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- 2.3 Localisation Details
  - 2.3.1 Billing

## 2.1 Message Control Segments

The following segments are necessary to support the functionality described in this chapter.

If a value is the usual default for use in Australia it has been highlighted in blue.

Figure 2-1. HL7 message segments

Segment Name	HL7 Section Reference
BHS	2.1.2
BTS	2.1.3
DSC	2.1.4
ERR	2.1.5
FHS	2.1.6
FTS	2.1.7
MSA	2.1.8
MSH	2.1.9

### 2.1.2 BHS - batch header segment

The BHS segment defines the start of a batch.

HL7 Attribute Table - BHS – Batch Header

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM #	ELEMENT NAME
1	1	ST	R			00081	Batch Field Separator
2	3	ST	R			00082	Batch Encoding Characters
3	15	ST	O			00083	Batch Sending Application
4	20	ST	O			00084	Batch Sending Facility
5	15	ST	O			00085	Batch Receiving Application
6	20	ST	O			00086	Batch Receiving Facility
7	26	TS	O			00087	Batch Creation Date/Time
8	40	ST	O			00088	Batch Security
9	20	ST	O			00089	Batch Name/ID/Type
10	80	ST	O			00090	Batch Comment
11	20	ST	O			00091	Batch Control ID
12	20	ST	O			00092	Reference Batch Control ID

#### 2.1.2.0 BHS field definitions

##### 2.1.2.1 BHS-1 Batch field separator (ST) 00081

Definition: This field contains the separator between the segment ID and the first real field, *BHS-2-batch* 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. Recommended value is |,(ASCII 124).

##### 2.1.2.2 BHS-2 Batch encoding characters (ST) 00082

Definition: This field contains the four characters in the following order: the component separator, repetition separator, escape characters, and subcomponent separator. Australian values are ^~\& (ASCII 94,126, 92, and 38, respectively).

### **2.1.2.3 BHS-3 Batch sending application (ST) 00083**

Definition: 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. Entirely site-defined.

### **2.1.2.4 BHS-4 Batch sending facility (ST) 00084**

Definition: This field contains the address of one of several occurrences of the same application within the sending system. Absent other considerations, the Medicare Provider ID might be used with an appropriate sub-identifier in the second component. Entirely user-defined.

### **2.1.2.5 BHS-5 Batch receiving application (ST) 00085**

Definition: This field uniquely identifies the receiving applications 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. Entirely site-defined.

### **2.1.2.6 BHS-6 Batch receiving facility (ST) 00086**

Definition: This field identifies the receiving application among multiple identical instances of the application running on behalf of different organizations. See comments BHS-4-batch sending facility. Entirely site-defined.

### **2.1.2.7 BHS-7 Batch creation date/time (TS) 00087**

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.

### **2.1.2.8 BHS-8 Batch security (ST) 00088**

Definition: In some applications of HL7, this field is used to implement security features. Its use is not yet further specified.

### **2.1.2.9 BHS-9 Batch name/ID/type (ST) 00089**

Definition: This field can be used by the application processing the batch. It can have extra components if needed.

### **2.1.2.10 BHS-10 Batch comment (ST) 00090**

Definition: This field is a comment field that is not further defined in the HL7 protocol.

### **2.1.2.11 BHS-11 Batch control ID (ST) 00091**

Definition: This field is used to uniquely identify a particular batch. It can be echoed back in BHS-12-reference batch control ID if an answering batch is needed.

### **2.1.2.12 BHS-12 Reference batch control ID (ST) 00092**

Definition: This field contains the value of BHS-11-batch control ID when this batch was originally transmitted.

Not present if this batch is being sent for the first time. See definition for BHS-11-batch control ID.

## **2.1.3 BTS - batch trailer segment**

The BTS segment defines the end of a batch.

### **2.1.3.0 BTS field definitions**

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM #	ELEMENT NAME
1	10	ST	O			00093	Batch Message Count
2	80	ST	O			00090	Batch Comment
3	100	NM	O	Y		00095	Batch Totals

### 2.1.3.1 BTS-1 Batch message count (ST) 00093

Definition: This field contains the count of the individual messages contained within the batch.

### 2.1.3.2 BTS-2 Batch comment (ST) 00090

Definition: This field is a comment field that is not further defined in the HL7 protocol.

### 2.1.3.3 BTS-3 Batch totals (NM) 00095

Definition: We encourage new users of this field to use the HL7 Version 2.3 data type of NM and to define it as "repeating." This field contains the batch total. Only a single Batch is allowed in Australia.

This field may be defined as a CM data type for backward compatibility with HL7 Versions 2.2 and 2.1 with each total being carried as a separate component. Each component in this case is an NM data type.

## 2.1.4 DSC - continuation pointer segment

The DSC segment is used in the continuation protocol.

### 2.1.4.0 DSC field definitions

#### HL7 Attribute Table - DSC – Continuation Pointer

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM #	ELEMENT NAME
1	180	ST	O			00014	Continuation Pointer
2	1	ID	O		0398	01354	Continuation Style

### 2.1.4.1 DSC-1 Continuation pointer (ST) 00014

Definition: This field contains the continuation pointer. In an initial query, this field is not present. If the responder returns a value of null or not present, then there is no more data to fulfill any future continuation requests. For use with continuations of unsolicited messages, see HL7 International Standard chapter 5 and section 2.15.2, "Continuation messages and segments." Note that continuation protocols work with both display- and record-oriented messages.

### 2.1.4.2 DSC-2 Continuation style (ID) 01354

Definition: Indicates whether this is a fragmented message (see HL7 International Standard Section 2.15.2, "Continuation messages and segments"), or if it is part of an interactive continuation message (see HL7 International Standard Section 5.6.3, "Interactive continuation of response messages").

Refer to HL7 Table 0398 – Continuation style code for valid values.

HL7 Table 0398 - Continuation style code

Value	Description
F	Fragmentation
I	Interactive Continuation

## 2.1.5 ERR - error segment

The ERR segment is used to add error comments to acknowledgment messages.

## HL7 Attribute Table - ERR –Error

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM #	ELEMENT NAME
1	80	CM	R	Y		00024	Error Code and Location

### 2.1.5.0 ERR field definition

#### 2.1.5.1 ERR-1 Error code and location (CM) 00024

Components: <segment ID (ST)> ^ <sequence (NM)> ^ <field position (NM)> ^ <code identifying error (CE)>

Definition: This field identifies an erroneous segment in another message. The second component is an index if there is more than one segment of type <segment ID>. For systems that do not use the HL7 Encoding Rules, the data item number may be used for the third component. The fourth component (which references [HL7 Table 0357 - Message error condition codes](#), (as a CE data type) is restricted from having any subcomponents as the subcomponent separator is now the CE's component separator.

### 2.1.6 FHS - file header segment

The FHS segment is used to head a file as defined in Overview.

## HL7 Attribute Table - FHS - File Header

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM #	ELEMENT NAME
1	1	ST	R			00067	File Field Separator
2	4	ST	R			00068	File Encoding Characters
3	15	ST	O			00069	File Sending Application
4	20	ST	O			00070	File Sending Facility
5	15	ST	O			00071	File Receiving Application
6	20	ST	O			00072	File Receiving Facility
7	26	TS	O			00073	File Creation Date/Time
8	40	ST	O			00074	File Security
9	20	ST	O			00075	File Name/ID
10	80	ST	O			00076	File Header Comment
11	20	ST	O			00077	File Control ID
12	20	ST	O			00078	Reference File Control ID

### 2.1.6.0 FHS field definitions

#### 2.1.6.1 FHS-1 File field separator (ST) 00067

Definition: This field has the same definition as the corresponding field in the MSH segment.

#### 2.1.6.2 FHS-2 File encoding characters (ST) 00068

Definition: This field has the same definition as the corresponding field in the MSH segment.

#### 2.1.6.3 FHS-3 File sending application (ST) 00069

Definition: This field has the same definition as the corresponding field in the MSH segment.

#### 2.1.6.4 FHS-4 File sending facility (ST) 00070



Definition: This field has the same definition as the corresponding field in the MSH segment.

#### 2.1.6.5 FHS-5 File receiving application (ST) 00071

Definition: This field has the same definition as the corresponding field in the MSH segment.

#### 2.1.6.6 FHS-6 File receiving facility (ST) 00072

Definition: This field has the same definition as the corresponding field in the MSH segment.

#### 2.1.6.7 FHS-7 File creation date/time (TS) 00073

Definition: This field has the same definition as the corresponding field in the MSH segment.

#### 2.1.6.8 FHS-8 File security (ST) 00074

Definition: This field has the same definition as the corresponding field in the MSH segment.

#### 2.1.6.9 FHS-9 File name/ID (ST) 00075

Definition: This field can be used by the application processing file. Its use is not further specified.

#### 2.1.6.10 FHS-10 File header comment (ST) 00076

Definition: This field contains the free text field, the use of which is not further specified.

#### 2.1.6.11 FHS-11 File control ID (ST) 00077

Definition: This field is used to identify a particular file uniquely. It can be echoed back in FHS-12-reference file control ID.

#### 2.1.6.12 FHS-12 Reference file control ID (ST) 00078

Definition: This field contains the value of FHS-11-file control ID when this file was originally transmitted.

Not present if this file is being transmitted for the first time.

### 2.1.7 FTS - file trailer segment

The FTS segment defines the end of a file.

#### HL7 Attribute Table - FTS - File Trailer

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM #	ELEMENT NAME
1	10	NM	O			00079	File Batch Count
2	80	ST	O			00080	File Trailer Comment

#### 2.1.7.0 FTS field definitions

##### 2.1.7.1 FTS-1 File batch count (NM) 00079

Definition: This field contains the number of batches contained in this file. In Australia there is a maximum of 1 batch in a file.

##### 2.1.7.2 FTS-2 File trailer comment (ST) 00080

Definition: The use of this free text field is not further specified.

## 2.1.8 MSA - message acknowledgment segment

The MSA segment contains information sent while acknowledging another message.

### HL7 Attribute Table - MSA - Message Acknowledgment

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM #	ELEMENT NAME
1	2	ID	R		0008	00018	Acknowledgment Code
2	20	ST	R			00010	Message Control ID
3	80	ST	O			00020	Text Message
4	15	NM	O			00021	Expected Sequence Number
5	1	ID	B		0102	00022	Delayed Acknowledgment Type
6	250	CE	O		0357	00023	Error Condition

The sending system must return the *Message Control ID* from the received message in the MSA segment.

### 2.1.8.0 MSA field definitions

#### 2.1.8.1 MSA-1 Acknowledgment code (ID) 00018

Definition: This field contains an acknowledgment code, see message processing rules. Refer to [HL7 Table 0008 - Acknowledgment code](#) for valid values.

HL7 Table 0008 - Acknowledgment code

Value	Description
AA	Original mode: Application Accept - Enhanced mode: Application acknowledgment: Accept
AE	Original mode: Application Error - Enhanced mode: Application acknowledgment: Error
AR	Original mode: Application Reject - Enhanced mode: Application acknowledgment: Reject
CA	Enhanced mode: Accept acknowledgment: Commit Accept
CE	Enhanced mode: Accept acknowledgment: Commit Error
CR	Enhanced mode: Accept acknowledgment: Commit Reject

#### 2.1.8.2 MSA-2 Message control ID (ST) 00010

Definition: 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.

#### 2.1.8.3 MSA-3 Text message (ST) 00020

Definition: This optional field further describes an error condition. This text may be printed in error logs or presented to an end user.

Use of MSA-3-text message and MSA-6-error condition are deprecated in favor of ERR-1-Error code and location. The ERR segment allows for richer descriptions of the erroneous conditions.

#### 2.1.8.4 MSA-4 Expected sequence number (NM) 00021

Definition: This optional numeric field is used in the sequence number protocol.

### 2.1.8.5 MSA-5 Delayed acknowledgment type (ID) 00022

Definition: **This field has been retained for backward compatibility.** This field is used only as described above, in the HL7 International Standard Section 2.13.2, "Application (level 7) processing rules, deferred processing two phase reply (original acknowledgment mode only)." Otherwise this field is not used.

HL7 Table 0102 - Delayed acknowledgment type

Value	Description
D	Message received, stored for later processing
F	acknowledgment after processing

### 2.1.8.6 MSA-6 Error condition (CE) 00023

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field allows the acknowledging system to use a user-defined error code to further specify AR or AE type acknowledgments. This field is a generalized replacement for *MSA-3-text message* .

Use of *MSA-3-text message* and *MSA-6-error condition* are deprecated in favor of *ERR-1 -Error code and location*. The ERR segment allows for richer descriptions of the erroneous conditions.

The Message Error Condition codes are defined by [HL7 Table 0357 - Message error condition codes](#).

HL7 Table 0357 - Message error condition codes

Error Condition Code	Error Condition Text	Description/Comment
<b>Success</b>		
0	Message accepted	Success. Optional, as the AA conveys success. Used for systems that must always return a status code.
<b>Errors</b>		
100	Segment sequence error	The message segments were not in the proper order, or required segments are missing.
101	Required field missing	A required field is missing from a segment.
102	Data type error	The field contained data of the wrong data type, e.g. an NM field contained "FOO".
103	Table value not found	A field of data type ID or IS was compared against the corresponding table, and no match was found.
<b>Rejection</b>		
200	Unsupported message type	The Message Type is not supported.
201	Unsupported event code	The Event Code is not supported.
202	Unsupported processing id	The Processing ID is not supported.
203	Unsupported version id	The Version ID is not supported.
204	Unknown key identifier	The ID of the patient, order, etc., was not found. Used for transactions <i>other</i> than admissions, e.g. transfer of a non-existent patient.
205	Duplicate key identifier	The ID of the patient, order, etc., already exists. Used in response to addition transactions (Admit, New Order, etc.).
206	Application record locked	The transaction could not be performed at the application storage level, e.g. database locked.

207	Application internal error	A catchall for internal errors not explicitly covered by other codes.
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## 2.1.9 MSH - message header segment

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

### HL7 Attribute Table - MSH - Message Header

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM #	ELEMENT NAME
1	1	ST	R			00001	Field Separator
2	4	ST	R			00002	Encoding Characters
3	180	HD	O		0361	00003	Sending Application
4	180	HD	O		0362	00004	Sending Facility
5	180	HD	O		0361	00005	Receiving Application
6	180	HD	O		0362	00006	Receiving Facility
7	26	TS	R			00007	Date/Time Of Message
8	40	ST	O			00008	Security
9	15†	CM	R		0076 / 0003	00009	Message Type
10	36††	ST	R			00010	Message Control ID
11	3	PT	R			00011	Processing ID
12	250†††	VID	R		0104	00012	Version ID
13	15	NM	O			00013	Sequence Number
14	180	ST	O			00014	Continuation Pointer
15	2	ID	R††		0155	00015	Accept Acknowledgment Type
16	2	ID	R††		0155	00016	Application Acknowledgment Type
17	3	ID	R††		0399	00017	Country Code
18	16	ID	O	Y	0211	00692	Character Set
19	250	CE	R††			00693	Principal Language Of Message
20	20	ID	O		0356	01317	Alternate Character Set Handling Scheme
21	10	ID	O	Y	0449	01598	Conformance Statement ID

† Australian variation to HL7 V2.4 with the length changed from 13 to 15 characters.

†† Australian variation to HL7 V2.4 with the length changed from 20 to 36 characters to accommodate a globally unique identifier.

††† Australian variation to HL7 V2.4, field optionality has been changed to required.

†††† Australian variation to HL7 V2.4 with the length changed from 60 to 250 characters.

### 2.1.9.0 MSH field definitions

#### 2.1.9.1 MSH-1 Field separator (ST) 00001

Definition: 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. Recommended value is |, (ASCII 124).

#### 2.1.9.2 MSH-2 Encoding characters (ST) 00002

Definition: This field contains the four characters in the following order: the component separator, repetition separator, escape character, and subcomponent separator. Recommended values are ^~\& (ASCII 94,126, 92, and 38, respectively). In the Australian context the separators are fixed to these values.

#### 2.1.9.3 MSH-3 Sending application (HD) 00003

Components: <namespace ID (IS)> ^ <universal ID (ST)> ^ <universal ID type (ID)>

Definition: 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. Entirely site-defined.

User-defined Table 0361-Sending/receiving application is used as the user-defined table of values for the first component.

User-defined Table 0361 – Sending/receiving application

Value	Description
MERIDIAN^MERIDIAN:3.1.4 (Build 6934) [win32-i386]^L	Example application identifier
Best Practice 1.8.5.743	Application identifier with only namespace ID valued
PRSLT^HL7PIT^L	Example Lab Sending application

Note: By site agreement, implementors may continue to use User-defined Table 0300 – Namespace ID for the first component.

#### 2.1.9.4 MSH-4 Sending facility (HD) 00004

Components: <namespace ID (IS)> ^ <universal ID (ST)> ^ <universal ID type (ID)>

Definition: This field further describes the sending application, *MSH-3-sending application*. With the promotion of this field to an HD data type, the usage has been broadened to include not just the sending facility but other organizational entities such as a) the organizational entity responsible for sending application; b) the responsible unit; c) a product or vendor's identifier, etc. Entirely site-defined.

User-defined Table 0362 – Sending/receiving facility is used as the HL7 identifier for the user-defined table of values for the first component.

User-defined Table 0362 – Sending/receiving facility

Value	Description
Buderim GE Centre^7C3E3681-91F6-11D2-8F2C-444553540000^GUID	Example sending facility identified with GUID
QML^2184^AUSNATA	Lab example using AUSNATA as coding scheme

Note: By site agreement, implementers may continue to use User-defined Table 0300 – Namespace ID for the first component.

#### 2.1.9.5 MSH-5 Receiving application (HD) 00005

Components: <namespace ID (IS)> ^ <universal ID (ST)> ^ <universal ID type (ID)>

Definition: 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. Entirely site-defined. User-defined Table 0361- Sending/receiving application is used as the HL7 identifier for the user-defined table of values for the first component.

Note: By site agreement, implementers may continue to use User-defined Table 0300 – Namespace ID for the first component.

#### 2.1.9.6 MSH-6 Receiving facility (HD) 00006

Components: <namespace ID (IS)> ^ <universal ID (ST)> ^ <universal ID type (ID)>

Definition: This field identifies the receiving application among multiple identical instances of the application running on behalf of different organizations.

User-defined Table 0362 – Sending/receiving facility is used as the HL7 identifier for the user-defined table of values for the first component. Entirely site-defined.

Note: By site agreement, implementers may continue to use User-defined Table 0300 – Namespace ID for the first component.

#### 2.1.9.7 MSH-7 Date/time of message (TS) 00007

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: This field was made required in version 2.4. Messages with versions prior to 2.4 are not required to value this field. This usage supports backward compatibility.

### 2.1.9.8 MSH-8 Security (ST) 00008

Definition: In some applications of HL7, this field is used to implement security features. Its use is not yet further specified.

### 2.1.9.9 MSH-9 Message type (CM) 00009

Components: <message type (ID)> ^ <trigger event (ID)> ^ <message structure (ID)>

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

The first component is the message type code defined by HL7 Table 0076 - Message type. This table contains values such as ACK, ADT, ORM, ORU etc. See HL7 International Standard section 2.17.1 for complete listing.

The second component is the trigger event code defined by HL7 Table 0003 - Event type. This table contains values like A01, O01, R01 etc. See HL7 International Standard section 2.17.2 for a complete listing

The third component is the abstract message structure code defined by *HL7 Table 0354 - Message structure*.

This table has two columns. The first column contains the value of this code, which describes a particular HL7 "abstract message structure definition" in terms of segments, as defined in HL7 International Standard sections 2.12, "CHAPTER FORMATS FOR DEFINING HL7 MESSAGES" and 2.12.1, "HL7 abstract message syntax example". The second column of table 0354 lists the various HL7 trigger events that use the particular abstract message definition. For example, the message structure code ADT\_A01 describes the single abstract message structure used by the trigger events A01, A04, A05, A08, A13, A14, A28 and A31. See HL7 International Standard section 2.17.3 for a complete listing.

Note: Australian variation to HL7 V2.4 with the length changed from 13 to 15 characters.

### 2.1.9.10 MSH-10 Message control ID (ST) 00010

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).

The *Message Control ID* is not an order number for the request nor is it a specimen identifier used by the pathology provider. It is a unique internal identifier for one specific message originating from a particular site. This internal field in the message will not conflict when messages from different placers/fillers with the same *Message Control ID* are received. All systems should ensure that their data tables are not keyed uniquely using the value from *Message Control ID*.

If a patient has one MSH with multiple OBR segments and if there is an error in one result then all results in the message are rejected, not just the OBR with the error. However, when one MSH is sent for each OBR then only the result with the error is rejected.

The recommended format for *Message Control ID* is a combination of two or three components, including:

- 1) The first component is to identify the sending facility.
- 2) The second (optional) component is a date in YYYYMMDD format.
- 3) The third component is an incremental counter starting at number 1.

The generalised format is:

<sending facility>\_<date>.n{nnnnnnn..}

Example:

dhm\_20160505.2178

qml\_20160915.789

Note: It is not intended for the full AUSNATA form to be used, only the first component of the AUSNATA code.

For placers, they could use their <site code> or <site code>\_<date> e.g. px\_45678912.25

Note: Australian variation to HL7 V2.4 with the length changed from 20 to 36 characters to accommodate a globally unique identifier (GUID).

### 2.1.9.11 MSH-11 Processing ID (PT) 00011

Components: <processing ID (ID)> ^ <processing mode (ID)>

Definition: This field is used to decide whether to process the message as defined in HL7 Application (level 7) Processing rules. The first component defines whether the message is part of a production, training, or debugging system (refer to [HL7 Table 0103 - Processing ID](#) for valid values). The second component defines whether the message is part of an archival process or an initial load (refer to [HL7 Table 0207 - Processing mode](#) for valid values). This allows different priorities to be given to different processing modes. The value used in normal usage is highlighted in blue.

HL7 Table 0103 - Processing ID

Value	Description
D	Debugging
P	Production
T	Training

HL7 Table 0207 - Processing mode

Value	Description
A	Archive
R	Restore from archive
I	Initial load
T	Current processing, transmitted at intervals (scheduled or on demand)
Not present	Not present (the default, meaning current processing)

### 2.1.9.12 MSH-12 Version ID (VID) 00012

Components: <version ID (ID)> ^ <internationalization code (CE)> ^ <internal version ID (CE)>

Definition: This field is matched by the receiving system to its own version to be sure the message will be interpreted correctly. Beginning with Version 2.3.1, it has two additional "internationalization" components, for use by HL7 international affiliates. The <internationalization code> is CE data type (using the ISO country codes where appropriate) which represents the HL7 affiliate. The <internal version ID> is used if the HL7 Affiliate has more than a single 'local' version associated with a single US version. The <internal version ID> has a CE data type, since the table values vary for each HL7 Affiliate.

HL7 Table 0104—Version ID

Value	Description	
<del>2.0</del>	<del>Release 2.0</del>	<del>September 1988</del>
<del>2.0D</del>	<del>Demo 2.0</del>	<del>October 1988</del>
<del>2.1</del>	<del>Release 2.1</del>	<del>March 1990</del>
<del>2.2</del>	<del>Release 2.2</del>	<del>December 1994</del>
<del>2.3</del>	<del>Release 2.3</del>	<del>March 1997</del>
<del>2.3.1</del>	<del>Release 2.3.1</del>	<del>May 1999</del>
2.4	Release 2.4	November 2000

To indicate compliance with this localisation the <internationalization code (CE)> must be "AUS&Australia&ISO3166\_1".

To indicate compliance with Pathology Orders and Results profile the <internal version ID (CE)> component must be valued "HL7AU-OO-201701&&L".

To indicate compliance with Simplified Referral profile see [Appendix 8 Simplified REF profile A8.3 Sender Conformance](#).

To indicate compliance with other profiles, refer to the profile specification.

### 2.1.9.13 MSH-13 Sequence number (NM) 00013

Definition: A non-null value in this field implies that the sequence number protocol is in use. This numeric field is incremented by one for each subsequent value.

### 2.1.9.14 MSH-14 Continuation pointer (ST) 00014

Definition: This field is used to define continuations in application-specific ways.

Only the sender of a fragmented message values this field.

### 2.1.9.15 MSH-15 Accept acknowledgment type (ID) 00015

Definition: This field identifies the conditions under which accept acknowledgments are required to be returned in response to this message. Required for enhanced acknowledgment mode. Refer to [HL7 Table 0155 - Accept/application acknowledgment conditions](#) for valid values.

Note: In the Australian context acknowledgements must always be used and the value must be "AL".

### 2.1.9.16 MSH-16 Application acknowledgment type (ID) 00016

Definition: This field contains the conditions under which application acknowledgments are required to be returned in response to this message. Required for enhanced acknowledgment mode.

The following table contains the possible values for MSH-15-accept acknowledgment type and MSH-16- application acknowledgment type:

HL7 Table 0155 - Accept/application acknowledgment conditions

Value	Description
AL	Always
NE	Never
ER	Error/reject conditions only
SU	Successful completion only

Note: In the Australian context application acknowledgements should be used and the value must be "AL".

### 2.1.9.17 MSH-17 Country code (ID) 00017

Definition: This field contains the country of origin for the message. It will be used primarily to specify default elements, such as currency denominations. The values to be used are those of ISO 3166, which are reprinted here upon written approval from ANSI.<sup>2</sup> The ISO 3166 table has three separate forms of the country code: HL7 specifies that the 3-character (alphabetic) form be used for the country code.

<sup>2</sup> Available from ISO 1 Rue de Varembe, Case Postale 56, CH 1211, Geneve, Switzerland

Refer to [HL7 Table 0399 – Country code](#) for the 3-character codes as defined by ISO 3166 table.

HL7 Table 0399 – Country code

Value	Description
ABW	ARUBA
AFG	AFGHANISTAN
AFT	FRENCH SOUTHERN TERRITORIES
AGO	ANGOLA
AIA	ANGUILLA
ALB	ALBANIA
AND	ANDORRA
ANT	NETHERLANDS ANTILLES
ARE	UNITED ARAB EMIRATES
ARG	ARGENTINA
ARM	ARMENIA
ASM	AMERICAN SAMOA
ATA	ANTARCTICA
ATG	ANTIGUA AND BARBUDA
AUS	AUSTRALIA



AUT	AUSTRIA
AZE	AZERBAIJAN
BDI	BURUNDI
BEL	BELGIUM
BEN	BENIN
BFA	BURKINA FASO
BGD	BANGLADESH
BGR	BULGARIA
BHR	BAHRAIN
BHS	BAHAMAS
BIH	BOSNIA AND HERZEGOVINA
BLR	BELARUS
BLZ	BELIZE
BMU	BERMUDA
BOL	BOLIVIA
BRA	BRAZIL
BRB	BARBADOS
BRN	BRUNEI DARUSSALAM
BTN	BHUTAN
BVT	BOUVET ISLAND
BWA	BOTSWANA
CAF	CENTRAL AFRICAN REPUBLIC
CAN	CANADA
CCK	COCOS (KEELING) ISLANDS
CHE	SWITZERLAND
CHL	CHILE
CHN	CHINA
CIV	COTE D'VOIRE
CMR	CAMEROON
COD	CONGO, THE DEMOCRATIC REPUBLIC OF THE
COG	CONGO
COK	COOK ISLAND
COL	COLOMBIA
COM	COMOROS
CPV	CAPE VERDE
CRI	COSTA RICA
CUB	CUBA
CXR	CHRISTMAS ISLAND
CYM	CAYMAN ISLANDS
CYP	CYPRUS

CZE	CZECH REPUBLIC
DEU	GERMANY
DJI	DJIBOUTI
DMA	DOMINICA
DNK	DENMARK
DOM	DOMINICAN REPUBLIC
DZA	ALGERIA
ECU	ECUADOR
EGY	EGYPT
ERI	ERITREA
ESH	WESTERN SAHARA
ESP	SPAIN
EST	ESTONIA
ETH	ETHIOPIA
FIN	FINLAND
FJI	FIJI
FLK	FALKLAND ISLANDS (MALVINAS)
FRA	FRANCE
FRO	FAROE ISLANDS
FSM	MICRONESIA, FEDERATED STATES OF
GAB	GABON
GBR	UNITED KINGDOM
GEO	GEORGIA
GHA	GHANA
GIB	GIBRALTAR
GIN	GUINEA
GLP	GUADELOUPE
GMB	GAMBIA
GNB	GUINEA-BISSAU
GNQ	EQUATORIAL GUINEA
GRC	GREECE
GRD	GRENADA
GRL	GREENLAND
GTM	GUATEMALA
GUF	FRENCH GUIANA
GUM	GUAM
GUY	GUYANA
HKG	HONG KONG
HMD	HEARD ISLAND AND MCDONALD ISLANDS
HND	HONDURAS

HRV	CROATIA
HTI	HAITI
HUN	HUNGARY
IDN	INDONESIA
IND	INDIA
IOT	BRITISH INDIAN OCEAN TERRITORY
IRL	IRELAND
IRN	IRAN, ISLAMIC REPUBLIC OF
IRQ	IRAQ
ISL	ICELAND
ISR	ISRAEL
ITA	ITALY
JAM	JAMAICA
JOR	JORDAN
JPN	JAPAN
KAZ	KAZAKSTAN
KEN	KENYA
KGZ	KYRGYZSTAN
KHM	CAMBODIA
KIR	KIRIBATI
KNA	SAINT KITTS AND NEVIS
KOR	KOREA, REPUBLIC OF
KWT	KUWAIT
LAO	LAO PEOPLE'S DEMOCRATIC REPUBLIC
LBN	LEBANNON
LBR	LIBERIA
LBY	LIBYAN ARAB JAMAHIRIYA
LCA	SAINT LUCIA
LIE	LIECHTENSTEIN
LKA	SRI LANKA
LSO	LESOTHO
LTU	LITHUANIA
LUX	LUXEMBOURG
LVA	LATIVA
MAC	MACAU
MAR	MOROCCO
MCO	MONACO
MDA	MOLDOVA, REPUBLIC OF
MDG	MADAGASCAR
MDV	MALDIVES

MEX	MEXICO
MHL	MARSHALL ISLANDS
MKD	MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF
MLI	MALI
MLT	MALTA
MMR	MYANMAR
MNG	MONGOLIA
MNP	NORTHERN MARIANA ISLANDS
MOZ	MOZAMBIQUE
MRT	MAURITANIA
MSR	MONTSERRAT
MTQ	MARTINIQUE
MUS	MAURITUS
MWI	MALAWI
MYS	MALAYSIA
MYT	MAYOTTE
NAM	NAMIBIA
NCL	NEW CALEDONIA
NER	NIGER
NFK	NORFOLK ISLAND
NGA	NIGERIA
NIC	NICARAGUA
NIU	NIUE
NLD	NETHERLANDS
NOR	NORWAY
NPL	NEPAL
NRU	NAURU
NZL	NEW ZEALAND
OMN	OMAN
PAK	PAKISTAN
PAN	PANAMA
PCN	PITCAIRN
PER	PERU
PHL	PHILIPPINES
PLW	PALAU
PNG	PAPUA NEW GUINEA
POL	POLAND
PRI	PUERTO RICO
PRK	KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF
PRT	PORTUGAL

PRY	PARAGUAY
PYF	FRENCH POLYNESIA
QAT	QATAR
REU	REUNION
ROM	ROMANIA
RUS	RUSSIAN FEDERATION
RWA	RWANDA
SAU	SAUDI ARABIA
SDN	SUDAN
SEN	SENEGAL
SGP	SINGAPORE
SGS	SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS
SHN	SAINT HELENA
SJM	SVALBARD AND JAN MAYEN
SLB	SOLOMON ISLANDS
SLE	SIERRA LEONE
SLV	EL SALVADOR
SMR	SAN MARINO
SOM	SOMALIA
SPM	SAINT PIERRE AND MIQUELON
STP	SAO TOME AND PRINCIPE
SUR	SURINAME
SVK	SLOVAKIA
SVN	SLOVENIA
SWE	SWEDEN
SWZ	SWAZILAND
SYC	SEYCHELLES
SYR	SYRIAN ARAB REPUBLIC
TCA	TURKS AND CAICOS ISLANDS
TCD	CHAD
TGO	TOGO
THA	THAILAND
TJK	TAJIKISTAN
TKL	TOKELAU
TKM	TURKMENISTAN
TMP	EAST TIMOR
TON	TONGA
TTO	TRINIDAD AND TOBAGO
TUN	TUNISIA
TUR	TURKEY

TUV	TUVALU
TWN	TAIWAN, PROVINCE OF CHINA
TZA	TANZANIA, UNITED REPUBLIC OF
UGA	UGANDA
UKR	UKRAINE
UMI	UNITED STATES MINOR OUTLYING ISLANDS
URY	URUGUAY
USA	UNITED STATES
UZB	UZBEKISTAN
VAT	HOLY SEE (VATICAN CITY STATE)
VCT	SAINT VINCENT AND THE GRENADINES
VEN	VENEZUELA
VGB	VIRGIN ISLANDS, BRITISH
VIR	VIRGIN ISLANDS, U.S.
VNM	VIET NAM
VUT	VANUATU
WLF	WALLIS AND FUTUNA
WSM	SAMOA
YEM	YEMEN
YUG	YUGOSLAVIA
ZAF	SOUTH AFRICA
ZMB	ZAMBIA
ZWE	ZIMBABWE

### 2.1.9.18 MSH-18 Character set (ID) 00692

Definition: This field contains the character set for the entire message. Refer to [HL7 Table 0211 - Alternate character sets](#) for valid values.

In Australian usage only "ASCII" must be used (unvalued implies "ASCII"). "UNICODE UTF-8" and "8859/1" messages should only be used by specific agreement.

HL7 Table 0211 - Alternate character sets

Value	Description	Comment
ASCII	The printable 7-bit ASCII character set.	(This is the default if this field is omitted)
8859/1	The printable characters from the ISO 8859/1 Character set	
<del>8859/2</del>	<del>The printable characters from the ISO 8859/2 Character set</del>	
<del>8859/3</del>	<del>The printable characters from the ISO 8859/3 Character set</del>	
<del>8859/4</del>	<del>The printable characters from the ISO 8859/4 Character set</del>	
<del>8859/5</del>	<del>The printable characters from the ISO 8859/5 Character set</del>	

<del>8859/6</del>	<del>The printable characters from the ISO 8859/6 Character set</del>	
<del>8859/7</del>	<del>The printable characters from the ISO 8859/7 Character set</del>	
<del>8859/8</del>	<del>The printable characters from the ISO 8859/8 Character set</del>	
<del>8859/9</del>	<del>The printable characters from the ISO 8859/9 Character set</del>	
<del>ISO IR14</del>	<del>Code for Information Exchange (one byte)(JIS X 0201-1976). Note that the code contains a space, i.e. "ISO IR14".</del>	
<del>ISO IR87</del>	<del>Code for the Japanese Graphic Character set for information interchange (JIS X 0208-1990). Note that the code contains a space, i.e. "ISO IR87".</del>	
<del>ISO IR159</del>	<del>Code of the supplementary Japanese Graphic Character set for information interchange (JIS X 0212-1990). Note that the code contains a space, i.e. "ISO IR159".</del>	
<del>UNICODE</del>	<del>The world wide character standard from ISO/IEC 10646-1:1993</del>	Deprecated in HL7v2.6. Retained for backward compatibility only as v 2.5. Replaced by specific Unicode encoding codes.
UNICODE UTF-8	†UCS Transformation Format, 8-bit form.	UTF-8 is a variable-length encoding, each code value is represented by 1,2 or 3 bytes, depending on the code value. 7 bit ASCII is a proper subset of UTF but not before and after the hyphen.

† "UNICODE UTF-8" was introduced in HL7v2.6 and has been back ported into this HL7v2.4 localisation to allow use of UTF-8 character encoding.

*Note: The field separator character must still be chosen from the printable 7-bit ASCII character set.*

The repetitions of this field to specify different character sets apply only to fields of the, FT, ST, and TX data types.

The field MSH-18-character set is an optional, repeating field of data type ID, using IDs outlined in [HL7 Table 0211 - Alternate character sets](#) (or equivalents from "ISO 2375").

- if the field is not valued, the default single-byte character set (ASCII ("ISO IR6")) should be assumed. No other character sets are allowed in the message.
- if the field repeats, but the first element is NULL (i.e., present but unvalued), the single-byte ASCII ("ISO IR6") is assumed as the default character set.
- if the sequence is present and the first element is specified, this character set is regarded as the default character set for the message. This must be a single-byte character set (i.e., "ISO IR6", "ISO IR13", "ISO IR14", "ISO IR100", etc.).
- elements in the remainder of the sequence (i.e., elements 2..n) are alternate character sets that may be used. These may include multi-byte character sets (i.e., JIS X 0208).
- the default character set should always be a single-byte character set. It should always have "ISO IR6" (ISO 646) or "ISO IR14" (JIS X 0201-1976) in the G0 area.

### 2.1.9.19 MSH-19 Principal language of message (CE) 00693

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field contains the principal language of the message. Codes come from ISO 639.

Note: In the Australian context use "en" for English.

### 2.1.9.20 MSH-20 Alternate character set handling scheme (ID) 01317

Alternative Character Sets are not used in Australia and this field is null. The information below is what appears in the international standard.

Definition: When any alternative character sets are used (as specified in the second or later components of MSH-18 character sets), and if any special handling scheme is needed, this component is to specify the scheme used, according to [HL7 Table 0356- Alternate](#)

character set handling scheme as defined below:

HL7 Table 0356 - Alternate character set handling scheme

Value	Description
ISO-2022-1004	This standard is titled "Information Technology — Character Code Structure and Extension Technique". This standard specifies an escape sequence from basic one byte character set to specified other character set, and vice versa. The escape sequence explicitly specifies what alternate character set to be evoked. Note that in this mode, the actual ASCII escape character is used as defined in the referenced ISO document. As noted in HL7 International Standard 1.6.1, escape sequences to/from alternate character set should occur within HL7 delimiters. In other words, HL7 delimiters are basic one byte characters only, and just before and just after delimiters, character encoding status should be the basic one byte set.
<del>2.3</del>	The character set switching mode specified in HL7 2.3, HL7 International Standard sections 2.8.28.6.1, and 2.0.2. Note that the escape sequences used in this mode do not use the ASCII "esc" character. They are "HL7 escape sequences" as defined in HL7 2.3, sec. 2.0 as defined in ISO-2022-1004 (Also, note that HL7 International Standard sections 2.8.28.6.1 and 2.0.2 in HL7 2.3 correspond to HL7 International Standard sections 2.8.31.6.1 and 2.0.2 in HL7 2.4.)
<null>	This is the default, indicating that there is no character set switching occurring in this message.

### 2.1.9.21 MSH-21 Conformance statement ID (ID) 01598

Definition: Sites may use this field to assert adherence to a Conformance Statement published by HL7 or by a site. Conformance Statements contain detailed explanations of grammar, syntax, and usage for a particular message or set of messages. Examples of the use of Conformance Statements appear in HL7 International Standard Chapter 5, "Query."

Repetition of this field allows more flexibility in creating and naming conformance statements. For example, the first repetition could reference a standard conformance statement, and the second, just some changes to it.

Values for HL7-standard conformance statements appear in HL7 Table 0449 - Conformance statements as defined below.

HL7 Table 0449 - Conformance statements

Value	Description
	Values here are by site negotiation.

Note: As HL7 technical committees ballot conformance statements, table 449 will be populated with their identifiers. No identifiers have been issued as of v 2.4. As with any HL7 table, this table may be extended with site-defined identifiers.

## 2.2 Other segments used in pathology messaging

This section covers the following segments that are often included in pathology messaging. Important order and observation segments are not included here, but are covered in detail in Chapters 4 and 5 of this guide.

Quick links:

- [2.2.1 PID - patient identification segment](#)
- [2.2.2 PV1 - patient visit segment](#)
- [2.2.3 PV2- patient visit - additional information segment](#)
- [2.2.4 AL1 - Patient allergy information segment](#)
- [2.2.5 QRD - original-style query definition segment](#)
- [2.2.6 QRF - original style query filter segment](#)

### 2.2.1 PID - patient identification segment

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.



It should be noted that from V2.4 onwards the demographics of animals can also be sent in the PID segment (see PID-35 to PID-38).

The assigning authority, the fourth component of the patient identifiers, is a HD data type that is uniquely associated with the assigning authority that originally assigned the number. A given institution, or group of intercommunicating institutions, should establish a list of assigning authorities that may be potential assignors of patient identification (and other important identification) numbers. The list will be one of the institution's master dictionary lists. Since third parties (other than the assignors of patient identification numbers) may send or receive HL7 messages containing patient identification numbers, the assigning authority in the patient identification numbers may not be the same as the sending and receiving systems identified in the MSH. The assigning authority must be unique across applications at a given site. This field is required in HL7 implementations that have more than a single Patient Administration application assigning such numbers. The assigning authority and identifier type codes are strongly recommended for all CX data types.

With HL7 V2.3, the nomenclature for the fourth component of the patient identifiers was changed from "assigning facility ID" to "assigning authority". While the identifier may be unique to a given healthcare facility (for example, a medical record assigned by facility A in Hospital XYZ), the identifier might also be assigned at a system level (for example a corporate person index or enterprise number spanning multiple facilities) or by a government entity, for example a nationally assigned unique individual identifier. While a facility is usually an assigning authority, not all assigning authorities are facilities. Therefore, the fourth component is referred to as an assigning authority, but retains backward compatibility using the construct of the HD data type (see the note in section 2.8.18). Additionally, CX data types support the use of assigning facility (HD) as the sixth component.

### HL7 Attribute Table – PID – Patient identification

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM #	ELEMENT NAME
1	4	SI	R †††			00104	Set ID - PID
2	20	CX	B			00105	Patient ID
3	250	CX	R	Y		00106	Patient Identifier List
4	20	CX	B	Y		00107	Alternate Patient ID - PID
5	250	XPN	R	Y		00108	Patient Name
6	250	XPN	O	†		00109	Mother's Maiden Name
7	26	TS	O			00110	Date/Time of Birth
8	1	IS	O		0001	00111	Administrative Sex
9	250	XPN	B	Y		00112	Patient Alias
10	250	CE	O	†	0005	00113	Race
11	250	XAD	O	Y		00114	Patient Address
12	4	IS	B		0289	00115	County Code
13	250	XTN	O	Y		00116	Phone Number - Home
14	250	XTN	O	Y		00117	Phone Number - Business
15	250	CE	O		0296	00118	Primary Language
16	250	CE	O		0002	00119	Marital Status
17	250	CE	O		0006	00120	Religion
18	250	CX	O			00121	Patient Account Number
19	16	ST	B			00122	SSN Number - Patient
20	25	DLN	O			00123	Driver's License Number - Patient
21	250	CX	O	Y		00124	Mother's Identifier
22††	250	CE	O	Y	0189	00125	Ethnic Group
23	250	ST	O			00126	Birth Place
24†	1	ID	O		0136	00127	Multiple Birth Indicator
25	2	NM	O			00128	Birth Order
26	250	CE	O	Y	0171	00129	Citizenship
27	250	CE	O		0172	00130	Veterans Military Status
28	250	CE	B		0212	00739	Nationality
29	26	TS	O			00740	Patient Death Date and Time
30	1	ID	O		0136	00741	Patient Death Indicator
31	1	ID	O		0136	01535	Identity Unknown Indicator
32	20	IS	O	Y	0445	01536	Identity Reliability Code
33	26	TS	O			01537	Last Update Date/Time
34	40	HD	O			01538	Last Update Facility
35	250	CE	C		0446	01539	Species Code
36	250	CE	C		0447	01540	Breed Code
37	80	ST	O			01541	Strain

38	250	CE	O	2	0429	01542	Production Class Code
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† PID-6 and PID-10: component repeatability has been removed in the Australian context. Variance to HL7 International.

†† PID-22: Not to be used for indigenous status or country of birth in Australia. Variance to HL7 International.

‡ PID-24: HL7 table 0136 has options of 'Yes/No', whereas [METeOR 668881](#) is the number of live births arising from a single pregnancy. Use HL7 Table 0136.

PID-27: DVA file number is sent in PID-3.1. The DVA card colour is no longer sent in this field (refer to PID-3.5). Variance to HL7 International.

††† PID-1 is mandatory in the Australian context. Variance to HL7 International.

## 2.2.1.0 PID field definition

### 2.2.1.1 PID-1 Set ID PID (SI) 00104

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

### 2.2.1.2 PID-2 Patient ID (CX) 00105

Components: <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ < assigning authority (HD)> ^ <identifier type code (ID)> ^ < assigning facility (HD) ^ <effective date (DT)> ^ <expiration date (DT)>

Subcomponents of assigning authority: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Subcomponents of assigning facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: **This field has been retained for backward compatibility only.** The arbitrary term of "external ID" has been removed from the name of this field. The repetition, assigning authority, healthcare facility, and identifier type code attributes of PID-3 - patient identifier list allow for distinctive identifier representation. This field remains for systems with a negotiated understanding of "external." It is recommended to use PID-3 - patient identifier list for all patient identifiers.

When used for backward compatibility, this field is valued when the patient is from another institution, outside office, etc., and the identifier used by that institution can be shown in this field. This may be a number that multiple disparate corporations or facilities share. Refer to [HL7 Table 0061 - Check digit scheme](#).

### 2.2.1.3 PID-3 Patient identifier list (CX) 00106

Components: <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ < assigning authority (HD)> ^ <identifier type code (ID)> ^ < assigning facility (HD) ^ <effective date (DT)> ^ <expiration date (DT)>

Subcomponents of assigning authority: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Subcomponents of assigning facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: This field contains the list of identifiers (one or more) used by the healthcare facility to uniquely identify a patient (e.g., medical record number, billing number, birth registry, national unique individual identifier, etc.). The Australian individual healthcare identifier (IHI) should be sent in this field. Refer to [HL7 Table 0061 - Check digit scheme](#) for valid values. The arbitrary term of "internal ID" has been removed from the name of this field for clarity. Refer also to [HL7 Table 0203 - Identifier Type](#) and [User-defined Table 0363 - Assigning authority](#) for valid values.

Only the sender's identifier(s) and the receiver's identifier(s) should be transmitted to avoid inappropriate use and disclosure of patient information. Other organizations' identifiers should not be used by organisations or providers as their own identifiers. The *Privacy Act 1998* (c ommonwealth) has the relevant state and territory legislation regarding person identifiers.

Patient identifiers are not always unique.

### 2.2.1.4 PID-4 Alternate patient ID - PID (CX) 00107

Components: <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ < assigning authority (HD)> ^ <identifier type code (ID)> ^ < assigning facility (HD) ^ <effective date (DT)> ^ <expiration date (DT)>

Subcomponents of assigning authority: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Subcomponents of assigning facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: **This field has been retained for backward compatibility only.** It is recommended to use PID-3 - patient identifier list for all patient identifiers. When used for backward compatibility, this field contains the alternate, temporary, or pending optional patient identifier to be used if needed - or additional numbers that may be required to identify a patient. This field may be used to convey multiple patient IDs

when more than one exist for a patient. Possible contents might include a visit number, a visit date, or a Social Security Number.

### 2.2.1.5 PID-5 Patient name (XPN) 00108

Components: In Version 2.3, replaces the PN data type. <family name (FN)> ^ <given name (ST)> ^ <second and further given names or initials thereof (ST)> ^ <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (IS)> ^ <name type code (ID) > ^ <name representation code (ID)> ^ <name context (CE)> ^ <name validity range (DR)> ^ <name assembly order (ID)>

Subcomponents of family name: <family name (ST)> & <own family name prefix (ST)> & <own family name (ST)> & <family name prefix from partner/spouse (ST)> & <family name from partner/spouse (ST)>

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". Refer to [HL7 Table 0200 - Name type](#) for valid values. Repetition of this field is allowed for representing the same name in different character sets. Note that "last name prefix" is synonymous to "own family name prefix" of previous versions of HL7, as is "second and further given names or initials thereof" to "middle initial or name". Multiple given names and/or initials are separated by spaces.

HL7 Table 0200 - Name type

Value	Description
A	Alias Name
B	Name at Birth
C	Adopted Name
D	Display Name
I	Licensing Name
L	Legal Name
M	Maiden Name
N	Nickname /"Call me" Name/Street Name
P	Name of Partner/Spouse (retained for backward compatibility only)
R	Registered Name (animals only)
S	Coded Pseudo-Name to ensure anonymity
T	Indigenous/Tribal/Community Name
U	Unspecified

For animals, if a Name Type of "R" is used, use "Name Context" to identify the authority with which the animal's name is registered.

### 2.2.1.6 PID-6 Mother's maiden name (XPN) 00109

Components: In Version 2.3, replaces the PN data type. <family name (FN)> ^ <given name (ST)> ^ <second and further given names or initials thereof (ST)> ^ <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (IS)> ^ <name type code (ID) > ^ <name representation code (ID)> ^ <name context (CE)> ^ <name validity range (DR)> ^ <name assembly order (ID)>

Subcomponents of family name: <family name (ST)> & <own family name prefix (ST)> & <own family name (ST)> & <family name prefix from partner/spouse (ST)> & <family name from partner/spouse (ST)>

Definition: This field contains the family name under which the mother was born (i.e., before marriage). It is used to distinguish between patients with the same last name.

### 2.2.1.7 PID-7 Date/time of birth (TS) 00110

Definition: This field contains the patient's date and time of birth.

This field allows for variable precision of the date/time of birth. Refer to [3.26 TS - time stamp](#) for details how to encode date/time in this field.

Refer to [METeOR 287007](#), 'Date of birth' and [AS 4846-2014](#) Clause 5.2.3 'Date of Birth Accuracy Indicator', Clause 5.2.2 'Date of Birth'.

### 2.2.1.8 PID-8 Administrative sex (IS) 00111

Definition: This field contains the patient's sex.

HL7 code values (User-defined Table 0001 - Administrative sex) need to be used for messages whereas METeOR values are required for

data collection and statistics. The following mapping should be used:

User-defined Table 0001 Administrative sex		METeOR (287316 Sex)	
Code	Description	Code	Description
M	Male	1	Male
F	Female	2	Female
A	Ambiguous	3	Indeterminate or Intersex
O	Other	9	Not stated/Inadequately described
U	Unknown	9	Not stated/Inadequately described
N	Not Applicable	9	Not stated/Inadequately described

Also refer to [AS 4846-2014](#) Clause 5.5 'Sex'.

### 2.2.1.9 PID-9 Patient alias (XPN) 00112

Components: In Version 2.3, replaces the PN data type. <family name (FN)> ^ <given name (ST)> ^ <second and further given names or initials thereof (ST)> ^ <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (IS)> ^ <name type code (ID) > ^ <name representation code (ID)> ^ <name context (CE)> ^ <name validity range (DR)> ^ <name assembly order (ID)>

Subcomponents of family name: <family name (ST)> & <own family name prefix (ST)> & <own family name (ST)> & <family name prefix from partner/spouse (ST)> & <family name from partner/spouse (ST)>

Definition: **This field has been retained for backward compatibility only.** It is recommended to use PID-5 - patient name for all patient names. This field contained the name(s) by which the patient has been known at some time. Refer to [HL7 Table 0200 - Name type](#) for valid values.

### 2.2.1.10 PID-10 Race (CE) 00113

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This element is used for Indigenous status - refer to [METeOR 602543 'Indigenous status'](#). The second triplet of the CE data type for race (alternate identifier, alternate text, and name of alternate coding system) is reserved for governmentally assigned codes.

Note: In the Australian context the component repeatability has been removed. A variance to HL7 International.

### 2.2.1.11 PID-11 Patient address (XAD) 00114

Components: In Version 2.3 and later, replaces the AD data type. <street address (ST)> ^ <other designation (ST)> ^ <city (ST)> ^ <state or province (ST)> ^ <zip or postal code (ST)> ^ <country (ID)> ^ <address type (ID)> ^ <other geographic designation (ST)> ^ <county/parish code (IS)> ^ <census tract (IS)> ^ <address representation code (ID)> ^ <address validity range (DR)>

Subcomponents of street address: <street address (ST)> & <street name (ST)> & <dwelling number (ST)>

Definition: This field contains the mailing address of the patient. Address type codes are defined by [HL7 Table 0190 - Address type](#). Multiple addresses for the same person may be sent in the following sequence: The primary mailing address must be sent first in the sequence (for backward compatibility); if the mailing address is not sent, then a repeat delimiter must be sent in the first sequence.

HL7 Table 0190 - Address Type

Example field: PID-11 Patient address

Value	Description
C	Current address
H	Home address
M	Mailing address

Refer to [AS 4846-2014](#) Clause 6.

### 2.2.1.12 PID-12 County code (IS) 00115

Definition: **This field has been retained for backward compatibility.** This field contains the patient's county code. The county can now be supported in the county/parish code component of the XAD data type (PID-11 - Patient Address). Refer to [User-defined Table 0289 - County/parish](#) for suggested values

### 2.2.1.13 PID-13 Phone number - home (XTN) 00116

Components: [NNN] [(999)]999-9999 [X99999] [B99999] [C any text] ^ <telecommunication use code (ID)> ^ <telecommunication equipment type (ID)> ^ <e-mail address (ST)> ^ <country code (NM)> ^ <area/city code (NM)> ^ <phone number (NM)> ^ <extension (NM)> ^ <any text (ST)>

Definition: This field contains the patient's personal phone numbers. All personal phone numbers for the patient are sent in the following sequence. The first sequence is considered the primary number (for backward compatibility). If the primary number is not sent, then a repeat delimiter is sent in the first sequence. Refer to [HL7 Table 0201 - Telecommunication use code](#) and [HL7 Table 0202 - Telecommunication equipment type](#) for valid values.

Refer to [AS 4846-2014 Clause 7 Electronic Address Group](#).

### 2.2.1.14 PID-14 Phone number - business (XTN) 00117

Components: [NNN] [(999)]999-9999 [X99999] [B99999] [C any text] ^ <telecommunication use code (ID)> ^ <telecommunication equipment type (ID)> ^ <e-mail address (ST)> ^ <country code (NM)> ^ <area/city code (NM)> ^ <phone number (NM)> ^ <extension (NM)> ^ <any text (ST)>

Definition: This field contains the patient's business telephone numbers. All business numbers for the patient are sent in the following sequence. The first sequence is considered the patient's primary business phone number (for backward compatibility). If the primary business phone number is not sent, then a repeat delimiter must be sent in the first sequence. Refer to [HL7 Table 0201 - Telecommunication use code](#) and [HL7 Table 0202 - Telecommunication equipment type](#) for valid values.

Refer to [AS 4846-2014 Clause 7 Electronic Address Group](#).

### 2.2.1.15 PID-15 Primary language (CE) 00118

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field contains the patient's primary language. HL7 recommends using ISO table 639 as the suggested values in [User-defined Table 0296 - Primary Language](#).

User-defined Table 0296 - Primary language

Value	Description
	No suggested values defined

Refer to [METeOR 659407](#), 'Preferred language'.

### 2.2.1.16 PID-16 Marital status (CE) 00119

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field contains the patient's marital (civil) status.

Refer to [User-defined Table 0002 - Marital status](#) for the HL7 values that are to be used in this data field.

If METeOR values are required for data collection or statistical purposes, the values should be mapped using the following mapping:

HL7 Table 0002		METeOR (291045 'Marital Status')	
S	Single	1	Never married
W	Widowed	2	Widowed
D	Divorced	3	Divorced
A	Separated	4	Separated
M	Married	5	Married (incl. defacto)
U	Unknown	6	Not stated/Inadequately described

### 2.2.1.17 PID-17 Religion (CE) 00120

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field contains the patient's religion, for example, Baptist, Catholic, Methodist, etc. Refer to User-defined Table 0006 - Religion for suggested values.

### 2.2.1.18 PID-18 Patient account number (CX) 00121

Components: <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ < assigning authority (HD)> ^ <identifier type code (ID)> ^ < assigning facility (HD) ^ <effective date (DT)> ^ <expiration date (DT)>

Subcomponents of assigning authority: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Subcomponents of assigning facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: 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. Refer to HL7 Table 0061 - Check digit scheme for valid values.

Note: If an account number is used for patient identification, report in PID-3 with a patient identifier type code of 'AN'.

### 2.2.1.19 PID-19 SSN number patient (ST) 00122

Definition: This field has been retained for backward compatibility only. It is recommended to use PID-3 - Patient Identifier List for all patient identifiers. However, in order to maintain backward compatibility, this field should also be populated. When used for backward compatibility, this field contains the patient's social security number. This number may also be a RR retirement number.

### 2.2.1.20 PID-20 Driver's license number - Patient (DLN) 00123

Components: <license number (ST)> ^ <issuing state, province, country (IS)> ^ <expiration date (DT)>

Definition: This field contains the patient's driver's license number. Some sites may use this number as a unique identifier of the patient. The default of the second component is the state in which the patient's license is registered.

Note: In the Australian context this field has been superseded; hence use PID-3 Patient Identifier List.

### 2.2.1.21 PID-21 Mother's identifier (CX) 00124

Components: <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ < assigning authority (HD)> ^ <identifier type code (ID)> ^ < assigning facility (HD) ^ <effective date (DT)> ^ <expiration date (DT)>

Subcomponents of assigning authority: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Subcomponents of assigning facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: This field is used, for example, as a link field for newborns. Typically a patient ID or account number may be used. This field can contain multiple identifiers for the same mother. Refer to HL7 Table 0061 - Check digit scheme for valid values.

### 2.2.1.22 PID-22 Ethnic group (CE) 00125

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field further defines the patient's ancestry.

Note: In the Australian context, this field is retained for backwards compatibility and hence is a variance to HL7 International. In the Australian context this field is not to be used for indigenous status or country of birth - refer to PID-10.

### 2.2.1.23 PID-23 Birth place (ST) 00126

Definition: This field indicates the location of the patient's birth, for example "St. Francis Community Hospital of Lower South Side". The actual address is reported in PID-11 with an identifier of "N".

Note: In the Australian context this field is used for the patient's country of birth. Refer to METeOR 659454 'Country of birth' and AS 4846-2014 Clause 5.8.4 'Country of birth'.

### 2.2.1.24 PID-24 Multiple birth indicator (ID) 00127

Definition: This field indicates whether the patient was part of a multiple birth. Refer to HL7 Table 0136 - Yes/No Indicator for valid values.

In the Australian context METeOR 482409 Birth plurality indicates the total number of births from a single pregnancy.

Note: Note that HL7 table 0136 is a 'Yes/No' valued table, where as METeOR 668881 'Birth Plurality' is the number of live births resulting from a single pregnancy. Use HL7 table 0136.

### 2.2.1.25 PID-25 Birth order (NM) 00128

Definition: When a patient was part of a multiple birth, a value (number) indicating the patient's birth order is entered in this field.

Refer to METeOR 669962 'Birth order' and AS 4846-2014 Clause 5.3.2.

### 2.2.1.26 PID-26 Citizenship (CE) 00129

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field contains the patient's country of citizenship. HL7 recommends using ISO table 3166 as the suggested values in [User-defined Table 0171 - Citizenship](#).

In the Netherlands, this field is used for "Nationaliteit".

User-defined Table 0171 - Citizenship

Value	Description
No suggested values defined	

### 2.2.1.27 PID-27 Veterans military status (CE) 00130

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field contains the military status assigned to a veteran. Note: In the Australian context DVA file number is sent in PID-3.1 and the DVA card colour is no longer sent in this field (PID-3.5).

### 2.2.1.28 PID-28 Nationality (CE) 00739

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: **From V2.4 onward, this field has been retained for backward compatibility only. It is recommended to refer to PID-10 - Race, PID-22 - Ethnic group and PID-26 - Citizenship.** This field contains a code that identifies the nation or national grouping to which the person belongs. This information may be different from a person's citizenship in countries in which multiple nationalities are recognized (for example, Spain: Basque, Catalan, etc.).

### 2.2.1.29 PID-29 Patient death date and time (TS) 00740

Definition: This field contains the date and time at which the patient death occurred.

Refer to AS 4846-2014 Clause 5.4.2 'Date of Death' and Clause 5.4.3 'Date of Death Accuracy Indicator'. Note: HL7 V2.4 does not accommodate AS 4846-2014 Clause 5.4.4 'Source of Death Notification'.

### 2.2.1.30 PID-30 Patient death indicator (ID) 00741

Definition: This field indicates whether the patient is deceased. Suggested valid values:

- Y the patient is deceased
- N the patient is not deceased

### 2.2.1.31 PID-31 Identity unknown indicator (ID) 01535

Definition: This field indicates whether or not the patient's/person's identity is known. Suggested valid values:

- Y the patient's/person's identity is unknown

N the patient's/person's identity is known

### 2.2.1.32 PID-32 Identity reliability code (IS) 01536

Definition: This field contains a coded value used to communicate information regarding the reliability of patient/person identifying data transmitted via a transaction. Values could indicate that certain fields on a PID segment for a given patient/person are known to be false (e.g., use of default or system-generated values for Date of Birth or Social Security Number. Refer to [User-defined Table 0445 - Identity reliability code](#) for suggested values.

User-defined Table 0445 - Identity Reliability Code

Value	Description
US	Unknown/Default Social Security Number
UD	Unknown/Default Date of Birth
UA	Unknown/Default Address
AL	Patient/Person Name is an Alias

### 2.2.1.33 PID-33 Last update date/time (TS) 01537

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. Receiving systems will use this field to determine how to apply the transaction to their systems. If the receiving system (such as an enterprise master patient index) already has a record for the person with a later last update date/time, then the EMPI could decide not to apply the patient's/person's demographic and identifying data from this transaction.

### 2.2.1.34 PID-34 Last update facility (HD) 01538

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. Receiving systems or users will use this field to determine how to apply the transaction to their systems. If the receiving system (such as a hospital's patient management system) already has a record for the patient/person, then it may decide to only update its data if the source is a "trusted" source. A hospital might consider other hospitals trusted sources, but not "trust" updates from non-acute care facilities. For example:

...|Metro Hospital|...

### 2.2.1.35 PID-35 Species code (CE) 01539

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: The species of living organism. This may include the common or scientific name, based on the coding system(s) used. SNOMED is the recommended coding system. If this field is not valued, a human is assumed. Refer to [User-defined Table 0446 - Species Code](#) for suggested values.

User-defined Table 0446 - Species Code

Value	Description
	No suggested values defined

Conditionality Rule: This field must be valued if PID-36 - Breed Code or PID-38 - Production Class Code is valued.

For example:

...|L-80700^Canine, NOS^SNM3|...  
...|L-80100^Bovine^SNM3|...  
...|L-80A00^Feline^SNM3|...

### 2.2.1.36 PID-36 Breed code (CE) 01540

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of



alternate coding system (IS)>

Definition: The specific breed of animal. This field, unlike Species and Strain is specific to animals and cannot be generally used for all living organisms. SNOMED is the recommended coding system. Refer to [User-defined Table 0447 - Breed Code](#) for suggested values.

User-defined Table 0447 - Breed Code

Value	Description
	No suggested values defined

Conditionality Rule: This field must be valued if PID-37 - Strain is valued.

For example, (showing primary and alternative coding systems, using locally defined "American Kennel Club" nomenclature):

...|L-80733^ Staffordshire bull terrier^SNM3^^American Staffordshire Terrier^99AKC|...  
 ...|L-80900^Weimaraner^SNM3|...  
 ...|L-80439^Peruvian Paso Horse^SNM3|...

### 2.2.1.37 PID-37 Strain (ST) 01541

Definition: This field contains the specific strain of animal. It can also be expanded to include strain of any living organism and is not restricted to animals.

Example:

...|DeKalb|...  
 ...|Balb/c|...  
 ...|DXL|...

### 2.2.1.38 PID-38 Production class code (CE) 01542

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field contains the code and/or text indicating the primary use for which the living subject was bred or grown. Refer to [User-defined Table 0429 - Production Class Code](#) for suggested values. For example:

...|DA^Dairy^L|...  
 ...|MT^Meat^L|...  
 ...|RA^Racing^L|...

User-defined Table 0429 - Production class Code

Value	Description
BR	Breeding/genetic stock
DA	Dairy
DR	Draft
DU	Dual Purpose
LY	Layer, Includes Multiplier flocks
MT	Meat
OT	Other
PL	Pleasure
RA	Racing
SH	Show
NA	Not Applicable
U	Unknown

## 2.2.2 PV1 - patient visit segment

The PV1 segment is used by Registration/Patient Administration applications to communicate information on an account or visit-specific basis. The default is to send account level data. To use this segment for visit level data *PV1-51 - visit indicator* must be valued to "V". The value of PV-51 affects the level of data being sent on the PV1, PV2, and any other segments that are part of the associated PV1 hierarchy (e.g. ROL, DG1, or OBX).

The facility ID, the optional fourth component of each patient location field, is a HD data type that is uniquely associated with the healthcare facility containing the location. A given institution, or group of intercommunicating institutions, should establish a list of facilities that may be potential assignors of patient locations. The list will be one of the institution's master dictionary lists. Since third parties other than the assignors of patient locations may send or receive HL7 messages containing patient locations, the facility ID in the patient location may not be the same as that implied by the sending and receiving systems identified in the MSH. The facility ID must be unique across facilities at a given site. This field is required for HL7 implementations that have more than a single healthcare facility with bed locations, since the same <point of care> ^ <room> ^ <bed> combination may exist at more than one facility.

### HL7 Attribute Table - PV1 – Patient visit

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	R ††††			00131	Set ID - PV1
2	1	IS	R		0004	00132	Patient Class
3	80	PL	O			00133	Assigned Patient Location
4	2	IS	O		0007	00134	Admission Type
5	250	CX	O			00135	Preadmit Number
6	80	PL	O			00136	Prior Patient Location
7	250	XCN	O	Y	0010	00137	Attending Doctor
8	250	XCN	O	Y	0010	00138	Referring Doctor
9	250	XCN	C†††	Y	0010	00139	Consulting Doctor (only first repeat is used in routing)
10	10†	IS	C‡		0069	00140	Hospital Service
11	80	PL	O			00141	Temporary Location
12	2	IS	O		0087	00142	Preadmit Test Indicator
13	2	IS	O		0092	00143	Re-admission Indicator
14	6	IS	O		0023	00144	Admit Source
15	2	IS	O	Y	0009	00145	Ambulatory Status
16	2	IS	O		0099	00146	VIP Indicator
17	250	XCN	O	Y	0010	00147	Admitting Doctor
18	2	IS	O		0018	00148	Patient Type
19	250	CX	O			00149	Visit Number
20	50	FC	O	Y	0064	00150	Financial Class
21	13 ††	IS	O		0032	00151	Charge Price Indicator
22	2	IS	O		0045	00152	Courtesy Code
23	2	IS	O		0046	00153	Credit Rating
24	2	IS	O	Y	0044	00154	Contract Code
25	8	DT	O	Y		00155	Contract Effective Date
26	12	NM	O	Y		00156	Contract Amount
27	3	NM	O	Y		00157	Contract Period
28	2	IS	O		0073	00158	Interest Code
29	1	IS	O		0110	00159	Transfer to Bad Debt Code
30	8	DT	O			00160	Transfer to Bad Debt Date

31	10	IS	O		0021	00161	Bad Debt Agency Code
32	12	NM	O			00162	Bad Debt Transfer Amount
33	12	NM	O			00163	Bad Debt Recovery Amount
34	1	IS	O		0111	00164	Delete Account Indicator
35	8	DT	O			00165	Delete Account Date
36	3	IS	O		0112	00166	Discharge Disposition
37	25	CM	O		0113	00167	Discharged to Location
38	250	CE	O		0114	00168	Diet Type
39	2	IS	O		0115	00169	Servicing Facility
40	1	IS	B		0116	00170	Bed Status
41	2	IS	O		0117	00171	Account Status
42	80	PL	O			00172	Pending Location
43	80	PL	O			00173	Prior Temporary Location
44	26	TS	O			00174	Admit Date/Time
45	26	TS	O	Y		00175	Discharge Date/Time
46	12	NM	O			00176	Current Patient Balance
47	12	NM	O			00177	Total Charges
48	12	NM	O			00178	Total Adjustments
49	12	NM	O			00179	Total Payments
50	250	CX	O		0203	00180	Alternate Visit ID
51	1	IS	O		0326	01226	Visit Indicator
52	250	XCN	B	Y	0010	01274	Other Healthcare Provider

† Australian variation to HL7 V2.4 with the length changed from 3 to 10 characters.

‡ The 'O' optionality code in HL7 V2.4 is a typographical error and the optionality should be 'C'.

†† Australian variation to HL7 V2.4 with the length changed from 2 to 13 characters to incorporate rules defined in HL7 Clause 5.4.1.

††† Australian variation to HL7 2.4. Changed to conditional as first repeat is used to identify target of the message for routing purposes. Field is required for addressing when messages are to be sent by a messaging service. Field is optional when message is used internally.

†††† PV1-1 is required in the Australian context. Variance to HL7 International.

## 2.2.2.0 PV1 field definitions

### 2.2.2.1 PV1-1 Set ID - PV1 (SI) 00131

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

### 2.2.2.2 PV1-2 Patient class (IS) 00132

Definition: This field is used by systems to categorize patients by site. It does not have a consistent industry-wide definition. It is subject to site-specific variations. Refer to [User-defined Table 0004 - Patient class](#) for suggested values.

User-defined Table 0004 - Patient class

Value	Description
E	Emergency
I	Inpatient
O	Outpatient

P	Preadmit
S†	Same day patient
Y†	Community client
R	Recurring patient
B	Obstetrics
C	Commercial Account
N	Not Applicable
U	Unknown

Note: Patients from private surgeries are outpatients.

Note: † - "S" and "Y" are Australian additions and a variation to HL7 International.

"Commercial Account" is used by reference labs for specimen processing when the service is billed back to a third party. A registration is processed for the specimen to facilitate the subsequent billing. The identity of the patient may be known or unknown. In either case, for billing and statistical purposes, the patient class is considered a commercial account due to the third party billing responsibility. "Not Applicable" is used only in cases where the PV1 segment itself is not applicable but is retained in the message definitions for backwards compatibility (for example when a managed care system sends A28,A29, or A31 messages to indicate the enrolment of a patient in the system and there is no scheduled "visit" or "encounter" and hence the entire PV1 segment is not applicable).

For further information on:

- Admitted patient (I and S) refer to [METeOR 268957](#).
- Non-admitted patient refer to [METeOR 268973](#).
- Same-day admitted care refer to [METeOR 373961](#).
- Overnight-stay admitted refer to [METeOR 374147](#).
- Non-admitted patient service event—care type refer to [METeOR 679528](#).

### 2.2.2.3 PV1-3 Assigned patient location (PL) 00133

Components: <point of care (IS)> ^ <room (IS)> ^ <bed (IS)> ^ <facility (HD)> ^ <location status(IS)> ^ <person location type (IS)> ^ <building (IS)> ^ <floor (IS)> ^ <location description (ST)>

Subcomponents of facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: 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. For cancelling a transaction or discharging a patient, the current location (after the cancellation event or before the discharge event) should be in this field. If a value exists in the fifth component (location status), it supersedes the value in PV1-40 - Bed Status.

### 2.2.2.4 PV1-4 Admission type (IS) 00134

Definition: This field indicates the circumstances under which the patient was or will be admitted. Refer to User-defined Table 0007 - Admission type for suggested values. In the US, it is recommended to report the UB92 FL 19 "Type of Admission" in this field.

User-defined Table 0007 - Admission type

Value	Description
A	Accident
C	Elective
E	Emergency
G	Geriatric respite admission
L	Labor and Delivery
N	Newborn (Birth in healthcare facility)
R	Routine
S	Statistical admission
U	Urgent

Note: G and S are Australian additions.

### 2.2.2.5 PV1-5 Preadmit number (CX) 00135

Components: <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ < assigning authority (HD)> ^ <identifier type code (ID)> ^ < assigning facility (HD)> ^ <effective date (DT)> ^ <expiration date (DT)>

Subcomponents of assigning authority: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type(ID)>

Subcomponents of assigning facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type(ID)>

Definition: This field uniquely identifies the patient's pre-admit account. Some systems will continue to use the pre-admit number as the billing number after the patient has been admitted. For backward compatibility, a ST data type can be sent; however HL7 recommends use of the CX data type, like the account number, for new implementations. The assigning authority and identifier type code are strongly recommended for all CX data types.

### 2.2.2.6 PV1-6 Prior patient location (PL) 00136

Components: <point of care (IS)> ^ <room (IS)> ^ <bed (IS)> ^ <facility (HD)> ^ <location status(IS)> ^ <person location type (IS)> ^ <building (IS)> ^ <floor (IS)> ^ <location description (ST)>

Subcomponents of facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: This field contains the prior patient location if the patient is being transferred. The old location is null if the patient is new. If a value exists in the fifth component (location status), it supersedes the value in PV1-40 - bed status.

### 2.2.2.7 PV1-7 Attending doctor (XCN) 00137

Components: <ID number (ST)> ^ <family name (ST)> ^ <given name (ST)> ^ <second and further given names or initials thereof (ST)> ^ <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (IS)> ^ <source table (IS)> ^ <assigning authority (HD)> ^ <name type code (ID)> ^ <identifier check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^ <assigning facility (HD)> ^ <name representation code (ID)> ^ <name context (CE)> ^ <name validity range (DR)>

Subcomponents of family name: <family name (ST)> & <own family name prefix (ST)> & <own family name (ST)> & <family name prefix from partner/spouse (ST)> & <family name from partner/spouse (ST)>

Subcomponents of assigning authority: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Subcomponents of assigning facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: This field contains the attending physician information. Multiple names and identifiers for the same physician may be sent. The field sequences are not used to indicate multiple attending doctors. The legal name must be sent in the first sequence. If the legal name is not sent, then a repeat delimiter must be sent in the first sequence. Depending on local agreements, either ID or the name may be absent in this field. Refer to [User-defined Table 0010 - Physician ID](#) for suggested values.

User-defined Table 0010 - Physician ID

Value	Description
	No suggested values defined

Note: In the Australian context this field should not be used unless the system caters for registrars or residents.

### 2.2.2.8 PV1-8 Referring doctor (XCN) 00138

Components: <ID number (ST)> ^ <family name (ST)> ^ <given name (ST)> ^ <second and further given names or initials thereof (ST)> ^ <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (IS)> ^ <source table (IS)> ^ <assigning authority (HD)> ^ <name type code (ID)> ^ <identifier check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^ <assigning facility (HD)> ^ <name representation code (ID)> ^ <name context (CE)> ^ <name validity range (DR)>

Subcomponents of family name: <family name (ST)> & <own family name prefix (ST)> & <own family name (ST)> & <family name prefix from partner/spouse (ST)> & <family name from partner/spouse (ST)>

Subcomponents of assigning authority: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Subcomponents of assigning facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: This field contains the referring physician information. Multiple names and identifiers for the same physician may be sent. The field sequences are not used to indicate multiple referring doctors. The legal name must be sent in the first sequence. If the legal name is not sent, then a repeat delimiter must be sent in the first sequence. Depending on local agreements, either the ID or the name may be absent from this field. Refer to [User-defined Table 0010 - Physician ID](#) for suggested values.

### 2.2.2.9 PV1-9 Consulting doctor (XCN) 00139

Components: <ID number (ST)> ^ <family name (ST)> ^ <given name (ST)> ^ <second and further given names or initials thereof (ST)> ^ <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (IS)> ^ <source table (IS)> ^ <assigning authority (HD)> ^ <name type code (ID)> ^ <identifier check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^ <assigning facility (HD)> ^ <name representation code (ID)> ^ <name context (CE)> ^ <name validity range (DR)>

Subcomponents of family name: <family name (ST)> & <own family name prefix (ST)> & <own family name (ST)> & <family name prefix from partner/spouse (ST)> & <family name from partner/spouse (ST)>

Subcomponents of assigning authority: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Subcomponents of assigning facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

In the Australian setting this field is used to identify the target provider for this message. A location specific ID is used and the field should not repeat as each message is unique for the target provider. Where available the Medicare provider number is used as this provides for a location specific identifier. Messages should be routed based on this field and only the first repeat is used.

### 2.2.2.10 PV1-10 Hospital service (IS) 00140

Definition: This field contains the treatment or type of surgery that the patient is scheduled to receive. It is a required field with trigger events A01 (admit/visit notification), A02 (transfer a patient), A14 (pending admit), A15 (pending transfer). Refer to [User-defined Table 0069 - Hospital service](#) for suggested values.

User-defined Table 0069 - Hospital service

Values	Description
MED	Medical Service
SUR	Surgical Service
URO	Urology Service
PUL	Pulmonary Service
CAR	Cardiac Service

Note:

- Australian variation to HL7 V2.4 with the length changed from 3 to 10 characters.
- The 'O' optionality code in HL7 V2.4 is a typographical error and the optionality should be 'C'.
- In the Australian context this field is required for trigger events A01, A02, A05, A14 and A15.

### 2.2.2.11 PV1-11 Temporary location (PL) 00141

Components: <point of care (IS)> ^ <room (IS)> ^ <bed (IS)> ^ <facility (HD)> ^ <location status (IS)> ^ <person location type (IS)> ^ <building (IS)> ^ <floor (IS)> ^ <location description (ST)>

Subcomponents of facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: This field contains a location other than the assigned location required for a temporary period of time (e.g., OR, operating theatre, etc.). If a value exists in the fifth component (location status), it supersedes the value in PV1-40 - bed status.

### 2.2.2.12 PV1-12 Preadmit test indicator (IS) 00142

Definition: This field indicates whether the patient must have pre-admission testing done in order to be admitted. Refer to [User-defined Table 0087 - Pre-admit test indicator](#) for suggested values.

User-defined Table 0087 - Pre-admit test indicator

Value	Description
	No suggested values defined

### 2.2.2.13 PV1-13 Re-admission indicator (IS) 00143

Definition: This field indicates that a patient is being re-admitted to the healthcare facility and gives the circumstances. We suggest using "R" for readmission or else null. Refer to [User-defined Table 0092 - Re-admission indicator](#) for suggested values.

User-defined Table 0092 - Re-admission indicator

Value	Description
R	Re-admission

### 2.2.2.14 PV1-14 Admit source (IS) 00144

Definition: This field indicates where the patient was admitted. Refer to [User-defined Table 0023 - Admit source](#) for suggested values. In the US, this field is used on UB92 FL20 "Source of Admission".

The UB codes listed as examples are not an exhaustive or current list; refer to a UB specification for additional information.

Note: The official title of UB is "National Uniform Billing Data Element Specifications." Most of the codes added came from the UB-92 specification, but some came from the UB-82.

User-defined Table 0023 - 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

In the Australian context refer to [METeOR 269976](#) "Episode of admitted patient care—admission mode", and [METeOR 269947](#) "Episode of admitted patient care—referral source, public psychiatric hospital code".

### 2.2.2.15 PV1-15 Ambulatory status (IS) 00145

Definition: This field indicates any permanent or transient handicapped conditions. Refer to [User defined Table 0009 - Ambulatory status](#) for suggested entries.

User-defined Table 0009 - Ambulatory status

Value	Description
A0	No functional limitations
A1	Ambulates with assistive device
A2	Wheelchair/stretchers bound
A3	Comatose; non-responsive
A4	Disoriented
A5	Vision impaired
A6	Hearing impaired
A7	Speech impaired
A8	Non-English speaking
A9	Functional level unknown
B1	Oxygen therapy
B2	Special equipment (tubes, IVs, catheters)
B3	Amputee

B4	Mastectomy
B5	Paraplegic
B6	Pregnant

### 2.2.2.16 PV1-16 VIP indicator (IS) 00146

Definition: This field identifies the type of VIP. Refer to [User-defined Table 0099 - VIP indicator](#) for suggested values.

User-defined Table 0099 - VIP indicator

Value	Description
V1	No suggested values defined

In the Australian context the recommended values are:

Digit 1		Digit 2	
N	National leader (President, Prime Minister, royalty)	0	No special privacy or protection issues
R	Religious leader	1	Special privacy requirement
B	Senior business leader	2	Extreme privacy requirement
M	Currently focus of media attention.	3	Armed protection/security, no special privacy issues
H	Hospital staff or near relative	4	Armed protection/security, special privacy requirement
V	Very important person, not otherwise defined	5	Armed protection/security, extreme privacy requirement
		6	Extreme protection/security, no special privacy issues
		7	Extreme protection/security, special privacy requirement
		8	Extreme protection/security, extreme privacy requirement
		9	Privacy or protection requirement, not otherwise defined

Codes H and V are the likely to be the most significant codes as hospital staff/near relative have been flagged in studies as the most likely to have inappropriate access to data and therefore H is import for auditing. The code V is used for non-specific flagging.

### 2.2.2.17 PV1-17 Admitting doctor (XCN) 00147

Components: <ID number (ST)> ^ <family name (ST)> ^ <given name (ST)> ^ <second and further given names or initials thereof (ST)> ^ <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (IS)> ^ <source table (IS)> ^ <assigning authority (HD)> ^ <name type code (ID)> ^ <identifier check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^ <assigning facility (HD)> ^ <name representation code (ID)> ^ <name context (CE)> ^ <name validity range (DR)>

Subcomponents of family name: <family name (ST)> & <own family name prefix (ST)> & <own family name (ST)> & <family name prefix from partner/spouse (ST)> & <family name from partner/spouse (ST)>

Subcomponents of assigning authority: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Subcomponents of assigning facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: This field contains the admitting physician information. Multiple names and identifiers for the same physician may be sent. The field sequences are not used to indicate multiple admitting doctors. The legal name must be sent in the first sequence. If the legal name is not sent, then a repeat delimiter must be sent in the first sequence. By local agreement, the name or ID may be absent in this field. Refer to [User-defined Table 0010 - Physician ID](#) for suggested values.



### 2.2.2.18 PV1-18 Patient type (IS) 00148

Definition: This field contains site-specific values that identify the patient type. Refer to [User-defined Table 0018 - Patient type](#) for suggested values.

User-defined Table 0018 - Patient type

Value	Description
	No suggested values defined

In the Australian context refer to [METeOR 584408](#) "Hospital service—care type".

### 2.2.2.19 PV1-19 Visit number (CX) 00149

Components: <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ < assigning authority (HD)> ^ <identifier type code (ID)> ^ < assigning facility (HD) ^ <effective date (DT)> ^ <expiration date (DT)>

Subcomponents of assigning authority: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Subcomponents of assigning facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: **For backward compatibility** , a NM data type may be sent, but HL7 recommends that new implementations use the CX data type. This field contains the unique number assigned to each patient visit. The assigning authority and identifier type code are strongly recommended for all CX data types.

### 2.2.2.20 PV1-20 Financial class (FC) 00150

Components: <financial class (IS)> ^ <effective date (TS)>

Definition: This field contains the financial class(es) assigned to the patient for the purpose of identifying sources of reimbursement. Refer to [User-defined Table 0064 - Financial class](#) for suggested values.

User-defined Table 0064 - Financial class

METeOR 679815 'Funding source for hospital patients' codes	
Code	Definition
01	Health service budget (not covered elsewhere)
02	Health service budget (due to eligibility for Reciprocal Health Care Agreement)
03	Health service budget (no charge raised due to hospital decision)
04	Department of Veterans' Affairs
05	Department of Defence
06	Correctional facility
07	Medicare Benefits Scheme
08	Other hospital or public authority (contracted care)
09	Private health insurance
10	Worker's compensation
11	Motor vehicle third party personal claim
12	Other compensation (e.g. public liability, common law, medical negligence)
13	Self-funded
88	Other funding source
Supplementary values:	<a href="http://meteor.aihw.gov.au/ui/helpWindow.phtml?itemId=tag.helpMeteorItemOtherPermissibleValues">http://meteor.aihw.gov.au/ui/helpWindow.phtml?itemId=tag.helpMeteorItemOtherPermissibleValues</a>

98	Not known
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### 2.2.2.21 PV1-21 Charge price indicator (IS) 00151

Definition: This field contains the code used to determine which price schedule is to be used for room and bed charges. Refer to [User-defined Table 0032 - Charge/price indicator](#).

User-defined Table 0032 - Charge/price indicator

Value	Description
AUSM85	85% of Medicare schedule fee
AUSM75	75% of Medicare schedule fee
AUSM100	Medicare schedule fee
AUSAMA	Australian Medical Association recommended fee

Note: Australian variation to HL7 V2.4 with the length changed from 2 to 13 characters to incorporate rules defined in HL7 Clause 5.4.1.

### 2.2.2.22 PV1-22 Courtesy code (IS) 00152

Definition: This field indicates whether the patient will be extended certain special courtesies. Refer to [User-defined Table 0045 - Courtesy code](#) for suggested values.

User-defined Table 0045 - Courtesy code

In the Australian context the recommended values are:

Value	Description
CV	Personal cover (Muslim, etc.)
ME	Muslim (face bed to east)
RO	Religious orders

### 2.2.2.23 PV1-23 Credit rating (IS) 00153

Definition: This field contains the user-defined code to determine past credit experience. Refer to [User defined Table 0046 - Credit rating](#) for suggested values.

User-defined Table 0046 - Credit rating

In the Australian context users may define their own table values:

Value	Description

### 2.2.2.24 PV1-24 Contract code (IS) 00154

Definition: This field identifies the type of contract entered into by the healthcare facility and the guarantor for the purpose of settling outstanding account balances. Refer to [User-defined Table 0044 - Contract code](#) for suggested values.

User-defined Table 0044 - Contract code

In the Australian context use a two character code from [METeOR 270114](#) Contract role and [METeOR 270475](#) Contract type:

Contract role (METeOR 270114)		Contract type (METeOR 270475)		
Value	Description	Value	Description	Detailed description

A	Hospital A (Purchaser)	1	Contract type B	A health authority / other external purchaser contracts hospital B for admitted service which is funded outside the standard funding arrangements.
B	Hospital B (Provider)	2	Contract type ABA	<p>Patient admitted by Hospital A. Hospital A contracts Hospital B for admitted or non-admitted patient service. Patient returns to Hospital A on completion of service by Hospital B.</p> <p>For example, a patient has a hip replacement at Hospital A, then receives aftercare at Hospital B, under contract to Hospital A. Complications arise and the patient returns to Hospital A for the remainder of care.</p>
		3	Contract type AB	<p>Patient admitted by Hospital A. Hospital A contracts Hospital B for admitted or non-admitted patient service. Patient does not return to Hospital A on completion of service by Hospital B.</p> <p>For example, a patient has a hip replacement at Hospital A and then receives aftercare at Hospital B, under contract to Hospital A. Patient is separated from Hospital B.</p>

		4	Contract type (A)B	This contract type occurs where a Hospital A contracts Hospital B for the whole episode of care. The patient does not attend Hospital A. For example, a patient is admitted for endoscopy at Hospital B under contract to Hospital A.
		5	Contract type BA	Hospital A contracts Hospital B for an admitted patient service following which the patient moves to Hospital A for remainder of care. For example, a patient is admitted to Hospital B for a gastric resection procedure under contract to Hospital A and Hospital A provides after care.

#### 2.2.2.25 PV1-25 Contract effective date (DT) 00155

Definition: This field contains the date that the contract is to start or started.

#### 2.2.2.26 PV1-26 Contract amount (NM) 00156

Definition: This field contains the amount to be paid by the guarantor each period according to the contract.

#### 2.2.2.27 PV1-27 Contract period (NM) 00157

Definition: This field specifies the duration of the contract for user-defined periods.

#### 2.2.2.28 PV1-28 Interest code (IS) 00158

Definition: This field indicates the amount of interest that will be charged the guarantor on any outstanding amounts. Refer to [User-defined Table 0073 - Interest rate code](#) for suggested values.

User-defined Table 0073 - Interest rate code

Value	Description
	No suggested values defined

#### 2.2.2.29 PV1-29 Transfer to bad debt code (IS) 00159

Definition: This field indicates that the account was transferred to bad debts and gives the reason. Refer to [User-defined Table 0110 - Transfer to bad debt code](#) for suggested values.

User-defined Table 0110 - Transfer to bad debt code

In the Australian context reason for bad debt include:

Value	Description
B	Bankrupt
D	Deceased
L	Left address

### 2.2.2.30 PV1-30 Transfer to bad debt date (DT) 00160

Definition: This field contains the date that the account was transferred to a bad debt status.

### 2.2.2.31 PV1-31 Bad debt agency code (IS) 00161

Definition: **This field can be used as a ST type for backward compatibility** . This field uniquely identifies the bad debt agency to which the account was transferred. This code is site defined. One possible implementation would be to edit against a table such as [User-defined Table 0021 - Bad debt agency code](#); however, this is not required.

User-defined Table 0021 - Bad debt agency code

Value	Description
	No suggested values defined

### 2.2.2.32 PV1-32 Bad debt transfer amount (NM) 00162

Definition: This field contains the amount that was transferred to a bad debt status.

### 2.2.2.33 PV1-33 Bad debt recovery amount (NM) 00163

Definition: This field contains the amount recovered from the guarantor on the account.

### 2.2.2.34 PV1-34 Delete account indicator (IS) 00164

Definition: This field indicates that the account was deleted from the file and gives the reason. Refer to [User-defined Table 0111 - Delete account code](#) for suggested values.

User-defined Table 0111 - Delete account code

Value	Description
	No suggested values defined

### 2.2.2.35 PV1-35 Delete account date (DT) 00165

Definition: This field contains the date that the account was deleted from the file.

### 2.2.2.36 PV1-36 Discharge disposition (IS) 00166

Definition: This field contains the disposition of the patient at time of discharge (i.e., discharged to home, expired, etc.). Refer to [User-defined Table 0112 - Discharge disposition](#) for suggested values. In the US, this field is used on UB92 FL22. The UB codes listed as examples are not an exhaustive or current list; refer to a UB specification for additional information.

User-defined Table 0112 - 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
10 ...19	Discharge to be defined at state level, if necessary
20	Expired (i.e. dead)
21 ... 29	Expired to be defined at state level, if necessary
30	Still patient or expected to return for outpatient services (i.e. still a patient)
31 ...39	Still patient to be defined at state level, if necessary (i.e. still a patient)
40	Expired (i.e. died) at home
41	Expired (i.e. died) in a medical facility; e.g., hospital, SNF, ICF, or free standing hospice
42	Expired (i.e. died) - place unknown

In the Australian context refer to [METeOR 270094](#) "Mode of Separation" and [METeOR 616654](#) Episode end status

### 2.2.2.37 PV1-37 Discharged to location (CM) 00167

Components: <discharge location (IS)> ^ <effective date (TS)>

Definition: This field indicates the healthcare facility to which the patient was discharged. Refer to [User defined Table 0113 - Discharged to location](#) for suggested values.

User-defined Table 0113 - Discharged to location

Value	Description
	No suggested values defined

### 2.2.2.38 PV1-38 Diet type (CE) 00168

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field indicates a special diet type for a patient. Refer to [User-defined Table 0114 - Diet type](#) for suggested values.

User-defined Table 0114 - Diet type

Value	Description
	No suggested values defined

Note: In the Australian context this data element is very limited in its application to dietary systems. Diet orders are used to communicate diet type - refer to Section 4.7 of HL7 V2.4.

### 2.2.2.39 PV1-39 Servicing facility (IS) 00169

Definition: This field is used in a multiple facility environment to indicate the healthcare facility with which this visit is associated. Refer to [User-defined Table 0115 - Servicing facility](#) for suggested values.

User-defined Table 0115 - Servicing facility

Value	Description
	No suggested values defined

An optional sixth component, the facility ID, may be valued in each individual location field in PV1, instead of placing it here.

In the Australian context refer to [METeOR 269973](#) "Establishment identifier".

### 2.2.2.40 PV1-40 Bed status (IS) 00170

Definition: This field has been retained for backward compatibility only. The information is now held in the fifth component of the PL datatype in PV1-3. This field contains the status of the bed. Refer to [User-defined Table 0116 - Bed status](#) for suggested values.

User-defined Table 0116 - Bed status

Value	Description
C	Closed
H	Housekeeping
O	Occupied
U	Unoccupied
K	Contaminated
I	Isolated

### 2.2.2.41 PV1-41 Account status (IS) 00171

Definition: This field contains the account status. Refer to [User-defined Table 0117 - Account status](#) for suggested values.

User-defined Table 0117 - Account status

Value	Description
	No suggested values defined

### 2.2.2.42 PV1-42 Pending location (PL) 00172

Components: <point of care (IS)> ^ <room (IS)> ^ <bed (IS)> ^ <facility (HD)> ^ <location status (IS)> ^ <person location type (IS)> ^ <building (IS)> ^ <floor (IS)> ^ <location description (ST)>

Subcomponents of facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: This field indicates the point of care, room, bed, healthcare facility ID, and bed status to which the patient may be moved. The first component may be the nursing station for inpatient locations, or the clinic, department, or home for locations other than inpatient. If a value exists in the fifth component (location status), it supersedes the value in PV1-40 - bed status.

### 2.2.2.43 PV1-43 Prior temporary location (PL) 00173

Components: <point of care (IS)> ^ <room (IS)> ^ <bed (IS)> ^ <facility (HD)> ^ <location status (IS)> ^ <person location type (IS)> ^ <building (IS)> ^ <floor (IS)> ^ <location description (ST)>

Subcomponents of facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: This field is used to reflect the patient's temporary location (such as the operating room/theatre or x-ray) prior to a transfer from a temporary location to an actual location, or from a temporary location to another temporary location. The first component may be the nursing station for inpatient locations, or the clinic, department, or home for locations other than inpatient.

### 2.2.2.44 PV1-44 Admit date/time (TS) 00174

Definition: This field contains the admit date/time. It is to be used if the event date/time is different than the admit date and time, i.e., a retroactive update. This field is also used to reflect the date/time of an outpatient/emergency patient registration.

In the Australian context refer to [METeOR 269967](#) "Admission date" and [METeOR 682942](#) "Admission time".

### 2.2.2.45 PV1-45 Discharge date/time (TS) 00175

Definition: This field contains the discharge date/time. It is to be used if the event date/time is different than the discharge date and time, that is, a retroactive update. This field is also used to reflect the date/time of an outpatient/emergency patient discharge.

In the Australian context refer to METeOR 270025 "Separation date" and METeOR 682919 "Separation time".

### 2.2.2.46 PV1-46 Current patient balance (NM) 00176

Definition: This field contains the visit balance due.

### 2.2.2.47 PV1-47 Total charges (NM) 00177

Definition: This field contains the total visit charges.

### 2.2.2.48 PV1-48 Total adjustments (NM) 00178

Definition: This field contains the total adjustments for visit.

### 2.2.2.49 PV1-49 Total payments (NM) 00179

Definition: This field contains the total payments for visit.

### 2.2.2.50 PV1-50 Alternate visit ID (CX) 00180

Components: <ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ < assigning authority (HD)> ^ <identifier type code (ID)> ^ < assigning facility (HD) ^ <effective date (DT)> ^ <expiration date (DT)>

Subcomponents of assigning authority: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Subcomponents of assigning facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: This field contains the alternative, temporary, or pending optional visit ID number to be used if needed. Refer to [HL7 Table 0061 - Check digit scheme](#) for valid values. Refer to [HL7 Table 0203 - Identifier type](#) for valid values. The assigning authority and identifier type code are strongly recommended for all CX data types.

### 2.2.2.51 PV1-51 Visit indicator (IS) 01226

Definition: This field specifies the level on which data are being sent. It is the indicator used to send data at two levels, visit and account. HL7 recommends sending an 'A' or no value when the data in the message are at the account level, or 'V' to indicate that the data sent in the message are at the visit level. Refer to [User-defined Table 0326 - Visit indicator](#) for suggested values.

The value of this element affects the context of data sent in PV1, PV2 and any associated hierarchical segments (e.g. DB1, AL1, DG1, etc.).

User-defined Table 0326 - Visit indicator

Value	Description
A	Account level (default)
V	Visit level

### 2.2.2.52 PV1-52 Other healthcare provider (XCN) 01274

Components: <ID number (ST)> ^ <family name (ST)> ^ <given name (ST)> ^ <second and further given names or initials thereof (ST)> ^ <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (IS)> ^ <source table (IS)> ^ <assigning authority (HD)> ^ <name type code (ID)> ^ <identifier check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^ <assigning facility (HD)> ^ <name representation code (ID)> ^ <name context (CE) ^ <name validity range (DR)>

Subcomponents of family name: <family name (ST)> & <own family name prefix (ST)> & <own family name (ST)> & <family name prefix from partner/spouse (ST)> & <family name from partner/spouse (ST)>

Subcomponents of assigning authority: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Subcomponents of assigning facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: **This field has been retained for backward compatibility only.** Use the ROL-Role Segment to communicate providers not



specified elsewhere. This field contains the other healthcare providers (e.g. nurse care practitioner, midwife, physician assistant). Multiple healthcare providers can be sent. Depending on local agreements, either the ID or the name may be absent from this field. Use values in [User-defined Table 0010 - Physician ID](#) for first component.

### 2.2.3 PV2- patient visit - additional information segment

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

HL7 Attribute Table - PV2 – Patient visit – additional information

SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	ELEMENT NAME
1	80	PL	C			00181	Prior Pending Location
2	250	CE	O		0129	00182	Accommodation Code
3	250	CE	O			00183	Admit Reason
4	250	CE	O			00184	Transfer Reason
5	25	ST	O	Y		00185	Patient Valuables
6	25	ST	O			00186	Patient Valuables Location
7	2	IS	O	Y	0130	00187	Visit User Code
8	26	TS	O			00188	Expected Admit Date/Time
9	26	TS	O			00189	Expected Discharge Date/Time
10	3	NM	O			00711	Estimated Length of Inpatient Stay
11	3	NM	O			00712	Actual Length of Inpatient Stay
12	50	ST	O			00713	Visit Description
13	250	XCN	O	†		00714	Referral Source Code
14	8	DT	O			00715	Previous Service Date
15	1	ID	O		0136	00716	Employment Illness Related Indicator
16	1	IS	O		0213	00717	Purge Status Code
17	8	DT	O			00718	Purge Status Date
18	2	IS	O		0214	00719	Special Program Code
19	1	ID	O		0136	00720	Retention Indicator
20	1	NM	O			00721	Expected Number of Insurance Plans
21	1	IS	O		0215	00722	Visit Publicity Code
22	1	ID	O		0136	00723	Visit Protection Indicator
23	250	XON	O	Y		00724	Clinic Organization Name
24	2	IS	O		0216	00725	Patient Status Code
25	1	IS	O		0217	00726	Visit Priority Code
26	8	DT	O			00727	Previous Treatment Date
27	2	IS	O		0112	00728	Expected Discharge Disposition
28	8	DT	O			00729	Signature on File Date
29	8	DT	O			00730	First Similar Illness Date
30	250	CE	O		0218	00731	Patient Charge Adjustment Code
31	2	IS	O		0219	00732	Recurring Service Code
32	1	ID	O		0136	00733	Billing Media Code
33	26	TS	O			00734	Expected Surgery Date and Time
34	1	ID	O		0136	00735	Military Partnership Code
35	1	ID	O		0136	00736	Military Non-Availability Code
36	1	ID	O		0136	00737	Newborn Baby Indicator
37	1	ID	O		0136	00738	Baby Detained Indicator
38	250	CE	O		0430	01543	Mode of Arrival Code
39	250	CE		Y	0431	01544	Recreational Drug Use Code
40	250	CE	O		0432	01545	Admission Level of Care Code
41	250	CE	O	Y	0433	01546	Precaution Code
42	250	CE	O		0434	01547	Patient Condition Code
43	2	IS	O		0315	00759	Living Will Code
44	2	IS	O		0316	00760	Organ Donor Code
45	250	CE	O	Y	0435	01548	Advance Directive Code

46	8	DT	O			01549	Patient Status Effective Date
47	26	TS	C			01550	Expected LOA Return Date/Time

† Australian variation to HL7 V2.4 where the component repeatability has been removed.

### 2.2.3.0 PV2 field definitions

#### 2.2.3.1 PV2-1 Prior pending location (PL) 00181

Components: <point of care (IS)> ^ <room (IS)> ^ <bed (IS)> ^ <facility (HD)> ^ <location status (IS)> ^ <person location type (IS)> ^ <building (IS)> ^ <floor (IS)> ^ <location description (ST)>

Subcomponents of facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: This field is required for cancel pending transfer (A26) messages. In all other events it is optional.

#### 2.2.3.2 PV2-2 Accommodation code (CE) 00182

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field indicates the specific patient accommodations for this visit. Refer to [User-defined Table 0129 - Accommodation code](#) for suggested values.

User-defined Table 0129 - Accommodation code

Value	Description
	No suggested values defined

#### 2.2.3.3 PV2-3 Admit reason (CE) 00183

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field contains the short description of the reason for patient admission.

#### 2.2.3.4 PV2-4 Transfer reason (CE) 00184

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field contains the short description of the reason for a patient location change.

#### 2.2.3.5 PV2-5 Patient valuables (ST) 00185

Definition: This field contains the short description of patient valuables checked in during admission.

#### 2.2.3.6 PV2-6 Patient valuables location (ST) 00186

Definition: This field indicates the location of the patient's valuables.

#### 2.2.3.7 PV2-7 Visit user code (IS) 00187

Definition: This field further categorizes a patient's visit with respect to an individual institution's needs, and is expected to be site-specific. Refer to [User-defined Table 0130 - Visit user code](#) for suggested values.

User-defined Table 0130 - Visit user code

Value	Description
TE	Teaching

HO	Home
MO	Mobile Unit
PH	Phone

### 2.2.3.8 PV2-8 Expected admit date/time (TS) 00188

Definition: This field contains the date and time that the patient is expected to be admitted. This field is also used to reflect the date/time of an outpatient/emergency patient registration.

### 2.2.3.9 PV2-9 Expected discharge date/time (TS) 00189

Definition: This field contains the date and time that the patient is expected to be discharged. This is a non-event related date used by ancillaries to determine more accurately the projected workloads. This field is also used to reflect the anticipated discharge date/time of an outpatient/emergency patient, or an inpatient.

### 2.2.3.10 PV2-10 Estimated length of inpatient stay (NM) 00711

Definition: This field specifies the estimated days of inpatient stays.

### 2.2.3.11 PV2-11 Actual length of inpatient stay (NM) 00712

Definition: This field contains the actual days of inpatient stays. The actual length of the inpatient stay may not be calculated from the admission and discharge dates because of possible leaves of absence.

### 2.2.3.12 PV2-12 Visit description (ST) 00713

Definition: This field contains a brief user-defined description of the visit.

### 2.2.3.13 PV2-13 Referral source code (XCN) 00714

Components: <ID number (ST)> ^ <family name (ST)> ^ <given name (ST)> ^ <second and further given names or initials thereof (ST)> ^ <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (IS)> ^ <source table (IS)> ^ <assigning authority (HD)> ^ <name type code (ID)> ^ <identifier check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^ <assigning facility (HD)> ^ <name representation code (ID)> ^ <name context (CE) ^ <name validity range (DR)>

Subcomponents of family name: <family name (ST)> & <own family name prefix (ST)> & <own family name (ST)> & <family name prefix from partner/spouse (ST)> & <family name from partner/spouse (ST)>

Subcomponents of assigning authority: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Subcomponents of assigning facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: This field contains the name and the identification numbers of the person or organization that made the referral. This person/organization is not the same as the referring doctor. For example, Joe Smith referred me to the Clinic (or to Dr. Jones at the Clinic).

### 2.2.3.14 PV2-14 Previous service date (DT) 00715

Definition: This field contains the date of previous service for the same recurring condition. This may be a required field for billing certain illnesses (e.g., accident related) to a third party.

### 2.2.3.15 PV2-15 Employment illness related indicator (ID) 00716

Definition: This field specifies whether a patient's illness was job-related. Refer to HL7 Table 0136 - Yes/no indicator for valid values.

### 2.2.3.16 PV2-16 Purge status code (IS) 00717

Definition: This field contains the purge status code for the account. It is used by the application program to determine purge processing. Refer to [User-defined Table 0213 - Purge status code](#) for suggested values.

User-defined Table 0213 - Purge status code

Value	Description
P	Marked for purge. User is no longer able to update the visit.
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.

### 2.2.3.17 PV2-17 Purge status date (DT) 00718

Definition: This field contains the date on which the data will be purged from the system.

### 2.2.3.18 PV2-18 Special program code (IS) 00719

Definition: This field designates the specific health insurance program for a visit required for healthcare reimbursement. Examples include Child Health Assistance, Elective Surgery Program, Family Planning, etc. Refer to [User-defined Table 0214 - Special program codes](#) for suggested values.

User-defined Table 0214 – Special program codes

Value	Description
	No suggested values

### 2.2.3.19 PV2-19 Retention indicator (ID) 00720

Definition: This field allows the user to control the financial and demographic purge processes at the visit. It is used to preserve demographic and financial data on specific, high priority visits. Refer to [HL7 Table 0136 - Yes/no indicator](#) for valid values.

### 2.2.3.20 PV2-20 Expected number of insurance plans (NM) 00721

Definition: This field contains the number of insurance plans that may provide coverage for this visit.

### 2.2.3.21 PV2-21 Visit publicity code (IS) 00722

Definition: This field contains a user-defined code indicating what level of publicity is allowed (e.g., No Publicity, Family Only) for a specific visit. Refer to [User-defined Table 0215 - Publicity code](#) for suggested values. Refer to [PD1-11 - publicity code](#) for the patient level publicity code.

User-defined Table 0215 - Publicity code

Value	Description
	No suggested values

### 2.2.3.22 PV2-22 Visit protection indicator (ID) 00723

Definition: This field identifies the person's protection that determines, in turn, whether access to information about this person should be kept from users who do not have adequate authority for a specific visit. Refer to [HL7 Table 0136 - Yes/no indicator](#) for valid values. Refer to [PD1-12 - protection indicator](#) for the patient level protection indicator.

### 2.2.3.23 PV2-23 Clinic organization name (XON) 00724

Components: <organization name (ST)> ^ <organization name type code (ID)> ^ <ID number (ID)> ^ <check digit (NM)> ^ < check digit scheme (ID)> ^ <assigning authority (HD)> ^ <identifier type code (ID)> ^ <assigning facility (HD)> ^ <name representation code (ID)>

Subcomponents of assigning authority: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Subcomponents of assigning facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: This field contains the organization name or sub-unit and identifier that is associated with the (visit) episode of care. For example, the Allergy or Oncology Clinic within the healthcare facility might be named.

### 2.2.3.24 PV2-24 Patient status code (IS) 00725

Definition: This field indicates the status of the episode of care: for instance, Active Inpatient, Discharged Inpatient. Refer to [User-defined Table 0216 - Patient status](#) for suggested values.

User-defined Table 0216 – Patient status

Value	Description
	No suggested values defined

### 2.2.3.25 PV2-25 Visit priority code (IS) 00726

Definition: This field contains the priority of the visit. Refer to [User-defined Table 0217 - Visit priority code](#) for suggested values.

User-defined Table 0217 - Visit priority code

Value	Description
1	Emergency
2	Urgent
3	Elective

### 2.2.3.26 PV2-26 Previous treatment date (DT) 00727

Definition: This field contains the date that the patient last had treatment for any condition prior to this visit. In the case of a prior hospital visit, it is likely to be the previous discharge date.

### 2.2.3.27 PV2-27 Expected discharge disposition (IS) 00728

Definition: This field describes what the patient's disposition is expected to be at the end of the visit. Refer to [User-defined Table 0112 - Discharge disposition](#) for suggested values.

User-defined Table 0112 - 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
10 ...19	Discharge to be defined at state level, if necessary
20	Expired (i.e. dead)
21 ... 29	Expired to be defined at state level, if necessary
30	Still patient or expected to return for outpatient services (i.e. still a patient)

31 ... 39	Still patient to be defined at state level, if necessary (i.e. still a patient)
40	Expired (i.e. died) at home
41	Expired (i.e. died) in a medical facility; e.g., hospital, SNF, ICF, or free standing hospice
42	Expired (i.e. died) - place unknown

### 2.2.3.28 PV2-28 Signature on file date (DT) 00729

Definition: This field contains the date on which a signature was obtained for insurance billing purposes.

### 2.2.3.29 PV2-29 First similar illness date (DT) 00730

Definition: This field is used to determine if the patient has a pre-existing condition.

### 2.2.3.30 PV2-30 Patient charge adjustment code (CE) 00731

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field contains a user-defined code that indicates which adjustments should be made to this patient's charges. Refer to [User-defined Table 0218 - Charge adjustment](#) for suggested values. This field is the same as *GT1-26 - guarantor charge adjustment code* .

### 2.2.3.31 PV2-31 Recurring service code (IS) 00732

Definition: This field indicates whether the treatment is continuous. Refer to [User-defined Table 0219 - Recurring service](#) for suggested values.

User-defined Table 0219 – Recurring service

Value	Description
	No selected values

### 2.2.3.32 PV2-32 Billing media code (ID) 00733

Definition: This field indicates if the account is to be rejected from tape billing. Refer to HL7 Table 0136 - Yes/no indicator for valid values.

### 2.2.3.33 PV2-33 Expected surgery date and time (TS) 00734

Definition: This field contains the date and time on which the surgery is expected to occur.

### 2.2.3.34 PV2-34 Military partnership code (ID) 00735

Definition: This field indicates that a military healthcare facility has contracted with a non-military healthcare facility for the use of its services. Refer to HL7 Table 0136 - Yes/no indicator for valid values.

### 2.2.3.35 PV2-35 Military non-availability code (ID) 00736

Definition: This field indicates whether a patient has permission to use a non-military healthcare facility for treatment. Refer to HL7 Table 0136 - Yes/no indicator for valid values.

### 2.2.3.36 PV2-36 Newborn baby indicator (ID) 00737

Definition: This field indicates whether the patient is a baby. Refer to HL7 Table 0136 - Yes/no indicator for valid values.

### 2.2.3.37 PV2-37 Baby detained indicator (ID) 00738

Definition: This field indicates if the baby is detained after the mother's discharge. Refer to HL7 Table 0136 - Yes/no indicator for valid values.

### 2.2.3.38 PV2-38 Mode of arrival code (CE) 01543

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: Identifies how the patient was brought to the healthcare facility. Refer to [User-defined Table 0430 - Mode of arrival code](#) for suggested values.

User-defined Table 0430 - Mode of arrival code

Value	Description
A	Ambulance
C	Car
F	On foot
H	Helicopter
P	Public Transport
O	Other
U	Unknown

### 2.2.3.39 PV2-39 Recreational drug use code (CE) 01544

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field indicates what recreational drugs the patient uses. It is used for the purpose of room assignment. Refer to [User-defined Table 0431 - Recreational drug use code](#) for suggested values.

User-defined Table 0431 - Recreational drug use code

Value	Description
A	Alcohol
K	Kava
M	Marijuana
T	Tobacco - smoked
C	Tobacco - chewed
O	Other
U	Unknown

### 2.2.3.40 PV2-40 Admission level of care code (CE) 01545

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field indicates the acuity level assigned to the patient at the time of admission. Refer to [User-defined Table 0432 - Admission level of care code](#) for suggested values.

User-defined Table 0432 - Admission level of care code

Value	Description
AC	Acute
CH	Chronic
CO	Comatose

CR	Critical
IM	Improved
MO	Moribund

### 2.2.3.41 PV2-41 Precaution code (CE) 01546

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field indicates non-clinical precautions that need to be taken with the patient. Refer to [User-defined Table 0433 - Precaution code](#) for suggested values.

User-defined Table 0433 - Precaution code

Value	Description
A	Aggressive
B	Blind
C	Confused
D	Deaf
I	On IV
N	"No-code" (i.e. Do not resuscitate)
P	Paraplegic
O	Other
U	Unknown

### 2.2.3.42 PV2-42 Patient condition code (CE) 01547

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field indicates the patient's current medical condition for the purpose of communicating to non-medical outside parties, e.g. family, employer, religious minister, media, etc.. Refer to [User-defined Table 0434 - Patient condition code](#) for suggested values.

User-defined Table 0434 - Patient condition code

Value	Description
A	Satisfactory
C	Critical
P	Poor
S	Stable
O	Other
U	Unknown

### 2.2.3.43 PV2-43 Living will code (IS) 00759

Definition: This field indicates whether or not the patient has a living will and, if so, whether a copy of the living will is on file at the healthcare facility. If the patient does not have a living will, the value of this field indicates whether the patient was provided information on living wills. Refer to [User-defined Table 0315 - Living will code](#) for suggested values. See also *PD1-7 - Living will code*.

User-defined Table 0315 - Living will code



Value	Description
Y	Yes, patient has a living will
F	Yes, patient has a living will but it is not on file
N	No, patient does not have a living will and no information was provided
I	No, patient does not have a living will but information was provided
U	Unknown

### 2.2.3.44 PV2-44 Organ donor code (IS) 00760

Definition: This field indicate whether the patient wants to donate his/her organs and whether an organ donor card or similar documentation is on file with the healthcare organization. Refer to [User-defined Table 0316 - Organ donor code](#) for suggested values. See also *PD1-8 - Organ donor*.

User-defined Table 0316 - Organ donor code

Value	Description
Y	Yes, patient is a documented donor and documentation is on file
F	Yes, patient is a documented donor, but documentation is not on file
N	No, patient has not agreed to be a donor
I	No, patient is not a documented donor, but information was provided
R	Patient leaves organ donation decision to relatives
P	Patient leaves organ donation decision to a specific person
U	Unknown

### 2.2.3.45 PV2-45 Advance directive code (CE) 01548

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field indicates the patient's instructions to the healthcare facility. Refer to [User-defined Table 0435 - Advance directive code](#) for suggested values. See also *PD1-15 - Advance directive code*.

User-defined Table 0435 - Advance directive code

Value	Description
DNR	Do not resuscitate

### 2.2.3.46 PV2-46 Patient status effective date (DT) 01549

Definition: This field indicates the effective date for *PV2-24 - Patient Status* .

### 2.2.3.47 PV2-47 Expected LOA return date/time (TS) 01550

Definition: This field is conditionally required for *A21 - Patient goes on LOA*. It may be populated in *A22 - Patient returns from LOA* as well as in the *A53 - Cancel LOA for a patient* and the *A54 - Cancel patient returns from LOA triggers*. This field contains the date/time that the patient is expected to return from LOA.

## 2.2.4 AL1 - Patient allergy information segment

The AL1 segment contains patient allergy information of various types. Most of this information will be derived from user-defined tables. Each AL1 segment describes a single patient allergy.

HL7 Attribute Table - AL1 – Patient allergy information

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4†	SI †	R			00203	Set ID - AL1
2	250	CE	O		0127	00204	Allergen Type Code
3	250	CE	R			00205	Allergen Code/Mnemonic/Description
4	250	CE	O		0128	00206	Allergy Severity Code
5	15	ST	O	Y		00207	Allergy Reaction Code
6	8	DT	B			00208	Identification Date

† Typographical error in HL7 V2.4 where the CE data type is incorrect and should be a SI data type of length 4.

See [5.2 ORM - general order message \(event O01\)](#), and [7 Patient Referral](#) for usage of this segment.

## 2.2.4.0 AL1 field definitions

### 2.2.4.1 AL1-1 Set ID - AL1 (CE) 00203

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

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

### 2.2.4.2 AL1-2 Allergen type code (CE) 00204

Definition: This field indicates a general allergy category (drug, food, pollen, etc.). Refer to [User-defined Table 0127 - Allergen type](#) for suggested values.

User-defined Table 0127 - Allergen type

Value	Description
DA	Drug allergy
FA	Food allergy
MA	Miscellaneous allergy
MC	Miscellaneous contraindication
EA	Environmental Allergy
AA	Animal Allergy
PA	Plant Allergy
LA	Pollen Allergy
AD	Administrative Alert †

† Australian Variance to HL7 International.

### 2.2.4.3 AL1-3 Allergen code/mnemonic/description (CE) 00205

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field uniquely identifies a particular allergen. This element may conform to some external, standard coding system (that must be identified), or it may conform to local, largely textual or mnemonic descriptions.

### 2.2.4.4 AL1-4 Allergy severity code (CE) 00206

Definition: This field indicates the general severity of the allergy. Refer to [User-defined Table 0128 - Allergy severity](#) for suggested values.

User-defined Table 0128 - Allergy severity

Value	Description
SV	Severe
MO	Moderate
MI	Mild
U	Unknown

### 2.2.4.5 AL1-5 Allergy reaction code (ST) 00207

Definition: This field identifies the specific allergic reaction that was documented. This element may conform to some external, standard coding system, or it may conform to a local, largely textual or mnemonic descriptions (e.g., convulsions, sneeze, rash, etc.).

### 2.2.4.6 AL1-6 Identification date (DT) 00208

Definition: this field contains the date that the allergy was identified.

## 2.2.5 QRD - original-style query definition segment

The QRD segment is used to define a query.

HL7 Attribute Table – QRD - Original-Style Query Definition

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM #	ELEMENT NAME
1	26	TS	R			00025	Query Date/Time
2	1	ID	R		0106	00026	Query Format Code
3	1	ID	R		0091	00027	Query Priority
4	10	ST	R			00028	Query ID
5	1	ID	O			00030	Deferred Response Type
6	26	TS	O		0107	00029	Deferred Response Date/Time
7	10	CQ	R		0126	00031	Quantity Limited Request
8	250	XCN	R	Y		00032	Who Subject Filter
9	250	CE	R	Y	0048	00033	What Subject Filter
10	250	CE	R	Y		00034	What Department Data Code
11	20	CM	O	Y		00035	What Data Code Value Qual.
12	1	ID	O		0108	00036	Query Results Level

See 5.3 OSQ/OSR- query response for order status (event Q06) for usage of this segment.

### 2.2.5.0 QRD field definitions

#### 2.2.5.1 QRD-1 Query date/time (TS) 00025

Definition: This field contains the date the query was generated by the application program.

#### 2.2.5.2 QRD-2 Query format code (ID) 00026

Definition: This field refers to HL7 Table 0106 - Query/response format code for valid values.

HL7 Table 0106 - Query/response format code

Value	Description
D	Response is in display format
R	Response is in record-oriented format

T	Response is in tabular format
---	-------------------------------

### 2.2.5.3 QRD-3 Query priority (ID) 00027

Definition: This field contains the time frame in which the response is expected. Refer [HL7 Table 0091 - Query priority](#) for valid values. Table values and subsequent fields specify time frames for response.

HL7 Table 0091 - Query priority

Value	Description
D	Deferred
I	Immediate

### 2.2.5.4 QRD-4 Query ID (ST) 00028

Definition: This field contains a unique identifier for the query. Assigned by the querying application. Returned intact by the responding application.

### 2.2.5.5 QRD-5 Deferred response type (ID) 00029

Definition: This field refers to [HL7 Table 0107 - Deferred response type](#) for valid entries.

HL7 Table 0107 - Deferred response type

Value	Description
B	Before the Date/Time specified
L	Later than the Date/Time specified

### 2.2.5.6 QRD-6 Deferred response date/time (TS) 00030

Definition: This field contains the date/time before or after which to send a deferred response. If not present, the response can be sent when it is available. (See QRD-5-Deferred response type above).

### 2.2.5.7 QRD-7 Quantity limited request (CQ) 00031

Components: <quantity (NM)> ^ <units (CE)>

Definition: This field contains the maximum length of the response that can be accepted by the requesting system. Valid responses are numerical values (in the first component) given in the units specified in the second component. Refer to [HL7 Table 0126 - Quantity limited request](#) for valid entries for the second component. Default is LI (lines).

HL7 Table 0126 - Quantity limited request

Value	Description
CH	Characters
LI	Lines
PG	Pages
RD	Records
ZO	Locally defined

### 2.2.5.8 QRD-8 Who subject filter (XCN) 00032

Components: <ID number (ST)> ^ <family name (FN)> ^ <given name (ST)> ^ <second and further given names or initials thereof (ST)> ^ <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (IS)> ^ <source table (IS)> ^ <assigning authority (HD)> ^ <name type code (ID)> ^ <identifier check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^

<assigning facility (HD)> ^ <name representation code (ID)> ^ <name context (CE)> ^ <name validity range (DR)> ^ < name assembly order (ID)>

Subcomponents of assigning authority: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)> Subcomponents of assigning facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)>

Definition: This field identifies the subject, or who the inquiry is about.

Note: This field should not have been a required field. However, for backwards compatibility it remains a required field. There are some queries in the standard that have not required this field.

### 2.2.5.9 QRD-9 What subject filter (CE) 00033

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field describes the kind of information that is required to satisfy the request. Valid values define the type of transaction inquiry and may be extended locally during implementation.

HL7 Table 0048 - What subject filter

Value	Description
ADV	Advice/diagnosis
ANU	Nursing unit lookup (returns patients in beds, excluding empty beds)
APN	Patient name lookup
APP	Physician lookup
ARN	Nursing unit lookup (returns patients in beds, including empty beds)
APM	Medical record number query, returns visits for a medical record number
APA	Account number query, return matching visit
CAN	Cancel. Used to cancel a query
DEM	Demographics
FIN	Financial
GID	Generate new identifier
GOL	Goals
MRI	Most recent inpatient
MRO	Most recent outpatient
NCK	Network clock
NSC	Network status change
NST	Network statistic
ORD	Order
OTH	Other
PRB	Problems
PRO	Procedure
RES	Result
RAR	Pharmacy administration information
RER	Pharmacy encoded order information
RDR	Pharmacy dispense information
RGR	Pharmacy give information
ROR	Pharmacy prescription information

SAL	All schedule related information, including open slots, booked slots, blocked slots
SBK	Booked slots on the identified schedule
SBL	Blocked slots on the identified schedule
SOF	First open slot on the identified schedule after the start date/time
SOP	Open slots on the identified schedule
SSA	Time slots available for a single appointment
SSR	Time slots available for a recurring appointment
STA	Status
VXI	Vaccine Information
XID	Get cross-referenced identifiers

See the HL7 Implementation Guide for detailed examples of use of various query filter fields.

### 2.2.5.10 QRD-10 What department data code (CE) 00034

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (IS)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (IS)>

Definition: This field contains the possible contents including test number, procedure number, drug code, item number, order number, etc. The contents of this field are determined by the contents of the previous field. This field could contain multiple occurrences separated by repetition delimiters.

Note: This field should not have been a required field. However, for backwards compatibility it remains a required field. There are some queries in the standard that have not required this field.

### 2.2.5.11 QRD-11 What data code value qual (CM) 00035

Components: <first data code value (ST)> ^ <last data code value (ST)>

Definition: This field contains start and stop values separated by a component separator. These values constitute a window or range to further refine the inquiry.

### 2.2.5.12 QRD-12 Query results level (ID) 00036

Definition: This field is used to control level of detail in results. Refer to [HL7 Table 0108 - Query results level](#) for valid values. See section 4 and 5.

HL7 Table 0108 - Query results level

Value	Description
O	Order plus order status
R	Results without bulk text
S	Status only
T	Full results

## 2.2.6 QRF - original style query filter segment

The QRF segment is used with the QRD segment to further refine the content of an original style query.

HL7 Attribute Table – QRF – Original style query filter

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM #	ELEMENT NAME
1	20	ST	R	Y		00037	Where Subject Filter
2	26	TS	B			00038	When Data Start Date/Time

3	26	TS	B			00039	When Data End Date/Time
4	60	ST	O	Y		00040	What User Qualifier
5	60	ST	O	Y		00041	Other QRY Subject Filter
6	12	ID	O	Y	0156	00042	Which Date/Time Qualifier
7	12	ID	O	Y	0157	00043	Which Date/Time Status Qualifier
8	12	ID	O	Y	0158	00044	Date/Time Selection Qualifier
9	60	TQ	O			00694	When Quantity/Timing Qualifier
10	10	NM	O			01442	Search Confidence Threshold

See 5.3 OSQ/OSR- query response for order status (event Q06) for usage of this segment.

## 2.2.6.0 QRF field definitions

### 2.2.6.1 QRF-1 Where subject filter (ST) 00037

Definition: This field identifies the department, system, or subsystem to which the query pertains. This field may repeat as in LAB~HEMO, etc.

### 2.2.6.2 QRF-2 When data start date/time (TS) 00038

Definition: This field has been retained for backward compatibility only. It is recommended to use QRF-9 – When quantity/timing qualifier. When used for backward compatibility, this field contains the dates and times equal to or after which this value should be included.

### 2.2.6.3 QRF-3 When data end date/time (TS) 00039

Definition: This field has been retained for backward compatibility only. It is recommended to use QRF-9 – When quantity/timing qualifier. When used for backward compatibility, this field contains the dates and times equal to or before which this date should be included. This field contains the dates and times equal to or before which this date should be included.

### 2.2.6.4 QRF-4 What user qualifier (ST) 00040

Definition: This field contains an identifier to further define characteristics of the data of interest.

### 2.2.6.5 QRF-5 Other QRY subject filter (ST) 00041

Definition: This field contains a filter defined locally for use between two systems. This filter uses codes and field definitions that have specific meaning only to the applications and/or site involved.

### 2.2.6.6 QRF-6 Which date/time qualifier (ID) 00042

Definition: This field specifies the type of date referred to in QRF-2-When data start date/time and QRF-3-When data end date/time.

HL7 Table 0156 - Which date/time qualifier

Value	Description
ANY	Any date/time within a range
COL	Collection date/time, equivalent to film or sample collection date/time
ORD	Order date/time
RCT	Specimen receipt date/time, receipt of specimen in filling ancillary (Lab)
REP	Report date/time, report date/time at filing ancillary (i.e., Lab)
SCHED	Schedule date/time

### 2.2.6.7 QRF-7 Which date/time status qualifier (ID) 00043

Definition: This field specifies the status type of objects selected in date range defined by QRF-2-When data start date/time and QRF-3-When data end date/time.

HL7 Table 0157 - Which date/time status qualifier

Value	Description
ANY	Any status
CFN	Current final value, whether final or corrected
COR	Corrected only (no final with corrections)
FIN	Final only (no corrections)
PRE	Preliminary
REP	Report completion date/time

### 2.2.6.8 QRF-8 Date/time selection qualifier (ID) 00044

Definition: This field allows the specification of certain types of values within the date/time range.

HL7 Table 0158 - Date/time selection qualifier

Value	Description
1ST	First value within range
ALL	All values within the range
LST	Last value within the range
REV	All values within the range returned in reverse chronological order (This is the default if not otherwise specified.)

### 2.2.6.9 QRF-9 When quantity/timing qualifier (TQ) 00694

Components: <quantity (CQ)> ^ <interval (CM)> ^ <duration (CM)> ^ <start date/time (TS)> ^ <end date/time (TS)> ^ <priority (ST)> ^ <condition (ID)> ^ <text (TX)> ^ <conjunction (ID)> ^ <order sequencing (CM)> ^ <occurrence duration (CE)> ^ <total occurrences (NM)>

Definition: This field allows an interval definition to be used for specifying multiple responses to a query. With the addition of this filter, new query specifications should no longer use QRF-2-When data start date/time and QRF-3-When data end date/time in future implementations.

### 2.2.6.10 QRF-10 Search confidence threshold (NM) 01442

Definition: This field contains a numeric value used to establish the minimum threshold match. The value instructs the responding system to return no records for patients whose "match weight" on the look-up was lower than this user-defined value.

Example: |0.50| or |8.25|

One use of this optional field is in Patient Look-up transactions where the searching system employs a numeric algorithm for determining potential matches to patient/person lookups.

## 2.3 Localisation Details

### 2.3.1 Billing

Generally this information will be supplied by the Placer in the Order Request with the following factors to be considered:

1. The pricing scale that is to be applied to the order - sent in [PV1-21 Charge Price Indicator](#).
2. The person to be billed for the tests. In most cases the patient is responsible for the payment of the request; however if the patient is a child the invoice must be sent to a parent/guardian or other responsible party and this is indicated in the GT1 segment.
3. For billing applicable to a health fund use the IN1 segment.
4. For the funding source refer to [PV1-20 Financial Class](#).