

Dentrix Enterprise HL7 Messaging Interface Design

Supporting Versions 2.2, 2.3, 2.4, and 2.5

(Document Version 11.1)

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Publication Date

October 10, 2023

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I. Introduction

HL7 messaging makes it possible to share patient information among different systems in a hospital environment. There are more than 100 different types of HL7 messages in the current HL7 protocol specification. Dentrix Enterprise currently supports 33. Message types and their segments are listed in section V of this document. The Dentrix Enterprise HL7 interface supports messaging through TCP/IP with Minimal Layer Protocol (MLP) and messaging via files in folders.

II. Messages Overview

Message	Event Code	Send	Receive	Notes
Admissions, Discharges, Transfers - Chapter 3				
ADT	A01		X	Indicates that a patient has been admitted in a medical system
	A02		X	Indicates that a patient has been transferred
	A04	X	X	When sending, indicates that a patient has been checked in using the scheduling component or a new patient has been added to the system. When receiving, a new patient has been added.
	A05		X	Indicates that a patient has been pre-admitted.
	A08	X	X	Indicates that a patient has been updated in the system.
	A11	X		Indicates that an appointment has been deleted. (The same structure as in A04)
	A18		X	Indicates that a patient's external ID has been updated or two patient accounts have been merged.
	A23	X		Indicates that an appointment has been broken/cancelled. (The same structure as in A04)
	A28	X	X	Indicates that a new patient has been added to the system.
	A29	X	X	Indicates that a patient has been deleted from the system.
	A31	X	X	Indicates that a patient has been updated in the system.
	A40		X	Indicates that a patient ID (PID-3) has been merged.
	A41		X	Indicates that a patient account number has been merged.
	A42		X	Indicates that a patient visit number has been merged.
	A46		X	Indicates that a patient's external ID has been updated.
	A47		X	Indicates that a patient's internal ID has been updated.
ADT (for all supported trigger events)				
Order Entries - Chapter 4				
ORM	O01	X		Used for pharmacy orders
ORM	O01		X	Used for inbound laboratory, pathology, radiology, microbiology, and medication orders
RDE	O11		X	Used for pharmacy order status update
Financial Management Transfers - Chapter 6				
DFT	P03	X		Indicates that a financial transaction has been posted.
Observation Reporting Transfers - Chapter 7				
ORU	R01	X	X	Used for unsolicited observation messages for laboratory results, patient questionnaire
Master Files - Chapter 8				
MFN	M02		X	Used for personnel management.
Medical Records/Information Management - Chapter 9				
MDM	T02	X	X	Indicates that a new clinical note has been created.
	T04	X		Indicates that an existing clinical note has been deleted. (Deprecated)
	T04A	X	X	Indicates that a clinical note has been locked or signed.
	T06	X		Indicates that a clinical note has been appended.
	T08	X	X	Indicates that an existing clinical note has been modified.
	T08E	X	X	Indicates that the content of an existing clinical note has been edited.
	T11	X	X	Indicates that an existing clinical note has been cancelled or deleted.

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Scheduling Transfers - Chapter 10

SIU	S03		X	Indicates that a request to modify an appointment has been made.
	S12	X	X	Indicates that a new appointment has been booked.
	S13	X	X	Indicates that an appointment has been rescheduled.
	S14	X	X	Indicates that an appointment has been modified.
	S15	X	X	Indicates that an appointment has been cancelled.
	S17	X	X	Indicates that an appointment has been deleted.
	S22		X	Indicates that a service or resource of an appointment has been deleted.

Patient Care – Chapter 12

PPR	PC1		X	Indicates that a medical problem has been added.
	PC2		X	Indicates that a medical problem has been updated.
	PC3		X	Indicates that a medical problem has been deleted.

Acknowledgements

ACK				Used for acknowledgments.
---------------------	--	--	--	---------------------------

Query**Query by Parameters**

QBP	Q21	X		Indicates that a message is sent for a patient retrieval.
	Q22	X		Indicates that a message is sent for a patient/family search.

Response for Patient Retrieval

RSP	Z21		X	Indicates that a message is sent for a patient retrieve query response.
	Z22		X	Indicators that a message is sent for a patient search query response.

III. Dentrix Enterprise HL7 Messaging Interface Architecture

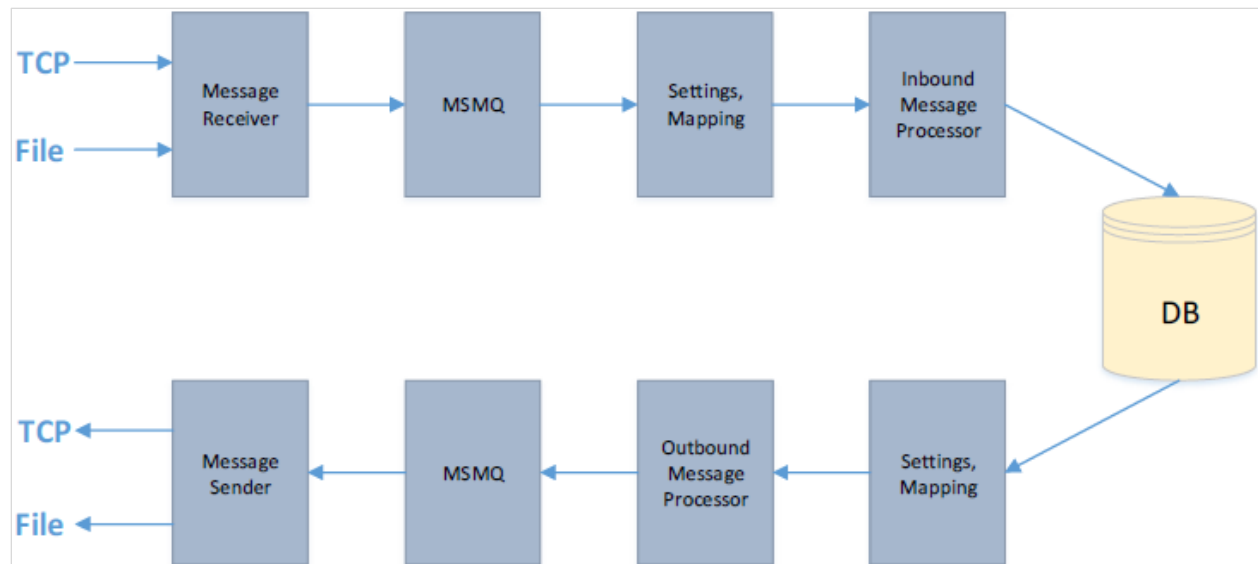


Figure 1. Inbound and outbound message flow.

IV. System Setup and Patient Selection

To work in the HL7 Interface, you must be logged in as Administrator. To launch the HL7 Interface, you must right-click the executable and select **Run as administrator** (see Figure 2).

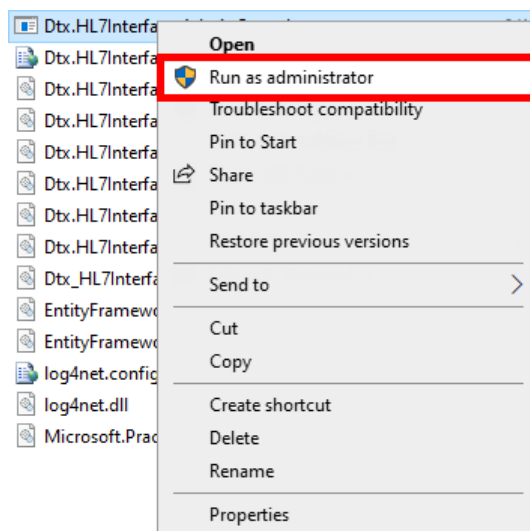


Figure 2. Run as administrator menu item.

Then you must enter the appropriate credentials to the Server and DB connection (see Figure 3).

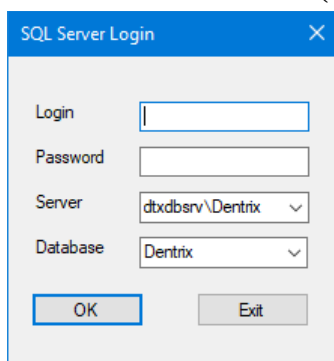


Figure 3. SQL Server Login window.

For each system that exists in the HL7 interface (see Figure 4), a record should exist in the HL7System table.

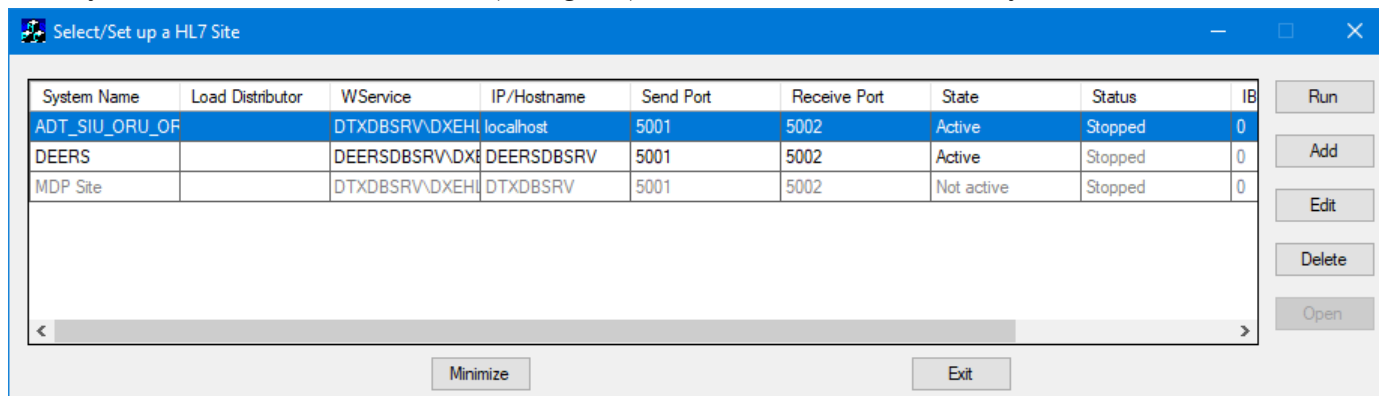


Figure 4. Select/Set up a HL7 Site window.

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In the **Select/Set up a HL7 Site** window (see Figure 4), click **Add** or **Edit** (with an existing system selected) to add or edit a system (see Figure 5).

The 'Edit HL7 Site' window is a complex form with multiple sections for configuring an HL7 site. The sections include:

- System Information:** System Name (DEERS), IP/Hostname (DEERSDBSRV), Type (P), Send Port (5001), Receive Port (5002), Rcv Timeout (0), Send Retries (100), Retry Interval (1), Retry Interval (5), Keep Period (720), Save Period (720), Send Appt (DXOne), Send Fac (Dental), Recv. Appt (ASD), Recv. Fac (ASD), Def Prov, Def. Clinic, Update All Pat Prim Prov, Def Oper, Def Fee Schedule (1), Check for Send (1 sec), Ret ACK Required, Send ACK via Diff Port, Recv ACK via Diff Port, Refresh connection, Use link list to cache msg, ACK Field (MSH-16), Reset IBCT (0 sec), DB ID Text (X), Max# QMsg (5).
- Customization:** HL7 Ver (2.3), NDI (II), Encoding Type (UNICODE UTF-8).
- Clinic:** Imp Clinic (Yes), Read From, Save To, Pat Visit Num, Read From, Save To, Imp PVN, Use PV1 Prov, Use Alt Visit ID, PVN Clinic, Update A.C., Delete PVN via (Not Used), Send A.C.
- Patient Filter:** Enabled, Disabled, Exact Match, Partial Match.
- Framing:** Recv framing (MLP), Header, Trailer, Send framing (MLP), Header, Trailer.
- Pat Ext ID:** Read From (PID-3M), Send In (PID-3M), Primary ID (PIN), Secondary ID (EDI PI).
- Patient Class:** Read From (RA&S ALL PV1-2), Save To (Pat Table).
- Visit Info:** Send Pat Visit# in (PV1-19), Attending Prov (Process Prov).
- Windows Service:** DXEHL7Svc, ACKs (Check MSH-15/16).
- Replies:** Wait for response, Reply Timeout (ms) (5000).
- Response Qualification:** Require HL7, Check MSA-1, Require ACK, Match MSA-2, AA (Success), AE (Fail), AR (Resend), Other (Resend).
- Time settings:** Use UTC.
- Insurance Settings:** Copy Plan Dates to Eligibility Dates.
- PID Settings:** PID-13 repeatable, PID-14 repeatable.
- Parallel Processing Settings:** Enable Load Distributor, Setup channels, Channel divider method (MOD of PatientID), Communication Protocol (TCP/IP).

Buttons at the bottom include: Active, Messages, Mapping, OK, Cancel.

Figure 5. Edit HL7 Site window.

Following fields are required for a new HL7 Site:

- System name
- Outbound system IP
- Receive application name
- Receive facility name

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In the **Edit HL7 Site** dialog box (see Figure 5), click **Messages** to select individual messages to send and receive (see Figure 6).

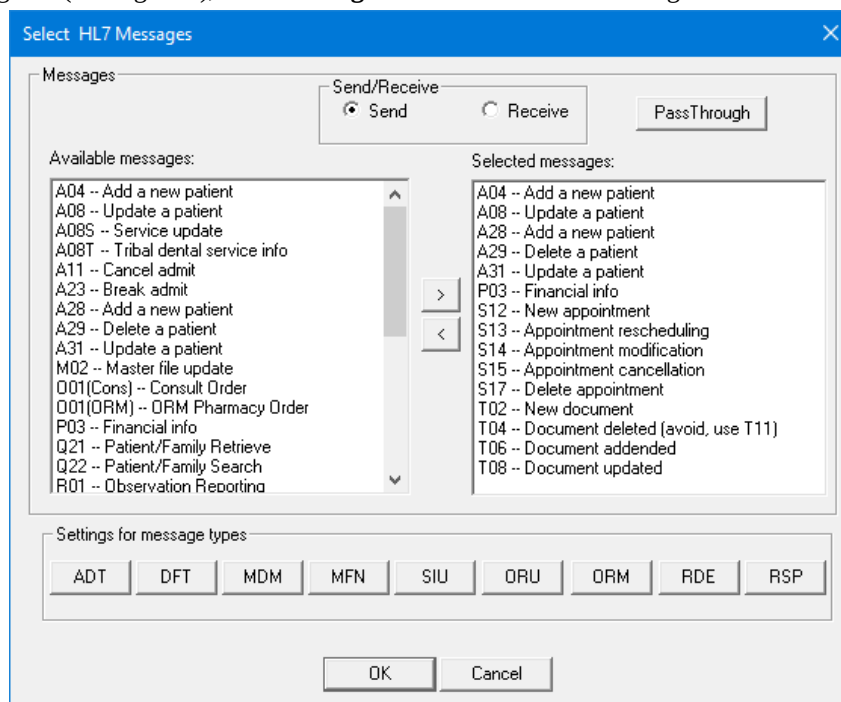


Figure 6. Select HL7 Messages dialog box.

You can send and receive HL7 files by setting the appropriate options (see Figure 7).

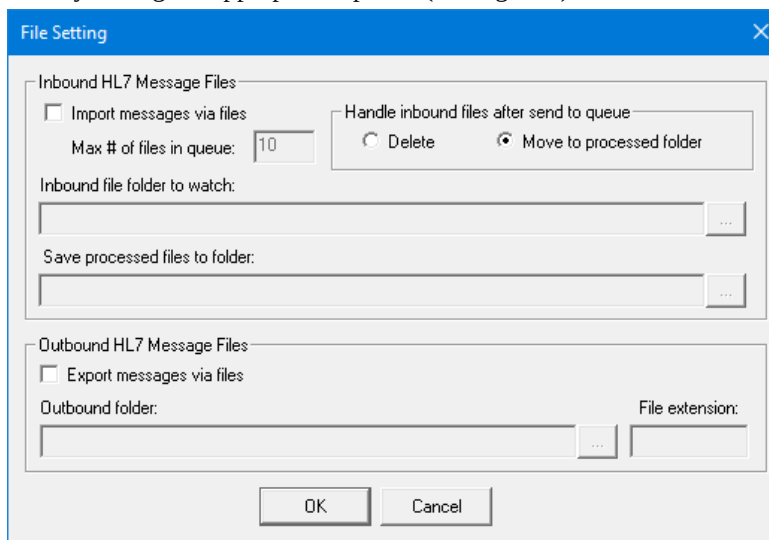


Figure 7. File Setting dialog box.

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With a “Running” HL7 site selected in the **Select/Set up a HL7 Site** window (see Figure 4), click **Open** to open the send and receive interface window for the system (see Figure 8). During the first message receipt, 4 log files are created automatically: DXOneHL7In.log, DXOneHL7Out.log, DXOneHL7log.log, and DXOneHL7err.log. The first two can be turned on and off.

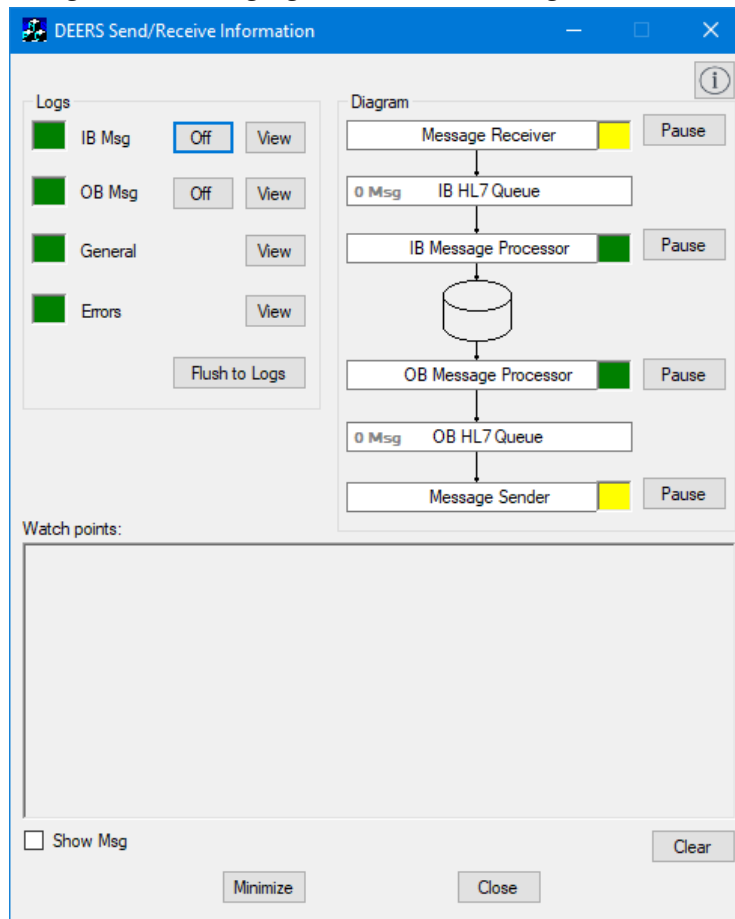


Figure 8. Dentrax Send/Receive Information dialog box.

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Four new fields appear in the **Patient Information** dialog box of Dentrix Enterprise (see Figure 9).

Patient Information

Personal

Last: Crosby First: Brent

Middle: Preferred:

Suffix: Salutation:

Title: Pat Class: ☐ Title on Stmt

Birthdate: 11/11/1973 Age: 48 Death Date:

SS#: 111-11-1111 Other ID:

Pat Ext ID: Driver's License #:

Address >>
123 Oak St
American Fork, UT, 11111, United States ...

Effective Date:
End Date:

Contact Info

Primary: (801)555-6177 Secondary:

Work: (801)555-3563 Ext.: Other:

FAX: Time To Call:

Home Email: documentation@henryschein.cc ☐ Declined

Work Email:

Demographics

Patient Status: Patient Sex: Male

Marital: Married Language: Unspecified

Race: Unspecified Other Race: Unspecified

Ethnicity: Unspecified Other Ethnicity: Unspecified

Poverty Level: Unspecified Religion: Unspecified

Veteran: Unspecified

User Def. Cat.: Unspecified Worker Status: Unspecified

Gender Identity: Unspecified Homeless Status: Unspecified

Sexual Orientation: Unspecified Housing Status: Unspecified

Office Info

Prov1: DSMITH Prov2:

Clinic: AF Initial Provider:

Fee Schedule: <Prov Default>

Chart #: CRO101

Consent Date: 09/04/1997

First Visit: 09/04/1997 Last Visit: 02/25/2020

Last Missed Appt: # Missed: 0

Patient Alias

Last Name: First Name:

Middle: Suffix:

Mother's Maiden

Last Name: First Name:

Middle: Suffix:

Income

Amount: 65000 Recurrence: Yearly

Contact Info Additional Info OK Cancel

Figure 9. Patient Information dialog box for HL7 messaging in Dentrix Enterprise.

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New filters for messages were added in the **Select HL7 Messages** dialog box: for Send, A11, A23, Q21, and Q22; and for receive, ORM (O01), ORM (Cons), R01 (PQ), Z21, and Z22 (see Figures 10 and 11).

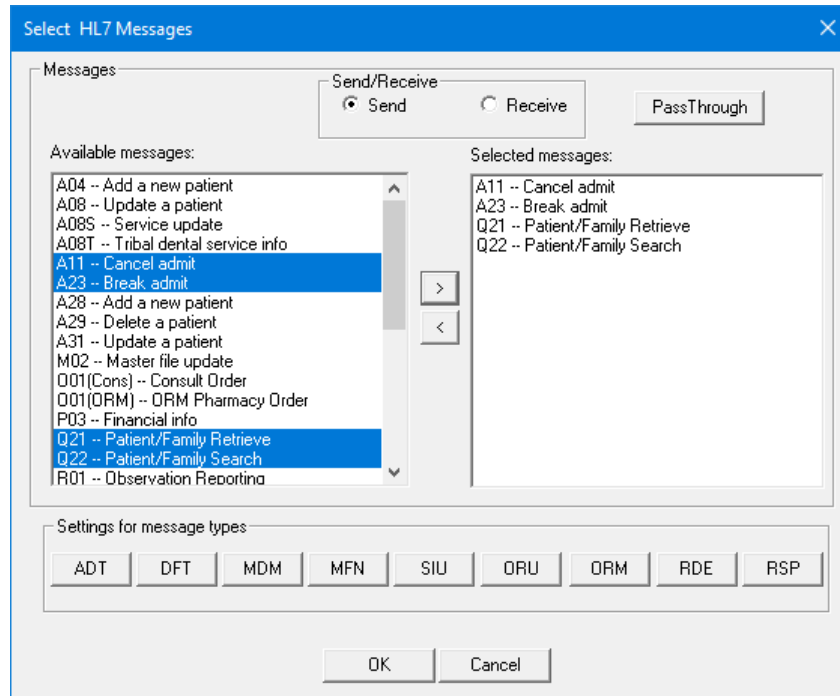


Figure 10. Select HL7 Messages dialog box with options for Send.

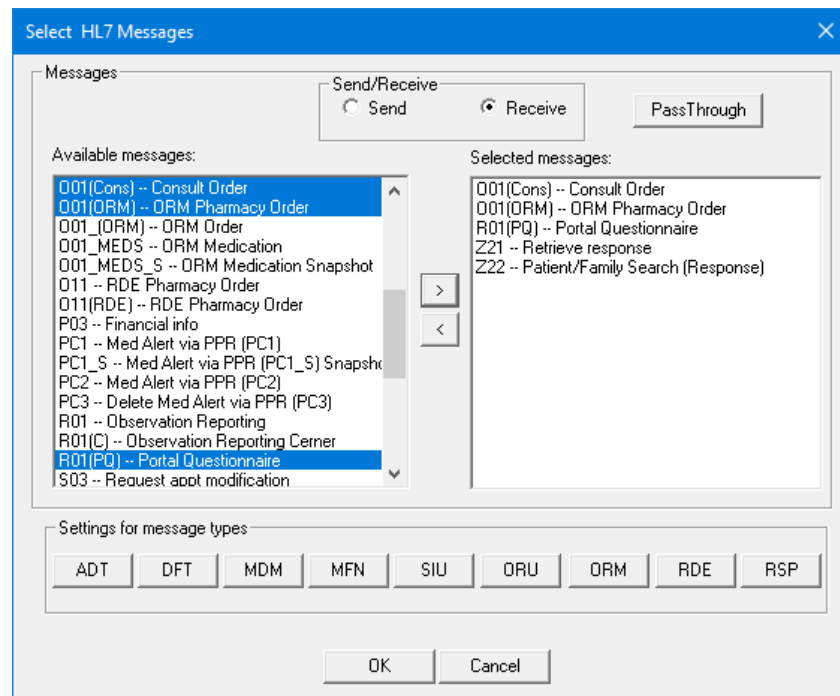


Figure 11. Select HL7 Messages dialog box with options for Receive.

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New mapping categories were added in the **Mapping Items** dialog box (see Figure 12).

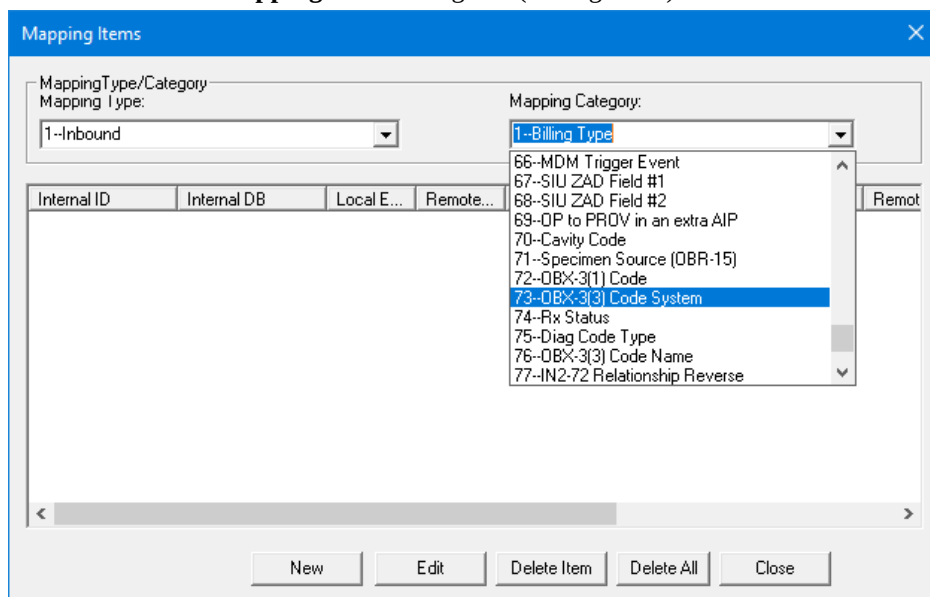


Figure 12. Mapping Items dialog box. Changing the category.

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For 77 categories, default mappings can be added (see Figure 13).

The figure consists of two screenshots of the 'Mapping Items' dialog box. The top screenshot shows the dialog box with the 'Mapping Type' set to '1-Inbound' and the 'Mapping Category' set to '77-IN2-72 Relationship Reverse'. The 'Add Default' button is highlighted with a red box. The bottom screenshot shows the same dialog box with a table of default mappings populated.

Internal ID	Internal DB	Local E...	Remote...	Local E...	Remote...	Local E...	Remote...	Remot
0	2	SPS	SPS					
0	2	PRN	CHILD					
0	2	PRNIN...	CHLDF...					
0	2	PRNIN...	WARD					
0	2	SPON	SPON					
0	2	SELF	SELF					
0	2	SPON	DOMPA...					

Figure 13. Mapping Items dialog box. Adding defaults.

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New items were added to the PatExtId block to Read From and Send In lookups (PID-3M). When PID-3M is selected, new fields for selecting Primary and Secondary ID are available (see Figure 14).

Edit HL7 Site

System Name: DEERS
IP/Hostname: DEERSDBSRV Type: P
Send Port: 5001 ☒ Send Message
Receive Port: 5002 ☒ Receive Messages
Rcv Timeout: 0 minutes until keep-alive sent 0 = disabled
Send Retries: 100 Fast Retry: 5
Retry Interval: 1 (fast, sec) Retry Interv: 5 (slow, sec)
☐ Stop sending when reached limit
Keep Period: 720 Days for messages sent
Save Period: 720 Days for failed messages
Send Appl: DXOne ☐ Verify
Send Fac: Dental ☐ Verify
Recv. Appl: ASD ☐ Verify
Recv. Fac: ASD ☐ Verify
Def Prov: Def. Clinic:
☒ Update All Pat Prim Prov
Def Oper: Def Fee Schedule: 1
Check for Send: 1 sec ☒ Ret ACK Required
☐ Send ACK via Diff Port ☐ Recv ACK via Diff Port
☐ Refresh connection ☐ Use link list to cache msg
ACK Field: MSH-16 Reset IBCT: 0 sec
DB ID Text: X Max# QMsg: 5
Messaging via Files

Customization
HL7 Ver: 2.3 NDI: II Encoding Type: UNICODE UTF-8
Clinic
Imp Clinic: ☒ Yes Read From: Save To:
☐ No
Pat Visit Num
Imp PVN: Read From: Save To:
☒ Yes ☐ Use PV1 Prov ☐ Use Alt Visit ID
☐ No PVN Clinic: ☐ Update A.C.
Delete PVN via: Not Used ☐ Send A.C.
Patient Filter
☐ Enabled ☐ Exact Match
☒ Disabled ☐ Partial Match
Framing
Recv framing: Header: Trailer:
MLP
Send framing: Header: Trailer:
MLP
Pat Ext ID
Read From: PID-3M Send In: PID-3M
Primary ID: PIN Secondary ID: EDI PI
Patient Class
Read From: RA&S ALL PV1-2 Save To: Pat Table
Visit Info
Send Pat Visit# in: PV1-19 Attending Prov: Process Prov

☒ Active Messages Mapping
OK Cancel

Windows Service
DtxEnt.HL7.Service
ACKs
☐ Check MSH-15/16
Replies
☒ Wait for response
Reply Timeout (ms): 5000
Response Qualification
☐ Require HL7 ☐ Check MSA-1
☐ Require ACK ☐ Match MSA-2
AA: Success AE: Fail
AR: Resend Other: Resend
Time settings
☒ Use UTC
Insurance Settings
☒ Copy Plan Dates to Eligibility Dates
PID Settings
☐ PID-13 repeatable
☐ PID-14 repeatable
Parallel Processing Settings
☐ Enable Load Distributor Setup channels
Channel divider method: MOD of PatientID Communication Protocol: TCP/IP

Figure 14. Edit HL7 Site dialog box with Pat Ext ID section changes.

V. Messages and Segments

The information contained in the segment tables are broken down in the following columnar format:

- **SEQ** - The sequence number for the field as listed in the HL7 specification.
- **Item#** - The item number for the field as listed in the HL7 specification.
- **Element Name** - Name of field.
 - If this field is an item related to a composite field, it is indented two spaces from Name of composite field.
 - If this field is a repeating field, then [] are placed after the field name.
 - If [] is present, Dentrax Enterprise uses as many repeating elements as necessary, starting at 0.
 - If [0] is present, Dentrax Enterprise only uses the first repeating element.
- **DT** - The data type of the field. Fields can have the following standard data types:
 - CE** - Coded element.
 - CX** - Extended composite ID with check digit.
 - HD** - Hierarchic designator.
 - ID** - Coded value for HL7 tables.
 - IS** - Identifier type code.
 - NM** - Numeric.
 - PT** - Processing type.
 - SI** - Sequence ID.
 - ST** - String.
 - TN** - Telephone number.
 - TS** - Time stamp.
 - XAD** - Extended address.
 - XCN** - Extended composite ID number and name.
 - XPN** - Extended person name.
 - XTN** - Extended telecommunication number.
 - DLN** - Driver's license number.
 - XON** - Extended composite name and ID number for organizations.
 - PL** - Person location.
 - FC** - Financial class.
 - FN** - Family name
 - CP** - Composite price.
 - MO** - Money.
 - EI** - Entity identifier.
 - TQ** - Timing/quantity.
- **TBL#** - The user-defined table number recommended by the HL7 specification for values to be contained in this field.
- **Dentrax Enterprise Usage** - Describes how Dentrax Enterprise handles the field.
- **Dentrax Enterprise Mapping** - Name of mapping type if you are using Dentrax Enterprise's mapping feature, or if no information is contained in this field, mapping capabilities are not available.

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Admit or visit notification.

Segment	Notes
MSH - Message Header	
EVN - Event Type	
PID - Patient Identification	
GT1 - Guarantor information	
PV1 - Visit information	
PV2 - Supplemental Visit Information	Optional
IN1 - Insurance Information	Repeated for every active insurance carrier for patient. Optional.
IN2 - Additional Insurance Information	Repeated for every active insurance carrier for patient. Optional.
PD1 - Additional Patient Demographic Info	Optional
NK1 - Next of Kin	Optional
ZDP - Custom Dentrix Patient Additional Info	Optional
AL1 - Allergy Information	Optional
ZMI	Optional
ZEI	Optional
ZPI	Optional
ZNI	Optional
OBX	Optional

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		ADT	
		2	Trigger Event	ID		A01	
10	00010		Message Control ID	ST		Unique integer for message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

EVN - Event Type Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00199		Event Type Code	TS	0003	A01	
2	00100		Recorded Date/Time	TS		Date and time message was created and filled out by Dentrix Enterprise	
4	00102		Event Reason Code	IS		'01'	

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PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			CDCR# is used as Chart# when PID-3M-UI-SC option selected
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components.	Can be used as Medicaid ID.
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	
6	00109		Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country code	NM		Country code of patient's phone	
		6	Area code	NM		Area code of patient's phone number	
		7	Phone number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country code	NM		Country code of patient's phone	
		6	Area code	NM		Area code of patient's phone number	
		7	Phone number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121	1	Patient Account Number	CX		Current patient's account number (optional)	Can read and send also in PV1-19 (PVN)
		4	Account Assigning Authority	IS		Assigning authority	ID and account assigning authority can be concatenated as compound ID and used as PVN. Can be mapped into clinics.
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as compound ID and used as PVN. Can be mapped into clinics.
19	00122		SSN	ST		Patient's SSN (999-99-9999)	SSN can be mapped to filter out bad ones.
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up mapping table

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

PD1 - Patient Additional Demographic Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
4	00757		Patient's Primary Care Manager ID and Name	XCN		Used as Medical Primary Care Provider ID and Names	
		1	Primary Care Manager ID			Displayed as received	
		2	Primary Care Manager's Last Names	ST		Displayed as received	
		3	Primary Care Manager's First Name	ST			
		4	Primary Care Manager's Middle Name	ST			
		5	Primary Care Manager's Suffix	ST			
		6	Primary Care Provider's Type code	ST			
8			Organ Donor code			Organ Donor code of patient	

ZPI – Custom DEERs Patient Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
9			Restrict Display			Patient Confidentiality	
22		1	VIP Flag			Person VIP Indicator	
35			Primary Care Provider Phone			Primary Care Provider Phone	
36			Primary Care Provider Begin Date			Primary Care Provider Begin Date	
37			Primary Care Manager End Date			Primary Care Manager End Date	

ZEI – Custom DEERs Patient Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
11			Patient US Government Agency Code			Patient US Government Agency Code	
13		1	Patient Affiliation Category Code			Patient Affiliation Category Code	
		2	Patient Pay Category			Patient Pay Category	
18			Patient Rank			Patient Rank	

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ZDP - Custom Dentrix Patient Additional Information Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Patient's Poverty Level	IS		If no mapping exists, is poverty code in Dentrix Enterprise	A mapping can be set up
2			Patient's Homeless Status	IS		If no mapping exists, is homeless status code in Dentrix Enterprise	A mapping can be set up
3			Patient's Worker Status	IS		If no mapping exists, is worker status code in Dentrix Enterprise	A mapping can be set up
4			Patient's Privacy Request				
		1	No Phone Call	ST		YES or NO	
		2	No Correspondence	ST		YES or NO	
		3	No Disclosure	ST		YES or NO	
5			Patient's Employer ID			Employer ID	Employer ID
6			Employer Name	XCN			
		1	Patient's Employer's Organization Name[0]	ST		Name of patient's employer	
		2	Assigning Authority	HD			
		3	Universal ID	ST		Universal ID of patient's employer	
7			Patient's Employer Address[0]	XAD			
		1	Street Address	ST		First line of address for patient's employer (Address1)	
		2	Other Designation	ST		Second line of address for patient's employer (Address2)	
		3	City	ST		City of address for patient's employer	
		4	State	ST		State of address for patient's employer	
		5	Zip	ST		ZIP Code of address for patient's employer (99999-9999)	
		6	Country	ST			
8			Patient's Employer Phone Number[0]	XTN			
9			First Visit Date	TS		First Visit Date to the Health Care Center	Update first visit date if inbound date is earlier
10			Last Visit Date	TS		Last Visit Date to the Health Care Center	Update last visit date if inbound date is later
11			Pager Number	TN		Pager number as string formatted as 999-999-9999	Pager #
12			Other Telephone Number	TN		Telephone number as string formatted as [(999)]999-9999[9999][9999]	Other phone #
13			User Defined Patient Category	IS		User-defined patient category	Can set up inbound and outbound mapping

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NK1 - Patient Next of Kin/Associated Parties Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00190		Set ID	SI			
2	00191	1	Contact Person Last Name	XPN			
		2	Contact Person First Name				
		3	Contact Person Middle Name				
		4	Contact Person Cadency Name				
3	00192		Relationship			If NK1.3 is empty system will set the NK relationship to "Unspecified" and will process NK1 segment "UNSPECIFIED" roles	
4	00193		Address	XAD			
		1	Street Address 1				
		2	Street Address 2				
		3	City				
		4	State				
		5	Zip				
		6	Country				
		7	Address type				
5	00194		Phone				
6	00195		Business Phone				
7	00196		Contact Role			Uses "NOK" "ECON" "GUARD" "SPONSOR" roles If NK1.7 is empty system will set the NK relationship to "Unspecified" and will process NK1 segment "UNSPECIFIED" roles	
8			Start Date				
9			End Date				
14			Marital Status			Used either as Single, Married, Widowed, Divorced, Separated, Annulled, Interlocutory Decreed Additional statuses for inmate: Single, Never Married, Unmarried Partner	
16			Date/Time of Birth			Birth date	
20			Primary Language			Primary language for patient	
25			Religion			Patient's religion	
35			Race			Patient's race	

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GT1 - Guarantor Information Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00405		Set ID - GT1	SI		'1'	
2	00406		Guarantor Number[0]	CX		Guarantor ID. Required.	Guarantor Ext ID
			ID	ST		ID number for guarantor	If guarantor is same as patient, then uses patient or else guarantor. If inbound guarantor ID is not present for a new patient, patient ID can be concatenated with letter G to make ID for guarantor. If missing guarantor relationship or GT1 segment, patient will be made into guarantor for self. This ID is required for any new patient. It is the ID used by Dentrix Enterprise to build/maintain a family structure for patients.
3	00407		Guarantor Name[0]	XPN		Required	
		1	Family Name	ST		Guarantor last name	
		2	Given Name	ST		Guarantor first name	
		3	Middle Name	ST		Guarantor middle name	
		4	Suffix	ST		Guarantor suffix	
		5	Prefix	ST		Guarantor prefix	
5	00409		Guarantor Address[0]	XAD			
		1	Street Address	ST		First line of guarantor 's address (Address1)	
		2	Other Designation	ST		Second line of guarantor's address (Address2)	
		3	City	ST		City of guarantor's address	
		4	State	ST		State of guarantor's address	
		5	Zip	ST		ZIP Code of guarantor's address (99999-9999)	
6	00410		Guarantor Phone Num-Home[0]	XTN			
		1	Telephone Number	TN		Telephone number as string	
						formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		Telephone number in numeric format. Phone type from guarantor's first phone number (Phone1).	
		3	Area Code	NM		Telephone number in numeric format. Area code from guarantor's first phone number (Phone1).	
		4	Phone Number	NM		Telephone number in numeric format. Local seven-digit number from guarantor's first phone number (Phone1).	
		5	Extension	NM		Extension (up to five digits) in numeric format from guarantor's first phone number (Phone1).	
		6	Any Text	ST		Telephone number in numeric format. Phone type from guarantor's first phone number (Phone1).	
7	00411		Guarantor Phone Num-Business[0]	XTN			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		1	Telephone Number	TN		Telephone number as string formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		Telephone number in numeric format. Phone type from guarantor's second phone number (Phone2).	
		3	Area Code	NM		Telephone number in numeric format. Area code from guarantor's second phone number (Phone2).	
		4	Phone Number	NM		Telephone number in numeric format. Local seven-digit number from guarantor's second phone number (Phone2).	
		5	Extension	NM		Extension (up to five digits) in numeric format from guarantor's second phone number (Phone2)	
		6	Any Text	ST		Telephone number in numeric format. Phone type from guarantor's second phone number (Phone2).	
8	00412		Guarantor Date/Time of Birth	TS		Guarantor's birth date. Required.	
9	00413		Sex	IS	0001	Guarantor's gender (M = Male; F = Female). Required.	
11	00415		Guarantor Relationship	IS	0063	Relationship of patient to guarantor. Required.	Patient Relations (uses description if no map entry). "Self", "Sel", "S", "01", and "1" all indicate patient is guarantor for self.
12	00416		Guarantor SSN	ST		SSN of guarantor (999-99-9999)	
16	00420		Guarantor Employer Name	XPN		Employer name	
17	00421		Guarantor Employer Address[0]	XAD			
		1	Street Address	ST		First line of address for guarantor's employer (Address1)	
		2	Other Designation	ST		Second line of address for guarantor's employer (Address2)	
		3	City	ST		City of address for guarantor's employer	
		4	State	ST		State of address for guarantor's employer	
		5	Zip	ST		ZIP of address for guarantor's employer (99999-9999)	
18	00422		Guarantor Employer Phone Number[0]	XTN			
			Telephone Number	TN		Telephone number as string formatted as [(999)]999-9999[X99999]	
			Telecommunication Use Code	ID			
20	00424		Guarantor Employment Status	IS	0066	Guarantor's employment status	Employment status (uses description if no map entry)
29	00780		Guarantor Employer ID Number	CX			
			ID	ST		ID of employer (EmployerId)	Employer
36	00118		Primary Language	CE		Language code	Can use Dentrix Enterprise mapping

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
41	00120		Religion	CE		Religion code	Can use Dentrix Enterprise mapping
51	01299		Guarantor Employer's Organization Name[0]	XON			
		1	Organization Name	ST		Name of guarantor's employer	
		2	Assigning Authority	HD			
		3	Universal ID	ST		ID of guarantor's employer	Employer
55	01291		Guarantor Race	CE		Race code	Can use Dentrix Enterprise mapping

AL1 - Patient Allergy Information Segment (Repeatable up to 255)

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00203		Set ID	CE		"1". Required.	
2	00204		Allergy Type Code	CE	0127	Required	
3	00205		Allergen Code and Description	CE			
		1	Allergen Code	ST		Required	Map to allergy definitions
		2	Allergen Description	ST		Required	
		3	Name of Coding System	IS		Optional	
4	00206		Allergy Severity Code	CE	0128	Required	
5	00207		Allergy Reaction Code	CE		Optional	
6	00208		Identification Date	CE		Required	

DG1 - Patient Diagnosis Information Segment

The DG1 segment contains patient diagnosis information of various types, for example, admitting, primary, etc. The DG1 segment is used to send multiple diagnoses (for example, for medical records encoding).

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Set ID	SI		Required	
2			Diagnosis Coding Method	ID	0053		
3			Diagnosis Code	CE	0051	Optional	
4			Diagnosis Description	ST			
5			Diagnosis Date/Time	TS		Optional	
6			Diagnosis Type	IS	0052	Required	
7			Major Diagnostic Category	CE	0118		
8			Diagnostic Related Group	CE	0055		
9			DRG Approval Indicator	ID	0136		
10			DRG Grouper Review Code	IS	0056		
11			Outlier Type	CE	0083		
12			Outlier Days	NM			
13			Outlier Cost	CP			
14			Grouper Version And Type	ST			
15			Diagnosis Priority	ID	0359	Optional	
16			Diagnosing Clinician	XCN		Optional	
17			Diagnosis Classification	IS	0228	Optional	
18			Confidential Indicator	ID	0136	Optional	
19			Attestation Date/Time	TS		Optional	

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PV1 – Inmate transfer information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00131		Set ID - PV1	SI		'1'	
2	00132		Patient Class	IS	0004	Optional	
3	00133	1	Housing area			Housing area	
		2	Cell			Cell	
		3	Bed			BedNumber “UNK-UNK” value is unknown bed number in case of the transfer without housing	
		4	Facility			Facility	
		7	Building			Building	
7	00137		Attending Doctor[0]	XCN		Required	
		1	ID Number	ST		Default doctor ID for patient	Doctor (RscID)
		2	Family Name	ST		Last name of default doctor	
		3	Given Name	ST		First name of default doctor	
		4	Middle Name	ST		Middle initial or name of default doctor	
		5	Suffix	ST		Suffix of default doctor	
		6	Prefix	ST		Prefix of default doctor	
		7	Assigning Authority	HD			
		8	Universal ID	ST		UPIN of default doctor	
		9	Universal ID Type	ID		'UPIN'	
8	00138		Referring Doctor[0]	XCN		Optional	
		1	ID Number	ST		Referring provider ID for patient	Referring Doctor Id
		2	Family Name	ST		Last name of referring provider	
		3	Given Name	ST		First name of referring provider	
		4	Middle Name	ST		Middle initial or name of referring provider	
		5	Suffix	ST		Suffix of default referring provider	
		6	Prefix	ST		Prefix of default referring provider	
		7	Assigning Authority	HD			
		8	Universal ID	ST		UPIN of default referring provider	
		9	Universal ID Type	ID		'UPIN'	Default to UPIN
11	00141		Temporary Location	PL		Location indicator	Can be default clinic ID for the patient
18	00148		Patient Type	IS		Patient type	Patient type for PVN
19	00149		Visit Number	CX		Patient visit number generated by other medical systems for inbound messages	Can be used as the encounter number
20	00150		Financial Class[0]	FC	0064		
			Financial Class	IS		Default financial class of patient	Financial Class (uses description if no map entry)
44	00174		Admit Date/Time	TS		Date associated with patient visit number	
45	00175		Discharge Date/time	TS		Saved to HL7_pvn table	
50	00192		Alternate Visit ID	CX			
			ID	ST		ID of appointment	Alternate Visit ID

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PV2 - Patient Visit Information

Dentrix Enterprise processes this segment when receiving a message.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
2	0182		Accommodation Code	CE		Can be used to import patient type to PVN table	
3	00183		Assigned Patient Location	CE		Can be patient visit account number	Can be mapped to encounter number
8	00188		Expected Admit Date/Time	TS		Start date and time of appointment	Date for encounter number
9	00189		Expected Discharge Date/Time	TS		Stop date and time of appointment	

IN1 - Patient Insurance information

Dentrix Enterprise processes this segment when receiving a message, but it is not used when sending.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00426		Set ID - IN1	SI		Relative position of insurance plan(primary carrier = 1; secondary carrier = 2; maximum = 4 for dental; maximum = 2 for medical types)	
2	00368	1	Insurance Plan ID	CE		Insurance Plan ID	
		4	OID			OID	
3	00428		Insurance Company ID[0]	CX		ID of insurance company	
			ID	ST		ID of insurance company. Dentrix Enterprise only stores insurance plans, so two plans from the same company will have different IDs.	
4	00429		Insurance Company Name[0]	XON		Required	Required
			Organization Name	ST		Name of patient's insurance plan	
			Assigning Authority	HD			
			Universal ID	ST		ID of patient's insurance plan	
5	00430		Insurance Company Address[0]	XAD			
		1	Street Address	ST		First line of address for patient's insurance plan (Address1)	
		2	Other Designation	ST		Second line of address for patient's insurance plan (Address2)	
		3	City	ST		City of address for patient's insurance plan	
		4	State	ST		State of address for patient's insurance plan	
		5	Zip	ST		ZIP Code of address for patient's insurance plan (99999-9999)	
6	00431		Insurance Company Contact Person[0]	XPN			
		1	Family Name	ST		Last name of contact person for patient's insurance plan	
		2	Given Name	ST		First name of contact person for patient's insurance plan	
		3	Middle Name	ST		Middle initial or name of contact person for patient's insurance plan	
		4	Suffix	ST		Suffix of contact person for patient's insurance plan	
		5	Prefix	ST		Prefix of contact person for patient's insurance plan	
7	00432		Insurance Company Phone Number[0]	XTN			Required

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)] 999-9999[X99999]	
		2	Telecommunication Use Code	ID		N/A	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from phone number of patient's insurance plan.	
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from phone number of patient's insurance plan.	
		5	Extension	NM		Used when sending extension (up to five digits) in numeric format from phone number of patient's insurance plan.	
		6	Any Text	ST		N/A	
8	00433		Group Number	ST		Group number for patient's insurance plan. Required.	Required if IN1-2 is blank
9	00434		Group Name	XON		Ins group name	
10	00435		Insured's Group Emp ID	CX			
			ID	ST		ID of employer for person who is the insured party for patient's insurance plan (Employer Id)	Employer Ext ID
11	00436		Insured's Group Emp Name[0]	XON			
		1	Organization Name	ST		Name of employer for person who is the insured party for the patient with ensured plan.	
		2	Assigning Authority	HD			
		3	Universal ID	ST		ID of employer for person who is the insured party for the patient with insurance plan	Employer
12	00437		Plan Effective Date	DT		Date insurance plan became effective for patient	
13	00438		Plan Expiration Date	DT		Date insurance plan expired for patient	
15	00440		Plan Type	IS		Policy type (string description) for patient's insurance plan.	
16	00441		Name Of Insured[0]	XPN		Required	
		1	Family Name	ST		Last name of person who is the insured party for patient's insurance plan	
		2	Given Name	ST		First name	
		3	Middle Name	ST		Middle initial or name	
		4	Suffix	ST		Suffix	
		5	Prefix	ST		Prefix of person who is the insured party for patient's insurance plan	
17	00442		Insured's Relationship to Patient	IS		Relationship of patient to insured party (string description: SPO, CHD, SEL, FTH, MTH).	
18	00443		Insured's Date of Birth	TS		Birth date of insured for insurance	
19	00444		Insured's Address [0]	XAD			
		1	Street Address	ST		First line of address for person who is the insured party for patient's insurance plan (Address1)	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		2	Other Designation	ST		Second line of address for person who is the insured party for patient's insurance plan (Address2)	
		3	City	ST		City of address for person who is the insured party for patient's insurance plan	
		4	State	ST		State of address for person who is the insured party for patient's insurance plan	
		5	Zip	ST		ZIP Code of address for person who is the insured party for patient's insurance plan (99999-9999)	
20	00445		Assignment of Benefits	IS	0135	If insured has agreed to accept assignment of benefits (Y = Yes; N = No; M = Yes, Clinical Lab Only)	
21	00446		Coordination of Benefits	IS	0173	If insured has more than one active insurance carrier providing coverage (CO = Coordination; IN = Independent)	
22	00447		OHI Policy Coverage Precedence Indicator Code	ST		OHI Policy Coverage Precedence Indicator Code	
25	00450		Report of Eligibility Flag	ID	0136	If patient's eligibility has been verified for this insurance plan, then 'Y' or else 'N'	
26	00451		Report of Eligibility Date	DT		If patient's eligibility has been verified for insurance plan, is date eligibility was verified	
29	00454		Verification Date/Time	TS		If patient's eligibility has been verified for insurance plan, is date eligibility was verified	
30	00455		Verification By	XCN			
		1	Family Name	ST		Last name of person who verified eligibility for this insurance plan	
		2	Given Name	ST		First name of person who verified eligibility for this insurance plan	
		3	Middle Name	ST		Middle initial or name of person who verified eligibility for this insurance plan	
		4	Suffix	ST		Suffix of person who verified eligibility for this insurance plan	
		5	Prefix	ST		Prefix of person who verified eligibility for this insurance plan	
35			OHI Coverage Claim Filing Code			OHI Coverage Claim Filing Code	
36	00461		OHI Policy Identifier				
37	00462		Policy Deductible	CP			
			Price	MO			
			Quantity	NM		Amount of deductible for insurance plan	
42	00467		Insured's Employment Status	CE	0066		
			Identifier	ST		Employment status of the insured	Employment Status (uses description if no map entry)
43	00468		Insured's Sex	IS	0001	Insured's Gender	
44	00469		Insured's Employer Address [0]	XAD			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		1	Street Address	ST		First line of address for employer for person who is the insured party for patient's insurance plan (Address1)	
		2	Other Designation	ST		Second line of address for employer for person who is the insured party for patient's insurance plan (Address2)	
		3	City	ST		City of address for employer for person who is the insured party for patient's insurance plan	
		4	State	ST		State of address for employer for person who is the insured party for patient's insurance plan	
		5	Zip	ST		ZIP of address for employer for person who is the insured party for patient's insurance plan (99999-9999)	
45	00470		Verification Status	ST		Current verification status for this insurance plan ('NV' = Not Verified; 'AC' = Active Coverage; 'IC' = Inactive Coverage; or 'PV' = Pending Verification)	
47	01227		OHI Coverage Payer Type Code				
49	01230	1	Insured's ID Number			Insured's ID Number	
		4	OID			OID	

IN2 - Patient Insurance Information

Optional. Dentrix Enterprise processes this segment when receiving a message, but it is not used when sending.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00472		Insured's Employee ID	CX		EmpExtID	
2	00473		Insured's Social Security Number	ST		Social Security number of insured for this insurance plan. Required if IN1-36 and IN1-49 are blank.	
30	00501		Daily Deductible	CM			
			Daily Deductible Delay Days	NM		'0'	
			Daily Deductible Amount	NM		Amount of co-pay for insurance plan	
			Daily Deductible Number of Days	NM		'365'	
59	0312		Policy Scope	IS		"DN" for dental; "MD" for medical. Required if IN1-47 is blank.	Set medical or dental flag
63	00803		Insured's Telephone Number - Home [0]	XTN			
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		Used when sending telephone number in numeric format. Phone type from insured's first phone number (Phone1).	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from insured's first phone number (Phone1).	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from insured's first phone number (Phone1).	
		5	Extension	NM		Used when sending extension (up to five digits) in numeric format from insured's first phone number (Phone1)	
		6	Any Text	ST		Used when sending telephone number in numeric format. Phone type from insured's first phone number (Phone1). If this field is blank when receiving this message, 'Home' is used.	
64	00804		Insured's Employer Telephone Number - Home [0]	XTN			
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		N/A	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from insured's employer number.	
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from insured's employer number.	
		5	Extension	NM		Used when sending extension (up to five digits) in numeric format from insured's employer number	
		6	Any Text	ST		N/A	
70	00810		Insured's Employer's Organization Name And ID[0]	XON			
		1	Organization Name	ST		Name of insured's employer	
		2	Assigning Authority	HD			
		3	Universal ID	ST		ID of insured's employer	Employer
72			Insured Member's Relationship Code			Insured Member's Relationship Code	

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ZNI – Custom Insurance Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
9			OHI Coverage Type Code/HCDP Type Code/			OHI Coverage Type Code/HCDP Type Code/	
10			Co-Payment Factor			Co-Payment Factor	
11			OHI HIPAA Insurance Type Code/OGP Type Code			OHI HIPAA Insurance Type Code/OGP Type Code	
12			OHI Policy Effective Date			OHI Policy Effective Date	
13			OHI Policy Expiration Date			OHI Policy Expiration Date	
14			Subscriber Member Category Code			Subscriber Member Category Code	
15			Sponsor Person Death Calendar Date			Sponsor Person Death Calendar Date	

ZMI – Custom Military Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
2			Patient Military Flying Status Code			Patient Military Flying Status Code	
3			Command Security Code			Command Security Code	
4		3	Assigned Unit			Assigned Unit	
5		3	Attached Unit			Attached Unit	

OBX – Custom Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Set ID - OBX				
2			Value Type	CD			
3			Observation Identifier			Diving Status, or Submarine Status, or Jump Status	
5			Observation Value				

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V-2. ADT A02
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HL7 ADT A02 message for patient transfers.

Segment	Notes
MSH - Message Header	
EVN - Event Type	
PID - Patient Identification	
PV1 - Transfer a patient	
NK1 - Next of Kin	Optional
OBR	Optional

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time Of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		ADT	
		2	Trigger Event	ID		A02	
10	00010		Message Control ID	ST		Unique integer for this message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4 or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

EVN - Event Type Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00199		Event Type Code	TS	0003	'A02'	
2	00100		Recorded Date/Time	TS		Date and time message was created and filled out by Dentrix Enterprise	
4	00102		Event Reason Code	IS		'01'	

PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			CDCR# is used as Chart# when PID-3M-UI-SC option selected
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components.	Can be used as Medicaid ID.
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
6	00109	5	Prefix	ST		Patient's prefix	
			Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country code	NM		Country code of patient's phone	
		6	Area code	NM		Area code of patient's phone number	
		7	Phone number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
14	00117		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country code	NM		Country code of patient's phone	
		6	Area code	NM		Area code of patient's phone number	
		7	Phone number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121	1	Patient Account Number	CX		Current patient's account number (optional)	Can read and send also in PV1-19 (PVN)
		4	Account Assigning Authority	IS		Assigning authority	ID and account assigning authority can be concatenated as compound ID and used as PVN. Can be mapped into clinics.
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as compound ID and used as PVN. Can be mapped into clinics.
19	00122		SSN	ST		Patient's SSN (999-99-9999)	SSN can be mapped to filter out bad ones.
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up mapping table
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

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PV1 – Inmate transfer information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00131		Set ID - PV1	SI		'1'	
2	00132		Patient Class	IS	0004	Optional	
3	00133	1	Housing area			Housing area	
		2	Cell			Cell	
		3	Bed			BedNumber “UNK-UNK” value is unknown bed number in case of the transfer without housing	
		4	Facility			Facility	
		7	Building			Building	
7	00137		Attending Doctor[0]	XCN		Required	
		1	ID Number	ST		Default doctor ID for patient	Doctor (RscID)
		2	Family Name	ST		Last name of default doctor	
		3	Given Name	ST		First name of default doctor	
		4	Middle Name	ST		Middle initial or name of default doctor	
		5	Suffix	ST		Suffix of default doctor	
		6	Prefix	ST		Prefix of default doctor	
		7	Assigning Authority	HD			
		8	Universal ID	ST		UPIN of default doctor	
		9	Universal ID Type	ID		'UPIN'	
8	00138		Referring Doctor[0]	XCN		Optional	
		1	ID Number	ST		Referring provider ID for patient	Referring Doctor Id
		2	Family Name	ST		Last name of referring provider	
		3	Given Name	ST		First name of referring provider	
		4	Middle Name	ST		Middle initial or name of referring provider	
		5	Suffix	ST		Suffix of default referring provider	
		6	Prefix	ST		Prefix of default referring provider	
		7	Assigning Authority	HD			
		8	Universal ID	ST		UPIN of default referring provider	
		9	Universal ID Type	ID		'UPIN'	Default to UPIN
11	00141		Temporary Location	PL		Location indicator	Can be default clinic ID for the patient
18	00148		Patient Type	IS		Patient type	Patient type for PVN
19	00149		Visit Number	CX		Patient visit number generated by other medical systems for inbound messages	Can be used as the encounter number
20	00150		Financial Class[0]	FC	0064		
			Financial Class	IS		Default financial class of patient	Financial Class (uses description if no map entry)
44	00174		Admit Date/Time	TS		Date associated with patient visit number	
45	00175		Discharge Date/time	TS		Saved to HL7_pvn table	
50	00192		Alternate Visit ID	CX			
			ID	ST		ID of appointment	Alternate Visit ID

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NK1 - Patient Next of Kin/Associated Parties Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00190		Set ID	SI			
2	00191	1	Contact Person Last Name	XPN			
		2	Contact Person First Name				
		3	Contact Person Middle Name				
		4	Contact Person Cadency Name				
3	00192		Relationship			If NK1.3 is empty system will set the NK relationship to "Unspecified" and will process NK1 segment "UNSPECIFIED" roles	
4	00193		Address	XAD			
		1	Street Address 1				
		2	Street Address 2				
		3	City				
		4	State				
		5	Zip				
		6	Country				
		7	Address type				
5	00194		Phone				
7	00196		Contact Role			Uses "NOK" "ECON" "GUARD" "SPONSOR" roles If NK1.7 is empty system will set the NK relationship to "Unspecified" and will process NK1 segment "UNSPECIFIED" roles	
8			Start Date				
9			End Date				
14			Marital Status			Used either as Single, Married, Widowed, Divorced, Separated, Annulled, Interlocutory Decreed Additional statuses for inmate: Single, Never Married, Unmarried Partner	
16			Date/Time of Birth			Birth date	
20			Primary Language			Primary language for patient	
25			Religion			Patient's religion	
35			Race			Patient's race	

OBX – Custom Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Set ID - OBX				
2			Value Type				
3			Observation Identifier				
5			Observation Value				

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This message is sent whenever a new patient is registered in the system.

Segment	Notes
MSH - Message Header	
EVN - Event Type	
PID - Patient Identification	
GT1 - Guarantor Information	
PV1 - Visit Information	
PV2 - Supplemental Visit Information	Optional
IN1 - Insurance Information	Repeated for every active insurance carrier for patient. Optional.
IN2 - Additional Insurance Information	Repeated for every active insurance carrier for patient. Optional.
PD1 - Additional Patient Demographic Info	Optional
NK1 - Next of Kin	Optional
ZP2 - Custom Patient Info	Optional
ZDP - Custom Dentrix Patient Additional Info	Optional
AL1 - Allergy Information	Optional
ZMI	Optional
ZEI	Optional
ZPI	Optional
ZNI	Optional
OBX	Optional

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		ADT	
		2	Trigger Event	ID		A04	
10	00010		Message Control ID	ST		Unique integer for this message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

EVN - Event Type Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00199		Event Type Code	TS	0003	'A04'	
2	00100		Recorded Date/Time	TS		Date and time message was created and filled out by Dentrix Enterprise	
4	00102		Event Reason Code	IS		'01'	

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PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			CDCR# is used as Chart# when PID-3M-UI-SC option selected
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components.	Can be used as Medicaid ID
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	
6	00109		Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient's phone	
		6	Area Code	NM		Area code of patient's phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient's phone	
		6	Area Code	NM		Area code of patient's phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121	1	Patient Account Number	CX		Current patient account number; optional	Can read and send also in PV1-19 (PVN).
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
19	00122		SSN	ST		Patient's SSN (999-99-9999)	SSN can be mapped to filter out bad ones
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up a mapping table

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

PD1 - Patient Additional Demographic Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
4	00757		Patient's Primary Care Manager ID and Name	XCN		Used as Medical Primary Care Provider ID and Names	
		1	Primary Care Manager ID			Displayed as received	
		2	Primary Care Manager's Last Names	ST		Displayed as received	
		3	Primary Care Manager's First Name	ST			
		4	Primary Care Manager's Middle Name	ST			
		5	Primary Care Manager's Suffix	ST			
		6	Primary Care Provider's Type code	ST			
8			Organ Donor code			Organ Donor code of patient	

ZPI – Custom DEERs Patient Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
9			Restrict Display			Patient Confidentiality	
22		1	VIP Flag			Person VIP Indicator	
35			Primary Care Provider Phone			Primary Care Provider Phone	
36			Primary Care Provider Begin Date			Primary Care Provider Begin Date	
37			Primary Care Manager End Date			Primary Care Manager End Date	

ZEI – Custom DEERs Patient Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
11			Patient US Government Agency Code			Patient US Government Agency Code	
13		1	Patient Affiliation Category Code			Patient Affiliation Category Code	
		2	Patient Pay Category			Patient Pay Category	
18			Patient Rank			Patient Rank	

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AL1 - Patient Allergy Information Segment (Repeatable up to 255)

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00203		Set ID	CE		“1”. Required.	
2	00204		Allergy Type Code	CE	0127	Required	
3	00205		Allergen Code and Description	CE			
		1	Allergen Code	ST		Required	Map to allergy definitions
		2	Allergen Description	ST		Required	
		3	Name of Coding System	IS		Optional	
4	00206		Allergy Severity Code	CE	0128	Required	
5	00207		Allergy Reaction Code	CE		Optional	
6	00208		Identification Date	CE		Required	

ZDP - Custom Dentrix Patient Additional Information Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Patient's Poverty Level	IS		If no mapping exists, is poverty code in Dentrix Enterprise	A mapping can be set up
2			Patient's Homeless Status	IS		If no mapping exists, is homeless status code in Dentrix Enterprise	A mapping can be set up
3			Patient's Worker Status	IS		If no mapping exists, is worker status code in Dentrix Enterprise	A mapping can be set up
4			Patient's Privacy Request				
		1	No Phone Call	ST		YES or NO	
		2	No Correspondence	ST		YES or NO	
		3	No Disclosure	ST		YES or NO	
5			Patient's Employer ID			Employer ID	Employer ID
6			Employer Name	XCN			
		1	Patient's Employer's Organization Name[0]	ST		Name of patient's employer	
		2	Assigning Authority	HD			
		3	Universal ID	ST		Universal ID of patient's employer	
7			Patient's Employer Address[0]	XAD			
		1	Street Address	ST		First line of address for patient's employer (Address1)	
		2	Other Designation	ST		Second line of address for patient's employer (Address2)	
		3	City	ST		City of address for patient's employer	
		4	State	ST		State of address for patient's employer	
		5	Zip	ST		ZIP Code of address for patient's employer (99999-9999)	
		6	Country	ST			
8			Patient's Employer Phone Number[0]	XTN			
9			First Visit Date	TS		First Visit Date to the Health Care Center	Update first visit date if inbound date is earlier
10			Last Visit Date	TS		Last Visit Date to the Health Care Center	Update last visit date if inbound date is later
11			Pager Number	TN		Pager number as string formatted as 999-999-9999	Pager #
12			Other Telephone Number	TN		Telephone number as string formatted as [(999)]999-9999[99999][99999]	Other phone#
13			User Defined Patient Category	IS		User defined patient category	Can set up an inbound and outbound mapping

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NK1 - Patient Next of Kin/Associated Parties Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00190		Set ID	SI			
2	00191	1	Contact Person Last Name	XPN			
		2	Contact Person First Name				
		3	Contact Person Middle Name				
		4	Contact Person Cadency Name				
3	00192		Relationship			If NK1.3 is empty system will set the NK relationship to "Unspecified" and will process NK1 segment "UNSPECIFIED" roles	
4	00193		Address	XAD			
		1	Street Address 1				
		2	Street Address 2				
		3	City				
		4	State				
		5	Zip				
		6	Country				
		7	Address type				
5	00194		Phone				
6	00195		Business Phone				
7	00196		Contact Role			Uses "NOK" "ECON" "GUARD" "SPONSOR" roles If NK1.7 is empty system will set the NK relationship to "Unspecified" and will process NK1 segment "UNSPECIFIED" roles	
8			Start Date				
9			End Date				
14			Marital Status			Used either as Single, Married, Widowed, Divorced, Separated, Annulled, Interlocutory Decreed Additional statuses for inmate: Single, Never Married, Unmarried Partner	
16			Date/Time of Birth			Birth date	
20			Primary Language			Primary language for patient	
25			Religion			Patient's religion	
35			Race			Patient's race	

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GT1 - Guarantor Information Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00405		Set ID - GT1	SI		'1'	
2	00406		Guarantor Number[0]	CX		Guarantor ID. Required.	Guarantor Ext ID
			ID	ST		ID number for guarantor	If guarantor is same as patient, then uses patient or else guarantor. If inbound guarantor ID is not present for a new patient, patient ID can be concatenated with a letter G to make ID for the guarantor. If missing guarantor relationship or GT1 segment, a patient will be made into a guarantor for self. This ID is required for any new patient. It is the ID used by Dentrix Enterprise to build/maintain a family structure for patients.
3	00407		Guarantor Name[0]	XPN		Required	
		1	Family Name	ST		Guarantor last name	
		2	Given Name	ST		Guarantor first name	
		3	Middle Name	ST		Guarantor middle name	
		4	Suffix	ST		Guarantor suffix	
		5	Prefix	ST		Guarantor prefix	
5	00409		Guarantor Address[0]	XAD			
		1	Street Address	ST		First line of guarantor's address (Address1)	
		2	Other Designation	ST		Second line of guarantor's address (Address2)	
		3	City	ST		City of guarantor's address	
		4	State	ST		State of guarantor's address	
		5	Zip	ST		ZIP Code of the guarantor's address (99999-9999)	
6	00410		Guarantor Phone Num-Home[0]	XTN			
		1	Telephone Number	TN		Telephone number as string formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		Telephone number in numeric format. Phone type from guarantor's first phone number (Phone1).	
		3	Area Code	NM		Telephone number in numeric format. Area code from guarantor's first phone number (Phone1).	
		4	Phone Number	NM		Telephone number in numeric format. Local seven-digit number from guarantor's first phone number (Phone1).	
		5	Extension	NM		Extension (up to five digits) from guarantor's first phone number (Phone1).	
		6	Any Text	ST		Telephone number in numeric format. Phone type from guarantor's first phone number (Phone1) .	
7	00411		Guarantor Phone Num-Business[0]	XTN			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		1	Telephone Number	TN		Telephone number as string formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		Telephone number in numeric format. Phone type from guarantor's second phone number (Phone2).	
		3	Area Code	NM		Telephone number in numeric format. Area code from guarantor's second phone number (Phone2).	
		4	Phone Number	NM		Telephone number in numeric format. Local seven-digit number from guarantor's second phone number (Phone2).	
		5	Extension	NM		Extension (up to five digits) in numeric format from guarantor's second phone number (Phone2)	
		6	Any Text	ST		Telephone number in numeric format. Phone type from guarantor's second phone number (Phone2).	
8	00412		Guarantor Date/Time of Birth	TS		Guarantor's birth date. Required.	
9	00413		Sex	IS	0001	Guarantor's gender (M = Male; F = Female). Required.	
11	00415		Guarantor Relationship	IS	0063	Relationship of patient to guarantor. Required.	Patient Relations (uses description if no map entry); "Self", "Sel", "S", "01", and "1" all indicate the patient is a guarantor for self
12	00416		Guarantor SSN	ST		SSN of guarantor (999-99-9999)	
16	00420		Guarantor Employer Name	XPN		Employer Name	
17	00421		Guarantor Employer Address[0]	XAD			
		1	Street Address	ST		First line of address for guarantor's employer (Address1)	
		2	Other Designation	ST		Second line of address for guarantor's employer (Address2)	
		3	City	ST		City of address for guarantor's employer	
		4	State	ST		State of address for guarantor's employer	
		5	Zip	ST		ZIP Code of address for guarantor's employer (99999-9999)	
18	00422		Guarantor Employer Phone Number[0]	XTN			
			Telephone Number	TN		Telephone number as string formatted as [(999)]999-9999[X99999]	
			Telecommunication Use Code	ID			
20	00424		Guarantor Employment Status	IS	0066	Guarantor's employment status	Employment Status (uses description if no map entry)
29	00780		Guarantor Employer ID Number	CX			
			ID	ST		ID of employer (EmployerId).	Employer
36	00118		Primary Language	CE		Language code	Can use Dentrix Enterprise mapping

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
41	00120		Religion	CE		Religion code	Can use Dentrix Enterprise mapping
51	01299		Guarantor Employer's Organization Name[0]	XON			
		1	Organization Name	ST		Name of guarantor's employer	
		2	Assigning Authority	HD			
		3	Universal ID	ST		ID of guarantor's employer	Employer
55	01291		Guarantor Race	CE		Race code	Can use Dentrix Enterprise mapping

PV1 - Patient Visit information

Dentrix Enterprise processes this segment when receiving a message.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00131		Set ID - PV1	SI		'1'	
2	00132		Patient Class	IS	0004	Optional	
3	00133	1	Housing area			Housing area	
		2	Cell			Cell	
		3	Bed			BedNumber "UNK-UNK" value is unknown bed number in case of the transfer without housing	
		4	Facility			Facility	
		7	Building			Building	
7	00137		Attending Doctor[0]	XCN		Required	
		1	ID Number	ST		Default doctor ID for patient	Doctor (RscID)
		2	Family Name	ST		Last name of default doctor	
		3	Given Name	ST		First name of default doctor	
		4	Middle Name	ST		Middle initial or name of default doctor	
		5	Suffix	ST		Suffix of default doctor	
		6	Prefix	ST		Prefix of default doctor	
		7	Assigning Authority	HD			
		8	Universal ID	ST		UPIN of default doctor	
		9	Universal ID Type	ID		'UPIN'	
8	00138		Referring Doctor[0]	XCN		Optional	
		1	ID Number	ST		Referring provider ID for patient	Referring Doctor Id
		2	Family Name	ST		Last name of referring provider	
		3	Given Name	ST		First name of referring provider	
		4	Middle Name	ST		Middle initial or name of referring provider	
		5	Suffix	ST		Suffix of default referring provider	
		6	Prefix	ST		Prefix of default referring provider	
		7	Assigning Authority	HD			
		8	Universal ID	ST		UPIN of default referring provider	
		9	Universal ID Type	ID		'UPIN'	Default to UPIN
11	00141		Temporary Location	PL		Location indicator	Can be default clinic ID for the patient
18	00148		Patient Type	IS		Patient type	Patient type for PVN
19	00149		Visit Number	CX		Patient visit number generated by other medical systems for inbound messages	Can be used as the encounter number
20	00150		Financial Class[0]	FC	0064		
			Financial Class	IS		Default financial class of patient	Financial Class (uses description if no map entry)
44	00174		Admit Date/Time	TS		Date associated with patient visit number	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
45	00175		Discharge Date/time	TS		Saved to HL7_pvn table	
50	00192		Alternate Visit ID	CX			
			ID	ST		ID of appointment	Alternate Visit ID

PV2 - Patient Visit Information

Dentrix Enterprise processes this segment when receiving a message.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
2	0182		Accommodation Code	CE		Can be used to import patient type to PVN table	
3	00183		Assigned Patient Location	CE		Can be patient visit account number	Can be mapped to encounter number
8	00188		Expected Admit Date/Time	TS		Start date and time for appointment	Date for encounter number
9	00189		Expected discharge Date/Time	TS		Stop date and time for appointment	

IN1 - Patient Insurance information

Dentrix Enterprise processes this segment when receiving a message, but it is not used when sending.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00426		Set ID - IN1	SI		Relative position of insurance plan(primary carrier = 1; secondary carrier = 2; maximum = 4 for dental; maximum = 2 for medical types)	
2	00368	1	Insurance Plan ID	CE		Insurance Plan ID	
		4	OID			OID	
3	00428		Insurance Company ID[0]	CX		ID of insurance company	
			ID	ST		ID of insurance company. Dentrix Enterprise only stores insurance plans, so two plans from the same company will have different IDs.	Insurance Company Ext ID
4	00429		Insurance Company Name[0]	XON		Required	
		1	Organization Name	ST		Name of patient's insurance plan	
		2	Assigning Authority	HD			
		3	Universal ID	ST		ID of patient's insurance plan	
5	00430		Insurance Company Address[0]	XAD		Required	
		1	Street Address	ST		First line of address for patient's insurance plan (Address1)	
		2	Other Designation	ST		Second line of address for patient's insurance plan (Address2)	
		3	City	ST		City of address for patient's insurance plan	
		4	State	ST		State of address for patient's insurance plan	
		5	Zip	ST		ZIP Code of address for patient's insurance plan (99999-9999)	
6	00431		Insurance Company Contact Person[0]	XPN			
		1	Family Name	ST		Last name of contact person for patient's insurance plan	
		2	Given Name	ST		First name of contact person for patient's insurance plan	
		3	Middle Name	ST		Middle initial or name of contact person for patient's insurance plan	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		4	Suffix	ST		Suffix of contact person for patient's insurance plan	
		5	Prefix	ST		Prefix of contact person for patient's insurance plan	
7	00432		Insurance Company Phone Number[0]	XTN			
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)] 999-9999[X99999]	
		2	Telecommunication Use Code	ID		N/A	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from phone number of patient's insurance plan.	
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from phone number of patient's insurance plan.	
		5	Extension	NM		Used when sending extension (up to five digits) in numeric format from phone number of patient's insurance plan	
		6	Any Text	ST		N/A	
8	00433		Group Number	ST		Group number for patient's insurance plan. Required if IN1-2 is blank.	
9	00434		Group Name	XON			
10	00435		Insured's Group Emp ID	CX			
			ID	ST		ID of employer for person who is the insured party for patient's insurance plan (Employer Id)	Employer Ext ID
11	00436		Insured's Group Emp Name[0]	XON			
		1	Organization Name	ST		Name of employer for person who is the insured party for patient's insurance plan	
		2	Assigning Authority	HD			
		3	Universal ID	ST		ID of employer for person who is the insured party for patient's insurance plan	Employer
12	00437		Plan Effective Date	DT		Date insurance plan became effective for patient	
13	00438		Plan Expiration Date	DT		Date insurance plan expired for patient	
15	00440		Plan Type	IS		Policy type (string description) for patient's insurance plan.	
16	00441		Name Of Insured[0]	XPN		Required	
		1	Family Name	ST		Last name of person who is the insured party for patient's insurance plan	
		2	Given Name	ST		First name	
		3	Middle Name	ST		Middle initial or name	
		4	Suffix	ST		Suffix	
		5	Prefix	ST		Prefix of person who is the insured party for patient's insurance plan	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
17	00442		Insured's Relationship to Patient	IS		Relationship of patient to insured party (string description: SPO, CHD, SEL, FTH, MTH).	
18	00443		Insured's Date of Birth	TS		Birth date of insured for insurance	
19	00444		Insured's Address [0]	XAD			
		1	Street Address	ST		First line of address for person who is the insured party for patient's insurance plan (Address1)	
		2	Other Designation	ST		Second line of address for person who is the insured party for patient's insurance plan (Address2)	
		3	City	ST		City of address for person who is the insured party for patient's insurance plan	
		4	State	ST		State of address for person who is the insured party for patient's insurance plan	
		5	Zip	ST		ZIP Code of address for person who is the insured party for patient's insurance plan (99999-9999)	
20	00445		Assignment of Benefits	IS	0135	If insured has agreed to accept assignment of benefits (Y = Yes; N = No; M = Yes; Clinical Lab Only)	
21	00446		Coordination of Benefits	IS	0173	If insured has more than one active insurance carrier providing coverage (CO = Coordination; IN = Independent)	
22	00447		OHI Policy Coverage Precedence Indicator Code	ST		OHI Policy Coverage Precedence Indicator Code	
25	00450		Report of Eligibility Flag	ID	0136	If patient's eligibility has been verified for this insurance plan, then 'Y' or else 'N'	
26	00451		Report of Eligibility Date	DT		If patient's eligibility has been verified for insurance plan, is date eligibility was verified	
29	00454		Verification Date/Time	TS		If patient's eligibility has been verified for insurance plan, is date eligibility was verified	
30	00455		Verification By	XCN			
		1	Family Name	ST		Last name of person who verified eligibility for this insurance plan	
		2	Given Name	ST		First name of person who verified eligibility for this insurance plan	
		3	Middle Name	ST		Middle initial or name of person who verified eligibility for this insurance plan	
		4	Suffix	ST		Suffix of person who verified eligibility for this insurance plan	
		5	Prefix	ST		Prefix of person who verified eligibility for this insurance plan	
35			OHI Coverage Claim Filing Code			OHI Coverage Claim Filing Code	
36	00461		OHI Policy Identifier				
37	00462		Policy Deductible	CP			
			Price	MO			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
			Quantity	NM		Amount of deductible for this insurance plan	
42	00467		Insured's Employment Status	CE	0066		
			Identifier	ST		Employment status of insured	Employment Status (uses description if no map entry)
43	00468		Insured's Sex	IS	0001	Insured's Gender	
44	00469		Insured's Employer Address [0]	XAD			
		1	Street Address	ST		First line of address for employer for person who is the insured party for patient's insurance plan (Address1)	
		2	Other Designation	ST		Second line of address for employer for person who is the insured party for patient's insurance plan (Address2)	
		3	City	ST		City of address for employer for person who is the insured party for patient's insurance plan	
		4	State	ST		State of address for employer for person who is the insured party for patient's insurance plan	
		5	Zip	ST		ZIP Code of address for employer for person who is the insured party for patient's insurance plan (99999-9999)	
45	00470		Verification Status	ST		Current verification status for this insurance plan ('NV' = Not Verified; 'AC' = Active Coverage; 'IC' = Inactive Coverage; or 'PV' = Pending Verification)	
47	01227		OHI Coverage Payer Type Code				
49	01230	1	Insured's ID Number			Insured's ID Number	
		4	OID			OID	

IN2 - Patient Insurance Information (Optional)

Dentrix Enterprise processes this segment when receiving a message, but it is not used when sending.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00472		Insured's Employee ID	CX		EmpExtID	
2	00473		Insured's Social Security Number	ST		Social Security number of insured for this insurance plan. Required if IN1-36 and IN1-49 are blank.	
30	00501		Daily Deductible	CM			
			Daily Deductible Delay Days	NM		'0'	
			Daily Deductible Amount	NM		Amount of co-pay for insurance plan	
			Daily Deductible Number of Days	NM		'365'	
59	0312		Policy Scope	IS		"DN" for dental; "MD" for medical. Required if IN1-47 is blank.	Set medical or dental flag
63	00803		Insured's Telephone Number - Home [0]	XTN			
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)]999-9999[X99999]	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		2	Telecommunication Use Code	ID		Used when sending telephone number in numeric format. Phone type from insured's first phone number (Phone1).	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from insured's first phone number (Phone1).	
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from insured's first phone number (Phone1).	
		5	Extension	NM		Used when sending extension (up to five digits) in numeric format from insured's first phone number (Phone1)	
		6	Any Text	ST		Used when sending telephone number in numeric format. Phone type from insured's first phone number (Phone1). If this field is blank when receiving this message, 'Home' is used.	
64	00804		Insured's Employer Telephone Number - Home [0]	XTN			
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		N/A	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from insured's employer number.	
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from insured's employer number.	
		5	Extension	NM		Used when sending extension (up to five digits) in numeric format from insured's employer number	
		6	Any Text	ST		N/A	
70	00810		Insured's Employer's Organization Name And ID[0]	XON			
		1	Organization Name	ST		Name of insured's employer	
		2	Assigning Authority	HD			
		3	Universal ID	ST		ID of insured's employer	Employer
72			Insured Member's Relationship Code			Insured Member's Relationship Code	

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ZNI – Custom Insurance Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
9			OHI Coverage Type Code/HCDP Type Code/			OHI Coverage Type Code/HCDP Type Code/	
10			Co-Payment Factor			Co-Payment Factor	
11			OHI HIPAA Insurance Type Code/OGP Type Code			OHI HIPAA Insurance Type Code/OGP Type Code	
12			OHI Policy Effective Date			OHI Policy Effective Date	
13			OHI Policy Expiration Date			OHI Policy Expiration Date	
14			Subscriber Member Category Code			Subscriber Member Category Code	
15			Sponsor Person Death Calendar Date			Sponsor Person Death Calendar Date	

ZMI – Custom Military Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
2			Patient Military Flying Status Code			Patient Military Flying Status Code	
3			Command Security Code			Command Security Code	
4		3	Assigned Unit			Assigned Unit	
5		3	Attached Unit			Attached Unit	

ZP2 - Customized Patient Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Set ID	SI			
2			Date of Last Registration Update	TS			
3			Outpatient Med/Release Date	TS			
4			Med/Release Revoked Date	TS			
5			Tribal Enrollment Number	ST			
6		1	CHS Tribal Affiliation-code	ID			
		2	CHS Tribal Affiliation-Text	ST			
7			Blood Type Code	ID			
9			Assigned Benefits Obtained Date	TS			
10			Assigned Benefits Expired Date	TS			
11		1	SSN Verification Status Code	IS			
		2	SSN Verification Status Text	ST			
12		1	Reason for no SSN - Code	IS			
		2	Reason for no SSN - Text	ST			
13		1	Birth Place City	ST			
		2	Birth Place State	ST			
14			Birth Certificate#	SI			
15		1	Tribal Membership - Code	SI			
		2	Tribal Membership - Text	ST			
16			Tribal Quantum	ST			
17			Indian Blood Quantum	ST			
18		1	Classification/ Beneficiary - Code	SI			
		2	Classification/ Beneficiary - Text	ST			
19			Current Residency Date	TS			
20			State of Death	ST			
21			Death Certificate#	SI			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
22			Current Community	ST			
23		1	Tribal Membership Verified Flag - Code	SI			
		2	Tribal Membership Verified Flag - Text	ST			
24			Residence Verified	ST		“Y” or “N”	
25			Date of Eligibility Determined	TS			
26		1	Eligible Minor Child - Code	SI			
		2	Eligible Minor Child - Text	ST			
27			Location of Home	ST			
28			Additional Registration Info	ST			
29			Remarks	ST			
31			Father's Names	ST			
32		1	Father's Birth Place - City	ST			
		2	Father's Birth Place - State	ST			
33		1	Mother's Birth Place - City	ST			
		2	Mother's Birth Place - State	ST			

OBX – Custom Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Set ID - OBX				
2			Value Type	CD			
3			Observation Identifier			Diving Status, or Submarine Status, or Jump Status	
5			Observation Value				

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Admit/visit notification (Inbound only)

Segment	Notes
MSH - Message Header	
EVN - Event Type	
PID - Patient Identification	
GT1 - Guarantor information	
PV1 - Visit information	Optional
PV2 - Supplemental Visit Information	Optional
IN1 - Insurance Information	Repeated for every active insurance carrier for patient. Optional.
IN2 - Additional insurance Information	Repeated for every active insurance carrier for patient. Optional.
PD1 - Additional Patient Demographic Info	Optional
NK1 - Next of Kin	Optional
ZDP - Custom Dentrix Patient Additional Info	Optional
AL1 - Allergy Information	Optional
ZMI	Optional
ZEI	Optional
ZPI	Optional
ZNI	Optional
OBX	Optional

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		ADT	
		2	Trigger Event	ID		A05	
10	00010		Message Control ID	ST		Unique integer for this message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

EVN - Event Type Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00199		Event Type Code	TS	0003	A05	
2	00100		Recorded Date/Time	TS		Date and time message was created and filled out by Dentrix Enterprise	
4	00102		Event Reason Code	IS		'01'	

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PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	CDCR# is used as Chart# when PID-3M-UI-SC option selected
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components.	
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	
6	00109		Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient's phone	
		6	Area Code	NM		Area code of patient's phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of patient phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121	1	Patient Account Number	CX		Current patient account number (optional)	Can read and send also in PV1-19 (PVN)
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics
19	00122		SSN	ST		Patient's SSN (999-99-9999)	SSN can be mapped to filter out bad ones
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up a mapping table

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

PD1 - Patient Additional Demographic Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
4	00757		Patient's Primary Care Manager ID and Name	XCN		Used as Medical Primary Care Provider ID and Names	
		1	Primary Care Manager ID			Displayed as received	
		2	Primary Care Manager's Last Names	ST		Displayed as received	
		3	Primary Care Manager's First Name	ST			
		4	Primary Care Manager's Middle Name	ST			
		5	Primary Care Manager's Suffix	ST			
		6	Primary Care Provider's Type code	ST			
8			Organ Donor code			Organ Donor code of patient	

ZPI – Custom DEERs Patient Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
9			Restrict Display			Patient Confidentiality	
22		1	VIP Flag			Person VIP Indicator	
35			Primary Care Provider Phone			Primary Care Provider Phone	
36			Primary Care Provider Begin Date			Primary Care Provider Begin Date	
37			Primary Care Manager End Date			Primary Care Manager End Date	

ZEI – Custom DEERs Patient Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
11			Patient US Government Agency Code			Patient US Government Agency Code	
13		1	Patient Affiliation Category Code			Patient Affiliation Category Code	
		2	Patient Pay Category			Patient Pay Category	
18			Patient Rank			Patient Rank	

AL1 - Patient Allergy Information Segment

Repeatable up to 255.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00203		Set ID	CE		"1". Required.	
2	00204		Allergy Type Code	CE	0127	Required	
3	00205		Allergen Code and Description	CE			
		1	Allergen Code	ST		Required	Map to allergy definitions
		2	Allergen Description	ST		Required	
		3	Name of Coding System	IS		Optional	
4	00206		Allergy Severity Code	CE	0128	Required	
5	00207		Allergy Reaction Code	CE		Optional	
6	00208		Identification Date	CE		Required	

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ZDP - Custom Dentrix Patient Additional Information Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Patient's Poverty Level	IS		If no mapping exists, is poverty code in Dentrix Enterprise	A mapping can be set up
2			Patient's Homeless Status	IS		If no mapping exists, is homeless status code in Dentrix Enterprise	A mapping can be set up
3			Patient's Worker Status	IS		If no mapping exists, is worker status code in Dentrix Enterprise	A mapping can be set up
4			Patient's Privacy Request				
		1	No Phone Call	ST		YES or NO	
		2	No Correspondence	ST		YES or NO	
		3	No Disclosure	ST		YES or NO	
5			Patient's Employer ID			Employer ID	Employer ID
6			Employer Name	XCN			
		1	Patient's Employer's Organization Name[0]	ST		Name of patient's employer	
		2	Assigning Authority	HD			
		3	Universal ID	ST		Universal ID of patient's employer	
7			Patient's Employer Address[0]	XAD			
		1	Street Address	ST		First line of address for patient's employer (Address1)	
		2	Other Designation	ST		Second line of address for patient's employer (Address2)	
		3	City	ST		City of address for patient's employer	
		4	State	ST		State of address for patient's employer	
		5	Zip	ST		ZIP Code of address for patient's employer (99999-9999)	
		6	Country	ST			
8			Patient's Employer Phone Number[0]	XTN			
9			First Visit Date	TS		First Visit Date to the Health Care Center	Update first visit date if inbound date is earlier.
10			Last Visit Date	TS		Last Visit Date to the Health Care Center	Update last visit date if inbound date is later.
11			Pager Number	TN		Pager number as string formatted as 999-999-9999	Pager #
12			Other Telephone Number	TN		Telephone number as string formatted as [(999)]999-9999[99999][99999]	Other phone#
13			User Defined Patient Category	IS		User-defined patient category	Can set up an inbound and outbound mapping

NK1 - Patient Next of Kin/Associated Parties Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00190		Set ID	SI			
2	00191	1	Contact Person Last Name	XPN		Used either as Emergency Contact, Guardian, Next of keen, Sponsor	
		2	Contact Person First Name				
		3	Contact Person Middle Name				
		4	Contact Person Cadency Name				
3	00192		Relationship				
4	00193		Address	XAD			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		1	Street Address 1				
		2	Street Address 2				
		3	City				
		4	State				
		5	Zip				
		6	Country				
		7	Address type				
5	00194		Phone				
6	00195		Business Phone				
7	00196		Contact Role			Uses “NOK” “ECON” “GUARD” “SPONSOR” roles	
8			Effective Date				

GT1 - Guarantor Information Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00405		Set ID - GT1	SI		‘1’	
2	00406		Guarantor Number[0]	CX		Guarantor ID. Required.	Guarantor Ext ID
			ID	ST		ID number for guarantor	If guarantor is same as patient, then uses patient or else guarantor. If inbound guarantor ID is not present for a new patient, patient ID can be concatenated with a letter G to make an ID for the guarantor. If missing guarantor relationship or GT1 segment, a patient will be made into a guarantor for self. This ID is required for any new patient. It is the ID used by Dentrix Enterprise to build/maintain a family structure for patients.
3	00407		Guarantor Name[0]	XPN		Required	
		1	Family Name	ST		Guarantor’s last name	
		2	Given Name	ST		Guarantor’s first name	
		3	Middle Name	ST		Guarantor’s middle name	
		4	Suffix	ST		Guarantor’s suffix	
		5	Prefix	ST		Guarantor’s prefix	
5	00409		Guarantor Address[0]	XAD			
		1	Street Address	ST		First line of guarantor’s address (Address1).	
		2	Other Designation	ST		Second line of guarantor’s address (Address2).	
		3	City	ST		City of guarantor’s address	
		4	State	ST		State of guarantor’s address	
		5	Zip	ST		ZIP Code of guarantor’s address (99999-9999)	
6	00410		Guarantor Phone Num-Home[0]	XTN			
		1	Telephone Number	TN		Telephone number as string formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		Telephone number in numeric format. Phone type from the guarantor’s first phone number (Phone1).	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		3	Area Code	NM		Telephone number in numeric format. Area code from guarantor's first phone number (Phone1).	
		4	Phone Number	NM		Telephone number in numeric format. Local seven-digit number from guarantor's first phone number (Phone1).	
		5	Extension	NM		Extension (up to five digits) in numeric format from guarantor's first phone number (Phone1)	
		6	Any Text	ST		Telephone number in numeric format. Phone type from guarantor's first phone number (Phone1).	
7	00411		Guarantor Phone Number-Business[0]	XTN			
		1	Telephone Number	TN		Telephone number as string formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		Telephone number in numeric format. Phone type from guarantor's second phone number (Phone2).	
		3	Area Code	NM		Telephone number in numeric format. Area code from guarantor's second phone number (Phone2).	
		4	Phone Number	NM		Telephone number in numeric format. Local seven-digit number from guarantor's second phone number (Phone2).	
		5	Extension	NM		Extension (up to five digits) in numeric format from guarantor's second phone number (Phone2).	
		6	Any Text	ST		Telephone number in numeric format. Phone type from guarantor's second phone number (Phone2).	
8	00412		Guarantor Date/Time of Birth	TS		Guarantor's birth date. Required.	
9	00413		Sex	IS	0001	Guarantor's sex (M = Male/F = Female). Required.	
11	00415		Guarantor Relationship	IS	0063	Relationship of patient to guarantor. Required.	Patient Relations (uses description if no map entry). "Self", "Sel", "S", "01", and "1" all indicate patient is guarantor for self.
12	00416		Guarantor SSN	ST		SSN of guarantor (999-99-9999)	
16	00420		Guarantor Employer Name	XPN		Employer Name	
17	00421		Guarantor Employer Address[0]	XAD			
		1	Street Address	ST		First line of address for guarantor's employer (Address1)	
		2	Other Designation	ST		Second line of address for guarantor's employer (Address2)	
		3	City	ST		City of address for guarantor's employer	
		4	State	ST		State of address for guarantor's employer	
		5	Zip	ST		ZIP Code of address for guarantor's employer (99999-9999)	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
18	00422		Guarantor Employer Phone Number[0]	XTN			
			Telephone Number	TN		Telephone number as string formatted as [(999)]999-9999[X99999]	
			Telecommunication Use Code	ID			
20	00424		Guarantor Employment Status	IS	0066	Guarantor's employment status	Employment Status (uses description if no map entry)
29	00780		Guarantor Employer ID Number	CX			
			ID	ST		ID of employer (EmployerId)	Employer
36	00118		Primary Language	CE		Language code	Can use Dentrix Enterprise mapping
41	00120		Religion	CE		Religion code	Can use Dentrix Enterprise mapping
51	01299		Guarantor Employer's Organization Name[0]	XON			
		1	Organization Name	ST		Name of guarantor's employer	
		2	Assigning Authority	HD			
		3	Universal ID	ST		ID of guarantor's employer	Employer
55	01291		Guarantor Race	CE		Race code	Can use Dentrix Enterprise mapping

PV1 - Patient Visit information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00131		Set ID - PV1	SI		'1'	
2	00132		Patient Class	IS	0004	Optional	
3	00133		Assigned Patient Location	PL		Clinic ID	Can be mapped to clinic ID
			Facility	HD			
			Namespace ID	IS		Facility ID for appointment	Facility
		1	Housing area			Housing area	
		2	Cell			Cell	
		3	Bed			BedNumber "UNK-UNK" value is unknown bed number in case of the transfer without housing	
		4	Facility			Facility	
		7	Building			Building	
7	00137		Attending Doctor[0]	XCN		Required	
		1	ID Number	ST		Default doctor ID for patient	Doctor (RscID)
		2	Family Name	ST		Last name of default doctor	
		3	Given Name	ST		First name of default doctor	
		4	Middle Name	ST		Middle initial or name of default doctor	
		5	Suffix	ST		Suffix of default doctor	
		6	Prefix	ST		Prefix of default doctor	
		7	Assigning Authority	HD			
		8	Universal ID	ST		UPIN of default doctor	
		9	Universal ID Type	ID		'UPIN'	
8	00138		Referring Doctor[0]	XCN		Optional	
		1	ID Number	ST		Referring provider ID for patient	Referring Doctor Id (RscID)
		2	Family Name	ST		Last name of referring provider	
		3	Given Name	ST		First name of referring provider	
		4	Middle Name	ST		Middle initial or name of referring provider	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		5	Suffix	ST		Suffix of default referring provider	
		6	Prefix	ST		Prefix of default referring provider	
		7	Assigning Authority	HD			
		8	Universal ID	ST		UPIN of default referring provider	
		9	Universal ID Type	ID		'UPIN'	
11	00141		Temporary Location	PL		Location indicator	Can be default clinic ID for patient
18	00148		Patient Type	IS		Patient type	Patient type for PVN
19	00149		Visit Number	CX		Patient visit number generated by other medical systems for inbound messages	Can be used as encounter number
20	00150		Financial Class[0]	FC	0064		
			Financial Class	IS		Default financial class of patient	Financial Class (uses description if no map entry)
44	00174		Admit Date/Time	TS		Date associated with patient visit number	
45	00175		Discharge Date/time	TS		Saved to HL7_pvntable	
50	00192		Alternate Visit ID	CX			
			ID	ST		ID of appointment	Alternate Visit ID

PV2 - Patient Visit Information

Dentrix Enterprise processes this segment when receiving a message.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
2	0182		Accommodation Code	CE		Can be used to import patient type to PVN table	
3	00183		Assigned Patient Location	CE		Can be patient visit account number	Can be mapped to encounter number
8	00188		Expected Admit Date/Time	TS		Start date and time of appointment	Date for encounter number
9	00189		Expected discharge Date/Time	TS		Stop date and time of appointment	

IN1 - Patient Insurance information

Dentrix Enterprise processes this segment when receiving a message, but it is not used when sending.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00426		Set ID - IN1	SI		Relative position of insurance plan(primary carrier = 1; secondary carrier = 2; maximum = 4 for dental; maximum = 2 for medical types)	
2	00368	1	Insurance Plan ID	CE		Insurance Plan ID	
		4	OID			OID	
3	00428		Insurance Company ID[0]	CX		ID of insurance company	
			ID	ST		ID of insurance company. Dentrix Enterprise only stores insurance plans, so two plans from the same company will have different IDs.	Insurance Company Ext ID
4	00429		Insurance Company Name[0]	XON		Required	Required
			Organization Name	ST		Name of patient's insurance plan	
			Assigning Authority	HD			
			Universal ID	ST		ID of patient's insurance plan	
5	00430		Insurance Company Address[0]	XAD			
		1	Street Address	ST		First line of address for patient's insurance plan (Address1)	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		2	Other Designation	ST		Second line of address for patient's insurance plan (Address2)	
		3	City	ST		City of address for patient's insurance plan	
		4	State	ST		State of address for patient's insurance plan	
		5	Zip	ST		ZIP Code of address for patient's insurance plan (99999-9999)	
6	00431		Insurance Company Contact Person[0]	XPN			
		1	Family Name	ST		Last name of contact person for patient's insurance plan	
		2	Given Name	ST		First name of contact person for patient's insurance plan	
		3	Middle Name	ST		Middle initial or name of contact person for patient's insurance plan	
		4	Suffix	ST		Suffix of contact person for patient's insurance plan	
		5	Prefix	ST		Prefix of contact person for patient's insurance plan	
7	00432		Insurance Company Phone Number[0]	XTN			Required
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)] 999-9999[X99999]	
		2	Telecommunication Use Code	ID		N/A	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from phone number of patient's insurance plan.	
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from phone number of patient's insurance plan.	
		5	Extension	NM		Used when sending extension (up to five digits) in numeric format from phone number of patient's insurance plan.	
		6	Any Text	ST		N/A	
8	00433		Group Number	ST		Group number for patient's insurance plan. Required.	Required if IN1-2 is blank.
9	00434		Group Name	XON		Ins group name	
10	00435		Insured's Group Emp ID	CX			
			ID	ST		ID of employer for person who is the insured party for patient's insurance plan (Employer Id)	Employer Ext ID
11	00436		Insured's Group Emp Name[0]	XON			
		1	Organization Name	ST		Name of employer for person who is the insured party for patient's insurance plan.	
		2	Assigning Authority	HD			
		3	Universal ID	ST		ID of employer for person who is the insured party for patient's insurance plan.	Employer
12	00437		Plan Effective Date	DT		Date insurance plan became effective for patient	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
13	00438		Plan Expiration Date	DT		Date insurance plan expired for patient	
15	00440		Plan Type	IS		Policy type (string description) for patient's insurance plan.	
16	00441		Name Of Insured[0]	XPN		Required	
		1	Family Name	ST		Last name of person who is the insured party for patient's insurance plan	
		2	Given Name	ST		First name	
		3	Middle Name	ST		Middle initial or name	
		4	Suffix	ST		Suffix	
		5	Prefix	ST		Prefix of person who is the insured party for patient's insurance plan	
17	00442		Insured's Relationship to Patient	IS		Relationship of patient to insured party (string description: SPO, CHD, SEL, FTH, MTH).	
18	00443		Insured's Date of Birth	TS		Birth date of insured for insurance	
19	00444		Insured's Address [0]	XAD			
		1	Street Address	ST		First line of address for person who is the insured party for patient's insurance plan (Address1)	
		2	Other Designation	ST		Second line of address for person who is the insured party for patient's insurance plan (Address2)	
		3	City	ST		City of address for person who is the insured party for patient's insurance plan	
		4	State	ST		State of address for person who is the insured party for patient's insurance plan	
		5	Zip	ST		ZIP Code of address for person who is the insured party for patient's insurance plan (99999-9999).	
20	00445		Assignment of Benefits	IS	0135	If the insured has agreed to accept assignment of benefits (Y = Yes/N = No/M = Yes, Clinical Lab Only)	
21	00446		Coordination of Benefits	IS	0173	If the insured has more than one active insurance carrier providing coverage (CO = Coordination/IN = Independent)	
22	00447		OHI Policy Coverage Precedence Indicator Code	ST		OHI Policy Coverage Precedence Indicator Code	
25	00450		Report of Eligibility Flag	ID	0136	If patient's eligibility has been verified for insurance plan, then 'Y' or else 'N'	
26	00451		Report of Eligibility Date	DT		If patient's eligibility has been verified for insurance plan, is date eligibility was verified	
29	00454		Verification Date/Time	TS		If patient's eligibility has been verified for insurance plan, is date eligibility was verified	
30	00455		Verification By	XCN			
		1	Family Name	ST		Last name of person who verified eligibility for insurance plan	
		2	Given Name	ST		First name of person who verified eligibility for insurance plan	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		3	Middle Name	ST		Middle initial or name of person who verified eligibility for insurance plan	
		4	Suffix	ST		Suffix of person who verified eligibility for insurance plan	
		5	Prefix	ST		Prefix of person who verified eligibility for insurance plan	
35			OHI Coverage Claim Filing Code			OHI Coverage Claim Filing Code	
36	00461		OHI Policy Identifier				
37	00462		Policy Deductible	CP			
			Price	MO			
			Quantity	NM		Amount of deductible for insurance plan.	
42	00467		Insured's Employment Status	CE	0066		
			Identifier	ST		Employment status of insured	Employment Status (uses description if no map entry)
43	00468		Insured's Sex	IS	0001	Insured's Gender	
44	00469		Insured's Employer Address [0]	XAD			
		1	Street Address	ST		First line of address for employer for person who is the insured party for patient's insurance plan (Address1)	
		2	Other Designation	ST		Second line of address for employer for person who is the insured party for patient's insurance plan (Address2)	
		3	City	ST		City of address for employer for person who is the insured party for patient's insurance plan	
		4	State	ST		State of address for employer for person who is the insured party for patient's insurance plan	
		5	Zip	ST		ZIP Code of address for employer for person who is the insured party for patient's insurance plan (99999-9999)	
45	00470		Verification Status	ST		Current verification status for insurance plan ('NV' = Not Verified; 'AC' = Active Coverage; 'IC' = Inactive Coverage; or 'PV' = Pending Verification)	
47	01227		OHI Coverage Payer Type Code				
49	01230	1	Insured's ID Number			Insured's ID Number	
		4	OID			OID	

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IN2 - Patient Insurance Information

Optional. Dentrax Enterprise processes this segment when receiving a message, but it is not used when sending.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrax Enterprise Usage	Dentrax Enterprise Mapping
1	00472		Insured's Employee ID	CX		EmpExtID	
2	00473		Insured's Social Security Number	ST		Social Security number of insured for this insurance plan. Required if IN1-36 and IN1-49 are blank.	
30	00501		Daily Deductible	CM			
			Daily Deductible Delay Days	NM		'0'	
			Daily Deductible Amount	NM		Amount of co-pay for insurance plan	
			Daily Deductible Number of Days	NM		'365'	
59	0312		Policy Scope	IS		"DN" for dental; "MD" for medical. Required if IN1-47 is blank.	Set medical or dental flag
63	00803		Insured's Telephone Number - Home [0]	XTN			
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		Used when sending telephone number in numeric format. Phone type from insured's first phone number (Phone1).	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from insured's first phone number (Phone1).	
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from insured's first phone number (Phone1).	
		5	Extension	NM		Used when sending extension (up to five digits) in numeric format from insured's first phone number (Phone1)	
		6	Any Text	ST		Used when sending telephone number in numeric format. Phone type from insured's first phone number (Phone1). If this field is blank when receiving this message, 'Home' is used.	
64	00804		Insured's Employer Telephone Number - Home [0]	XTN			
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		N/A	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from insured's employer number.	
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from insured's employer number.	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		5	Extension	NM		Used when sending extension (up to five digits) in numeric format from insured's employer number	
		6	Any Text	ST		N/A	
70	00810		Insured's Employer's Organization Name And ID[0]	XON			
		1	Organization Name	ST		Name of insured's employer	
		2	Assigning Authority	HD			
		3	Universal ID	ST		ID of insured's employer	Employer
72			Insured Member's Relationship Code			Insured Member's Relationship Code	

ZNI – Custom Insurance Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
9			OHI Coverage Type Code/HCDP Type Code/			OHI Coverage Type Code/HCDP Type Code/	
10			Co-Payment Factor			Co-Payment Factor	
11			OHI HIPAA Insurance Type Code/OGP Type Code			OHI HIPAA Insurance Type Code/OGP Type Code	
12			OHI Policy Effective Date			OHI Policy Effective Date	
13			OHI Policy Expiration Date			OHI Policy Expiration Date	
14			Subscriber Member Category Code			Subscriber Member Category Code	
15			Sponsor Person Death Calendar Date			Sponsor Person Death Calendar Date	

ZMI – Custom Military Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
2			Patient Military Flying Status Code			Patient Military Flying Status Code	
3			Command Security Code			Command Security Code	
4		3	Assigned Unit			Assigned Unit	
5		3	Attached Unit			Attached Unit	

OBX – Custom Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Set ID - OBX				
2			Value Type	CD			
3			Observation Identifier			Diving Status, or Submarine Status, or Jump Status	
5			Observation Value				

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This message is sent whenever a patient's information is updated in the system. This generally occurs when the Patient Information component, but can also occur when changing the phone number or notes about a patient in the scheduling component.

Segment	Notes
MSH - Message Header	
EVN - Event Type	
PID - Patient Identification	
AL1 - Allergy Information	Optional
PV1 - Patient Visit	Optional
PV2 - Additional Visit information	Optional
GT1 - Guarantor Information	
IN1 - Insurance Information	Repeated for every active insurance carrier for patient. Optional.
IN2 - Insurance Information - Additional Info	Repeated for every active insurance carrier for patient. Optional.
PD1 - Additional Patient Demographic Info	Optional
NK1 - Next of Kin	Optional
ZP2 - Custom Patient Information	Optional
ZDP -Custom Dentrix Patient Additional Info	Optional
ZMI	Optional
ZEI	Optional
ZPI	Optional
ZNI	Optional
OBX	Optional

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '.	
2	00002		Encoding Characters	ST		'^~\&'.	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time Of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		ADT	
		2	Trigger Event	ID		A08	
10	00010		Message Control ID	ST		Unique integer for this message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4 or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

EVN - Event Type Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00199		Event Type Code	TS	0003	'A08'	
2	00100		Recorded Date/Time	TS		Date and time message was created and filled out by Dentrix Enterprise	
4	00102		Event Reason Code	IS		'01'	

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PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	CDCR# is used as Chart# when PID-3M-UI-SC option selected
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components.	
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	
6	00109		Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of the patient phone number.	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of patient phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121		Encounter Number			Used in outbound messages for DPC encounter number	
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
19	00122		SSN	ST		Patient's SSN (999-99-9999).	SSN can be mapped to filter out bad ones.
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up a mapping table

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

PD1 - Patient Additional Demographic Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
4	00757		Patient's Primary Care Manager ID and Name	XCN		Used as Medical Primary Care Provider ID and Names	
		1	Primary Care Manager ID			Displayed as received	
		2	Primary Care Manager's Last Names	ST		Displayed as received	
		3	Primary Care Manager's First Name	ST			
		4	Primary Care Manager's Middle Name	ST			
		5	Primary Care Manager's Suffix	ST			
		6	Primary Care Provider's Type code	ST			
8			Organ Donor code			Organ Donor code of patient	

ZPI – Custom DEERs Patient Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
9			Restrict Display			Patient Confidentiality	
22		1	VIP Flag			Person VIP Indicator	
35			Primary Care Provider Phone			Primary Care Provider Phone	
36			Primary Care Provider Begin Date			Primary Care Provider Begin Date	
37			Primary Care Manager End Date			Primary Care Manager End Date	

ZEI – Custom DEERs Patient Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
11			Patient US Government Agency Code			Patient US Government Agency Code	
13		1	Patient Affiliation Category Code			Patient Affiliation Category Code	
		2	Patient Pay Category			Patient Pay Category	
18			Patient Rank			Patient Rank	

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AL1 - Patient Allergy Information Segment (Repeatable up to 255)

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00203		Set ID	CE		"1". Required.	
2	00204		Allergy Type Code	CE	0127	Required	
3	00205		Allergen Code and Description	CE			
		1	Allergen Code	ST		Required	Map to allergy definitions
		2	Allergen Description	ST		Required	
		3	Name of Coding System	IS		Optional	
4	00206		Allergy Severity Code	CE	0128	Required	
5	00207		Allergy Reaction Code	CE		Optional	
6	00208		Identification Date	CE		Required	

NK1 - Patient Next of Kin/Associated Parties Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00190		Set ID	SI			
2	00191	1	Contact Person Last Name	XPN			
		2	Contact Person First Name				
		3	Contact Person Middle Name				
		4	Contact Person Cadency Name				
3	00192		Relationship			If NK1.3 is empty system will set the NK relationship to "Unspecified" and will process NK1 segment "UNSPECIFIED" roles	
4	00193		Address	XAD			
		1	Street Address 1				
		2	Street Address 2				
		3	City				
		4	State				
		5	Zip				
		6	Country				
		7	Address type				
5	00194		Phone				
6	00195		Business Phone				
7	00196		Contact Role			Uses "NOK" "ECON" "GUARD" "SPONSOR" roles If NK1.7 is empty system will set the NK relationship to "Unspecified" and will process NK1 segment "UNSPECIFIED" roles	
8			Start Date				
9			End Date				
14			Marital Status			Used either as Single, Married, Widowed, Divorced, Separated, Annulled, Interlocutory Decreed Additional statuses for inmate: Single, Never Married, Unmarried Partner	
16			Date/Time of Birth			Birth date	
20			Primary Language			Primary language for patient	
25			Religion			Patient's religion	
35			Race			Patient's race	

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ZDP - Custom Dentrix Patient Additional Information Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Patient's Poverty Level	IS		If no mapping exists, is poverty code in Dentrix Enterprise	A mapping can be set up
2			Patient's Homeless Status	IS		If no mapping exists, is homeless status code in Dentrix Enterprise	A mapping can be set up
3			Patient's Worker Status	IS		If no mapping exists, is worker status code in Dentrix Enterprise	A mapping can be set up
4			Patient's Privacy Request				
		1	No Phone Call	ST		YES or NO	
		2	No Correspondence	ST		YES or NO	
		3	No Disclosure	ST		YES or NO	
5			Patient's Employer ID			Employer ID	Employer ID
6			Employer Name	XCN			
		1	Patient's Employer's Organization Name[0]	ST		Name of patient's employer	
		2	Assigning Authority	HD			
		3	Universal ID	ST		Universal ID of patient's employer	
7			Patient's Employer Address[0]	XAD			
		1	Street Address	ST		First line of address for patient's employer (Address1)	
		2	Other Designation	ST		Second line of address for patient's employer (Address2)	
		3	City	ST		City of address for patient's employer	
		4	State	ST		State of address for patient's employer	
		5	Zip	ST		ZIP Code of address for patient's employer (99999-9999)	
		6	Country	ST			
8			Patient's Employer Phone Number[0]	XTN			
9			First Visit Date	TS		First Visit Date to the Health Care Center	Update first visit date if inbound date is earlier
10			Last Visit Date	TS		Last Visit Date to the Health Care Center	Update last visit date if inbound date is later
11			Pager Number	TN		Pager number as string in format 999-999-9999	Pager #
12			Other Telephone Number	TN		Telephone number as string in format [(999)]999-9999[99999][99999]	Other phone#
13			User Defined Patient Category	IS		User defined patient category	Can set up an inbound and outbound mapping

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GT1 - Guarantor Information Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00405		Set ID - GT1	SI		'1'	
2	00406		Guarantor Number[0]	CX		Guarantor ID. Required.	Guarantor Ext ID
			ID	ST		ID number for guarantor	If guarantor is same as patient uses Patient; otherwise Guarantor. If inbound guarantor ID is not present for a new patient, patient ID can be concatenated with a letter G to make a ID for the guarantor. If missing guarantor relationship or GT1 segment, a patient will be made into a guarantor for self. This ID is required for any new patient. It is the ID used by Dentrix Enterprise to build/maintain a family structure for patients.
3	00407		Guarantor Name[0]	XPN		Required	
		1	Family Name	ST		Guarantor last name	
		2	Given Name	ST		Guarantor first name	
		3	Middle Name	ST		Guarantor middle name	
		4	Suffix	ST		Guarantor suffix	
		5	Prefix	ST		Guarantor prefix	
5	00409		Guarantor Address[0]	XAD			
		1	Street Address	ST		First line of guarantor's address (Address1)	
		2	Other Designation	ST		Second line of guarantor's address (Address2)	
		3	City	ST		City of guarantor's address	
		4	State	ST		State of guarantor's address	
		5	Zip	ST		ZIP Code of guarantor's address (99999-9999)	
6	00410		Guarantor Phone Num-Home[0]	XTN			
		1	Telephone Number	TN		Telephone number as string in format [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		Telephone number in numeric format. Phone type from guarantor's first phone number (Phone1).	
		3	Area Code	NM		Telephone number in numeric format. Area code from guarantor's first phone number (Phone1).	
		4	Phone Number	NM		Telephone number in numeric format. Local seven-digit number from guarantor's first phone number (Phone1).	
		5	Extension	NM		Extension (up to five digits) in numeric format from guarantor's first phone number (Phone1)	
		6	Any Text	ST		Telephone number in numeric format. Phone type from guarantor's first phone number (Phone1).	
7	00411		Guarantor Phone Num-Business[0]	XTN			
		1	Telephone Number	TN		Telephone number as string in format [(999)]999-9999[X99999]	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		2	Telecommunication Use Code	ID		Telephone number in numeric format. Phone type from guarantor's second phone number (Phone2).	
		3	Area Code	NM		Telephone number in numeric format. Area code from guarantor's second phone number (Phone2).	
		4	Phone Number	NM		Telephone number in numeric format. Local seven-digit number from guarantor's second phone number (Phone2).	
		5	Extension	NM		Extension (up to five digits) in numeric format from guarantor's second phone number (Phone2)	
		6	Any Text	ST		Telephone number in numeric format. Phone type from guarantor's second phone number (Phone2).	
8	00412		Guarantor Date/Time of Birth	TS		Guarantor's birth date. Required.	
9	00413		Sex	IS	0001	Guarantor's gender (M = Male; F = Female). Required.	
11	00415		Guarantor Relationship	IS	0063	Relationship of patient to guarantor. Required.	Patient Relations (uses description if no map entry); "Self", "Sel", "S", "01", and "1" all indicate the patient is a guarantor for self
12	00416		Guarantor SSN	ST		SSN of guarantor (999-99-9999)	
16	00420		Guarantor Employer Name	XPN		Employer Name	
17	00421		Guarantor Employer Address[0]	XAD			
		1	Street Address	ST		First line of address for guarantor's employer (Address1)	
		2	Other Designation	ST		Second line of address for guarantor's employer (Address2)	
		3	City	ST		City of address for guarantor's employer	
		4	State	ST		State of address for guarantor's employer	
		5	Zip	ST		ZIP Code of address for guarantor's employer (99999-9999)	
18	00422		Guarantor Employer Phone Number[0]	XTN			
			Telephone Number	TN		Telephone number as string in format [(999)]999-9999[X99999]	
			Telecommunication Use Code	ID			
20	00424		Guarantor Employment Status	IS	0066	Guarantor's employment status	Employment Status (uses description if no map entry)
29	00780		Guarantor Employer ID Number	CX			
			ID	ST		ID of employer (EmployerId)	Employer
36	00118		Primary Language	CE		Language code	Can use Dentrix Enterprise mapping
41	00120		Religion	CE		Religion code	Can use Dentrix Enterprise mapping
51	01299		Guarantor Employer's Organization Name[0]	XON			
		1	Organization Name	ST		Name of guarantor's employer	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		2	Assigning Authority	HD			
		3	Universal ID	ST		ID of guarantor's employer	Employer
55	01291		Guarantor Race	CE		Race code	Can use Dentrix Enterprise mapping

PV1 - Patient Visit information

Dentrix Enterprise processes this segment when receiving a message. This segment can have partial information.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00131		Set ID - PV1	SI		'1'	
2	00132		Patient Class	IS	0004	Optional	
3	00133	1	Housing area			Housing area	
		2	Cell			Cell	
		3	Bed			BedNumber "UNK-UNK" value is unknown bed number in case of the transfer without housing	
		4	Facility			Facility	
		7	Building			Building	
7	00137		Attending Doctor[0]	XCN		Required	
		1	ID Number	ST		Default doctor ID for patient	Doctor (RscID)
		2	Family Name	ST		Last name of default doctor	
		3	Given Name	ST		First name of default doctor	
		4	Middle Name	ST		Middle initial or name of default doctor	
		5	Suffix	ST		Suffix of default doctor	
		6	Prefix	ST		Prefix of default doctor	
		7	Assigning Authority	HD			
		8	Universal ID	ST		UPIN of default doctor	
		9	Universal ID Type	ID		'UPIN'	
8	00138		Referring Doctor[0]	XCN		Optional	
		1	ID Number	ST		Referring provider ID for patient	Referring Doctor Id
		2	Family Name	ST		Last name of referring provider	
		3	Given Name	ST		First name of referring provider	
		4	Middle Name	ST		Middle initial or name of referring provider	
		5	Suffix	ST		Suffix of default referring provider	
		6	Prefix	ST		Prefix of default referring provider	
		7	Assigning Authority	HD			
		8	Universal ID	ST		UPIN of default referring provider	
		9	Universal ID Type	ID		'UPIN'	Default to UPIN
11	00141		Temporary Location	PL		Location indicator	Can be default clinic ID for the patient
18	00148		Patient Type	IS		Patient type	Patient type for PVN
19	00149		Visit Number	CX		Patient visit number generated by other medical systems for inbound messages	Can be used as the encounter number
20	00150		Financial Class[0]	FC	0064		
			Financial Class	IS		Default financial class of patient	Financial Class (uses description if no map entry)
44	00174		Admit Date/Time	TS		Date associated with patient visit number	
45	00175		Discharge Date/time	TS		Saved to HL7_pvn table	
50	00192		Alternate Visit ID	CX			
			ID	ST		ID of appointment	Alternate Visit ID

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PV2 - Patient Visit Information

Dentrix Enterprise processes this segment when receiving a message, but it is not used when sending.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
2	0182		Accommodation Code	CE		Can be used to import patient type to PVN table	
3	00183		Assigned Patient Location	CE		Can be patient visit account number	Can be mapped to encounter number
8	00188		Expected Admit Date/Time	TS		Start date and time for appointment	Date for encounter number
9	00189		Expected Discharge Date/Time	TS		Stop date and time for appointment	

IN1 - Patient Insurance information

Dentrix Enterprise processes this segment when receiving a message, but it is not used when sending.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00426		Set ID - IN1	SI		Relative position of insurance plan(primary carrier = 1; secondary carrier = 2; maximum = 4 for dental; maximum = 2 for medical types)	
2	00368	1	Insurance Plan ID	CE		Insurance Plan ID	
		4	OID			OID	
3	00428		Insurance Company ID[0]	CX		ID of insurance company	
			ID	ST		ID of insurance company. Dentrix Enterprise only stores insurance plans, so two plans from the same company will have different IDs.	Insurance Company Ext ID
4	00429		Insurance Company Name[0]	XON		Required	
			Organization Name	ST		Name of patient's insurance plan	
			Assigning Authority	HD			
			Universal ID	ST		ID of patient's insurance plan	
5	00430		Insurance Company Address[0]	XAD			
		1	Street Address	ST		First line of address for patient's insurance plan (Address1)	
		2	Other Designation	ST		Second line of address for patient's insurance plan (Address2)	
		3	City	ST		City of address for patient's insurance plan	
		4	State	ST		State of address for patient's insurance plan	
		5	Zip	ST		ZIP Code of address for patient's insurance plan (99999-9999)	
6	00431		Insurance Company Contact Person[0]	XPN			
		1	Family Name	ST		Last name of contact person for patient's insurance plan	
		2	Given Name	ST		Middle initial or name of contact person for patient's insurance plan	
		3	Middle Name	ST		Middle initial or name of contact person for patient's insurance plan	
		4	Suffix	ST		Suffix of contact person for patient's insurance plan	
		5	Prefix	ST		Prefix of contact person for patient's insurance plan	
7	00432		Insurance Company Phone Number[0]				

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		1	Telephone Number	TN		Used when sending telephone number as string in format [(999)] 999-9999[X99999]	
		2	Telecommunication Use Code	ID		N/A	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from phone number of patient's insurance plan.	
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from phone number of patient's insurance plan.	
		5	Extension	NM		Used when sending extension (up to five digits) in numeric format from phone number of patient's insurance plan	
		6	Any Text	ST		N/A	
8	00433		Group Number	ST		Group number for patient's insurance plan. Required if IN1-2 is blank.	
9	00434		Group Name	XON		Ins group name	
10	00435		Insured's Group Emp ID	CX			
			ID	ST		ID of employer for person who is the insured party for patient's insurance plan (Employer Id)	Employer Ext ID
11	00436		Insured's Group Emp Name[0]	XON			
			Organization Name	ST		Name of employer for person who is the insured party for patient's insurance plan	
			Assigning Authority	HD			
			Universal ID	ST		ID of employer for person who is the insured party for patient's insurance plan	Employer
12	00437		Plan Effective Date	DT		Date insurance plan became effective for patient	
13	00438		Plan Expiration Date	DT		Date insurance plan expired for patient	
15	00440		Plan Type	IS		Policy type (string description) for patient's insurance plan.	
16	00441		Name Of Insured[0]	XPN		Required	
		1	Family Name	ST		Last name of person who is the insured party for patient's insurance plan	
		2	Given Name	ST		First name	
		3	Middle Name	ST		Middle initial or name	
		4	Suffix	ST		Suffix	
		5	Prefix	ST		Prefix of person who is the insured party for patient's insurance plan	
17	00442		Insured's Relationship to Patient	IS		Relationship of patient to insured party (string description: SPO, CHD, SEL, FTH, MTH).	
18	00443		Insured's Date of Birth	TS		Birth date of insured for insurance	
19	00444		Insured's Address [0]	XAD			
			Street Address	ST		First line of address for person who is the insured party for patient's insurance plan (Address1)	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
			Other Designation	ST		Second line of address for person who is the insured party for patient's insurance plan (Address2)	
			City	ST		City of address for person who is the insured party for patient's insurance plan	
			State	ST		State of address for person who is the insured party for patient's insurance plan	
			Zip	ST		ZIP Code of address for person who is the insured party for patient's insurance plan (99999-9999)	
20	00445		Assignment of Benefits	IS	0135	If insured has agreed to accept assignment of benefits (Y = Yes; N = No; M = Yes, Clinical Lab Only)	
21	00446		Coordination of Benefits	IS	0173	If insured has more than one active insurance carrier providing coverage (CO = Coordination; IN = Independent).	
22	00447		OHI Policy Coverage Precedence Indicator Code	ST		OHI Policy Coverage Precedence Indicator Code	
25	00450		Report of Eligibility Flag	ID	0136	If patient's eligibility has been verified for insurance plan, then 'Y' or else 'N'	
26	00451		Report of Eligibility Date	DT		If patient's eligibility has been verified for insurance plan, is date eligibility was verified	
29	00454		Verification Date/Time	TS		If patient's eligibility has been verified for insurance plan, is date eligibility was verified	
30	00455		Verification By	XCN			
			Family Name	ST		Last name of person who verified eligibility for insurance plan	
			Given Name	ST		First name of person who verified eligibility for insurance plan	
			Middle Name	ST		Middle initial or name of person who verified eligibility for insurance plan	
			Suffix	ST		Suffix of person who verified eligibility for insurance plan	
			Prefix	ST		Prefix of person who verified eligibility for insurance plan	
35			OHI Coverage Claim Filing Code			OHI Coverage Claim Filing Code	
36	00461		OHI Policy Identifier				
37	00462		Policy Deductible	CP			
			Price	MO			
			Quantity	NM		Amount of deductible for insurance plan	
42	00467		Insured's Employment Status	CE	0066		
			Identifier	ST		Employment status of the insured	Employment Status (uses description if no map entry)
43	00468		Insured's Sex	IS	0001	Insured's Gender	
44	00469		Insured's Employer Address [0]	XAD			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		1	Street Address	ST		First line of address for employer for person who is the insured party for patient's insurance plan (Address1)	
		2	Other Designation	ST		Second line of address for employer for person who is the insured party for patient's insurance plan (Address2)	
		3	City	ST		City of address for employer for person who is the insured party for patient's insurance plan	
		4	State	ST		State of address for employer for person who is the insured party for patient's insurance plan	
		5	Zip	ST		ZIP Code of address for employer for person who is the insured party for patient's insurance plan (99999-9999)	
45	00470		Verification Status	ST		Current verification status for this insurance plan ('NV' = Not Verified, 'AC' = Active Coverage, 'IC' = Inactive Coverage, or 'PV' = Pending Verification)	
47	01227		OHI Coverage Payer Type Code				
49	01230	1	Insured's ID Number			Insured's ID Number	
		4	OID			OID	

IN2 - Patient Insurance Information (Optional)

Dentrix Enterprise processes this segment when receiving a message, but it is not used when sending.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00472		Insured's Employee ID	CX		EmpExtID	
2	00473		Insured's Social Security Number	ST		Social Security number of insured for this insurance plan. Required if IN1-36 and IN1-49 are blank.	
30	00501		Daily Deductible	CM			
			Daily Deductible Delay Days	NM		'0'	
			Daily Deductible Amount	NM		Amount of co-pay for insurance plan	
			Daily Deductible Number of Days	NM		'365'	
59	0312		Policy Scope	IS		"DN" for dental; "MD" for medical. Required if IN1-47 is blank.	Set medical or dental flag
63	00803		Insured's Telephone Number - Home [0]	XTN			
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)999-9999[X99999]]	
		2	Telecommunication Use Code	ID		Used when sending telephone number in numeric format. Phone type from insured's first phone number (Phone1).	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from insured's first phone number (Phone1).	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from insured's first phone number (Phone1).	
		5	Extension	NM		Used when sending extension (up to five digits) in numeric format from insured's first phone number (Phone1)	
		6	Any Text	ST		Used when sending telephone number in numeric format. Phone type from insured's first phone number (Phone1). If this field is blank when receiving this message, 'Home' is used.	
64	00804		Insured's Employer Telephone Number - Home [0]	XTN			
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		N/A	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from insured's employer number.	
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from insured's employer number.	
		5	Extension	NM		Used when sending extension (up to five digits) in numeric format from insured's employer number	
		6	Any Text	ST		N/A	
70	00810		Insured's Employer's Organization Name And ID[0]	XON			
		1	Organization Name	ST		Name of insured's employer	
		2	Assigning Authority	HD			
		3	Universal ID	ST		ID of insured's employer	Employer
72			Insured Member's Relationship Code			Insured Member's Relationship Code	

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ZNI – Custom Insurance Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
9			OHI Coverage Type Code/HCDP Type Code/			OHI Coverage Type Code/HCDP Type Code/	
10			Co-Payment Factor			Co-Payment Factor	
11			OHI HIPAA Insurance Type Code/OGP Type Code			OHI HIPAA Insurance Type Code/OGP Type Code	
12			OHI Policy Effective Date			OHI Policy Effective Date	
13			OHI Policy Expiration Date			OHI Policy Expiration Date	
14			Subscriber Member Category Code			Subscriber Member Category Code	
15			Sponsor Person Death Calendar Date			Sponsor Person Death Calendar Date	

ZMI – Custom Military Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
2			Patient Military Flying Status Code			Patient Military Flying Status Code	
3			Command Security Code			Command Security Code	
4		3	Assigned Unit			Assigned Unit	
5		3	Attached Unit			Attached Unit	

ZP2 - Customized Patient Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Set ID	SI			
2			Date of Last Registration Update	TS			
3			Outpatient Med/Release Date	TS			
4			Med/Release Revoked Date	TS			
5			Tribal Enrollment Number	ST			
6		1	CHS Tribal Affiliation-code	ID			
		2	CHS Tribal Affiliation-Text	ST			
7			Blood Type Code	ID			
9			Assigned Benefits Obtained Date	TS			
10			Assigned Benefits Expired Date	TS			
11		1	SSN Verification Status Code	IS			
		2	SSN Verification Status Text	ST			
12		1	Reason for no SSN - Code	IS			
		2	Reason for no SSN - Text	ST			
13		1	Birth Place City	ST			
		2	Birth Place State	ST			
14			Birth Certificate#	SI			
15		1	Tribal Membership - Code	SI			
		2	Tribal Membership - Text	ST			
16			Tribal Quantum	ST			
17			Indian Blood Quantum	ST			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
18		1	Classification/ Beneficiary - Code	SI			
		2	Classification/ Beneficiary - Text	ST			
19			Current Residency Date	TS			
20			State of Death	ST			
21			Death Certificate#	SI			
22			Current Community	ST			
23		1	Tribal Membership Verified Flag - Code	SI			
		2	Tribal Membership Verified Flag - Text	ST			
24			Residence Verified	ST		“Y” or “N”	
25			Date of Eligibility Determined	TS			
26		1	Eligible Minor Child - Code	SI			
		2	Eligible Minor Child - Text	ST			
27			Location of Home	ST			
28			Additional Registration Info	ST			
29			Remarks	ST			
31			Father’s Names	ST			
32		1	Father’s Birth Place - City	ST			
		2	Father’s Birth Place - State	ST			
33		1	Mother’s Birth Place - City	ST			
		2	Mother’s Birth Place - State	ST			

OBX – Custom Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Set ID - OBX				
2			Value Type	CD			
3			Observation Identifier			DRC Status, or Diving Status, or Submarine Status, or Jump Status DPC status, when Dental Classification settings set in DPC (Default value “DPC”)	
5			Observation Value			DRC/DPC status class	
14			Date/Time of the Observation			DRC Exam Date	
16			Provider Identifier			Provider identifier, who edited the DPC/DRC status	

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This message is sent when a patient's internal ID (patient external ID in Dentrix Enterprise) is changed in a remote system.

Segment	Notes
MSH - Message Header	
EVN - Event Type	
PID - Patient Identification	
MRG - Merge Information	

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		ADT	
		2	Trigger Event	ID		A18	
10	00010		Message Control ID	ST		Unique integer for this message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

EVN - Event Type Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00199		Event Type Code	TS	0003	'A18'	
2	00100		Recorded Date/Time	TS		Date and time message was created and filled out by Dentrix Enterprise	
4	00102		Event Reason Code	IS		'01'	

PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	CDCR# is used as Chart# when PID-3M-UI-SC option selected
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components.	
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
6	00109		Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of the patient phone number.	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of patient phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121		Encounter Number			Used in outbound messages for DPC encounter number	
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
19	00122		SSN	ST		Patient's SSN (999-99-9999).	SSN can be mapped to filter out bad ones.
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up a mapping table
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

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MRG - Merge Patient Information Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00211		Prior Patient ID - Internal[0]	CX		Required	
			ID	ST		Prior internal ID of patient	Internal Patient ID (Patient Id) in foreign system
4	00214		Prior Patient ID - External	CX		Required.	
			ID	ST		Prior external ID of patient	External Patient ID (Patient Id). This is the ID Dentrix Enterprise uses for merging the existing patient. This ID will be replaced by ID in PID-3 field for this patient. All other patient-related data will be combined with patient identified with PID-3 if it exists; otherwise, old patient will be overwritten by current patient.

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This message is sent whenever a new patient is created in the system.

Segment	Notes
MSH - Message Header	
EVN - Event Type	
PID - Patient Identification	
GT1 - Guarantor Information	
PV1 - Visit information	Optional
PV2 - Supplemental Visit Information	Optional
IN1 - Insurance Information	Repeated for every active insurance carrier for patient. Optional.
IN2 - Additional Insurance Information	Repeated for every active insurance carrier for patient. Optional.
PD1 - Additional Patient Demographic Info	Optional
NK1 - Next of Kin	Optional
ZP2 - Custom Patient Information	Optional
ZDP - Custom Dentrix Patient Additional Info	Optional
AL1 - Allergy Information	Optional
ZMI	Optional
ZEI	Optional
ZPI	Optional
ZNI	Optional
OBX	Optional

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		ADT	
		2	Trigger Event	ID		A28	
10	00010		Message Control ID	ST		Unique integer for this message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4 or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

EVN - Event Type Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00199		Event Type Code	TS	0003	'A28'	
2	00100		Recorded Date/Time	TS		Date and time message was created and filled out by Dentrix Enterprise	
4	00102		Event Reason Code	IS		'01'	

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PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			CDCR# is used as Chart# when PID-3M-UI-SC option selected
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components	Can be used as Medicaid ID
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	
6	00109		Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient's phone	
		6	Area Code	NM		Area code of patient's phone number	
		7	Phone Number	NM		Telephone number in numeric format.	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient's phone	
		6	Area Code	NM		Area code of patient's phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121	1	Patient Account Number	CX		Current patient account number (optional)	Can read and send also in PV1-19 (PVN)
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics
19	00122		SSN	ST		Patient's SSN (999-99-9999)	SSN can be mapped to filter out bad ones.
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up a mapping table

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

PD1 - Patient Additional Demographic Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
4	00757		Patient's Primary Care Manager ID and Name	XCN		Used as Medical Primary Care Provider ID and Names	
		1	Primary Care Manager ID			Displayed as received	
		2	Primary Care Manager's Last Names	ST		Displayed as received	
		3	Primary Care Manager's First Name	ST			
		4	Primary Care Manager's Middle Name	ST			
		5	Primary Care Manager's Suffix	ST			
		6	Primary Care Provider's Type code	ST			
8			Organ Donor code			Organ Donor code of patient	

ZPI – Custom DEERs Patient Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
9			Restrict Display			Patient Confidentiality	
22		1	VIP Flag			Person VIP Indicator	
35			Primary Care Provider Phone			Primary Care Provider Phone	
36			Primary Care Provider Begin Date			Primary Care Provider Begin Date	
37			Primary Care Manager End Date			Primary Care Manager End Date	

ZEI – Custom DEERs Patient Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
11			Patient US Government Agency Code			Patient US Government Agency Code	
13		1	Patient Affiliation Category Code			Patient Affiliation Category Code	
		2	Patient Pay Category			Patient Pay Category	
18			Patient Rank			Patient Rank	

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AL1 - Patient Allergy Information Segment

Repeatable up to 255.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00203		Set ID	CE		“1”. Required.	
2	00204		Allergy Type Code	CE	0127	Required	
3	00205		Allergen Code and Description	CE			
		1	Allergen Code	ST		Required	Map to allergy definitions
		2	Allergen Description	ST		Required	
		3	Name of Coding System	IS		Optional	
4	00206		Allergy Severity Code	CE	0128	Required	
5	00207		Allergy Reaction Code	CE		Optional	
6	00208		Identification Date	CE		Required	

DG1 - Patient Diagnosis Information Segment

The DG1 segment contains patient diagnosis information of various types, for example, admitting, primary, etc. The DG1 segment is used to send multiple diagnoses (for example, for medical records encoding).

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Set ID	SI		Required	
2			Diagnosis Coding Method	ID	0053		
3			Diagnosis Code	CE	0051	Optional	
4			Diagnosis Description	ST			
5			Diagnosis Date/Time	TS		Optional	
6			Diagnosis Type	IS	0052	Required	
7			Major Diagnostic Category	CE	0118		
8			Diagnostic Related Group	CE	0055		
9			DRG Approval Indicator	ID	0136		
10			DRG Grouper Review Code	IS	0056		
11			Outlier Type	CE	0083		
12			Outlier Days	NM			
13			Outlier Cost	CP			
14			Grouper Version And Type	ST			
15			Diagnosis Priority	ID	0359	Optional	
16			Diagnosing Clinician	XCN		Optional	
17			Diagnosis Classification	IS	0228	Optional	
18			Confidential Indicator	ID	0136	Optional	
19			Attestation Date/Time	TS		Optional	

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NK1 - Patient Next of Kin/Associated Parties Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00190		Set ID	SI			
2	00191	1	Contact Person Last Name	XPN			
		2	Contact Person First Name				
		3	Contact Person Middle Name				
		4	Contact Person Cadency Name				
3	00192		Relationship			If NK1.3 is empty system will set the NK relationship to "Unspecified" and will process NK1 segment "UNSPECIFIED" roles	
4	00193		Address	XAD			
		1	Street Address 1				
		2	Street Address 2				
		3	City				
		4	State				
		5	Zip				
		6	Country				
		7	Address type				
5	00194		Phone				
6	00195		Business Phone				
7	00196		Contact Role			Uses "NOK" "ECON" "GUARD" "SPONSOR" roles If NK1.7 is empty system will set the NK relationship to "Unspecified" and will process NK1 segment "UNSPECIFIED" roles	
8			Start Date				
9			End Date				
14			Marital Status			Used either as Single, Married, Widowed, Divorced, Separated, Annulled, Interlocutory Decreed Additional statuses for inmate: Single, Never Married, Unmarried Partner	
16			Date/Time of Birth			Birth date	
20			Primary Language			Primary language for patient	
25			Religion			Patient's religion	
35			Race			Patient's race	

ZDP - Custom Dentrix Patient Additional Information Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Patient's Poverty Level	IS		If no mapping exists, is poverty code in Dentrix Enterprise	A mapping can be set up
2			Patient's Homeless Status	IS		If no mapping exists, is homeless status code in Dentrix Enterprise	A mapping can be set up
3			Patient's Worker Status	IS		If no mapping exists, is worker status code in Dentrix Enterprise	A mapping can be set up
4			Patient's Privacy Request				
		1	No Phone Call	ST		YES or NO	
		2	No Correspondence	ST		YES or NO	
		3	No Disclosure	ST		YES or NO	
5			Patient's Employer ID			Employer ID	Employer ID

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
6			Employer Name	XCN			
	1		Patient's Employer's Organization Name[0]	ST		Name of patient's employer	
	2		Assigning Authority	HD			
	3		Universal ID	ST		Universal ID of patient's employer	
7			Patient's Employer Address[0]	XAD			
	1		Street Address	ST		First line of address for patient's employer (Address1)	
	2		Other Designation	ST		Second line of address for patient's employer (Address2)	
	3		City	ST		City of address for patient's employer	
	4		State	ST		State of address for patient's employer	
	5		Zip	ST		ZIP Code of address for patient's employer (99999-9999)	
	6		Country	ST			
8			Patient's Employer Phone Number[0]	XTN			
9			First Visit Date	TS		First Visit Date to the Health Care Center	Update first visit date if inbound date is earlier
10			Last Visit Date	TS		Last Visit Date to the Health Care Center	Update last visit date if inbound date is later
11			Pager Number	TN		Pager number as string formatted as 999-999-9999	Pager #
12			Other Telephone Number	TN		Telephone number as string formatted as [(999)]999-9999[9999][9999]	Other phone#
13			User Defined Patient Category	IS		User-defined patient category	Can set up an inbound and outbound mapping

GT1 - Guarantor Information Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00405		Set ID - GT1	SI		'1'	
2	00406		Guarantor Number[0]	CX		Guarantor ID. Required.	Guarantor Ext ID
			ID	ST		ID number for guarantor	If guarantor is same as patient uses Patient; otherwise Guarantor. If inbound guarantor ID is not present for a new patient, patient ID can be concatenated with a letter G to make an ID for the guarantor. If missing guarantor relationship or GT1 segment, a patient will be made into a guarantor for self. This ID is required for any new patient. It is the ID used by Dentrix Enterprise to build/maintain a family structure for patients.
3	00407		Guarantor Name[0]	XPN		Required	
		1	Family Name	ST		Guarantor last name	
		2	Given Name	ST		Guarantor first name	
		3	Middle Name	ST		Guarantor middle name	
		4	Suffix	ST		Guarantor suffix	
		5	Prefix	ST		Guarantor prefix	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
5	00409		Guarantor Address[0]	XAD			
		1	Street Address	ST		First line of address for guarantor (Address1)	
		2	Other Designation	ST		Second line of address for guarantor (Address2)	
		3	City	ST		City of address for guarantor	
		4	State	ST		State of address for guarantor	
		5	Zip	ST		ZIP Code of address for guarantor (99999-9999)	
6	00410		Guarantor Phone Num-Home[0]	XTN			
		1	Telephone Number	TN		Telephone number as string formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		Telephone number in numeric format. Phone type from the guarantor's first phone number (Phone1).	
		3	Area Code	NM		Telephone number in numeric format. Area code from guarantor's first phone number (Phone1).	
		4	Phone Number	NM		Telephone number in numeric format. Local seven-digit number from guarantor's first phone number (Phone1).	
		5	Extension	NM		Extension (up to five digits) in numeric format from guarantor's first phone number (Phone1)	
		6	Any Text	ST		Telephone number in numeric format. Phone type from guarantor's first phone number (Phone1).	
7	00411		Guarantor Phone Num-Business[0]	XTN			
		1	Telephone Number	TN		Telephone number as string formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		Telephone number in numeric format. Phone type from the guarantor's second phone number (Phone2).	
		3	Area Code	NM		Telephone number in numeric format. Area code from guarantor's second phone number (Phone2).	
		4	Phone Number	NM		Telephone number in numeric format. Local seven-digit number from guarantor's second phone number (Phone2).	
		5	Extension	NM		Extension (up to five digits) in numeric format from guarantor's second phone number (Phone2)	
		6	Any Text	ST		Telephone number in numeric format. Phone type from the guarantor's second phone number (Phone2).	
8	00412		Guarantor Date/Time of Birth	TS		Guarantor's birth date. Required.	
9	00413		Sex	IS	0001	Guarantor's gender (M = Male; F = Female). Required.	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
11	00415		Guarantor Relationship	IS	0063	Relationship of the patient to the guarantor. Required.	Patient Relations (uses description if no map entry). "Self", "Sel", "S", "01", and "1" all indicate patient is guarantor for self.
12	00416		Guarantor SSN	ST		SSN of guarantor (999-99-9999)	
16	00420		Guarantor Employer Name	XPN		Employer Name	
17	00421		Guarantor Employer Address[0]	XAD			
		1	Street Address	ST		First line of address for guarantor's employer (Address1)	
		2	Other Designation	ST		Second line of address for guarantor's employer (Address2)	
		3	City	ST		City of address for guarantor's employer.	
		4	State	ST		State of address for guarantor's employer	
		5	Zip	ST		ZIP Code of address for guarantor's employer (99999-9999)	
18	00422		Guarantor Employer Phone Number[0]	XTN			
			Telephone Number	TN		Telephone number as string formatted as [(999)]999-9999[X99999]	
			Telecommunication Use Code	ID			
20	00424		Guarantor Employment Status	IS	0066	Guarantor's employment status	Employment Status (uses description if no map entry)
29	00780		Guarantor Employer ID Number	CX			
			ID	ST		ID of employer (EmployerId).	Employer
36	00118		Primary Language	CE		Language code	Can use Dentrix Enterprise mapping
41	00120		Religion	CE		Religion code	Can use Dentrix Enterprise mapping
51	01299		Guarantor Employer's Organization Name[0]	XON			
		1	Organization Name	ST		Name of guarantor's employer	
		2	Assigning Authority	HD			
		3	Universal ID	ST		ID of guarantor's employer	Employer
55	01291		Guarantor Race	CE		Race code	Can use Dentrix Enterprise mapping

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PV1 - Patient Visit information

Dentrix Enterprise processes this segment when receiving a message.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00131		Set ID - PV1	SI		'1'	
2	00132		Patient Class	IS	0004	Optional	
3	00133	1	Housing area			Housing area	
		2	Cell			Cell	
		3	Bed			BedNumber "UNK-UNK" value is unknown bed number in case of the transfer without housing	
		4	Facility			Facility	
		7	Building			Building	
7	00137		Attending Doctor[0]	XCN		Required	
		1	ID Number	ST		Default doctor ID for patient	Doctor (RscID)
		2	Family Name	ST		Last name of default doctor	
		3	Given Name	ST		First name of default doctor	
		4	Middle Name	ST		Middle initial or name of default doctor	
		5	Suffix	ST		Suffix of default doctor	
		6	Prefix	ST		Prefix of default doctor	
		7	Assigning Authority	HD			
		8	Universal ID	ST		UPIN of default doctor	
		9	Universal ID Type	ID		'UPIN'	
8	00138		Referring Doctor[0]	XCN		Optional	
		1	ID Number	ST		Referring provider ID for patient	Referring Doctor Id
		2	Family Name	ST		Last name of referring provider	
		3	Given Name	ST		First name of referring provider	
		4	Middle Name	ST		Middle initial or name of referring provider	
		5	Suffix	ST		Suffix of default referring provider	
		6	Prefix	ST		Prefix of default referring provider	
		7	Assigning Authority	HD			
		8	Universal ID	ST		UPIN of default referring provider	
		9	Universal ID Type	ID		'UPIN'	Default to UPIN
11	00141		Temporary Location	PL		Location indicator	Can be default clinic ID for the patient
18	00148		Patient Type	IS		Patient type	Patient type for PVN
19	00149		Visit Number	CX		Patient visit number generated by other medical systems for inbound messages	Can be used as the encounter number
20	00150		Financial Class[0]	FC	0064		
			Financial Class	IS		Default financial class of patient	Financial Class (uses description if no map entry)
44	00174		Admit Date/Time	TS		Date associated with patient visit number	
45	00175		Discharge Date/time	TS		Saved to HL7_pvn table	
50	00192		Alternate Visit ID	CX			
			ID	ST		ID of appointment	Alternate Visit ID

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PV2 - Patient Visit Information

Dentrix Enterprise processes this segment when receiving a message, but it is not used when sending.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
2	0182		Accommodation Code	CE		Can be used to import patient type to PVN table	
3	00183		Assigned Patient Location	CE		Can be patient visit account number	Can be mapped to encounter number
8	00188		Expected Admit Date/Time	TS		Start date and time for appointment	Date for encounter number
9	00189		Expected discharge Date/Time	TS		Stop date and Time for appointment	

IN1 - Patient Insurance information

Dentrix Enterprise processes this segment when receiving a message, but it is not used when sending.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00426		Set ID - IN1	SI		Relative position of insurance plan(primary carrier = 1; secondary carrier = 2; maximum = 4 for dental; maximum = 2 for medical types)	
2	00368	1	Insurance Plan ID	CE		Insurance Plan ID	
		4	OID			OID	
3	00428		Insurance Company ID[0]	CX		ID of insurance company	
			ID	ST		ID of insurance company. Dentrix Enterprise only stores insurance plans, so two plans from the same company will have different IDs.	
4	00429		Insurance Company Name[0]	XON		Required	
		1	Organization Name	ST		Name of patient's insurance plan	
		2	Assigning Authority	HD			
		3	Universal ID	ST		ID of patient's insurance plan	
5	00430		Insurance Company Address[0]	XAD			
		1	Street Address	ST		First line of address for patient's insurance plan (Address1)	
		2	Other Designation	ST		Second line of address for patient's insurance plan (Address2)	
		3	City	ST		City of address for patient's insurance plan	
		4	State	ST		State of address for patient's insurance plan	
		5	Zip	ST		ZIP Code of address for patient's insurance plan (99999-9999)	
6	00431		Insurance Company Contact Person[0]	XPN			
		1	Family Name	ST		Last name of contact person for patient's insurance plan	
		2	Given Name	ST		First name of contact person for patient's insurance plan	
		3	Middle Name	ST		Middle initial or name of contact person for patient's insurance plan	
		4	Suffix	ST		Suffix of contact person for patient's insurance plan	
		5	Prefix	ST		Prefix of contact person for patient's insurance plan	
7	00432		Insurance Company Phone Number[0]	XTN			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)] 999-9999[X99999].	
		2	Telecommunication Use Code	ID		N/A	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from phone number of patient's insurance plan.	
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from phone number of patient's insurance plan.	
		5	Extension	NM		Used when sending extension (up to five digits) in numeric format from phone number of patient's insurance plan	
		6	Any Text	ST		N/A	
8	00433		Group Number	ST		Group number for patient's insurance plan. Required if In1-2 is blank.	
9	00434		Group Name	XON		Ins group name	
10	00435		Insured's Group Emp ID	CX			
			ID	ST		ID of employer for person who is the insured party for patient's insurance plan (Employer Id)	Employer Ext ID
11	00436		Insured's Group Emp Name[0]	XON			
		1	Organization Name	ST		Name of employer for person who is the insured party for patient's insurance plan	
		2	Assigning Authority	HD			
		3	Universal ID	ST		ID of employer for person who is the insured party for patient's insurance plan	Employer
12	00437		Plan Effective Date	DT		Date insurance plan became effective for patient	
13	00438		Plan Expiration Date	DT		Date insurance plan expired for patient	
15	00440		Plan Type	IS		Policy type (string description) for patient's insurance plan.	
16	00441		Name Of Insured[0]	XPN		Required	
		1	Family Name	ST		Last name of person who is the insured party for patient's insurance plan	
		2	Given Name	ST		First name	
		3	Middle Name	ST		Middle initial or name	
		4	Suffix	ST		Suffix	
		5	Prefix	ST		Prefix of person who is the insured party for patient's insurance plan	
17	00442		Insured's Relationship to Patient	IS		Relationship of patient to insured party (string description: SPO, CHD, SEL, FTH, MTH).	
18	00443		Insured's Date of Birth	TS		Birth date of insured for insurance	
19	00444		Insured's Address [0]	XAD			
		1	Street Address	ST		First line of address for person who is the insured party for patient's insurance plan (Address1)	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		2	Other Designation	ST		Second line of address for person who is the insured party for patient's insurance plan (Address2)	
		3	City	ST		City of address for person who is the insured party for patient's insurance plan	
		4	State	ST		State of address for person who is the insured party for patient's insurance plan	
		5	Zip	ST		ZIP Code of address for person who is the insured party for patient's insurance plan (99999-9999)	
20	00445		Assignment of Benefits	IS	0135	If the insured has agreed to accept assignment of benefits (Y = Yes; N = No/M = Yes; Clinical Lab Only)	
21	00446		Coordination of Benefits	IS	0173	If the insured has more than one active insurance carrier providing coverage (CO = Coordination; IN = Independent)	
22	00447		OHI Policy Coverage Precedence Indicator Code	ST		OHI Policy Coverage Precedence Indicator Code	
25	00450		Report Of Eligibility Flag	ID	0136	If patient's eligibility has been verified for insurance plan, then 'Y' or else 'N'	
26	00451		Report Of Eligibility Date	DT		If patient's eligibility has been verified for insurance plan, is date eligibility was verified	
29	00454		Verification Date/Time	TS		If patient's eligibility has been verified for insurance plan, is date eligibility was verified	
30	00455		Verification By	XCN			
		1	Family Name	ST		Last name of person who verified eligibility for insurance plan	
		2	Given Name	ST		First name of person who verified eligibility for insurance plan	
		3	Middle Name	ST		Middle initial or name of person who verified eligibility for insurance plan	
		4	Suffix	ST		Suffix of person who verified eligibility for insurance plan	
		5	Prefix	ST		Prefix of person who verified eligibility for insurance plan	
35			OHI Coverage Claim Filing Code			OHI Coverage Claim Filing Code	
36			OHI Policy Identifier				
37	00462		Policy Deductible	CP			
			Price	MO			
			Quantity	NM		Amount of deductible for insurance plan	
42	00467		Insured's Employment Status	CE	0066		
			Identifier	ST		Employment status of insured	Employment Status (uses description if no map entry)
43	00468		Insured's Sex	IS	0001	Insured's Gender	
44	00469		Insured's Employer Address [0]	XAD			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		1	Street Address	ST		First line of address for employer for person who is the insured party for patient's insurance plan (Address1)	
		2	Other Designation	ST		Second line of address for employer for person who is the insured party for patient's insurance plan (Address2)	
		3	City	ST		City of address for employer for person who is the insured party for patient's insurance plan	
		4	State	ST		State of address for employer for person who is the insured party for patient's insurance plan	
		5	Zip	ST		ZIP Code of address for employer for person who is the insured party for patient's insurance plan (99999-9999)	
45	00470		Verification Status	ST		Current verification status for insurance plan ('NV' = Not Verified; 'AC' = Active Coverage; 'IC' = Inactive Coverage; or 'PV' = Pending Verification)	
47			OHI Coverage Payer Type Code				
49	01230	1	Insured's ID Number			Insured's ID Number	
		4	OID			OID	

IN2 - Patient Insurance Information (Optional)

Dentrix Enterprise processes this segment when receiving a message, but it is not used when sending.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00472		Insured's Employee ID	CX		EmpExtID	
2	00473		Insured's Social Security Number	ST		Social Security number of insured for this insurance plan. Required if IN1-36 and IN1-49 are blank.	
30	00501		Daily Deductible	CM			
			Daily Deductible Delay Days	NM		'0'	
			Daily Deductible Amount	NM		Amount of co-pay for insurance plan	
			Daily Deductible Number of Days	NM		'365'	
59	0312		Policy Scope	IS		"DN" for dental; "MD" for medical. Required if IN1-47 is blank.	Set medical or dental flag
63	00803		Insured's Telephone Number - Home [0]	XTN			
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		Used when sending telephone number in numeric format. Phone type from insured's first phone number (Phone1).	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from insured's first phone number (Phone1).	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from insured's first phone number (Phone1).	
		5	Extension	NM		Used when sending extension (up to five digits) in numeric format from insured's first phone number (Phone1)	
		6	Any Text	ST		Used when sending telephone number in numeric format. Phone type from insured's first phone number (Phone1). If this field is blank when receiving this message, 'Home' is used.	
64	00804		Insured's Employer Telephone Number - Home [0]	XTN			
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		N/A	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from insured's employer number.	
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from insured's employer number.	
		5	Extension	NM		Used when sending extension (up to five digits) in numeric format from insured's employer number	
		6	Any Text	ST		N/A	
70	00810		Insured's Employer's Organization Name And ID[0]	XON			
		1	Organization Name	ST		Name of insured's employer	
		2	Assigning Authority	HD			
		3	Universal ID	ST		ID of insured's employer	Employer
72			Insured Member's Relationship Code			Insured Member's Relationship Code	

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ZNI – Custom Insurance Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
9			OHI Coverage Type Code/HCDP Type Code/			OHI Coverage Type Code/HCDP Type Code/	
10			Co-Payment Factor			Co-Payment Factor	
11			OHI HIPAA Insurance Type Code/OGP Type Code			OHI HIPAA Insurance Type Code/OGP Type Code	
12			OHI Policy Effective Date			OHI Policy Effective Date	
13			OHI Policy Expiration Date			OHI Policy Expiration Date	
14			Subscriber Member Category Code			Subscriber Member Category Code	
15			Sponsor Person Death Calendar Date			Sponsor Person Death Calendar Date	

ZMI – Custom Military Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
2			Patient Military Flying Status Code			Patient Military Flying Status Code	
3			Command Security Code			Command Security Code	
4		3	Assigned Unit			Assigned Unit	
5		3	Attached Unit			Attached Unit	

ZP2 - Customized Patient Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Set ID	SI			
2			Date of Last Registration Update	TS			
3			Outpatient Med/Release Date	TS			
4			Med/Release Revoked Date	TS			
5			Tribal Enrollment Number	ST			
6		1	CHS Tribal Affiliation-code	ID			
		2	CHS Tribal Affiliation-Text	ST			
7			Blood Type Code	ID			
9			Assigned Benefits Obtained Date	TS			
10			Assigned Benefits Expired Date	TS			
11		1	SSN Verification Status Code	IS			
		2	SSN Verification Status Text	ST			
12		1	Reason for no SSN - Code	IS			
		2	Reason for no SSN - Text	ST			
13		1	Birth Place City	ST			
		2	Birth Place State	ST			
14			Birth Certificate#	SI			
15		1	Tribal Membership - Code	SI			
		2	Tribal Membership - Text	ST			
16			Tribal Quantum	ST			
17			Indian Blood Quantum	ST			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
18		1	Classification/ Beneficiary - Code	SI			
		2	Classification/ Beneficiary - Text	ST			
19			Current Residency Date	TS			
20			State of Death	ST			
21			Death Certificate#	SI			
22			Current Community	ST			
23		1	Tribal Membership Verified Flag - Code	SI			
		2	Tribal Membership Verified Flag - Text	ST			
24			Residence Verified	ST		“Y” or “N”	
25			Date of Eligibility Determined	TS			
26		1	Eligible Minor Child - Code	SI			
		2	Eligible Minor Child - Text	ST			
27			Location of Home	ST			
28			Additional Registration Info	ST			
29			Remarks	ST			
31			Father’s Names	ST			
32		1	Father’s Birth Place - City	ST			
		2	Father’s Birth Place - State	ST			
33		1	Mother’s Birth Place - City	ST			
		2	Mother’s Birth Place - State	ST			

OBX – Custom Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Set ID - OBX				
2			Value Type	CD			
3			Observation Identifier			Diving Status, or Submarine Status, or Jump Status	
5			Observation Value				

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This message is sent whenever a patient deleted from the system.

Segment	Notes
MSH - Message Header	
EVN - Event Type	
PID - Patient Identification	

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		ADT	
		2	Trigger Event	ID		A29	
10	00010		Message Control ID	ST		Unique integer for message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

EVN - Event Type Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00199		Event Type Code	TS	0003	'A29'	
2	00100		Recorded Date/Time	TS		Date and time message was created and filled out by Dentrix Enterprise	
4	00102		Event Reason Code	IS		'01'	

PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	CDCR# is used as Chart# when PID-3M-UI-SC option selected
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components.	
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	
6	00109		Mother's Maiden Name[0]	XPN		Optional	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of the patient phone number.	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of patient phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121		Encounter Number			Used in outbound messages for DPC encounter number	
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
19	00122		SSN	ST		Patient's SSN (999-99-9999).	SSN can be mapped to filter out bad ones.
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up a mapping table
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

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V-9. ADT A31
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This message is sent whenever a patient's information is updated in the system.

Segment	Notes
MSH - Message Header	
EVN - Event Type	
PID - Patient Identification	
GT1 - Guarantor Information	
PV1 - Patient Visit	Optional
PV2 - Additional Visit Information	Optional
IN1 - Insurance Information	Repeated for every active insurance carrier for patient. Optional.
IN2 - Insurance Information - Additional Info	Repeated for every active insurance carrier for patient. Optional.
PD1 - Additional Patient Demographic Info	Optional
NK1 - Next of Kin	Optional
ZP2 - Custom Patient Information	Optional
ZDP -Custom Dentrux Patient Additional Info	Optional
AL1 - Allergy Information	Optional
ZMI	Optional
ZEI	Optional
ZPI	Optional
ZNI	Optional
OBX	Optional

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrux Enterprise Usage	Dentrux Enterprise Mapping
1	00001		Field Separator	ST		' '.	
2	00002		Encoding Characters	ST		'^~\&'.	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		ADT	
		2	Trigger Event	ID		A31	
10	00010		Message Control ID	ST		Unique integer for message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

EVN - Event Type Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrux Enterprise Usage	Dentrux Enterprise Mapping
1	00199		Event Type Code	TS	0003	'A31'	
2	00100		Recorded Date/Time	TS		Date and time message was created and filled out by Dentrux Enterprise	
4	00102		Event Reason Code	IS		'01'	

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PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	CDCR# is used as Chart# when PID-3M-UI-SC option selected
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components.	Can be used as Medicaid ID
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	
6	00109		Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of patient phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient's phone	
		6	Area Code	NM		Area code of patient's phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121	1	Patient Account Number	CX		Current patient account number (optional)	Can read and send also in PV1-19 (PVN).
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
19	00122		SSN	ST		Patient's SSN (999-99-9999)	SSN can be mapped to filter out bad ones.
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up a mapping table

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

PD1 - Patient Additional Demographic Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
4	00757		Patient's Primary Care Manager ID and Name	XCN		Used as Medical Primary Care Provider ID and Names	
		1	Primary Care Manager ID			Displayed as received	
		2	Primary Care Manager's Last Names	ST		Displayed as received	
		3	Primary Care Manager's First Name	ST			
		4	Primary Care Manager's Middle Name	ST			
		5	Primary Care Manager's Suffix	ST			
		6	Primary Care Provider's Type code	ST			
8			Organ Donor code			Organ Donor code of patient	

ZPI – Custom DEERs Patient Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
9			Restrict Display			Patient Confidentiality	
22		1	VIP Flag			Person VIP Indicator	
35			Primary Care Provider Phone			Primary Care Provider Phone	
36			Primary Care Provider Begin Date			Primary Care Provider Begin Date	
37			Primary Care Manager End Date			Primary Care Manager End Date	

ZEI – Custom DEERs Patient Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
11			Patient US Government Agency Code			Patient US Government Agency Code	
13		1	Patient Affiliation Category Code			Patient Affiliation Category Code	
		2	Patient Pay Category			Patient Pay Category	
18			Patient Rank			Patient Rank	

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AL1 - Patient Allergy Information Segment (Repeatable up to 255)

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00203		Set ID	CE		“1”. Required.	
2	00204		Allergy Type Code	CE	0127	Required	
3	00205		Allergen Code and Description	CE			
		1	Allergen Code	ST		Required	Map to allergy definitions
		2	Allergen Description	ST		Required	
		3	Name of Coding System	IS		Optional	
4	00206		Allergy Severity Code	CE	0128	Required	
5	00207		Allergy Reaction Code	CE		Optional	
6	00208		Identification Date	CE		Required	

DG1 - Patient Diagnosis Information Segment

The DG1 segment contains patient diagnosis information of various types, for example, admitting, primary, etc. The DG1 segment is used to send multiple diagnoses (for example, for medical records encoding).

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Set ID	SI		Required	
2			Diagnosis Coding Method	ID	0053		
3			Diagnosis Code	CE	0051	Optional	
4			Diagnosis Description	ST			
5			Diagnosis Date/Time	TS		Optional	
6			Diagnosis Type	IS	0052	Required	
7			Major Diagnostic Category	CE	0118		
8			Diagnostic Related Group	CE	0055		
9			DRG Approval Indicator	ID	0136		
10			DRG Grouper Review Code	IS	0056		
11			Outlier Type	CE	0083		
12			Outlier Days	NM			
13			Outlier Cost	CP			
14			Grouper Version And Type	ST			
15			Diagnosis Priority	ID	0359	Optional	
16			Diagnosing Clinician	XCN		Optional	
17			Diagnosis Classification	IS	0228	Optional	
18			Confidential Indicator	ID	0136	Optional	
19			Attestation Date/Time	TS		Optional	

ZDP - Custom Dentrix Patient Additional Information Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Patient's Poverty Level	IS		If no mapping exists, is poverty code in Dentrix Enterprise	A mapping can be set up
2			Patient's Homeless Status	IS		If no mapping exists, is homeless status code in Dentrix Enterprise	A mapping can be set up
3			Patient's Worker Status	IS		If no mapping exists, is worker status code in Dentrix Enterprise	A mapping can be set up
4			Patient's Privacy Request				
		1	No Phone Call	ST		YES or NO	
		2	No Correspondence	ST		YES or NO	
		3	No Disclosure	ST		YES or NO	
5			Patient's Employer ID			Employer ID	Employer ID
6			Employer Name	XCN			
		1	Patient's Employer's Organization Name[0]	ST		Name of patient's employer	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		2	Assigning Authority	HD			
		3	Universal ID	ST		Universal ID of patient's employer	
7			Patient's Employer Address[0]	XAD			
		1	Street Address	ST		First line of address for patient's employer (Address1)	
		2	Other Designation	ST		Second line of address for patient's employer (Address2)	
		3	City	ST		City of address for patient's employer	
		4	State	ST		State of address for patient's employer	
		5	Zip	ST		ZIP Code of address for patient's employer (99999-9999)	
		6	Country	ST			
8			Patient's Employer Phone Number[0]	XTN			
9			First Visit Date	TS		First Visit Date to the Health Care Center	Update first visit date if inbound date is earlier
10			Last Visit Date	TS		Last Visit Date to the Health Care Center	Update last visit date if inbound date is later
11			Pager Number	TN		Pager number as string formatted as 999-999-9999	Pager #
12			Other Telephone Number	TN		Telephone number as string formatted as [(999)]999-9999[9999][9999]	Other phone#
13			User Defined Patient Category	IS		User defined patient category	Can set up an inbound and outbound mapping

NK1 - Patient Next of Kin/Associated Parties Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00190		Set ID	SI			
2	00191	1	Contact Person Last Name	XPN			
		2	Contact Person First Name				
		3	Contact Person Middle Name				
		4	Contact Person Cadency Name				
3	00192		Relationship			If NK1.3 is empty system will set the NK relationship to "Unspecified" and will process NK1 segment "UNSPECIFIED" roles	
4	00193		Address	XAD			
		1	Street Address 1				
		2	Street Address 2				
		3	City				
		4	State				
		5	Zip				
		6	Country				
		7	Address type				
5	00194		Phone				
6	00195		Business Phone				

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
7	00196		Contact Role			Uses “NOK” “ECON” “GUARD” “SPONSOR” roles If NK1.7 is empty system will set the NK relationship to “Unspecified” and will process NK1 segment “UNSPECIFIED” roles	
8			Start Date				
9			End Date				
14			Marital Status			Used either as Single, Married, Widowed, Divorced, Separated, Annulled, Interlocutory Decreed Additional statuses for inmate: Single, Never Married, Unmarried Partner	
16			Date/Time of Birth			Birth date	
20			Primary Language			Primary language for patient	
25			Religion			Patient’s religion	
35			Race			Patient’s race	

GT1 - Guarantor Information Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00405		Set ID - GT1	SI		‘1’	
2	00406		Guarantor Number[0]	CX		Guarantor ID. Required.	Guarantor Ext ID
			ID	ST		ID number for guarantor based on Guarantor ID	If guarantor is same as patient, uses patient or else guarantor
3	00407		Guarantor Name[0]	XP		Required	
		1	Family Name	ST		Last name of guarantor	
		2	Given Name	ST		First name of guarantor	
		3	Middle Name	ST		Middle initial or name of guarantor	
		4	Suffix	ST		Suffix of guarantor	
		5	Prefix	ST		Prefix of guarantor	
5	00409		Guarantor Address[0]	XAD			
		1	Street Address	ST		First line of guarantor’s address (Address1)	
		2	Other Designation	ST		Second line of guarantor’s address (Address2)	
		3	City	ST		City of guarantor’s address	
		4	State	ST		State of guarantor’s address	
		5	Zip	ST		ZIP Code of guarantor’s address (99999-9999)	
6	00410		Guarantor Phone Num-Home[0]	XTN			
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		Used when sending telephone number in numeric format. Phone type from the guarantor’s first phone number (Phone1).	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from guarantor’s first phone number (Phone1).	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from guarantor's first phone number (Phone1).	
		5	Extension	NM		Used when sending extension (up to five digits) in numeric format from guarantor's first phone number (Phone1)	
		6	Any Text	ST		Used when sending telephone number in numeric format. Phone type from the guarantor's first phone number (Phone1).	
7	00411		Guarantor Phone Num-Business[0]	XTN			
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		Used when sending telephone number in numeric format. Phone type from the guarantor's second phone number (Phone2).	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from guarantor's second phone number (Phone2).	
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from guarantor's second phone number (Phone2).	
		5	Extension	NM		Used when sending extension (up to five digits) in numeric format from guarantor's second phone number (Phone2).	
		6	Any Text	ST		Used when sending telephone number in numeric format. Phone type from guarantor's second phone number (Phone2).	
8	00412		Guarantor Date/Time of Birth	TS		Birth date of guarantor. Required.	
9	00413		Sex	IS	0001	Gender of guarantor (M = Male; F = Female). Required.	
11	00415		Guarantor Relationship	IS	0063	Relationship of patient to guarantor. If Responsible Same As Patient is selected, then relationship with HCFA marked as 'Self' is used. If 'Self' is received, then Responsible Same As Patient is selected. Required.	Patient Relations (uses description if no map entry)
12	00416		Guarantor SSN	ST		SSN of guarantor (999-99-9999)	
16	00420		Guarantor Employer Name	XPN		Employer Name	
17	00421		Guarantor Employer Address[0]	XAD			
		1	Street Address	ST		First line of address for guarantor's employer (Address1)	
		2	Other Designation	ST		Second line of address for guarantor's employer (Address2)	
		3	City	ST		City of address for guarantor's employer	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		4	State	ST		State of address for guarantor's employer	
		5	Zip	ST		ZIP Code of address for guarantor's employer (99999-9999)	
18	00422		Guarantor Employer Phone Number[0]	XTN			
			Telephone Number	TN		Used when sending telephone number as string formatted as [(999)]999-9999[X99999]	
			Telecommunication Use Code	ID			
20	00424		Guarantor Employment Status	IS	0066	Employment status of guarantor	Employment Status (uses description if no map entry)
29	00780		Guarantor Employer ID Number	CX			
			ID	ST		ID of employer (EmployerId)	Employer
36	00118		Primary Language	CE		Language code	Can use Dentrix Enterprise mapping
41	00120		Religion	CE		Religion code	Can use Dentrix Enterprise mapping
51	01299		Guarantor Employer's Organization Name[0]	XON			
		1	Organization Name	ST		Name of guarantor's employer	
		2	Assigning Authority	HD			
		3	Universal ID	ST		ID of guarantor's employer	Employer
55	01291		Guarantor race	CE		Race code	Can use Dentrix Enterprise mapping

PV1 - Patient Visit information

Dentrix Enterprise processes this segment when receiving a message.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00131		Set ID - PV1	SI		'1'	
2	00132		Patient Class	IS	0004	Optional	
3	00133	1	Housing area			Housing area	
		2	Cell			Cell	
		3	Bed			BedNumber "UNK-UNK" value is unknown bed number in case of the transfer without housing	
		4	Facility			Facility	
		7	Building			Building	
7	00137		Attending Doctor[0]	XCN		Required	
		1	ID Number	ST		Default doctor ID for patient	Doctor (RscID)
		2	Family Name	ST		Last name of default doctor	
		3	Given Name	ST		First name of default doctor	
		4	Middle Name	ST		Middle initial or name of default doctor	
		5	Suffix	ST		Suffix of default doctor	
		6	Prefix	ST		Prefix of default doctor	
		7	Assigning Authority	HD			
		8	Universal ID	ST		UPIN of default doctor	
		9	Universal ID Type	ID		'UPIN'	
8	00138		Referring Doctor[0]	XCN		Optional	
		1	ID Number	ST		Referring provider ID for patient	Referring Doctor Id
		2	Family Name	ST		Last name of referring provider	
		3	Given Name	ST		First name of referring provider	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		4	Middle Name	ST		Middle initial or name of referring provider	
		5	Suffix	ST		Suffix of default referring provider	
		6	Prefix	ST		Prefix of default referring provider	
		7	Assigning Authority	HD			
		8	Universal ID	ST		UPIN of default referring provider	
		9	Universal ID Type	ID		'UPIN'	Default to UPIN
11	00141		Temporary Location	PL		Location indicator	Can be default clinic ID for the patient
18	00148		Patient Type	IS		Patient type	Patient type for PVN
19	00149		Visit Number	CX		Patient visit number generated by other medical systems for inbound messages	Can be used as the encounter number
20	00150		Financial Class[0]	FC	0064		
			Financial Class	IS		Default financial class of patient	Financial Class (uses description if no map entry)
44	00174		Admit Date/Time	TS		Date associated with patient visit number	
45	00175		Discharge Date/time	TS		Saved to HL7_pvn table	
50	00192		Alternate Visit ID	CX			
			ID	ST		ID of appointment	Alternate Visit ID

PV2 - Patient Visit Information

Dentrix Enterprise processes this segment when receiving a message, but it is not used when sending.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
2	0182		Accommodation Code	CE		Can be used to import patient type to PVN table	
3	00183		Assigned Patient Location	CE		Can be patient visit account number	Can be mapped to encounter number
8	00188		Expected Admit Date/Time	TS		Start date and time for appointment	Date for encounter number
9	00189		Expected discharge Date/Time	TS		Stop date and Time for appointment	

IN1 - Patient Insurance information

Dentrix Enterprise processes this segment when receiving a message, but it is not used when sending.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00426		Set ID - IN1	SI		Relative position of insurance plan(primary carrier = 1; secondary carrier = 2; maximum = 4 for dental; maximum = 2 for medical types)	
2	00368	1	Insurance Plan ID	CE		Insurance Plan ID	
		4	OID			OID	
3	00428		Insurance Company ID[0]	CX		ID of insurance company	
			ID	ST		ID of insurance company. Dentrix Enterprise only stores insurance plans, so two plans from the same company will have different IDs	Insurance Company Ext ID
4	00429		Insurance Company Name[0]	XON		Required	
		1	Organization Name	ST		Name of patient's insurance plan	
		2	Assigning Authority	HD			
		3	Universal ID	ST		ID of patient's insurance plan	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
5	00430		Insurance Company Address[0]	XAD			
		1	Street Address	ST		First line of address for patient's insurance plan (Address1)	
		2	Other Designation	ST		Second line of address for patient's insurance plan (Address2)	
		3	City	ST		City of address for patient's insurance plan	
		4	State	ST		State of address for patient's insurance plan	
		5	Zip	ST		ZIP Code of address for patient's insurance plan (99999-9999)	
6	00431		Insurance Company Contact Person[0]	XPN			
		1	Family Name	ST		Last name of contact for patient's insurance plan	
		2	Given Name	ST		First name of contact for patient's insurance plan	
		3	Middle Name	ST		Middle initial or name of contact for patient's insurance plan	
		4	Suffix	ST		Suffix of contact person for patient's insurance plan	
		5	Prefix	ST		Prefix of contact for patient's insurance plan	
7	00432		Insurance Company Phone Number[0]	XTN			
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)] 999-9999[X99999]	
		2	Telecommunication Use Code	ID		N/A	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from phone number of patient's insurance plan.	
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from phone number of patient's insurance plan.	
		5	Extension	NM		Used when sending extension (up to five digits) from phone number of patient's insurance plan	
		6	Any Text	ST		N/A	
8	00433		Group Number	ST		Group number for patient's insurance plan. Required	
9	00434		Group Name	XON		Ins group name	
10	00435		Insured's Group Emp ID	CX			
			ID	ST		ID of employer for person who is the insured party for patient's insurance plan (Employer Id)	Employer Ext ID
11	00436		Insured's Group Emp Name[0]	XON			
		1	Organization Name	ST		Name of employer for person who is the insured party for patient's insurance plan	
		2	Assigning Authority	HD			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		3	Universal ID	ST		ID of employer for person who is the insured party for patient's insurance plan	Employer
12	00437		Plan Effective Date	DT		Date insurance plan became effective for patient	
13	00438		Plan Expiration Date	DT		Date insurance plan expired for patient	
15	00440		Plan Type	IS		Policy type (string description) for patient's insurance plan.	
16	00441		Name Of Insured[0]	XPN		Required	
		1	Family Name	ST		Last name of person who is the insured party for patient's insurance plan	
		2	Given Name	ST		First name	
		3	Middle Name	ST		Middle initial or name	
		4	Suffix	ST		Suffix	
		5	Prefix	ST		Prefix of person who is the insured party for patient's insurance plan	
17	00442		Insured's Relationship to Patient	IS		Relationship of patient to insured party (string description: SPO, CHD, SEL, FTH, MTH).	
18	00443		Insured's Date of Birth	TS		Birth date of insured for insurance	
19	00444		Insured's Address [0]	XAD			
		1	Street Address	ST		First line of address for person who is the insured party for patient's insurance plan (Address1)	
		2	Other Designation	ST		Second line of address for person who is the insured party for patient's insurance plan (Address2)	
		3	City	ST		City of address for person who is the insured party for patient's insurance plan	
		4	State	ST		State of address for person who is the insured party for patient's insurance plan	
		5	Zip	ST		ZIP Code of address for person who is the insured party for patient's insurance plan (99999-9999)	
20	00445		Assignment of Benefits	IS	0135	If insured has agreed to accept assignment of benefits (Y = Yes; N = No/M = Yes, Clinical Lab Only)	
21	00446		Coordination of Benefits	IS	0173	If insured has more than one active insurance carrier providing coverage (CO = Coordination; IN = Independent)	
22	00447		OHI Policy Coverage Precedence Indicator Code	ST		OHI Policy Coverage Precedence Indicator Code	
25	00450		Report Of Eligibility Flag	ID	0136	If patient's eligibility has been verified for insurance plan, then 'Y' or else 'N'	
26	00451		Report Of Eligibility Date	DT		If patient's eligibility has been verified for insurance plan, is date eligibility was verified	
29	00454		Verification Date/Time	TS		If patient's eligibility has been verified for insurance plan, is date eligibility was verified	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
30	00455		Verification By	XCN			
		1	Family Name	ST		Last name of person who verified eligibility for insurance plan	
		2	Given Name	ST		First name of person who verified eligibility for insurance plan	
		3	Middle Name	ST		Middle initial or name of person who verified eligibility for insurance plan	
		4	Suffix	ST		Suffix of person who verified eligibility for insurance plan	
		5	Prefix	ST		Prefix of person who verified eligibility for insurance plan	
35			OHI Coverage Claim Filing Code			OHI Coverage Claim Filing Code	
36			OHI Policy Identifier				
37	00461		Policy Deductible	CP			
			Price	MO			
			Quantity	NM		Amount of deductible for insurance plan	
42	00467		Insured's Employment Status	CE	0066		
			Identifier	ST		Employment status of insured	Employment Status (uses description if no map entry)
43	00468		Insured's Sex	IS	0001	Insured's Gender	
44	00469		Insured's Employer Address [0]	XAD			
		1	Street Address	ST		First line of address for employer for person who is the insured party for patient's insurance plan (Address1)	
		2	Other Designation	ST		Second line of address for employer for person who is the insured party for patient's insurance plan (Address2)	
		3	City	ST		City of address for employer for person who is the insured party for patient's insurance plan	
		4	State	ST		State of address for employer for person who is the insured party for patient's insurance plan	
		5	Zip	ST		ZIP Code of address for employer for person who is the insured party for patient's insurance plan (99999-9999)	
45	00470		Verification Status	ST		Current verification status for insurance plan ('NV' = Not Verified; 'AC' = Active Coverage; 'IC' = Inactive Coverage; or 'PV' = Pending Verification)	
47			OHI Coverage Payer Type Code				
49	01230	1	Insured's ID Number			Insured's ID Number	
		4	OID			OID	

IN2 - Patient Insurance Information (Optional)

Dentrix Enterprise processes this segment when receiving a message, but it is not used when sending.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00472		Insured's Employee ID	CX		EmpExtID	
2	00473		Insured's Social Security Number	ST		Social Security number of insured for this insurance plan. Required if IN1-36 and IN1-49 are blank.	
30	00501		Daily Deductible	CM			
			Daily Deductible Delay Days	NM		'0'	
			Daily Deductible Amount	NM		Amount of co-pay for insurance plan	
			Daily Deductible Number of Days	NM		'365'	
59	0312		Policy Scope	IS		"DN" for dental; "MD" for medical. Required if IN1-47 is blank.	Set medical or dental flag
63	00803		Insured's Telephone Number - Home [0]	XTN			
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		Used when sending telephone number in numeric format. Phone type from insured's first phone number (Phone1).	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from insured's first phone number (Phone1).	
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from insured's first phone number (Phone1).	
		5	Extension	NM		Used when sending extension (up to five digits) in numeric format from insured's first phone number (Phone1)	
		6	Any Text	ST		Used when sending telephone number in numeric format. Phone type from insured's first phone number (Phone1). If this field is blank when receiving this message, 'Home' is used.	
64	00804		Insured's Employer Telephone Number - Home [0]	XTN			
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)]999-9999[X99999]	
		2	Telecommunication Use Code	ID		N/A	
		3	Area Code	NM		Used when sending telephone number in numeric format. Area code from insured's employer number.	
		4	Phone Number	NM		Used when sending telephone number in numeric format. Local seven-digit number from insured's employer number.	
		5	Extension	NM		Used when sending extension (up to five digits) in numeric format from insured's employer number	
		6	Any Text	ST		N/A	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
70	00810		Insured's Employer's Organization Name And ID[0]	XON			
		1	Organization Name	ST		Name of insured's employer	
		2	Assigning Authority	HD			
		3	Universal ID	ST		ID of insured's employer	Employer
72			Insured Member's Relationship Code			Insured Member's Relationship Code	

ZNI – Custom Insurance Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
9			OHI Coverage Type Code/HCDP Type Code/			OHI Coverage Type Code/HCDP Type Code/	
10			Co-Payment Factor			Co-Payment Factor	
11			OHI HIPAA Insurance Type Code/OGP Type Code			OHI HIPAA Insurance Type Code/OGP Type Code	
12			OHI Policy Effective Date			OHI Policy Effective Date	
13			OHI Policy Expiration Date			OHI Policy Expiration Date	
14			Subscriber Member Category Code			Subscriber Member Category Code	
15			Sponsor Person Death Calendar Date			Sponsor Person Death Calendar Date	

ZMI – Custom Military Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
2			Patient Military Flying Status Code			Patient Military Flying Status Code	
3			Command Security Code			Command Security Code	
4		3	Assigned Unit			Assigned Unit	
5		3	Attached Unit			Attached Unit	

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ZP2 - Customized Patient Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Set ID	SI			
2			Date of Last Registration Update	TS			
3			Outpatient Med/Release Date	TS			
4			Med/Release Revoked Date	TS			
5			Tribal Enrollment Number	ST			
6		1	CHS Tribal Affiliation-code	ID			
		2	CHS Tribal Affiliation-Text	ST			
7			Blood Type Code	ID			
9			Assigned Benefits Obtained Date	TS			
10			Assigned Benefits Expired Date	TS			
11		1	SSN Verification Status Code	IS			
		2	SSN Verification Status Text	ST			
12		1	Reason for no SSN - Code	IS			
		2	Reason for no SSN - Text	ST			
13		1	Birth Place City	ST			
		2	Birth Place State	ST			
14			Birth Certificate#	SI			
15		1	Tribal Membership - Code	SI			
		2	Tribal Membership - Text	ST			
16			Tribal Quantum	ST			
17			Indian Blood Quantum	ST			
18		1	Classification/ Beneficiary - Code	SI			
		2	Classification/ Beneficiary - Text	ST			
19			Current Residency Date	TS			
20			State of Death	ST			
21			Death Certificate#	SI			
22			Current Community	ST			
23		1	Tribal Membership Verified Flag - Code	SI			
		2	Tribal Membership Verified Flag - Text	ST			
24			Residence Verified	ST		"Y" or "N"	
25			Date of Eligibility Determined	TS			
26		1	Eligible Minor Child - Code	SI			
		2	Eligible Minor Child - Text	ST			
27			Location of Home	ST			
28			Additional Registration Info	ST			
29			Remarks	ST			
31			Father's Names	ST			
32		1	Father's Birth Place - City	ST			
		2	Father's Birth Place - State	ST			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
33		1	Mother's Birth Place - City	ST			
		2	Mother's Birth Place - State	ST			

OBX – Custom Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Set ID - OBX				
2			Value Type	CD			
3			Observation Identifier			Diving Status, or Submarine Status, or Jump Status	
5			Observation Value				

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V-10. ADT A40
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This message is sent when a patient's id (patient external ID in Dentrix Enterprise) is changed in a remote system (under consideration).

Segment	Notes
MSH - Message Header	
EVN - Event Type	
PID - Patient Identification	
MRG - Merge Information	

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		ADT	
		2	Trigger Event	ID		A40	
10	00010		Message Control ID	ST		Unique integer for message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

EVN - Event Type Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00199		Event Type Code	TS	0003	'A40'	
2	00100		Recorded Date/Time	TS		Date and time message was created and filled out by Dentrix Enterprise	
4	00102		Event Reason Code	IS		'01'	

PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID	CX			CDCR# is used as Chart# when PID-3M-UI-SC option selected
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	
			ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components.	Can be used as Medicaid ID
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	
6	00109		Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		2	Given Name	ST		First name of mother's maiden name	
		3	Middle Name	ST		Middle initial or name of mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address.	
		4	State	ST		State of patient's address.	
		5	Zip	ST		ZIP Code of patient address (99999)	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number - Home[0]	XTN			
		1	Telephone Number	TN		Telephone number as string formatted as [(999)]999-9999[X99999][B99999]. For example, (222)555-5555.	
		2	Telecommunication Use Code	ID		Used when sending telephone number in numeric format	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of patient phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits) from patient's first phone number (Phone1)	
14	00117		Phone Number - Business[0]	XTN			
		1	Telephone Number	TN		Telephone number as string formatted as [(999)]999-9999[99999][99999]	
		2	Telecommunication Use Code	ID		Telephone number in numeric format. Phone type from the patient's second phone number (Phone2).	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of patient phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digit) from patient's first phone number (Phone1)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of patient	Marital Status (uses description if no map entry)

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
17	00120		Religion	CE	0006	Used numerical definitions	Use external on internal mapping
18	00121	1	Patient Account Number	CX		Current patient account number (optional)	Can read and send also in PV1-19 (PVN).
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
19	00122		SSN	ST		Patient's SSN (999-99-9999)	SSN can be mapped to filter out bad ones
20	00123		Driver's License Number	DLN		Patient's driver's license number	
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

MRG - Merge Patient Information Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00211		Prior Patient ID - Internal[0]	CX		Required	
			ID	ST		Prior internal ID of patient	External Patient ID (Patient Id). This is the ID Dentrix Enterprise uses for merging the existing patient. This ID will be replaced by ID in PID-3 field for this patient. All other patient-related data will be combined with patient identified with PID-3 if it exists; otherwise, old patient will be overwritten by current patient.
4	00214		Prior Patient ID - External	CX		This field is not required in A40	
			ID	ST		Prior external ID of patient	

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V-11. ADT A41
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This message is used when two patient's account numbers are merged into one in a remote system.

Segment	Notes
MSH - Message Header	
EVN - Event Type	
PID - Patient Identification	
MRG - Merge Information	

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '.	
2	00002		Encoding Characters	ST		'^~\&'.	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		ADT	
		2	Trigger Event	ID		A41	
10	00010		Message Control ID	ST		Unique integer for this message.	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

EVN - Event Type Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00199		Event Type Code	TS	0003	A41	
2	00100		Recorded Date/Time	TS		Date and time message was created and filled out by Dentrix Enterprise	
4	00102		Event Reason Code	IS		'01'	

PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	CDCR# is used as Chart# when PID-3M-UI-SC option selected
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components.	
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
6	00109		Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of the patient phone number.	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of patient phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121		Encounter Number			Used in outbound messages for DPC encounter number	
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
19	00122		SSN	ST		Patient's SSN (999-99-9999).	SSN can be mapped to filter out bad ones.
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up a mapping table
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

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MRG - Merge Patient Information Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
3	00213	1	Prior Patient Account Number	CX		Old account# that will be replaced by account# in PID-18. Account numbers will be updated only in DDB_HL7_PVN_BASE and not in DDB_PROC_LOG_BASE.	
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.

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V-12. ADT A42
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This message is used when two visit numbers are merged in a remote system.

Segment	Notes
MSH - Message Header	
EVN - Event Type	
PID - Patient Identification	
MRG - Merge Information	

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		ADT	
		2	Trigger Event	ID		A42	
10	00010		Message Control ID	ST		Unique integer for message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

EVN - Event Type Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00199		Event Type Code	TS	0003	A42	
2	00100		Recorded Date/Time	TS		Date and time message was created and filled out by Dentrix Enterprise	
4	00102		Event Reason Code	IS		01	

PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	CDCR# is used as Chart# when PID-3M-UI-SC option selected
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components.	
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
6	00109		Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of the patient phone number.	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of patient phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121		Encounter Number			Used in outbound messages for DPC encounter number	
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
19	00122		SSN	ST		Patient's SSN (999-99-9999).	SSN can be mapped to filter out bad ones.
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up a mapping table
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

MRG - Merge Patient Information Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
5	1279	1	Prior Visit Number	CX		Required. Visit# saved in HL7_PVN will be merged. Visit number already used in DDB_PROC_LOG_BASE will not be merged since those numbers were already sent to remote system.	
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.

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V-13. ADT A46
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This message is sent whenever a patient's external ID is changed in the system.

Segment	Notes
MSH - Message Header	
EVN - Event Type	
PID - Patient Identification	
MRG - Merge Information	

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		ADT	
		2	Trigger Event	ID		A46	
10	00010		Message Control ID	ST		Unique integer for message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

EVN - Event Type Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00199		Event Type Code	TS	0003	'A46'	
2	00100		Recorded Date/Time	TS		Date and time message was created and filled out by Dentrix Enterprise	
4	00102		Event Reason Code	IS		'01'	

PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	CDCR# is used as Chart# when PID-3M-UI-SC option selected
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components.	
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
6	00109		Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of the patient phone number.	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of patient phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121		Encounter Number			Used in outbound messages for DPC encounter number	
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
19	00122		SSN	ST		Patient's SSN (999-99-9999).	SSN can be mapped to filter out bad ones.
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up a mapping table
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

MRG - Merge Patient Information Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00211		Prior Patient ID - Internal[0]	CX			
			ID	ST		Prior internal ID of patient	InternalPatientId(PatientId)
4	00214		Prior Patient ID - External	CX			
			ID	ST		Prior external ID of patient	ExternalPatientId(PatientId)

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V-14. ADT A47
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This message is sent when a patient's internal ID is changed in the system.

Segment	Notes
MSH - Message Header	
EVN - Event Type	
PID - Patient Identification	
MRG - Merge Information	
OBX Observation Identifiers	For ADT messages (Inmate)

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		ADT	
		2	Trigger Event	ID		A47	
10	00010		Message Control ID	ST		Unique integer for message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

EVN - Event Type Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00199		Event Type Code	TS	0003	'A47'	
2	00100		Recorded Date/Time	TS		Date and time message was created and filled out by Dentrix Enterprise	
4	00102		Event Reason Code	IS		'01'	

PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	CDCR# is used as Chart# when PID-3M-UI-SC option selected
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components.	
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
6	00109		Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of the patient phone number.	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of patient phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121		Encounter Number			Used in outbound messages for DPC encounter number	
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
19	00122		SSN	ST		Patient's SSN (999-99-9999).	SSN can be mapped to filter out bad ones.
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up a mapping table
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

MRG - Merge Patient Information Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00211		Prior Patient ID - Internal[0]	CX		Required	
			ID	ST		Prior internal ID of patient	InternalPatientId(PatientId)
4	00214		Prior Patient ID - External	CX		Required	
			ID	ST		Prior external ID of patient	ExternalPatientId(PatientId)

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V-15. ADT (for all supported trigger events)

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OBX - Observation Identifiers for Inmate

For ADT messages (Inmate).

Identifier	DT	Len	Usage	Possible Values
INMATESTATUS	ST	30	Inmate status	Active/Inactive
PROGRMASSIGN	ST	100	Program assignment	Free text, not empty
INCARCDATE	TS		Incarceration begin date	Datetime string (e.g., 20180301000000-0800)
BDASSIGNDTTM	TS		Bed assignment date and time	Datetime string (e.g., 20191014102206-0700)
LSTMVDT	TS		Last movement date	Datetime string (e.g., 20191014102206-0700)
LASTMOVECD	ST	100	Last movement code	Free text, not empty
LASTMOVEREAS	ST	300	Release type	Free text, not empty
DPP DATE	TS		DPP date	Datetime string (e.g., 20191014102206-0700)
RELTY PDT	TS		Release type date	Datetime string (e.g., 20191014102206-0700)
SECURITYLVL	ST	10	Security level	Free text, not empty
RVRREFFERAL	ST	50	RVR referral	Free text, not empty
TABE (or any identifier that contains TABE)	NM		TABE score	Number value (e.g., 4.0 or 6.4)
CURCUSTCLASS	ST	50	Custody level	Free text, not empty
WORKSTATUS	ST	20	Work status	Free text, not empty
WORKGROUP	ST	200	Work group	Free text, not empty
WORK GROUP D	ST	50	Work group description	Free text, not empty
WKSTARTTM1	TS		Work Start Time Shift 1	Datetime string (e.g., 20191014102206-0700)
WORKENDTM	TS		Work End Time Shift 1	Datetime string (e.g., 20191014102206-0700)
WKSTARTTM2	TS		Work Start Time Shift 2	Datetime string (e.g., 20191014102206-0700)
WKENDTM2	TS		Work End Time Shift 2	Datetime string (e.g., 20191014102206-0700)
WKSTARTTM3	TS		Work Start Time Shift 3	Datetime string (e.g., 20191014102206-0700)
WKENDTM3	TS		Work End Time Shift 3	Datetime string (e.g., 20191014102206-0700)
REGDAYSOFF	ST	50	Regular days off	Free text, not empty
JOBTITLE	ST	50	Job title	Free text, not empty
EXTSTDT	ST	50	Extended Stay Indicator	Free text, not empty
EXTSTIND	ST	50	Extended Stay Date	Free text, not empty
DISCMNT	ST	50	Disability Comment	Free text, not empty
SLI	ST	30	Sign Language Interpreter	Free text or empty
EPDR	TS		Earliest release date	Datetime string (e.g., 20311008000000-0700)
RCDATE	TS		RC Admit Date	Datetime string (e.g., 20311008000000-0700)
DPS	CE	7	Permanent Speech Impaired (Effective Communication DPS status)	DPS^DPS or N/A^N/A
DPH	CE	7	Permanent Hearing Impaired (Effective Communication DPH status)	DPH^DPH or N/A^N/A
DPV	CE	7	Permanent Vision Impaired (Effective Communication DPV status)	DPV^DPV or N/A^N/A
DNS	CE	7	Disability Needs Scale (Effective Communication DNS status)	DNS^DNS or N/A^N/A
DNH	CE	7	Hearing Impaired, Aid Improved (Effective Communication DNH status)	DNH^DNH or N/A^N/A
MH DDP Phase	CE	7	Phase 1, 2, and 3 Screen Results (Effective Communication DDP1, DDP2, DDP3 statuses) - DDP1 – May or may not need reminders & assistance with daily functions. - DDP2 – Usually needs reminders & assistance with daily functions. - DDP3 – Requires constant prompts to complete tasks. Staff must help.	- DD1 – Select DDP1, and deselect DDP2 and DDP3 - DD2 – Select DDP2, and deselect DDP1 and DDP3 - DD3 – Select DDP3, and deselect DDP1 and DDP2 - NCF or NDD – Deselect DDP1, DDP2, and DDP3
LD	CE	7	Learning Disability (Effective Communication LD status)	Y or N

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Identifier	DT	Len	Usage	Possible Values
RCML	CE	2	Housing type	RC (Reception Center) or ML (Main Line)
DLT	CE	7	Need “Mobility” type: Mobility impaired level terrain (ADA (disabilities) DLT status)	DLT^DLT (selects the check box) or N/A^N/A (deselects the check box)
DNM	CE	7	Need “Mobility” type: Walks with assistance (ADA (disabilities) DNM status)	DNM^DNM (selects check box) or N/A^N/A (deselects the check box)
DPM	CE	7	Need “Mobility” type: Unable to walk (ADA (disabilities) DPM status)	DPM^DPM (selects the check box) or N/A^N/A (deselects the check box)
DPO	CE	7	Need “Mobility” type: Intermittent wheelchair use (ADA (disabilities) DPO status)	DPO^DPO (selects the check box) or N/A^N/A (deselects the check box)
DPW	CE	7	Need “Mobility” type: Permanently requires wheelchair (ADA (disabilities) DPW status)	DPW^DPW (selects the check box) or N/A^N/A (deselects the check box)
DKD	CE	7	Need “Dialysis” type: Kidney Disorder (ADA (disabilities) DKD status)	DKD^DKD (selects the check box) or N/A^N/A (deselects the check box)
DNV	CE	7	Inmate who has vision impairment (ADA (disabilities) DNV status)	DNV^DNV (selects the check box) or N/A^N/A (deselects the check box)
COMPENG	CE	50	Limited English Proficiency	Empty text, Limited, No, Sign Language, Unknown, or Yes
DENTALCC	ST	100	Dental Chronic care	Free text (chronic care items are separated by semicolons)
CLINICALRISK	ST	50	Clinical Risk	Free text or empty
ECMETHODPRIM ECPRIM	ST	50	EC method primary	Free text or empty
ECMETHODSEC ECSECOND	ST	50	EC method secondary	Free text or empty
TABEDT TABEDATE	TS		TABE date	Datetime string (e.g., 20191014102206-0700)
MH Level of Care^MH Level of Care	ST	50	Mental Health Level of Care	Free text or empty
Reading and Writing^Reading and Writing	ST	255	Reading and Writing (Adaptive Support Needs)	Free text, not empty; or N/A (clears text)
Communication^Communication	ST	255	Communication (Adaptive Support Needs)	Free text, not empty; or N/A (clears text)
Rules and Policies^Rules and Policies	ST	255	Rules and Policies (Adaptive Support Needs)	Free text, not empty; or N/A (clears text)
Behavior^Behavior/Social Interactions	ST	255	Behavior/Social Interactions (Adaptive Support Needs)	Free text or empty
Victimization^Victimization	ST	255	Victimization (Adaptive Support Needs)	Free text, not empty; or N/A (clears text)
Activities of Daily Living^Activities of Daily Living	ST	255	Activities of Daily Living (first part) (Adaptive Support Needs)	Free text, not empty; or N/A (clears text)
Activities of Daily Living 2^Activities of Daily Living 2	ST	255	Activities of Daily Living (second part) (Adaptive Support Needs)	Free text, not empty; or N/A (clears text)
Specify Behavior - Behavior^Specify Behavior – Beh/social	ST	255	Specific Behavior (Adaptive Support Needs)	Free text or empty

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Notes:

- No OBX segments are required for CDCR. An HL7 message can be successfully parsed even if it does not contain OBX segments with inmate information. To be parsed correctly, an OBX segment must contain a correct identifier in the OBX-3 field and a correct value in the OBX-5 field. The OBX-1, OBX-2, and OBX-4 fields are not parsed in our HL7 interface and, therefore, are not required. Therefore, the OBX-2 field can be different from those that are used in the message sample.
 - Dates can be accepted with or without a time offset.
 - String fields can be accepted with any length, but the received data will be truncated as needed to the corresponding maximum lengths, as indicated in the LEN column.
 - The following fields are saved to the database but not shown in Dentrix Enterprise: INCARCDATE, DPP DATE, RELTYPDT, SECURITYLVL, RVRREFERRAL, WORKSTATUS, WORK GROUP D, WKSTARTTM1, WORKENDTM, WKSTARTTM2, WKENDTM2, WKSTARTTM3, WKENDTM3, REGDAYSOFF, JOBTITLE, EXTSTD, EXTSTIND, and DISCMNT.
 - For the movement history to appear, the following segments must to be sent in the message:
 - PV1 segment with a value (not empty) in the PV1-3-3 field (Bed information).
 - OBX segment with a BDASSIGNDTTM or LSTMVDT identifier.
- And optionally, the following segments can be sent with the message:
- OBX segment with a LASTMOVECD identifier,
 - OBX segment with a LASTMOVEREAS identifier.

Inbound Message sample (with inmate information):

```
MSH|^~&||HNA500|||20181019010550||ADT^A01|Q710309542T678294648X228833||2.3||||8859/1
EVN|A01|20181019010400-0700|||CERN008145^DOU^JOHN^MRN^External Id^Personnel^External Identifier
PID|1|QQ1111135^CD^CD^MRN^CD:23190593|1111135^PID^CMRN^CD:23190593~QQ1111135^CD^CD^MRN^CD:2319
0593~1111135^PERSONID~1111135^ENCOUNTERID|1111135^PID^CMRN^CD:23190593|DOU^JOHN^MIDDLE^JR
^Current|19750220000000-0800|M|DOU1111135^JOHN1111135^MIDDLE1111135^JR^Current|W|RJD-S INF 1-
153001L^RJD^CD:750|||UNK|1|800|1111135QQ1111135^FIN^FIN NBR|||37||0
PV1|1|I|S INF 1^153^RJD-S INF 1-153001L^RJD^CD:777^RJD-Central
OBX|1|CD|INMATESTATUS|Active OBX|2|CD|PROGRMASSIGN|(MCB) Mental Health Crisis Bed
OBX|3|DT|INCARCDATE||20140813000000-0700
OBX|4|DT|BDASSIGNDTTM||20191019010550-0700
OBX|5|DT|LSTMVDT||20181019010550-0700
OBX|6|CD|LASTMOVECD|Out to Court
OBX|7|CD|LASTMOVEREAS|With New Term
OBX|8|DT|DPP DATE||20161028000000-0700
OBX|9|DT|RELTYPDT||20161028000000-0700
OBX|10|CD|SECURITYLVL|IV
OBX|11|ST|RVRREFERRAL|RVRReferral
OBX|12|CD|TABE||11.3
OBX|13|CD|CURCUSTCLASS|Maximum
OBX|14|CD|WORKSTATUS|WORKSTATUS
OBX|15|CD|WORKGROUP||D123
OBX|16|ST|WORK GROUP D|Administrative Segregation
OBX|17|DT|WKSTARTTM1||20181018040000-0700
OBX|18|DT|WORKENDTM1||20181018010000-0700
OBX|19|DT|WKSTARTTM2||20181018050000-0700
OBX|20|DT|WKENDTM2||20181018020000-0700
OBX|21|DT|WKSTARTTM3||20181018060000-0700
OBX|22|DT|WKENDTM3||20181018030000-0700
OBX|23|ST|REGDAYSOFF|RegDaysOff
OBX|24|CD|JOBTITLE||A1
OBX|25|ST|EXTSTD|EXTSTD
OBX|26|ST|EXTSTIND|EXTSTIND
OBX|27|ST|DISCMNT|DISCMNT
OBX|28|CE|SLI||Yes
OBX|29|DT|EPDR||20311008000000-0700
OBX|30|DT|RCDATE||20201117000000-0700
OBX|31|ST|DPS||DPS^DPS
OBX|32|ST|DPH||DPH^DPH
OBX|33|ST|DPV||DPV^DPV
```

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OBX|34|ST|DNS||N/A^N/A
OBX|35|ST|DNH||DNH^DNH
OBX|36|ST|MH DDP Phase||DD2
OBX|37|ST|LD||Y
OBX|38|CE|RCML||RC
OBX|39|ST|DLT||DLT^DLT
OBX|40|ST|DNM||N/A^N/A
OBX|41|ST|DPM||DPM^DPM
OBX|42|ST|DPO||DPO^DPO
OBX|43|ST|DPW||DPW^DPW
OBX|44|ST|DKD||DKD^DKD
OBX|45|ST|DNV||DNV^DNV
OBX|46|CE|COMPENG||Limited
OBX|47|ST|DENTALCC||Diabetic;HIV
OBX|48|ST|CLINICALRISK||High 1
OBX|49|ST|ECMETHODPRIM||American Sign Language
OBX|50|ST|ECMETHODSEC||Written Notes
OBX|51|TS|TABEDT||20200202000000-0700
OBX|52|ST|MH Level of Care^MH Level of Care||CCCMS
OBX|53|ST|Reading and Writing^Reading and Writing||Provide help w/ writing forms
OBX|54|ST|Communication^Communication||Use simple language
OBX|55|ST|Activities of Daily Living^Activities of Daily Living||Coach through steps in
OBX|56|ST|Rules and Policies^Rules and Policies||Assist in CDCR rules, Other: Other 2
OBX|57|ST|Behavior^Behavior/Social Interactions||Prompt to correct behavior
OBX|58|ST|Victimization^Victimization||May be vulnerable to victimization
OBX|59|ST|Activities of Daily Living 2^Activities of Daily Living 2||Prompt
OBX|60|ST|Specify Behavior - Behavior^Specify Behavior – Beh/social||test2

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Inmate tab (in the More Information window) with specified OBX-3 identifiers (in orange) and other segments/fields (in purple):

Dental Priority Classification

[DPC 1A - Urgent care - 1 calendar day from the date of diagnosis](#)

Custody Level: Maximum **CURCUSTCLASS**

Current Status: Active **INMATESTATUS**

Work Assignment: D123 **WORKGROUP**

Earliest Release: 10/8/2031 **EPDR**

PID: 11111135

Housing

Program Name: (MCB) Mental Health Crisis Bed **PROGRMASSIGN**

Type: RC **RCML**

RC Admit Date: 11/17/2020 **RCDATE**

RC Length of Stay: 0 Days

RC Eligibility: DPC1

Bed Details ▼

Block: S INF 1 **PV1-3-1**

Cell: 153 **PV1-3-2**

Bed: RJD-S INF 2-153001L **PV1-3-3**

Yard: RJD-Central **PV1-3-7**

Movement Hold

[None](#)

Effective Communication/ADA

[Yes](#)

Adaptive Support Needs

[Yes](#)

TABE Score: 11.3 **TABE**

TABE Date: 2/2/2020 **TABEDATE or TABEDT**

SLI: Yes **SLI**

LEP: Limited **COMPENG**

Prim. Method: American Sign Lan **ECMETHODPRIM or ECPRIM**

Second. Method: Written Notes **ECMETHODSEC or ECSECOND**

Dental Chronic Care: Diabetic/HIV **DENTALCC**

MH LOC: CCCMS **MH Level of Care^MH Level of Care**

Clinical Risk: High 1 **CLINICALRISK**

Movement History

Transfer Date	Movement Type / Reason	Bed
10/19/2019 1:05:50 AM BDASSIGNDTTM or LSTMVDT	Out to Court / With New Term LASTMOVECD/LASTMOVECD	RJD-S INF 2-153001L PV1-3-3

Figure 15. Inmate tab in More Information.

Adaptive Support Needs and **Effective Communication/ADA** with OBX-3 identifiers (in orange) and OBX-5 identifiers (in purple):

Adaptive Support Needs

[Yes](#)

Adaptive Support Needs

- * Behavior: Prompt to correct behavior, Specify Behavior - Behavior: test2
- * Victimization: May be vulnerable to victimization
- * Communication: Use simple language
- * Activities of Daily Living: Coach through steps in, Prompt
- * Rules & Policies: Assist in CDCR rules, Other: Other 2
- * Reading & Writing: Provide help w/ writing forms

Behavior^Behavior
Specify Behavior - Behavior^Specify Behavior - Behavior
Victimization^Victimization
Communication^Communication
Activities of Daily Living^Activities of Daily Living
Activities of Daily Living 2^Activities of Daily Living 2
Rules and Policies^Rules and Policies
Reading and Writing^Reading and Writing

Figure 16. Adaptive Support Needs.

Effective Communication/ADA			
Yes			
	EC	ADA	
depends on TABE score	☐ TABE $\leq$ 4.0	☒ DLT	DLT
DPV	☒ DPV	☐ DNM	DNM
MH DDP Phase DD1	☐ DDP1	☒ DPM	DPM
MH DDP Phase DD2	☒ DDP2	☒ DPO	DPO
MH DDP Phase DD3	☐ DDP3	☒ DPW	DPW
LD	☒ LD	☒ DKD	DKD
DNH	☒ DNH	☒ DNV	DNV
DPH	☒ DPH		
DNS	☐ DNS		
DPS	☒ DPS		

Figure 17. Effective Communication.

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V-16. ORM 001
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This ORM (General Order) message is sent when placing new orders and for the cancellation, discontinuation, holding, and so forth of existing orders. The ORM 001 message contains information about one of the following items:

- Labs – Inbound;
- Consults (Tx Requests) – Inbound / Outbound;
- Movement holds – Inbound / Outbound;
- Medications – Inbound.

Segment	Notes
MSH - Message Header	
PID - Patient Identification	
ORC - Common Order	
OBR – Observation request	Used only for inbound orders (“Lab” for laboratory, “AP” for pathology, “Rad” for radiology, and “Micro” for Microbiology). Used for inbound Tx requests (‘Dental Screening’, ‘Consults’, ‘dentist consults’). Used for Movement holds (‘HOLDS’).
OBX	Optional. Used only for inbound Movement Holds.
RXO - Pharmacy/Treatment Order	
ZDX - Pharmacy Prescription Auto-refill Feature	This is a custom segment for Dentrix Enterprise. Used only for outbound Rx orders.
RXR - Pharmacy/Treatment Route	Used only for outbound Rx orders
NTE	Used in inbound/outbound ORM messages for Movement/Dental Holds

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		‘ ’	
2	00002		Encoding Characters	ST		‘^~\&’	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time of Message	TS		Date and time message was created	Is used as a Hold Date, Approved Date, Closed Date for inbound Movement holds
9	00009	1	Message Type	ID		DFT	
		2	Trigger Event	ID		P03	
10	00010		Message Control ID	ST		Unique integer for message	
11			Processing ID	PT			
			Processing ID	ID		‘P’	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	‘AL’ or ‘NE’, depending on whether destination requested ACK	

PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		‘1’	
2	00105		Patient ID (External ID)	CX			
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	CDCR# is used as Chart# when PID-3M-UI-SC option selected
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
						also list all patient chart# in multiple facilities in this field in separate components.	
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	
6	00109		Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of the patient phone number.	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of patient phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121		Encounter Number			Used in outbound messages for DPC encounter number; in inbound Movement Holds; in inbound and outbound Tx Requests	
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
19	00122		SSN	ST		Patient's SSN (999-99-9999).	SSN can be mapped to filter out bad ones.
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up a mapping table
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

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ORC - Common Order Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00215		Order Control	ID	0119	Required “NW” — Create Hold (outbound, inbound) “XX” — Update (outbound, inbound) “SC” — Update Hold (inbound) “OD” — Close Hold (outbound, inbound); Delete Movement Hold (inbound); Complete Tx Request (outbound, inbound); Cancel Tx Request (inbound) “OC” — Delete Hold (outbound); Cancel Tx Request (outbound)	
2	00216		Placer Order Number	EI		RxID + x (“x” is a separator letter) + RxDB for outbound. Placer Order Number for inbound Holds; Blank for other inbound.	
3	00217		Filler Order Number	EI		Used for outbound Tx Requests that come from external system. Is populated with Placer Order Number	
4	00218		Placer Group Number	EI		Optional	
5	00219		Order Status	ID	0038	Optional. Always use “F” to indicate “Final.” “O” — Create Hold (outbound, inbound) “O” — During Update (outbound, inbound) “CM” — Close Hold (outbound, inbound); Complete Tx Request (outbound, inbound) “CA” — Delete Hold (outbound, inbound); Cancel Tx Request (outbound, inbound)	
10	00224		Entered By	XCN		Optional	
		1	Entered By ID	ST		Operator’s ID	Can be mapped
		2	Entered By Last Name	FN		Operator’s last name	
		3	Entered By First Name	ST		Operator’s first name	
		4	Entered By Middle Name	ST		Operator’s middle name	
12	00226		Ordering Provider	XCN		Optional	
		1	Ordering Provider ID	ST		Provider’s external ID	Can be mapped
		2	Ordering Provider Last Name	FN		Provider’s last name	Can be mapped
		3	Ordering Provider First Name	ST		Provider’s first name	Can be mapped
		4	Ordering Provider Middle Name	ST		Provider’s middle name	
14	0028		Call Back Phone Number	ST		Optional. Operator’s phone number.	
15			Order Date	TS		Order date	
16			Reason Code	ST		Used for outbound Tx Requests as Complete/Cancel reason code	CM for completed, CN for canceled
		2	Description	ST		Order description	
22			Last Modification	TS			
27		4	Scheduled Test Date	TS		Test date	

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OBR – Observation Result Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1						Default value is 1 for outbound Tx Requests	
2			External Placer Order	ST		Placer Order Number for inbound Movement Holds	
3			Filler Order	ST		Used for outbound Tx Requests that previously were received from external system. Is populated with Placer Order Number	
4			Hold Type (Movement Holds, inbound)	ST			'Medical Hold', 'MH Hold'
		1	Test Code			Used for outbound Tx Requests that previously were received from external system.	
		2	Description			Used for outbound Tx Requests that previously were received from external system.	
10		1	Hold Provider ID (Dental Hold, outbound)				
10		2	Hold Provider Name (Dental Hold, outbound)				
13			Hold Reason (Dental Hold, outbound)				
16		1	Closed Provider ID (Dental Hold, outbound)				
16		2	Closed Provider Name (Dental Hold, outbound); Hold or Closed Provider ID (Movement Hold, inbound); Provider Id (outbound Tx Requests)				
22			Approved Date				
24			Keyword 'HOLDS' (Movement Holds, inbound)			Indicates that message contains Movement Holds information	
27		4	Hold Date (Dental Hold, outbound)				
27		5	Closed Date (Dental Hold, outbound)				

OBX – Hold reason (for inbound Movement Holds)

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Set ID - OBX				
2			Value Type	CD			
3			Identifier			'MEDHOLD' is used for inbound Movement Holds	
5			Value	ST		Movement Hold Reason	

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NTE – Order comments

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00096		Set ID				
2	00097		Source of Comment			For dental/movement hold “Order Comment” part is used by default	
3	00098		Comment			Dentist Comment for dental/movement hold	

RXO - Pharmacy/Treatment Order Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00292		Requested Give Code	CE			
2	00293		Requested Give Amount - Minimum	NM			
3	00294		Requested Give Amount - Maximum	NM		Optional	
4	00295		Requested Give Units	CE			
6	00296		Provider’s Pharmacy/Treatment Instructions	CE			
7	00297		Provider’s Administration Instructions	CE			
9	00300		Allow Substitutions	ID		N=Not allow; G=Allow generic substitution	
11	00302		Requested Dispense Amount	NM			
12	00303		Requested Dispense Units	CE			
13	00304		Number Of Refills	NM			
14	00305		Ordering Provider’s DEA Number	XCN			
18	01121		Requested Give Strength	NM			
19	01122		Requested Give Strength Units	CE			

ZDX - Pharmacy Prescription Auto-refill Segment

This is a custom segment for Dentrix Enterprise.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Set ID	SI		Always uses 1	
2			Auto-refill option	ST		Value depends auto-refill option in Dentrix Enterprise: if 1, use “P”; if 2, use “M”; else use “N”.	

RXR - Pharmacy/Treatment Route Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00309	1	Route Identifier	IS	0162	Required	
		2	Route Text	ST		Required	
		3	Name of Coding System	ST		Required	

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V-17. RDE O11
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Electronic prescriptions.

Segment	Notes
MSH - Message Header	
PID - Patient Identification	
ORC - Common Order	
RXO - Pharmacy/Treatment Order	
RXE - Pharmacy/Treatment Encoded Order	
RXR - Pharmacy/Treatment Route	

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		DFT	
		2	Trigger Event	ID		P03	
10	00010		Message Control ID	ST		Unique integer for message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	CDCR# is used as Chart# when PID-3M-UI-SC option selected
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components.	
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	
6	00109		Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of the patient phone number.	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of patient phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121		Encounter Number			Used in outbound messages for DPC encounter number	
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
19	00122		SSN	ST		Patient's SSN (999-99-9999).	SSN can be mapped to filter out bad ones.
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up a mapping table
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

ORC - Common Order Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00215		Order Control	ID	0119	Required 'NW' — Create record 'XX' or 'SC' — Update record 'CA', 'DC', 'OD', 'OH', 'OC' — Inactivate record	
2	00216		Placer Order Number	EI		Required if filler order number is not present	
3	00217		Filler Order Number	EI		Required if placer order number is not present	
4	00218		Placer Group Number	EI		Optional	
5	00219		Order Status	ID	0038	Optional	
6	00220		Response Flag	ID		Use "E" for exceptions only. "R" is same as E, and Replacement and Parent-Child. "D" is same as R, and other associated segments (default if field is null). "F" is same as D, plus confirmations explicitly. "N" returns only the MSA segment.	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
8	00222		ORC Parent	CM			
9	00223		ORC Date/Time of Transaction	TS			
10	00224		Entered By	XCN		Optional	
12	00226		Ordering Provider	XCN		Optional	
		1	Ordering Provider ID	ST		Provider's external ID	
		2	Ordering Provider Last Name	FN		Provider's last name	
		3	Ordering Provider First Name	ST		Provider's first name	
		4	Ordering Provider Middle Name	ST		Provider's middle name	

RXO - Pharmacy/Treatment Order Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00292		Requested Give Code	CE			
		1	Identifier	ST			
		2	Text	ST			
		3	Name of Coding System	IS			
		4	Alternate Identifier	ST			
2	00293		Requested Give Amount - Minimum	NM			
3	00294		Requested Give Amount - Maximum	NM		Optional	
4	00295		Requested Give Units	CE			
5			Requested Give Short Name	CE			

RXE - Pharmacy/Treatment Encoded Order Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00221		Quantity/Timing	TQ		Required	
2	00317		Give Code	CE	0292	Required	
		1	Give Code ID				
		2	Give Code Text				
		3	Give Code Coding System				
3	00318		Give Amount - Minimum	NM		Required	
4	00319		Give Amount - Maximum	NM		Optional	
5	00320		Give Units	CE		Required	
		1	Give Units ID	ST			
		2	Give Units Text	ST			
		3	Give Units Coding System	IS			
6	00321		Give Dosage Form	CE		Optional	
		1	Give Dosage Form ID	ST			
		2	Give Dosage Form Text	ST			
		3	Give Dosage Form Coding System	IS			
7	00298		Provider's Administration Instructions	CE		Optional	
		1	Provider's Administration Instructions ID	ST			
		2	Provider's Administration Instructions Text	ST			
		3	Provider's Administration Instructions Coding System	IS			
9	00322		Substitution Status	ID	0167	Optional	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
10	00323		Dispense Amount	NM			
11	00324		Dispense Units	CE			
		1	Dispense Units ID	ST			
		2	Dispense Units Text	ST			
		3	Dispense Units Coding System	IS			
12	00304		Number of Refills	NM		Optional	
13	00305	1	Ordering Provider's DEA Number	XCN			
		2	Ordering Provider's Last Name	FN			
		3	Ordering Provider's First Name	ST			
		4	Ordering Provider's Middle Name	ST			
		5	Ordering Provider's Suffix	ST			
		6	Ordering Provider's Prefix	ST			
15	00325		Prescription Number	ST			
16	00326		Number of Refills Remaining	NM			
17	00327		Number of Refills/Doses Dispensed	NM			
18	00328		D/T of Most Recent Refill or Dose Dispensed	TS		Last refill dispense date and time	
19	00329		Total Daily Dose	CQ		Total daily dose units	
25	01126		Give Strength	NM		Optional	
26	01127		Give Strength Units	CE		Optional	

RXR - Pharmacy/Treatment Route Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00309		Route	CE	0162	Required	
		1	Route Code	IS			
		2	Route Description	ST			
		3	Name of Coding System	ST			

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The Detail Financial Transaction (DFT) message is used to describe a financial transaction transmitted between systems, that is, to the billing system for ancillary charges, ADT to billing system for patient deposits, and so forth.

Segment	Notes
MSH - Message Header	
EVN - Event Type	
PID - Patient Identification	
FT1 - Financial Transaction	
PV1 - Patient Visit Information	Optional
IN1 - Insurance Plan Information	Optional
IN2 - Insurance Plan Information	Optional
ZFT	Optional
ZF1	Optional
ZCC	Optional

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		DFT	
		2	Trigger Event	ID		P03	
10	00010		Message Control ID	ST		Unique integer for message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

EVN - Event Type Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00199		Event Type Code	TS	0003	'P03'	
2	00100		Recorded Date/Time	TS		Date and time message was created and filled out by Dentrix Enterprise	
4	00102		Event Reason Code	IS		'01'	

PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	CDCR# is used as Chart# when PID-3M-UI-SC option selected
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components.	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	
6	00109		Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		6	Area Code	NM		Area code of the patient phone number.	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of patient phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121		Encounter Number			Used in outbound messages for DPC encounter number	
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
19	00122		SSN	ST		Patient's SSN (999-99-9999).	SSN can be mapped to filter out bad ones.
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up a mapping table
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

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FT1 - Financial Transaction Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00355		Set ID - FT1	SI		FT1 sequence ID	
2	00356		Transaction ID	ST		Proc_log ID (unique identifier for each procedure posted; required)	Procedure ID
3	00357		Transaction Batch ID	ST			
4	00358		Transaction Date	TS		PL date. Required.	Procedure date
5	00359		Transaction Posting Date	TS		Create Date. Required.	Procedure post date
6	00360		Transaction Type	IS	0017	“CG”, “PY”, “AJ”, or “CD”. Required.	May send sub-payment or adjustment types in components 2 and 3 (for example, PY^1^X for guarantor payment; PY^3^0 for insurance payment; AJ^2^X for general adjustment; AJ^4^0 for finance adjustment; AJ^8^0 for later payment adjustment). X is defined and maintained in Dentrix Enterprise. Can set up mapping.
7	00361		Transaction Code	CE	0132	ADA and/ AMA code. Required.	Can set up mapping from Transaction type to Transaction code
8	00362		Transaction Description	ST		Optional	Can set up mapping from transaction type to trans description
9	00363		Transaction Description - Alt	ST		New(0) or Deletion(1) or Update(2). Required.	
10	00364		Transaction Quantity	NM		“1”. Required.	
11	00365		Transaction Amount - Extended	CP		Required	Can set up mapping for transaction amount.
12	00366		Transaction Amount - Unit	CP		Default to US dollar	
13	00367		Department Code	CE	0049	Optional	
14	00368		Insurance Plan ID	CE	0072	Optional	
16	00133		Assigned Patient Location	PL		Default Clinic. Required.	
17	00370		Fee Schedule	IS	0024	Optional	
18	00148		Patient Type	IS	0018	Optional	
19	00371		Diagnosis Code - FT1	CE	0051	Optional	May be used to send dental diagnostic codes. Can be used to send up to 8 codes in a message. It can be configured to send Dental Diagnostic codes (DentDiag), ICD 9 (ICD9), ICD 10 (ICD10), or all diagnostic codes. A mapping table can be set up for the diagnostic code type names if a receiving system requires different code type names.
20	00372		Performed By Code	XCN	0084	Provider ID. Required.	
21	00373		Ordered By Code	XCN		Not used	
22	00374		Unit Cost	CP		Not used	
23	00217		Filler Order Number	EI		Optional	
24	00765		Entered By Code	XCN		Operator ID. Optional.	
25	00393		Procedure Code	CE	0088	ADA and AMA code. Optional.	
26	01316		Procedure Code Modifier	CE	0340	Optional	May be used for tooth # and tooth surface (for example, “3 DO”)
27	01310			CE	0339	Not used	
28	01646		Advanced Beneficiary Notice Code	CW E	0476	DBI (for V2.5 or above)	0: normal 1: don’t bill to insurance

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
29	01845		NDC code	CNE	0549	Not used	
30	01846		Payment Reference ID	CX		Not used	
31	01847		Transaction Reference Key			Not used	

ZFT - Custom Financial Transaction Segment (Optional; Configurable)

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Code Modifier #1	CE		Depending on configuration, may have tooth#, or tooth # ^ Tooth Surface ^ Cavity Codes. For example, 1-5^DF^10; or 1~2~3~4~5.	
2			Code modifier #2	CE		Depending on configuration, may be blank or have tooth surface. For example, blank; and D~F.	
3			Code Modifier #3	CE		Depending on configuration, may be blank or have cavity codes. For example, blank; or 10.	
4			Code Modifier #4	CE		Can be configured to send quadrant code, sextant code, or arch codes. For example, S1, S2, S3, S4, S5, S6, LA, UA, UL, UR, LL, or LR.	

ZF1 - Custom Financial Transaction Segment (Optional; Configurable)

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Segment Sequence ID				
2			Code Modifier #1	CE		Depending on configuration, may have tooth#, or tooth # ^ Tooth Surface ^ Cavity Codes. For example, 1-5^DF^10; or 1~2~3~4~5	
3			Code modifier #2	CE		Depending on configuration, may be blank or have tooth surface. For example, blank; or D~F.	
4			Code Modifier #3	CE		Depending on configuration, may be blank or have cavity codes. For example, blank; or 10.	
5			Code Modifier #4	CE		Can be configured to send quadrant code, sextant code, or arch codes. For example, S1, S2, S3, S4, S5, S6, LA, UA, UL, UR, LL, or LR.	

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ZLA - Custom Line Item Information - Payment Transaction and Allocation Segment (Optional; not yet Implemented)

SEQ	Item#	Comp#	Element Name	DT		Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Sequence ID	ST		Sequence ID (IDxDB)	
2			Payment or Adjustment Transaction ID	ST		Proc_log ID (unique identifier for each payment posted; required). May be an ID and DB (IDxDB).	Procedure ID or ID and DB (IDxDB)
3			Allocation ID	ST		Credit to charge allocation ID or ID and DB (IDxDB)	
4			Transaction Date	TS		PL date. Required.	Procedure date
5			Transaction Posting Date	TS		Create Date. Required.	Procedure post date
6			Transaction Type	IS	0017	“PY”, “AJ”, or “CD”. Required.	May send sub-payment or adjustment types in components 2 and 3 (for example, PY^1^X for guarantor payment; PY^3^0 for insurance payment; AJ^2^X for general adjustment; adjustment). X is defined and maintained in Dentrix Enterprise. Can set up mapping.
7			Other Transaction Identifier	CE		Can be check#	
8			Transaction Description	ST		Should be description of transaction: guarantor cash payment, guarantor credit payment, insurance payment, professional adjustment, and so forth.	Can set up mapping from transaction type to transaction description
9			Total Transaction Amount - Extended	CP		Required	Can set up mapping for transaction amount
10			Allocation Amount to the Current Charge	CP		Applied amount. Required.	
11			Transaction Amount - Unit	CP		Default to US dollars	
12			Allocation Date	TS		Allocation Date. AllocateDate in DDB_Credit_to_Charge_Base. Required.	
13			Insurance Plan ID	CE		If is insurance payment, use plan ID	
13			Department Code	CE		Optional	
14			Assigned Patient Location	PL		Default Clinic. Required.	
15			Payment Transaction Entered By Code	XCN		Operator ID. Required.	
16			Allocation Entered By Code	XCN		Operator ID. Required.	

Sample Messages**Posted procedures and guarantor check payment:**

MSH|^~&|DXOne|Dental|Centricity|Medical|20090918155001||DFT^P03|90360|P|2.3|||AL
 EVN|P03|20090918155001||01
 PID|1||265||Doe^John^A^^|19780710000000|M||Black/African American|100 Main Street^^ABILENE^TX^79601^||(987)555-1212^||||Other||123-45-6789||||||
 PV1|1|O|XBS||||118741421^CIZEK^JOE^W||||||1047859||||||20090918000000
 FT1|1|1269322X30||20090918|20090918|CG|D5214^Mand partial-metal base w/sdls^ADA|Mand partial-metal base w/sdls|0|1|1225.00||||XBS||||118741421^CIZEK^JOE^W||||ENTERPRISE^^
 ZFT|18~19~20~21~22~23~24~25~26~27~28~29~30~31~32||02|
 ZLA|1|19326X30|1234X30|20090918|20090918|PY^1^2|32145|Guarantor check payment|358.00|225.00||20090918||312098^Smith^Jim^W|312098^Smith^Jim^W|
 FT1|2|1269318||20090918|20090918|CG|D4341^Perio scale&root pln-4+per quad^ADA|Perio scale&root pln-4+per

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quad|0|1|120.00||||XBS||||118741421^CIZEK^JOE^W||||ENTERPRISE^^^
ZFT||30|LR
ZLA|1|19326X30|1235X30|20090918|20090918|PY^1^2|32145|Guarantor check
payment|358.00|65.00||20090918||312098^Smith^Jim^W|312098^Smith^Jim^W|
FT1|3|1269317||20090918|20090918|CG|D4341^Perio scale&root pln-4+per quad^ADA|Perio scale&root pln-4+per
quad|0|1|120.00||||XBS||||118741421^CIZEK^JOE^W||||ENTERPRISE^^^
ZFT||20|UL
ZLA|1|19326X30|1236X30|20090918|20090918|PY^1^2|32145|Guarantor
checkPayment|358.00|65.00||20090918||312098^Smith^Jim^W|312098^Smith^Jim^W|

Received insurance payments:

MSH|^~&|DXOne|Dental|Centricity|Medical|20091018165001||DFT^P03|91960|P|2.3||AL
EVN|P03|20091018165001||01
PID|1||265||Doe^John^A^||19780710000000|M||Black/African American|100 Main Street^^ABILENE^TX^79601^||(987)555-
1212^||||Other||123-45-6789|
PV1|1|O|XBS||||118741421^CIZEK^JOE^W||||1047859||||20090918000000
FT1|1|1269322X30||20090918|20090918|CG|D5214^Mand partial-metal base w/sdls^ADA|Mand partial-metal base
w/sdls|0|1|1225.00||||XBS||||118741421^CIZEK^JOE^W||||ENTERPRISE^^^
ZFT|18~19~20~21~22~23~24~25~26~27~28~29~30~31~32||02|
ZLA|1|19326X30|1234X30|20090918|20090918|PY^1^2|32145|Guarantor check
payment|358.00|225.00||20090918||312098^Smith^Jim^W|312098^Smith^Jim^W|
ZLA|2|19541X30|1294X30|20091018|20091018|PY^3||Insurance payment|1000.00|1200.00||20091018||312098^Smith^Jim^W
|312098^Smith^Jim^W|
FT1|2|1269318||20090918|20090918|CG|D4341^Perio scale&root pln-4+per quad^ADA|Perio scale&root pln-4+per
quad|0|1|1220.00||||XBS||||118741421^CIZEK^JOE^W||||ENTERPRISE^^^
ZFT||30|LR ZLA|1|19326X30|1235X30|20090918|20090918|PY^1^2|32145|Guarantor check
payment|358.00|65.00||20090918||312098^Smith^Jim^W|312098^Smith^Jim^W|
ZLA|2|19541X30|1295X30|20091018|20091018|PY^3||Insurance payment|100.00|1200.00||20091018||312098^Smith^Jim^W
|312098^Smith^Jim^W|
FT1|3|1269317||20090918|20090918|CG|D4341^Perio scale&root pln-4+per quad^ADA|Perio scale&root pln-4+per
quad|0|1|1220.00||||XBS||||118741421^CIZEK^JOE^W||||ENTERPRISE^^^
ZFT||20|UL
ZLA|1|19326X30|1236X30|20090918|20090918|PY^1^2|32145|Guarantor
checkPayment|358.00|65.00||20090918||312098^Smith^Jim^W|312098^Smith^Jim^W|
ZLA|2|19541X30|1296X30|20091018|20091018|PY^3||Insurance payment|100.00|1200.00||20091018||312098^Smith^Jim^W
|312098^Smith^Jim^W|

Received guarantor credit card payment:

MSH|^~&|DXOne|Dental|Centricity|Medical|20091018165001||DFT^P03|91960|P|2.3||AL EVN|P03|20091018165001||01
PID|1||265||Doe^John^A^||19780710000000|M||Black/African American|100 Main Street^^ABILENE^TX^79601^||(987)555-
1212^||||Other||123-45-6789|
PV1|1|O|XBS||||118741421^CIZEK^JOE^W||||1047859||||20090918000000
FT1|2|1269318||20090918|20090918|CG|D4341^Perio scale&root pln-4+per quad^ADA|Perio scale&root pln-4+per
quad|0|1|1220.00||||XBS||||118741421^CIZEK^JOE^W||||ENTERPRISE^^^
ZFT||30|LR
ZLA|1|19326X30|1235X30|20090918|20090918|PY^1^2|32145|Guarantor check
payment|358.00|65.00||20090918||312098^Smith^Jim^W|312098^Smith^Jim^W|
ZLA|2|19541X30|1295X30|20091018|20091018|PY^3||Insurance payment|100.00|1200.00||20091018||312098^Smith^Jim^W
|312098^Smith^Jim^W| ZLA|1|19823X30|1533X30|20091113|20091113|PY^1^1|32247|Guarantor credit card
payment|110.00|55.00||20091113||312099^Carter^Ann^R|312099^Carter^Ann^R|
FT1|3|1269317||20090918|20090918|CG|D4341^Perio scale&root pln-4+per quad^ADA|Perio scale&root pln-4+per
quad|0|1|1220.00||||XBS||||118741421^CIZEK^JOE^W||||ENTERPRISE^^^
ZFT||20|UL
ZLA|1|19326X30|1236X30|20090918|20090918|PY^1^2|32145|Guarantor
checkPayment|358.00|65.00||20090918||312098^Smith^Jim^W|312098^Smith^Jim^W|
ZLA|2|19541X30|1296X30|20091018|20091018|PY^3||Insurance payment|100.00|1200.00||20091018||312098^Smith^Jim^W
|312098^Smith^Jim^W|
ZLA|1|19823X30|1533X30|20091113|20091113|PY^1^1|32247|Guarantor credit card payment|110.00|55.00||20091113||312099
^Carter^Ann^R|312099^Carter^Ann^R|

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MSH|^~\&|DXOne|Dental|Centricity|Medical|20090918155001||DFT^P03|90402|P|2.3|||AL

EVN|P03|20090918155001||01

PID|1||265||Doe^John^A^^|19780710000000|M||Black/African American|100 Main Street^^ABILENE^TX^79601^||(987)555-1212^^^^^||Other||123-45-6789|||||||

PV1|1|O|XBS||||||||||||||||1047859|||||||||||||20090918000000

FT1|1|1269319||20090918|20090918|PY^1^1|||0|1|-100.00||||XBS||||||ENTERPRISE^^^

ZFT|||09|

MSH|^~\&|DXOne|Dental|Centricity|Medical|20090918155001||DFT^P03|90416|P|2.3|||AL

EVN|P03|20090918155001||01

PID|1||265||Doe^John^A^^|19780710000000|M||Black/African American|100 Main Street^^ABILENE^TX^79601^||(987)555-1212^^^^^||Other||123-45-6789|||||||

PV1|1|O|XBS||||||||||||||||||||20090918000000

FT1|1|1269320||20090918|20090918|AJ^2^1|||0|1|-300.00||||XBS||||||ENTERPRISE^^^

ZFT|||09|

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V-19. ORU R01
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The ORU (Unsolicited Observation Message) message is fully supported by HL7 for transmitting laboratory results to other systems.

Segment	Notes
MSH - Message Header	
PID - Patient Identification	
PV1 - Patient Visit	Optional
OBR - Observation Request	
ORC - Common order	
OBX - Observation Result	

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		ORU	
		2	Trigger Event	ID		R01	
10	00010		Message Control ID	ST		Unique integer for message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	CDCR# is used as Chart# when PID-3M-UI-SC option selected
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components.	
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	
6	00109		Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of the patient phone number.	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of patient phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121		Encounter Number			Used in outbound messages for DPC encounter number	
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
19	00122		SSN	ST		Patient's SSN (999-99-9999).	SSN can be mapped to filter out bad ones.
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up a mapping table
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

OBR - Observation Request Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
2	00216		Placer Order Number	EI			
3	00217	1	Filler Order Number	EI			
		2	Filler Order Name	ST			
4	00238		Universal Service Identifier	CE		Required	
		1	Universal Service ID	ST			If value = 'Patient Questionnaire' then HL7 message will be treated as Patient Questionnaire document.
		2	Universal Service Name	ST			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		3	Universal Service Code Name	IS			
6	00240		Requested Date/Time	TS			
7	00241		Observation Date/Time	TS			
		1	Vital Date/Time	TS			
15	00249		Specimen Source	CM	0070/ 0163/ 0369	Optional	Can be mapped
		1	Specimen Source Name	CE			
		2	Specimen Source Code	CE			
16		2	Responsible provider Last Name	ST			
		3	Responsible provider First Name	ST			
21	00254		Filler Field 2+	ST		Optional. Set 1 Config = "21-NSSCCZCP" Set 2 Config = "21-CNSSCCZCP"	
		1		ST		Lab Name	LabCode
		2		ST		Lab Street1	Lab Name
		3		ST		Lab Street2	Lab Street1
		4		ST		Lab City	Lab Street2
		5		ST		Lab State	Lab City
		6		ST		Lab ZIP	Lab State
		7		ST		Lab Country	Lab ZIP
		8		ST		Lab Phone#	Lab Country
		9		ST		N/A	Lab Phone#
24			Order type			Possible values: Lab, AP, Micro, Rad, Vitals	
25			Micro Result Status				

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ORC – Common Order

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
2		1	Placer Order ID	ST			
		2	Placer Order	ST			
3			Filler Order	ST			
12		2	Responsible provider Last Name	ST			
		3	Responsible provider First Name	ST			

OBX - Observation Result Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00569		Set ID - OBX	SI		' '. Required.	
2	00570		Value Type	ID		Note text (TX)	
3	00571		Observation Identifier	CE		Observation identifier	
		1	Test Code	ST			
		2	Test Name	ST			
		3	Coding System	IS			
			Vitals				
		1	Vital unit	ST		Vital Sign Systolic blood pressure mmHg Diastolic blood pressure mmHg Heart rate bpm Body temperature Cel Body height cm Body weight kg Body mass index kg/m2	
5			Vital value			Depending on Vital unit, it can be: Temperature, Pulse, Systolic, Diastolic, Weight, Height, or Body Mass Index.	
4	00572		Observation Sub-ID	ST		Observation sub-id	
5	00573		Observation Value	*		If only one component is used, it must be the result.	
		1	Result Code				Is mappable
		2	Result Unit				
		3	Coding System				Is mappable
6	00574		Units	CE		If only one component is used, it must be the result unit.	
		1	Result Code	ST			Is mappable
		2	Result Unit	ST			
		3	Coding System	IS			Is mappable
7	00575		References Range	ST		References Range	
8	00576		Abnormal Flags	IS		Abnormal Flags	
10	00578		Nature of Abnormal Test	ID		Nature of Abnormal Test	
11	00579		Observation Result Status	ID		Observation Result Status	
14			Vital Date/Time	DT			
16	00584		Responsible Observer	XCN		Responsible Observer	
		1	Responsible Observer ID	ST			
		2	Responsible Observer Last Name	FN			
		3	Responsible Observer First Name	ST			

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V-20. MFN M02
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The MFN (Master File) message is used to receive provider and staff info from other systems.

Segment	Notes
MSH - Message Header	
MFI - Master File Identification	
MFE - Master File Entry	
STF - Staff Identification	
PRA - Practitioner Detail	

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time Of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		MFN	
		2	Trigger Event	ID		M02. Required.	
10	00010		Message Control ID	ST		Unique integer for message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

MFI - Master File Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00658		Master File Identifier	CE	0175	If record is for doctor/physician, this field contains 'PRA'. If record is for a staff, this field contains 'STF'.	
3	00660		File-Level Event Code	ID	0178	'REP' for replace or 'UPD' for update	
6	00663		Response Level Code	ID	0179	'AL'	

MFE - Master File Entry Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00664		Record-Level Event Code	ID	0180	If doctor/staff was added, this field contains 'MAD'. If doctor/staff was modified, this field contains 'MUP'. If update should apply only to provider names or only indicating inactivation, this field contains 'MUP1'.	MUP1 is used to indicate a partial update. If a staff exists in Dentrix Enterprise, MUP, MDC, and MAD all will update the staff. If MFI-3 is REP, this field should have MAD.
2	00665		MFN Control ID	ST		MFN Control ID. Control ID of this change event from the originating system. If MFA is used to acknowledge this change, this is the ID to identify the update event. Optional.	Last MFN update ID
3	00662		Effective Date/Time	TS		Not used	
4	00667		Primary Key Value	ID		Internal ID of provider/staff. Optional. This ID may be the same as in STF-1.	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
5	00665		Primary Key Value Type	ID		PL for person location or CE for coded element. Optional.	

STF - Staff Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00671		Primary Key Value - STF	CE		Internal ID of doctor/staff. This ID should be the same as in MFE-4.	RscExtID
2	00672		Staff ID Code[0]	CX			
			ID	ST		External ID of staff. This is the display ID of the provider.	The displayed ID of the provider (RSCID)
3	00673		Staff Name[0]	XP			
		1	Family Name	ST		Last name of the staff	
		2	Given Name	ST		First name of the staff	
		3	Middle Name	ST		Middle name of the staff	
		4	Suffix	ST		Suffix of the staff's name	
		5	Prefix	ST		Prefix of the staff's name	
4	00674		Staff Type	CX	0182	If this message is for a doctor, it contains 'D'. If this message is for a referring staff, it contains 'R'. If it is for a dental provider, it contains 'N'. Otherwise, it contains 'U'.	
7	00675		Active/Inactive Flag	ID	0183	If the staff is inactive, then it contains 'I' or else it contains 'A'	
10	00678		Phone	XTN			
		1	Telephone Number	TN		Used when sending telephone number as string formatted as [(999)]999-9999[X99999][B99999]	Phone# for provider
		2	Telecommunication Use Code	ID		N/A	
		3	Area Code	NM		Area code in numeric format	
		4	Phone Number	NM		Telephone number in numeric format.	
		5	Extension	NM		Extension in numeric format	
		6	Any Text	ST		N/A	
11	00679		Staff Address[0]	XAD		Staff address (can be either Office or home)	
		1	Street Address	ST		Street Address 1	
		2	Other Designation	ST		Street Address 2	
		3	City	ST		City	
		4	State	ST			
		5	Zip	ST		ZIP Code (99999-9999)	

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PRA - Practitioner Detail Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00685		Primary Key Value - PRA	ST		Internal ID of doctor/staff	Should be same as in STF-1
5	00689		Specialty[0]	CM	0337		
			Specialty Name	ST		Specialty of staff. Dentrix Enterprise accepts the following specialties: Dental General Practice; Denturist; Endodontics; Independent Hygienist; Maxillofacial Surgery; Oral Surgery; Orthodontics; Periodontics; and Prosthodontics	If different descriptions or codes are used, a mapping table is required
6	00690		Practitioner ID Numbers[]	CM	0338	Can be repeated	Get multiple IDs from other system
		1	ID Number	ST		ID number of staff as specified in the type	Require a minimum of State ID and TIN
		2	Type of ID Number	IS		STATEID or SL for State ID; TIN or TAX for Tax Identification; SSN for Social Security#; MEDICAIDID or MCD for Medicaid ID; DRUGID or DEA for Drug ID; NPI; UPIN	

Sample Messages**Add a provider:**

MSH|^~\&|MicroMD|Medical|DENTRIX|Dental|20090327074135-0600||MFN^M02^|123456|P^|2.4||AL|AL|
 MFI|PRA|MicroMD|UPD|3090327|3090327|NE
 MFE|MAD|1|20090327074135-0600|157|CE
 STF|UniqueStaticProvID|ProvExtDisplayID|ProvLastName^ProvFirstName^ProvMiddleName||M|2491221|A|((801)243-4444^WPH^801^243-4444|^SALT LAKE CITY^UT^84061|20090327074135-0600
 PRA|UniqueStaticProvID|||Dental General
 Practice|3417950569^NPI~515131690^SSN~AM2051573^DEA~1020157^VA~514883500^MEDICAID

Update all provider information:

MSH|^~\&|MicroMD|Medical|DENTRIX|Dental|20090327074135-0600||MFN^M02^|123456|P^|2.4||AL|AL|
 MFI|PRA|MicroMD|UPD|3090327|3090327|NE
 MFE|MUP|1|20090327074135-0600|157|CE
 STF|UniqueStaticProvID|ProvExtDisplayID|ProvLastName^ProvFirstName^ProvMiddleName||M|2491221|A|((801)243-4444^WPH^801^243-4444|^SALT LAKE CITY^UT^84061|20090327074135-0600
 PRA|UniqueStaticProvID|||Dental General
 Practice|3417950569^NPI~515131690^SSN~AM2051573^DEA~1020157^VA~514883500^MEDICAID~16471^SL

Update only provider's demographic information:

MSH|^~\&|MicroMD|Medical|DENTRIX|Dental|20090327074135-0600||MFN^M02^|123456|P^|2.4||AL|AL|
 MFI|PRA|MicroMD|UPD|3090327|3090327|NE
 MFE|MUP|1|20090327074135-0600|157|CE
 STF|UniqueStaticProvID|ProvExtDisplayID|ProvLastName^ProvFirstName^ProvMiddleName||M|2491221|A|((801)243-4444^WPH^801^243-4444|^SALT LAKE CITY^UT^84061|20090327074135-0600
 PRA|UniqueStaticProvID|||Dental General
 Practice|3417950569^NPI~515131690^SSN~AM2051573^DEA~1020157^VA~514883500^MEDICAID

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V-21. MDM T02, T04, T04A, T06, T08, T08E, and T11
[Back to top](#)

This MDM (Medical Document Message) message is sent when a clinic note is added/updated/deleted from a patient visit.

Segment	Notes
MSH - Message Header	
EVN - Event Type	
PID - Patient Identification	
PV1 - Patient Visit	Optional
TXA - Doc Type	
OBX - Doc Text	
ZSI	Optional

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		MDM	
		2	Trigger Event	ID		T02 (add a new note); T04 (delete a note, outdated, avoid use); T04A (a T04 is sent, a note has been locked/signed); T06 (lock down a note); T08 (update a note); T08E (T08 is sent, the content of a note has been edited); and T11 (a note has been cancelled/deleted). T04, T08, and T08 triggers are dependent upon the system security implemented.	
10	00010		Message Control ID	ST		Unique integer for message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

EVN - Event Type Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00199		Event Type Code	TS	0003	"T02", "T04", "T06", or "T08"	
2	00100		Recorded Date/Time	TS		Date and time message was created and filled out by Dentrix Enterprise	
4	00102		Event Reason Code	IS		'01'	

PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	CDCR# is used as Chart# when PID-3M-UI-SC option selected
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components.	
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	
6	00109		Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of the patient phone number.	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of patient phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121		Encounter Number			Used in outbound messages for DPC encounter number	
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
19	00122		SSN	ST		Patient's SSN (999-99-9999).	SSN can be mapped to filter out bad ones.
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up a mapping table
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

TXA - Document info

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00914		Set ID - TXA	SI		'1'	
2	00915		Document Type	IS	0270	"CN" is used by default	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
3	00916		Document Content Presentation ID	ID	0191	“1”(text) , “ AP”, “AU”, “FT”, “IM”, “NS”, “SD”, “SI”, “TX”, “Text”	Configurable
4	00917		Activity Date/Time	TS		Note date time	Can select activity date/time, edit date/time, or origination date/time. First check or use the above set date/time. If null, use note date without time comp.
5	00918		Primary Activity Provider	XCN		Required	
		1	ID Number	ST		Billing ID of doctor assigned to patient	Provider ID (RscID, RscExtID, NPI). Can set up a provider mapping table.
		2	Family Name	ST		Last name of doctor assigned to patient	
		3	Given Name	ST		First name of doctor assigned to patient	
		4	Middle Name	ST		Middle initial or name of default doctor for patient	
		5	Suffix	ST		Suffix of default doctor for patient	
		6	Prefix	ST		Prefix of default doctor for patient	
		7	Assigning Authority	HD			
		8	Universal ID	ST		UPIN of default doctor for patient	
		9	Universal ID Type	ID		‘UPIN’	
6	00919		Origination Date/Time	TS		Entry date and time	
8	00921		Edit Date and Time	TS		Note update/delete date and time	
9	00922		Originator	XCN		Optional	
		1	ID Number	ST		ID of provider editing note.	Operator Id (RscID). Can set up an operator mapping table.
		2	Family Name	ST		Last name of the provider editing note.	
		3	Given Name	ST		First name of the provider editing note	
		4	Middle Name	ST		Middle initial or name of the of the provider editing note	
		5	Suffix	ST		Suffix of the of the provider editing note.	
		6	Prefix	ST		Prefix of the provider editing note.	
		7	Assigning Authority	HD			
		8	Universal ID	ST		The UPIN of the default referring provider for the patient.	
		9	Universal ID Type	ID		‘UPIN’	
12	00925	1	Unique Document Number	EI		Table name + uniquerecord ID	
13	00926	1	Parent Document Number	EI		Table name + uniquerecord ID	
17	00928	1	Doc Completion Status	ID	0271	If T02, T06, T08, “DI” for open pages, “PA” for month-end locked pages, and “LA” for approved pages. If T04, “DI” for deleted pages.	A mapping table can be added
19	00930	1	Doc Availability Status	ID	0273	If T02, T06, T08, “AV”. If T04, “AV”, “Beyond the time permitted for editing”, or “Month-end closing”. If T04, “CA” for deleted.	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
21	00933	1	Doc Status Change Reason	ST		If T02, T06, T08, “”. If T04 and TXA-17=“PA” and TXA-19=“AV”, “Beyond the time permitted for editing” or “Month-end closing”. If T04 and TXA-17=“DI” and TXA-19=“CA”, "Clinical report deleted".	
22	00934		Authentication Person, Time Stamp (Conditional on TXA-17 to Have a Status of “LA”)	PPN		Approval person and approval date and time	
		1	ID Number	ST			Can build a map for operators. Can only map to the display ID (RSCID).
		2	Family Name	FN			
		3	First Name	ST			
		4	Middle Name	ST			
		5	Suffix	ST			
		16	Date and Time of Action Performed	TS			

OBX - Observation/Result Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00569		Line Number (1-indexing)	SI		Required	
2	00570		Value Type	TX	0125	Note text (TX)	
5	00573		Observation Value	CE		Single line of clinical note up to 78 characters	
11	00579		Observation Result Status	ID	0085	“R” for all open pages; “D” for deleted page text; “F” for all locked or approved page text	

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ZSI - Signature Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			GUID	ST			
2			Signer Name	ST			
3			Signature date	TS			
4			Signature Width	NM			
5			Signature Height	NM			
6			Signature Data Type	NM			
7			Signature Data Size	NM			
8			Signature Extra Data	ST		HEX data field (signature itself)	
9			Last modifying date	TS			

Sample Outbound MDM Messages**Added a new clinical note:**

```
MSH|^~\&|DXOne|Dental|MicroMD|Medical|20090402095122||MDM^T02|89056|P|2.3||AL EVN|T02|20090402095122||01
PID|1||PatIDinMicroMD||PatLastName^PatFirstName^||19670427000000|M||201200 Cactus
Blossam^Pflugerville^TX^78660^|(717)251-9930^|(717)219-9582||Married||111-25-1234|||
PV1|1||OMNMNORTH||01DR^AMSILI^MARC^|1047730|20090402093000
TXA|1|CN|1|20090402095122|01DR^AMSILI^MARC^|20090402095122|20090402095122|OPERATOR^||DDB_NOTE1121577
X2||DI|AV|
OBX|1|TX||-----<Thu - Apr 2,2009>-----<09:51:07>----- <ENTERPRISE> ||||R
OBX|2|TX||||||R
OBX|3|TX||This is a clinic note.Page #1||||R
```

Updated the note page:

```
MSH|^~\&|DXOne|Dental|MicroMD|Medical|20090402095222||MDM^T08|89060|P|2.3||AL
EVN|T08|20090402095222||01
PID|1||PatIDinMicroMD||PatLastName^PatFirstName^||19670427000000|M||201200 Cactus
Blossam^Pflugerville^TX^78660^|(717)251-9930^|(717)219-9582||Married||111-25-1234|||
PV1|1||OMNMNORTH||01DR^AMSILI^MARC^|1047730|20090402093000
TXA|1|CN|1|20090402095222|01DR^AMSILI^MARC^|20090402095122|20090402095222|OPERATOR^||DDB_NOTE1121577
X2||DI|AV|
OBX|1|TX||-----<Thu - Apr 2,2009>-----<09:51:07>----- <ENTERPRISE> ||||R
OBX|2|TX||||||R
OBX|3|TX||This is a clinic note.Page #1.||||R
OBX|4|TX||-----<Thu - Apr 2,2009>-----<09:52:19>----- <ENTERPRISE> ||||R
OBX|5|TX||Updated this page.||||R
OBX|6|TX||||||R
```

Approved the note page:

```
MSH|^~\&|DXOne|Dental|MicroMD|Medical|20090402095331||MDM^T08|89064|P|2.3||AL
EVN|T08|20090402095331||01
PID|1||PatIDinMicroMD||PatLastName^PatFirstName^||19670427000000|M||201200 Cactus
Blossam^Pflugerville^TX^78660^|(717)251-9930^|(717)219-9582||Married||111-25-1234|||
PV1|1||OMNMNORTH||01DR^AMSILI^MARC^|1047730|20090402093000
TXA|1|CN|1|20090402095331|01DR^AMSILI^MARC^|20090402095122|20090402095331|OPERATOR^||DDB_NOTE1121577
X2||LA|AV||TESTPROV^Testprov^Test^D.D.S.^20090402095331
OBX|1|TX||-----<Thu - Apr 2,2009>-----<09:51:07>----- <ENTERPRISE> ||||F
OBX|2|TX||||||F
OBX|3|TX||This is a clinic note.Page #1.||||F
OBX|4|TX||-----<Thu - Apr 2,2009>-----<09:52:19>----- <ENTERPRISE> ||||F
OBX|5|TX||Updated this page.||||F OBX|6|TX||||||F
OBX|7|TX||--<Approved>--<Thu - Apr 2,2009>-----<09:53:19>-- <TESTPROV><Test||||F
OBX|8|TX||Testprov>-----<D.D.S.--||||F
```

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Append a new page to a note:

MSH|^~&|DXOne|Dental|MicroMD|Medical|20090402095432||MDM^T02|89068|P|2.3||AL
EVN|T02|20090402095432||01
PID|1||PatIDinMicroMD||PatLastName^PatFirstName^^^|19670427000000|M||201200 Cactus
Blossam^Pflugerville^TX^78660^|(717)251-9930^^(717)219-9582||Married||111-25-1234||||||
PV1|1||OMNMNORTH||01DR^AMSILI^MARC^||||||1047730||||||20090402093000
TXA|1|CN|1|20090402095432|01DR^AMSILI^MARC^|20090402095432|20090402095432|OPERATOR^^^||DDB_NOTE1121578
X2|DDB_NOTE1121577X2||DI||AV||
OBX|1|TX||-----<Append>-----<Thu - Apr 2,2009>-----<09:54:12>----- <ENTERPRISE> ||||R
OBX|2|TX||||||R
OBX|3|TX||this is the second page of the note.This page is appended.||||R

The appended page is updated:

MSH|^~&|DXOne|Dental|MicroMD|Medical|20090402095603||MDM^T08|89072|P|2.3||AL
EVN|T08|20090402095603||01
PID|1||PatIDinMicroMD||PatLastName^PatFirstName^^^|19670427000000|M||201200 Cactus
Blossam^Pflugerville^TX^78660^|(717)251-9930^^(717)219-9582||Married||111-25-1234||||||
PV1|1||OMNMNORTH||01DR^AMSILI^MARC^||||||1047730||||||20090402093000
TXA|1|CN|1|20090402095603|01DR^AMSILI^MARC^|20090402095432|20090402095603|OPERATOR^^^||DDB_NOTE1121578
X2|DDB_NOTE1121577X2||DI||AV||
OBX|1|TX||-----<Append>-----<Thu - Apr 2,2009>-----<09:54:12>----- <ENTERPRISE> ||||R
OBX|2|TX||||||R
OBX|3|TX||this is the second page of the note.This page is appended.||||R
OBX|4|TX||-----<Thu - Apr 2,2009>-----<09:55:51>----- <ENTERPRISE> ||||R
OBX|5|TX||Updated this page once.||||R

The appended page is approved:

MSH|^~&|DXOne|Dental|MicroMD|Medical|20090402095645||MDM^T08|89076|P|2.3||AL
EVN|T08|20090402095645||01
PID|1||PatIDinMicroMD||PatLastName^PatFirstName^^^|19670427000000|M||201200 Cactus
Blossam^Pflugerville^TX^78660^|(717)251-9930^^(717)219-9582||Married||111-25-1234||||||
PV1|1||OMNMNORTH||01DR^AMSILI^MARC^||||||1047730||||||20090402093000
TXA|1|CN|1|20090402095645|01DR^AMSILI^MARC^|20090402095432|20090402095645|OPERATOR^^^||DDB_NOTE1121578
X2|DDB_NOTE1121577X2||LA||AV||TESTPROV^Testprov^Test^^^^D.D.S.^20090402095645
OBX|1|TX||-----<Append>-----<Thu - Apr 2,2009>-----<09:54:12>----- <ENTERPRISE> ||||F
OBX|2|TX||||||F
OBX|3|TX||this is the second page of the note.This page is appended.||||F
OBX|4|TX||-----<Thu - Apr 2,2009>-----<09:55:51>----- <ENTERPRISE> ||||F
OBX|5|TX||Updated this page once.||||F
OBX|6|TX||--<Approved>--<Thu - Apr 2,2009>-----<09:56:35>-- <TESTPROV><Test||||F
OBX|7|TX||Testprov>-----<D.D.S.>-----||||F

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V-22. SIU S03, S12, S13, S14, S15, S17, and S22
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SIU (Schedule Information Unsolicited) transactions from filler applications are the messages and trigger events that are used between filler applications and auxiliary applications. Transactions are initiated by the filler application, using the SIU message to notify auxiliary applications of modifications in a filler application's schedules. The auxiliary application responds to these notifications, using the ACK message, either to acknowledge receipt of the transaction or to signal that an interfacing error of some kind has occurred. For event S03, it will only update appointment status, type and notes. It only requires segments MSH, SCH, and PID.

Segment	Notes
MSH - Message Header	
SCH - Schedule Activity Information Segment	
NTE- Appointment Note	Optional
RGS - Resource Group Segment	Optional
PID - Patient Identification Segment	
AIG - Appointment Information - General Resource Segment	
AIL - Appointment Information - Location Resource Segment	
AIP - Appointment Information - Personnel Resource Segment	
ZAD - Appt Additional Information	Optional for outbound interface to send appointment check list information

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time Of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		SIU	
		2	Trigger Event	ID		S12, S13, S14, S15, or S22. Required.	
10	00010		Message Control ID	ST		Unique integer for message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

EVN - Event Type Segment (Optional)

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00199		Event Type Code	TS	0003	S12, S13, S14, S15, or S22 (Required)	
2	00100		Recorded Date/Time	TS		Date and time that the message was created and filled out by Dentrix Enterprise	
4	00102		Event Reason Code	IS		'01'	

SCH - Schedule Activity Information Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00860		Placer Appointment ID	EI		Appointment ID. Optional.	
2	00861		Filler Appointment ID	EI		Ext. Appointment ID. Required.	
3	00862		Occurrence Number	NM		Not used	
4	00218		Placer Group Number	EI		Ext. Placer GN. Not used.	
5	00864		Schedule ID	CE		Optional	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
6	00883		Event Reason	CE		New Appt; Delete Appt; Reschedule Appt for a new pat; Reschedule Appt; Modify Appt; Cancel Appt; Schedule a broken appt	
7	00866		Appointment Reason	CE	0276	Appointment Reason. Required.	Can set up a mapping table for outbound. In the outbound, this field can have multiple components.
8	00867		Appointment Type	CE	0277	Optional	Mapped to appt types
9	00868		Appointment Duration	NM		Appointment Time in minutes. Required.	
10	00869		Appointment Duration Units	CE		“MIN”. Required.	
11	00884		Appointment Timing Quantity	TQ		Not used	
12	00874		Placer Contact Person	XCN		Ext_placer_contact. Not used.	
13	00875		Placer Contact Phone Number	XTN		Ext_placer_contact_ph. Not used.	
14	00876		Placer Contact Address	XAD		Ext_placer_contact_address. Not used.	
15	00877		Placer Contact Location	PL		Ext_placer_contact_location. Not used.	
16	00885		Filler Contact Person	XCN		Not used	
17	00886		Filler Contact Phone Number	XTN		Not used	
18	00887		Filler Contact Address	XAD		Not used	
19	00888		Filler Contact Location	PL		Not used	
20	00878		Entered by Person	XCN		Entered by. Optional.	
21	00879		Entered by Phone Number	XTN		Entered by phone number. Not used.	
22	00880		Entered by Location	PL		Entered by location. Not used.	
23	00881		Parent Placer Appointment ID	EI		Patient placer appointment ID. Not used.	
24	00882		Parent Filler Appointment ID	EI		Parent filler appointment ID. Not used.	
25	00889		Filler Status Code	CE	0278	Filler Status Code. Optional but recommended.	Mapped to appt status
26	00216		Placer Order Number	EI		Placer Order Number. Not used.	
27	00217		Filler Order Number	EI		Filler Order Number. Not used.	

PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		‘1’	
2	00105		Patient ID (External ID)	CX			
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	CDCR# is used as Chart# when PID-3M-UI-SC option selected
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components.	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	
6	00109		Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		6	Area Code	NM		Area code of the patient phone number.	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of patient phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121		Encounter Number			Used in outbound messages for DPC encounter number	
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
19	00122		SSN	ST		Patient's SSN (999-99-9999).	SSN can be mapped to filter out bad ones.
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up a mapping table
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

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NTE -Appt Note Information (Optional)

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Set ID	SI		Row sequence number	
2			Source of comment	ID		Not used	
3			Comment	FT		Note text. Can be divided up into smaller text line and sent repeated.	

RGS - Resource Group Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	01203		Set ID - RGS	SI		"1". Optional.	
2	00763		Segment Action Code	ID	0206	"A". Optional.	
3	01204		Resource Group ID	CE		Optional.	

AIG - Appointment Information - General Resource Segment (Clinic)

It is required for inbound schedules if a provider can work in multiple different clinics. It is not sent in the outbound messages.

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00896		Set ID - AIG	SI		"1". Required.	
2	00763		Segment Action Code	ID	0206	Not used	
3	00897		Resource ID	CE		Clinic ext ID. Required.	RSCID. Can set up a mapping for clinics.
4	00898		Resource Type	CE		"Clinic". Required.	Can set up an outbound map
5	00899		Resource Group	CE		Not used	
6	00900		Resource Quantity	NM		Not used	
7	00901		Resource Quantity Units	CE		Not used	
8	01202		Start Date/Time	TS		Date and time as "YYYYMMDDHHmm". Optional.	
9	00981		Start Date/Time Offset	NM		Not used	
10	00892		Start Date/Time Offset Units	CE		Not used	
11	00893		Duration	NM		Minutes. Required.	
12	00894		Duration Units	CE		"MIN" as minute. Required.	
13	00895		Allow Substitution Code	IS		Not used	
14	00889		Filler Status Code	CE		Not used	

AIL - Appointment Information - Location Resource Segment (Operatory)

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00902		Set ID - AIL	SI		"1". Required.	
2	00763		Segment Action Code	ID	0206	Not used.	
3	00903		Location Resource ID	PL		Operatory ext ID. Required.	RSCID; can set up maps
4	00904		Location Type-AIL	CE		"Operatory". Required.	Can set up an outbound map
5	00905		Location Group	CE		Not used	
6	01202		Start Date/Time	TS		Date and Time as "YYYYMMDDHHmm". Required.	
7	00891		Start Date/Time Offset	NM		Not used	
8	00892		Start Date/Time Offset Units	CE		Not used	
9	00893		Duration	NM		Minutes. Required.	
10	00894		Duration Units	CE		"MIN" as minutes. Required.	
11	00895		Allow Substitution Code	IS	0279	Not used	
12	00889		Filler Status Code	CE	0278	Not used	

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AIP - Appointment Information - Personnel Resource Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00906		Set ID - AIP	SI		"1". Required.	
2	00763		Segment Action code	ID	0206	Not used	
3	00913		Personnel Resource ID	XCN		Doctor (provider) ext ID. Required.	RSCID; can set up maps
4	00907		Resource Role	CE		"Doctor". Optional.	Can set up an outbound map
5	00899		Resource Group	CE		"Provider". Optional.	
6	01202		Start Date/Time	TS		Date and time as "YYYYMMDDHHmm". Required.	
7	00891		Start Date/Time Offset	NM		Not used	
8	00892		Start Date/Time Offset Units	CE		Not used	
9	00893		Duration	NM		Minutes. Required.	
10	00894		Duration Units	CE		"MIN" as minutes. Required.	
11	00895		Allow Substitution Code	IS	0279	Not used	
12	00889		Filler Status Code	CE	0278	Not used	

ZAD - Custom Appointment Additional Information (Optional)

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Custom Defined	ST		Optional. Can be used to send appointment check list	
2			Custom Defined	ST		Optional. Can be used to send appointment check list	

Sample Outbound Messages from Dentrix**New appointment:**

MSH|^~&|DXOne|Dental|MicroMD|Medical|20090402091334||SIU^S12|88987|P|2.3||AL
SCH||1047731|||New Appt|LimitedEx|1^General|30|MIN|^30^20090402100000^20090402103000|||||enterprise||||1^Left Messages
PID|1||PatIDinMicroMD||PatLastName^PatFirstName^|19670427000000|M||201200 Cactus
Blossam^Pflugerville^TX^78660^|(717)251-9930^|(717)219-9582|Married||111-25-1234
PV1|1||OMNMNORTH||01DR^AMSILI^MARC^|20090402100000||||
RGS|1|A|1 AIS|1|||||
AIL|1||10_TAHIRI^DR TAHIRI||20090402100000|0|MIN|30|MIN
AIP|1||01DR^AMSILI^MARC^||20090402100000|0|MIN|30|MIN||1^Left Messages

Reschedule (changed appt date or time):

MSH|^~&|DXOne|Dental|MicroMD|Medical|20090402091443||SIU^S13|88991|P|2.3||AL
SCH||1047731|||Reschedule Appt|LimitedEx|1^General|30|MIN|^30^20090402110000^20090402113000|||||enterprise||||1^Left Messages
PID|1||PatIDinMicroMD||PatLastName^PatFirstName^|19670427000000|M||201200 Cactus
Blossam^Pflugerville^TX^78660^|(717)251-9930^|(717)219-9582|Married||111-25-1234
PV1|1||OMNMNORTH||01DR^AMSILI^MARC^|20090402110000|||| RGS|1|A|1
AIS|1|||||
AIL|1||10_TAHIRI^DR TAHIRI||20090402110000|0|MIN|30|MIN
AIP|1||01DR^AMSILI^MARC^||20090402110000|0|MIN|30|MIN||1^Left Messages

Reschedule (changed appointment length):

MSH|^~&|DXOne|Dental|MicroMD|Medical|20090402091744||SIU^S13|89003|P|2.3||AL
SCH||1047731|||Reschedule Appt|LimitedEx|2^High
Production|60|MIN|^60^20090402110000^20090402120000|||||enterprise||||3^Firm
PID|1||PatIDinMicroMD||PatLastName^PatFirstName^|19670427000000|M||201200 Cactus
Blossam^Pflugerville^TX^78660^|(717)251-9930^|(717)219-9582|Married||111-25-1234
PV1|1||OMNMNORTH||01DR^AMSILI^MARC^|20090402110000||||
RGS|1|A|1
AIS|1|||||

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AIL|1|10_TAHIRI^DR TAHIRI||20090402110000|0|MIN|60|MIN
AIP|1|01DR^AMSILI^MARC^||20090402110000|0|MIN|60|MIN||3^Firm

Reschedule (change appointment type):

MSH|^~&|DXOne|Dental|MicroMD|Medical|20090402091630||SIU^S13|88999|P|2.3||AL
SCH||1047731|||Reschedule Appt|LimitedEx|2^High
Production|30|MIN|^30^20090402110000^20090402113000|||||enterprise||||3^Firm
PID|1|PatIDinMicroMD|PatLastName^PatFirstName^||19670427000000|M||201200 Cactus
Blossam^Pflugerville^TX^78660^|(717)251-9930^|(717)219-9582|Married||111-25-1234
PV1|1|OMNMNORTH||01DR^AMSILI^MARC^|||||||20090402110000|||| RGS|1|A|1
AIS|1|||||||
AIL|1|10_TAHIRI^DR TAHIRI||20090402110000|0|MIN|30|MIN
AIP|1|01DR^AMSILI^MARC^||20090402110000|0|MIN|30|MIN||3^Firm

Modify (changed status):

MSH|^~&|DXOne|Dental|MicroMD|Medical|20090402091530||SIU^S14|88995|P|2.3||AL
SCH||1047731|||Modify Appt|LimitedEx|1^General|30|MIN|^30^20090402110000^20090402113000|||||enterprise||||3^Firm
PID|1|PatIDinMicroMD|PatLastName^PatFirstName^||19670427000000|M||201200 Cactus
Blossam^Pflugerville^TX^78660^|(717)251-9930^|(717)219-9582|Married||111-25-1234
PV1|1|OMNMNORTH||01DR^AMSILI^MARC^|||||||20090402110000||||
RGS|1|A|1 AIS|1|||||||
AIL|1|10_TAHIRI^DR TAHIRI||20090402110000|0|MIN|30|MIN
AIP|1|01DR^AMSILI^MARC^||20090402110000|0|MIN|30|MIN||3^Firm

Modify (set appointment complete):

MSH|^~&|DXOne|Dental|MicroMD|Medical|20090402091933||SIU^S14|89012|P|2.3||AL
SCH||1047731|||Modify Appt|LimitedEx|2^High
Production|60|MIN|^60^20090402110000^20090402120000|||||enterprise||||150^COMPLETED_MAPPED
PID|1|PatIDinMicroMD|PatLastName^PatFirstName^||19670427000000|M||201200 Cactus
Blossam^Pflugerville^TX^78660^|(717)251-9930^|(717)219-9582|Married||111-25-1234
PV1|1|OMNMNORTH||01DR^AMSILI^MARC^|||||||20090402110000||||
RGS|1|A|1
AIS|1|||||||
AIL|1|10_TAHIRI^DR TAHIRI||20090402110000|0|MIN|60|MIN
AIP|1|01DR^AMSILI^MARC^||20090402110000|0|MIN|60|MIN||150^COMPLETED_MAPPED

New appointment:

MSH|^~&|DXOne|Dental|MicroMD|Medical|20090402092055||SIU^S12|89016|P|2.3||AL
SCH||1047732|||New Appt|CompEx|1^General|15|MIN|^15^20090402140000^20090402141500|||||enterprise||||1^Left Messages
PID|1|PatIDinMicroMD|PatLastName^PatFirstName^||19670427000000|M||201200 Cactus
Blossam^Pflugerville^TX^78660^|(717)251-9930^|(717)219-9582|Married||111-25-1234
PV1|1|OMNMNORTH||01DR^AMSILI^MARC^|||||||20090402140000||||
RGS|1|A|1
AIS|1|||||||
AIL|1|11FANNING^FANNING||20090402140000|0|MIN|15|MIN
AIP|1|01DR^AMSILI^MARC^||20090402140000|0|MIN|15|MIN||1^Left Messages

Cancel an appointment:

MSH|^~&|DXOne|Dental|MicroMD|Medical|20090402092142||SIU^S15|89020|P|2.3||AL
SCH||1047732|||Cancel Appt|CompEx|1^General|15|MIN|^15^20090402140000^20090402141500|||||enterprise||||Canceled
PID|1|PatIDinMicroMD|PatLastName^PatFirstName^||19670427000000|M||201200 Cactus
Blossam^Pflugerville^TX^78660^|(717)251-9930^|(717)219-9582|Married||111-25-1234
PV1|1|OMNMNORTH||01DR^AMSILI^MARC^|||||||20090402140000|||| RGS|1|A|1
AIS|1|||||||Canceled
AIL|1|11FANNING^FANNING||20090402140000|0|MIN|15|MIN
AIP|1|01DR^AMSILI^MARC^||20090402140000|0|MIN|15|MIN||Canceled

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Reschedule a cancelled appointment:

MSH|^~&|DXOne|Dental|MicroMD|Medical|20090402092252||SIU^S12|89027|P|2.3||AL
SCH||1047732|||Schedule a broken appt|CompEx|1^General|15|MIN|^15^20090402143000^20090402144500|||||enterprise|||
PID|1||PatIDinMicroMD||PatLastName^PatFirstName^^^|19670427000000|M||201200 Cactus
Blossam^Pflugerville^TX^78660^|(717)251-9930^^^^|(717)219-9582|Married||111-25-1234
PV1|1||OMNMNORTH|||01DR^AMSILI^MARC^|||||||||||||||||20090402143000||||
RGS|1|A|1
AIS|1|||||||
AIL|1||12FANNING^FANNING||20090402143000|0|MIN|15|MIN
AIP|1||01DR^AMSILI^MARC^||20090402143000|0|MIN|15|MIN||

Modify (set the appointment complete):

MSH|^~&|DXOne|Dental|MicroMD|Medical|20090402092439||SIU^S14|89032|P|2.3||AL
SCH||1047732|||Modify
Appt|CompEx|1^General|15|MIN|^15^20090402143000^20090402144500|||||enterprise|||150^COMPLETED_MAPPED
PID|1||PatIDinMicroMD||PatLastName^PatFirstName^^^|19670427000000|M||201200 Cactus
Blossam^Pflugerville^TX^78660^|(717)251-9930^^^^|(717)219-9582|Married||111-25-1234
PV1|1||OMNMNORTH|||01DR^AMSILI^MARC^|||||||||||||||||20090402143000||||
RGS|1|A|1
AIS|1|||||||
AIL|1||12FANNING^FANNING||20090402143000|0|MIN|15|MIN
AIP|1||01DR^AMSILI^MARC^||20090402143000|0|MIN|15|MIN||150^COMPLETED_MAPPED

New Appointment:

MSH|^~&|DXOne|Dental|MicroMD|Medical|20090402092603||SIU^S12|89036|P|2.3||AL
SCH||1047733|||New Appt|PeriodicX|1^General|45|MIN|^45^20090402140000^20090402144500|||||enterprise|||1^Left Messages
PID|1||PatIDinMicroMD||PatLastName^PatFirstName^^^|19670427000000|M||201200 Cactus
Blossam^Pflugerville^TX^78660^|(717)251-9930^^^^|(717)219-9582|Married||111-25-1234
PV1|1||OMNMNORTH|||01DR^AMSILI^MARC^|||||||||||||||||20090402140000||||
RGS|1|A|1
AIS|1|||||||
AIL|1||10_TAHIRI^DR TAHIRI||20090402140000|0|MIN|45|MIN
AIP|1||01DR^AMSILI^MARC^||20090402140000|0|MIN|45|MIN||1^Left Messages

Delete an appointment:

MSH|^~&|DXOne|Dental|MicroMD|Medical|20090402092643||SIU^S17|89040|P|2.3||AL
SCH||1047733|||Delete Appt|PeriodicX|1^General|45|MIN|^45^20090402140000^20090402144500|||||enterprise|||Deleted
PID|1||PatIDinMicroMD||PatLastName^PatFirstName^^^|19670427000000|M||201200 Cactus
Blossam^Pflugerville^TX^78660^|(717)251-9930^^^^|(717)219-9582|Married||111-25-1234
PV1|1||OMNMNORTH|||01DR^AMSILI^MARC^|||||||||||||||||20090402140000||||
RGS|1|A|1
AIS|1|||||||Deleted
AIL|1||10_TAHIRI^DR TAHIRI||20090402140000|0|MIN|45|MIN
AIP|1||01DR^AMSILI^MARC^||20090402140000|0|MIN|45|MIN||Deleted

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V-23. PPR PC1, PC2, and PC3
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This message is for medical problems (alerts).

Segment	Notes
MSH - Message Header	
PID - Patient Identification Segment	
PV1 – Visit Information	Not used. Optional.
PV2 - Supplemental Visit Information	Not used. Optional.
PRB – Problem Detail	Repeated for every medical problem. Required.

MSH – Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time Of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		PPR	
		2	Trigger Event	ID		PC1 – Add a problem PC2 – Update a problem PC3 – Delete a problem	
10	00010		Message Control ID	ST		Unique integer for message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			CDCR# is used as Chart# when PID-3M-UI-SC option selected
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
4	00107		ID	CX		Alternate patient ID (optional). Can also list all patient chart# in multiple facilities in this field in separate components.	Can be used as Medicaid ID
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
		4	Suffix	ST		Patient's suffix	
		5	Prefix	ST		Patient's prefix	
6	00109		Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
		5	Prefix	ST		Prefix of mother's maiden name	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
9	00112		Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
		2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
10	00113		Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
12	00115		County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of the patient phone number.	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		5	Country Code	NM		Country code of patient phone	
		6	Area Code	NM		Area code of patient phone number	
		7	Phone Number	NM		Telephone number in numeric format	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
18	00121		Patient Account Number	CX		Current patient account number (optional)	Can read and send also in PV1-19 (PVN)
		4	Account Assigning Authority	IS		Assigning authority	ID and account authority can be concatenated as a compound ID and used as PVN. Can be mapped into clinics
		6	Account Assigning Facility	IS		Assigning facility	ID and account assigning facility can be concatenated as a compound ID and used as PVN. Can be mapped into clinics.
19	00122		SSN	ST		Patient's SSN (999-99-9999).	SSN can be mapped to filter out bad ones.
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
27	00172		Veteran Status	CE		UDS Veteran Status	Can set up a mapping table
29	00740		Patient Death Date and Time	TS		Patient's death date	
30	00741		Patient Death Indicator	ID	0136	If patient has death date, then 'Y' or else 'N'	

PRB - Patient Problem Detail (Repeatable)

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Action Code: AD, DE, UP	ID		Dentrix Enterprise supports AD, DE, and UP	
2			Action Date Time	TS			
3			Problem ID	CE			
		1	Identifier	ST		Required	
		2	Text	ST		Required	
		3	Name of Coding System	ST		Required	
		4	Alternate Identifier	ST			
		5	Alternate Text	ST			
		6	Name of Alternate Coding System	ST			
4			Problem Instance ID	EI			
		1	Entity Identifier	ST		Required	
7			Problem Established Date/Time	TS		Used as diagnose date time (required)	
9			Actual Resolution Date Time	TS		Problem resolution date time (optional)	
14			Problem Life Cycle Status	CE			

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		1	Identifier	ST		Dentrix Enterprise supports A and N	
		2	Text	ST		Active or Not Active	
		3	Name of Coding System	ST			
16			Problem Date of Onset	TS		Problem start date time (required)	

Add a problem:

MSH|^~\&|ATHENANET|432^AA - Aaron Athena Aardvark, MD^^|Test OPCD -
 432||201905211640||PPR^PC1|3241313M432|P|2.5.1|||||||
 PID||PATID1234^^|PATID1234^^|PATID1234|TEST^ABBY^^|19600101|F||2106-3^White|311 ARSENAL
 ST^^WATERTOWN^MA^02472^UNITED STATES||(617)402-1001^PRN^PH^^1^617^4021000^^~(207)888-
 9999^ORN^CP^^1^207^8889999^^|eng^English|M|||||2178-2^Latin American/Latin, Latino||||||
 PV1||O|^^Main Burrow|||||
 PRB|UP|20180629134849|232310008^Infection involving inner
 ear^SNM^^|12540PP432||20180629134849||||A^ACUTE^ATHENA||A^Active^ATHENA|||||||
 PRB|UP|20180729134849|232310009^Infection involving outer
 ear^SNM^^|12540PP433||20180729134849||||A^ACUTE^ATHENA||A^Active^ATHENA|||||||

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V-24. ACK
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Dentrix Enterprise uses HL7 defined application level acknowledgements. For received messages Dentrix Enterprise doesn't process the message fully and it sends an ACK if one was requested by the sending application. For send messages, Dentrix Enterprise expects to receive an ACK if the message specifies a request for one. If the Acknowledgement Type of the received ACK is AA then message is deleted from Dentrix Enterprise's queue. If the Acknowledgement Type is AE, then the Text Message value is written to Dentrix Enterprise's log but the message is not resent. If no ACK is received then Dentrix Enterprise will try to resend the message based on its configuration up to the maximum limit set.

Segment	Notes
MSH - Message Header	
MSA - Message Acknowledgement	

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time Of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		ACK	
		2	Trigger Event	ID		Message trigger events (for example, A04, A31, and S12)	
10	00010		Message Control ID	ST		Unique integer for message received	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'NE'	

MSA - Message Acknowledgement Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00018		Acknowledgment Code	ID	0008	'AA' if successful; 'AE' if an error occurred; or 'AR' if rejected. Required.	
2	00010		Message Control ID	ID		Unique integer for message received	
3	00020		Text Message	ST		String describing reason for the error or rejection. Left empty if Acknowledgment code is 'AA'.	

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V-25. QBP Q21
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This QBP (Query by Parameters) message is sent for a patient retrieval.

Segment	Notes
MSH - Message Header	
EVN - Event Type	
QPD - Query Parameter Definition	
RCP - Response Control Parameter	
PID - Patient Identification	

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time Of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		QBP	
		2	Trigger Event	ID		Q21.	
		3	Message Type- Message Structure			QBP_Z21. Required.	
10	00010		Message Control ID	ST		Unique integer for message	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
18			Character Set (ID)	ID			

EVN – Event Type Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00199		Event Type Code	TS	0003	“DEMOGRAPHICSQUERY”	
2	00100		Recorded Date/Time	TS		Date and time message was created and filled out by Dentrix Enterprise	
4	00102		Event Reason Code	IS		“DEMOGRAPHICSQUERY”	

QPD – Query Parameter Definition

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Message Query Name	CE	0471		
		1	Identifier			Q21	
		2				Get Person Demographics	
		3	Name of Coding System			HL7003	
2			Query Tag	ST			

RCP - Response Control Parameter

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Query Priority	CE	0091	“D”	
2		1	Quantity	CQ	0126		
		2	Unit			RD	

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PID – Patient Identification

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		5	Identifier Type Code				
25			Birth Order	NM		Birth Order	
31			Identity Unknown Indicator	ID	0136	Identity Unknown Indicator	

Sample of outbound message (Patient Retrieve):

```
MSH|^~\&|HNAM|HNAM|DEERS|DEERS_FAC|20151022154433||QBP^Q21^QBP_Z21|3031637508||2.4||||8859/1
EVN|DEMOGRAPHICSQUERY|20151022154433||DEMOGRAPHICSQUERY
QPD|Q21^Get Person Demographics^HL7003|3031637508|1198109071^^^2.16.840.1.113883.3.42.10001.100001.12^DOD ID
RCP|D|25^RD
PID|1||EDIPI-123^^^2.16.840.1.113883.3.42.10001.100001.12^DOD ID||||||||||||0||||N
```

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V-26. QBP Q22
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This QBP (Query by Parameters) message is sent for a patient/family search.

Segment	Notes
MSH - Message Header	
EVN - Event Type	
QPD - Query Parameter Definition	
RCP - Response Control Parameter	

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		'	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time Of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		QBP	
		2	Trigger Event	ID		Q22.	
		3	Message Type- Message Structure			QBP_Z22 Required	
10	00010		Message Control ID	ST		Unique integer for message	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
18			Character Set (ID)	ID			

EVN – Event Type Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00199		Event Type Code	TS	0003	“DEMOGRAPHICSQUERY”	
2	00100		Recorded Date/Time	TS		Date and time message was created and filled out by Dentrix Enterprise	
4	00102		Event Reason Code	IS		‘DEMOGRAPHICSQUERY’	

QPD – Query Parameter Definition

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Message Query Name	CE	0471		
		1	Identifier			Q22	
		2				Find Candidates/ Family Search	
		3	Name of Coding System			HL7003	
2			Query Tag	ST			

RCP - Response Control Parameter

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1			Query Priority	CE	0091	“D”	
2		1	Quantity	CQ	0126		
		2	Unit			RD	

Sample of outbound message (Patient Search):

MSH|^~^&|HNAM|HNAM|DEERS|DEERS_FAC|20151022151540||QBP^Q22^QBP_Z22|3031635513||2.4||||8859/1

EVN|Z22|20151022151540||Z22

QPD|Q22^Find Candidates^HL7003|3031635513|12233344402^^2.16.840.1.113883.3.42.10001.100001.326^CD:7208712

RCP|D|25^RD

PID|1||1 2233344402^^2.16.840.1.113883.3.42.10001.100001.326^CD:7208712||||19900907|||||||||||||O|||||N

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Sample of outbound message (Family Search):

MSH|^~\&|HNAM|HNAM|DEERS|DEERS_FAC|20151022152118||QBP^Q22^QBP_Z22|3031635522||2.4||||8859/1

EVN|Z22|20151022152118||Z22

QPD|Z02^Family Search^HL70471|3031635522|2233441190^^^2.16.840.1.113883.3.42.10001.100001.12^CD:22 RCP|D|200^RD

PID|1||22334411 90^^^2.16.840.1.113883.3.42.10001.100001.12^CD:22||||||||||||||0|||||N

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V-27. RSP Z21
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This RSP (Response for Patient Retrieval) message is sent for a patient retrieve query response.

Segment	Notes
MSH - Message Header	
MSA - Message Acknowledgement	
ERR - Error information	
PID - Patient Identification	
PD1 - Additional Patient Demographic Info	
ZPI - Custom DEERs Patient Information	
ZEI - Custom DEERs Patient Information	
NK1 - Next of Kin	
IN1 - Insurance Information	
IN2 - Additional Insurance Information	
ZNI - Custom Insurance Information	
ZMI - Custom Military Information	
OBX - Observation Result	

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time Of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		RSP	
		2	Trigger Event	ID		Z21. Required	
10	00010		Message Control ID	ST		Unique integer for message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

MSA - Message Acknowledgement Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00018		Acknowledgment Code	ID	0008	'AA' if successful; 'AE' if an error occurred; or 'AR' if rejected. Required	
2	00010		Message Control ID	ID		Unique integer for message received	
3	00020		Text Message	ST		String describing reason for the error or rejection. Left empty if Acknowledgment code is 'AA'.	

PID - Patient Identification

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
5	00108	8	Expiration date			Expiration date	
			Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	
6	00109	4	Suffix	ST		Patient's suffix	
			Mother's Maiden Name[0]	XPN		Optional	
		1	Family Name	ST		Last name of mother's maiden name	
		2	Given Name	ST		First name of mother's maiden name	
		3	Middle Name	ST		Middle initial or mother's maiden name	
		4	Suffix	ST		Suffix of mother's maiden name	
7	00110	5	Prefix	ST		Prefix of mother's maiden name	
			Date/Time of Birth	TS		Birth date. Required.	
			Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
			Patient Alias[0]	XPN		Optional	
		1	Family Name	ST		Last name of patient's alias	
9	00112	2	Given Name	ST		First name of patient's alias	
		3	Middle Name	ST		Middle initial or name of patient's alias	
		4	Suffix	ST		Suffix of patient's alias	
		5	Prefix	ST		Prefix of patient's alias	
			Race	IS	0005	Race of patient	Race (uses description if no map entry)
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
			County Code	IS	0005	County of patient	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		8	Extension	NM		Patient's extension (up to five digits)	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
14	00117		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		8	Extension	NM		Patient's extension (up to five digits)	
15	00118		Primary Language	CE	0296	Uses numerical definitions	Use external on internal mapping
16	00119		Marital Status	IS	0002	Marital status of the patient.	Marital Status (uses description if no map entry)
17	00120		Religion	CE	0006	Used numerical definitions.	Use external on internal mapping
20	00123		Driver's License Number	DLN		Patient's driver's license number	
22			Ethnicity			Patient Ethnicity	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
29	00740		Patient Death Date and Time	TS		Patient's death date	

PD1 – Patient Additional Demographic Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
4	00757		Patient's Primary Care Manager ID and Name	XCN		Used as Medical Primary Care Provider ID and Names	
		1	Primary Care Manager ID			Displayed as received	
		2	Primary Care Manager's Last Names	ST		Displayed as received	
		3	Primary Care Manager's First Name	ST			
		4	Primary Care Manager's Middle Name	ST			
		5	Primary Care Manager's Suffix	ST			
		6	Primary Care Provider's Type code	ST			
8			Organ Donor code			Organ Donor code of patient	

ZPI – Custom DEERs Patient Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
9			Restrict Display			Patient Confidentiality	
22		1	VIP Flag			Person VIP Indicator	
35			Primary Care Provider Phone			Primary Care Provider Phone	
36			Primary Care Provider Begin Date			Primary Care Provider Begin Date	
37			Primary Care Manager End Date			Primary Care Manager End Date	

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ZEI – Custom DEERs Patient Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
11			Patient US Government Agency Code			Patient US Government Agency Code	
13		1	Patient Affiliation Category Code			Patient Affiliation Category Code	
		2	Patient Pay Category			Patient Pay Category	
18			Patient Rank			Patient Rank	

NKI – Patient Next of Kin/Associated Parties Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
2	00191	1	Contact Person Last Name	XPN		Used either as Emergency Contact, Guardian, Next of keen, Sponsor	
		2	Contact Person First Name				
		3	Contact Person Middle Name				
		4	Contact Person Cadency Name				
3	00192		Relationship				
4	00193		Address	XAD			
		1	Street Address 1				
		2	Street Address 2				
		3	City				
		4	State				
		5	Zip				
		6	Country				
		7	Address type				
5	00194		Phone				
7	00196		Contact Role			Uses “NOK” “ECON” “GUARD” “SPONSOR” roles	

IN1 – Insurance Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00426		Set ID - IN1	SI		Relative position of insurance plan(primary carrier = 1; secondary carrier = 2; maximum = 4 for dental; maximum = 2 for medical types)	
2	00368	1	Insurance Plan ID	CE		Insurance Plan ID	
		4	OID			OID	
3	00428		Insurance Company ID[0]	CX		ID of insurance company	
12	00437		Plan Effective Date	DT		Date insurance plan became effective for patient	
13	00438		Plan Expiration Date	DT		Date insurance plan expired for patient	
15	00440		Plan Type	IS		Policy type (string description) for patient’s insurance plan.	
16	00441		Name Of Insured[0]	XPN		Required	
		1	Family Name	ST		Last name of person who is the insured party for patient’s insurance plan	
		2	Given Name	ST		First name	
		3	Middle Name	ST		Middle initial or name	
		4	Suffix	ST		Suffix	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
17	00442		Insured's Relationship to Patient	IS		Relationship of patient to insured party (string description: SPO, CHD, SEL, FTH, MTH).	
18	00443		Insured's Date of Birth	TS		Birth date of insured for insurance	
22	00447		OHI Policy Coverage Precedence Indicator Code	ST		OHI Policy Coverage Precedence Indicator Code	
35			OHI Coverage Claim Filing Code			OHI Coverage Claim Filing Code	
43	00468		Insured's Sex	IS	0001	Insured's Gender	
49	01230	1	Insured's ID Number			Insured's ID Number	
		4	OID			OID	

IN2 – Insurance Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
72			Insured Member's Relationship Code			Insured Member's Relationship Code	

ZNI – Custom Insurance Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
9			OHI Coverage Type Code/HCDP Type Code/			OHI Coverage Type Code/HCDP Type Code/	
10			Co-Payment Factor			Co-Payment Factor	
11			OHI HIPAA Insurance Type Code/OGP Type Code			OHI HIPAA Insurance Type Code/OGP Type Code	
12			OHI Policy Effective Date			OHI Policy Effective Date	
13			OHI Policy Expiration Date			OHI Policy Expiration Date	
14			Subscriber Member Category Code			Subscriber Member Category Code	
15			Sponsor Person Death Calendar Date			Sponsor Person Death Calendar Date	

ZMI – Custom Military Information

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
2			Patient Military Flying Status Code			Patient Military Flying Status Code	
3			Command Security Code			Command Security Code	
4		3	Assigned Unit			Assigned Unit	
5		3	Attached Unit			Attached Unit	

Sample of Inbound Message to Dentrix:**Retrieve response:**

```
MSH|^~&|DEERS|DEERS|HNAM|HNAM|20151022160744||RSP^Z21^RSP_Z21||2.4
MSA|AA|3031637508
ERR|||0000^Successful^2.16.840.1.113883.3.2017.11.6.1^Transaction was successful|I
PID|1||EDIPI-
123^^2.16.840.1.113883.3.42.10001.100001.12^^20150420080000~1234567890^^2.16.840.1.113883.4.1||DeersTest^Bill^A^Jr.|
Maiden|20150406|M||2106-3~2131-
1|BirthLine1^BirthLine2^BirthCity^MO^12321^USA^N^BirthLine3^||8162011234^HP^Y^1~WP^MAILTO^
bill.deerstest@military.gov^1||ENG|M|BUD|||2135-2~2182-4||True|-1|US||CAN|20150407
PD1|||11123334^DeersTest^Bill^A^Jr.^2.16.840.1.113883.3.42.10001.100001.12||TRUE
ZPI||||||||||||N|||||8002340980^WP^TEL^1|20000101|20100101
```

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ZEI|1|||||AF0V||A00^MO-05||WGCDR||AF0V
NK1|1|DeersTest^Sam^Sponsor^|FTH|444 E Main^Line2^Chicago^IL^12546^USA^HP^Line3^~~~~~Old Address Line 1^Old
Address Line 2^Chicago^IL^11111^USA^HP^Old Address Line
3^~~~~20140101000000^20141231235959|8162016666^HP^~~~~~1~8162016666^M^~~~~~2||ECON|||||
|||||
NK1|2|DeersTest^Mary^A^|MTH|Apt A4^221 N Hyland^Ames^IA^50013^USA^HP^7th
Floor^~~~~~Y|8162017777^HP^~~~~~1||GUARD|||||
IN1|1|||||20120101|20170101||H|DeersTest^Bill^A^Jr.|||||1|||||2.16.840.1.113883.3.2017.11.6.4.21|||||Profile1||EDIPI-
123^^2.16.840.1.113883.3.42.10001.100001.12^^^20150420080000~1234567890^^2.16.840.1.113883.4.1
IN2|||||SELF
ZNI|1|||||2.16.840.1.113883.3.2017.11.6.4.23||2.16.840.1.113883.3.2017.11.6.4.20|20120101|20170101||2.16.840.1.113883.3.2017.11
.6.6.1
IN1|2|025|||||20000101|20100101||D|DeersTest^Sam^Sponsor^|SON|19500101|||||2|||||M||||Profile1||111122333^^2.16.840.1.1
13883.3.42.10001.100001.12
IN2|||||FTH
ZNI|1|||||M|A|||2.16.840.1.113883.3.2017.11.6.6.1|
IN1|3|||||20120101|20170101||H|DeersTest^Bill^A^Jr.|||||1|||||2.16.840.1.113883.3.2017.11.6.4.21|||||Profile2||EDIPI-
123^^2.16.840.1.113883.3.42.10001.100001.12^^^20150420080000~1234567890^^2.16.840.1.113883.4.1
IN2|||||SELF
ZNI|1|||||2.16.840.1.113883.3.2017.11.6.4.23||2.16.840.1.113883.3.2017.11.6.4.20|20120101|20170101||2.16.840.1.113883.3.2017.11
.6.6.1
IN1|4|2.16.840.1.113883.3.2017.11.6.4.8|MEDICARE|||||20120101|20120101||M|DeersTest^Bridgette^C^|||||2|||||Profile2||
EDIPI-
123^^2.16.840.1.113883.3.42.10001.100001.12^^^20150420080000~01012010^^2.16.840.1.113883.3.42.10001.100001.326^^^
20150420080000~222165698^^2.16.840.1.113883.4.1^^^20150420080000~123456789^^2.16.840.1.113883.3.42.10001.100001.
225^^^20150420080000~FIN^^2.16.840.1.113883.3.42.10001.100001.224^^^20150420080000~ITIN^^2.16.840.1.113883.4.2^^
^20150420080000^20150420080000~PIN^^2.16.840.1.113883.3.42.10001.100001.226
IN2|||||MTH
ZNI|1|||||2.16.840.1.113883.3.2017.11.6.4.30|||2.16.840.1.113883.3.2017.11.6.6.1
ZMI|1|1|PSP|12345678|87654321
OBX|1|CD|UPDTAUTHCD||N
OBX|2|ST|UPDTAUTHTXT||Based on the found person's VA/DoD affiliation, your System/organization is not authorized to update
this patient's identity traits. See authorized entities where this patient's identity traits may be updated. [Authorized Entity(s)]

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V-28. RSP Z22
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This RSP (Response for Patient Search) message is sent for a patient search query response.

Segment	Notes
MSH - Message Header	
MSA - Message Acknowledgement	
ERR - Error information	
PID - Patient Identification	
PD1 - Additional Patient Demographic Info	
OBX - Observation Result	
QRI - Query Response Instance	
NK1 - Next of Kin/Associate Parties	

MSH - Message Header Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00001		Field Separator	ST		' '	
2	00002		Encoding Characters	ST		'^~\&'	
3	00003		Sending Application	HD		Sending application	
4	00004		Sending Facility	HD		Sending facility	
5	00005		Receiving Application	HD		Destination application name	
6	00006		Receiving Facility	HD		Receiving facility	
7	00007		Date/Time Of Message	TS		Date and time message was created	
9	00009	1	Message Type	ID		RSP	
		2	Trigger Event	ID		Z22. Required	
10	00010		Message Control ID	ST		Unique integer for message	
11			Processing ID	PT			
			Processing ID	ID		'P'	
12	00012		Version ID	ID	0104	2.2, 2.3, 2.4, or 2.5	
16	00016		Application Acknowledgment Type	ID	0155	'AL' or 'NE', depending on whether destination requested ACK	

MSA - Message Acknowledgement Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00018		Acknowledgment Code	ID	0008	'AA' if successful; 'AE' if an error occurred; or 'AR' if rejected. Required	
2	00010		Message Control ID	ID		Unique integer for message received	
3	00020		Text Message	ST		String describing reason for the error or rejection. Left empty if Acknowledgment code is 'AA'.	

PID - Patient Identification Segment

SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
1	00104		Set ID - Patient ID	SI		'1'	
2	00105		Patient ID (External ID)	CX			
			ID	ST		Internal Patient ID for patient	Can be used as patient external ID (PatExtID)
3	00106		Patient ID (Internal ID)	CX		Required	
		1	ID	ST		External Dentrix Enterprise ID for patient	Patient External ID (PatExtID). Default
		4	OID			OID	
		8	Expiration date			Expiration date	
5	00108		Patient Name[0]	XPN		Required	
		1	Family Name	ST		Patient's last name	
		2	Given Name	ST		Patient's first name	
		3	Middle Name	ST		Patient's middle name	

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SEQ	Item#	Comp#	Element Name	DT	TBL#	Dentrix Enterprise Usage	Dentrix Enterprise Mapping
		4	Suffix	ST		Patient's suffix	
7	00110		Date/Time of Birth	TS		Birth date. Required.	
8	00111		Sex	IS	0001	Patient's gender (M = Male; F = Female, NA). Required.	
11	00114		Patient Address[0]	XAD			
		1	Street Address	ST		First line of patient's address (Address1)	
		2	Other Designation	ST		Second line of patient's address (Address2)	
		3	City	ST		City of patient's address	
		4	State	ST		State of patient's address	
		5	Zip	ST		ZIP Code of patient's address (99999-9999)	
		6	Country	ST		Country	
		7	Address type	ST		Address type	
		8	Other Geographic designation	ST		Other Geographic designation	
		9	County/Parish code	ST		County/Parish code	
		13	Effective date	ST		Address Effective date	
		14	End date	ST		Address End date	
13	00116		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		8	Extension	NM		Patient's extension (up to five digits)	
14	00117		Phone Number	XTN			
		1	Telephone Number	TN		Telephone number as string	
		2	Phone Type Code/Email Type Code	ID		Use this field to distinguish Phone Type Code ("WP", "MC", "EC", "HP") and Email Type Code ("WP", "HP")	
		3	Contact Method Code			Use this field to distinguish Phone and Email by values: 'EMAIL' and 'PH'	
		4	Email address	ST		Patient's email	
		8	Extension	NM		Patient's extension (up to five digits)	
24			Multiple Birth indicator			Multiple Birth indicator	
25			Multiple Birth order			Multiple Birth order	
29	00740		Patient Death Date and Time	TS		Patient's death date	

Sample of Inbound Message to Dentrix:

Retrieve response:

MSH|^~&|DEERS|DEERS_FAC|HNAME|HNAME|20151022153940||RSP^Z22^RSP_Z22||2.4

MSA|AA|3031637501

PID|1||1198109071^^^2.16.840.1.113883.3.42.10001.100001.12~21981090700^^^2.16.840.1.113883.3.42.10001.100001.326~319180907^^^2.16.840.1.113883.4.1~41981090711^^^2.16.840.1.113883.3.42.10001.100001.225~51981090711^^^2.16.840.1.113883.3.4

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2.10001.100001.224~61981090711^^2.16.840.1.113883.4.2~71981090711^^2.16.840.1.113883.3.42.10001.100001.226||DeersGSS
^GSSTest^GMid^Jr.||19900907|F||303 Oak St^Appt A^Kansa s City^MO^50610^USA^HP^Address#3^^^^20150131^^Y~White
Crib^A2^Hospital^MO^50610^USA^N^Address#3^^^^20150131^~Work^A2^Hosp
ital^MO^50610^USA^WP^Address#3^^^^20150131^~MailingAddr^A2^Hospital^MO^50610^USA^PST^Address#3^^^^2015013
1^~The Boat^A2^MyH
omeTown^MO^50610^USA^TMP^Address#3^^^^20150131^||5556122015^HP^^^^N^^^^1~8162016666^MC^^^^Y^
^^^^2~^WP^MAILTO^GSS@mail.com^^^^1||||||True|1|||20141220
OBX|1|CWE|OCP||ADM^Administrator^^^^Administrator
QRI|100.0

VI. Interface Performance and Scalability

For a large system that has a massive number of inbound messages (greater than 100,000 messages per day), you should consider enabling multi-channel configuration. You can set up each channel on the same physical machine if there are available resources (CPU, RAM, drive space); or you can set up those channels on different physical machines to spread the load. For more information, refer to *Dentrix Enterprise HL7 Interface Mapping*.

VII. Antivirus Configuration

To improve HL7 interface performance, configure your antivirus software to exclude the following folders and files:

- HL7 service root log folder
- HL7 log folder
- Inbound and outbound folders for messaging through files in folders
- Any log folders for processed messages