

Arizona HL7 Specific Rules for Version 2.5.1

Covid-19 HL7 Reporting Notes

| Vaccine name | Short Description | CVX Code |
|--------------------------|--|----------|
| Pfizer COVID-19 Vaccine | COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose | 208 |
| Moderna COVID-19 Vaccine | COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose | 207 |

VFC and Funding Source

VFC Eligibility Code should be V01 (non VFC Eligible)

OBX|1|CE|64994-7^VACCINE FUNDING PROGRAM ELIGIBILITY CATEGORY^LN|1|V01||||F|||20201216

Funding Source should be VXC50 (Public, not VFC)

OBX|2|CE|30963-3^Funds vaccine purchased with^LN|1|VXC50||||||F|||20201216

Priority Group

| Group | Value |
|--------|-----------|
| Tier 1 | LA31231-6 |
| Tier 2 | LA31232-5 |
| Tier 3 | LA31233-2 |
| Tier 4 | LA31234-0 |

Priority Group OBX Segment

OBX|3|CE|95793-6^Priority Group^LN||LA31231-6|||||F|||20201210|||||||

Race and Ethnicity are now required fields in the PID segment

| Value | Description |
|--------|--|
| 1002-5 | American Indian or Alaska Native |
| 2028-9 | Asian |
| 2076-8 | Native Hawaiian or Other Pacific Islander |
| 2054-5 | Black or African-American |
| 2106-3 | White |
| 2131-1 | Other Race |
| | |
| | 1002-5 2028-9 2076-8 2054-5 2106-3 |

| PID-22 Ethnicity Group | | 2135- |
|------------------------|--|-------|
| | | 2186- |

| Value | Description |
|--------|------------------------|
| 2135-2 | Hispanic or Latino |
| 2186-5 | not Hispanic or Latino |
| U | Unknown |

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The following specifications and rules supersede CDC and general HL7 guidelines when sending messages to the Arizona Immunization Program. Otherwise CDC and general HL7 guidelines apply.

| MSH.1 | - Field Separator will be the pipe identified as (ASCII 24) |
|--------|--|
| MSH.2 | Encoding Characters will be ^~\& identified as (ASCII 94, ASCII 126, ASCII 92, ASCII 38) respectively. |
| MSH.3 | Sending Application is required and shall be the pre-share name of the application that is generating this message. This field is filtered and new values must be preloaded. |
| MSH.4 | Sending Facility is required and shall be the IRMS Id assigned and provided by the ASIIS System. |
| MSH.5 | Receiving Application is required and shall always be ASIIS. |
| MSH.6 | Receiving Facility is required and shall always be ASIIS. |
| MSH.7 | Date/Time of Message is required and shall be in the following format (YYYYMMDDHHMMSS) and have a degree of precision to the minute generated. |
| MSH.9 | Message Type is required and shall be VXU^V04^ for Unsolicited Vaccination Messages. |
| MSH.10 | Message Control Id is required and shall be unique for each message attempt from a sending facility with a maximum of 20 characters. |
| MSH.11 | Processing ID is required and because the ASIIS system has separate points for sending test and production messages it is acceptable for a test message to contain a P in this field. This must not be a T if you want vaccinations to post to ASIIS. |
| MSH.12 | Version Id is required and shall contain the version of the message being sent. |
| PID.3 | Patient Identifier List is required and shall contain the Patient Medical Record Number in parts 1 and the number type identifier of MR in parts 5 pursuant to the CX DataTypes formats. Social Security Number should reside here with the SS identifier. |
| PID.5 | Patient Name is required and shall be follow the XPN DataTypes definition rules. |
| PID.7 | Date/Time of Birth is required and shall be in the following format (YYYYMMDD) and have a degree of precision to the day. |
| PID.8 | – Administrative Sex is required and must be either F, M, U or O. |
| PID.11 | Patient Address is required |

- Zip Code can be either 5 digit or 9 digit with or without a dash (i.e. 85000 or 850004000 or 85000-4000)
- PID.19 PID-19 field was retained for backward compatibility only as of v2.3.1 and was withdrawn and removed from this message structure as of v2.7. It is recommended to use PID-3 Patient Identifier List for all patient identifiers.
- PD1.3 Patient Primary Facility is not currently required
- PD1.12 **Protection Indicator** must be set to N for patients 19 and over for information to be accepted into ASIIS.
- PD1.13 **Protection Indicator Effective Date** is the effective date of the Protection Indicator.
- PD1.16 **Immunization Registry Status** must be **BLANK** or "A".
- NK1 Required if patient is under 19 years.
- ORC.1 Order Control is required and shall contain RE.
- RXA.1 **Give Sub-Id Counter** is **required** and shall be zero (**0**).
- RXA.2 Administration Sub-Id Counter is required and shall be valued as one (1).

From HL7 2.5.1 Implementation Guide 1.4:

Note that RXA-2 is NOT used to indicate dose number, as it had in the past Guide. It is constrained to have a value of 1.

- RXA.3 Date/Time Start of Administration is required in the following format (YYYYMMDD).
- RXA.4 Date/Time End of Administration is required in the following format (YYYYMMDD).
- RXA.5 **Administered Code** is **required** and shall be reported using **CVX Codes** to qualify for meaningful use using the codes and descriptions from the CVX tables in accordance to the CE DataTypes format.
 - Must make sure that single digit CVX codes contain a lead zero.
- RXA.6 **Administered Amount** is **required** and shall be reflected in a numerical value.
- RXA.7 **Administered Units** is a conditional (CDC rules apply for use of this field).
- RXA.9 **Administration Notes** is conditional is **00** reflecting the reporting of **New Immunizations** and **01** reflecting the reporting **of Historicalimmunizations**.

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RXA.10 - Administering Site is optional RXA.11.4 - Administered Location is required and shall contain the Facility ID of the site administering the immunization. **RXA.15** - Substance Lot Number is conditional and may remain empty if the dose is from a historical record. **RXA.16** - Substance Expiration Date is conditional and may remain empty if the dose is from a historical record. - Substance Manufacturer Name is optional and should reflect the codes and names **RXA.17** provided in the MVX tables in accordance to the CE DataTypes **RXA.20** Completion Status is required but may be empty. RXA.21 - Action Code is conditional and shall be an A or left blank. RXR.1 - Route is required and shall use codes from the FDA List or the HL70162 ValueSet table. Systems should be prepared to accept either code. RXR.2 Administration Site is required but may be empty using codes from the HL70163 ValueSet table. OBX.1 - Set Id is required and shall reflect the sequence series as associated with the RXA. OBX.2 - Value Type is required and shall be CE. OBX.3 Observation Identifier is required and the first sequence should use "30963-3^Vaccine purchased with ^LN" from the LOINC table in order to reflect how the vaccine was purchased in OBX.5. This is the VACCINE FUNDING SOURCE Identifier Description. OBX.5 will contain the **FUNDING SOURCE**. - The second sequence it should be used to reflect the VFC Status i.e. (64994-7^funding pgm elig^LN) reflecting the proper status in the OBX.5 field. This is the VACCINE FUNDING PROGRAM Identifier Description. OBX.5 will contain the FUNDING PROGRAM. OBX.4 - **Observation Sub-Id** is **required** and is used to link specific observations together. OBX.5 - Observation Value is required and the first sequence should be either PBF for Public funding or PVF for Private funding as reflected in the NIP008 table. For the second sequence, values from the HL70064 value set shall be used. OBX.11 Observation Results Status is required and shall be an F reflecting Final when reporting VFC eligibility.

OBX.14 — **Date/Time of Observation** is **required** to reflect the date of the observation with a format of (YYYYMMDD).

Optional segments such as **PV1**, **PV2**, **GT1**, **IN1**, **IN2**, **IN3**, **TQ1**, **TQ2** are not utilized by the Arizona Immunization Program in **HL7** Version 2.5.1 and will be ignored if included in the messages.