

ADT Specification



Netsmart

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ADT SPECIFICATION

The Patient Administration (ADT) message is used for trigger events, such as admissions, discharges, and transfers, to exchange the patient state within a facility and to keep patient demographics and visit information synchronized. The message structure will vary based on the trigger event, but all ADTs will carry patient demographics (PID) and patient visit information (PV1) to notify ancillary systems of a change in patient data or state. There will be an ADR message sent back in response. There are 51 different types of ADT messages, but the most common ones are listed below. Netsmart requires that ADT messages follow the HL7 standard version 2.3.1, which is backwards compatible. Generally, the ADT message is sent to an HIE in order to get a master patient ID, which can then be used by the client to submit a CCD to that same HIE.

HL7 MESSAGE

- **ADT-A01** – patient admit
- **ADT-A02** – patient transfer
- **ADT-A03** – patient discharge
- **ADT-A04** – patient registration
- **ADT-A05** – patient pre-admission
- **ADT-A08** – patient information update
- **ADT-A11** – cancel patient admit
- **ADT-A12** – cancel patient transfer
- **ADT-A13** – cancel patient discharge

METHODS OF CONNECTION

- pixV3 (SOAP) – For updates and admits
- pixV2 (HL7) – VPNs require special approval
- CDC SOAP – [Specification Information](#)
Note: SOAP methods are preferred.

INFORMATION NEEDED TO CONFIGURE CONNECTION

Only the endpoints would be needed for pixV2 connections.

- Netsmart Client Certificate
- Netsmart OIDs
- 3rd Party SSL Certificate
- 3rd Party PIX Endpoints (Test and Production)
- 3rd Party OIDs (Test and Production)

CLIENT CERTIFICATE

Netsmart certificate (Used as both Client and Server certificate) - named "public.netsmartcloud.com "

Download Certificate

- Navigate to <https://demopaas.netsmartcloud.com>
 - Click lock icon by URL
 - Click "Details" in Chrome, "More Information" in Firefox, Omit for IE
 - Click "View Certificate"
 - Navigate to Details tab
 - Click "Copy to File"
 - Click "Next"
 - Select Base-64 encoded X.509
 - Click "Next"
 - Browse to where you want to store the certificate
 - Name the certificate "public.netsmartcloud.com"
 - Click "Save"
 - Click "Next"
 - Click "Finish"

OIDs

Preferred testing involves 2 different OIDs to make sure connection is working properly.

Netsmart Test OIDs

- 2.16.840.1.113883.3.3569.<Client Account Number>
- 2.16.840.1.113883.3.3569.1 – If client account number was 1

PIXV3 EXAMPLE

An example of a PixV3 message can be found [here](#).

PIXV2 EXAMPLE

```
MSH|^~\&|Netsmart|Netsmart|kansasuat|kansasuat|20161019143736||ADT^A08^ADT_A
01|14769022564626294|P|2.3.1|||||
EVN||20161019143736|||
PID|1||2^^&2.16.840.1.113883.3.432.0.11.1.100.95.2&ISO||BAKER^BILL^||19600101|
M||2 COOK DR APT 3E^|slip^NY^11751|||(913)929-2929^^|
PV1|||
```

MESSAGE ACKNOWLEDGEMENT STRUCTURE

An ACK message is sent by the receiving system to notify the sender that the message was received. It will also alert the sender to any errors that were encountered when processing the message.

Segment	Segment Name	Comments
MSH	Message Header	Required
MSA	Message Acknowledgement	Required
{{[ERR]}}	Error Segment	Optional, May Repeat

CONTROL SEGMENTS

MSH – The message header will have an MSH:9.3 (Message Type) value of ‘ACK’

MSA – The message acknowledgement identifies the receiver’s response to the query.

MSA Seq.	Name	R/O	Comments
01	Acknowledgement Code	R	HL7 Table 0008 – Acknowledgement Code (AA – normal response, AE, AR – incorrect sequence number)
02	Message Control ID	R	Allows sending system to associate this response with the message for which it is intended. Echoes the Message Control ID sent in MSH:10 in the QBP.
04	Expected Sequence Number	O	If the wrong sequence number was sent, the correct number will be listed here. -1 can be sent to resynchronize sequence numbers. After that, they must increment by one until -1 is sent again.

ERR – The error segment will list any errors that occurred when the message was processed. It will repeat for each error that was encountered or be left out if there were no errors at all.

ERR Seq.	Name	R/O	Comments
02	Error Location	O	Identifies the location in QBP with the error, warning, or message. Can be empty if the location isn’t meaningful (i.e. not able to be parsed.)
03	HL7 Error Code	R	HL7 Table 0357 – Message Error Condition Codes

ADT ADMIT & TRANSFER MESSAGE STRUCTURE

The following message structure is used for A01 Admit a Patient, A04 Register a patient, A05 Pre-Admit a Patient, A06 Transfer Outpatient to Inpatient, A07 Transfer Inpatient to Outpatient, A08 Update Patient Information, A13 Cancel Discharge, and A31 Update Patient Information.

Segment	Segment Name	Comments
MSH	Message Header	Required
EVN	Event	Required
PID	Patient Identification	Required
PV1	Patient Visit	Required
{[OBX]}	Observation/Results	Optional, May Repeat
{[AL1]}	Allergies	Optional, May Repeat
{[NTE]}	Allergy Notes/Comments	Optional, May Repeat
[DG1]	Diagnosis Information	Optional

ADT LEAVE OF ABSENCE MESSAGE STRUCTURE

The following message structure is used for A02 Transfer a Patient, A21 Leave of Absence – Exit, A22 Leave of Absence – Return, A32 Cancel Patient Arriving, and A33 Cancel Patient Departing.

Segment	Segment Name	Comments
MSH	Message Header	Required
EVN	Event	Required
PID	Patient Identification	Required
PV1	Patient Visit	Required
{[OBX]}	Observation/Results	Optional, May Repeat

ADT DISCHARGE MESSAGE STRUCTURE

The following message structure is used for A03 Discharge a Patient, A09 Patient Departing, A10 Patient Arriving, A11 Cancel Admit, and A12 Cancel transfer.

Segment	Segment Name	Comments
MSH	Message Header	Required
EVN	Event	Required
PID	Patient Identification	Required
PV1	Patient Visit	Required
[DG1]	Diagnosis Information	Optional
{[OBX]}	Observation/Results	Optional, May Repeat

ADT SWAP PATIENT LOCATION MESSAGE STRUCTURE

The following message structure is used for A17 Swap Patient Locations.

Segment	Segment Name	Comments
MSH	Message Header	Required
EVN	Event	Required
PID	Patient Identification for Patient 1	Required
PV1	Patient Visit for Patient 1	Required
{[OBX]}	Observation/Results for Patient 1	Optional, May Repeat
PID	Patient Identification for Patient 2	Required
PV1	Patient Visit for Patient 2	Required
{[OBX]}	Observation/Results for Patient 2	Optional, May Repeat

ADT UPDATE PATIENT IDENTIFIERS MESSAGE STRUCTURE

The following message structure is used for A18, A34, A35, and A36 Update Patient Information/Identifiers.

Segment	Segment Name	Comments
MSH	Message Header	Required
EVN	Event	Required
PID	Patient Identification	Required
MRG	Merge Patient	Required
[PV1]	Patient Visit	Optional

SEGMENT LAYOUTS – COLUMN HEADINGS

This section defines HL7 data segments supported in a results interface from a non-Netsmart system to the Netsmart v2.3 format.

Heading	Contents	Values
Seq.	HL7 Field Sequence	Begins with '01' for each segment.
Name	HL7 Field Name	Defined by HL7.
R/O	Field/Component	R - Required field C - Conditional O - Optional
Comment	Field Usage Comments	

NOTE: If a field is not included, it is not supported. An application enhancement would be required to add the additional data and would need to be part of a sanctioned product release.

If a field is marked as required and cannot be provided by the data provider, a formal HL7 configuration discussion will have to take place between Netsmart and the client because this will result in adverse effects being encountered within the product.

CONTROL SEGMENTS

MSH – The Message Header segment defines the characteristics of the message and indicates the following:

- Sending Application
- Receiving Application
- Encoding Characters used as Delimiters
- Message Type being Transmitted (Specific HL7 message type and event triggering the message.)
 - The Type must be 'ORM' and sent by the source system.
 - The Event must be '001' and sent by the source system.

NOTE: The MSH segment in the ACK (Acknowledgement) response will show the Sender and Receiver information in reverse (i.e. sender will be receiver and vice versa.)

The Encoding Characters are used to separate data field components, repeating data elements, and text control characters. They should be printable characters that will never be used in transmitted data, and are as follows:

- Field Separator: |
- Component Separator: ^
- Repetition Separator: ~
- Escape: \
- Sub-Component: &

MSH Seq.	Name	R/O	Comments
01	Field separator	R	Field separator. Value required is “ ” – ASCII(124)
02	Encoding Character	R	Used to separate data field components, repeating data elements, and text control characters. Must be printable characters that will never be included in transmitted data. Required values: Pos 1: Component Separator ‘^’ - ASCII(94) Pos 2: Repetition Separator ‘~’ - ASCII(126) Pos 3: Escape ‘\’, ASCII(92) Pos 4: Sub-component ‘&’- ASCII(38).
03	Sending Application	R	
03.1	Namespace ID	R	This is the unique string value assigned by the HIE
03.2	Universal ID	C	Used when the HIE has defined the OID requirements.
03.3	Universal ID Type	C	Value is “ISO” when a Universal ID is in scope.
04	Sending Facility	R	
04.1	Namespace ID	R	This is the unique string value assigned by the HIE
04.2	Universal ID	C	Used when the HIE has defined the OID requirements.
04.3	Universal ID Type	C	Value is “ISO” when a Universal ID is in scope.
05	Receive Application	R	
05.1	Namespace ID	R	This is the unique string value assigned by the HIE
05.2	Universal ID	C	Used when the HIE has defined the OID requirements.
05.3	Universal ID Type	C	Value is “ISO” when a Universal ID is in scope.

MSH Seq.	Name	R/O	Comments
06	Receiving Facility	R	
06.1	Namespace ID	R	This is the unique string value assigned by the HIE
06.2	Universal ID	C	Used when the HIE has defined the OID requirements.
06.3	Universal ID Type	C	Value is "ISO" when a Universal ID is in scope.
07	Date/Time of Message	R	System date and time the message was formatted in the sending placer system.
09	Message Type	R	Specific HL7 message type and event triggering the message.
09.1	Type	R	Value must = 'ADT' and must be sent by the source system
09.2	Event	R	Value will be the A## code for the message type
10	Message Control ID	C	Unique. Initiator generated. Responder returns sender value in ACK message in MSA:2. With acknowledgment messages, MSH:10 value may be identical to original sender value or may be a new unique value assigned by acknowledging system. Requests the client to append date/time to the message control ID if it is not unique prior to sending the message.
11	Processing ID	O	'P' = Production 'T' = Test
11.1	Processing ID	O	
12	Version ID	R	HL7 version. Value = '2.3.1'.

Listed below is the set of concepts that need to have a unique HIE domain set of values.

Field #	Name	Purpose
MSH:3.1	Sending Application.Namespace ID	Used to determine the specific set of transformer methods to be performed by Vendor Product Interface to normalize to HL7 2.3.
MSH:4.1	Sending Facility.Namespace ID	Used to determine the sending facility for subsequent routing of the result as well as identity of the sending facility in the receiving system.
MSH:5.1	Receiving Application.Namespace ID	Used for: <ul style="list-style-type: none"> Some reference systems to determine routing to either a Patient Service Center or Central LIS system queue.
MSH:6.1	Receiving Facility.Namespace ID	Used for basic routing to determine which receiving system will receive the message.

EVN – The Event segment is used to communicate necessary trigger event information to the receiving system.

MSH Seq.	Name	R/O	Comments
01	Event Type	C	Required if Event Type is not valued in MSH:9.2
02	Event Date/Time	O	Must be valued to the minute. Format: YYYYMMDDHHMM

PERSON SEGMENTS

PID – Patient demographics and the encounter associated with the message are identified in this **required** segment. The Patient Identifier List section (PID:3) supports multiple repetitions, as well as the Patient Name List (PID:5), but the first must be the primary or legal name. Please **note** that only 1 ID per ID Type is allowed, and SSN (PID:19) has been retained for backwards compatibility only (it should be included in the Identifier List- PID:3). This section can also include a RR retirement number.

PID Seq.	Name	R/O	Comments
01	Set ID- PID	R	

PID Seq.	Name	R/O	Comments
03	Patient Identifier List	R	Supports multiple repetitions (CX List). Only 1 ID per ID Type allowed. The first must contain the sending facility assigned MRN.
03.1	Patient ID	R	
03.4	Assigning Authority	R	
03.4.1	Namespace ID	R	This is the unique string value assigned by the HIE. When it is the sending facility assigned MRN, this should be the sending facility value.
03.4.2	Universal ID	C	Used when the HIE has defined the OID requirements.
03.4.3	Universal ID Type	C	Value is "ISO" when a Universal ID is in scope.
03.5	Identifier Type	R	Refer to HL7 Table 0203 - Identifier type. <ul style="list-style-type: none"> When a number that is not necessarily unique within an Assigning Authority exists, the value must be "MR" for Medical record number. When a number that is unique to a patient within an Assigning Authority exists, the value must be 'PI' for Patient Internal identifier.

PID Seq.	Name	R/O	Comments														
05	Patient Name List	R	Supports multiple repetitions. First repetition must be the primary or legal name. Only 1 ID per ID Type allowed.														
05.1	Family Name	R															
05.2	Given Name	O															
05.3	Second and Further Given Names or Initials Thereof	O															
05.4	Suffix	O															
05.5	Prefix	O															
05.6	Degree	O															
05.7	Name Type Code	C		Required if multiple names are sent. Refer to HL7 Table 0200 - Name Type.													
06	Mother's Maiden Name	O															
06.1	Family Name	O															
07	Date of Birth	R															
08	Gender	R	<p>Must contain one of the following values: User-defined Table 0001 - Administrative Sex</p> <table border="1"> <thead> <tr> <th>Value</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>F</td> <td>Female</td> </tr> <tr> <td>M</td> <td>Male</td> </tr> <tr> <td>O</td> <td>Other</td> </tr> <tr> <td>U</td> <td>Unknown</td> </tr> </tbody> </table>	Value	Description	F	Female	M	Male	O	Other	U	Unknown				
Value	Description																
F	Female																
M	Male																
O	Other																
U	Unknown																
10	Race	C	<p>Use: Race is required for certain testing procedures. If maternal serum screening testing will be supported through the interface, this field is required. Suggested User-defined Table 0005 - Race</p> <table border="1"> <thead> <tr> <th>Value</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1002-5</td> <td>American Indian or Alaska Native</td> </tr> <tr> <td>2028-9</td> <td>Asian</td> </tr> <tr> <td>2054-5</td> <td>Black or African American</td> </tr> <tr> <td>2076-8</td> <td>Native Hawaiian or Other Pacific Islander</td> </tr> <tr> <td>2106-3</td> <td>White</td> </tr> <tr> <td>2131-1</td> <td>Other Race</td> </tr> </tbody> </table>	Value	Description	1002-5	American Indian or Alaska Native	2028-9	Asian	2054-5	Black or African American	2076-8	Native Hawaiian or Other Pacific Islander	2106-3	White	2131-1	Other Race
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1002-5	American Indian or Alaska Native																
2028-9	Asian																
2054-5	Black or African American																
2076-8	Native Hawaiian or Other Pacific Islander																
2106-3	White																
2131-1	Other Race																

PID Seq.	Name	R/O	Comments
11	Patient Address	O	
11.1	Street Address (Address Line 1)	O	
11.2	Other Designation (Address Line 2)	O	
11.3	City	O	
11.4	State	O	
11.5	ZIP Code	O	
11.6	Country	O	
11.7	Type	O	
11.9	County/Parish	O	
13	Home Phone Number	O	
14	Business Phone Number	O	
18	Patient Account Number	C	This is conditional based on the sending facility system requirements.
18.1	Patient Account Number	C	If required by the sending system, then one Patient Account ID must be included. The first must contain the sending facility Assigned Account or Visit ID.
18.4	Assigning Authority	R	
18.4.1	Namespace ID	R	This is the unique string value assigned by the HIE. When it is the sending facility Assigned Visit ID, this should be the sending facility value.
18.4.2	Universal ID	C	Used when the HIE has defined the OID requirements.
18.4.3	Universal ID Type	C	Value is "ISO" when a Universal ID is in scope.
18.5	Identifier Type	R	Refer to HL7 Table 0203 - Identifier type. <ul style="list-style-type: none"> When a unique identifier to an account within the Assigning Authority exists, the value must be "AN" for Account number

PID Seq.	Name	R/O	Comments
19	SSN – Patient	O	From V2.3.1 onward, this field has been retained for backward compatibility only. It is recommended to use PID-3 - Patient Identifier List for all patient identifiers. However, in order to maintain backward compatibility, this field should also be populated. When used for backward compatibility, this field contains the patient's social security number. This number may also be an RR retirement number.

PV1 – Visit / Encounter information (required)

PV1 Seq.	Name	R/O	Comments
01	Set ID- PV1	R	Starts at 1; increments by 1.
02	Patient Class	C	If required for the sending system. 'I' – Inpatient
03	Patient Location	C	If required for the sending system
03.1	Point of Service Location	R	
03.2	Patient Room	O	
03.3	Patient Bed	O	
03.4	Facility ID	O	
03.7	Building	O	
03.8	Floor	O	
07	Attending Doctor	C	If required by the sending or receiving system
07.1	Attending Doctor ID	R	
07.2	Last Name	R	
07.3	First Name	O	
07.4	Middle Name	O	
07.5	Prefix	O	
07.6	Suffix	O	
07.7	Degree	O	

PV1 Seq.	Name	R/O	Comments								
07.8	Source Table	R	<p>Must contain one of the following values: User-defined Table 0297 – CN ID source is used as the HL7 identifier for the user-defined table of values for this component. Used to delineate the first component.</p> <table border="1"> <thead> <tr> <th>Value</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>UPIN</td> <td>UPIN (required for certain types of billing)</td> </tr> <tr> <td>PRN</td> <td>Local Provider Physician's ID</td> </tr> <tr> <td>NPI</td> <td>NPI</td> </tr> </tbody> </table>	Value	Description	UPIN	UPIN (required for certain types of billing)	PRN	Local Provider Physician's ID	NPI	NPI
Value	Description										
UPIN	UPIN (required for certain types of billing)										
PRN	Local Provider Physician's ID										
NPI	NPI										
08	Referring Doctor	C	<p>If required or optional by the sending or receiving system</p>								
08.1	Referring Doctor ID	R									
08.2	Last Name	R									
08.3	First Name	O									
08.4	Middle Name	O									
08.5	Prefix	O									
08.6	Suffix	O									
08.7	Degree	O									
08.8	Source Table	R		See PV1:7.8 for requirements							
09	Consulting Doctor List	C	<p>If required or optional by the sending or receiving system</p>								
09.1	Consulting Doctor ID	R									
09.2	Last Name	R									
09.3	First Name	O									
09.4	Middle Name	O									
09.5	Prefix	O									
09.6	Suffix	O									
09.7	Degree	O									
09.8	Source Table	R		See PV1:7.8 for requirements							

PV1 Seq.	Name	R/O	Comments												
16	VIP Indicator	O	<p>If Required by sending system for secure filtering.</p> <p>Definition: This field identifies the type of VIP. Refer to User-defined Table 0099 - VIP Indicator for suggested values.</p> <p>User-defined Table 0099 - VIP Indicator</p> <table border="1"> <thead> <tr> <th>Value</th> <th>Description</th> <th>Comment</th> </tr> </thead> <tbody> <tr> <td></td> <td>no suggested values</td> <td></td> </tr> </tbody> </table>	Value	Description	Comment		no suggested values							
Value	Description	Comment													
	no suggested values														
17	Admitting Doctor	C	<p>If required or optional by the sending or receiving system</p>												
17.1	Admitting Doctor ID	R													
17.2	Last Name	R													
17.3	First Name	O													
17.4	Middle Name	O													
17.5	Prefix	O													
17.6	Suffix	O													
17.7	Degree	O													
17.8	Source Table	R		See PV1:7.8 for requirements											
20	Financial Class	R	<p>Definition: This field contains the financial classes assigned to the patient for the purpose of identifying sources of reimbursement. Refer to User-defined Table 0064 - Financial Class for suggested values</p> <p>User-defined Table 0064 - Financial Class</p> <table border="1"> <thead> <tr> <th>Value</th> <th>Description</th> <th>Comment</th> </tr> </thead> <tbody> <tr> <td>C</td> <td>Client Bill</td> <td></td> </tr> <tr> <td>P</td> <td>Patient Bill</td> <td></td> </tr> <tr> <td>T</td> <td>Third Party Bill</td> <td></td> </tr> </tbody> </table>	Value	Description	Comment	C	Client Bill		P	Patient Bill		T	Third Party Bill	
Value	Description	Comment													
C	Client Bill														
P	Patient Bill														
T	Third Party Bill														

PV1 Seq.	Name	R/O	Comments
52	Other Healthcare Providers	O	
52.1	Admitting Doctor ID	R	
52.2	Last Name	R	
52.3	First Name	O	
52.4	Middle Name	O	
52.5	Prefix	O	
52.6	Suffix	O	
52.7	Degree	O	
52.8	Source Table	R	See PV1:7.8 for requirements

DG1 – Diagnosis information of various types (required for third party billing.) Currently, the ICD9 code is required in this segment and the description (DG:4) has been retained for backwards compatibility only.

DG1 Seq.	Name	R/O	Comments
01	Set ID- DG1	R	
02	Diagnosis Coding Method	R	Currently requires the value of "I9"
03	Diagnosis Code	R	Proper ICD9 is required
03.1	Identifier	R	Proper ICD9 is required
03.2	Text	C	See DG1:4
04	Diagnosis Description	C	As of Version 2.3, this field has been retained for backwards compatibility only. Use the components of DG:1.3 - Diagnosis Code - DG1 field instead of this field. When used for backwards compatibility, DG:1.4 – This field contains a description that best describes the diagnosis.

ORDER SEGMENTS

OBX – Observation/Result (optional) – this is where Ask at Order Entry (AOE) questions will be captured. It is intended to cover all types of patient observation reports except pharmacy. The Value Type (OBX:2) can be “NM” for numeric or “ST” for string.

OBX Seq.	Name	R/O	Comments
01	Set ID- OBX	R	
02	Value Type	O	Allowable Fields: NM - Numeric ST – String
03	Observation Identifier	R	See OBR:4 for coding requirements
03.1	Test Code	R	
03.2	Test Code Description	R	
03.3	Coding Scheme	R	
03.4	Alternate Test Code	C	
03.5	Alternate Code Description	C	
03.6	Alternate Coding Scheme	C	
05	Observation Value	R	Contains an answer to an AOE question.

AL1 – Allergy Information.

AL1 Seq.	Name	R/O	Comments
02	Allergy Type	C	Required for Food Allergies – ‘FA’
03	Allergy Code	R	Multiple repetitions within this field and/or multiple AL1 segments represent concurrent allergies. Maximum Allergy codes may be limited by your reporting requirements, but all allergies are checked for meal compliance.

NTE – Allergy Comments (optional) - These can be placed under different segments to define the scope of the allergy comment. A comment for the individual test ordered would be placed in the OBX segment.

NTE Seq.	Name	R/O	Comments
01	Set ID – NTE	R	
02	Source of Comment	R	Must be values with “C”
03	Comment	R	

MERGE SEGMENT

MRG – Used to send the patient information for two patients that will be merged into one patient.

MRG Seq.	Name	R/O	Comments
01	Prior Patient ID List	C	
01.1	Prior Patient MRN	R	
01.5	Prior Patient Identifier Data	O	
01.6	Assigning Facility	O	
03	Prior Patient Account Number	C	Required to change patient Billing ID
04	Prior Patient ID	O	Alternative location to change patient MRN
07	Prior Patient Name	O	
07.3	Middle Name or Initial	O	
07.4	Suffix	O	
07.5	Nickname	O	

Date	Modification	Modified By
1/9/2017	Initial Draft	Kayla Rowton

For questions, e-mail CConnect@ntst.com