

Australian Standard[®]

Implementation of Health Level Seven (HL7) Version 2.4

Part 2: Pathology and diagnostic imaging (diagnostics)



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Australian Standard[®]

Implementation of Health Level Seven (HL7) Version 2.4

Part 2: Pathology and diagnostic imaging (diagnostics)

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PREFACE

This Standard was prepared by the IT-014-06-05 Diagnostics Messaging Working Group under direction from Standards Australia Committee IT-014, Health Informatics, in response to requests from the health informatics community to update AS 4700.2—2007.

The objective of this Standard is to specify message formats and code sets for communicating pathology and diagnostic imaging orders and results within and between Australian healthcare settings.

This Standard updates AS 4700.2—2007, *Implementation of HL7 Version 2.4*, with changes related to the national eHealth agenda, including the use of Healthcare Identifiers, terminology and the introduction of conformance points.

The contents of AS 4700.7—2005, *Implementation of HL7 Version 2.3.1*, Part 7: *Diagnostic imaging orders and results*, and AS 4700.2—2004, *Implementation of Health Level Seven (HL7) Version 2.3.1*, Part 2: *Pathology orders and results*, remain current in respect of HL7 Version 2.3.1 implementations. AS 4700.2—1998, *Implementation of Health Level Seven (HL7) Version 2.3*, Part 2: *Pathology orders and results*, remains current in respect of HL7 Version 2.3 implementations.

The term 'informative' has been used in this Standard to define the application of the appendix to which it applies. An informative appendix is for information and guidance only.

NOTE: Statements expressed in mandatory terms in notes to tables are deemed to be requirements of this Standard.

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FOREWORD

Australia already has an existing base of healthcare institutions that use the HL7 protocol to exchange key sets of data between different computer systems. However, because of HL7's inbuilt flexibility, it is open to differences in terms of interpretation of structure and format. Implementation of the HL7 Standard in the Australian health environment requires a common and consistent approach.

This Standard provides consistent use of data definitions as well as commentary and references to the International Organization for Standardization (ISO), the National Health Data Dictionary (NHDD), the National Association of Testing Authorities, Australia (NATA), The Royal College of Pathologists of Australasia (RCPA), The Royal Australian and New Zealand College of Radiologists (RANZCR) and the Integrating the Healthcare Enterprise (IHE) initiative.

STANDARDS AUSTRALIA

Australian Standard

Implementation of Health Level Seven (HL7) Version 2.4

Part 2: Pathology and diagnostic imaging (diagnostics)

1 SCOPE

This Standard provides requirements for and guidance on the implementation of orders and observations for pathology and diagnostic imaging (hereafter referred to as ‘diagnostics’), using the *HL7 Version 2.4* protocol for communication between health service providers for messages relating to pathology and diagnostic imaging, both within and between Australian healthcare settings.

HL7 Version 2.4 is a healthcare application protocol accredited as a Standard by the American National Standards Institute (ANSI).

This Standard includes the data segments and elements that are mandatory (required), optional or conditional (required, based on a condition), and relevant usage notes in the Australian health environment, as well as use cases. The content covers the description and usage of placer and filler order management—that is, where a new order or message, a change or a cancellation is made by an order placer or filler.

This Standard is for use by Australian health authorities, providers of health services, pathology and diagnostic imaging, health institutions, health information technology vendors, health information technology consultants and the health informatics community.

Only human subjects of care are considered in this Standard.

2 REFERENCED AND RELATED DOCUMENTS

2.1 Referenced documents

2.1.1 General

The following documents are referred to in this Standard:

AS	
4700.1—2005	Implementation of Health Level Seven (HL7) Version 2.4, Part 1: Patient administration
4846—2006	Health Care Provider Identification
5017—2006	Health Care Client Identification
SA HB 234—2012	Healthcare identifier HL7 implementation guide
ISO	ISO/TS 22220:2011 Health Informatics—Identification of Subject of Care
HL7 V2.4	Health Level Seven Standard Version 2.4: Health Level Seven Inc., Ann Arbor 2000 http://www.hl7.org
LOINC®	Logical Observation Identifier Names and Codes, Users Guide, Indianapolis: Regenstrief Institute. http://www.regenstrief.org/medinformatics/loinc/

METeOR	AIHW 2010b. Metadata Online Registry (METeOR), Canberra: AIHW. Viewed 11 October 2011 < http://meteor.aihw.gov.au/content/index.phtml/itemId/181162 >
NHDD	National Health Data Dictionary. National Health Data Committee, Canberra: Australian Institute of Health and Welfare http://meteor.aihw.gov.au/content/index.phtml/itemId/268110
RFC 1521	MIME (Multipurpose Internet Mail Extensions) Part One: Mechanisms for Specifying and Describing the Format of Internet Message Bodies http://www.freesoft.org/CIE/RFC/1521/
SNOMED CT	Systematized Nomenclature of Medicine Clinical Terms International Health Terminology Standards Development Organisation, Copenhagen, Denmark http://www.ihtsdo.org/

NOTES:

- 1 AS 5017—2006 and AS 4846—2006 are currently being reviewed and will be replaced by a single Standard, AS 4846.
- 2 SNOMED CT® is a registered trademark of the International Health Terminology Standards Development Organisation.

2.1.2 Pathology

The following documents are related documents:

SA HB 262—2012 Guidelines for messaging between diagnostics providers and health service providers

Medicare Benefits Schedule Book

<http://www.health.gov.au/internet/mbsonline/publishing.nsf/Content/Medicare-Benefits-Schedule-mbs-downloads>

2.1.3 Diagnostic imaging

The following documents are referred to in this Standard:

IHE IT Infrastructure Planning Roadmap, June 21, 2005 (ACC, HIMSS and RSNA Integrating the Healthcare Enterprise)

http://www.himss.org/Content/files/IHE_IT_Roadmap_Final2005.pdf

IHE Radiology Technical Framework

http://www.ihe.net/technical_framework/

2.2 Related documents**2.2.1 General**

The following are related documents:

AS

4700.3—2005 Implementation of Health Level Seven (HL7) Version 2.4, Part 3: Electronic messages for exchange of information on drug prescription

4700.2—2007 Implementation of Health Level Seven (HL7) Version 2.4, Part 2: Pathology and medical imaging (diagnostics)

2.2.2 Pathology

Attention is drawn to the following related document:

Requirements for information communication, National Pathology Accreditation Advisory Council (NPAAC)

2.2.3 Diagnostic imaging

Attention is drawn to the following related documents:

IHE RTF Integrating the Healthcare Enterprise, Radiology Technical Framework, Version 10.0

18 February 2011, Volume 1: Integration Profiles

http://www.ihe.net/Technical_Framework/upload/IHE_RAD_TF_Rev10-0_Vol1_2011-02-18.pdf

18 February 2011, Volume 2: Transactions

http://www.ihe.net/Technical_Framework/upload/IHE_RAD_TF_Rev10-0_Vol2_2011-02-18.pdf

RANZCR Radiology Referral template—Final Report (QUDI project QR3.ia) [viewed 13 September 2012]. Available at

http://www.qudi.net.au/qudi/2004_2008.php

Radiology Referral Template: Report Summary [35 kb] [viewed 13 September 2012]. Available at

http://www.qudi.net.au/MISC_PDF/2008_Referral_Template_RS.pdf

Radiology Referral Template: College Response [27 kb] [viewed 13 September 2012]. Available at

http://www.qudi.net.au/MISC_PDF/2008_Referral_Template_CR.pdf

3 DEFINITIONS

3.1 Add-on test

Additional test added to the original requested set of tests by the requestor as part of an episode. See also *Reflex or self-determined test* (Clause 3.9).

3.2 Episode

For billing purposes Medicare defines an episode in a particular way, and this can be found in the Medicare Benefits Schedule.

In practice a diagnostics episode is an event that is separately numbered. This might be called an episode, accession, request or case number.

This is equivalent to an HL7 ‘ordering session’ (HL7 V2.4, section 4.5.1a).

3.3 Filler

The application or individual responding to a request for services by producing an observation. The filler can also originate requests for services (new orders), add additional services to existing orders, replace existing orders, put an order on hold, discontinue an order, release a held order, or cancel existing orders. When the filler is originating a request for services it is no longer acting in the filler role but rather is acting in a placer role.

3.4 May

Indicates the existence of an option.

3.5 Observation report

An electronic representation of observations and results from diagnostics.

3.6 Order

A request for services for a specified subject of care.

3.7 Placer

The application or individual originating a request for services (orders).

3.8 Placer order group

A group of associated orders coming from a single location regarding a single episode for a specific subject of care.

3.9 Reflex or self-determined test

A test performed by the filler without its being specifically requested.

3.10 Report

A set of one or more results and any associated interpretation, usually generated in response to a request for diagnostic services. A report may include results previously reported, and in some instances results from another request.

3.11 Shall

Indicates that a statement is mandatory.

3.12 Should

Indicates a recommendation.

3.13 Trigger event

Action that takes place in an application based on some predefined condition, including admission, ward transfer, or placement of an order. The action usually results in the compilation and transmission of a data message.

4 IDENTIFICATION**4.1 Patient (subject of care) identification**

ISO/TS 22220:2011, Clause 3.2, defines subject of care as follows: ‘any person who uses or is a potential user of a health care service’, and notes, further, that ‘subjects of care can also be referred to as patients, health care consumers or subjects of care’. In general in this document, the broader term ‘subject of care’, which includes people who are well ‘patients’ under preventative care, is preferred to the term ‘patient’. However, the term ‘patient’ has been retained when it refers to a specific term or where its use is well-established or prescribed, as in HL7 Patient Identification (PID) Segment, or where it is part of an existing document title, for example AS 4700.1—2005, *Implementation of Health Level Seven (HL7) Version 2.4, Part 1: Patient administration*.

The PID segment permits transmission of all known subject of care identifiers.

For further information about subject of care identification and business processes, see SA HB 234—2012, *Healthcare identifier HL7 implementation guide*; also see AS 5017—2006 (particularly Section 9 on data matching), and AS 4700.1—2005. The revised version of AS 4700.1, which is most likely to be available in 2013, contains the more current information and references for healthcare identifiers, and readers are encouraged to use this version when it becomes available.

NOTES:

- 1 AS 5017—2006 and AS 4846—2006 are being reviewed and will be replaced by a single Standard, AS 4846.
- 2 Subject of care identifiers may not necessarily be unique.

4.2 Site identification

Placer and filler sites are specified uniquely by a code contained in the last three components of ORC-2/OBR-2 *Placer Order Number* and ORC-3/OBR-3 *Filler Order Number*. (These components of the entity identifier (EI data type) are the equivalent of the three components of the hierarchic designator (HD) data type.)

The second component of the EI data type (first component of the HD data type) can be populated with a composite identifier. Generally, unique identifiers should be chosen from a controlled namespace. The namespace IDs are listed in HL7 User-defined table 0300—Namespace ID; see usage notes against ORC-2 *Placer Order Number* in Table 7.

It is suggested that, for local use, a composite identifier comprise sub-components separated by dots.

The first sub-component should indicate the identifier. The second sub-component should indicate the controlled namespace.

Recognized national namespaces should be identified by a code whose format is determined by whether it is a pathology or diagnostic imaging order. National namespaces should start with 'AUS', followed by a unique code (e.g. AUSNATA). The identifier within the namespace precedes the namespace code.

For pathology namespaces:

Example: 'Sussex Pathology^1234567^AUSNATA', where '1234567' is the NATA number of the laboratory.

A similar example in a diagnostic imaging namespace would be—

'Devon Radiology^LSPN99^AUSHIC'

where 'LSPN99' is the location specific number assigned by Medicare Australia.

Local namespaces should be identified by a unique code, preceded by the identifier.

Example: 'AYR GP Surgery^AYBR32615492.BRIS^L'

An HD data type with an ISO 'Object Identifier' as a unique identifier can be used. The first component refers to the same identity as the second and third component (taken together). The example shows how this can be used to identify entities.

Example: Buderim GE Centre^7C3E3681-91F6-11D2-8F2C-444553540000^GUID

NOTES:

- 1 Current Australian namespaces in use are 'AUSHIC' (Medicare Australia), 'AUSDVA' (Department of Veterans' Affairs), 'AUSNATA' (National Australian Testing Authority), 'AUSLSPN' (Australian Location Specific Practice Number) and 'AUSHICPR' (Australian Provider Number).
- 2 All Australian namespaces will be coded as 'local' in HL7 terms, unless they are part of an internationally recognized namespace. Namespaces 'AUSHIC', 'AUSDVA', 'AUSNATA', 'AUSLSPN' and 'AUSHICPR' are internationally recognized namespaces that reference Australian assigning authorities.
- 3 The values 'AUSNATA', 'AUSLSPN' and 'AUSHICPR' are added to User Table 0363 in HL7 V2.4 (see Appendix C).

Internet domain names are a suitable controlled namespace identifier where available. Their usage is defined in HL7 V2.4, section 2.9.21.3.

Example: '^www.sussexlis.com.au^DNS'

The use of the Healthcare identifiers, including Healthcare Practitioner Identifier—Individual (HPI-I) and Healthcare Practitioner Identifier—Organisation (HPI-O), is described in SA HB 234—2012, *Healthcare identifier HL7 implementation guide*. Refer to SA HB 234—2012 for further information and examples.

4.3 Representation of Healthcare Identifiers in *HL7 Version 2* messaging

4.3.1 General

With the release of Healthcare Identifiers it is necessary to specify how these identifiers will be represented. Refer to SA HB 262—2012, *Guidelines for messaging between diagnostics providers and health service providers*, Clause 13.4, and SA HB 234—2012, *Healthcare identifier HL7 implementation guide*.

NOTE: Also, an updated version of AS 4700.1, *Implementation of Health Level Seven (HL7) Version 2.4*, Part 1: *Patient administration*, is being progressed, and readers are encouraged to refer to this document when it becomes available (most likely 2013).

5 ORDER MANAGEMENT

5.1 Introduction

Order management is the mechanism by which electronic requests for pathology and diagnostic imaging are handled. This Clause details the principles for order management, specifically in relation to order management scenarios, and provides diagrams to represent each of them.

Conformance Point #1

The receiving system shall—

- check that the message is addressed to the current receiving system;
- check the uniqueness of received message; and
- check that no messages have been lost since the last message received.

The system can claim conformance if it passes the listed set of conformance items.

5.2 General order management

5.2.1 General

Orders required for a single episode or request should be sent within one message, i.e. under a single message header (MSH) segment.

The order should be identified by a placer group number (contained in the ORC segment only).

Each ordered test within the episode or request should be placed in a single (ORC, OBR) segment pair and identified by a unique placer order number (contained in both the ORC and OBR segments).

Figure 1 illustrates the relationship between placer group number (PGN in the figure) and placer order numbers (PON in the figure).

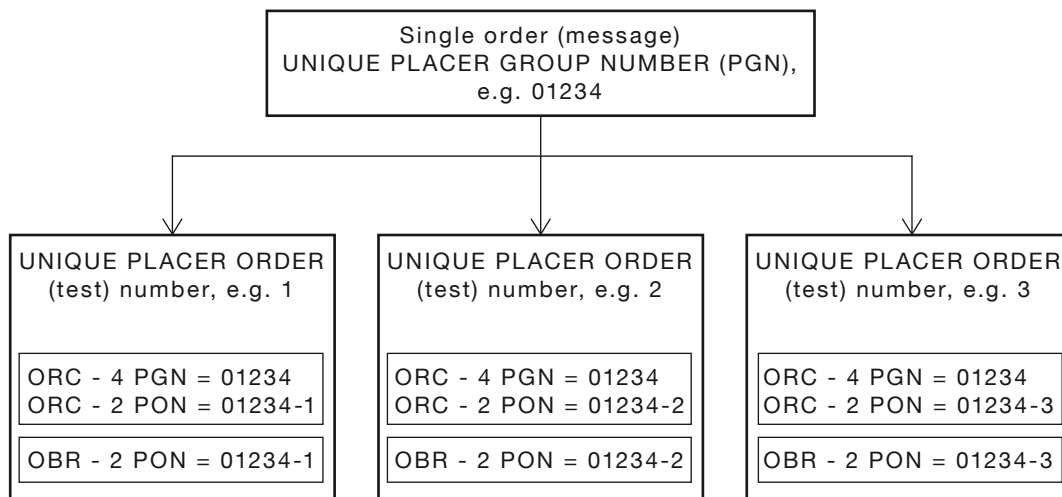


FIGURE 1 RELATIONSHIP BETWEEN PLACER GROUP AND PLACER ORDER NUMBERS

5.2.2 Use of group numbers and order numbers

5.2.2.1 General

Placer group number, placer order number and filler order number should be used in a clearly defined way.

To minimize the amount of site-specific negotiation, the recommended methodology is described below. This methodology provides a consistent mechanism to match results to orders where a one-to-one relationship between requested tests and test results is not possible. There are numerous circumstances where this occurs. The method remains consistent when one-to-one relationships do exist.

5.2.2.2 Placer Group Number

ORC-4 Placer Group Number is used to identify a particular episode or request and to link all tests that comprise that request (this is equivalent to an episode or request identifier). All tests from a particular episode or request should have the same placer group number, including add-on tests, reflex/self-determined tests and laboratory/diagnostic imaging provider/department generated investigation requests.

5.2.2.3 Placer Order Number

The placer order number is the order reference number generated by the placer site (surgery, hospital, etc.) when ordering diagnostic testing. It is a multi-component field comprising a unique number and the placer site identifier to ensure that the request does not duplicate a request from another site.

A separate placer order number should be used for each test in the episode or request. This allows each item in the episode or request to be individually referenced, especially in situations where part of the order is to be cancelled.

The method for generating a placer order number is to concatenate the placer group number with a 'counter' for each test in the request.

5.2.2.4 *Filler Order Number*

The filler order number is essentially an ‘acceptance or receipt number’ from the diagnostic department to acknowledge that an order has been received and accepted. It may be sent when returning results to the placer. It should not be used to link results to orders, as there are instances where more than one filler order number could be generated in response to a single request.

In terms of pathology only, filler order number may equate to the laboratory number assigned to the specimen when it is collected.

Episode numbers are often not unique for each specimen, and in the context of the messages from one laboratory they shall be unique. One method of achieving this is to use the test code and a specimen counter which is appended to the episode number, e.g. episode number 07-1234, which includes three sputum samples and could have specimen numbers such as the following:

07-1234-SPU-1
07-1234-SPU-2
07-1234-SPU-3

Alternatively, if the laboratory is able to assign unique specimen numbers across departments, the test code may be omitted.

5.2.3 *Specimen or episode and result identifiers*

Historically, results have been identified by the laboratory/accession number. However, in HL7 ‘Orders’, chapter 4, and ‘Observations’, chapter 7, the diagnostic department number is not available until the subject of care presents for specimen collection/examination, which will generally be some time after the order has been submitted. The order and the collection/examination are often two disparate events separated by time and distance.

When the diagnostic department receives an electronic request it shall respond with a filler order number. If several requests are received for the same episode (same placer group number) then an equivalent number of order responses will be sent.

The diagnostic department may adopt one of the following two positions:

- (a) It may respond immediately to the order with a ‘receipt reference’ as the filler order number. When the subject of care eventually presents either for the specimen to be collected or for an examination, a number is allocated by the diagnostic department. This number and the paperwork are linked to the original order, which is then entered against the order, and the order is activated.
- (b) It may hold the order and not respond until either the specimen is collected or the subject of care presents and a diagnostic department number is assigned to the specimen or request; it may then use this as the filler order number. The order is activated when the diagnostic department number is entered and an order response can then be sent to the placer using the diagnostic department number as the filler order number.

In an electronic environment, the diagnostic department number is not required by the requestor to link results to an order; the placer group number/placer order number/filler order number should be used for this purpose.

5.2.4 *Message conformance*

Conformance Point #2

When used as a result or request identifier, the Namespace ID and/or Universal ID shall be populated (in addition to the Entity Identifier (EI)) to ensure uniqueness of the complete EI instance across organizations.

5.3 Providing structured clinical information with an order

OBR-13 allows for brief text clinical notes (ST data type with field length of 300). Clinical information can also be provided in a structured form using associated OBX segments.

5.4 Diagnostics order management

5.4.1 Placer order management

5.4.1.1 Introduction

Placer order management is the process of managing orders between order placer and order filler. It allows the order placer to place a new order with the order filler. It also allows the order placer to cancel the order. To change order information, the order placer would cancel the initial order and place the new one. If used, recurring orders and panel orders are the subject of agreement between the order placer and the department system scheduler/order filler.

Recurring order: An order with a performance frequency greater than one.

Examples:

Pathology—Early morning sputum m/c/s times 3.

Diagnostic imaging—Portable chest X-ray at 6:00 am for the next seven days.

Panel order: A service item with more than one observation component.

Examples:

Pathology—A significant proportion of pathology is ordered by panels of individual tests, including FBC, UE, LFT.

Diagnostic imaging—A nuclear cardiac study that has a cardiology component and a diagnostic imaging component that are usually reported on separately.

NOTE: This Clause corresponds to 'Placer Order [RAD-2] Transaction' of the IHE Technical Framework. Transaction 2 is used by the order placer and department system scheduler/order filler actors. Only Order Control Codes as specified by IHE are supported. The other control codes included in HL7 V2.4 are not.

5.4.1.2 Add-on tests/procedures

Add-on tests/procedures maintain the same placer group number as the original episode, with a new placer order number. Results are correlated with placer order number.

5.4.1.3 Reflex tests/procedures

Reflex tests/procedures will be associated with the original order by placer group number but may not have a placer order number. Placer applications shall be able to receive reports for which there is no placer order number.

5.4.1.4 Self-determined tests/procedures

Self-determined tests/procedures are generally not ordered by the placer—they are self-determined by the pathologist/radiologist. They will be associated with the original order by placer group number but may not have a placer order number. Placer applications shall be able to receive reports for which there is no placer order number.

5.4.1.5 Order management—new order from Order Placer

5.4.1.5.1 General

The placer system sends a new diagnostics order to the filler system. The filler system sends an acknowledgement back to confirm that the original message has been received (see Figure 2).

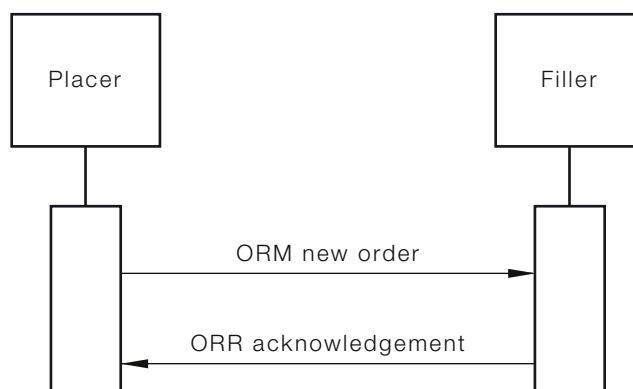


FIGURE 2 ORDER MANAGEMENT—NEW ORDER

5.4.1.5.2 Order control codes for specific trigger events

The order placer places a new order (control code = NW) for the department system scheduler/order filler. The order filler sends an acknowledgement message (control code = OK) 'order accepted'.

5.4.1.5.3 Message semantics

The order start date/time is required in the ORC-9 field and the collection start date/time or exam date/time is required in the OBR-7 field.

5.4.1.6 Order management—order cancelled by order placer

5.4.1.6.1 General

The placer system cancels an order on the filler system. The filler system sends an acknowledgement back to confirm that the message has been received (see Figure 3).

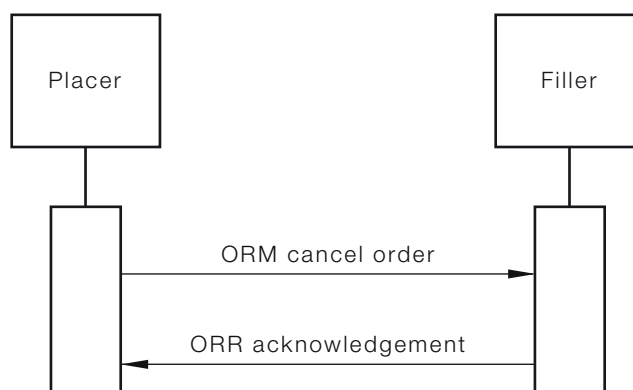


FIGURE 3 ORDER MANAGEMENT—CANCEL ORDER

5.4.1.6.2 Order control codes for specific trigger events

Order placer cancels an order (control code = CA).

Order placer discontinues (attempts to stop) an ongoing order (control code = DC). Order filler sends an acknowledgement (control code = CR) 'cancelled as requested'.

5.4.2 Filler order management

5.4.2.1 Introduction

This transaction is used by the order filler to inform the order placer about the orders it creates and cancels, including the status of the orders it is fulfilling. If the order filler needs to change an order, it has to do so as a combination of order cancel followed by new order.

A one-for-one relationship between order placer number and order filler number should be established before the order filler creates new orders.

NOTE: For diagnostic imaging this Clause corresponds to 'Filler Order [RAD-3] Transaction' of the IHE Technical Framework. Transaction 3 is used by the order placer and department system scheduler/order filler actors.

5.4.2.2 Filler order management—new order from order filler

5.4.2.2.1 General

The filler system places a new order. The placer system sends an acknowledgement back to confirm that the message has been received (see Figure 4).

NOTE: For an example ORM message, refer to Appendix B.

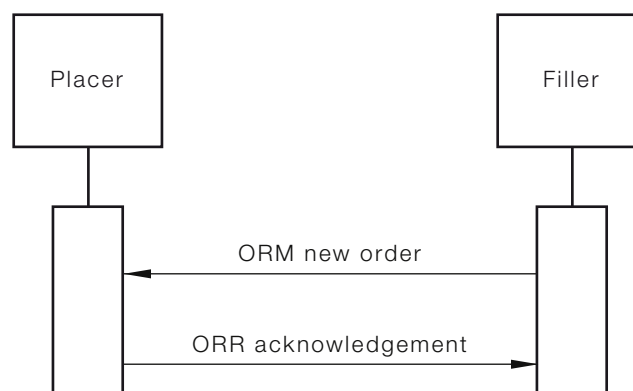


FIGURE 4 ORDER MANAGEMENT—NEW ORDER FROM FILLER

5.4.2.2.2 Order control codes for specific trigger events

Department system scheduler/order filler places an order (control code = SN).

Order placer replies (control code = NA).

5.4.2.3 Order management—status changed by filler

5.4.2.3.1 General

The filler system sends a status change to the order to the placer system. The placer system sends an acknowledgement back to confirm that the message has been received (see Figure 5).

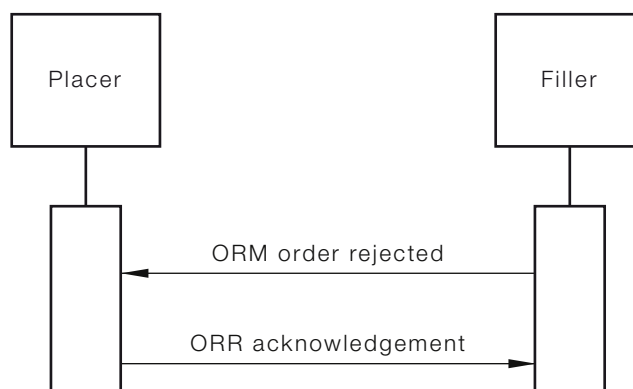


FIGURE 5 ORDER MANAGEMENT—STATUS CHANGED

5.4.2.3.2 Order control codes for specific trigger events

Order filler changes status of order (control code = SC). Order placer sends an acknowledgement (control code = OK) 'accepted'.

5.4.2.4 Filler order management—order rejected by the order filler

5.4.2.4.1 General

The filler system rejects an order from the placer system. The placer system sends an acknowledgement back to confirm that the message has been received (see Figure 6).

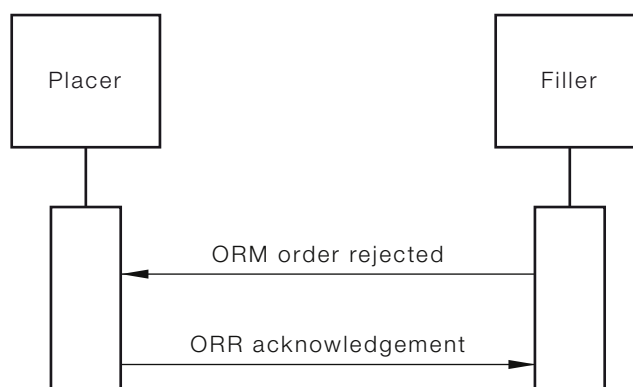


FIGURE 6 ORDER MANAGEMENT—REJECT ORDER

5.4.2.4.2 Order control codes for specific trigger events

Department system scheduler/order filler rejects the order received from order placer (control code = OD).

If the order filler is unable to process an order, an ORR message will be sent to the order placer with an explanation/reason in ORC-16 (control code = DR).

NOTE: ORR is the 'general order response message to any ORM (event O02)'; see HL7 V2.4, section 4.4.2.

5.4.2.5 Filler order management—order status update

5.4.2.5.1 General

The filler system sends a status update to the placer system. The placer system sends an acknowledgement back to confirm that the message has been received (see Figure 7).

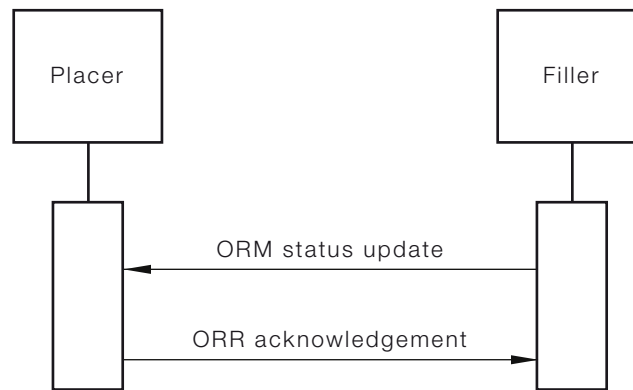


FIGURE 7 ORDER MANAGEMENT—STATUS UPDATE

5.4.2.5.2 Order control codes for specific trigger events

Department system scheduler/order filler updates an order status (control code = SC). Order filler sends an acknowledgement (control code = OK) 'accepted'.

5.4.2.6 Filler order management—order cancelled by the order filler

5.4.2.6.1 General

The filler system cancels an order on the placer system. The placer system sends an acknowledgement back to confirm that the message has been received (see Figure 8).

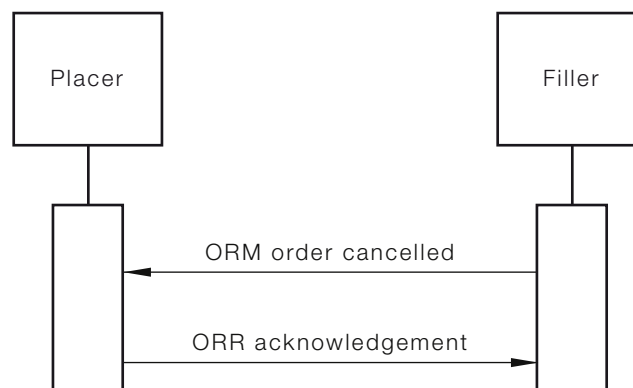


FIGURE 8 ORDER MANAGEMENT—ORDER CANCELLED

5.4.2.6.2 Order control codes for specific trigger events

Department system scheduler/order filler cancels the order previously received from order placer (control code = OC). Order filler sends an acknowledgement (control code = OK) 'accepted'.

5.4.2.7 Order management—battery replaced or cancelled by filler

5.4.2.7.1 General

The filler system cancels an order or replaces a battery of tests/procedures. The placer system sends an acknowledgement back to confirm that the message has been received (see Figure 9).

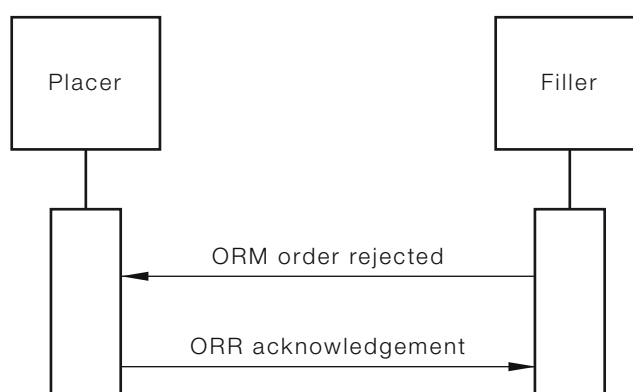


FIGURE 9 ORDER MANAGEMENT—REPLACE/CANCEL ORDER

5.4.2.7.2 Order control codes for specific trigger events

Order filler cancels a test/procedure or battery of tests/procedures (control code = CA). Order placer sends an acknowledgement (control code = CR) 'cancelled as requested'.

6 BILLING INFORMATION

6.1 Funding source

Funding source is specified in PV1-20 *Financial Class*.

METeOR 339080 'Funding source for hospital patient' lists the following codes:

- 01 Australian Health Care Agreements (in the community setting, this can be used to indicate Medicare funding)
- 02 Private health insurance
- 03 Self-funded
- 04 Worker's compensation
- 05 Motor vehicle third party personal claim
- 06 Other compensation (e.g. public liability, common law, medical negligence)
- 07 Department of Veterans' Affairs
- 08 Department of Defence
- 09 Correctional facility
- 10 Other hospital or public authority (contracted care)
- 11 Reciprocal healthcare agreements (with other countries)
- 12 Other
- 13 No charge raised
- 99 Not known

Further information on the billable party can be sent in various segments, depending on funding source.