

Greater New Orleans Health Information Exchange ADT Message Specifications

Introduction

The purpose of this document is to outline the ADT messages types, triggers, and segments that are required by the Greater New Orleans Health Information Exchange (GNOHIE). The document is intended to guide GNOHIE member organizations and their electronic health record (EHR) vendors during the development of interfaces to send and receive ADT messages.

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Message Types and Triggers

The following is a list of standard message types and corresponding trigger events for the HL7 ADT messages. If a message type or trigger event is not in the list below, the GNOHIE will work with vendors to consider custom requests, as needed.

Message Type	Description	Trigger Event
A01	Admit/Visit message	Should be sent when a patient is admitted to or checks into a healthcare facility
A03	Discharge/End Visit message	Should be sent when a patient is discharged or checks out of a healthcare facility
A08	Patient Update message	Should be sent when any patient information has changed

Segments

The standard segments for HL7 ADT messages are listed below. GNOHIE may work with vendors to accept custom message segments.

Segment	Description	Notes
MSH	Message Header	Required in every message
EVN	Event Type	Required in every message
PID	Patient Identification	Required in every message
PD1	Patient Additional Demographic	Include Patient Primary Care Provider info if exists
PV1	Patient Visit	Required in every message if data is available at trigger event
PV2	Patient Visit – Additional Information	Required in every message if data is available at trigger event
IN1	Insurance	Include in every message if data is available at trigger event
IN2	Insurance Additional Information	Include in every message if data is available at trigger event
DG1	Diagnosis	Required in every message if data is available at trigger event
PR1	Procedure	Required in every message if data is available at trigger event

Segment Detail Requirements

Key:

R = Required

O = Optional

MSH (Message Header) Segment

Seq	Usage	Name	Notes
MSH.1	R	Field Separator	Field Separator value:
MSH.2	R	Encoding Characters	Encoding Characters value: ^~\&
MSH.3	O	Sending Application	
MSH.4	O	Sending Facility	
MSH.5	O	Receiving Application	
MSH.6	O	Receiving Facility	
MSH.7	R	Date/Time Of Message	Date and time of the message. E.g., 20200319140909
MSH.8	O	Security	
MSH.9	R	Message Type	E.g., ADT^A01
MSH.10	R	Message Control ID	Should be unique number per new message
MSH.11	R	Processing ID	Should always be P when in production
MSH.12	R	Version ID	E.g., 2.3, 2.4, or 2.5

Example of a MSH segment:

MSH|^~\&|App|SendingFacility||GNOHIE|20200319140909|1719|ADT^A08|255470292|P|2.3|/|/

PID (Patient Identification) Segment

Seq	Usage	Name	Notes
PID.1	O	Set ID - PID	This will always be 1
PID.2	O	Patient ID	
PID.3	R	Patient Identifier List	Patient ID. E.g., 999
PID.4	O	Alternate Patient ID - PID	
PID.5	R	Patient Name	Patient name format: Last^First^Middle
PID.6	O	Mother's Maiden Name	
PID.7	R	Date/Time of Birth	Required if data is available. DOB format: YYYYMMDD. E.g., 19900101
PID.8	R	Administrative Sex	Please send GNOHIE Gender mapping table
PID.9	O	Patient Alias	
PID.10	O	Race	Please send GNOHIE Race mapping table
PID.11	O	Patient Address	Address format: Street1^Street2/Domicile number^City^State^Zip^Country
PID.12	O	County Code	
PID.13	O	Phone Number - Home	Personal phone #
PID.14	O	Phone Number - Business	Work phone #
PID.15	O	Primary Language	Please send GNOHIE Language mapping table
PID.16	O	Marital Status	Please send GNOHIE Marital Status mapping table
PID.17	O	Religion	Please send GNOHIE Religion mapping table
PID.18	O	Patient Account Number	
PID.19	R	SSN Number - Patient	Required if data is available
PID.20	O	Driver's License Number - Patient	
PID.21	O	Mother's Identifier	
PID.22	O	Ethnic Group	Please send GNOHIE Ethnic Group mapping table
PID.23	O	Birth Place	
PID.24	O	Multiple Birth Indicator	
PID.25	O	Birth Order	
PID.26	O	Citizenship	
PID.27	O	Veterans Military Status	
PID.28	O	Nationality	

PID.29	O	Patient Death Date and Time	
PID.30	O	Patient Death Indicator	Please send GNOHIE Death Indicator mapping table

Example of PID segment:

PID||123456|123456||SAMPLE^DEMO^^||19900101|F||2106-3^White|123 Main St^^New Orleans^LA^70112^UNITED STATES||(504)123-1234^(504)321-1234|eng^English|S||999999999||2186-5^Not Hispanic or Latino|||||

PD1 (Patient Additional Demographic) Segment

Seq	Usage	Name	Notes
PD1.1	O	Living Dependency	
PD1.2	O	Living Arrangement	
PD1.3	O	Patient Primary Facility	
PD1.4	O	Patient Primary Care Provider Name and ID No.	Format as: ProviderID^Last^First^Middle^^^^^^^IdentifierTypeCode GNOHIE prefer NPI to be ProviderID
PD1.5	O	Student Indicator	
PD1.6	O	Handicap	
PD1.7	O	Living Will Code	
PD1.8	O	Organ Donor Code	
PD1.9	O	Separate Bill	
PD1.10	O	Duplicate Patient	
PD1.11	O	Publicity Code	
PD1.12	O	Protection Indicator	

Example of PD1 segment:

PD1|1||1234567890^Last^First^^^^^^^NPI|||||

PV1 (Patient Visit) Segment

Seq	Usage	Name	Notes
PV1.1	O	Set ID - PV1	This will always be 1, as GNOHIE does not accept multiple PV1 segment
PV1.2	R	Patient Class	Required in every message if data is available at trigger event E.g, O, I, E (need provide code map if code is not in O, I, E)
PV1.3	O	Assigned Patient Location	Format: Department^^^Facility
PV1.4	O	Admission Type	
PV1.5	O	Preadmit Number	
PV1.6	O	Prior Patient Location	

PV1.7	O	Attending Doctor	Format: ProviderID^Last^First^Middle^^^^^^^^^IdentifierTypeCode GNOHIE prefer NPI to be ProviderID
PV1.8	O	Referring Doctor	Format: ProviderID^Last^First^Middle^^^^^^^^^IdentifierTypeCode GNOHIE prefer NPI to be ProviderID
PV1.9	O	Consulting Doctor	Format: ProviderID^Last^First^Middle^^^^^^^^^IdentifierTypeCode GNOHIE prefer NPI to be ProviderID
PV1.10	O	Hospital Service	
PV1.11	O	Temporary Location	
PV1.12	O	Preadmit Test Indicator	
PV1.13	O	Re-admission Indicator	
PV1.14	O	Admit Source	
PV1.15	O	Ambulatory Status	
PV1.16	O	VIP Indicator	
PV1.17	O	Admitting Doctor	
PV1.18	O	Patient Type	
PV1.19	R	Visit Number	Required in every message if data is available at trigger event
PV1.20	O	Financial Class	
PV1.21	O	Charge Price Indicator	
PV1.22	O	Courtesy Code	
PV1.23	O	Credit Rating	
PV1.24	O	Contract Code	
PV1.25	O	Contract Effective Date	
PV1.26	O	Contract Amount	
PV1.27	O	Contract Period	
PV1.28	O	Interest Code	
PV1.29	O	Transfer to Bad Debt Code	
PV1.30	O	Transfer to Bad Debt Date	
PV1.31	O	Bad Debt Agency Code	

PV1.32	O	Bad Debt Transfer Amount	
PV1.33	O	Bad Debt Recovery Amount	
PV1.34	O	Delete Account Indicator	
PV1.35	O	Delete Account Date	
PV1.36	R	Discharge Disposition	Required in every message if data is available at trigger event E.g., Home
PV1.37	R	Discharged to Location	Required in every message if data is available at trigger event E.g., Home
PV1.38	O	Diet Type	
PV1.39	O	Servicing Facility	
PV1.40	O	Bed Status	
PV1.41	O	Account Status	
PV1.42	O	Pending Location	
PV1.43	O	Prior Temporary Location	
PV1.44	R	Admit Date/Time	Required in every message if data is available at trigger event For ADT^A01 Admit event, Admit Date/Time is Required
PV1.45	R	Discharge Date/Time	Required in every message if data is available at trigger event For ADT^A03 Discharge event, Discharge Date/Time is Required
PV1.46	O	Current Patient Balance	
PV1.47	O	Total Charges	
PV1.48	O	Total Adjustments	
PV1.49	O	Total Payments	
PV1.50	O	Alternate Visit ID	
PV1.51	O	Visit Indicator	
PV1.52	O	Other Healthcare Provider	

Example of PV1 segment in A03 message:

PV1|1|E|NOEMS^^^Facility^D|ER|||||Emergency||||Self

Ref|||||123456789|SELF|||||||||||||HOME|||||20200319114446|20200319131700||13|||AltID

PV2 (Patient Visit – Additional Information) Segment

Seq	Usage	Name	Notes
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PV2.1	R	Prior Pending Location	Required in every message if data is available at trigger event
PV2.2	O	Accommodation Code	
PV2.3	R	Admit Reason	Required in every message if data is available at trigger event
PV2.4	O	Transfer Reason	
PV2.5	O	Patient Valuables	
PV2.6	O	Patient Valuables Location	
PV2.7	O	Visit User Code	
PV2.8	O	Expected Admit Date/Time	
PV2.9	O	Expected Discharge Date/Time	
PV2.10	O	Estimated Length of Inpatient Stay	
PV2.11	O	Actual Length of Inpatient Stay	
PV2.12	R	Visit Description	Required in every message if data is available at trigger event
PV2.13	O	Referral Source Code	
PV2.14	O	Previous Service Date	
PV2.15	O	Employment Illness Related Indicator	
PV2.16	O	Purge Status Code	
PV2.17	O	Purge Status Date	
PV2.18	O	Special Program Code	
PV2.19	O	Retention Indicator	
PV2.20	O	Expected Number of Insurance Plans	
PV2.21	O	Visit Publicity Code	
PV2.22	O	Visit Protection Indicator	
PV2.23	O	Clinic Organization Name	

Example of PV2 segment:

PV2|||J31.0^Chronic rhinitis^ICD-10-CM|||||20200407070000|||||IP DISCHARGE|||||||n|N

IN1 (Insurance) Segment

Seq	Usage	Name	Notes
IN1.1	R	Set ID - IN1	Sequentially assigned for each IN1
IN1.2	R	Insurance Plan ID	Format: PlanID or PlanID^PlanName

IN1.3	R	Insurance Company ID	Format: PayorID or PayorID^PayorName
IN1.4	R	Insurance Company Name	
IN1.5	O	Insurance Company Address	
IN1.6	O	Insurance Co Contact Person	
IN1.7	O	Insurance Co Phone Number	
IN1.8	O	Group Number	Please include if data is available
IN1.9	O	Group Name	Please include if data is available
IN1.10	O	Insured's Group Emp ID	
IN1.11	O	Insured's Group Emp Name	
IN1.12	R	Plan Effective Date	Format: YYYYMMDD
IN1.13	O	Plan Expiration Date	Format: YYYYMMDD
IN1.14	O	Authorization Information	
IN1.15	O	Plan Type	
IN1.16	O	Name Of Insured	
IN1.17	O	Insured's Relationship To Patient	
IN1.18	O	Insured's Date Of Birth	
IN1.19	O	Insured's Address	
IN1.20	O	Assignment Of Benefits	
IN1.21	O	Coordination Of Benefits	
IN1.22	O	Coord Of Ben. Priority	
IN1.23	O	Notice Of Admission Flag	
IN1.24	O	Notice Of Admission Date	
IN1.25	O	Report Of Eligibility Flag	
IN1.26	O	Report Of Eligibility Date	
IN1.27	O	Release Information Code	
IN1.28	O	Pre-Admit Cert	
IN1.29	O	Verification Date/Time	
IN1.30	O	Verification By	
IN1.31	O	Type Of Agreement Code	
IN1.32	O	Billing Status	
IN1.33	O	Lifetime Reserve Days	

IN1.34	O	Delay Before L.R. Day	
IN1.35	O	Company Plan Code	
IN1.36	R	Policy Number	This field is required if IN1.2 is empty
IN1.37	O	Policy Deductible	
IN1.38	O	Policy Limit - Amount	
IN1.39	O	Policy Limit - Days	
IN1.40	O	Room Rate - Semi-Private	
IN1.41	O	Room Rate - Private	
IN1.42	O	Insured's Employment Status	
IN1.43	O	Insured's Administrative Sex	
IN1.44	O	Insured's Employer's Address	
IN1.45	O	Verification Status	

Example of IN1 Segment:

IN1|1|12345^LA HEALTHCARE|3504|LA HEALTHCARE|PO BOX 123^^NewOrleans^LA^70112-1234|||(800)123-1234^^^866^1231234|||||20190101|||||FIRSTNM^LASTNM^M|Self|19900101|123 MAIN ST^^NEW ORLEANS^LA^70112^USA^^^ORLEANS||||1**1*1||||YES|||||||||123456|987654321|||||None|M|^|^|^|^USA||||BO TH

IN2 (Insurance Additional Information) Segment

Seq	Usage	Name	Notes
IN2.1	O	Insured's Employee ID	
IN2.2	O	Insured's Social Security Number	Format as: nnnnnnnnn or nnn-nn-nnnn
IN2.3	O	Insured's Employer's Name and ID	
IN2.4	O	Employer Information Data	
IN2.5	O	Mail Claim Party	Please send GNOHIE mapping table
IN2.6	O	Medicare Health Ins Card Number	
IN2.7	O	Medicaid Case Name	
IN2.8	O	Medicaid Case Number	
IN2.9	O	Military Sponsor Name	
IN2.10	O	Military ID Number	
IN2.11	O	Dependent Of Military Recipient	
IN2.12	O	Military Organization	
IN2.13	O	Military Station	

IN2.14	<input type="radio"/>	Military Service	
IN2.15	<input type="radio"/>	Military Rank/Grade	
IN2.16	<input type="radio"/>	Military Status	
IN2.17	<input type="radio"/>	Military Retire Date	
IN2.18	<input type="radio"/>	Military Non-Avail Cert On File	
IN2.19	<input type="radio"/>	Baby Coverage	
IN2.20	<input type="radio"/>	Combine Baby Bill	
IN2.21	<input type="radio"/>	Blood Deductible	
IN2.22	<input type="radio"/>	Special Coverage Approval Name	
IN2.23	<input type="radio"/>	Special Coverage Approval Title	
IN2.24	<input type="radio"/>	Non-Covered Insurance Code	
IN2.25	<input type="radio"/>	Payor ID	
IN2.26	<input type="radio"/>	Payor Subscriber ID	
IN2.27	<input type="radio"/>	Eligibility Source	
IN2.28	<input type="radio"/>	Room Coverage Type/Amount	
IN2.29	<input type="radio"/>	Policy Type/Amount	
IN2.30	<input type="radio"/>	Daily Deductible	
IN2.31	<input type="radio"/>	Living Dependency	
IN2.32	<input type="radio"/>	Ambulatory Status	
IN2.33	<input type="radio"/>	Citizenship	
IN2.34	<input type="radio"/>	Primary Language	
IN2.35	<input type="radio"/>	Living Arrangement	
IN2.36	<input type="radio"/>	Publicity Code	
IN2.37	<input type="radio"/>	Protection Indicator	
IN2.38	<input type="radio"/>	Student Indicator	
IN2.39	<input type="radio"/>	Religion	
IN2.40	<input type="radio"/>	Mother's Maiden Name	
IN2.41	<input type="radio"/>	Nationality	
IN2.42	<input type="radio"/>	Ethnic Group	
IN2.43	<input type="radio"/>	Marital Status	
IN2.44	<input type="radio"/>	Insured's Employment Start Date	

IN2.45	O	Employment Stop Date	
IN2.46	O	Job Title	
IN2.47	O	Job Code/Class	
IN2.48	O	Job Status	
IN2.49	O	Employer Contact Person Name	
IN2.50	O	Employer Contact Person Phone Number	
IN2.51	O	Employer Contact Reason	
IN2.52	O	Insured's Contact Person's Name	
IN2.53	O	Insured's Contact Person Phone Number	
IN2.54	O	Insured's Contact Person Reason	
IN2.55	O	Relationship to the Patient Start Date	
IN2.56	O	Relationship to the Patient Stop Date	
IN2.57	O	Insurance Co. Contact Reason	
IN2.58	O	Insurance Co Contact Phone Number	
IN2.59	O	Policy Scope	
IN2.60	O	Policy Source	
IN2.61	O	Patient Member Number	
IN2.62	O	Guarantor's Relationship To Insured	
IN2.63	O	Insured's Phone Number - Home	

Example of IN2 segment:

IN2||123121234||Payor||||||||||||||||||||||||||||||||||||||||||0||(504)123-1234^^^^|||TCA

DG1 (Diagnosis) Segment

Seq	Usage	Name	Notes
DG1.1	R	Set ID - DG1	Sequentially assigned for each DG1 segment
DG1.2	R	Diagnosis Coding Method	E.g, ICD-10, please provide code map
DG1.3	R	Diagnosis Code - DG1	Format: DiagnosisCode^Description^CodeSystem
DG1.4	O	Diagnosis Description	
DG1.5	R	Diagnosis Date/Time	Format: YYYYMMDDHHMMSS
DG1.6	O	Diagnosis Type	
DG1.7	O	Major Diagnostic Category	
DG1.8	O	Diagnostic Related Group	

DG1.9	O	DRG Approval Indicator	
DG1.10	O	DRG Grouper Review Code	
DG1.11	O	Outlier Type	
DG1.12	O	Outlier Days	
DG1.13	O	Outlier Cost	
DG1.14	O	Grouper Version And Type	
DG1.15	O	Diagnosis Priority	
DG1.16	O	Diagnosing Clinician	
DG1.17	O	Diagnosis Classification	
DG1.18	O	Confidential Indicator	
DG1.19	O	Attestation Date/Time	
DG1.20	O	Diagnosis Identifier	
DG1.21	O	Diagnosis Action Code	

Example of DG1 segment:

DG1||ICD10|J4540^^|Moderate persistent asthma, uncomplicated|////////////////////

PR1 (Procedure) Segment

Seq	Usage	Name	Notes
PR1.1	R	Set ID - PR1	Sequentially assigned for each PR1 segment
PR1.2	R	Procedure Coding Method	E.g, CPT or SNOMED, etc please provide code map
PR1.3	R	Procedure Code	Format: ProcedureCode^Description^CodeSystem
PR1.4	O	Procedure Description	
PR1.5	R	Procedure Date/Time	Format: YYYYMMDDHHMMSS
PR1.6	O	Procedure Functional Type	
PR1.7	O	Procedure Minutes	
PR1.8	O	Anesthesiologist	
PR1.9	O	Anesthesia Code	
PR1.10	O	Anesthesia Minutes	
PR1.11	O	Surgeon	
PR1.12	O	Procedure Practitioner	
PR1.13	O	Consent Code	
PR1.14	O	Procedure Priority	

PR1.15	O	Associated Diagnosis Code	
PR1.16	O	Procedure Code Modifier	
PR1.17	O	Procedure DRG Type	
PR1.18	O	Tissue Type Code	
PR1.19	O	Procedure Identifier	
PR1.20	O	Procedure Action Code	

Example of PR1 segment:

PR1|1|CPT|10040^^|ACNE SURGERY|20190916100708

Sample Messages – From Vendor to GNOHIE

Inbound ADT-A01 (admit message)

MSH|^~\&|GNOHIE|UMC||GNOHIE|20200201161224|MCLABO|ADT^A01|141455425|P|2.3
PID|1||E25123123~1002123123||TEST^Pathdemo||19980613|F||White|1234 Test Main
Street^^PAULINA^LA^70122^USA^P^^NEW ORLEANS|NEW ORLEANS|(111)111-3333^P^PH^^^111^3991591~(111)111-
3333^P^CP^^^111^1113333||ENG|F||6000123123|222-22-1234||NON-HISPANIC|||||N
PV1|1|E|NOEMS^2745^2745^ILH^R|ER||||Emergency||||||60000000000|CAID
MNGED|||||||||||||||||20200201151224|||||12312312
IN1|1|330004^MEDICAID|3300|MEDICAID MANAGED CARE|PO BOX 91021^^BATON
ROUGE^LA^70821|||||20160801|20160801||TEST^Pathdemo|Self|19980613|1234 Test Main Street^^NEW
ORLEANS^LA^70122^USA^^^ST JOHN TH||1||YES|||||||972XX|33955162XX|||||F|^^^USA||BOTH

Inbound ADT-A03 (discharge message)

MSH|^~\&|GNOHIE|UMC||GNOHIE|20200201162021|MCLABO|ADT^A03|141455425|P|2.3
PID|1||E25123123~1002123123||TEST^Pathdemo||19980613|F||White|1234 Test Main
Street^^PAULINA^LA^70122^USA^P^^NEW ORLEANS|NEW ORLEANS|(111)111-3333^P^PH^^^111^3991591~(111)111-
3333^P^CP^^^111^1113333||ENG|F||6000123123|222-22-1234||NON-HISPANIC|||||N
PV1|1|E|NOEMS^2745^2745^ILH^R|ER||||Emergency||||||60000000000|CAID
MNGED|||||||||||||||||20200201151224|20200201161524|||||12312312
IN1|1|330004^MEDICAID|3300|MEDICAID MANAGED CARE|PO BOX 91021^^BATON
ROUGE^LA^70821|||||20160801|20160801||TEST^Pathdemo|Self|19980613|1234 Test Main Street^^NEW
ORLEANS^LA^70122^USA^^^ST JOHN TH||1||YES|||||||972XX|33955162XX|||||F|^^^USA||BOTH

Inbound ADT-A08 (patient update message)

MSH|^~\&|SENDINGAPP|CLINIC|GNOHIE||202003301751||ADT^A08|1893270M12400|P|2.3|||||
EVN|A08|202003300510|||

PID|8214|8214|TEST^SAMPLE^^|19900101|M|2054-5^Black or African American|123 MAIN ST^^NEW ORLEANS^LA^70112^UNITED STATES|(504)123-1234^(504)123-4321|(504)123-1234|eng^English|S|||||2135-2^Hispanic or Latino/Spanish|||||||

PD1||||^^^||||||||

PV1|O|^^^1^^^St.

Claude||||1123456789^LAST^GIVEN^MIDDLE|||||||1123456789^LAST^GIVEN^MIDDLE||48290CE12400|||||||
|||||||202003301610|||||||

AL1|1|NKDA^No Known Drug Allergy^^^|^|^|20200330

DG1|1|E11.65^Type 2 diabetes mellitus with hyperglycemia^I10|20200330171547|F|||||||

DG1|2|I10^Essential (primary) hypertension^I10|20200330171553|F|||||||

GT1|1|TEST^NANCY^^|123 MAIN ST^^NEW ORLEANS^LA^70112|(504)123-1234|19900101||Mother|||||||||||||||||||||||||||||||||||||||||||(504)123-1234|||||||

IN1|1|316200^UNITED HEALTHCARE COMMUNITY PLAN - BAYOU HEALTH - LA (MEDICAID REPLACEMENT HMO)|316200^UNITED HEALTHCARE COMMUNITY PLAN - BAYOU HEALTH - LA (MEDICAID REPLACEMENT HMO)|UNITED HEALTHCARE COMMUNITY PLAN - BAYOU HEALTH - LA (MEDICAID REPLACEMENT HMO)|PO BOX 31341^^SALT LAKE CITY^UT^84131-0341|^|(866)675-1607|LABYHP||||20170101||||TEST^SAMPLE^|Self|19900101||||1|||||||||||||461458712345678|||||M|||||

Inbound ADT-A08 with Clinical Information (patient update message) – Example 1

MSH|^~\&|POC|STTHOMAS|I2ISYS|I2I|20130125073224||ADT^A08|917592|P|2.3|917592|||AL|U.S.A

PID|1|21638|21638|21638|ZZTEST^TEST||19800101|F||WHITE|ONE METROPLEX DRIVE^^HOMEWOOD^AL^35209|(205)555-1212||MARRIED||21638|411121234

PV1|1|||||5K036^IMSAIS^KHALIL^^^DR.^UPIN|||||||||167793|D|||||||||||||||||105|||||201301220924 00|

DG1|1|I9|465.9|UPPER RESPIRATORY INFECTION|20130122^

DG1|2|I9|466.0|ACUTE BRONCHITIS|20130122^

DG1|3|I9|463|TONSILLITIS|20130118^

DG1|4|I9|785.0|Tachycardia (By Auscultation)|20121231^

DG1|5|I9|525.9|ODONTOLOGY DENTAL DISORDERS|20121231^

DG1|6|I9|461.9|SINUSITIS ACUTE|20121025^

DG1|7|I9|611.72|LUMP OR MASS IN BREAST|20121023^

DG1|8|I9|V65.45|COUNSELING ON OTHER SEXUALLY TRANSMITTED DISEASES|20121003^

DG1|9|I9|V76.2|SCREENING FOR MALIGNANT NEOPLASMS OF THE CERVIX|20121003^

DG1|10|I9|611.71|MASTODYNIA|20121003^

DG1|11|I9|372.51|PINGUECULA|20120911^

DG1|12|I9|729.1|FIBROMYALGIA|20120911^

DG1|13|I9|719.43|PAIN IN JOINT INVOLVING FOREARM|20120905^
DG1|14|I9|354.0|CARPAL TUNNEL SYNDROME|20120905^
DG1|15|I9|626.9|menses abnormal|20120719^
DG1|16|I9|530.81|ESOPHAGEAL REFLUX|20120719^
DG1|17|I9|789.00|abdominal pain|20120719^
DG1|18|I9|NODIAG|NO DIAGNOSIS|20120719^
DG1|19|I9|536.8|DYSPEPSIA|20120719^
DG1|20|I9|729.0|RHEUMATISM UNSPECIFIED AND FIBROSITIS|20120511^
DG1|21|I9|008.8|INTESTINAL INFECTION DUE TO OTHER ORGANISM NOT ELSEWHERE CLASSIFIED|20120416^
DG1|22|I9|785.1|PALPITATIONS|20120203^
DG1|23|I9|780.4|DIZZINESS / VERTIGO|20090924^
DG1|24|I9|786.52|CHEST WALL SYNDROME / PLEURITIC|20090609^
DG1|25|I9|696.1|PSORIASIS|20090609^
DG1|26|I9|724.2|LUMBAGO|20081020^
DG1|27|I9|477.9|ALLERGIC RHINITIS|20080731^
DG1|28|I9|616.10|VAGINITIS, NOS|20080731^
DG1|29|I9|695.1|ERYTHEMA MULTIFORME|20080731^
DG1|30|I9|384.00|ACUTE MYRINGITIS UNSPECIFIED|20080731^
DG1|31|I9|V72.31|ROUTINE GYNECOLOGICAL EXAMINATION|20080731^
DG1|32|I9|V74.5|SCREENING EXAMINATION FOR VENEREAL DISEASE|20080731^
GT1|1|18706|ZZTEST^TEST||ONE METROPLEX DRIVE^^HOMEWOOD^AL^35209|(205)555-1212||19800101|F||SELF
IN1|1|153|AMERIGRP|AMERIGROUP LOUISIANA|PO BOX 61010^^VIRGINIA BEACH^VA^23466|| (800)454-
3730|||20120501||D|ZZTEST^TEST|SELF|19800101|ONE METROPLEX
DRIVE^^HOMEWOOD^AL^35209||1|||||||6803087955920|||||F

Inbound ADT-A08 with Clinical Information (patient update message) – Example 2:

MSH|^~\&|SUCSESSEHS|SEND_FAC|RECV_APP|RECV_FAC|20120815095845||ADT^A08|1022530|P|2.3|1022530|||
AL|U.S.A

PID|1|4306|4306|4306|ZZPATIENT^DUP2^T||19770417|F||ASIAN|205 AL BLVD^^NEW
ORLEANS^LA^70130|| (504)321-4576|(504)123-4567|ENGLISH||4306|55555555||NOT
HISPANIC/LATINO||||U||N

PV1|1||||1234567890^DUCK^DONALD^D^^DR.^NPI||||||153528|||||||2||||2012081408
3200|20120824000000

OBX|1|NM|^Diastolic Blood Pressure^L||76||||||20120814095845
OBX|2|NM|^Systolic Blood Pressure^L||124||||||20120814095845

OBX|3|NM|^Pulse^L||76|||||||20120814095845
 OBX|4|NM|^Temperature^L||98.2|F|||||||20120814095845
 OBX|5|NM|^Respiration^L||22|||||||20120814095845
 OBX|6|NM|^Height^L||68|in|||||||20120814095845
 OBX|7|NM|^Weight^L||149|pounds|||||||20120814095845
 AL1|1|DA|3623-2^digoxin^L|||20080626000000|A
 AL1|2|FA|QE1QX6B99R^Peanuts^L|||20090630000000|A
 AL1|3|DA|1200-6^aloe^L|||20080627000000^20120530110737|I
 DG1|1|I9|327.21|ORGANIC SLEEP APNEA PRIMARY CENTRAL|20120801^
 DG1|2|I9|493.90|ASTHMA|20120801^
 DG1|3|I9|626.0|AMENORRHEA|20120430^20120709
 PR1|1|C4|83036|GLYCOHEMOGLOBIN TEST (in house)|20120814095845|P
 PR1|2|C4|81002|UA DIP (MANUAL-IN HOUSE)|20120814095845|P
 GT1|1|40486|ZZPATIENT^DUP2^T||205 AL BLVD^^NEW ORLEANS^LA^70130|(504)321-4576|(504)123-4567|19770417|F||SELF

Sample Messages – From GNOHIE to Vendor

Outbound ADT-A01 (admit message)

MSH|^~\&|APP|GNOHIE|APP|CLINIC|20190828103200||ADT^A01|558dc857-d022-453d-a01f-7c00ff496af6|P|2.5|||AL|USA
 EVN|A01||||20190828103056
 PID|1|patient_MRN_in_clinic|patient_Alt_MRN_in_clinic||Patient_NM||Patient_DOB|F||BLACK OR AFRICAN AMERICAN|Patient_address||||SINGLE||patient_SSN||
 PV1|E|UMC^^^UMC|ER||57606^MARNEY^NICHOLAS^JAMES^^^^^|^^^^^^|Not Reported|||9|Not Reported|^^^^^^|60007123456|||||||||||||Not Reported|Not Reported|||||admit_date|discharge_Date|||||||||||||||||||||||||||||
 PV2|||^Not Reported|^Not Reported|||||||Not Reported
 PD1||||999999999^Franklin^Julia(dummy provider info to receive message)||||

Outbound ADT-A03 (discharge message)

MSH|^~\&|APP|UMC|APP|CLINIC|20200330133101||ADT^A03|ed85a9c6-4512-442b-b4ba-46b33c7b017b|P|2.5|||AL|USA
 EVN|A03||||20200330113515
 PID|1|patient_MRN_in_clinic|patient_Alt_MRN_in_clinic|TEST^SAMPLE^|19900101|F||WHITE|123 MAIN ST^APT Q^NEW ORLEANS^LA^70112^^||||SINGLE||999999999||

PV1|E|UMC^^^UMC|ER||^|^^^|^^^|Not Reported|||9|Not
Reported|^|600071234569|^^^|^^^|Not Reported|Not
Reported|||20200330113515|20200330132800|^^^|^^^|

PV2||^Not Reported|^Not Reported|||^^^|^^^|Not Reported

PD1|||999999999^Franklin^Julia (dummy provider info to receive message) |||

Outbound ORU (discharge message, alternative to ADT-A03)

MSH|^~\&|TRN|GNOHIE||11331|20200217143604|14204|ORU|250822274|P|2.3

PID|1|AthenaPtID|AthenaPtID||Test^Patient||19900101|M|^|Black|123 Test STREET^^NEW
ORLEANS^LA^70112^USA^P^^ORLEANS|ORLEANS||ENG||6000123123||NON-HISPANIC|N||||N

OBR|1|E|6000123123_Hospital_Encounter_ID|E||20200217131100||Surgery|||ACCESS_Provider_NPI||1|6000
123123|CAID MNGED|^^^|^^^|123||123123

OBX|1|T14.8XXA^Other injury of unspecified body region, initial encounter^ICD-10-CM|^^^|^^^|