

HITSP Identifier	Name	Description	CO - Beacon Priority	Cincinnati - Beacon Priority	SE MN	Tulsa	ILNW	So Piedmont	WNY	Count = 0	Count = 1	Count > 1	Number of vendors indicating this response (CCD in Production) KEY (see Instructions worksheet for definitions)					Consensus (Include Y/N) for May 20	Future Consideration - past May 20	Gap = needed for May 20, but some vendors cannot meet	HITSP C83 (O/R)*		
													0 = Nothing at all	1 = Text	2 = Structured, but not coded	3 = Coded, but not accepted standards	4 = coded and standards						
1. Patient Demographics (Personal Information)																							
1.01	Timestamp	Date and time that document was created	0	1	1	1	1	1	0	2	5	0	1	0	2	0	2	Y	N		R/N		
1.02	Person ID	Unique Patient Identifier	1	1	1	1	1	1	1	0	7	0	0	0	3	1	2	Y	N		R/N		
1.03	Person Address	Home street, town, county, state, zip - Multiple Addresses allowed.	1	1	1	1	1	1	0	1	6	0	0	0	4	1	1	Y	N		R/Y		
1.04	Person Phone/Email/URL	A telephone number (voice or fax), e-mail address or other locator	2	1	1	1	1	1	0	1	5	1	0	0	4	0	2	Y	N		R/Y		
1.05	Person Name	Last, First, Middle Initial	1	1	1	1	1	1	0	1	6	0	0	0	4	0	2	Y	N		R/Y		
1.06	Gender	Administrative gender of Patient	1	1	1	1	1	1	1	0	7	0	0	0	0	0	6	Y	N		R/N		
1.07	Date of Birth	Date of Patients Birth	1	1	1	1	1	1	1	0	7	0	0	0	3	0	3	Y	N		R/N		
1.08	Marital Status	A value representing the domestic partnership status of a person.	2	1	2	1	1	1	0	1	4	2	0	0	0	1	5	Y	N		R2/Y		
1.09	Religious Affiliation	the religious preference of the person	2	0	3	1	1	1	0	2	3	0	3	0	1	1	2	N	Y		O/N		
1.1	Race	Race of Patient	1	1	1	1	1	1	1	0	7	0	0	0	0	1	5	Y	N		O/Y		
1.11	Ethnicity	Ethnicity of Patient	2	1	1	1	1	1	1	0	6	1	1	0	0	1	4	Y	N		O/N		
2. Language Spoken																							
2.01	Primary Language	Spoken, written or understood primary language of Patient	2	1	2	1	1	1	1	0	5	2	0	0	0	1	5	Y	N/A		R/Y		
3. Support																							
3.01	Date	The period over which the support is provided	2	2	2	1	2	2	1	0	2	5	4	0	0	0	1	N	Y		R/N		
3.02	Contact Type	This represents the type of support provided, such as immediate	2	2	2	1	2	2	1	0	2	5	3	0	1	0	1	N	Y		R/N		
3.03	Contact Relationship	Identifies the relationship of the contact person to the individual for which	2	2	2	2	2	2	1	0	2	5	5	0	1	0	0	N	Y		R2/N		
3.04	Contact Address	The address of the contact individual or organization providing support	2	2	2	1	2	2	1	0	2	5	4	0	1	0	0	N	Y		R2/Y		
3.05	Contact Phone/Email/URL	A telephone number (voice or fax), e-mail address, or other locator for the	2	2	2	2	2	2	1	0	2	5	3	0	1	0	1	N	Y		R2/Y		
3.06	Contact Name	The name of the individual or organization providing support	2	2	2	1	2	2	1	0	2	5	3	0	1	0	1	N	Y		R/Y		
4. Health Care Providers																							
4.01	Date Range	The period over which this provider has provided healthcare services	0	0	2	1	1	1	0	3	3	1	3	0	2	0	1	N	Y		R/N		
4.02	Provider Role Code	PCP, Referring, Attending, Consulting, etc.	2	2	2	1	1	1	1	0	4	3	2	0	0	0	4	N	Y		R2/N		
4.03	Provider Role	Free-Text	2	1	2	1	1	1	1	0	5	2	3	1	0	1	1	N	Y		R2/N		
4.04	Provider Type	Physician, Dentist, etc.	2	1	2	1	1	1	1	0	5	2	3	0	0	2	1	N	Y		R2/N		
4.05	Provider Address	Practice Address	1	1	2	1	1	1	1	0	6	1	1	0	3	1	1	Y	N		R2/Y		
4.06	Provider Phone/Email/URL	A telephone number (voice or fax), e-mail address or other locator	2	1	2	1	1	1	1	0	5	2	1	0	3	1	1	Y	N		R2/Y		
4.07	Provider Name	Last, First, Middle Initial, NPI	1	1	2	1	1	1	1	0	6	1	1	1	3	0	1	Y	N		R2/N		
4.08	Provider's Organization	Name of Practice where this patient was seen	2	1	2	1	1	1	1	0	5	2	2	1	2	0	1	Y	N		R2/Y		
4.09	Providers Patient ID	The user visible Medical Record Number of Patient	2	1	2	2	1	1	1	0	5	2	2	1	1	0	1	N	Y		R2/N		
4.1	National Provider ID	National Provider Identifier or NPI is a unique identification number	1	1	2	1	1	1	1	0	6	1	2	1	1	0	2	Y	N	Y	R2/N		
5. Health Insurance Provider																							
5.01	Group Number	The policy or group contract number	2	3	3	1	3	2	0	1	1	5	3	1	1	0	1	N	Y		R/N		
5.02	Insurance Type	HMO, PPO, Medicare, etc.	2	2	3	1	3	2	0	1	1	5	4	0	0	0	2	N	Y		R2/N		
5.03	Health Plan Insurance Information	The coded identifier of the payer corresponding to the Health Plan	2	0	3	1	3	2	0	2	1	4	4	1	1	0	0	N	Y		O/Y		
5.04	Health Plan Insurance Information	Postal Address of Health Plan	2	0	3	1	3	2	0	2	1	4	4	0	1	0	1	N	Y		O/Y		
5.05	Health Plan Insurance Information	A telephone number (voice or fax), e-mail address or other locator	2	0	3	1	3	2	0	2	1	4	4	0	1	0	1	N	Y		O/Y		
5.06	Insurance Information Source Name	Name of the entity that is the source of information	2	0	3	1	3	2	0	2	1	4	4	0	2	0	0	N	Y		R2/N		
5.07	Health Plan coverage dates	the beginning and end dates of the health plan coverage of the individual	2	3	3	1	3	2	0	1	1	5	3	1	1	0	1	N	Y		R2/N		
5.08	Member/Subscriber ID	Identifier assigned to Patient by the health plan	2	3	3	1	3	2	0	1	1	5	4	0	2	0	0	N	Y		R2/N		
5.09	Patient Relationship to Subscriber	Specified only when patient is not the subscriber	2	3	3	1	3	2	0	1	1	5	4	0	0	0	2	N	Y		R2/N		
5.14	Financial Responsibility Party Type	The type of party that has responsibility for all or a portion of the patient's	2	3	3	1	3	2	0	1	1	5	5	0	0	0	1	N	Y		R2/N		
5.15	Subscriber ID	The identifier assigned by the health plan to the actual member or health	2	3	3	1	3	2	0	1	1	5	4	0	1	0	1	N	Y		R/N		
5.16	Subscriber Address	The official mailing address of the actual member or health plan contract	2	3	3	1	3	2	0	1	1	5	4	0	1	0	1	N	Y		R/N		
5.17	Subscriber Phone/Email/URL	A telephone number (voice or fax), e-mail address or other locator for a	2	3	3	1	3	2	0	1	1	5	4	0	1	0	1	N	Y		R2/Y		
5.18	Subscriber Name	The name of the actual member or health plan contract holder	2	3	3	1	3	2	0	1	1	5	4	0	1	0	1	N	Y		R/N		
5.19	Subscriber Date of Birth	The date of birth of the actual member or health plan contract holder	2	3	3	1	3	2	0	1	1	5	4	0	1	0	1	N	Y		R/N		
5.24	Health Plan Name	Name of the specific health insurance product	2	3	3	1	3	2	0	1	1	5	3	1	1	0	1	N	Y		R2/N		
5.25	Insurance Company Name	The name of the insurance company.	2	3	3	1	3	2	0	1	1	5	4	0	1	0	1	N	Y		-		
6. Allergy/Drug Sensitivity																							
6.01	Adverse event date	Date of when allergy or intolerance became known	2	2	1	1	1	2	2	0	3	4	0	0	4	0	2	Y	N		R2/N		
6.02	Adverse event type	Coded type of product and event	2	1	1	1	1	2	2	0	4	3	0	1	0	0	5	Y	N		R/N		
6.03	Product Free Text	Name or description of product/agent that causes allergy	2	1	3	1	1	2	2	0	3	4	0	1	3	0	2	Y	N		R/N		
6.04	Product Code	Code describing the product	2	1	1	1	1	2	2	0	4	3	0	0	0	1	4	Y	N		R2/N		
6.05	Reaction Free Text	Reaction that may be caused by product SPECIFIC FOR PATIENT	2	3	3	1	1	2	2	0	2	5	0	1	3	0	2	Y	N		R2/N		
6.06	Reaction Coded	Code describing the reaction	2	3	1	1	1	2	2	0	3	4	0	0	3	1	2	Y	N		R2/N		
6.07	Severity Free Text	Level of severity of reaction to product	2	2	3	1	1	2	2	0	2	5	1	1	3	0	1	Y	N	Y	R2/N		
6.08	Severity Coded	Code describing the level of severity of the allergy to product	2	2	1	1	1	2	2	0	3	4	1	1	0	0	4	Y	N	Y	R2/N		
7. Problem/Condition																							
7.01	Problem Date	When the problem became active (or Date of Diagnosis)	1	1	1	1	1	2	1	0	6	1	0	0	4	0	2	Y	N		R2/N		
7.02	Problem Type	Fixed value to determine the existence of a problem	1	1	1	1	1	1	1	0	6	1	0	0	0	0	6	Y	N		R2/N		
7.03	Problem Name	Text description of the problem	1	1	3	1	1	2	1	0	5	2	0	1	3	0	2	Y	N		R/N		

* O/R stands for O=Optional (when the data element is to be sent) which has the values of Required [R], Required, if known [R2], Optional [O], or Conditional [C], and Repeatable (when the data element is repeatable) which has values of Yes [Y] or No [N]. Details of the definitions can be found in the HITSP C83 document in tables 2-3 and 2-4.

HITSP Identifier	Name	Description	CO - Beacon Priority	Cincinnati - Beacon Priority	SE MN	Tulsa	ILNW	So Piedmont	WNY	Count = 0	Count = 1	Count > 1	Number of vendors indicating this response (CCD in Production) KEY (see Instructions worksheet for definitions)					Consensus (Include Y/N) for May 20	Future Consideration - past May 20	Gap = needed for May 20, but some vendors cannot meet	HITSP C83 (O/R)*
													0 = Nothing at all	1 = Text	2 = Structured, but not coded	3 = Coded, but not accepted standards	4 = coded and standards				
7.04	Problem Code	Coded describing the problem	1	1	1	1	1	2	1	0	6	1	0	0	0	0	5	Y	N		O/N
7.05	Treating Provider	Name of Treating Provider	2	2	2	1	1	2	1	0	3	4	4	0	1	0	2	N	Y		O/Y
7.06	Age (at Onset)	The age of the patient or subject at onset of the condition	2	2	3	1	3	2	1	0	2	5	5	0	0	0	1	N	Y		O/N
7.07	Cause of Death	Indicates that this problem was one of the causes of death for the patient or	2	2	3	1	3	2	0	1	1	5	5	0	0	0	0	N	Y		O/N
7.08	Age (at Death)	The age of the patient or subject at death	2	2	3	1	3	2	0	1	1	5	5	0	0	0	0	N	Y		O/N
7.09	Time of Death	Date and time of death	2	2	3	1	3	2	0	1	1	5	5	0	0	0	0	N	Y		O/N
7.11	Treating Provider ID	NPI number for provider or providers treating the patient for condition	2	2	2	1	1	2	0	1	2	4	4	0	1	1	1	N	Y		R2/N
7.12	Problem Status	Status of problem (active, inactive, resolved)	1	1	1	1	1	2	1	0	6	1	1	0	0	0	5	Y	N	Y	O/N
8. Medication																					
8.01	Free Text Sig	The instructions, typically from the ordering provider, to the patient	2	1	2	1	1	2	1	0	4	3	0	2	3	0	1	Y	N		O/N
8.02	Medication Stopped	Whether or not a medication was discontinued	1	1	2	1	3	3	1	0	4	3	0	0	4	0	2	Y	N		O/N
8.03	Administration Timing	A Sig Component: defines a specific administration or use time.	0	2	2	1	3	0	2	1	4	2	2	1	1	0	2	N	Y		O/N
8.04	Frequency	How often the medication is to be administered	2	1	1	1	3	2	1	0	5	2	1	3	1	0	1	Y	N	Y	O/N
8.05	Interval	A Sig Component: defines how the product is to be administered as an	2	2	2	1	2	2	2	0	2	5	2	3	0	0	1	N	Y		O/N
8.06	Duration	Length of time medication should be continued	2	1	1	1	1	2	2	0	4	3	3	2	0	0	1	Y	N	Y	O/N
8.07	Route	A Sig Component: indicates how the medication is received by the patient	2	1	2	1	1	2	2	0	3	4	0	2	0	0	4	Y	N		O/N
8.08	Dose	The amount of medication to be given	1	1	1	1	2	1	1	0	6	1	0	2	1	0	3	Y	N		O/N
8.09	Site	A Sig Component: The anatomic site where the medication is administered	2	2	3	1	1	2	2	0	2	5	2	0	1	0	3	N	Y		O/N
8.1	Dose Restriction	A Sig Component: defines a maximum or dose limit.	2	2	3	1	3	2	2	0	1	6	5	0	1	0	0	N	Y		O/N
8.11	Product Form	Physical form of medication (Tablet, liquid, etc.)	2	2	2	1	3	2	2	0	1	6	1	1	0	0	4	N	Y		O/N
8.12	Delivery Method	A Sig Component: A description of how the product is	2	3	2	1	2	2	2	0	2	5	3	1	1	0	1	N	Y		O/N
8.13	Coded Product Name	Code describing the product	1	1	1	1	1	2	1	0	6	1	0	0	0	1	4	Y	N		R2/Y
8.14	Coded Brand Name	Code describing the product as a branded or trademarked name	1	1	2	1	2	1	1	0	5	2	4	0	0	0	1	N	Y		R2/Y
8.15	Free Text Product Name	The name of the substance or product	2	2	3	1	1	2	2	0	2	5	0	1	4	0	1	Y	N		R/N
8.16	Free Text Brand Name	The branded or trademarked name of substance or product	2	2	3	1	1	2	2	0	2	5	3	0	2	0	1	N	Y		R2/N
8.17	Drug Manufacturer	The manufacturer of the substance or product as ordered or supplied.	2	2	3	1	3	0	2	1	1	5	4	1	1	0	0	N	Y		O/N
8.18	Product Concentration	The amount of active ingredient, or substance of interest, in a specified	2	2	3	1	1	0	2	1	2	4	5	1	0	0	0	N	Y		R2/N
8.19	Type of Medication	Prescription, OTC	2	1	2	1	1	2	2	0	3	4	3	0	0	0	3	N	Y		R2/N
8.2	Status of medication	Active, Discharge, Chronic, Acute, etc.	2	1	2	1	1	2	2	0	3	4	1	0	0	0	5	Y	N	Y	R2/N
8.21	Indication	A Sig Component: The medical condition or problem intended to be	2	3	2	1	1	2	2	0	2	5	5	0	0	0	1	N	Y		O/Y
8.22	Patient Instructions	Instructions to the patient that are not traditionally part of the Sig.	2	3	2	1	3	3	2	0	1	6	2	0	2	0	2	N	Y		O/N
8.23	Reaction	Any noted intended or unintended effects of the product.	2	3	2	1	2	2	2	0	1	6	5	0	2	0	0	N	Y		O/N
8.24	Vehicle	A Sig Component: Non-active ingredient(s), or substances not of	2	3	2	1	1	2	2	0	2	5	6	0	0	0	0	N	Y		O/Y
8.25	Dose Indicator	A Sig Component: A criteria that specifies when an action is, or is not, to	2	3	2	1	1	2	2	0	2	5	5	1	0	0	0	N	Y		O/Y
8.26	Order Number	The order identifier from the perspective of the ordering clinician.	0	0	3	1	3	0	0	3	1	3	4	0	2	0	0	N	Y		R2/N
8.27	Fills	The number of times that the ordering provider has authorized the	0	0	2	1	3	3	0	3	1	3	3	0	1	0	2	N	Y		O/N
8.28	Quantity Ordered	The amount of product indicated by the ordering provider to be dispensed.	0	0	2	1	3	0	0	3	1	3	3	0	1	0	2	N	Y		R2/N
8.29	Order Expiration	Date when order is no longer valid	0	0	3	1	3	0	0	3	1	3	4	0	2	0	0	N	Y		R2/N
8.3	Order Date	Date when the ordering provider wrote the prescription/order	0	0	1	1	3	0	0	3	2	2	2	0	2	0	2	Y	N	Y	O/N
8.31	Ordering Provider	NPI of provider who ordered Medication	0	0	1	1	1	0	0	3	3	1	3	0	1	0	2	Y	N	Y	O/N
8.32	Fulfillment Instructions	Instructions to the dispensing pharmacist or nurse that are not traditionally	0	0	3	1	3	3	0	3	1	3	4	1	1	0	0	N	Y		O/N
8.33	Fulfillment History	History of dispenses for this order.	0	0	3	1	3	3	0	3	1	3	6	0	1	0	0	N	Y		O/Y
8.34	Prescription Number	The prescription identifier assigned by the pharmacy	0	0	3	1	3	3	0	3	1	3	5	0	1	0	0	N	Y		R2/N
8.35	Dispensing Pharmacy	The pharmacy that performed this dispense	0	0	2	1	3	3	0	3	1	3	5	0	1	0	0	N	Y		O/N
8.36	Dispensing Pharmacy Location	The pharmacy's location	0	0	3	1	3	3	0	3	1	3	5	0	1	0	0	N	Y		O/N
8.37	Dispense Date	Date prescription was dispensed (fulfillment history)	0	0	2	1	3	3	0	3	1	3	5	0	1	0	0	N	Y		O/N
8.38	Quantity Dispensed	The actual quantity of product supplied in this dispense.	0	0	2	1	3	3	0	3	1	3	5	0	1	0	1	N	Y		R2/N
8.39	Fill number	The fill number for the history entry.	0	0	3	1	3	3	0	3	1	3	6	0	1	0	0	N	Y		R2/N
8.4	Fill Status	Completed, never dispensed, etc.	0	0	2	1	3	3	0	3	1	3	6	0	1	0	0	N	Y		O/N
9. Pregnancy																					
9.01	Pregnancy	Whether the patient is currently pregnant	2	1	2	1	0	0	0	3	2	2	5	0	0	0	1	N	Y		O/N
10. Information Source																					
10.01	Author Time	Time which information was created	2	2	2	2	3	0	1	1	1	5	0	0	4	0	2	Y	N		R/N
10.02	Author Name	Name of person who created the information	2	2	2	2	3	0	1	1	1	5	0	0	4	0	2	Y	N		R/N
10.03	Reference	A reference to the original document from which this information was	0	0	2	2	3	0	0	4	0	3	5	0	0	0	1	N	Y		R2/Y
10.04	Reference Document ID	Identifier of the external document that was referenced	0	0	2	2	3	0	0	4	0	3	5	0	0	0	1	N	Y		R/N
10.05	Reference Document URL	A URL from which this document may be retrieved	0	0	2	2	3	0	0	4	0	3	5	0	0	0	1	N	Y		O/N
10.06	Source Name	Name of organization that provided information	2	2	2	2	3	0	1	1	1	5	1	0	3	0	2	N	Y		R/N
12. Advance Directive																					
12.01	Advance Directive type	Code describing the type of advance directive	2	3	3	3	3	0	2	1	0	6	1	0	1	0	4	N	Y		R2/N
12.02	Advance directive text	Free text describing advance directive	2	3	3	3	3	0	2	1	0	6	1	0	3	0	2	N	Y		R/N
12.03	Effective Date	Effective date for advance directive	2	3	3	3	3	0	2	1	0	6	1	0	3	0	2	N	Y		R/N
12.04	Custodian of the Document	Name, address or other contact information for the person or organization	2	3	3	3	3	0	0	2	0	5	2	0	3	0	2	N	Y		R/N

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													0 = Nothing at all	1 = Text	2 = Structured, but not coded	3 = Coded, but not accepted standards	4 = coded and standards												
13. Immunizations																													
13.01	Refusal	Flag that immunization did not occur; nature of refusal	2	2	2	1	3	0	1	1	2	4	4	0	1	0	1	N	Y				R/N						
13.02	Administered Date	Date immunization was administered or refused	1	1	1	1	3	0	1	1	5	1	0	0	4	0	2	Y	N				O/N						
13.03	Medication Series Number	Indicate which in a series of administrations a particular administration	2	2	2	2	1	3	0	1	2	4	2	1	1	0	2	N	Y				O/N						
13.04	Reaction	Any noted intended or unintended effects of the product. For example: full	2	2	2	2	1	3	0	0	2	1	4	5	0	1	0	1	N	Y			O/Y						
13.05	Performer	NPI of provider that administered immunization	2	2	2	1	3	0	0	2	1	4	2	0	2	0	2	N	Y				O/N						
13.06	Coded Product Name	Code describing the product	1	1	1	1	3	0	1	1	5	1	0	0	0	0	5	Y	N				R2/Y						
13.07	Product Name free text	Name of substance or product	2	2	3	1	3	0	2	1	1	5	0	0	4	0	2	Y	N				R/N						
13.08	Drug Manufacturer	Manufacturer of the substance or product	2	2	3	1	3	0	2	1	1	5	3	1	1	1	0	N	Y				O/N						
13.09	Lot Number	Production Lot number	2	2	2	1	3	0	2	1	1	5	3	0	2	0	1	N	Y				R2/N						
13.1	Refusal Reason	A coded representation of the reason for refusing the immunization	2	2	2	1	3	0	2	1	1	5	6	0	0	0	0	N	Y				R2/N						
13.11	Immunization Information Source		1	1	2	1	3	0	1	1	4	2	5	0	0	0	1	N	Y				-						
14. Vital Signs																													
14.01	Vital Sign Result ID	An identifier for this specific vital sign observation	1	1	2	1	1	2	1	0	5	2	0	0	4	0	2	Y	N				R/Y						
14.02	Vital sign date	Date of observation	1	1	1	1	1	2	1	0	6	1	0	0	3	0	3	Y	N				R/N						
14.03	Vital sign type	The coded representation of the vital sign observation	1	1	1	1	1	2	1	0	6	1	0	0	1	0	5	Y	N				R/N						
14.04	Vital sign result status	Status for vital sign observation (e.g. complete, preliminary, etc.)	2	2	2	1	2	2	1	0	3	4	2	0	1	0	3	N	Y				R/N						
14.05	Vital sign value	The value of the result including units of measure	1	1	1	1	1	2	1	0	6	1	0	0	1	0	5	Y	N				C/N						
14.06	Vital Sign Result Interpretation	An abbreviated interpretation of the vital sign observation, e.g., normal,	2	3	2	1	2	2	1	0	3	4	5	0	0	0	0	N	Y				O/N						
14.07	Vital Sign Result Reference Range	Reference range(s) for the vital sign observation	1	1	2	1	2	2	1	0	4	3	5	0	0	0	1	N	Y	not			O/Y						
15. Results																													
15.01	Result ID	An identifier for this specific observation	1	1	2	1	1	2	1	0	5	2	0	0	4	0	2	Y	N				R/Y						
15.02	Result Date/Time	Date and time of observation	1	1	1	1	1	2	1	0	6	1	0	0	4	0	2	Y	N				R/N						
15.03	Result Type	Code describing the observation performed or made	1	1	1	1	1	2	1	0	6	1	0	0	0	0	5	Y	N				R/N						
15.04	Result Status	Status for observation (Complete, preliminary, addendum, etc.)	1	1	1	1	1	2	1	0	6	1	1	0	2	0	3	Y	N	Y			R/N						
15.05	Result Value	The value of the result including units of measure	1	1	1	1	1	2	1	0	6	1	0	0	2	0	4	Y	N				C/N						
15.06	Result Interpretation	An abbreviated interpretation of the observation, e.g., normal, abnormal,	2	1	1	1	1	2	1	0	5	2	1	0	2	0	3	Y	N	Y			O/N						
15.07	Result Reference Range	Reference range(s) for the observation	1	1	1	1	2	2	1	0	6	1	0	1	2	0	3	Y	N				O/Y						
16. Encounter																													
16.01	Encounter ID	An identifier for this Encounter	2	3	2	1	1	2	1	0	3	4	1	0	4	0	1	Y	N		captured		R/Y						
16.02	Encounter Type	Coded value describing the type of encounter	2	1	1	1	1	2	1	0	5	2	0	0	1	1	4	Y	N				R2/N						
16.03	Encounter type free text	Free text describing the type of encounter	2	3	3	1	1	2	1	0	2	4	1	0	3	0	2	N	Y				R/N						
16.04	Encounter Date	Date of encounter	2	1	1	1	1	2	1	0	5	2	0	0	4	0	2	Y	N				R/N						
16.05	Encounter Provider	Name provider who performed encounter (or NPI)	2	1	2	1	1	2	1	0	4	3	1	0	3	0	2	N	Y				R2/Y						
16.06	Admission Source	Identifies where the patient was admitted	2	3	2	1	1	2	1	0	3	4	6	0	0	0	0	N	Y				O/N						
16.07	Admission Type	Indicates the circumstances under which the patient was or will be admitted	2	3	3	1	1	2	1	0	3	4	6	0	0	0	0	N	Y				O/N						
16.11	Encounter location	The service delivery location	2	1	2	1	1	2	1	0	4	3	1	0	3	0	2	N	Y	represent			O/N						
16.12	Arrival date/time	The date and time the patient arrived at the location	2	1	2	1	1	2	1	0	4	3	5	0	1	0	0	N	Y	represent			O/N						
16.13	Reason for Visit	Indicates the rationale for the encounter	2	1	1	1	1	2	1	0	5	2	6	0	1	0	0	N	Y	represent			O/N						
17. Procedure																													
17.01	Procedure ID	An identifier for this Procedure	1	1	2	1	3	2	1	0	4	3	0	0	4	0	2	Y	N				R/Y						
17.02	Coded Procedure Type	Code describing the type of procedure	1	1	1	1	3	2	1	0	5	2	1	0	0	0	6	Y	N	Y			R2/N						
17.03	Procedure type free text	Free text describing the procedure	2	3	3	1	3	2	1	0	2	5	0	0	4	0	2	Y	N				R/N						
17.04	Procedure Date	Date procedure was performed	1	1	1	1	3	2	1	0	5	2	0	0	4	0	2	Y	N				R2/N						
17.05	Procedure Provider	NPI of provider who performed procedure	1	2	2	1	3	2	1	0	3	4	4	0	0	0	3	N	Y	related to			R2/N						
19. Social History																													
19.01	Social History Date	Range of time of which social history event was active	1	1	2	2	3	0	1	1	3	3	3	2	1	0	0	Y	N	Y			R2/N						
19.02	Coded social history	Code describing the type of social history observation	1	1	2	2	3	0	1	1	3	3	3	2	0	0	1	Y	N	Y			R2/N						
19.03	Social History free text	Textual description of social history (e.g. smoking status)	2	3	3	2	3	0	1	1	1	5	2	3	1	0	0	N	Y				R/N						
19.04	Social History Observed Value	Value describing the social history (e.g. smoking history)	1	1	2	2	3	0	1	1	3	3	2	3	1	0	0	Y	N	Y			O/N						
24. Order																													
24.01	Order Group Number	An order group is a list of orders associated with an -placer group number.	2	3	2	1	3	2	1	0	2	5	4	1	0	0	1	N	Y				-						
24.02	Order Status	Report the status of an order either upon request or when the status	2	3	1	1	3	2	1	0	3	4	4	1	0	0	1	N	Y				-						
24.03	Parent Order Number	The Order number of the Parent Order which may have spawned Child	2	3	2	1	3	2	1	0	2	5	6	0	0	0	0	N	Y				-						
24.04	Date Time of Transaction	The date and time of the order transaction	2	3	1	1	3	2	1	0	3	4	3	1	0	0	2	N	Y				-						
24.05	Order Entered By	The identity of the person who actually keyed the request into the order	2	3	2	1	3	2	1	0	2	5	5	0	0	0	1	N	Y				-						
24.06	Order Verified By	The identity of the person who verified the accuracy of the entered request	2	3	2	1	3	2	1	0	2	5	5	0	0	0	1	N	Y				-						
24.07	Order Setting Type	Indicates the care setting in which the order is executed	2	3	2	1	3	2	1	0	2	5	6	0	0	0	0	N	Y				-						
24.08	Requested Order Start Date/Time	The date/time when the ordering provider is requesting the execution of	2	3	2	1	3	2	1	0	2	5	5	0	0	0	1	N	Y				-						
24.09	Order Priority	The priority of the order	2	3	2	1	3	2	1	0	2	5	5	1	0	0	0	N	Y				-						
24.1	Placer Order Number	The order identifier from the perspective of the system placing the order	2	3	2	1	3	2	1	0	2	5	6	0	0	0	0	N	Y				-						
24.11	Filler Order Number	The order identifier from the perspective of the system fulfilling the order	2	3	2	1	3	2	1	0	2	5	5	1	0	0	0	N	Y				-						
24.12	Order Code	The order code for the requested observation, test, and/or battery. Note:	2	3	1	1	1	2	1	0	4	3	5	0	0	0	1	N	Y				-						

* O/R stands for O=Optional (when the data element is to be sent) which has the values of Required [R], Required, if known [R2], Optional [O], or Conditional [C]; and Repeatable (when the data element is repeatable) which has values of Yes [Y] or No [N]. Details of the definitions can be found in the HITSP C83 document in tables 2-3 and 2-4.

HITSP Identifier	Name	Description	KEY for Priority 0 = None/Not Applicable 1 = Now (May 20th, 2012) 2 = 6 months 3 = More than 9 months	KEY for Priority 0 = None/Not Applicable 1 = Now (May 20th, 2012) 2 = 6 months 3 = More than 9 months	KEY for Priority 0 = None/Not Applicable 1 = Now (May 20th, 2012) 2 = 6 months 3 = More than 9 months	KEY for Priority 0 = None/Not Applicable 1 = Now (May 20th, 2012) 2 = 6 months 3 = More than 9 months	KEY for Priority 0 = None/Not Applicable 1 = Now (May 20th, 2012) 2 = 6 months 3 = More than 9 months	KEY for Priority 0 = None/Not Applicable 1 = Now (May 20th, 2012) 2 = 6 months 3 = More than 9 months	KEY for Priority 0 = None/Not Applicable 1 = Now (May 20th, 2012) 2 = 6 months 3 = More than 9 months	KEY for Priority 0 = None/Not Applicable 1 = Now (May 20th, 2012) 2 = 6 months 3 = More than 9 months	Count = 0	Count = 1	Count > 1	Number of vendors indicating this response (CCD in Production) KEY (see Instructions worksheet for definitions) 0 = Nothing at all 1 = Text 2 = Structured, but not coded 3 = Coded, but not accepted standards 4 = coded and standards					Consensus (Include Y/N) for May 20	Future Consideration - past May 20	Gap = needed for May 20, but some vendors cannot meet	HITSP C83 (O/R)*
			CO - Beacon Priority	Cincinnati - Beacon Priority	SE MN	Tulsa	ILNW	So Piedmont	WNY	0	1	2	3	4								
24.13	Specimen Action	Identifies the action to be taken with respect to the specimens that	2	3	2	1	3	2	1	0	2	5	6	0	0	0	0	0	N	Y		-
24.14	Ordering Provider	The person that wrote this order (may include both a name and an	2	3	1	1	1	2	1	0	4	3	4	0	0	0	0	2	N	Y		-
24.15	Results Distribution List	Identifies the people and/or organization that are to receive copies of the	2	3	2	1	3	2	1	0	2	5	6	0	0	0	0	0	N	Y		-
24.16	Specimen Collector ID	The person, department, or facility that collected the specimen. (may	2	3	2	1	3	2	0	1	1	5	6	0	0	0	0	0	N	Y		-

* O/R stands for O=Optionality (when the data element is to be sent) which has the values of Required [R], Required, if known [R2], Optional [O], or Conditional [C]; and Repeatability (when the data element is repeatable) which has values of Yes [Y] or No [N]. Details of the definitions can be found in the HITSP C83 document in tables 2-3 and 2-4.