



ADT Implementation Guide

A new submitter's guide for sending Admissions, Discharges, Transfers (ADTs) to UnitedHealthcare

Note: UnitedHealthcare closely follows HL7 standards and requires submitters to adhere to version 2.5.1 or higher; however, there are exceptions and constraints noted within this implementation guide the submitter must follow carefully. For a complete reference to HL7 standards, please refer to [HL7 Messaging Standard Version 2.9](#).

June 22, 2023

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Change log

Version	Release date	Changes
1.0	January, 2021	Initial creation
2.0	February, 2021	Reviewed by Nick Radov
3.0	June, 2022	<ul style="list-style-type: none"> Rebranded to UHC branding standards Added CDSM standards, as well as specific constraints and restrictions to HL7 ORU file submissions
4.0	June, 2023	<ul style="list-style-type: none"> Removed/updated all references of "RE" (Required but may be empty) to "R" Under Event Segment - Updated MSH-2 to EVN-2; added EVN-3 Added PV1-4 Added note to PID-3 regarding UHC subscriber ID Added preferred values to PID-8 Added PID-13 Added PID-15 Added PID-22 Updated Role Segments (ROL-2, ROL-3, ROL-4) from Required to Optional Specified values in PV1-2 Added CAR, MED, PUL, SUR, URO to PV1-10 Added preferred values to PV1-36 Added note to PV2-3 regarding DG1-3 and DG1-6 populated if submitters are unable to provide PV2-3 Added DG1-4 Added DG1-18 Added IN1-4



Heads up!

Helpful tips and information

- Submitters will be notified by their UnitedHealthcare representative when new revisions are released.



Definitions, abbreviations, and acronyms

Abbreviation/Acronym	Meaning
ACK	Acknowledgment message
ADT	Admissions, Discharge, Transfer
ANSI	American National Standards Institute
DG1	Diagnosis Information
ERR	Error Segment
GT1	Guarantor
HL7	Health Level Seven
IN1	Insurance
ISO	International Standards Organization
MRN	Medical Record Number
MSA	Message Acknowledgement Segment
MSH	Message Header Segment
NK1	Next of Kin
OID	Object Identifier
PID	Patient Identification
PR1	Procedures segment
PV1	Patient Visit
PV2	Patient Visit – Additional information
SFT	Software segment
TCP / IP	Transmission control protocol / Internet protocol
VPN	Virtual protocol network



Introduction

Scope

This guide is to be used for the creation of data interfaces transmitting Admit / Discharge / Transfer (ADT) messages to UnitedHealthcare. As the healthcare industry evolves toward standards-based communications for clinical data, UnitedHealthcare has recognized the need to move away from custom and proprietary methods and move toward common standards that eliminate or substantially reduce the custom interface programming and program maintenance that may otherwise be required.

The UnitedHealthcare standard is based on the Health Level Seven (HL7) version 2.5.1 messaging standard for electronic data exchange in healthcare environments which was designed to conform to the requirements of the American National Standards Institute (ANSI).

This document describes the elements of HL7 messages as they relate to the UnitedHealthcare standard for transmission of ADT data and is not intended to be an introduction to HL7 messages and standards. Readers unfamiliar with HL7 should first review the [HL7 Messaging Standard Version 2.5.1](#) and can also visit www.hl7.org.

Audience

This document has been written to assist in designing and implementing HL7 transactions to meet UnitedHealthcare's processing standard. This guide must be used in conjunction with the instructions set forth by HL7.

This Implementation Guide identifies key data elements from the transaction set that UnitedHealthcare requests submitters provide. The recommendations made herein are to enable submitters to more effectively complete ADT transactions with UnitedHealthcare.



Heads up!

Helpful tips and information

- For a full description of messages, segments (i.e., definitions, usage, cardinality), fields, delimiters, values, and formats, as well as other critical fundamental information not covered within this implementation guide, please refer to the [HL7 Messaging Standard Version 2.5.1](#) at www.HL7.org.



Getting started

Connectivity with UnitedHealthcare

Submitting ADT data to UnitedHealthcare is available through a comprehensive electronic communication channel that is rapid and secure.

Transmitting electronic data

During the implementation process, submitters can transmit electronic data using a secure VPN through TCIP virtual protocol network (VPN) through transmission control protocol / Internet protocol (TCP/IP). UnitedHealthcare will assist submitters in establishing a secure VPN.

Submitting a test file

The purpose of the testing phase is to provide submitters with a mechanism to produce the same reports they will receive once in production. Through this test phase, submitters can submit data content and receive reports that details errors or problems found as a result of their file submission.

Transactions are processed by the file transport and validation facility but are not sent for processing within the production environment. Reports will be generated specifically related to the submitter's file submission for each message within the file.

Please note that during the test phase, field and segment format validation are checked for data within required segments. After production promotion, data content and quality are validated which may require additional changes. Test and production environments must be established before the testing phase can begin.

The steps to sending a test file are described below:

1. The submitter will submit a batch of ADT formatted according to the specifications in the [HL7 Messaging Standard Version 2.5.1](#) as well as any noted exceptions within this guide.
2. In response, the submitter will receive a set of reports that correspond to the data sent.
 - These reports will show any errors or problems that were found in the submitted transactions.
3. The submitter should continue to test until data has been successfully submitted without any reported errors.



4. Once a successful submission is achieved, the submitter will request production status for the ADT transaction.

Contact information

Most questions can be answered by the details included in this document or speaking with your Assigned Implementation Manager. For specific issues or questions, please reference the table below and request information from your Assigned Implementation Manager regarding the following topics:

Topic	Contact
Vendor Management	United Clinical Services Data Submitter Representative
Roster Management	United Clinical Services Roster Management
Connectivity	Optum Data Exchange Help Desk: 1-877-296-5685

Roster and membership matching

During the submitter's implementation, UnitedHealthcare will provide a membership roster to assist the submitter in identifying UnitedHealthcare members and provide their clinical data accordingly during appropriate trigger events. UnitedHealthcare will send the initial roster once the submitter completes their intake form.



Transaction specific information

ADT transaction layout

The layout of an ADT message is listed below. Braces, { . . . }, indicate there can be one or more repetitions of the enclosed group of segments. Brackets, [. . .], indicate the enclosed group of segments is optional.

The following table describes the required segments and groups of segments in the sample ADT message below sent to UnitedHealthcare. For a complete listing of possible segment and segment groups, refer to the [HL7 Messaging Standard Version 2.5.1](#).

MSH	Message Header Segment
EVN	Event Type
PID	Patient Identification
PV1	Patient Visit
{{DG1}}	Diagnosis Information
[PV2]	Patient visit – Additional Info.
{{PR1}}	Procedures
{{IN1}}	Insurance

Trigger events

UnitedHealthcare supports the following trigger events for the HL7 ADT message type:

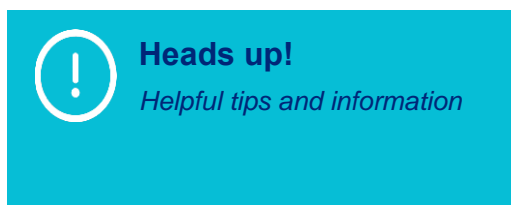
ADT Trigger Event	Event Code	Message Structure
Admit a patient	A01	ADT_A01
Register a patient	A04	
Update patient information	A08	
Discharge a patient	A03	ADT_A03



ADT Trigger Event	Event Code	Message Structure
Transfer outpatient to inpatient	A06	ADT_A06

Message specifications

UnitedHealthcare has outlined the **ADT Message Segments** herein to assist submitters in designing and programming the information needed in order to receive ADT data. For each message segment used by UnitedHealthcare, a table is provided that illustrates the fields for that segment. The table contains a row for each field in that segment.



- The provided tables illustrate segment and field use by UnitedHealthcare and may not reflect the same information as the HL7 standard. A (*) denotation will indicate where the UnitedHealthcare standards differ from the HL7 standard.

The columns in the message segment tables are used to describe the length, data type, optionality, repeatability, and HL7 table designation for each field within the segment. All segments, data elements, and codes supported in the HL7 guidelines are acceptable; however, all data may not be used in the processing of this transaction by UnitedHealthcare.

ADT transactions sent with segments not supported in the HL7 guidelines will be rejected. This restriction applies also to custom segments.

Message segment table – key

The following table defines the various column headers in the message segment tables.

Table Item	Definition
SEQ	Sequence of elements as numbered in the segment
ELEMENT	Element name as specified by HL7 (Reference only and does not appear in message)
LEN	Length of the element
DT	Data Type
OPT	<ul style="list-style-type: none"> * = Indicates where the UnitedHealthcare standard differs from the HL7 standard



Table Item	Definition
	<ul style="list-style-type: none"> • R = Required by UnitedHealthcare (does not indicate HL7 standard requirement) • O = Optional • C = Conditional • B = Backward compatible
RP/#	<ul style="list-style-type: none"> • Blank = No repetitions permitted • Y = repeatable indefinitely • Y/x (where x = repeatable times)
TBL#	HL7 Table number (Reference only and does not appear in the message)

Data quality standards

ADT messages should conform to the following Data Quality Standards:

- **Completeness** – The data should be available for more than 90% of the records and should have enough breadth and depth to support the UnitedHealthcare business uses cases.
- **Consistency** – The data should be consistent in formatting, content and representation over time.
- **Timeliness** – The full set of data should be available in near real-time of event.
- **Validity, Accuracy and Correctness** – The validity, accuracy and correctness should conform to and will be measured against HL7 standards.



Recommended data for UnitedHealthcare

In the simplest of terms, submitters should provide the follow information to UnitedHealthcare for processing. Please see table below for a high-level overview:



Heads up!

Helpful tips and information

- The provided tables illustrate segment and field use by UnitedHealthcare and may not reflect the same information as the HL7 standard. A (*) denotation will indicate where the UnitedHealthcare standards differ from the HL7 standard.

SEQ	Element Name	Optionality	Comments
Message Header Segment			
MSH-1	Field Separator	Required	
MSH-2	Encoding Characters	Required	
MSH-3	Sending Application	Required*	Same value from submitter
MSH-4	Sending Facility	Required*	Same value from submitter
MSH-5	Receiving Application	Required*	Required value: CDSMIRIS
MSH-6	Receiving Facility	Required*	Required value: Optum
MSH-7	Date/Time of Message	Required	Provide time zone when ADT is generated by facility
MSH-9	Message Type	Required	Required value: ADT^A04^ADT_A01
MSH-10	Message Control ID	Required	
MSH-11	Processing ID	Required	



SEQ	Element Name	Optionality	Comments
MSH-12	Version ID	Required	Required value: 2.5.1
Event Segment			
EVN-2	Recorded Date/Time	Required	Submitters should map value from MSH-7
EVN-3	Date/Time Planned Event	Optional	
Patient Additional Demographic Segment			
PD1-4	Patient Primary Care Provider Name and ID No.	Optional	
Patient Identification Segment			
PID-3	Patient Identifier List	Required	Submitters should provide the UnitedHealthcare Member ID Sample data: 66264636^^^GOODHEALTH^UHC Note: PID-3.5 - UHC
PID-4	Alternate Patient ID – PID	Required*	
PID-5	Patient Name	Required	
PID-7	Date/Time of Birth	Required*	
PID-8	Administrative Sex	Required*	Preferred values: <ul style="list-style-type: none"> • M • F • O • U
PID-10	Race	Required*	
PID-11	Patient Address	Required*	



SEQ	Element Name	Optionality	Comments
PID-13	Phone Number – Home	Optional	<p>Values sent for PID-13.2 (Telecommunication Use Code) and PID-13.3 (Telecommunication Equipment Type) must adhere to HL7 defined tables.</p> <p>PID 13.2 HI7 Table:</p> <ul style="list-style-type: none"> • ASN - Answering Service Number • BPN - Beeper Number • EMR - Emergency Number • NET - Network (email) Address • ORN - Other Residence Number • PRN - Primary Residence Number • VHN - Vacation Home Number • WPN - Work Number <p>PID13.3 HI7 Table:</p> <ul style="list-style-type: none"> • BP - Beeper • CP - Cellular Phone • FX - Fax • Internet - Internet Address: Use Only If Telecommunication Use Code Is NET • MD - Modem • PH - Telephone • TDD - Telecommunications Device for the Deaf • TTY - Teletypewriter • X.400 email address: Use Only If Telecommunication Use Code Is NET



SEQ	Element Name	Optionality	Comments
PID-15	Primary Language	Optional	
PID-18	Patient Account Number	Optional	
PID-22	Ethnic Group	Optional	
Role Segment			
ROL-2	Action Code	Optional	
ROL-3	Role-ROL	Optional	
ROL-4	Role Person	Optional	
Patient Visit Segment			
PV1-2	Patient Class	Required	Preferred values: <ul style="list-style-type: none"> • E - Emergency • I - Patient • O - Outpatient • P - Preadmit • V - Observation
PV1-4	Admission Type	Required*	Required for INPATIENT Preferred values: <ul style="list-style-type: none"> • E - Emergency • U - Urgent • C - Elective • N - Newborn
PV1-7	Attending Doctor	Required*	Format: NPI Number^LN^FN^MI^^^^^^^NPI



SEQ	Element Name	Optionality	Comments
			<ul style="list-style-type: none"> • PV1.7.1 - NPI# (R) • PV1.7.2 - Family Name (R) • PV1.7.3 - Given Name (R) • PV1.7.13- Identifier Type Code (NPI)
PV1-10	Hospital Service	Required*	<p>Required for INPATIENT</p> <p>Preferred values:</p> <ul style="list-style-type: none"> • CAR - Cardiac Service • MED - Medical Service • PUL - Pulmonary Service • SUR - Surgical Service • URO - Urology Service • 1 - Acute Hospital Medical • 2 - Surgical • 45 - Hospice • 54 - Long-term Care • 69 - Maternity • 70 - Transplant • 78 - Chemotherapy • A9 - Inpatient Rehabilitation/Therapy Services • AG - Skilled Nursing • NI - Neonatal Intensive Care



SEQ	Element Name	Optionality	Comments
PV1-17	Admitting Doctor	Optional	<p>Format: NPI Number^LN^FN^MI^^^^^^^NPI</p> <ul style="list-style-type: none"> • PV1-17 Admitting Doctor • PV1.17.1 - NPI# (R) • PV1.17.2 - Family Name (R) • PV1.17.3 - Given Name (R) • PV1.17.13- Identifier Type Code (NPI) <p>Note: UnitedHealthcare prefers this data be provided if PV1-7 (attending doctor) is blank.</p>
PV1-18	Patient Type	Required*	<p>Preferred values:</p> <ul style="list-style-type: none"> • Inpatient - I • Outpatient - O • Pre-admit - P • Observations - V • Emergency - E
PV1-19	Visit Number	Required*	
PV1-36	Discharge Disposition	Required*	<p>Required for A03 (Inpatient and Emergency Discharges)</p> <p>PV1-36.1 Value (Required*) PV1-36.2 Description (Required*)</p> <p>Preferred values:</p>



SEQ	Element Name	Optionality	Comments
			<ul style="list-style-type: none"> • 01 ^ Discharged to home or self-care (routine discharge) • 02 ^ Discharged/transferred to another short-term general hospital • 03 ^ Discharged/transferred to SNF • 04 ^ Discharged/transferred to an ICF • 05 ^ Discharged/transferred to another type of institution • 06 ^ Discharged/transferred to home under care of organized home health service organization • 07 ^ Left against medical advice • 08 ^ Discharged/transferred to home under care of Home IV provider • 09 ^ Admitted as an inpatient to this hospital • 20 ^ Expired (Or did not recover - Christian Science Patient) • 30 ^ Still a patient • 40 ^ Expired at home (for use only on Medicare hospice care claims)



SEQ	Element Name	Optionality	Comments
			<ul style="list-style-type: none"> • 41 ^ Expired in a medical facility (i.e., hospital, SNF, ICF or freestanding hospice) • 42 ^ Expired - place unknown (for use only on Medicare hospice care claims) • 50 ^ Hospice - home • 51 ^ Hospice - medical facility • 61 ^ Discharged/transferred to a hospital-based Medicare approved swing bed • 62 ^ Discharged/transferred to inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital • 63 ^ Discharged/transferred to a Medicare certified long term care hospital (LTCH) • 64 ^ Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare • 64 ^ Discharged/transferred to a psychiatric hospital or psychiatric distinct part of a hospital



SEQ	Element Name	Optionality	Comments
PV1-39	Servicing Facility	Required*	Required only for inpatient and ED facilities* Minimum required data in bold below: <ul style="list-style-type: none"> • PV1-39.1 Facility NPI • PV1-39.2 Facility Name • PV1-39.3 Facility Code • PV1-39.4 Facility TIN • PV1-39.5 Facility Address Line 1 • PV1-39.6 Facility City • PV1-39.7 Facility State • PV1-39.8 Facility Zip • PV1-39.9 Facility Phone • PV1-39.10 County Name • PV1-39.11 Facility MPIN
PV1-44	Admit Date/Time	Required*	Required for A01 (Admissions), A03 (Inpatient and Emergency Discharges), A06 (Transfer from outpatient to inpatient)
PV1-45	Discharge Date/Time	Required*	Required for A03 (Inpatient and Emergency Discharges)



SEQ	Element Name	Optionality	Comments
Patient Visit Additional Information Segment			
PV2-3	Admit Reason	Required*	Required for A01 (Admissions), A03 (Inpatient and Emergency Discharges) If submitters are unable to provide this value, provide the following data: <ul style="list-style-type: none"> DG1-3 should be populated DG1-6 should be set to A
Allergy Information Segment			
AL1-1	Set ID – AL1	Optional	
AL3-1	Allergen Code/Mnemonic/Description	Optional	
Diagnosis Information Segment			
DG1-1	Set ID – DG1	Required	
DG1-3	Diagnosis Code – DG1	Required*	Required for A01 (Admissions), A03 (Inpatient and Emergency Discharges) <ul style="list-style-type: none"> If submitters are unable to submit DG1-3.1, Diagnosis Description (DG1-3.2) must be provided. Use this field instead of DG1-2 – Diagnosis Coding Method and DG1-4 – Diagnosis Description Three components required: dx code^dx description^dx coding system Coding system should be as per HL7 standard table



SEQ	Element Name	Optionality	Comments
DG1-4	Diagnosis Description	Backward Compatible	Required for A01 (Admissions), A03 (Inpatient and Emergency Discharges)
DG1-6	Diagnosis Type	Required	Required for A01 (Admissions), A03 (Inpatient and Emergency Discharges) Three acceptable values: <ul style="list-style-type: none"> • A – Admitting Diagnosis • F – Final Diagnosis • W – Working Diagnosis
DG1-18	Confidential Indicator	Optional	
Insurance Segment			
IN1-1	Set ID – IN1	Required	
IN1-2	Insurance Plan ID	Required	
IN1-3	Insurance Company ID	Required	
IN1-4	Insurance Company Name	Optional	
IN1-36	Policy Number	Optional	
IN1-49	Insured’s ID Number	Optional	

By providing this information, the data can be utilized more holistically, enabling greater quality of patient care, as well as decreasing the number of clinical care gaps.



Note: These fields are required for UnitedHealthcare processing. This is not an all-inclusive list of required fields. Submitters should refer to previous sections of this document as well as the [HL7 Messaging Standard Version 2.5.1](#) for all required elements.

Additional tips

Please see additional recommended tips below for cleaner data and faster processing:

- Ensure values that are numeric are noted within those fields (i.e., do not enter a number into a text field).
- Do not enter special characters (i.e., <, >) into a numeric field. Only enter numerals, signs, and decimals.
- Provide data for UnitedHealthcare members as of the date of service only.
- Include time zone offsets for all TS / DTM field values, for example “20210524123517-0600”. UnitedHealthcare operates across multiple time zones and date / time values sent without a zone offset may be misinterpreted. Remember to adjust for Daylight Saving Time if applicable.



Message Segments

ADT message segments

Message segments that are supported in ADT transactions and contain elements used in processing are detailed in the tables below.

Fields within each segment that are required by UnitedHealthcare are defined beneath each table. Commonly sent optional and conditional fields may also be defined. Uncommon optional and conditional fields are generally not defined.

Message segments that are supported by UnitedHealthcare, but do not contain elements processed by UnitedHealthcare, are considered to be optional segments. These are noted herein for clarity, but generally not detailed.

Certain descriptions provided herein are taken directly from the HL7 messaging standards.



MSH – Message header segment

The message header segment (MSH) is used to define the intent, source, destination, and some specifics of the syntax of a message.



Heads up!

Helpful tips and information

- Please note the static segment definition table (along with the callouts) below containing specific information required by UnitedHealthcare, which may differ from the HL7 standard.

SEQ	ELEMENT NAME	LEN	DT	OPT	RP/#	TBL#	Comment
1	Field Separator	1	ST	R			
2	Encoding Characters	4	ST	R			
3	Sending Application	227	HD	R*		361	Same value from submitter
4	Sending Facility	227	HD	R*		362	Same value from submitter
5	Receiving Application	227	HD	R*		361	Required value: CDSMIRIS
6	Receiving Facility	227	HD	R*		362	Required value: Optum
7	Date/Time Of Message	26	TS	R			
8	Security	40	ST	O			
9	Message Type	15	MSG	R			ADT^A04^ADT_A01
10	Message Control ID	20	ST	R			
11	Processing ID	3	PT	R			
12	Version ID	60	VID	R			2.5.1



SEQ	ELEMENT NAME	LEN	DT	OPT	RP/#	TBL#	Comment
13	Sequence Number	15	NM	O			
14	Continuation Pointer	180	ST	O			
15	Accept Acknowledgment Type	2	ID	O		155	
16	Application Acknowledgment Type	2	ID	O		155	
17	Country Code	3	ID	O		399	
18	Character Set	16	ID	O	Y		
19	Principal Language Of Message	250	CE	O			
20	Alternate Character Set Handling Scheme	20	ID	O		356	
21	Message Profile Identifier	427	EI	O	Y		



Heads up!

Helpful tips and information

- Please note the constraints listed above and below are specific to UnitedHealthcare and may differ from the HL7 Standard. Submitters should refer to the [HL7 Messaging Standard Version 2.5.1](#) for a complete list of the segment definitions.



- **MSH-1 Field Separator [R]** – This field contains the separator between the segment ID and the first real field, MSH-2-encoding characters. As such it serves as the separator and defines the character to be used as a separator for the rest of the message.
 - Value is |, (ASCII 124).

- **MSH-2 Encoding Characters [R]** – This field contains the four characters in the following order: the component separator, repetition separator, escape character, and subcomponent separator.
 - Values are:
 - Component delimiter = ^
 - Repeating delimiter = ~
 - Escape character = \
 - Sub-component delimiter = &
 - (ASCII 94, 126, 92, and 38, respectively)

- **MSH-3 Sending Application [R*]** – This field uniquely identifies the sending application for purposes of differentiation between sources of data. Refer to *HL7 Table 0301 – Name Type* for valid values.
 - HL7 format for HD data type:
 - <Namespace ID (IS)>




- Please note though this field is optional per HL7 standards, it is required by UnitedHealthcare.

Field: MSH-3 Sending Application (HD)

Component/Sub-Component	OPT
Namespace ID (IS)	R*



- **MSH-4 Sending Facility [R*]** – This field further describes the MSH-3-sending application and is UnitedHealthcare’s assigned identifier for the organizational entity responsible for the sending application.



Heads up!
Helpful tips and information

- The value in this field should be set to the identifier that uniquely identifies this organization to UnitedHealthcare. This is usually the submitter’s pneumatic.

- HL7 format for HD data type:
 - <Namespace ID (IS)>



UnitedHealthcare Standards
Constraints on HL7 Standards

- Please note though this field is optional per HL7 standards, it is required by UnitedHealthcare.

Field: MSH-4 Sending Facility (HD)

Component/Sub-Component	OPT
Namespace ID (IS)	R*

Value Example
GOODHEALTHHOSPITAL

- **MSH-5 Receiving Application [R*]** – This field uniquely identifies the receiving application among all other applications within the network enterprise. The network enterprise consists of all those applications that participate in the exchange of HL7 messages within the enterprise. *Refer to HL7 Table 0301 – Name Type for valid values.*



UnitedHealthcare Standards
Constraints on HL7 Standards

- Please note though this field is optional per HL7 standards, it is required by UnitedHealthcare.

- Refer to *HL7 Table 0301 – Name Type* for valid values.
 - HL7 format for HD data type:
 - <Namespace ID (IS)>



Field: MSH-5 Receiving Application (HD)

Component/Sub-Component	OPT
Namespace ID (IS)	R*

Value Example

CDSMIRIS

- **MSH-6 Receiving Facility [R*]** – This field identifies the receiving application among multiple identical instances of the application running on behalf of different organizations. *User-defined Table 0362 – Facility in Chapter 2C, Code Tables*, is used as the HL7 identifier for the user-defined table of values for the first component; entirely site-defined.



UnitedHealthcare Standards
Constraints on HL7 Standards

- Please note though this field is optional per HL7 standards, it is required by UnitedHealthcare.

- HL7 format for HD data type:
 - <Namespace ID (IS)>

Field: MSH-6 Receiving Facility (HD)


Component/Sub-Component	OPT
Namespace ID (IS)	R*

Value Example

OPTUM

- **MSH-7 Date/Time of Message [R]** – This field contains the date/time that the sending system created the message. If the time zone is specified, it is used throughout the message as the default time zone. The TS data type component degree of precision is a HL7 backward compatible value as of HL7 v2.3 and is ignored if sent.





Heads up!
Helpful tips and information

- This field should be reported to at least a precision of minutes.
- Values with lesser precisions are considered non-conformant.

- HL7 format for TS data type:


YYYY[MM[DD[HH[MM[SS[.S[S[S[S]]]]]]]]][+/-ZZZZ]^<degree of precision>

Field: MSH-7 Date/Time of Message (TS)

Component/Sub-Component	OPT
YYYY[MM[DD[HH[MM[SS[.S[S[S[S]]]]]]]]][+/-ZZZZ	R
degree of precision	O

Value Example
minimum precision YYYYMMDDHHMM: 200911241217 [12:17 pm on November 24, 2009]


- **MSH-9 Message Type [R]** – This field contains the message type, trigger event, and the message structure ID for the message.
 - Refer to *HL7 Table 0076 – Message type* for valid values for the message code.



UnitedHealthcare Standards
Constraints on HL7 Standards

- The UnitedHealthcare interface definition requires ADT to be sent for the <Message Code (ID)>.

- Refer to *HL7 Table 0003 – Event type* for valid values for the trigger event.



UnitedHealthcare Standards
Constraints on HL7 Standards

- The UnitedHealthcare interface definition requires this element to be sent for the <Trigger Event (ID)>.

- Refer to *HL7 Table 0354 – Message structure* for valid values for the message structure.





UnitedHealthcare Standards
Constraints on HL7 Standards

- The UnitedHealthCare interface definition requires ADT_Axx to be sent for the <Message Structure (ID)>.

- HL7 format for message type (MSG) data type:
 - <Message Code (ID)> ^ <Trigger Event (ID)> ^ <Message Structure (ID)>

Field: MSH-9 Message Type (MSG)

Component/Sub-Component	OPT
Message Code (ID)	R
Trigger Event (ID)	R
Message Structure (ID)	R

Value Example
ADT^A01^ADT_A01

- **MSH-10 Message Control ID [R]** – This field contains a number or other identifier that uniquely identifies the message. The receiving system echoes this ID back to the sending system in the Message acknowledgment segment (MSA).
- **MSH-11 Processing ID [R]** – This field is used to decide whether to process the message as defined in HL7 Application (level 7) Processing rules.
 - Recommended Values are *P* or *T* (Production order = P, Testing = T)
 - HL7 format for PT data type:
 - <Processing ID (ID)> ^ <Processing Mode (ID)>

Field: MSH-11 Processing ID (PT)

Component/Sub-Component	OPT
Processing ID (ID)	R
Processing Mode (ID)	O

- **MSH-12 Version ID [R]** – This field is matched by the receiving system to its own version to be sure the message is interpreted correctly.





UnitedHealthcare Standards
Constraints on HL7 Standards

- The UnitedHealthcare standard is based on HL7 version 2.5.1 or higher.

- HL7 format for VID data type:
 - <Version ID (ID)> ^ <Internationalization Code (CE)> ^ <International Version ID (CE)>

Field: MSH-12 Version ID (VID)

Component/Sub-Component	OPT
Version ID (ID)	R
Internationalization Code (CE)	O
Internationalization Version ID (CE)	O

Value Example

2.5.1

Additional MSH fields are optional values.



Heads up!
Helpful tips and information

- SFT segment(s) are optional and no fields are required.
- UAC segment is optional and no fields are required.



EVN – Event segment

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

Heads up!
Helpful tips and information

- The EVN segment is required.

SEQ	Element name	LEN	DT	OPT	RP/#	TBL#
1	Event Type Code	3	ID	B		
2	Recorded Date/Time	26	TS	R		
3	Date/Time Planned Event	26	TS	O		
4	Event Reason Code	3	IS	O		62
5	Operator ID	250	XCN	O	Y	188
6	Event Occurred	26	TS	O		
7	Event Facility	241	HD	O		

- EVN-1 Event Type Code [B]** – This field has been retained for backward compatibility only. If sent, the value is ignored.
- EVN-2 Recorded Date/Time [R]** – Most systems default to the system date/time when the transaction was entered.
 - HL7 format for TS data type:
 - YYYY[MM[DD[HH[MM[SS[.S[S[S[S]]]]]]]]][+/-ZZZZ]^<degree of precision>

Field: EVN-2 Date/Time of Message (TS)

Component/Sub-Component	OPT
YYYY[MM[DD[HH[MM[SS[.S[S[S[S]]]]]]]]][+/-ZZZZ]	R
degree of precision	O

Value Example
minimum precision YYYYMMDDHHMM: 200911241217 [12:17 pm on November 24, 2009]

Note: Submitters should map value from MSH-7.



Additional EVN fields are optional values.

- **EVN-3 Date/Time Planned Event [O]** – This field contains the date/time that the event is planned.

Field: EVN-3 Date/Time Planned Event (TS)



PID – Patient identification segment

The PID segment is used by all applications as the primary means of communicating patient identification information. This segment contains permanent patient identifying and demographic information that is unlikely to change frequently.

Heads up!

Helpful tips and information

- The PID segment is required.

SEQ	ELEMENT NAME	LEN	DT	OPT	RP/#	TBL#	Comment/sample data
1	Set ID – PID	4	SI	O			
2	Patient ID	20	CX	B			
3	Patient Identifier List	250	CX	R	Y		Submitters should provide the UnitedHealthcare Subscriber ID Example value: 66264636^^^GOODHEALTH^UHC PID-3.5 - UHC
4	Alternate Patient ID – PID	20	CX	R*	Y		
5	Patient Name	250	XPN	R	Y		
6	Mother’s Maiden Name	250	XPN	O	Y		
7	Date/Time of Birth	26	TS	R*			
8	Administrative Sex	1	IS	R*		0001	Preferred values: <ul style="list-style-type: none"> M F



SEQ	ELEMENT NAME	LEN	DT	OPT	RP/#	TBL#	Comment/sample data
							<ul style="list-style-type: none"> • O • U
9	Patient Alias	250	XPN	B	Y		
10	Race	250	CE	R*	Y	0005	
11	Patient Address	250	XAD	R*	Y		
12	County Code	4	IS	B		0289	
13	Phone Number – Home	250	XTN	O	Y		Values sent for PID-13.2 (Telecommunication Use Code) and PID-13.3 (Telecommunication Equipment Type) must adhere to HL7 defined tables.
14	Phone Number – Business	250	XTN	O	Y		
15	Primary Language	250	CE	O		0296	
16	Martial Status	250	CE	O		0002	
17	Religion	250	CE	O		0006	
18	Patient Account Number	250	CX	O			
19	SSN Number – Patient	16	ST	B			
20	Driver’s License Number – Patient	25	DLN	B			
21	Mother’s Identifier	250	CX	O	Y		
22	Ethnic Group	250	CE	O	Y	0189	



SEQ	ELEMENT NAME	LEN	DT	OPT	RP/#	TBL#	Comment/sample data
23	Birth Place	250	ST	O			
24	Multiple Birth Indicator	1	ID	O		0136	
25	Birth Order	2	NM	O			
26	Citizenship	250	CE	O	Y	0171	
27	Veterans Military Status	250	CE	O		0172	
28	Nationality	250	CE	B		0212	
29	Patient Death Date/Time	26	TS	O			
30	Patient Death Indicator	1	ID	O		0136	
31	Identity Unknown Indicator	1	ID	O		0136	
32	Identify Reliability Code	20	IS	O	Y	0445	
33	Last Update Date/Time	26	TS	O			
34	Last Update Facility	241	HD	O			
35	Species Code	250	CE	O		0446	
36	Breed Code	250	CE	O		0447	
37	Strain	80	ST	O			
38	Production Class Code	250	CE	O	2	0429	
39	Tribal Citizenship	250	CWE	O			



**Heads up!***Helpful tips and information*

- Please note the constraints listed below are specific to UnitedHealthcare and may differ from the HL7 Standard. Submitters should refer to the [HL7 Messaging Standard Version 2.5.1](#) for a complete list of the segment definitions.

- **PID-1 Set ID – PID [O]** – This field contains the number that identifies this transaction. The HL7 standard identifies that for the first occurrence of the segment within the parent MSH segment, the sequence number shall be one, for the second occurrence, the sequence number shall be two, etc.

**UnitedHealthcare Standards***Constraints on HL7 Standards*

- For the UnitedHealthcare standard, since only a single PID segment is requested for a MSH segment, this value should always be set to 1.

- **PID-2 Patient ID [B]**

**Heads up!***Helpful tips and information*

- This is a deprecated field and is not used by UnitedHealthcare. Submitters must use PID-3 for this information.

- **PID-3 Patient Identifier List [R]** – This field contains the list of identifiers (one or more) used by the healthcare facility to uniquely identify a patient (e.g., medical record number, billing number, birth registry, national unique individual identifier, etc.).

**UnitedHealthcare Standards***Constraints on HL7 Standards*

- The UnitedHealthcare assigned Patient Identifier (Member ID from insurance card) must be included in this field and set with an identifier type code of “MB” (Member Number) or SN (Subscriber Number). The UnitedHealthcare assigned Patient Identifier must be the first value sent in this repeating value field before any other sets of identifiers.

- If Submitter specific identifiers are sent, they should be coded using the identifier type code of MB (Member number) or SN (subscriber number) depending on the ID number being submitted. The type of identifier for each identifier sent should be indicated in the <identifier type code ID> component. Refer to *HL7 Table 0203 – Identifier type* for the complete list. The patient identifier itself should be



placed in the <ID Number (ST)> component. See the table below for the expected valid values for <identifier type code (ID)> for the UnitedHealthcare interface.

Value	Description	Comment
UHC	Member ID	Backwards compatibility from roster shown in example below
MB	Member Number	UnitedHealthcare plan member ID.
MR	MRN	Local MRN number
SN	Subscriber Number	The member ID from the UnitedHealthcare issued medical card. Member ID is included in the Eligibility file sent from UnitedHealthcare.
SS	Social Security Number	
PI	Patient Internal Identifier	A number that is unique to a patient within an Assigning Authority.



Heads up!

Helpful tips and information

- Please note that UnitedHealthcare only supports a subset of values from Table 0203 – Identifier Type in the [HL7 Messaging Standard Version 2.5.1](#).

- HL7 format for CX data type:
 - <ID Number (ST)> ^ <Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Assigning Authority (HD)> ^
 - <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Effective Date (DT)> ^ <Expiration Date (DT)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)>

Field: PID-3 Patient Identifier List (CX)

Component/Sub-Component	OPT
ID Number (ST)	R
Check Digit (ST)	O
Check Digit Scheme (ID)	O
Assigning Authority (HD)	R*
Identifier Type Code (ID)	R*



Component/Sub-Component	OPT
Assigning Facility (HD)	O
Effective Date (DT)	O
Expiration Date (DT)	O
Assigning Jurisdiction (CWE)	O
Assigning Agency or Department (CWE)	O

Value Example
1000000151342^^^CDXTHATC^UHC

- **PID-4 Alternate Patient ID [R*]** – From V2.3.1, this field has been retained for backward compatibility only. It is recommended to use *PID-3 – Patient Identifier List* for all patient identifiers. When used for backward compatibility this field contains the alternate, temporary, or pending optional patient identifier to be used, if needed, or additional numbers that may be required to identify a patient.
 - This field may be used to convey multiple patient IDs when more than one exist for a patient. Possible contents might include a visit number, a visit date, or a Social Security Number, but more likely will include a separate legacy chart number or repeat the local MRN.
- **PID-5 Patient Name [R]** – This field contains the names of the patient. HL7 format for XPN data type:
 - <Family Name (FN)> ^ <Given Name (ST)> ^ <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <Degree (e.g., MD) (IS)> ^ <Name Type
 - Code (ID)> ^ <Name Representation Code (ID)> ^ <Name Context (CE)> ^ <Name Validity Range (DR)> ^ <Name Assembly Order (ID)> ^ <Effective Date (TS)> ^ <Expiration Date (TS)> ^
 - <Professional Suffix (ST)>

Field: PID-5 Patient Name (XPN)

Component/Sub-Component	OPT
Family Name (FN)	R
Given Name (ST)	R
Second and Further Given Names or Initials Thereof (ST)	O
Suffix (e.g., JR or III) (ST)	O



Component/Sub-Component	OPT
Prefix (e.g., DR) (ST)	O
Degree (e.g., MD) (IS)	B
Name Type Code (ID)	O
Name Representation Code (ID)	O
Name Context (CE)	O
Name Validity Range (DR)	B
Name Assembly Order (ID)	O
Effective Date (TS)	O
Expiration Date (TS)	O
Professional Suffix (ST)	O

Value Example

Smith^John^Q

- **PID-7 Date/Time of Birth [R*]** – This field contains the patient’s date and time of birth. The TS data type component degree of precision is a HL7 backward compatible value as of HL7 v2.3 and is ignored if sent.
 - HL7 format for TS data type:
 - YYYY[MM[DD[HH[MM[SS[.S[S[S[S]]]]]]]]][+/-ZZZZ]^<degree of precision>

Field: PID-7 Date/Time of Birth (TS)

Component/Sub-Component	OPT
YYYY[MM[DD[HH[MM[SS[.S[S[S[S]]]]]]]]][+/-ZZZZ]	R*
degree of precision	O

Value Example

YYYYMMDD

- **PID-8 Administrative Sex [R*]** – This field contains the patient’s sex. Refer to User-defined *Table 0001 – Administrative Sex* for the HL7 defined values.
- **PID-9 Patient Alias [B]** – From V2.4, this field has been retained for backward compatibility only. It is recommended to use *PID-5 – Patient Name* for all patient



names. This field contained the name(s) by which the patient has been known at some time. Refer to *HL7 Table 0200 – Name Type* for valid values.

- **PID-11 Patient Address [R*]** – This field contains the mailing address of the patient. Send two-digit state code only as shown in the example.
 - HL7 format for XAD data type:
 - <Street Address (SAD)> ^ <Other Designation (ST)> ^ <City (ST)> ^ <State or Province (ST)> ^ <Zip or Postal Code (ST)> ^ <Country (ID)> ^ <Address Type (ID)> ^ <Other Geographic Designation (ST)> ^
 - <County/Parish Code (IS)> ^ <Census Tract (IS)> ^ <Address Representation Code (ID)> ^ <Address Validity Range (DR)> ^ <Effective Date (TS)> ^ <Expiration Date (TS)>

Field: PID-11 Patient Address (XAD)

Component/Sub-Component	OPT
street address (SAD)	R*
> street address (ST)	O
> street name (ST)	O
> dwelling number (ST)	O
other designation (ST)	O
city (ST)	R*
state or province (ST)	R*
zip or postal code (ST)	R*
country (ID)	O
address type (ID)	O
other geographic designation (ST)	O
county/parish code (IS)	O
census tract (IS)	O
address representation code (ID)	O
address validity range (DR)	B
Address Validity Range (DR)	O
Effective Date (TS)	O



Component/Sub-Component	OPT
Expiration Date (TS)	O

Value Example

123 Main Street^Apt. 3B^St. Louis^MO^63146-85242

- **PID-12 County Code [B]** – From V2.3, this field has been retained for backward compatibility. This field contains the patient’s county code. The county can now be supported in the county/parish code component of the XAD data type (*PID-11 – Patient Address*). Refer to *User-defined Table 0289 – County/Parish* for suggested values.
- **PID-13 Phone Number – Home [O]** – This field contains the patient’s personal phone numbers. All personal phone numbers for the patient are sent in the following sequence. The first sequence is considered the primary number (for backward compatibility). If the primary number is not sent, then a repeat delimiter is sent in the first sequence. Refer to *HL7 Table 0201 – Telecommunication Use Code* and *HL7 Table 0202 – Telecommunication Equipment Type* for valid values.
 - HL7 format for XTN data type:
 - <DEPRECATED-Telephone Number (ST)> ^ <Telecommunication Use Code (ID)> ^
 - <Telecommunication Equipment Type (ID)> ^ <Email Address (ST)> ^ <Country Code (NM)> ^
 - <Area/City Code (NM)> ^ <Local Number (NM)> ^ <Extension (NM)> ^ <Any Text (ST)> ^ <Extension Prefix (ST)> ^ <Speed Dial Code (ST)> ^ <Unformatted Telephone number (ST)>

Note: Values sent for PID-13.2 (*Telecommunication Use Code*) and PID-13.3 (*Telecommunication Equipment Type*) must adhere to HL7 defined tables.

Field: PID-13 Phone Number – Home (XTN)

Component/Sub-Component	OPT
Telephone Number (ST)	O
Telecommunication Use Code (ID)	O
Telecommunication Equipment Type (ID)	O
Email Address (ST)	O
Country Code (NM)	O



Component/Sub-Component	OPT
Area/City Code (NM)	R*
Local Number (NM)	R*
Extension (NM)	O
Extension Prefix (ST)	O
Any Text (ST)	O
Speed Dial Code (ST)	O
Unformatted Telephone number (ST)	O

Value Example

^^^^987^5551212

OR

^WPN^PH^^^^987^5551212^^^call before 5:00 pm

only~^ASN^PH^^^^789^5552121 [Example of two phone numbers sent]

- **PID-15 Primary Language [O]** – This field contains the patient’s primary language. HL7 recommends using *ISO Table 639* as the suggested valued in *User-defined Table 0296-Primary Language*.
- **PID-18 Patient Account Number [O]** – This field contains the patient account number assigned by accounting to which all charges, payments, etc., are recorded. It is used to identify the patient’s account. Refer to *HL7 Table 0061 – Check Digit Scheme* for valid values.
- **PID-19 SSN – Patient [B]** – From V2.3.1 onward, this field has been retained for backward compatibility only. It is recommended to use *PID-3 – Patient Identifier List* for all patient identifiers. However, in order to maintain backward compatibility, this field should also be populated. When used for backward compatibility, this field contains the patient’s social security number. This number may also be a RR retirement number.
- **PID-20 Driver’s License Number [B]** – From V2.5 onward, this field has been retained for backward compatibility only. It is recommended to use *PID-3 – Patient Identifier List* for all patient identifiers. When used for backward compatibility, this field contains the patient’s driver’s license number. The default of the second component is the state in which the patient’s license is registered.
- **PID-22 Ethnic Group [O]** – This field further defines the patient’s ancestry. Refer to *User-defined Table 0189 – Ethnic Group* for suggested values. The second triplet of



the CE data type for ethnic group (alternate identifier, alternate text, and name of alternate coding system) is reserved for governmentally assigned codes. In the US, a current use is to report ethnicity in line with US federal standards for Hispanic origin.

- **PID-28 Nationality [B]** – From V2.4 onward, this field has been retained for backward compatibility only. It is recommended to refer to *PID-10 – Race*, *PID-22 – Ethnic group* and *PID-26 – Citizenship*.
 - This field contains a code that identifies the nation or national grouping to which the person belongs. This information may be different from a person’s citizenship in countries in which multiple nationalities are recognized (for example, Spain: Basque, Catalan, etc.).
- **PID-29 Patient Death Date and Time [O]** – This field contains the date and time at which the patient death occurred.
- **PID-30 Patient Death Indicator [O]** – This field indicates whether the patient is deceased. Refer to *HL7 Table 0136 – Yes/no Indicator* for valid values.

Additional PID fields are optional values.

PD1 – Additional demographics segment

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

The PD1 segment is optional, but if sent, the following fields are used:

SEQ	ELEMENT NAME	LEN	DT	OPT	RP/#	TBL#
1	Living Dependency		IS	O	Y	223
2	Living Arrangement		IS	O		220
3	Patient Primary Facility		XON	O	Y	204
4	Patient Primary Care Provider Name & ID No.		XCN	B	Y	
5	Student Indicator		IS	O		231
6	Handicap		IS	O		295
7	Living Will Code		IS	O		315
8	Organ Donor Code		IS	O		316
9	Separate Bill		ID	O		136



SEQ	ELEMENT NAME	LEN	DT	OPT	RP/#	TBL#
10	Duplicate Patient		CX	O	Y	
11	Publicity Code		CE	O		215
12	Protection Indicator		ID	O		12
13	Protection Indicator Effective Date		DT	O		13
14	Place of Worship		XON	O	Y	14
15	Advance Directive Code		CE	O	Y	15
16	Immunization Registry Status		IS	O		16
17	Immunization Registry Status Effective Date		DT	O		17
18	Publicity Code Effective Date		DT	O		18
19	Military Branch		IS	O		19
20	Military Rank/Grade		IS	O		20
21	Military Status		IS	O		21

- PD1-4 Patient Primary Care Provider Name & ID No. [O]** – This field is retained for backward compatibility only. The ROL segment is now used to convey more complete information about the primary care provider. This field contained the provider name and ID of the primary care provider. Multiple names are allowed for the same person. The legal name must be sent in the first sequence. If the legal name is not sent, then the repeat delimiter must be sent in the first sequence.

Additional PD1 fields are optional values.

ROL – Role segment

The role segment contains the data necessary to add, update, correct, and delete from the record persons involved, as well as their functional involvement with the activity being transmitted.

The ROL segment is optional, but if sent, the following fields are used:

SEQ	ELEMENT NAME	LEN	DT	OPT	RP/#	TBL#
1	Role Instance ID		EI	C		
2	Action Code		ID	O		287
3	Role-ROL		CE	O		443



SEQ	ELEMENT NAME	LEN	DT	OPT	RP/#	TBL#
4	Role Person		XCN	O	Y	
5	Role Begin Date/Time		TS	O		
6	Role End Date/Time		TS	O		
7	Role Duration		CE	O		
8	Role Action Reason		CE	O		
9	Provider Type		CE	O	Y	
10	Organization Unit Type		CE	O		406
11	Office/Home Address/Birthplace		XAD	O	Y	
12	Phone		XTN	O	Y	

- **ROL-1 Role Instance ID [C]** – This field contains a unique identifier of the specific role record. HL7 format for EI data type:
 - Components: <Entity Identifier (ST)> ^ <Namespace ID (IS)> ^ <Universal ID (ST)> ^ <Universal ID Type (ID)>

Field: ROL-1 Role Instance ID (EI)

Component/Sub-Component	OPT
Entity Identifier (ST)	O
Namespace ID (IS)	O
Universal ID (ST)	C
Universal ID Type (ID)	C

Value Example

LAB1^1.2.3.3.4.6.7^ISO

- **ROL-2 Action Code [O]** – This field reveals the intent of the message. Refer to *HL7 table 0287 – Problem/goal action code* for valid values.
- **ROL-3 Role-ROL [O]** – This field indicates the functional involvement with the activity being transmitted (e.g., Case Manager, Evaluator, Transcriber, Nurse Care Practitioner, Midwife, Physician Assistant, etc.). Refer to *User-defined table 0443 – Provider role* for valid values.
 - HL7 format for CE data type:



- Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)>

Component/Sub-Component	OPT
Identifier (ST)	O
Text (ST)	O
Name of Coding System (ID)	O
Alternate Identifier (ST)	O
Alternate Text (ST)	O
Name of Alternate Coding System (ID)	O

Value Example
PP^Primary Care Provider^HL70443

- **ROL-4 Role-ROL [O]** – This field contains the identity of the person who is assuming the role that is being transmitted. This field correlates to STF-2 Staff ID Code and STF-3 Staff Name.
 - HL7 format for XCN data type:
 - Components: <ID Number (ST)> ^ <Family Name (FN)> ^ <Given Name (ST)> ^ <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^
 - <DEPRECATED-Degree (e.g., MD) (IS)> ^ <Source Table (IS)> ^ <Assigning Authority (HD)> ^ <Name Type Code (ID)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^ <Name Context (CE)> ^
 - <DEPRECATED-Name Validity Range (DR)> ^ <Name Assembly Order (ID)> ^ <Effective Date (TS)> ^
 - <Expiration Date (TS)> ^ <Professional Suffix (ST)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)>

Component/Sub-Component	OPT
Identifier (ST)	O
Family Name (FN)	O
Given Name (ST)	O



Component/Sub-Component	OPT
Second and Further Given Names of Initials (ST)	O
Suffix (e.g., JR or III) (ST)	O
Prefix (e.g., DR) (ST)	O
DEPRECATED – Degree (e.g., MD) (IS)	B
Source Table (IS)	C
Assigning Authority (HD)	O
Name Type Code (ID)	O
Identifier Check Digit (ST)	O
Check Digit Scheme (ID)	C
Identifier Type Code (ID)	O
Assigning Facility (HD)	O
Name Representation Code (ID)	O
Name Contact (CE)	O
DEPRECATED – Name Validity Range (DR)	B
Name Assembly Order (ID)	O
Effective Date (TS)	O
Expiration Date (TS)	O
Professional Suffix (ST)	O
Assigning Jurisdiction (CWE)	O
Assigning Agency or Department (CWE)	O

Value Example

```
|1234567^Everyman^Adam^A^III^DR^PHD^ADT01^^L^4^M11^MR|
```

Additional ROL fields are optional values.



Heads up!

Helpful tips and information

- NK1 segment is optional and no fields are required.



PV1 – Patient visit segment

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



Heads up!
Helpful tips and information

- The PV1 segment is required.

SEQ	Element name	LEN	DT	OPT	RP/#	TBL#	Comments
1	Set ID - PV1	4	SI	O			
2	Patient Class	1	IS	R		4	Preferred values: <ul style="list-style-type: none"> E - Emergency I - Patient O - Outpatient P - Preadmit V - Observation
3	Assigned Patient Location	80	PL	O			
4	Admission Type	2	IS	R*		7	Required for INPATIENT Preferred values: <ul style="list-style-type: none"> E - Emergency U - Urgent C - Elective N - Newborn
5	Preadmit Number	250	CX	O			



SEQ	Element name	LEN	DT	OPT	RP/#	TBL#	Comments
6	Prior Patient Location	80	PL	O			
7	Attending Doctor	250	XCN	R*	Y	10	Format: NPI Number^LN^FN^MI^^^^ ^^^^NPI
8	Referring Doctor	250	XCN	O	Y	10	Format: NPI Number^LN^FN^MI^^^^ ^^^^NPI
9	Consulting Doctor	250	XCN	B	Y	10	Format: NPI Number^LN^FN^MI^^^^ ^^^^NPI
10	Hospital Service	250	IS	R*		69	Required for INPATIENT Preferred values: <ul style="list-style-type: none"> • CAR - Cardiac Service • MED - Medical Service • PUL - Pulmonary Service • SUR - Surgical Service • URO - Urology Service



SEQ	Element name	LEN	DT	OPT	RP/#	TBL#	Comments
							<ul style="list-style-type: none"> • 1 - Acute Hospital Medical • 2 - Surgical • 45 - Hospice • 54 - Long-term Care • 69 - Maternity • 70 - Transplant • 78 - Chemotherapy • A9 - Inpatient Rehabilitation/Therapy Services • AG - Skilled Nursing • NI - Neonatal Intensive Care
11	Temporary Location	80	PL	O			
12	Preadmit Test Indicator	2	IS	O		87	
13	Re-admission Indicator	2	IS	O		92	
14	Admit Source	6	IS	O		23	
15	Ambulatory Status	2	IS	O	Y	9	
16	VIP Indicator	2	IS	O		99	



SEQ	Element name	LEN	DT	OPT	RP/#	TBL#	Comments
17	Admitting Doctor	250	XCN	O	Y	10	Format: NPI^LN^FN^MI UnitedHealthcare prefers this data be provided if PV1-7 (attending doctor) is blank.
18	Patient Type	250	IS	R*		18	Preferred values: <ul style="list-style-type: none"> • Inpatient - I • Outpatient - O • Pre-admit - P • Observations - V • Emergency - E
19	Visit Number	250	CX	R*			
20	Financial Class	50	FC	O	Y		
21	Charge Price Indicator	2	IS	O		32	
22	Courtesy Code	2	IS	O		45	
23	Credit Rating	2	IS	O		46	
24	Contract Code	2	IS	O	Y	44	
25	Contract Effective Date	8	DT	O	Y		
26	Contract Amount	12	NM	O	Y		
27	Contract Period	3	NM	O	Y		
28	Interest Code	2	IS	O		73	



SEQ	Element name	LEN	DT	OPT	RP/#	TBL#	Comments
29	Transfer to Bad Debt Code	4	IS	O		110	
30	Transfer to Bad Debt Date	8	DT	O			
31	Bad Debt Agency Code	10	IS	O		21	
32	Bad Debt Transfer Amount	12	NM	O			
33	Bad Debt Recovery Amount	12	NM	O			
34	Delete Account Indicator	1	IS	O		111	
35	Delete Account Date	8	DT	O			
36	Discharge Disposition	3	IS	R*		112	<p>Required for A03 (Inpatient and Emergency Discharges)</p> <p>PV1-36.1 Value (R*) PV1-36.2 Description (R*)</p> <p>Preferred values:</p> <ul style="list-style-type: none"> • 01 ^ Discharged to home or self-care (routine discharge) • 02 ^ Discharged/transferred to another short-term general



SEQ	Element name	LEN	DT	OPT	RP/#	TBL#	Comments
							<p>hospital for inpatient care</p> <ul style="list-style-type: none"> <li data-bbox="1491 349 1906 544">• 03 ^ Discharged/transferred to skilled nursing facility (SNF) <li data-bbox="1491 568 1906 763">• 04 ^ Discharged/transferred to an intermediate care facility (ICF) <li data-bbox="1491 787 1906 1226">• 05 ^ Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution <li data-bbox="1491 1250 1906 1364">• 06 ^ Discharged/transferred to home under



SEQ	Element name	LEN	DT	OPT	RP/#	TBL#	Comments
							<p>care of organized home health service organization</p> <ul style="list-style-type: none"> • 07 ^ Left against medical advice or discontinued care • 08 ^ Discharged/transferred to home under care of Home IV provider • 09 ^ Admitted as an inpatient to this hospital • 20 ^ Expired (or did not recover - Christian Science Patient) • 30 ^ Still a patient or expected to return for outpatient services (i.e., still a patient)



SEQ	Element name	LEN	DT	OPT	RP/#	TBL#	Comments
							<ul style="list-style-type: none"> <li data-bbox="1507 269 1906 461">• 40 ^ Expired at home (for use only on Medicare hospice care claims) <li data-bbox="1507 488 1906 721">• 41 ^ Expired in a medical facility (i.e., hospital, SNF, ICF, or freestanding hospice) <li data-bbox="1507 748 1906 943">• 42 ^ Expired - place unknown (for use only on use Medicare hospice care claims) <li data-bbox="1507 971 1906 1036">• 50 ^ Hospice - home <li data-bbox="1507 1063 1906 1128">• 51 ^ Hospice - medical facility <li data-bbox="1507 1156 1906 1388">• 61 ^ Discharged/transferred to a hospital-based Medicare approved swing bed



SEQ	Element name	LEN	DT	OPT	RP/#	TBL#	Comments
							<ul style="list-style-type: none"> <li data-bbox="1507 269 1906 667">• 62 ^ Discharged/transferred to inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital <li data-bbox="1507 695 1906 927">• 63 ^ Discharged/transferred to a Medicare certified long term care hospital (LTCH) <li data-bbox="1507 954 1906 1227">• 64 ^ Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare <li data-bbox="1507 1255 1906 1365">• 65 ^ Discharged/transferred to a



SEQ	Element name	LEN	DT	OPT	RP/#	TBL#	Comments
							psychiatric hospital or psychiatric distinct part of a hospital
37	Discharged to Location	47	DLD	O			Required only for inpatient and ED facilities*
38	Diet Type	250	CE	O		114	
39	Servicing Facility	2	IS	R*		115	Required only for Inpatient and ED facilities* Minimum required data indicated in bold below: <ul style="list-style-type: none"> • PV1-39.1 Facility NPI • PV1-39.2 Facility Name • PV1-39.3 Facility Code • PV1-39.4 Facility TIN • PV1-39.5 Facility Address Line 1 • PV1-39.6 Facility City • PV1-39.7 Facility State • PV1-39.8 Facility Zip • PV1-39.9 Facility Phone • PV1-39.10 County Name



SEQ	Element name	LEN	DT	OPT	RP/#	TBL#	Comments
							<ul style="list-style-type: none"> PV1-39.11 Facility MPIN
40	Bed Status	1	IS	B		116	
41	Account Status	2	IS	O		117	
42	Pending Location	80	PL	O			
43	Prior Temporary Location	80	PL	O			
44	Admit Date/Time	26	TS	R*			Required for A01 (Admissions), A03 (Inpatient and Emergency Discharges), A06 (Transfer from outpatient to inpatient)
45	Discharge Date/Time	26	TS	R*	Y		Required for A03 (Inpatient and Emergency Discharges)
46	Current Patient Balance	12	NM	O			
47	Total Charges	12	NM	O			
48	Total Adjustments	12	NM	O			
49	Total Payments	12	NM	O			
50	Alternate Visit ID	250	CX	O			
51	Visit Indicator	1	IS	O		326	
52	Other Healthcare Provider	250	XCN	B	Y	10	




- **PV1-2 – Patient Class [R]** – This field is used by systems to categorize patients by site. It does not have a consistent industry-wide definition. It is subject to site-specific variations. Refer to HL7 *User-defined Table 0004 – Patient Class* for suggested values.

Component/Sub-Component	OPT
Identifier (ST)	O

Value Example
O

- **PV1-3 Assigned Patient Location [P]** – This field contains the patients initial assigned location or the location to which the patient is being moved. The first component may be the nursing station for inpatient locations, or clinic or department, for locations other than inpatient. For canceling a transaction or discharging a patient, the current location (after the cancellation event or before the discharge event) should be in this field.



UnitedHealthcare Standards
Constraints on HL7 Standards

- UnitedHealthcare prefers this information is provided, but does not require, which differs from the HL7 standard.

Format:

`PointofCare^room^bed^facility`

Component/Sub-Component	OPT
Point of Care (IS)	O
Room (IS)	O
Bed	O
Facility	O

Value Example
OHMC S4^S431^S431B^OHMC^R^^^^^^

- **PV1-7 Attending Doctor (XCN) [R*]** – This field contains the attending physician information. Multiple names and identifiers for the same physician may be sent. Send NPI for the physician’s ID. The field sequences are not used to indicate



multiple attending doctors. If XCN.1 ID Number is populated, then the XCN.13 Identifier Type Code and the XCN.9 Assigning Authority or XCN.22 Assigning Jurisdiction or XCN.23 Assigning Agency or Department are required. If XCN.2 Family Name is populated, then the XCN.10 Name Type Code is required. No assumptions can be safely made based on position or sequence. Specification of meaning based on sequence is deprecated. Depending on local agreements, either ID or the name may be absent in this field. Refer to *User-defined Table 0010 – Physician ID* in *Chapter 2C, Code Tables*, for suggested values.



UnitedHealthcare Standards

Constraints on HL7 Standards

- Please note UnitedHealthcare requires this information be provided, which differs from the HL7 standard.

Format:

NPI^Last Name^First Name^Middle Initial

- Components: <Person Identifier (ST)> ^ <Family Name (FN)> ^ <Given Name (ST)> ^ <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^ <DEPRECATED-Source Table (CWE)> ^ <Assigning Authority (HD)> ^ <Name Type Code (ID)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent> ^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Professional Suffix (ST)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

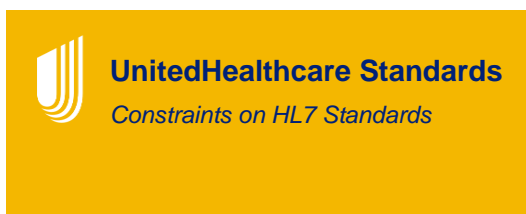
Component/Sub-Component	OPT
NPI	R
Family Name	R
Given Name	R
Middle Initial	O
Suffix	O
Prefix	O
Degree	B
Source Table	C



Component/Sub-Component	OPT
Assigning Authority	O
Name Type Code	O
Identifier Check Digit	O
Check Digit Scheme	C
Identifier Type Code	O

Value Example
1115906061^Smith^John^B^^^^^^^^^NPI

- PV1-10 Hospital Place of Service (IS) [R*]** – This field contains the treatment or type of surgery that the patient is scheduled to receive. It is a required field with trigger events A01 (admit/visit notification), A02 (transfer a patient). Refer to *User-defined Table 0069 - Hospital Service* in Chapter 2C, Code Tables, for suggested values.



- Please note UnitedHealthcare expects HL7 standard codes and descriptions. If this field is left blank, UnitedHealthcare will default to “1” (acute medical hospital) place of service code.

- Components: <Hospital Service (IS)> ^ <Universal Billing Code (ST)> ^ <Universal Billing Code Qualifier (ST)>

Component/Sub-Component	OPT
Hospital Service	RA*
Universal Billing Code	O
Universal Billing Code Qualifier	O

Value Example	
Place of Service Code	Place of Service Description
1	Acute Hospital Medical
2	Surgical



Value Example	
Place of Service Code	Place of Service Description
45	Hospice
54	Long Term Care
69	Maternity
70	Transplant
78	Chemotherapy
A9	Inpatient Rehabilitation/Therapy Services
AG	Skilled Nursing
NI	Neonatal Intensive Care

- PV1-17 Admitting Doctor (XCN) [O]** – This field contains the admitting physician information. Multiple names and identifiers for the same physician may be sent. Send NPI for the ID. The field sequences are not used to indicate multiple admitting doctors. If XCN.1 ID Number is populated, then the XCN.13 Identifier Type Code and the XCN.9 Assigning Authority or XCN.22 Assigning Jurisdiction or XCN.23 Assigning Agency or Department are required. If XCN.2 Family Name is populated, then the XCN.10 Name Type Code is required. No assumptions can be safely made based on position or sequence. Specification of meaning based on sequence is deprecated. By local agreement, the name or ID may be absent in this field. Refer to *User-defined Table 0010 – Physician ID* in Chapter 2C, Code Tables, for suggested values.



UnitedHealthcare Standards
Constraints on HL7 Standards

- Please note UnitedHealthcare requires this information be provided (if the submitter does not include within the PV1.7 Attending Doctor data), which differs from the HL7 standard.

Format:

NPI^Last Name^First Name

- Components: <Person Identifier (ST)> ^ <Family Name (FN)> ^ <Given Name (ST)> ^ <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^ <DEPRECATED-Source Table (CWE)> ^ <Assigning Authority (HD)> ^ <Name Type Code (ID)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation




Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent> ^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Professional Suffix (ST)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Component/Sub-Component	OPT
NPI	R
Family Name	R
Given Name	R
Middle Initial	O
Suffix	
Prefix	
Degree	
Source Table	
Assigning Authority	
Name Type Code	
Identifier Check Digit	
Check Digit Scheme	
Identifier Type Code	R

Value Example
1115906061^Smith^John^B^^^^^^^NPI

- PV1-18 Patient Type (IS) [R*]** – This field contains site-specific values that identify the patient type. Refer to *User-defined Table 0018 – Patient Type* in Chapter 2C, Code Tables, for suggested values.



UnitedHealthcare Standards
Constraints on HL7 Standards

- UnitedHealthcare prefers this information is provided, along with the full name of the patient class. UnitedHealth requires the observation to be provided.



Component/Sub-Component	OPT
Patient type	R*

Value Example

Inpatient
 Outpatient
 Pre-admit
 Observations
 Emergency

- **PV1-19 Visit Number (CX) [R*]** – For backward compatibility, a NM data type may be sent, but HL7 recommends that new implementations use the CX data type. This field contains the unique number assigned to each patient visit. The assigning authority and identifier type code are strongly recommended for all CX data types.



UnitedHealthcare Standards
Constraints on HL7 Standards

- UnitedHealthcare prefers this information is provided, along with the Patient Visit number as defined by the hospital.

- Components: <ID Number (ST)> ^ < Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Effective Date (DT)> ^ <Expiration Date (DT)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)>
- **PV1-20 Financial Class (FC) [O]** – This field contains the financial class(es) assigned to the patient for the purpose of identifying sources of reimbursement. Refer to *User-defined Table 0064 – Financial Class* in Chapter 2C, Code Tables, for suggested values.
 - Components: <Financial Class Code (CWE)> ^ <Effective Date (DTM)>

Component/Sub-Component	OPT
Line of Business [LOB]	R

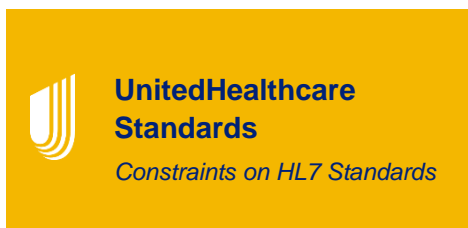
Value Example

CS
 EI



Value Example
MR
DSNP
IEX

- PV1-36 Discharge Disposition (IS) [R*]** – This field contains the disposition of the patient at time of discharge (i.e., discharged to home, expired, etc.). Refer to *User-defined Table 0112 – Discharge Disposition* in Chapter 2C, Code Tables, for suggested values.



- UnitedHealthcare prefers this information is provided, but does not require, which differs from the HL7 standard. UnitedHealth requires this field for patient discharge.
 Format:
 Code^description

- Components: <Identifier (IS)>

Value Example
01^Discharged to home or self-care (routine discharge)

- PV1-37 Discharged to Location (DLD) [O]** – This field indicates the healthcare facility to which the patient was discharged and the date. Refer to *User-defined Table 0113 – Discharged to Location* in Chapter 2C, Code Tables, for suggested values.
 - Components: <Discharge to Location (CWE)> ^ <Effective Date (DTM)>

Value Example
Ambulance-Air or Water
Group Home
Home with Home Care and/or DME
Home/Against Medical Advice
Hospice
Independent Clinic
Inpatient Hospital




Value Example
Inpatient Psychiatric Facility
Intermediate Care Facility
Long Term Care
Military Treatment Facility
Assisted Living Facility
Expired
No Services/Home
Non-residential Substance Abuse Treatment Facility
Other Place of Service
Partial Hospitalization
Residential Treatment Center
Skilled Nursing Facility
SNF Days Exhausted
Subacute Unit/Ec Team
Home Care
Community Mental Health Center
Group Home with Services
Alternate Placement O/S Service Area
Incarcerated
Homeless
Psychiatric Residential Treatment Facility
OASAS Res Tx PerDiem
Comprehensive Inpatient Rehabilitation Facility
Comprehensive Outpatient Rehabilitation Facility
Custodial Care Facility
Default Portal Disposition
End-Stage Renal Disease Treatment Facility
Expected Discharge



Value Example
Other

- PV1-39 Servicing Facility (IS) [R*]** – This field is used in a multiple facility environment (e.g., multiple campuses or buildings) to indicate the healthcare facility with which this visit is associated. Refer to *User-defined Table 0115 – Servicing Facility in Chapter 2C, Code Tables*, for suggested values.



UnitedHealthcare Standards
Constraints on HL7 Standards

- UnitedHealthcare requires the NPI (PV1-39.1) be provided at a minimum, which differs from the HL7 standard.

Format:

```
NPI^FacilityName^FacilityAbbreviation^TaxID
```

- Components: <NPI (ST)> ^ <Servicing Facility Full Name (ST)> ^ <Facility Abbreviation (ST)> ^ <Facility Tax ID (ST)> ^ <Facility Address (ST)> ^ <Facility Phone (ST)>

Component/Sub-Component	OPT
NPI	R*
Servicing Facility Full Name	R*
Facility Abbreviation	O
Facility Tax ID (TIN)	O
Facility Address	O
Facility State	R*
Facility Phone	O

Value Example
1846348632^Orlando Community Hospital^OCH^84-8541237^521 Hope Drive Orlando FL 85124^8515829647

- PV1-44 Admit Date/Time (TS) [R*]** – This field contains the admit date/time. It is to be used if the event date/time is different than the admit date and time; i.e., a retroactive update. This field is also used to reflect the date/time of an outpatient/emergency patient registration.





UnitedHealthcare Standards
Constraints on HL7 Standards

- UnitedHealthcare requires this information is provided, which differs from the HL7 standard.

- **PV1-45 Discharge Date/Time (TS) [R*]** – This field contains the discharge date/time. It is to be used if the event date/time is different than the discharge date and time, that is, a retroactive update. This field is also used to reflect the date/time of an outpatient/emergency patient discharge.



UnitedHealthcare Standards
Constraints on HL7 Standards

- UnitedHealthcare requires this information is provided, which differs from the HL7 standard.

Additional PV1 fields are optional values.

PV2 – Patient visit – Additional information segment

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

SEQ	Element name	LEN	DT	OPT	RP/#	TBL#
1	Prior Pending Location		SI	C		
2	Accommodation Code		CE	O		129
3	Admit Reason		CE	R*		
4	Transfer Reason		CE	O		



Heads up!
Helpful tips and information

- DB1 Segment(s) are optional and no fields are required.
- OBX Segment(s) are optional and no fields are required.

- **PV2-3 Admit Reason (CE) [R*]** – This field contains the short description of the reason for patient admission. Either code (PV2-3.1) or description (PV2-3.1) should be available. If submitter not able to provide this, DG1-3 should be populated and DG1-6 should be set to A.



Required for A01 (Admissions) and A03 (Inpatient and Emergency Discharges).



AL1 – Allergy information segment

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

The AL1 segment is optional, but if sent, the following fields are used:

SEQ	Element name	LEN	DT	OPT	RP/#	TBL#
1	Set ID - AL1		SI	O		
2	Allergen Type Code		CE	O		127
3	Allergen Code/Mnemonic/Description		CE	O		
4	Allergy Severity Code		CE	O		128
5	Allergy Reaction Code		ST	O	Y	
6	Identification Date		DT	B		

- **AL1-1 – Set ID [O]** – This field contains the number that identifies this transaction. For the first occurrence of the segment, the sequence number shall be one, for the second occurrence, the sequence number shall be two, etc.
- **AL1-3 – Allergen Code/Mnemonic/Description [O]** – This field uniquely identifies a particular allergen. This element may conform to some external, standard coding system (that must be identified), or it may conform to local, largely textual or mnemonic descriptions.
 - HL7 example for CE data format type:
 - Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)>

Component/Sub-Component	OPT
Identifier (ST)	O
Text (ST)	O
Name of Coding System (ID)	O
Alternate Identifier (ST)	O
Alternate Text (ST)	O
Name of Alternate Coding System (ID)	O



Value Example

```
|DG123^DRUG ALLERGY^L^416098002^Drug allergy (disorder)^SNOMED  
CT|
```

Additional AL1 fields are optional values.



DG1 – Diagnosis information segment

The DG1 segment contains patient diagnosis information of various types, for example, admitting, primary, etc. The DG1 segment is used to send multiple diagnoses (for example, for medical records encoding). It is also used when the *FT1-19 – Diagnosis Code – FT1* does not provide sufficient information for a billing system. This diagnosis coding should be distinguished from the clinical problem segment used by caregivers to manage the patient (see *Chapter 12, Patient Care in the HL7 2.5.1 standard*). Coding methodologies are also defined.

The DG1 segment is optional, but if sent, the following fields are used:

SEQ	Element name	LEN	DT	OPT	RP/#	TBL#	Comment/sample data
1	Set ID - DG1	4	SI	R			
2	Diagnosis Coding Method	2	ID	B		53	
3	Diagnosis Code - DG1	250	CE	R*		51	Required for A01 (Admissions) and A03 (Inpatient and Emergency Discharges) Three components required: dx code^dx description^dx coding system <ul style="list-style-type: none"> If submitters are unable to submit DG1-3.1, Diagnosis Description (DG1-3.2) must be provided. Use this field instead of DG1-2 – Diagnosis



SEQ	Element name	LEN	DT	OPT	RP/#	TBL#	Comment/sample data
							Coding Method and DG1-4 – Diagnosis Description
4	Diagnosis Description	40	ST	B			Required for A01 (Admissions) and A03 (Inpatient and Emergency Discharges)
5	Diagnosis Date/Time	26	TS	O			
6	Diagnosis Type	2	IS	R		52	Three acceptable values: <ul style="list-style-type: none"> • A – Admit Diagnosis • F – Final Diagnosis • W – Working Diagnosis
7	Major Diagnostic Category	250	CE	B		118	
8	Diagnostic Related Group	250	CE	B		55	
9	DRG Approval Indicator	1	ID	B		136	
10	DRG Grouper Review Code	2	IS	B		56	
11	Outlier Type	250	CE	B		83	
12	Outlier Days	3	NM	B			
13	Outlier Cost	12	CP	B			
14	Grouper Version And Type	4	ST	B			
15	Diagnosis Priority	2	ID	O		359	
16	Diagnosing Clinician	250	XCN	O	Y		



SEQ	Element name	LEN	DT	OPT	RP/#	TBL#	Comment/sample data
17	Diagnosis Classification	3	IS	O		228	
18	Confidential Indicator	1	ID	O		136	
19	Attestation Date/Time	26	TS	O			
20	Diagnosis Identifier	427	EI	C			
21	Diagnosis Action Code	1	ID	C		206	



- **DG1-1 – Set ID [R]** – This field contains the number that identifies this transaction. For the first occurrence of the segment, the sequence number shall be one, for the second occurrence, the sequence number shall be two, etc.
- **DG1-2 – Diagnosis Coding Method [B]** – *As of Version 2.3, this field has been retained for backward compatibility only.* Use the components of *DG1-3 – Diagnosis Code – DG1* instead of this field. When used for backward compatibility, ICD9 is the recommended coding methodology. Refer to *User-defined Table 0053 – Diagnosis Coding Method in the HL7 2.5.1 standard* for suggested values.
- **DG1-3 – Diagnosis Code – DG1 [R*]** – Use this field instead of *DG1-2 – Diagnosis Coding Method* and *DG1-4 – Diagnosis Description*, which have been retained, as of Version 2.3, for backward compatibility only. *DG1-3 – Diagnosis Code – DG1* contains the diagnosis code assigned to this diagnosis. Refer to *User-defined Table 0051 – Diagnosis Code in the HL7 2.5.1 standard* for suggested values. This field is a CE data type for compatibility with clinical and ancillary systems.



UnitedHealthcare Standards
Constraints on HL7 Standards

- UnitedHealthcare requires the NPI (PV1-39.1) be provided at a minimum, which differs from the HL7 standard.

Format:

```
|Diagnosiscode^diagnosisdescription^diagnosismethod |
```

- HL7 Example for CE data type:
 - Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)>

Component/Sub-Component	OPT
Identifier (ST)	O
Text (ST)	O
Name of Coding System (ID)	O
Alternate Identifier (ST)	O
Alternate Text (ST)	O
Name of Alternate Coding System (ID)	O



Value Example
R11.0^NauseaAlone^I10

- **DG1-4 – Diagnosis Description [B]** – As of Version 2.3, this field has been retained for backward compatibility only. Use the components of DG1-3 Diagnosis Code – DG1 field instead of this field. When used for backward compatibility, DG1-4 Diagnosis Description contains a description that best describes the diagnosis.
- **DG1-6 – Diagnosis Type [R]** – This field contains a code that identifies the type of diagnosis being sent. Refer to *User-defined Table 0052 in the HL7 2.5.1 standard – Diagnosis Type* for suggested values. This field should no longer be used to indicate DRG because the DRG fields have moved to the new DRG segment.

Value	Description
A	Admitting Diagnosis
W	Working Diagnosis
F	Final Diagnosis

Additional DG1 fields are optional values and as of version 2.3, some of these have been retained for backward compatibility only.



Heads up!

Helpful tips and information

- The DRG Segment is optional and no fields are required.

- **DG1-18 – Confidential Indicator [O]** – This field indicates whether the diagnosis is confidential. Refer to *HL7 Tables 0136 – Yes/No Indicator* for valid values.



IN1 – Insurance segment

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

The IN1 segment is optional, but if sent the following fields are used:

SEQ	Element name	LEN	DT	OPT	RP/#	TBL#
1	Set ID - IN1	4	SI	R		
2	Insurance Plan ID	250	CE	R		72
3	Insurance Company ID	250	CX	R	Y	
4	Insurance Company Name	250	XON	O	Y	
5	Insurance Company Address	250	XAD	O	Y	
6	Insurance Co Contact Person	250	XPN	O	Y	
7	Insurance Co Phone Number	250	XTN	O	Y	
8	Group Number	12	ST	O		
9	Group Name	250	XON	O	Y	
10	Insured's Group Emp ID	250	CX	O	Y	
11	Insured's Group Emp Name	250	XON	O	Y	
12	Plan Effective Date	8	DT	O		
13	Plan Expiration Date	8	DT	O		
14	Authorization Information	239	AUI	O		
15	Plan Type	3	IS	O		86
16	Name Of Insured	250	XPN	O	Y	
17	Insured's Relationship To Patient	250	CE	O		63
18	Insured's Date Of Birth	26	TS	O		
19	Insured's Address	250	XAD	O	Y	
20	Assignment Of Benefits	2	IS	O		135
21	Coordination Of Benefits	2	IS	O		173
22	Coord Of Ben. Priority	2	ST	O		



SEQ	Element name	LEN	DT	OPT	RP/#	TBL#
23	Notice Of Admission Flag	1	ID	O		136
24	Notice Of Admission Date	8	DT	O		
25	Report Of Eligibility Flag	1	ID	O		136
26	Report Of Eligibility Date	8	DT	O		
27	Release Information Code	2	IS	O		93
28	Pre-Admit Cert (PAC)	15	ST	O		
29	Verification Date/Time	26	TS	O		
30	Verification By	250	XCN	O	Y	
31	Type Of Agreement Code	2	IS	O		98
32	Billing Status	2	IS	O		22
33	Lifetime Reserve Days	4	NM	O		
34	Delay Before L.R. Day	4	NM	O		
35	Company Plan Code	8	IS	O		42
36	Policy Number	15	ST	O		
37	Policy Deductible	12	CP	O		
38	Policy Limit - Amount	12	CP	B		
39	Policy Limit - Days	4	NM	O		
40	Room Rate - Semi-Private	12	CP	B		
41	Room Rate - Private	12	CP	B		
42	Insured's Employment Status	250	CE	O		66
43	Insured's Administrative Sex	1	IS	O		1
44	Insured's Employer's Address	250	XAD	O	Y	
45	Verification Status	2	ST	O		
46	Prior Insurance Plan ID	8	IS	O		72
47	Coverage Type	3	IS	O		309
48	Handicap	2	IS	O		295
49	Insured's ID Number	250	CX	O	Y	



SEQ	Element name	LEN	DT	OPT	RP/#	TBL#
50	Signature Code	1	IS	O		535
51	Signature Code Date	8	DT	O		
52	Insured's Birth Place	250	ST	O		
53	VIP Indicator	2	IS	O		99

- **IN1-1 – Set ID [R]** – This field contains the number that identifies this transaction. For the first occurrence of the segment, the sequence number shall be one, for the second occurrence, the sequence number shall be two, etc.
- **IN1-2 – Insurance Plan ID [R]** – This field contains a unique identifier for the insurance plan. Refer to *User-defined Table 0072 – Insurance Plan ID* for suggested values.
 - HL7 Example for CE data type:
 - Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)>

Component/Sub-Component	OPT
Identifier (ST)	O
Text (ST)	O
Name of Coding System (ID)	O
Alternate Identifier (ST)	O
Alternate Text (ST)	O
Name of Alternate Coding System (ID)	O

Value Example

```
|3150^UNITED HEALTHCARE PPO|
```

- **IN1-3 – Insurance Company ID [R]** – This field contains unique identifiers for the insurance company. The assigning authority and identifier type code are strongly recommended for all CX data types.
 - HL7 format for CX data type:
 - <ID Number (ST)> ^ <Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility



(HD)> ^ <Effective Date (DT)> ^ <Expiration Date (DT)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)>

Field: IN1-3 Insurance Company ID (CX)

Component/Sub-Component	OPT
ID Number (ST)	R
Check Digit (ST)	O
Check Digit Scheme (ID)	O
Assigning Authority (HD)	O
Identifier Type Code (ID)	O
Assigning Facility (HD)	O
Effective Date (DT)	O
Expiration Date (DT)	O
Assigning Jurisdiction (CWE)	O
Assigning Agency or Department (CWE)	O

Value Example

22222^^^HC

- **IN1-4 Insurance Company Name [O]** – This field contains the name of the insurance company. Multiple names for the same insurance company may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

Component/Sub-Component	OPT
Organization Name (ST)	O

Value Example


| UNITED HEALTHCARE MEDICAID |

- **IN1-36 Policy Number [O]** – This field contains the individual policy number of the insured to uniquely identify this patients plan.
- **IN1-49 Insured's ID Number [O]** – This data element contains a Subscriber ID for the insured. The assigning authority and identifier type code are strongly recommended for all CX data types.



Component/Sub-Component	OPT
ID Number (ST)	<input type="radio"/>
Check Digit (ST)	<input type="radio"/>
Check Digit Scheme (ID)	<input type="radio"/>
Assigning Authority (HD)	<input type="radio"/>
Identifier Type Code (ID)	<input type="radio"/>
Assigning Facility (HD)	<input type="radio"/>
Effective Date (DT)	<input type="radio"/>
Expiration Date (DT)	<input type="radio"/>
Assigning Jurisdiction (CWE)	<input type="radio"/>
Assigning Agency or Department (CWE)	<input type="radio"/>


Value Example
836049745



UnitedHealthcare Standards
Constraints on HL7 Standards

- UnitedHealthcare requires this information is provided, which differs from the HL7 standard.

Additional PV1 fields are optional values.



Heads up!
Helpful tips and information

- IN2 Segment(s) are optional and no fields are required.
- IN3 Segment(s) are optional and no fields are required.
- ACC Segment is optional and no fields are required.
- UB1 Segment is optional and no fields are required.
- UB2 Segment is optional and no fields are required.
- PDA Segment is optional and no fields are required.



Appendices

Message samples

ADT transaction layout examples

The layout of sample ADT messages is shown below. Braces, { . . . }, indicate there can be one or more repetitions of the enclosed group of segments. Brackets, [. . .], indicate the enclosed group of segments is optional.

The following table describes the required segments and cardinality of segments and groups of segments in the sample ADT message below sent to UnitedHealthcare. For a complete listing of possible segment and segment groups, refer to the *HL7 2.5.1 standard*.

Example 1: Hospital admits Inpatient	
MSH	Message Header Segment
EVN	Event Type
PID	Patient Identification
[[NK1]]	Next of Kin
PV1	Patient Visit
[PV2]	Patient visit – Additional Info.
[[DG1]]	Diagnosis Information
[PR1]	Procedures
[[GT1]]	Guarantor
[[IN1]]	Insurance

A01 – Admit

```
MSH|^~\&|SubmitterAbbrev|SubmitterAbbrev|Optum
HIE|CDX|20220331070206||ADT^A01^ADT_A01|ea99f080-b0e1-11ec-b2a3-
59588a3fe3e3|P|2.5.1
```

```
EVN|A08|20220302202200||EDIT_ENCOUNTER|||
```



PID|1||4W65RH3EJ72^^^MR||Lewis^JERRY^L||19570712|M||880 COMEDY
LN^^LAUGHING^NC^28500||2523423893||||V00002743796|

PV1|1|V||||12345678906^TAYRY^TAYLOR^RYAN^^^MD^^^HOS||||
||OBSERVATION|V00002743796|||||||||Home - with Home
Health Services||1760479331^SMILE Health Care^253333^3 Sadell
St^Laughing^NC^28500||||20220302172400|20220302202200||||12648
1369

DG1|1|^rib pain

IN1|1||||||||||||||||||||||||||||||||

IN1|2|||NC

DSNP||||||||Commercial||||||||||||115068740

A03 – Discharge

MSH|^~\&|SubmitterAbbrev|SubmitterAbbrev|Optum
HIE|CDX|20220331070106||ADT^A03^ADT_A03|cfecdf00-b0e1-11ec-b2a3-
771624cdb80b|P|2.5.1

EVN|A08|20220302202200||EDIT_ENCOUNTER|||

PID|1||4W65RH3EJ72^^^MR||Lewis^JERRY^L||19570712|M||880 COMEDY
LN^^LAUGHING^NC^28500||2523423893||||V00002743796|

PV1|1|V||||12345678906^TAYRY^TAYLOR^RYAN^^^MD^^^HOS||||
||OBSERVATION|V00002743796|||||||||Home - with Home
Health Services||1760479331^SMILE Health Care^253333^3 Sadell
St^Laughing^NC^28500||||20220302172400|20220302202200||||12648
1369

IN1|1||||||||||||||||||||||||||||||||

IN1|2|||NC

DSNP||||||||Commercial||||||||||||115068740

A04 – Register patient

MSH|^~\&|SubmitterAbbrev|SubmitterAbbrev|Optum
HIE|CDX|20220331070106||ADT^A04^ADT_A01|c86c3f3b-b0e1-11ec-b2a3-
65184c4eab85|P|2.5.1

EVN|A08|20220302202200||EDIT_ENCOUNTER|||



PID|1||4W65RH3EJ72^^^MR||Lewis^JERRY^L||19570712|M||880 COMEDY
LN^^LAUGHING^NC^28500||2523423893||||V00002743796|

PV1|1|V||||12345678906^TAYRY^TAYLOR^RYAN^^^MD^^^HOS||||
||OBSERVATION|V00002743796|||||||||Home - with Home
Health Services||1760479331^SMILE Health Care^253333^3 Sadell
St^Laughing^NC^28500||||20220302172400|20220302202200||||12648
1369

DG1|1|^rib pai

IN1|1||||||||||||||||||||||||||||||||

IN1|2|||NC

DSNP||||||||Commercial||||||||||||115068740

A06 – Transfer (OP to IP)

MSH|^~\&|SubmitterAbbrev|SubmitterAbbrev|OPTUM
HIE|CDX|20220327174758|JLKELLY|ADT^A06^ADT_A06|512443857|P|2.5.1

EVN|A06|20220327174758

PID|1||4W65RH3EJ72^^^MR||Lewis^JERRY^L||19570712|M||880 COMEDY
LN^^LAUGHING^NC^28500||2523423893||||V00002743796|

PV1|1|V||||12345678906^TAYRY^TAYLOR^RYAN^^^MD^^^HOS|||||OBS
ERVATION|V00002743796|||||||||Home - with Home Health
Services||1760479331^SMILE Health Care^253333^3 Sadell
St^Laughing^NC^28500||||20220302172400|20220302202200||||126481369

DG1|1|ICD-10|O47.03^False labor before 37 completed weeks of
gestation, third trimester^ICD-10

DG1|2|ICD-10|O47.03^False labor before 37 completed weeks of
gestation, third trimester^ICD-10

IN1|1|108096^UHC ATLANTA|108062|UNITED HEALTHCARE|PO BOX
740800^^ATLANTA^GA^30374-0800||||||||||||957961836

A08 – Update patient information

MSH|^~\&|SubmitterAbbrev|SubmitterAbbrev|Optum
HIE|CDX|20220331070106||ADT^A08^ADT_A01|cac179e2-b0e1-11ec-b2a3-
072e17f52b1a|P|2.5.1

EVN|A08|20220302202200||EDIT_ENCOUNTER|||



```
PID|1||4W65RH3EJ72^^^MR||Lewis^JERRY^L||19570712|M||880 COMEDY
LN^^LAUGHING^NC^28500||2523423893||||V00002743796|
```

```
PV1|1|V||||12345678906^TAYRY^TAYLOR^RYAN^^^MD^^^HOS||||
||OBSERVATION|V00002743796|||||||||Home - with Home
Health Services||1760479331^SMILE Health Care^253333^3 Sadell
St^Laughing^NC^28500||||20220302172400|20220302202200||||12648
1369
```

```
DG1|1|^rib pain
```

```
IN1|1||||||||||||||||||||||||||||||||
```

```
IN1|2|||NC
```

```
DSNP||||||||Commercial||||||||||||115068740
```

Acknowledgement messages

The layout of the message response is listed below. Braces, { . . . }, indicate one or more repetitions of the enclosed group of segments. Brackets, [. . .], show that the enclosed group of segments is optional. The following table describes the required segments and cardinality of segments and groups of segments in the UnitedHealthcare HL7 response message.

Segment Identifier	Usage	Cardinality	Segment Name
MSH	R	[1..*]	Message Header
{SFT}			Software Segment
MSA	R	[1..1]	Message Acknowledgment
{ERR}	O	[0..1]	Error Segment

The response message conforms directly to the information submitted in the original message. If the acknowledgment indicates an error was found within the MSH, a single ERR (Error Segment) is included following the MSA. If no errors were found in the MSH, no ERR segment is included.

The standard acknowledgement message for an ACK is **CA** (Commit Accept).

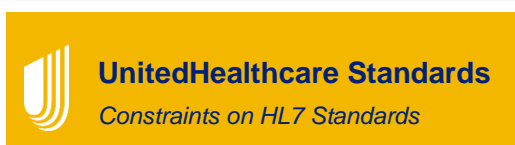
MSA – Message acknowledgment segment

The MSA segment contains information sent while acknowledging another message.



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

- **MSA-1 Acknowledgment Code [R]** – This field contains an acknowledgment code, see message processing rules. Refer to *HL7 Table 0008 – Acknowledgment code* for valid values.

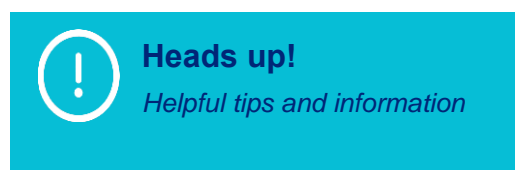


- The value included in the UnitedHealthcare standard is **CA** (Commit Accept).

HL7 Table 0008 – Acknowledgment code

Value	Description	Comment
CA	Enhanced mode: Accept acknowledgment: Commit Accept	

- **MSA-2 Message Control ID [R]** – This field contains the message control ID of the message sent by the sending system. It allows the sending system to associate this response with the message for which it is intended. This value contains the MSH-10 Message Control ID value related to this acknowledgement.
- **MSA-3 Text Message** – Optional Value – The MSA-3 was deprecated as of version 2.4. The reader is referred to the ERR segment. The ERR segment allows for richer descriptions of the erroneous conditions. This field will NOT be included in the UNITEDHEALTHCARE MSA segment.




- The MSA-3 was deprecated as of v2.4. The reader is referred to the ERR segment. The ERR segment allows for richer descriptions of the erroneous conditions. This field will NOT be included in the UnitedHealthcare MSA segment.



- **MSA-4 Expected Sequence Number** – Optional value

 Heads up! <i>Helpful tips and information</i>	<ul style="list-style-type: none">• This field will NOT be included in the UnitedHealthcare MSA segment.
---	--

- **MSA-5 Delayed Acknowledgment Type**

 Heads up! <i>Helpful tips and information</i>	<ul style="list-style-type: none">• The MSA-5 was deprecated as of v2.2 and the detail was withdrawn and removed from the standard as of v2.5. This field will NOT be included in the UnitedHealthcare MSA segment.
---	---

- **MSA-6 Error Condition** – Optional Value

 Heads up! <i>Helpful tips and information</i>	<ul style="list-style-type: none">• This field will NOT be included in the UnitedHealthcare MSA segment.
---	--

Positive acknowledgment sample

```
MSH|^~\&|SENDING APPLICATION^1.2.3.4.1^ISO||RECEIVING  
APPLICATION^9.9.9.9.1^ISO||20140514093051||ACK|MSG-20140514-  
093051-0337|P|2.5.1
```

```
MSA|AA|ADT32833385
```

Application error sample

```
MSH|^~\&|SENDING APPLICATION^1.2.3.4.1^ISO||RECEIVING  
APPLICATION^9.9.9.9.1^ISO||20140514093051||ACK|MSG-20140514-  
093051-0337|P|2.5.1
```

```
MSA|AE|ADT32833385
```

