

HITSP Radiology Result Message Component

HITSP/C41



Healthcare Information Technology Standards Panel

Submitted to:

Healthcare Information Technology Standards Panel

Submitted by:

Care Management and Health Records Domain Technical Committee



DOCUMENT CHANGE HISTORY

Version Number	Description of Change	Name of Author	Date Published
1.0	Final Draft	Biosurveillance Technical Committee	August 18, 2006
1.1	Ready for Public Comment	Biosurveillance Technical Committee	September 12, 2006
1.2	Ready for Implementation Testing	Biosurveillance Technical Committee	October 20, 2006
1.3	Review Copy	Population Health Technical Committee	April 27, 2007
2.0	Released for Implementation	Population Health Technical Committee	May 11, 2007
2.0.1	Review Copy	Population Health Technical Committee	March 19, 2008
2.1	Released for Implementation	Population Health Technical Committee	March 27, 2008
2.1.1	Review Copy	Care Management and Health Records Domain Technical Committee	August 20, 2008
2.2	Released for Implementation	Care Management and Health Records Domain Technical Committee	August 27, 2008
	Template V2.5	Project Team	June 30, 2009
2.2.1	Review Copy	Care Management and Health Records Domain Technical Committee	June 30, 2009
2.3	Released for Implementation	Care Management and Health Records Domain Technical Committee	July 8, 2009
2.3.1	Review Copy	Care Management and Health Records Domain Technical Committee	September 30, 2009



TABLE OF CONTENTS

1.0	INTRODUCTION	5
1.1	Overview	5
1.2	Copyright Permissions.....	5
1.3	Reference Documents.....	5
1.4	Conformance	5
1.4.1	Conformance Criteria	6
1.4.2	Conformance Scoping, Subsetting and Options	6
1.4.3	Test Methods.....	6
2.0	COMPONENT DEFINITION.....	7
2.1	Context Overview	7
2.1.1	Component Constraints.....	7
2.1.2	Component Dependencies	7
2.2	Rules For Implementing	7
2.2.1	Data Mapping	8
2.2.1.1	Minimum Data Set.....	8
2.3	Standards	11
2.3.1	Regulatory Guidance.....	11
2.3.2	Selected Standards	11
2.3.3	Informative Reference Standards.....	12
3.0	APPENDIX	13
3.1	HITSP Constraints Defined in this Document	13
3.2	AHIC defined Biosurveillance Data Set Definition.....	13
4.0	DOCUMENT UPDATES	15
4.1	May 11, 2007	15
4.2	March 19, 2008.....	15
4.3	March 27, 2008.....	15
4.4	August 20, 2008	15
4.5	August 27, 2008	15
4.6	June 17, 2009.....	15
4.7	June 30, 2009.....	16
4.8	July 8, 2009	16
4.9	September 25, 2009	16



FIGURES AND TABLES

Figure 2-1 Send Biosurveillance Data	7
Table 1-1 Reference Documents	5
Table 2-1 Component Constraints	7
Table 2-2 Component Dependencies	7
Table 2-3 Radiology Result Minimum Data Set Mapping	8
Table 2-4 Regulatory Guidance	11
Table 2-5 Selected Standards	11
Table 2-6 Informative Reference Standards	12
Table 3-1 AHIC Defined to HITSP Data Element Mapping	13



1.0 INTRODUCTION

1.1 OVERVIEW

This Component supports the process of sending radiology result data from a Biosurveillance Message Sender to a Biosurveillance Message Receiver. Radiology result data are captured as part of the normal process of care performed by healthcare providers.

1.2 COPYRIGHT PERMISSIONS

COPYRIGHT NOTICE

© 2009 ANSI. This material may be copied without permission from ANSI only if and to the extent that the text is not altered in any fashion and ANSI's copyright is clearly noted.

Certain materials contained in this Interoperability Specification are reproduced from HL7 Version 2.5 with permission of Health Level Seven, Inc. No part of the material may be copied or reproduced in any form outside of the Interoperability Specification documents, including an electronic retrieval system, or made available on the Internet without the prior written permission of Health Level Seven, Inc. Copies of standards included in this Interoperability Specification may be purchased from the Health Level Seven, Inc. Material drawn from these standards is credited where used.

IHE materials used in this document have been extracted from relevant copyrighted materials with permission of Integrating the Healthcare Enterprise (IHE) International. Copies of this standard may be retrieved from the IHE Web Site at www.ihe.net.

This material includes SNOMED Clinical Terms® (SNOMED CT®) which is used by permission of the International Health Terminology Standards Development Organization (IHTSDO). All rights reserved. SNOMED CT® was originally created by The College of American Pathologists.

"SNOMED" and "SNOMED CT" are registered trademarks of the IHTSDO.

1.3 REFERENCE DOCUMENTS

This section provides a list of key reference documents and background material.

A list of key reference documents and background material is provided in the table below. These documents can be retrieved from www.hitsp.org.

Table 1-1 Reference Documents

Reference Document	Document Description
HITSP Acronyms List	Lists and defines the acronyms used in this document
HITSP Glossary	Provides definitions for relevant terms used by HITSP documents
TN900 - Security and Privacy	TN900 is a reference document that provides the overall context for use of the HITSP Security and Privacy constructs
TN903 – Data Architecture	TN903 is a reference document that provides the overall context for use of the HITSP Data Architecture constructs

1.4 CONFORMANCE

This section describes the conformance criteria, which are objective statements of requirements that can be used to determine if a specific behavior, function, interface, or code set has been implemented correctly.



1.4.1 CONFORMANCE CRITERIA

In order to claim conformance to this construct specification, an implementation must satisfy all the requirements and mandatory statements listed in this specification, the associated HITSP Interoperability Specification, its associated construct specifications, as well as conformance criteria from the selected base and composite standards. A conformant system must also implement all of the required interfaces within the scope, subset or implementation option that is selected from the associated Interoperability Specification.

Claims of conformance may only be made for the overall HITSP Interoperability Specification or Capability with which this construct is associated.

1.4.2 CONFORMANCE SCOPING, SUBSETTING AND OPTIONS

A HITSP Interoperability Specification must be implemented in its entirety for an implementation to claim conformance to the specification. HITSP may define the permissibility for interface scoping, subsetting or implementation options by which the specification may be implemented in a limited manner. Such scoping, subsetting and options may extend to associated constructs, such as this construct. This construct must implement all requirements within the selected scope, subset or options as defined in the associated HITSP Interoperability Specification or HITSP Capability to claim conformance.

1.4.3 TEST METHODS

HITSP relies on the conformance test methods, test tools and other test-related material produced by, or under the auspices, of standards developers, profiling organizations and implementation guide producers as part of its collaborative implementation testing effort. Efforts to produce conformance test methods, tools, etc. may be internal to the organization or provided by an external organization.

An [HIT Implementation Testing and Support](#) website has been developed in collaboration with HITSP, the National Institute of Standards and Testing (NIST), the Certification Commission on Health Information Technology (CCHIT), and the Office of the National Coordinator for Health Information Technology (ONC) to advance conformance and interoperability testing capabilities. This website provides HIT implementers with the necessary resources to support and test their implementation of standards-based health systems.



2.0 COMPONENT DEFINITION

2.1 CONTEXT OVERVIEW

This Component supports the process of sending patient radiology results data from a Message Sender to a Message Receiver. Patient encounter data are captured as part of the normal process of care performed by healthcare providers such as hospitals, emergency departments and outpatient clinics. This message may be used to support both clinical care and to support information re-use such as biosurveillance.

2.1.1 COMPONENT CONSTRAINTS

Table 2-1 Component Constraints

Constraint	Constraint Section
HITSP has applied constraints to message content	See Appendix

2.1.2 COMPONENT DEPENDENCIES

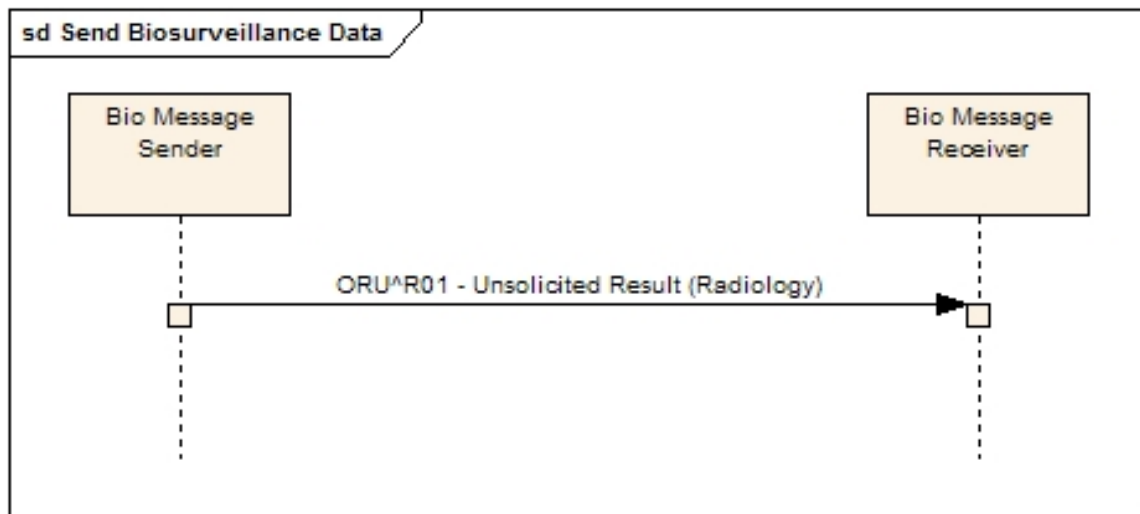
Table 2-2 Component Dependencies

Standard/HITSP Component	Depends On (Name of standard/HITSP Component that it depends on)	Dependency Type (Pre-condition, Post-condition, General)	Purpose (Reason for this dependency)
HITSP/C41-Radiology Result Message	HITSP/C154-HITSP Data Dictionary	General	Identifies HITSP Data Elements that map to the HL7 Data Elements constrained by this Component

2.2 RULES FOR IMPLEMENTING

- C41-[MSG-1] The Radiology Result Messaging Component SHALL use the HL7 V2.5 ORU^R01 unsolicited result message to send Biosurveillance data to the Biosurveillance system.
- C41-[MSG-2] The Biosurveillance data SHALL be constrained to the AHIC defined Biosurveillance Data Set (see Section 2.2.1.1 Minimum Data Set and Appendix 3.2) and codified with the appropriate terminology.

Figure 2-1 Send Biosurveillance Data



2.2.1 DATA MAPPING

HL7 Segment and Field Descriptions

For more information on segments and fields, refer to the HL7 Standard.MSH – Message Header Segment

C41-[MSG-3] The HL7 ORU^R01 message MSH Segment **SHALL** use the MSH segment as specified in of IHE-ITI TF-2 §C.1 along with IHE-ITI TF-2 Table C.1-1.

PID – Patient Identification Segment

The following table portrays the PID segment constrained to capture the patient demographic elements in the AHIC minimum data set.

C41-[MSG-4] The HL7 ORU^R01 PID Segment **SHALL** use the PID segment as specified in of IHE-ITI TF-2 §§3.8.4.1.2.3.

C41-[MSG-5] For Biosurveillance, The HL7 ORU^R01 PID Segment **SHALLNOT** contain identifiable information.¹

C41-[MSG-6] For Biosurveillance, The HL7 ORU^R01 PID Segment **SHALL NOT** include the Street address..

C41-[MSG-7] For Biosurveillance, The HL7 ORU^R01 PID Segment **SHALL NOT** include the date of birth (only the Month and Year).

OBR – Observation Request Segment

C41-[MSG-8] The HL7 ORU^R01 message OBR Request Segment **SHALL** use the OBR segment as specified in the ANSI/HL7 V2.5-2003 Chapter 7, Observation Reporting.

OBX – Observation Result Segment

C41-[MSG-9] The HL7 ORU^R01 message OBR Observation Result Segment **SHALL** use the OBR segment as specified in the ANSI/HL7 V2.5-2003 Chapter 7, Observation Reporting.

2.2.1.1 MINIMUM DATA SET

Radiology Results

The AHIC Biosurveillance Data Minimum and Target Data Elements used by this component are cross-referenced below to the HL7 context in which the element would be expressed in the messages being sent.

Table 2-3 Radiology Result Minimum Data Set Mapping

HL7 V2 Data Element	HITSP Data Element Identifier and Name	O/R	Additional Specification
MSH-5.1	N/A	R	C41-[MC1-1] MSH-5.1 SHALL contain a non-null value

¹ A pseudonym Patient ID is created to uniquely distinguish a patient across all visits to a single institution or across all visits to a healthcare system when a common patient identification system is used. It is used by the healthcare facility to associate Biosurveillance patient data to the patient's medical record



HL7 V2 Data Element	HITSP Data Element Identifier and Name	O/R	Additional Specification
OBR-3 Filler Order Number (Study ID/Radiology Number)	15.01 Result ID	R	C41-[DE-15.01-1] This SHALL be a unique identifier for the radiological study, so that we can link report revisions with the original report. C41-[DE-15.01-2] This SHOULD be a composite of the accession numbers from the institution and the institution ID
PID-1 Set ID-PID	N/A	R	C41-[MC1-2] Set ID PID SHALL only contain the number 1.
PID-3.1 ID Number	N/A	R	C41-[MC1-3] PID ID Number SHALL include all check digits and other qualifiers (used for pseudonymization purposes only.)
PID-3.4 ID Number Assigning Authority	N/A	R	
PID-3.4.2 Assigning Authority's Universal ID	N/A	R	C41-[MC1-4] Assigning Authority's Universal ID SHALL contain an ISO Object Identifier (OID).
PID-3.4.3 Assigning Authority's Universal ID Type	N/A	R	C41-[MC1-5] Assigning Authority's Universal ID SHALL contain "ISO".
PID-3 Patient Identifier List (Pseudonymized Patient ID/Randomized Data Linker)	1.02 Person ID	R/Y	
PID-7 Date of Birth	1.07 Person Date of Birth	R2	
PID-8 Administrative Sex	1.06 Gender	R2	C154[DE-1.06-1] Gender SHALL be coded as specified in HITSP/C80 Section 2.2.1.2.1.2 V3 Administrative Gender
PID-11 Patient Address	1.03 Person Address	O/Y	C154[DE-1.03-1] The state part of an address SHALL be recorded using HITSP/C80 Section 2.2.1.1.1 State C154[DE-1.03-2] The postal code part of an address in the United States SHALL be recorded using HITSP/C80 Section 2.2.1.1.2 Postal Code C154[DE-1.03-3] The country part of an address SHALL be recorded using HITSP/C80 Section 2.2.1.1.3 Country
OBR-7 Observation Date/Time (Study date and time)	17.04 Procedure Date / Time	R	
OBR-22 Results/Report Status (Report Date/Time)	15.02 Result Date/Time	R	
OBR-25 Results/Report Status	15.04 Result Status	R	C41-[DE-15.04-1] The Status of the report SHALL be recorded using HITSP/C80 Section 2.2.3.6.4.1 Results Status HL7v2 Note: A revised report shall reference the study ID.
OBR-4 Universal Service ID (Test Performed)	17.02 Procedure Type	R	C41-[DE-17.02-1] SHALL be coded as a CPT
OBR-4 Universal Service ID (Test Performed)	17.03 Procedure Free Text Type	R	C41-[DE-17.03-1] MAY include Textual Description which can include modification
OBX-3 Observation Identifier	15.03 Result Type	R	C41-[DE-15.03-1] Result Type SHALL be 19005-8^ X-RAY IMPRESSION^LN



HL7 V2 Data Element	HITSP Data Element Identifier and Name	O/R	Additional Specification
OBX-2 Value Type OBX-5 Observation Value Impressions	15.05 Result Value	R	C41-[DE-15.0.5-1] Result Value OBX-2 SHALL contain the value TX, and OBX-5 SHALL contain the Impression Text.
OBR-22 Result/Report Status Change Date/Time	15.02 Result Date/Time	R	

Guidelines and Examples

This message portrays a Radiology Result where the Impressions are not encoded. Note that OBR-31 contains several ICD-9 codes passed as “reason for study.”

```
MSH|^~\&|RADLIS|SendingFac^<OID>^ISO|ReceivingApp^<OID>^ISO|ReceivingFac^<OID>^ISO|200709101912133||ORU^R01^ORU_R01|2007091018321330035|D|2.5<CR>
PID|1||P410010^^^&<OID>&ISO||" "||196712|M<CR>
OBR|1||XR312739|^^^CXR^Chest X-Ray^L||||||||||||||RAD|F|||||786.51^PRECORDIAL PAIN^I9C~786.7^ABNORMAL CHEST SOUNDS^I9C~786.05^SHORTNESS OF BREATH^I9C<CR>
OBX|1|TX|19005-8^XR IMPRESSION^LN|The film shows disseminated left lower lobe infiltrates consistent with pneumonia. <CR>
```

This message portrays a Radiology Result where the Impressions are encoded.

```
MSH|^~\&|RADLIS|SendingFac^<OID>^ISO|ReceivingApp^<OID>^ISO|ReceivingFac^<OID>^ISO|200709101912133||ORU^R01^ORU_R01|2007091018321330038|D|2.5<CR>
PID|1||P410010^^^&<OID>&ISO||" "||196712|M<CR>
OBR|1||XR312739|^^^CXR^Chest X-Ray^L||||||||||||||RAD|F|||||786.51^PRECORDIAL PAIN^I9C~786.7^ABNORMAL CHEST SOUNDS^I9C~786.05^SHORTNESS OF BREATH^I9C<CR>
OBX|1|CE|19005-8^XR IMPRESSION^LN|233604007^pneumonia (disorder)^SNM|||||F<CR>
```



2.3 STANDARDS

2.3.1 REGULATORY GUIDANCE

Table 2-4 Regulatory Guidance

Standard	Description
No applicable regulatory guidance	

2.3.2 SELECTED STANDARDS

Table 2-5 Selected Standards

Standard	Description
American Medical Association (AMA) Current Procedural Terminology (CPT®) Fourth Edition (CPT-4)	A uniform coding system used primarily to identify medical services and procedures furnished by physicians and other healthcare professionals. For more information visit www.ama-assn.org
Federal Information Processing Standards (FIPS) Codes for the Identification of the States, the District of Columbia and the Outlying Areas of the United States, and Associated Areas Publication # 5-2, May, 1987	A set of two-digit numeric codes and a set of two-letter alphabetic codes for representing the 50 states, the District of Columbia and the outlying areas of the United States, and associated areas. The standard covers all land areas under the sovereignty of the United States, the freely associated states of Federated States of Micronesia and Marshall Islands, and the trust territory of Palau. For more information visit www.itl.nist.gov NOTE: ASC X12 transactions and ASC X12N Implementation Guides do not allow use of this standard; instead they require use of the U.S. Postal Service's National Zip Code and Post Office Directory -- which provides similar alphabetic code values
Health Level Seven (HL7) Version 2.5 ²	The HL7 Version 2.5 Messaging Standard is an application protocol for electronic data exchange in healthcare. It and prior versions have widespread use in the U.S. and internationally. Both message formats and value sets/code tables (e.g., diagnosis type, gender, patient class, result status, specimen collection method, abnormal flags, observation result status codes interpretation, timestamp format) are contained in the standard. Of particular focus for HITSP Interoperability Specifications are message formats described in Chapters 2, 3, 5, and 7 including patient demographic (ADT) and lab result reporting. These are also used within composite standards from IHE for Patient Identity Cross-Referencing and Feed (PIX), Patient Demographics Query (PDQ), and Acknowledgements. For more information visit www.hl7.org
Integrating the Healthcare Enterprise (IHE) IT Infrastructure Technical Framework (ITI-TF) Revision 3.0	The IHE IT Infrastructure Technical Framework defines specific implementations of established standards to achieve integration goals that promote appropriate sharing of health information to support optimal patient care. IHE Integration Profiles offer a common language that healthcare professionals and vendors may use in communicating requirements for the integration of products. The current version of the ITI-TF, rev.3.0 for Final Text, specifies the IHE transactions defined and implemented as of December 9, 2006. The latest version of the IHE Technical Framework is available at www.ihe.net
International Classification of Diseases, 9th Revision, Clinical Modifications (ICD-9-CM)	The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes I, II (diagnoses) and III (procedures) describes the classification of morbidity information for statistical purposes and for the indexing of healthcare records by diseases and procedures. For more information visit www.cdc.gov/nchs
International Health Terminology Standards Development Organization (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®)	SNOMED CT consists of a technical design, core content architecture, and Core content. SNOMED CT Core content includes the technical specification of SNOMED CT and fully integrated multi-specialty clinical content. The Core content also includes a concepts table, description table, relationships table, history table, ICD-9-CM mapping, and Technical Reference Guide. Additionally, SNOMED CT provides a framework to manage language dialects, clinically relevant subsets, qualifiers and extensions, as well as concepts and terms unique to particular organizations or localities. For more information visit www.ihtsdo.com

¹ HITSP references HL7 2.5.1 messaging for lab results reporting, and HL7 2.5 for other messages. Future maintenance work will move toward referencing a single HL7 version across HITSP documents.



2.3.3 INFORMATIVE REFERENCE STANDARDS

Table 2-6 Informative Reference Standards

Standard Name	Description/Reason for Use
International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)	The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS), describes the classification of inpatient procedures for statistical purposes and for the indexing of healthcare records by procedures. ICD-10-PCS is a procedural coding system managed by the Centers for Medicare and Medicaid Services (CMS). For more information visit www.cms.hhs.gov Note: While ICD-10 is not deployed in U.S. installations, we recognize the need to move toward new releases of coded values
International Classification of Diseases, 10th Revision, Related Health Problems (ICD-10-CM)	The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), describes the classification of morbidity information for statistical purposes and for the indexing of healthcare records by diseases. The National Center for Health Statistics (NCHS), the Federal agency responsible for use of the International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) in the United States, developed a clinical modification of the classification for morbidity purposes. For more information visit www.cdc.gov/nchs Note: While ICD-10 is not deployed in U.S. installations, we recognize the need to move toward new releases of coded values



3.0 APPENDIX

The following sections include relevant materials referenced throughout this document.

- A listing of all HITSP Constraints defined within this document

3.1 HITSP CONSTRAINTS DEFINED IN THIS DOCUMENT

- C41-[MSG-1] The Radiology Result Messaging Component **SHALL** use the HL7 V2.5 ORU^R01 unsolicited result message to send Biosurveillance data to the Biosurveillance system.
- C41-[MSG-2] The Biosurveillance data **SHALL** be constrained to the AHIC defined Biosurveillance Data Set (see Section 2.2.1.1 Minimum Data Set and Appendix 3.2) and codified with the appropriate terminology.
- C41-[MSG-3] The HL7 ORU^R01 message MSH Segment **SHALL** use the MSH segment as specified in of IHE-ITI TF-2 §C.1 along with IHE-ITI TF-2 Table C.1-1.
- C41-[MSG-4] The HL7 ORU^R01 PID Segment **SHALL** use the PID segment as specified in of IHE-ITI TF-2 §§3.8.4.1.2.3.
- C41-[MSG-5] For Biosurveillance, The HL7 ORU^R01 PID Segment **SHALL NOT** contain identifiable information.
- C41-[MSG-6] For Biosurveillance, The HL7 ORU^R01 PID Segment **SHALL NOT** include the Street address..
- C41-[MSG-7] For Biosurveillance, The HL7 ORU^R01 PID Segment **SHALL NOT** include the date of birth (only the Month and Year).
- C41-[MSG-8] The HL7 ORU^R01 message OBR Request Segment **SHALL** use the OBR segment as specified in the ANSI/HL7 V2.5-2003 Chapter 7, Observation Reporting.
- C41-[MSG-9] The HL7 ORU^R01 message OBR Observation Result Segment **SHALL** use the OBR segment as specified in the ANSI/HL7 V2.5-2003 Chapter 7, Observation Reporting.
- C41-[MC1-1] MSH-5.1 **SHALL** contain a non-null value
- C41-[DE-15.01-1] This **SHALL** be a unique identifier for the radiological study, so that we can link report revisions with the original report.
- C41-[DE-15.01-2] This **SHOULD** be a composite of the accession numbers from the institution and the institution ID
- C41-[MC1-2] Set ID PID **SHALL** only contain the number 1.
- C41-[MC1-3] PID ID Number **SHALL** include all check digits and other qualifiers (used for . pseudonymization purposes only.)
- C41-[MC1-4] Assigning Authority's Universal ID **SHALL** contain anISO Object Identifier (OID).
- C41-[MC1-5] Assigning Authority's Universal ID **SHALL** contain "ISO".
- C154[DE-1.06-1] Gender **SHALL** be coded as specified in HITSP/C80 Section 2.2.1.2.1.2 V3 Administrative Gender
- C154[DE-1.03-1] The state part of an address **SHALL** be recorded using HITSP/C80 Section 2.2.1.1.1 State
- C154[DE-1.03-2] The postal code part of an address in the United States **SHALL** be recorded using HITSP/C80 Section 2.2.1.1.2 Postal Code
- C154[DE-1.03-3] The country part of an address **SHALL** be recorded using HITSP/C80 Section 2.2.1.1.3 Country
- C41-[DE-15.04-1] The Status of the report **SHALL** be recorded using HITSP/C80 Section 2.2.3.6.4.1Results Status HL7v2
- C41-[DE-17.02-1] **SHALL** be coded as a CPT
- C41-[DE-17.03-1] **MAY** include Textual Description which can include modification
- C41-[DE-15.03-1] Result Type **SHALL** be 19005-8^ X-RAY IMPRESSION^LN
- C41-[DE-15.05-1] Result Value OBX-2 **SHALL** contain the value TX, and OBX-5 **SHALL** contain the Impression Text.

3.2 AHIC DEFINED BIOSURVEILLANCE DATA SET DEFINITION

Table 3-1 AHIC Defined to HITSP Data Element Mapping

AHIC Data Element	AHIC Description	HITSP Data Element Identifier and Name
Study ID/Radiology Number	This is a unique identifier for the radiological study, so that we can link report revisions with the original report. This should be a composite of the accession numbers from the institution and the institution ID	15.01 Result ID



AHIC Data Element	AHIC Description	HITSP Data Element Identifier and Name
Pseudonymized Patient ID/Randomized Data Linker	A pseudonym Patient ID is created to uniquely distinguish a patient across all visits to a single institution, or across all visits to a healthcare system when a common patient identification system is used. The Biosurveillance Patient ID does not contain personally identifiable information. It is used by the healthcare facility to associate Biosurveillance patient data to the patient's medical record	1.02 Person ID
Date of Birth	Patient's year and month of birth (day is not included for privacy purposes)	1.07 Person Date of Birth
Sex	Patient sex	1.06 Gender
State Zip code	Patient's residence – state Patient's residence zip code	1.03 Person Address
Study Date and Time	Date/time the exam was performed	17.04 Procedure Date / Time
Report Date/Time	Report/Reading Date	15.02 Result Date/Time
Report Status	A flag indicating if this is a revised report with code referencing the study ID. Status of the report (preliminary, final, corrected) is required in a result message	15.04 Result Status
Test Performed	Radiology test code/description	17.02 Procedure Type
		17.03 Procedure Free Text Type
Impressions	Radiologist's diagnosis and impressions	15.03 Result Type
		15.05 Result Value
Date/Time Revised	Date and time of the report revision	15.02 Result Date/Time



4.0 DOCUMENT UPDATES

The following sections provide the history of all changes made to this document.

4.1 MAY 11, 2007

This document is now Released for Implementation.

4.2 MARCH 19, 2008

This document has been updated to include the HITSP Security and Privacy constructs and has been updated to reflect the new template.

The following change has been made to the construct:

- Removed UCUM from Table 2-4 due to the new HITSP standards referencing approach.

4.3 MARCH 27, 2008

Upon approval by the HITSP Panel on March 27, 2008, this document is now Released for Implementation.

4.4 AUGUST 20, 2008

This document has been modified to reflect the updated HITSP approach to categorizing standards as Regulatory Guidance, Selected Standards, and Informative References.

The following standards were designated as Informative References:

- International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)
- International Classification of Diseases, 10th Revision, Related Health Problems (ICD-10-CM)

Added Selected Standard:

- Integrating the Healthcare Enterprise (IHE) IT Infrastructure Technical Framework (ITI-TF) Revision 3.0

4.5 AUGUST 27, 2008

Upon approval by the HITSP Panel on August 27, 2008, this document is now Released for Implementation.

4.6 JUNE 17, 2009

Revised the document based on HITSP TN903 Data Architecture

Section 2.2.1:

- Updated Administrative Sex data element to reference C80 vocabulary for V3 Administrative Gender

Section 2.2.1.1:

- Updated Sex data element to reference C80 vocabulary for V3 Administrative Gender



4.7 JUNE 30, 2009

Minor editorial changes were made to this construct. Removed boilerplate text for simplification. The term “actor” was replaced with the term “interface”.

4.8 JULY 8, 2009

Upon approval by the HITSP Panel on July 8, 2009, this document is now Released for Implementation.

4.9 SEPTEMBER 30, 2009

This document has been modified to reflect HITSP TN903 Data Architecture approach.

The following changes have been made:

- Section 1.3 Table 1-1 Addition of TN903 as a reference
- Section 2.1.1 Table 2-1 and Table 2-2 update of Component Constraints and Dependencies
- Section 2.2.1 Removed all HL7 Standards implementation descriptions
- Section 2.2.1 Formatting of Message Data Mapping requirements to Message Constraints
- Section 2.2.1.1 Table 2-3 Formatting of Data Element Mapping and Constraint Requirements. The AHIC Use Case Data Elements/Descriptions have been moved to the Appendix.
- Section 3.0 Addition of HITSP Constraints in this document as a reference
- Section 3.1 Addition of AHIC Data Element to HITPS Data Element Mapping

The following are questions for Public Comment: Do the Biosurveillance related data element requirements belong in the Construct or Requirements Documents?

- The Street Address shall not be sent
- The Date of Birth shall not be sent (only the year and month)
- The Patient ID shall not contain identifiable information

The following are editorial comments for Public Comment:

- The Report Status is to be constrained to the Vocabulary HITSP/C80 Clinical Document and Message Terminology Section 2.2.3.6.4 HL7v2.

