
<td>14</td>
<td>AUI</td>
<td>239</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>Authorization Information: This field contains the coding structure that identifies the various plan types, for example, Medicare, Medicaid, Blue Cross, HMO, etc.</td>
</tr>
<tr>
<td>Name Of Insured</td>
<td>16</td>
<td>XPN</td>
<td>294</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>Name Of Insured: This field contains the coding structure that identifies the various plan types, for example, Medicare, Medicaid, Blue Cross, HMO, etc.</td>
</tr>
<tr>
<td>Insured_ Relationship To Patient</td>
<td>17</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>Insured_ Relationship To Patient: This field contains the coding structure that identifies the various plan types, for example, Medicare, Medicaid, Blue Cross, HMO, etc.</td>
</tr>
<tr>
<td>Insured_ Date Of Birth</td>
<td>18</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>Insured_ Date Of Birth: This field contains the coding structure that identifies the various plan types, for example, Medicare, Medicaid, Blue Cross, HMO, etc.</td>
</tr>
<tr>
<td>Insured_ Address</td>
<td>19</td>
<td>XAD</td>
<td>513</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>Insured_ Address: This field contains the coding structure that identifies the various plan types, for example, Medicare, Medicaid, Blue Cross, HMO, etc.</td>
</tr>
<tr>
<td>Assignment Of Benefits</td>
<td>20</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>Assignment Of Benefits: This field contains the coding structure that identifies the various plan types, for example, Medicare, Medicaid, Blue Cross, HMO, etc.</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Coordination Of Benefits</td>
<td>21</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0173: User defined: Coordination of Benefits</td>
</tr>
<tr>
<td>Coord Of Ben. Priority</td>
<td>22</td>
<td>ST</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Notice Of Admission Flag</td>
<td>23</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no Indicator</td>
</tr>
<tr>
<td>Notice Of Admission Date</td>
<td>24</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Report Of Eligibility Flag</td>
<td>25</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no Indicator</td>
</tr>
<tr>
<td>Report Of Eligibility Date</td>
<td>26</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Pre-Admit Cert (PAC)</td>
<td>28</td>
<td>ST</td>
<td>15</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Verification Date/Time</td>
<td>29</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Verification By</td>
<td>30</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Type Of Agreement Code</td>
<td>31</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0098: User defined: Type Of Agreement Code</td>
</tr>
<tr>
<td>Billing Status</td>
<td>32</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0022: User defined: Billing Status</td>
</tr>
<tr>
<td>Lifetime Reserve Days</td>
<td>33</td>
<td>NM</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 5-4l: INSURANCE SEGMENT (IN1)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delay Before L.R. Day</td>
<td>34</td>
<td>NM</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Company Plan Code</td>
<td>35</td>
<td>IS</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0042: User defined: Company Plan Code</td>
</tr>
<tr>
<td>Policy Number</td>
<td>36</td>
<td>ST</td>
<td>15</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Policy Deductible</td>
<td>37</td>
<td>CP</td>
<td>538</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Policy Limit - Amount</td>
<td>38</td>
<td>CP</td>
<td>538</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Policy Limit - Days</td>
<td>39</td>
<td>NM</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Room Rate - Semi-Private</td>
<td>40</td>
<td>CP</td>
<td>538</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Room Rate - Private</td>
<td>41</td>
<td>CP</td>
<td>538</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Insured_ Employment Status</td>
<td>42</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0066: User defined: Employment Status</td>
</tr>
<tr>
<td>Insured_ Administrative Sex</td>
<td>43</td>
<td>IS</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0001: User defined: Administrative Sex</td>
</tr>
<tr>
<td>Insured_ Employer_s Address</td>
<td>44</td>
<td>XAD</td>
<td>513</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Verification Status</td>
<td>45</td>
<td>ST</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Prior Insurance Plan ID</td>
<td>46</td>
<td>IS</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 Table 0072: User defined: Insurance Plan ID</td>
</tr>
<tr>
<td>Coverage Type</td>
<td>47</td>
<td>IS</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 Table 0309: User defined: Coverage Type</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Handicap</td>
<td>48</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 Table 0295: User defined: Handicap</td>
</tr>
<tr>
<td>Insured_ ID Number</td>
<td>49</td>
<td>CX</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Signature Code</td>
<td>50</td>
<td>IS</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 Table 0535: User defined: Signature Code</td>
</tr>
<tr>
<td>Signature Code Date</td>
<td>51</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Insured_ Birth Place</td>
<td>52</td>
<td>ST</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>VIP Indicator</td>
<td>53</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 Table 0099: User defined: VIP Indicator</td>
</tr>
</tbody>
</table>
UPDATE PATIENT INFORMATION (ADT^A08)

ADT^A08 messages are used to communicate syndromic surveillance data to PHAs in the event of an update to a patient’s visit record during an emergency department or urgent care center visit.

<table>
<thead>
<tr>
<th>SEG</th>
<th>NAME</th>
<th>DESCRIPTION</th>
<th>USAGE</th>
<th>CARDINALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSH</td>
<td>Message Header</td>
<td>Information explaining how to parse and process the message</td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Information includes identification of message delimiters, sender, receiver, message type, timestamp, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVN</td>
<td>Event Type</td>
<td>Trigger event information for receiving application</td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td>PID</td>
<td>Patient Identification</td>
<td>Patient identifying and demographic information</td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td>PV1</td>
<td>Patient Visit</td>
<td>Information related to this visit at this facility including the nature of the visit, critical timing information and a unique visit identifier.</td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td></td>
<td>[PV2]</td>
<td>Patient Visit Additional Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Admit Reason information.</td>
<td>RE</td>
<td>[0..1]</td>
</tr>
<tr>
<td>{OBX}</td>
<td>Observation / Result</td>
<td>Information regarding the age, temperature, and other information</td>
<td>R</td>
<td>[1..*]</td>
</tr>
<tr>
<td>{{DG1}}</td>
<td>Diagnosis</td>
<td>Admitting Diagnosis and, optionally, Working and Final Diagnosis information</td>
<td>RE</td>
<td>[0..*]</td>
</tr>
<tr>
<td>{{PR1}}</td>
<td>Procedures</td>
<td>Information relative to various types of procedures performed</td>
<td>O</td>
<td>[0..*]</td>
</tr>
</tbody>
</table>
### TABLE 5-5: ADT^A08 UPDATE PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Seg</th>
<th>Name</th>
<th>Description</th>
<th>Usage</th>
<th>Cardinality</th>
</tr>
</thead>
<tbody>
<tr>
<td>[[IN1]]</td>
<td>Insurance</td>
<td>Information about insurance policy coverage information</td>
<td>O</td>
<td>[0..*]</td>
</tr>
</tbody>
</table>
Message Header (MSH) Segment

The MSH Segment is used to define the intent, source, destination, and some specifics of the syntax of the message. This segment includes identification of message delimiters, sender, receiver, message type, timestamp, etc.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Separator</td>
<td>1</td>
<td>ST</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> This field contains the separator between the segment ID and the first real field, MSH-2-encoding characters. As such, it serves as the separator and defines the character to be used as a separator for the rest of the message. Default value is</td>
</tr>
<tr>
<td>Encoding Characters</td>
<td>2</td>
<td>ST</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> This field contains the four characters in the following order: the component separator, repetition separator, escape character, and subcomponent separator. Default values are ^~&amp; (ASCII 94, 126, 92, and 38, respectively).</td>
</tr>
<tr>
<td>Sending Application</td>
<td>3</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field uniquely identifies the sending application among all other applications within the network enterprise. The network enterprise consists of all those applications that participate in the exchange of HL7 messages within the enterprise.</td>
</tr>
</tbody>
</table>
### TABLE 5-5A: MESSAGE HEADER SEGMENT (MSH)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sending Facility</td>
<td>4</td>
<td>HD</td>
<td>227</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>National Provider Identifier. (10-digit identifier)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field further describes the sending application, MSH-3-sending application. This field uniquely identifies the facility associated with the application that sends the message. If Acknowledgements are in use, this facility will receive any related Acknowledgement message.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Note:</strong> The use of ‘NPI’ should be discussed during the implementation process as local jurisdictions may differ on their use of identifiers for this field</td>
</tr>
<tr>
<td>Namespace ID</td>
<td>4.1</td>
<td>IS</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Universal ID</td>
<td>4.2</td>
<td>ST</td>
<td>199</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> This field uniquely identifies the receiving application among all other applications within the network enterprise. The network enterprise consists of all those applications that participate in the exchange of HL7 messages within the enterprise.</td>
</tr>
<tr>
<td>Universal ID Type</td>
<td>4.3</td>
<td>ID</td>
<td>6</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>PHVS_UniversallDType_SyndromicSurveillance</strong></td>
</tr>
<tr>
<td>Receiving Application</td>
<td>5</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field uniquely identifies the receiving application among all other applications within the network enterprise. The network enterprise consists of all those applications that participate in the exchange of HL7 messages within the enterprise.</td>
</tr>
<tr>
<td>Receiving Facility</td>
<td>6</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field identifies the receiving application among multiple identical instances of the application running on behalf of different organizations.</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Date/Time Of Message</td>
<td>7</td>
<td>TS</td>
<td>26</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-013</strong>: MSH-7 (Date/Time of Message) <strong>SHALL</strong> be expressed with a minimum precision of the nearest minute, and be represented in the following format:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>’YYYYYMMDDHHMM[SS[.S[S[S[S]]]]] [+/-ZZZZ]’</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition</strong>: This field contains the date/time that the sending system created the message. If the time zone is specified, it will be used throughout the message as the default time zone.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Note</strong>: MSH-7 (Date/Time of Message) does not have to equal EVN-2 (Message Date/Time)</td>
</tr>
<tr>
<td>Security</td>
<td>8</td>
<td>ST</td>
<td>40</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Message Type</td>
<td>9</td>
<td>MSG</td>
<td>15</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-035</strong>: MSH-9 (Message Type) <strong>SHALL</strong> be the literal value:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>’ADT^A08^ADT_A01’,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition</strong>: This field contains the message type, trigger event, and the message structure ID for the message.</td>
</tr>
<tr>
<td>Message Code</td>
<td>9.1</td>
<td>ID</td>
<td>3</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>PHVS_MessageType_SyndromicSurveillance</strong></td>
</tr>
<tr>
<td>Trigger Event</td>
<td>9.2</td>
<td>ID</td>
<td>3</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>PHVS_EventType_SyndromicSurveillance</strong></td>
</tr>
<tr>
<td>Message Structure</td>
<td>9.3</td>
<td>ID</td>
<td>7</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>PHVS_MessageStructure_SyndromicSurveillance</strong></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Message Control ID| 10  | ST | 199    | R            | R              | [1..1]       | **Definition:** This field contains a number or other identifier that uniquely identifies the message. The receiving system echoes this ID back to the sending system in the Message acknowledgment segment (MSA).  
**Note:** This field is a number or other identifier that uniquely identifies the message.                                                                 |
| Processing ID     | 11  | PT | 3      | R            | R              | [1..1]       | **Conformance Statement SS-015:** MSH-11 (Processing ID) SHALL have a value in the set of literal values: “P” for Production, “D” for Debug or “T” for Training.  
**Definition:** This field is used to decide whether to process the message as defined in HL7 Application (level 7) Processing rules.  
**Note:** Indicates how to process the message as defined in HL7 processing rules                                                                 |
| Version ID        | 12  | VID| 5      | R            | R              | [1..1]       | **Conformance Statement SS-016:** MSH-12 (Version ID) SHALL have a value ‘2.5.1’  
**Definition:** This field is matched by the receiving system to its own version to be sure the message will be interpreted correctly. For this message the value shall be 2.5.1  
**Note:** HL7 version number used to interpret format and content of the message.                                                                 |
| Sequence Number   | 13  | NM | 15     | X            | X              | [0..1]       |                                                                                                                                                        |
| Continuation Pointer | 14  | ST | 180    | X            | X              | [0..1]       |                                                                                                                                                        |
### TABLE 5-5A: MESSAGE HEADER SEGMENT (MSH)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accept Acknowledgement Type</td>
<td>15</td>
<td>ID</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0155: HL7 defined: Accept/application acknowledgment conditions</td>
</tr>
<tr>
<td>Application Acknowledgement Type</td>
<td>16</td>
<td>ID</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0155: HL7 defined: Accept/application acknowledgment conditions</td>
</tr>
<tr>
<td>Country Code</td>
<td>17</td>
<td>ID</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0399: HL7 defined: Country code</td>
</tr>
<tr>
<td>Character Set</td>
<td>18</td>
<td>ID</td>
<td>16</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0211: HL7 defined: Alternate character sets</td>
</tr>
<tr>
<td>Principal Language Of Message</td>
<td>19</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Character Set Handling Scheme</td>
<td>20</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0356: HL7 defined: Alternate character set handling scheme</td>
</tr>
</tbody>
</table>
| Message Profile Identifier        | 21  | EI | 427    | R            | R              | [0..1]       | **Conformance Statement SS-017**: An instance of MSH.21 (Message Profile Identifier) SHALL contain the constant value:

- PH_SS-Ack^SS Sender^2.16.840.1.114222.4.10.3^ISO or
- PH_SS-Ack^SS Receiver^2.16.840.1.114222.4.10.3^ISO
- PH_SS-NoAck^SS Sender^2.16.840.1.114222.4.10.3^ISO or
- PH_SS-NoAck^SS Receiver^2.16.840.1.114222.4.10.3^ISO
- PH_SS-Batch^SS Sender^2.16.840.1.114222.4.10.3^ISO
**TABLE 5-5A: MESSAGE HEADER SEGMENT (MSH)**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>or</strong> PH_SS-Batch^SS Receiver^2.16.840.1.114222.4.10.3^ISO <strong>Definition:</strong> Sites may use this field to assert adherence to, or reference, a message profile. Message profiles contain detailed explanations of grammar, syntax, and usage for a particular message or set of messages.</td>
</tr>
</tbody>
</table>
Event Type (EVT) Segment

The EVN segment is used to communicate trigger event information to receiving applications.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Type Code</td>
<td>1</td>
<td>ID</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>PHVS_EventType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Recorded Date/Time</td>
<td>2</td>
<td>TS</td>
<td>26</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Conformance Statement SS-018: EVN-2 (Recorded Date/Time of Message) SHALL be expressed with a minimum precision of the nearest minute, and be represented in the following format: ‘YYYYMMDDHHMM[SS[.SS[.SS[.SS]]]] [+/ZZZZ]’ Note: EVN-2 (Recorded Date/Time) does not have to equal MSH-7 (Date/Time of Message) Note: Most systems default to the system Date/Time when the transaction was entered. Data Element of Interest: Message Date/Time</td>
</tr>
<tr>
<td>Date/Time Planned Event</td>
<td>3</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Event Reason Code</td>
<td>4</td>
<td>IS</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0062: User defined: Event reason</td>
</tr>
<tr>
<td>Operator ID</td>
<td>5</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0188: User defined: Operator ID</td>
</tr>
<tr>
<td>Event Occurred</td>
<td>6</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 5-5B: EVENT TYPE SEGMENT (EVN)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Event Facility    | 7   | HD | 241    | R            | R             | [1..1]       | **Definition:** This field identifies the location where the patient was actually treated.  
**Note:** The use of 'NPI' should be discussed during the implementation process as local jurisdictions may differ on their use of identifiers for this field  
**Data Element of Interest:** Facility Identifier (Treating) (EVN-7.1)  
**Data Element of Interest:** Facility Name (Treating) (EVN-7.2) |
| Namespace ID      | 7.1 | IS | 20     | RE           | RE            | [0..1]       | Recommend the use of the Organization Name Legal Business Name (LBN) associated with the National Provider Identifier Standard provided by Centers for Medicare and Medicaid Services. For more information about NPI, search for, or to apply for a NPI, [click here](#).  
If NPI is not available, use a different unique identifier, such as OID or a State-designated identifier. |
| Universal ID      | 7.2 | ST | 199    | R            | R             | [1..1]       | Recommend the use of the National Provider Identifier Standard provided by Centers for Medicare and Medicaid Services. For more information about NPI, search for, or to apply for a NPI, [click here](#).  
If NPI is not available, use a different unique identifier, such as OID or a State-designated identifier. |
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal ID Type</td>
<td>7.3</td>
<td>ID</td>
<td>6</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_UniversalIDType_SyndromicSurveillance</td>
</tr>
</tbody>
</table>
Patient Identification (PID) Segment

The PID Segment is used as the primary means of communicating patient identification information. This segment contains pertinent patient identifying and demographic information.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set ID - PID</td>
<td>1</td>
<td>SI</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-019:</strong> PID-1 (Set ID) SHALL have the Literal Value of ‘1’</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field contains the number that identifies this transaction. The sequence number shall be one.</td>
</tr>
<tr>
<td>Patient ID</td>
<td>2</td>
<td>CX</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td><strong>Definition:</strong> PID.3 is a repeating field that can accommodate multiple patient identifiers.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Note:</strong> Patient’s unique identifier(s) from the facility that is submitting this report to public health officials.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Different jurisdictions use different identifiers and may often use a combination of identifiers to produce a unique patient identifier. Patient identifiers should be strong enough to remain a unique identifier across different data provider models, such as a networked data provider or State HIE.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Data Element of Interest:</strong> Unique Patient Identifier</td>
</tr>
<tr>
<td>ID Number</td>
<td>3.1</td>
<td>ST</td>
<td>15</td>
<td>R</td>
<td>R</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TABLE 5-5C: PATIENT IDENTIFICATION SEGMENT (PID)
### TABLE 5-5C: PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check Digit</td>
<td>3.2</td>
<td>ST</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Check Digit Scheme</td>
<td>3.3</td>
<td>ID</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0061: HL7 defined: Check digit scheme</td>
</tr>
<tr>
<td>Assigning Authority</td>
<td>3.4</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td>HL7 table 0363: User defined: Assigning authority</td>
</tr>
<tr>
<td>Identifier Type Code</td>
<td>3.5</td>
<td>ID</td>
<td>5</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_IdentifierType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Assigning Facility</td>
<td>3.6</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td>3.7</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>3.8</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Assigning Jurisdiction</td>
<td>3.9</td>
<td>CWE</td>
<td>705</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Assigning Facility</td>
<td>3.10</td>
<td>CWE</td>
<td>705</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Patient ID - PID</td>
<td>4</td>
<td>CX</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
</tbody>
</table>
| Patient Name                 | 5   | XPN  | 294    | R            | R              | [1..*]       | **Note**: Syndromic surveillance does not require the patient name. A Visit or Patient ID, as specified within this guide, shall be used by PHAs to join related visit data and for working with hospitals to find additional visit information for syndromic surveillance signal confirmation or investigation. Since, however, HL7 requires the patient name, the field must be populated even when data patient
TABLE 5-5C: PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Name</td>
<td>5.1</td>
<td>FN</td>
<td>194</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td>name shall not be sent. In such an instance (i.e., patient name is not sent), patient name shall be presented in a pseudonymized manner.</td>
</tr>
</tbody>
</table>

**Conformance Statement SS-020:** If PID-5 (Patient Name) is unknown then the first occurrence of PID-5 **SHALL NOT** be valued.

**Conformance Statement SS-021:** If PID-5 (Patient Name) is unknown then the second occurrence of PID-5 **SHALL** be valued and only PID-5.7 (Name Type Code) shall be valued with the constant value “U” (i.e., PID-5 shall be valued as |~^^^^^^U|).

**Conformance Statement SS-022:** If PID-5 (Patient Name) is known, but not desired to be sent, then the first occurrence of PID-5 **SHALL NOT** be valued.

**Conformance Statement SS-023:** If PID-5 (Patient Name) is known, but not desired to be sent, then the second occurrence of PID-5 **SHALL** be valued and only PID-5.7 (Name Type Code) shall be valued with the constant value “S” (i.e., PID-5 shall be valued as ~^^^^^^S)). The second name field indicates that it is unspecified.

**Definition:** This field contains the names of the patient; the primary or legal name of the patient is reported first. Therefore, the name type code in this field should be “L - Legal”.

**Definition:**
# TABLE 5-5C: PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given Name</td>
<td>5.2</td>
<td>ST</td>
<td>30</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Second Given Name or Initials</td>
<td>5.3</td>
<td>ST</td>
<td>30</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Suffix</td>
<td>5.4</td>
<td>ST</td>
<td>20</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Prefix</td>
<td>5.5</td>
<td>ST</td>
<td>20</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Degree</td>
<td>5.6</td>
<td>IS</td>
<td>6</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0360: User defined: Degree/license/certificate</td>
</tr>
<tr>
<td>Name Type Code</td>
<td>5.7</td>
<td>ID</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_NameType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Name Representation Code</td>
<td>5.8</td>
<td>ID</td>
<td>1</td>
<td>X</td>
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<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name Context</td>
<td>5.9</td>
<td>CE</td>
<td>483</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name Validity Range</td>
<td>5.10</td>
<td>DR</td>
<td>53</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Name Assembly Order</td>
<td>5.11</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0444: HL7 defined: Name assembly order</td>
</tr>
<tr>
<td>Effective Date</td>
<td>5.12</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>5.13</td>
<td>TS</td>
<td>26</td>
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<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Professional Suffix</td>
<td>5.14</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
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### TABLE 5-5C: PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s Maiden Name</td>
<td>6</td>
<td>XPN</td>
<td>294</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Date/Time of Birth</td>
<td>7</td>
<td>TS</td>
<td>26</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field contains the patient’s date and time of birth.</td>
</tr>
<tr>
<td>Administrative Sex</td>
<td>8</td>
<td>IS</td>
<td>1</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>PHVS_Gender_SyndromicSurveillance</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field contains the patient’s sex.</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Data Element of Interest:</strong> Gender</td>
</tr>
<tr>
<td>Patient Alias</td>
<td>9</td>
<td>XPN</td>
<td>294</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>10</td>
<td>CE</td>
<td>478</td>
<td>RE</td>
<td>RE</td>
<td>[0..*]</td>
<td><strong>Definition:</strong> This field refers to the patient’s race</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Note:</strong> Patient could have more than one race defined.</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Data Element of Interest:</strong> Race</td>
</tr>
<tr>
<td>Identifier</td>
<td>10.1</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>PHVS_RaceCategory_CDC</strong></td>
</tr>
<tr>
<td>Text</td>
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<td>ST</td>
<td>199</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>10.3</td>
<td>ID</td>
<td>20</td>
<td>CE</td>
<td>C</td>
<td>[0..1]</td>
<td><strong>Condition Predicate:</strong> If PID-10.1 (the identifier) is provided, then PID 10.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>10.4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>10.5</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>10.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Patient Address</td>
<td>11</td>
<td>XAD</td>
<td>513</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field contains the mailing address of the patient. &lt;br&gt;<strong>Note:</strong> Expecting only the patient primary (current) address information in the supported components</td>
</tr>
<tr>
<td>Street Address</td>
<td>11.1</td>
<td>SAD</td>
<td>184</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Other Designation</td>
<td>11.2</td>
<td>ST</td>
<td>120</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>11.3</td>
<td>ST</td>
<td>50</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Data Element of Interest:</strong> Patient City/Town</td>
</tr>
<tr>
<td>State or Province</td>
<td>11.4</td>
<td>ST</td>
<td>50</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>PHVS_State_FIPS_5-2</strong> &lt;br&gt;<strong>Data Element of Interest:</strong> Patient State</td>
</tr>
<tr>
<td>ZIP or Postal Code</td>
<td>11.5</td>
<td>ST</td>
<td>12</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>USPS</strong> &lt;br&gt;<strong>Data Element of Interest:</strong> Patient ZIP Code</td>
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<tr>
<td>Country</td>
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<td>ID</td>
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<td>O</td>
<td>[0..1]</td>
<td><strong>PHVS_Country_ISO_3166-1</strong> &lt;br&gt;<strong>Data Element of Interest:</strong> Patient Country</td>
</tr>
<tr>
<td>Address Type</td>
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<td>ID</td>
<td>3</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>PHVS_AddressType_HL7_2x</strong></td>
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<tr>
<td>Other Geographic Designation</td>
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<td>ST</td>
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<td>O</td>
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### TABLE 5-5C: PATIENT IDENTIFICATION SEGMENT (PID)

<table>
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<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>County/Parish Code</td>
<td>11.9</td>
<td>IS</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>PHVS_County_FIPS_6-4</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Data Element of Interest:</strong> Patient County</td>
</tr>
<tr>
<td>Census Tract</td>
<td>11.10</td>
<td>IS</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
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</tr>
<tr>
<td>Address Representation Code</td>
<td>11.11</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
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<tr>
<td>Address Validity Range</td>
<td>11.12</td>
<td>DR</td>
<td>53</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td>11.13</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>11.14</td>
<td>TS</td>
<td>26</td>
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<td>X</td>
<td>[0..1]</td>
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<tr>
<td>County Code</td>
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<td>IS</td>
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<td>X</td>
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<td>[0..0]</td>
<td>HL7 table 0289: User defined: County/parish</td>
</tr>
<tr>
<td>Phone Number - Home</td>
<td>13</td>
<td>XTN</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Phone Number - Business</td>
<td>14</td>
<td>XTN</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Primary Language</td>
<td>15</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0296: User defined: Primary Language</td>
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<td>Marital Status</td>
<td>16</td>
<td>CE</td>
<td>478</td>
<td>X</td>
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<td>[0..1]</td>
<td>HL7 table 0002: User defined: Marital Status</td>
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<tr>
<td>Religion</td>
<td>17</td>
<td>CE</td>
<td>478</td>
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<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0006: User defined: Religion</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----</td>
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<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Patient Account Number</td>
<td>18</td>
<td>CX</td>
<td>250</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field contains the patient account number assigned by accounting to which all charges, payments, etc., are recorded. It is used to identify the patient’s account.</td>
</tr>
<tr>
<td>SSN Number - Patient</td>
<td>19</td>
<td>ST</td>
<td>16</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Driver's License Number - Patient</td>
<td>20</td>
<td>DLN</td>
<td>64</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Mother's Identifier</td>
<td>21</td>
<td>CX</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Ethnic Group</td>
<td>22</td>
<td>CE</td>
<td>478</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field further defines the patient’s ancestry.</td>
</tr>
<tr>
<td><strong>Data Element of Interest</strong>: Ethnicity</td>
<td></td>
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</tr>
<tr>
<td>Identifier</td>
<td>22.1</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>PHVS_EthnicityGroup_CDC</strong></td>
</tr>
<tr>
<td>Text</td>
<td>22.2</td>
<td>ST</td>
<td>199</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>22.3</td>
<td>ID</td>
<td>20</td>
<td>CE</td>
<td>CE</td>
<td>[0..1]</td>
<td><strong>Condition Predicate</strong>: If PID-22.1 (the identifier) is provided then PID 22.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>22.4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
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</tr>
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<td>Alternate Text</td>
<td>22.5</td>
<td>ST</td>
<td>199</td>
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<td>[0..1]</td>
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</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>22.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
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</table>
### TABLE 5-5C: PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Place</td>
<td>23</td>
<td>ST</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Multiple Birth Indicator</td>
<td>24</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Birth Order</td>
<td>25</td>
<td>NM</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0171: User defined: Citizenship</td>
</tr>
<tr>
<td>Citizenship</td>
<td>26</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0171: User defined: Citizenship</td>
</tr>
<tr>
<td>Veterans Military Status</td>
<td>27</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0172: User defined: Veterans Military Status</td>
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<tr>
<td>Nationality</td>
<td>28</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0212: User defined: Nationality</td>
</tr>
<tr>
<td>Patient Death Date and Time</td>
<td>29</td>
<td>TS</td>
<td>26 CE</td>
<td>CE</td>
<td>CE</td>
<td>[0..1]</td>
<td>Conformance Statement SS-036: If valued, PID-29 (Patient Death and Time), <strong>SHALL</strong> be expressed with a minimum precision of the nearest minute and be represented in the following format: ‘YYYYMMDDHHMM[SS.[S][S][S][S]][+/ZZZ]’</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Condition Predicate:</strong> If valued, PID-30 (Patient Death Indicator) <strong>SHALL</strong> be valued to the Literal Value ‘Y’.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Condition Predicate:</strong> If PV1-36 is valued with any of the following: ‘20’, ‘40’, ‘41’, ‘42’ then PID-29 (Patient Death and Time) <strong>SHALL</strong> be populated.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field contains the date and time at which the patient death occurred.</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----</td>
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<td>--------------</td>
<td>----------------</td>
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<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Patient Death Indicator</td>
<td>30</td>
<td>ID</td>
<td>1</td>
<td>CE</td>
<td>CE</td>
<td>[0..1]</td>
<td><strong>Conformance Statement SS-037:</strong> If valued, PID-30 (Patient Death Indicator) <strong>SHALL</strong> be valued to the Literal Value ‘Y’. <strong>Condition Predicate:</strong> If PV1-36 (Discharge Disposition) is valued with any of the following: ‘20’, ‘40’, ‘41’, ‘42’ and PID-29 (Patient Death and Time) <strong>SHALL</strong> be populated. <strong>Definition:</strong> This field indicates whether the patient is deceased. Y the patient is deceased N the patient is not deceased</td>
</tr>
<tr>
<td>Identity Unknown Indicator</td>
<td>31</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Identity Reliability Code</td>
<td>32</td>
<td>IS</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0445: User defined: Identity Reliability Code</td>
</tr>
<tr>
<td>Last Update Date/Time</td>
<td>33</td>
<td>TS</td>
<td>26</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field contains the last update date and time for the patient’s/person’s identifying and demographic data, as defined in the PID segment.</td>
</tr>
<tr>
<td>Last Update Facility</td>
<td>34</td>
<td>HD</td>
<td>241</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field identifies the facility of the last update to a patient's/person's identifying and demographic data, as defined in the PID segment.</td>
</tr>
<tr>
<td>Species Code</td>
<td>35</td>
<td>CE</td>
<td>478</td>
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<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0446: User defined: Species code</td>
</tr>
<tr>
<td>Breed Code</td>
<td>36</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0447: User defined: Breed code</td>
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<tr>
<td>Field Name</td>
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<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>--------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Strain</td>
<td>37</td>
<td>ST</td>
<td>80</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Production Class Code</td>
<td>38</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0429: User defined: Production Class Code</td>
</tr>
<tr>
<td>Tribal Citizenship</td>
<td>39</td>
<td>CWE</td>
<td>697</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0171: User defined: Citizenship</td>
</tr>
</tbody>
</table>
Patient Visit (PV1) Segment

The PV1 segment is used by Registration/Patient Administration applications to communicate information on a visit-specific basis.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set ID - PV1</td>
<td>1</td>
<td>SI</td>
<td>4</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Conformance Statement SS-024</strong>: PV1-1 (Set ID) SHALL have the Literal Value of ‘1’</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition</strong>: This field contains the number that identifies this transaction. The sequence number shall be one</td>
</tr>
<tr>
<td>Patient Class</td>
<td>2</td>
<td>IS</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>PHVS_PatientClass_SyndromicSurveillance</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition</strong>: This field is used by systems to categorize patients by site.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Data Element of Interest</strong>: Patient Class</td>
</tr>
<tr>
<td>Assigned Patient Location</td>
<td>3</td>
<td>PL</td>
<td>1220</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field contains the patient’s initial assigned location or the location to which the patient is being moved. The first component may be the nursing station for inpatient locations, or clinic or department, for locations other than inpatient.</td>
</tr>
<tr>
<td>Admission Type</td>
<td>4</td>
<td>IS</td>
<td>2</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>HL7 table 0007</strong>: User defined: Admission type</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition</strong>: This field indicates the circumstances under which the patient was or will be admitted.</td>
</tr>
<tr>
<td>Pre-admit Number</td>
<td>5</td>
<td>CX</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Prior Patient Location</td>
<td>6</td>
<td>PL</td>
<td>1220</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Attending Doctor</td>
<td>7</td>
<td>XCN</td>
<td>309</td>
<td>O</td>
<td>O</td>
<td>[0..*]</td>
<td>Recommend the use of the National Provider Identifier Standard provided by Centers for Medicare and Medicaid Services. For more information about NPI, search for, or to apply for a NPI, <a href="#">click here</a>. If NPI is not available, use a different unique identifier, such as OID or a State-designated identifier. <strong>Data Element of Interest:</strong> Unique Physician Identifier.</td>
</tr>
<tr>
<td>Referring Doctor</td>
<td>8</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
<tr>
<td>Consulting Doctor</td>
<td>9</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
<tr>
<td>Hospital Service</td>
<td>10</td>
<td>IS</td>
<td>3</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>HL7 table 0069: User defined: Hospital Service <strong>Definition:</strong> This field contains the treatment or type of surgery that the patient is scheduled to receive.</td>
</tr>
<tr>
<td>Temporary Location</td>
<td>11</td>
<td>PL</td>
<td>1220</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Preadmit Test Indicator</td>
<td>12</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0087: User defined: Pre-Admit Test Indicator</td>
</tr>
<tr>
<td>Re-admission Indicator</td>
<td>13</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0092: User defined: Re-admission Indicator</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Admit Source          | 14  | IS | 6      | O            | O              | [0..1]       | HL7 table 0023: User defined: Admit Source  
Definition: This field indicates where the patient was admitted. |
| Ambulatory Status     | 15  | IS | 2      | O            | O              | [0..*]       | HL7 table 0009: User defined: Ambulatory Status  
Definition: This field indicates any permanent or transient handicapped conditions. |
| VIP Indicator         | 16  | IS | 2      | X            | X              | [0..1]       | HL7 table 0099: User defined: VIP Indicator |
| Admitting Doctor      | 17  | XCN| 309    | X            | X              | [0..*]       | HL7 table 0010: User defined: Physician ID |
| Patient Type          | 18  | IS | 2      | X            | X              | [0..1]       | HL7 table 0018: User defined: Patient Type |
| Visit Number          | 19  | CX | 478    | R            | R              | [1..1]       | Definition: This field contains the unique number assigned to each patient visit.  
Note: Unique identifier for a patient visit  
Data Element of Interest: Unique Visit Identifier |
<p>| ID Number             | 19.1| ST | 15     | R            | R              | [1..1]       |                                                     |
| Check Digit           | 19.2| ST | 1      | X            | X              | [0..1]       |                                                     |
| Check Digit Scheme    | 19.3| ID | 3      | X            | X              | [0..1]       | HL7 table 0061: HL7 defined: Check Digit Scheme |
| Assigning Authority   | 19.4| HD | 227    | O            | RE             | [0..1]       | HL7 table 0363: User defined: Assigning Authority |</p>
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifier Type Code</td>
<td>19.5</td>
<td>ID</td>
<td>5</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-025:</strong> PV1-19.5 (Identifier Type Code) SHALL be valued to the Literal Value ‘VN’. PHVS_IdentifierType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Assigning Facility</td>
<td>19.6</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td>19.7</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>19.8</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Assigning Jurisdiction</td>
<td>19.9</td>
<td>CWE</td>
<td>705</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Assigning Facility</td>
<td>19.10</td>
<td>CWE</td>
<td>705</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Financial Class</td>
<td>20</td>
<td>FC</td>
<td>50</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0064: User defined: Financial Class</td>
</tr>
<tr>
<td>Charge Price Indicator</td>
<td>21</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0032: User defined: Charge Price Indicator</td>
</tr>
<tr>
<td>Courtesy Code</td>
<td>22</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0045: User defined: Courtesy Code</td>
</tr>
<tr>
<td>Credit Rating</td>
<td>23</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0046: User defined: Credit rating</td>
</tr>
<tr>
<td>Contract Code</td>
<td>24</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0044: User defined: Contract code</td>
</tr>
<tr>
<td>Contract Effective Date</td>
<td>25</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 5-5D: PATIENT VISIT SEGMENT (PV1)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Amount</td>
<td>26</td>
<td>NM</td>
<td>12</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Contract Period</td>
<td>27</td>
<td>NM</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Interest Code</td>
<td>28</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0073: User defined: Interest Code</td>
</tr>
<tr>
<td>Transfer to Bad Debt Code</td>
<td>29</td>
<td>IS</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0110: User defined: Transfer to Bad Debt Code</td>
</tr>
<tr>
<td>Transfer to Bad Debt Date</td>
<td>30</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Bad Debt Agency Code</td>
<td>31</td>
<td>IS</td>
<td>10</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0021: User defined: Bad Debt Agency Code</td>
</tr>
<tr>
<td>Bad Debt Transfer Amount</td>
<td>32</td>
<td>NM</td>
<td>12</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Bad Debt Recovery Amount</td>
<td>33</td>
<td>NM</td>
<td>12</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Delete Account Indicator</td>
<td>34</td>
<td>IS</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0111: User defined: Delete Account Indicator</td>
</tr>
<tr>
<td>Delete Account Date</td>
<td>35</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
**TABLE 5-5D: PATIENT VISIT SEGMENT (PV1)**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge Disposition</td>
<td>36</td>
<td>IS</td>
<td>3</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>PHVS_DischargeDisposition_HL7_2x</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field contains the disposition of the patient at time of discharge (i.e., discharged to home, expired, etc.).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Data Element of Interest:</strong> Discharge Disposition</td>
</tr>
<tr>
<td>Discharged to Location</td>
<td>37</td>
<td>DLD</td>
<td>47</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0113: User defined: Discharged to Location</td>
</tr>
<tr>
<td>Diet Type</td>
<td>38</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0114: User defined: Diet type</td>
</tr>
<tr>
<td>Servicing Facility</td>
<td>39</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0115: User defined: Servicing Facility</td>
</tr>
<tr>
<td>Bed Status</td>
<td>40</td>
<td>IS</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0116: User defined: Bed Status</td>
</tr>
<tr>
<td>Account Status</td>
<td>41</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0117: User defined: Account Status</td>
</tr>
<tr>
<td>Pending Location</td>
<td>42</td>
<td>PL</td>
<td>1220</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Prior Temporary Location</td>
<td>43</td>
<td>PL</td>
<td>1220</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 5-5D: PATIENT VISIT SEGMENT (PV1)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Admit Date/Time             | 44  | TS  | 26     | R            | R              | [1..1]       | **Conformance Statement SS-010:** PV1-44 (Admit Date/Time) **SHALL** be expressed with a minimum precision of the nearest minute and be represented in the following format: 'YYYYMMDDHHMM[SS[.S[.S[.S[.S]]]] [+/-ZZZZ]'
|                             |     |     |        |              |                |             | **Definition:** This field contains the admit date/time. This field is also used to reflect the date/time of an outpatient/emergency patient registration.
|                             |     |     |        |              |                |             | **Note:** Date and time of the patient presentation.                                                                                                  |
|                             |     |     |        |              |                |             | **Data Element of Interest:** Admit Date/Time                                                                                                       |
| Discharge Date/Time         | 45  | TS  | 26     | RE           | RE             | [0..1]       | **Conformance Statement SS-012:** If present, PV1-45 (Discharge Date/Time) **SHALL** be expressed with a minimum precision of the nearest minute and be represented in the following format: 'YYYYMMDDHHMM[SS[.S[.S[.S[.S]]]] [+/-ZZZZ]'
|                             |     |     |        |              |                |             | **Definition:** This field contains the discharge date/time. This field is also used to reflect the date/time of an outpatient/emergency patient discharge.
<p>|                             |     |     |        |              |                |             | <strong>Data Element of Interest:</strong> Discharge Date/Time                                                                                                    |
| Current Patient Balance     | 46  | NM  | 12     | X            | X              | [0..1]       |                                                                                                                                                       |
| Total Charges               | 47  | NM  | 12     | X            | X              | [0..1]       |                                                                                                                                                       |
| Total Adjustments           | 48  | NM  | 12     | X            | X              | [0..1]       |                                                                                                                                                       |</p>
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Payments</td>
<td>49</td>
<td>NM</td>
<td>12</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Visit ID</td>
<td>50</td>
<td>CX</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0203: User defined: Identifier type</td>
</tr>
<tr>
<td>Visit Indicator</td>
<td>51</td>
<td>IS</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0326: User defined: Visit Indicator</td>
</tr>
<tr>
<td>Other Healthcare Provider</td>
<td>52</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
</tbody>
</table>
**Patient Visit – Additional Information (PV2) Segment**

The PV2 segment is a continuation of visit-specific information and is the segment where the Admit Reason is passed.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Pending Location</td>
<td>1</td>
<td>PL</td>
<td>1220</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Accommodation Code</td>
<td>2</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0129: User defined: Accommodation Code</td>
</tr>
<tr>
<td>Admit Reason</td>
<td>3</td>
<td>CE</td>
<td>478</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field contains the short description of the reason for patient’s registration. <strong>NOTE:</strong> It may be coded (CE:1 and CE:3) or Free text (CE:2.) <strong>Data Element of Interest:</strong> Admit Reason (PV2-3)</td>
</tr>
<tr>
<td>Identifier</td>
<td>3.1</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>PHVS_AdministrativeDiagnosis_CDC_ICD-9CM Or PHVS_AdministrativeDiagnosis_ICD-10CM Or PHVS_Disease_CDC Conformance Statement SS-009: The implementation SHALL support all 3 value sets.</td>
</tr>
<tr>
<td>Text</td>
<td>3.2</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>If only Free Text is used, it is communicated in this component.</td>
</tr>
</tbody>
</table>
### TABLE 5-5E: PATIENT VISIT – ADDITIONAL INFORMATION SEGMENT (PV2)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Coding System</td>
<td>3.3</td>
<td>ID</td>
<td>20</td>
<td>C</td>
<td>C</td>
<td>[0..1]</td>
<td><strong>Condition Predicate:</strong> If PV2-3.1 (the identifier) is provided then PV2-3.3 is valued.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-026:</strong> PV2-3.3 SHALL be valued to one of the Literal Values in the set ('I10', 'I9CDX', 'SCT').</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>3.4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>3.5</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>3.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Transfer Reason</td>
<td>4</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Patient Valuables</td>
<td>5</td>
<td>ST</td>
<td>25</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Patient Valuables Location</td>
<td>6</td>
<td>ST</td>
<td>25</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Visit User Code</td>
<td>7</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td><strong>HL7 table 0130: User defined: Visit User Code</strong></td>
</tr>
<tr>
<td>Expected Admit Date/Time</td>
<td>8</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expected Discharge Date/Time</td>
<td>9</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Estimated Length of Inpatient Stay</td>
<td>10</td>
<td>NM</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Actual Length of Inpatient Stay</td>
<td>11</td>
<td>NM</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
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<tr>
<td>Visit Description</td>
<td>12</td>
<td>ST</td>
<td>50</td>
<td>X</td>
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<td>Referral Source Code</td>
<td>13</td>
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<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Previous Service Date</td>
<td>14</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
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<tr>
<td>Employment Illness Related Indicator</td>
<td>15</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Purge Status Code</td>
<td>16</td>
<td>IS</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0213: User defined: Purge Status Code</td>
</tr>
<tr>
<td>Purge Status Date</td>
<td>17</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Special Program Code</td>
<td>18</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0214: User defined: Special Program Code</td>
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<tr>
<td>Retention Indicator</td>
<td>19</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: User defined: Retention Indicator</td>
</tr>
<tr>
<td>Expected Number of Insurance Plans</td>
<td>20</td>
<td>NM</td>
<td>1</td>
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<td>Visit Publicity Code</td>
<td>21</td>
<td>IS</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0215: User defined: Visit Publicity Code</td>
</tr>
<tr>
<td>Visit Protection Indicator</td>
<td>22</td>
<td>ID</td>
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<td>X</td>
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<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----</td>
<td>------</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Clinic Organization Name</td>
<td>23</td>
<td>XON</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Patient Status Code</td>
<td>24</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0216: User defined: Patient Status code</td>
</tr>
<tr>
<td>Visit Priority Code</td>
<td>25</td>
<td>IS</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0217: User defined: Visit Priority code</td>
</tr>
<tr>
<td>Previous Treatment Date</td>
<td>26</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
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<tr>
<td>Expected Discharge Disposition</td>
<td>27</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0112: User defined: Discharge Disposition</td>
</tr>
<tr>
<td>Signature on File Date</td>
<td>28</td>
<td>DT</td>
<td>8</td>
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<td>First Similar Illness Date</td>
<td>29</td>
<td>DT</td>
<td>8</td>
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<td>[0..1]</td>
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</tr>
<tr>
<td>Patient Charge Adjustment Code</td>
<td>30</td>
<td>CE</td>
<td>478</td>
<td>X</td>
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<td>[0..1]</td>
<td>HL7 table 0218: User defined: Charge Adjustment Code</td>
</tr>
<tr>
<td>Recurring Service Code</td>
<td>31</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0219: User defined: Recurring Service Code</td>
</tr>
<tr>
<td>Billing Media Code</td>
<td>32</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Expected Surgery Date and Time</td>
<td>33</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Military Partnership Code</td>
<td>34</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----</td>
<td>-----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>--------------</td>
<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Military Non-Availability Code</td>
<td>35</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Newborn Baby Indicator</td>
<td>36</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Baby Detained Indicator</td>
<td>37</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Mode of Arrival Code</td>
<td>38</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0430: User defined: Mode of Arrival Code</td>
</tr>
<tr>
<td>Recreational Drug Use Code</td>
<td>39</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0431: User defined: Recreational Drug Use Code</td>
</tr>
<tr>
<td>Admission Level of Care Code</td>
<td>40</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0432: User defined: Admission Level of Care Code</td>
</tr>
<tr>
<td>Precaution Code</td>
<td>41</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0433: User defined: Precaution Code</td>
</tr>
<tr>
<td>Patient Condition Code</td>
<td>42</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0434: User defined: Patient Condition Code</td>
</tr>
<tr>
<td>Living Will Code</td>
<td>43</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0315: User defined: Living Will Code</td>
</tr>
<tr>
<td>Organ Donor Code</td>
<td>44</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0316: User defined: Organ Donor Code</td>
</tr>
<tr>
<td>Patient Status Effective Date</td>
<td>46</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 5-5E: PATIENT VISIT – ADDITIONAL INFORMATION SEGMENT (PV2)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected LOA Return Date/Time</td>
<td>47</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expected Pre-admission Testing Date/Time</td>
<td>48</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Notify Clergy Code</td>
<td>49</td>
<td>IS</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0534: User defined: Notify Clergy Code</td>
</tr>
</tbody>
</table>
Observation/Result (OBX) Segment

The OBX Segment in the ADT Message is used to transmit observations related to the patient and visit. In Table 2-5 if the data element is carried in an OBX and usage is ‘Required’, the segment and its fields must be populated. The data elements in Table 2.5 DATA ELEMENTS OF INTEREST that use OBX segments are not expected to utilize any specified Set ID number within a given set of OBX segments in a message. However, the Set IDs are required to be sequential.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set ID - OBX</td>
<td>1</td>
<td>SI</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Note: Set ID numbers the repetitions of the segments. Conformance Statement SS-027: For the first repeat of the OBX segment, the sequence number SHALL be one (1), for the second repeat, the sequence number shall be two (2), etc. Example: OBX[1]…. OBX[2]…. OBX[3]…. Definition: This field contains the sequence number.</td>
</tr>
</tbody>
</table>
### TABLE 5-5F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value Type</td>
<td>2</td>
<td>ID</td>
<td>3</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-028</strong>: OBX-2 SHALL be valued to the Literal Value in the set ('TS', 'TX', 'NM', 'CWE', 'XAD')</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>PHVS_ValueType_SyndromicSurveillance</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition</strong>: This field contains the format of the observation value in OBX.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Note</strong>: Identifies the structure of data in observation value (OBX.5)</td>
</tr>
<tr>
<td>Observation Identifier</td>
<td>3</td>
<td>CE</td>
<td>478</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>PHVS_ObservationIdentifier_SyndromicSurveillance</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition</strong>: This field contains a unique identifier for the observation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Note</strong>: Identifies data to be received in observation value (OBX.5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Data Elements of Interest communicated in OBX Segment may include:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Facility Street address (Treating), Data Type: XAD:1, SAD:1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Facility City (Treating), Data Type: XAD:3</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>Facility State (Treating), Data Type: XAD:4</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Facility ZIP Code (Treating), Data Type: XAD:5</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Facility County (Treating), Data Type: XAD:9</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Age, Data Type: NM</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>Facility / Visit Type, Data Type: CWE (only for ED/UC)</td>
</tr>
</tbody>
</table>
## TABLE 5-5F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifier</td>
<td>3.1</td>
<td>ST</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Chief Complaint/Reason for Visit, Data Type: CWE, (Free Text is preferred)</td>
</tr>
<tr>
<td>Text</td>
<td>3.2</td>
<td>ST</td>
<td>199</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>Clinical Impression, Data Type: TX</td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>3.3</td>
<td>ID</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Initial Temperature, Data Type: NM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Height, Data Type: NM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Weight, Data Type: NM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Smoking Status, PHVS_SmokingStatus_MU</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Triage Notes, Data Type: TX</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>3.4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>3.5</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>3.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Observation Sub-ID</td>
<td>4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Observation Value</td>
<td>5</td>
<td>varies</td>
<td>99999</td>
<td>RE</td>
<td>RE</td>
<td>[0..*]</td>
<td>Listed below are the supported fields for each of the supported value types.</td>
</tr>
</tbody>
</table>
### TABLE 5-5F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| **Definition:** This field contains the value observed by the observation producer. OBX-2 value type contains the data type for this field according to which observation value is formatted.  
**Note:** Values received in observation value are defined by value type (OBX.2) and observation identifier (OBX.3).  
**Notes on Data Types:**  
TS Data Type: Unconstrained. Some values might be to the day, others to the year/decade, etc.  
TX Data Type: The TX data type is used to carry string data intended for display purposes. It can contain leading blanks (space characters).  
NM Data Type: A numeric data type is a number represented as a series of ASCII numeric characters consisting of an optional leading sign (+ or -), the digits and an optional decimal point. In the absence of a sign, the number is assumed to be positive. If there is no decimal point the number is assumed to be an integer.  
CWE Data Type: Data Element: Facility / Visit Type (only for ED/UC)  
CWE-5:2 Text: It is strongly recommended that text be sent to accompany any identifier.  
CWE Data Type: Data Element: Chief Complaint / Reason for visit  
It is the short description of the patient’s self-reported chief complaint or reason for visit. It is preferred that Free text is used. |
## TABLE 5-5F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Free Text should appear in CWE:9</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>XAD Data Type: Data Elements:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Facility Street address (Treating), Data Type: XAD:1, SAD:1:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Note</strong>: This is the first subcomponent of the SAD data type. This has the same effect as being the first component of the field, while limiting the length based on other subcomponents that are not supported.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Facility City (Treating), Data Type: XAD:3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Facility State (Treating), Data Type: XAD:4</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Facility ZIP Code (Treating), Data Type: XAD:5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Facility County (Treating), Data Type: XAD:9</td>
</tr>
</tbody>
</table>

### Beginning of OBX-5 Observation Value Usage Based on Data Type in OBX-2

#### TS Data Type

<table>
<thead>
<tr>
<th>Time</th>
<th>5.1</th>
<th>DTM</th>
<th>24</th>
<th>RE</th>
<th>RE</th>
<th>[0..1]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree of Precision</td>
<td>5.2</td>
<td>ST</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
</tr>
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#### TX Data Type

<table>
<thead>
<tr>
<th>Text Data</th>
<th>5.1</th>
<th>TX</th>
<th>65536</th>
<th>RE</th>
<th>RE</th>
<th>[0..1]</th>
</tr>
</thead>
</table>
### TABLE 5-5F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NM Data Type</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numeric Value</td>
<td>5.1</td>
<td>ST</td>
<td>16</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td><strong>CWE Data Type: Data Element #7 Facility / Visit Type (only for ED/UC)</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Identifier</td>
<td>5.1</td>
<td>ST</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_FacilityVisitType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Text</td>
<td>5.2</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>5.3</td>
<td>ID</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Condition Predicate: If OBX-5.1 (the identifier) is provided then OBX-5.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>5.4</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>5.5</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>5.6</td>
<td>ID</td>
<td>20</td>
<td>C</td>
<td>C</td>
<td>[0..1]</td>
<td>Condition Predicate: If OBX-5.4 (the identifier) is provided then OBX-5.6 is valued.</td>
</tr>
<tr>
<td>Coding System Version ID</td>
<td>5.7</td>
<td>ST</td>
<td>10</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Coding System Version ID</td>
<td>5.8</td>
<td>ST</td>
<td>10</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Original Text</td>
<td>5.9</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>Free text goes here</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----</td>
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<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>CWE Data Type: Data Element #25 Chief Complaint / Reason for visit - Free Text is preferred</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-005:</strong> If patient's chief complaint is captured as an unstructured, free-text note, then chief complaint <strong>SHALL</strong> be valued in OBX-5, CWE:9.</td>
</tr>
<tr>
<td>Identifier</td>
<td>5.1</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>OBX Segment</strong> (CWE Data Type, 5th field) with LOINC Code (8661-1) Observation Identifier</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Example OBX Segment (free text):</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>OBX</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-006:</strong> If patient's chief complaint is captured from a Coding System, then chief complaint <strong>SHALL</strong> be valued in OBX-5, CWE:1, CWE:2, CWE:3.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>PHVS_AdministrativeDiagnosis_CDC ICD-9CM</strong> or <strong>PHVS_CauseOfDeath_ICD-10_CDC</strong> or <strong>PHVS_Disease_CDC</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>NOTE</strong>: The implementation shall support all 3 value sets.</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Example OBX Segment (coded):</td>
</tr>
</tbody>
</table>
**TABLE 5-5F: OBSERVATION / RESULT SEGMENT (OBX)**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Text</strong></td>
<td>5.2</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Conformance Statement SS-007:</strong> If patient’s chief complaint is captured as a structured field (e.g., drop-down menu), then chief complaint <strong>SHALL</strong> be valued in OBX- 5, CWE:2.</td>
</tr>
<tr>
<td><strong>Name of Coding System</strong></td>
<td>5.3</td>
<td>ID</td>
<td>20</td>
<td>C</td>
<td>C</td>
<td>[0..1]</td>
<td><strong>Condition Predicate:</strong> If OBX-5.1 (the identifier) is provided then OBX-5.3 is valued.</td>
</tr>
<tr>
<td><strong>Alternate Identifier</strong></td>
<td>5.4</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td><strong>Alternate Text</strong></td>
<td>5.5</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td><strong>Name of Alternate Coding System</strong></td>
<td>5.6</td>
<td>ID</td>
<td>20</td>
<td>C</td>
<td>C</td>
<td>[0..1]</td>
<td><strong>Condition Predicate:</strong> If OBX-5.4 (the identifier) is provided then OBX-5.6 is valued.</td>
</tr>
<tr>
<td><strong>Coding System Version ID</strong></td>
<td>5.7</td>
<td>ST</td>
<td>10</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
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</tr>
</tbody>
</table>
### TABLE 5-5F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternate Coding System Version ID</td>
<td>5.8</td>
<td>ST</td>
<td>10</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Original Text</td>
<td>5.9</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>Free text is Preferred and it goes here</td>
</tr>
</tbody>
</table>

#### XAD Data Type

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>5.1</td>
<td>SAD</td>
<td>184</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Street or Mailing Address</td>
<td>5.1.1</td>
<td>ST</td>
<td>120</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Street Name</td>
<td>5.1.2</td>
<td>ST</td>
<td>50</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
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</tr>
<tr>
<td>Dwelling Number</td>
<td>5.1.3</td>
<td>ST</td>
<td>12</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
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<tr>
<td>Other Designation</td>
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<td>120</td>
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<td>[0..1]</td>
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<td>City</td>
<td>5.3</td>
<td>ST</td>
<td>50</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>The ISDS recommendations recommend free text City/Town designations.</td>
</tr>
<tr>
<td>State or Province</td>
<td>5.4</td>
<td>ST</td>
<td>50</td>
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<td>O</td>
<td>[0..1]</td>
<td>PHVS_State_FIPS_5-2</td>
</tr>
<tr>
<td>ZIP or Postal Code</td>
<td>5.5</td>
<td>ST</td>
<td>12</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>USPS</td>
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<td>Country</td>
<td>5.6</td>
<td>ID</td>
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<td>O</td>
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<td>[0..1]</td>
<td>PHVS_Country_ISO_3166-1</td>
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<td>Address Type</td>
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<td>O</td>
<td>[0..1]</td>
<td>PHVS_AddressType_HL7_2x</td>
</tr>
</tbody>
</table>
### TABLE 5-5F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Geographic Designation</td>
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<td>ST</td>
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<td>O</td>
<td>[0..1]</td>
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</tr>
<tr>
<td>County/Parish Code</td>
<td>5.9</td>
<td>IS</td>
<td>20</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>The ISDS recommendations allow free text County designations.</td>
</tr>
<tr>
<td>Census Tract</td>
<td>5.10</td>
<td>IS</td>
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<td>Address Representation Code</td>
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<td>Address Validity Range</td>
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<td>DR</td>
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<td>[0..0]</td>
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<td>Effective Date</td>
<td>5.13</td>
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<td>Expiration Date</td>
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<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
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<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Units</td>
<td>6</td>
<td>CE</td>
<td>62</td>
<td>C</td>
<td>C</td>
<td>[0..1]</td>
<td><strong>Condition Predicate:</strong> If OBX.2 (Value Type) is valued “NM”</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td><strong>Background:</strong> When an observation’s value is measured on a continuous scale, one must report the measurement units within the unit’s field of the OBX segment.</td>
</tr>
<tr>
<td></td>
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<td><strong>Data Elements of Interest:</strong></td>
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<td>Age units</td>
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<td></td>
<td></td>
<td>Initial Temperature units</td>
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<td>Height units</td>
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<td>Weight Units</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>PHVS_AgeUnit_SyndromicSurveillance</td>
</tr>
<tr>
<td>Identifier</td>
<td>6.1</td>
<td>ST</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-029:</strong> If OBX 3.1 is valued with 21612-7, then OBX-6.1 (Identifier) <strong>SHALL</strong> be valued to a member of the set: PHVS_AgeUnit_SyndromicSurveillance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-030:</strong> If OBX 3.1 = is valued with 11289-6 then OBX-6.1 (Identifier) <strong>SHALL</strong> be valued to a member of the set: PHVS_TemperatureUnit_UCUM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-031:</strong> If OBX 3.1 is valued with 59408-5 then OBX6.1 (Identifier) <strong>SHALL</strong> be valued to a member of the set PHVS_PulseOximetryUnit_UCUM</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Text</td>
<td>6.2</td>
<td>ST</td>
<td>20</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>6.3</td>
<td>ID</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Condition Predicate:</strong> If OBX-6.1 (the identifier) is provided then OBX-6.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>6.4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>6.5</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
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<td>Name of Alternate Coding System</td>
<td>6.6</td>
<td>ID</td>
<td>20</td>
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<td>[0..1]</td>
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<tr>
<td>References Range</td>
<td>7</td>
<td>ST</td>
<td>60</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
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<td>Abnormal Flags</td>
<td>8</td>
<td>IS</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0078: User defined: Abnormal Flags</td>
</tr>
<tr>
<td>Probability</td>
<td>9</td>
<td>NM</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
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<td>Nature of Abnormal Test</td>
<td>10</td>
<td>ID</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0080: HL7 defined: Nature of Abnormal Test</td>
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<td>Observation Result Status</td>
<td>11</td>
<td>ID</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>HL7 table 0085: HL7 defined: Observation Result Status</td>
</tr>
<tr>
<td>Definition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field contains the observation result status. This field reflects the current completion status of the results for one Observation Identifier.</td>
</tr>
<tr>
<td>Effective Date of Reference Range</td>
<td>12</td>
<td>TS</td>
<td>26</td>
<td>X</td>
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<td>[0..1]</td>
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### TABLE 5-5F: OBSERVATION / RESULT SEGMENT (OBX)

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<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>User Defined Access Checks</td>
<td>13</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Date/Time of the Observation</td>
<td>14</td>
<td>TS</td>
<td>26</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field is the observation date-time, the physiologically relevant date-time or the closest approximation to that date-time.</td>
</tr>
<tr>
<td>Producer's ID</td>
<td>15</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Responsible Observer</td>
<td>16</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Observation Method</td>
<td>17</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Equipment Instance Identifier</td>
<td>18</td>
<td>EI</td>
<td>424</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Date/Time of the Analysis</td>
<td>19</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
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</tr>
</tbody>
</table>
Diagnosis (DG1) Segment

The DG1 segment contains patient diagnosis information of various types. Syndromic surveillance supports Admitting, Working and Final Diagnosis types.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Set ID - DG1              | 1   | SI | 4      | R            | R              | [1..1]       | **Conformance Statement SS-032**: DG1-1 (Set ID) for the first occurrence of a DG1 Segment SHALL have the Literal Value of ‘1’. Each following occurrence SHALL be numbered consecutively  
**Definition**: This field contains the number that identifies this transaction. For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc. |
| Diagnosis Coding Method   | 2   | ID | 2      | X            | X              | [0..1]       | HL7 table 0053: User defined: Diagnosis Coding Method                                  |
| Diagnosis Code - DG1      | 3   | CE | 478    | R            | R              | [1..1]       | **Definition**: This contains the diagnosis code assigned to this diagnosis.           
**Data Element of Interest**: Diagnosis  
**Condition Predicate**: If the DG1 Segment is provided, DG1-3 (Diagnosis) is required to be valued. |
| Identifier                | 3.1 | ST | 20     | R            | RE             | [0..1]       | **PHVS_AdministrativeDiagnosis_CDC_ICD-9CM** Or **PHVS_AdministrativeDiagnosis_ICD-10CM** Or **PHVS_Disease_CDC**  
**Conformance Statement SS-011**: The implementation SHALL support all 3 value sets. |
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text</td>
<td>3.2</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>3.3</td>
<td>ID</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Condition Predicate:</strong> If DG1-3.1 (the identifier) is provided then DG1-3.3 is valued.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-033:</strong> DG1-3.3 SHALL be valued to one of the Literal Values in the set (‘I10’, ‘I9CDX’, ‘SCT’).</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>3.4</td>
<td>ST</td>
<td>20</td>
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<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>3.5</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>3.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Diagnosis Description</td>
<td>4</td>
<td>ST</td>
<td>40</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Diagnosis Date/Time</td>
<td>5</td>
<td>TS</td>
<td>26</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field contains the date/time that the diagnosis was determined.</td>
</tr>
<tr>
<td>Diagnosis Type</td>
<td>6</td>
<td>IS</td>
<td>2</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>PHVS_DiagnosisType HL7_2x</strong> <strong>Definition:</strong> This field contains a code that identifies the type of diagnosis being sent <strong>Note:</strong> Identifies the type of diagnosis being sent. <strong>Data Element of Interest:</strong> Diagnosis type <strong>Condition Predicate:</strong> If the DG1 Segment is provided, DG1-6 (Diagnosis Type) is required to be valued.</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>--------------------------------</td>
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<td>----------------</td>
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<td>-------------------------------------------</td>
</tr>
<tr>
<td>Major Diagnostic Category</td>
<td>7</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0118: User defined: Major Diagnostic Category</td>
</tr>
<tr>
<td>Diagnostic Related Group</td>
<td>8</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0055: User defined: Diagnostic Related Group</td>
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<td>9</td>
<td>ID</td>
<td>1</td>
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<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0136: HL7 defined: Yes/no Indicator</td>
</tr>
<tr>
<td>DRG Grouper Review Code</td>
<td>10</td>
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<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0056: User defined: DRG Grouper Review Code</td>
</tr>
<tr>
<td>Outlier Type</td>
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<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0083: User defined: Outlier Type</td>
</tr>
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<td>NM</td>
<td>3</td>
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<td>X</td>
<td>[0..0]</td>
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<td>Outlier Cost</td>
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<td>CP</td>
<td>538</td>
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<td>X</td>
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<td>Grouper Version And Type</td>
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<td>4</td>
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<tr>
<td>Diagnosis Priority</td>
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<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0359: HL7 defined: Diagnosis Priority</td>
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<td>309</td>
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<td>[0..*]</td>
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<tr>
<td>Diagnosis Classification</td>
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<td>X</td>
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<td>[0..1]</td>
<td>HL7 table 0228: User defined: Diagnosis Classification</td>
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<td>Confidential Indicator</td>
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<td>ID</td>
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<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no Indicator</td>
</tr>
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PHIN Messaging Guide For Syndromic Surveillance: Emergency Department, Urgent Care And Inpatient Settings
### TABLE 5-5G: DIAGNOSIS SEGMENT (DG1)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
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<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
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<td>Attestation Date/Time</td>
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<td>26</td>
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<td>Diagnosis Identifier</td>
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<td>427</td>
<td>X</td>
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<td>[0..1]</td>
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<tr>
<td>Diagnosis Action Code</td>
<td>21</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0206: HL7 defined: Segment Action Code</td>
</tr>
</tbody>
</table>
Procedures (PR1) Segment

The PR1 segment is used to carry information relative to various types of procedures performed.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
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<tbody>
<tr>
<td>Set ID – PR1</td>
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<td>SI</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Conformance Statement SS-034: For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc. Definition: This field contains the number that identifies this transaction.</td>
</tr>
<tr>
<td>Procedure Coding Method</td>
<td>2</td>
<td>IS</td>
<td>3</td>
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<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0089: User defined: Procedure Coding Method</td>
</tr>
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<td>Procedure Code</td>
<td>3</td>
<td>CE</td>
<td>478</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Definition: This field contains a unique identifier assigned to the procedure Data Element of Interest: Procedure Code</td>
</tr>
<tr>
<td>Identifier</td>
<td>3.1</td>
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<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
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</tr>
<tr>
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<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
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</tr>
<tr>
<td>Name of Coding System</td>
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<td>ID</td>
<td>20</td>
<td>CE</td>
<td>CE</td>
<td>[1..1]</td>
<td>Condition Predicate: If PR1-3.1 (the identifier) is provided then PR1-3.3 is valued.</td>
</tr>
<tr>
<td>Procedure Description</td>
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<td>ST</td>
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<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Procedure Date/Time</td>
<td>5</td>
<td>TS</td>
<td>26</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Definition: This field contains the date/time that the procedure was performed.</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Leng th</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
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<td>-----</td>
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<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Procedure Functional Type</td>
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<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0230: User defined: Procedure Functional Type</td>
</tr>
<tr>
<td>Procedure Minutes</td>
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<td>X</td>
<td>[0..1]</td>
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<td>Anesthesiologist</td>
<td>8</td>
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<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
<tr>
<td>Anesthesia Code</td>
<td>9</td>
<td>IS</td>
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<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0019: User defined: Anesthesia Code</td>
</tr>
<tr>
<td>Anesthesia Minutes</td>
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<td>4</td>
<td>X</td>
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<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Surgeon</td>
<td>11</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
<tr>
<td>Procedure Practitioner</td>
<td>12</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
<tr>
<td>Consent Code</td>
<td>13</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0059: User defined: Consent code</td>
</tr>
<tr>
<td>Procedure Priority</td>
<td>14</td>
<td>ID</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0418: HL7 defined: Procedure Priority</td>
</tr>
<tr>
<td>Associated Diagnosis Code</td>
<td>15</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0051: User defined: Diagnosis Code</td>
</tr>
<tr>
<td>Procedure Code Modifier</td>
<td>16</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0340: User defined: Procedure Code Modifier</td>
</tr>
<tr>
<td>Procedure DRG Type</td>
<td>17</td>
<td>IS</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0416: User defined: Procedure DRG Type</td>
</tr>
<tr>
<td>Tissue Type Code</td>
<td>18</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0417: User defined: Tissue Type Code</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>--------------</td>
<td>-----------------------------------------------------------</td>
</tr>
<tr>
<td>Procedure Identifier</td>
<td>19</td>
<td>EI</td>
<td>427</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Procedure Action Code</td>
<td>20</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0206: HL7 defined: Segment Action Code</td>
</tr>
</tbody>
</table>
Insurance (IN1) Segment

The IN1 segment contains insurance policy coverage information necessary to produce properly pro-rated and patient and insurance bills.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set ID – IN1</td>
<td>1</td>
<td>SI</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition</strong>: The Set ID in the IN1 segment is used to aggregate the grouping of insurance segments. <strong>Note</strong>: SET ID numbers the repetitions of the segments.</td>
</tr>
<tr>
<td>Insurance Plan ID</td>
<td>2</td>
<td>CE</td>
<td>478</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>HL7 table 0072: User defined: Insurance Plan ID <strong>Definition</strong>: This field contains a unique identifier for the insurance plan.</td>
</tr>
<tr>
<td>Insurance Company ID</td>
<td>3</td>
<td>CX</td>
<td>250</td>
<td>R</td>
<td>R</td>
<td>[1..*]</td>
<td><strong>Definition</strong>: This field contains unique identifiers for the insurance company. The assigning authority and identifier type code are strongly recommended for all CX data types.</td>
</tr>
<tr>
<td>Insurance Company Name</td>
<td>4</td>
<td>XON</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Insurance Company Address</td>
<td>5</td>
<td>XAD</td>
<td>513</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Insurance Co Contact Person</td>
<td>6</td>
<td>XPN</td>
<td>294</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Insurance Co Phone Number</td>
<td>7</td>
<td>XTN</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Group Number</td>
<td>8</td>
<td>ST</td>
<td>12</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-----</td>
<td>-----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Group Name</td>
<td>9</td>
<td>XON</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Insured_s Group Emp ID</td>
<td>10</td>
<td>CX</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Insured_s Group Emp Name</td>
<td>11</td>
<td>XON</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Plan Effective Date</td>
<td>12</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Plan Expiration Date</td>
<td>13</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Authorization Information</td>
<td>14</td>
<td>AUI</td>
<td>239</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Plan Type</td>
<td>15</td>
<td>IS</td>
<td>3</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>HL7 table 0086: User defined: Plan Type Definition: This field contains the coding structure that identifies the various plan types, for example, Medicare, Medicaid, Blue Cross, HMO, etc.</td>
</tr>
<tr>
<td>Name Of Insured</td>
<td>16</td>
<td>XPN</td>
<td>294</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Insured_ Relationship To Patient</td>
<td>17</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0063: User defined: Relationship</td>
</tr>
<tr>
<td>Insured_ Date Of Birth</td>
<td>18</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Insured_ Address</td>
<td>19</td>
<td>XAD</td>
<td>513</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Assignment Of Benefits</td>
<td>20</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0135: User defined: Assignment of Benefits</td>
</tr>
</tbody>
</table>
## TABLE 5-5I: INSURANCE SEGMENT (IN1)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination Of Benefits</td>
<td>21</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0173: User defined: Coordination of Benefits</td>
</tr>
<tr>
<td>Coord Of Ben. Priority</td>
<td>22</td>
<td>ST</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Notice Of Admission Flag</td>
<td>23</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no Indicator</td>
</tr>
<tr>
<td>Notice Of Admission Date</td>
<td>24</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Report Of Eligibility Flag</td>
<td>25</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no Indicator</td>
</tr>
<tr>
<td>Report Of Eligibility Date</td>
<td>26</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Pre-Admit Cert (PAC)</td>
<td>28</td>
<td>ST</td>
<td>15</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Verification Date/Time</td>
<td>29</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Verification By</td>
<td>30</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Type Of Agreement Code</td>
<td>31</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0098: User defined: Type Of Agreement Code</td>
</tr>
<tr>
<td>Billing Status</td>
<td>32</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0022: User defined: Billing Status</td>
</tr>
<tr>
<td>Lifetime Reserve Days</td>
<td>33</td>
<td>NM</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 5-5I: INSURANCE SEGMENT (IN1)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delay Before L.R. Day</td>
<td>34</td>
<td>NM</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Company Plan Code</td>
<td>35</td>
<td>IS</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0042: User defined: Company Plan Code</td>
</tr>
<tr>
<td>Policy Number</td>
<td>36</td>
<td>ST</td>
<td>15</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Policy Deductible</td>
<td>37</td>
<td>CP</td>
<td>538</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Policy Limit - Amount</td>
<td>38</td>
<td>CP</td>
<td>538</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Policy Limit - Days</td>
<td>39</td>
<td>NM</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Room Rate - Semi-Private</td>
<td>40</td>
<td>CP</td>
<td>538</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Room Rate - Private</td>
<td>41</td>
<td>CP</td>
<td>538</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Insured_ Employment Status</td>
<td>42</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0066: User defined: Employment Status</td>
</tr>
<tr>
<td>Insured_ Administrative Sex</td>
<td>43</td>
<td>IS</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0001: User defined: Administrative Sex</td>
</tr>
<tr>
<td>Insured_ Employer_s Address</td>
<td>44</td>
<td>XAD</td>
<td>513</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Verification Status</td>
<td>45</td>
<td>ST</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Prior Insurance Plan ID</td>
<td>46</td>
<td>IS</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 Table 0072: User defined: Insurance Plan ID</td>
</tr>
<tr>
<td>Coverage Type</td>
<td>47</td>
<td>IS</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 Table 0309: User defined: Coverage Type</td>
</tr>
</tbody>
</table>
### TABLE 5-5I: INSURANCE SEGMENT (IN1)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handicap</td>
<td>48</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 Table 0295: User defined: Handicap</td>
</tr>
<tr>
<td>Insured_ ID Number</td>
<td>49</td>
<td>CX</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Signature Code</td>
<td>50</td>
<td>IS</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 Table 0535: User defined: Signature Code</td>
</tr>
<tr>
<td>Signature Code Date</td>
<td>51</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Insured_ Birth Place</td>
<td>52</td>
<td>ST</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>VIP Indicator</td>
<td>53</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 Table 0099: User defined: VIP Indicator</td>
</tr>
</tbody>
</table>
## DISCHARGE / END VISIT (ADT^A03)

### TABLE 5-6: ADT^A03 DISCHARGE / END VISIT

<table>
<thead>
<tr>
<th>SEG</th>
<th>NAME</th>
<th>DESCRIPTION</th>
<th>USAGE</th>
<th>CARDINALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSH</td>
<td>Message Header</td>
<td>Information explaining how to parse and process the message. This information includes identification of message delimiters, sender, receiver, message type, timestamp, etc.</td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td>EVN</td>
<td>Event Type</td>
<td>Trigger event information for receiving application</td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td>PID</td>
<td>Patient Identification</td>
<td>Patient identification and demographic information</td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td>PV1</td>
<td>Patient Visit</td>
<td>Information related to this visit at this facility including the nature of the visit, critical timing information and a unique visit identifier.</td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td>[PV2]</td>
<td>Patient Visit Additional Information</td>
<td>Admit Reason information.</td>
<td>RE</td>
<td>[0..1]</td>
</tr>
<tr>
<td>[[DG1]]</td>
<td>Diagnosis</td>
<td>Admitting Diagnosis and, optionally, Working and Final Diagnosis information</td>
<td>RE</td>
<td>[0..*]</td>
</tr>
<tr>
<td>[[PR1]]</td>
<td>Procedures</td>
<td>Information relative to various types of procedures performed</td>
<td>O</td>
<td>[0..*]</td>
</tr>
<tr>
<td>{OBX}</td>
<td>Observation / Result</td>
<td>Information regarding the age, temperature, and other information</td>
<td>R</td>
<td>[1..*]</td>
</tr>
<tr>
<td>[[IN1]]</td>
<td>Insurance</td>
<td>Information about insurance policy coverage information</td>
<td>O</td>
<td>[0..*]</td>
</tr>
</tbody>
</table>
Message Header (MSH) Segment

The MSH Segment is used to define the intent, source, destination, and some specifics of the syntax of the message. This segment includes identification of message delimiters, sender, receiver, message type, timestamp, etc.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Separator</td>
<td>1</td>
<td>ST</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> This field contains the separator between the segment ID and the first real field, MSH-2-encoding characters. As such, it serves as the separator and defines the character to be used as a separator for the rest of the message. Default value is</td>
</tr>
<tr>
<td>Encoding Characters</td>
<td>2</td>
<td>ST</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> This field contains the four characters in the following order: the component separator, repetition separator, escape character, and subcomponent separator. Default values are ^~&amp; (ASCII 94, 126, 92, and 38, respectively).</td>
</tr>
<tr>
<td>Sending Application</td>
<td>3</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field uniquely identifies the sending application among all other applications within the network enterprise. The network enterprise consists of all those applications that participate in the exchange of HL7 messages within the enterprise.</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Sending Facility</td>
<td>4</td>
<td>HD</td>
<td>227</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>National Provider Identifier. (10-digit identifier)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition</strong>: This field further describes the sending application, MSH-3-sending application. This field uniquely identifies the facility associated with the application that sends the message. If Acknowledgements are in use, this facility will receive any related Acknowledgement message. <strong>Note</strong>: The use of ‘NPI’ should be discussed during the implementation process as local jurisdictions may differ on their use of identifiers for this field</td>
</tr>
<tr>
<td>Namespace ID</td>
<td>4.1</td>
<td>IS</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Universal ID</td>
<td>4.2</td>
<td>ST</td>
<td>199</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td></td>
</tr>
<tr>
<td>Universal ID Type</td>
<td>4.3</td>
<td>ID</td>
<td>6</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_UniversalIDType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Receiving Application</td>
<td>5</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>HL7 table 0361: User-defined: Application <strong>Definition</strong>: This field uniquely identifies the receiving application among all other applications within the network enterprise. The network enterprise consists of all those applications that participate in the exchange of HL7 messages within the enterprise.</td>
</tr>
<tr>
<td>Receiving Facility</td>
<td>6</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>HL7 table 0362: User-defined: Facility <strong>Definition</strong>: This field identifies the receiving application among multiple identical instances of the application running on behalf of different organizations.</td>
</tr>
</tbody>
</table>
### TABLE 5-6A: MESSAGE HEADER SEGMENT (MSH)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time Of Message</td>
<td>7</td>
<td>TS</td>
<td>26</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-013</strong>: MSH-7 (Date/Time of Message) SHALL be expressed with a minimum precision of the nearest minute, and be represented in the following format: ‘YYYYMMDDHHMM[SS[.S[S[S[S]]]]] [+/−ZZZZ]’ <strong>Definition</strong>: This field contains the date/time that the sending system created the message. If the time zone is specified, it will be used throughout the message as the default time zone. <strong>Note</strong>: MSH-7 (Date/Time of Message) does not have to equal EVN-2 (Message Date/Time)</td>
</tr>
<tr>
<td>Security</td>
<td>8</td>
<td>ST</td>
<td>40</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Message Type</td>
<td>9</td>
<td>MSG</td>
<td>15</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-038</strong>: MSH-9 (Message Type) SHALL the literal value: ‘ADT^A03^ADT_A03', <strong>Definition</strong>: This field contains the message type, trigger event, and the message structure ID for the message.</td>
</tr>
<tr>
<td>Message Code</td>
<td>9.1</td>
<td>ID</td>
<td>3</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_MessageType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Trigger Event</td>
<td>9.2</td>
<td>ID</td>
<td>3</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_EventType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Message Structure</td>
<td>9.3</td>
<td>ID</td>
<td>7</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_MessageStructure_SyndromicSurveillance</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Message Control ID</td>
<td>10</td>
<td>ST</td>
<td>199</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> This field contains a number or other identifier that uniquely identifies the message. The receiving system echoes this ID back to the sending system in the Message acknowledgment segment (MSA). <strong>Note:</strong> This field is a number or other identifier that uniquely identifies the message.</td>
</tr>
<tr>
<td>Processing ID</td>
<td>11</td>
<td>PT</td>
<td>3</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-015:</strong> MSH-11 (Processing ID) SHALL have a value in the set of literal values: “P” for Production, “D” for Debug or “T” for Training. <strong>Definition:</strong> This field is used to decide whether to process the message as defined in HL7 Application (level 7) Processing rules. <strong>Note:</strong> Indicates how to process the message as defined in HL7 processing rules</td>
</tr>
<tr>
<td>Version ID</td>
<td>12</td>
<td>VID</td>
<td>5</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-016:</strong> MSH-12 (Version ID) SHALL have a value ‘2.5.1’ <strong>Definition:</strong> This field is matched by the receiving system to its own version to be sure the message will be interpreted correctly. For this message the value shall be 2.5.1 <strong>Note:</strong> HL7 version number used to interpret format and content of the message.</td>
</tr>
<tr>
<td>Sequence Number</td>
<td>13</td>
<td>NM</td>
<td>15</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Continuation Pointer</td>
<td>14</td>
<td>ST</td>
<td>180</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 5-6A: MESSAGE HEADER SEGMENT (MSH)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accept Acknowledgement Type</td>
<td>15</td>
<td>ID</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0155: HL7 defined: Accept/application acknowledgment conditions</td>
</tr>
<tr>
<td>Application Acknowledgement Type</td>
<td>16</td>
<td>ID</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0155: HL7 defined: Accept/application acknowledgment conditions</td>
</tr>
<tr>
<td>Country Code</td>
<td>17</td>
<td>ID</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0399: HL7 defined: Country code</td>
</tr>
<tr>
<td>Character Set</td>
<td>18</td>
<td>ID</td>
<td>16</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0211: HL7 defined: Alternate character sets</td>
</tr>
<tr>
<td>Principal Language Of Message</td>
<td>19</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Character Set Handling Scheme</td>
<td>20</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0356: HL7 defined: Alternate character set handling scheme</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Message Profile Identifier</td>
<td>21</td>
<td>EI</td>
<td>427</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-017</strong>: An instance of MSH.21 (Message Profile Identifier) SHALL contain the constant value:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PH_SS-Ack^SS Sender^2.16.840.1.114222.4.10.3^ISO or PH_SS-Ack^SS Receiver^2.16.840.1.114222.4.10.3^ISO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PH_SS-NoAck^SS Sender^2.16.840.1.114222.4.10.3^ISO or PH_SS-NoAck^SS Receiver^2.16.840.1.114222.4.10.3^ISO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PH_SS-Batch^SS Sender^2.16.840.1.114222.4.10.3^ISO or PH_SS-Batch^SS Receiver^2.16.840.1.114222.4.10.3^ISO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition</strong>: Sites may use this field to assert adherence to, or reference, a message profile. Message profiles contain detailed explanations of grammar, syntax, and usage for a particular message or set of messages.</td>
</tr>
</tbody>
</table>
Event Type (E VN) Segment

The EVN segment is used to communicate trigger event information to receiving applications.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Type Code</td>
<td>1</td>
<td>ID</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>PHVS_EventType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Recorded Date/Time</td>
<td>2</td>
<td>TS</td>
<td>26</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Conformance Statement SS-018: EVN-2 (Recorded Date/Time of Message) SHALL be expressed with a minimum precision of the nearest minute, and be represented in the following format: ‘YYYYMMDDHHMM[SS[.SS[.SS[.SS]]]] +/-ZZZZ’ Note: EVN-2 (Recorded Date/Time) does not have to equal MSH-7 (Date/Time of Message) Note: Most systems default to the system Date/Time when the transaction was entered. Data Element of Interest: Message Date/Time</td>
</tr>
<tr>
<td>Date/Time Planned Event</td>
<td>3</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Event Reason Code</td>
<td>4</td>
<td>IS</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0062: User defined: Event reason</td>
</tr>
<tr>
<td>Operator ID</td>
<td>5</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0188: User defined: Operator ID</td>
</tr>
<tr>
<td>Event Occurred</td>
<td>6</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Event Facility</td>
<td>7</td>
<td>HD</td>
<td>241</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> This field identifies the location where the patient was actually treated. <strong>Note:</strong> The use of 'NPI' should be discussed during the implementation process as local jurisdictions may differ on their use of identifiers for this field. <strong>Data Element of Interest:</strong> Facility Identifier (Treating) (EVN-7.1) <strong>Data Element of Interest:</strong> Facility Name (Treating) (EVN-7.2)</td>
</tr>
<tr>
<td>Namespace ID</td>
<td>7.1</td>
<td>IS</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>Recommend the use of the Organization Name Legal Business Name (LBN) associated with the National Provider Identifier Standard provided by Centers for Medicare and Medicaid Services. For more information about NPI, search for, or to apply for a NPI, <a href="#">click here</a>. If NPI is not available, use a different unique identifier, such as OID or a State-designated identifier.</td>
</tr>
<tr>
<td>Universal ID</td>
<td>7.2</td>
<td>ST</td>
<td>199</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Recommend the use of the National Provider Identifier Standard provided by Centers for Medicare and Medicaid Services. For more information about NPI, search for, or to apply for a NPI, <a href="#">click here</a>. If NPI is not available, use a different unique identifier, such as OID or a State-designated identifier.</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Universal ID Type</td>
<td>7.3</td>
<td>ID</td>
<td>6</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_UniversalIDType_SyndromicSurveillance</td>
</tr>
</tbody>
</table>
Patient Identification (PID) Segment

The PID Segment is used as the primary means of communicating patient identification information. This segment contains pertinent patient identifying and demographic information.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set ID - PID</td>
<td>1</td>
<td>SI</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-019:</strong> PID-1 (Set ID) SHALL have the Literal Value of ‘1’</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field contains the number that identifies this transaction. The sequence number shall be one.</td>
</tr>
<tr>
<td>Patient ID</td>
<td>2</td>
<td>CX</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td><strong>Definition:</strong> PID.3 is a repeating field that can accommodate multiple patient identifiers.</td>
</tr>
<tr>
<td>Patient Identifier List</td>
<td>3</td>
<td>CX</td>
<td>478</td>
<td>R</td>
<td>R</td>
<td>[1..*]</td>
<td><strong>Definition:</strong> Patient’s unique identifier(s) from the facility that is submitting this report to public health officials. Different jurisdictions use different identifiers and may often use a combination of identifiers to produce a unique patient identifier. Patient identifiers should be strong enough to remain a unique identifier across different data provider models, such as a networked data provider or State HIE.</td>
</tr>
<tr>
<td>ID Number</td>
<td>3.1</td>
<td>ST</td>
<td>15</td>
<td>R</td>
<td>R</td>
<td></td>
<td><strong>Data Element of Interest:</strong> Unique Patient Identifier</td>
</tr>
</tbody>
</table>
### TABLE 5-6C. PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check Digit</td>
<td>3.2</td>
<td>ST</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Check Digit Scheme</td>
<td>3.3</td>
<td>ID</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0061: HL7 defined: Check digit scheme</td>
</tr>
<tr>
<td>Assigning Authority</td>
<td>3.4</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td>HL7 table 0363: User defined: Assigning authority</td>
</tr>
<tr>
<td>Identifier Type Code</td>
<td>3.5</td>
<td>ID</td>
<td>5</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_IdentifierType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Assigning Facility</td>
<td>3.6</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td>3.7</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>3.8</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Assigning Jurisdiction</td>
<td>3.9</td>
<td>CWE</td>
<td>705</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Assigning Facility</td>
<td>3.10</td>
<td>CWE</td>
<td>705</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Patient ID - PID</td>
<td>4</td>
<td>CX</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Patient Name</td>
<td>5</td>
<td>XPN</td>
<td>294</td>
<td>R</td>
<td>R</td>
<td>[1..*]</td>
<td>Note: Syndromic surveillance does not require the patient name. A Visit or Patient ID, as specified within this guide, shall be used by PHAs to join related visit data and for working with hospitals to find additional visit information for syndromic surveillance signal confirmation or investigation. Since, however, HL7 requires the patient name, the field must be populated even when data patient</td>
</tr>
</tbody>
</table>
### TABLE 5-6C. PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-020:</strong> If PID-5 (Patient Name) is unknown then the first occurrence of PID-5 SHALL NOT be valued.</td>
</tr>
<tr>
<td>Name Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-021:</strong> If PID-5 (Patient Name) is unknown then the second occurrence of PID-5 SHALL be valued and only PID-5.7 (Name Type Code) shall be valued with the constant value “U” (i.e., PID-5 shall be valued as</td>
</tr>
<tr>
<td>Name Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-022:</strong> If PID-5 (Patient Name) is known, but not desired to be sent, then the first occurrence of PID-5 SHALL NOT be valued.</td>
</tr>
<tr>
<td>Name Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-023:</strong> If PID-5 (Patient Name) is known, but not desired to be sent, then the second occurrence of PID-5 SHALL be valued and only PID-5.7 (Name Type Code) shall be valued with the constant value “S” (i.e., PID-5 shall be valued as</td>
</tr>
<tr>
<td>Family Name</td>
<td>5.1</td>
<td>FN</td>
<td>194</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field contains the names of the patient; the primary or legal name of the patient is reported first. Therefore, the name type code in this field should be “L - Legal”.</td>
</tr>
</tbody>
</table>

*Executable Form:*

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Name</td>
<td>5.1</td>
<td>FN</td>
<td>194</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field contains the names of the patient; the primary or legal name of the patient is reported first. Therefore, the name type code in this field should be “L - Legal”.</td>
</tr>
</tbody>
</table>
### TABLE 5-6C. PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given Name</td>
<td>5.2</td>
<td>ST</td>
<td>30</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Second Given Name or Initials</td>
<td>5.3</td>
<td>ST</td>
<td>30</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Suffix</td>
<td>5.4</td>
<td>ST</td>
<td>20</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Prefix</td>
<td>5.5</td>
<td>ST</td>
<td>20</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Degree</td>
<td>5.6</td>
<td>IS</td>
<td>6</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0360: User defined: Degree/license/certificate</td>
</tr>
<tr>
<td>Name Type Code</td>
<td>5.7</td>
<td>ID</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_NameType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Name Representation Code</td>
<td>5.8</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name Context</td>
<td>5.9</td>
<td>CE</td>
<td>483</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name Validity Range</td>
<td>5.10</td>
<td>DR</td>
<td>53</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Name Assembly Order</td>
<td>5.11</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0444: HL7 defined: Name assembly order</td>
</tr>
<tr>
<td>Effective Date</td>
<td>5.12</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>5.13</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Professional Suffix</td>
<td>5.14</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
## TABLE 5-6C. PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s Maiden Name</td>
<td>6</td>
<td>XPN</td>
<td>294</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Date/Time of Birth</td>
<td>7</td>
<td>TS</td>
<td>26</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field contains the patient’s date and time of birth.</td>
</tr>
<tr>
<td>Administrative Sex</td>
<td>8</td>
<td>IS</td>
<td>1</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field contains the patient’s sex. <strong>Data Element of Interest</strong>: Gender</td>
</tr>
<tr>
<td>Patient Alias</td>
<td>9</td>
<td>XPN</td>
<td>294</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>10</td>
<td>CE</td>
<td>478</td>
<td>RE</td>
<td>RE</td>
<td>[0..*]</td>
<td><strong>Definition</strong>: This field refers to the patient’s race <strong>Note</strong>: Patient could have more than one race defined. <strong>Data Element of Interest</strong>: Race</td>
</tr>
<tr>
<td>Identifier</td>
<td>10.1</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>PHVS_RaceCategory_CDC</strong></td>
</tr>
<tr>
<td>Text</td>
<td>10.2</td>
<td>ST</td>
<td>199</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>10.3</td>
<td>ID</td>
<td>20</td>
<td>CE</td>
<td>C</td>
<td>[0..1]</td>
<td><strong>Condition Predicate</strong>: If PID-10.1 (the identifier) is provided, then PID 10.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>10.4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>10.5</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
## TABLE 5-6C. PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Alternate Coding System</td>
<td>10.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
| Patient Address                 | 11  | XAD | 513    | RE           | RE             | [0..1]       | **Definition**: This field contains the mailing address of the patient.  
**Note**: Expecting only the patient primary (current) address information in the supported components |
| Street Address                  | 11.1| SAD | 184    | O            | O              | [0..1]       |                                                                                       |
| Other Designation               | 11.2| ST  | 120    | O            | O              | [0..1]       |                                                                                       |
| City                            | 11.3| ST  | 50     | O            | O              | [0..1]       | **Data Element of Interest**: Patient City/Town                                         |
| State or Province               | 11.4| ST  | 50     | O            | O              | [0..1]       | **PHVS_State_FIPS_5-2**  
**Data Element of Interest**: Patient State                                              |
| ZIP or Postal Code              | 11.5| ST  | 12     | RE           | RE             | [0..1]       | **USPS**  
**Data Element of Interest**: Patient ZIP Code                                             |
| Country                         | 11.6| ID  | 3      | O            | O              | [0..1]       | **PHVS_Country_ISO_3166-1**  
**Data Element of Interest**: Patient Country                                              |
<p>| Address Type                    | 11.7| ID  | 3      | O            | O              | [0..1]       | <strong>PHVS_AddressType_HL7_2x</strong>                                                        |
| Other Geographic Designation    | 11.8| ST  | 50     | O            | O              | [0..1]       |                                                                                       |</p>
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>County/Parish Code</td>
<td>11.9</td>
<td>IS</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>PHVS_County_FIPS_6-4</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Data Element of Interest:</strong> Patient County</td>
</tr>
<tr>
<td>Census Tract</td>
<td>11.10</td>
<td>IS</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Address Representation Code</td>
<td>11.11</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Address Validity Range</td>
<td>11.12</td>
<td>DR</td>
<td>53</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td>11.13</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>11.14</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>County Code</td>
<td>12</td>
<td>IS</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td><strong>HL7 table 0289: User defined: County/parish</strong></td>
</tr>
<tr>
<td>Phone Number - Home</td>
<td>13</td>
<td>XTN</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Phone Number - Business</td>
<td>14</td>
<td>XTN</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Primary Language</td>
<td>15</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td><strong>HL7 table 0296: User defined: Primary Language</strong></td>
</tr>
<tr>
<td>Marital Status</td>
<td>16</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td><strong>HL7 table 0002: User defined: Marital Status</strong></td>
</tr>
<tr>
<td>Religion</td>
<td>17</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td><strong>HL7 table 0006: User defined: Religion</strong></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Patient Account Number</td>
<td>18</td>
<td>CX</td>
<td>250</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field contains the patient account number assigned by accounting to which all charges, payments, etc., are recorded. It is used to identify the patient’s account.</td>
</tr>
<tr>
<td>SSN Number - Patient</td>
<td>19</td>
<td>ST</td>
<td>16</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Driver's License Number - Patient</td>
<td>20</td>
<td>DLN</td>
<td>64</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Mother's Identifier</td>
<td>21</td>
<td>CX</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Ethnic Group</td>
<td>22</td>
<td>CE</td>
<td>478</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field further defines the patient’s ancestry.</td>
</tr>
<tr>
<td>Identifier</td>
<td>22.1</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Data Element of Interest:</strong> Ethnicity</td>
</tr>
<tr>
<td>Text</td>
<td>22.2</td>
<td>ST</td>
<td>199</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>22.3</td>
<td>ID</td>
<td>20</td>
<td>CE</td>
<td>CE</td>
<td>[0..1]</td>
<td><strong>Condition Predicate:</strong> If PID-22.1 (the identifier) is provided then PID 22.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>22.4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>22.5</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>22.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 5-6C. PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Place</td>
<td>23</td>
<td>ST</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Multiple Birth Indicator</td>
<td>24</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no indicator</td>
</tr>
<tr>
<td>Birth Order</td>
<td>25</td>
<td>NM</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Citizenship</td>
<td>26</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0171: User defined: Citizenship</td>
</tr>
<tr>
<td>Veterans Military Status</td>
<td>27</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0172: User defined: Veterans Military Status</td>
</tr>
<tr>
<td>Nationality</td>
<td>28</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0212: User defined: Nationality</td>
</tr>
<tr>
<td>Patient Death Date and Time</td>
<td>29</td>
<td>TS</td>
<td>26</td>
<td>CE</td>
<td>CE</td>
<td>[0..1]</td>
<td>Conformance Statement SS-036: If valued, PID-29 (Patient Death and Time), SHALL be expressed with a minimum precision of the nearest minute and be represented in the following format: ‘YYYYMMDDHHMM[SS.[S][S][S][S]][+/ZZZZ]’ Condition Predicate: If valued, PID-30 (Patient Death Indicator) SHALL be valued to the Literal Value ‘Y’. Condition Predicate: If PV1-36 is valued with any of the following: ‘20’, ‘40’, ‘41’, ‘42’ then PID-29 (Patient Death and Time) SHALL be populated. Definition: This field contains the date and time at which the patient death occurred.</td>
</tr>
</tbody>
</table>

**Condition Predicate:** If PV1-36 is valued with any of the following: ‘20’, ‘40’, ‘41’, ‘42’ then PID-29 (Patient Death and Time) SHALL be populated.

**Definition:** This field contains the date and time at which the patient death occurred.
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Patient Death Indicator    | 30  | ID | 1      | CE           | CE             | [0..1]       | **Conformance Statement SS-037**: If valued, PID-30 (Patient Death Indicator) **SHALL** be valued to the Literal Value ‘Y’. **Condition Predicate**: If PV1-36 (Discharge Disposition) is valued with any of the following: ‘20’, ‘40’, ‘41’, ‘42’ and PID-29 (Patient Death and Time) **SHALL** be populated. **Definition**: This field indicates whether the patient is deceased.  
Y the patient is deceased  
N the patient is not deceased |
| Identity Unknown Indicator | 31  | ID | 1      | X            | X              | [0..1]       | **HL7 table 0136**: HL7 defined: Yes/no indicator                                           |
| Identity Reliability Code  | 32  | IS | 20     | X            | X              | [0..*]       | **HL7 table 0445**: User defined: Identity Reliability Code                                 |
| Last Update Date/Time      | 33  | TS | 26     | O            | O              | [0..1]       | **Definition**: This field contains the last update date and time for the patient’s/person’s identifying and demographic data, as defined in the PID segment.        |
| Last Update Facility       | 34  | HD | 241    | O            | O              | [0..1]       | **Definition**: This field identifies the facility of the last update to a patient’s/person’s identifying and demographic data, as defined in the PID segment.        |
| Species Code               | 35  | CE | 478    | X            | X              | [0..1]       | **HL7 table 0446**: User defined: Species code                                              |
| Breed Code                 | 36  | CE | 478    | X            | X              | [0..1]       | **HL7 table 0447**: User defined: Breed code                                                 |
### TABLE 5-6C. PATIENT IDENTIFICATION SEGMENT (PID)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strain</td>
<td>37</td>
<td>ST</td>
<td>80</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Production Class Code</td>
<td>38</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0429: User defined: Production Class Code</td>
</tr>
<tr>
<td>Tribal Citizenship</td>
<td>39</td>
<td>CWE</td>
<td>697</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0171: User defined: Citizenship</td>
</tr>
</tbody>
</table>
Patient Visit (PV1) Segment

The PV1 segment is used by Registration/Patient Administration applications to communicate information on a visit-specific basis.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set ID - PV1</td>
<td>1</td>
<td>SI</td>
<td>4</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Conformance Statement SS-024</strong>: PV1-1 (Set ID) SHALL have the Literal Value of ‘1’</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition</strong>: This field contains the number that identifies this transaction. The sequence number shall be one</td>
</tr>
<tr>
<td>Patient Class</td>
<td>2</td>
<td>IS</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>PHVS_PatientClass_SyndromicSurveillance</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition</strong>: This field is used by systems to categorize patients by site.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Data Element of Interest</strong>: Patient Class</td>
</tr>
<tr>
<td>Assigned Patient Location</td>
<td>3</td>
<td>PL</td>
<td>1220</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition</strong>: This field contains the patient’s initial assigned location or the location to which the patient is being moved. The first component may be the nursing station for inpatient locations, or clinic or department, for locations other than inpatient.</td>
</tr>
<tr>
<td>Admission Type</td>
<td>4</td>
<td>IS</td>
<td>2</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>HL7 table 0007</strong>: User defined: Admission type</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition</strong>: This field indicates the circumstances under which the patient was or will be admitted.</td>
</tr>
<tr>
<td>Pre-admit Number</td>
<td>5</td>
<td>CX</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Prior Patient Location</td>
<td>6</td>
<td>PL</td>
<td>1220</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>Recommend the use of the National Provider Identifier Standard provided by Centers for Medicare and Medicaid Services. For more information about NPI, search for, or to apply for a NPI, click here. If NPI is not available, use a different unique identifier, such as OID or a State-designated identifier. <strong>Data Element of Interest:</strong> Unique Physician Identifier.</td>
</tr>
<tr>
<td>Attending Doctor</td>
<td>7</td>
<td>XCN</td>
<td>309</td>
<td>O</td>
<td>O</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Referring Doctor</td>
<td>8</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
<tr>
<td>Consulting Doctor</td>
<td>9</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
<tr>
<td>Hospital Service</td>
<td>10</td>
<td>IS</td>
<td>3</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>HL7 table 0069: User defined: Hospital Service <strong>Definition:</strong> This field contains the treatment or type of surgery that the patient is scheduled to receive.</td>
</tr>
<tr>
<td>Temporary Location</td>
<td>11</td>
<td>PL</td>
<td>1220</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Preadmit Test Indicator</td>
<td>12</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0087: User defined: Pre-Admit Test Indicator</td>
</tr>
<tr>
<td>Re-admission Indicator</td>
<td>13</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0092: User defined: Re-admission Indicator</td>
</tr>
</tbody>
</table>
### TABLE 5-6D: PATIENT VISIT SEGMENT (PV1)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit Source</td>
<td>14</td>
<td>IS</td>
<td>6</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>HL7 table 0023: User defined: Admit Source</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field indicates where the patient was admitted.</td>
</tr>
<tr>
<td>Ambulatory Status</td>
<td>15</td>
<td>IS</td>
<td>2</td>
<td>O</td>
<td>O</td>
<td>[0..*]</td>
<td>HL7 table 0009: User defined: Ambulatory Status</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field indicates any permanent or transient handicapped conditions.</td>
</tr>
<tr>
<td>VIP Indicator</td>
<td>16</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0099: User defined: VIP Indicator</td>
</tr>
<tr>
<td>Admitting Doctor</td>
<td>17</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
<tr>
<td>Patient Type</td>
<td>18</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0018: User defined: Patient Type</td>
</tr>
<tr>
<td>Visit Number</td>
<td>19</td>
<td>CX</td>
<td>478</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> This field contains the unique number assigned to each patient visit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Note:</strong> Unique identifier for a patient visit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Data Element of Interest:</strong> Unique Visit Identifier</td>
</tr>
<tr>
<td>ID Number</td>
<td>19.1</td>
<td>ST</td>
<td>15</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td></td>
</tr>
<tr>
<td>Check Digit</td>
<td>19.2</td>
<td>ST</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Check Digit Scheme</td>
<td>19.3</td>
<td>ID</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0061: HL7 defined: Check Digit Scheme</td>
</tr>
<tr>
<td>Assigning Authority</td>
<td>19.4</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td>HL7 table 0363: User defined: Assigning Authority</td>
</tr>
</tbody>
</table>
TABLE 5-6D: PATIENT VISIT SEGMENT (PV1)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifier Type Code</td>
<td>19.5</td>
<td>ID</td>
<td>5</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Conformance Statement SS-025: PV1-19.5 (Identifier Type Code) SHALL be valued to the Literal Value ‘VN’. PHVS_IdentifierType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Assigning Facility</td>
<td>19.6</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td>19.7</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>19.8</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Assigning Jurisdiction</td>
<td>19.9</td>
<td>CWE</td>
<td>705</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Assigning Facility</td>
<td>19.10</td>
<td>CWE</td>
<td>705</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Financial Class</td>
<td>20</td>
<td>FC</td>
<td>50</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0064: User defined: Financial Class</td>
</tr>
<tr>
<td>Charge Price Indicator</td>
<td>21</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0032: User defined: Charge Price Indicator</td>
</tr>
<tr>
<td>Courtesy Code</td>
<td>22</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0045: User defined: Courtesy Code</td>
</tr>
<tr>
<td>Credit Rating</td>
<td>23</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0046: User defined: Credit rating</td>
</tr>
<tr>
<td>Contract Code</td>
<td>24</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0044: User defined: Contract code</td>
</tr>
<tr>
<td>Contract Effective Date</td>
<td>25</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Contract Amount</td>
<td>26</td>
<td>NM</td>
<td>12</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Contract Period</td>
<td>27</td>
<td>NM</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Interest Code</td>
<td>28</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0073: User defined: Interest Code</td>
</tr>
<tr>
<td>Transfer to Bad Debt Code</td>
<td>29</td>
<td>IS</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0110: User defined: Transfer to Bad Debt Code</td>
</tr>
<tr>
<td>Transfer to Bad Debt Date</td>
<td>30</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0021: User defined: Bad Debt Agency Code</td>
</tr>
<tr>
<td>Bad Debt Agency Code</td>
<td>31</td>
<td>IS</td>
<td>10</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0021: User defined: Bad Debt Agency Code</td>
</tr>
<tr>
<td>Bad Debt Transfer Amount</td>
<td>32</td>
<td>NM</td>
<td>12</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Bad Debt Recovery Amount</td>
<td>33</td>
<td>NM</td>
<td>12</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Delete Account Indicator</td>
<td>34</td>
<td>IS</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0111: User defined: Delete Account Indicator</td>
</tr>
<tr>
<td>Delete Account Date</td>
<td>35</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----</td>
<td>-----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Discharge Disposition       | 36  | IS  | 3      | R            | R              | [0..1]       | **PHVS_DischargeDisposition_HL7_2x**  
**Definition:** This field contains the disposition of the patient at time of discharge (i.e., discharged to home, expired, etc.) and shall be populated in a Discharge message.  
**Data Element of Interest:** Discharge Disposition |
| Discharged to Location      | 37  | DLD | 47     | X            | X              | [0..1]       | HL7 table 0113: User defined: Discharged to Location                                  |
| Diet Type                   | 38  | CE  | 478    | X            | X              | [0..1]       | HL7 table 0114: User defined: Diet type                                               |
| Servicing Facility          | 39  | IS  | 2      | X            | X              | [0..1]       | HL7 table 0115: User defined: Servicing Facility                                      |
| Bed Status                  | 40  | IS  | 1      | X            | X              | [0..0]       | HL7 table 0116: User defined: Bed Status                                              |
| Account Status              | 41  | IS  | 2      | X            | X              | [0..1]       | HL7 table 0117: User defined: Account Status                                          |
| Pending Location            | 42  | PL  | 1220   | X            | X              | [0..1]       |                                                                                      |
| Prior Temporary Location    | 43  | PL  | 1220   | X            | X              | [0..1]       |                                                                                      |
### TABLE 5-6D: PATIENT VISIT SEGMENT (PV1)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Admit Date/Time         | 44  | TS | 26     | R            | R             | [1..1]       | **Conformance Statement SS-010**: PV1-44 (Admit Date/Time) SHALL be expressed with a minimum precision of the nearest minute and be represented in the following format: 'YYYYMMDDHHMM(SS.S[S][S][S]) [+/-ZZZZ]'  
                 **Definition**: This field contains the admit date/time. This field is also used to reflect the date/time of an outpatient/emergency patient registration.  
                 **Note**: Date and time of the patient presentation.  
                 **Data Element of Interest**: Admit Date/Time       |
| Discharge Date/Time     | 45  | TS | 26     | R            | R             | [1..1]       | **Conformance Statement SS-045**: PV1-45 (Discharge Date/Time) SHALL be expressed with a minimum precision of the nearest minute and be represented in the following format: 'YYYYMMDDHHMM(SS.S[S][S][S]) [+/-ZZZZ]'  
                 **Definition**: This field contains the discharge date/time and shall be populated in a Discharge message. This field is also used to reflect the date/time of an outpatient/emergency patient discharge.  
                 **Data Element of Interest**: Discharge Date/Time |
<p>| Current Patient Balance | 46  | NM | 12     | X            | X             | [0..1]       |                                                                                      |
| Total Charges           | 47  | NM | 12     | X            | X             | [0..1]       |                                                                                      |
| Total Adjustments       | 48  | NM | 12     | X            | X             | [0..1]       |                                                                                      |</p>
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Payments</td>
<td>49</td>
<td>NM</td>
<td>12</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Visit ID</td>
<td>50</td>
<td>CX</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0203: User defined: Identifier type</td>
</tr>
<tr>
<td>Visit Indicator</td>
<td>51</td>
<td>IS</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0326: User defined: Visit Indicator</td>
</tr>
<tr>
<td>Other Healthcare Provider</td>
<td>52</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0010: User defined: Physician ID</td>
</tr>
</tbody>
</table>
Patient Visit – Additional Information (PV2) Segment

The PV2 segment is a continuation of visit-specific information and is the segment where the Admit Reason is passed.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Pending Location</td>
<td>1</td>
<td>PL</td>
<td>1220</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Accommodation Code</td>
<td>2</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0129: User defined: Accommodation Code</td>
</tr>
</tbody>
</table>
| Admit Reason                | 3   | CE | 478    | RE           | RE             | [0..1]       | **Definition:** This field contains the short description of the providers’ reason for patient admission.  
**NOTE:** It may be coded (CE:1 and CE:3) or Free text (CE:2.)  
**Data Element of Interest:** Admit Reason |
| Identifier                  | 3.1 | ST | 20     | RE           | RE             | [0..1]       | PHVS_AdministrativeDiagnosis_CDC_ICD-9CM Or PHVS_AdministrativeDiagnosis_ICD-10CM Or PHVS_Disease_CDC  
**Conformance Statement SS-009:** The implementation SHALL support all 3 value sets. |
| Text                        | 3.2 | ST | 199    | RE           | RE             | [0..1]       | If only Free Text is used, it is communicated in this component.                     |
### TABLE 5-6E: PATIENT VISIT – ADDITIONAL INFORMATION SEGMENT (PV2)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Coding System</td>
<td>3.3</td>
<td>ID</td>
<td>20</td>
<td>C</td>
<td>C</td>
<td>[0..1]</td>
<td><strong>Condition Predicate:</strong> If PV2-3.1 (the identifier) is provided then PV2-3.3 is valued. <strong>Conformance Statement SS-026:</strong> PV2-3.3 SHALL be valued to one of the Literal Values in the set ('I10', 'I9CDX', 'SCT').</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>3.4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
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<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
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## TABLE 5-6E: PATIENT VISIT – ADDITIONAL INFORMATION SEGMENT (PV2)

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<th>Seq</th>
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<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
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<td>Clinic Organization Name</td>
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<td>Field Name</td>
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<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
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<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
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<td>Date/Time</td>
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<td>IS</td>
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<td>[0..*]</td>
<td>HL7 table 0534: User defined: Notify Clergy Code</td>
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</table>
**Diagnosis (DG1) Segment**

The DG1 segment contains patient diagnosis information of various types. Syndromic surveillance supports Admitting, Working and Final Diagnosis types.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Set ID - DG1                 | 1   | SI | 4      | R            | R              | [1..1]       | **Conformance Statement SS-032:** DG1-1 (Set ID) for the first occurrence of a DG1 Segment **SHALL** have the Literal Value of ‘1’. Each following occurrence **SHALL** be numbered consecutively.

**Definition:** This field contains the number that identifies this transaction. For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc.

<table>
<thead>
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<th>Diagnosis Coding Method</th>
<th>2</th>
<th>ID</th>
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<th>X</th>
<th>[0..1]</th>
<th><strong>HL7 table 0053:</strong> User defined: Diagnosis Coding Method</th>
</tr>
</thead>
</table>
| Diagnosis Code - DG1         | 3   | CE | 478    | R            | R              | [1..1]       | **Definition:** This contains the diagnosis code assigned to this diagnosis.

**Data Element of Interest:** Diagnosis

**Condition Predicate:** If the DG1 Segment is provided, DG1-3 (Diagnosis) is required to be valued.

| Identifier                   | 3.1 | ST | 20     | R            | RE             | [0..1]       | **PHVS_AdministrativeDiagnosis_CDC_ICD-9CM**

**Or**

**PHVS_AdministrativeDiagnosis_ICD-10CM**

**Or**

**PHVS_Disease_CDC**

**Conformance Statement SS-011:** The implementation **SHALL** support all 3 value sets.
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<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
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</thead>
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<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Condition Predicate:</strong> If DG1-3.1 (the identifier) is provided then DG1-3.3 is valued.</td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>3.3</td>
<td>ID</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-033:</strong> DG1-3.3 SHALL be valued to one of the Literal Values in the set ('I10', 'I9CDX', 'SCT').</td>
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<td>ST</td>
<td>199</td>
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<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
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<td>3.6</td>
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<td>Diagnosis Description</td>
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</tr>
<tr>
<td>Diagnosis Date/Time</td>
<td>5</td>
<td>TS</td>
<td>26</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field contains the date/time that the diagnosis was determined.</td>
</tr>
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<td>Diagnosis Type</td>
<td>6</td>
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<td>2</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>PHVS_DiagnosisType_HL7_2x</strong>&lt;br&gt;<strong>Definition:</strong> This field contains a code that identifies the type of diagnosis being sent&lt;br&gt;<strong>Note:</strong> Identifies the type of diagnosis being sent.&lt;br&gt;<strong>Data Element of Interest:</strong> Diagnosis type&lt;br&gt;<strong>Condition Predicate:</strong> If the DG1 Segment is provided, DG1-6 (Diagnosis Type) is required to be valued.</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
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<td>Major Diagnostic Category</td>
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<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>HL7 table 0118: User defined: Major Diagnostic Category</td>
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<td>Diagnostic Related Group</td>
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<td>CE</td>
<td>478</td>
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### TABLE 5-6G: DIAGNOSIS SEGMENT (DG1)

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<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attestation Date/Time</td>
<td>19</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Diagnosis Identifier</td>
<td>20</td>
<td>EI</td>
<td>427</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Diagnosis Action Code</td>
<td>21</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0206: HL7 defined: Segment Action Code</td>
</tr>
</tbody>
</table>
Procedures (PR1) Segment

The PR1 segment is used to carry information relative to various types of procedures performed.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set ID – PR1</td>
<td>1</td>
<td>SI</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-034:</strong> For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc. <strong>Definition:</strong> This field contains the number that identifies this transaction.</td>
</tr>
<tr>
<td>Procedure Coding Method</td>
<td>2</td>
<td>IS</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0089: User defined: Procedure Coding Method</td>
</tr>
<tr>
<td>Procedure Code</td>
<td>3</td>
<td>CE</td>
<td>478</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> This field contains a unique identifier assigned to the procedure</td>
</tr>
<tr>
<td>Data Element of Interest</td>
<td>Procedure Code</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifier</td>
<td>3.1</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>CPT-4</td>
</tr>
<tr>
<td>Text</td>
<td>3.2</td>
<td>ST</td>
<td>199</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>Free Text</td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>3.3</td>
<td>ID</td>
<td>20</td>
<td>CE</td>
<td>CE</td>
<td>[1..1]</td>
<td><strong>Condition Predicate:</strong> If PR1-3.1 (the identifier) is provided then PR1-3.3 is valued.</td>
</tr>
<tr>
<td>Procedure Description</td>
<td>4</td>
<td>ST</td>
<td>40</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
</tbody>
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# TABLE 5-6H. PROCEDURES SEGMENT (PR1)

<table>
<thead>
<tr>
<th>Field Name</th>
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<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure Date/Time</td>
<td>5</td>
<td>TS</td>
<td>26</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> This field contains the date/time that the procedure was performed.</td>
</tr>
<tr>
<td>Procedure Functional Type</td>
<td>6</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>[Table 0230: User defined: Procedure Functional Type]</td>
</tr>
<tr>
<td>Procedure Minutes</td>
<td>7</td>
<td>NM</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>[Table 0019: User defined: Anesthesia Code]</td>
</tr>
<tr>
<td>Anesthesiologist</td>
<td>8</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>[Table 0010: User defined: Physician ID]</td>
</tr>
<tr>
<td>Anesthesia Code</td>
<td>9</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>[Table 0019: User defined: Anesthesia Code]</td>
</tr>
<tr>
<td>Anesthesia Minutes</td>
<td>10</td>
<td>NM</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Surgeon</td>
<td>11</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>[Table 0010: User defined: Physician ID]</td>
</tr>
<tr>
<td>Procedure Practitioner</td>
<td>12</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>[Table 0010: User defined: Physician ID]</td>
</tr>
<tr>
<td>Consent Code</td>
<td>13</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>[Table 0059: User defined: Consent code]</td>
</tr>
<tr>
<td>Procedure Priority</td>
<td>14</td>
<td>ID</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>[Table 0418: HL7 defined: Procedure Priority]</td>
</tr>
<tr>
<td>Associated Diagnosis Code</td>
<td>15</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>[Table 0051: User defined: Diagnosis Code]</td>
</tr>
<tr>
<td>Procedure Code Modifier</td>
<td>16</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>[Table 0340: User defined: Procedure Code Modifier]</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Procedure DRG Type</td>
<td>17</td>
<td>IS</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0416: User defined: Procedure DRG Type</td>
</tr>
<tr>
<td>Tissue Type Code</td>
<td>18</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0417: User defined: Tissue Type Code</td>
</tr>
<tr>
<td>Procedure Identifier</td>
<td>19</td>
<td>EI</td>
<td>427</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Procedure Action Code</td>
<td>20</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0206: HL7 defined: Segment Action Code</td>
</tr>
</tbody>
</table>
Observation/Result (OBX) Segment

The OBX Segment in the ADT Message is used to transmit observations related to the patient and visit. In Table 2-5 if the data element is carried in an OBX and usage is ‘Required’, the segment and its fields must be populated. The data elements in Table 2.5 DATA ELEMENTS OF INTEREST that use OBX segments are not expected to utilize any specified Set ID number within a given set of OBX segments in a message. However, the Set IDs are required to be sequential.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set ID - OBX</td>
<td>1</td>
<td>SI</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Note: Set ID numbers the repetitions of the segments</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Conformance Statement SS-027: For the first repeat of the OBX segment, the sequence number SHALL be one (1), for the second repeat, the sequence number shall be two (2), etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Example:</td>
</tr>
<tr>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>OBX[1]....</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>OBX[2]....</td>
</tr>
<tr>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>OBX[3]....</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Definition: This field contains the sequence number.</td>
</tr>
</tbody>
</table>
### TABLE 5-6F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Value Type       | 2   | ID | 3      | R            | R              | [1..1]       | **Conformance Statement SS-028:** OBX-2 SHALL be valued to the Literal Value in the set (‘TS’, ‘TX’, ‘NM’, ‘CWE’, ‘XAD’)  
**PHVS_ValueType_SyndromicSurveillance**  
**Definition:** This field contains the format of the observation value in OBX.  
**Note:** Identifies the structure of data in observation value (OBX.5) |
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation Identifier</td>
<td>3</td>
<td>CE</td>
<td>478</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>PHVS_ObservationIdentifier_SyndromicSurveillance</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field contains a unique identifier for the observation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Note:</strong> Identifies data to be received in observation value (OBX.5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Data Elements of Interest communicated in OBX Segment may include:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Facility Street address (Treating), Data Type: XAD:1, SAD:1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Facility City (Treating), Data Type: XAD:3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Facility State (Treating), Data Type: XAD:4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Facility ZIP Code (Treating), Data Type: XAD:5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Facility County (Treating), Data Type: XAD:9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Age, Data Type: NM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Facility / Visit Type, Data Type: CWE (only for ED/UC)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Chief Complaint/Reason for Visit, Data Type: CWE, (Free Text is preferred)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Clinical Impression, Data Type: TX</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Initial Temperature, Data Type: NM</td>
</tr>
<tr>
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<td></td>
<td></td>
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<td></td>
<td>Height, Data Type: NM</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Weight, Data Type: NM</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Smoking Status, PHVS_SmokingStatus_MU</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Triage Notes, Data Type: TX</td>
</tr>
<tr>
<td>Identifier</td>
<td>3.1</td>
<td>ST</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Condition Predicate:</strong> If OBX-3.1 (the identifier) is provided then OBX-3.3 is valued.</td>
</tr>
<tr>
<td>Text</td>
<td>3.2</td>
<td>ST</td>
<td>199</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>3.3</td>
<td>ID</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>3.4</td>
<td>ST</td>
<td>20</td>
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<tr>
<td>Alternate Text</td>
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<td>ST</td>
<td>199</td>
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<td>X</td>
<td>[0..1]</td>
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<tr>
<td>Name of Alternate Coding System</td>
<td>3.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
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</tr>
<tr>
<td>Observation Sub-ID</td>
<td>4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
| Observation Value                  | 5   | varies | 99999 | RE           | RE            | [0..*]       | Listed below are the supported fields for each of the supported value types. **Definition:** This field contains the value observed by the observation producer. OBX-2-value type contains the data type for this field according to which observation value is formatted. **Note:** Values received in observation value are defined by value type (OBX.2) and observation identifier (OBX.3). **Notes on Data Types:** TS Data Type: Unconstrained. Some values might be to the day, others to the year/decade, etc. TX Data Type: The TX data type is used to carry string data intended for display purposes. It can contain leading blanks (space characters). NM Data Type: A numeric data type is a number represented as a series of ASCII numeric characters consisting of an optional leading sign (+ or -), the digits and an optional decimal point. In the absence of a sign,
### TABLE 5-6F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>

- **the number is assumed to be positive. If there is no decimal point the number is assumed to be an integer.**
- **CWE Data Type: Data Element: Facility / Visit Type (only for ED/UC)**
  - CWE-5:2 Text: It is strongly recommended that text be sent to accompany any identifier.
- **CWE Data Type: Data Element: Chief Complaint / Reason for visit**
  - It is the short description of the patient's self-reported chief complaint or reason for visit. It is preferred that Free text is used.
  - Free Text should appear in CWE:9
- **XAD Data Type: Data Elements:**
  - Facility Street address (Treating), Data Type: XAD:1, SAD:1:
    - **Note:** This is the first subcomponent of the SAD data type. This has the same effect as being the first component of the field, while limiting the length based on other subcomponents that are not supported.
  - Facility City (Treating), Data Type: XAD:3
  - Facility State (Treating), Data Type: XAD:4
  - Facility ZIP Code (Treating), Data Type: XAD:5
  - Facility County (Treating), Data Type: XAD:9
### TABLE 5-6F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beginning of OBX-5 Observation Value Usage Based on Data Type in OBX-2</strong></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td><strong>TS Data Type</strong></td>
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<td></td>
</tr>
<tr>
<td>Time</td>
<td>5.1</td>
<td>DTM</td>
<td>24</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Degree of Precision</td>
<td>5.2</td>
<td>ST</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td><strong>TX Data Type</strong></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Text Data</td>
<td>5.1</td>
<td>TX</td>
<td>65536</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td><strong>NM Data Type</strong></td>
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<tr>
<td>Numeric Value</td>
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<td>ST</td>
<td>16</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td><strong>CWE Data Type: Data Element #7 Facility / Visit Type (only for ED/UC)</strong></td>
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<td></td>
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</tr>
<tr>
<td>Identifier</td>
<td>5.1</td>
<td>ST</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_FacilityVisitType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Text</td>
<td>5.2</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>5.3</td>
<td>ID</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Condition Predicate:</strong> If OBX-5.1 (the identifier) is provided then OBX-5.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>5.4</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 5-6F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternate Text</td>
<td>5.5</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>.</td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>5.6</td>
<td>ID</td>
<td>20</td>
<td>C</td>
<td>C</td>
<td>[0..1]</td>
<td><strong>Condition Predicate:</strong> If OBX-5.4 (the identifier) is provided then OBX-5.6 is valued.</td>
</tr>
<tr>
<td>Coding System Version ID</td>
<td>5.7</td>
<td>ST</td>
<td>10</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Coding System Version ID</td>
<td>5.8</td>
<td>ST</td>
<td>10</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Original Text</td>
<td>5.9</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>Free text goes here</td>
</tr>
</tbody>
</table>

**CWE Data Type: Data Element #25 Chief Complaint / Reason for visit - Free Text is preferred**

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifier</td>
<td>5.1</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td><strong>Conformance Statement SS-005:</strong> If patient’s chief complaint is captured as an unstructured, free-text note, then chief complaint <strong>SHALL</strong> be valued in OBX-5, CWE:9.</td>
</tr>
</tbody>
</table>

**OBX Segment** (CWE Data Type, 5<sup>th</sup> field) with LOINC Code (8661-1) Observation Identifier

Example OBX Segment (free text):

```
OBX|3|CWE|8661-1^CHIEF COMPLAINT:FIND:PT:PATIENT:NOM:REPORTED^STOMACH ACHE^L|
```

**Conformance Statement SS-006:** If patient’s chief complaint is captured from a Coding System, then chief complaint **SHALL** be valued in OBX-5, CWE:1,
### TABLE 5-6F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>CWE:2, CWE:3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PHVS_AdministrativeDiagnosis_CDC_ICD-9CM or PHVS_CauseOfDeath_ICD-10_CDC or PHVS_Disease_CDC NOTE: The implementation shall support all 3 value sets. Example OBX Segment (coded): OBX</td>
</tr>
<tr>
<td>Text</td>
<td>5.2</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>5.3</td>
<td>ID</td>
<td>20</td>
<td>C</td>
<td>C</td>
<td>[0..1]</td>
<td><strong>Condition Predicate:</strong> If OBX-5.1 (the identifier) is provided then OBX-5.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>5.4</td>
<td>ST</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>5.5</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>5.6</td>
<td>ID</td>
<td>20</td>
<td>C</td>
<td>C</td>
<td>[0..1]</td>
<td><strong>Condition Predicate:</strong> If OBX-5.4 (the identifier) is provided then OBX-5.6 is valued.</td>
</tr>
<tr>
<td>Coding System Version ID</td>
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<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Coding System Version ID</td>
<td>5.8</td>
<td>ST</td>
<td>10</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Original Text</td>
<td>5.9</td>
<td>ST</td>
<td>199</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>Free text is Preferred and it goes here</td>
</tr>
</tbody>
</table>

**XAD Data Type**

<table>
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<th>Seq</th>
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<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>5.1</td>
<td>SAD</td>
<td>184</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
</tr>
<tr>
<td>Street or Mailing Address</td>
<td>5.1.1</td>
<td>ST</td>
<td>120</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
</tr>
<tr>
<td>Street Name</td>
<td>5.1.2</td>
<td>ST</td>
<td>50</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
</tr>
<tr>
<td>Dwelling Number</td>
<td>5.1.3</td>
<td>ST</td>
<td>12</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
</tr>
<tr>
<td>Other Designation</td>
<td>5.2</td>
<td>ST</td>
<td>120</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>City</td>
<td>5.3</td>
<td>ST</td>
<td>50</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
</tr>
<tr>
<td>State or Province</td>
<td>5.4</td>
<td>ST</td>
<td>50</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
</tr>
<tr>
<td>ZIP or Postal Code</td>
<td>5.5</td>
<td>ST</td>
<td>12</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
</tr>
<tr>
<td>Country</td>
<td>5.6</td>
<td>ID</td>
<td>3</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
</tr>
<tr>
<td>Address Type</td>
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<td>ID</td>
<td>3</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
</tr>
<tr>
<td>Other Geographic Designation</td>
<td>5.8</td>
<td>ST</td>
<td>50</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
</tr>
<tr>
<td>County/Parish Code</td>
<td>5.9</td>
<td>IS</td>
<td>20</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
</tr>
<tr>
<td>Census Tract</td>
<td>5.10</td>
<td>IS</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
</tr>
<tr>
<td>Address Representation Code</td>
<td>5.11</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
</tr>
<tr>
<td>Address Validity Range</td>
<td>5.12</td>
<td>DR</td>
<td>53</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
</tr>
<tr>
<td>Effective Date</td>
<td>5.13</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>5.14</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
</tr>
</tbody>
</table>
### TABLE 5-6F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Units      | 6   | CE | 62     | C            | C              | [0..1]       | **Condition Predicate:** If OBX.2 (Value Type) is valued “NM”  
**Background:** When an observation’s value is measured on a continuous scale, one must report the measurement units within the unit’s field of the OBX segment.  
**Data Elements of Interest:**  
- Age units  
- Initial Temperature units  
- Height units  
- Weight Units  
PHVS_AgeUnit_SyndromicSurveillance |
| Identifier | 6.1 | ST | 20     | R            | R              | [1..1]       | **Conformance Statement SS-029:** If OBX 3.1 is valued with 21612-7, then OBX-6.1 (Identifier) **SHALL** be valued to a member of the set:  
PHVS_AgeUnit_SyndromicSurveillance  
**Conformance Statement SS-030:** If OBX 3.1 = is valued with 11289-6 then OBX-6.1 (Identifier) **SHALL** be valued to a member of the set:  
PHVS_TemperatureUnit_UCUM  
**Conformance Statement SS-031:** If OBX 3.1 is valued with 59408-5 then OBX6.1 (Identifier) **SHALL** be valued to a member of the set  
PHVS_PulseOximetryUnit_UCUM |
### TABLE 5-6F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text</td>
<td>6.2</td>
<td>ST</td>
<td>20</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>6.3</td>
<td>ID</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Condition Predicate:</strong> If OBX-6.1 (the identifier) is provided then OBX-6.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>6.4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>6.5</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>6.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>References Range</td>
<td>7</td>
<td>ST</td>
<td>60</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Abnormal Flags</td>
<td>8</td>
<td>IS</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td><strong>HL7 table 0078:</strong> User defined: Abnormal Flags</td>
</tr>
<tr>
<td>Probability</td>
<td>9</td>
<td>NM</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Nature of Abnormal Test</td>
<td>10</td>
<td>ID</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td><strong>HL7 table 0080:</strong> HL7 defined: Nature of Abnormal Test</td>
</tr>
<tr>
<td>Observation Result Status</td>
<td>11</td>
<td>ID</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>HL7 table 0085:</strong> HL7 defined: Observation Result Status</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field contains the observation result status. This field reflects the current completion status of the results for one Observation Identifier.</td>
</tr>
<tr>
<td>Effective Date of Reference Range</td>
<td>12</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
## TABLE 5-6F: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>User Defined Access Checks</td>
<td>13</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Date/Time of the Observation</td>
<td>14</td>
<td>TS</td>
<td>26</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field is the observation date-time is the physiologically relevant date-time or the closest approximation to that date-time.</td>
</tr>
<tr>
<td>Producer's ID</td>
<td>15</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Responsible Observer</td>
<td>16</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Observation Method</td>
<td>17</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Equipment Instance Identifier</td>
<td>18</td>
<td>EI</td>
<td>424</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Date/Time of the Analysis</td>
<td>19</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
Insurance (IN1) Segment

The IN1 segment contains insurance policy coverage information necessary to produce properly pro-rated and patient and insurance bills.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set ID – IN1</td>
<td>1</td>
<td>SI</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> The Set ID in the IN1 segment is used to aggregate the grouping of insurance segments. <strong>Note:</strong> SET ID numbers the repetitions of the segments.</td>
</tr>
<tr>
<td>Insurance Plan ID</td>
<td>2</td>
<td>CE</td>
<td>478</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>HL7 table 0072: User defined: Insurance Plan ID <strong>Definition:</strong> This field contains a unique identifier for the insurance plan.</td>
</tr>
<tr>
<td>Insurance Company ID</td>
<td>3</td>
<td>CX</td>
<td>250</td>
<td>R</td>
<td>R</td>
<td>[1..*]</td>
<td><strong>Definition:</strong> This field contains unique identifiers for the insurance company. The assigning authority and identifier type code are strongly recommended for all CX data types.</td>
</tr>
<tr>
<td>Insurance Company Name</td>
<td>4</td>
<td>XON</td>
<td>250</td>
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<tr>
<td>Insurance Company Address</td>
<td>5</td>
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<td>513</td>
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</tr>
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<td>Insurance Co Contact Person</td>
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<td>XPN</td>
<td>294</td>
<td>X</td>
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<tr>
<td>Insurance Co Phone Number</td>
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<td>XTN</td>
<td>250</td>
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<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
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<td>-------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Group Name</td>
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<td>XON</td>
<td>250</td>
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<td>10</td>
<td>CX</td>
<td>250</td>
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<td>[0..*]</td>
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</tr>
<tr>
<td>Insured_s Group Emp Name</td>
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<td>XON</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Plan Effective Date</td>
<td>12</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Plan Expiration Date</td>
<td>13</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Authorization Information</td>
<td>14</td>
<td>AUI</td>
<td>239</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
| Plan Type                       | 15  | IS  | 3      | O            | O             | [0..1]      | HL7 table 0086: User defined: Plan Type  
**Definition:** This field contains the coding structure that identifies the various plan types, for example, Medicare, Medicaid, Blue Cross, HMO, etc. |
<p>| Name Of Insured                 | 16  | XPN | 294    | X            | X             | [0..<em>]      |                                                                                      |
| Insured_ Relationship To Patient| 17  | CE  | 478    | X            | X             | [0..1]      | HL7 table 0063: User defined: Relationship                                           |
| Insured_ Date Of Birth          | 18  | TS  | 26     | X            | X             | [0..1]      |                                                                                      |
| Insured_ Address                | 19  | XAD | 513    | X            | X             | [0..</em>]      |                                                                                      |
| Assignment Of Benefits          | 20  | IS  | 2      | X            | X             | [0..1]      | HL7 table 0135: User defined: Assignment of Benefits                                |</p>
<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination Of Benefits</td>
<td>21</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0173: User defined: Coordination of Benefits</td>
</tr>
<tr>
<td>Coord Of Ben. Priority</td>
<td>22</td>
<td>ST</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Notice Of Admission Flag</td>
<td>23</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no Indicator</td>
</tr>
<tr>
<td>Notice Of Admission Date</td>
<td>24</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Report Of Eligibility Flag</td>
<td>25</td>
<td>ID</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0136: HL7 defined: Yes/no Indicator</td>
</tr>
<tr>
<td>Report Of Eligibility Date</td>
<td>26</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Pre-Admit Cert (PAC)</td>
<td>28</td>
<td>ST</td>
<td>15</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Verification Date/Time</td>
<td>29</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Verification By</td>
<td>30</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Type Of Agreement Code</td>
<td>31</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0098: User defined: Type Of Agreement Code</td>
</tr>
<tr>
<td>Billing Status</td>
<td>32</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0022: User defined: Billing Status</td>
</tr>
<tr>
<td>Lifetime Reserve Days</td>
<td>33</td>
<td>NM</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
**TABLE 5-6I: INSURANCE SEGMENT (IN1)**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delay Before L.R. Day</td>
<td>34</td>
<td>NM</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Company Plan Code</td>
<td>35</td>
<td>IS</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0042: User defined: Company Plan Code</td>
</tr>
<tr>
<td>Policy Number</td>
<td>36</td>
<td>ST</td>
<td>15</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Policy Deductible</td>
<td>37</td>
<td>CP</td>
<td>538</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Policy Limit - Amount</td>
<td>38</td>
<td>CP</td>
<td>538</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Policy Limit - Days</td>
<td>39</td>
<td>NM</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Room Rate - Semi-Private</td>
<td>40</td>
<td>CP</td>
<td>538</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Room Rate - Private</td>
<td>41</td>
<td>CP</td>
<td>538</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
<tr>
<td>Insured_ Employment Status</td>
<td>42</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0066: User defined: Employment Status</td>
</tr>
<tr>
<td>Insured_ Administrative Sex</td>
<td>43</td>
<td>IS</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0001: User defined: Administrative Sex</td>
</tr>
<tr>
<td>Insured_ Employer_s Address</td>
<td>44</td>
<td>XAD</td>
<td>513</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Verification Status</td>
<td>45</td>
<td>ST</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Prior Insurance Plan ID</td>
<td>46</td>
<td>IS</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 Table 0072: User defined: Insurance Plan ID</td>
</tr>
<tr>
<td>Coverage Type</td>
<td>47</td>
<td>IS</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 Table 0309: User defined: Coverage Type</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Handicap</td>
<td>48</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 Table 0295: User defined: Handicap</td>
</tr>
<tr>
<td>Insured_ ID Number</td>
<td>49</td>
<td>CX</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Signature Code</td>
<td>50</td>
<td>IS</td>
<td>1</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 Table 0535: User defined: Signature Code</td>
</tr>
<tr>
<td>Signature Code Date</td>
<td>51</td>
<td>DT</td>
<td>8</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Insured_ Birth Place</td>
<td>52</td>
<td>ST</td>
<td>250</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>VIP Indicator</td>
<td>53</td>
<td>IS</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 Table 0099: User defined: VIP Indicator</td>
</tr>
</tbody>
</table>
**TABLE 5-7: ACK™A01 ACK™A04 ACK™A08 ACK™A03 ACKNOWLEDGEMENT MESSAGE**

<table>
<thead>
<tr>
<th>SEG</th>
<th>NAME</th>
<th>DESCRIPTION</th>
<th>USAGE</th>
<th>CARDINALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSH</td>
<td>Message Header</td>
<td>Information explaining how to parse and process the message. This includes identification of message delimiters, sender, receiver, message type, timestamp, etc.</td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td>MSA</td>
<td>Message Acknowledgement</td>
<td>Acknowledgement information identifying the ability of a receiver to accept a message transmitted</td>
<td>R</td>
<td>[1..1]</td>
</tr>
</tbody>
</table>
Message Header (MSH) Segment

The MSH Segment is used to define the intent, source, destination, and some specifics of the syntax of the message. This segment includes identification of message delimiters, sender, receiver, message type, timestamp, etc.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Separator</td>
<td>1</td>
<td>ST</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> This field contains the separator between the segment ID and the first real field, MSH-2-encoding characters. As such it serves as the separator and defines the character to be used as a separator for the rest of the message. Default value is</td>
</tr>
<tr>
<td>Encoding Characters</td>
<td>2</td>
<td>ST</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> This field contains the four characters in the following order: the component separator, repetition separator, escape character, and subcomponent separator. Default values are ^~&amp; (ASCII 94, 126, 92, and 38, respectively).</td>
</tr>
<tr>
<td>Sending Application</td>
<td>3</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field uniquely identifies the sending application among all other applications within the network enterprise. The network enterprise consists of all those applications that participate in the exchange of HL7 messages within the enterprise.</td>
</tr>
</tbody>
</table>
## TABLE 5-7A: MESSAGE HEADER SEGMENT (MSH)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sending Facility</td>
<td>4</td>
<td>HD</td>
<td>227</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>National Provider Identifier. (10-digit identifier)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field further describes the sending application, MSH-3-sending application. This field uniquely identifies the facility associated with the application that sends the message. If Acknowledgements are in use, this facility will receive any related Acknowledgement message. <strong>Note:</strong> The use of 'NPI' should be discussed during the implementation process as local jurisdictions may differ on their use of identifiers for this field</td>
</tr>
<tr>
<td>Namespace ID</td>
<td>4.1</td>
<td>IS</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Universal ID</td>
<td>4.2</td>
<td>ST</td>
<td>199</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td></td>
</tr>
<tr>
<td>Universal ID Type</td>
<td>4.3</td>
<td>ID</td>
<td>6</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>PHVS_UniversalIDType_SyndromicSurveillance</strong></td>
</tr>
<tr>
<td>Receiving Application</td>
<td>5</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td><strong>Definition:</strong> This field uniquely identifies the receiving application among all other applications within the network enterprise. The network enterprise consists of all those applications that participate in the exchange of HL7 messages within the enterprise</td>
</tr>
</tbody>
</table>

---

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PHIN Messaging Guide For Syndromic Surveillance: Emergency Department, Urgent Care And Inpatient Settings
### TABLE 5-7A: MESSAGE HEADER SEGMENT (MSH)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Receiving Facility          | 6   | HD | 227    | O            | O              | [0..1]       | HL7 table 0362: User-defined: Facility  
**Definition:** This field identifies the receiving application among multiple identical instances of the application running on behalf of different organizations |
| Date/Time Of Message        | 7   | TS | 26     | R            | R              | [1..1]       | **Conformance Statement SS-013:** MSH-7 (Date/Time of Message) SHALL be expressed with a minimum precision of the nearest minute, and be represented in the following format: ‘YYYYMMDDHHMM[SS[.SSSS]][+/-ZZZZ]’  
**Definition:** This field contains the date/time that the sending system created the message. If the time zone is specified, it will be used throughout the message as the default time zone.  
**Note:** MSH-7 (Date/Time of Message) does not have to equal EVN-2 (Message Date/Time) |
| Security                    | 8   | ST | 40     | X            | X              | [0..1]       |                                                                                      |
TABLE 5-7A: MESSAGE HEADER SEGMENT (MSH)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Message Type</td>
<td>9</td>
<td>MSG</td>
<td>15</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-039</strong>: MSH-9 (Message Type) SHALL be constrained to be a value in the set: ‘ACK^A01^ACK’, ‘ACK^A03^ACK’, ‘ACK^A04^ACK’, ‘ACK^A08^ACK’</td>
</tr>
<tr>
<td>Message Code</td>
<td>9.1</td>
<td>ID</td>
<td>3</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_MessageType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Trigger Event</td>
<td>9.2</td>
<td>ID</td>
<td>3</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_EventType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Message Structure</td>
<td>9.3</td>
<td>ID</td>
<td>7</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_MessageStructure_SyndromicSurveillance</td>
</tr>
<tr>
<td>Message Control ID</td>
<td>10</td>
<td>ST</td>
<td>199</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition</strong>: This field contains a number or other identifier that uniquely identifies the message. The receiving system echoes this ID back to the sending system in the Message acknowledgment segment (MSA).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Note</strong>: This field is a number or other identifier that uniquely identifies the message.</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Description/Comments</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Processing ID                  | 11  | PT | 3      | R            | R              | [1..1]       | **Conformance Statement SS-015**: MSH-11 (Processing ID) **SHALL** have a value in the set of literal values: “P” for Production, “D” for Debug or “T” for Training.  
**Definition**: This field is used to decide whether to process the message as defined in HL7 Application (level 7) Processing rules.  
**Note**: Indicates how to process the message as defined in HL7 processing rules |
| Version ID                     | 12  | VID| 5      | R            | R              | [1..1]       | **Conformance Statement SS-016**: MSH-12 (Version ID) **SHALL** have a value ‘2.5.1’  
**Definition**: This field is matched by the receiving system to its own version to be sure the message will be interpreted correctly. For this message the value shall be 2.5.1  
**Note**: HL7 version number used to interpret format and content of the message. |
| Sequence Number                | 13  | NM | 15     | X            | X              | [0..1]       |                                                                                                                                                      |
| Continuation Pointer           | 14  | ST | 180    | X            | X              | [0..1]       |                                                                                                                                                      |
| Accept Acknowledgement Type    | 15  | ID | 2      | X            | X              | [0..1]       | HL7 table 0155: HL7 defined: Accept/application acknowledgment conditions                                                                          |
| Application Acknowledgement Type| 16  | ID | 2      | X            | X              | [0..1]       | HL7 table 0155: HL7 defined: Accept/application acknowledgment conditions                                                                          |
### TABLE 5-7A: MESSAGE HEADER SEGMENT (MSH)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country Code</td>
<td>17</td>
<td>ID</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0399: HL7 defined: Country code</td>
</tr>
<tr>
<td>Character Set</td>
<td>18</td>
<td>ID</td>
<td>16</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0211: HL7 defined: Alternate character sets</td>
</tr>
<tr>
<td>Principal Language Of Message</td>
<td>19</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Character Set Handling Scheme</td>
<td>20</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0356: HL7 defined: Alternate character set handling scheme</td>
</tr>
</tbody>
</table>
### TABLE 5-7A: MESSAGE HEADER SEGMENT (MSH)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Message Profile Identifier</td>
<td>21</td>
<td>EI</td>
<td>427</td>
<td>O</td>
<td>O</td>
<td>[0..*]</td>
<td><strong>Conformance Statement SS-017</strong>: An instance of MSH.21 (Message Profile Identifier) <strong>SHALL</strong> contain the constant value:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PH_SS-Ack^SS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sender^2.16.840.1.114222.4.10.3^ISO or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PH_SS-Ack^SS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Receiver^2.16.840.1.114222.4.10.3^ISO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PH_SS-NoAck^SS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sender^2.16.840.1.114222.4.10.3^ISO or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PH_SS-NoAck^SS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Receiver^2.16.840.1.114222.4.10.3^ISO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PH_SS-Batch^SS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sender^2.16.840.1.114222.4.10.3^ISO or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PH_SS-Batch^SS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Receiver^2.16.840.1.114222.4.10.3^ISO</td>
</tr>
</tbody>
</table>

**Definition**: Sites may use this field to assert adherence to, or reference, a message profile. Message profiles contain detailed explanations of grammar, syntax, and usage for a particular message or set of messages.
**Message Acknowledgement (MSA) Segment**

In order to acknowledge a correct receipt of a message, message receivers use the MSA segment.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Len</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgement Code</td>
<td>1</td>
<td>ID</td>
<td>2</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>PHVS_AcknowledgmentCode_HL7_2x</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition</strong>: This field contains an acknowledgment code, see message processing rules.</td>
</tr>
<tr>
<td>Message Control ID</td>
<td>2</td>
<td>ST</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Specifies the value in MSH-10 of the message being acknowledged</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition</strong>: This field contains the message control ID of the message sent by the sending system. It allows the sending system to associate this response with the message for which it is intended.</td>
</tr>
<tr>
<td>Text Message</td>
<td>3</td>
<td>ST</td>
<td>80</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Expected Sequence Number</td>
<td>4</td>
<td>NM</td>
<td>15</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Delayed Acknowledgement Type</td>
<td>5</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td></td>
</tr>
</tbody>
</table>
# TABLE 5-7A: MESSAGE ACKNOWLEDGEMENT SEGMENT (MSA)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Len</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
</table>
| Error Condition  | 6   | CE | 250 | RE           | RE             | [0..1]       | HL7 Table 0357: HL7 defined: Message Error Code  
  **Definition:** This field allows the acknowledging system to use a user-defined error code to further specify AR or AE type acknowledgments.  
  The MSA-6 was deprecated as of v2.4. The reader is referred to the ERR segment. The ERR segment allows for richer descriptions of the erroneous conditions. |
HL7 Batch Protocol

The HL7 Batch Protocol can be used to allow for periodic reporting. The HL7 file and batch header and trailer segments are defined in exactly the same manner as the HL7 message segments; hence, the same HL7 message construction rules used for individual messages can be used to encode and decode HL7 batch files. One batch of messages per file is supported.

HL7 Batch File Structure

The structure of the batch file is constrained as follows:

<table>
<thead>
<tr>
<th>SEGMENT</th>
<th>NAME</th>
<th>DESCRIPTION</th>
<th>USAGE</th>
<th>CARDINALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHS</td>
<td>File Header Segment</td>
<td>Information explaining how to parse and process the file. This information includes identification of file delimiters, sender, receiver, timestamp, etc.</td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td>BHS</td>
<td>Batch Header Segment</td>
<td>Trigger event information for receiving application. One batch per file is supported.</td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td>{ HL7 messages }</td>
<td></td>
<td></td>
<td>R</td>
<td>[1..*]</td>
</tr>
<tr>
<td>BTS</td>
<td>Batch Trailer Segment</td>
<td></td>
<td>R</td>
<td>[1..1]</td>
</tr>
<tr>
<td>FTS</td>
<td>File Trailer Segment</td>
<td></td>
<td>R</td>
<td>[1..1]</td>
</tr>
</tbody>
</table>
**FILE HEADER (FHS) SEGMENT**

This segment is used as the lead-in to a file (group of batches).

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>File Field Separator</td>
<td>1</td>
<td>ST</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Default Value “</td>
</tr>
<tr>
<td>File Encoding Characters</td>
<td>2</td>
<td>ST</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Default Values “^~&amp;” (ASCII 94, 126, 92, and 38).</td>
</tr>
<tr>
<td>File Sending Application</td>
<td>3</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>File Sending Facility</td>
<td>4</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>File Receiving Application</td>
<td>5</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>File Receiving Facility</td>
<td>6</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>File Creation Date/Time</td>
<td>7</td>
<td>TS</td>
<td>26</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>File Security</td>
<td>8</td>
<td>ST</td>
<td>40</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>File Name/ID</td>
<td>9</td>
<td>ST</td>
<td>20</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Values / Value Set</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>File Header Comment</td>
<td>10</td>
<td>ST</td>
<td>80</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>File Control ID</td>
<td>11</td>
<td>ST</td>
<td>199</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Reference File Control ID</td>
<td>12</td>
<td>ST</td>
<td>20</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>

**Example:** FHS|^~\&
**FILE TRAILER (FTS) SEGMENT**

The FTS segment defines the end of a file (group of batches).

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>File Batch Count</td>
<td>1</td>
<td>NM</td>
<td>10</td>
<td>R</td>
<td>RE</td>
<td>[0..1]</td>
<td>The number of batches contained in this file. Since this interface is constrained to one batch per file, this number should always be ‘1’.</td>
</tr>
<tr>
<td>File Trailer Comment</td>
<td>2</td>
<td>ST</td>
<td>80</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>

**Example:** FTS|1
**Batch Header (BHS) Segment**

The BHS segment is used to head a group of messages that comprise a batch.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Batch Field Separator</td>
<td>1</td>
<td>ST</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Default Value “</td>
</tr>
<tr>
<td>Batch Encoding Characters</td>
<td>2</td>
<td>ST</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Default Values “^~&amp;” (ASCII 94,126,92, and 38).</td>
</tr>
<tr>
<td>Batch Sending Application</td>
<td>3</td>
<td>HD</td>
<td>227</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td></td>
</tr>
<tr>
<td>Batch Sending Facility</td>
<td>4</td>
<td>HD</td>
<td>227</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td></td>
</tr>
<tr>
<td>Batch Receiving Application</td>
<td>5</td>
<td>HD</td>
<td>227</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td></td>
</tr>
<tr>
<td>Batch Receiving Facility</td>
<td>6</td>
<td>HD</td>
<td>227</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td></td>
</tr>
<tr>
<td>Batch Creation Date/Time</td>
<td>7</td>
<td>TS</td>
<td>26</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td></td>
</tr>
<tr>
<td>Batch Security</td>
<td>8</td>
<td>ST</td>
<td>40</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Batch Name/ID</td>
<td>9</td>
<td>ST</td>
<td>20</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Batch Header Comment</td>
<td>10</td>
<td>ST</td>
<td>80</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 3-7C: BATCH HEADER SEGMENT (BHS)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Batch Control ID</td>
<td>11</td>
<td>ST</td>
<td>20</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Reference Batch Control ID</td>
<td>12</td>
<td>ST</td>
<td>20</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>

**Example:** `BHS|^~\&|ER1^2.16.840.1.113883.19.3.1.1^ISO|CITY_GENERAL^2.16.840.1.113883.19.3.1^ISO|SS_APP^2.16.840.1.113883.19.3.2.1^ISO|SPH^2.16.840.1.113883.19.3.2^ISO|20080723123558-0400`
**Batch Trailer (BTS) Segment**

The BTS segment defines the end of a batch of messages.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Sequence</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Batch Message Count</td>
<td>1</td>
<td>NM</td>
<td>10</td>
<td>R</td>
<td>RE</td>
<td>[0..1]</td>
<td>The number of messages contained in the preceding batch.</td>
</tr>
<tr>
<td>Batch Comment</td>
<td>2</td>
<td>ST</td>
<td>80</td>
<td>O</td>
<td>RE</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Batch Totals</td>
<td>3</td>
<td>NM</td>
<td>100</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
</tbody>
</table>

**Example:** BTS|100|Facility reporting for 2-1-2011
APPENDIX A - CODE TABLES

All the value sets associated with PHIN Syndromic Surveillance Messaging Guide (MG) can also be downloaded using the following link:

http://phinvads.cdc.gov/vads/ViewView.action?name=Syndromic%20Surveillance

The following table provides the mapping between the value set information present in Syndromic Surveillance MG and the VADS value set. More detailed version of this mapping table and all the value set concepts can be downloaded from PHIN VADS home page (http://phinvads.cdc.gov) under hot topics “Syndromic Surveillance”.

CDC vocabulary / PHIN VADS team can be contacted for support at PHINVS@CDC.GOV

<table>
<thead>
<tr>
<th>PHIN Messaging Guide information regarding coded data elements and value sets</th>
<th>Code System (Standard Vocabulary Information)</th>
<th>CDC Vocabulary Server - PHIN VADS Information about value sets (PHIN VADS hyperlink for downloading all value sets associated with Syndromic Surveillance)</th>
<th>PHIN VADS Value Set Name</th>
<th>PHIN VADS Hyperlinks &amp; Value Set OID</th>
<th>Comments - Implementation notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Element Name from PHIN MG</td>
<td>HL7 Segment - Field (location)</td>
<td>Value Set information from IG</td>
<td>Code System Source (HL7 table 0396 Code)</td>
<td>Data Element Name from PHIN MG</td>
<td>HL7 Segment - Field (location)</td>
</tr>
<tr>
<td>Message Structure</td>
<td>MSH 9.3</td>
<td>0354</td>
<td>HL70354</td>
<td>PHVS_MessageStructure_Syndromic Surveillance</td>
<td>2.16.840.1.114222.4.11.6047</td>
</tr>
<tr>
<td>Message Type</td>
<td>MSH 9</td>
<td>0076</td>
<td>HL70076</td>
<td>PHVS_MessageType_Syndromic Surveillance</td>
<td>2.16.840.1.114222.4.11.6049</td>
</tr>
<tr>
<td>Universal ID Type</td>
<td>MSH 4.3</td>
<td>0301</td>
<td>HL70301, HL70203</td>
<td>PHVS_UniversalID Type_Syndromic Surveillance</td>
<td>2.16.840.1.114222.4.11.6050</td>
</tr>
<tr>
<td>Data Element Name from PHIN MG</td>
<td>HL7 Segment - Field</td>
<td>Value Set information from IG</td>
<td>Code System (Standard Vocabulary Information)</td>
<td>CDC Vocabulary Server - PHIN VADS Information about value sets (PHIN VADS hyperlink for downloading all value sets associated with Syndromic Surveillance)</td>
<td>PHIN VADS Value Set Name</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------</td>
<td>-------------------------------</td>
<td>-----------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Patient Class</td>
<td>PV1-2</td>
<td>PHVS_PatientClass_SyndromicSurveillance</td>
<td>HL70004</td>
<td>2.16.840.1.114222.4.11.3404</td>
<td>PHVS_PatientClass_SyndromicSurveillance</td>
</tr>
<tr>
<td>Value Type</td>
<td>OBX-2</td>
<td>Value Type</td>
<td>HL70125</td>
<td>2.16.840.1.114222.4.11.6057</td>
<td>PHVS_ValueType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Address Type</td>
<td>PID-11.7</td>
<td></td>
<td>HL70190</td>
<td>2.16.840.1.114222.4.11.801</td>
<td>PHVS_AddressType_HL7_2x</td>
</tr>
<tr>
<td>Race</td>
<td>PID-10</td>
<td>PHVS_RaceCategory_CDC</td>
<td>CDCREC</td>
<td>2.16.840.1.114222.4.11.836</td>
<td>PHVS_RaceCategory_CDC</td>
</tr>
<tr>
<td>Facility State (Treating)</td>
<td>OBX-XAD.4</td>
<td>PHVS_State_FIPS_5-2</td>
<td>FIPS5_2</td>
<td>2.16.840.1.114222.4.11.830</td>
<td>PHVS_State_FIPS_5-2</td>
</tr>
<tr>
<td>Patient State</td>
<td>PID-11.4</td>
<td>PHVS_State_FIPS_5-2</td>
<td>FIPS5_2</td>
<td>2.16.840.1.114222.4.11.830</td>
<td>PHVS_State_FIPS_5-2</td>
</tr>
<tr>
<td>Patient Country</td>
<td>PID-11.6</td>
<td>PHVS_Country_ISO_3166-1</td>
<td>ISO3166_1</td>
<td>2.16.840.1.114222.4.11.828</td>
<td>PHVS_Country_ISO_3166-1</td>
</tr>
<tr>
<td>Data Element Name from PHIN MG</td>
<td>HL7 Segment - Field (location)</td>
<td>Value Set information from IG</td>
<td>Code System Source (HL7 table 0396 Code)</td>
<td>PHIN VADS Value Set Name</td>
<td>PHIN VADS Hyperlinks &amp; Value Set OID</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------</td>
<td>--------------------------------</td>
<td>---------------------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
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<td>PHVS_County_FIPS_6-4</td>
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<td>Discharge Disposition</td>
<td>PV1-36</td>
<td>PHVS_DischargeDisposition_HL7_2x</td>
<td>HL70112</td>
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<td>PHVS_IdentifierType_SyndromicSurveillance</td>
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<td>OBX-6 for Age Units (CE data type) and OBX-3=21612-7 (LOINC Code)</td>
<td>PHVS_AgeUnit_SyndromicSurveillance</td>
<td>UCUM, NULLFL</td>
<td>PHVS_AgeUnit_SyndromicSurveillance</td>
<td>2.16.840.1.114222.4.11.3402</td>
</tr>
<tr>
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<td>DG1-6</td>
<td>PHVS_DiagnosisType_HL7_2x</td>
<td>HL70052</td>
<td>PHVS_DiagnosisType_HL7_2x</td>
<td>2.16.840.1.114222.4.11.827</td>
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<tr>
<td>Data Element Name from PHIN MG</td>
<td>HL7 Segment - Field (location)</td>
<td>Value Set information from IG</td>
<td>Code System (Standard Vocabulary Information)</td>
<td>CDC Vocabulary Server - PHIN VADS Information about value sets (PHIN VADS hyperlink for downloading all value sets associated with Syndromic Surveillance)</td>
<td>PHIN VADS Value Set Name</td>
</tr>
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</tr>
<tr>
<td>Chief Complaint / Reason for visit</td>
<td>OBX-5</td>
<td>PHVS_Disease_CDC</td>
<td>SCT</td>
<td>PHVS_Disease_CDC</td>
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<td>Chief Complaint / Reason for visit</td>
<td>OBX-5 and OBX-3=8661-1</td>
<td>PHVS_AdministrativeDiagnosis_CDC_ICD-9CM</td>
<td>I9CDX</td>
<td>PHVS_AdministrativeDiagnosis_CDC_ICD-9CM</td>
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</tr>
<tr>
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<td>OBX-5</td>
<td>PHVS_CauseOfDeath_ICD-10_CDC</td>
<td>I10</td>
<td>PHVS_CauseOfDeath_ICD-10_CDC</td>
<td>2.16.840.1.114222.4.11.3593</td>
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<td>Code System Source (HL7 table 0396 Code)</td>
<td>PHIN VADS Value Set Name</td>
<td>PHIN VADS Hyperlinks &amp; Value Set OID</td>
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<td>------------------------------------------</td>
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<td>-------------------------------------</td>
</tr>
<tr>
<td>Diagnosis / Injury Code</td>
<td>DG1-3</td>
<td>PHVS_AdministrativeDiagnosis_CDC_ICD-9CM</td>
<td>I9CDX</td>
<td>PHVS_AdministrativeDiagnosis_CDC_ICD-9CM</td>
<td>2.16.840.1.114222.4.11.856</td>
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<td>HL7 Segment - Field (location)</td>
<td>Value Set information from IG</td>
<td>Code System Source (HL7 table 0396 Code)</td>
<td>PHIN VADS Value Set Name</td>
<td>PHIN VADS Hyperlinks &amp; Value Set OID</td>
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<td>Diagnosis / Injury Code</td>
<td>DG1-3</td>
<td>PHVS_CauseOfDeath_ICD-10_CDC</td>
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<td>Value Set information from IG</td>
<td>Code System (Standard Vocabulary Information)</td>
<td>PHIN VADS Value Set Name</td>
<td>PHIN VADS Hyperlinks &amp; Value Set OID</td>
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</tr>
<tr>
<td>Diagnosis / Injury Code</td>
<td>DG1-3</td>
<td>PHVS_Disease_CDC</td>
<td>SCT</td>
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<td>OBX-6 for Temperature Units (CE data type) and OBX-3=59408-5 (LOINC Code)</td>
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<td>Value Set information from IG</td>
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<td>PHIN VADS Value Set Name</td>
<td>PHIN VADS Hyperlinks &amp; Value Set OID</td>
</tr>
<tr>
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APPENDIX B - SYNDROMIC SURVEILLANCE MESSAGING EXAMPLES

This appendix presents six (6) case studies to illustrate how this Guide should be used for messaging syndromic surveillance information about a patient visit.

A minimal amount of data is used in each case study to emphasize important aspects of the message structure. Among the case studies, variations in the data elements of interest are made to stress clinical or administrative concepts that are important to syndromic surveillance.

Some additional ADT trigger events not noted in this section may occur within the normal workflow of an EHR. The below ADT trigger events represent the core data elements of interest for Public Health Authorities (PHAs) related to syndromic surveillance.

**Case 1 - Brief Urgent Care or Emergency Department Visit**

Case Study 1 provides an example of a brief patient visit that could take place in either urgent care or emergency department clinical settings. The patient's chief complaint is captured as an unstructured, free-text value using the patient's own words. ADT A04 and A03 messages are generated and sent to the PHA about this visit.

**Step 1: Registration Trigger - ADT A04**

A 35 year old female walks into Midtown Urgent Care on August 17, 2012 at 12:00 pm. The patient is registered by a clerical assistant who records the patient's name, date of birth, residence information, race, ethnicity, and records that the patient's reason for visit is, "Fever, chills, smelly urine with burning during urination."

At 12:30 PM on August 17, 2012, the facilities electronic health record module for syndromic surveillance data assembles and transmits a Registration message to Big City Health Department about this visit.

**Example Message - Step 1, Case 1:**

```
MSH|^~\&||DownTownProcessing^2231237890^NPI|||201208171230||ADT^A04^ADT_A01|NIST-SS-001.12|P|2.5.1|!!!!!!!|PH_SS-NoAck^SS Sender^2.16.840.1.114222.4.10.3^ISO
```
Step 2: Discharge Trigger: ADT A03

At 12:35 PM a nurse practitioner examines the patient and diagnoses the patient with urinary tract infection. The nurse assigns an ICD-9-CM diagnosis code of 599.0 within the EHR, and orders a course of antibiotics for the patient. The patient is discharged from the Urgent Care Center at 12:45 PM.

At 2:30 pm on August 17, 2012 the facility's electronic health record module for syndromic surveillance data assembles and transmits a Discharge message to Big City Health Department about this visit.

Example Message - Step 2, Case 1:

```
MSH|^~\&||DownTownProcessing^2231237890^NPI||201208171430||ADT^A03^ADT_A03|NIST-SS-001.22|P|2.5.1|PHI|PHI-SS-NoAck^SS Sender*2.16.840.1.114222.4.10.3|ISO
EVN||201208171430||MidTwnUrgentC^2231231234^NPI
PID|1||2222^MR||^^^^~^^^^S|||F||2106-3^CDCREC|^^^^30303^^^^13121|||||||||||2135-2^CDCREC
PV1|1|CWE|SS003^PHINQUESTION||261QU0200X^Urgent Care^HCPTNUCC|||F
OBX|1|NM|21612-7^LN||35^UCUM||F
OBX|2|CWE|8661-1^LN||^Fever, chills, smelly urine with burning during urination|||F
DG1|1||599^Urinary tract infection, site not specified^ICD9|||F
OBX|1|CWE|SS003^PHINQUESTION||261QU0200X^Urgent Care^HCPTNUCC|||F
OBX|2|NM|21612-7^LN||35^UCUM||F
OBX|3|CWE|8661-1^LN||^Fever, chills, smelly urine with burning during urination|||F
```

Case 2 - Unconscious Patient Dies in Emergency Department

Case Study 2 provides an example of a hospital emergency department visit where the patient's demographic information is unavailable at registration, chief complaint is captured as a coded value, ICD-9-CM ECODEs are captured as part of the working diagnoses, and the patient dies. ADT A04, A08, and A03 messages are generated and sent to the PHA about this visit.
Step 1: Registration Trigger - ADT A04

An unconscious white male with no visible injuries is brought by ambulance to Pacific Northwest Hospital’s Emergency Department at 11:45 PM on August 2, 2012. The paramedics report that firefighters responding to a house fire found the patient unconscious in a bedroom. The patient was not breathing when he was found. Once resuscitated, the paramedics performed an intubation and placed on a ventilator. Unable to find any identification, the patient is registered without his true name, date of birth, or ethnicity. His reason for visit is logged as ICD-9-CM code of E890 (conflagration in private dwelling).

At 2:00 AM on August 3, 2012, the hospital’s electronic health record module for syndromic surveillance data assembles and transmits an ADT A04 message to the state health department about this encounter.

Example Message - Step 1, Case 2:

MSH|^~\&||DownTownProcessing^2231237890^NPI|||201208031400||ADT^A04^ADT_A01|NIST-SS-001.12|P|2.5.1||PH_SS-NoAck^SS Sender^2.16.840.1.114222.4.10.3^ISO
EVN||201208021145||PacificNWHospitalED^2231231234^NPI
PID|1||3333^^MR|||U|||2106-3^CDCREC|||2186-5^CDCREC
PV1|1|E|||3333_001^^^^VN||201208021145
PV2||E890^conflagration in private dwelling^IC9DX
OBX|1|CWE|SS003^PHINQUESTION||261QE0002X ^Emergency Care^HCPTNUCC|||F

Step 2: Record Update Trigger: ADT A08

ED physicians perform a physical examination and blood work and find extremely abnormal blood gas numbers. While these tests are being performed a woman shows up in the ED stating that she is the man’s wife. She provides the clinicians with the name and date of birth of the patient. At 2:30 AM on August 3, 2012, a working ICD-9-CM diagnosis code of 518.81 (acute respiratory failure) is entered into the patient record along with updated name and date of birth information.

At 4:00 AM on August 3, 2012, the hospital’s electronic health record module for syndromic surveillance data assembles and transmits an ADT A08 message to the state health department about this encounter.
Example Message - Step 2, Case 2:


Step 3: Discharge Trigger: ADT A03

At 8:30 AM the patient’s heart suddenly stops beating. After several minutes of resuscitation attempts the patient is determined to have died of cardiopulmonary arrest. Time of patient death is 8:55 AM. Final ICD-9-CM diagnosis of 427.50 is assigned to the patient’s medical record.

At 10:00 AM on August 3, 2012, the hospital’s electronic health record module for syndromic surveillance data assembles and transmits an ADT A03 message to the state health department about this encounter.

Example Message - Step 3, Case 2:


Case 3 - Patient Admitted from Emergency Department

Case Study 3 provides an example of a hospital emergency department visit is captured as an unstructured, free-text chief complaint, and the patient is discharged from the ED and admitted for inpatient care. ADT A04, A08, A03, and A01 messages are generated and sent to the PHA about this visit.
Step 1: Registration Trigger - ADT A04

A 10 year-old boy is brought to the emergency department (ED) at Southwest Corner Hospital by his parents at 3:30 PM on December 27, 2010. The patient is complaining of fever, cough and difficulty breathing. A clerical assistant registers the patient with the parent’s help. She records the patient’s name, date of birth, race, ethnicity, and residence and insurance information. The clerical assistant also enters the patient's chief complaint as, “fever, cough, difficulty breathing.”

At 4:00 PM on December 27, 2010, the hospital’s electronic health record module for syndromic surveillance data assembles and transmits a Registration message about this encounter to the state health department.

Example Message - Step 1, Case 3:

MSH|\&|DownTownProcessing^2231237890^NPI||201012271600||ADT^A04^ADT_A01|NIST-SS-001.12|P|2.5.1||PH_SS-NoAck|SS Sender^2.16.840.1.114222.4.10.3^ISO
EVN||SWCornerHospitalED^2231231234^NPI
PID|4444^^^^MR||30303^^^^13121||2186-5^^CDCREC
PV|1|E|4444_001|VN||201212271530
OBX|1|CWE|SS003^^PHINQUESTION||261QE0002X^Emergency Care^HCPTNUCC||F
OBX|2|NM|21612-7||10||UCUM||F
OBX|3|CWE|8661-1^fever, cough and difficulty breathing||F

Step 2: Record Update Trigger - ADT A08

The attending physician orders treatment and diagnostic tests for influenza and pneumonia. At 5:00 PM, she updates the patient's clinical record with working ICD-9-CM diagnosis codes of 786.05 (shortness of breath) and 786.2 (cough). Shortness of breath is the primary diagnosis.

At 5:15 PM on December 27, 2010, the hospital’s electronic health record module for syndromic surveillance data assembles and transmits an Update message about to this encounter to the state health department.

Example Message - Step 2, Case 3
Step 3: Discharge Trigger - ADT A03

At 7:00 PM, radiology tests indicate that the patient has pneumonia and a rapid influenza test is positive. The physician orders treatment and hospital admission. At 7:30 PM, ED staff complete the patient record and administratively discharge the patient from the ED. The patient’s final ICD-9-CM diagnoses codes are 487.0 (influenza with pneumonia).

At 7:40 PM on December 27, 2010, the hospital’s electronic health record module for syndromic surveillance data assembles and transmits a Discharge message about this encounter to the state health department.

Example Message - Step 3, Case 3:

Step 4: Admission Trigger - ADT A01
At 8:00 PM the patient is transported to a hospital room in the Pediatric ICU Unit. Clinical staff complete an admission record with the admit reason recorded as ICD-9-CM diagnosis code 487.0 (influenza with pneumonia).

At 8:15 PM on December 27, 2010, the hospital’s electronic health record module for syndromic surveillance data assembles and transmits an Admission message about to this encounter to the state health department.

**Example Message - Step 4, Case 3:**

```
MSH|^~&||DownTownProcessing^2231237890^NPI|||201012272015||ADT^A01^ADT_A01|NI
ST-SS-001.12|P|2.5.1|||PH_SS-NoAck^SS Sender^2.16.840.1.114222.4.10.3^ISO
EVN||201012272000|||SWCornerHospital^2231231234^NPI
PID[1]|4444^|MR|^^^^^^^S||M|||30303^13121|||2186-5^CDCREC|||||||
PV1[1]|Pediatric ICU
Unit^^^^^^^^|||4444_001^VN||09||20101227200
PV2|487.0^ influenza with pneumonia ^IC9DX
DG1[1]|487.0^influenza with pneumonia^9CDX||201012271700|F^Final^2.16.840.1.114222.4.11.827
OBX[1]|CWE|SS003^PHINQUESTION|| 261QE0002X ^Emergency Care^HCPTNUCC||F
OBX[2]|NM|21612-7^LN|10|a^UCUM||F
OBX[3]|CWE|8661-1^LN|fever, cough and difficulty breathing ||||F
```

**Step 5: Discharge Trigger: ADT A03**

At 7:30 pm on December 28, 2010, the patient is feeling better and is transferred to the general Pediatrics unit. On January 2, 2010 at 3:00 pm the patient is discharged to his home. The final discharge diagnosis is ICD-9-CM diagnosis code 487.0 (influenza with pneumonia).

The next day, at 12:00 PM on December 3, 2010, the hospital’s electronic health record module for syndromic surveillance data assembles and transmits a Discharge message about this encounter to the state health department.

**Example Message - Step 5, Case 3:**

```
MSH|^~&||DownTownProcessing^2231237890^NPI|||201001031200||ADT^A03^ADT_A03|NI
ST-SS-001.12|P|2.5.1|||PH_SS-NoAck^SS Sender^2.16.840.1.114222.4.10.3^ISO
EVN||201012281930|||SWCornerHospitalED^2231231234^NPI
PID[1]|4444^|MR|^^^^^^^S||M|||30303^13121|||2186-5^CDCREC|||||||
```
Case 4: Inpatient Visit

Case 4 presents an example of direct hospital admission containing all of the hospital inpatient data elements of interest with a Receiver Usage of R or RE. ADT A01 and A03 messages are generated and sent to the PHA about this visit.

Step 1: Admission Trigger - ADT A01

On June 7, 2009 at 12:30 pm a black, non-Hispanic 86 year old male shows up to Greater North Medical Center (Facility Identifier: 4356012945) with a request from his physician to admit him for complications from influenza. During registration the patient's address is recorded as Billings, Yellowstone County, Zip Code 59101. He tells the physician that he is suffering from a fever, chills and body aches as well as worsening shortness of breath. These symptoms are recorded as the patient's chief complaint. At 1:00 pm on June 7, 2009 the patient is admitted to an inpatient respiratory unit with an Admit Reason of ICD-9-CM 487.1 (Influenza with other respiratory manifestations). The diagnosis type is recorded as an admitting diagnosis. The patient's bank account number, 123451247, is used to uniquely identify the patient.

At 2:00 pm on June 7, 2009, the hospital’s electronic health record module for syndromic surveillance data assembles and transmits an Admission message about this encounter to the state health department.

Example Message - Step 1, Case 4

MSH|^~\&||DownTownProcessing^2231237890^NPI|||200906071400||ADT^A01^ADT_A01|NI
ST-SS-001.12|P|2.5.1|||||||||PH_SS-NoAck^SS Sender^2.16.840.1.114222.4.10.3^ISO
EVN||200906071300|||||GreaterNorthMedCtr^4356012945^NPI
PID|1|I|123451247^^^^MR||^^^^^^~^^^^^^S|||M||2054-
5^^^^CDCREC|^^^^59101^^^^30111||||||||||2186-5^^^^CDCREC||||||||

Case 4: Inpatient Visit

Case 4 presents an example of direct hospital admission containing all of the hospital inpatient data elements of interest with a Receiver Usage of R or RE. ADT A01 and A03 messages are generated and sent to the PHA about this visit.

Step 1: Admission Trigger - ADT A01

On June 7, 2009 at 12:30 pm a black, non-Hispanic 86 year old male shows up to Greater North Medical Center (Facility Identifier: 4356012945) with a request from his physician to admit him for complications from influenza. During registration the patient's address is recorded as Billings, Yellowstone County, Zip Code 59101. He tells the physician that he is suffering from a fever, chills and body aches as well as worsening shortness of breath. These symptoms are recorded as the patient's chief complaint. At 1:00 pm on June 7, 2009 the patient is admitted to an inpatient respiratory unit with an Admit Reason of ICD-9-CM 487.1 (Influenza with other respiratory manifestations). The diagnosis type is recorded as an admitting diagnosis. The patient's bank account number, 123451247, is used to uniquely identify the patient.

At 2:00 pm on June 7, 2009, the hospital’s electronic health record module for syndromic surveillance data assembles and transmits an Admission message about this encounter to the state health department.

Example Message - Step 1, Case 4

MSH|^~\&||DownTownProcessing^2231237890^NPI|||200906071400||ADT^A01^ADT_A01|NI
ST-SS-001.12|P|2.5.1|||||||||PH_SS-NoAck^SS Sender^2.16.840.1.114222.4.10.3^ISO
EVN||200906071300|||||GreaterNorthMedCtr^4356012945^NPI
PID|1|I|123451247^^^^MR||^^^^^^~^^^^^^S|||M||2054-
5^^^^CDCREC|^^^^59101^^^^30111||||||||||2186-5^^^^CDCREC|||||||
Step 2: Discharge Trigger: ADT A03

After admission the patient is treated for influenza and, over the course of the next 7 days, begins to recover from the respiratory complications of his influenza. After laboratory testing the physicians confirm that the patient was suffering from the H1N1 strain of influenza, possibly accounting for its severe manifestations. On June 15, 2009 at 3:45 pm the patient is discharged from the hospital to his home with a final discharge diagnosis of ICD-9-CM 488.19 (Influenza due to identified 2009 H1N1 influenza virus with other manifestations). The final discharge message is ready 3 days after discharge.

At 2:15 pm on June 18, 2009, the hospital’s electronic health record module for syndromic surveillance data assembles and transmits a Discharge message about this encounter to the state health department.

Example Message - Step 2, Case 4:

MSH|~&||DownTownProcessing|2231237890^NPI||[200906181415]|ADT^A03^ADT_A03|NI ST-SS-001.12|P|2.5.1||PH_SS-NoAck^SS Sender^2.16.840.1.114222.4.10.3^ISO EVN|200906151545||GreaterNorthMedCtr^4356012945^NPI PID[1]|123451247|MR|59101|CDCREC|59101|CDCREC|59101|CDCREC|59101|CDCREC|59101|CDCREC|59101|CDCREC
PV1|1||123451247^VN||200906151427
DG1|1||488.19^Influenza due to identified 2009 H1N1 influenza virus with other manifestations ^IC9DX||200906151427
OBX[1]|CWE|SS003^PHINQUESTION||363L00000X^General Acute Care Hospital^HCPTNUCC||
OBX[2]|NM|21612-7^LN||86|a^UCUM||
OBX[3]|CWE|8661-1^LN|^ fever, chills and body aches as well as worsening shortness of breath|||
Case 5: Batch Messaging Example

Case Study 5 presents an example of batch messaging.

Mid-Co Health Center sends their syndromic data to their state public health authority. Mid-Co sends the messages that have gathered over the last 12 hour period in batch message format. There are 240 messages.

Example Batch Message - Case 5

FHS|^~\&
BHS|^~\&|ER1|MID-
CO_HLTH_CTR^9876543210^NPI|SS_APP^2.16.840.1.113883.19.3.2.1^ISO|SPH^2.16.840.
1.113883.19.3.2^ISO|201010123123558
MSH|^~\&|ER1|MID-CO HLTH
CTR^9876543210^NPI|SS_APP^2.16.840.1.113883.19.3.2.1^ISO|SPH^2.16.840.1.113883.19
.3.2^ISO |20110123003938||ADT^A01^ADT_A01|ER1-20110123-001|P|2.5.1
PID|[... (Continue 240 messages)...]
BTS|240|Mid-Co reporting 1-23-2011: 0000 – 1200 hrs
FTS|1

Case 6: Sample International Address Formats

Case 6 provides examples of how international addresses are messaged.

Countries Bordering the United States

Mexico

Super Manzana 3 – 403 [street name + building number - apartment number] Puerto Juarez [village] 77520 CANCUN, Q. ROO [postcode + locality name, province abbreviation MEXICO [country name]

Example PID Segment - Mexico Address, Case 6:

PID|1||MX01059711||~^^^^^^U|||M|||Super Manzana 3 - 403^Puerto Juarez^CANCUN^Q.
ROO^77520^MEX

Canada

111 FAIRFORD STREET EAST MOOSE JAW SK S6H 2X1 CANADA
Example PID Segment - Canada Address, Case 6:

PID|1||CA01059711||~^^^^^^U|||M|||111 FAIRFORD STREET EAST^^MOOSE JAW^SK^S6H2X1^CAN
APPENDIX C - FUTURE DATA ELEMENTS OF INTEREST

This appendix presents data elements that have potential value to syndromic surveillance in ED, UC and inpatient settings but are not technically feasible or of high enough utility for most PHAs at this time. As public health practice and health information technologies continue to evolve these data elements will likely be important to public health in the future.

<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Value Set /Value Domain</th>
<th>Implementation Notes</th>
<th>Recommended HL7 Location</th>
</tr>
</thead>
</table>
| Problem List      | Problem list of the patient condition(s) | O            | O              | [0..*]       |                          | ISDS Recommendation document: 9.  
Rationale: Can provide comorbidity, pregnancy status, and indications of severity and chronic disease conditions, and medical and surgical histories. | PPR/ACK - Patient Problem Message (Events PC1, PC2, PC3)  
The patient problem message is used to send problems from one application to another (e.g., a point of care system to a clinical repository). Many of the segments associated with this event are optional. This optionality allows systems in need of this information to set up transactions that fulfill their requirements. |

---

9 International Society for Disease Surveillance. Electronic Syndromic Surveillance Using Hospital Inpatient and Ambulatory Clinical Care Electronic Health Record Data: Recommendations from the ISDS Meaningful Use Workgroup. 2012. Available online:
<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Value Set /Value Domain</th>
<th>Implementation Notes</th>
<th>Recommended HL7 Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industry</td>
<td>Patient’s Industry of employment</td>
<td>O</td>
<td>[0..*]</td>
<td>U.S. CENSUS BUREAU INDUSTRY CODES</td>
<td>Occupation and Industry are currently under consideration as certification data elements for the EHR (Demographics). ISDS recommendations for these data elements will be revisited as Meaningful Use Requirements change.</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td>Patient’s occupation</td>
<td>O</td>
<td>[0..*]</td>
<td>U.S. CENSUS BUREAU OCCUPATION CODES</td>
<td>Occupation and Industry are currently under consideration as certification data elements for the EHR (Demographics). ISDS recommendations for these data elements will be revisited as Meaningful Use Requirements change.</td>
<td>TBD</td>
<td></td>
</tr>
</tbody>
</table>

### APPENDIX C: FUTURE DATA ELEMENTS

<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Value Set / Value Domain</th>
<th>Implementation Notes</th>
<th>Recommended HL7 Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Coverage</td>
<td>The type of insurance coverage that the patient carries</td>
<td>O</td>
<td></td>
<td>[0..*]</td>
<td>TBD</td>
<td></td>
<td>IN1-15</td>
</tr>
<tr>
<td>Lab Orders</td>
<td>Lab tests ordered for the patient</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
<td>The individual data elements related to laboratory orders have not yet been determined. If used, the specific data elements should be specified and agreed upon by individual jurisdictions and their data sharing partners. Laboratory order data elements help identify possible health conditions of interest to public health. Due to the possible high volume of data, jurisdictions may wish to limit the type of laboratory order data that is transmitted.</td>
<td>Recommendation requires further analysis and has not yet been determined</td>
</tr>
</tbody>
</table>
### APPENDIX C: FUTURE DATA ELEMENTS

<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Value Set /Value Domain</th>
<th>Implementation Notes</th>
<th>Recommended HL7 Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications Prescribed or Dispensed</td>
<td>Medications Prescribed or Dispensed to the patient</td>
<td>O</td>
<td></td>
<td>TBD</td>
<td></td>
<td>Rationale: Data element is categorized as future because more understanding is needed on the usefulness of the data provided. Collecting all medications prescribed or dispensed for all patients is anticipated to be large in number. The relevance of all data, routine use, analysis and interpretation, especially with an unfiltered approach, is not clear at this time. Collection of this data may be relevant to more in-depth analyses, individual patient follow-up or other surveillance process.</td>
<td></td>
</tr>
</tbody>
</table>

OBX Segment
APPENDIX D - TRANSLATION OF DATA ELEMENTS BETWEEN HL7 2.5.1 AND 2.3.1

This guide follows the HL7 Standard rules to ensure backward-compatibility of interfaces. As a result, properly implemented version 2.3.1 interfaces for syndromic surveillance should be able to accept without producing errors. Section 4.2 DATA ELEMENTS OF INTEREST FOR SYNDROMIC SURVEILLANCE describes the Data Elements of Interests. The format of this section has been designed to accommodate differences of HL7 versions 2.3.1 and 2.5.1. The reader is referred to the full HL7 version 2.3.1 Standard for complete information and details of this background.

The differences are found in the following HL7 Segment tables (Section 3.6) and Data Elements of Interest table (Section 4.2):
- MSH-12 Version ID
- Facility Identifier
- Facility Name

In HL7 version 2.5.1 these best presented in the Event Type segment, 7th field. However, this field was not defined as part of version 2.3.1 for an Event Type segment.

MESSAGE HEADER (MSH) SEGMENT

The MSH Segment is used to define the intent, source, destination, and some specifics of the syntax of the message. This segment includes identification of message delimiters, sender, receiver, message type, timestamp, etc.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Values / Value Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Separator</td>
<td>1</td>
<td>ST</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Default Value “</td>
</tr>
</tbody>
</table>
### APPENDIX D: TABLE A: MESSAGE HEADER SEGMENT (MSH)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Values / Value Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encoding Characters</td>
<td>2</td>
<td>ST</td>
<td>4</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Default Values “^[~&amp;” (ASCII 94,126, 92, and 38).</td>
</tr>
<tr>
<td>Sending Application</td>
<td>3</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>Field that uniquely identifies the facility associated with the</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>application that sends the message</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>If Acknowledgements are in use, this facility will receive any related</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Acknowledgement message.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>National Provider Identifier. (10-digit identifier)</strong></td>
</tr>
<tr>
<td>Sending Facility</td>
<td>4</td>
<td>HD</td>
<td>227</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Field that uniquely identifies the facility associated with the</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>application that sends the message</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>If Acknowledgements are in use, this facility will receive any related Acknowledgement message.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Note:</strong> The use of ‘NPI’ should be discussed during the implementation process as local jurisdictions may differ on their use of identifiers for this field</td>
</tr>
<tr>
<td>Namespace ID</td>
<td>4.1</td>
<td>IS</td>
<td>20</td>
<td>RE</td>
<td>RE</td>
<td>[0..1]</td>
<td>HL7 table 0362: User-defined: Facility</td>
</tr>
<tr>
<td>Universal ID</td>
<td>4.2</td>
<td>ST</td>
<td>199</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td></td>
</tr>
<tr>
<td>Universal ID Type</td>
<td>4.3</td>
<td>ID</td>
<td>6</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>PHVS_UniversalIDType_SyndromicSurveillance</strong></td>
</tr>
<tr>
<td>Receiving Application</td>
<td>5</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>HL7 table 0361: User-defined: Application</td>
</tr>
<tr>
<td>Receiving Facility</td>
<td>6</td>
<td>HD</td>
<td>227</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td>HL7 table 0362: User-defined: Facility</td>
</tr>
</tbody>
</table>
## APPENDIX D: TABLE A: MESSAGE HEADER SEGMENT (MSH)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Values / Value Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time Of Message</td>
<td>7</td>
<td>TS</td>
<td>26</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Conformance Statement SS-013: MSH-7 (Date/Time of Message) SHALL be expressed with a minimum precision of the nearest minute, and be represented in the following format: <code>YYYYMMDDHHMM[SS[.S[S[S]][S]]][+/ZZZZ]</code></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field contains the date/time that the sending system created the message. If the time zone is specified, it will be used throughout the message as the default time zone.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Note:</strong> MSH-7 (Date/Time of Message) does not have to equal EVN-2 (Message Date/Time)</td>
</tr>
<tr>
<td>Security</td>
<td>8</td>
<td>ST</td>
<td>40</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX D: TABLE A: MESSAGE HEADER SEGMENT (MSH)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Values / Value Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Message Type</td>
<td>9</td>
<td>MSG</td>
<td>15</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Note:</strong> All messages will be Admit-Discharge-Transfer (ADT) or General acknowledgment message (ACK) message types. The triggering event is a real-world circumstance causing the message to be sent. Supported trigger events are A01 (Inpatient Admission), A04 (Emergency Department Registration) and A08 (Update) and A03 (Discharge). The Conformance Statement SS-041: MSH-9 (Message Type) SHALL be constrained to be a value in the set: 'ADT^A01^ADT_A01', 'ADT^A03^ADT_A03', 'ADT^A04^ADT_A01', 'ADT^A08^ADT_A01', 'ACK^A01^ACK', 'ACK^A03^ACK', 'ACK^A04^ACK', 'ACK^A08^ACK'.</td>
</tr>
<tr>
<td>Message Code</td>
<td>9.1</td>
<td>ID</td>
<td>3</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Literal Value ‘ADT’ or ‘ACK’</td>
</tr>
<tr>
<td>Trigger Event</td>
<td>9.2</td>
<td>ID</td>
<td>3</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>One of the following literal values: ‘A01’, ‘A03’, ‘A04’, or ‘A08’</td>
</tr>
</tbody>
</table>

PHIN Messaging Guide For Syndromic Surveillance: Emergency Department, Urgent Care And Inpatient Settings
### APPENDIX D: TABLE A: MESSAGE HEADER SEGMENT (MSH)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Values / Value Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Message Structure</td>
<td>9.3</td>
<td>ID</td>
<td>7</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Trigger events A01, A04, and A08 share the same ‘ADT_A01’ Message Structure.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Valid values are: ‘ADT_A01’ or ‘ADT_A03’ or ‘ACK’</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>PHVS_MessageStructure_SyndromicSurveillance</strong></td>
</tr>
<tr>
<td>Message Control ID</td>
<td>10</td>
<td>ST</td>
<td>199</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Definition:</strong> This field contains a number or other identifier that uniquely identifies the message. The receiving system echoes this ID back to the sending system in the Message acknowledgment segment (MSA).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Note:</strong> This field is a number or other identifier that uniquely identifies the message.</td>
</tr>
<tr>
<td>Processing ID</td>
<td>11</td>
<td>PT</td>
<td>3</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-015:</strong> MSH-11 (Processing ID) SHALL have a value in the set of literal values: “P” for Production, “D” for Debug or “T” for Training.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field is used to decide whether to process the message as defined in HL7 Application (level 7) Processing rules.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Note:</strong> Indicates how to process the message as defined in HL7 processing rules</td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Values / Value Set</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Version ID</td>
<td>12</td>
<td>VID</td>
<td>5</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Conformance Statement SS-042: MSH-12 (Version ID) SHALL have a value '2.3.1'</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Definition: This field is matched by the receiving system to its own version to be sure the message will be interpreted correctly. For this message the value shall be 2.3.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Note: HL7 version number used to interpret format and content of the message.</td>
</tr>
<tr>
<td>Sequence Number</td>
<td>13</td>
<td>NM</td>
<td>15</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Continuation Pointer</td>
<td>14</td>
<td>ST</td>
<td>180</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Accept Acknowledgement Type</td>
<td>15</td>
<td>ID</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Application Acknowledgement Type</td>
<td>16</td>
<td>ID</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Country Code</td>
<td>17</td>
<td>ID</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Character Set</td>
<td>18</td>
<td>ID</td>
<td>16</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Principal Language Of Message</td>
<td>19</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Character Set Handling Scheme</td>
<td>20</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
**EVENT TYPE (EVN) SEGMENT**

The EVN segment is used to communicate trigger event information to receiving applications.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Values / Value Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Type Code</td>
<td>1</td>
<td>ID</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..0]</td>
<td>PHVS_EventType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Recorded Date/Time</td>
<td>2</td>
<td>TS</td>
<td>26</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Conformance Statement SS-018: EVN-2 (Recorded Date/Time of Message) SHALL be expressed with a minimum precision of the nearest minute, and be represented in the following format: ‘YYYYMMDDHHMM[SS[.S[S[S][S]][[+/-ZZZZ]]’ Note: EVN-2 (Recorded Date/Time) does not have to equal MSH-7 (Date/Time of Message) Note: Most systems default to the system Date/Time when the transaction was entered. Data Element of Interest: Message Date/Time</td>
</tr>
<tr>
<td>Date/Time Planned Event</td>
<td>3</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Event Reason Code</td>
<td>4</td>
<td>IS</td>
<td>3</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td>HL7 table 0062: User defined: Event reason</td>
</tr>
<tr>
<td>Operator ID</td>
<td>5</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td>HL7 table 0188: User defined: Operator ID</td>
</tr>
<tr>
<td>Event Occurred</td>
<td>6</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
**OBSERVATION/RESULT (OBX) SEGMENT**

The OBX Segment in the ADT Message is used to transmit observations related to the patient and visit. In Section 4.2.1 if the data element is carried in an OBX and usage is ‘Required’, the segment and its fields must be populated. The data elements from Section 4.2 DATA ELEMENTS OF INTEREST FOR SYNDROMIC SURVEILLANCE that use OBX segments are not expected to utilize any specified Set ID number within a message. However, the Set IDs are required to be sequential.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Values / Value Set</th>
</tr>
</thead>
</table>
| Set ID - OBX     | 1   | SI | 4      | R            | R              | [1..1]       | **Note**: Set ID numbers the repetitions of the segments.  
**Conformance Statement SS-027**: For the first repeat of the OBX segment, the sequence number **SHALL** be one (1), for the second repeat, the sequence number shall be two (2), etc.  
Example:  
OBX[1]....  
OBX[2]....  
OBX[3]....  
**Definition**: This field contains the sequence number. |
### APPENDIX D: TABLE C:: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Values / Value Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value Type</td>
<td>2</td>
<td>ID</td>
<td>3</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Conformance Statement SS-028</strong>: OBX-2 SHALL be valued to the Literal Value in the set ('TS', 'TX', 'NM', 'CWE', 'XAD')&lt;br&gt;&lt;br&gt;<strong>PHVS_ValueType_SyndromicSurveillance</strong>&lt;br&gt;&lt;br&gt;<strong>Definition</strong>: This field contains the format of the observation value in OBX. Note: Identifies the structure of data in observation value (OBX.5)</td>
</tr>
<tr>
<td>Observation Identifier</td>
<td>3</td>
<td>CE</td>
<td>478</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>Note</strong>: Identifies data to be received in observation value (OBX.5)</td>
</tr>
<tr>
<td>Identifier</td>
<td>3.1</td>
<td>ST</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td><strong>PHVS_ObservationIdentifier_SyndromicSurveillance</strong></td>
</tr>
<tr>
<td>Text</td>
<td>3.2</td>
<td>ST</td>
<td>199</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>3.3</td>
<td>ID</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>3.4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>3.5</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Alternate Coding System</td>
<td>3.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Observation Sub-ID</td>
<td>4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Values / Value Set</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----</td>
<td>-----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Observation Value</td>
<td>5</td>
<td>varies</td>
<td>99999</td>
<td>RE</td>
<td>RE</td>
<td>[0..*]</td>
<td>Note: Values received in observation value are defined by value type (OBX.2) and observation identifier (OBX.3).</td>
</tr>
<tr>
<td>Units</td>
<td>6</td>
<td>CE</td>
<td>62</td>
<td>C</td>
<td>C</td>
<td>[0..1]</td>
<td>Condition Predicate: If OBX.2 (Value Type) is valued “NM”</td>
</tr>
<tr>
<td>Identifier</td>
<td>6.1</td>
<td>ST</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Conformance Statement SS-029: If OBX 3.1 is valued with 21612-7, then OBX-6.1 (Identifier) SHALL be valued to a member of the set: PHVS_AgeUnit_SyndromicSurveillance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Conformance Statement SS-030: If OBX 3.1 = is valued with 11289-6 then OBX-6.1 (Identifier) SHALL be valued to a member of the set: PHVS_TemperatureUnit_UCUM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Conformance Statement SS-031: If OBX 3.1 is valued with 59408-5 then OBX6.1 (Identifier) SHALL be valued to a member of the set PHVS_PulseOximetryUnit_UCUM</td>
</tr>
<tr>
<td>Text</td>
<td>6.2</td>
<td>ST</td>
<td>20</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Name of Coding System</td>
<td>6.3</td>
<td>ID</td>
<td>20</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td>Condition Predicate: If OBX-6.1 (the identifier) is provided then OBX-6.3 is valued.</td>
</tr>
<tr>
<td>Alternate Identifier</td>
<td>6.4</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Alternate Text</td>
<td>6.5</td>
<td>ST</td>
<td>199</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX D: TABLE C:: OBSERVATION / RESULT SEGMENT (OBX)

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Seq</th>
<th>DT</th>
<th>Length</th>
<th>Sender Usage</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Values / Value Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Alternate Coding System</td>
<td>6.6</td>
<td>ID</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>References Range</td>
<td>7</td>
<td>ST</td>
<td>60</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Abnormal Flags</td>
<td>8</td>
<td>IS</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Probability</td>
<td>9</td>
<td>NM</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Nature of Abnormal Test</td>
<td>10</td>
<td>ID</td>
<td>2</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Observation Result Status</td>
<td>11</td>
<td>ID</td>
<td>1</td>
<td>R</td>
<td>R</td>
<td>[1..1]</td>
<td></td>
</tr>
<tr>
<td>Effective Date of Reference Range</td>
<td>12</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>User Defined Access Checks</td>
<td>13</td>
<td>ST</td>
<td>20</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Date/Time of the Observation</td>
<td>14</td>
<td>TS</td>
<td>26</td>
<td>O</td>
<td>O</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Producer's ID</td>
<td>15</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
<tr>
<td>Responsible Observer</td>
<td>16</td>
<td>XCN</td>
<td>309</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Observation Method</td>
<td>17</td>
<td>CE</td>
<td>478</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Equipment Instance Identifier</td>
<td>18</td>
<td>EI</td>
<td>424</td>
<td>X</td>
<td>X</td>
<td>[0..*]</td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Seq</td>
<td>DT</td>
<td>Length</td>
<td>Sender Usage</td>
<td>Receiver Usage</td>
<td>Cardinality</td>
<td>Values / Value Set</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----</td>
<td>-----</td>
<td>--------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Date/Time of the Analysis</td>
<td>19</td>
<td>TS</td>
<td>26</td>
<td>X</td>
<td>X</td>
<td>[0..1]</td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX D: TABLE D: HL7 2.3.1 DATA ELEMENTS OF INTEREST

<table>
<thead>
<tr>
<th>Data Element Name</th>
<th>Description of Field</th>
<th>Receiver Usage</th>
<th>Cardinality</th>
<th>Value Set /Value Domain</th>
<th>Implementation Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Identifier (Treating)</td>
<td>Unique facility identifier of facility where the patient is treated (original provider of the data)</td>
<td>R</td>
<td>[1..1]</td>
<td>Recommend the use of the National Provider Identifier Standard provided by Centers for Medicare and Medicaid Services. For more information about NPI, search for, or to apply for a NPI, click here. Final Rule establishing NPI as standard unique health identifier for health care providers NPI Final Rule</td>
<td>This number should be specific for each facility location (not a number representing an umbrella business) It is recommended that National Provider Identifier (NPI) be used for the Facility Identifier. National Provider Identifier. (10-digit identifier) <strong>Note:</strong> The use of 'NPI' should be discussed during the implementation process as local jurisdictions may differ on their use of identifiers for this field</td>
</tr>
</tbody>
</table>

**Recommended HL7 Location:**

**HL7 Version 2.3.1:**

**OBX Segment** (HD Data Type, 2\(^{nd}\) Component of 5\(^{th}\) field) with PHINQUESTION Code (SS001) Observation Identifier

**Example OBX Segment:**

```
OBX|2|HD|SS001^TREATING FACILITY IDENTIFIER^PHINQUESTION||OTHER_REG_MEDCTR^1234567890^NPI||||201102171531<cr>
```
APPENDIX D: TABLE D: HL7 2.3.1 DATA ELEMENTS OF INTEREST

| Facility Name (Treating) | Name of the treating facility where the patient is treated | RE | [0..1] | Recommend the use of the Organization Name Legal Business Name (LBN) associated with the National Provider Identifier Standard provided by Centers for Medicare and Medicaid Services. For more information about NPI, search for, or to apply for a NPI, [click here]. Final Rule establishing NPI as standard unique health identifier for health care providers NPI Final Rule | If this data element is captured and maintained as part of the facility registration process, it may not be sent with every message. See ISDS recommendations, section 4.2, on Facility Registration ISDS. |

Example OBX Segment:

```
OBX|2|HD|SS001^TREATING FACILITY IDENTIFIER^PHINQUESTION||OTHER REG MED CTR|1234567890^NPI| |||||201102171531
```

EXAMPLES

A minimal amount of data was intentionally used to provide emphasis on the syndromic surveillance data elements of interest.

**A04 EMERGENCY DEPT REGISTRATION; A01 INPATIENT ADMISSION; A03 DISCHARGE INCLUDING PATIENT DEATH**

In the next example, a non-Hispanic white female, 43 years old, visits the Other Regular Medical Center emergency department with a chief complaint of a stomachache. The chief complaint was sent as free text.
Continuing the example, the same non-Hispanic white female, 43 years old, visits the Other Regular Medical Center emergency department with a chief complaint of a stomach ache. The patient is suspect for appendicitis and is admitted as an inpatient. The patient has also reported that she has had a stomach ache since the 15th of February. The patient class (PV1.2) is changed to Inpatient. Admit Date/Time (PV1.44) is updated with the admission date and time.

*In this particular case, visit number (PV1.19) has remained the same. However, it is recognized that some insurance companies require the visit number to be changed when a patient is admitted from the Emergency Department.*
Continuing the example, the same non-Hispanic white female, 43 years old, visits the Other Regular Medical Center emergency department with a chief complaint of a stomach ache. The patient has expired and this is indicated in PV1.36 (Code=20). A final diagnosis is also sent. It is also indicated by the “Y” in PID-30 and the Date and Time of Death in PID-29. The discharge date/time (PV1.45) is sent with the A03 message type.
PV2|||78907^ABDOMINAL PAIN, GENERALIZED^I9CDX<cr>
DG1|1||78900^ABDMNAL PAIN UNSPCF SITE^I9CDX|||A<cr>
DG1|2||5409^ACUTE APPENDICITIS NOS^I9CDX|||W<cr>
DG1|3||5400^AC APPEND W PERITONITIS^I9CDX|||F<cr>

OBX|1|HD|SS001^TREATING FACILITY IDENTIFIER^PHINQUESTION||OTHER REG MED CTR^1234567890^NPI||||||F|||201102171531<cr>
OBX|2|CWE|8661-1^CHIEF COMPLAINT:FIND:PT:PATIENT:NOM:REPORTED^LN||^^^^^^^^STOMACH ACHE||||||F|||201102171531<cr>
OBX|3|NM|21612-7^AGE TIME PATIENT REPORTED^LN||43|a^YEAR^UCUM|||F|||201102171531<cr>
OBX|5|NM|59408-5^OXYGEN SATURATION:MFR:PT:BLDA:QN:PULSE OXIMETRY^LN||95|%^PERCENT^UCUM||A|||F|||201102171658<cr>
OBX|6|TS|11368-8^ILLNESS OR INJURY ONSET DATE AND TIME:TMSTP:PT:PATIENT:QN^LN||20110215||||||F|||201102171658<cr>

A01 INPATIENT ADMISSION; NO UPDATES

In the following example, a Hispanic white male, age currently 20, is admitted as an inpatient to the Mid-Co Health Center emergency department after falling down the stairs. The Medical Record Number is sent for the patient identifier and the patient account number is sent for the visit number.

MSH|^~\&||MID-CO HLTH CTR^9876543210^NPI|||201110090314||ADT^A01^ADT_A01|201110090314-0017|P|2.3.1<cr>
EVN||201110090314<cr>

A01 INPATIENT ADMISSION; NO UPDATES

In the following example, a Hispanic white male, age currently 20, is admitted as an inpatient to the Mid-Co Health Center emergency department after falling down the stairs. The Medical Record Number is sent for the patient identifier and the patient account number is sent for the visit number.

MSH|^~\&||MID-CO HLTH CTR^9876543210^NPI|||201110090314||ADT^A01^ADT_A01|201110090314-0017|P|2.3.1<cr>
EVN||201110090314<cr>

A01 INPATIENT ADMISSION; NO UPDATES

In the following example, a Hispanic white male, age currently 20, is admitted as an inpatient to the Mid-Co Health Center emergency department after falling down the stairs. The Medical Record Number is sent for the patient identifier and the patient account number is sent for the visit number.

MSH|^~\&||MID-CO HLTH CTR^9876543210^NPI|||201110090314||ADT^A01^ADT_A01|201110090314-0017|P|2.3.1<cr>
EVN||201110090314<cr>

A01 INPATIENT ADMISSION; NO UPDATES

In the following example, a Hispanic white male, age currently 20, is admitted as an inpatient to the Mid-Co Health Center emergency department after falling down the stairs. The Medical Record Number is sent for the patient identifier and the patient account number is sent for the visit number.

MSH|^~\&||MID-CO HLTH CTR^9876543210^NPI|||201110090314||ADT^A01^ADT_A01|201110090314-0017|P|2.3.1<cr>
EVN||201110090314<cr>

A01 INPATIENT ADMISSION; NO UPDATES

In the following example, a Hispanic white male, age currently 20, is admitted as an inpatient to the Mid-Co Health Center emergency department after falling down the stairs. The Medical Record Number is sent for the patient identifier and the patient account number is sent for the visit number.

MSH|^~\&||MID-CO HLTH CTR^9876543210^NPI|||201110090314||ADT^A01^ADT_A01|201110090314-0017|P|2.3.1<cr>
EVN||201110090314<cr>

A01 INPATIENT ADMISSION; NO UPDATES

In the following example, a Hispanic white male, age currently 20, is admitted as an inpatient to the Mid-Co Health Center emergency department after falling down the stairs. The Medical Record Number is sent for the patient identifier and the patient account number is sent for the visit number.

MSH|^~\&||MID-CO HLTH CTR^9876543210^NPI|||201110090314||ADT^A01^ADT_A01|201110090314-0017|P|2.3.1<cr>
EVN||201110090314<cr>

A01 INPATIENT ADMISSION; NO UPDATES

In the following example, a Hispanic white male, age currently 20, is admitted as an inpatient to the Mid-Co Health Center emergency department after falling down the stairs. The Medical Record Number is sent for the patient identifier and the patient account number is sent for the visit number.

MSH|^~\&||MID-CO HLTH CTR^9876543210^NPI|||201110090314||ADT^A01^ADT_A01|201110090314-0017|P|2.3.1<cr>
EVN||201110090314<cr>

A01 INPATIENT ADMISSION; NO UPDATES

In the following example, a Hispanic white male, age currently 20, is admitted as an inpatient to the Mid-Co Health Center emergency department after falling down the stairs. The Medical Record Number is sent for the patient identifier and the patient account number is sent for the visit number.

MSH|^~\&||MID-CO HLTH CTR^9876543210^NPI|||201110090314||ADT^A01^ADT_A01|201110090314-0017|P|2.3.1<cr>
EVN||201110090314<cr>

A01 INPATIENT ADMISSION; NO UPDATES

In the following example, a Hispanic white male, age currently 20, is admitted as an inpatient to the Mid-Co Health Center emergency department after falling down the stairs. The Medical Record Number is sent for the patient identifier and the patient account number is sent for the visit number.

MSH|^~\&||MID-CO HLTH CTR^9876543210^NPI|||201110090314||ADT^A01^ADT_A01|201110090314-0017|P|2.3.1<cr>
EVN||201110090314<cr>

A01 INPATIENT ADMISSION; NO UPDATES

In the following example, a Hispanic white male, age currently 20, is admitted as an inpatient to the Mid-Co Health Center emergency department after falling down the stairs. The Medical Record Number is sent for the patient identifier and the patient account number is sent for the visit number.

MSH|^~\&||MID-CO HLTH CTR^9876543210^NPI|||201110090314||ADT^A01^ADT_A01|201110090314-0017|P|2.3.1<cr>
EVN||201110090314<cr>

A01 INPATIENT ADMISSION; NO UPDATES

In the following example, a Hispanic white male, age currently 20, is admitted as an inpatient to the Mid-Co Health Center emergency department after falling down the stairs. The Medical Record Number is sent for the patient identifier and the patient account number is sent for the visit number.
PV1|I||E|6|20111009_0034^AN^MID-CO HLTH CTR&9876543210&NPI |20111009025915<cr>

OBX|1|NM|21612-7|AGE PATIENT QN REPORTED^LN|20|YEAR^UCUM|201102171531<cr>

OBX|2|HD|SS001-TREATING FACILITY IDENTIFIER^PHINQUESTION|MID-CO HLTH CTR^9876543210^NPI|201102171531<cr>

OBX|3|CWE|SS003-FACILITY/VISIT TYPE^PHINQUESTION|261QP2300X-Primary Care^HCPTNUCC|201102091114 cr>

DG1|1|E8809-FALL ON STAIR/STEP NEC^I9CDX|201102091114<cr>
APPENDIX E - REVISION HISTORY

The revisions noted in the guide is the GAP between this Guide, Release 1.9, and the following additional Messaging Guide documents that it replaces: Release 1.1, Addendum V1.1, and Testing Clarification document.

- The title and scope of this messaging guide has been updated to include inpatient visits
- The messaging guide has been reformatted to be more consistent with Immunization Guide
- The HL7 portion of this messaging guide is structured per HL7 Message type and Trigger Event with HL7 Segment tables constrained according to specific Message Type/Trigger Event
- Minimum Data Elements and Extended Data Elements are now one table and are renamed ‘Data Elements of Interest’. Future Data Elements are located in the Appendix C in this document.

<table>
<thead>
<tr>
<th>Location</th>
<th>Field Name</th>
<th>Change</th>
<th>Existing</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 1 Introduction</td>
<td></td>
<td>Added, emergency department and urgent care services are definition from the Centers for Medicare and Medicaid Services (CMS)</td>
<td></td>
<td>For the purposes of this Messaging Guide, emergency department and urgent care services are defined using the following definition from the Centers for Medicare and Medicaid Services (CMS): Emergency services are defined as being services furnished to an individual who has an emergency medical condition as defined in 42 CFR 424.101. The CMS has adopted the definition of emergency medical condition in that section of the Code of Federal Regulations (CFR). However, it seemed clear that Congress intended that the term “emergency or urgent care services” not be</td>
</tr>
</tbody>
</table>
limited to emergency services since they also included "urgent care services." Urgent Care Services are defined in 42 CFR 405.400 as services furnished within 12 hours in order to avoid the likely onset of an emergency medical condition. For example, if a beneficiary has an ear infection with significant pain, CMS would view that as requiring treatment to avoid the adverse consequences of continued pain and perforation of the eardrum. The patient's condition would not meet the definition of emergency medical condition because immediate care is not needed to avoid placing the health of the individual in serious jeopardy or to avoid serious impairment or dysfunction. However, although it does not meet the definition of emergency care, the beneficiary needs care within a relatively short period of time (which CMS defines as 12 hours) to avoid adverse consequences, and the beneficiary may not be able to find another physician or practitioner to provide treatment within 12 hours.

<table>
<thead>
<tr>
<th>Location</th>
<th>Field Name</th>
<th>Change</th>
<th>Existing</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>limited to emergency services since they also included &quot;urgent care services.&quot; Urgent Care Services are defined in 42 CFR 405.400 as services furnished within 12 hours in order to avoid the likely onset of an emergency medical condition. For example, if a beneficiary has an ear infection with significant pain, CMS would view that as requiring treatment to avoid the adverse consequences of continued pain and perforation of the eardrum. The patient's condition would not meet the definition of emergency medical condition because immediate care is not needed to avoid placing the health of the individual in serious jeopardy or to avoid serious impairment or dysfunction. However, although it does not meet the definition of emergency care, the beneficiary needs care within a relatively short period of time (which CMS defines as 12 hours) to avoid adverse consequences, and the beneficiary may not be able to find another physician or practitioner to provide treatment within 12 hours.</td>
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<tr>
<td>Chapter 2 Use Case Model (page 12)</td>
<td>Table 2-1: Use Case: Electronic Emergency Department And Urgent Care Health Record Syndromic Data To Public Health Under Assumptions and Limitations</td>
<td>Updated scope and added clarifying text</td>
<td></td>
<td>The following assumptions are preconditions for the use of this profile: 3. Syndromic surveillance data senders are responsible for providing data that are syntactically and semantically consistent with the syndromic surveillance data receiver’s requirements. 4. Prior to sending syndromic data, the data sender and receiver have completed all the necessary legal and administrative work for syndromic surveillance data exchange. The scope of data exchange is limited to hospital (ED and inpatient) and urgent care (UC) patient visits information captured by electronic medical record systems and sent to a PHA.</td>
</tr>
</tbody>
</table>
| Chapter 2 Use Case Model (page 12) | Table 2-1: Use Case: Electronic Emergency Department And Urgent Care Health Record Syndromic Data To Public Health Under Business Rules. | Added Conformance Statements | | The following Business Rule applies to the use of this profile: 1. Data must be timely for syndromic surveillance. Therefore, data transmission frequency should be at least once every 24 hours. 2. When data elements are updated in the provider’s system, the entire record (i.e., all specified elements) shall be resent. Message receivers will use unique identifiers to match and reconcile records. 3. Batch processing may optionally be used as described in section 3.7. For emergency department (ED), urgent care (UC), and hospital inpatient settings (Inpatient): • Data must be timely for syndromic surveillance. Therefore, data transmission frequency should be at least once every 24 hours... • Batch processing may optionally be used as shown in figures 2.1.3 and 2.1.5 and table 2-3. The statements below are conformance requirements for the application as a whole during the sending of multiple messages. a. **Conformance Statement SS-001**: ALL messages constrained by this guide that are produced as a
result of a single patient encounter for the purpose of syndromic surveillance, \textbf{SHALL} have the same value for PV1-19.1 (Visit ID).

b. \textbf{Conformance Statement SS-002}: Messages constrained by this guide that are produced as a result of \textbf{different} patient encounters for the purpose of syndromic surveillance, \textbf{SHALL NOT} have the same value for PV1-19.1 (Visit ID).

For ED and UC settings only:
- When data elements are updated in the sender’s system, the entire record (i.e., all specified elements) shall be resent. Message receivers will use unique identifiers to match and reconcile records.
- Provide syndromic surveillance data for all face-to-face clinical encounters
- Provide with each syndromic surveillance record, de-identified data that can be securely used to lookup additional information about a patient visit of public health concern

For inpatient setting only:
- At minimum, syndromic surveillance inpatient data providers should:
  - Provide syndromic surveillance data
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<th>Location</th>
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</table>

- For all new hospital inpatient admissions (a.k.a., syndromic surveillance admission records)
- Provide syndromic surveillance data at least once for all hospital discharges (a.k.a., syndromic surveillance post-discharge records)
- Provide with each syndromic surveillance admission and post-discharge record de-identified data that can be used to join records for the same visit, and securely used to lookup additional information about a patient visit of public health concern.

If and only if senders are providing syndromic surveillance laboratory results data to PHA, the following business rules apply

- In all cases, the dynamic interaction model for laboratory reporting is the same as that for ADT messages. In particular, lab reports may be sent in an acknowledged or unacknowledged mode.
- Lab reports are always to be sent without regards to synchronization with any other messages including ADT messages. While it is acceptable to send laboratory messages either synchronously with or in the same message, batch, or file as their corresponding ADT messages, and data receiver systems must be able to correctly process all of these variations,
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<td>there is no requirement or even suggestion that this be done.</td>
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<td>• <strong>Conformance Statement SS-003:</strong> Laboratory results should be sent as soon as they're available with a minimum delay. They shall be sent within a maximum 24 hours of receipt by the data center. There is no need to delay either ADT or laboratory messages, and this should not be done.</td>
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<td>• It is understood that laboratory data may well originate from different systems or even different facilities than the corresponding ADT data. However, as listed in the specification, it is essential that matching PID segments or, at a minimum, patient identifier fields, be sent. This may require additional logic on the data sender end. Note that, as with ADT segments, patient names should generally not be sent.</td>
</tr>
<tr>
<td>Chapter 2 Use Case Model (page 15)</td>
<td>Dynamic Interaction Models</td>
<td>Added laboratory activity diagrams</td>
<td></td>
<td>Send syndromic surveillance laboratory results with acknowledgement</td>
</tr>
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<td></td>
<td>Facility Name (Treating)</td>
<td>Changed Sender Usage</td>
<td>O</td>
<td>Send syndromic surveillance laboratory results without acknowledgement</td>
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<td></td>
<td>Facility Name (Treating)</td>
<td>Changed Sender Usage</td>
<td>O</td>
<td>Send syndromic surveillance laboratory results without acknowledgement</td>
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<tr>
<td>Data Elements of Interest</td>
<td>Treatment Facility Identifiers</td>
<td>Added instructions for value set / value domain for when NPI is not available.</td>
<td>Final Rule establishing NPI as standard unique health identifier for health care providers NPI Final Rule</td>
<td>If NPI is not available, use a different unique identifier, such as OID or a State-designated identifier.</td>
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<td>Data Elements of Interest</td>
<td>Facility/Visit Type</td>
<td>Correction to OBX-5 example in sample message:</td>
<td>OBX</td>
<td>2</td>
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<td>Data Elements of Interest</td>
<td>Age</td>
<td>Added HL7 example for unknown age</td>
<td>Example OBX Segment: OBX</td>
<td>4</td>
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<tr>
<td>Data Elements of Interest</td>
<td>Age Units</td>
<td>Added HL7 example for unknown age</td>
<td>Example OBX Segment: OBX</td>
<td>4</td>
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<td>Data Elements of Interest</td>
<td>Chief Complaint / Reason for visit</td>
<td>Added implementation note to “Value Set / Value Domain”</td>
<td>The implementation shall support all 3 value sets</td>
<td>The implementation shall support all 3 value sets</td>
</tr>
<tr>
<td>Location</td>
<td>Field Name</td>
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<tr>
<td>Data Elements of Interest</td>
<td>Chief Complaint / Reason for visit</td>
<td>Change of verbiage of 'Implementation Notes'</td>
<td>This element is represented by the LOINC code: 8661-1 in the OBX observation identifier. The actual data value occurs in the 5th field of the same OBX segment and is Coded with Exception as defined by the OBX Data Type CWE. Using the CWE allows for the possibility of free text, while also allowing for the coded values listed. If data flows through an intermediary or third party, the intermediary must keep the original text (CWE-9) of the transmission. <strong>Note:</strong> Implementers should check with their local jurisdiction for version of adopted coding system.</td>
<td>Chief Complaint, as a concept, is clinically supposed to represent the patient's reason for the visit—in their own words. This element is represented by the LOINC code: 8661-1 in the OBX observation identifier. The actual data value occurs in the 5th field of the same OBX (OBX-5) segment and is Coded with Exception as defined by the OBX Data Type CWE. Using the CWE allows for the possibility of free text, while also allowing for the coded values listed. If data flows through an intermediary or third party, the intermediary must keep the original text (OBX-5: CWE.9) of the transmission. <strong>Note:</strong> Implementers should check with their local jurisdiction for version of adopted coding system. <strong>Note:</strong> Senders should send the most complete description of the patient's chief complaint. In some cases, this may entail sending multiple chief complaint values. If both the free text chief complaint text and drop-down selection chief complaint text are available, send both.</td>
</tr>
<tr>
<td>Data Elements of Interest</td>
<td>Chief Complaint / Reason for visit</td>
<td>Change of verbiage of 'Recommended HL7 Location'</td>
<td>HL7 Version 2.5.1: <a href="#">E VN-7.2</a></td>
<td>Conformance Statement SS-005: If patient's chief complaint is captured as an unstructured, free-text note, then chief complaint <strong>SHALL</strong> be valued in OBX-5, CWE:9. <strong>OBX Segment</strong> (CWE Data Type, 5th field) with LOINC Code (8661-1) Observation Identifier Example OBX Segment (free text):</td>
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<td>Location</td>
<td>Field Name</td>
<td>Change</td>
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<td><strong>HL7 Version 2.3.1:</strong></td>
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<td><strong>OBX Segment</strong> (HD Data Type, 2\textsuperscript{nd} Component of 5\textsuperscript{th} field) with PHINQUESTION Code (SS001) Observation Identifier</td>
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<td><strong>Example OBX Segment:</strong></td>
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<td>OBX</td>
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<td><strong>Conformance Statement SS-006:</strong> If patient’s chief complaint is captured from a Coding System, then chief complaint SHALL be valued in OBX- 5, CWE:1, CWE:2, CWE:3.</td>
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<td></td>
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<td></td>
<td><strong>PHVS_AdministrativeDiagnosis_CDC_ICD-9CM</strong> or <strong>PHVS_CauseOfDeath_ICD-10_CDC</strong> or <strong>PHVS_Disease_CDC</strong></td>
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<td><strong>NOTE:</strong> The implementation shall support all 3 value sets.</td>
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<td>Example OBX Segment (coded):</td>
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<td></td>
<td>OBX</td>
<td>3</td>
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<td><strong>Conformance Statement SS-007:</strong> If patient’s chief complaint is captured as a structured field (e.g., drop-down menu), then chief complaint SHALL be valued in OBX- 5, CWE:2.</td>
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<td>OBX</td>
<td>3</td>
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<td><strong>Conformance Statement SS-008:</strong> The implementation SHALL support a minimum of 70 characters for unstructured, free-text patient’s chief complaint.</td>
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<td>Location</td>
<td>Field Name</td>
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<tr>
<td>Data Elements of Interest</td>
<td>Chief Complaint / Reason for visit</td>
<td>Added implementation note to “Value Set / Value Domain”</td>
<td></td>
<td>The implementation shall support all 3 value sets</td>
</tr>
<tr>
<td>Data Elements of Interest</td>
<td>Admit Reason</td>
<td>Added inpatient element of interest</td>
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<td>Data Elements of Interest</td>
<td>Hospital Unit</td>
<td>Added inpatient element of interest</td>
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<tr>
<td>Data Elements of Interest</td>
<td>Visit Date / Time</td>
<td>Changed data element name and description</td>
<td>Visit Date / Time</td>
<td>Admit or Encounter Date / Time</td>
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<td></td>
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<td>Date/Time of patient presentation</td>
<td>Date and Time of encounter or admission</td>
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<tr>
<td>Data Elements of Interest</td>
<td>Unique Physician Identifier</td>
<td>Added inpatient element of interest</td>
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<td>Location</td>
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<tr>
<td>Data Elements of Interest</td>
<td>Primary Diagnosis</td>
<td>Change of verbiage of 'Implementation Notes'</td>
<td>2.16.840.1.114222.4.11.856 PHVS_AdministrativeDiagnosis_CDC_ICD-9CM Or 2.16.840.1.114222.4.11.3593 PHVS_CauseOfDeath_ICD-10_CDC Or 2.16.840.1.114222.4.11.909 PHVS_Disease_CDC (SNOMED Based Valueset)</td>
<td>For OBX-3 Please use: 2.16.840.1.114222.4.11.856 PHVS_ObservationIdentifier_SyndromicSurveillance Or For OBX-5 Please use: Free text (Preferred) Or 2.16.840.1.114222.4.11.856 PHVS_AdministrativeDiagnosis_CDC_ICD-9CM Or 2.16.840.1.114222.4.11.3593 PHVS_CauseOfDeath_ICD-10_CDC Or 2.16.840.1.114222.4.11.909 PHVS_Disease_CDC (SNOMED Based Value set) For further guidance refer to the column – 'Recommended HL7 Location' NOTE: The implementation shall support all 3 value sets.</td>
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<td>Additional Diagnosis</td>
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<tr>
<td>Data Elements of Interest</td>
<td>Primary Diagnosis</td>
<td>Change of verbiage of 'Implementation Notes'</td>
<td>Data should be sent on a regular schedule and should not be delayed for diagnosis or verification procedures. Regular updating of data should be used to correct any errors or send data available later. Include V-codes and E-codes</td>
<td>Conformance Statement SS-005: If patient’s chief complaint is captured as an unstructured, free-text note, then chief complaint SHALL be valued in OBX-5, CWE:9. OBX Segment (CWE Data Type, 5th field) with LOINC Code (8661-1) Observation</td>
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<td>Additional Diagnosis</td>
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|          |            |        | This field is a repeatable field; multiple codes may be sent. The first diagnosis code should be the primary / diagnosis. | Identifier Example OBX Segment (free text): OBX|3|CWE|8661-1^CHIEF COMPLAINT:FIND:PT:PATIENT:NOM:REPORTED^LN||^^^^^^^STOMACHACHE|||||201102171531 **Conformance Statement SS-006:** If patient's chief complaint is captured from a Coding System, then chief complaint **SHALL** be valued in OBX-5, CWE:1, CWE:2, CWE:3. **PHVS_AdministrativeDiagnosis_CDC_ICD-9CM** or **PHVS_CauseOfDeath_ICD-10_CDC** or **PHVS_Disease_CDC** **NOTE:** The implementation shall support all 3 value sets. Example OBX Segment (coded): OBX|3|CWE|8661-1^CHIEF COMPLAINT:FIND:PT:PATIENT:NOM:REPORTED^LN||7804^Dizziness and giddiness[780.4]^ICD9|||||F|||201102172227 **Conformance Statement SS-007:** If patient's chief complaint is captured as a structured field (e.g., drop-down menu), then chief complaint **SHALL** be valued in OBX-5, CWE:2. OBX|3|CWE|8661-1^CHIEF COMPLAINT:FIND:PT:PATIENT:NOM:REPORTED^LN||^Dizziness and giddiness|||||F|||201102172227 **Conformance Statement SS-008:** The
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<td>Implementation <strong>SHALL</strong> support a minimum</td>
<td>of 70 characters for unstructured, free-text</td>
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<td></td>
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<td>patient’s chief complaint.</td>
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</tr>
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<td>Data Elements of Interest</td>
<td>Report Date/Time</td>
<td>Changed element name</td>
<td>Report Date/Time</td>
<td>Message Date/Time</td>
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<td>Date and time of report transmission from</td>
<td>Date and time that the report is created /</td>
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<td>original source (from treating facility)</td>
<td>generated from original source (from treating</td>
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<td>Diagnosis Date/Time</td>
<td>Moved from future element of interest</td>
<td></td>
<td>facility)</td>
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<tr>
<td></td>
<td>Observation, symptoms, and</td>
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<td>clinical findings</td>
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<td>Initial Temperature</td>
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<td>Weight</td>
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<td>Initial Temperature</td>
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<td>Data Elements of Interest</td>
<td>Systolic and Diastolic Blood Pressure (SBP/DBP) – Most recent</td>
<td>Moved from future element of interest</td>
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<td>Data Elements of Interest</td>
<td>Procedure Code</td>
<td>Moved from future element of interest and changed verbiage in ‘implementation note’</td>
<td>Procedure code is useful in distinguishing whether the patient received a vaccination for a disease or treatment for the actual disease. This is applicable to primary care settings.</td>
<td>IF A PR1SEGMENT IS INCLUDED IN MESSAGE THEN THIS IS A REQUIRED DATA ELEMENT. <strong>Note:</strong> Each jurisdiction should define what procedure codes should be transmitted.</td>
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<td>Data Elements of Interest</td>
<td>Laboratory Order data set</td>
<td>Moved to Future Elements of Interest</td>
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<td>Data Elements of Interest</td>
<td>Laboratory Results data set</td>
<td>Expanded elements:</td>
<td>Laboratory Results data set</td>
<td>Laboratory test/panel requested</td>
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<td>Laboratory Result</td>
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<td>Laboratory test performed</td>
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<td>Date/time of laboratory test</td>
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<td>Future Data Elements of Interest</td>
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<td>Future Data Elements of Interest</td>
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<td>XCN Data Type</td>
<td>Extended Composite ID Number and Name for Persons</td>
<td>Added</td>
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<td>Chapter 5, Message Type/Trigger Event And Segments</td>
<td>Encoding Rules</td>
<td>Corrected example</td>
<td>MSH</td>
<td>^~&amp;|Facility_NPI^0131191934^NPI</td>
</tr>
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<td>HL7 ORU Message Types</td>
<td>Added</td>
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</tr>
<tr>
<td>MSH-4.3</td>
<td>Sending Facility. Universal ID Type</td>
<td>Changed Value Set and added a hyperlink to constrained Syndromic Surveillance Universal ID Type Value Set Code</td>
<td>HL7 0301</td>
<td>PHVS_UniversalIDType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Location</td>
<td>Field Name</td>
<td>Change</td>
<td>Existing</td>
<td>Corrected</td>
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<tr>
<td>MSH-7</td>
<td>Date/Time Of Message</td>
<td>Added further clarification about date field population</td>
<td>Note: Date/Time the sending system created the message in the following format: YYYYMMDDHHMMSS[.SSSS][+/−ZZZZ]. The minimum acceptable precision is to the nearest minute; seconds are desirable. If Coordinated Universal Time (UTC) offset is not sent, it is assumed to be offset of the receiver.</td>
<td>Conformance Statement SS-013: MSH-7 (Date/Time of Message) SHALL be expressed with a minimum precision of the nearest minute, and be represented in the following format: ‘YYYYMMDDHHMMSS[.SSSS][+/−ZZZZ]’</td>
</tr>
<tr>
<td>MSH-9</td>
<td>Message Type</td>
<td>Trigger Event A03 added as it was omitted in previous versions</td>
<td>Note: All messages will be Admit-Discharge-Transfer (ADT) or General acknowledgment message (ACK) message types. The triggering event is a real-world circumstance causing the message to be sent. Supported trigger events are A01 (Inpatient Admission), A04 (Emergency Department Registration) and A08 (Update).</td>
<td>Conformance Statement SS-014: MSH-9 (Message Type) SHALL be the literal value: ‘ADT^A01^ADT_A01’,</td>
</tr>
<tr>
<td>MSH-9.1</td>
<td>Message Code</td>
<td>Added Value Set Code and a hyperlink to Syndromic Surveillance Message Type Value Set Code</td>
<td>Literal Value “ADT” or “ACK”</td>
<td>PHVS_MessageType_SyndromicSurveillance</td>
</tr>
<tr>
<td>MSH-9.2</td>
<td>Trigger Event</td>
<td>Added Value Set Code and a hyperlink to Syndromic Surveillance Event Type Value Set Code</td>
<td>One of the following literal values: “A01”, “A03”, “A04”, or “A08”</td>
<td>PHVS_EventType_SyndromicSurveillance</td>
</tr>
<tr>
<td>Location</td>
<td>Field Name</td>
<td>Change</td>
<td>Existing</td>
<td>Corrected</td>
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</tr>
<tr>
<td>MSH-9.3</td>
<td>Message Structure</td>
<td>Added Value Set Code and a hyperlink to Syndromic</td>
<td>Trigger events A01, A04, and A08 share the same &quot;ADT_A01&quot; Message Structure</td>
<td>PHVS_MessageStructure_SyndromicSurveillance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Surveillance Message Structure Value Set Code</td>
<td>One of the following literal values: &quot;ADT_A01&quot; or &quot;ADT_A03&quot;, or &quot;ACK&quot;</td>
<td></td>
</tr>
<tr>
<td>MSH-11</td>
<td>Processing ID</td>
<td>Added Conformance Statement</td>
<td>Note: Indicates how to process the message as defined in HL7 processing rules</td>
<td>Conformance Statement SS-015: MSH-11 (Processing ID) SHALL have a value in the set of literal values: &quot;P&quot; for Production, &quot;D&quot; for Debug or &quot;T&quot; for Training.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Literal values: “P” for Production, “D” for Debug or “T” for Training.</td>
<td>Definition: This field is used to decide whether to process the message as defined in HL7 Application (level 7) Processing rules.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Note: Indicates how to process the message as defined in HL7 processing rules</td>
<td></td>
</tr>
<tr>
<td>MSH-12</td>
<td>Processing ID</td>
<td>Added Conformance Statement</td>
<td>Note: HL7 version number used to interpret format and content of the message.</td>
<td>Conformance Statement SS-016: MSH-12 (Version ID) SHALL have a value ‘2.5.1’</td>
</tr>
<tr>
<td></td>
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<td>Literal value: “2.3.1” or “2.5.1”</td>
<td>Definition: This field is matched by the receiving system to its own version to be sure the message will be interpreted correctly. For this message the value shall be 2.5.1</td>
</tr>
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<td>Note: HL7 version number used to interpret format and content of the message.</td>
</tr>
<tr>
<td>Location</td>
<td>Field Name</td>
<td>Change</td>
<td>Existing</td>
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</tr>
<tr>
<td>MSH-21</td>
<td>Message Profile Identifier</td>
<td>MSH-21.2 added a space between SS Sender and SS Receiver</td>
<td>PH_SS-Ack^SS Sender^2.16.840.1.114222.4.10.3^ISO or PH_SS-Ack^SSReceiver^2.16.840.1.114222.4.10.3^ISO</td>
<td><strong>Conformance Statement SS-017:</strong> An instance of MSH.21 (Message Profile Identifier) <strong>SHALL</strong> contain the constant value: PH_SS-Ack^SS Sender^2.16.840.1.114222.4.10.3^ISO or PH_SS-Ack^SSReceiver^2.16.840.1.114222.4.10.3^ISO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Usage/Cardinality changed</td>
<td>PH_SS-NoAck^SS Sender^2.16.840.1.114222.4.10.3^ISO or PH_SS-NoAck^SSReceiver^2.16.840.1.114222.4.10.3^ISO</td>
<td>PH_SS-NoAck^SS Sender^2.16.840.1.114222.4.10.3^ISO or PH_SS-NoAck^SSReceiver^2.16.840.1.114222.4.10.3^ISO</td>
</tr>
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<td></td>
<td></td>
<td>PH_SS-Batch^SSR Sender^2.16.840.1.114222.4.10.3^ISO or PH_SS-Batch^SSReceiver^2.16.840.1.114222.4.10.3^ISO</td>
<td>PH_SS-Batch^SS Sender^2.16.840.1.114222.4.10.3^ISO or PH_SS-Batch^SSReceiver^2.16.840.1.114222.4.10.3^ISO</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Usage = O</strong></td>
<td><strong>Definition:</strong> Sites may use this field to assert adherence to, or reference, a message profile. Message profiles contain detailed explanations of grammar, syntax, and usage for a particular message or set of messages.</td>
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</tr>
<tr>
<td>Location</td>
<td>Field Name</td>
<td>Change</td>
<td>Existing</td>
<td>Corrected</td>
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</table>
| EVN-2    | Recorded Date/Time | Data Element name change | Recorded Date/Time | **Conformance Statement SS-018**: EVN-2 (Recorded Date/Time of Message) **SHALL** be expressed with a minimum precision of the nearest minute, and be represented in the following format: `YYYYMMDDHHMM[SS[.S[S[S[S]]]]] [+-ZZZZ]`  
**Note**: Most systems default to the system Date/Time when the transaction was entered.  
`YYYYMMDDHHMM[SS[.S[S[S[S]]]]] [+-ZZZZ]`  
The minimum acceptable precision is to the nearest minute; seconds and microseconds are desirable; the Coordinated Universal Time (UTC) offset is not required.  
**Note**: EVN-2 (Recorded Date/Time) does not have to equal MSH-7 (Date/Time of Message)  
**Note**: Most systems default to the system Date/Time when the transaction was entered.  
Data Element of Interest: Message Date/Time |
| EVN-7.3  | Event Facility Universal ID Type | Added Value Set Code and a hyperlink to constrained Syndromic Surveillance Universal ID Type Value Set Code | Expecting Value “NPI” | **PHVS_UniversalIDType_SyndromicSurveillance** |
| PID-1    | Set ID | Added Conformance Statement  
Changed Usage (Sender/Receiver)  
Changed Cardinality | **Note**: This Set ID numbers the repetitions of the segments. Only one patient per message is supported.  
Literal value: “1”  
O  
[0..1] | **Conformance Statement SS-019**: PID-1 (Set ID) **SHALL** have the Literal Value of ‘1’  
**Definition**: This field contains the number that identifies this transaction. The sequence number shall be one. |
<table>
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<tr>
<th>Location</th>
<th>Field Name</th>
<th>Change</th>
<th>Existing</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>PID-3.5</td>
<td>Patient Identifier List. Identifier Type Code</td>
<td>Added Value Set Code and a hyperlink to constrained Syndromic Surveillance Identifier Type Code</td>
<td>Identifier Type ( Syndromic Surveillance) <strong>Note:</strong> Use the Identifier Type Code that corresponds to the type of ID Number specified in PID-3.1. For Medical Record Number, use literal value &quot;MR&quot;.</td>
<td>PHVS_IdentifierType_SyndromicSurveillance</td>
</tr>
</tbody>
</table>
| PID-5    | Patient Name | Changed verbiage in Value column | **Note:** Syndromic Surveillance does not require the patient name. The Patient ID number will be used to identify uniquely the patient. HL7 does require the patient name field for a PID segment. The patient name field must still be populated even when reporting de-identified data. The first field name contains the primary or legal name of the patient. Therefore, the name type code (PID.5.7) should be "L" (Legal), when populated. When the name of the patient is known, but not desired to be sent, HL7 recommends the following: | **Note:** Syndromic surveillance does not require the patient name. A Visit or Patient ID, as specified within this guide, shall be used by PHAs to join related visit data and for working with hospitals to find additional visit information for syndromic surveillance signal confirmation or investigation. Since, however, HL7 requires the patient name, the field must be populated even when data patient name shall not be sent. In such an instance (i.e., patient name is not sent), patient name shall be presented in a pseudonymized manner. **Conformance Statement SS-020:** If PID-5 (Patient Name) is unknown then the first occurrence of PID-5 SHALL NOT be valued. **Conformance Statement SS-021:** If PID-5 (Patient Name) is unknown then the second occurrence of PID-5 SHALL be valued and only PID-5.7 (Name Type Code) shall be valued with the constant value "U" (i.e., PID-5 shall be valued as |~^^^^^^U|). **Conformance Statement SS-022:** If PID-5 (Patient Name) is known, but not desired to be sent, then the first occurrence of PID-5 SHALL NOT be valued. **Conformance Statement SS-023:** If PID-5 (Patient Name) is known, but not desired to
<table>
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<tr>
<th>Location</th>
<th>Field Name</th>
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<th>Corrected</th>
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<td>be sent, then the second occurrence of PID-5 SHALL be valued and only PID-5.7 (Name Type Code) shall be valued with the constant value &quot;S&quot; (i.e., PID-5 shall be valued as ^^^^^^S). The second name field indicates that it is unspecified.</td>
</tr>
<tr>
<td>PID-5.7</td>
<td>Patient Name. Name Type Code</td>
<td>Added a hyperlink to the constrained Syndromic Surveillance Name Type Code</td>
<td>0200</td>
<td>Expected Values: “L” (Legal) – used for patient legal name “S” (Pseudonym) – used for de-identification of patient name “U” (Unspecified) – used when patient name is not known</td>
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<td>Added a hyperlink to the constrained Syndromic Surveillance Name Type Code</td>
</tr>
<tr>
<td>PID-8</td>
<td>Administrative Sex</td>
<td>Changed Value Set</td>
<td>Administrative Sex (HL7)</td>
<td>PHVS_Gender_SyndromicSurveillance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added a hyperlink to the constrained Syndromic Surveillance Gender</td>
<td></td>
<td>Definition: This field contains the patient’s sex.</td>
</tr>
<tr>
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<td></td>
<td>Data Element of Interest: Gender</td>
</tr>
<tr>
<td>PID-10</td>
<td>Race</td>
<td>Changed from the Value Set Name to Value Set Code.</td>
<td>Race Category (CDC)</td>
<td>Definition: This field refers to the patient’s race</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added a hyperlink</td>
<td>Note: Patient could have more than one race defined.</td>
<td>Note: Patient could have more than one race defined.</td>
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<td></td>
<td>Data Element of Interest: Race</td>
</tr>
<tr>
<td>PID-10.3</td>
<td>Race. Name of Coding System</td>
<td>Changed verbiage in ‘Value Column’</td>
<td>Condition Rule: Required if an identifier is provided in component 1.</td>
<td>Condition Predicate: If PID-10.1 (the identifier) is provided, then PID 10.3 is valued.</td>
</tr>
<tr>
<td>PID-11.4</td>
<td>State or Province</td>
<td>Changed Value Set Code</td>
<td>FIPS 5-2</td>
<td>PHVS_State_FIPS_5-2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added a hyperlink</td>
<td></td>
<td>Data Element of Interest: Patient State</td>
</tr>
<tr>
<td>Location</td>
<td>Field Name</td>
<td>Change</td>
<td>Existing</td>
<td>Corrected</td>
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<tr>
<td>PID-11.6</td>
<td>Country</td>
<td>Changed to Value Set Code</td>
<td>ISO 3166-1</td>
<td>PHVS_Country_ISO_3166-1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added a hyperlink</td>
<td></td>
<td>Data Element of Interest: Patient Country</td>
</tr>
<tr>
<td>PID-11.7</td>
<td>Address Type</td>
<td>Changed to Value Set Code</td>
<td>0190</td>
<td>PHVS_AddressType_HL7_2x</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added a hyperlink</td>
<td>Expecting value: 'C'</td>
<td></td>
</tr>
<tr>
<td>PID-11.9</td>
<td>County</td>
<td>Changed to Value Set Code</td>
<td></td>
<td>PHVS_County_FIPS_6-4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added a hyperlink</td>
<td></td>
<td>Data Element of Interest: Patient County</td>
</tr>
<tr>
<td>PID-22</td>
<td>Ethnic Group</td>
<td>Changed from the Value Set Name to Value Set Code</td>
<td>Ethnicity Group (CDC)</td>
<td>PHVS_EthnicityGroup_CDC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added a hyperlink</td>
<td></td>
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</tr>
<tr>
<td>PID-22.3</td>
<td>Ethnic Group Name of Coding System</td>
<td>Changed verbiage in 'Value Column'</td>
<td>Condition Rule: Required if an identifier is provided in component 1.</td>
<td>Condition Predicate: If PID-22.1 (the identifier) is provided then PID 22.3 is valued.</td>
</tr>
<tr>
<td></td>
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<td>Condition Predicate added</td>
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<td>Location</td>
<td>Field Name</td>
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</tr>
<tr>
<td>PID-29</td>
<td>Patient Death and Time</td>
<td>Changed verbiage in 'Value Column'</td>
<td>Condition Rule: If the patient expired, this field should contain the patient death date and time. (PV1-36 denotes patient expiration) The minimum acceptable precision is to the nearest minute; seconds are desirable. (meaning if you have/know it send it) If Coordinated Universal Time (UTC) offset is not sent, it is assumed to be offset of the receiver.</td>
<td>Conformance Statement SS-036: If valued, PID-29 (Patient Death and Time), SHALL be expressed with a minimum precision of the nearest minute and be represented in the following format: YYYYMMDDHHMM[SS[.S[S[S[S]S]]]] [+-ZZZZ]</td>
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<td>Condition Predicate added</td>
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<tr>
<td>PID-30</td>
<td>Patient Death Indicator</td>
<td>Changed verbiage in 'Value Column'</td>
<td>Condition Rule: If the patient expired, this field should contain the patient death indicator. (PV1-36 denotes patient disposition)</td>
<td>Conformance Statement SS-037: If valued, PID-30 (Patient Death Indicator) SHALL be valued to the Literal Value ‘Y’.</td>
</tr>
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<td>Condition Predicate added</td>
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<td>Location</td>
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</tr>
<tr>
<td>PV1-1</td>
<td>Set ID – PV1</td>
<td>Added Conformance Statement</td>
<td>Note: Set ID numbers the repetitions of the segments Only one patient per message is supported. Literal value: “1”</td>
<td>Conformance Statement SS-024: PV1-1 (Set ID) SHALL have the Literal Value of ‘1’</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Definition: This field contains the number that identifies this transaction. The sequence number shall be one</td>
<td>Definition: This field contains the number that identifies this transaction. The sequence</td>
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<td></td>
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<td>number shall be one</td>
</tr>
<tr>
<td>PV1-2</td>
<td>Patient Class</td>
<td>Changed from the Value Set Name to Value Set Code</td>
<td>Patient Class ( Syndromic Surveillance)</td>
<td>PHVS_PatientClass_SyndromicSurveillance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added a hyperlink</td>
<td></td>
<td>Definition: This field is used by systems to categorize patients by site.</td>
</tr>
<tr>
<td>PV1-7</td>
<td>Attending Physician</td>
<td>Changed sender/receiver usage from not support to</td>
<td>X</td>
<td>Data Element of Interest: Patient Class</td>
</tr>
<tr>
<td></td>
<td></td>
<td>optional</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>PV1-19.5</td>
<td>Visit Number.Identifier Type Code</td>
<td>Added Conformance Statement</td>
<td>Identifier Type (Syndromic Surveillance) Note: Use the Identifier Type Code that corresponds to the type of ID Number specified in PV1-19.1.</td>
<td>Conformance Statement SS-025: PV1-19.5 (Identifier Type Code) SHALL be valued to the Literal Value 'VN'.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Changed from the Value Set Name to Value Set Code</td>
<td></td>
<td>PHVS_IdentifierType_SyndromicSurveillance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added a hyperlink</td>
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</tr>
<tr>
<td>PV1-36</td>
<td>Discharge Disposition</td>
<td>Changed from the Value Set Name to Value Set Code</td>
<td>Discharge Disposition (HL7)</td>
<td>PHVS_DischargeDisposition_HL7_2x</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added a hyperlink</td>
<td></td>
<td>Definition: This field contains the disposition of the patient at time of discharge (i.e., discharged to home, expired, etc.).</td>
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<td></td>
<td>Data Element of Interest: Discharge Disposition</td>
</tr>
<tr>
<td>Location</td>
<td>Field Name</td>
<td>Change</td>
<td>Existing</td>
<td>Corrected</td>
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</tr>
<tr>
<td>PV1-44</td>
<td>Admit Date/Time</td>
<td>Added Conformance Statement</td>
<td>Note: Date and time of the patient presentation.</td>
<td>Conformance Statement SS-010: PV1-44 (Admit Date/Time) SHALL be expressed</td>
</tr>
<tr>
<td></td>
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<td>YYYYMMDDHHMM[SS[.S[S[S[S]]]]] [+-ZZZZ]</td>
<td>with a minimum precision of the nearest minute and be represented in the</td>
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<td></td>
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<td></td>
<td>The minimum acceptable precision is to the nearest minute; seconds are</td>
<td>following format: ‘YYYYMMDDHHMM[SS[.S[S[S[S]]]]] [+-ZZZZ]’</td>
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<td></td>
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<td>desirable. (meaning if you have/know it send it) If Coordinated Universal</td>
<td>Definition: This field contains the admit date/time. This field is also</td>
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<td></td>
<td>Time (UTC) offset is not sent, it is assumed to be offset of the receiver.</td>
<td>used to reflect the date/time of an outpatient/emergency patient</td>
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<td></td>
<td>registration.</td>
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<td></td>
<td>Note: Date and time of the patient</td>
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<td></td>
<td>presentation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Data Element of Interest: Admit Date/Time</td>
</tr>
<tr>
<td>PV1-45</td>
<td>Discharge Date/Time</td>
<td>Added Conformance Statement</td>
<td>Note: Date and time of the patient discharge.</td>
<td>Conformance Statement SS-012: If present, PV1-45 (Discharge Date/Time)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>YYYYMMDDHHMM[SS[.S[S[S[S]]]]] [+-ZZZZ]</td>
<td>SHALL be expressed with a minimum precision of the nearest minute and</td>
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<td></td>
<td></td>
<td></td>
<td>The minimum acceptable precision is to the nearest minute; seconds are</td>
<td>be represented in the following format: ‘YYYYMMDDHHMM[SS[.S[S[S[S]]]]]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>desirable. (meaning if you have/know it send it) If Coordinated Universal</td>
<td>[+-ZZZZ]’</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Time (UTC) offset is not sent, it is assumed to be offset of the receiver.</td>
<td>Definition: This field contains the discharge date/time. This field is</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>also used to reflect the date/time of an outpatient/emergency patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>discharge.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Data Element of Interest: Discharge Date/Time</td>
</tr>
<tr>
<td>Location</td>
<td>Field Name</td>
<td>Change</td>
<td>Existing</td>
<td>Corrected</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------</td>
<td>------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| PV2-3    | Admit Reason       | Changed from the Value Set Name to Value Set Code                      | ICD-9 Clinical Modification diagnosis code (including E-codes and V-codes) Or ICD-10 Clinical Modification diagnosis code Or SNOMED Disorder/ Disease domain | **Definition:** This field contains the short description of the providers’ reason for patient admission.  
**NOTE:** It may be coded (CE:1 and CE:3) or Free text (CE:2.)  
**Data Element of Interest:** Admit Reason (PV2-3) |
|          |                    | Added a hyperlink                                                       |                                                                                                                                          |                                                                           |
| PV2-3.3  | Admit Reason.Name  | Changed verbiage in Value Column                                       | **Condition Rule:** Required if an identifier is provided in component 1                                                                | **PHVS_AdministrativeDiagnosis_CDC_ICD-9CM** Or **PHVS_AdministrativeDiagnosis_ICD-10CM** Or **PHVS_Disease_CDC**  
**Conformance Statement SS-009:** The implementation SHALL support all 3 value sets. |
|          | Name of Coding     |                                                                         |                                                                                                                                          |                                                                           |
|          | System             | Conformance Statement added                                            |                                                                                                                                          |                                                                           |
| OBX      | OBX Segment        | Added clarification                                                    | **3.6.7 OBSERVATION/RESULT (OBX) SEGMENT**  
The OBX Segment in the ADT Message is used to transmit observations related to the patient and visit. In Section 4.2.1 if the data element is carried in an OBX and usage is ‘Required’, the segment and its fields must be populated. The data elements in Table 2.5 DATA ELEMENTS OF INTEREST that use OBX segments are not expected to utilize any specified Set ID number within a given set of OBX segments in a message. However, the Set IDs are required to be sequential. |                                                                           |
<p>|          | table 3.6.7        |                                                                         |                                                                                                                                          |                                                                           |
|          | Observation/Result  |                                                                         |                                                                                                                                          |                                                                           |
|          | (OBX) Segment      |                                                                         |                                                                                                                                          |                                                                           |</p>
<table>
<thead>
<tr>
<th>Location</th>
<th>Field Name</th>
<th>Change</th>
<th>Existing</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBX-1</td>
<td>Set ID</td>
<td>Changed Usage (Sender/Receiver)</td>
<td>O</td>
<td>R/R [1..1]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Changed Cardinality</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added conformance statement</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Note: Set ID numbers the repetitions of the segments</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Conformance Statement SS-027:</strong> For the first repeat of the OBX segment, the sequence number <strong>SHALL</strong> be one (1), for the second repeat, the sequence number shall be two (2), etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Example: OBX</td>
<td>1</td>
<td>....</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OBX</td>
<td>2</td>
<td>....</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OBX</td>
<td>3</td>
<td>....</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Definition:</strong> This field contains the sequence number.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| OBX-2    | Value Type | Changed Value Set Code | 0125 | <strong>Note:</strong> Identifies the structure of data in observation value (OBX.5). |
|          |            | Added a hyperlink |      | <strong>Conformance Statement SS-028:</strong> OBX-2 <strong>SHALL</strong> be valued to the Literal Value in the set ('TS', 'TX', 'NM', 'CWE', 'XAD') |
|          |            | Added Conformance Statement |      | <strong>PHVS_ValueType_SyndromicSurveillance</strong> |
|          |            | <strong>Definition:</strong> This field contains the format of the observation value in OBX. |
|          |            | Note: Identifies the structure of data in observation value (OBX.5) |      | |</p>
<table>
<thead>
<tr>
<th>Location</th>
<th>Field Name</th>
<th>Change</th>
<th>Existing</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBX-3</td>
<td>Observation Identifier</td>
<td>Changed from the Value Set Name to Value Set Code</td>
<td>Observation Identifier (Syndromic Surveillance)</td>
<td><strong>PHVS_ObservationIdentifier_SyndromicSurveillance</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added a hyperlink</td>
<td><strong>Note</strong>: Identifies data to be received in observation value (OBX.5)</td>
<td><strong>Definition</strong>: This field contains a unique identifier for the observation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Note</strong>: Identifies data to be received in observation value (OBX.5)</td>
<td><strong>Data Elements of Interest</strong>: communicated in OBX Segment may include:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Facility Street address (Treating), Data Type: XAD:1, SAD:1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Facility City (Treating), Data Type: XAD:3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Facility State (Treating), Data Type: XAD:4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Facility ZIP Code (Treating), Data Type: XAD:5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Facility County (Treating), Data Type: XAD:9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Age, Data Type: NM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Facility / Visit Type, Data Type: CWE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Chief Complaint/Reason for Visit, Data Type: CWE, (Free Text is preferred)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Clinical Impression, Data Type: TX</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Initial Temperature, Data Type: NM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Height, Data Type: NM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Weight, Data Type: NM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Smoking Status, PHVS_SmokingStatus_MU</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Triage Notes, Data Type: TX</td>
</tr>
<tr>
<td>Location</td>
<td>Field Name</td>
<td>Change</td>
<td>Existing</td>
<td>Corrected</td>
</tr>
<tr>
<td>----------</td>
<td>------------</td>
<td>--------</td>
<td>----------</td>
<td>-----------</td>
</tr>
<tr>
<td>OBX-3.3</td>
<td>Observation Identifier Name of Coding System</td>
<td>Changed verbiage in 'Value Column' Condition Predicate added Changed Usage (Sender/Receiver) Changed Cardinality</td>
<td><strong>Condition Rule:</strong> Required if an identifier is provided in component 1.</td>
<td><strong>Condition Predicate:</strong> If OBX-3.1 (the identifier) is provided then OBX-3.3 is valued.</td>
</tr>
<tr>
<td>OBX-5</td>
<td>Observation Value HD Data Type 3rd component (2.3.1 Messaging Only) HD-5.3 Universal ID Type Data Element: Facility Name (Treating)</td>
<td>Changed 'Field Name' column Added Value Set Code Added a hyperlink</td>
<td>Universal ID Expecting Value “NPI”.</td>
<td>Listed below are the supported fields for each of the supported value types. <strong>Definition:</strong> This field contains the value observed by the observation producer. OBX-2-value type contains the data type for this field according to which observation value is formatted. <strong>Note:</strong> Values received in observation value are defined by value type (OBX.2) and observation identifier (OBX.3). <strong>Notes on Data Types:</strong> TS Data Type: Unconstrained. Some values might be to the day, others to the year/decade, etc. TX Data Type: The TX data type is used to carry string data intended for display purposes. It can contain leading blanks (space characters). NM Data Type: A numeric data type is a number represented as a series of ASCII numeric characters consisting of an optional leading sign (+ or -), the digits and an optional decimal point. In the absence of a sign, the number is assumed to be positive.</td>
</tr>
</tbody>
</table>

---

**Page 405**

PHIN Messaging Guide For Syndromic Surveillance: Emergency Department, Urgent Care And Inpatient Settings
If there is no decimal point the number is assumed to be an integer.

CWE Data Type: Data Element: Facility / Visit Type (only for ED/UC)

   CWE-5:2 Text: It is strongly recommended that text be sent to accompany any identifier.

CWE Data Type: Data Element: Chief Complaint / Reason for visit

   It is the short description of the patient’s self-reported chief complaint or reason for visit.

   It is preferred that Free text is used.

   Free Text should appear in CWE:9

XAD Data Type: Data Elements:

   Facility Street address (Treating), Data Type: XAD:1, SAD:1:

   Note: This is the first subcomponent of the SAD data type. This has the same effect as being the first component of the field, while limiting the length based on other subcomponents that are not supported.

   Facility City (Treating), Data Type: XAD:3

   Facility State (Treating), Data Type: XAD:4

   Facility ZIP Code (Treating), Data Type: XAD:5
<table>
<thead>
<tr>
<th>Location</th>
<th>Field Name</th>
<th>Change</th>
<th>Existing</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBX-5</td>
<td>Observation Value</td>
<td>Changed Precision</td>
<td>Note: The minimum acceptable precision is to the nearest day.</td>
<td>Note: Unconstrained. Some values might be to the day, others to the year/decade, etc.</td>
</tr>
<tr>
<td></td>
<td>Timestamp TS-5.1 Data Type</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| OBX-5    | Observation Value | Added 2 CWE data types for Data Elements:  
#7 Facility / Visit Type (Required)  
#25 Chief Complaint / Reason for visit RE and allows free text | A Single CWE data type | Developed 2 CWE data types with components to reflect the specific Usage for:  
#7 Facility / Visit Type  
CWE-5.1 and 5.3 Required  
#25 Chief Complaint / Reason for visit RE and allows free text |
|          | CWE Data Type | | | |
| OBX-5    | Observation Value | Added Value Set Code | Note: Implementers should check with their local jurisdiction for version of adopted coding system. | Note: Implementers should check with their local jurisdiction for version of adopted coding system. |
|          | CWE Data Type (CWE-5.1) Identifier  
Data Element: #Facility Type | | | PHVS_FacilityVisitType_SyndromicSurveillance |
|          | | | | |
| OBX-5    | Observation Value | Added Conformance Statement | | Conformance Statement SS-005: If patient’s chief complaint is captured as an unstructured, free-text note, then chief complaint SHALL be valued in OBX-5, CWE:9.  
OBX Segment (CWE Data Type, 5th field) with LOINC Code (8661-1) Observation Identifier |
<p>|          | CWE Data Type (CWE:2) Structured Field (e.g., drop-down menu) | | | |</p>
<table>
<thead>
<tr>
<th>Location</th>
<th>Field Name</th>
<th>Change</th>
<th>Existing</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Element of Interest:</td>
<td>Chief Complaint/Reason for visit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Example OBX Segment (free text):**

```
OBX|3|CWE|8661-1^CHIEF COMPLAINT:FIND:PT:PATIENT:NOM:REPORTED^LN||^^^^^^^STOMACH ACHE||||F|||201102171531
```

**Conformance Statement SS-006:** If patient’s chief complaint is captured from a Coding System, then chief complaint **SHALL** be valued in OBX-5, CWE:1, CWE:2, CWE:3.

**PHVS_AdministrativeDiagnosis_CDC_ICD-9CM**

**or**

**PHVS_CauseOfDeath_ICD-10_CDC**

**or**

**PHVS_Disease_CDC**

**Conformance Statement SS-004:** The implementation **SHALL** support all 3 value sets.

Example OBX Segment (coded):

```
```

**Conformance Statement SS-007:** If patient’s chief complaint is captured as a structured field (e.g., drop-down menu), then chief complaint **SHALL** be valued in OBX-5, CWE:2.

```
```
<table>
<thead>
<tr>
<th>Location</th>
<th>Field Name</th>
<th>Change</th>
<th>Existing</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBX-5</td>
<td>Observation Value</td>
<td>Condition Predicate added</td>
<td>Condition Rule: Required if an identifier is provided in component 1</td>
<td>Condition Predicate: If OBX-5.1 (the identifier) is provided then OBX-5.3 is valued.</td>
</tr>
<tr>
<td></td>
<td>CWE Data Type (CWE-5.3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name of Coding System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBX-5</td>
<td>Observation Value</td>
<td>Condition Predicate added</td>
<td>Condition Rule: Required if an identifier is provided in component 1</td>
<td>Condition Predicate: If OBX-5.4 (the identifier) is provided then OBX-5.6 is valued.</td>
</tr>
<tr>
<td></td>
<td>CWE Data Type (CWE-5.6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alternate Name of Coding System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBX-5</td>
<td>Observation Value</td>
<td>Changed verbiage in 'Value Column'</td>
<td>Provide the richest text available in this field.</td>
<td>Free text (Preferred) goes here</td>
</tr>
<tr>
<td></td>
<td>CWE Data Type (CWE-5.9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Original Text</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Conformance Statement SS-008:** The implementation **SHALL** support a minimum of 70 characters for unstructured, free-text patient's chief complaint.
<table>
<thead>
<tr>
<th>Location</th>
<th>Field Name</th>
<th>Change</th>
<th>Existing</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBX-5</td>
<td>Observation Value</td>
<td>Changed Value Set Code</td>
<td>FIPS 5-2</td>
<td>PHVS_State_FIPS_5-2</td>
</tr>
<tr>
<td></td>
<td>XAD Data Type (XAD-5.4) State or Province</td>
<td>Added a hyperlink</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBX-5</td>
<td>Observation Value</td>
<td>Changed to Value Set Code</td>
<td>ISO 3166-1</td>
<td>PHVS_Country_ISO_3166-1</td>
</tr>
<tr>
<td></td>
<td>XAD Data Type (XAD-5.6) Country</td>
<td>Added a hyperlink</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBX-5</td>
<td>Observation Value</td>
<td>Changed to Value Set Code</td>
<td>0190</td>
<td>PHVS_AddressType_HL7_2x</td>
</tr>
<tr>
<td></td>
<td>XAD Data Type (XAD-5.7) Address Type</td>
<td>Added a hyperlink</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| OBX-6    | Units | Condition Predicate added | Pulse Oximetry Unit
Temperature Unit
Age unit (Syndromic Surveillance) | Condition Predicate: If OBX.2 (Value Type) is valued “NM”
**Background:** When an observation’s value is measured on a continuous scale, one must report the measurement units within the unit’s field of the OBX segment.

**Data Elements of Interest:**
- Age units
- Initial Temperature units
- Height units
- Weight Units

PHVS_AgeUnit_SyndromicSurveillance |
<table>
<thead>
<tr>
<th>Location</th>
<th>Field Name</th>
<th>Change</th>
<th>Existing</th>
<th>Corrected</th>
</tr>
</thead>
</table>
| OBX-6.1  | Units.Identifier | Moved from Field Name OBX-6 Units Changed from the Value Set Name to Value Set Code Added Conformance Statements | | Conformance Statement SS-029: If OBX 3.1 is valued with 21612-7, then OBX-6.1 (Identifier) SHALL be valued to a member of the set: PHVS_AgeUnit_SyndromicSurveillance  
Conformance Statement SS-030: If OBX 3.1 = is valued with 11289-6 then OBX-6.1 (Identifier) SHALL be valued to a member of the set: PHVS_TemperatureUnit_UCUM  
Conformance Statement SS-031: If OBX 3.1 is valued with 59408-5 then OBX-6.1 (Identifier) SHALL be valued to a member of the set: PHVS_PulseOximetryUnit_UCUM |
<p>| OBX-6.3  | Units.Name of Coding System | Condition Predicate added Changed Usage (Sender/Receiver Changed Cardinality | Condition Rule: Required if an identifier is provided in component 1 C [0..1] | Condition Predicate: If OBX-6.1 (the identifier) is provided then OBX-6.3 is valued. Conformance Statement SS-032: DG1-1 (Set ID) for the first occurrence of a DG1 Segment SHALL have the Literal Value of ‘1’. Each following occurrence SHALL be numbered consecutively. Definition: This field contains the number that identifies this transaction. For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc. |
| DG1-1    | Set-ID | Changed verbiage in 'Value Column' | Note: Numbers the repetitions of the segments | |</p>
<table>
<thead>
<tr>
<th>Location</th>
<th>Field Name</th>
<th>Change</th>
<th>Existing</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>DG1-3</td>
<td>Diagnosis Code – DG1</td>
<td>Changed from the Value Set Name to Value Set Code</td>
<td>ICD-9 Clinical Modification diagnosis code (including E-codes and V-codes)</td>
<td>PHVS_AdministrativeDiagnosis_CDC_ICD-9CM Or PHVS_AdministrativeDiagnosis_ICD-10CM Or PHVS_Disease_CDC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added a hyperlink</td>
<td>Or ICD-10 Clinical Modification diagnosis code</td>
<td>Conformance Statement SS-011: The implementation SHALL support all 3 value sets.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added conformance statement</td>
<td>Or SNOMED Disorder/ Disease domain</td>
<td></td>
</tr>
<tr>
<td>DG1-3.3</td>
<td>Name of Coding System</td>
<td>Added Condition Predicates</td>
<td></td>
<td>Condition Predicate: If DG1-3.1 (the identifier) is provided then DG1-3.3 is valued.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added conformance statement</td>
<td></td>
<td>Conformance Statement SS-033: DG1-3.3 SHALL be valued to one of the Literal Values in the set ('I10', 'I9CDX', 'SCT').</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Changed Usage (Sender/Receiver)</td>
<td>C</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Changed Cardinality</td>
<td>[0..1]</td>
<td>[1..1]</td>
</tr>
<tr>
<td>DG1-6</td>
<td>Diagnosis Type</td>
<td>Changed from the Value Set Name to Value Set Code</td>
<td>Diagnosis Type (HL7)</td>
<td>PHVS_DiagnosisType_HL7_2x</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added a hyperlink</td>
<td>Note: Identifies the type of diagnosis being sent.</td>
<td>Definition: This field contains a code that identifies the type of diagnosis being sent.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added condition predicate</td>
<td>Literal values: “A” for Admitting diagnosis, “W” for Working diagnosis or “F” for Final diagnosis.</td>
<td>Note: Identifies the type of diagnosis being sent.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Data Element of Interest: Diagnosis type</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Condition Predicate: If the DG1 Segment is provided, DG1-6 (Diagnosis Type) is required to be valued.</td>
</tr>
</tbody>
</table>