Master File Updates

Medicare Limited Coverage Processing

HL7 Master File Proposal

Version: 20140810

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# Overview

Within the United States (US) healthcare system Medicare provides Limited Coverage (LC) for services provided by physicians, hospitals and additional services. This program is identified as Medicare Limited Coverage Process (MLCP)[[1]](#footnote-1) and it is the reason the Advanced Beneficiary Notice (ABN)[[2]](#footnote-2) process was established. It requires that the ABN be issued when[[3]](#footnote-3).

* You believe Medicare may not pay for an item or service;
* Medicare usually covers the item or service; and
* Medicare may not consider the item or service medically reasonable and necessary for this patient in this particular instance[[4]](#footnote-4).

To share the parameters of what will fall within the MLCP, this proposal will provide an update to the HL7 version 2.x to provide this functionality within the Master File Updates based in chapter 8. It is the understanding that MLCP has National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs) and any of 10 Regional Offices can have different coverage requirements.

Based on diagnosis codes ([International Classification of Diseases] ICD-9 or ICD-10) tests with certain Current Procedural Terminology (CPT) codes may not qualify to be reimbursable by Medicare. When this is the case, the physician on behalf of the service provider must notify the patient and ask that the patient sign an ABN form.

In addition, there are some tests that are approved for a diagnosis and this proposal is intended to cover both scenarios.

In the document there will be items highlighted in Green that are items drawn from existing fields within the HL7 specification. Items highlighted in Yellow are new items and/or fields proposed to provide the MLCP master file update.

# Assumptions

ABN decisions:

* The combination of the Universal Service Identifier (OBR-4) and on the diagnosis code (DG1-3) determine if a test is acceptable to be reimbursed
* Unique by Region with up to 10 regions in the US
* Is either a reject or accept, there is no partial reimbursement
* Profiles (multiple Universal Service Identifiers are presented by a single Universal Service Identifier – Ease of ordering process) must be evaluated at the individual panel or Universal Service Identifier
* Service rejects maybe unique by service provider’s domain within healthcare (lab, imaging, etc.)
  + Maybe unique by organization within a domain if each uses their own Universal Service Identifier
  + Unique components (Observation Identifiers or OBX-3) within the Universal Service Identifier will not create an ABN issue

# Constructs for the message

It is anticipated that a new message is required, and there will need to be an addition to table 175 for the MFI segment, field MFI-1 Master File Identifier. The message will be constructed on multiple levels.

New Message structure to identify the Insurance Company Payers and their limited coverage

| MFN^M??^MFN\_M?? | Master File Notification - Test/Observation | Status | Chapter |
| --- | --- | --- | --- |
| MSH | Message Header |  | 2 |
| [{ SFT }] | Software |  | 2 |
| [MFI](#MFI) | Master File Identification |  | 8 |
| { | --- MF\_Payer begin |  |  |
| [MFE](#MFE) | Master File Entry |  | 8 |
| { |  |  |  |
| IN4 | Payer Plan Segment |  | 8 |
| { |  |  |  |
| MCP | Master File Coverage Policy Segment |  | 8 |
| [{NPS}] | Diagnosis and Procedure Segment |  | 8 |
| } |  |  |  |
| } |  |  |  |
| } | --- MF\_Payer end |  |  |

The construct for the proposed changes to messages/segments will be consistent with the eDOS Implementation Guide (IG).

# The flow of the message:



# Concept of link between lab and payer

For each test that the lab has, a unique set of rules are established by payer based on the CPT code assigned to the test by the laboratory and the diagnosis code that the payer determines meets the criteria of a test that should be performed. This illustration is only to indicate that the list of exceptions and Approvals is unique by payer.



# GENERAL MASTER FILE SEGMENTS[[5]](#footnote-5)

The following segments are defined for the master files messages.

### MFI - Master File Identification Segment[[6]](#footnote-6)

The Technical Steward for the MFI segment is Infrastructure and Messaging.

The fields in the MFI segment are defined in HL7 Attribute Table - MFI.

HL7 Attribute Table - MFI - Master File Identification

| SEQ | LEN | DT | OPT | RP/# | TBL# | ITEM# | ELEMENT NAME |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 250 | CWE | R |  | [0175](#HL70175) | 00658 | Master File Identifier |
| 2 | 180 | HD | O | y | 0361 | 00659 | Master File Application Identifier |
| 3 | 3 | ID | R |  | [0178](#HL70178) | 00660 | File-Level Event Code |
| 4 | 24 | DTM | O |  |  | 00661 | Entered Date/Time |
| 5 | 24 | DTM | O |  |  | 00662 | Effective Date/Time |
| 6 | 2 | ID | R |  | [0179](#HL70179) | 00663 | Response Level Code |

#### MFI Field Definitions

#### MFI-1 Master File Identifier (CWE) 00658

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

Definition: This field is a CWE data type that identifies a standard HL7 master file. This table may be extended by local agreement during implementation to cover site-specific master files (z-master files). HL7 recommends use of the HL7 assigned table number as the master file identifier code if one is not specified in Table 0175. For example, a master file of Marital Status codes would be identified by HL70002 as the MFI-1 - Master file identifier. Refer to [HL7 table 0175 - Master file identifier code](#HL70175) for valid values.

HL7 Table 0175 - Master file identifier code

| Value | Description | Comment |
| --- | --- | --- |
| CDM | Charge description master file |  |
| CMA | Clinical study with phases and scheduled master file |  |
| CMB | Clinical study without phases but with scheduled master file |  |
| LOC | Location master file |  |
| OMA | Numerical observation master file |  |
| OMB | Categorical observation master file |  |
| OMC | Observation batteries master file |  |
| OMD | Calculated observations master file |  |
| PRA | Practitioner master file |  |
| STF | Staff master file |  |
| CLN | Clinic master file |  |
| OME | Other Observation/Service Item master file |  |
| INV | Inventory master file |  |
| MLCP | Medicare Limited Coverage Process | This identifies Univerrsal Service Identifiers that are not approved for a CPT code based on an ICD. |
| MACP | Medicare Approved Coverage Process | This identifies Universal Service Identifier that are approved for an ICD based on the CPT. |

#### MFI-2 Master File Application Identifier (HD) 00659

Components: <Namespace ID (IS)> ^ <Universal ID (ST)> ^ <Universal ID Type (ID)>

Definition: This field contains an optional code of up to 180 characters which (if applicable) uniquely identifies the application responsible for maintaining this file at a particular site. A group of intercommunicating applications may use more than a single instance of a master file of certain type (e.g., charge master or physician master). The particular instance of the file is identified by this field. Refer to User defined table 0361 - Applications.

#### MFI-3 File-Level Event Code (ID) 00660

Definition: This field defines the file-level event code. Refer to [HL7 table 0178 - File level event code](#HL70178) for valid values.

HL7 Table 0178 - File level event code

| Value | Description | Comment |
| --- | --- | --- |
| REP | Replace current version of this master file with the version contained in this message |  |
| UPD | Change file records as defined in the record-level event codes for each record that follows |  |

**Note**: The replace option allows the sending system to replace a file without sending delete record-level events for each record in that file. UPD means that the events are defined according to the record-level event code contained in each MFE segment in that message.

If the MFI-3 - File-Level Event Code is "REP" (replace file), then each MFE segment must have an MFE-1 - Record-Level Event Code of "MAD" (add record to master file).

#### MFI-4 Entered Date/Time (DTM) 00661

Definition: This field contains the date/time for the file-level event on originating system.

#### MFI-5 Effective Date/Time (DTM) 00662

Definition: This optional field contains the effective date/time, which can be included for file-level action specified. It is the date/time the originating system expects that the event is to have been completed on the receiving system. If this field is not present, the action date/time should default to the current date/time (when the message is received).

#### MFI-6 Response Level Code (ID) 00663

Definition: These codes specify the application response level defined for a given Master File Message at the MFE segment level as defined in [HL7 table 0179 - Response level](#HL70179). Required for MFN-Master File Notification message. Specifies additional detail (beyond MSH-15 - Accept Acknowledgment Type and MSH-16 - Application Acknowledgment Type) for application-level acknowledgment paradigms for Master Files transactions. MSH-15 - Accept Acknowledgment Type and MSH-16 - Application Acknowledgment Type operate as defined in Chapter 2.

HL7 Table 0179 - Response level

| Value | Description | Comment |
| --- | --- | --- |
| NE | Never. No application-level response needed |  |
| ER | Error/Reject conditions only. Only MFA segments denoting errors must be returned via the application-level acknowledgment for this message |  |
| AL | Always. All MFA segments (whether denoting errors or not) must be returned via the application-level acknowledgment message |  |
| SU | Success. Only MFA segments denoting success must be returned via the application-level acknowledgment for this message |  |

### MFE - Master File Entry Segment[[7]](#footnote-7)

The Technical Steward for the MFE segment is Infrastructure and Messaging.

HL7 Attribute Table - MFE - Master File Entry

| SEQ | LEN | DT | OPT | RP/# | TBL# | ITEM# | ELEMENT NAME |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 3 | ID | R |  | [0180](#HL70180) | 00664 | Record-Level Event Code |
| 2 | 20 | ST | C |  |  | 00665 | MFN Control ID |
| 3 | 24 | DTM | O |  |  | 00662 | Effective Date/Time |
| 4 | 200 | Varies | R | Y | 9999 | 00667 | Primary Key Value - MFE |
| 5 | 3 | ID | R | Y | [0355](#HL70355) | 01319 | Primary Key Value Type |
| 6 | 24 | DTM | O |  |  | 00661 | Entered Date/Time |
| 7 | 3220 | XCN | O |  |  | 00224 | Entered By |

#### MFE Field Definitions

#### MFE-1 Record-Level Event Code (ID) 00664

Definition: This field defines the record-level event for the master file record identified by the MFI segment and the primary key field in this segment. Refer to [HL7 table 0180 - Record level event code](#HL70180) for valid values.

HL7 Table 0180 - Record-level event code

| Value | Description | Comment |
| --- | --- | --- |
| MAD | Add record to master file |  |
| MDL | Delete record from master file |  |
| MUP | Update record for master file |  |
| MDC | Deactivate: discontinue using record in master file, but do not delete from database |  |
| MAC | Reactivate deactivated record |  |

**Note:** If the MFI-3 - File-level event code is "REP" (replace file), then each MFE segment must have an MFE-1 - Record-level event code of "MAD" (add record to master file).

#### MFE-2 MFN Control ID (ST) 00665

Definition: A number or other identifier that uniquely identifies this change to this record from the point of view of the originating system. When returned to the originating system via the MFA segment, this field allows the target system to precisely identify which change to this record is being acknowledged. It is only required if the MFI response level code requires responses at the record level (any value other than NE).

**Note:** Note that this segment does not contain a Set ID field. The MFE-2 - MFN Control ID implements a more general concept than the Set ID. It takes the place of the SET ID in the MFE segment.

#### MFE-3 Effective Date/Time (DTM) 00662

Definition: An optional effective date/time can be included for the record-level action specified. It is the date/time the originating system expects that the event is to have been completed on the receiving system. If this field is not present, the effective date/time should default to the current date/time (when the message is received).

#### MFE-4 Primary Key Value - MFE (Varies) 00667

Definition: This field uniquely identifies the record of the master file (identified in the MFI segment) to be changed (as defined by the record-level event code). The data type of field is defined by the value of MFE-5 - Value Type, and may take on the format of any of the HL7 data types defined in [HL7 table 0355 - Primary Key Value Type](#HL70355). The PL data type is used only on Location master transactions.

The repetition of the primary key permits the identification of an individual component of a complex record as the object of the record-level event code. This feature allows the Master Files protocol to be used for modifications of single components of complex records. If this field repeats, the field MFE-5 - Value Type must also repeat (with the same number of repetitions), and the data type of each repetition of MFE-4 - Primary Key Value - MFE is specified by the corresponding repetition of MFE-5 - Value Type.

#### MFE-5 Primary Key Value Type (ID) 01319

Definition: This field contains the HL7 data type of MFE-4 - Primary Key Value - MFE. The valid values for the data type of a primary key are listed in [HL7 table 0355 - Primary key value type](#HL70355).

HL7 Table 0355 - Primary key value type

| Value | Description | Comment |
| --- | --- | --- |
| PL | Person location |  |
| CE | Coded element | Withdrawn as of v2.6 – CE has been replaced by CNE and CWE |
| CWE | Coded with Exceptions |  |

**Note:** This table contains data types for MFE-4 values present in HL7 defined master files. As HL7 adopts a new master file that contains a data type for MFE-4 not defined in Table 0355, the data type will be added to Table 0355. For locally defined master files, this table can be locally extended with other HL7 data types as defined in section 2.6.6. The maximum data set is theoretically equal to the number of HL7 data types.

#### MFE-6 Entered Date/Time (DTM) 00661

Definition: This field contains the date and time of the last change of the record.

#### MFE-7 Entered By (XCN) 00224

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

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from Partner/Spouse (ST)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)>

Subcomponents for Name Validity Range (DR): <Range Start Date/Time (DTM)> & <Range End Date/Time (DTM)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)>

Definition: This field contains the identity of the person who actually keyed the master file entry into the application. It provides an audit trail in case the request is entered incorrectly and the ancillary department needs to clarify the request.

### IN4 ‑ Payer Plan Identifier

The IN4 segment contains by insurance company (payer) the policies specific to their organization and then trailing after the Limited Coverage Policy or the Approved Coverage Policy. If an insurance company is listed they have limited coverage. Note, the first 10 fields come directly from the [IN1](#_IN1_-_Insurance) segment.

HL7 Attribute Table - IN4 - Insurance

| SEQ | LEN | DT | OPT | RP/# | TBL# | ITEM# | ELEMENT NAME |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | CWE | R |  | 0072 | 00368 | Health Plan ID |
| 2 |  | CX | R | Y |  | 00428 | Insurance Company ID |
| 3 |  | XON | O | Y |  | 00429 | Insurance Company Name |
| 4 |  | XAD | O | Y |  | 00430 | Insurance Company Address |
| 5 |  | XPN | O | Y |  | 00431 | Insurance Co Contact Person |
| 6 |  | XTN | O | Y |  | 00432 | Insurance Co Phone Number |
| 7 | 12= | ST | O |  |  | 00433 | Group Number |
| 8 |  | XON | O | Y |  | 00434 | Group Name |
| 9 |  | DT | O |  |  | 00437 | Plan Effective Date |
| 10 |  | DT | O |  |  | 00438 | Plan Expiration Date |
| 11 |  | ID | O |  | 0136 | ????? | Patient DOB required |
| 12 |  | ID | O |  | 0136 | ????? | Patient Gender required |
| 13 |  | ID | O |  | 0136 | ????? | Patient Relationship required |
| 14 |  | ID | O |  | 0136 | ????? | Patient signature required |
| 15 |  | ID | O |  | 0136 | ????? | Diagnosis required |
| 16 |  | ID | O |  | 0136 | ????? | Service required |
| 17 |  | ID | O |  | 0136 | ????? | Patient name required |
| 18 |  | ID | O |  | 0136 | ????? | Patient Address required |
| 19 |  | ID | O |  | 0136 | ????? | Subscribers Name required |
| 20 |  | ID | O |  | 0136 | ????? | Workman’s Comp Indicator |
| 21 |  | ID | O |  | 0136 | ????? | Bill Type Required |
| 22 |  | ID | O |  | 0136 | ????? | Commerical Carrier Name and Address Required |
| 23 |  | ST | O |  |  | ????? | Policy Number Pattern |
| 24 |  | ST | O |  |  | ????? | Group Number Pattern |

#### IN4-1 Health Plan ID (CWE) 00368

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)> ^ <Coding System Version ID (ST)> ^ <Alternate Coding System Version ID (ST)> ^ <Original Text (ST)> ^ <Second Alternate Identifier (ST)> ^ <Second Alternate Text (ST)> ^ <Name of Second Alternate Coding System (ID)> ^ <Second Alternate Coding System Version ID (ST)> ^ <Coding System OID (ST)> ^ <Value Set OID (ST)> ^ <Value Set Version ID (DTM)> ^ <Alternate Coding System OID (ST)> ^ <Alternate Value Set OID (ST)> ^ <Alternate Value Set Version ID (DTM)> ^ <Second Alternate Coding System OID (ST)> ^ <Second Alternate Value Set OID (ST)> ^ <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains a unique identifier for the insurance plan. Refer to User-defined Table 0072 - Insurance Plan ID in Chapter 2C, Code Tables, for suggested values. To eliminate a plan, the plan could be sent with null values in each subsequent element. If the respective systems can support it, a null value can be sent in the plan field.

The assigning authority for IN4-1, Health Plan ID is assumed to be the Entity named in IN4-2, Insurance Company ID.

#### IN4-2 Insurance Company ID (CX) 00428

Components: <ID Number (ST)> ^ <Identifier Check Digit (ST)> ^ <Check Digit Scheme (ID)> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Effective Date (DT)> ^ <Expiration Date (DT)> ^ <Assigning Jurisdiction (CWE)> ^ <Assigning Agency or Department (CWE)> ^ <Security Check (ST)> ^ <Security Check Scheme (ID)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Jurisdiction (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Agency or Department (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains unique identifiers for the insurance company. The assigning authority and identifier type code are strongly recommended for all CX data types.

#### IN4-3 Insurance Company Name (XON) 00429

Components: <Organization Name (ST)> ^ <Organization Name Type Code (CWE)> ^ <WITHDRAWN Constituent> ^ <WITHDRAWN Constituent> ^ <WITHDRAWN Constituent> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^ <Organization Identifier (ST)>

Subcomponents for Organization Name Type Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Definition: This field contains the name of the insurance company. Multiple names for the same insurance company may be sent in this field. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition.

#### IN4-4 Insurance Company Address (XAD) 00430

Components: <Street Address (SAD)> ^ <Other Designation (ST)> ^ <City (ST)> ^ <State or Province (ST)> ^ <Zip or Postal Code (ST)> ^ <Country (ID)> ^ <Address Type (ID)> ^ <Other Geographic Designation (ST)> ^ <County/Parish Code (CWE)> ^ <Census Tract (CWE)> ^ <Address Representation Code (ID)> ^ <WITHDRAWN Constituent> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Expiration Reason (CWE)> ^ <Temporary Indicator (ID)> ^ <Bad Address Indicator (ID)> ^ <Address Usage (ID)> ^ <Addressee (ST)> ^ <Comment (ST)> ^ <Preference Order (NM)> ^ <Protection Code (CWE)> ^ <Address Identifier (EI)>

Subcomponents for Street Address (SAD): <Street or Mailing Address (ST)> & <Street Name (ST)> & <Dwelling Number (ST)>

Subcomponents for County/Parish Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Census Tract (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Expiration Reason (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Protection Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Address Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Definition: This field contains the address of the insurance company. Multiple addresses for the same insurance company may be sent in this field. As of v 2.7, no assumptions can be made based on position or sequence. Specification of meaning based on sequence is deprecated.

#### IN4-5 Insurance Co Contact Person (XPN) 00431

Components: <Family Name (FN)> ^ <Given Name (ST)> ^ <Second and Further Given Names or Initials Thereof (ST)> ^ <Suffix (e.g., JR or III) (ST)> ^ <Prefix (e.g., DR) (ST)> ^ <WITHDRAWN Constituent> ^ <Name Type Code (ID)> ^ <Name Representation Code (ID)> ^ <Name Context (CWE)> ^ <WITHDRAWN Constituent> ^ <Name Assembly Order (ID)> ^ <Effective Date (DTM)> ^ <Expiration Date (DTM)> ^ <Professional Suffix (ST)> ^ <Called By (ST)>

Subcomponents for Family Name (FN): <Surname (ST)> & <Own Surname Prefix (ST)> & <Own Surname (ST)> & <Surname Prefix from Partner/Spouse (ST)> & <Surname from Partner/Spouse (ST)>

Subcomponents for Name Context (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Definition: This field contains the name of the person who should be contacted at the insurance company. Multiple names for the same contact person may be sent in this field. As of v 2.7, no assumptions can be made based on position or sequence. Specification of meaning based on sequence is deprecated.

#### IN4-6 Insurance Co Phone Number (XTN) 00432

Components: <WITHDRAWN Constituent> ^ <Telecommunication Use Code (ID)> ^ <Telecommunication Equipment Type (ID)> ^ <Communication Address (ST)> ^ <Country Code (SNM)> ^ <Area/City Code (SNM)> ^ <Local Number (SNM)> ^ <Extension (SNM)> ^ <Any Text (ST)> ^ <Extension Prefix (ST)> ^ <Speed Dial Code (ST)> ^ <Unformatted Telephone number (ST)> ^ <Effective Start Date (DTM)> ^ <Expiration Date (DTM)> ^ <Expiration Reason (CWE)> ^ <Protection Code (CWE)> ^ <Shared Telecommunication Identifier (EI)> ^ <Preference Order (NM)>

Subcomponents for Expiration Reason (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Protection Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Shared Telecommunication Identifier (EI): <Entity Identifier (ST)> & <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Definition: This field contains the phone number of the insurance company. Multiple phone numbers for the same insurance company may be sent in this field. As of v 2.7, no assumptions can be made based on position or sequence. Specification of meaning based on sequence is deprecated.

#### IN4-7 Group Number (ST) 00433

Definition: This field contains the group number of the insured's insurance.

#### IN4-8 Group Name (XON) 00434

Components: <Organization Name (ST)> ^ <Organization Name Type Code (CWE)> ^ <WITHDRAWN Constituent> ^ <WITHDRAWN Constituent> ^ <WITHDRAWN Constituent> ^ <Assigning Authority (HD)> ^ <Identifier Type Code (ID)> ^ <Assigning Facility (HD)> ^ <Name Representation Code (ID)> ^ <Organization Identifier (ST)>

Subcomponents for Organization Name Type Code (CWE): <Identifier (ST)> & <Text (ST)> & <Name of Coding System (ID)> & <Alternate Identifier (ST)> & <Alternate Text (ST)> & <Name of Alternate Coding System (ID)> & <Coding System Version ID (ST)> & <Alternate Coding System Version ID (ST)> & <Original Text (ST)> & <Second Alternate Identifier (ST)> & <Second Alternate Text (ST)> & <Name of Second Alternate Coding System (ID)> & <Second Alternate Coding System Version ID (ST)> & <Coding System OID (ST)> & <Value Set OID (ST)> & <Value Set Version ID (DTM)> & <Alternate Coding System OID (ST)> & <Alternate Value Set OID (ST)> & <Alternate Value Set Version ID (DTM)> & <Second Alternate Coding System OID (ST)> & <Second Alternate Value Set OID (ST)> & <Second Alternate Value Set Version ID (DTM)>

Subcomponents for Assigning Authority (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Subcomponents for Assigning Facility (HD): <Namespace ID (IS)> & <Universal ID (ST)> & <Universal ID Type (ID)>

Definition: This field contains the group name of the insured's insurance.

#### IN4-9 Plan Effective Date (DT) 00437

Definition: This field contains the date that the insurance goes into effect.

#### IN4-10 Plan Expiration Date (DT) 00438

Definition: This field indicates the last date of service that the insurance will cover or be responsible for.

#### IN4-11 Patient DOB Required (ID) ?????

Definition: This field indicates whether this insurance carrier requires the patient DOB. Refer to [HL7 Table 0136 - Yes/no Indicator](file:///C:\Projects\MLCP\V28_CH02C_CodeTables.doc#HL70136) in Chapter 2C, Code Tables, for valid values.

Y DOB Rquired

N DOB Not Required

#### IN4-12 Patient Gender Required (ID) ?????

Definition: This field indicates whether this insurance carrier requires the patient Gender. Refer to [HL7 Table 0136 - Yes/no Indicator](file:///C:\Projects\MLCP\V28_CH02C_CodeTables.doc#HL70136) in Chapter 2C, Code Tables, for valid values.

Y Patient Gender Required

N Patient Gender Not Rquired

#### IN4-13 Patient Relationship Required (ID) ?????

Definition: This field indicates whether this insurance carrier requires the patient’s Relationship to insured. Refer to [HL7 Table 0136 - Yes/no Indicator](file:///C:\Projects\MLCP\V28_CH02C_CodeTables.doc#HL70136) in Chapter 2C, Code Tables, for valid values.

Y Patient’s relationship to insured Required

N Patient’s relationship to insured Not Required

#### IN4-14 Patient Signature Required (ID) ?????

Definition: This field indicates whether this insurance carrier requires the patient Signature. Refer to [HL7 Table 0136 - Yes/no Indicator](file:///C:\Projects\MLCP\V28_CH02C_CodeTables.doc#HL70136) in Chapter 2C, Code Tables, for valid values.

Y Patient’s relationship to insured Required

N Patient’s relationship to insured Not Required

#### IN4-15 Diagnosis Required (ID) ?????

Definition: This field indicates whether this insurance carrier requires a diagnosis. Refer to [HL7 Table 0136 - Yes/no Indicator](file:///C:\Projects\MLCP\V28_CH02C_CodeTables.doc#HL70136) in Chapter 2C, Code Tables, for valid values.

Y Diagnosis Required

N Diagnosis Not Required

#### IN4-16 Service Required (ID) ?????

Definition: This field indicates whether this insurance carrier requires services to be listed. Refer to [HL7 Table 0136 - Yes/no Indicator](file:///C:\Projects\MLCP\V28_CH02C_CodeTables.doc#HL70136) in Chapter 2C, Code Tables, for valid values.

Y Services Required

N Services Not Required

#### IN4-17 Patient Name Required (ID) ?????

Definition: This field indicates whether this insurance carrier requires a patient name on all requests. Refer to [HL7 Table 0136 - Yes/no Indicator](file:///C:\Projects\MLCP\V28_CH02C_CodeTables.doc#HL70136) in Chapter 2C, Code Tables, for valid values.

Y Patient’s name Required

N Patient’s name Not Required

#### IN4-18 Patient Address Required (ID) ?????

Definition: This field indicates whether this insurance carrier requires a patient address on all requests. Refer to [HL7 Table 0136 - Yes/no Indicator](file:///C:\Projects\MLCP\V28_CH02C_CodeTables.doc#HL70136) in Chapter 2C, Code Tables, for valid values.

Y Patient’s Address Required

N Patient’s Address Not Required

#### IN4-19 Subscribers Name Required (ID) ?????

Definition: This field indicates whether this insurance carrier requires subscribers name on all requests. Refer to [HL7 Table 0136 - Yes/no Indicator](file:///C:\Projects\MLCP\V28_CH02C_CodeTables.doc#HL70136) in Chapter 2C, Code Tables, for valid values.

Y Subscribers name Required

N Subscribers name Not Required

#### IN4-20 Workman’s Comp Indicator (ID) ?????

Definition: This field indicates whether this insurance carrier requires workman compensation to be identified. Refer to [HL7 Table 0136 - Yes/no Indicator](file:///C:\Projects\MLCP\V28_CH02C_CodeTables.doc#HL70136) in Chapter 2C, Code Tables, for valid values.

Y Workman compensation idenfication Required

N Workman compensation idenfication Not Required

#### IN4-21 Bill Type Required (ID) ?????

Definition: This field indicates whether this insurance carrier requires subscribers bill type. Refer to [HL7 Table 0136 - Yes/no Indicator](file:///C:\Projects\MLCP\V28_CH02C_CodeTables.doc#HL70136) in Chapter 2C, Code Tables, for valid values.

Y Subscribers bill type Required

N Subscribers bill type Not Required

#### IN4-22 Commerical Carrier Name and Address Required (ID) ?????

Definition: This field indicates whether this insurance carrier requires commerical carrier name and address. Refer to [HL7 Table 0136 - Yes/no Indicator](file:///C:\Projects\MLCP\V28_CH02C_CodeTables.doc#HL70136) in Chapter 2C, Code Tables, for valid values.

Y Commerical carrier name and address Required

N Commerical carrier name and address Not Required

#### IN4-23 Policy Number Pattern (ST) ?????

Definition: This field contains the policy number pattern. This describes what the policy number should look like. There will likely be multiple patterns to identify the Policy number. It is recommended that Edit patterns are a sequence of the characters ‘A’ for alpha, ‘N’ for numeric, ‘X’ for alphanumeric, ‘B’ for blank, and ‘\*’ for wildcard. Digits positionally refer to the two-character edit pattern list in the corresponding list field.

Edit pattern lists are a sequence characters to respresent the format and size of the Policy Number.

Example 1: The policy number has 3 numbers, 1 blank, 5 numbers and it would be defined in a Pattern as NNNBNNNNN

Example 2: The policy number has 2 numerics, 2 characters for state, 1 blank 5 Alphanumerics and would be represented as NNCCBXXXXX

#### IN4-24 Group Number Pattern (ST) ?????

Definition: This field contains the Group number pattern. This describes what the group number should look like. There will likely be multiple patterns to identify the group number. It is recommended that Edit patterns are a sequence of the characters ‘A’ for alpha, ‘N’ for numeric, ‘X’ for alphanumeric, ‘B’ for blank, and ‘\*’ for wildcard. Digits positionally refer to the two-character edit pattern list in the corresponding list field.

Edit pattern lists are a sequence characters to respresent the format and size of the Group Number.

Example 1: The group number has 3 numbers, 1 blank, 5 numbers and it would be defined in a Pattern as NNNBNNNNN

Example 2: The group number has 2 numerics, 2 characters for state, 1 blank 5 Alphanumerics and would be represented as NNCCBXXXXX

### MCP - Master File Coverage Policy Segment

For the payer defined in IN4-1and the service provider defined in MFE-4:

* When MFI-1 is MLCP (Medical Limited Coverage Process) this segment is identifing what is in limited coverage.
* When MFI-1 is MACP (Medical Approved Coverage Process) this segment is identifing what is approved. This segment defines the test that are approved for a given Diagnosis Code based on the Procedure Code.

The Technical Steward for the MCP segment is Orders and Observations.

HL7 Attribute Table - MCP - Master File Coverage Policy

| SEQ | LEN | DT | OPT | RP/# | TBL# | ITEM# | ELEMENT NAME |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 1..4 | SI | R |  |  | 0???? | SetID - MCP |
| 2 |  | CWE | R |  |  | 00587 | Producer's Service/Test/Observation ID |
| 3 |  | MO | O |  |  | ????? | Universal Service Price Range – Low Value |
| 4 |  | MO | O |  |  | ????? | Universal Service Price Range – High Value |
| 5 |  | ST | C |  |  | ????? | Reason for Universal Service Cost Range |

#### MCP-1 Set ID ‑ MCP (SI) 00426

Definition: MCP-1 - set ID - MCP contains the number that identifies this transaction. For the first occurrence the sequence number shall be 1, for the second occurrence it shall be 2, etc. The Set ID in the MCP segment is used to uniquely identify the segment. There are likely multiple instances of Universal Service Identifier, Diagnosis and Procedure code.

#### MCP-2 Producer's Service/Test/Observation ID (CWE) 00587

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

.

Definition: This field contains the producer's usual or preferred identification of the test or observation. Only three components should be included: <ID code>^<service text name/description>^<source list of code>. All components should be non-null.

~~Definition: This field uniquely identifies the record of the master file (identified in the MFI segment) to be changed (as defined by the record-level event code). The data type of field is defined by the value of MFE-5 - Value Type, and may take on the format of any of the HL7 data types defined in [HL7 table 0355 - Primary Key Value Type](#HL70355). The PL data type is used only on Location master transactions.~~

~~The repetition of the primary key permits the identification of an individual component of a complex record as the object of the record-level event code. This feature allows the Master Files protocol to be used for modifications of single components of complex records. If this field repeats, the field MFE-5 - Value Type must also repeat (with the same number of repetitions), and the data type of each repetition of MFE-4 - Primary Key Value - MFE is specified by the corresponding repetition of MFE-5 - Value Type~~.

#### MCP-3 Universal Service Price Range – Low value (MO) ?????

Components:  <Quantity (NM)> ^ <Denomination (ID)>

Definition: Specifies the lowest price for the Universal Service that needs to be disclosed on the ABN to the patient. If there is a single price for this Universal Service Identifier, MCP-3 is not valued.

Example: MCP|||35.00^USD

#### MCP-4 Universal Service Price Range – High value (MO) ?????

Components:  <Quantity (NM)> ^ <Denomination (ID)>

Definition: Specifies the highest price for the Universal Service that needs to be disclosed on the ABN to the patient. If there is a single price for this Universal Service Identifier, it is valued in this field.

Example of MCP-4 where price of test is $65.00 and there are no variants to the cost:

MCP||||65.00^USD

Example of MCP-4 value when the price of test is variable and can range from $35.00 (low) to $75.00 (high)

MCP||||$35.00^USD|75.00^USD

#### MCP-5 Reason for Universal Service Price Range (ST) ?????

Definition: Specifies the reason for the interval between the lowest and the highest price for the Universal Service such as additional testing that is added as an outcome of a reflex test that is added based on values of the initial test. There maybe some instances when the value between MCP-3 and MCP-4 is not significant enough to warrant a reason as defined by health authorities.

Condition: This is conditionally required when MCP-3 is valued.

### DPS – Diagnosis and Procedure code Segment

For the payer defined in IN4-1 and the service provider defined in MFE-4 and the Producer's Service/Test/Observation ID in MCP-2 these are the Diagnosis and Procedure that impact coverate requirements as defined by:

* When MFI-1 is MLCP (Medical Limited Coverage Process) this segment is identifing what is in limited coverage.
* When MFI-1 is MACP (Medical Approved Coverage Process) this segment is identifing what is approved. This segment defines the test that are approved for a given Diagnosis Code based on the Procedure Code.

The Technical Steward for the DPS segment is Orders and Observations.

HL7 Attribute Table - DPS – Diagnosis and Procedure code Segment

| SEQ | LEN | DT | OPT | RP/# | TBL# | ITEM# | ELEMENT NAME |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | CWE | R |  | [0051](file:///D:\HL7%20Messaging%20Version%202.6\Word\V26_CH06_FinancialMngmt.doc#HL70051) | ????? | Diagnosis Code - MCP |
| 2 |  | CNE | R | Y | 0088 | 00393 | Procedure Code |
| 3 |  | DTM | O |  |  | 00662 | Effective Date/Time |
| 4 |  | DTM | O |  |  | ????? | Expiration Date/Time |
| 5 |  | CNE | O |  | ???? | ????? | Type of limitation |

#### DPS-1 Diagnosis Code - (CWE) 00377

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

Definition: *[DPS-1 - Diagnosis Code - DG1](file:///D:\\HL7%20Messaging%20Version%202.6\\Word\\V26_CH06_FinancialMngmt.doc" \l "DG1_03)* contains the diagnosis code assigned to this diagnosis. Refer to [User-defined Table 0051 - Diagnosis Code](file:///D:\\HL7%20Messaging%20Version%202.6\\Word\\V26_CH06_FinancialMngmt.doc" \l "HL70051) for suggested values. This field is a CWE data type for compatibility with clinical and ancillary systems. Either DPS-1.1-Identifier or DPS-1.2-Text is required. When a code is used in DPS-1.1-Identifier, a coding system is required in DPS-1.3-Name of Coding System.

Names of various diagnosis coding systems are listed in Chapter 2, Section 2.16.4, “Coding system table.”

#### DPS -2 Procedure Code (CNE) 00393

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

Definition: This field contains the procedure code for procedure, if any, associated with this charge description. Repeating field allows for different procedure coding systems such as CPT4, ASTM, ICD9. Coded entry made up of code plus coding schema. Refer to Externally-defined Table 0088 - Procedure code in Chapter 6 for suggested values.

As of v2.6, the known applicable external coding systems include those in the table below. If the code set you are using is in this table, then you must use that designation.

Procedure Code Coding Systems

| Coding System | Description | Comment |
| --- | --- | --- |
| C4 | CPT-4 |  |
| C5 | CPT-5 |  |
| HCPCS | CMS (formerly HCFA) Common Procedure Coding System |  |
| HPC | CMS (formerly HCFA )Procedure Codes (HCPCS) |  |
| I10P | ICD-10 Procedure Codes |  |
| O3012006 | German Procedure Codes | Source: OPS Operationen- und Prozedurenschlussel. Three versions are active. |
| O3012007 | German Procedure Codes | Source: OPS Operationen- und Prozedurenschlussel. Three versions are active. |
| O3012008 | German Procedure Codes | Source: OPS Operationen- und Prozedurenschlussel. Three versions are active. |

#### DPS -3 Effective Date/Time (DTM) 00662

Definition: An optional effective date/time can be included for the record-level action specified. It is the date/time the originating system expects that the event is to have been completed on the receiving system. If this field is not present, the effective date/time should default to the current date/time (when the message is received).

#### DPS -4 Expiration Date/Time (DTM) ?????

Definition: An optional expiration date/time can be included for the record-level action specified. It is the date/time the originating system expects that the event is to have been completed on the receiving system.

#### DPS -5 Type of limitation (CNE) ?????

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

Definition: This field contains the type of limitations as determined by the Payer. This field has a defined value set that may need to be extended. This codes set is from HL7 Table ?????.

HL7 Table ????? Limitation Type Codes

| Coding System | Description | Comment |
| --- | --- | --- |
| LCP | Limited Coverage Policy |  |
| NFDA | Non-FDA Approved Diagnositic Procedure |  |
| FLDP | Frequency Limited Diagnostics Procedure |  |
| NT | New Test – Limited Diagnostic History |  |

1. For more information on the MLCP program: <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx> [↑](#footnote-ref-1)
2. ABN booklet for more information can be found at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/ABN_Booklet_ICN006266.pdf> and additional information can be found at: <http://www.cms.gov/Medicare-Coverage-Database/> [↑](#footnote-ref-2)
3. Taken from page 1 of the document titled Advance Beneficiary Notice of Noncoverage (ABN) found at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/ABN_Booklet_ICN006266.pdf> [↑](#footnote-ref-3)
4. Ibid, Page 1 [↑](#footnote-ref-4)
5. Taken from HL7 Chapter 8 Section 8.8 of version 2.8, all rights reserved by HL7 [↑](#footnote-ref-5)
6. Taken from HL7 Chapter 8 Section 8.8.1 of version 2.8, all rights reserved by HL7 [↑](#footnote-ref-6)
7. Taken from HL7 Chapter 8 Section 8.5.2 of version 2.8, all rights reserved by HL7 [↑](#footnote-ref-7)