



Bi-directional Transformation of OASIS EDXL-TEP (Tracking of Emergency Patients) v1.1 and HL7 v2.7.1 Specification Version 1.0

Committee Note 01

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Additional artifacts:

This document is one component of a Work Product that also includes:

- TEPv1.1-HL7v2.7.1-Transforms:
<http://docs.oasis-open.org/emergency/TEP-HL7v2-transforms/v1.0/cn01/TEPv1.1-HL7v2.7.1-Transforms-v1.0.xls>

Related work:

This document is related to:

- HL7 V2.7.1:
http://www.hl7.org/documentcenter/private/standards/v271/V271_FinalStandard_Word_and_PDF.zip
 - HL7 Patient Administration (ADT) message (Chapter 3)
 - HL7 Pharmacy/Treatment Administration (RAS) message (Chapter 4a) related documents
- *OASIS Emergency Data Exchange Language (EDXL) Tracking of Emergency Patients (TEP) Version 1.1*. Latest version: <http://docs.oasis-open.org/emergency/edxl-tep/v1.1/edxl-tep-v1.1.html>
- *Emergency Data Exchange Language (EDXL) Distribution Element, v1.0*. OASIS Standard. http://docs.oasis-open.org/emergency/edxl-de/v1.0/EDXL-DE_Spec_v1.0.pdf
- *Emergency Data Exchange Language (EDXL) Distribution Element Version 2.0*. Latest version. <http://docs.oasis-open.org/emergency/edxl-de/v2.0/edxl-de-v2.0.html>

Abstract:

This document provides context in the use of the " TEPv1.1-HL7v2.7.1-Transforms-v1.0.xls " Spreadsheet. This document in conjunction with the referenced .xls file provides a guide for accurate mapping and transforms between the OASIS EDXL-TEP (Emergency Data Exchange Language - Tracking of Emergency Patients) v1.1 standard used in the emergency services setting, and the HL7 V2.7.1 ADT / RAS messages used in the healthcare setting.

OASIS EDXL-TEP is an OASIS Emergency Management Technical Committee (EM-TC) international public standard that enables emergency patient tracking data exchange between the myriad of systems used by Emergency Management (EM) and Emergency Medical Services (EMS). Patient movement, condition, and care are tracked and shared throughout the emergency continuum of care, from initial encounter with emergency services to the point of admittance to a healthcare facility.

HL7 V2.7.1 ADT (Admit, Discharge and Transfer) message is an international public standard that enables hospital patient tracking data exchange between the various hospital systems involved in patient admission, transfer and discharge.

HL7 V2.7.1 RAS (Pharmacy/Treatment Administration) message is may be created by the administering application (e.g., nursing application) for each instance of administration for an existing pharmacy or treatment order.

The purpose of this effort is to:

- Improve and speed and content of communication between the emergency response community and hospitals, and between hospitals in a disaster situation
- Increase ER preparation for incoming emergency patients
- Improve continuity of patient care

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- Enhance the Common Operating Picture (COP)
- Facilitate collaboration and coordination
- Assist data exchange implementation

This specification provides a mechanism for hospitals/EDs to track incoming patients from emergency services in the field via existing HL7 conformant systems. It also includes the specification for transforming an HL7 V2.7.1 message to an EDXL-TEP message if a patient must be transported from the healthcare facility by emergency services to another healthcare facility (e.g. Hospital Evacuation).

This transformation specification provides an ontological matching between EDXL-TEP v1.1 and HL7 V2.7.1 ADT/RAS messages, including concepts, vocabulary, type conversions, and transformation rules. It is used to produce bidirectional data transforms between EDXL-TEP and HL7 messages useful in both normal operations and in emergency situations.

Status:

This document was last revised or approved by the OASIS Emergency Management TC on the above date. The level of approval is also listed above. Check the “Latest version” location noted above for possible later revisions of this document.

Technical Committee (TC) members should send comments on this document to the TC’s email list. Others should send comments to the TC’s public comment list, after subscribing to it by following the instructions at the “[Send A Comment](#)” button on the TC’s web page at <https://www.oasis-open.org/committees/emergency/>.

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1 Introduction

EDXL-TEP, the Tracking of Emergency Patients, is a messaging standard that facilitates the coordination of patient movement across the continuum of emergency medical care. The care continuum includes day-to-day EMS transfer and regional transport coordination; it includes regional mass casualty event response, and it includes large-scale, ESF-8 supported hospital evacuation efforts. EDXL-TEP supports cross-jurisdiction, cross-profession, and cross-technology information sharing.

Hospitals use the HL7 Messaging Standard internally and in information exchange with other healthcare facilities, including other hospitals. The EDXL-TEP/HL7 transform is provided to bridge the electronic gap between the Emergency Management and EMS communities and the hospital community.

This document is the result of a collaborative process by the OASIS Emergency Management Technical Committee (EM-TC), and HL7 Public Health and Emergency Response (PHER), Emergency Care (EC), Clinical Interoperability Council (CIC), Patient Care (PC) and Patient Administration (PA) Work Groups, with other HL7 subject matter expert (SME) input during the mapping process.

This specification will allow software systems to produce bidirectional data transforms between EDXL-TEP 1.1 and HL7 2.71 messages useful in both normal operations and in emergency situations.

As defined in the collaboration agreement, a formal objective of the transform involves EDXL-TEP information exchange with hospitals prior to patient arrival, thus increasing preparation time and ensuring continuity of continued patient care. Conversely, information exchange with Emergency Management transportation services (e.g., ambulance services) prior to patient pick-up at the hospital will increase preparation time and ensuring continuity of continued patient care.

1.1 The Transform Discovery Process

To minimize the number of transform rules, the discovery of transforms has been governed by the following process (target and originating data structures are determined by the intended transform direction TEP <-> ADT/TEP -> RAS):

1. Identify all Required elements in target data structure
 - a. For every required element search for matching structure(s) in originating data structure
 - b. If matching structure found, generate transform rule(s); if not, provide transform strategy
2. Identify all Optional/Conditional elements in target data structure
 - a. For every optional/conditional element search for matching structure(s) in originating data structure
 - b. If matching structure found, generate transform rule(s); if not, drop the element from transform set

3. Identify all interesting¹ elements in originating data structure
 - a. For every such interesting element, search corresponding structure in target data structure
 - b. If corresponding structure found, generate transform rule(s)
 - c. If no corresponding structure found, consider options to add extension(s)
 - i. If option(s) exist, generate transform rules
 - ii. If not, drop item.

1.2 Structure and usage of this document

This document briefly addresses the use cases and scope of the standard, and then guides the reader in the use of the accompanying spreadsheet (TEPv1.1-HL7v2.7.1-Transforms-v1.0.xls) that details the mapping and processing to transform an OASIS/EDXL-TEP message into an HL7 ADT (and potentially RAS) message. The intended usage is for software vendors engaged on either side of the interchange to provide alternative standard messages, both inbound and outbound.

Users of this document should consult the OASIS and HL7 references listed below for further information and clarification. This document is shared between OASIS and HL7 and is available to system implementers. It is important that developers obtain the proper OASIS or HL7 standards documents cited below, as they provide the detail and the framework for the mapping cited in this document.

1.3 References

[EDXL-CIQ]

OASIS Committee Specification Draft Emergency Data Exchange Language Customer Information Quality, December, 2011 <http://docs.oasis-open.org/emergency/edxl-ci/v1.0/csd02/edxl-ci-v1.0-csd02.html>.

[EDXL-CT]

OASIS Committee Specification Draft Emergency Data Exchange Language Common Types, November, 2011 <http://docs.oasis-open.org/emergency/edxl-ct/v1.0/csd02/edxl-ct-v1.0-csd02.html>.

[EDXL-DE 1.0]

EDXL Distribution Element (DE) Standard v1.0, M. Raymond, S. Webb, and P. Aymond, Editors. March 2006. OASIS. <http://www.oasis-open.org/specs/index.php#edxlde-v1.0>.

[EDXL-DE 2.0]

Emergency Data Exchange Language Distribution Element, Committee Specification Version 2.0, J. Waters, Editor. OASIS, 19 September 2013, <http://docs.oasis-open.org/emergency/edxl-de/v2.0/cs02/edxl-de-v2.0-cs02.html>.

[EDXL-TEP-v1.1]

¹ An interesting element is one in which a Subject Matter Expert (SME) has identified as potentially value information for communicating between transporting services and hospital systems.

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Emergency Data Exchange Language (EDXL) Tracking of Emergency Patients (TEP) Version 1.1. Edited by Werner Joerg. 04 August 2015. OASIS Committee Specification Draft 01 / Public Review Draft 01. <http://docs.oasis-open.org/emergency/edxl-tep/v1.1/csprd01/edxl-tep-v1.1-csprd01.html>. Latest version: <http://docs.oasis-open.org/emergency/edxl-tep/v1.1/edxl-tep-v1.1.html>.

[HL7 v2.7.1]

HL7 Messaging Standard v2.7.1

[TEP/HL7 Transforms]

TEPv1.1-HL7v2.7.1-Transforms-v1.0.xls

2 Scope – Scenarios and Use Cases

When a patient transitions from emergency services to a hospital system, a transform from an EDXL-TEP 1.1 message to an HL7 2.7.1 ADT/A14 (Pending Admit - Event A14) message is required. If pharmaceuticals are administered enroute, a separate HL7 2.7.1 RAS/O17 (Pharmacy/Treatment Administration Message - Event O17) is needed to capture each administration. The ADT/A14 and RAS messages are linked within the hospital system via the Patient Identification (PID) element, which is consistent in both messages.

When a patient transitions from a hospital system to emergency services, a transform from an HL7 2.7.1 ADT/A03 (Discharge/End Visit - Event A03) message to an EDXL-TEP 1.1 message is required.

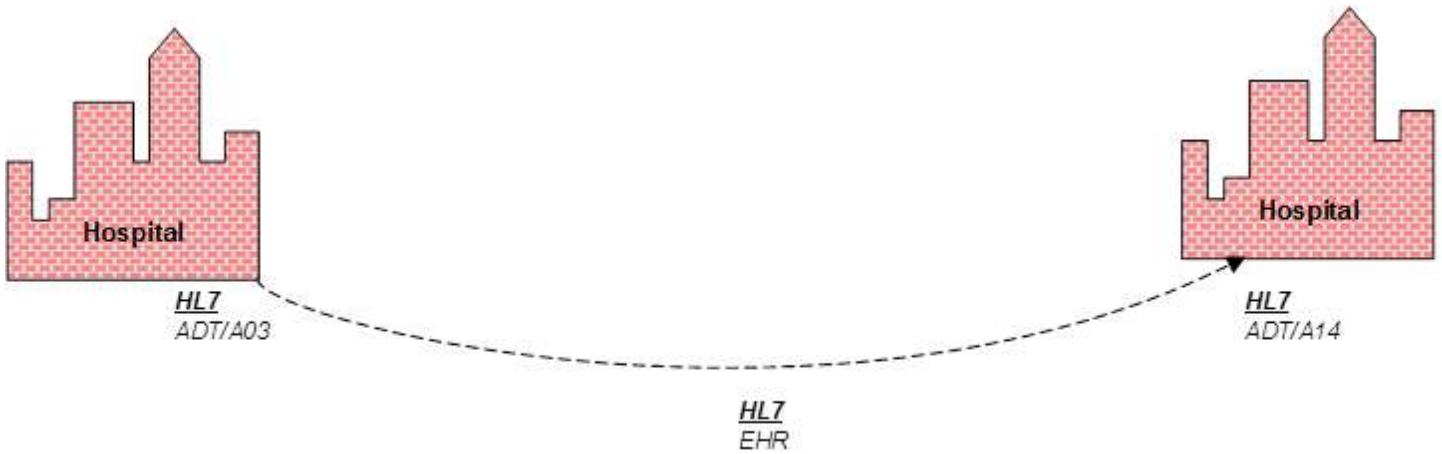
EDXL-TEP is designed to be routed using an EDXL Distribution Element (EDXL-DE) content wrapper. All transforms (EDXL-TEP to ADT/A14, EDXL-TEP to RAS/O17, and ADT/A03 to EDXL-TEP), require a DE transform, as well. The EDXL-DE is a general-purpose routing wrapper than can contain any type of electronic data payload.

Disaster situations may present in which hospitals are evacuated with regional or federal coordination, leave the evacuating hospitals unclear on the facility to which their patients are being evacuated. The EDXL-DE provides a mechanism for Electronic Health Records (EHR) to travel with the patient via emergency services as an EDXL-DE payload. The EHR is not transformed, but simply carried in its native format for delivery to the receiving HL7 system.

Five messaging use cases have been identified for patient tracking:

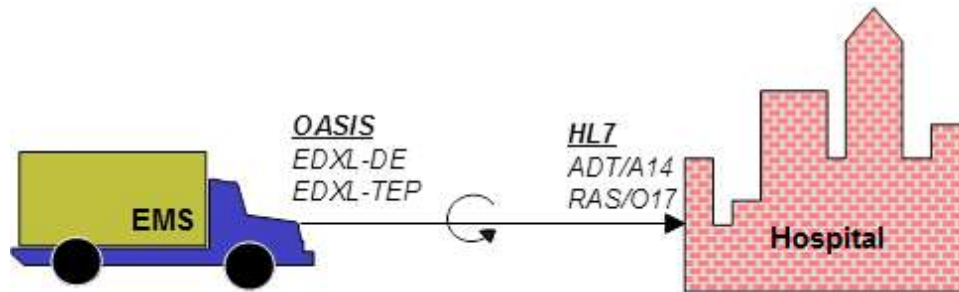
- Hospital-to-hospital transfer
- Incoming patients
- Hospital transfers
- Regional coordination
- Federal support

2.1 Hospital-to-Hospital transfer



Hospital to hospital communication is strictly within the HL7 domain and is considered out-of-scope for the TEP/HL7 transform.

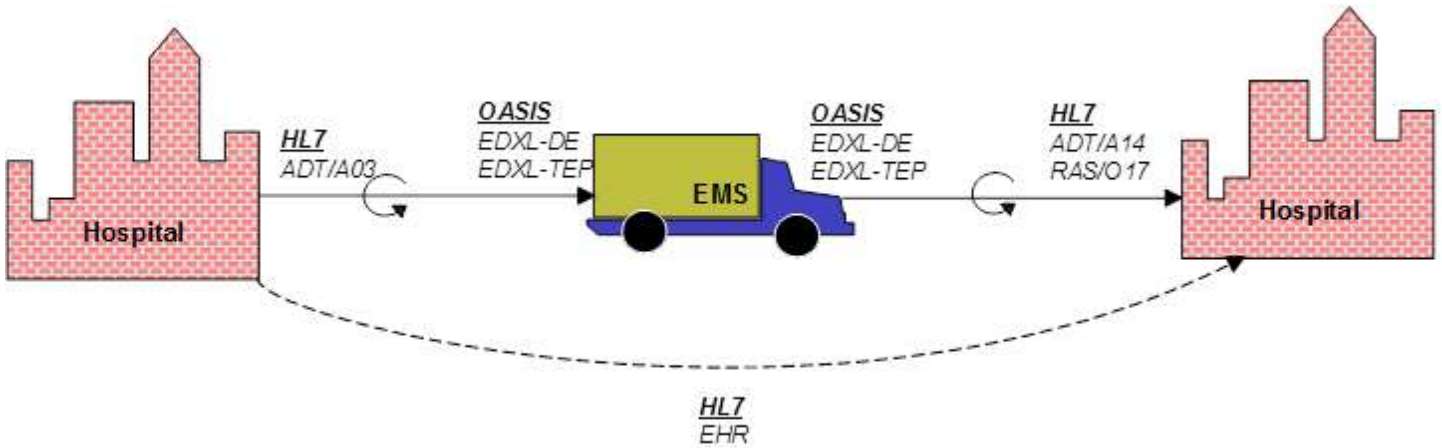
2.2 Incoming Patients



A second use case is patients arriving to the hospital ED via EMS. The EMS system uses EDXL-TEP and the hospital uses HL7. The incoming EDXL-TEP message is transformed into an HL7 ADT/A14 message type for ingest by the hospital system. If pharmaceuticals are administered enroute, a second RAS/O17 message is also generated.

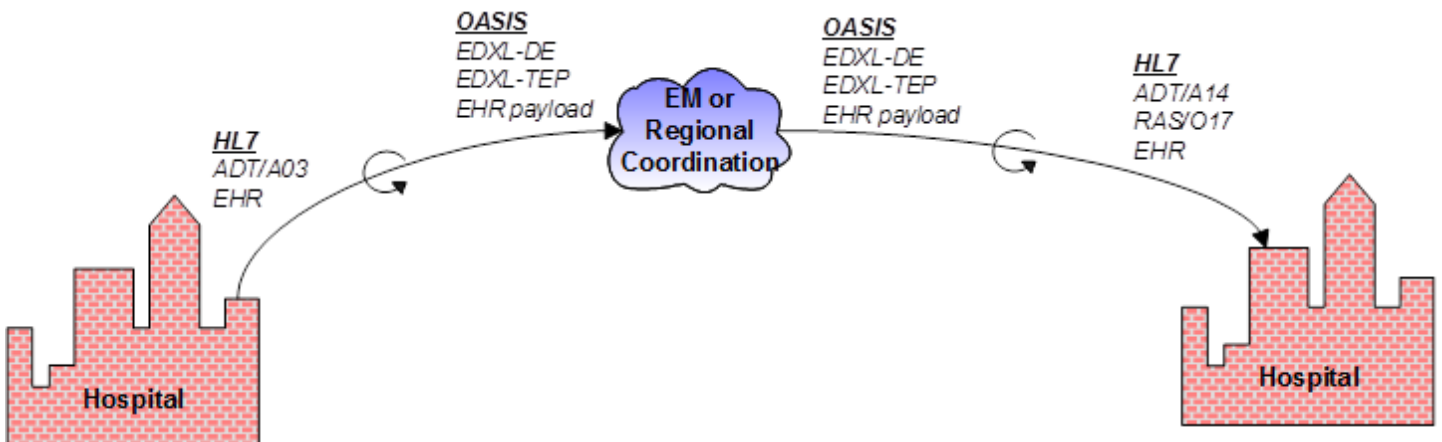
2.3 Hospital Transfers

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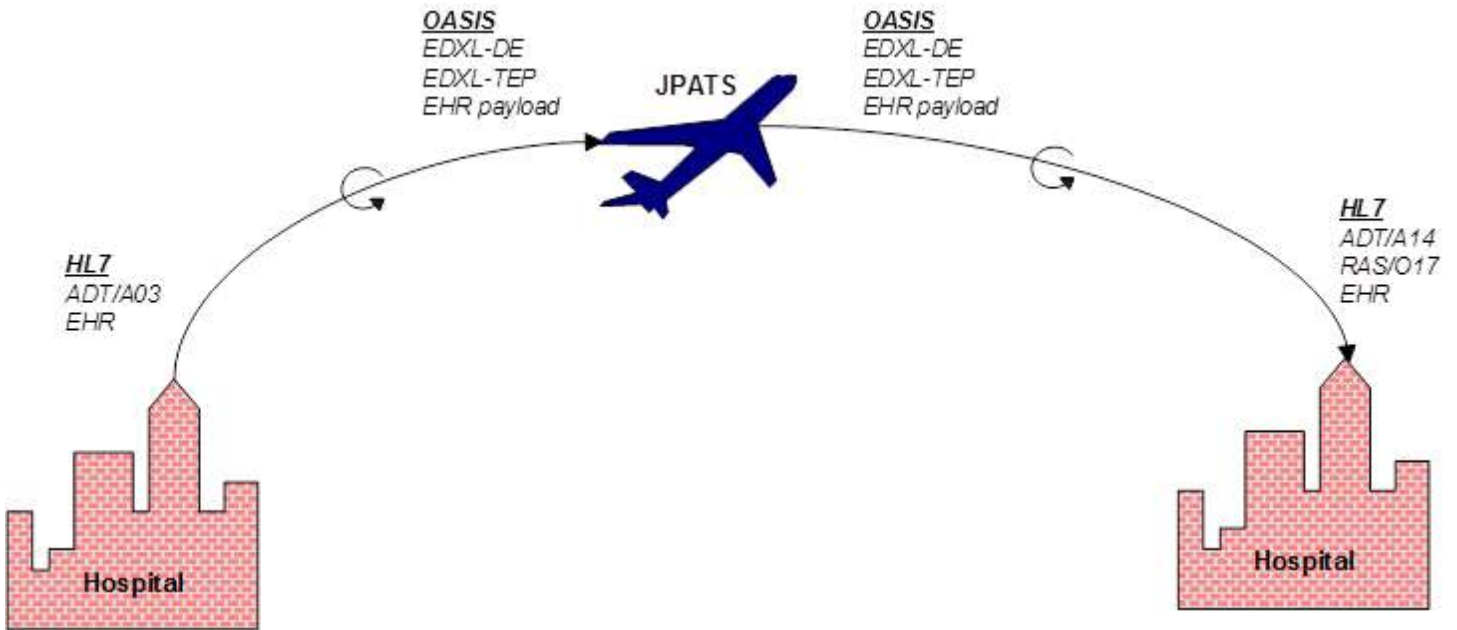


A third use case is patients transferring from one hospital to another via EMS. An HL7 ADT/A03 message type is transformed into a EDXL-TEP message to provide information to EMS, and the EDXL-TEP message is again transformed into an HL7 ADT/A14 message type for ingest by the receiving hospital system. This is the situation of day-to-day transfers, so the complete electronic health record can be exchanged directly between hospitals via HL7. If pharmaceuticals are administered enroute, a second RAS/O17 message is also generated.

2.4 Regional Coordination



In an emergency, the evacuation, transfer and transport may be coordinated through Emergency Management or regional healthcare coalition coordination. In this situation, an HL7 ADT/A03 message type is transformed into a EDXL-TEP message to provide information to the transport coordinator, and the EDXL-TEP message is again transformed into an HL7 ADT/A14 message type for ingest by the receiving hospital system. If pharmaceuticals are administered enroute, a second RAS/O17 message is also generated.



2.5 Federal Support

Similar to the regional transfer and evacuation, long distance evacuation coordination can be facilitated via HL7/TEP and TEP/HL7 transforms using federal support (e.g., JPATS support). In this situation, an HL7 ADT/A03 message type is transformed into a EDXL-TEP message to provide information to the transport coordinator, and the EDXL-TEP message is again transformed into an HL7 ADT/A14 message type for ingest by the receiving hospital system. If pharmaceuticals are administered enroute, a second RAS/O17 message is also generated.

3 Background

3.1 OASIS EDXL-TEP

3.1.1 The EDXL Family of Emergency Management Messaging Standards

EDXL-TEP is a member of the Emergency Data eXchange Language (EDXL) family of OASIS Standards. Their ongoing goal is to facilitate emergency sharing and data exchange across the local, state, tribal, national and non-governmental organizations of different professions that provide emergency response and management services. This goal is achieved by focusing on the standardization of specific messages to facilitate emergency communication and coordination, particularly when more than one profession or governmental jurisdiction is involved.

OASIS EDXL-TEP defines an XML messaging standard that records and exchanges all key aspects of patient information and care from initial encounter with emergency services who utilize EDXL-TEP for patient transport(s) throughout the continuum of care to the point of admittance to a healthcare facility that provides ongoing and post-emergency care, and up to release.

3.1.2 EDXL-TEP Development

Through a practitioner-driven approach, the Command, Control and Interoperability Division (CID) within the U.S. Department of Homeland Security's Science and Technology Directorate creates and deploys information resources to enable seamless and secure interactions among state, local, tribal, international, private entities, homeland security stakeholders and other federal entities. The CID's Office for Interoperability and Compatibility (OIC) serves as the standards program within the Federal Government to facilitate public safety and emergency response agencies to improve emergency / disaster response through effective and efficient interoperable data sharing. OIC sponsors the process to facilitate practitioner requirements for the development of EDXL standards.

The EDXL program is an open, public practitioner-driven process driven solely by cross-profession emergency practitioners through an OIC-sponsored Practitioner Steering Group (PSG) and Standards Working Group (SWG). The EDXL program is also a public-private partnership working with the Emergency Interoperability Consortium (EIC), Vendor communities, and OASIS.

A consensus-based process and drivers are used to narrow down CORE minimal set of elements needed across local, state and federal systems, KISS, required (minimal) and optional elements – what the field is able to provide given their first priority is to save lives.

The draft OASIS EDXL-TEP standard has completed multiple NDMS live exercises in field tests and one draft implementation, and it is anticipated that there will be adoption in multiple countries.

3.1.3 Current status

EDXL-TEP 1.1 has been approved as a Committee Standard Draft (csd01) by the EM-TC and is being submitted for public review under OASIS for acceptance as an OASIS Committee Standard (cs01). EDXL-TEP v1.1 is expected to traverse the standardization process by mid-2016.

3.2 HL7 V2.7.1 Healthcare Messaging Standard

Founded in 1987, Health Level Seven International (HL7) is a not-for-profit, ANSI-accredited standards developing organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice evaluation of health services.

3.2.1 The HL7 messaging Standard

HL7's Version 2.x (V2) messaging standard is the workhorse of electronic data exchange in the clinical domain and arguably the most widely implemented standard for healthcare in the world. This messaging standard allows the exchange of clinical data between systems. It is designed to support a central patient care system as well as a more distributed environment where data resides in departmental systems.

3.2.2 Current Status

Version 2.7, representing the latest update to the Version 2 Standard, was published in 2011. Version 2.7.1 has been superseded by version 2.8 as the most current version in the V2 messaging family. However, standards and specifications based on version 2.7.1 will be "current" for many years to come. Until replaced by direct replacements, specifications (like this one), implementation guides, and messaging protocols based on a v2.7.1 can remain in place until there is a need to take advantage of features of later versions of the Messaging Standard.

4 Transforms Spreadsheet

The details of the transformations specified by this document are in a spreadsheet (TEP-HL7v2-TransformsV10.xls) that accompanies this document. This spreadsheet is structured into several tabs, one of which (“Introduction”) summarizes the use of the document; one holds the transformation details for the current HL7 version (V2.7.1); and the remaining ones will be used for auxiliary complex data types (typically generic reusable elements such as “Location”, “Contact” or “Person” information), transformation oddities and space for tracking, commenting and maintenance of the document.

4.1 Spreadsheet Tabs Summary

The spreadsheet consists of an “Introduction” tab, and a set of seven (7) transform tabs:

1 Spreadsheet Tab	2 Content Summary
3 Introduction	4 The “Introduction” tab lists the purpose of the document, describes the color coding used in the transform tab, and shows the HL7 component key.
5 EDXL-TEP <--> ADT	6 The “EDXL-TEP <--> ADT” message tab contains the primary mapping information. It is used for transforming EDXL-TEP to HL7/ADT A14, and for transforming HL7/ADT A03 to EDXL-TEP. Mappings of EDXL-RM complex structures of the following data types are contained in alternate tabs, using consistent Sort numbering: ct:PersonDetails, ct:EDXLLocation, and xal:Address. A separate HL7/RAS message type must be generated to communicate information on pharmaceuticals administered during transport (see “EDXL-TEP --> RAS Message” message tab).

<p>7 EDXL-TEP --> RAS Message</p>	<p>8 The “EDXL-TEP --> RAS Message” message tab contains the mapping information needed to communicate information on pharmaceuticals administered during transport. It is used for transforming EDXL-TEP to HL7/RAS. There is not use case for transforming HL7/RAS to EDXL-TEP. Information on pharmaceuticals administered during hospital care are communicated via the full electronic health record directly with the receiving hospital. If the receiving hospital is unknown, as in the case of a large scale evacuation with regional or federal coordination, the EHR can be bundled in the EDXL-DE for routing with the coupled EDXL-TEP message. Mappings of EDXL-RM complex structures of the following data types are contained in alternate tabs, using consistent Sort numbering: ct:PersonDetails and ct:EDXLLocation.</p>
<p>9 ct-PersonDetails <--> HL7 V2.7.1</p>	<p>10 The “ct-PersonDetails <--> HL7 V2.7.1” tab contains the transformation between the EDXL-TEP ct:PersonalDetails complex structure and HL7 ADT and RAS messages. Sort numbering is consistent between tabs for easy cross-referencing.</p>
<p>11 ct-EDXLLocation <--> HL7 V2.7.1</p>	<p>12 The “ct-EDXLLocation <--> HL7 V2.7.1” tab contains the transformation between the EDXL-TEP ct:EDXLLocation complex structure and HL7 ADT and RAS messages. Sort numbering is consistent between tabs for easy cross-referencing.</p>
<p>13 xal-Address <--> HL7 V2.7.1</p>	<p>14 The “xal-Address <--> HL7 V2.7.1” tab contains the transformation between the EDXL-TEP ct:EDXLLocation complex structure and HL7 ADT messages. Sort numbering is consistent between tabs for easy cross-referencing.</p>

15 EDXL-DE 1.0 <--> HL7 V2.7.1	16 The “EDXL-DE 1.0 <--> HL7 V2.7.1” tab contains the transformation between the EDXL-DE v 1.0 and HL7 messages. The EDXL-DE is a content wrapper that is used for routing messages. If an EDXL-TEP message is routed using an EDXL-DE v. 1.0, this tab is used for the transform.
17 EDXL-DE 2.0 <--> HL7 V2.7.1	18 The “EDXL-DE 2.0 <--> HL7 V2.7.1” tab contains the transformation between the EDXL-DE v 2.0 and HL7 messages. The EDXL-DE is a content wrapper that is used for routing messages. If an EDXL-TEP message is routed using an EDXL-DE v. 2.0, this tab is used for the transform.

4.2 Transform Tabs

The transform tabs consists of three groups of columns: the EDXL-TEP Message details, the Transformations (TEP to ADT and ADT to TEP), and the ADT message details.

4.2.1 EDXL-TEP message details

- TEP path / TEP data name
Name and hierarchical path for structured elements
- Type
Type or format of the element
- Usage
R = required, O = optional, C = conditional
- Definition
Informal description of the element
- Comments
Additional comments and structural information
- Cardinality
Refines the Usage notion with the inclusive interval notation [lb .. ub], where lb stands for lower bound (default 0) and ub stands for upper bound (default '*' - any > 1). For example, [1..1] means REQUIRED, exactly once, [0..*] means OPTIONAL, any number of times.
- Valid Values / Examples

A list of values that apply to this particular element, or examples which apply in order to clarify the definition. Where valid values are specified for ValueListURN/Value type pairs, these values are suggested as defaults, allowing implementations to use their own value list, or insert their own value by extending the defaults.

4.2.2 The ADT message details

- HL7 Element Name

- Segment.Seq: position

Ordinal position of the data field within the segment. This number is used to refer to the data field in the text comments that follow the segment definition table.

- Sub.Seq: sub-position

- Len: normative length

If applicable, the number of characters that one occurrence of the data field or component may occupy if populated.

For some fields or components, the value domain of the content leads to clearly established boundaries for minimum and/or maximum length of the content. In these cases, these known limits are specified for the item. Normative lengths are only specified for primitive data types.

- C.Len: conformance length

If applicable, the conformance length that applies to the field or component.

If populated, the conformance length column specifies the minimum length that applications must be able to store. Conformant applications SHALL not truncate a value that is shorter than the length specified. The conformance length is also the minimum value that maybe assigned to maximum length in an implementation profile.

In addition, the conformance length may be followed by a "=" or a "#". The "=" denotes the value may never be truncated, and the "#" denotes that the truncation behaviour defined for the data type applies.

Applications are not required to implement the truncation pattern, even if it may be applied to an item. Applications should declare their adoption of the truncation pattern in their conformance profiles.

- Data Type: data type

The basic building block used to construct or restrict the contents of a data field.

- Opt: optionality

Whether the field is required, optional, or conditional in a segment.

- RP/#: repetition

Whether the field may repeat. The value that appears in the repetitions column is the maximum number of allowed occurrences, e.g., a value of '3' would mean that the field can have '3 occurrences'; if unspecified, there is only one occurrence, i.e., cannot repeat.

N or blank - no repetition

Y - the field may repeat an indefinite or site-determined number of times

(integer) - the field may repeat up to the number of times specified by the integer

- TBL#: table identifier
- Comments
- OID: object identifier

4.2.3 5.1.3 Transformations

There are 2 columns that define the transformations that capture the bidirectional mapping between OASIS/TEP and HL7/ADT. Additional comments list particularities relevant to the transformation rules.

- Transformation OASIS/TEP to HL7

The cells in this column summarize the transformation task for the EDXL-TEP structure listed to the left of the row (“TEP path / TEP data name”) to the corresponding ADT structure, if existent, listed to the right of the row “HL7 Element Name”).

- Transformation: HL7 to OASIS/TEP

The cells in this column summarize the transformation task for the ADT structure listed to the right of the row (under “HL7 Element Name”) to the corresponding EDXL-TEP structure, if existent, listed to the left of the row (under “TEP path / TEP data name”).

5 EDXL data structures

This section is not normative. If any differences exist between the content of this section and with the EDXL-TEP [v1.1](#) or EDXL-DE ([v1.0](#) or [v2.0](#)) standards, the standards are the authoritative source.

5.1 EDXL Elements

EDXL messages are constructed of well-formed XML. An EDXL XML element is structured by using Complex elements, ValueListURIs, and atomic elements. The focus of the TEP/HL7 mapping is on the atomic elements.

5.1.1 Atomic Elements

Atomic elements carry data. Their types are either

i) Predefined simple types in the XMLSchema space “xsd:”
(<http://www.w3.org/2001/XMLSchema>)

- xsd:token
- xsd:anyURI
- xsd:string
- xsd:unsignedInt
- xsd:boolean
- xsd:date
- xsd:dateTime
- xsd:integer
- xsd:float
- xsd:enumeration

or

ii) Constrained simple types in the EDXL Common Type space “ct:”

- ct:EDXLStringType (derived from xsd:string)
- ct:EDXLDateTimeType (derived from xsd:dateTime)
- ct:ValueType
- ct:ValueListURI
- ct:PercentageType
- ct:DegreesCType
- ct:EstimateType

ValueListURI is used by EDXL-TEP to identify a value set and is discarded in the transformation to ADT. In the other direction, the value of ValueListURI is supplied in the transformation specs.

5.1.2 Complex Elements

A xsd:complexType, which is comprised of two or more atomic elements to fulfill the concept or element purpose. The complexType itself is not atomic, and is not itself used as a tag to place or

carry data. It is used to describe the hierarchical (tree) structure of a EDXL-TEP message, where complexTypes represent branches and atomic types represent leaves.

EDXL-TEP specific branches are preceded with the “tep:” prefix. Their contents may reference types from other name spaces such as xsd:, ct: (see EDXL-CT), or xal: (see EDXL-CIQ).

5.1.3 A note about lists

(Derived from [EDXL-TEP], Section 3.2.2 Selecting values from lists)

The ValueList and ValueKey types are part of the EDXL Common Types collection. They allow standards adopters to use topic specific lists of values for elements such as raceEthnicity, fluentSpokenLanguages, specialTransportationNeeds, etc.. Both types have identical structure, but ValueList allows for selection of multiple values [1..*] in the list, whereas ValueKey allows for selection of only one [1..1] value in the list.

When using a ValueList / ValueKey structure the user can specify a user-defined list by URI (either using the “urn:...” format or the more familiar “http://...” format) and then include user-defined values from that list.

Their structures are therefore very similar:

```
ct:ValueListType
  valueListURI [1..1]: ct:ValueListURI
  value [1..*]: ct:ValueType
```

```
ct:ValueKeyType
  valueListURI [1..1]: ct:ValueListURI
  value [1..1]: ct:ValueType
```

ValueListURI is used by EDXL-TEP to identify the value set and is discarded in the transformation to ADT. In the other direction the value of ValueListURI is supplied in the transformation specs. It is strongly recommended that communication trading partners agree (TPA) in advance what these value lists will contain, where it will be located, and who will manage the list.

5.1.4 A note about Extensions

(Derived from [EDXL-TEP], Section 3.2.3 EDXL Extensions)

The challenge when developing standardized formats is to balance the need to define specific elements of emergency information that we can all agree upon and yet provide flexibility for local communities to include their particular information using their familiar vocabulary. EDXL addresses this concern by providing the common defined terms in the formal standards for the former, and by providing extension mechanisms for the latter.

Typical needs are:

1. Community augmentation: community adds new information that is associated with the EDXL standard. Examples: adding HL7 translation information to the EDXL-TEP.

2. List augmentation: community adds new values (enumerations) to the default set of values in the standard. Example: adding FlightRisk value to the EDXL-TEP contingencyMedicalSpecialityCode list.

3. List replacement: community replaces the default set of values in the standard in its entirety. Example: defining TriageStatus with number codes instead of colors.

4. List redefinition: community reassigns the meaning of the default set of values in the standard in its entirety. Example: redefining the Black TriageCode to mean actively dying but not yet deceased.

EDXL combines the CommunityExtension mechanism with the ValueList and ValueKey types to deal with these needs. CommunityExtension addresses need 1.; ValueList / ValueKey address need 3. ; and combined they address needs 2. and 4.

A "CommunityExtension", or simply "Extension", is a term used to describe supplemental message information that a community wants to add to the otherwise standard message information normally contained within an EDXL standard message. It is defined by the ExtensionType which consists of a [1..*] set of name/value pairs.

The schema for ExtensionType is defined as

```
<xs:complexType name="ExtensionType">
  <!-- Base type to allow communities to extend/augment an EDXL data standard -->
  <xs:sequence>
    <xs:element name="community" type="xs:anyURI">
      <!-- Unique community identifier -->
    </xs:element>
    <xs:element name="id" type="xs:anyURI">
      <!-- Unique identifier for this extension -->
    </xs:element>
    <xs:element name="parameter" type="ext:ParameterType"
      maxOccurs="unbounded"/>
  </xs:sequence>
</xs:complexType>
```

where "ParameterType" is defined as a group of elements used to extend/augment the data standard

```
<xs:sequence>
  <xs:element name="nameURI" type="ext:ParameterNameType">
    <!-- Unique identifier of a parameter -->
  </xs:element>
  <xs:element name="value" type="ext:ParameterValueType"
    maxOccurs="unbounded"/>
</xs:sequence>
```

with "ParameterNameType" being defined as a URI with optional
XPath attribute and "ParameterValueType" being defined as a
ct:EDXLStringType" with optional "uom" attribute.

Its application to the XML description of an element elementName of type ext:ExtensionType
would be:

```
<ext:ExtensionType
  xmlns="urn:oasis:names:tc:emergency:edxl:extension:1.0">
  <community>communityURI</community>
  <id>extensionURI</id>
  <parameter>
    <nameURI>name</nameURI>
    <value>value</value>
  </parameter>
  ...
  <parameter> ... </parameter>
</ext:ExtensionType>
```

If that extension is to be used for adding a community specific item in an enumeration, we
indicate this by adding

```
<xsd:enumeration value="ExtensionValue"/>
```

to the enumeration affected.

For illustration let's consider a special application of Extension: it can be used for tasks such as
translating EDXL-TEP message structures to/from HL7 structures. Here are two examples that
address the TEP/HL7 translation problem for HL7 v2 and HL7 v3.

- HL7 v2:

```
<TEPMessage>
  <extension>
    <community>TEP:v11:HL7:V271</community>
    <id>layer2</id>
    <parameter>
      <nameURI XPath="./patient/patientID/ID">patientIDNumber</nameURI>
      <value>Patient Identifier List | ID Number</value>
    </parameter>
  </extension>
  ...
  <patient>
    <patientID>
```



```
<ID>some id</ID>
</patientID>
</patient>
</TEPMessage>
```

- HL7 v3:

```
<TEPMessage>
  <extension>
    <community>TEP:v11:HL7:V3</community>
    <id>layer2</id>
    <parameter>
      <nameURI XPath="/patient/patientID/ID">patientIDNumber</nameURI>
      <value>person.id</value>
    </parameter>
  </extension>
  ...
  <patient>
    <patientID>
      <ID>some id</ID>
    </patientID>
  </patient>
</TEPMessage>
```

5.2 EDXL-TEP

5.2.1 EDXL-TEP message structure

tep:TEPMessage

- messageID [1..1]: ct:EDXLStringType
- systemID [0..1]: ct:EDXLStringType
- patient [1..1]: tep:PatientType
 - patientID [1..*]: tep:PatientIDType
 - ID [1..1]: ct:EDXLStringType
 - source [1..1]: ct:ValueListType
 - gender [1..1]: tep:GenderDefaultValues
 - patientAge [1..1]: tep:PatientAgeType
 - age [1..1]: xsd:unsignedInt
 - estimated [1..1]: ct:EstimateType
 - units [1..1]: tep:AgeUnitsDefaultValues
 - raceEthnicity [0..1]: ct:ValueListType
 - dateOfBirth [0..1]: xsd:date
 - personalID [0..1]: ct:PersonDetailsType
 - hairColor [0..1]: ct:ValueKeyType
 - eyeColor [0..1]: ct:ValueKeyType
 - distinguishingMarks [0..1]: ct:EDXLStringType
 - fluentSpokenLanguages [0..1]: ct:ValueListType

- specialTransportationNeeds [0..1]: ct:ValueListType
- specialMedicalNeeds [0..1]: ct:ValueListType
- medicationAllergies [0..1]: ct:ValueListType
- currentMedication [0..*]: tep:MedicationType
- familyUnificationCode [0..1]: ct:EDXLStringType
- barriersToPatientCare [0..1]: ct:ValueListType
- evacuationDestinationRequired [0..1]: tep:
PatientEvacuationDestinationRequiredDefaultValues
- patientContactInformation [0..1]: ct:PersonDetailsType
- closestRelativeGuardianContactInformation [0..*]: +ct:PersonDetailsType
- specialClassification [0..*]: +tep:specialClassificationDefaultValues
- situation [1..1]: tep:SituationType
 - incidentID [1..*]: tep:IncidentIDType
 - name [1..1]: ct:EDXLStringType
 - ID [1..1]: ct:EDXLStringType
 - kind [1..1]: ct:ValueListType
 - source [1..1] ct:EDXLStringType
 - incidentLocation [1..1]: ct:EDXLLocationType
 - incidentStartDateTime [0..1]: ct:EDXLDateTimeType
 - -- relatedIncidentID [0..*]: ct:EDXLStringType
- healthCareProvider [1..1]: tep:HealthCareProviderType
 - providerNumber [1..1]: ct:ValueKeyType
 - providerName [1..1]: ct:EDXLStringType
 - providerJurisdiction [1..1]: xal:AddressType
 - providerCountry [1..1]: ct:ValueKeyType
 - providerKind [1..1]: ct:ValueListType
 - providerDomainName [0..1]: ct:EDXLStringType
 - personnelIDNumber [0..1]: ct:EDXLStringType
 - personnelJurisdiction [0..1]: xal:AddressType
 - personnelCertificationLevel [0..1]: ct:ValueListType
 - transport [0..1]: tep:TransportType
 - unitNumber [0..1]: ct:EDXLStringType
 - vehicleKind [0..1]: ct:ValueKeyType
 - vehicleProvider [0..1]: ct:EDXLStringType
 - vehicleJurisdiction {1..1}: xal:AddressType
- patientEncounter [1..1]: tep:PatientEncounterType
 - encounterID [1..1]: ct:EDXLStringType
 - encounterDateTime [1..1]: ct:EDXLDateTimeType
 - locationCategory [1..1]: ct:ValueKeyType
 - encounterLocation [1..1]: ct:EDXLLocationType
 - patientCare [1..*]: tep:PatientCareType
 - patientCareRecordID [1..1]: ct:EDXLStringType
 - patientCareRecordDateTime [1..1]: ct:EDXLDateTimeType
 - triageStatus [1..1]: tep:TriageStatusDefaultValues
 - patientCurrentDisposition [1..1]:
tep:PatientCurrentDispositionDefaultValues
 - chiefComplaint [0..1]: ct:EDXLStringType
 - systolicBloodPressure [0..1]: xsd:integer constrained
 - diastolicBloodPressure [0..1]: xsd:integer constrained

- pulseRate [0..1]: xsd:integer constrained
- respiratoryRate [0..1]: xsd:integer constrained
- cardiacMonitorRhythm [0..1]: ct:ValueListType
- twelveLeadECGInterpretation [0..1]: +ct:EDXLStringType
- pulseOximetry [0..1]: ct:PercentageType
- CO2Level [0..1]: xsd:unsignedInteger
- bloodGlucoseLevel[0..1]: xsd:integer constrained
- temperature [0..1]: ct:DegreesCType
- totalGCS [0..1]: xsd:integer constrained
- medicationAdministered [0..*]:
 tep:MedicationAdministeredType
- proceduresPerformed [0..1]: ct:ValueListType
- careProviderPrimaryImpression [0..1]: +ct:ValueListType
- seriousConcerns [0..1]: ct:EDXLStringType
- contaminationRadiationContagionStatus [0..1]: +xsd:boolean
- acsCDCFieldTraumaCriteria [0..1]: xsd:boolean
- contingencyMedicalSpecialtyCode [0..1]: tep:
 contingencyMedicalSpecialtyCodeDefaultValues
- patientTransfer [0..*]: tep:PatientTransferType
 - destinationETA [0..1]: ct:EDXLDateTimeType
 - destination [1..1]: ct:EDXLLocationType
 - actualArrivalDateTime [0..1]: ct:EDXLDateTimeType
 - actualDepartureDateTime [0..1]: +ct:EDXLDateTimeType
- extension [0..*]: ext:ExtensionType (cf. section 4.1.1.4 below)

5.2.2 Auxiliary EDXL-TEP message structures

tep:AgeUnitsDefaultValues: xsd:enumeration

tep:MedicationType

- name [1..1]: ct:ValueKeyType
- dosage [0..1]: ct:EDXLStringType
- route [0..1]: ct:ValueKeyType
- frequency [0..1]: ct:EDXLStringType

tep:MedicationAdministeredType

- medication [1..1]: tep:MedicationType
- administered [0..*]: ct:EDXLDateTimeType

tep:PatientEvacuationDestinationRequiredDefaultValues: xsd:enumeration

tep:specialClassificationDefaultValues: xsd:enumeration

tep:triageStatusDefaultValues: xsd:enumeration

tep:PatientCurrentDispositionDefaultValues: xsd:enumeration

5.2.3 Auxiliary shared EDXL structures

ct:PersonDetailsType

- PersonName [1..*]: xNL:PersonNameType
 - NameElement [0..*]: xsd:normalizedString
 - ElementType [0..1]: xsd:normalizedString
- Addresses [0..1]: xsd:ComplexType
 - Address [0..*]: xal:AddressType
- ContactNumbers [0..1]: xsd:ComplexType
 - ContactNumber [1..*]: xsd:ComplexType
 - ContactNumberElement [0..*]: xsd: normalizedString
 - Type [0..1]: xsd: normalizedString
 - CommunicationMediaType [0..1]: xsd: normalizedString
 - Usage [0..1]: xsd: normalizedString
 - ContactHours [0..1]: xsd: normalizedString
- ElectronicAddressIdentifiers [0..1]: xsd:ComplexType
 - ElectronicAddressIdentifier [1..*]: xsd: normalizedString
 - Kind [1..1]: xsd: normalizedString
 - Usage [1..1]: xsd: normalizedString
- Identifiers [0..1]: xsd:ComplexType
 - Identifier [1..*]: xsd:ComplexType
 - IdentifierElement [0..1]: xsd: normalizedString
 - Type [0..1]: xsd: normalizedString
 - IssuerName [0..1]: xsd:ComplexType
 - NameElement [0..*]: xsd: normalizedString
 - SubDivisionName [0..*]: xsd: normalizedString
 - OrganisationID [0..1]: xsd: normalizedString
 - OrganisationIDType [0..1]: xsd: normalizedString
 - Type [0..1]: xsd: normalizedString

ct:EDXLLocationType

- EDXLGeoLocation [0..1]: xsd:ComplexType
 - Point[0..1]: xsd:ComplexType
 - pos [1..1]: xsd:list (doubles)
 - CircleByCenterPoint [0..1]: xsd:ComplexType
 - pos [1..1]: xsd:list (doubles)
 - radius [1..1]: xsd:double
 - uom [1..1]: xsd:string or xsd:anyURI
 - Polygon [0..1]: xsd:ComplexType
 - exterior [0..1]:xsd:ComplexType
 - LinearRing [1..1]: xsd: normalizedString
 - pos [4..*]: xsd:list (doubles)
 - Envelope [0..1]: xsd:ComplexType
 - lowerCorner [1..1]: xsd:list (doubles)
 - upperCorner [1..1]: xsd:list (doubles)

- LineString [0..1]: xsd:ComplexType
 - pos [2..*]: xsd:list (doubles)
 - posList [1..1]: xsd:list (doubles)
 - count [0..1]: xsd:positiveInteger
- EDXLGeoPoliticalLocation [0..1]: xsd:ComplexType
 - GeoCode [0..1]: xsd:ComplexType
 - ValueListURI [1..1]: xsd:anyURI
 - Value [1..*]: xsd:string
 - Address [0..1]: xal:AddressType

xal:addressType

- FreeTextAddresses [0..1]: xsd:ComplexType
 - AddressLine [1..*]: xsd:normalizedString
- Country [0..1]: xsd:ComplexType
 - NameElement [1..1]: xsd:normalizedString
- AdministrativeArea [0..1]: xsd:ComplexType
 - NameElement [1..*]: xsd:normalizedString
- SubAdministrativeArea [0..1]: xsd:ComplexType
 - NameElement [1..*]: xsd:normalizedString
- Locality [0..1]: xsd:ComplexType
 - NameElement [1..*]: xsd:normalizedString
- SubLocality [0..1]: xsd:ComplexType
 - NameElement [1..*]: xsd:normalizedString
- Thoroughfare [0..1]: xsd:ComplexType
 - NameElement [1..*]: xsd:normalizedString
 - Abbreviation [0..1]: xs:boolean
 - NameType [0..1]: xsd:normalizedString
 - Number [1..*]: xsd:ComplexType
 - Identifier [0..1]: xsd:normalizedString
 - Type [0..1]: xsd:normalizedString
 - Abbreviation [0..1]: xsd:normalizedString
 - Type [0..1]: xsd:normalizedString
- PostCode [0..1]: xsd:ComplexType
 - Identifier [1..*]: xsd:normalizedString
 - Type [0..1]: xsd:normalizedString
 - Abbreviation [0..1]: xsd:normalizedString

5.3 EDXL-DE

EDXL-TEP is designed to be routed using an EDXL Distribution Element (EDXL-DE) content wrapper. There are 2 versions of the EDXL-DE currently being used: EDXL-DE 1.0 (2006) and EDXL-DE 2.0 (2014). The TEP/HL7 transform provides mapping between HL7 2.71 and both versions of the EDXL-DE.

EDXL-DE 1.0 structure is shown below:

- distributionID [1..1]: xsd:string
- senderID [1..1]: xsd:string
- dateTimeSent [1..1]: xsd:dateTime
- distributionStatus [1..1]: statusValues
- distributionType [1..1]: typeValues
- combinedConfidentiality [1..1]: xsd:string
- language [0..1]: xsd:string
- senderRole [0..*]: valueListType
 - valueListURN [1..1]: xsd:string
 - value [1..1]: xsd:string
- recipientRole [0..*]: valueListType
 - valueListURN [1..1]: xsd:string
 - value [1..1]: xsd:string
- keyword [0..*]: valueListType
 - valueListURN [1..1]: xsd:string
 - value [1..1]: xsd:string
- distributionReference [0..*]: xsd:string
- explicitAddress [0..*]: valueSchemeType
 - explicitAddressScheme [1..1]: xsd:string
 - value [1..*]: xsd:string
- targetArea [0..*]: targetAreaType
 - circle [0..*]: xsd:string
 - polygon [0..*]: xsd:string
 - country [0..*]: xsd:string
 - subdivision [0..*]: xsd:string
 - locCodeUN [0..*]: xsd:string
- contentObject [0..*]: contentObjectType
 - contentDescription [0..1]: xsd:string
 - contentKeyword [0..*]: valueListType
 - valueListURN [1..1]: xsd:string
 - value [1..1]: xsd:string
 - incidentID [0..1]: xsd:string
 - incidentDescription [0..1]: xsd:string
 - originatorRole [0..*]: valueListType
 - valueListURN [1..1]: xsd:string
 - value [1..1]: xsd:string
 - consumerRole [0..*]: valueListType
 - valueListURN [1..1]: xsd:string
 - value [1..1]: xsd:string
 - confidentiality [0..1]: xsd:string
 - other [0..1]: xsd:other
- nonXMLContent [0..1]: nonXMLContentType
 - mimeType [1..1]: xsd:string
 - size [0..1]: xsd:integer
 - digest [0..1]: xsd:integer

- uri [0..1]: xsd:anyURI
- contentType [0..1]: xsd:base64Binary
- xmlContent [0..1]: xmlContent
 - keyXMLContent [0..*]: anyXMLType
 - embeddedXMLContent [0..*]: anyXMLType

EDXL-DE 2.0 structure is shown below:

- distributionID [1..1]: ct:EDXLStringType
- senderID [1..1]: ct:EDXLStringType
- dateTimeSent [1..1]: ct:EDXLDateTimeType
- dateTimeExpires [1..1]: ct:EDXLDateTimeType
- distributionStatus [1..1]: DistributionStatusType
- distributionKind [1..1]: DistributionKindType
- descriptor [0..1]: DEDescriptorType
 - combinedConfidentiality [0..1]: ConfidentialityType
 - language [0..1]: xsd:language
 - senderRole [0..*]: ct:ValueListType
 - valueListURI [1..1]: ct:ValueListURIType
 - value [1..*]: ct:ValueType
 - recipientRole [0..*]: ct:ValueListType
 - valueListURI [1..1]: ct:ValueListURIType
 - value [1..*]: ct:ValueType
 - keyword [0..*]: ct:ValueListType
 - valueListURI [1..1]: ct:ValueListURIType
 - value [1..*]: ct:ValueType
 - explicitAddress [0..*]: ct:ValueSchemeType
 - explicitAddressScheme [1..1]: ct:EDXLStringType
 - value [1..*]: ct:EDXLStringType
 - targetAreas [0..*]: targetAreasType
 - areaKind [1..1]: AreaKindType
 - areaGrouping [1..1]: AreaGroupingType
 - targetArea [1..*]: TargetAreaType
 - EDXLGeoLocation [0..1]: gsf:EDXLGeoLocation
 - EDXLGeoPoliticalLocation [0..1]: ct:EDXLGeoPoliticalLocation
 - urgency [0..1]: UrgencyType
 - severity [0..1]: SeverityType
 - certainty [0..1]: CertaintyType
 - incidentID [0..*]: ct:EDXLStringType
 - incidentDescription [0..*]: ct:EDXLStringType
 - link [0..*]: DELinkType
 - extension [0..*]: xmlStructure
 - community [1..1]: xsd:anyURI
 - id [1..1]: xsd:anyURI
 - parameter [1..*]: ParameterType

- name [1..1]: Complex Type
 - URI [1..1]: ParameterNameType
 - anyURI [1..1]: xsd:anyURI
 - xPath [0..1]: xsd:string
 - value [1..1]: ParameterValueType
 - EDXLStringType [1..1]: ct:EDXLStringType
 - uom [0..1]: xsd:string
- content [0..1]: DEContentType
 - contentObject [1..*]: DEContentObjectType
 - contentDescriptor [1..1]: DEContentDescriptorType
 - contentDescription [0..1]: ct:EDXLStringType
 - contentKeyword [0..*]: ct:ValueListType
 - ValueListURI [1..1]: ct:ValueListURIType
 - Value [1..*]: ct:ValueType
 - originatorRole [0..*]: ct:ValueListType
 - ValueListURI [1..1]: ct:ValueListURIType
 - Value [1..*]: ct:ValueType
 - consumerRole [0..*]: ct:ValueListType
 - ValueListURI [1..1]: ct:ValueListURIType
 - Value [1..*]: ct:ValueType
 - contentID [0..*]: ct:EDXLStringType
 - confidentiality [0..1]: ConfidentialityType
 - contentLanguage [0..1]: xsd:language
 - other [0..*]: ext:extension
 - contentXML [0..1]: XML Structure
 - keyXMLContent [0..1]: AnyXMLType
 - embeddedXMLContent [1..1]: AnyXMLType
 - otherContent [0..1]: OtherContentType
 - mimeType [1..1]: ct:EDXLStringType
 - size [0..1]: xsd:integer
 - digest [0..1]: xsd:integer
 - uri [0..1]: xsd:anyURI
 - contentData [0..1]: xsd:base64Binary
 - other [0..*]: AnyXMLType
 - link [0..*]: DELinkType
 - other [0..*]: AnyXMLType

6 HL7 Data Structures

This section is not normative. If any differences exist between the content of this section and with the [HL7 v2.7.1](#) standard, the standard is the authoritative source.

6.1 ADT/A14 – Pending Admit

A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
MSH	Message Header			
	<i>Field Separator</i>	1	ST	R
	<i>Encoding Characters</i>	2	ST	R
	<i>Sending Application</i>	3	HD	O
	Sending Facility	4	HD	O
	<i>Namespace ID</i>	4.1	IS	O
	<i>Universal ID</i>	4.2	ST	C
	<i>Universal ID Type</i>	4.3	ID	C
	<i>Receiving Application</i>	5	HD	O
	<i>Receiving Facility</i>	6	HD	O
	<i>Date/Time of Message</i>	7	DTM	R
	<i>Security</i>	8	ST	O
	<i>Message Type</i>	9	MSG	R
	<i>Message Control ID</i>	10	ST	R
	<i>Processing ID</i>	11	PT	R
	<i>Version ID</i>	12	VID	R
	<i>Sequence Number</i>	13	NM	O
	<i>Continuation Pointer</i>	14	ST	O
	<i>Accept Acknowledgment Type</i>	15	ID	O
	<i>Application Acknowledgment Type</i>	16	ID	O
	<i>Country Code</i>	17	ID	O
	<i>Character Set</i>	18	ID	O
	<i>Principal Language Of Message</i>	19	CWE	O
	<i>Alternate Character Set Handling Scheme</i>	20	ID	O
	<i>Message Profile Identifier</i>	21	EI	O
	<i>Sending Responsible Organization</i>	22	XON	O
	<i>Receiving Responsible Organization</i>	23	XON	O
	<i>Sending Network Address</i>	24	HD	O
	<i>Receiving Network Address</i>	25	HD	O
{{ SFT }}	Software Segment			
	<i>Software Vendor Organization</i>	1	XON	R
	<i>Software Certified Version or Release Number</i>	2	ST	R
	<i>Software Product Name</i>	3	ST	R

This is a Non-Standards Track Work Product.
The patent provisions of the OASIS IPR Policy do not apply.

A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
	<i>Software Binary ID</i>	4	ST	R
	<i>Software Product Information</i>	5	TX	O
	<i>Software Install Date</i>	6	DTM	O
[UAC]	User Authentication Credential			
	<i>User Authentication Credential Type Code</i>	1	CWE	R
	<i>User Authentication Credential</i>	2	ED	R
EVN	Event Type			
	<i>Event Type Code</i>	1		W
	<i>Recorded Date/Time</i>	2	DTM	R
	<i>Date/Time Planned Event</i>	3	DTM	O
	<i>Event Reason Code</i>	4	CWE	O
	<i>Operator ID</i>	5	XCN	O
	<i>Event Occurred</i>	6	DTM	O
	<i>Event Facility</i>	7	HD	O
PID	Patient Identification			
	<i>Set ID - PID</i>	1	SI	O
	<i>Patient ID</i>	2		W
	Patient Identifier List	3	CX	R
	<i>ID Number</i>	3.1	ST	R
	<i>Identifier Check Digit</i>	3.2	ST	O
	<i>Check Digit Scheme</i>	3.3	ID	O
	Assigning Authority	3.4	HD	C
	<i>Namespace ID</i>	3.4.1	IS	O
	<i>Universal ID</i>	3.4.2	ST	C
	<i>Universal ID Type</i>	3.4.3	ID	C
	<i>Identifier Type Code</i>	3.5	ID	R
	<i>Assigning Facility</i>	3.6	HD	O
	<i>Effective Date</i>	3.7	DT	O
	<i>Expiration Date</i>	3.8	DT	O
	<i>Assigning Jurisdiction</i>	3.9	CWE	C
	<i>Assigning Agency or Department</i>	3.10	CWE	C
	<i>Security Check</i>	3.11	ST	O
	<i>Security Check Scheme</i>	3.12	ID	O
	<i>Alternate Patient ID - PID</i>	4		W
	<i>Patient Name</i>	5	XPN	R
	<i>Mother's Maiden Name</i>	6	XPN	O
	<i>Date/Time of Birth</i>	7	DTM	O
	<i>Administrative Sex</i>	8	CWE	O
	<i>Patient Alias</i>	9		W
	<i>Race</i>	10	CWE	O

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A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
	<i>Patient Address</i>	11	XAD	O
	<i>County Code</i>	12		W
	<i>Phone Number - Home</i>	13	XTN	B
	<i>Phone Number - Business</i>	14	XTN	B
	<i>Primary Language</i>	15	CWE	O
	<i>Marital Status</i>	16	CWE	O
	<i>Religion</i>	17	CWE	O
	<i>Patient Account Number</i>	18	CX	O
	<i>SSN Number - Patient</i>	19		W
	<i>Driver's License Number - Patient</i>	20		W
	<i>Mother's Identifier</i>	21	CX	O
	<i>Ethnic Group</i>	22	CWE	O
	<i>Birth Place</i>	23	ST	O
	<i>Multiple Birth Indicator</i>	24	ID	O
	<i>Birth Order</i>	25	NM	O
	<i>Citizenship</i>	26	CWE	O
	<i>Veterans Military Status</i>	27	CWE	O
	<i>Nationality</i>	28		W
	<i>Patient Death Date and Time</i>	29	DTM	O
	<i>Patient Death Indicator</i>	30	ID	O
	<i>Identity Unknown Indicator</i>	31	ID	O
	<i>Identity Reliability Code</i>	32	CWE	O
	<i>Last Update Date/Time</i>	33	DTM	O
	<i>Last Update Facility</i>	34	HD	O
	<i>Species Code</i>	35	CWE	C
	<i>Breed Code</i>	36	CWE	C
	<i>Strain</i>	37	ST	O
	<i>Production Class Code</i>	38	CWE	O
	<i>Tribal Citizenship</i>	39	CWE	O
	<i>Patient Telecommunication Information</i>	40	XTN	O
[PD1]	Additional Demographics			
	<i>Living Dependency</i>	1	CWE	O
	<i>Living Arrangement</i>	2	CWE	O
	<i>Patient Primary Facility</i>	3	XON	O
	<i>Patient Primary Care Provider Name & ID No.</i>	4		W
	<i>Student Indicator</i>	5	CWE	O
	<i>Handicap</i>	6	CWE	O
	<i>Living Will Code</i>	7	CWE	O
	<i>Organ Donor Code</i>	8	CWE	O
	<i>Separate Bill</i>	9	ID	O

A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
	<i>Duplicate Patient</i>	10	CX	O
	<i>Publicity Code</i>	11	CWE	O
	<i>Protection Indicator</i>	12	ID	B
	<i>Protection Indicator Effective Date</i>	13	DT	B
	<i>Place of Worship</i>	14	XON	O
	<i>Advance Directive Code</i>	15	CWE	C
	<i>Immunization Registry Status</i>	16	CWE	O
	<i>Immunization Registry Status Effective Date</i>	17	DT	O
	<i>Publicity Code Effective Date</i>	18	DT	O
	<i>Military Branch</i>	19	CWE	O
	<i>Military Rank/Grade</i>	20	CWE	O
	<i>Military Status</i>	21	CWE	O
	<i>Advance Directive Last Verified Date</i>	22	DT	O
{{ ARV }}	Access Restrictions			
	<i>Set ID</i>	1	SI	O
	<i>Access Restriction Action Code</i>	2	CNE	R
	<i>Access Restriction Value</i>	3	CWE	R
	<i>Access Restriction Reason</i>	4	CWE	O
	<i>Special Access Restriction Instructions</i>	5	ST	O
	<i>Access Restriction Date Range</i>	6	DR	O
{{ ROL }}	Role (Person level providers with an ongoing relationship)			
	<i>Role Instance ID</i>	1	EI	C
	<i>Action Code</i>	2	ID	R
	<i>Role-ROL</i>	3	CWE	R
	<i>Role Person</i>	4	XCN	R
	<i>Role Begin Date/Time</i>	5	DTM	O
	<i>Role End Date/Time</i>	6	DTM	O
	<i>Role Duration</i>	7	CWE	O
	<i>Role Action Reason</i>	8	CWE	O
	<i>Provider Type</i>	9	CWE	O
	<i>Organization Unit Type</i>	10	CWE	O
	<i>Office/Home Address/Birthplace</i>	11	XAD	O
	<i>Phone</i>	12	XTN	O
	<i>Person's Location</i>	13	PL	O
	<i>Organization</i>	14	XON	O
{{ NK1 }}	Next of Kin / Associated Parties			
	<i>Set ID - NK1</i>	1	SI	R
	<i>Name</i>	2	XPN	O
	<i>Relationship</i>	3	CWE	O
	<i>Address</i>	4	XAD	O

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A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
	<i>Phone Number</i>	5	XTN	B
	<i>Business Phone Number</i>	6	XTN	B
	<i>Contact Role</i>	7	CWE	O
	<i>Start Date</i>	8	DT	O
	<i>End Date</i>	9	DT	O
	<i>Next of Kin / Associated Parties Job Title</i>	10	ST	O
	<i>Next of Kin / Associated Parties Job Code/Class</i>	11	JCC	O
	<i>Next of Kin / Associated Parties Employee Number</i>	12	CX	O
	<i>Organization Name - NK1</i>	13	XON	O
	<i>Marital Status</i>	14	CWE	O
	<i>Administrative Sex</i>	15	CWE	O
	<i>Date/Time of Birth</i>	16	DTM	O
	<i>Living Dependency</i>	17	CWE	O
	<i>Ambulatory Status</i>	18	CWE	O
	<i>Citizenship</i>	19	CWE	O
	<i>Primary Language</i>	20	CWE	O
	<i>Living Arrangement</i>	21	CWE	O
	<i>Publicity Code</i>	22	CWE	O
	<i>Protection Indicator</i>	23	ID	O
	<i>Student Indicator</i>	24	CWE	O
	<i>Religion</i>	25	CWE	O
	<i>Mother's Maiden Name</i>	26	XPN	O
	<i>Nationality</i>	27	CWE	O
	<i>Ethnic Group</i>	28	CWE	O
	<i>Contact Reason</i>	29	CWE	O
	<i>Contact Person's Name</i>	30	XPN	O
	<i>Contact Person's Telephone Number</i>	31	XTN	B
	<i>Contact Person's Address</i>	32	XAD	O
	<i>Next of Kin/Associated Party's Identifiers</i>	33	CX	O
	<i>Job Status</i>	34	CWE	O
	<i>Race</i>	35	CWE	O
	<i>Handicap</i>	36	CWE	O
	<i>Contact Person Social Security Number</i>	37	ST	O
	<i>Next of Kin Birth Place</i>	38	ST	O
	<i>VIP Indicator</i>	39	CWE	O
	<i>Next of Kin Telecommunication Information</i>	40	XTN	O
	<i>Contact Person's Telecommunication Information</i>	41	XTN	O
PV1	Patient Visit			
	<i>Set ID - PV1</i>	1	SI	O
	<i>Patient Class</i>	2	CWE	R

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A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
	<i>Assigned Patient Location</i>	3	PL	O
	<i>Admission Type</i>	4	CWE	O
	<i>Preadmit Number</i>	5	CX	O
	<i>Prior Patient Location</i>	6	PL	O
	<i>Attending Doctor</i>	7	XCN	O
	<i>Referring Doctor</i>	8	XCN	O
	<i>Consulting Doctor</i>	9	XCN	B
	<i>Hospital Service</i>	10	CWE	O
	<i>Temporary Location</i>	11	PL	O
	<i>Preadmit Test Indicator</i>	12	CWE	O
	<i>Re-admission Indicator</i>	13	CWE	O
	<i>Admit Source</i>	14	CWE	O
	<i>Ambulatory Status</i>	15	CWE	O
	<i>VIP Indicator</i>	16	CWE	O
	<i>Admitting Doctor</i>	17	XCN	O
	<i>Patient Type</i>	18	CWE	O
	<i>Visit Number</i>	19	CX	O
	<i>ID Number</i>	19.1	ST	R
	<i>Identifier Check Digit</i>	19.2	ST	O
	<i>Check Digit Scheme</i>	19.3	ID	O
	<i>Assigning Authority</i>	19.4	HD	C
	<i>Identifier Type Code</i>	19.5	ID	R
	<i>Assigning Facility</i>	19.6	HD	O
	<i>Effective Date</i>	19.7	DT	O
	<i>Expiration Date</i>	19.8	DT	O
	<i>Assigning Jurisdiction</i>	19.9	CWE	C
	<i>Assigning Agency or Department</i>	19.10	CWE	C
	<i>Security Check</i>	19.11	ST	O
	<i>Security Check Scheme</i>	19.12	ID	O
	<i>Financial Class</i>	20	FC	O
	<i>Charge Price Indicator</i>	21	CWE	O
	<i>Courtesy Code</i>	22	CWE	O
	<i>Credit Rating</i>	23	CWE	O
	<i>Contract Code</i>	24	CWE	O
	<i>Contract Effective Date</i>	25	DT	O
	<i>Contract Amount</i>	26	NM	O
	<i>Contract Period</i>	27	NM	O
	<i>Interest Code</i>	28	CWE	O
	<i>Transfer to Bad Debt Code</i>	29	CWE	O
	<i>Transfer to Bad Debt Date</i>	30	DT	O

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A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
	<i>Bad Debt Agency Code</i>	31	CWE	O
	<i>Bad Debt Transfer Amount</i>	32	NM	O
	<i>Bad Debt Recovery Amount</i>	33	NM	O
	<i>Delete Account Indicator</i>	34	CWE	O
	<i>Delete Account Date</i>	35	DT	O
	<i>Discharge Disposition</i>	36	CWE	O
	<i>Discharged to Location</i>	37	DLD	O
	<i>Diet Type</i>	38	CWE	O
	<i>Servicing Facility</i>	39	CWE	O
	<i>Bed Status</i>	40		W
	<i>Account Status</i>	41	CWE	O
	<i>Pending Location</i>	42	PL	O
	<i>Prior Temporary Location</i>	43	PL	O
	<i>Admit Date/Time</i>	44	DTM	O
	<i>Discharge Date/Time</i>	45	DTM	O
	<i>Current Patient Balance</i>	46	NM	O
	<i>Total Charges</i>	47	NM	O
	<i>Total Adjustments</i>	48	NM	O
	<i>Total Payments</i>	49	NM	O
	<i>Alternate Visit ID</i>	50	CX	O
	<i>Visit Indicator</i>	51	CWE	O
	<i>Other Healthcare Provider</i>	52		W
	<i>Service Episode Description</i>	53	ST	O
	<i>Service Episode Identifier</i>	54	CX	O
[PV2]	Patient Visit - Additional Info.			
	<i>Prior Pending Location</i>	1	PL	C
	<i>Accommodation Code</i>	2	CWE	O
	<i>Admit Reason</i>	3	CWE	O
	<i>Transfer Reason</i>	4	CWE	O
	<i>Patient Valuables</i>	5	ST	O
	<i>Patient Valuables Location</i>	6	ST	O
	<i>Visit User Code</i>	7	CWE	O
	<i>Expected Admit Date/Time</i>	8	DTM	O
	<i>Expected Discharge Date/Time</i>	9	DTM	O
	<i>Estimated Length of Inpatient Stay</i>	10	NM	O
	<i>Actual Length of Inpatient Stay</i>	11	NM	O
	<i>Visit Description</i>	12	ST	O
	<i>Referral Source Code</i>	13	XCN	O
	<i>Previous Service Date</i>	14	DT	O
	<i>Employment Illness Related Indicator</i>	15	ID	O

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A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
	<i>Purge Status Code</i>	16	CWE	O
	<i>Purge Status Date</i>	17	DT	O
	<i>Special Program Code</i>	18	CWE	O
	<i>Retention Indicator</i>	19	ID	O
	<i>Expected Number of Insurance Plans</i>	20	NM	O
	<i>Visit Publicity Code</i>	21	CWE	O
	<i>Visit Protection Indicator</i>	22	ID	B
	<i>Clinic Organization Name</i>	23	XON	O
	<i>Patient Status Code</i>	24	CWE	O
	<i>Visit Priority Code</i>	25	CWE	O
	<i>Previous Treatment Date</i>	26	DT	O
	<i>Expected Discharge Disposition</i>	27	CWE	O
	<i>Signature on File Date</i>	28	DT	O
	<i>First Similar Illness Date</i>	29	DT	O
	<i>Patient Charge Adjustment Code</i>	30	CWE	O
	<i>Recurring Service Code</i>	31	CWE	O
	<i>Billing Media Code</i>	32	ID	O
	<i>Expected Surgery Date and Time</i>	33	DTM	O
	<i>Military Partnership Code</i>	34	ID	O
	<i>Military Non-Availability Code</i>	35	ID	O
	<i>Newborn Baby Indicator</i>	36	ID	O
	<i>Baby Detained Indicator</i>	37	ID	O
	<i>Mode of Arrival Code</i>	38	CWE	O
	<i>Recreational Drug Use Code</i>	39	CWE	O
	<i>Admission Level of Care Code</i>	40	CWE	O
	<i>Precaution Code</i>	41	CWE	O
	<i>Patient Condition Code</i>	42	CWE	O
	<i>Living Will Code</i>	43	CWE	O
	<i>Organ Donor Code</i>	44	CWE	O
	<i>Advance Directive Code</i>	45	CWE	C
	<i>Patient Status Effective Date</i>	46	DT	O
	<i>Expected LOA Return Date/Time</i>	47	DTM	C
	<i>Expected Pre-admission Testing Date/Time</i>	48	DTM	O
	<i>Notify Clergy Code</i>	49	CWE	O
	<i>Advance Directive Last Verified Date</i>	50	DT	O
[{ ARV }]	Access Restrictions			
	<i>Set ID</i>	1	SI	O
	<i>Access Restriction Action Code</i>	2	CNE	R
	<i>Access Restriction Value</i>	3	CWE	R
	<i>Access Restriction Reason</i>	4	CWE	O

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A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
	<i>Special Access Restriction Instructions</i>	5	ST	O
	<i>Access Restriction Date Range</i>	6	DR	O
[[ROL]]	Role (Providers corresponding to the PV1 data)			
	<i>Role Instance ID</i>	1	EI	C
	<i>Action Code</i>	2	ID	R
	<i>Role-ROL</i>	3	CWE	R
	<i>Role Person</i>	4	XCN	R
	<i>Role Begin Date/Time</i>	5	DTM	O
	<i>Role End Date/Time</i>	6	DTM	O
	<i>Role Duration</i>	7	CWE	O
	<i>Role Action Reason</i>	8	CWE	O
	<i>Provider Type</i>	9	CWE	O
	<i>Organization Unit Type</i>	10	CWE	O
	<i>Office/Home Address/Birthplace</i>	11	XAD	O
		11.6		
	<i>Phone</i>	12	XTN	O
	<i>Person's Location</i>	13	PL	O
	<i>Organization</i>	14	XON	O
[[DB1]]	Disability Information			
	<i>Set ID - DB1</i>	1	SI	R
	<i>Disabled Person Code</i>	2	CWE	O
	<i>Disabled Person Identifier</i>	3	CX	O
	<i>Disability Indicator</i>	4	ID	O
	<i>Disability Start Date</i>	5	DT	O
	<i>Disability End Date</i>	6	DT	O
	<i>Disability Return to Work Date</i>	7	DT	O
	<i>Disability Unable to Work Date</i>	8	DT	O
[[OBX]]	Observation/Result			
	<i>Set ID - OBX</i>	1	SI	O
	<i>Value Type</i>	2	ID	C
	<i>Observation Identifier</i>	3	CWE	R
	<i>Observation Sub-ID</i>	4	ST	C
	<i>Observation Value</i>	5	varies	C
	<i>Units</i>	6	CWE	O
	<i>References Range</i>	7	ST	O
	<i>Interpretation Codes</i>	8	CWE	O
	<i>Probability</i>	9	NM	O
	<i>Nature of Abnormal Test</i>	10	ID	O
	<i>Observation Result Status</i>	11	ID	R
	<i>Effective Date of Reference Range</i>	12	DTM	O

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A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
	<i>User Defined Access Checks</i>	13	ST	O
	<i>Date/Time of the Observation</i>	14	DTM	O
	<i>Producer's ID</i>	15	CWE	B
	<i>Responsible Observer</i>	16	XCN	B
	<i>Observation Method</i>	17	CWE	O
	<i>Equipment Instance Identifier</i>	18	EI	B
	<i>Date/Time of the Analysis</i>	19	DTM	O
	<i>Observation Site</i>	20	CWE	O
	<i>Observation Instance Identifier</i>	21	EI	O
	<i>Mood Code</i>	22	CNE	C
	<i>Performing Organization Name</i>	23	XON	B
	<i>Performing Organization Address</i>	24	XAD	B
	<i>Performing Organization Medical Director</i>	25	XCN	B
	<i>Patient Results Release Category</i>	26	ID	O
[[AL1]]	Allergy Information			
	<i>Set ID - AL1</i>	1	SI	R
	<i>Allergen Type Code</i>	2	CWE	O
	<i>Allergen Code/Mnemonic/Description</i>	3	CWE	R
	<i>Allergy Severity Code</i>	4	CWE	O
	<i>Allergy Reaction Code</i>	5	ST	O
	<i>Identification Date</i>	6		W
[[DG1]]	Diagnosis Information			
	<i>Set ID - DG1</i>	1	SI	R
	<i>Diagnosis Coding Method</i>	2		W
	<i>Diagnosis Code - DG1</i>	3	CWE	R
	<i>Diagnosis Description</i>	4		W
	<i>Diagnosis Date/Time</i>	5	DTM	O
	<i>Diagnosis Type</i>	6	CWE	R
	<i>Major Diagnostic Category</i>	7		W
	<i>Diagnostic Related Group</i>	8		W
	<i>DRG Approval Indicator</i>	9		W
	<i>DRG Grouper Review Code</i>	10		W
	<i>Outlier Type</i>	11		W
	<i>Outlier Days</i>	12		W
	<i>Outlier Cost</i>	13		W
	<i>Grouper Version And Type</i>	14		W
	<i>Diagnosis Priority</i>	15	NM	O
	<i>Diagnosing Clinician</i>	16	XCN	O
	<i>Diagnosis Classification</i>	17	CWE	O
	<i>Confidential Indicator</i>	18	ID	O

This is a Non-Standards Track Work Product.
The patent provisions of the OASIS IPR Policy do not apply.

A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
	<i>Attestation Date/Time</i>	19	DTM	O
	<i>Diagnosis Identifier</i>	20	EI	C
	<i>Diagnosis Action Code</i>	21	ID	C
	<i>Parent Diagnosis</i>	22	EI	C
	<i>DRG CCL Value Code</i>	23	CWE	O
	<i>DRG Grouping Usage</i>	24	ID	O
	<i>DRG Diagnosis Determination Status</i>	25	CWE	O
	<i>Present On Admission (POA) Indicator</i>	26	CWE	O
[DRG]	Diagnosis Related Group			
	<i>Diagnostic Related Group</i>	1	CNE	O
	<i>DRG Assigned Date/Time</i>	2	DTM	O
	<i>DRG Approval Indicator</i>	3	ID	O
	<i>DRG Grouper Review Code</i>	4	CWE	O
	<i>Outlier Type</i>	5	CWE	O
	<i>Outlier Days</i>	6	NM	O
	<i>Outlier Cost</i>	7	CP	O
	<i>DRG Payor</i>	8	CWE	O
	<i>Outlier Reimbursement</i>	9	CP	O
	<i>Confidential Indicator</i>	10	ID	O
	<i>DRG Transfer Type</i>	11	CWE	O
	<i>Name of Coder</i>	12	XPN	O
	<i>Grouper Status</i>	13	CWE	O
	<i>PCCL Value Code</i>	14	CWE	O
	<i>Effective Weight</i>	15	NM	O
	<i>Monetary Amount</i>	16	MO	O
	<i>Status Patient</i>	17	CWE	O
	<i>Grouper Software Name</i>	18	ST	O
	<i>Grouper Software Version</i>	19	ST	O
	<i>Status Financial Calculation</i>	20	CWE	O
	<i>Relative Discount/Surcharge</i>	21	MO	O
	<i>Basic Charge</i>	22	MO	O
	<i>Total Charge</i>	23	MO	O
	<i>Discount/Surcharge</i>	24	MO	O
	<i>Calculated Days</i>	25	NM	O
	<i>Status Gender</i>	26	CWE	O
	<i>Status Age</i>	27	CWE	O
	<i>Status Length of Stay</i>	28	CWE	O
	<i>Status Same Day Flag</i>	29	CWE	O
	<i>Status Separation Mode</i>	30	CWE	O
	<i>Status Weight at Birth</i>	31	CWE	O

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A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
	<i>Status Respiration Minutes</i>	32	CWE	O
	<i>Status Admission</i>	33	CWE	O
[{	--- PROCEDURE begin			
PR1	Procedures			
	<i>Set ID - PR1</i>	1	SI	R
	<i>Procedure Coding Method</i>	2		W
	<i>Procedure Code</i>	3	CNE	R
	<i>Procedure Description</i>	4		W
	<i>Procedure Date/Time</i>	5	DTM	R
	<i>Procedure Functional Type</i>	6	CWE	O
	<i>Procedure Minutes</i>	7	NM	O
	<i>Anesthesiologist</i>	8		W
	<i>Anesthesia Code</i>	9	CWE	O
	<i>Anesthesia Minutes</i>	10	NM	O
	<i>Surgeon</i>	11		W
	<i>Procedure Practitioner</i>	12		W
	<i>Consent Code</i>	13	CWE	O
	<i>Procedure Priority</i>	14	NM	O
	<i>Associated Diagnosis Code</i>	15	CWE	O
	<i>Procedure Code Modifier</i>	16	CNE	O
	<i>Procedure DRG Type</i>	17	CWE	O
	<i>Tissue Type Code</i>	18	CWE	O
	<i>Procedure Identifier</i>	19	EI	C
	<i>Procedure Action Code</i>	20	ID	C
	<i>DRG Procedure Determination Status</i>	21	CWE	O
	<i>DRG Procedure Relevance</i>	22	CWE	O
	<i>Treating Organizational Unit</i>	23	PL	O
	<i>Respiratory Within Surgery</i>	24	ID	O
	<i>Parent Procedure ID</i>	25	EI	O
[{ ROL]}	Role (Providers related to a specific procedure)			
	<i>Role Instance ID</i>	1	EI	C
	<i>Action Code</i>	2	ID	R
	<i>Role-ROL</i>	3	CWE	R
	<i>Role Person</i>	4	XCN	R
	<i>Role Begin Date/Time</i>	5	DTM	O
	<i>Role End Date/Time</i>	6	DTM	O
	<i>Role Duration</i>	7	CWE	O
	<i>Role Action Reason</i>	8	CWE	O
	<i>Provider Type</i>	9	CWE	O
	<i>Organization Unit Type</i>	10	CWE	O

This is a Non-Standards Track Work Product.
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A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
	<i>Office/Home Address/Birthplace</i>	11	XAD	O
	<i>Phone</i>	12	XTN	O
	<i>Person's Location</i>	13	PL	O
	<i>Organization</i>	14	XON	O
}]	--- PROCEDURE end			
{ { GT1 }	Guarantor			
	<i>Set ID - GT1</i>	1	SI	R
	<i>Guarantor Number</i>	2	CX	O
	<i>Guarantor Name</i>	3	XPN	R
	<i>Guarantor Spouse Name</i>	4	XPN	O
	<i>Guarantor Address</i>	5	XAD	O
	<i>Guarantor Ph Num - Home</i>	6	XTN	O
	<i>Guarantor Ph Num - Business</i>	7	XTN	O
	<i>Guarantor Date/Time Of Birth</i>	8	DTM	O
	<i>Guarantor Administrative Sex</i>	9	CWE	O
	<i>Guarantor Type</i>	10	CWE	O
	<i>Guarantor Relationship</i>	11	CWE	O
	<i>Guarantor SSN</i>	12	ST	O
	<i>Guarantor Date - Begin</i>	13	DT	O
	<i>Guarantor Date - End</i>	14	DT	O
	<i>Guarantor Priority</i>	15	NM	O
	<i>Guarantor Employer Name</i>	16	XPN	O
	<i>Guarantor Employer Address</i>	17	XAD	O
	<i>Guarantor Employer Phone Number</i>	18	XTN	O
	<i>Guarantor Employee ID Number</i>	19	CX	O
	<i>Guarantor Employment Status</i>	20	CWE	O
	<i>Guarantor Organization Name</i>	21	XON	O
	<i>Guarantor Billing Hold Flag</i>	22	ID	O
	<i>Guarantor Credit Rating Code</i>	23	CWE	O
	<i>Guarantor Death Date And Time</i>	24	DTM	O
	<i>Guarantor Death Flag</i>	25	ID	O
	<i>Guarantor Charge Adjustment Code</i>	26	CWE	O
	<i>Guarantor Household Annual Income</i>	27	CP	O
	<i>Guarantor Household Size</i>	28	NM	O
	<i>Guarantor Employer ID Number</i>	29	CX	O
	<i>Guarantor Marital Status Code</i>	30	CWE	O
	<i>Guarantor Hire Effective Date</i>	31	DT	O
	<i>Employment Stop Date</i>	32	DT	O
	<i>Living Dependency</i>	33	CWE	O
	<i>Ambulatory Status</i>	34	CWE	O

This is a Non-Standards Track Work Product.
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A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
	<i>Citizenship</i>	35	CWE	O
	<i>Primary Language</i>	36	CWE	O
	<i>Living Arrangement</i>	37	CWE	O
	<i>Publicity Code</i>	38	CWE	O
	<i>Protection Indicator</i>	39	ID	O
	<i>Student Indicator</i>	40	CWE	O
	<i>Religion</i>	41	CWE	O
	<i>Mother's Maiden Name</i>	42	XPN	O
	<i>Nationality</i>	43	CWE	O
	<i>Ethnic Group</i>	44	CWE	O
	<i>Contact Person's Name</i>	45	XPN	O
	<i>Contact Person's Telephone Number</i>	46	XTN	O
	<i>Contact Reason</i>	47	CWE	O
	<i>Contact Relationship</i>	48	CWE	O
	<i>Job Title</i>	49	ST	O
	<i>Job Code/Class</i>	50	JCC	O
	<i>Guarantor Employer's Organization Name</i>	51	XON	O
	<i>Handicap</i>	52	CWE	O
	<i>Job Status</i>	53	CWE	O
	<i>Guarantor Financial Class</i>	54	FC	O
	<i>Guarantor Race</i>	55	CWE	O
	<i>Guarantor Birth Place</i>	56	ST	O
	<i>VIP Indicator</i>	57	CWE	O
{	--- INSURANCE begin			
IN1	Insurance			
	<i>Set ID - IN1</i>	1	SI	R
	<i>Health Plan ID</i>	2	CWE	R
	<i>Insurance Company ID</i>	3	CX	R
	<i>Insurance Company Name</i>	4	XON	O
	<i>Insurance Company Address</i>	5	XAD	O
	<i>Insurance Co Contact Person</i>	6	XPN	O
	<i>Insurance Co Phone Number</i>	7	XTN	O
	<i>Group Number</i>	8	ST	O
	<i>Group Name</i>	9	XON	O
	<i>Insured's Group Emp ID</i>	10	CX	O
	<i>Insured's Group Emp Name</i>	11	XON	O
	<i>Plan Effective Date</i>	12	DT	O
	<i>Plan Expiration Date</i>	13	DT	O
	<i>Authorization Information</i>	14	AUI	O
	<i>Plan Type</i>	15	CWE	O

This is a Non-Standards Track Work Product.
The patent provisions of the OASIS IPR Policy do not apply.

A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
	<i>Name Of Insured</i>	16	XPN	O
	<i>Insured's Relationship To Patient</i>	17	CWE	O
	<i>Insured's Date Of Birth</i>	18	DTM	O
	<i>Insured's Address</i>	19	XAD	O
	<i>Assignment Of Benefits</i>	20	CWE	O
	<i>Coordination Of Benefits</i>	21	CWE	O
	<i>Coord Of Ben. Priority</i>	22	ST	O
	<i>Notice Of Admission Flag</i>	23	ID	O
	<i>Notice Of Admission Date</i>	24	DT	O
	<i>Report Of Eligibility Flag</i>	25	ID	O
	<i>Report Of Eligibility Date</i>	26	DT	O
	<i>Release Information Code</i>	27	CWE	O
	<i>Pre-Admit Cert (PAC)</i>	28	ST	O
	<i>Verification Date/Time</i>	29	DTM	O
	<i>Verification By</i>	30	XCN	O
	<i>Type Of Agreement Code</i>	31	CWE	O
	<i>Billing Status</i>	32	CWE	O
	<i>Lifetime Reserve Days</i>	33	NM	O
	<i>Delay Before L.R. Day</i>	34	NM	O
	<i>Company Plan Code</i>	35	CWE	O
	<i>Policy Number</i>	36	ST	O
	<i>Policy Deductible</i>	37	CP	O
	<i>Policy Limit - Amount</i>	38		W
	<i>Policy Limit - Days</i>	39	NM	O
	<i>Room Rate - Semi-Private</i>	40		W
	<i>Room Rate - Private</i>	41		W
	<i>Insured's Employment Status</i>	42	CWE	O
	<i>Insured's Administrative Sex</i>	43	CWE	O
	<i>Insured's Employer's Address</i>	44	XAD	O
	<i>Verification Status</i>	45	ST	O
	<i>Prior Insurance Plan ID</i>	46	CWE	O
	<i>Coverage Type</i>	47	CWE	O
	<i>Handicap</i>	48	CWE	O
	<i>Insured's ID Number</i>	49	CX	O
	<i>Signature Code</i>	50	CWE	O
	<i>Signature Code Date</i>	51	DT	O
	<i>Insured's Birth Place</i>	52	ST	O
	<i>VIP Indicator</i>	53	CWE	O
	<i>External Health Plan Identifiers</i>	54	CX	O
[IN2]	Insurance Additional Info.			

This is a Non-Standards Track Work Product.
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A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
	<i>Insured's Employee ID</i>	1	CX	0
	<i>Insured's Social Security Number</i>	2	ST	0
	<i>Insured's Employer's Name and ID</i>	3	XCN	0
	<i>Employer Information Data</i>	4	CWE	0
	<i>Mail Claim Party</i>	5	CWE	0
	<i>Medicare Health Ins Card Number</i>	6	ST	0
	<i>Medicaid Case Name</i>	7	XPN	0
	<i>Medicaid Case Number</i>	8	ST	0
	<i>Military Sponsor Name</i>	9	XPN	0
	<i>Military ID Number</i>	10	ST	0
	<i>Dependent Of Military Recipient</i>	11	CWE	0
	<i>Military Organization</i>	12	ST	0
	<i>Military Station</i>	13	ST	0
	<i>Military Service</i>	14	CWE	0
	<i>Military Rank/Grade</i>	15	CWE	0
	<i>Military Status</i>	16	CWE	0
	<i>Military Retire Date</i>	17	DT	0
	<i>Military Non-Avail Cert On File</i>	18	ID	0
	<i>Baby Coverage</i>	19	ID	0
	<i>Combine Baby Bill</i>	20	ID	0
	<i>Blood Deductible</i>	21	ST	0
	<i>Special Coverage Approval Name</i>	22	XPN	0
	<i>Special Coverage Approval Title</i>	23	ST	0
	<i>Non-Covered Insurance Code</i>	24	CWE	0
	<i>Payor ID</i>	25	CX	0
	<i>Payor Subscriber ID</i>	26	CX	0
	<i>Eligibility Source</i>	27	CWE	0
	<i>Room Coverage Type/Amount</i>	28	RMC	0
	<i>Policy Type/Amount</i>	29	PTA	0
	<i>Daily Deductible</i>	30	DDI	0
	<i>Living Dependency</i>	31	CWE	0
	<i>Ambulatory Status</i>	32	CWE	0
	<i>Citizenship</i>	33	CWE	0
	<i>Primary Language</i>	34	CWE	0
	<i>Living Arrangement</i>	35	CWE	0
	<i>Publicity Code</i>	36	CWE	0
	<i>Protection Indicator</i>	37	ID	0
	<i>Student Indicator</i>	38	CWE	0
	<i>Religion</i>	39	CWE	0
	<i>Mother's Maiden Name</i>	40	XPN	0

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A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
	<i>Nationality</i>	41	CWE	O
	<i>Ethnic Group</i>	42	CWE	O
	<i>Marital Status</i>	43	CWE	O
	<i>Insured's Employment Start Date</i>	44	DT	O
	<i>Employment Stop Date</i>	45	DT	O
	<i>Job Title</i>	46	ST	O
	<i>Job Code/Class</i>	47	JCC	O
	<i>Job Status</i>	48	CWE	O
	<i>Employer Contact Person Name</i>	49	XPN	O
	<i>Employer Contact Person Phone Number</i>	50	XTN	O
	<i>Employer Contact Reason</i>	51	CWE	O
	<i>Insured's Contact Person's Name</i>	52	XPN	O
	<i>Insured's Contact Person Phone Number</i>	53	XTN	O
	<i>Insured's Contact Person Reason</i>	54	CWE	O
	<i>Relationship to the Patient Start Date</i>	55	DT	O
	<i>Relationship to the Patient Stop Date</i>	56	DT	O
	<i>Insurance Co Contact Reason</i>	57	CWE	O
	<i>Insurance Co Contact Phone Number</i>	58	XTN	O
	<i>Policy Scope</i>	59	CWE	O
	<i>Policy Source</i>	60	CWE	O
	<i>Patient Member Number</i>	61	CX	O
	<i>Guarantor's Relationship to Insured</i>	62	CWE	O
	<i>Insured's Phone Number - Home</i>	63	XTN	O
	<i>Insured's Employer Phone Number</i>	64	XTN	O
	<i>Military Handicapped Program</i>	65	CWE	O
	<i>Suspend Flag</i>	66	ID	O
	<i>Copay Limit Flag</i>	67	ID	O
	<i>Stoploss Limit Flag</i>	68	ID	O
	<i>Insured Organization Name and ID</i>	69	XON	O
	<i>Insured Employer Organization Name and ID</i>	70	XON	O
	<i>Race</i>	71	CWE	O
	<i>Patient's Relationship to Insured</i>	72	CWE	O
[[IN3]]	Insurance Info - Cert.			
	<i>Set ID - IN3</i>	1	SI	R
	<i>Certification Number</i>	2	CX	O
	<i>Certified By</i>	3	XCN	O
	<i>Certification Required</i>	4	ID	O
	<i>Penalty</i>	5	MOP	O
	<i>Certification Date/Time</i>	6	DTM	O
	<i>Certification Modify Date/Time</i>	7	DTM	O

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A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
	<i>Operator</i>	8	XCN	O
	<i>Certification Begin Date</i>	9	DT	O
	<i>Certification End Date</i>	10	DT	O
	<i>Days</i>	11	DTN	O
	<i>Non-Concur Code/Description</i>	12	CWE	O
	<i>Non-Concur Effective Date/Time</i>	13	DTM	O
	<i>Physician Reviewer</i>	14	XCN	O
	<i>Certification Contact</i>	15	ST	O
	<i>Certification Contact Phone Number</i>	16	XTN	O
	<i>Appeal Reason</i>	17	CWE	O
	<i>Certification Agency</i>	18	CWE	O
	<i>Certification Agency Phone Number</i>	19	XTN	O
	<i>Pre-Certification Requirement</i>	20	ICD	O
	<i>Case Manager</i>	21	ST	O
	<i>Second Opinion Date</i>	22	DT	O
	<i>Second Opinion Status</i>	23	CWE	O
	<i>Second Opinion Documentation Received</i>	24	CWE	O
	<i>Second Opinion Physician</i>	25	XCN	O
[{ ROL]}	Role (Providers related to a specific insurance)			
	<i>Role Instance ID</i>	1	EI	C
	<i>Action Code</i>	2	ID	R
	<i>Role-ROL</i>	3	CWE	R
	<i>Role Person</i>	4	XCN	R
	<i>Role Begin Date/Time</i>	5	DTM	O
	<i>Role End Date/Time</i>	6	DTM	O
	<i>Role Duration</i>	7	CWE	O
	<i>Role Action Reason</i>	8	CWE	O
	<i>Provider Type</i>	9	CWE	O
	<i>Organization Unit Type</i>	10	CWE	O
	<i>Office/Home Address/Birthplace</i>	11	XAD	O
	<i>Phone</i>	12	XTN	O
	<i>Person's Location</i>	13	PL	O
	<i>Organization</i>	14	XON	O
[{	--- INSURANCE end			
[ACC]	Accident Information			
	<i>Accident Date/Time</i>	1	DTM	O
	<i>Accident Code</i>	2	CWE	O
	<i>Accident Location</i>	3	ST	O
	<i>Auto Accident State</i>	4	CWE	B
	<i>Accident Job Related Indicator</i>	5	ID	O

This is a Non-Standards Track Work Product.
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A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
	<i>Accident Death Indicator</i>	6	ID	O
	<i>Entered By</i>	7	XCN	O
	<i>Accident Description</i>	8	ST	O
	<i>Brought In By</i>	9	ST	O
	<i>Police Notified Indicator</i>	10	ID	O
	<i>Accident Address</i>	11	XAD	O
	<i>Degree of patient liability</i>	12	NM	
[UB1]	Universal Bill Information			
	<i>Set ID - UB1</i>	1	SI	W
	<i>Blood Deductible</i>	2		W
	<i>Blood Furnished Pints</i>	3		W
	<i>Blood Replaced Pints</i>	4		W
	<i>Blood Not Replaced Pints</i>	5		W
	<i>Co Insurance Days</i>	6		W
	<i>Condition Code</i>	7		W
	<i>Covered Days</i>	8		W
	<i>Non Covered Days</i>	9		W
	<i>Value Amount & Code</i>	10		W
	<i>Number Of Grace Days</i>	11		W
	<i>Special Program Indicator</i>	12		W
	<i>PSRO/UR Approval Indicator</i>	13		W
	<i>PSRO/UR Approved Stay Fm</i>	14		W
	<i>PSRO/UR Approved Stay To</i>	15		W
	<i>Occurrence</i>	16		W
	<i>Occurrence Span</i>	17		W
	<i>Occur Span Start Date</i>	18		W
	<i>Occur Span End Date</i>	19		W
	<i>UB 82 Locator 2</i>	20		W
	<i>UB 82 Locator 9</i>	21		W
	<i>UB 82 Locator 27</i>	22		W
	<i>UB 82 Locator 45</i>	23		W
[UB2]	Universal Bill 92 Information			
	<i>Set ID - UB2</i>	1	SI	O
	<i>Co-Insurance Days (9)</i>	2	ST	O
	<i>Condition Code (24-30)</i>	3	CWE	O
	<i>Covered Days (7)</i>	4	ST	O
	<i>Non-Covered Days (8)</i>	5	ST	O
	<i>Value Amount & Code</i>	6	UVC	O
	<i>Occurrence Code & Date (32-35)</i>	7	OCD	O
	<i>Occurrence Span Code/Dates (36)</i>	8	OSP	O

This is a Non-Standards Track Work Product.
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A14 - Pending Admit				
Segments	Description	SEQ	DT	OPT
	<i>Uniform Billing Locator 2 (State)</i>	9	ST	O
	<i>Uniform Billing 11 (State)</i>	10	ST	O
	<i>Uniform Billing 31 (National)</i>	11	ST	O
	<i>Document Control Number</i>	12	ST	O
	<i>Uniform Billing 49 (National)</i>	13	ST	O
	<i>Uniform Billing 56 (State)</i>	14	ST	O
	<i>Uniform Billing 57 (National)</i>	15	ST	O
	<i>Uniform Billing 78 (State)</i>	16	ST	O
	<i>Special Visit Count</i>	17	NM	O

1.4 ADT/A03 – Discharge/End Visit

A03 - Discharge/End Visit				
Segments	Description	SEQ	DT	OPT
MSH	Message Header			
	<i>Field Separator</i>	1	ST	R
	<i>Encoding Characters</i>	2	ST	R
	<i>Sending Application</i>	3	HD	O
	<i>Sending Facility</i>	4	HD	O
	<i>Namespace ID</i>	4.1	IS	O
	<i>Universal ID</i>	4.2	ST	C
	<i>Universal ID Type</i>	4.3	ID	C
	<i>Receiving Application</i>	5	HD	O
	<i>Receiving Facility</i>	6	HD	O
	<i>Date/Time of Message</i>	7	DTM	R
	<i>Security</i>	8	ST	O
	<i>Message Type</i>	9	MSG	R
	<i>Message Control ID</i>	10	ST	R
	<i>Processing ID</i>	11	PT	R
	<i>Version ID</i>	12	VID	R
	<i>Sequence Number</i>	13	NM	0
	<i>Continuation Pointer</i>	14	ST	0
	<i>Accept Acknowledgment Type</i>	15	ID	0
	<i>Application Acknowledgment Type</i>	16	ID	0
	<i>Country Code</i>	17	ID	0
	<i>Character Set</i>	18	ID	0
	<i>Principal Language Of Message</i>	19	CWE	0
	<i>Alternate Character Set Handling Scheme</i>	20	ID	0
	<i>Message Profile Identifier</i>	21	EI	0
	<i>Sending Responsible Organization</i>	22	XON	0

A03 - Discharge/End Visit				
Segments	Description	SEQ	DT	OPT
	<i>Receiving Responsible Organization</i>	23	XON	0
	<i>Sending Network Address</i>	24	HD	0
	<i>Receiving Network Address</i>	25	HD	0
[{ SFT }]	Software Segment			
	<i>Software Vendor Organization</i>	1	XON	R
	<i>Software Certified Version or Release Number</i>	2	ST	R
	<i>Software Product Name</i>	3	ST	R
	<i>Software Binary ID</i>	4	ST	R
	<i>Software Product Information</i>	5	TX	O
	<i>Software Install Date</i>	6	DTM	O
[UAC]	User Authentication Credential			
	<i>User Authentication Credential Type Code</i>	1	CWE	R
	<i>User Authentication Credential</i>	2	ED	R
EVN	Event Type			
	<i>Event Type Code</i>	1		W
	<i>Recorded Date/Time</i>	2	DTM	R
	<i>Date/Time Planned Event</i>	3	DTM	O
	<i>Event Reason Code</i>	4	CWE	O
	<i>Operator ID</i>	5	XCN	O
	<i>Event Occurred</i>	6	DTM	O
	<i>Event Facility</i>	7	HD	O
PID	Patient Identification			
	<i>Set ID - PID</i>	1	SI	O
	<i>Patient ID</i>	2		W
	Patient Identifier List	3	CX	R
	<i>ID Number</i>	3.1	ST	R
	<i>Identifier Check Digit</i>	3.2	ST	O
	<i>Check Digit Scheme</i>	3.3	ID	O
	<i>Assigning Authority</i>	3.4	HD	C
	<i>Namespace ID</i>	3.4.1	IS	O
	<i>Universal ID</i>	3.4.2	ST	C
	<i>Universal ID Type</i>	3.4.3	ID	C
	<i>Identifier Type Code</i>	3.5	ID	R
	<i>Assigning Facility</i>	3.6	HD	O
	<i>Effective Date</i>	3.7	DT	O
	<i>Expiration Date</i>	3.8	DT	O
	<i>Assigning Jurisdiction</i>	3.9	CWE	C
	<i>Assigning Agency or Department</i>	3.10	CWE	C
	<i>Security Check</i>	3.11	ST	O
	<i>Security Check Scheme</i>	3.12	ID	O

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A03 - Discharge/End Visit				
Segments	Description	SEQ	DT	OPT
	<i>Alternate Patient ID – PID</i>	4		W
	<i>Patient Name</i>	5	XPN	R
	<i>Mother's Maiden Name</i>	6	XPN	O
	<i>Date/Time of Birth</i>	7	DTM	O
	<i>Administrative Sex</i>	8	CWE	O
	<i>Patient Alias</i>	9		W
	<i>Race</i>	10	CWE	O
	<i>Patient Address</i>	11	XAD	O
	<i>County Code</i>	12		W
	<i>Phone Number - Home</i>	13	XTN	B
	<i>Phone Number - Business</i>	14	XTN	B
	<i>Primary Language</i>	15	CWE	O
	<i>Marital Status</i>	16	CWE	O
	<i>Religion</i>	17	CWE	O
	<i>Patient Account Number</i>	18	CX	O
	<i>SSN Number – Patient</i>	19		W
	<i>Driver's License Number - Patient</i>	20		W
	<i>Mother's Identifier</i>	21	CX	O
	<i>Ethnic Group</i>	22	CWE	O
	<i>Birth Place</i>	23	ST	O
	<i>Multiple Birth Indicator</i>	24	ID	O
	<i>Birth Order</i>	25	NM	O
	<i>Citizenship</i>	26	CWE	O
	<i>Veterans Military Status</i>	27	CWE	O
	<i>Nationality</i>	28		W
	<i>Patient Death Date and Time</i>	29	DTM	O
	<i>Patient Death Indicator</i>	30	ID	O
	<i>Identity Unknown Indicator</i>	31	ID	O
	<i>Identity Reliability Code</i>	32	CWE	O
	<i>Last Update Date/Time</i>	33	DTM	O
	<i>Last Update Facility</i>	34	HD	O
	<i>Species Code</i>	35	CWE	C
	<i>Breed Code</i>	36	CWE	C
	<i>Strain</i>	37	ST	O
	<i>Production Class Code</i>	38	CWE	O
	<i>Tribal Citizenship</i>	39	CWE	O
	<i>Patient Telecommunication Information</i>	40	XTN	O
[PD1]	Additional Demographics			
	<i>Living Dependency</i>	1	CWE	O
	<i>Living Arrangement</i>	2	CWE	O

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A03 - Discharge/End Visit				
Segments	Description	SEQ	DT	OPT
	<i>Patient Primary Facility</i>	3	XON	O
	<i>Patient Primary Care Provider Name & ID No.</i>	4		W
	<i>Student Indicator</i>	5	CWE	O
	<i>Handicap</i>	6	CWE	O
	<i>Living Will Code</i>	7	CWE	O
	<i>Organ Donor Code</i>	8	CWE	O
	<i>Separate Bill</i>	9	ID	O
	<i>Duplicate Patient</i>	10	CX	O
	<i>Publicity Code</i>	11	CWE	O
	<i>Protection Indicator</i>	12	ID	B
	<i>Protection Indicator Effective Date</i>	13	DT	B
	<i>Place of Worship</i>	14	XON	O
	<i>Advance Directive Code</i>	15	CWE	C
	<i>Immunization Registry Status</i>	16	CWE	O
	<i>Immunization Registry Status Effective Date</i>	17	DT	O
	<i>Publicity Code Effective Date</i>	18	DT	O
	<i>Military Branch</i>	19	CWE	O
	<i>Military Rank/Grade</i>	20	CWE	O
	<i>Military Status</i>	21	CWE	O
	<i>Advance Directive Last Verified Date</i>	22	DT	O
{{ ARV }}	Access Restrictions			
	<i>Set ID</i>	1	SI	O
	<i>Access Restriction Action Code</i>	2	CNE	R
	<i>Access Restriction Value</i>	3	CWE	R
	<i>Access Restriction Reason</i>	4	CWE	O
	<i>Special Access Restriction Instructions</i>	5	ST	O
	<i>Access Restriction Date Range</i>	6	DR	O
{{ ROL }}	Role			
	<i>Role Instance ID</i>	1	EI	C
	<i>Action Code</i>	2	ID	R
	<i>Role-ROL</i>	3	CWE	R
	<i>Role Person</i>	4	XCN	R
	<i>Role Begin Date/Time</i>	5	DTM	O
	<i>Role End Date/Time</i>	6	DTM	O
	<i>Role Duration</i>	7	CWE	O
	<i>Role Action Reason</i>	8	CWE	O
	<i>Provider Type</i>	9	CWE	O
	<i>Organization Unit Type</i>	10	CWE	O
	<i>Office/Home Address/Birthplace</i>	11	XAD	O
	<i>Phone</i>	12	XTN	O

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A03 - Discharge/End Visit				
Segments	Description	SEQ	DT	OPT
	<i>Person's Location</i>	13	PL	O
	<i>Organization</i>	14	XON	O
{{ NK1 }}	Next of Kin / Associated Parties			
	<i>Set ID - NK1</i>	1	SI	R
	<i>Name</i>	2	XPN	O
	<i>Relationship</i>	3	CWE	O
	<i>Address</i>	4	XAD	O
	<i>Phone Number</i>	5	XTN	B
	<i>Business Phone Number</i>	6	XTN	B
	<i>Contact Role</i>	7	CWE	O
	<i>Start Date</i>	8	DT	O
	<i>End Date</i>	9	DT	O
	<i>Next of Kin / Associated Parties Job Title</i>	10	ST	O
	<i>Next of Kin / Associated Parties Job Code/Class</i>	11	JCC	O
	<i>Next of Kin / Associated Parties Employee Number</i>	12	CX	O
	<i>Organization Name - NK1</i>	13	XON	O
	<i>Marital Status</i>	14	CWE	O
	<i>Administrative Sex</i>	15	CWE	O
	<i>Date/Time of Birth</i>	16	DTM	O
	<i>Living Dependency</i>	17	CWE	O
	<i>Ambulatory Status</i>	18	CWE	O
	<i>Citizenship</i>	19	CWE	O
	<i>Primary Language</i>	20	CWE	O
	<i>Living Arrangement</i>	21	CWE	O
	<i>Publicity Code</i>	22	CWE	O
	<i>Protection Indicator</i>	23	ID	O
	<i>Student Indicator</i>	24	CWE	O
	<i>Religion</i>	25	CWE	O
	<i>Mother's Maiden Name</i>	26	XPN	O
	<i>Nationality</i>	27	CWE	O
	<i>Ethnic Group</i>	28	CWE	O
	<i>Contact Reason</i>	29	CWE	O
	<i>Contact Person's Name</i>	30	XPN	O
	<i>Contact Person's Telephone Number</i>	31	XTN	B
	<i>Contact Person's Address</i>	32	XAD	O
	<i>Next of Kin/Associated Party's Identifiers</i>	33	CX	O
	<i>Job Status</i>	34	CWE	O
	<i>Race</i>	35	CWE	O
	<i>Handicap</i>	36	CWE	O
	<i>Contact Person Social Security Number</i>	37	ST	O

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A03 - Discharge/End Visit				
Segments	Description	SEQ	DT	OPT
	<i>Next of Kin Birth Place</i>	38	ST	O
	<i>VIP Indicator</i>	39	CWE	O
	<i>Next of Kin Telecommunication Information</i>	40	XTN	O
	<i>Contact Person's Telecommunication Information</i>	41	XTN	O
PV1	Patient Visit			
	<i>Set ID - PV1</i>	1	SI	O
	<i>Patient Class</i>	2	CWE	R
	<i>Assigned Patient Location</i>	3	PL	O
	<i>Admission Type</i>	4	CWE	O
	<i>Preadmit Number</i>	5	CX	O
	<i>Prior Patient Location</i>	6	PL	O
	<i>Attending Doctor</i>	7	XCN	O
	<i>Referring Doctor</i>	8	XCN	O
	<i>Consulting Doctor</i>	9	XCN	B
	<i>Hospital Service</i>	10	CWE	O
	<i>Temporary Location</i>	11	PL	O
	<i>Preadmit Test Indicator</i>	12	CWE	O
	<i>Re-admission Indicator</i>	13	CWE	O
	<i>Admit Source</i>	14	CWE	O
	<i>Ambulatory Status</i>	15	CWE	O
	<i>VIP Indicator</i>	16	CWE	O
	<i>Admitting Doctor</i>	17	XCN	O
	<i>Patient Type</i>	18	CWE	O
	<i>Visit Number</i>	19	CX	O
	<i>ID Number</i>	19.1	ST	R
	<i>Identifier Check Digit</i>	19.2	ST	O
	<i>Check Digit Scheme</i>	19.3	ID	O
	<i>Assigning Authority</i>	19.4	HD	C
	<i>Identifier Type Code</i>	19.5	ID	R
	<i>Assigning Facility</i>	19.6	HD	O
	<i>Effective Date</i>	19.7	DT	O
	<i>Expiration Date</i>	19.8	DT	O
	<i>Assigning Jurisdiction</i>	19.9	CWE	C
	<i>Assigning Agency or Department</i>	19.10	CWE	C
	<i>Security Check</i>	19.11	ST	O
	<i>Security Check Scheme</i>	19.12	ID	O
	<i>Financial Class</i>	20	FC	O
	<i>Charge Price Indicator</i>	21	CWE	O
	<i>Courtesy Code</i>	22	CWE	O
	<i>Credit Rating</i>	23	CWE	O

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A03 - Discharge/End Visit				
Segments	Description	SEQ	DT	OPT
	<i>Contract Code</i>	24	CWE	O
	<i>Contract Effective Date</i>	25	DT	O
	<i>Contract Amount</i>	26	NM	O
	<i>Contract Period</i>	27	NM	O
	<i>Interest Code</i>	28	CWE	O
	<i>Transfer to Bad Debt Code</i>	29	CWE	O
	<i>Transfer to Bad Debt Date</i>	30	DT	O
	<i>Bad Debt Agency Code</i>	31	CWE	O
	<i>Bad Debt Transfer Amount</i>	32	NM	O
	<i>Bad Debt Recovery Amount</i>	33	NM	O
	<i>Delete Account Indicator</i>	34	CWE	O
	<i>Delete Account Date</i>	35	DT	O
	<i>Discharge Disposition</i>	36	CWE	O
	<i>Discharged to Location</i>	37	DLD	O
	<i>Diet Type</i>	38	CWE	O
	<i>Servicing Facility</i>	39	CWE	O
	<i>Bed Status</i>	40		W
	<i>Account Status</i>	41	CWE	O
	<i>Pending Location</i>	42	PL	O
	<i>Prior Temporary Location</i>	43	PL	O
	<i>Admit Date/Time</i>	44	DTM	O
	<i>Discharge Date/Time</i>	45	DTM	O
	<i>Current Patient Balance</i>	46	NM	O
	<i>Total Charges</i>	47	NM	O
	<i>Total Adjustments</i>	48	NM	O
	<i>Total Payments</i>	49	NM	O
	<i>Alternate Visit ID</i>	50	CX	O
	<i>Visit Indicator</i>	51	CWE	O
	<i>Other Healthcare Provider</i>	52		W
	<i>Service Episode Description</i>	53	ST	O
	<i>Service Episode Identifier</i>	54	CX	O
[PV2]	Patient Visit - Additional Info.			
	<i>Prior Pending Location</i>	1	PL	C
	<i>Accommodation Code</i>	2	CWE	O
	<i>Admit Reason</i>	3	CWE	O
	<i>Transfer Reason</i>	4	CWE	O
	<i>Patient Valuables</i>	5	ST	O
	<i>Patient Valuables Location</i>	6	ST	O
	<i>Visit User Code</i>	7	CWE	O
	<i>Expected Admit Date/Time</i>	8	DTM	O

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A03 - Discharge/End Visit				
Segments	Description	SEQ	DT	OPT
	<i>Expected Discharge Date/Time</i>	9	DTM	O
	<i>Estimated Length of Inpatient Stay</i>	10	NM	O
	<i>Actual Length of Inpatient Stay</i>	11	NM	O
	<i>Visit Description</i>	12	ST	O
	<i>Referral Source Code</i>	13	XCN	O
	<i>Previous Service Date</i>	14	DT	O
	<i>Employment Illness Related Indicator</i>	15	ID	O
	<i>Purge Status Code</i>	16	CWE	O
	<i>Purge Status Date</i>	17	DT	O
	<i>Special Program Code</i>	18	CWE	O
	<i>Retention Indicator</i>	19	ID	O
	<i>Expected Number of Insurance Plans</i>	20	NM	O
	<i>Visit Publicity Code</i>	21	CWE	O
	<i>Visit Protection Indicator</i>	22	ID	B
	<i>Clinic Organization Name</i>	23	XON	O
	<i>Patient Status Code</i>	24	CWE	O
	<i>Visit Priority Code</i>	25	CWE	O
	<i>Previous Treatment Date</i>	26	DT	O
	<i>Expected Discharge Disposition</i>	27	CWE	O
	<i>Signature on File Date</i>	28	DT	O
	<i>First Similar Illness Date</i>	29	DT	O
	<i>Patient Charge Adjustment Code</i>	30	CWE	O
	<i>Recurring Service Code</i>	31	CWE	O
	<i>Billing Media Code</i>	32	ID	O
	<i>Expected Surgery Date and Time</i>	33	DTM	O
	<i>Military Partnership Code</i>	34	ID	O
	<i>Military Non-Availability Code</i>	35	ID	O
	<i>Newborn Baby Indicator</i>	36	ID	O
	<i>Baby Detained Indicator</i>	37	ID	O
	<i>Mode of Arrival Code</i>	38	CWE	O
	<i>Recreational Drug Use Code</i>	39	CWE	O
	<i>Admission Level of Care Code</i>	40	CWE	O
	<i>Precaution Code</i>	41	CWE	O
	<i>Patient Condition Code</i>	42	CWE	O
	<i>Living Will Code</i>	43	CWE	O
	<i>Organ Donor Code</i>	44	CWE	O
	<i>Advance Directive Code</i>	45	CWE	C
	<i>Patient Status Effective Date</i>	46	DT	O
	<i>Expected LOA Return Date/Time</i>	47	DTM	C
	<i>Expected Pre-admission Testing Date/Time</i>	48	DTM	O

A03 - Discharge/End Visit				
Segments	Description	SEQ	DT	OPT
	<i>Notify Clergy Code</i>	49	CWE	O
	<i>Advance Directive Last Verified Date</i>	50	DT	O
{{ ARV }}	Access Restrictions			
	<i>Set ID</i>	1	SI	O
	<i>Access Restriction Action Code</i>	2	CNE	R
	<i>Access Restriction Value</i>	3	CWE	R
	<i>Access Restriction Reason</i>	4	CWE	O
	<i>Special Access Restriction Instructions</i>	5	ST	O
	<i>Access Restriction Date Range</i>	6	DR	O
{{ ROL }}	Role			
	<i>Role Instance ID</i>	1	EI	C
	<i>Action Code</i>	2	ID	R
	<i>Role-ROL</i>	3	CWE	R
	<i>Role Person</i>	4	XCN	R
	<i>Role Begin Date/Time</i>	5	DTM	O
	<i>Role End Date/Time</i>	6	DTM	O
	<i>Role Duration</i>	7	CWE	O
	<i>Role Action Reason</i>	8	CWE	O
	<i>Provider Type</i>	9	CWE	O
	<i>Organization Unit Type</i>	10	CWE	O
	<i>Office/Home Address/Birthplace</i>	11	XAD	O
		11.6		
	<i>Phone</i>	12	XTN	O
	<i>Person's Location</i>	13	PL	O
	<i>Organization</i>	14	XON	O
{{ DB1 }}	Disability Information			
	<i>Set ID - DB1</i>	1	SI	R
	<i>Disabled Person Code</i>	2	CWE	O
	<i>Disabled Person Identifier</i>	3	CX	O
	<i>Disability Indicator</i>	4	ID	O
	<i>Disability Start Date</i>	5	DT	O
	<i>Disability End Date</i>	6	DT	O
	<i>Disability Return to Work Date</i>	7	DT	O
	<i>Disability Unable to Work Date</i>	8	DT	O
{{ AL1 }}	Allergy Information			
	<i>Set ID - AL1</i>	1	SI	R
	<i>Allergen Type Code</i>	2	CWE	O
	<i>Allergen Code/Mnemonic/Description</i>	3	CWE	R
	<i>Allergy Severity Code</i>	4	CWE	O
	<i>Allergy Reaction Code</i>	5	ST	O

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A03 - Discharge/End Visit				
Segments	Description	SEQ	DT	OPT
	<i>Identification Date</i>	6		W
[{ DG1 }]	Diagnosis Information			
	<i>Set ID - DG1</i>	1	SI	R
	<i>Diagnosis Coding Method</i>	2		W
	<i>Diagnosis Code - DG1</i>	3	CWE	R
	<i>Diagnosis Description</i>	4		W
	<i>Diagnosis Date/Time</i>	5	DTM	O
	<i>Diagnosis Type</i>	6	CWE	R
	<i>Major Diagnostic Category</i>	7		W
	<i>Diagnostic Related Group</i>	8		W
	<i>DRG Approval Indicator</i>	9		W
	<i>DRG Grouper Review Code</i>	10		W
	<i>Outlier Type</i>	11		W
	<i>Outlier Days</i>	12		W
	<i>Outlier Cost</i>	13		W
	<i>Grouper Version And Type</i>	14		W
	<i>Diagnosis Priority</i>	15	NM	O
	<i>Diagnosing Clinician</i>	16	XCN	O
	<i>Diagnosis Classification</i>	17	CWE	O
	<i>Confidential Indicator</i>	18	ID	O
	<i>Attestation Date/Time</i>	19	DTM	O
	<i>Diagnosis Identifier</i>	20	EI	C
	<i>Diagnosis Action Code</i>	21	ID	C
	<i>Parent Diagnosis</i>	22	EI	C
	<i>DRG CCL Value Code</i>	23	CWE	O
	<i>DRG Grouping Usage</i>	24	ID	O
	<i>DRG Diagnosis Determination Status</i>	25	CWE	O
	<i>Present On Admission (POA) Indicator</i>	26	CWE	O
[DRG]	Diagnosis Related Group			
	<i>Diagnostic Related Group</i>	1	CNE	O
	<i>DRG Assigned Date/Time</i>	2	DTM	O
	<i>DRG Approval Indicator</i>	3	ID	O
	<i>DRG Grouper Review Code</i>	4	CWE	O
	<i>Outlier Type</i>	5	CWE	O
	<i>Outlier Days</i>	6	NM	O
	<i>Outlier Cost</i>	7	CP	O
	<i>DRG Payor</i>	8	CWE	O
	<i>Outlier Reimbursement</i>	9	CP	O
	<i>Confidential Indicator</i>	10	ID	O
	<i>DRG Transfer Type</i>	11	CWE	O

A03 - Discharge/End Visit				
Segments	Description	SEQ	DT	OPT
	<i>Name of Coder</i>	12	XPN	O
	<i>Grouper Status</i>	13	CWE	O
	<i>PCCL Value Code</i>	14	CWE	O
	<i>Effective Weight</i>	15	NM	O
	<i>Monetary Amount</i>	16	MO	O
	<i>Status Patient</i>	17	CWE	O
	<i>Grouper Software Name</i>	18	ST	O
	<i>Grouper Software Version</i>	19	ST	O
	<i>Status Financial Calculation</i>	20	CWE	O
	<i>Relative Discount/Surcharge</i>	21	MO	O
	<i>Basic Charge</i>	22	MO	O
	<i>Total Charge</i>	23	MO	O
	<i>Discount/Surcharge</i>	24	MO	O
	<i>Calculated Days</i>	25	NM	O
	<i>Status Gender</i>	26	CWE	O
	<i>Status Age</i>	27	CWE	O
	<i>Status Length of Stay</i>	28	CWE	O
	<i>Status Same Day Flag</i>	29	CWE	O
	<i>Status Separation Mode</i>	30	CWE	O
	<i>Status Weight at Birth</i>	31	CWE	O
	<i>Status Respiration Minutes</i>	32	CWE	O
	<i>Status Admission</i>	33	CWE	O
{	--- PROCEDURE begin			
PR1	Procedures			
	<i>Set ID - PR1</i>	1	SI	R
	<i>Procedure Coding Method</i>	2		W
	<i>Procedure Code</i>	3	CNE	R
	<i>Procedure Description</i>	4		W
	<i>Procedure Date/Time</i>	5	DTM	R
	<i>Procedure Functional Type</i>	6	CWE	O
	<i>Procedure Minutes</i>	7	NM	O
	<i>Anesthesiologist</i>	8		W
	<i>Anesthesia Code</i>	9	CWE	O
	<i>Anesthesia Minutes</i>	10	NM	O
	<i>Surgeon</i>	11		W
	<i>Procedure Practitioner</i>	12		W
	<i>Consent Code</i>	13	CWE	O
	<i>Procedure Priority</i>	14	NM	O
	<i>Associated Diagnosis Code</i>	15	CWE	O
	<i>Procedure Code Modifier</i>	16	CNE	O

A03 - Discharge/End Visit				
Segments	Description	SEQ	DT	OPT
	<i>Procedure DRG Type</i>	17	CWE	O
	<i>Tissue Type Code</i>	18	CWE	O
	<i>Procedure Identifier</i>	19	EI	C
	<i>Procedure Action Code</i>	20	ID	C
	<i>DRG Procedure Determination Status</i>	21	CWE	O
	<i>DRG Procedure Relevance</i>	22	CWE	O
	<i>Treating Organizational Unit</i>	23	PL	O
	<i>Respiratory Within Surgery</i>	24	ID	O
	<i>Parent Procedure ID</i>	25	EI	O
{{ ROL }}	Role			
	<i>Role Instance ID</i>	1	EI	C
	<i>Action Code</i>	2	ID	R
	<i>Role-ROL</i>	3	CWE	R
	<i>Role Person</i>	4	XCN	R
	<i>Role Begin Date/Time</i>	5	DTM	O
	<i>Role End Date/Time</i>	6	DTM	O
	<i>Role Duration</i>	7	CWE	O
	<i>Role Action Reason</i>	8	CWE	O
	<i>Provider Type</i>	9	CWE	O
	<i>Organization Unit Type</i>	10	CWE	O
	<i>Office/Home Address/Birthplace</i>	11	XAD	O
	<i>Phone</i>	12	XTN	O
	<i>Person's Location</i>	13	PL	O
	<i>Organization</i>	14	XON	O
}}	--- PROCEDURE end			
{{ GT1 }}	Guarantor			
	<i>Set ID - GT1</i>	1	SI	R
	<i>Guarantor Number</i>	2	CX	O
	<i>Guarantor Name</i>	3	XPB	R
	<i>Guarantor Spouse Name</i>	4	XPB	O
	<i>Guarantor Address</i>	5	XAD	O
	<i>Guarantor Ph Num - Home</i>	6	XTN	O
	<i>Guarantor Ph Num - Business</i>	7	XTN	O
	<i>Guarantor Date/Time Of Birth</i>	8	DTM	O
	<i>Guarantor Administrative Sex</i>	9	CWE	O
	<i>Guarantor Type</i>	10	CWE	O
	<i>Guarantor Relationship</i>	11	CWE	O
	<i>Guarantor SSN</i>	12	ST	O
	<i>Guarantor Date - Begin</i>	13	DT	O
	<i>Guarantor Date - End</i>	14	DT	O

This is a Non-Standards Track Work Product.
The patent provisions of the OASIS IPR Policy do not apply.

A03 - Discharge/End Visit				
Segments	Description	SEQ	DT	OPT
	<i>Guarantor Priority</i>	15	NM	0
	<i>Guarantor Employer Name</i>	16	XPN	0
	<i>Guarantor Employer Address</i>	17	XAD	0
	<i>Guarantor Employer Phone Number</i>	18	XTN	0
	<i>Guarantor Employee ID Number</i>	19	CX	0
	<i>Guarantor Employment Status</i>	20	CWE	0
	<i>Guarantor Organization Name</i>	21	XON	0
	<i>Guarantor Billing Hold Flag</i>	22	ID	0
	<i>Guarantor Credit Rating Code</i>	23	CWE	0
	<i>Guarantor Death Date And Time</i>	24	DTM	0
	<i>Guarantor Death Flag</i>	25	ID	0
	<i>Guarantor Charge Adjustment Code</i>	26	CWE	0
	<i>Guarantor Household Annual Income</i>	27	CP	0
	<i>Guarantor Household Size</i>	28	NM	0
	<i>Guarantor Employer ID Number</i>	29	CX	0
	<i>Guarantor Marital Status Code</i>	30	CWE	0
	<i>Guarantor Hire Effective Date</i>	31	DT	0
	<i>Employment Stop Date</i>	32	DT	0
	<i>Living Dependency</i>	33	CWE	0
	<i>Ambulatory Status</i>	34	CWE	0
	<i>Citizenship</i>	35	CWE	0
	<i>Primary Language</i>	36	CWE	0
	<i>Living Arrangement</i>	37	CWE	0
	<i>Publicity Code</i>	38	CWE	0
	<i>Protection Indicator</i>	39	ID	0
	<i>Student Indicator</i>	40	CWE	0
	<i>Religion</i>	41	CWE	0
	<i>Mother's Maiden Name</i>	42	XPN	0
	<i>Nationality</i>	43	CWE	0
	<i>Ethnic Group</i>	44	CWE	0
	<i>Contact Person's Name</i>	45	XPN	0
	<i>Contact Person's Telephone Number</i>	46	XTN	0
	<i>Contact Reason</i>	47	CWE	0
	<i>Contact Relationship</i>	48	CWE	0
	<i>Job Title</i>	49	ST	0
	<i>Job Code/Class</i>	50	JCC	0
	<i>Guarantor Employer's Organization Name</i>	51	XON	0
	<i>Handicap</i>	52	CWE	0
	<i>Job Status</i>	53	CWE	0
	<i>Guarantor Financial Class</i>	54	FC	0

A03 - Discharge/End Visit				
Segments	Description	SEQ	DT	OPT
	<i>Guarantor Race</i>	55	CWE	O
	<i>Guarantor Birth Place</i>	56	ST	O
	<i>VIP Indicator</i>	57	CWE	O
{	--- INSURANCE begin			
IN1	Insurance			
	<i>Set ID - IN1</i>	1	SI	R
	<i>Health Plan ID</i>	2	CWE	R
	<i>Insurance Company ID</i>	3	CX	R
	<i>Insurance Company Name</i>	4	XON	O
	<i>Insurance Company Address</i>	5	XAD	O
	<i>Insurance Co Contact Person</i>	6	XPN	O
	<i>Insurance Co Phone Number</i>	7	XTN	O
	<i>Group Number</i>	8	ST	O
	<i>Group Name</i>	9	XON	O
	<i>Insured's Group Emp ID</i>	10	CX	O
	<i>Insured's Group Emp Name</i>	11	XON	O
	<i>Plan Effective Date</i>	12	DT	O
	<i>Plan Expiration Date</i>	13	DT	O
	<i>Authorization Information</i>	14	AUI	O
	<i>Plan Type</i>	15	CWE	O
	<i>Name Of Insured</i>	16	XPN	O
	<i>Insured's Relationship To Patient</i>	17	CWE	O
	<i>Insured's Date Of Birth</i>	18	DTM	O
	<i>Insured's Address</i>	19	XAD	O
	<i>Assignment Of Benefits</i>	20	CWE	O
	<i>Coordination Of Benefits</i>	21	CWE	O
	<i>Coord Of Ben. Priority</i>	22	ST	O
	<i>Notice Of Admission Flag</i>	23	ID	O
	<i>Notice Of Admission Date</i>	24	DT	O
	<i>Report Of Eligibility Flag</i>	25	ID	O
	<i>Report Of Eligibility Date</i>	26	DT	O
	<i>Release Information Code</i>	27	CWE	O
	<i>Pre-Admit Cert (PAC)</i>	28	ST	O
	<i>Verification Date/Time</i>	29	DTM	O
	<i>Verification By</i>	30	XCN	O
	<i>Type Of Agreement Code</i>	31	CWE	O
	<i>Billing Status</i>	32	CWE	O
	<i>Lifetime Reserve Days</i>	33	NM	O
	<i>Delay Before L.R. Day</i>	34	NM	O
	<i>Company Plan Code</i>	35	CWE	O

This is a Non-Standards Track Work Product.
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A03 - Discharge/End Visit				
Segments	Description	SEQ	DT	OPT
	<i>Policy Number</i>	36	ST	O
	<i>Policy Deductible</i>	37	CP	O
	<i>Policy Limit - Amount</i>	38		W
	<i>Policy Limit - Days</i>	39	NM	O
	<i>Room Rate - Semi-Private</i>	40		W
	<i>Room Rate - Private</i>	41		W
	<i>Insured's Employment Status</i>	42	CWE	O
	<i>Insured's Administrative Sex</i>	43	CWE	O
	<i>Insured's Employer's Address</i>	44	XAD	O
	<i>Verification Status</i>	45	ST	O
	<i>Prior Insurance Plan ID</i>	46	CWE	O
	<i>Coverage Type</i>	47	CWE	O
	<i>Handicap</i>	48	CWE	O
	<i>Insured's ID Number</i>	49	CX	O
	<i>Signature Code</i>	50	CWE	O
	<i>Signature Code Date</i>	51	DT	O
	<i>Insured's Birth Place</i>	52	ST	O
	<i>VIP Indicator</i>	53	CWE	O
	<i>External Health Plan Identifiers</i>	54	CX	O
[IN2]	Insurance Additional Info.			
	<i>Insured's Employee ID</i>	1	CX	O
	<i>Insured's Social Security Number</i>	2	ST	O
	<i>Insured's Employer's Name and ID</i>	3	XCN	O
	<i>Employer Information Data</i>	4	CWE	O
	<i>Mail Claim Party</i>	5	CWE	O
	<i>Medicare Health Ins Card Number</i>	6	ST	O
	<i>Medicaid Case Name</i>	7	XPN	O
	<i>Medicaid Case Number</i>	8	ST	O
	<i>Military Sponsor Name</i>	9	XPN	O
	<i>Military ID Number</i>	10	ST	O
	<i>Dependent Of Military Recipient</i>	11	CWE	O
	<i>Military Organization</i>	12	ST	O
	<i>Military Station</i>	13	ST	O
	<i>Military Service</i>	14	CWE	O
	<i>Military Rank/Grade</i>	15	CWE	O
	<i>Military Status</i>	16	CWE	O
	<i>Military Retire Date</i>	17	DT	O
	<i>Military Non-Avail Cert On File</i>	18	ID	O
	<i>Baby Coverage</i>	19	ID	O
	<i>Combine Baby Bill</i>	20	ID	O

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A03 - Discharge/End Visit				
Segments	Description	SEQ	DT	OPT
	<i>Blood Deductible</i>	21	ST	0
	<i>Special Coverage Approval Name</i>	22	XPN	0
	<i>Special Coverage Approval Title</i>	23	ST	0
	<i>Non-Covered Insurance Code</i>	24	CWE	0
	<i>Payor ID</i>	25	CX	0
	<i>Payor Subscriber ID</i>	26	CX	0
	<i>Eligibility Source</i>	27	CWE	0
	<i>Room Coverage Type/Amount</i>	28	RMC	0
	<i>Policy Type/Amount</i>	29	PTA	0
	<i>Daily Deductible</i>	30	DDI	0
	<i>Living Dependency</i>	31	CWE	0
	<i>Ambulatory Status</i>	32	CWE	0
	<i>Citizenship</i>	33	CWE	0
	<i>Primary Language</i>	34	CWE	0
	<i>Living Arrangement</i>	35	CWE	0
	<i>Publicity Code</i>	36	CWE	0
	<i>Protection Indicator</i>	37	ID	0
	<i>Student Indicator</i>	38	CWE	0
	<i>Religion</i>	39	CWE	0
	<i>Mother's Maiden Name</i>	40	XPN	0
	<i>Nationality</i>	41	CWE	0
	<i>Ethnic Group</i>	42	CWE	0
	<i>Marital Status</i>	43	CWE	0
	<i>Insured's Employment Start Date</i>	44	DT	0
	<i>Employment Stop Date</i>	45	DT	0
	<i>Job Title</i>	46	ST	0
	<i>Job Code/Class</i>	47	JCC	0
	<i>Job Status</i>	48	CWE	0
	<i>Employer Contact Person Name</i>	49	XPN	0
	<i>Employer Contact Person Phone Number</i>	50	XTN	0
	<i>Employer Contact Reason</i>	51	CWE	0
	<i>Insured's Contact Person's Name</i>	52	XPN	0
	<i>Insured's Contact Person Phone Number</i>	53	XTN	0
	<i>Insured's Contact Person Reason</i>	54	CWE	0
	<i>Relationship to the Patient Start Date</i>	55	DT	0
	<i>Relationship to the Patient Stop Date</i>	56	DT	0
	<i>Insurance Co Contact Reason</i>	57	CWE	0
	<i>Insurance Co Contact Phone Number</i>	58	XTN	0
	<i>Policy Scope</i>	59	CWE	0
	<i>Policy Source</i>	60	CWE	0

This is a Non-Standards Track Work Product.
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A03 - Discharge/End Visit				
Segments	Description	SEQ	DT	OPT
	<i>Patient Member Number</i>	61	CX	O
	<i>Guarantor's Relationship to Insured</i>	62	CWE	O
	<i>Insured's Phone Number - Home</i>	63	XTN	O
	<i>Insured's Employer Phone Number</i>	64	XTN	O
	<i>Military Handicapped Program</i>	65	CWE	O
	<i>Suspend Flag</i>	66	ID	O
	<i>Copay Limit Flag</i>	67	ID	O
	<i>Stoploss Limit Flag</i>	68	ID	O
	<i>Insured Organization Name and ID</i>	69	XON	O
	<i>Insured Employer Organization Name and ID</i>	70	XON	O
	<i>Race</i>	71	CWE	O
	<i>Patient's Relationship to Insured</i>	72	CWE	O
{{ IN3 }}	Insurance Info - Cert.			
	<i>Set ID - IN3</i>	1	SI	R
	<i>Certification Number</i>	2	CX	O
	<i>Certified By</i>	3	XCN	O
	<i>Certification Required</i>	4	ID	O
	<i>Penalty</i>	5	MOP	O
	<i>Certification Date/Time</i>	6	DTM	O
	<i>Certification Modify Date/Time</i>	7	DTM	O
	<i>Operator</i>	8	XCN	O
	<i>Certification Begin Date</i>	9	DT	O
	<i>Certification End Date</i>	10	DT	O
	<i>Days</i>	11	DTN	O
	<i>Non-Concur Code/Description</i>	12	CWE	O
	<i>Non-Concur Effective Date/Time</i>	13	DTM	O
	<i>Physician Reviewer</i>	14	XCN	O
	<i>Certification Contact</i>	15	ST	O
	<i>Certification Contact Phone Number</i>	16	XTN	O
	<i>Appeal Reason</i>	17	CWE	O
	<i>Certification Agency</i>	18	CWE	O
	<i>Certification Agency Phone Number</i>	19	XTN	O
	<i>Pre-Certification Requirement</i>	20	ICD	O
	<i>Case Manager</i>	21	ST	O
	<i>Second Opinion Date</i>	22	DT	O
	<i>Second Opinion Status</i>	23	CWE	O
	<i>Second Opinion Documentation Received</i>	24	CWE	O
	<i>Second Opinion Physician</i>	25	XCN	O
{{ ROL }}	Role			
	<i>Role Instance ID</i>	1	EI	C

This is a Non-Standards Track Work Product.
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A03 - Discharge/End Visit				
Segments	Description	SEQ	DT	OPT
	<i>Action Code</i>	2	ID	R
	<i>Role-ROL</i>	3	CWE	R
	<i>Role Person</i>	4	XCN	R
	<i>Role Begin Date/Time</i>	5	DTM	O
	<i>Role End Date/Time</i>	6	DTM	O
	<i>Role Duration</i>	7	CWE	O
	<i>Role Action Reason</i>	8	CWE	O
	<i>Provider Type</i>	9	CWE	O
	<i>Organization Unit Type</i>	10	CWE	O
	<i>Office/Home Address/Birthplace</i>	11	XAD	O
	<i>Phone</i>	12	XTN	O
	<i>Person's Location</i>	13	PL	O
	<i>Organization</i>	14	XON	O
{	--- INSURANCE end			
[ACC]	Accident Information			
	<i>Accident Date/Time</i>	1	DTM	O
	<i>Accident Code</i>	2	CWE	O
	<i>Accident Location</i>	3	ST	O
	<i>Auto Accident State</i>	4	CWE	B
	<i>Accident Job Related Indicator</i>	5	ID	O
	<i>Accident Death Indicator</i>	6	ID	O
	<i>Entered By</i>	7	XCN	O
	<i>Accident Description</i>	8	ST	O
	<i>Brought In By</i>	9	ST	O
	<i>Police Notified Indicator</i>	10	ID	O
	<i>Accident Address</i>	11	XAD	O
	<i>Degree of patient liability</i>	12	NM	
[PDA]	Patient Death and Autopsy			
	<i>Death Cause Code</i>	1	CWE	O
	<i>Death Location</i>	2	PL	O
	<i>Death Certified Indicator</i>	3	ID	O
	<i>Death Certificate Signed Date/Time</i>	4	DTM	O
	<i>Death Certified By</i>	5	XCN	O
	<i>Autopsy Indicator</i>	6	ID	O
	<i>Autopsy Start and End Date/Time</i>	7	DR	O
	<i>Autopsy Performed By</i>	8	XCN	O
	<i>Coroner Indicator</i>	9	ID	O

1.5 RAS/017 – Pharmacy/Treatment Administration

RAS^017^RAS_017: Pharmacy/Treatment Administration				
Segments	Description	SEQ	DT	OPT
MSH	Message Header			
	<i>Field Separator</i>	1	ST	R
	<i>Encoding Characters</i>	2	ST	R
	<i>Sending Application</i>	3	HD	O
	Sending Facility	4	HD	O
	<i>Namespace ID</i>	4.1	IS	O
	<i>Universal ID</i>	4.2	ST	C
	<i>Universal ID Type</i>	4.3	ID	C
	<i>Receiving Application</i>	5	HD	O
	<i>Receiving Facility</i>	6	HD	O
	<i>Date/Time of Message</i>	7	DTM	R
	<i>Security</i>	8	ST	O
	<i>Message Type</i>	9	MSG	R
	<i>Message Control ID</i>	10	ST	R
	<i>Processing ID</i>	11	PT	R
	<i>Version ID</i>	12	VID	R
	<i>Sequence Number</i>	13	NM	0
	<i>Continuation Pointer</i>	14	ST	0
	<i>Accept Acknowledgment Type</i>	15	ID	0
	<i>Application Acknowledgment Type</i>	16	ID	0
	<i>Country Code</i>	17	ID	0
	<i>Character Set</i>	18	ID	0
	<i>Principal Language Of Message</i>	19	CWE	0
	<i>Alternate Character Set Handling Scheme</i>	20	ID	0
	<i>Message Profile Identifier</i>	21	EI	0
	<i>Sending Responsible Organization</i>	22	XON	0
	<i>Receiving Responsible Organization</i>	23	XON	0
	<i>Sending Network Address</i>	24	HD	0
	<i>Receiving Network Address</i>	25	HD	0
[{ SFT }]	Software Segment			
	<i>Software Vendor Organization</i>	1	XON	R
	<i>Software Certified Version or Release Number</i>	2	ST	R
	<i>Software Product Name</i>	3	ST	R
	<i>Software Binary ID</i>	4	ST	R
	<i>Software Product Information</i>	5	TX	O
	<i>Software Install Date</i>	6	DTM	O
[UAC]	User Authentication Credential			
	<i>User Authentication Credential Type Code</i>	1	CWE	R

RAS^017^RAS_017: Pharmacy/Treatment Administration				
Segments	Description	SEQ	DT	OPT
	<i>User Authentication Credential</i>	2	ED	R
[[NTE]]	Notes and Comments (for Header)			
	<i>Set ID - NTE</i>	1	SI	O
	<i>Source of Comment</i>	2	ID	O
	<i>Comment</i>	3	FT	O
	<i>Comment Type</i>	4	CWE	O
	<i>Entered By</i>	5	XCN	O
	<i>Entered Date/Time</i>	6	DTM	O
	<i>Effective Start Date</i>	7	DTM	O
	<i>Expiration Date</i>	8	DTM	O
PID	Patient Identification			
	<i>Set ID - PID</i>	1	SI	O
	<i>Patient ID</i>	2		W
	Patient Identifier List	3	CX	R
	<i>ID Number</i>	3.1	ST	R
	<i>Identifier Check Digit</i>	3.2	ST	O
	<i>Check Digit Scheme</i>	3.3	ID	O
	<i>Assigning Authority</i>	3.4	HD	C
	<i>Namespace ID</i>	3.4.1	IS	O
	<i>Universal ID</i>	3.4.2	ST	C
	<i>Universal ID Type</i>	3.4.3	ID	C
	Identifier Type Code	3.5	ID	R
	<i>Assigning Facility</i>	3.6	HD	O
	<i>Effective Date</i>	3.7	DT	O
	<i>Expiration Date</i>	3.8	DT	O
	<i>Assigning Jurisdiction</i>	3.9	CWE	C
	<i>Assigning Agency or Department</i>	3.10	CWE	C
	<i>Security Check</i>	3.11	ST	O
	<i>Security Check Scheme</i>	3.12	ID	O
	<i>Alternate Patient ID - PID</i>	4		W
	Patient Name	5	XPN	R
	<i>Mother's Maiden Name</i>	6	XPN	O
	<i>Date/Time of Birth</i>	7	DTM	O
	<i>Administrative Sex</i>	8	CWE	O
	<i>Patient Alias</i>	9		W
	<i>Race</i>	10	CWE	O
	<i>Patient Address</i>	11	XAD	O
	<i>County Code</i>	12		W
	<i>Phone Number - Home</i>	13	XTN	B
	<i>Phone Number - Business</i>	14	XTN	B

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The patent provisions of the OASIS IPR Policy do not apply.

RAS^017^RAS_017: Pharmacy/Treatment Administration				
Segments	Description	SEQ	DT	OPT
	<i>Primary Language</i>	15	CWE	O
	<i>Marital Status</i>	16	CWE	O
	<i>Religion</i>	17	CWE	O
	<i>Patient Account Number</i>	18	CX	O
	<i>SSN Number - Patient</i>	19		W
	<i>Driver's License Number - Patient</i>	20		W
	<i>Mother's Identifier</i>	21	CX	O
	<i>Ethnic Group</i>	22	CWE	O
	<i>Birth Place</i>	23	ST	O
	<i>Multiple Birth Indicator</i>	24	ID	O
	<i>Birth Order</i>	25	NM	O
	<i>Citizenship</i>	26	CWE	O
	<i>Veterans Military Status</i>	27	CWE	O
	<i>Nationality</i>	28		W
	<i>Patient Death Date and Time</i>	29	DTM	O
	<i>Patient Death Indicator</i>	30	ID	O
	<i>Identity Unknown Indicator</i>	31	ID	O
	<i>Identity Reliability Code</i>	32	CWE	O
	<i>Last Update Date/Time</i>	33	DTM	O
	<i>Last Update Facility</i>	34	HD	O
	<i>Species Code</i>	35	CWE	C
	<i>Breed Code</i>	36	CWE	C
	<i>Strain</i>	37	ST	O
	<i>Production Class Code</i>	38	CWE	O
	<i>Tribal Citizenship</i>	39	CWE	O
	<i>Patient Telecommunication Information</i>	40	XTN	O
PD1	Additional Demographics			
	<i>Living Dependency</i>	1	CWE	O
	<i>Living Arrangement</i>	2	CWE	O
	<i>Patient Primary Facility</i>	3	XON	O
	<i>Patient Primary Care Provider Name & ID No.</i>	4		W
	<i>Student Indicator</i>	5	CWE	O
	<i>Handicap</i>	6	CWE	O
	<i>Living Will Code</i>	7	CWE	O
	<i>Organ Donor Code</i>	8	CWE	O
	<i>Separate Bill</i>	9	ID	O
	<i>Duplicate Patient</i>	10	CX	O
	<i>Publicity Code</i>	11	CWE	O
	<i>Protection Indicator</i>	12	ID	B
	<i>Protection Indicator Effective Date</i>	13	DT	B

RAS^017^RAS_017: Pharmacy/Treatment Administration				
Segments	Description	SEQ	DT	OPT
	<i>Place of Worship</i>	14	XON	O
	<i>Advance Directive Code</i>	15	CWE	C
	<i>Immunization Registry Status</i>	16	CWE	O
	<i>Immunization Registry Status Effective Date</i>	17	DT	O
	<i>Publicity Code Effective Date</i>	18	DT	O
	<i>Military Branch</i>	19	CWE	O
	<i>Military Rank/Grade</i>	20	CWE	O
	<i>Military Status</i>	21	CWE	O
	<i>Advance Directive Last Verified Date</i>	22	DT	O
[[PRT]]	Participation (for Additional Demographics)			
	<i>Participation Instance ID</i>	1	EI	C
	<i>Action Code</i>	2	ID	R
	<i>Action Reason</i>	3	CWE	O
	<i>Participation</i>	4	CWE	R
	<i>Participation Person</i>	5	XCN	C
	<i>Participation Person Provider Type</i>	6	CWE	C
	<i>Participant Organization Unit Type</i>	7	CWE	C
	<i>Participation Organization</i>	8	XON	C
	<i>Participant Location</i>	9	PL	C
	<i>Participation Device</i>	10	EI	C
	<i>Participation Begin Date/Time (arrival time)</i>	11	DTM	O
	<i>Participation End Date/Time (departure time)</i>	12	DTM	O
	<i>Participation Qualitative Duration</i>	13	CWE	O
	<i>Participation Address</i>	14	XAD	C
	<i>Participant Telecommunication Address</i>	15	XTN	O
[[NTE]]	Notes and Comments (for PID)			
	<i>Set ID - NTE</i>	1	SI	O
	<i>Source of Comment</i>	2	ID	O
	<i>Comment</i>	3	FT	O
	<i>Comment Type</i>	4	CWE	O
	<i>Entered By</i>	5	XCN	O
	<i>Entered Date/Time</i>	6	DTM	O
	<i>Effective Start Date</i>	7	DTM	O
	<i>Expiration Date</i>	8	DTM	O
[[AL1]]	Allergy Information			
	<i>Set ID - AL1</i>	1	SI	R
	<i>Allergen Type Code</i>	2	CWE	O
	<i>Allergen Code/Mnemonic/Description</i>	3	CWE	R
	<i>Allergy Severity Code</i>	4	CWE	O
	<i>Allergy Reaction Code</i>	5	ST	O

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RAS^017^RAS_017: Pharmacy/Treatment Administration				
Segments	Description	SEQ	DT	OPT
	<i>Identification Date</i>	6		W
[PV1]	Patient Visit			
	<i>Set ID - PV1</i>	1	SI	O
	<i>Patient Class</i>	2	CWE	R
	<i>Assigned Patient Location</i>	3	PL	O
	<i>Admission Type</i>	4	CWE	O
	<i>Preadmit Number</i>	5	CX	O
	<i>Prior Patient Location</i>	6	PL	O
	<i>Attending Doctor</i>	7	XCN	O
	<i>Referring Doctor</i>	8	XCN	O
	<i>Consulting Doctor</i>	9	XCN	B
	<i>Hospital Service</i>	10	CWE	O
	<i>Temporary Location</i>	11	PL	O
	<i>Preadmit Test Indicator</i>	12	CWE	O
	<i>Re-admission Indicator</i>	13	CWE	O
	<i>Admit Source</i>	14	CWE	O
	<i>Ambulatory Status</i>	15	CWE	O
	<i>VIP Indicator</i>	16	CWE	O
	<i>Admitting Doctor</i>	17	XCN	O
	<i>Patient Type</i>	18	CWE	O
	<i>Visit Number</i>	19	CX	O
	<i>ID Number</i>	19.1	ST	R
	<i>Identifier Check Digit</i>	19.2	ST	O
	<i>Check Digit Scheme</i>	19.3	ID	O
	<i>Assigning Authority</i>	19.4	HD	C
	<i>Identifier Type Code</i>	19.5	ID	R
	<i>Assigning Facility</i>	19.6	HD	O
	<i>Effective Date</i>	19.7	DT	O
	<i>Expiration Date</i>	19.8	DT	O
	<i>Assigning Jurisdiction</i>	19.9	CWE	C
	<i>Assigning Agency or Department</i>	19.10	CWE	C
	<i>Security Check</i>	19.11	ST	O
	<i>Security Check Scheme</i>	19.12	ID	O
	<i>Financial Class</i>	20	FC	O
	<i>Charge Price Indicator</i>	21	CWE	O
	<i>Courtesy Code</i>	22	CWE	O
	<i>Credit Rating</i>	23	CWE	O
	<i>Contract Code</i>	24	CWE	O
	<i>Contract Effective Date</i>	25	DT	O
	<i>Contract Amount</i>	26	NM	O

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RAS^017^RAS_017: Pharmacy/Treatment Administration				
Segments	Description	SEQ	DT	OPT
	<i>Contract Period</i>	27	NM	O
	<i>Interest Code</i>	28	CWE	O
	<i>Transfer to Bad Debt Code</i>	29	CWE	O
	<i>Transfer to Bad Debt Date</i>	30	DT	O
	<i>Bad Debt Agency Code</i>	31	CWE	O
	<i>Bad Debt Transfer Amount</i>	32	NM	O
	<i>Bad Debt Recovery Amount</i>	33	NM	O
	<i>Delete Account Indicator</i>	34	CWE	O
	<i>Delete Account Date</i>	35	DT	O
	<i>Discharge Disposition</i>	36	CWE	O
	<i>Discharged to Location</i>	37	DLD	O
	<i>Diet Type</i>	38	CWE	O
	<i>Servicing Facility</i>	39	CWE	O
	<i>Bed Status</i>	40		W
	<i>Account Status</i>	41	CWE	O
	<i>Pending Location</i>	42	PL	O
	<i>Prior Temporary Location</i>	43	PL	O
	<i>Admit Date/Time</i>	44	DTM	O
	<i>Discharge Date/Time</i>	45	DTM	O
	<i>Current Patient Balance</i>	46	NM	O
	<i>Total Charges</i>	47	NM	O
	<i>Total Adjustments</i>	48	NM	O
	<i>Total Payments</i>	49	NM	O
	<i>Alternate Visit ID</i>	50	CX	O
	<i>Visit Indicator</i>	51	CWE	O
	<i>Other Healthcare Provider</i>	52		W
	<i>Service Episode Description</i>	53	ST	O
	<i>Service Episode Identifier</i>	54	CX	O
[PV2]	Patient Visit - Additional Info.			
	<i>Prior Pending Location</i>	1	PL	C
	<i>Accommodation Code</i>	2	CWE	O
	<i>Admit Reason</i>	3	CWE	O
	<i>Transfer Reason</i>	4	CWE	O
	<i>Patient Valuables</i>	5	ST	O
	<i>Patient Valuables Location</i>	6	ST	O
	<i>Visit User Code</i>	7	CWE	O
	<i>Expected Admit Date/Time</i>	8	DTM	O
	<i>Expected Discharge Date/Time</i>	9	DTM	O
	<i>Estimated Length of Inpatient Stay</i>	10	NM	O
	<i>Actual Length of Inpatient Stay</i>	11	NM	O

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RAS^017^RAS_017: Pharmacy/Treatment Administration				
Segments	Description	SEQ	DT	OPT
	<i>Visit Description</i>	12	ST	O
	<i>Referral Source Code</i>	13	XCN	O
	<i>Previous Service Date</i>	14	DT	O
	<i>Employment Illness Related Indicator</i>	15	ID	O
	<i>Purge Status Code</i>	16	CWE	O
	<i>Purge Status Date</i>	17	DT	O
	<i>Special Program Code</i>	18	CWE	O
	<i>Retention Indicator</i>	19	ID	O
	<i>Expected Number of Insurance Plans</i>	20	NM	O
	<i>Visit Publicity Code</i>	21	CWE	O
	<i>Visit Protection Indicator</i>	22	ID	B
	<i>Clinic Organization Name</i>	23	XON	O
	<i>Patient Status Code</i>	24	CWE	O
	<i>Visit Priority Code</i>	25	CWE	O
	<i>Previous Treatment Date</i>	26	DT	O
	<i>Expected Discharge Disposition</i>	27	CWE	O
	<i>Signature on File Date</i>	28	DT	O
	<i>First Similar Illness Date</i>	29	DT	O
	<i>Patient Charge Adjustment Code</i>	30	CWE	O
	<i>Recurring Service Code</i>	31	CWE	O
	<i>Billing Media Code</i>	32	ID	O
	<i>Expected Surgery Date and Time</i>	33	DTM	O
	<i>Military Partnership Code</i>	34	ID	O
	<i>Military Non-Availability Code</i>	35	ID	O
	<i>Newborn Baby Indicator</i>	36	ID	O
	<i>Baby Detained Indicator</i>	37	ID	O
	<i>Mode of Arrival Code</i>	38	CWE	O
	<i>Recreational Drug Use Code</i>	39	CWE	O
	<i>Admission Level of Care Code</i>	40	CWE	O
	<i>Precaution Code</i>	41	CWE	O
	<i>Patient Condition Code</i>	42	CWE	O
	<i>Living Will Code</i>	43	CWE	O
	<i>Organ Donor Code</i>	44	CWE	O
	<i>Advance Directive Code</i>	45	CWE	C
	<i>Patient Status Effective Date</i>	46	DT	O
	<i>Expected LOA Return Date/Time</i>	47	DTM	C
	<i>Expected Pre-admission Testing Date/Time</i>	48	DTM	O
	<i>Notify Clergy Code</i>	49	CWE	O
	<i>Advance Directive Last Verified Date</i>	50	DT	O
[[PRT]]	Participation (for Patient Visit)			

RAS^017^RAS_017: Pharmacy/Treatment Administration				
Segments	Description	SEQ	DT	OPT
	<i>Participation Instance ID</i>	1	EI	C
	<i>Action Code</i>	2	ID	R
	<i>Action Reason</i>	3	CWE	O
	<i>Participation</i>	4	CWE	R
	<i>Participation Person</i>	5	XCN	C
	<i>Participation Person Provider Type</i>	6	CWE	C
	<i>Participant Organization Unit Type</i>	7	CWE	C
	<i>Participation Organization</i>	8	XON	C
	<i>Participant Location</i>	9	PL	C
	<i>Participation Device</i>	10	EI	C
	<i>Participation Begin Date/Time (arrival time)</i>	11	DTM	O
	<i>Participation End Date/Time (departure time)</i>	12	DTM	O
	<i>Participation Qualitative Duration</i>	13	CWE	O
	<i>Participation Address</i>	14	XAD	C
	<i>Participant Telecommunication Address</i>	15	XTN	O
ORC	Common Order			
	<i>Order Control</i>	1	ID	R
	<i>Placer Order Number</i>	2	EI	C
	<i>Filler Order Number</i>	3	EI	C
	<i>Placer Group Number</i>	4	EI	O
	<i>Order Status</i>	5	ID	O
	<i>Response Flag</i>	6	ID	O
	<i>Quantity/Timing</i>	7		W
	<i>Parent Order</i>	8	EIP	O
	<i>Date/Time of Transaction</i>	9	DTM	O
	<i>Entered By</i>	10	XCN	B
	<i>Verified By</i>	11	XCN	B
	<i>Ordering Provider</i>	12	XCN	B
	<i>Enterer's Location</i>	13	PL	O
	<i>Call Back Phone Number</i>	14	XTN	O
	<i>Order Effective Date/Time</i>	15	DTM	O
	<i>Order Control Code Reason</i>	16	CWE	O
	<i>Entering Organization</i>	17	CWE	B
	<i>Entering Device</i>	18	CWE	B
	<i>Action By</i>	19	XCN	B
	<i>Advanced Beneficiary Notice Code</i>	20	CWE	O
	<i>Ordering Facility Name</i>	21	XON	B
	<i>Ordering Facility Address</i>	22	XAD	B
	<i>Ordering Facility Phone Number</i>	23	XTN	B
	<i>Ordering Provider Address</i>	24	XAD	B

RAS^017^RAS_017: Pharmacy/Treatment Administration				
Segments	Description	SEQ	DT	OPT
	<i>Order Status Modifier</i>	25	CWE	O
	<i>Advanced Beneficiary Notice Override Reason</i>	26	CWE	C
	<i>Filler's Expected Availability Date/Time</i>	27	DTM	O
	<i>Confidentiality Code</i>	28	CWE	O
	<i>Order Type</i>	29	CWE	O
	<i>Enterer Authorization Mode</i>	30	CNE	O
	<i>Parent Universal Service Identifier</i>	31	CWE	B
	<i>Advanced Beneficiary Notice Date</i>	32	DT	O
	<i>Alternate Placer Order Number</i>	33	CX	O
TQ1	Timeing/Quantity			
	<i>Set ID - TQ1</i>	1	SI	O
	<i>Quantity</i>	2	CQ	O
	<i>Repeat Pattern</i>	3	RPT	O
	<i>Explicit Time</i>	4	TM	O
	<i>Relative Time and Units</i>	5	CQ	O
	<i>Service Duration</i>	6	CQ	O
	<i>Start date/time</i>	7	DTM	O
	<i>End date/time</i>	8	DTM	O
	<i>Priority</i>	9	CWE	O
	<i>Condition text</i>	10	TX	O
	<i>Text instruction</i>	11	TX	O
	<i>Conjunction</i>	12	ID	C
	<i>Occurrence duration</i>	13	CQ	O
	<i>Total occurrences</i>	14	NM	O
[[TQ2]]	Timing/Quantity Order Sequence			
	<i>Set ID - TQ2</i>	1	SI	O
	<i>Sequence/Results Flag</i>	2	ID	O
	<i>Related Placer Number</i>	3	EI	C
	<i>Related Filler Number</i>	4	EI	C
	<i>Related Placer Group Number</i>	5	EI	C
	<i>Sequence Condition Code</i>	6	ID	C
	<i>Cyclic Entry/Exit Indicator</i>	7	ID	C
	<i>Sequence Condition Time Interval</i>	8	CQ	O
	<i>Cyclic Group Maximum Number of Repeats</i>	9	NM	O
	<i>Special Service Request Relationship</i>	10	ID	C
RXO	Pharmacy/Treatment Order			
	<i>Requested Give Code</i>	1	CWE	C
	<i>Requested Give Amount - Minimum</i>	2	NM	C
	<i>Requested Give Amount - Maximum</i>	3	NM	O
	<i>Requested Give Units</i>	4	CWE	C

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RAS^017^RAS_017: Pharmacy/Treatment Administration				
Segments	Description	SEQ	DT	OPT
	<i>Requested Dosage Form</i>	5	CWE	C
	<i>Provider's Pharmacy/Treatment Instructions</i>	6	CWE	O
	<i>Provider's Administration Instructions</i>	7	CWE	O
	<i>Deliver-To Location</i>	8	LA1	B
	<i>Allow Substitutions</i>	9	ID	O
	<i>Requested Dispense Code</i>	10	CWE	O
	<i>Requested Dispense Amount</i>	11	NM	O
	<i>Requested Dispense Units</i>	12	CWE	O
	<i>Number Of Refills</i>	13	NM	O
	<i>Ordering Provider's DEA Number</i>	14	XCN	B
	<i>Pharmacist/Treatment Supplier's Verifier ID</i>	15	XCN	C
	<i>Needs Human Review</i>	16	ID	O
	<i>Requested Give Per (Time Unit)</i>	17	ST	C
	<i>Requested Give Strength</i>	18	NM	O
	<i>Requested Give Strength Units</i>	19	CWE	O
	<i>Indication</i>	20	CWE	O
	<i>Requested Give Rate Amount</i>	21	ST	O
	<i>Requested Give Rate Units</i>	22	CWE	O
	<i>Total Daily Dose</i>	23	CQ	O
	<i>Supplementary Code</i>	24	CWE	O
	<i>Requested Drug Strength Volume</i>	25	NM	O
	<i>Requested Drug Strength Volume Units</i>	26	CWE	O
	<i>Pharmacy Order Type</i>	27	ID	O
	<i>Dispensing Interval</i>	28	NM	O
	<i>Medication Instance Identifier</i>	29	EI	O
	<i>Segment Instance Identifier</i>	30	EI	O
	<i>Mood Code</i>	31	CNE	C
	<i>Dispensing Pharmacy</i>	32	CWE	B
	<i>Dispensing Pharmacy Address</i>	33	XAD	B
	<i>Deliver-to Patient Location</i>	34	PL	O
	<i>Deliver-to Address</i>	35	XAD	O
	<i>Pharmacy Phone Number</i>	36	XTN	O
{NTE}	Notes and Comments (for RXO)			
	<i>Set ID - NTE</i>	1	SI	O
	<i>Source of Comment</i>	2	ID	O
	<i>Comment</i>	3	FT	O
	<i>Comment Type</i>	4	CWE	O
	<i>Entered By</i>	5	XCN	O
	<i>Entered Date/Time</i>	6	DTM	O
	<i>Effective Start Date</i>	7	DTM	O

RAS^017^RAS_017: Pharmacy/Treatment Administration				
Segments	Description	SEQ	DT	OPT
	<i>Expiration Date</i>	8	DTM	O
{RXR}	Pharmacy/Treatment Route			
	<i>Route</i>	1	CWE	R
	<i>Administration Site</i>	2	CWE	O
	<i>Administration Device</i>	3	CWE	O
	<i>Administration Method</i>	4	CWE	O
	<i>Routing Instruction</i>	5	CWE	O
	<i>Administration Site Modifier</i>	6	CWE	O
RXC	Pharmacy/Treatment Component			
	<i>RX Component Type</i>	1	ID	R
	<i>Component Code</i>	2	CWE	R
	<i>Component Amount</i>	3	NM	R
	<i>Component Units</i>	4	CWE	R
	<i>Component Strength</i>	5	NM	O
	<i>Component Strength Units</i>	6	CWE	O
	<i>Supplementary Code</i>	7	CWE	O
	<i>Component Drug Strength Volume</i>	8	NM	O
	<i>Component Drug Strength Volume Units</i>	9	CWE	O
{{NTE}}	Notes and Comments (for each RXC)			
	<i>Set ID - NTE</i>	1	SI	O
	<i>Source of Comment</i>	2	ID	O
	<i>Comment</i>	3	FT	O
	<i>Comment Type</i>	4	CWE	O
	<i>Entered By</i>	5	XCN	O
	<i>Entered Date/Time</i>	6	DTM	O
	<i>Effective Start Date</i>	7	DTM	O
	<i>Expiration Date</i>	8	DTM	O
{{PRT}}	Participation (for Order)			
	<i>Participation Instance ID</i>	1	EI	C
	<i>Action Code</i>	2	ID	R
	<i>Action Reason</i>	3	CWE	O
	<i>Participation</i>	4	CWE	R
	<i>Participation Person</i>	5	XCN	C
	<i>Participation Person Provider Type</i>	6	CWE	C
	<i>Participant Organization Unit Type</i>	7	CWE	C
	<i>Participation Organization</i>	8	XON	C
	<i>Participant Location</i>	9	PL	C
	<i>Participation Device</i>	10	EI	C
	<i>Participation Begin Date/Time (arrival time)</i>	11	DTM	O
	<i>Participation End Date/Time (departure time)</i>	12	DTM	O

RAS^017^RAS_017: Pharmacy/Treatment Administration				
Segments	Description	SEQ	DT	OPT
	<i>Participation Qualitative Duration</i>	13	CWE	O
	<i>Participation Address</i>	14	XAD	C
	<i>Participant Telecommunication Address</i>	15	XTN	O
RXE	Pharmacy/Treatment Encoded Order			
	<i>Quantity/Timing</i>	1		W
	<i>Give Code</i>	2	CWE	R
	<i>Give Amount - Minimum</i>	3	NM	R
	<i>Give Amount - Maximum</i>	4	NM	O
	<i>Give Units</i>	5	CWE	R
	<i>Give Dosage Form</i>	6	CWE	O
	<i>Provider's Administration Instructions</i>	7	CWE	O
	<i>Deliver-to Location</i>	8		W
	<i>Substitution Status</i>	9	ID	O
	<i>Dispense Amount</i>	10	NM	C
	<i>Dispense Units</i>	11	CWE	C
	<i>Number of Refills</i>	12	NM	O
	<i>Ordering Provider's DEA Number</i>	13	XCN	B
	<i>Pharmacist/Treatment Supplier's Verifier ID</i>	14	XCN	B
	<i>Prescription Number</i>	15	ST	C
	<i>Number of Refills Remaining</i>	16	NM	C
	<i>Number of Refills/Doses Dispensed</i>	17	NM	C
	<i>D/T of Most Recent Refill or Dose Dispensed</i>	18	DTM	C
	<i>Total Daily Dose</i>	19	CQ	C
	<i>Needs Human Review</i>	20	ID	O
	<i>Pharmacy/Treatment Supplier's Special Dispensing Instructions</i>	21	CWE	O
	<i>Give Per (Time Unit)</i>	22	ST	C
	<i>Give Rate Amount</i>	23	ST	O
	<i>Give Rate Units</i>	24	CWE	O
	<i>Give Strength</i>	25	NM	O
	<i>Give Strength Units</i>	26	CWE	O
	<i>Give Indication</i>	27	CWE	O
	<i>Dispense Package Size</i>	28	NM	O
	<i>Dispense Package Size Unit</i>	29	CWE	O
	<i>Dispense Package Method</i>	30	ID	O
	<i>Supplementary Code</i>	31	CWE	O
	<i>Original Order Date/Time</i>	32	DTM	O
	<i>Give Drug Strength Volume</i>	33	NM	O
	<i>Give Drug Strength Volume Units</i>	34	CWE	O
	<i>Controlled Substance Schedule</i>	35	CWE	O
	<i>Formulary Status</i>	36	ID	O

RAS^017^RAS_017: Pharmacy/Treatment Administration				
Segments	Description	SEQ	DT	OPT
	<i>Pharmaceutical Substance Alternative</i>	37	CWE	O
	<i>Pharmacy of Most Recent Fill</i>	38	CWE	O
	<i>Initial Dispense Amount</i>	39	NM	O
	<i>Dispensing Pharmacy</i>	40	CWE	B
	<i>Dispensing Pharmacy Address</i>	41	XAD	B
	<i>Deliver-to Patient Location</i>	42	PL	O
	<i>Deliver-to Address</i>	43	XAD	O
	<i>Pharmacy Order Type</i>	44	ID	O
	<i>Pharmacy Phone Number</i>	45	XTN	O
{{PRT}}	Participation (for Encoded Order)			
	<i>Participation Instance ID</i>	1	EI	C
	<i>Action Code</i>	2	ID	R
	<i>Action Reason</i>	3	CWE	O
	<i>Participation</i>	4	CWE	R
	<i>Participation Person</i>	5	XCN	C
	<i>Participation Person Provider Type</i>	6	CWE	C
	<i>Participant Organization Unit Type</i>	7	CWE	C
	<i>Participation Organization</i>	8	XON	C
	<i>Participant Location</i>	9	PL	C
	<i>Participation Device</i>	10	EI	C
	<i>Participation Begin Date/Time (arrival time)</i>	11	DTM	O
	<i>Participation End Date/Time (departure time)</i>	12	DTM	O
	<i>Participation Qualitative Duration</i>	13	CWE	O
	<i>Participation Address</i>	14	XAD	C
	<i>Participant Telecommunication Address</i>	15	XTN	O
{{NTE}}	Notes and Comments (for RXE)			
	<i>Set ID - NTE</i>	1	SI	O
	<i>Source of Comment</i>	2	ID	O
	<i>Comment</i>	3	FT	O
	<i>Comment Type</i>	4	CWE	O
	<i>Entered By</i>	5	XCN	O
	<i>Entered Date/Time</i>	6	DTM	O
	<i>Effective Start Date</i>	7	DTM	O
	<i>Expiration Date</i>	8	DTM	O
TQ1	Timing/Quantity			
	<i>Set ID - TQ1</i>	1	SI	O
	<i>Quantity</i>	2	CQ	O
	<i>Repeat Pattern</i>	3	RPT	O
	<i>Explicit Time</i>	4	TM	O
	<i>Relative Time and Units</i>	5	CQ	O

This is a Non-Standards Track Work Product.
The patent provisions of the OASIS IPR Policy do not apply.

RAS^017^RAS_017: Pharmacy/Treatment Administration				
Segments	Description	SEQ	DT	OPT
	<i>Service Duration</i>	6	CQ	O
	<i>Start date/time</i>	7	DTM	O
	<i>End date/time</i>	8	DTM	O
	<i>Priority</i>	9	CWE	O
	<i>Condition text</i>	10	TX	O
	<i>Text instruction</i>	11	TX	O
	<i>Conjunction</i>	12	ID	C
	<i>Occurrence duration</i>	13	CQ	O
	<i>Total occurrences</i>	14	NM	O
[[TQ2]]	Timing/Quantity Order Sequence			
	<i>Set ID - TQ2</i>	1	SI	O
	<i>Sequence/Results Flag</i>	2	ID	O
	<i>Related Placer Number</i>	3	EI	C
	<i>Related Filler Number</i>	4	EI	C
	<i>Related Placer Group Number</i>	5	EI	C
	<i>Sequence Condition Code</i>	6	ID	C
	<i>Cyclic Entry/Exit Indicator</i>	7	ID	C
	<i>Sequence Condition Time Interval</i>	8	CQ	O
	<i>Cyclic Group Maximum Number of Repeats</i>	9	NM	O
	<i>Special Service Request Relationship</i>	10	ID	C
{RXR}	Pharmacy/Treatment Route			
	<i>Route</i>	1	CWE	R
	<i>Administration Site</i>	2	CWE	O
	<i>Administration Device</i>	3	CWE	O
	<i>Administration Method</i>	4	CWE	O
	<i>Routing Instruction</i>	5	CWE	O
	<i>Administration Site Modifier</i>	6	CWE	O
RXC	Pharmacy/Treatment Component			
	<i>RX Component Type</i>	1	ID	R
	<i>Component Code</i>	2	CWE	R
	<i>Component Amount</i>	3	NM	R
	<i>Component Units</i>	4	CWE	R
	<i>Component Strength</i>	5	NM	O
	<i>Component Strength Units</i>	6	CWE	O
	<i>Supplementary Code</i>	7	CWE	O
	<i>Component Drug Strength Volume</i>	8	NM	O
	<i>Component Drug Strength Volume Units</i>	9	CWE	O
{RXA}	Pharmacy/Treatment Administration			
	<i>Give Sub-ID Counter</i>	1	NM	R
	<i>Administration Sub-ID Counter</i>	2	NM	R

RAS^017^RAS_017: Pharmacy/Treatment Administration				
Segments	Description	SEQ	DT	OPT
	<i>Date/Time Start of Administration</i>	3	DTM	R
	<i>Date/Time End of Administration</i>	4	DTM	R
	<i>Administered Code</i>	5	CWE	R
	<i>Administered Amount</i>	6	NM	R
	<i>Administered Units</i>	7	CWE	C
	<i>Administered Dosage Form</i>	8	CWE	O
	<i>Administration Notes</i>	9	CWE	O
	<i>Administering Provider</i>	10	XCN	B
	<i>Administered-at Location</i>	11	LA2	B
	<i>Administered Per (Time Unit)</i>	12	ST	C
	<i>Administered Strength</i>	13	NM	O
	<i>Administered Strength Units</i>	14	CWE	O
	<i>Substance Lot Number</i>	15	ST	O
	<i>Substance Expiration Date</i>	16	DTM	O
	<i>Substance Manufacturer Name</i>	17	CWE	O
	<i>Substance/Treatment Refusal Reason</i>	18	CWE	O
	<i>Indication</i>	19	CWE	O
	<i>Completion Status</i>	20	ID	O
	<i>Action Code – RXA</i>	21	ID	O
	<i>System Entry Date/Time</i>	22	DTM	O
	<i>Administered Drug Strength Volume</i>	23	NM	O
	<i>Administered Drug Strength Volume Units</i>	24	CWE	O
	<i>Administered Barcode Identifier</i>	25	CWE	O
	<i>Pharmacy Order Type</i>	26	ID	O
	<i>Administer-at</i>	27	PL	O
	<i>Administered-at Address</i>	28	XAD	O
{{PRT}}	Participation (for Administration)			
	<i>Participation Instance ID</i>	1	EI	C
	<i>Action Code</i>	2	ID	R
	<i>Action Reason</i>	3	CWE	O
	<i>Participation</i>	4	CWE	R
	<i>Participation Person</i>	5	XCN	C
	<i>Participation Person Provider Type</i>	6	CWE	C
	<i>Participant Organization Unit Type</i>	7	CWE	C
	<i>Participation Organization</i>	8	XON	C
	<i>Participant Location</i>	9	PL	C
	<i>Participation Device</i>	10	EI	C
	<i>Participation Begin Date/Time (arrival time)</i>	11	DTM	O
	<i>Participation End Date/Time (departure time)</i>	12	DTM	O
	<i>Participation Qualitative Duration</i>	13	CWE	O

RAS^017^RAS_017: Pharmacy/Treatment Administration				
Segments	Description	SEQ	DT	OPT
	<i>Participation Address</i>	14	XAD	C
	<i>Participant Telecommunication Address</i>	15	XTN	O
RXR	Pharmacy/Treatment Route			
	<i>Route</i>	1	CWE	R
	<i>Administration Site</i>	2	CWE	O
	<i>Administration Device</i>	3	CWE	O
	<i>Administration Method</i>	4	CWE	O
	<i>Routing Instruction</i>	5	CWE	O
	<i>Administration Site Modifier</i>	6	CWE	O
OBX	Observation/Result			
	<i>Set ID - OBX</i>	1	SI	O
	<i>Value Type</i>	2	ID	C
	<i>Observation Identifier</i>	3	CWE	R
	<i>Observation Sub-ID</i>	4	ST	C
	<i>Observation Value</i>	5	varies	C
	<i>Units</i>	6	CWE	O
	<i>References Range</i>	7	ST	O
	<i>Interpretation Codes</i>	8	CWE	O
	<i>Probability</i>	9	NM	O
	<i>Nature of Abnormal Test</i>	10	ID	O
	<i>Observation Result Status</i>	11	ID	R
	<i>Effective Date of Reference Range</i>	12	DTM	O
	<i>User Defined Access Checks</i>	13	ST	O
	<i>Date/Time of the Observation</i>	14	DTM	O
	<i>Producer's ID</i>	15	CWE	B
	<i>Responsible Observer</i>	16	XCN	B
	<i>Observation Method</i>	17	CWE	O
	<i>Equipment Instance Identifier</i>	18	EI	B
	<i>Date/Time of the Analysis</i>	19	DTM	O
	<i>Observation Site</i>	20	CWE	O
	<i>Observation Instance Identifier</i>	21	EI	O
	<i>Mood Code</i>	22	CNE	C
	<i>Performing Organization Name</i>	23	XON	B
	<i>Performing Organization Address</i>	24	XAD	B
	<i>Performing Organization Medical Director</i>	25	XCN	B
	<i>Patient Results Release Category</i>	26	ID	O
{{PRT}}	Participation (for Observation)			
	<i>Participation Instance ID</i>	1	EI	C
	<i>Action Code</i>	2	ID	R
	<i>Action Reason</i>	3	CWE	O

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RAS^017^RAS_017: Pharmacy/Treatment Administration				
Segments	Description	SEQ	DT	OPT
	<i>Participation</i>	4	CWE	R
	<i>Participation Person</i>	5	XCN	C
	<i>Participation Person Provider Type</i>	6	CWE	C
	<i>Participant Organization Unit Type</i>	7	CWE	C
	<i>Participation Organization</i>	8	XON	C
	<i>Participant Location</i>	9	PL	C
	<i>Participation Device</i>	10	EI	C
	<i>Participation Begin Date/Time (arrival time)</i>	11	DTM	O
	<i>Participation End Date/Time (departure time)</i>	12	DTM	O
	<i>Participation Qualitative Duration</i>	13	CWE	O
	<i>Participation Address</i>	14	XAD	C
	<i>Participant Telecommunication Address</i>	15	XTN	O
[[NTE]]	Notes and Comments (for OBX)			
	<i>Set ID - NTE</i>	1	SI	O
	<i>Source of Comment</i>	2	ID	O
	<i>Comment</i>	3	FT	O
	<i>Comment Type</i>	4	CWE	O
	<i>Entered By</i>	5	XCN	O
	<i>Entered Date/Time</i>	6	DTM	O
	<i>Effective Start Date</i>	7	DTM	O
	<i>Expiration Date</i>	8	DTM	O
[[CTI]]	Clinical Trial Identification			
	<i>Sponsor Study ID</i>	1	EI	R
	<i>Study Phase Identifier</i>	2	CWE	C
	<i>Study Scheduled Time Point</i>	3	CWE	O

Appendix A. Unmapped EDXL-TEP Elements

The EDXL-TEP message provides a rich set of information that can be useful in managing the evacuation of medical patients. Many of the EDXL-TEP elements map to existing HL7 ADT and RAS message structures. Additional EDXL-TEP information that does not map directly to an existing HL7 field, can be captured in the observation (OBX) structure within HL7 message structures. There is concern that a flood of OBX information that is not valuable to a receiving Emergency Department (ED) would mask important information provided as OBX. The HL7 Emergency Care (EC) Working Group has provided guidance on which EDXL-TEP element should be mapped to HL7 OBX structures for patients incoming to a hospital. The EC Working Group recommends that the following EDXL-TEP elements not be mapped to the HL7 OBX message structure.

- hairColor
- eyeColor
- distinguishingMarks
- specialTransportationNeeds
- situation.incidentID.ID
- situation.incidentID.source
- situation.incidentStartDateTime
- situation.relatedIncidentID
- healthCareProvider.providerNumber
- healthCareProvider.providerJurisdiction
- healthCareProvider.providerDomainName
- healthCareProvider.personnelIDNumber
- healthCareProvider.personnelJurisdiction
- healthCareProvider.transport.vehicleProvider
- patientEncounter.patientTransfer.actualArrivalDateTime

Appendix B. Acknowledgments

The OASIS Emergency Management TC extends its thanks to the following HL7 Public Health and Emergency Response (PHER) Working Group Co-Chairs for their assistance.

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Appendix C. Revision History

Revision	Date	Editor	Changes Made
HL7 Informative Ballot	4/2014	Patti Aymond, Lizzie DeYoung, Timothy Grapes, Werner Joerg, John Roberts, and Brian Wilkens	Initial Draft.
HL7 Informative Ballot	8/2015	W. Joerg & Patti Aymond	Addressed comments from 5/2014 Informative Ballot.
OASIS Committee Note	5/2016	Patti Aymond	Addressed comments from 8/2015 Informative Ballot.