



Outgoing Usage Interface DFT Specification

MOBILE ASPECTS 2017

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Interface Implementation HL7 Specification Document	
Version	5
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Document Name	Outgoing Usage Interface - DFT Specification

Project Information	
Description	This documents list the segments in the DFT-P03 message supported by MobileAspects
Author	Interface Team
Message Type	DFT
Connection Mode	Server
Interface Contact	interface@mobileaspects.com

Sample Message	
MSH ^~\& Mobile Aspects Epic Epic PLS 201609281040 DFT^P03 17 P 2.3 PID 16-001396 21003816^^^SMS^MRN PLastName^PFirstName^PMiddleName 19710126120000 F 1001043408 PV1 Unit^Room^Bed KASON THOMAS^KASON THOMAS 1001043408 FT1 24142 20160928103958 20160928104000 Removed 700165 1 1250.0 1250.0000 382EP01382 2500.000 ZPA 382EP01382 LOT939393 SN939393 20401212 250773 H7493952812220 BOSTON SCIENTIFIC - VASCULAR N STENT, CRNY PREMR MR 2.25x12 08714729844648	

Note:
Required elements are marked as red/ R in OPT column.
Unused elements are shaded in grey/ U in OPT column.
Optional elements are marked as green/ O in OPT column.

Detailed Segment List

MSH- Message Header

Seq	Element Name	OPT	Type	Notes
1	Field Separator	R	ST	Value is typically:
2	Encoding Characters	R	ST	Value is typically: ^~\&
3	Sending Application	R	HD	Format: Free text, configurable
4	Sending Application	R	HD	Format: Free text, configurable
5	Receiving Application	R	HD	Format: Free text, configurable
6	Receiving Facility	R	HD	Format: Free text, configurable
7	Date/Time of Message	R	DTM	
8	Security	U	ST	The user that triggered the interface message is sent in this field
9	Message Type	R	MSG	Format: <Message type> ^ <Trigger event> Format: DFT^P03
10	Message Control ID	U	ST	Value returned in Acknowledgment message (MSA)
11	Processing ID	R	PT	Values: D – Debugging P – Production T – Training
12	Version ID	U	VID	HL7 version number Example: 2.3
13	Sequence Number	U	NM	Optional field used in the sequence number protocol. By default, Epic does not use sequence number protocol. Format: Numeric
14	Continuation Pointer	U	ST	

EVN-Event Type

Seq	Element Name	OPT	Type	Notes
1	Event Type Code	U	ID	Event type code Example: P03
2	Recorded Date/Time	U	DTM	Date/time of event Format: Standard HL7 timestamp
3	Date/Time Planned Event	U	DTM	Date/time Format: Standard HL7 timestamp
4	Event Reason Code	U	IS	

PID – Patient Identification

seq	Element Name	OPT	Type	Notes
1	Set ID – PID	U	SI	
2	Patient ID(External ID)	U	CX	
3.1	Patient ID(Internal ID)	R	CX	This field should contain the patient's medical record number. This number should be the same each time the same patient is admitted/registered. Ex: ...[50483].
4	Alternate Patient ID – PID	U	CX	
5	Patient Name	O	XPN	This field contains one or more components, the last two components (suffix and prefix) are not used by the interface and will be ignored. Ex: [Last Name]^[FirstName]^[MiddleName]^[Prefix]^[Suffix]
6	Mother's Maiden Name	U	XPN	
7	Date/Time of Birth	R	DTM	This field contains the patient's date of birth.
8	Sex	R	CWE	Valid values: M, F
9	Patient Alias	U	XPN	
10	Race	U	CWE	
11	Patient Address	U	XAD	
12	County Code	U	IS	
13	Phone Number – Home	U	XTN	
14	Phone Number – Work	U	XTN	
15	Primary Language	U	CWE	
16	Marital Status	U	CWE	
17	Religion	U	CWE	
18	Patient Account Number	R	CX	This field contains the unique patient account number assigned by the hospital for each admission/registration. If the same patient is admitted/registered again, the number should be different each time.

PV1-Patient Visit

Seq	Element Name	OPT	Type	Notes
1	Set ID – PV1	U	SI	
2	Patient Class	U	CWE	Field values: E - Emergency I - Inpatient O - Outpatient P - Pre-admit
3	Assigned Patient Location	O	PL	Formatting of the subcomponents is configurable. <Unit/Department> ^<Room> ^<Bed> ^<Facility> ^<Bed Status> ^^<Building> ^<Floor> ^
4	Admission Type	U	CWE	
5	Pre-admit Number	U	CX	
6	Prior Patient Location	U		Formatting of the subcomponents is configurable. <Unit/Department> ^<Room> ^<Bed> ^<Facility> ^<Bed Status> ^^<Building> ^<Floor> ^
7	Attending Doctor	U	XCN	Format: (preferred) <Provider ID> ^<Last name> ^<First name> ^<Middle initial> ^^^^^<Assigning authority> ^^^^^<Identifier type code>
8	Referring Doctor	U	XCN	Format: (preferred) <Provider ID> ^<Last name> ^<First name> ^<Middle initial> ^^^^^<Assigning authority> ^^^^^<Identifier type code>
9	Consulting Doctor	U	XCN	Format: (preferred) <Provider ID> ^<Last name> ^<First name> ^<Middle initial> ^^^^^<Assigning authority> ^^^^^<Identifier type code>
10	Hospital Service	U	CWE	
11	Temporary Location	U	PL	
12	Pre-admit Test Indicator	U	CWE	
13	Re-admission Indicator	U	CWE	
14	Admit Source	U	CWE	
15	Ambulatory Status	U	CWE	This field indicates any permanent or transient handicapped conditions.
16	VIP Indicator	U	CWE	
17	Admitting Doctor	U	XCN	Format: (preferred) <Provider ID> ^<Last name> ^<First name> ^<Middle initial> ^^^^^<Assigning authority> ^^^^^<Identifier type code>
18	Patient Type	U	CWE	
19	Visit Number	R	CX	This field contains the unique number assigned to each patient visit.

FT1 - Financial Transaction Segment

The FT1 segment contains the detail data necessary to post charges, payments, adjustments, etc. to patient accounting records.

Seq	Element Name	OPT	Type	Notes										
1	Set ID-FT1	U	SI	This field contains the number that identifies this transaction. For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc.										
2	Transaction ID	R	ST	This field contains a number assigned by the sending system for control purposes. The number can be returned by the receiving system to identify errors										
3	Transaction Batch ID	U	ST	This field uniquely identifies the batch in which this transaction										
4	Transaction Date	R	TS	This field contains the date of the transaction. For example, this field would be used to identify the date a procedure, item, or test was conducted or used. It may be defaulted to today's date.										
5	Transaction Posting Date	R	TS	This field contains the date of the transaction that was sent to the destination system for posting.										
6	Transaction Type	R	IS	<div>This field contains the code that identifies the type of transaction.<table><tr><th>Values</th><th>Description</th></tr><tr><td>Removed</td><td>Material checked out</td></tr><tr><td>Returned</td><td>Removed material is returned</td></tr><tr><td>Wasted</td><td>Removed material is marked as waste</td></tr><tr><td>Used</td><td>Material is marked as used</td></tr></table></div>	Values	Description	Removed	Material checked out	Returned	Removed material is returned	Wasted	Removed material is marked as waste	Used	Material is marked as used
Values	Description													
Removed	Material checked out													
Returned	Removed material is returned													
Wasted	Removed material is marked as waste													
Used	Material is marked as used													
7	Transaction Code	R	CE	<div>This field contains the code assigned by the institution for the purpose of uniquely identifying the transaction. Ex: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^</div>										
8	Transaction Description	U	ST											
9	Transaction Description - Alt	U	ST											
10	Transaction Quantity	R	NM	This field contains the quantity of items associated with this transaction (Quantity is 1 for each transaction)										
11	Transaction Amount	O	CP	<div>This field contains the amount of a transaction. It may be left blank if the transaction is automatically priced. Total price for multiple items. Ex:<price (MO)> ^ <price type (ID)> ^ <from value (NM)> ^ <to value (NM)> ^ <range units (CE)> ^ <range type (ID)></div>										
12	Transaction Amount - Unit	O	CP	This field contains the unit price of a transaction. Price of a single item.										
13	Department Code	O	CE	<div>This field contains the department code that controls the transaction code. Ex:<identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^</div>										

Seq	Element Name	OPT	Type	Notes
14	Insurance Plan ID	U	IS	This field contains the identifier of the primary insurance plan with which this transaction should be associated.
15	Insurance Amount	U	CP	This field contains the amount to be posted to the insurance plan.
16	Assigned Patient Location	O	PL	This field contains the current patient location. This can be the location of the patient when charge item was ordered or when the charged service was rendered.
17	Fee Schedule	U	IS	This field contains the code used to select the appropriate fee schedule to be used for this transaction posting.
18	Patient Type	U	IS	
19	Diagnosis Code	U	CE	This field contains the primary diagnosis code for billing
20	Performed By Code	U	XCN	This field contains the composite number/name of the person/group that performed the test/procedure/transaction, etc.
21	Ordered By Code	U	XCN	This field contains the composite number/name of the person/group that ordered the test/ procedure/ transaction, etc.
22	Unit Cost	U	CP	This field contains the unit cost of transaction. The cost of a single item.
23	Filler Order Number	U	EI	This field is used when the billing system is requesting observational reporting justification for a charge. This is the number used by a filler to uniquely identify a result.
24	Entered By Code	U	XCN	This field identifies the composite number/name of the person who entered the insurance information.
25	Procedure Code	U	CE	This field contains a unique identifier assigned to the procedure, if any, associated with the charge.

Segment ZPA – Additional Supply Usage Information

This optional segment contains additional information about the supply usage.

Seq	Element Name	OPT	Type	Notes
3	Inventory Location	O	CWE	The inventory location the supply was pulled from.
21	Lot Number	O	ST	Used for supply's lot number only when filing implant
22	Serial Number	O	ST	Used for supply's serial number only when filing implant
23	Expiration Date	O	DTM	Used for supply's expiration date only when filing implant
24	Is Tissue	U	CWE	Values correspond to Y or N to indicate whether this implant is a tissue.
25	External Implant ID	U	EI	Implant documentation system's identifier for the implant. Format: <Implant ID> ^ <Assigning Authority>
26	Supplier Catalog Number	U	ST	Vendor's catalog number for the implant.
27	Manufacturer Catalog Number	R	ST	Manufacturer's catalog number for the implant.
28	Supplier	U	ST	Vendor identifier.
29	Manufacturer	O	ST	Manufacturer identifier.
30	Implant Type	U	CWE	Type of implant.

Seq	Element Name	OPT	Type	Notes
31	Is Implant	R	CWE	Value corresponds to Y or N to indicate whether the external system is sending information about an implant. Required to use functionality to file implant information If not set, information will be treated as supply usage.
32	Item Description	R	ST	Description of implant. Also stored as implant title in IMP.
33	Implanted By	U	ST	Provider that documented the implant in the external system , Typically this is the surgeon performing the procedure.
34	Body Side	U	CWE	Body laterality.
35	Body Site	U	CWE	Location of implant in body.
36	Tissue Preparation	U	ST	Free-text tissue preparation comments.
37	Instant Implanted	U	DTM	Instant of implantation.
38	Size	U	ST	Size of implant.
39	Implant Action	U	CWE	Implant action. E.g. (In our case its always Implanted)