

# PRHIE HL7 ADT INBOUND SPECIFICATION

(VERSION 1)

**Document ID: OPS ADT SP1**

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<b>Proprietary and Confidential</b>	

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## Introduction

The purpose of this document is to describe the HL7 message structure and requirements for third party integration of ADT results within the Health Gorilla platform.

## Scope

The scope of this specification applies to receiving inbound ADT results into the Health Gorilla platform to be used by the Puerto Rico HIE.

## Message Structure

The message structure is based on version 2.5 of the Health Level Seven (HL7) Standard. In the following message structure, braces { } indicate support for multiple segments and brackets [ ] indicate the segments that are optional. Health Gorilla may support segments not explicitly defined in this specification.

ADT^AXX	SEGMENT NAME	USAGE
MSH	Message Header	Single Instance, Required
EVN	Event Type	Single Instance, Required
PID	Patient Identification	Single Instance, Required
[ PD1 ]	Patient Additional Demographic	Single Instance, Optional
[ { ROL } ]	Role	Repeating, Optional
PV1	Patient Visit	Single Instance, Required
[ PV2 ]	Patient Visit – Additional Information	Single Instance, Optional
[ { ROL } ]	Role	Repeating, Optional
[ { OBX } ]	Observation/Result	Repeating, Optional
[ { AL1 } ]	Patient Allergy	Repeating, Optional
[ { DG1 } ]	Diagnosis	Repeating, Conditionally Required
{ IN1 }	Insurance	Repeating, Required

## Message Delimiters

VALUE	DEFINITION	USAGE
<cr>	Segment Terminator	Terminates a segment record
	Field Separator	Separates two adjacent data fields within a segment
^	Component Separator	Separates adjacent components of data fields
&	Subcomponent Separator	Separates adjacent subcomponents of data fields
~	Repetition Separator	Separates multiple occurrences of a field
\	Escape Character	Escapes the defined delimiters or other values

## Optionality

VALUE	DEFINITION	COMMENT
R	Required	The sending application shall populate the element with a non-empty value. <b>Errors/rejections may be raised due to the absence of a required element.</b>
RE	Required, but can be empty	The element may be missing from the message, but must be sent by the sending application if there is relevant data
O	Optional	
C	Conditional	Required by the trigger event or some other field(s)

## Message Segments

MSH – Message Header

The MSH segment defines the intent, source, destination, and some specifics of the syntax of a message.

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
MSH	1	Field Separator	R	
MSH	2	Encoding Characters	R	^~\&
MSH	3	Sending Application	R	<i>Ex: HG360</i>
MSH	4	Sending Facility	R	ENTITY NAME^NPI <i>Ex: HG HOSPITAL^1811169460</i>
MSH	5	Receiving Application	O	HG
MSH	6	Receiving Facility	O	
MSH	7	Date/Time of Message	R	yyyyMMddHHmmss
MSH	8	Security	O	
MSH	9	Message Type	R	<i>Ex: ADT^A01</i> See Appendix Table
MSH	10	Message Control ID	R	
MSH	11	Processing ID	R	P – Production T – Testing
MSH	12	Version ID	R	2.5

## EVN – Event Type

The EVN segment is used to communicate necessary trigger event information.

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
EVN	1	Event Type Code	R	<i>Ex: A01</i> See Appendix Table
EVN	2	Recorded Date/Time	R	yyyyMMddHHmmss
EVN	3	Date/Time Planned Event	O	yyyyMMddHHmmss
EVN	4	Event Reason Code	O	
EVN	5	Operator ID	O	
EVN	6	Event Occurred	O	yyyyMMddHHmmss
EVN	7	Event Facility	O	

## PID – Patient Identification

The PID segment is used by all applications as the primary means of communicating patient identification information. This segment contains permanent patient identifying and demographic information that, for the most part, is not likely to change frequently.

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
PID	1	Set ID	R	1



SEG	SEQ	ELEMENT NAME	OPT	COMMENT
PID	2	Patient ID	O	ID^^^^ALIAS TYPE <i>Ex: 12345^^^^MR</i>
PID	3	Patient Identifier List	R	ID^^^^ALIAS TYPE <i>Ex: 12345^^^^MR~343-87-4364^^^^SS</i>
PID	4	Alternate Patient ID	O	
PID	5	Patient Name	R	Multiple last names must be separated by a space  FAMILY NAME^GIVEN NAME^MIDDLE NAME  <i>Ex: RIVERA GARCIA^MARIA^LUIZA</i>
PID	6	Mother's Maiden Name	RE	
PID	7	Date/Time of Birth	R	yyyyMMdd  <i>Ex: 19991212</i>
PID	8	Administrative Sex	R	See Appendix Table
PID	9	Patient Alias	O	
PID	10	Race	RE	See Appendix Table  IDENTIFIER^TEXT^CODING SYSTEM

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
				<i>Ex: 2131-1^Other Race^HL70005</i>
PID	11	Patient Address	R	ADDRESS1^ADDRESS2^CITY^STATE^POSTAL CODE^COUNTRY
PID	12	County Code	O	
PID	13	Phone Number – Home	RE	NUMBER^USE^TYPE^EMAIL^AREA CODE^NUMBER^EXTENSION  <i>Ex: 5555555555^PRN^PH^5^555^5555555^Ext 1</i>
PID	14	Phone Number – Business	RE	NUMBER^USE^TYPE^EMAIL^AREA CODE^NUMBER^EXTENSION  <i>Ex: 5555555555^WPN^PH^5^555^5555555^Ext 1</i>
PID	15	Primary Language	O	
PID	16	Marital Status	O	See Appendix Table
PID	17	Religion	O	
PID	18	Patient Account Number	O	
PID	19	SSN Number	RE	

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
PID	20	Driver's License Number	O	
PID	21	Mother's Identifier	O	
PID	22	Ethnic Group	RE	See Appendix Table  IDENTIFIER^TEXT^CODING SYSTEM  <i>Ex: H^Hispanic or Latino^HL70189</i>
PID	23	Birth Place	O	
PID	24	Multiple Birth Indicator	O	
PID	25	Birth Order	O	
PID	26	Citizenship	O	
PID	27	Veterans Military Status	O	
PID	28	Nationality	O	
PID	29	Patient Death Date and Time	RE	yyyyMMddHHmmss
PID	30	Patient Death Indicator	RE	See Appendix Table

#### PD1 – Patient Additional Demographic

The patient additional demographic segment contains demographic information that is likely to change about the patient.

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
PD1	1	Living Dependency	0	
PD1	2	Living Arrangement	0	
PD1	3	Patient Primary Facility	0	
PD1	4	Patient Primary Care Provider Name & ID No.	0	ID^FAMILY NAME^GIVEN NAME^MIDDLE NAME
PD1	5	Student Indicator	0	
PD1	6	Handicap	0	
PD1	7	Living Will Code	0	
PD1	8	Organ Donor Code	0	
PD1	9	Separate Bill	0	
PD1	10	Duplicate Patient	0	
PD1	11	Publicity Code	0	
PD1	12	Protection Indicator	0	
PD1	13	Protection Indicator Effective Date	0	
PD1	14	Place of Worship	0	
PD1	15	Advance Directive Code	0	

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
PD1	16	Immunization Registry Status	O	
PD1	17	Immunization Registry Status Effective Date	O	
PD1	18	Publicity Code Effective Date	O	
PD1	19	Military Branch	O	
PD1	20	Military Rank/Grade	O	
PD1	21	Military Status	O	

#### ROL – Role

The role segment contains the data necessary to add, update, correct, and delete from the record persons involved, as well as their functional involvement with the activity being transmitted. In general, the ROL segment is used to describe a person playing a particular role within the context of the message.

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
ROL	1	Role Instance ID	O	
ROL	2	Action Code	R	See Appendix Table
ROL	3	Role	R	See Appendix Table

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
ROL	4	Role Person	R	ID^FAMILY NAME^GIVEN NAME^MIDDLE NAME
ROL	5	Role Begin Date/Time	O	yyyyMMddHHmmss
ROL	6	Role End Date/Time	O	yyyyMMddHHmmss
ROL	7	Role Duration	O	
ROL	8	Role Action Reason	O	
ROL	9	Provider Type	O	
ROL	10	Organization Unit Type	O	See Appendix Table
ROL	11	Office/Home Address/Birthplace	O	
ROL	12	Phone	O	NUMBER^USE^TYPE^^AREA CODE^NUMBER^EXTENSION  Ex: 5555555555^WPN^PH^^5^555^5555555^Ext 1

#### PV1 – Patient Visit

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

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
PV1	1	Set ID	R	1
PV1	2	Patient Class	R	See Appendix Table
PV1	3	Assigned Patient Location	C	Required for A02/A03/A06/A07/A11/A12/A13/A38
PV1	4	Admission Type	R	See Appendix Table
PV1	5	Preadmit Number	O	
PV1	6	Prior Patient Location	C	Required for A02/A06/A07/A12
PV1	7	Attending Doctor	RE	IDENTIFIER^FAMILY NAME^GIVEN NAME^MIDDLE NAME^^ASSIGNING AUTHORITY  <i>Ex: 3903165967^SMITH^JOHN^J^^NPI</i>
PV1	8	Referring Doctor	O	IDENTIFIER^FAMILY NAME^GIVEN NAME^MIDDLE NAME^^ASSIGNING AUTHORITY  <i>Ex: 3903165967^SMITH^JOHN^J^^NPI</i>
PV1	9	Consulting Doctor	O	IDENTIFIER^FAMILY NAME^GIVEN NAME^MIDDLE NAME^^ASSIGNING AUTHORITY

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
				<i>Ex: 3903165967^SMITH^JOHN^J^^NPI</i>
PV1	10	Hospital Service	O	See Appendix Table
PV1	11	Temporary Location	O	
PV1	12	Preadmit Test Indicator	O	
PV1	13	Re-admission Indicator	O	See Appendix Table
PV1	14	Admit Source	O	See Appendix Table
PV1	15	Ambulatory Status	O	
PV1	16	VIP Indicator	O	
PV1	17	Admitting Doctor	RE	IDENTIFIER^FAMILY NAME^GIVEN NAME^MIDDLE NAME^^ASSIGNING AUTHORITY  <i>Ex: 3903165967^SMITH^JOHN^J^^NPI</i>
PV1	18	Patient Type	O	
PV1	19	Visit Number	R	
PV1	20	Financial Class	O	
PV1	21	Charge Price Indicator	O	
PV1	22	Courtesy Code	O	



SEG	SEQ	ELEMENT NAME	OPT	COMMENT
PV1	23	Credit Rating	O	
PV1	24	Contract Code	O	
PV1	25	Contract Effective Date	O	
PV1	26	Contract Amount	O	
PV1	27	Contract Period	O	
PV1	28	Interest Code	O	
PV1	29	Transfer to Bad Debt Code	O	
PV1	30	Transfer to Bad Debt Date	O	
PV1	31	Bad Debt Agency Code	O	
PV1	32	Bad Debt Transfer Amount	O	
PV1	33	Bad Debt Recovery Amount	O	
PV1	34	Delete Account Indicator	O	
PV1	35	Delete Account Date	O	
PV1	36	Discharge Disposition	C	Required for A03/A38 See Appendix Table
PV1	37	Discharged to Location	O	
PV1	38	Diet Type	O	

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
PV1	39	Servicing Facility	R	
PV1	40	Bed Status	O	
PV1	41	Account Status	O	
PV1	42	Pending Location	O	
PV1	43	Prior Temporary Location	O	
PV1	44	Admit Date/Time	R	yyyyMMddHHmmss
PV1	45	Discharge Date/Time	C	yyyyMMddHHmmss Required for A03/A07/A13
PV1	46	Current Patient Balance	O	
PV1	47	Total Charges	O	
PV1	48	Total Adjustments	O	
PV1	49	Total Payments	O	
PV1	50	Alternate Visit ID	O	
PV1	51	Visit Indicator	O	
PV1	52	Other Healthcare Provider	O	

## PV2 – Patient Visit – Additional Information

The PV2 segment is a continuation of information contained on the PV1 segment.

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
PV2	1	Prior Pending Location	O	
PV2	2	Accommodation Code	O	
PV2	3	Admit Reason	O	
PV2	4	Transfer Reason	O	
PV2	5	Patient Valuables	O	
PV2	6	Patient Valuables Location	O	
PV2	7	Visit User Code	O	See Appendix Table
PV2	8	Expected Admit Date/Time	O	yyyyMMddHHmmss
PV2	9	Expected Discharge Date/Time	O	yyyyMMddHHmmss
PV2	10	Estimated Length of Inpatient Stay	O	
PV2	11	Actual Length of Inpatient Stay	O	
PV2	12	Visit Description	O	
PV2	13	Referral Source Code	O	

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
PV2	14	Previous Service Date	O	yyyyMMdd
PV2	15	Employment Illness Related Indicator	O	
PV2	16	Purge Status Code	O	See Appendix Table
PV2	17	Purge Status Date	O	yyyyMMdd
PV2	18	Special Program Code	O	See Appendix Table
PV2	19	Retention Indicator	O	
PV2	20	Expected Number of Insurance Plans	O	
PV2	21	Visit Publicity Code	O	
PV2	22	Visit Protection Indicator	O	
PV2	23	Clinic Organization Name	O	
PV2	24	Patient Status Code	O	See Appendix Table
PV2	25	Visit Priority Code	O	See Appendix Table
PV2	26	Previous Treatment Date	O	yyyyMMdd
PV2	27	Expected Discharge Disposition	O	
PV2	28	Signature on File Date	O	yyyyMMdd

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
PV2	29	First Similar Illness Date	O	yyyyMMdd
PV2	30	Patient Charge Adjustment Code	O	See Appendix Table
PV2	31	Recurring Service Code	O	
PV2	32	Billing Media Code	O	
PV2	33	Expected Surgery Date/Time	O	yyyyMMddHHmmss
PV2	34	Military Partnership Code	O	
PV2	35	Military Non-Availability Code	O	
PV2	36	Newborn Baby Indicator	O	
PV2	37	Baby Detained Indicator	O	
PV2	38	Mode of Arrival Code	O	
PV2	39	Recreational Drug Use Code	O	
PV2	40	Admission Level of Care Code	O	
PV2	41	Precaution Code	O	
PV2	42	Patient Condition Code	O	
PV2	43	Living Will Code	O	
PV2	44	Organ Donor Code	O	

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
PV2	45	Advance Directive Code	O	
PV2	46	Patient Status Effective Date	O	
PV2	47	Expected LOA Return Date/Time	O	yyyyMMddHHmmss
PV2	48	Expected Pre-Admission Testing Date/Time	O	yyyyMMddHHmmss
PV2	49	Notify Clergy Code	O	

#### OBX – Observation/Result

The OBX segment is used to transmit a single observation or observation fragment.

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
OBX	1	Set ID	R	
OBX	2	Value Type	R	See Appendix Table
OBX	3	Observation Identifier	R	<p>Universal identifiers such as LOINC strongly encouraged</p> <p>IDENTIFIER^TEXT^CODING SYSTEM</p> <p><i>Ex: 789-8^RBC^LN</i></p>

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
OBX	1	Set ID	R	
OBX	4	Observation Sub-ID	O	
OBX	5	Observation Value	R	Value type should match OBX.2
OBX	6	Units	O	
OBX	7	References Range	O	
OBX	8	Abnormal Flags	O	See Appendix Table
OBX	9	Probability	O	
OBX	10	Nature of Abnormal Test	O	
OBX	11	Observation Result Status	R	See Appendix Table
OBX	12	Effective Date of Reference Range	O	
OBX	13	User Defined Access Checks	O	
OBX	14	Date/Time of the Observation	R	yyyyMMddHHmmss
OBX	15	Producer's ID	O	
OBX	16	Responsible Observer	O	
OBX	17	Observation Method	O	
OBX	18	Equipment Instance Identifier	O	

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
OBX	1	Set ID	R	
OBX	19	Date/Time of Analysis	O	yyyyMMddHHmmss

### AL1 – Patient Allergy Information

The AL1 segment contains patient allergy information of various types.

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
AL1	1	Set ID	R	
AL1	2	Allergen Type Code	O	See Appendix Table
AL1	3	Allergen Code/Description	R	IDENTIFIER^TEXT^CODING SYSTEM
AL1	4	Allergy Severity Code	O	See Appendix Table
AL1	5	Allergy Reaction	O	
AL1	6	Identification Date	O	yyyyMMdd

### DG1 – Diagnosis

The DG1 segment contains patient diagnosis information of various types, for example, admitting, primary, etc. and can be used to send multiple diagnoses.



SEG	SEQ	ELEMENT NAME	OPT	COMMENT
DG1	1	Set ID	R	
DG1	2	Diagnosis Coding Method	R	
DG1	3	Diagnosis Code	R	
DG1	4	Diagnosis Description	R	
DG1	5	Diagnosis Date/Time	O	yyyyMMddHHmmss
DG1	6	Diagnosis Type	R	See Appendix Table
DG1	7	Major Diagnostic Category	O	
DG1	8	Diagnostic Related Group	O	
DG1	9	DRG Approval Indicator	O	
DG1	10	DRG Grouper Review Code	O	
DG1	11	Outlier Type	O	
DG1	12	Outlier Days	O	
DG1	13	Outlier Cost	O	
DG1	14	Grouper Version and Type	O	
DG1	15	Diagnosis Priority	O	
DG1	16	Diagnosing Clinician	O	
DG1	17	Diagnosis Classification	O	

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
DG1	18	Confidential Indicator	O	
DG1	19	Attestation Date/Time	O	yyyyMMddHHmmss
DG1	20	Diagnosis Identifier	C	
DG1	21	Diagnosis Action Code	C	

#### IN1 – Insurance

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

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
IN1	1	Set ID	R	
IN1	2	Insurance Plan ID	O	
IN1	3	Insurance Company ID	R	
IN1	4	Insurance Company Name	R	
IN1	5	Insurance Company Address	O	
IN1	6	Insurance Co Contact Person	O	
IN1	7	Insurance Co Contact Phone	O	
IN1	8	Group Number	O	

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
IN1	9	Group Name	O	
IN1	10	Insured's Group Emp ID	O	
IN1	11	Insured's Group Emp Name	O	
IN1	12	Plan Effective Date	O	yyyyMMddHHmmss
IN1	13	Plan Expiration Date	O	yyyyMMddHHmmss
IN1	14	Authorization Information	O	
IN1	15	Plan Type	O	
IN1	16	Name of Insured	O	FAMILY NAME^GIVEN NAME^MIDDLE NAME
IN1	17	Insured's Relationship to Patient	R	See Appendix Table
IN1	18	Insured's Date of Birth	O	
IN1	19	Insured's Address	R	ADDRESS1^ADDRESS2^CITY^STATE^POSTAL CODE
IN1	20	Assignment of Benefits	O	
IN1	21	Coordination of Benefits	O	
IN1	22	Coord of Ben. Priority	O	
IN1	23	Notice of Admission Flag	O	
IN1	24	Notice of Admission Date	O	

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
IN1	25	Report of Eligibility Flag	O	
IN1	26	Report of Eligibility Date	O	
IN1	27	Release Information Code	O	
IN1	28	Pre=Admit Cert (PAC)	O	
IN1	29	Verification Date/Time	O	
IN1	30	Verification By	O	
IN1	31	Type of Agreement Code	O	
IN1	32	Billing Status	O	
IN1	33	Lifetime Reserve Days	O	
IN1	34	Delay Before L.R. Day	O	
IN1	35	Company Plan Code	O	
IN1	36	Policy Number	R	

## MSA – Message Acknowledgement

The MSA segment contains information sent while acknowledging another message.

SEG	SEQ	ELEMENT NAME	OPT	COMMENT
MSA	1	Acknowledgement Code	R	See Appendix Table
MSA	2	Message Control ID	R	
MSA	3	Text Message	O	

## Sample Message

```
MSH|^~\&|HG360|HG HOSPITAL^1811169460|HG||20230101120000||ADT^A04|6777383|P|2.5
EVN|A04|20230101120000|||20230101120000
PID|1||HG12345^^^MR~123-45-6789^^^SS||HEALTH GORILLA^SAMPLE^M||19991212|M||2131-1^Other
Race^HL70005|123 JUNGLE ST^APT 1^MOUNTAIN VIEW^CA^94040^USA||555555555^PRN^PH^5^555^555555^Ext
1|555555555^WPN^PH^5^555^555555^Ext 1||||123-45-6789||H^Hispanic or
Latino^HL70189|||||20230101120000|N
PD1||||1234567890^PORTER^JANE^J^^^^^^^NPI
PV1|1|E|EDMAIN|E||ED|1234567890^PORTER^JANE^J^^^^^^^NPI||||||1234567890^PORTER^JANE^J^^^^^^
^^NPI|ER|12345|||||||20230101120000
PV2|1||HEADACHES
ROL|1|AD|EP|1234567890^PORTER^JANE^J^^^^^^^NPI
OBX|1|ST|1010.1^WEIGHT^CPT4||74.842741|kg||||F||20230101120000
OBX|2|ST|1010.3^HEIGHT^CPT4||172.72|cm||||F||20230101120000
AL1|1|DA|CODEINE^CODEINE^L|SV||20230101
AL1|2|DA|ASPIRIN^ASPIRIN^L|SV||20230101
DG1|1|I10|R51.9|Headache, Unspecified|20230101120000|A
IN1|1|70|111|MCS MEDICARE CLASSICARE|P.O. BOX 9023547^^SAN JUAN^PR^00902|| (555) 555-
5555|85885858|MCS CLASSICARE|||20230101|||HEALTH GORILLA^SAMPLE^M|01|19991212|123 JUNGLE ST^APT
1^MOUNTAIN VIEW^CA^94040^USA|||||||123456789
```

## Appendix

### Code Sets

#### Trigger Event

VALUE	DESCRIPTION
A01	Admit/visit notification
A02	Transfer a patient
A03	Discharge/end visit
A04	Register a patient
A05	Pre-admit a patient
A06	Change an outpatient to an inpatient
A07	Change an inpatient to an outpatient
A08	Update patient information
A09	Patient departing - tracking
A10	Patient arriving - tracking
A11	Cancel admit/visit notification
A12	Cancel transfer
A13	Cancel discharge/end visit
A14	Pending admit
A15	Pending transfer
A16	Pending discharge
A17	Swap patients

VALUE	DESCRIPTION
A18	Merge patient information
A19	Patient query
A20	Bed status update
A21	Patient goes on a "leave of absence"
A22	Patient returns from a "leave of absence"
A23	Delete a patient record
A24	Link patient information
A25	Cancel pending discharge
A26	Cancel pending transfer
A27	Cancel pending admit
A28	Add person information
A29	Delete person information
A30	Merge person information
A31	Update person information
A32	Cancel patient arriving - tracking
A33	Cancel patient departing - tracking
A34	Merge patient information - patient ID only
A35	Merge patient information - account number only
A36	Merge patient information - patient ID and account number
A37	Unlink patient information
A38	Cancel pre-admit



VALUE	DESCRIPTION
A39	Merge person - patient ID
A40	Merge patient - patient identifier list
A41	Merge account - patient account number
A42	Merge visit - visit number
A43	Move patient information - patient identifier list
A44	Move account information - patient account number
A45	Move visit information - visit number
A46	Change patient ID
A47	Change patient identifier list
A48	Change alternate patient ID
A49	Change patient account number
A50	Change visit number
A51	Change alternate visit ID
A52	Cancel leave of absence for a patient
A53	Cancel patient returns from a leave of absence
A54	Change attending doctor
A55	Cancel change attending doctor
A60	Update allergy information
A61	Change consulting doctor
A62	Cancel change consulting doctor

### Administrative Sex

VALUE	DESCRIPTION
A	Ambiguous
F	Female
M	Male
N	Not applicable
O	Other
U	Unknown

### Race

VALUE	DESCRIPTION
1002-5	American Indian or Alaska Native
2054-5	Asian
2054-5	Black or African American
2076-8	Native Hawaiian or Other Pacific Islander
2106-3	White
2131-1	Other Race

### Marital Status

VALUE	DESCRIPTION
A	Separated
B	Unmarried
D	Divorced

VALUE	DESCRIPTION
E	Legally Separated
G	Living Together
M	Married
P	Domestic Partner
R	Registered Domestic Partner
S	Single
U	Unknown
W	Widowed

#### Ethnic Group

VALUE	DESCRIPTION
H	Hispanic or Latino
N	Not Hispanic or Latino
U	Unknown

#### Patient Death Indicator

VALUE	DESCRIPTION
N	No
Y	Yes

#### Action Code

VALUE	DESCRIPTION
AD	Add

VALUE	DESCRIPTION
CO	Correct
DE	Delete
LI	Link
UC	Unchanged
UN	Unlink
UP	Update

#### Role Code

VALUE	DESCRIPTION
AD	Admitting
AI	Assistant/Alternate Interpreter
AP	Administering Provider
AT	Attending
CLP	Collecting Provider
CP	Consulting Provider
DP	Dispensing Provider
EP	Entering Provider
FHCP	Family Health Care Professional
IP	Initiating Provider
MDIR	Medical Director
OP	Ordering Provider
PH	Pharmacist

VALUE	DESCRIPTION
PI	Primary Interpreter
PP	Primary Care Provider
RO	Responsible Observer
RP	Referring Provider
RT	Referred to Provider
TN	Technician
TR	Transcriptionist
VP	Verifying Provider
VPS	Verifying Pharmaceutical Supplier
VTS	Verifying Treatment Supplier

### Organization Unit Type

VALUE	DESCRIPTION
1	Hospital
2	Physician Clinic
3	Long Term Care
4	Acute Care
5	Other
H	Home
O	Office

### Patient Class

VALUE	DESCRIPTION
B	Obstetrics
C	Commercial Account
E	Emergency
I	Inpatient
N	Not Applicable
O	Outpatient
P	Preadmit
R	Recurring Patient
U	Unknown

### Admission Type

VALUE	DESCRIPTION
A	Accident
C	Elective
E	Emergency
L	Labor and Delivery
N	Newborn
R	Routine
U	Urgent

### Hospital Service

VALUE	DESCRIPTION
CAR	Cardiac Service
MED	Medical Service
PUL	Pulmonary Service
SUR	Surgical Service
URO	Urology Service

### Readmission Indicator

VALUE	DESCRIPTION
R	Re-admission

### Admit Source

VALUE	DESCRIPTION
1	Physician Referral
2	Clinic Referral
3	HMO Referral
4	Transfer From A Hospital
5	Transfer From A Skilled Nursing Facility
6	Transfer From Another Health Care Facility
7	Emergency Room
8	Court/Law Enforcement
9	Information Not Available

## Discharge Disposition

VALUE	DESCRIPTION
01	Discharged to home or self care (routine discharge)
02	Discharged/transferred to another short term general hospital for inpatient care
03	Discharged/transferred to skilled nursing facility (SNF)
04	Discharged/transferred to an intermediate care facility (ICF)
05	Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution
06	Discharged/transferred to home under care of organized home health service organization
07	Left against medical advice or discontinued care
08	Discharged/transferred to home under care of Home IV provider
09	Admitted as an inpatient to this hospital
20	Expired
30	Still patient or expected to return for outpatient services
40	Expired at home
41	Expired in a medical facility; e.g., hospital, SNF, ICF, or free standing hospice
42	Expired - place unknown
43	Discharged/transferred to a federal health care facility
50	Hospice - home
61	Discharged/transferred to hospital-based Medicare approved swing bed
62	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital



VALUE	DESCRIPTION
63	Discharged/transferred to a Medicare certified long term care hospital (LTCH)
64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
66	Discharged/transferred to a Critical Access Hospital (CAH)

#### Visit User Code

VALUE	DESCRIPTION
HO	Home
MO	Mobile Unit
PH	Phone
TE	Teaching

#### Purge Status Code

VALUE	DESCRIPTION
D	The visit is marked for deletion and the user cannot enter new data against it.
I	The visit is marked inactive and the user cannot enter new data against it.
P	Marked for purge. User is no longer able to update the visit.

### Special Program Code

VALUE	DESCRIPTION
CH	Child Health Assistance
ES	Elective Surgery Program
FP	Family Planning
O	Other
U	Unknown

### Patient Status Code

VALUE	DESCRIPTION
AI	Active Inpatient
DI	Discharged Inpatient

### Visit Priority Code

VALUE	DESCRIPTION
1	Emergency
2	Urgent
3	Elective

### Patient Charge Adjustment Code

VALUE	DESCRIPTION
EA	Edit / Adjudication Response
IN	Information
PA	Provider Adjustment

VALUE	DESCRIPTION
PR	Processing Result

### Allergen Type Code

VALUE	DESCRIPTION
AA	Animal Allergy
DA	Drug Allergy
EA	Environment Allergy
FA	Food Allergy
LA	Pollen Allergy
MA	Miscellaneous Allergy
MC	Miscellaneous Contraindication
PA	Plant Allergy

### Allergy Severity

VALUE	DESCRIPTION
MI	Mild
MO	Moderate
SV	Severe

### Diagnosis Type

VALUE	DESCRIPTION
A	Admitting
F	Final

VALUE	DESCRIPTION
W	Working

### Value Type

VALUE	DESCRIPTION
CE	Coded Entry
ED	Encapsulated Data
FT	Formatted Text
NM	Numeric
SN	Structured Numeric
ST	String
TX	Text

### Abnormal Flags

VALUE	DESCRIPTION
L	Below Low Normal
H	Above High Normal
LL	Below Lower Panic Limits
HH	Above Upper Panic Limits
<	Below Absolute Low-Off Instrument Scale
>	Above Absolute High-Off Instrument Scale
N	Normal
A	Abnormal

VALUE	DESCRIPTION
AA	Very abnormal

#### Result Status / Observation Result Status

VALUE	DESCRIPTION
P	Preliminary
F	Final
C	Corrected

#### Insured's Relationship to Patient

VALUE	DESCRIPTION
ASC	Associate
BRO	Brother
CGV	Caregiver
CHD	Child
DEP	Handicapped Dependent
DOM	Life Partner
EMC	Emergency Contact
EME	Employee
EMR	Employer
EXF	Extended Family
FCH	Foster Child
FND	Friend

VALUE	DESCRIPTION
FTH	Father
GCH	Grandchild
GRD	Guardian
GRP	Grandparent
MGR	Manager
MTH	Mother
NCH	Natural Child
NON	None
OAD	Other Adult
OTH	Other
OWN	Owner
PAR	Parent
SCH	Stepchild
SEL	Self
SIB	Sibling
SIS	Sister
SPO	Spouse
TRA	Trainer
UNK	Unknown
WRD	Ward of Court

### Acknowledgement Code

VALUE	DESCRIPTION
AA	Application Accept
AE	Application Error
AR	Application Reject