



Outbound Patient and Chart Data Specification

Interface Specification

athenahealth, Inc.

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# 1 Overview

athenaNet supports the ability to send unidirectional (outbound) clinical message in several standards. This specification document describes the specification for the HL7v2 standard. athenaNet has the ability to send all or different parts of a patient’s clinical information. How this is accomplished can vary depending on various options chosen by the practice. The following simple scenario should provide a general picture of how the outbound clinical interface in athenaNet would work.

* An interface subscription is configured for the practice with a combination of event/trigger, message type and message content.
* An event (such as encounter closed/signed, lab result add, etc) triggers the corresponding message type to be sent to 3rd party system.

## HL7 Structure and Version

Within the HL7 protocol, data is broken up into groups called messages. A message is the atomic unit of data transferred between systems. Each message is broken up further into segments. HL7 segments group the data according to the type of information. For example, the message header (MSH) segment contains information specific to the message. It contains information like the sending facility, sending application, receiving facility, receiving application, and message type.

Each segment is broken up even further into fields. HL7 fields are what actually contain data. Each message has a message type (three-character code) that defines its type. Refer to the Glossary for message type definitions.

The real-world event that initiates an exchange of messages is called a trigger event. These triggers represent actions such as a visit/encounter is closed or a lab result is received.

Message, segment and field definitions used by this interface are based on the HL7 v2.3.1 standard. When there’re differences between the HL7 standard and this document, the specifications in this document take precedence.

For general information on HL7 messages, please consult the HL7 standard specification available from:

Health Level Seven

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(313) 677-7777

<http://www.hl7.org>

# 2 Supported Outbound Messages

The outbound clinical message interface supports various message types containing different contents. The messages can be triggered by different application events within athenaClinicals. The following table describes the different supported configurations (based on message types, application events and message contents):

| **HL7**  **Message Type** | **Application**  **Trigger/Event** | **Supported Message Content** |
| --- | --- | --- |
| Patient Add (**ADT^A28**) | Patient Add | * *Patient demographic information* |
| Patient Update (**ADT^A31**) | Patient Update | * *Patient demographic information* |
| Patient Update Message  (**ADT^A08**) | Encounter Sign Off | ADT message by default includes the base segments (MSH, EVN, PID, PV1, GT1 and IN1) and additional content listed below. Below is the list of content options:   1. A single message which includes ALL of the contents listed below. 2. Individual message which includes individual content listed below.   Supported content:   * *Vital sign list message*: complete list of vital sign information recorded during encounter. * *Allergy list message*: complete list of allergy information in patient’s chart. * *Diagnosis list message*: complete list of diagnosis recorded during encounter. * *Social History list message:* complete list of social history information in patient’s chart. * *Past Medical History list message*: complete list of past medical history information in patient’s chart. * *Family History list message*: complete list of family history information in patient’s chart. * *Surgical History list message*: complete list of surgical history information in patient’s chart. * *Birth History list message*: complete list of birth history information in patient’s chart. |
| Allergy Add or Update | * *Changed allergy message*: contains added/updated allergy record. |
| Vital Add or Update | * *Changed vital sign message:* contains list of all vital sign recorded during the encounter. |
| Patient Medication Information (**ORM^O01**) | Encounter Sign Off | * *All medication list message*: contains complete list of patient medications (active & historical). * *Active medication list message*: contains list of active medication information in patient’s chart. * *Historical medication list message*: contains list of historical medication information in patient’s chart. |
| Prescription Add | * *New prescription message*: contains newly prescribed medication. |
| Historical Medication Add or Update | * *Changed historical medication message*: contains newly added/updated historical medication record in patient’s chart. |
| Order Sign Off Notify | * *Order notification message*: contains newly signed off order information which includes the following order types: lab, imaging, DME, surgery, patient info, referral and other.   **Note**: the purpose of the message is to notify 3rd party system that an order was created and signed off in athenaClinicals. It’s not meant to be used as an order request message. |
| Patient Lab Result (**ORU^R01**) | Lab Result Add or Update | * *Lab result message:* contains lab result information added or updated in patient’s chart. The source includes: external lab result, in-house lab result and manually added lab result analyte.   **Note**: for result received from external lab (via interface), only result with structured data will be included in the outbound lab result message. I.e. lab result received as a fax document won’t be included in the outbound lab result message. |
| Patient Information  (**MDM^T02**) | Encounter Sign Off | * *Encounter summary message*: contains the encounter summary information in HTML format. |

# 3 Shared Segment Specification

This section describes the attributes specification for the shared segments used in almost all of message types.

## Legend

The abbreviated terms and definitions used in the segment attributes specification table:

| Abbreviation | Definition |
| --- | --- |
| Seq | Sequence of the element as numbered in the HL7 message standard |
| Element Name | HL7 description for the element |
| athenaNet | athenaNet specific usage description |
| Notes | Additional note, rule and example |

## MSH Segment Specification (Message Header)

The table below describes the segment attributes specification for Message Header segment.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Field Separator | athenaNet uses recommended value, ‘|’ |  |
| 2 | Encoding Characters | The HL7-recommended encoding characters are used for component separator, repetition separator, escape character, and subcomponent separator | Default to “^~\&” |
| 3 | Sending Application | ATHENANET |  |
| 4 | Sending Facility | <athena practiced>^<athena practice name> | Max length of practice name is 40 characters.  E.g. 232^Primary Care |
| 5 | Receiving Application | Contains interface vendor id in athena. |  |
| 6 | Receiving Facility | Not used. |  |
| 7 | Date/Time Of Message | The current system timestamp. | In UTC format (YYYYMMDDhhmm) |
| 8 | Security | Not used. |  |
| 9 | Message Type | Defines the type of message | E.g. ADT^A08, MDM^T02, ORU^R01 |
| 10 | Message Control ID | From athenaNet: the message control number generated by athenaNet, which should be acknowledged by the receiving application if HL7 acknowledgements are enabled. To athenaNet: athenaNet will echo this message control ID back in the MSA (message acknowledgement segment) if HL7 acknowledgements are enabled. |  |
| 11 | Processing ID | T=Training, P=Production | Defaults to “P” – usually unchanged unless requested. |
| 12 | Version ID | athenaNet is based on HL7 2.3.1, but is backwards-compatible to HL7 2.3 and 2.2. | Defaults to “2.3.1”. |
| 13 | Sequence Number | Not used. |  |
| 14 | Continuation Pointer | Not used. |  |
| 15 | Accept Acknowledgment Type | Not used. |  |
| 16 | Application Acknowledgment Type | Not used. |  |
| 17 | Country Code | Not used. |  |
| 18 | Character Set | Not used. |  |
| 19 | Principal Language Of Message | Not used. |  |
| 20 | Alternate Character Set Handling Scheme | Not used. |  |

## EVN Segment Specification (Event Type)

The table below describes the segment attributes specification for Event Type segment.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Event Type Code | HL7 message type | E.g. A08, R01 |
| 2 | Recorded Date/Time | The timestamp of the patient update/add/delete, in YYYYMMDDHHMISS format. |  |
| 3 | Date/Time Planned Event | Not used. |  |
| 4 | Event Reason Code | Not used. |  |
| 5 | Operator ID | Not used. |  |
| 6 | Event Occurred | Not used. |  |

## PID Segment Specification (Patient Identification)

The table below describes the segment attributes specification for Patient Identification segment.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID – PID | Not used. | Each message always contains a single PID segment. |
| 2 | Patient ID | The patient’s athena ID, which is a numeric identifier. Typically, this will start at 1 and count up. |  |
| 3 | Patient Identifier List | The patient’s athena ID, which is a numeric identifier. Typically, this will start at 1 and count up. (same as Patient ID) | By default, a duplicate of PID.2. |
| 4 | Alternate Patient ID – PID | Alternate patient ID in athena (if available) | **Note**: if your practice has specific identifier in athenaNet which you would like to use, please specify this during the interface requirement process. |
| 5 | Patient Name | <family name (ST)>^<given name (ST)>^<middle initial or name (ST)> |  |
| 6 | Mother’s Maiden Name | Not used. |  |
| 7 | Date/Time of Birth | The patient DOB. | In YYYYMMDD format. |
| 8 | Sex | F,M,O [other], U [unknown] |  |
| 9 | Patient Alias | Not used. |  |
| 10 | Race | <race code>^<text> | athena ID will be sent by default, upon request we can also send CDC-based race code set. E.g. 900^White or 2106-3^White if empty the field will contain ^^.  **Note**: 941^Patient Declined value will be sent when the patient declined to provide the race |
| 11 | Patient Address | <street address (ST)>^<other designation (ST)>^<city (ST)>^<state or province (ST)>^<zip or postal code(ST)>^<country> |  |
| 12 | County Code | Not used. |  |
| 13 | Phone Number – Home | home phone, in (xxx)yyy-zzzz format | E.g. (555)555-1212 |
| 14 | Phone Number - Business | business phone, in (xxx)yyy-zzzz format | E.g. (555)555-1212 |
| 15 | Primary Language | <language id>^<language name> | E.g. 10^ENGLISH |
| 16 | Marital Status | A=Separated, D=Divorced, M=Married, S=Single, W=Widowed, U=Unknown |  |
| 17 | Religion | Not used. |  |
| 18 | Patient Account Number | Not used. |  |
| 19 | SSN Number - Patient | Patient SSN; 9 digits, no dashes. | E.g. 111222333 |
| 20 | Driver's License Number - Patient | Not used. |  |
| 21 | Mother's Identifier | Not used. |  |
| 22 | Ethnic Group | <ethnic code>^<text> | By default athena ID will be used, upon request we can also send CDC based coding. E.g. 27^South American or 2165-9^South American, if empty the field will contain ^^.  **Note**: 61^Patient Declined value will be sent when the patient declined to provide the ethnicity |
| 23 | Birth Place | Not used. |  |
| 24 | Multiple Birth Indicator | Not used. |  |
| 25 | Birth Order | Not used. |  |
| 26 | Citizenship | Not used. |  |
| 27 | Veterans Military Status | Not used. |  |
| 28 | Nationality | Not used. |  |
| 29 | Patient Death Date and Time | Patient deceased date | In UTC format (YYYYMMDD) |
| 30 | Patient Death Indicator | Not used. |  |

## PD1 Segment Specification (Patient Additional Demographic)

The table below describes the segment attributes specification for Patient Additional Demographic segment.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Living Dependency | Not used. |  |
| 2 | Living Arrangement | Not used. |  |
| 3 | Patient Primary Facility | Not used. |  |
| 4 | Patient Primary Care Name & ID No. | <provider id>^<last name>^<first name>^<middle initial or name>^<suffix> | This is the Primary Care Provider for the patient’s primary insurance. Provider NPI # is the default; if not available, no ID will be provided.  E.g. 111111111^Monfie^John^C^JR |
| 5 | Student Indicator | Not used. |  |
| 6 | Handicap | Not used. |  |
| 7 | Living Will | Not used. |  |
| 8 | Organ Donor | Not used. |  |
| 9 | Separate Bill | Not used. |  |
| 10 | Duplicate Patient | Not used. |  |
| 11 | Publicity Code | Not used. |  |
| 12 | Protection Indicator | Not used. |  |

## PV1 Segment Specification (Patient Visit)

The table below describes the segment attributes specification for Patient Visit segment.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID - PV1 | Not used. | Each message always contains a single PV1 segment. |
| 2 | Patient Class | Defaults to “O” for outpatient |  |
| 3 | Assigned Patient Location | The fourth component contains the value of “Primary Department” for this encounter on the athenaNet Quickview screen. | E.g. ^^^Main Office |
| 4 | Admission Type | Not used. |  |
| 5 | Preadmit Number | Not used. |  |
| 6 | Prior Patient Location | Not used. |  |
| 7 | Attending Doctor | <provider id>^<last name>^<first name>^<middle initial or name> | This is the rendering provider for this encounter. Provider NPI # is the default; if not available athena ID is used.  E.g. 111111111^Monfie^John^C |
| 8 | Referring Doctor | Not used. |  |
| 9 | Consulting Doctor | Not used. |  |
| 10 | Hospital Service | Not used. |  |
| 11 | Temporary Location | Not used. |  |
| 12 | Preadmit Test Indicator | Not used. |  |
| 13 | Re-admission Indicator | Not used. |  |
| 14 | Admit Source | Not used. |  |
| 15 | Ambulatory Status | Not used. |  |
| 16 | VIP Indicator | Not used. |  |
| 17 | Admitting Doctor | <provider id>^<last name>^<first name>^<middle initial or name> | This is the usual provider for this encounter. Provider NPI # is the default; if not available athenaID is used.  E.g. 111111111^Monfie^John^C |
| 18 | Patient Type | Not used. |  |
| 19 | Visit Number | Visit/encounter ID (if available) | athena unique visit/encounter ID  E.g. 12345CE123  **Note:** When the message is generated by an event outside of an encounter, the field will be empty. For example, a patient problem record is updated within the problem list section. |
| 20 | Financial Class | Not used. |  |
| 21 | Charge Price Indicator | Not used. |  |
| 22 | Courtesy Code | Not used. |  |
| 23 | Credit Rating | Not used. |  |
| 24 | Contract Code | Not used. |  |
| 25 | Contract Effective Date | Not used. |  |
| 26 | Contract Amount | Not used. |  |
| 27 | Contract Period | Not used. |  |
| 28 | Interest Code | Not used. |  |
| 29 | Transfer to Bad Debt Code | Not used. |  |
| 30 | Transfer to Bad Debt Date | Not used. |  |
| 31 | Bad Debt Agency Code | Not used. |  |
| 32 | Bad Debt Transfer Amount | Not used. |  |
| 33 | Bad Debt Recovery Amount | Not used. |  |
| 34 | Delete Account Indicator | Not used. |  |
| 35 | Delete Account Date | Not used. |  |
| 36 | Discharge Disposition | Not used. |  |
| 37 | Discharged to Location | Not used. |  |
| 38 | Diet Type | Not used. |  |
| 39 | Servicing Facility | Not used. |  |
| 40 | Bed Status | Not used. |  |
| 41 | Account Status | Not used. |  |
| 42 | Pending Location | Not used. |  |
| 43 | Prior Temporary Location | Not used. |  |
| 44 | Admit Date/Time | The date/time when patient check-in for the encounter. | In UTC format (YYYYMMDDhhmmss) |
| 45 | Discharge Date/Time | The date/time when the encounter is completed. | In UTC format (YYYYMMDDhhmmss) |
| 46 | Current Patient Balance | Not used. |  |
| 47 | Total Charges | Not used. |  |
| 48 | Total Adjustments | Not used. |  |
| 49 | Total Payments | Not used. |  |
| 50 | Alternate Visit ID | Not used. |  |
| 51 | Visit Indicator | Not used. |  |
| 52 | Other Healthcare Provider | Not used. |  |

## GT1 Segment Specification (Guarantor Segment)

The table below describes the segment attributes specification for Guarantor segment.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID – GT1 | Segment count identifier |  |
| 2 | Guarantor Number | Not used. |  |
| 3 | Guarantor Name | <family name>^<given name>^<middle initial or name> |  |
| 4 | Guarantor Spouse Name | Not used. |  |
| 5 | Guarantor Address | <street address>^^<city>^<state or province>^<zip or postal code> | The 2nd component is not used.  By default, only “Guarantor Address” from the athenaNet UI is included, e.g. “Guarantor Address (ctd)” is not included. |
| 6 | Guarantor Ph Num-Home | Guarantor home phone, in (xxx)yyy-zzzz format |  |
| 7 | Guarantor Ph Num-Business | Not used. |  |
| 8 | Guarantor Date/Time Of Birth | Guarantor DOB |  |
| 9 | Guarantor Sex | Not used. |  |
| 10 | Guarantor Type | Not used. |  |
| 11 | Guarantor Relationship | Text description of patient relationship to guarantor. |  |
| 12 | Guarantor SSN | Not used. |  |
| 13 | Guarantor Date - Begin | Not used. |  |
| 14 | Guarantor Date - End | Not used. |  |
| 15 | Guarantor Priority | Not used. |  |
| 16 | Guarantor Employer Name | Not used. |  |
| 17 | Guarantor Employer Address | Not used. |  |
| 18 | Guarantor Employer Phone Number | Not used. |  |
| 19 | Guarantor Employee ID Number | Not used. |  |
| 20 | Guarantor Employment Status | Not used. |  |
| 21 | Guarantor Organization Name | Not used. |  |
| 22 | Guarantor Billing Hold Flag | Not used. |  |
| 23 | Guarantor Credit Rating Code | Not used. |  |
| 24 | Guarantor Death Date And Time | Not used. |  |
| 25 | Guarantor Death Flag | Not used. |  |
| 26 | Guarantor Charge Adjustment Code | Not used. |  |
| 27 | Guarantor Household Annual Income | Not used. |  |
| 28 | Guarantor Household Size | Not used. |  |
| 29 | Guarantor Employer ID Number | Not used. |  |
| 30 | Guarantor Marital Status Code | Not used. |  |
| 31 | Guarantor Hire Effective Date | Not used. |  |
| 32 | Employment Stop Date | Not used. |  |
| 33 | Living Dependency | Not used. |  |
| 34 | Ambulatory Status | Not used. |  |
| 35 | Citizenship | Not used. |  |
| 36 | Primary Language | Not used. |  |
| 37 | Living Arrangement | Not used. |  |
| 38 | Publicity Code | Not used. |  |
| 39 | Protection Indicator | Not used. |  |
| 40 | Student Indicator | Not used. |  |
| 41 | Religion | Not used. |  |
| 42 | Mother’s Maiden Name | Not used. |  |
| 43 | Nationality | Not used. |  |
| 44 | Ethnic Group | Not used. |  |
| 45 | Contact Person’s Name | <family name>^<given name>^<middle initial or name> | “Emergency Contact Name” from the athenaNet UI. |
| 46 | Contact Person’s Telephone Number | contact phone, in (xxx)yyy-zzzz format | “Emergency Contact Phone” from the athenaNet UI.  Example: “(555)555-1212” |
| 47 | Contact Reason | Not used. |  |
| 48 | Contact Relationship | Not used. |  |
| 49 | Job Title | Not used. |  |
| 50 | Job Code/Class | Not used. |  |
| 51 | Guarantor Employer’s Organization Name | Not used. |  |
| 52 | Handicap | Not used. |  |
| 53 | Job Status | Not used. |  |
| 54 | Guarantor Financial Class | Not used. |  |
| 55 | Guarantor Race | Not used. |  |

## IN1 Segment Specification (Insurance Segment)

The table below describes the segment attributes specification for Patient Insurance Policies segment. This segment will repeat for patient insurance policies on file.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID – IN1 |  | 1 – for primary insurance, 2 for secondary, if present |
| 2 | Insurance Plan ID | <athenaNet’s globally assigned insurancepackageid for this insurance>^<athenaNet’s insurance name> | Max length for insurance package name is 100 characters. |
| 3 | Insurance Company ID | <athenaNet’s globally assigned insurancepackageid for this insurance>^<athenaNet’s insurance name> | Same as IN1.2. |
| 4 | Insurance Company Name | athenaNet’s insurance name |  |
| 5 | Insurance Company Address | <street address (ST)>^<other designation (ST)>^<city (ST)>^<state or province (ST)>^<zip or postal code(ST)> |  |
| 6 | Insurance Co Contact Person | <insurance contact lastname>^<insurance contact firstname> |  |
| 7 | Insurance Co Phone Number | insurance main contact phone, in (xxx)yyy-zzzz format | Example:  “555(555)-1212” |
| 8 | Group Number | Mapped to PATIENTINSURANCE.POLICYNUMBER. | The group ID/number. |
| 9 | Group Name | Not used. |  |
| 10 | Insured’s Group Emp ID | Not used. |  |
| 11 | Insured’s Group Emp Name | Mapped to PATIENTINSURANCE.EMPLOYERNAME |  |
| 12 | Plan Effective Date | Mapped to PATIENTINSURANCE.ISSUEDATE, in YYYYMMDD format. |  |
| 13 | Plan Expiration Date | Mapped to PATIENTINSURANCE.EXPIRATIONDATE, in YYYYMMDD format. |  |
| 14 | Authorization Information | Not used. |  |
| 15 | Plan Type | Not used. |  |
| 16 | Name Of Insured | <family name (ST)>^<given name (ST)>^<middle initial or name (ST)> | “Policy Holder” information. |
| 17 | Insured’s Relationship To Patient | SELF, SPOUSE, CHILD, or OTHER |  |
| 18 | Insured’s Date Of Birth | Mapped to PATIENTINSURANCE.INSUREDDOB, in YYYYMMDD format. | “Policy Holder” information. |
| 19 | Insured’s Address | <street address (ST)>^<other designation (ST)>^<city (ST)>^<state or province (ST)>^<zip or postal code(ST)> |  |
| 20 | Assignment Of Benefits | Not used. |  |
| 21 | Coordination Of Benefits | Not used. |  |
| 22 | Coord Of Ben. Priority | Mapped to PATIENTINSURANCE.SEQUENCENUMBER (also determines whether this patientinsurance record is PRIMARYPATIENTINSURANCEID or SECONDARYPATIENTINSURANCEID on the claim). If null, indicates a case-policy insurance. | Example:  “1” or “2”. |
| 23 | Notice Of Admission Flag | Not used. |  |
| 24 | Notice Of Admission Date | Not used. |  |
| 25 | Report Of Eligibility Flag | Not used. |  |
| 26 | Report Of Eligibility Date | Not used. |  |
| 27 | Release Information Code | Not used. |  |
| 28 | Pre-Admit Cert (PAC) | Not used. |  |
| 29 | Verification Date/Time | Not used. |  |
| 30 | Verification By | Not used. |  |
| 31 | Type Of Agreement Code | Not used. |  |
| 32 | Billing Status | Not used. |  |
| 33 | Lifetime Reserve Days | Not used. |  |
| 34 | Delay Before L.R. Day | Not used. |  |
| 35 | Company Plan Code | Not used. |  |
| 36 | Policy Number | Mapped to PATIENTINSURANCE.INSUREDIDNUMBER | The insurance ID/number. |
| 37 | Policy Deductible | Not used. |  |
| 38 | Policy Limit – Amount | Not used. |  |
| 39 | Policy Limit – Days | Not used. |  |
| 40 | Room Rate - Semi-Private | Not used. |  |
| 41 | Room Rate – Private | Not used. |  |
| 42 | Insured’s Employment Status | Not used. |  |
| 43 | Insured’s Sex | Mapped to PATIENTINSURANCE.INSUREDSEX. F,M,O [other], U [unknown] |  |
| 44 | Insured’s Employer’s Address | Not used. |  |
| 45 | Verification Status | Not used. |  |
| 46 | Prior Insurance Plan ID | Not used. |  |
| 47 | Coverage Type | Not used. |  |
| 48 | Handicap | Not used. |  |
| 49 | Insured’s ID Number | Not used. |  |

## NTE Segment Specification

The table below describes the attributes specification for the note segment.

| **Seq** | **Element Name** | **athenaNet** | **Notes** |
| --- | --- | --- | --- |
| 1 | SET ID - NTE | Segment count identifier |  |
| 2 | Source of Comment | Not used. |  |
| 3 | Comment | Comment | Free Text. New line character is represented as “\X0D\\X0A\” or “\X0A” within the note. |

# 4 Message Type Definition and Segment Specification

This section describes the message structure for all supported message type by the interface as well as the attributes specification for each segment.

## Create Patient – ADT^A28

This message type will be used to send out patient demographic information. Example scenario: a patient is created in athenaNet.

### Complete Message Structure

|  |  |
| --- | --- |
| Message Segment | Segment Description |
| MSH | Message Header |
| EVN | Event Type |
| PID | Patient Identification |
| PD1 | Patient Additional Demographic |
| NK1 | Next of kin |
| PV1 | Patient visit information |
| GT1 | Guarantor information |
| IN1 | Patient insurance |

Please refer to the shared segment specification section for detail of following segments:

* MSH : Message Header Segment
* EVN : Event Type
* PID : Patient Identification Segment
* PD1 : Patient Additional Demographic Segment
* NK1 : Next of kin/Associated parties
* PV1 : Patient Visit
* GT1 : Guarantor
* IN1 : Insurance

Below is the list of segment specific specification for the different content:

**MSH Segment (Message Header)**

The table below describes the segment attributes specification for Message Header segment.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Field Separator | athenaNet uses recommended value, ‘|’ |  |
| 2 | Encoding Characters | The HL7-recommended encoding characters are used for component separator, repetition separator, escape character, and subcomponent separator | Default to “^~\&” |
| 3 | Sending Application | ATHENANET |  |
| 4 | Sending Facility | <athena practiced>^<athena practice name> | Max length of practice name is 40 characters.  E.g. 232^Primary Care |
| 5 | Receiving Application | Contains interface vendor id in athena. |  |
| 6 | Receiving Facility | Not used. |  |
| 7 | Date/Time Of Message | The current system timestamp. | In UTC format (YYYYMMDDhhmm) |
| 8 | Security | Not used. |  |
| 9 | Message Type | Defines the type of message | E.g. ADT^A08, MDM^T02, ORU^R01 |
| 10 | Message Control ID | From athenaNet: the message control number generated by athenaNet, which should be acknowledged by the receiving application if HL7 acknowledgements are enabled. To athenaNet: athenaNet will echo this message control ID back in the MSA (message acknowledgement segment) if HL7 acknowledgements are enabled. |  |
| 11 | Processing ID | T=Training, P=Production | Defaults to “P” – usually unchanged unless requested. |
| 12 | Version ID | athenaNet is based on HL7 2.3.1, but is backwards-compatible to HL7 2.3 and 2.2. | Defaults to “2.3.1”. |
| 13 | Sequence Number | Not used. |  |
| 14 | Continuation Pointer | Not used. |  |
| 15 | Accept Acknowledgment Type | Not used. |  |
| 16 | Application Acknowledgment Type | Not used. |  |
| 17 | Country Code | Not used. |  |
| 18 | Character Set | Not used. |  |
| 19 | Principal Language Of Message | Not used. |  |
| 20 | Alternate Character Set Handling Scheme | Not used. |  |

### PID Segment Specification (Patient Identification)

The table below describes the segment attributes specification for Patient Identification segment.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID – PID | Not used. | Each message always contains a single PID segment. |
| 2 | Patient ID | The patient’s athena ID, which is a numeric identifier. Typically, this will start at 1 and count up. |  |
| 3 | Patient Identifier List | The patient’s athena ID, which is a numeric identifier. Typically, this will start at 1 and count up. (same as Patient ID) | By default, a duplicate of PID.2. |
| 4 | Alternate Patient ID – PID | Alternate patient ID in athena (if available) | **Note**: if your practice has specific identifier in athenaNet which you would like to use, please specify this during the interface requirement process. |
| 5 | Patient Name | <family name (ST)>^<given name (ST)>^<middle initial or name (ST)> |  |
| 6 | Mother’s Maiden Name | Not used. |  |
| 7 | Date/Time of Birth | The patient DOB. | In YYYYMMDD format. |
| 8 | Sex | F,M,O [other], U [unknown] |  |
| 9 | Patient Alias | Not used. |  |
| 10 | Race | <race code>^<text> | athena ID will be sent by default, upon request we can also send CDC-based race code set. E.g. 900^White or 2106-3^White if empty the field will contain ^^.  **Note**: 941^Patient Declined value will be sent when the patient declined to provide the race |
| 11 | Patient Address | <street address (ST)>^<other designation (ST)>^<city (ST)>^<state or province (ST)>^<zip or postal code(ST)>^<country> |  |
| 12 | County Code | Not used. |  |
| 13 | Phone Number – Home | home phone, in (xxx)yyy-zzzz format | E.g. (555)555-1212 |
| 14 | Phone Number - Business | business phone, in (xxx)yyy-zzzz format | E.g. (555)555-1212 |
| 15 | Primary Language | <language id>^<language name> | E.g. 10^ENGLISH |
| 16 | Marital Status | A=Separated, D=Divorced, M=Married, S=Single, W=Widowed, U=Unknown |  |
| 17 | Religion | Not used. |  |
| 18 | Patient Account Number | Not used. |  |
| 19 | SSN Number - Patient | Patient SSN; 9 digits, no dashes. | E.g. 111222333 |
| 20 | Driver's License Number - Patient | Not used. |  |
| 21 | Mother's Identifier | Not used. |  |
| 22 | Ethnic Group | <ethnic code>^<text> | By default athena ID will be used, upon request we can also send CDC based coding. E.g. 27^South American or 2165-9^South American, if empty the field will contain ^^.  **Note**: 61^Patient Declined value will be sent when the patient declined to provide the ethnicity |
| 23 | Birth Place | Not used. |  |
| 24 | Multiple Birth Indicator | Not used. |  |
| 25 | Birth Order | Not used. |  |
| 26 | Citizenship | Not used. |  |
| 27 | Veterans Military Status | Not used. |  |
| 28 | Nationality | Not used. |  |
| 29 | Patient Death Date and Time | Patient deceased date | In UTC format (YYYYMMDD) |
| 30 | Patient Death Indicator | Not used. |  |

### PD1 Segment Specification (Patient Additional Demographic)

The table below describes the segment attributes specification for Patient Additional Demographic segment.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Living Dependency | Not used. |  |
| 2 | Living Arrangement | Not used. |  |
| 3 | Patient Primary Facility | Not used. |  |
| 4 | Patient Primary Care Name & ID No. | <provider id>^<last name>^<first name>^<middle initial or name>^<suffix> | This is the Primary Care Provider for the patient’s primary insurance. Provider NPI # is the default; if not available, no ID will be provided.  E.g. 111111111^Monfie^John^C^JR |
| 5 | Student Indicator | Not used. |  |
| 6 | Handicap | Not used. |  |
| 7 | Living Will | Not used. |  |
| 8 | Organ Donor | Not used. |  |
| 9 | Separate Bill | Not used. |  |
| 10 | Duplicate Patient | Not used. |  |
| 11 | Publicity Code | Not used. |  |
| 12 | Protection Indicator | Not used. |  |

### NK1 Segment Specification (Next of kin)

The table below describes the segment attributes specification for Next of kin/Associated parties segment.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID | Value 1 and 2 | 1 for guarantor relationship. 2 for contact information |
| 2 | Contact Name |  | Guarantor name |
| 3 | Relationship to Patient |  | Patient relationship to policy holder |
| 4 |  | Not used. |  |
| 5 | Contact Phone Number |  | HOME or MOBILE number |
| 6 | Contact Phone Number |  | WORK number |
| 7 | Contact Role Type |  | C = Emergency contact |

### PV1 Segment Specification (Patient Visit)

The table below describes the segment attributes specification for Patient Visit segment.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID - PV1 | Not used. | Each message always contains a single PV1 segment. |
| 2 | Patient Class | Defaults to “O” for outpatient |  |
| 3 | Assigned Patient Location | The fourth component contains the value of “Primary Department” for this encounter on the athenaNet Quickview screen. | E.g. ^^^Main Office |
| 4 | Admission Type | Not used. |  |
| 5 | Preadmit Number | Not used. |  |
| 6 | Prior Patient Location | Not used. |  |
| 7 | Attending Doctor | <provider id>^<last name>^<first name>^<middle initial or name> | This is the rendering provider for this encounter. Provider NPI # is the default; if not available athena ID is used.  E.g. 111111111^Monfie^John^C |
| 8 | Referring Doctor | Not used. |  |
| 9 | Consulting Doctor | Not used. |  |
| 10 | Hospital Service | Not used. |  |
| 11 | Temporary Location | Not used. |  |
| 12 | Preadmit Test Indicator | Not used. |  |
| 13 | Re-admission Indicator | Not used. |  |
| 14 | Admit Source | Not used. |  |
| 15 | Ambulatory Status | Not used. |  |
| 16 | VIP Indicator | Not used. |  |
| 17 | Admitting Doctor | <provider id>^<last name>^<first name>^<middle initial or name> | This is the usual provider for this encounter. Provider NPI # is the default; if not available athenaID is used.  E.g. 111111111^Monfie^John^C |
| 18 | Patient Type | Not used. |  |
| 19 | Visit Number | Visit/encounter ID (if available) | athena unique visit/encounter ID  E.g. 12345CE123  **Note:** When the message is generated by an event outside of an encounter, the field will be empty. For example, a patient problem record is updated within the problem list section. |
| 20 | Financial Class | Not used. |  |
| 21 | Charge Price Indicator | Not used. |  |
| 22 | Courtesy Code | Not used. |  |
| 23 | Credit Rating | Not used. |  |
| 24 | Contract Code | Not used. |  |
| 25 | Contract Effective Date | Not used. |  |
| 26 | Contract Amount | Not used. |  |
| 27 | Contract Period | Not used. |  |
| 28 | Interest Code | Not used. |  |
| 29 | Transfer to Bad Debt Code | Not used. |  |
| 30 | Transfer to Bad Debt Date | Not used. |  |
| 31 | Bad Debt Agency Code | Not used. |  |
| 32 | Bad Debt Transfer Amount | Not used. |  |
| 33 | Bad Debt Recovery Amount | Not used. |  |
| 34 | Delete Account Indicator | Not used. |  |
| 35 | Delete Account Date | Not used. |  |
| 36 | Discharge Disposition | Not used. |  |
| 37 | Discharged to Location | Not used. |  |
| 38 | Diet Type | Not used. |  |
| 39 | Servicing Facility | Not used. |  |
| 40 | Bed Status | Not used. |  |
| 41 | Account Status | Not used. |  |
| 42 | Pending Location | Not used. |  |
| 43 | Prior Temporary Location | Not used. |  |
| 44 | Admit Date/Time | The date/time when patient check-in for the encounter. | In UTC format (YYYYMMDDhhmmss) |
| 45 | Discharge Date/Time | The date/time when the encounter is completed. | In UTC format (YYYYMMDDhhmmss) |
| 46 | Current Patient Balance | Not used. |  |
| 47 | Total Charges | Not used. |  |
| 48 | Total Adjustments | Not used. |  |
| 49 | Total Payments | Not used. |  |
| 50 | Alternate Visit ID | Not used. |  |
| 51 | Visit Indicator | Not used. |  |
| 52 | Other Healthcare Provider | Not used. |  |

### GT1 Segment Specification (Guarantor Segment)

The table below describes the segment attributes specification for Guarantor segment.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID – GT1 | Segment count identifier |  |
| 2 | Guarantor Number | Not used. |  |
| 3 | Guarantor Name | <family name>^<given name>^<middle initial or name> |  |
| 4 | Guarantor Spouse Name | Not used. |  |
| 5 | Guarantor Address | <street address>^^<city>^<state or province>^<zip or postal code> | The 2nd component is not used.  By default, only “Guarantor Address” from the athenaNet UI is included, e.g. “Guarantor Address (ctd)” is not included. |
| 6 | Guarantor Ph Num-Home | Guarantor home phone, in (xxx)yyy-zzzz format |  |
| 7 | Guarantor Ph Num-Business | Not used. |  |
| 8 | Guarantor Date/Time Of Birth | Guarantor DOB |  |
| 9 | Guarantor Sex | Not used. |  |
| 10 | Guarantor Type | Not used. |  |
| 11 | Guarantor Relationship | Text description of patient relationship to guarantor. |  |
| 12 | Guarantor SSN | Not used. |  |
| 13 | Guarantor Date - Begin | Not used. |  |
| 14 | Guarantor Date - End | Not used. |  |
| 15 | Guarantor Priority | Not used. |  |
| 16 | Guarantor Employer Name | Not used. |  |
| 17 | Guarantor Employer Address | Not used. |  |
| 18 | Guarantor Employer Phone Number | Not used. |  |
| 19 | Guarantor Employee ID Number | Not used. |  |
| 20 | Guarantor Employment Status | Not used. |  |
| 21 | Guarantor Organization Name | Not used. |  |
| 22 | Guarantor Billing Hold Flag | Not used. |  |
| 23 | Guarantor Credit Rating Code | Not used. |  |
| 24 | Guarantor Death Date And Time | Not used. |  |
| 25 | Guarantor Death Flag | Not used. |  |
| 26 | Guarantor Charge Adjustment Code | Not used. |  |
| 27 | Guarantor Household Annual Income | Not used. |  |
| 28 | Guarantor Household Size | Not used. |  |
| 29 | Guarantor Employer ID Number | Not used. |  |
| 30 | Guarantor Marital Status Code | Not used. |  |
| 31 | Guarantor Hire Effective Date | Not used. |  |
| 32 | Employment Stop Date | Not used. |  |
| 33 | Living Dependency | Not used. |  |
| 34 | Ambulatory Status | Not used. |  |
| 35 | Citizenship | Not used. |  |
| 36 | Primary Language | Not used. |  |
| 37 | Living Arrangement | Not used. |  |
| 38 | Publicity Code | Not used. |  |
| 39 | Protection Indicator | Not used. |  |
| 40 | Student Indicator | Not used. |  |
| 41 | Religion | Not used. |  |
| 42 | Mother’s Maiden Name | Not used. |  |
| 43 | Nationality | Not used. |  |
| 44 | Ethnic Group | Not used. |  |
| 45 | Contact Person’s Name | <family name>^<given name>^<middle initial or name> | “Emergency Contact Name” from the athenaNet UI. |
| 46 | Contact Person’s Telephone Number | contact phone, in (xxx)yyy-zzzz format | “Emergency Contact Phone” from the athenaNet UI.  Example: “(555)555-1212” |
| 47 | Contact Reason | Not used. |  |
| 48 | Contact Relationship | Not used. |  |
| 49 | Job Title | Not used. |  |
| 50 | Job Code/Class | Not used. |  |
| 51 | Guarantor Employer’s Organization Name | Not used. |  |
| 52 | Handicap | Not used. |  |
| 53 | Job Status | Not used. |  |
| 54 | Guarantor Financial Class | Not used. |  |
| 55 | Guarantor Race | Not used. |  |

### IN1 Segment Specification (Insurance Segment)

The table below describes the segment attributes specification for Patient Insurance Policies segment. This segment will repeat for patient insurance policies on file.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID – IN1 |  | 1 – for primary insurance, 2 for secondary, if present |
| 2 | Insurance Plan ID | <athenaNet’s globally assigned insurancepackageid for this insurance>^<athenaNet’s insurance name> | Max length for insurance package name is 100 characters. |
| 3 | Insurance Company ID | <athenaNet’s globally assigned insurancepackageid for this insurance>^<athenaNet’s insurance name> | Same as IN1.2. |
| 4 | Insurance Company Name | athenaNet’s insurance name |  |
| 5 | Insurance Company Address | <street address (ST)>^<other designation (ST)>^<city (ST)>^<state or province (ST)>^<zip or postal code(ST)> |  |
| 6 | Insurance Co Contact Person | <insurance contact lastname>^<insurance contact firstname> |  |
| 7 | Insurance Co Phone Number | insurance main contact phone, in (xxx)yyy-zzzz format | Example:  “555(555)-1212” |
| 8 | Group Number | Mapped to PATIENTINSURANCE.POLICYNUMBER. | The group ID/number. |
| 9 | Group Name | Not used. |  |
| 10 | Insured’s Group Emp ID | Not used. |  |
| 11 | Insured’s Group Emp Name | Mapped to PATIENTINSURANCE.EMPLOYERNAME |  |
| 12 | Plan Effective Date | Mapped to PATIENTINSURANCE.ISSUEDATE, in YYYYMMDD format. |  |
| 13 | Plan Expiration Date | Mapped to PATIENTINSURANCE.EXPIRATIONDATE, in YYYYMMDD format. |  |
| 14 | Authorization Information | Not used. |  |
| 15 | Plan Type | Not used. |  |
| 16 | Name Of Insured | <family name (ST)>^<given name (ST)>^<middle initial or name (ST)> | “Policy Holder” information. |
| 17 | Insured’s Relationship To Patient | SELF, SPOUSE, CHILD, or OTHER |  |
| 18 | Insured’s Date Of Birth | Mapped to PATIENTINSURANCE.INSUREDDOB, in YYYYMMDD format. | “Policy Holder” information. |
| 19 | Insured’s Address | <street address (ST)>^<other designation (ST)>^<city (ST)>^<state or province (ST)>^<zip or postal code(ST)> |  |
| 20 | Assignment Of Benefits | Not used. |  |
| 21 | Coordination Of Benefits | Not used. |  |
| 22 | Coord Of Ben. Priority | Mapped to PATIENTINSURANCE.SEQUENCENUMBER (also determines whether this patientinsurance record is PRIMARYPATIENTINSURANCEID or SECONDARYPATIENTINSURANCEID on the claim). If null, indicates a case-policy insurance. | Example:  “1” or “2”. |
| 23 | Notice Of Admission Flag | Not used. |  |
| 24 | Notice Of Admission Date | Not used. |  |
| 25 | Report Of Eligibility Flag | Not used. |  |
| 26 | Report Of Eligibility Date | Not used. |  |
| 27 | Release Information Code | Not used. |  |
| 28 | Pre-Admit Cert (PAC) | Not used. |  |
| 29 | Verification Date/Time | Not used. |  |
| 30 | Verification By | Not used. |  |
| 31 | Type Of Agreement Code | Not used. |  |
| 32 | Billing Status | Not used. |  |
| 33 | Lifetime Reserve Days | Not used. |  |
| 34 | Delay Before L.R. Day | Not used. |  |
| 35 | Company Plan Code | Not used. |  |
| 36 | Policy Number | Mapped to PATIENTINSURANCE.INSUREDIDNUMBER | The insurance ID/number. |
| 37 | Policy Deductible | Not used. |  |
| 38 | Policy Limit – Amount | Not used. |  |
| 39 | Policy Limit – Days | Not used. |  |
| 40 | Room Rate - Semi-Private | Not used. |  |
| 41 | Room Rate – Private | Not used. |  |
| 42 | Insured’s Employment Status | Not used. |  |
| 43 | Insured’s Sex | Mapped to PATIENTINSURANCE.INSUREDSEX. F,M,O [other], U [unknown] |  |
| 44 | Insured’s Employer’s Address | Not used. |  |
| 45 | Verification Status | Not used. |  |
| 46 | Prior Insurance Plan ID | Not used. |  |
| 47 | Coverage Type | Not used. |  |
| 48 | Handicap | Not used. |  |
| 49 | Insured’s ID Number | Not used. |  |

## Update Patient – ADT^A31

This message type will be used to send out patient demographic information. Example scenario: a patient is updated in athenaNet.

### Complete Message Structure

|  |  |
| --- | --- |
| Message Segment | Segment Description |
| MSH | Message Header |
| EVN | Event Type |
| PID | Patient Identification |
| PD1 | Patient Additional Demographic |
| NK1 | Next of kin |
| PV1 | Patient visit information |
| GT1 | Guarantor information |
| IN1 | Patient insurance |

Please refer to the shared segment specification section for detail of following segments:

* MSH : Message Header Segment
* EVN : Event Type
* PID : Patient Identification Segment
* PD1 : Patient Additional Demographic Segment
* NK1 : Next of kin/Associated parties
* PV1 : Patient Visit
* GT1 : Guarantor
* IN1 : Insurance

Below is the list of segment specific specification for the different content:

### MSH Segment (Message Header)

The table below describes the segment attributes specification for Message Header segment.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Field Separator | athenaNet uses recommended value, ‘|’ |  |
| 2 | Encoding Characters | The HL7-recommended encoding characters are used for component separator, repetition separator, escape character, and subcomponent separator | Default to “^~\&” |
| 3 | Sending Application | ATHENANET |  |
| 4 | Sending Facility | <athena practiced>^<athena practice name> | Max length of practice name is 40 characters.  E.g. 232^Primary Care |
| 5 | Receiving Application | Contains interface vendor id in athena. |  |
| 6 | Receiving Facility | Not used. |  |
| 7 | Date/Time Of Message | The current system timestamp. | In UTC format (YYYYMMDDhhmm) |
| 8 | Security | Not used. |  |
| 9 | Message Type | Defines the type of message | E.g. ADT^A08, MDM^T02, ORU^R01 |
| 10 | Message Control ID | From athenaNet: the message control number generated by athenaNet, which should be acknowledged by the receiving application if HL7 acknowledgements are enabled. To athenaNet: athenaNet will echo this message control ID back in the MSA (message acknowledgement segment) if HL7 acknowledgements are enabled. |  |
| 11 | Processing ID | T=Training, P=Production | Defaults to “P” – usually unchanged unless requested. |
| 12 | Version ID | athenaNet is based on HL7 2.3.1, but is backwards-compatible to HL7 2.3 and 2.2. | Defaults to “2.3.1”. |
| 13 | Sequence Number | Not used. |  |
| 14 | Continuation Pointer | Not used. |  |
| 15 | Accept Acknowledgment Type | Not used. |  |
| 16 | Application Acknowledgment Type | Not used. |  |
| 17 | Country Code | Not used. |  |
| 18 | Character Set | Not used. |  |
| 19 | Principal Language Of Message | Not used. |  |
| 20 | Alternate Character Set Handling Scheme | Not used. |  |

### EVN Segment Specification (Event Type)

The table below describes the segment attributes specification for Event Type segment.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Event Type Code | HL7 message type | E.g. A08, R01 |
| 2 | Recorded Date/Time | The timestamp of the patient update/add/delete, in YYYYMMDDHHMISS format. |  |
| 3 | Date/Time Planned Event | Not used. |  |
| 4 | Event Reason Code | Not used. |  |
| 5 | Operator ID | Not used. |  |
| 6 | Event Occurred | Not used. |  |

### PID Segment Specification (Patient Identification)

The table below describes the segment attributes specification for Patient Identification segment.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID – PID | Not used. | Each message always contains a single PID segment. |
| 2 | Patient ID | The patient’s athena ID, which is a numeric identifier. Typically, this will start at 1 and count up. |  |
| 3 | Patient Identifier List | The patient’s athena ID, which is a numeric identifier. Typically, this will start at 1 and count up. (same as Patient ID) | By default, a duplicate of PID.2. |
| 4 | Alternate Patient ID – PID | Alternate patient ID in athena (if available) | **Note**: if your practice has specific identifier in athenaNet which you would like to use, please specify this during the interface requirement process. |
| 5 | Patient Name | <family name (ST)>^<given name (ST)>^<middle initial or name (ST)> |  |
| 6 | Mother’s Maiden Name | Not used. |  |
| 7 | Date/Time of Birth | The patient DOB. | In YYYYMMDD format. |
| 8 | Sex | F,M,O [other], U [unknown] |  |
| 9 | Patient Alias | Not used. |  |
| 10 | Race | <race code>^<text> | athena ID will be sent by default, upon request we can also send CDC-based race code set. E.g. 900^White or 2106-3^White if empty the field will contain ^^.  **Note**: 941^Patient Declined value will be sent when the patient declined to provide the race |
| 11 | Patient Address | <street address (ST)>^<other designation (ST)>^<city (ST)>^<state or province (ST)>^<zip or postal code(ST)>^<country> |  |
| 12 | County Code | Not used. |  |
| 13 | Phone Number – Home | home phone, in (xxx)yyy-zzzz format | E.g. (555)555-1212 |
| 14 | Phone Number - Business | business phone, in (xxx)yyy-zzzz format | E.g. (555)555-1212 |
| 15 | Primary Language | <language id>^<language name> | E.g. 10^ENGLISH |
| 16 | Marital Status | A=Separated, D=Divorced, M=Married, S=Single, W=Widowed, U=Unknown |  |
| 17 | Religion | Not used. |  |
| 18 | Patient Account Number | Not used. |  |
| 19 | SSN Number - Patient | Patient SSN; 9 digits, no dashes. | E.g. 111222333 |
| 20 | Driver's License Number - Patient | Not used. |  |
| 21 | Mother's Identifier | Not used. |  |
| 22 | Ethnic Group | <ethnic code>^<text> | By default athena ID will be used, upon request we can also send CDC based coding. E.g. 27^South American or 2165-9^South American, if empty the field will contain ^^.  **Note**: 61^Patient Declined value will be sent when the patient declined to provide the ethnicity |
| 23 | Birth Place | Not used. |  |
| 24 | Multiple Birth Indicator | Not used. |  |
| 25 | Birth Order | Not used. |  |
| 26 | Citizenship | Not used. |  |
| 27 | Veterans Military Status | Not used. |  |
| 28 | Nationality | Not used. |  |
| 29 | Patient Death Date and Time | Patient deceased date | In UTC format (YYYYMMDD) |
| 30 | Patient Death Indicator | Not used. |  |

### PD1 Segment Specification (Patient Additional Demographic)

The table below describes the segment attributes specification for Patient Additional Demographic segment.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Living Dependency | Not used. |  |
| 2 | Living Arrangement | Not used. |  |
| 3 | Patient Primary Facility | Not used. |  |
| 4 | Patient Primary Care Name & ID No. | <provider id>^<last name>^<first name>^<middle initial or name>^<suffix> | This is the Primary Care Provider for the patient’s primary insurance. Provider NPI # is the default; if not available, no ID will be provided.  E.g. 111111111^Monfie^John^C^JR |
| 5 | Student Indicator | Not used. |  |
| 6 | Handicap | Not used. |  |
| 7 | Living Will | Not used. |  |
| 8 | Organ Donor | Not used. |  |
| 9 | Separate Bill | Not used. |  |
| 10 | Duplicate Patient | Not used. |  |
| 11 | Publicity Code | Not used. |  |
| 12 | Protection Indicator | Not used. |  |

### NK1 Segment Specification (Next of kin)

The table below describes the segment attributes specification for Next of kin/Associated parties segment.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID | Value 1 and 2 | 1 for guarantor relationship. 2 for contact information |
| 2 | Contact Name |  | Guarantor name |
| 3 | Relationship to Patient |  | Patient relationship to policy holder |
| 4 |  | Not used. |  |
| 5 | Contact Phone Number |  | HOME or MOBILE number |
| 6 | Contact Phone Number |  | WORK number |
| 7 | Contact Role Type |  | C = Emergency contact |

### PV1 Segment Specification (Patient Visit)

The table below describes the segment attributes specification for Patient Visit segment.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID - PV1 | Not used. | Each message always contains a single PV1 segment. |
| 2 | Patient Class | Defaults to “O” for outpatient |  |
| 3 | Assigned Patient Location | The fourth component contains the value of “Primary Department” for this encounter on the athenaNet Quickview screen. | E.g. ^^^Main Office |
| 4 | Admission Type | Not used. |  |
| 5 | Preadmit Number | Not used. |  |
| 6 | Prior Patient Location | Not used. |  |
| 7 | Attending Doctor | <provider id>^<last name>^<first name>^<middle initial or name> | This is the rendering provider for this encounter. Provider NPI # is the default; if not available athena ID is used.  E.g. 111111111^Monfie^John^C |
| 8 | Referring Doctor | Not used. |  |
| 9 | Consulting Doctor | Not used. |  |
| 10 | Hospital Service | Not used. |  |
| 11 | Temporary Location | Not used. |  |
| 12 | Preadmit Test Indicator | Not used. |  |
| 13 | Re-admission Indicator | Not used. |  |
| 14 | Admit Source | Not used. |  |
| 15 | Ambulatory Status | Not used. |  |
| 16 | VIP Indicator | Not used. |  |
| 17 | Admitting Doctor | <provider id>^<last name>^<first name>^<middle initial or name> | This is the usual provider for this encounter. Provider NPI # is the default; if not available athenaID is used.  E.g. 111111111^Monfie^John^C |
| 18 | Patient Type | Not used. |  |
| 19 | Visit Number | Visit/encounter ID (if available) | athena unique visit/encounter ID  E.g. 12345CE123  **Note:** When the message is generated by an event outside of an encounter, the field will be empty. For example, a patient problem record is updated within the problem list section. |
| 20 | Financial Class | Not used. |  |
| 21 | Charge Price Indicator | Not used. |  |
| 22 | Courtesy Code | Not used. |  |
| 23 | Credit Rating | Not used. |  |
| 24 | Contract Code | Not used. |  |
| 25 | Contract Effective Date | Not used. |  |
| 26 | Contract Amount | Not used. |  |
| 27 | Contract Period | Not used. |  |
| 28 | Interest Code | Not used. |  |
| 29 | Transfer to Bad Debt Code | Not used. |  |
| 30 | Transfer to Bad Debt Date | Not used. |  |
| 31 | Bad Debt Agency Code | Not used. |  |
| 32 | Bad Debt Transfer Amount | Not used. |  |
| 33 | Bad Debt Recovery Amount | Not used. |  |
| 34 | Delete Account Indicator | Not used. |  |
| 35 | Delete Account Date | Not used. |  |
| 36 | Discharge Disposition | Not used. |  |
| 37 | Discharged to Location | Not used. |  |
| 38 | Diet Type | Not used. |  |
| 39 | Servicing Facility | Not used. |  |
| 40 | Bed Status | Not used. |  |
| 41 | Account Status | Not used. |  |
| 42 | Pending Location | Not used. |  |
| 43 | Prior Temporary Location | Not used. |  |
| 44 | Admit Date/Time | The date/time when patient check-in for the encounter. | In UTC format (YYYYMMDDhhmmss) |
| 45 | Discharge Date/Time | The date/time when the encounter is completed. | In UTC format (YYYYMMDDhhmmss) |
| 46 | Current Patient Balance | Not used. |  |
| 47 | Total Charges | Not used. |  |
| 48 | Total Adjustments | Not used. |  |
| 49 | Total Payments | Not used. |  |
| 50 | Alternate Visit ID | Not used. |  |
| 51 | Visit Indicator | Not used. |  |
| 52 | Other Healthcare Provider | Not used. |  |

### GT1 Segment Specification (Guarantor Segment)

The table below describes the segment attributes specification for Guarantor segment.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID – GT1 | Segment count identifier |  |
| 2 | Guarantor Number | Not used. |  |
| 3 | Guarantor Name | <family name>^<given name>^<middle initial or name> |  |
| 4 | Guarantor Spouse Name | Not used. |  |
| 5 | Guarantor Address | <street address>^^<city>^<state or province>^<zip or postal code> | The 2nd component is not used.  By default, only “Guarantor Address” from the athenaNet UI is included, e.g. “Guarantor Address (ctd)” is not included. |
| 6 | Guarantor Ph Num-Home | Guarantor home phone, in (xxx)yyy-zzzz format |  |
| 7 | Guarantor Ph Num-Business | Not used. |  |
| 8 | Guarantor Date/Time Of Birth | Guarantor DOB |  |
| 9 | Guarantor Sex | Not used. |  |
| 10 | Guarantor Type | Not used. |  |
| 11 | Guarantor Relationship | Text description of patient relationship to guarantor. |  |
| 12 | Guarantor SSN | Not used. |  |
| 13 | Guarantor Date - Begin | Not used. |  |
| 14 | Guarantor Date - End | Not used. |  |
| 15 | Guarantor Priority | Not used. |  |
| 16 | Guarantor Employer Name | Not used. |  |
| 17 | Guarantor Employer Address | Not used. |  |
| 18 | Guarantor Employer Phone Number | Not used. |  |
| 19 | Guarantor Employee ID Number | Not used. |  |
| 20 | Guarantor Employment Status | Not used. |  |
| 21 | Guarantor Organization Name | Not used. |  |
| 22 | Guarantor Billing Hold Flag | Not used. |  |
| 23 | Guarantor Credit Rating Code | Not used. |  |
| 24 | Guarantor Death Date And Time | Not used. |  |
| 25 | Guarantor Death Flag | Not used. |  |
| 26 | Guarantor Charge Adjustment Code | Not used. |  |
| 27 | Guarantor Household Annual Income | Not used. |  |
| 28 | Guarantor Household Size | Not used. |  |
| 29 | Guarantor Employer ID Number | Not used. |  |
| 30 | Guarantor Marital Status Code | Not used. |  |
| 31 | Guarantor Hire Effective Date | Not used. |  |
| 32 | Employment Stop Date | Not used. |  |
| 33 | Living Dependency | Not used. |  |
| 34 | Ambulatory Status | Not used. |  |
| 35 | Citizenship | Not used. |  |
| 36 | Primary Language | Not used. |  |
| 37 | Living Arrangement | Not used. |  |
| 38 | Publicity Code | Not used. |  |
| 39 | Protection Indicator | Not used. |  |
| 40 | Student Indicator | Not used. |  |
| 41 | Religion | Not used. |  |
| 42 | Mother’s Maiden Name | Not used. |  |
| 43 | Nationality | Not used. |  |
| 44 | Ethnic Group | Not used. |  |
| 45 | Contact Person’s Name | <family name>^<given name>^<middle initial or name> | “Emergency Contact Name” from the athenaNet UI. |
| 46 | Contact Person’s Telephone Number | contact phone, in (xxx)yyy-zzzz format | “Emergency Contact Phone” from the athenaNet UI.  Example: “(555)555-1212” |
| 47 | Contact Reason | Not used. |  |
| 48 | Contact Relationship | Not used. |  |
| 49 | Job Title | Not used. |  |
| 50 | Job Code/Class | Not used. |  |
| 51 | Guarantor Employer’s Organization Name | Not used. |  |
| 52 | Handicap | Not used. |  |
| 53 | Job Status | Not used. |  |
| 54 | Guarantor Financial Class | Not used. |  |
| 55 | Guarantor Race | Not used. |  |

### IN1 Segment Specification (Insurance Segment)

The table below describes the segment attributes specification for Patient Insurance Policies segment. This segment will repeat for patient insurance policies on file.

| Seq | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID – IN1 |  | 1 – for primary insurance, 2 for secondary, if present |
| 2 | Insurance Plan ID | <athenaNet’s globally assigned insurancepackageid for this insurance>^<athenaNet’s insurance name> | Max length for insurance package name is 100 characters. |
| 3 | Insurance Company ID | <athenaNet’s globally assigned insurancepackageid for this insurance>^<athenaNet’s insurance name> | Same as IN1.2. |
| 4 | Insurance Company Name | athenaNet’s insurance name |  |
| 5 | Insurance Company Address | <street address (ST)>^<other designation (ST)>^<city (ST)>^<state or province (ST)>^<zip or postal code(ST)> |  |
| 6 | Insurance Co Contact Person | <insurance contact lastname>^<insurance contact firstname> |  |
| 7 | Insurance Co Phone Number | insurance main contact phone, in (xxx)yyy-zzzz format | Example:  “555(555)-1212” |
| 8 | Group Number | Mapped to PATIENTINSURANCE.POLICYNUMBER. | The group ID/number. |
| 9 | Group Name | Not used. |  |
| 10 | Insured’s Group Emp ID | Not used. |  |
| 11 | Insured’s Group Emp Name | Mapped to PATIENTINSURANCE.EMPLOYERNAME |  |
| 12 | Plan Effective Date | Mapped to PATIENTINSURANCE.ISSUEDATE, in YYYYMMDD format. |  |
| 13 | Plan Expiration Date | Mapped to PATIENTINSURANCE.EXPIRATIONDATE, in YYYYMMDD format. |  |
| 14 | Authorization Information | Not used. |  |
| 15 | Plan Type | Not used. |  |
| 16 | Name Of Insured | <family name (ST)>^<given name (ST)>^<middle initial or name (ST)> | “Policy Holder” information. |
| 17 | Insured’s Relationship To Patient | SELF, SPOUSE, CHILD, or OTHER |  |
| 18 | Insured’s Date Of Birth | Mapped to PATIENTINSURANCE.INSUREDDOB, in YYYYMMDD format. | “Policy Holder” information. |
| 19 | Insured’s Address | <street address (ST)>^<other designation (ST)>^<city (ST)>^<state or province (ST)>^<zip or postal code(ST)> |  |
| 20 | Assignment Of Benefits | Not used. |  |
| 21 | Coordination Of Benefits | Not used. |  |
| 22 | Coord Of Ben. Priority | Mapped to PATIENTINSURANCE.SEQUENCENUMBER (also determines whether this patientinsurance record is PRIMARYPATIENTINSURANCEID or SECONDARYPATIENTINSURANCEID on the claim). If null, indicates a case-policy insurance. | Example:  “1” or “2”. |
| 23 | Notice Of Admission Flag | Not used. |  |
| 24 | Notice Of Admission Date | Not used. |  |
| 25 | Report Of Eligibility Flag | Not used. |  |
| 26 | Report Of Eligibility Date | Not used. |  |
| 27 | Release Information Code | Not used. |  |
| 28 | Pre-Admit Cert (PAC) | Not used. |  |
| 29 | Verification Date/Time | Not used. |  |
| 30 | Verification By | Not used. |  |
| 31 | Type Of Agreement Code | Not used. |  |
| 32 | Billing Status | Not used. |  |
| 33 | Lifetime Reserve Days | Not used. |  |
| 34 | Delay Before L.R. Day | Not used. |  |
| 35 | Company Plan Code | Not used. |  |
| 36 | Policy Number | Mapped to PATIENTINSURANCE.INSUREDIDNUMBER | The insurance ID/number. |
| 37 | Policy Deductible | Not used. |  |
| 38 | Policy Limit – Amount | Not used. |  |
| 39 | Policy Limit – Days | Not used. |  |
| 40 | Room Rate - Semi-Private | Not used. |  |
| 41 | Room Rate – Private | Not used. |  |
| 42 | Insured’s Employment Status | Not used. |  |
| 43 | Insured’s Sex | Mapped to PATIENTINSURANCE.INSUREDSEX. F,M,O [other], U [unknown] |  |
| 44 | Insured’s Employer’s Address | Not used. |  |
| 45 | Verification Status | Not used. |  |
| 46 | Prior Insurance Plan ID | Not used. |  |
| 47 | Coverage Type | Not used. |  |
| 48 | Handicap | Not used. |  |
| 49 | Insured’s ID Number | Not used. |  |

## Update Patient Information Message – ADT^A08

This message type will be used to send out patient update information. Example scenario: when a patient encounter/visit is closed (signed off), an ADT^A08 message containing the patient encounter information (i.e. patient identification, visit, vital sign, allergy, diagnosis, surgical history, social history, family history, birth history, etc) is generated.

### Complete Message Structure

|  |  |
| --- | --- |
| Message Segment | Segment Description |
| MSH | Message Header |
| EVN | Event Type |
| PID | Patient Identification |
| [ PD1 ] | Patient Additional Demographic |
| PV1 | Patient Visit |
| [ { OBX } ] | Observation/result (vital sign, past medical history, surgical history, social history, family history and birth history). |
| [ { AL1 | Complete allergy list |
| [ { NTE } ] | Note |
| } ] |  |
| [ { DG1 } ] | Diagnosis recorded in the encounter |

### Individual Allergy Add/Update Message Structure

|  |  |
| --- | --- |
| Message Segment | Segment Description |
| MSH | Message Header |
| EVN | Event Type |
| PID | Patient Identification |
| [ PD1 ] | Patient Additional Demographic |
| PV1 | Patient Visit |
| [ { AL1 | Added/updated allergy |
| [ { NTE } ] | Note |
| } ] |  |

Please refer to the shared segment specification section for detail of following segments:

* MSH : Message Header Segment
* EVN : Event Type
* PID : Patient Identification Segment
* PD1 : Patient Additional Demographic Segment
* PV1 : Patient Visit
* NTE : Note

Below is the list of segment specific specification for the different content:

### OBX Segment Specification for Vital Sign Information

The table below describes the segment attributes specification for patient Vital Sign information captured during the encounter.

| Seq. | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID – OBX | Segment Count Identifier |  |
| 2 | Value Type | Format type of the observation value | This value is set based on OBX.5 value type. For vital sign information, this value defaults to “ST”. |
| 3 | Observation Identifier | <vital code>^<name>^LOINC^  <athena code>^<name>^ATHENA | Both LOINC and athena code will be sent if available (see the *Table 3 Vital Sign Unit and LOINC Code* in the reference table section for supported codes)  E.g. 8302-2^BP Systolic^LOINC^BP Systolic^Blood Pressure Systolic^ATHENA |
| 4 | Observation Sub-ID | Defaults to “1” |  |
| 5 | Observation Value | The vital type value | E.g. 120 |
| 6 | Units | <unit code>^<text>^ISO+ | E.g. cel^Degrees Celcius^ISO+  (see the *Table 3 Vital Sign Unit and LOINC Code* in the reference table section for supported units)  For vital type without unit (i.e. Oral for temperature type), this field will be empty. |
| 7 | References Range | Not used. |  |
| 8 | Abnormal Flags | Not used. |  |
| 9 | Probability | Not used. |  |
| 10 | Nature of Abnormal Test | Not used. |  |
| 11 | Observ Result Status | Status of vital sign information | Always default to “F” |
| 12 | Date Last Obs Normal Values | Not used. |  |
| 13 | User Defined Access Checks | Not used. |  |
| 14 | Date/Time of the Observation | The date/time when vital sign is recorded in encounter. | In UTC format (YYYYMMDDhhmmss) |
| 15 | Producer’s ID | Not used. |  |
| 16 | Responsible Observer | Not used. |  |
| 17 | Observation Method | Not used. |  |

### OBX Segment Specification for Past Medical History Information

The table below describes the segment attributes specification for patient Past Medical History information.

| Seq. | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID – OBX | Segment Count Identifier |  |
| 2 | Value Type | Format type of the observation value | This value is set based on OBX.5 value type. For past medical history, this value defaults to “TX”. |
| 3 | Observation Identifier | <past medical history question> | E.g. High Cholesterol |
| 4 | Observation Sub-ID | Defaults to “2” |  |
| 5 | Observation Value | <past medical history answer>; Note: <past medical history item note> | E.g. Y; Note: hypertriglyceridemia |
| 6 | Units | Not used. |  |
| 7 | References Range | Not used. |  |
| 8 | Abnormal Flags | Not used. |  |
| 9 | Probability | Not used. |  |
| 10 | Nature of Abnormal Test | Not used. |  |
| 11 | Observ Result Status | Status of the patient past medical history record | Always default to “F” |
| 12 | Date Last Obs Normal Values | Not used. |  |
| 13 | User Defined Access Checks | Not used. |  |
| 14 | Date/Time of the Observation | The date/time when the past medical history record was recorded. | In UTC format (YYYYMMDD) |
| 15 | Producer’s ID | Not used. |  |
| 16 | Responsible Observer | Not used. |  |
| 17 | Observation Method | Not used. |  |

### Past Medical History Section Level Note

In athenaClinicals, each section (i.e. Past Medical History section) contains a section level note field which is a free text field for the section. When a note exists for the section, a separate OBX segment will be included in the message to send the information. Below is the segment configuration:

| Seq. | Element Name |
| --- | --- |
| OBX.2 | Set to “TX” |
| OBX.3 | Set to “Section Level Note” |
| OBX.4 | Set to “2” |
| OBX.5 | Set to the past medical history section level note |
| OBX.11 | Set to “F” |
| OBX.14 | Set to message creation timestamp |

### OBX Segment Specification for Surgical History Information

The table below describes the segment attributes specification for patient Surgical History information.

| Seq. | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID – OBX | Segment Count Identifier |  |
| 2 | Value Type | Format type of the observation value | This value is set based on OBX.5 value type. For this segment, the value will default to “TX”. |
| 3\* | Observation Identifier | <procedure code>^<name>^C4^  <athena code>^<athena name>^ATHENA | CPT procedure code and name will be used by default along with athena code and description  E.g. 44389^Colosnocopy with biopsy^C4^ 2761254^Colosnocopy^ATHENA |
| 4 | Observation Sub-ID | Defaults to “3” |  |
| 5 | Observation Value | Note for the corresponding surgery |  |
| 6 | Units | Not used. |  |
| 7 | References Range | Not used. |  |
| 8 | Abnormal Flags | Not used. |  |
| 9 | Probability | Not used. |  |
| 10 | Nature of Abnormal Test | Not used. |  |
| 11\* | Observ Result Status | Status of the surgical history | Valid values are:   * “F” for Final/Active * “X” for Deactivated |
| 12 | Date Last Obs Normal Values | <deactivated date>  The surgical history deactivated date. | In UTC format (YYYYMMDD).  The field contains the surgical item “deactivated date”, the value will be set to null when the surgery record is re-activated. |
| 13 | User Defined Access Checks | Not used. |  |
| 14 | Date/Time of the Observation | <surgery date>  The surgery date. | In UTC format (YYYYMMDD).  The field contains the surgery date. |
| 15 | Producer’s ID | Not used. |  |
| 16 | Responsible Observer | Not used. |  |
| 17 | Observation Method | Not used. |  |

### Surgical History Section Level Note

In athenaClinicals, each section (i.e. Surgical History section) contains a section level note field which is a free text field for the section. When a note exists for the section, a separate OBX segment will be included in the message to send the information. Below is the segment configuration:

| Seq. | Element Name |
| --- | --- |
| OBX.2 | Set to “TX” |
| OBX.3 | Set to “Section Level Note” |
| OBX.4 | Set to “3” |
| OBX.5 | Set to the surgical history section level note |
| OBX.11 | Set to “F” |
| OBX.14 | Set to message creation timestamp |

### OBX Segment Specification for Social History Information

The table below describes the segment attributes specification for patient Social History information.

| Seq. | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID – OBX | Segment Count Identifier |  |
| 2 | Value Type | Format type of the observation value | This value is set based on OBX.5 value type. For this segment, the value will default to “TX”. |
| 3 | Observation Identifier | <social history question> | E.g. Alcohol Intake |
| 4 | Observation Sub-ID | Defaults to “4” |  |
| 5 | Observation Value | <social history answer>; Note: <social history item level note> | E.g. Occasional; Note: Recovering alcoholic |
| 6 | Units | Not used. |  |
| 7 | References Range | Not used. |  |
| 8 | Abnormal Flags | Not used. |  |
| 9 | Probability | Not used. |  |
| 10 | Nature of Abnormal Test | Not used. |  |
| 11 | Observ Result Status | Status of the social history record | Always default to “F” |
| 12 | Date Last Obs Normal Values | Not used. |  |
| 13 | User Defined Access Checks | Not used. |  |
| 14 | Date/Time of the Observation | The date/time when the social history record was recorded. | In UTC format (YYYYMMDD) |
| 15 | Producer’s ID | Not used. |  |
| 16 | Responsible Observer | Not used. |  |
| 17 | Observation Method | Not used. |  |

### Social History Section Level Note

In athenaClinicals, each section (i.e. Social History section) contains a section level note field which is a free text field for the section. When a note exists for the section, a separate OBX segment will be included in the message to send the information. Below is the segment configuration:

| Seq. | Element Name |
| --- | --- |
| OBX.2 | Set to “TX” |
| OBX.3 | Set to “Section Level Note” |
| OBX.4 | Set to “4” |
| OBX.5 | Set to the social history section level note value |
| OBX.11 | Set to “F” |
| OBX.14 | Set to message creation timestamp |

### OBX Segment Specification for Family History Information

The table below describes the segment attributes specification for patient Family History information.

| Seq. | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID – OBX | Segment Count Identifier |  |
| 2 | Value Type | Format type of the observation value | This value is set based on OBX.5 value type. For this segment, the value will default to “CE”. |
| 3 | Observation Identifier | <SNOMED code>^<SNOMED text>^SNM^<question>^<answer>^ATHENA  **Note**: Starting in the August 2013 release, athenaClinicals family history will be converted to use the SNOMED CT terminology. Once the conversion is completed, a SNOMED ID and description will be sent in place of ICD-9 information. Please discuss your ability to accept SNOMED with your athenahealth’s interface project manager. | E.g. 70995007^Pulmonary hypertension^SNM |
| 4 | Observation Sub-ID | Defaults to “5” |  |
| 5 | Observation Value | <Onset Age>^<Died of Age>^<Note> | E.g. 65^75^Some note |
| 6 | Units | Not used. |  |
| 7 | References Range | Family relation | E.g. Father, Mother, Sister |
| 8 | Abnormal Flags | Not used. |  |
| 9 | Probability | Not used. |  |
| 10 | Nature of Abnormal Test | Not used. |  |
| 11 | Observ Result Status | Status of the family history record | Always default to “F” |
| 12 | Date Last Obs Normal Values | Not used. |  |
| 13 | User Defined Access Checks | Not used. |  |
| 14 | Date/Time of the Observation | The date/time when the family history item record was recorded. | In UTC format (YYYYMMDD) |
| 15 | Producer’s ID | Not used. |  |
| 16 | Responsible Observer | Not used. |  |
| 17 | Observation Method | Not used. |  |

### Family History Section Level Note

In athenaClinicals, each section (i.e. Family History section) contains a section level note field which is a free text field for the section. When a note exists for the section, a separate OBX segment will be included in the message to send the information. Below is the segment configuration:

| Seq. | Element Name |
| --- | --- |
| OBX.2 | Set to “TX” |
| OBX.3 | Set to “Section Level Note” |
| OBX.4 | Set to “5” |
| OBX.5 | Set to the family history section level note |
| OBX.11 | Set to “F” |
| OBX.14 | Set to message creation timestamp |

### OBX Segment Specification for Birth History Information

The table below describes the segment attributes specification for patient Birth History information.

| Seq. | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID – OBX | Segment Count Identifier |  |
| 2 | Value Type | Format type of the observation value | This value is set based on OBX.5 value type. For this segment the value will default to “TX”. |
| 3 | Observation Identifier | <birth history question> | E.g. Birth Defect |
| 4 | Observation Sub-ID | Defaults to “6” |  |
| 5 | Observation Value | <birth history answer>; Note: <birth history item note> | E.g. Y; Note: Scalp trauma |
| 6 | Units | Not used. |  |
| 7 | References Range | Not used. |  |
| 8 | Abnormal Flags | Not used. |  |
| 9 | Probability | Not used. |  |
| 10 | Nature of Abnormal Test | Not used. |  |
| 11 | Observ Result Status | Status of the patient birth history record | Always default to “F” |
| 12 | Date Last Obs Normal Values | Not used. |  |
| 13 | User Defined Access Checks | Not used. |  |
| 14 | Date/Time of the Observation | The date/time when the birth history record was added. | In UTC format (YYYYMMDD) |
| 15 | Producer’s ID | Not used. |  |
| 16 | Responsible Observer | Not used. |  |
| 17 | Observation Method | Not used. |  |

### Birth History Section Level Note

In athenaClinicals, each section (i.e. Birth History section) contains a section level note field which is a free text field for the section. When a note exists for the section, a separate OBX segment will be included in the message to send the information. Below is the segment configuration:

| Seq. | Element Name |
| --- | --- |
| OBX.2 | Set to “TX” |
| OBX.3 | Set to “Section Level Note” |
| OBX.4 | Set to “6” |
| OBX.5 | Set to the birth history section level note |
| OBX.11 | Set to “F” |
| OBX.14 | Set to message creation timestamp |

### AL1 Segment Specification

The AL1 segment contains patient allergy information for various types. Each segment contains single patient allergy information.

| Seq. | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set ID – AL1 | Segment Count Identifier |  |
| 2 | Allergen Type Code | Not used. |  |
| 3 | Allergen Code/Mnemonic/Description | < rxnorm allergy code>^<rxnorm name>^RXNORM^<fdb code>^<fdb name>^<fdb coding system> | RxNorm coding will be sent in the 1st component and FDB related coding (FDB\_HIC\_SEQ or FDB\_DAM\_ALRGN\_GRP) in the 2nd component.  E.g. 153010^Ibuprofen^RXNORM^2377^Ibuprofen^FDB\_HIC\_SEQN or ^SHELLFISH^RXNORM^900584^SHELLFISH^FDB\_DAM\_ALRGN\_GRP |
| 4 | Allergy Severity Code | <Allergy Severity SNOMED code>^<SNOMED severity description>^SNM  **Note**: The UI element will not be GA until 13.6 | In this field we will send the SNOMED code and description for the most critical severity specified for any of the reactions for this allergy– example: if there were two reactions and one was ‘severe’ and the other was ‘moderate’ we would send data for ‘severe’ in this field.  E.g. 24484000^Severe^SNM |
| 5 | Allergy Reaction Code | <allergy reaction SNOMED code>^<SNOMED reaction description (Severity text)>^ SNM  **Note**: The UI element will not be GA until 13.6, until then we will continue to send reaction text only – if a severity is present we will include it with the reaction description in this field. Existing interfaces will continue to receive text in this field until they are formally upgraded to codified values. | This field will contain the SNOMED code and description for a particular allergic reaction  If there are multiple reactions for one allergy we will repeat this field separated with a ~. We will include any granular/by reaction severities in the description component.  E.g. 422400008^Vomiting (Severe)^SNM~ 404640003^Dizziness (Moderate)^SNM |
| 6 | Identification Date | <onset date>^<deactivated date>1  The onset and deactivated date of the allergy. | In UTC format (YYYYMMDD).  The field could contain one or both values.  The “Deactivated Date” value will be set to null when the allergy is re-activated. |

1: the <deactivated date> component can be ignored if the information is not desired

### “No Known Drug Allergy” Indicator

In athenaClinicals, there is a “No Known Drug Allergy” checkbox which is used to indicate that the patient has no known drug allergy. When it’s checked, a single AL1 segment will be sent with the following configuration:

| Seq. | Element Name |
| --- | --- |
| AL.3 | Set to “NKDA^No Known Drug Allergy^ATHENA^^^” (the 2nd component will be blank) |
| AL.5 | Set to null |
| AL.6 | Set to message creation timestamp without deactivated date |

### NTE Segment (Note/Comment)

The table below describes the segment configuration for individual allergy note.

|  |  |  |  |
| --- | --- | --- | --- |
| **Seq.** | **Element Name** | **athenaNet** | **Notes** |
| 1 | SET ID – NTE | Segment count identifier |  |
| 2 | Source of Comment | Not used. |  |
| 3 | Comment | Comment | Contains individual allergy note |

### Allergy Section Level Note

In athenaClinicals, each section (i.e. Allergy section) contains a section level note field which is a free text field for the section. When a note exists for the section, a separate AL1 and NTE segment will be included in the message to send the information. Below is the segment configuration:

1. An AL1 segment with the following configuration.

| Seq. | Element Name |
| --- | --- |
| AL.3 | Set to “SLN^Section Level Note^ATHENA^^^” (the 2nd portion will be blank) |
| AL.6 | Set to message creation timestamp (YYYYMMDDhhmm) |

1. A NTE segment containing the section level note.

### DG1 Segment Specification

The table below describes the segment configuration for patient diagnoses recorded during the encounter/visit.

| Seq. | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Set – DG1 | Segment Count Identifier |  |
| 2 | Diagnosis Coding Method | Not used. |  |
| 3 | Diagnosis Code – DG1 | <SNOMED diagnosis code>^<SNOMED diagnosis text>^SNM^<ICD9 diagnosis code>^ICD9 Diagnosis Text>^I9  **Note**: Starting in the August 2013 release, athenaClinicals will require practices to use SNOMED CT terminology for encounter diagnoses. Once the conversion is completed, the SNOMED ID, description and all corresponding ICD-9 codes will be sent for encounter diagnosis codes.  Please discuss your ability to accept SNOMED with your athenahealth’s interface project manager. | This field is used to send the SNOMED diagnosis code and description.  We will also include all ICD9 codes specified along with the diagnosis. There can be multiple ICD9 codes.  E.g. 127013003^Diabetic renal disease^SNM^250.40^DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED ^I9^583.81^NEPHRITIS AND NEPHROPATHY, NOT SPECIFIED AS ACUTE OR CHRONIC; IN DISEASES CLASSIFIED ELSEWHERE^I9 |
| 4 | Diagnosis Description | Status:<status>, Laterality:<laterality>, Note:<note> | Used for to describe diagnosis status, laterality and additional note. The field could contain one, multiple or no values.  E.g. Status: New Problem (w/u needed), Laterality: Bilateral, Note: Some Note  For list of supported values, check the reference table section:   * Status: see *Table 1 Diagnosis Status* * Laterality: see *Table 2 Diagnosis Laterality* |
| 5 | Diagnosis Date/Time | The date/time which the diagnosis is recorded. | The date and time when the diagnosis is recorded (In UTC format: YYYYMMDDhhmmss) |
| 6 | Diagnosis Type | Defaults to “F” for Final. |  |
| 7 | Major Diagnosis Category | Not used. |  |
| 8 | Diagnostic Related Group | Not used. |  |
| 9 | DRG Approval Indicator | Not used. |  |
| 10 | DRG Grouper Review Code | Not used. |  |
| 11 | Outlier Type | Not used. |  |
| 12 | Outlier Days | Not used. |  |
| 13 | Outlier Cost | Not used. |  |
| 14 | Grouper Version Type | Not used. |  |
| 15 | Diagnosis Priority | Not used. |  |
| 16 | Diagnosing Clinician | Not used. |  |
| 17 | Diagnosis Classification | Not used. |  |
| 18 | Confidential Indicator | Not used. |  |
| 19 | Attestation Date/Time | Not used. |  |

## Order Notification – ORM^O01

The message type will be used to send out signed order notification for various different order type groups (i.e. prescription, lab, imaging, vaccine, DME, surgery, referral, patient info and other).

**Important Note**: This ORM message is not a new order request. The purpose of this message is to provide notification to an external system that an order has been created and approved in athenaClinicals.

|  |  |
| --- | --- |
| Message Segment | Segment Description |
| MSH | Message Header |
| PID | Patient Identification |
| [ PD1 ] | Patient Additional Demographic |
| { |  |
| ORC | Common Order |
| [ OBR | Pharmacy/Treatment Order |
| [ { NTE } ] | Note |
| ] |  |
| } |  |

Please refer to the shared segment specification section for detail of following segments:

* MSH : Message Header Segment
* PID : Patient Identification Segment
* PD1 : Patient Additional Demographic Segment

Below is the list of segment specific specification for the associated message type:

### ORC Segment Specification

The table below describes the segment attributes specification for the ORC segment for the order notification message.

| Seq. | Element Name | athenaNet | Notes |
| --- | --- | --- | --- |
| 1 | Order Control | Used to define active medication list | Valid values are:   * “NW” to represent that the order has been created and signed off. |
| 2 | Placer Order Number | athenaNet Order ID | E.g. 1313234H1492 |
| 3 | Filler Order Number | Not used. |  |
| 4 | Placer Group Number | Not used. |  |
| 5 | Order Status | Not used. |  |
| 6 | Response Flag | Not used. |  |
| 7 | Quantity/Timing | [1] <quantity>&<unit> | Quantity & Unit will be used for Prescription & DME orders only.  Start date & stop date will be used for Perform & Administered date for Vaccine order only.  Sig will be used for Prescription, Vaccine and DME orders only. |
| [4] <start date> |
| [5] <stop date> |
| [8] <sig> |
| 8 | Parent | Not used. |  |
| 9 | Date/Time of Transaction | Order creation timestamp | In UTC format (YYYYMMDDhhmmss) |
| 10 | Entered By | The username of user/source entering the medication record. | E.g. jdoe OR caremark |
| 11 | Verified By | Not used. |  |
| 12 | Ordering Provider | <provider id>^<last name>^<first name>^<middle initial or name> | The ordering provider associated with the order. Provider NPI # is the default; if not available athenaID is used.  E.g. 111111111^Monfie^John^C |
| 13 | Enterer’s Location | Not used. |  |
| 14 | Call Back Phone Number | Not used. |  |
| 15 | Order Effective Date/Time | Not used. |  |
| 16 | Order Control Code Reason | Not used. |  |
| 17 | Entering Organization | Not used. |  |
| 18 | Entering Device | Not used. |  |
| 19 | Action By | Not used. |  |
| 20 | Advanced Beneficiary Notice Code | Not used. |  |

### OBR Segment Specification

The table below describes the segment attributes specification for the OBR segment in an order notification message.

| **Seq.** | **Element Name** | **athenaNet** | **Notes** |
| --- | --- | --- | --- |
| 1 | SET ID – OBR | Segment count identifier |  |
| 2 | Placer Order Number | Not used. |  |
| 3 | Filler Order Number | Not used. |  |
| 4 | Universal Service ID | <order code>^<order description> | E.g.  217647H1492^BLOOD-GLUCOSE METER,  217644H1492^DERMATOLOGY REFERRAL Order |
| 5 | Priority | Order priority | Valid values are:   * “1” for “Urgent” * “2” for “Not Urgent” |
| 6 | Requested Date/Time | Order signed off timestamp | In UTC format (YYYYMMDDhhmmss) |
| 7 | Observation Date/Time | Not used. |  |
| 8 | Observation End Date/Time | Not used. |  |
| 9 | Collection Volume | Not used. |  |
| 10 | Collection Identifier | Not used. |  |
| 11 | Specimen Action Code | Not used. |  |
| 12 | Danger Code | Not used. |  |
| 13 | Relevant Clinical Info | Outside Note (to provider, to pharmacy, to patient) |  |
| 14 | Specimen Received Date/Time | Not used. |  |
| 15 | Specimen Source | <source code>&<source name>&<coding system> | Only the specimen source name component is used.  E.g. BLDV&Blood venous&HL70070 |
| 16 | Ordering Provider | <provider id>^<last name>^<first name>^<middle initial or name> | The ordering provider. Provider NPI # is the default; if not available athenaID is used.  E.g. 111111111^Monfie^John^C |
| 17 | Order Callback Phone Number | Not used. |  |
| 18 | Placer Field 1 | Used for Pharmacy & Supplier information for Prescription and DME orders. | E.g. TARGET PHARMACY # 1547 |
| 19 | Placer Field 2 | Not used. |  |
| 20 | Filler Field 1 | Not used. |  |
| 21 | Filler Field 2 | Not used. |  |
| 22 | Results Rpt/Status Chg Date/Time | Not used. |  |
| 23 | Charge to Practice | Not used. |  |
| 24 | Diagnostic Service Sect ID | Not used. |  |
| 25 | Result Status | The result status in athena | Default to “F” for “Final” |
| 26 | Parent Result | Not used. |  |
| 27 | Quantity/Timing | Not used. |  |
| 28 | Result Copies To | Not used. |  |
| 29 | Parent | Not used. |  |
| 30 | Transportation Mode | Not used. |  |
| 31 | Reason for Study | Not used. |  |
| 32 | Principal Result Interpreter | Not used. |  |
| 33 | Assistant Result Interpreter | Not used. |  |
| 34 | Technician | Not used. |  |
| 35 | Transcriptionist | Not used. |  |
| 36 | Scheduled Date/Time | Not used. |  |
| 37 | Number of Sample Containers | Not used. |  |
| 38 | Transport Logistics of Collected Sample | Not used. |  |
| 39 | Collector's Comment | Not used. |  |
| 40 | Transport Arrangement Responsibility | Not used. |  |
| 41 | Transport Arranged | Not used. |  |
| 42 | Escort Required | Not used. |  |
| 43 | Planned Patient Transport Comment | Not used. |  |
| 44 | Procedure Code | Not used. |  |
| 45 | Procedure Code Modifier | Not used. |  |

### NTE Segment Specification for OBR

The table below describes the mapping for the comment information for additional information available in different order type group. E.g. for surgery order, there are many surgery related questions that will be asked as part of the order, the answers to these questions will also be visible on the encounter summary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Seq.** | **Element Name** | **athenaNet** | **Notes** |
| 1 | SET ID – NTE | Segment count identifier |  |
| 2 | Source of Comment | Not used. |  |
| 3 | Comment | Comment | Any note(s) associated with the OBR segment |

## Result Message (Outbound) – ORU^R01

The message type will be used to send out patient’s lab result received from external lab, in-house lab and lab analyte recorded in patient chart.

**Important Note**: Only lab result with structured data will be included in the outbound clinical message. For example, lab result received as a fax/image document will not be included.

|  |  |
| --- | --- |
| Message Segment | Segment Description |
| MSH | Message Header |
| { [ PID | Patient Identification |
| [ PD1 ] | Patient Additional Demographic |
| [ PV1 ] ] | Patient Visit |
| { |  |
| [ ORC ] | Common Order Control |
| OBR | Observation Request |
| [ { NTE } ] | Order comments |
| { [ OBX ] | Observation Results |
| { [ NTE ] } } | Observation Comments |
| } |  |
| } |  |

Please refer to the shared segment specification section for detail of following segments:

* MSH : Message Header Segment
* PID : Patient Identification Segment
* PD1 : Patient Additional Demographic Segment
* PV1 : Patient Visit
* NTE : Notes/comments

Below is the list of segment specific specification for the associated message type:

### ORC Segment Specification

The table below describes the segment attributes specification for the ORC segment.

| **Seq.** | **Element Name** | **athenaNet** | **Notes** |
| --- | --- | --- | --- |
| 1 | Order Control |  | Defaults to “RE” |
| 2 | Placer Order Number | athena Order ID or Result ID | If the result is tied to an order, then the order id will be sent, otherwise the result id will be sent.  E.g. 47895H2535 |
| 3 | Filler Order Number | Not used. |  |
| 4 | Placer Group Number | Not used. |  |
| 5 | Order Status | Not used. |  |
| 6 | Response Flag | Not used. |  |
| 7 | Quantity/Timing | Not used. |  |
| 8 | Parent | Not used. |  |
| 9 | Date/Time of Transaction | Not used. |  |
| 10 | Entered By | Not used. |  |
| 11 | Verified By | Not used. |  |
| 12 | Ordering Provider | <provider id>^<last name>^<first name>^<middle initial or name> | The ordering provider. Provider NPI # is the default; if not available athenaID is used.  E.g. 111111111^Monfie^John^C |
| 13 | Enterer's Location | Not used. |  |
| 14 | Call Back Phone Number | Not used. |  |
| 15 | Order Effective Date/Time | Not used. |  |
| 16 | Order Control Code Reason | Not used. |  |
| 17 | Entering Organization | Not used. |  |
| 18 | Entering Device | Not used. |  |
| 19 | Action By | Not used. |  |
| 20 | Advanced Beneficiary Notice Code | Not used. |  |
| 21 | Ordering Facility Name | Not used. |  |
| 22 | Ordering Facility Address | Not used. |  |
| 23 | Ordering Facility Phone Number | Not used. |  |
| 24 | Ordering Provider Address | Not used. |  |

### OBR Segment Specification

The table below describes the segment attributes specification for the OBR segment.

| **Seq.** | **Element Name** | **athenaNet** | **Notes** |
| --- | --- | --- | --- |
| 1 | SET ID – OBR | Segment count identifier |  |
| 2 | Placer Order Number | athena Order ID or Result ID | If the result is tied to an order, then the order id will be sent, otherwise the result id will be sent.  E.g. 47895H2535 |
| 3 | Filler Order Number | External Accession ID | Lab Accession ID |
| 4 | Universal Service ID | <order code>^<name> | E.g. 20357^URINALYSIS |
| 5 | Priority | Priority | Valid values are:   * “1” for Urgent * “2” for Not Urgent |
| 6 | Requested Date/Time | Requested timestamp | In UTC format (YYYYMMDDhhmmss) |
| 7 | Observation Date/Time | Observation timestamp | In UTC format (YYYYMMDDhhmmss) |
| 8 | Observation End Date/Time | Observation end timestamp | In UTC format (YYYYMMDDhhmmss) |
| 9 | Collection Volume | Collection Volume |  |
| 10 | Collection Identifier | Collection Identifier |  |
| 11 | Specimen Action Code | Action Code |  |
| 12 | Danger Code | Danger Code |  |
| 13 | Relevant Clinical Info | Specimen notes | Text |
| 14 | Specimen Received Date/Time | Specimen collected timestamp | In UTC format (YYYYMMDDhhmmss) |
| 15 | Specimen Source | <source code>&<source name>&<coding system> | Only the specimen source name component is used.  E.g. BLDV&Blood venous&HL70070 |
| 16 | Ordering Provider | <provider id>^<last name>^<first name>^<middle initial or name> | The ordering provider. Provider NPI # is the default; if not available athenaID is used.  E.g. 111111111^Monfie^John^C |
| 17 | Order Callback Phone Number | Not used. |  |
| 18 | Placer Field 1 | Not used. |  |
| 19 | Placer Field 2 | Not used. |  |
| 20 | Filler Field 1 | Not used. |  |
| 21 | Filler Field 2 | Not used. |  |
| 22 | Results Rpt/Status Chg Date/Time | Result reported timestamp |  |
| 23 | Charge to Practice | Not used. |  |
| 24 | Diagnostic Service Sect ID | Not used. |  |
| 25 | Result Status | The result status in athena | Valid values are:   * “C” for “Corrected” * “F” for “Final” * “P” for “Preliminary” * “X” for “Cancelled” |
| 26 | Parent Result | Not used. |  |
| 27 | Quantity/Timing | Not used. |  |
| 28 | Result Copies To | Not used. |  |
| 29 | Parent | Not used. |  |
| 30 | Transportation Mode | Not used. |  |
| 31 | Reason for Study | Not used. |  |
| 32 | Principal Result Interpreter | Not used. |  |
| 33 | Assistant Result Interpreter | Not used. |  |
| 34 | Technician | Not used. |  |
| 35 | Transcriptionist | Not used. |  |
| 36 | Scheduled Date/Time | Not used. |  |
| 37 | Number of Sample Containers | Not used. |  |
| 38 | Transport Logistics of Collected Sample | Not used. |  |
| 39 | Collector's Comment | Not used. |  |
| 40 | Transport Arrangement Responsibility | Not used. |  |
| 41 | Transport Arranged | Not used. |  |
| 42 | Escort Required | Not used. |  |
| 43 | Planned Patient Transport Comment | Not used. |  |
| 44 | Procedure Code | Not used. |  |
| 45 | Procedure Code Modifier | Not used. |  |

### NTE Segment Specification for OBR

The table below describes the mapping for the comment information specific to the OBR segment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Seq.** | **Element Name** | **athenaNet** | **Notes** |
| 1 | SET ID – NTE | Segment count identifier |  |
| 2 | Source of Comment | Not used. |  |
| 3 | Comment | Comment | Any note(s) associated with the OBR segment |

### OBX Segment Specification

The table below describes the segment attributes specification for the OBX segment.

| **Seq.** | **Element Name** | **athenaNet** | **Notes** |
| --- | --- | --- | --- |
| 1 | SET ID – OBX | Segment count identifier |  |
| 2 | Value Type | Format type of the observation value | This value is set based on OBX.5 value type. Valid values are:   * “NM” for Numeric data * “ST” for String data |
| 3 | Observation Identifier | <observation code>^<text>^<coding system> | LOINC coding is used; if LOINC code is not available, observation code and description received from lab will be sent.  E.g. 14920-3^THYROXINE.FREE^LN |
| 4 | Observation Sub-ID | Defaults to “1” (for outbound only) |  |
| 5 | Observation Value | Value | E.g. 2.0, Light Yellow |
| 6 | Units | Units | E.g. MG/DL |
| 7 | References Range | Range | E.g. 0.8 – 1.8 |
| 8 | Abnormal Flags | Abnormal flags | The value can be mapped in athena’s interface mapping screen. If no mapping exists, value received from external lab will be sent out. |
| 9 | Probability | Not used. |  |
| 10 | Nature of Abnormal Test | Not used. |  |
| 11 | Observation Result Status | Results status | Valid values are:   * “C” for “Corrected” * “F” for “Final” * “P” for “Preliminary” * “X” for “Cancelled” |
| 12 | Date Lst Obs Normal Values | Not used. |  |
| 13 | User Defined Access Checks | Not used. |  |
| 14 | Date/Time of Observation | Observation timestamp | In UTC format (YYYYMMDDhhmmss) |
| 15 | Producer's ID | Performing lab key | E.g. SC |
| 16 | Responsible Observer | Not used. |  |
| 17 | Observation Method | Not used. |  |

### NTE Segment Specification for OBX

The table below describes the mapping for the comment information specific to the OBX segment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Seq.** | **Element Name** | **athenaNet** | **Notes** |
| 1 | SET ID – NTE | Segment count identifier |  |
| 2 | Source of Comment | Not used. |  |
| 3 | Comment | Comment | Any note(s) associated with the OBX segment |

## Medical Records Management – MDM^T02

The message type will be used to send out patient encounter summary as well as patient cases.

|  |  |
| --- | --- |
| Message Segment | Segment Description |
| MSH | Message Header |
| PID | Patient Identification |
| PV1 | Patient Visit |
| TXA | Document Notification |
| { OBX } | Observation/Result |

Please refer to the shared segment specification section for detail of following segments:

* MSH : Message Header Segment
* PID : Patient Identification Segment
* PV1 : Patient Visit

Below is the list of segment specific specification for the associated message type:

### TXA Segment Specification

The table below describes the segment attributes specification for the TXA segment.

| **Seq** | **Element Name** | **athenaNet** | **Notes** |
| --- | --- | --- | --- |
| 1 | Set ID – TXA\* |  |  |
| 2 | Document Type\* | Document type | Valid values are:   * “CN” (Consultation) for “Patient Case” * “DS” (Discharge Summary) for “Encounter” and “Order Group” |
| 3 | Document Content Presentation | Not used. |  |
| 4 | Activity Date/Time | The creation date of the encounter, patient case. | In UTC format  (YYYYMMDDhhmmss) |
| 5 | Primary Activity Provider Code/Name | <provider id>^<last name>^<first name>^<middle initial or name> | The provider associated with the encounter or patient case. Provider NPI # is the default; if not available athenaID is used.  E.g. 111111111^Monfie^John^C |
| 6 | Origination Date/Time | Not used. |  |
| 7 | Transcription Date/Time | Not used. |  |
| 8 | Edit Date/Time | Not used. |  |
| 9 | Originator Code/Name | Not used. |  |
| 10 | Assigned Document Authenticator | Not used. |  |
| 11 | Transcriptionist Code/Name | Not used. |  |
| 12 | Unique Document Number\* | athena ID for the encounter, order group or patient case | E.g. 21132CE1492, 1243H1492 |
| 13 | Parent Document Number | Not used. |  |
| 14 | Placer Order Number | Not used. |  |
| 15 | Filler Order Number | Not used. |  |
| 16 | Unique Document File Name | Not used. |  |
| 17 | Document Completion Status\* | The status of the document | Valid values are:   * “DO” for “Documented” |
| 18 | Document Confidentiality Status | Not used. |  |
| 19 | Document Availability Status | Not used. |  |
| 20 | Document Storage Status | Not used. |  |
| 21 | Document Change Reason | Not used. |  |
| 22 | Authentication Person, Time Stamp | Not used. |  |
| 23 | Distributed Copies (Code and Name of Recipients) |  |  |

### OBX Segment Specification for MDM Message

The table below describes the segment attributes specification for the OBX segment.

| **Seq** | **Element Name** | **athenaNet** | **Notes** |
| --- | --- | --- | --- |
| 1 | SET ID – OBX | Segment count identifier |  |
| 2 | Value Type | Format type of the observation value | This value is set based on OBX.5 value type. Valid values are:   * “NM” for Numeric data * “ST” for String data * “TX” for Text data   For this segment the value will default to “TX”. |
| 3 | Observation Identifier | <item name>^<text>^ATHENA | For encounter summary the item name is set to the encounter reason i.e. PHYSICAL EXAM  For patient case, the item is set as PATIENTCASE |
| 4 | Observation Sub-ID |  | For encounter summary, when the HTML is divided into different OBX segments, this field will have the same identifier. |
| 5 | Observation Value | Patient case description/note or encounter summary will be sent in this field | For Encounter Summary, the content could be split into multiple OBX segments since this field is limited to 64 kb. |
| 6 | Units | Not used. |  |
| 7 | References Range | Not used. |  |
| 8 | Abnormal Flags | Not used. |  |
| 9 | Probability | Not used. |  |
| 10 | Nature of Abnormal Test | Not used. |  |
| 11 | Observation Result Status | Status | For encounter summary: always set to “F” for “Final”  For patient case:   * Set to “P” for “Preliminary” on add. * Set to “F” for “Final” on closed. |
| 12 | Date Lst Obs Normal Values | Not used. |  |
| 13 | User Defined Access Checks | Not used. |  |
| 14 | Date/Time of Observation | Not used. |  |
| 15 | Producer's ID | Not used. |  |
| 16 | Responsible Observer | Not used. |  |
| 17 | Observation Method | Not used. |  |

# 5 Reference Tables

## Table 1 Diagnosis Status

The table below lists the supported external diagnosis status.

|  |
| --- |
| **Ext. Diagnosis Status** |
| Differential Dx |
| Established (stable) |
| Established (improving) |
| Established (worsening) |
| New Problem (no further w/u) |
| New Problem (w/u needed) |
| Next Visit w/u |
| Self-Limited/Minor |
| Uncontrolled |

## Table 2 Diagnosis Laterality

The table below lists the external laterality code.

|  |
| --- |
| **Diagnosis Laterality** |
| Right |
| Left |
| Bilateral |

## Table 3 Vital Sign Unit and LOINC Code

The table below lists the external unit and LOINC code used for the vital sign information.

|  |  |  |
| --- | --- | --- |
| **athenaClinicals**  **Vital Sign Description** | **Ext. Unit (Ext. Description)** | **LOINC code** |
| Weight | **kg (Kilogram)** | **3141-9** |
| Height | **cm (Centimeter)** | **8302-2** |
| BMI | **kg/m2 (Kilogram per square meter)** | **39156-5** |
| BP Systolic | **mm(hg) (Millimeter (HG))** | **8480-6** |
| BP Diastolic | **mm(hg) (Millimeter (HG))** | **8462-4** |
| Heart rate (pulse) | **/min (Per minute)** | **8867-4** |
| Respiratory rate | **/min (Per minute)** | **9279-1** |
| Body temperature | **cel (Degrees Celsius)** | **8310-5** |
| O2 sat | **% (Percent)** | **2710-2** |
| Head circumference | **cm (Centimeter)** | **8287-5** |
| Body surface area | **m2 (Square meter)** | **8277-6** |

## Table 4 Intervals Mapping

The table below lists the external intervals code value (as defined in HL7 specification). The external code will be sent in ORC.7-2 field.

| **athenaClinicals**  **Frequency** | **Ext. Code** |
| --- | --- |
| Every day | **Q1D** |
| Twice a day | **BID** |
| 3 times a day | **TID** |
| 4 times a day | **QID** |
| 5 times a day | **5ID** |
| 6 times a day | **6ID** |
| Every other day | **QOD** |
| Every hour | **Q1H** |
| Every 2 hours | **Q2H** |
| Every 3-4 hours | **No Mapping (included in unstructured sig)** |
| Every 4 hours | **Q4H** |
| Every 4-6 hours | **No Mapping (included in unstructured sig)** |
| Every 6 hours | **Q6H** |
| Every 6-8 hours | **No Mapping (included in unstructured sig)** |
| Every 8 hours | **Q8H** |
| Every 12 hours | **Q12H** |
| Every 24 hours | **Q24H** |
| Every week | **Q1W** |
| Twice a week | **No Mapping (included in unstructured sig)** |
| 3 times a week | **No Mapping (included in unstructured sig)** |
| Every 2 weeks | **Q2W** |
| Every 3 weeks | **Q3W** |
| Every 4 weeks | **Q4W** |
| Every month | **Q1L** |
| Every 2 months | **Q2L** |
| Every 3 months | **Q3L** |
| As needed | **PRN** |

## Table 5 Unit Mapping

The table below lists the external unit code value included.

|  |  |  |  |
| --- | --- | --- | --- |
| **athenaClinicals Unit** | **Ext. Code** | **Ext. Description** | **Ext. Coding System** |
| mL | mL | Milliliter | ISO+ |
| mg | mg | Milligram | ISO+ |
| g | g | Gram | ISO+ |
| microgram(s) | ug | Microgram | ISO+ |
| tsp | tsp | Teaspoon | ANSI+ |
| tbsp | tbs | Tablespoon | ANSI+ |
| tablet(s) | tablet | Tablet(s) | L |
| capsule(s) | capsule | Capsule(s) | L |
| spray(s) | spray | Spray(s) | L |
| application(s) | application | Application(s) | L |
| applicator(s)ful | applicatorful | Applicator(s)ful | L |
| drop(s) | drop | Drop(s) | L |

## Table 6 Route of Administration Mapping

The table below lists the external route of administration value included in the RXA segment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **athenaClinicals**  **Code** | **athenaClinicals**  **Description** | **Ext. Code** | **Ext. Description** | **Ext. Coding System** |
| BC | BUCCAL | **B** | **BUCCAL** | **HL70162** |
| DT | DENTAL | **DT** | **DENTAL** | **HL70162** |
| EP | EPIDURAL (ONLY) | **EP** | **EPIDURAL** | **HL70162** |
| HE | HEMODIALYSIS | **HE** | **HEMODIALYSIS** | **L** |
| IA | INTRAARTERIAL | **IA** | **INTRAARTERIAL** | **HL70162** |
| IC | INTRACAVERNOSAL | **IC** | **INTRACAVERNOSAL** | **L** |
| ID | INTRADERMAL | **ID** | **INTRADERMAL** | **HL70162** |
| IH | INHALATION | **IH** | **INHALATION** | **HL70162** |
| IJ | INJECTION(UNSPECIFIED PARENTERAL ROUTES) | **IJ** | **INJECTION(UNSPECIFIED PARENTERAL ROUTES)** | **L** |
| IL | IMPLANTATION | **IL** | **IMPLANTATION** | **L** |
| IM | INTRAMUSCULAR (ONLY; REPOSITORY; ETC.) | **IM** | **INTRAMUSCULAR** | **HL70162** |
| IN | IN VITRO | **IN** | **IN VITRO** | **L** |
| IO | INTRAOCULAR | **IO** | **INTRAOCULAR** | **HL70162** |
| IP | INTRAPERITONEAL | **IP** | **INTRAPERITONEAL** | **HL70162** |
| IR | IRRIGATION (BLADDER, WOUNDS, ETC.) | **IR** | **IRRIGATION** | **L** |
| IS | INTRAVESICAL | **IS** | **INTRAVESICAL** | **L** |
| IT | INTRATHECAL | **IT** | **INTRATHECAL** | **HL70162** |
| IU | INTRAARTICULAR | **IU** | **INTRAARTICULAR** | **L** |
| IV | INTRAVENOUS (ONLY) | **IV** | **INTRAVENOUS** | **HL70162** |
| IX | INTRAPLEURAL | **IX** | **INTRAPLEURAL** | **L** |
| IY | INTRAUTERINE | **IU** | **INTRAUTERINE** | **HL70162** |
| MC | MISCELL. (NON-DRUG OR COMBO ROUTE DRUG) | **OTH** | **OTHER/MISCELLANEOUS** | **HL70162** |
| MM | MUCOUS MEMBRANE (TOPICAL MOUTH & THROAT) | **MM** | **MUCOUS MEMBRANE** | **HL70162** |
| NS | NASAL | **NS** | **NASAL** | **HL70162** |
| OP | OPHTHALMIC (INCLUDES EYE-EAR PREPS) | **OP** | **OPHTHALMIC** | **HL70162** |
| OT | OTIC | **OT** | **OTIC** | **HL70162** |
| PF | PERFUSION | **PF** | **PERFUSION** | **HL70162** |
| PO | ORAL | **PO** | **ORAL** | **HL70162** |
| RC | RECTAL | **PR** | **RECTAL** | **HL70162** |
| SL | SUBLINGUAL | **SL** | **SUBLINGUAL** | **HL70162** |
| SQ | SUBCUTANEOUS | **SC** | **SUBCUTANEOUS** | **HL70162** |
| TD | TRANSDERMAL | **TD** | **TRANSDERMAL** | **HL70162** |
| TL | TRANSLINGUAL | **TL** | **TRANSLINGUAL** | **HL70162** |
| TP | TOPICAL (HAIR, NAILS AND SKIN) | **TP** | **TOPICAL** | **HL70162** |
| UR | URETHRAL | **UR** | **URETHRAL** | **HL70162** |
| VG | VAGINAL | **VG** | **VAGINAL** | **HL70162** |

## Table 7 Administration Site Mapping

The table below lists the external vaccination administration site included in the RXA segment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **athenaClinicals**  **Code** | **athenaClinicals**  **Description** | **Ext.**  **Code** | **Ext. Description** | **Ext. Coding System** |
| LA | Left Arm | **LA** | **LEFT ARM** | **HL70163** |
| RA | Right Arm | **RA** | **RIGHT ARM** | **HL70163** |
| LT | Left Thigh | **LT** | **LEFT THIGH** | **HL70163** |
| RT | Right Thigh | **RT** | **RIGHT THIGH** | **HL70163** |
| Oral | Oral | **PO** | **ORAL** | **HL70163** |
| Nasal | Nasal | **NS** | **NASAL** | **HL70163** |
| L Buttock | L Buttock | **BU** | **BUTTOCK** | **HL70163** |
| R Buttock | R Buttock | **BU** | **BUTTOCK** | **HL70163** |
| LW | Left Wrist | **LW** | **LEFT WRIST** | **L** |
| RW | Right Wrist | **RW** | **RIGHT WRIST** | **L** |
| LK | Left Knee | **LK** | **LEFT KNEE** | **L** |
| RK | Right Knee | **RK** | **RIGHT KNEE** | **L** |
| Bladder | Bladder | **Bladder** | **BLADDER** | **L** |
| LUA | Left Upper Aram | **LUA** | **LEFT UPPER ARM** | **HL70163** |
| RUA | Right Upper Arm | **RUA** | **RIGHT UPPER ARM** | **HL70163** |
| LACF | Left ACF | **LACF** | **Left Antecubital Fossa** | **HL70163** |
| RACF | Right ACF | **RACF** | **Right Antecubital Fossa** | **HL70163** |
| LFA | Left Forearm | **LLFA** | **Left Lower Forearm** | **HL70163** |
| RFA | Right Forearm | **RLFA** | **Right Lower Forearm** | **HL70163** |
| LH | Left Hand | **LH** | **Left Hand** | **HL70163** |
| RH | Right Hand | **RH** | **Right Hand** | **HL70163** |
| LC | Left Chest | **LAC** | **Left Anterior Chest** | **HL70163** |
| RC | Right Chest | **RAC** | **Right Anterior Chest** | **HL70163** |
| LL | Left Leg | **LL** | **left leg** | **L** |
| RL | Right Leg | **RL** | **right leg** | **L** |
| LF | Left Foot | **LF** | **LEFT FOOT** | **HL70163** |
| RF | Right Foot | **RF** | **RIGHT FOOT** | **HL70163** |

## Table 8 VFC Status Mapping

The table below lists of supported external VFC code (as defined in HL7 table # 0064) value.

|  |  |  |
| --- | --- | --- |
| **athenaClinicals Value** | **Ext. Code** | **Ext. Coding System** |
| Not VFC Eligible | **V01** | **HL70064** |
| Not VFC Eligible – under insured, not Federally Qualified Health Center Patient | **V08** | **HL70064** |
| VFC eligibility not determined/unknown | **V00** | **HL70064** |
| VFC eligible - American Indian/Alaskan Native | **V04** | **HL70064** |
| VFC eligible – Federally Qualified Health Center Patient (under-insured) | **V05** | **HL70064** |
| VFC eligible – Local-specific eligibility | **V07** | **HL70064** |
| VFC eligible – Medicaid/Medicaid Managed Care | **V02** | **HL70064** |
| VFC eligible – State-specific eligibility (e.g., S-CHIP plan) | **V06** | **HL70064** |
| VFC eligible – Uninsured | **V03** | **HL70064** |

**Table 9 Allergic reactions**

|  |  |  |
| --- | --- | --- |
| **SNOMED Code** | **SNOMED Description** | **Coding System Identifier** |
| 25064002 | Headache | SNM |
| 29857009 | Chest pain | SNM |
| 39579001 | Anaphylaxis | SNM |
| 41291007 | Angioedema | SNM |
| 49727002 | Cough | SNM |
| 62315008 | Diarrhea | SNM |
| 90128006 | Photosensitivity | SNM |
| 240107001 | Viral myalgia | SNM |
| 247472004 | Weal | SNM |
| 271807003 | Eruption | SNM |
| 271825005 | Respiratory distress | SNM |
| 361138002 | Irregular heart rate | SNM |
| 404640003 | Dizziness | SNM |
| 418290006 | Itching | SNM |
| 422400008 | Vomiting | SNM |
| 422587007 | Nausea | SNM |
| 74964007 | Other | SNM |

**Table 10 Allergy Severities**

|  |  |  |
| --- | --- | --- |
| **SNOMED Code** | **SNOMED Description** | **Coding System Identifier** |
| 255604002 | Mild | SNM |
| 371923003 | Mild to moderate | SNM |
| 6736007 | Moderate | SNM |
| 371924009 | Moderate to severe | SNM |
| 24484000 | Severe | SNM |
| 442452003 | Life threatening severity | SNM |
| 399166001 | Fatal | SNM |

# 6 Sample HL7 Messages

## Sample ADT^A08 message

MSH|^~\&|ATHENANET|432^athenahealth practice|TEST||201202041021||ADT^A08|2587963|P|2.3.1||||||||

EVN|A08|201201300602||||

PID||2411|2411||LASTNAME^FIRSTNAME^MIDDLE^||19601111|F||900^White|ADDRESS^ADDRESS (CTD)^CITY^STATE^00000^COUNTRY||(210)288-9555^(210)288-9555|(210)490-3777|124^English|M|||333444555|||61^Patient Declined||||||||

PV1||O|^^^MAIN OFFICE||||1234567^SEUSS^DOCTOR^M||||||||||1234567^SEUSS^DOCTOR^M|||||||||||||||||||||||||||201109020911|201109020953|||||||

OBX|1|ST|8462-4^Blood Pressure Diastolic^LOINC^BP Diastolic^Blood Pressure Diastolic^ATHENA|1|72|mm(hg)^Millimeter (HG)^ISO+|||||F|||20110902091700|||

OBX|2|ST|^Blood Pressure Site^LOINC^BP Site^Blood Pressure Site^ATHENA|1|R arm||||||F|||20110902091700|||

OBX|3|ST|8480-6^Blood Pressure Systolic^LOINC^BP Systolic^Blood Pressure Systolic^ATHENA|1|100|mm(hg)^Millimeter (HG)^ISO+|||||F|||20110902091700|||

OBX|4|ST|^Blood Pressure Type^LOINC^BP Type^Blood Pressure Type^ATHENA|1|sitting||||||F|||20110902091700|||

OBX|5|ST|39156-5^BMI^LOINC^BMI^BMI^ATHENA|1|27.7|kg/m2^Kilogram per square meter^ISO+|||||F|||20110902091700|||

OBX|6|ST|8302-2^Height^LOINC^Ht^Height^ATHENA|1|170.18|cm^Centimeter^ISO+|||||F|||20110902091700|||

OBX|7|ST|^Pain Scale^LOINC^Pain Scale^Pain Scale^ATHENA|1|0||||||F|||20110902091700|||

OBX|8|ST|8867-4^Pulse Rate^LOINC^Pulse Rate^Pulse Rate^ATHENA|1|68|/min^Per minute^ISO+|||||F|||20110902091700|||

OBX|9|ST|9279-1^Respiration Rate^LOINC^RR^Respiration Rate^ATHENA|1|18|/min^Per minute^ISO+|||||F|||20110902091700|||

OBX|10|ST|8310-5^Temperature^LOINC^T^Temperature^ATHENA|1|36.8|cel^Degrees Celsius^ISO+|||||F|||20110902091700|||

OBX|11|ST|^Temperature Type^LOINC^T Type^Temperature Type^ATHENA|1|oral||||||F|||20110902091700|||

OBX|12|ST|3141-9^Weight^LOINC^Wt^Weight^ATHENA|1|80.28584949|kg^Kilogram^ISO+|||||F|||20110902091700|||

OBX|13|TX|hyperlipidemia|2|Y; NOTE: LDL 164 (2/2010) - TLC||||||F|||20100920|||

OBX|14|TX|hypertension|2|NOTE: Off meds - 9/2011 (was on Lisinopril/HCTZ but reduced stress has cured htn)||||||F|||20100924|||

OBX|15|TX|Section Level Note|2|Viral Meningitis 2001\X0D\\X0A\Right knee pain - cartilage degeneration||||||F|||20120204|||

OBX|16|CE|70995007^Pulmonary hypertension^SNM^14^hypertension^ATHENA|5|^^||MOTHER||||F|||20100303|||

OBX|17|CE|264580006^Thyroid dysfunction^SNM^1^other^ATHENA|5|^^thyroid dz||MOTHER||||F|||20100303|||

OBX|18|CE|26929004^Alzheimer's disease^SNM^1^other^ATHENA|5|^^alzheimers||MOTHER||||F|||20100303|||

OBX|19|CE|70995007^Pulmonary hypertension^SNM^14^hypertension^ATHENA|5|^^||BROTHER||||F|||20100303|||

OBX|20|CE|13746004^Bipolar disorder^SNM^1^other^ATHENA|5|^^bipolar||BROTHER||||F|||20100303|||

OBX|21|CE|13746004^Bipolar disorder^SNM^1^other^ATHENA|5|^^bipolar||FATHER||||F|||20100303|||

OBX|22|TX|Alcohol intake|4|Occasional||||||F|||20111117|||

OBX|23|TX|Caffeine intake|4|Moderate; Note: Coffee Daily||||||F|||20111117|||

OBX|24|TX|Diet|4|REGULAR||||||F|||20111117|||

OBX|25|TX|Occupation|4|Upholstery shop owner||||||F|||20111117|||

OBX|26|TX|Live alone or with others?|4|with others; Note: husband, son||||||F|||20111117|||

OBX|27|TX|Illicit drugs|4|None||||||F|||20111117|||

OBX|28|TX|Visual or Hearing Impairment?|4|No||||||F|||20111117|||

OBX|29|TX|Has there been any sexual, physical, or emotional abuse?|4|N||||||F|||20120119|||

OBX|30|TX|Marital status|4|Married; Note: 5/2011||||||F|||20111117|||

OBX|31|TX|Sexually active?|4|Y; Note: Monogamous||||||F|||20111117|||

OBX|32|TX|Smoking Status|4|Never||||||F|||20111117|||

OBX|33|TX|General stress level|4|Low||||||F|||20111117|||

AL1|1||NKDA^No Known Drug Allergy^ATHENA^^^|||20120204102120

DG1|1||1201005^Benign Essential Hypertension^SNM^401.1^ESSENTIAL HYPERTENSION; BENIGN^I9|Status: Established (improving), Note: She has been off of medications and blood pressure in office and at home 100s/70s.\X0D\\X0A\I consider HTN resolved with lifestyle changes.\X0D\\X0A\No longer needs medications.\X0D\\X0A\Patient will keep a bp log - if >130/80 then return for visit.|20110902104123|F|||||||||||||

DG1|2||127013003^Diabetic renal disease^SNM^250.40^DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED ^I9^583.81^NEPHRITIS AND NEPHROPATHY, NOT SPECIFIED AS ACUTE OR CHRONIC; IN DISEASES CLASSIFIED ELSEWHERE^I9|Note: Improving|20110902104638|F|||||||||||||

DG1|3||162673000^General examination of patient^SNM^V70.0^GENERAL MEDICAL EXAMINATION; ROUTINE GENERAL MEDICAL EXAMINATION AT A HEALTH CARE FACILITY^I9|Note: Return for colonoscopy order/referral and annual preventive healthcare exam\X0D\\X0A\Will order pre-visit labs.\X0D\\X0A\Pt to call for appt.|20110902104638|F|||||||||||||

GT1|1||LASTNAME^FIRSTNAME^MIDDLE^||ADDRESS^ADDRESS (CTD)^CITY^STATE^00000^COUNTRY|(210)288-9555||19601111|||Self||||||||||||||||||||||||||||||||||FIRSTNAME LASTNAME|(210)878-8448||CHILD|||||||

IN1|1|111111^GWH-CIGNA (PPO)|112325^GWH-CIGNA (PPO)|GWH-CIGNA (PPO)|1000 GREAT WEST DRIVE^^KENNETT^MO^63857-3749|^|(800)663-8081|52EZ592940||||20100505||||LASTNAME^FIRSTNAME^MIDDLE^|Self|19601111||||1||||||||||||||462456999|||||||F||||||

## Sample ORM^O01 (Active Medication) message

MSH|^~\&|ATHENANET|432^athenahealth Family Practice|TEST||201109211355||ORM^O01|103646|P|2.3.1||||||||

PID||123|123||LASTNAME^FIRSTNAME^MIDDLE^||19421217|F||941^Patient Declined|ADDRESS^ADDRESS (CTD)^CITY^STATE^00000^COUNTRY||(805)532-9235^||124^English|M||||||61^Patient Declined||||||||

PV1||O|^^^MOORPARK OFFICE||||1234567^SEUSS^DOCTOR^M||||||||||1234567^SEUSS^DOCTOR^M|||||||||||||||||||||||||||201109150753||||||||

GT1|1||LASTNAME^FIRSTNAME^MIDDLE^||ADDRESS^ADDRESS (CTD)^CITY^STATE^00000^COUNTRY|(805)532-9235||19421217|||Self||||||||||||||||||||||||||||||||||JANE DOE|(805)532-9235||SPOUSE|||||||

ORC|NW|53241PM1492|||A||1^Q1D^D5^20111001^20111005^^^Take 2 tablet(s) every day by oral route in the morning for 5 days.||20110913120033|suser||^^^||||||||||||

RXO|854870^Rabeprazole sodium 20 MG Enteric Coated Tablet [Aciphex]^RXNORM^297062^ACIPHEX 20 MG TAB^FDDC|2||tablet^Tablet(s)^L||||||||^^|||||||^^||||

NTE|1||Stop Reason: stopped by specialist

NTE|2||Medication Note: note for ACIPHEX 5 days

ORC|NW|151667H1492|||A||1^^^^^^^TAKE 2 TABLETS DAY 1,THEN 1 TABLET EVERY DAY ON DAYS 2 THROUGH 5.||20100826133107|INTERFACE|jbeard|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|212446^Zithromax 250 MG Oral Tablet^RXNORM^172089^AZITHROMYCIN 250 MG TAB^FDDC|||^^|||||||6|^^|0|||||250|U2^U2^L||||

ORC|NW|641PM1492|||A||1^^^^^^^||20100802145234|jbeard||2497868372^BEARD^JAMES^RAE||||||||||||

RXO|854882^Zolpidem tartrate 12.5 MG Extended Release Tablet [Ambien]^RXNORM^475015^AMBIEN CR 12.5 MG TAB^FDDC|||^^||||||||^^|||||||^^||||

ORC|NW|621PM1492|||A||1^^^^^^^||20100802145234|dramirez4||^^^||||||||||||

RXO|284771^Lumigan^RXNORM^19324^LUMIGAN^FDDC|||^^||||||||^^|||||||^^||||

ORC|NW|167160H1492|||A||1^Q6H^^^^^^Take 1 tablet every 6 hours by oral route as needed.||20101207125309|jbeard|jbeard|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|856907^Vicodin 5/500 (hydrocodone / acetaminophen) Oral Tablet^RXNORM^175964^VICODIN 5 MG-500 MG TAB^FDDC|1||^^|||||||20|^^|0||||||^^||||

ORC|NW|167192H1492|||A||1^Q8H^^^^^^Take 1 tablet every 8 hours by oral route as needed.||20101207140917|jbeard|jbeard|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|104700^Valium 5 MG Oral Tablet^RXNORM^232422^VALIUM 5 MG TAB^FDDC|1||^^|||||||20|^^|0||||||^^||||

ORC|NW|623PM1492|||A||1^^^^^^^||20110915104906|dramirez4||^^^||||||||||||

RXO|261440^Aciphex^RXNORM^16477^ACIPHEX^FDDC|||^^||||||||^^|||||||^^||||

ORC|NW|150187H1492|||A||1^^^^^^^Take 5 mL every 3 hours by mucous route as needed.||20100813152522|jbeard|jbeard|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|1011854^^RXNORM^199484^LIDOCAINE 2 % MUCOSAL GEL^FDDC|5||mL^Milliliter^ISO+|||||||1|mL^Milliliter^ISO+|0||||||^^||||

ORC|NW|53281PM1492|||A||1^Q1D^D10^^^^^Take 1 tablet(s) every day by oral route with meals for 10 days.||20110915104926|suser||^^^||||||||||||

RXO|153892^montelukast 10 MG Oral Tablet [Singulair]^RXNORM^150390^SINGULAIR 10 MG TAB^FDDC|1||tablet^Tablet(s)^L||||||||^^|||||||^^||||

ORC|NW|622PM1492|||A||1^^^^^^^||20110915104906|dramirez4||^^^||||||||||||

RXO|203001^Mestinon^RXNORM^3687^MESTINON^FDDC|||^^||||||||^^|||||||^^||||

ORC|NW|206541H1492|||A||1^^^^^^^TAKE 1 TABLET EVERY DAY BY ORAL ROUTE AT BEDTIME||20110606120025|ATHENA|jbeard|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|854875^Zolpidem tartrate 10 MG Oral Tablet [Ambien]^RXNORM^278649^ZOLPIDEM 10 MG TAB^FDDC|||^^|||||||90|^^|1||||||^^||||

ORC|NW||||A||1^^^^^^^||20110913113315|suser||^^^||||||||||||

RXO|SLN^Section Level Note^ATHENA|||note^note^L||||||||^^|||||||^^||||

NTE|1||Medication Section Level Note

## Sample ORM^O01 (Historical Medication) message

MSH|^~\&|ATHENANET|432^athenahealth Family Practice|TEST||201109211355||ORM^O01|103646|P|2.3.1||||||||

PID||123|123||LASTNAME^FIRSTNAME^MIDDLE^||19421217|F||941^Patient Declined|ADDRESS^ADDRESS (CTD)^CITY^STATE^00000^COUNTRY||(805)532-9235^||124^English|M||||||61^Patient Declined||||||||

PV1||O|^^^MOORPARK OFFICE||||1234567^SEUSS^DOCTOR^M||||||||||1234567^SEUSS^DOCTOR^M|||||||||||||||||||||||||||201109150753||||||||

GT1|1||LASTNAME^FIRSTNAME^MIDDLE^||ADDRESS^ADDRESS (CTD)^CITY^STATE^00000^COUNTRY|(805)532-9235||19421217|||Self||||||||||||||||||||||||||||||||||JANE DOE|(805)532-9235||SPOUSE|||||||

ORC|NW|53201PM1492|||A||1^Q1D^D14^20110901^20110915^^^Take 1 tablet(s) every day by oral route with meals for 14 days.||20110913120318|jgorgon||^^^||||||||||||

RXO|854870^Rabeprazole sodium 20 MG Enteric Coated Tablet [Aciphex]^RXNORM^297062^ACIPHEX 20 MG TAB^FDDC|1||tablet^Tablet(s)^L||||||||^^|||||||^^||||

NTE|1||Medication Note: Note for manually entered ACIPHEX

ORC|NW|53221PM1492|||A||1^Q1D^D7^20110901^20110908^^^Take 3 tablet(s) every day by oral route at bedtime for 7 days.||20110913120227|jgorgon||^^^||||||||||||

RXO|854870^Rabeprazole sodium 20 MG Enteric Coated Tablet [Aciphex]^RXNORM^297062^ACIPHEX 20 MG TAB^FDDC|3||tablet^Tablet(s)^L||||||||^^|||||||^^||||

NTE|1||Stop Reason: stopped by PCP

NTE|2||Medication Note: medication level note

ORC|NW|223256H1492|||A||1^^^^^^^Take one tablet daily||20110822154925|ATHENA|jrosaasen|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|854870^Rabeprazole sodium 20 MG Enteric Coated Tablet [Aciphex]^RXNORM^297062^ACIPHEX 20 MG TAB^FDDC|||^^|||||||30|^^|3||||||^^||||

ORC|NW|221775H1492|||A||1^^^^^^^1 po qd||20110816134852|ATHENA|arosaasen|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|854870^Rabeprazole sodium 20 MG Enteric Coated Tablet [Aciphex]^RXNORM^297062^ACIPHEX 20 MG TAB^FDDC|||^^|||||||90|^^|3||||||^^||||

ORC|NW|187612H1492|||A||1^Q1D^^^^^^Take 1 tablet every day by oral route as directed.||20110308150117|dramirez4|arosaasen|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|854870^Rabeprazole sodium 20 MG Enteric Coated Tablet [Aciphex]^RXNORM^297062^ACIPHEX 20 MG TAB^FDDC|1||^^|||||||90|^^|3||||||^^||||

ORC|NW|148952H1492|||A||1^Q1D^^^^^^Take 1 tablet every day by oral route as directed.||20100802145354|jrosaasen|jrosaasen|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|854870^Rabeprazole sodium 20 MG Enteric Coated Tablet [Aciphex]^RXNORM^297062^ACIPHEX 20 MG TAB^FDDC|1||^^|||||||14|^^|0||||||^^||||

ORC|NW|151668H1492|||A||1^^^^^^^TAKE 2 TABLETS DAY 1, THEN 1 TABLET EVERY DAY ON DAYS 2 THROUGH 5.||20100826133707|ATHENA|jrosaasen|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|212446^Zithromax 250 MG Oral Tablet^RXNORM^172089^AZITHROMYCIN 250 MG TAB^FDDC|||^^|||||||6|^^|0||||||^^||||

ORC|NW|150252H1492|||A||1^^^^^^^Take 2 tablets (500 mg) by oral route once daily for 1 day then 1 tablet (250 mg) by oral route once daily for 4 days||20100813195643|jrosaasen|jrosaasen|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|212446^Zithromax 250 MG Oral Tablet^RXNORM^172089^AZITHROMYCIN 250 MG TAB^FDDC|||^^|||||||6|^^|0||||||^^||||

ORC|NW|132248H1492|||N||1^^^^^^^Take 2 tablets (500 mg) by oral route once daily for 1 day then 1 tablet (250 mg) by oral route once daily for 4 days||20100412120040^20100412173446|dramirez4|jrosaasen|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|212446^Zithromax 250 MG Oral Tablet^RXNORM^172089^AZITHROMYCIN 250 MG TAB^FDDC|||^^|||||||6|^^|0||||||^^||||

ORC|NW|119986H1492|||N||1^^^^^^^Take 2 tablets (500 mg) by oral route once daily for 1 day then 1 tablet (250 mg) by oral route once daily for 4 days||20100225124858^20100412173446|arosaasen|dramirez4|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|212446^Zithromax 250 MG Oral Tablet^RXNORM^172089^AZITHROMYCIN 250 MG TAB^FDDC|||^^|||||||6|^^|0||||||^^||||

ORC|NW|96027H1492|||N||1^^^^^^^Take 2 tablets (500 mg) by oral route once daily for 1 day then 1 tablet (250 mg) by oral route once daily for 4 days||20091119185524^20100412173446|arosaasen|arosaasen|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|212446^Zithromax 250 MG Oral Tablet^RXNORM^172089^AZITHROMYCIN 250 MG TAB^FDDC|||^^||||||||^^|||||||^^||||

NTE|1||Medication Note: Sample Qty: 6.

ORC|NW|51804H1492|||N||1^^^^^^^Take 2 tablets (500 mg) by oral route once daily for 1 day then 1 tablet (250 mg) by oral route once daily for 4 days||20090611150321^20100412173446|arosaasen|arosaasen|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|212446^Zithromax 250 MG Oral Tablet^RXNORM^172089^AZITHROMYCIN 250 MG TAB^FDDC|||^^||||||||^^|||||||^^||||

NTE|1||Medication Note: Sample Qty: 6.

ORC|NW|20661H1492|||N||1^Q12H^D10^^20090125^^^Take 1 tablet every 12 hours by oral route for 10 days.||20090115135031^20100412173446|arosaasen|arosaasen|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|849580^Sulfamethoxazole 800 MG / Trimethoprim 160 MG Oral Tablet [Bactrim]^RXNORM^429198^BACTRIM DS 800 MG-160 MG TAB^FDDC|1||^^|||||||20|^^|0||||||^^||||

ORC|NW|17381H1492|||N||1^^^^^^^4 drops in right ear tid-qid for 10 days||20081230144858^20100412173446|jrosaasen|jrosaasen|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|854997^Cortisporin-TC 3/3.3/0.5/10 (colistin sulfate, neomycin sulfate, thonzonium bromide, and hydrocortisone acetate) per ML Otic Suspension^RXNORM^283176^CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS, SUSP^FDDC|||^^|||||||1|^^|0||||||^^||||

ORC|NW|100215H1492|||N||1^TID^^^^^^Take 1 tablet 3 times a day by oral route as needed.||20091208144226^20100412173446|arosaasen|arosaasen|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|104701^Valium 10 MG Oral Tablet^RXNORM^275031^DIAZEPAM 10 MG TAB^FDDC|1||^^|||||||30|^^|0||||||^^||||

ORC|NW|205895H1492|||A||1^Q1D^^^^^^Take 1 tablet every day by oral route at bedtime.||20110601180139|dramirez4|jrosaasen|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|854875^Zolpidem tartrate 10 MG Oral Tablet [Ambien]^RXNORM^278649^ZOLPIDEM 10 MG TAB^FDDC|1||^^|||||||90|^^|1||||||^^||||

ORC|NW|177082H1492|||A||1^Q1D^^^^^^Take 1 tablet every day by oral route at bedtime.||20110125121517|jrosaasen|jrosaasen|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|854875^Zolpidem tartrate 10 MG Oral Tablet [Ambien]^RXNORM^278649^ZOLPIDEM 10 MG TAB^FDDC|1||^^|||||||90|^^|1||||||^^||||

NTE|1||Medication Note: Did you fax this to express scripts with a cover sheet, if so, close it out

ORC|NW|131649H1492|||A||1^Q1D^^^^^^Take 1 tablet every day by oral route.||20100408175543|arosaasen|arosaasen|2497868372^BEARD^JAMES^RAE||||||||||||

RXO|854875^Zolpidem tartrate 10 MG Oral Tablet [Ambien]^RXNORM^278649^ZOLPIDEM 10 MG TAB^FDDC|1||^^|||||||30|^^|0||||||^^||||

ORC|NW||||A||1^^^^^^^||20110913113315|jgorgon||^^^||||||||||||

RXO|SLN^Section Level Note^ATHENA|||note^note^L||||||||^^|||||||^^||||

NTE|1||Medication Section Level Note

## Sample ORU^R01 (Outbound) message

MSH|^~\&|ATHENANET|1234^athenahealth Family Practice|TEST||201109211355||ORU^R01|103687|P|2.3.1||||||||

PID||123|123||LASTNAME^FIRSTNAME^MIDDLE^^||19421217|F||941^Patient Declined|ADDRESS^ADDRESS (CTD)^CITY^STATE^00000^COUNTRY||(805)532-9235^||124^English|M||||||61^Patient Declined||||||||

PV1||O|^^^MOORPARK OFFICE||||1234567^SEUSS^DOCTOR^M||||||||||1234567^SEUSS^DOCTOR^M|||||||||||||||||||||||||||201109150753||||||||

ORC|RE|230138H1492||||||||||2497868372^BEARD^JAMES^RAE||||||||||||

OBR|1|230138H1492|EN668938N|257536^URINALYSIS COMPLETE|2|20110921143323|20110906000000|20110906000000|||||||^^|2497868372^BEARD^JAMES^RAE|||||||||F||||||||||||||||||||

OBX|1|ST|5778-6^COLOR UR^LN|1|DARK YELLOW||YELLOW|N|||F|||20110921143323|QUEST DIAGNOSTICS - WEST HILLS: 8401 FALLBROOK, WEST HILLS||

OBX|2|ST|5767-9^APPEARANCE UR^LN|1|CLOUDY||CLEAR|A|||F|||20110921143323|QUEST DIAGNOSTICS - WEST HILLS: 8401 FALLBROOK, WEST HILLS||

OBX|3|NM|5811-5^SP GR UR STRIP^LN|1|1.023||1.001-1.035|N|||F|||20110921143323|QUEST DIAGNOSTICS - WEST HILLS: 8401 FALLBROOK, WEST HILLS||

OBX|4|NM|5803-2^PH UR STRIP^LN|1|5.5||5.0-8.0|N|||F|||20110921143323|QUEST DIAGNOSTICS - WEST HILLS: 8401 FALLBROOK, WEST HILLS||

OBX|5|ST|25428-4^GLUCOSE UR QL STRIP^LN|1|NEGATIVE||NEGATIVE|N|||F|||20110921143323|QUEST DIAGNOSTICS - WEST HILLS: 8401 FALLBROOK, WEST HILLS||

OBX|6|ST|5770-3^BILIRUB UR QL STRIP^LN|1|NEGATIVE||NEGATIVE|N|||F|||20110921143323|QUEST DIAGNOSTICS - WEST HILLS: 8401 FALLBROOK, WEST HILLS||

OBX|7|ST|2514-8^KETONES UR QL STRIP^LN|1|NEGATIVE||NEGATIVE|N|||F|||20110921143323|QUEST DIAGNOSTICS - WEST HILLS: 8401 FALLBROOK, WEST HILLS||

OBX|8|ST|5794-3^HGB UR QL STRIP^LN|1|3+||NEGATIVE|A|||F|||20110921143323|QUEST DIAGNOSTICS - WEST HILLS: 8401 FALLBROOK, WEST HILLS||

OBX|9|ST|20454-5^PROT UR QL STRIP^LN|1|1+||NEGATIVE|A|||F|||20110921143323|QUEST DIAGNOSTICS - WEST HILLS: 8401 FALLBROOK, WEST HILLS||

OBX|10|ST|5802-4^NITRITE UR QL STRIP^LN|1|NEGATIVE||NEGATIVE|N|||F|||20110921143323|QUEST DIAGNOSTICS - WEST HILLS: 8401 FALLBROOK, WEST HILLS||

OBX|11|ST|5799-2^LEUKOCYTE ESTERASE UR QL STRIP^LN|1|2+||NEGATIVE|A|||F|||20110921143323|QUEST DIAGNOSTICS - WEST HILLS: 8401 FALLBROOK, WEST HILLS||

OBX|12|ST|5821-4^WBC #/AREA URNS HPF^LN|1|> OR = 60|/HPF|< OR = 5|A|||F|||20110921143323|QUEST DIAGNOSTICS - WEST HILLS: 8401 FALLBROOK, WEST HILLS||

OBX|13|ST|5808-1^RBC # URNS HPF^LN|1|> OR = 60|/HPF|< OR = 3|A|||F|||20110921143323|QUEST DIAGNOSTICS - WEST HILLS: 8401 FALLBROOK, WEST HILLS||

OBX|14|ST|11277-1^SQUAMOUS #/AREA URNS HPF^LN|1|0-5|/HPF|< OR = 5||||F|||20110921143323|QUEST DIAGNOSTICS - WEST HILLS: 8401 FALLBROOK, WEST HILLS||

OBX|15|ST|5769-5^BACTERIA #/AREA URNS HPF^LN|1|MODERATE|/HPF|NONE SEEN|A|||F|||20110921143323|QUEST DIAGNOSTICS - WEST HILLS: 8401 FALLBROOK, WEST HILLS||

OBX|16|ST|5796-8^HYALINE CASTS #/AREA URNS LPF^LN|1|0-5|/LPF|NONE SEEN|A|||F|||20110921143323|QUEST DIAGNOSTICS - WEST HILLS: 8401 FALLBROOK, WEST HILLS||

OBX|17|ST|8251-1^SERVICE CMNT 01 XXX-IMP^LN|1|||||||F|||20110921143323|QUEST DIAGNOSTICS - WEST HILLS: 8401 FALLBROOK, WEST HILLS||

NTE|1|| \E\.br\E\THIS URINE WAS ANALYZED FOR THE PRESENCE OF WBC, \E\.br\E\RBC, BACTERIA, CASTS, AND OTHER FORMED ELEMENTS. \E\.br\E\ONLY THOSE ELEMENTS SEEN WERE REPORTED. \E\.br\E\

## Sample MDM^T02 message (HTML)

MSH|^~\&|ATHENANET|432^athenahealth practice|TEST||201202171537||MDM^T02|121706|P|2.3.1||||||||

EVN|T02|201107291237||||

PID||123|123||LASTNAME^FIRSTNAME^MIDDLE^||19550911|M||941^Patient Declined|ADDRESS^ADDRESS (CTD)^CITY^STATE^00000^COUNTRY||(805)532-9235^||124^English|M||||||61^Patient Declined||||||||

PV1||O|^^^MOORPARK OFFICE||||1234567^SEUSS^DOCTOR^M||||||||||1234567^SEUSS^DOCTOR^M|||||||||||||||||||||||||||201107141441|201107141941|||||||

TXA|1|DS||20110714173849|1342376^AVAYA^AMANDA^RAE^|||20110714173849||||104874CE1492|||||DO||||||

OBX|1|TX|PROBLEM FOCUSED^PROBLEM FOCUSED^ATHENA|1|\X0A\<div>\X0A\ <div style="padding-top: 4px;">Chief Complaint\X0A\ </div>\X0A\\X0A\ <div>Headache<br>\X0A\zoster vaccine \X0A\ </div>\X0A\\X0A\</div>\X0A\\X0A\<div>\X0A\ <div style="padding-top: 4px;">HPI\X0A\ </div>\X0A\\X0A\ <div>frequent headaches over the past month, headaches generally mild and occur after 2-3 hours of sitting in his recliner watching tv, doesn\T\#39;t occur when he doesn\T\#39;t use his reclinier, pain goes away within minutes, last night headache was more severe and occurred several times, no other sx included, had 2 less severe episodes this morning and nothing since then\T\nbsp;\T\nbsp; \X0A\ </div>\X0A\\X0A\</div>\X0A\\X0A\<div>\X0A\ <div style="padding-top: 4px;">Vitals\X0A\ </div>\X0A\\X0A\ <div>BP: 143/77 sitting\T\nbsp;\T\nbsp;Pulse: 59 bpm regular\T\nbsp;\T\nbsp;T: 97.4 F\T\deg; temporal artery\T\nbsp;\T\nbsp;\X0A\ </div>\X0A\\X0A\</div>\X0A\\X0A\<div>\X0A\ <div style="padding-top: 4px;">Past Medical History\X0A\ </div>\X0A\\X0A\ <div>Discussed past medical history.<br>\X0A\High Cholesterol: <strong>Y</strong> - <strong>hypertriglyceridemia</strong><br>\X0A\Notes: sleep apnea \X0A\ </div>\X0A\\X0A\</div>\X0A\\X0A\<div>\X0A\ <div style="padding-top: 4px;">Problems\X0A\ </div>\X0A\\X0A\ <div>Reviewed patient problem history (as of 02/11/2011) without changes<br>\X0A\\X0A\ <ul>\X0A\ <li>Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (250.00)\X0A\ <li>Disorders of lipoid metabolism\* (272)\X0A\ <li>Pure hyperglyceridemia (272.1) - type IV hyperlipoproteinemia, 9/25/07 TG 575, TC 205\X0A\ <li>Overweight (278.02)\X0A\ <li>Psychosexual dysfunction; unspecified (302.70)\X0A\ <li>Nondependent abuse of drugs; tobacco use disorder (305.1)\X0A\ <li>Obstructive sleep apnea (adult) (pediatric) (327.23) - recommend ideal body wt, may need CPAP or other intervention\X0A\ <li>Essential hypertension; unspecified (401.9)\X0A\ <li>Hypertensive heart disease; benign; without heart failure (402.10)\X0A\ <li>Hemorrhoids\* (455)\X0A\ <li>Acute sinusitis, unspecified (461.9)\X0A\ <li>Esophageal reflux (530.81) - ? h/o Barrett\T\#39;s exophagus/gastritis\X0A\ <li>Constipation, unspecified (564.00)\X0A\ <li>Anal fissure (565.0)\X0A\ <li>Benign localized hyperplasia of prostate\* (600.2)\X0A\ <li>Impotence of organic origin (607.84)\X0A\ <li>Pain in joint; ankle and foot (719.47)\X0A\ <li>Impaired fasting glucose (790.21)\X0A\ </ul>\X0A\<br>\X0A\ updated 9/4/08 after review of records from Dr. Gardner \X0A\ </div>\X0A\\X0A\</div>\X0A\\X0A\<div>\X0A\ <div style="padding-top: 4px;">Surgical History\X0A\ </div>\X0A\\X0A\ <div>Reviewed patient surgical history (as of 04/09/2009) without changes<br>\X0A\\X0A\ <ul>\X0A\ <li>Anesth elbow area surgery\X0A\ <li>Tonsillectomy\X0A\ <li>Lumbar artific disc - 01/07/2009\X0A\ <li>Upper gi endoscopy performed - 04/29/2008 - esophageal bx showing chronic inflammation\X0A\ <li>Colonoscopy with biopsy - 04/28/2008 - benign polyp\X0A\ <li>Cardiovascular stress test - 03/07/2005 - normal test, very hypertensive response\X0A\ </ul>\X0A\<br>\X0A\ updated 9/4/08 after review of records from Dr. Gardner \X0A\ </div>\X0A\\X0A\</div>\X0A\\X0A\<div>\X0A\ <div style="padding-top: 4px;">Medications\X0A\ </div>\X0A\\X0A\ <div>\X0A\ <table>\X0A\ <tr>\X0A\ <td colspan="3" style="background-color: #F9F9DC">Reviewed patient\T\#39;s medication history (as of 07/14/2011) without changes \X0A\ <tr>\X0A\ <th>\X0A\ <div>Name \X0A\ </div>\X0A\\X0A\ <th>Date \X0A\ <th>Source \X0A\ <tr>\X0A\ <td>\X0A\ <div>PANTOPRAZOLE 40 MG TAB, DELAYED RELEASE \X0A\ </div>\X0A\\X0A\ <div>Take 1 tablet every day by oral route. \X0A\ </div>\X0A\\X0A\ <td>06/18/11\T\nbsp;\T\nbsp;\T\nbsp;filled \X0A\ <td>EXPRESS SCRIPTS \X0A\ <tr>\X0A\ <td>\X0A\ <div>BENAZEPRIL 20 MG TAB \X0A\ </div>\X0A\\X0A\ <div>Take 1 tablet every day by oral route as directed for 30 days. \X0A\ </div>\X0A\\X0A\ <td>07/09/11\T\nbsp;\T\nbsp;\T\nbsp;filled \X0A\ <td>EXPRESS SCRIPTS \X0A\ <tr>\X0A\ <td>\X0A\ <div>VIAGRA 100 MG TAB \X0A\ </div>\X0A\\X0A\ <div>TAKE ONE TABLET BY MOUTH EVERY DAY AS DIRECTED \X0A\ </div>\X0A\\X0A\ <td>07/05/11\T\nbsp;\T\nbsp;\T\nbsp;filled \X0A\ <td>EXPRESS SCRIPTS \X0A\ <tr>\X0A\ <td>\X0A\ <div>GEMFIBROZIL 600 MG TAB \X0A\ </div>\X0A\\X0A\ <div>Take 1 tablet twice a day by oral route before meals (30min)2. \X0A\ </div>\X0A\\X0A\ <td>06/29/11\T\nbsp;\T\nbsp;\T\nbsp;filled \X0A\ <td>EXPRESS SCRIPTS \X0A\ <tr>\X0A\ <td>\X0A\ <div>LOVAZA 1 GRAM CAP \X0A\ </div>\X0A\\X0A\ <div>Take 4 capsules every day by oral route. \X0A\ </div>\X0A\\X0A\ <td>06/24/11\T\nbsp;\T\nbsp;\T\nbsp;filled \X0A\ <td>EXPRESS SCRIPTS \X0A\ <tr>\X0A\ <td>\X0A\ <div>CELEBREX 200 MG CAP \X0A\ </div>\X0A\\X0A\ <div>Take 1 capsule twice a day by oral route. \X0A\ </div>\X0A\\X0A\ <td>06/23/11\T\nbsp;\T\nbsp;\T\nbsp;prescribed \X0A\ <td>James A Dobson, MD \X0A\ <tr>\X0A\ <td>\X0A\ <div>ASPIRIN 81 MG TAB \X0A\ </div>\X0A\\X0A\ <div>Take 1 tablet every day by oral route. \X0A\ </div>\X0A\\X0A\ <td>05/05/09\T\nbsp;\T\nbsp;\T\nbsp;prescribed \X0A\ <td>Amanda R. Avaya, MD \X0A\ </table>\X0A\\X0A\ </div>\X0A\\X0A\</div>\X0A\\X0A\<div>\X0A\ <div style="padding-top: 4px;">Allergies\X0A\ </div>\X0A\\X0A\ <div>Reviewed allergy history (no data recorded) without changes<br>\X0A\NKDA \X0A\ </div>\X0A\\X0A\</div>\X0A\\X0A\<div>\X0A\ <div style="padding-top: 4px;">Social History\X0A\ </div>\X0A\\X0A\ <div>Discussed Social History (as of 04/09/2011) without changes<br>\X0A\<strong>General IM</strong><br>\X0A\ Occupation: Retired works at spanish hill golf course.<br>\X0A\ Marital status: Married.<br>\X0A\ Smoking Status: Smoker - current status unknown.<br>\X0A\ Smoker () Rarely.<br>\X0A\ Alcohol intake: Occasional Recovering alcoholic.<br>\X0A\ Illicit drugs: None. \X0A\ </div>\X0A\\X0A\</div>\X0A\\X0A\<div>\X0A\ <div style="padding-top: 4px;">Family History\X0A\ </div>\X0A\\X0A\ <div>Discussed family history (as of 08/19/2008) without changes<br>\X0A\\X0A\ <table>\X0A\ <tr>\X0A\ <td>Father\X0A\ <td>- Colon Cancer\X0A\ <tr>\X0A\ <td>\T\nbsp;\X0A\ <td>- Emphysema\* (492)\X0A\ <tr>\X0A\ <td>Mother\X0A\ <td>- Malignant neoplasm of trachea, bronchus, and lung\* (162)\X0A\ </table>\X0A\\X0A\ </div>\X0A\\X0A\</div>\X0A\\X0A\<div>\X0A\ <div style="padding-top: 4px;">ROS\X0A\ </div>\X0A\\X0A\ <div>Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, no frequency, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, and no back pain. He reports no abnormal moles, no jaundice, no eczema, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no mania, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing. \X0A\ </div>\X0A\\X0A\</div>\X0A\\X0A\<div>\X0A\ <div style="padding-top: 4px;">Physical Exam\X0A\ </div>\X0A\\X0A\ <div>\X0A\ <div>Patient is a 66-year-old male. \X0A\ </div>\X0A\<br>\X0A\\X0A\ <div>Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally. \X0A\ </div>\X0A\<br>\X0A\\X0A\ <div>Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert. Orientation: to time, place, and person. Memory: recent memory normal and remote memory normal. \X0A\ </div>\X0A\<br>\X0A\\X0A\ <div>Head: Head: normocephalic and atraumatic. \X0A\ </div>\X0A\<br>\X0A\\X0A\ <div>Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Sclerae: non-icteric. \X0A\ </div>\X0A\<br>\X0A\\X0A\ <div>ENMT: Ears: no lesions on external ear. Nose: no lesions on external nose. Oropharynx: moist mucous membranes. \X0A\ </div>\X0A\<br>\X0A\\X0A\ <div>Neck: Neck: trachea midline. \X0A\ </div>\X0A\<br>\X0A\\X0A\ <div>Lungs: Respiratory effort: no dyspnea. \X0A\ </div>\X0A\<br>\X0A\\X0A\ <div>Musculoskeletal:: Motor Strength and Tone: normal and normal tone. Joints, Bones, and Muscles: normal movement of all extremities. Extremities: no cyanosis or edema. \X0A\ </div>\X0A\<br>\X0A\\X0A\ <div>Neurologic: Gait and Station: normal gait and station. Cranial Nerves: grossly intact. Coordination and Cerebellum: no tremor. Sensation: grossly intact. \X0A\ </div>\X0A\<br>\X0A\\X0A\ <div>Skin: Inspection and palpation: no rash, lesions, ulcer, induration, nodules, jaundice, or abnormal nevi and good turgor. Nails: normal. \X0A\ </div>\X0A\<br>\X0A\\X0A\ <div>Back: Thoracolumbar Appearance: normal curvature. \X0A\ </div>\X0A\\X0A\ </div>\X0A\\X0A\</div>\X0A\\X0A\<div>\X0A\ <div style="padding-top: 4px;">Assessment / Plan\X0A\ </div>\X0A\\X0A\ <div>\X0A\ <div>\X0A\ <div>\X0A\ <div><strong>1. GENERAL MEDICAL EXAMINATION; ROUTINE GENERAL MEDICAL EXAMINATION AT A HEALTH CARE FACILITY</strong> (V70.0)\X0A\ <ul>\X0A\ <li>ZOSTAVAX 19,400 UNIT SUB-Q SOLN - \X0A\ <ul>Perform Date: 07/14/2011\T\nbsp;\T\nbsp;\T\nbsp;\T\nbsp; zoster\T\nbsp;\T\nbsp;\T\nbsp;\T\nbsp; Site: RA\T\nbsp;\T\nbsp;\T\nbsp;\T\nbsp; Administered 07/14/2011\X0A\ </ul>\X0A\\X0A\ <li>URIC ACID, SERUM<l></l>\X0A\ <li>COMPREHENSIVE METABOLIC W/ EGFR\X0A\ <li>LIPID PANEL\X0A\ </ul>\X0A\\X0A\ </div>\X0A\\X0A\ </div>\X0A\<br>\X0A\Return to Office<br>\X0A\\X0A\ <div> None recorded. \X0A\ </div>\X0A\\X0A\ </div>\X0A\\X0A\ </div>\X0A\\X0A\</div>\X0A\\X0A\<div>\X0A\ <div style="padding-top: 4px;">Amendment Sign-Off\X0A\ </div>\X0A\\X0A\ <div>Encounter signed-off by ATHENA, 02/17/2012. \X0A\ </div>\X0A\\X0A\</div>\X0A\||||||F||||||

## Sample MDM^T02 message (Plain Text)

MSH|^~\&|ATHENANET|13095^SC - TestCity Family Health Center^1^SFHC|Equiscript - Outbound Patients and Chart Data||201806121804||MDM^T02|9196925M13095|P|2.5.1||||||||

EVN|T02|201806120429|||jashley8|

PID||111111^^^Enterprise ID|111111^^^Enterprise ID|111111|MCTESTER^TEST^^||19010101|F||2054-5^Black or African American|Sample Address^^TestCity^SC^12345^UNITED STATES||(555)555-5555^PRN^PH^^1^555^5555555^^PREF~^^^^^^^^~^^^~(555)555-5555^ORN^CP^^1^555^5555555^^|^^^^^^^^|eng^English|S|||222222222||^^^^^|2186-5^Not Hispanic or Latino||||||||

PV1||O|^^^SFHC-Adult Primary Care||||1124156872^ASHLEY^JONATHAN^PATRICK||||||||||1124156872^ASHLEY^JONATHAN^PATRICK||689819CE13095|||||||||||||||||||||||||201801111338|201806111530|||||||

TXA|1|DS||20180612143625|1124156872^ASHLEY^JOHNSON^|||20180612143625||||689819CE13095|||||DO||||||

OBX|1|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Patient||||||F||||||

OBX|2|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Name : McTester, Test(XXyo, F) ID# 111111||||||F||||||

OBX|3|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Appt. Date/Time : 06/12/2018 02:30PM||||||F||||||

OBX|4|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|DOB : 01/01/1901||||||F||||||

OBX|5|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Service Dept. : SFHC-Adult Primary Care||||||F||||||

OBX|6|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Provider : MR DOCTOR, MD||||||F||||||

OBX|7|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Insurance||||||F||||||

OBX|8|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Med Primary: MEDICARE-SC (MEDICARE)||||||F||||||

OBX|9|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Insurance # : 248944832A||||||F||||||

OBX|10|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Med Secondary: SOUTH CAROLINA HEALTHY CONNECTIONS (MEDICAID)||||||F||||||

OBX|11|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Insurance # : Insurance||||||F||||||

OBX|12|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Med : NGS NATIONAL - MEDICARE-SC - RHC-FQHC - PART A (MEDICARE)||||||F||||||

OBX|13|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Insurance # : Insurance||||||F||||||

OBX|14|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Prescription: CMX - Member is eligible. details||||||F||||||

OBX|15|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|||||||F||||||

OBX|16|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Chief Complaint||||||F||||||

OBX|17|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|PT is in today for home health evaluation and f/u from UTI.||||||F||||||

OBX|18|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|||||||F||||||

OBX|19|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Patient's Pharmacies||||||F||||||

OBX|20|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|SUP RX PHARMACY #88 - TestCity, SC - (ERX): Test PKWY, TESTCITY SC 12345, Ph (555) 555-5555, Fax (555) 555-5555||||||F||||||

OBX|21|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|||||||F||||||

OBX|22|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Vitals||||||F||||||

OBX|23|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Ht:||||||F||||||

OBX|24|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|5 ft 3 in (160.02 cm) 06/12/2018 03:24 pm||||||F||||||

OBX|25|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Wt:||||||F||||||

OBX|26|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|160 lbs (72.57 kg) 06/12/2018 03:24 pm||||||F||||||

OBX|27|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|BMI:||||||F||||||

OBX|28|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|28.3 06/12/2018 03:24 pm||||||F||||||

OBX|29|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|T:||||||F||||||

OBX|30|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|98.2 F° oral (36.78 C) 06/12/2018 03:24 pm||||||F||||||

OBX|31|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|BP:||||||F||||||

OBX|32|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|116/72 sitting R arm 06/12/2018 03:26 pm||||||F||||||

OBX|33|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Pulse:||||||F||||||

OBX|34|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|80 bpm regular 06/12/2018 03:24 pm||||||F||||||

OBX|35|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|RR:||||||F||||||

OBX|36|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|18 06/12/2018 03:25 pm||||||F||||||

OBX|37|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|O2Sat:||||||F||||||

OBX|38|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|93% Room Air at Rest 06/12/2018 03:26 pm||||||F||||||

OBX|39|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|||||||F||||||

OBX|40|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Measurements||||||F||||||

OBX|41|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|None recorded.||||||F||||||

OBX|42|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|||||||F||||||

OBX|43|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Allergies||||||F||||||

OBX|44|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Reviewed Allergies||||||F||||||

OBX|45|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|AMLODIPINE: Edema (Severe)||||||F||||||

OBX|46|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|||||||F||||||

OBX|47|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Medications||||||F||||||

OBX|48|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Reviewed Medications||||||F||||||

OBX|49|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Name: aspirin 81 mg tablet,delayed release Take 1 tablet(s) every day by oral route.||||||F||||||

OBX|50|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Date: 04/17/17 entered||||||F||||||

OBX|51|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Source: Kimberly Stearns, Cma||||||F||||||

OBX|52|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Name: cefUROXime axetil 500 mg tablet Take 1 tablet(s) every day by oral route for 10 days.||||||F||||||

OBX|53|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Date: 06/06/18 filled||||||F||||||

OBX|54|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Source: Caremark||||||F||||||

OBX|55|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Name: hydroCHLOROthiazide 12.5 mg capsule Take 1 capsule(s) every day by oral route for 90 days.||||||F||||||

OBX|56|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Date: 05/02/18 filled||||||F||||||

OBX|57|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Source: Caremark||||||F||||||

OBX|58|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Name: metFORMIN ER 1,000 mg tablet,extended release 24hr Take 2 tablet(s) every day by oral route.||||||F||||||

OBX|59|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Date: 06/12/18 prescribed||||||F||||||

OBX|60|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Source: Jonathan Ashley, MD||||||F||||||

OBX|61|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Name: Promacta 50 mg tablet Take 3 tablet(s) every day by oral route.||||||F||||||

OBX|62|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Date: 05/22/18 entered||||||F||||||

OBX|63|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Source: Jonathan Ashley, MD||||||F||||||

OBX|64|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Name: sucralfate 1 gram tablet||||||F||||||

OBX|65|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Date: 05/29/18 filled||||||F||||||

OBX|66|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Source: Caremark||||||F||||||

OBX|67|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|||||||F||||||

OBX|68|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Vaccines||||||F||||||

OBX|69|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Reviewed Vaccines||||||F||||||

OBX|70|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Influenza||||||F||||||

OBX|71|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Vaccine Type: influenza, high dose seasonal||||||F||||||

OBX|72|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Date: 09/15/16||||||F||||||

OBX|73|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Amt.:||||||F||||||

OBX|74|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Route:||||||F||||||

OBX|75|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Site:||||||F||||||

OBX|76|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Lot #: UI636AA||||||F||||||

OBX|77|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Mfr.:||||||F||||||

OBX|78|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Exp. Date:||||||F||||||

OBX|79|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Date on VIS:||||||F||||||

OBX|80|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|VIS Given:||||||F||||||

OBX|81|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Vaccinator:||||||F||||||

OBX|82|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Pneumococcal||||||F||||||

OBX|83|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Vaccine Type: pneumococcal conjugate PCV 13||||||F||||||

OBX|84|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Date: 09/15/16||||||F||||||

OBX|85|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Amt.:||||||F||||||

OBX|86|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Route:||||||F||||||

OBX|87|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Site:||||||F||||||

OBX|88|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Lot #: N16515||||||F||||||

OBX|89|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Mfr.:||||||F||||||

OBX|90|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Exp. Date:||||||F||||||

OBX|91|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Date on VIS:||||||F||||||

OBX|92|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|VIS Given:||||||F||||||

OBX|93|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Vaccinator:||||||F||||||

OBX|94|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Vaccine Type: pneumococcal polysaccharide PPV23||||||F||||||

OBX|95|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Date: 10/01/04||||||F||||||

OBX|96|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Amt.:||||||F||||||

OBX|97|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Route:||||||F||||||

OBX|98|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Site:||||||F||||||

OBX|99|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Lot #:||||||F||||||

OBX|100|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Mfr.:||||||F||||||

OBX|101|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Exp. Date:||||||F||||||

OBX|102|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Date on VIS:||||||F||||||

OBX|103|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|VIS Given:||||||F||||||

OBX|104|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Vaccinator:||||||F||||||

OBX|105|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|||||||F||||||

OBX|106|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Problems||||||F||||||

OBX|107|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Reviewed Problems||||||F||||||

OBX|108|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| \* Megaloblastic anemia due to vitamin B>12< deficiency - Onset: 04/17/2017||||||F||||||

OBX|109|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| \* Hypokalemia - Onset: 04/17/2017||||||F||||||

OBX|110|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| \* Aortic valve stenosis - Onset: 04/17/2017 - s/p aortic valve replacement||||||F||||||

OBX|111|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| \* Coronary atherosclerosis - Onset: 04/17/2017 - mild by cath||||||F||||||

OBX|112|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| \* Tricuspid valve regurgitation - Onset: 04/17/2017||||||F||||||

OBX|113|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| \* Anemia - Onset: 04/17/2017 - hypoplastic anemia- Dr. Gonzalez||||||F||||||

OBX|114|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| \* Essential hypertension - Onset: 04/17/2017||||||F||||||

OBX|115|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| \* Hyperlipidemia - Onset: 04/17/2017||||||F||||||

OBX|116|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| \* Diabetic retinopathy - Onset: 04/17/2017, Left - Dr. Gross||||||F||||||

OBX|117|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| \* Type 2 diabetes mellitus - Onset: 04/17/2017||||||F||||||

OBX|118|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|||||||F||||||

OBX|119|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Family History||||||F||||||

OBX|120|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Reviewed Family History||||||F||||||

OBX|121|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Mother||||||F||||||

OBX|122|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|- Myocardial infarction||||||F||||||

OBX|123|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Per pt she does not really remember what her family took||||||F||||||

OBX|124|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|||||||F||||||

OBX|125|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Social History||||||F||||||

OBX|126|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Reviewed Social History||||||F||||||

OBX|127|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Family Medicine and General Pediatric||||||F||||||

OBX|128|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Able to Care for Self: Y||||||F||||||

OBX|129|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Live alone or with others?: alone||||||F||||||

OBX|130|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Do you feel safe in your current environment?: Y||||||F||||||

OBX|131|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Advance directive: Y||||||F||||||

OBX|132|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|General stress level: Low||||||F||||||

OBX|133|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Education: Less than 8th Grade||||||F||||||

OBX|134|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Difficulty reading?: Y||||||F||||||

OBX|135|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Legally blind in one or both eyes?: Y (Notes: unable to see well out of left eye)||||||F||||||

OBX|136|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Hard of hearing or deaf in one or both ears?: N||||||F||||||

OBX|137|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Caffeine intake: Occasional||||||F||||||

OBX|138|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Smoking Status: Never smoker||||||F||||||

OBX|139|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Chewing tobacco: none||||||F||||||

OBX|140|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Alcohol intake: None||||||F||||||

OBX|141|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Diet: Regular||||||F||||||

OBX|142|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Exercise level: Occasional||||||F||||||

OBX|143|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Sexual Identification: heterosexual||||||F||||||

OBX|144|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Seat belts used routinely: Y||||||F||||||

OBX|145|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Do you have access to the internet ?: N||||||F||||||

OBX|146|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|What type of transportation do you use to get to your appointment ?: family/other||||||F||||||

OBX|147|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Have you recently (within the last 12 weeks, or during a current pregnancy) traveled to or lived in a Zika-affected area?: N||||||F||||||

OBX|148|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|||||||F||||||

OBX|149|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Surgical History||||||F||||||

OBX|150|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Reviewed Surgical History||||||F||||||

OBX|151|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| \* Cataract Surgery - \R\1998||||||F||||||

OBX|152|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| \* Eye Surgery - left eye 1999||||||F||||||

OBX|153|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| \* Any Surgical History - 02/17/2016 - Aortic valve replacement, transaortic approach||||||F||||||

OBX|154|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| \* Any Surgical History - 05/18/2015 - Coronary Angiography with catherterzation- diffuse disease, no greater than 20 % stenosis||||||F||||||

OBX|155|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| \* Colonoscopy - 02/19/2014 - normal, rpt 5 years||||||F||||||

OBX|156|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|||||||F||||||

OBX|157|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|GYN History||||||F||||||

OBX|158|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Reviewed GYN History||||||F||||||

OBX|159|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|If Post Menopausal, Age at Menopause: 70.||||||F||||||

OBX|160|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Date of Last Pap Smear: (Notes: 2013).||||||F||||||

OBX|161|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Date of Last Mammogram: (Notes: Per pt does not remember when it was last done).||||||F||||||

OBX|162|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|||||||F||||||

OBX|163|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Obstetric History||||||F||||||

OBX|164|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Reviewed Obstetric History||||||F||||||

OBX|165|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|||||||F||||||

OBX|166|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Past Medical History||||||F||||||

OBX|167|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Reviewed Past Medical History||||||F||||||

OBX|168|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Anemia: Y||||||F||||||

OBX|169|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Diabetes: Y||||||F||||||

OBX|170|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Hypertension: Y||||||F||||||

OBX|171|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|||||||F||||||

OBX|172|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|HPI||||||F||||||

OBX|173|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Abnormal Liver Tests||||||F||||||

OBX|174|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Reported by patient.||||||F||||||

OBX|175|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Notes: Pt seen for f/up on elevated LFT's.||||||F||||||

OBX|176|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| AST, ALT, and Alk Phos were all even higher when she went to the ED on 5/30. ||||||F||||||

OBX|177|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Generic HPI Template||||||F||||||

OBX|178|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Reported by caregiver.||||||F||||||

OBX|179|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Notes: Pt's caregiver reports that Mrs. McTester’s memory seems to be declining.||||||F||||||

OBX|180|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Test Patient has been increasingly dependent on her friends to help her keep up with medications. F||||||

OBX|181|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|||||||F||||||

OBX|182|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Physical Exam||||||F||||||

OBX|183|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Patient is an XX-year-old female.||||||F||||||

OBX|184|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.||||||F||||||

OBX|185|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Psychiatric: Mental Status: normal mood and affect and active and alert.||||||F||||||

OBX|186|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Head: Head: normocephalic and atraumatic.||||||F||||||

OBX|187|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Eyes: Lids and Conjunctivae: non-injected and no discharge. Sclerae: non-icteric.||||||F||||||

OBX|188|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal and good air movement.||||||F||||||

OBX|189|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no JVD or hepatojugular reflux.||||||F||||||

OBX|190|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Abdomen: Bowel Sounds: No bruit and normal active. Inspection and Palpation: no tenderness, guarding, or masses and soft and non-distended. Liver: no hepatomegaly. Spleen: no splenomegaly. Hernia: periumbilical hernia- easily reducible, nontender.||||||F||||||

OBX|191|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Musculoskeletal:: Motor Strength and Tone: normal tone. Joints, Bones, and Muscles: no bony abnormalities. Extremities: no cyanosis; 3+ pitting edema to the upper third of the tibia bilaterally.||||||F||||||

OBX|192|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Neurologic: Gait and Station: normal gait and station. Cranial Nerves: grossly intact.||||||F||||||

OBX|193|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Skin: Inspection and palpation: no rash or lesions. Nails: normal.||||||F||||||

OBX|194|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|||||||F||||||

OBX|195|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Assessment / Plan||||||F||||||

OBX|196|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|1. Elevated liver enzymes level - Recheck today off the medications.||||||F||||||

OBX|197|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|R74.8: Abnormal levels of other serum enzymes||||||F||||||

OBX|198|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| \* COMP. METABOLIC PANEL (14)-322000-P||||||F||||||

OBX|199|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|2. Peripheral edema - She will get in with her cardiologist as noted above. Recheck at f/up.||||||F||||||

OBX|200|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|R60.9: Edema, unspecified||||||F||||||

OBX|201|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|3. Type 2 diabetes||||||F||||||

OBX|202|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|E11.9: Type 2 diabetes mellitus without complications||||||F||||||

OBX|203|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| \* metformin ER 1,000 mg tablet,extended release 24hr -||||||F||||||

OBX|204|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| Take 2 tablet(s) every day by oral route. Qty: 180 tablet(s) Refills: 3 Pharmacy: SUP RX PHARMACY #88 - TESTCITY, SC -||||||F||||||

OBX|205|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|4. Mild cognitive disorder ||||||F||||||

OBX|206|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|G31.84: Mild cognitive impairment, so stated||||||F||||||

OBX|207|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|5. Body mass index 20-24 - normal||||||F||||||

OBX|208|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Z68.23: Body mass index (BMI) 23.0-23.9, adult||||||F||||||

OBX|209|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|||||||F||||||

OBX|210|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Return to Office||||||F||||||

OBX|211|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1| \* Jonathan Ashley, MD for F/U (EST PT) - 15 at SFHC-Adult Primary Care on 07/09/2018 at 03:45 PM||||||F||||||

OBX|212|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|||||||F||||||

OBX|213|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Encounter Sign-Off||||||F||||||

OBX|214|TX|NEW PT/HOSP F/U - 30^NEW PT/HOSP F/U - 30^ATHENA|1|Encounter signed-off by Jonathan Ashley, MD, 06/12/2018.||||||F||||||

# 7 Revision History

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| --- | --- |
| Date | Log |
| 2012 | Initial version |
| April 2013 | * Updated Observation Identifier in OBX segment for Family History to be represented in SNOMED (previously ICD-9) * Updated AL1 segment to support codified allergy severity and reaction as separate fields. These will be captured using Snomed reaction and severity codes. Previously we sent only a text description of the reaction. Note: UI element will not be generally available until after the 13.6 (June 15th) release. * Updated to support vaccine refusal reason. Note: UI element will not be generally available until after the 13.6 (June 15th) release. * Updated Diagnosis Code in DG1 to be represented in SNOMED (previously ICD-9 only) * Updated Problem ID in PRB segment for Problem List to be represented in SNOMED (previously ICD-9) |