



# **Data Transfer Specification**

## **Version 4.0**

# Document Information

## Version History

Version	Date	Author	Description Document
1.0	3 April 2006	Serena Curtis-Lemuelu	First Draft
2.0	17 May 2006	Serena Curtis-Lemuelu	Second Draft: <ul style="list-style-type: none"> <li>• Changed direction of specification to focus on Practice to PHO, with reference to HealthPAC reporting requirements;</li> <li>• Addition to 3.1.4 – multiple files;</li> <li>• Change to 8.3 – addition of information in ZRD-17-validation identifier;</li> <li>• Change to 2.1.1 – clarification of data sources and methods;</li> <li>• Change to 3.1.1 – clarification of immunisation requirements;</li> <li>• Change to 3.1.2 – extension on patient criteria for monitoring data set;</li> <li>• Change to PID-11 – patient address changed to conditional;</li> <li>• Add 5.6.3.9 - Provider Index to section 5.6;</li> <li>• Correction in PRD-11;</li> <li>• Add Postal Address requirements to section 5.7.3.5 as ZPR-5;</li> <li>• Change to section 5.8.3.8 to reflect conditional trigger for enrolment;</li> <li>• Amendment to ZPI-1 in query description DIABMICROACE adding “or Angiotensin 2 antagonist”; and</li> <li>• Changed ZCN-1-Date of Event by changing invoice date to date of service.</li> </ul>
2.1	19 May 2006	Serena Curtis-Lemuelu	Third Draft <ul style="list-style-type: none"> <li>• Amendment to immunisation data requirements to allow flexibility for quarterly extract;</li> <li>• Removed from Section 4.2.2 and all segments -Table of Fields TBL# &amp; Item rows.</li> <li>• Amendment to Section 4.2.4.2 - AD-Address, to be compatible with HealthPAC Provider List Report requirements;</li> <li>• Changed RXA to ZIM;</li> <li>• Added Physical and Postal address</li> </ul>

			<p>requirements to Sections 5.6.3 and 5.7.3;</p> <ul style="list-style-type: none"> <li>• Change to PRD-12 to conditional data requirement;</li> <li>• Additional information added to PRD-13 to define Locum;</li> <li>• Move of segments ZSD-6 Practitioner Type to ZCN-3;</li> <li>• Move of segments ZSD-7 Practitioner Identifier to ZCN-4;</li> <li>• Change to ZRD-7 to conditional data requirement;</li> <li>• Amendment to ZSD-4 to ensure the capture of outcome code for enrolled patients;</li> <li>• Addition to ZSD-4 by adding code EM;</li> <li>• Addition of APPENDIX D – Error Conditions;</li> <li>• Removal of Anxiety, Depression and Substance Abuse queries in ZPI-1.</li> </ul>
2.2	19 June 2006	Serena Curtis-Lemuelu	<ul style="list-style-type: none"> <li>• Fourth Draft</li> <li>• Change to message segment structure in section 5.2;</li> <li>• Addition of notes section for message segment structure in 5.2.1;</li> <li>• Amendment to section 5.5.2 to enable Patient ID to be a repeating field;</li> <li>• Updates in PID and ZRD segments to change the wording under the conditional data requirements to emphasise the funded patient condition;</li> <li>• Amendment to Table in 5.10.2 to change the Usage of the Service ID to optional (O);</li> <li>• Addition to ZIM (immunisation data) to make date/time start of administration mandatory;</li> <li>• Addition of field note ZIM-3- Date/time start of administration;</li> <li>• Change to ZPI segment to simplify the data requirements;</li> <li>• Update of APPENDIX A to reflect the changes made.</li> </ul>
2.3	27 June 2006	Serena Curtis-Lemuelu	Final Draft Submitted to group for final endorsement.
2.4	17 August 2006	Serena Curtis-Lemuelu	<ul style="list-style-type: none"> <li>• Amendment to section 5.6.3.1 to add OTHER providers to the practitioner type;</li> <li>• Addition of new screening segment 5.13</li> <li>• Change to 5.12 to remove CVD risk values from section and add to 5.13</li> </ul>

2.5	2 October 2006	Serena Curtis-Lemuelu	<ul style="list-style-type: none"> <li>• Amendment to section 4.2.4 to add alternative address format option for PID and ZRD segments;</li> </ul> <p>Amendment to sections:</p> <p>A) 5.6.3.3;  B) 5.6.3.4;  C) 5.7.3.5;  D) 5.7.3.6;  E) 5.5.3.7; and  F) 5.8.3.5;</p>
2.6	31 October 2006	Serena Curtis-Lemuelu	<p>Amendment to Section 5.2 to reflect that:</p> <p>A) PRD – is optional;</p> <p>B) ZRD – is required, even if there is no data populated - removed the square brackets;</p> <p>C) ZCN – is optional; and</p> <p>D) ZSD – is required if the patient has had a consult</p> <ul style="list-style-type: none"> <li>• Amendment to Section 5.8 to change usage of 'Date of last consultation' from mandatory to conditional;</li> <li>• Update to PID segment for PID-2- Patient ID (external) to include all sub components;</li> <li>• Update of APPENDIX A Practice Report Example; and</li> <li>• Update to ZPI segment: ZPI-1-Query Description, amend Query 12 from 'The patient has been prescribed statins' <b>to</b> 'The patient has been prescribed statins in last 12 months'</li> </ul>
2.7	21 February 2007	Serena Curtis-Lemuelu	<p>Wording changes in Sections:</p> <ul style="list-style-type: none"> <li>• 1.1</li> <li>• 1.3</li> <li>• 2.1 (now 3.1)</li> <li>• 3.1.1 (now 4.1.1)</li> <li>• 3.1.2 (now 4.1.2)</li> <li>• 3.1.3 (now 4.1.3)</li> <li>• 3.1.4 (now 4.1.4)</li> </ul> <ul style="list-style-type: none"> <li>• Adding of new Definitions Section (now Section 2)</li> </ul>

3.0	26 March 2007	Serena Curtis-Lemuelu	<p>Clean up of specification at the request of the PMS, PHO and MSO vendor group.</p> <ul style="list-style-type: none"> <li>• Addition to Definitions to add Date Field Control;</li> <li>• Addition to Definitions to add Data Controls</li> <li>• Addition to 4.1.2 to add information related to maximum times a patient should be on the extract;</li> <li>• Amendment to 4.1.6 to clarify Data Controls;</li> <li>• Amendment to 5.2.2 to ensure OPT and Usage are consistent with 4.1.6 Data Controls;</li> <li>• Amendment to wording in 6.2.1 to reflect that at least one ZSD segment is required if there is a ZCN provided;</li> <li>• Amendments to Table of Fields where a 'R' was previously inserted in the OPT table column and is now replaced with a 'M', which is consistent with Definitions, 4.1.6 and 5.2.2;</li> <li>• Addition to 6.4.3.3 Sending Application to include software version;</li> <li>• Amendment to wording for data fields that have conditional triggers in segments PID and ZRD, which relate to information that is previously capture in CBF register. Explicitly states that if data is provided in CBF register then no data is required to be extracted for this extract;</li> <li>• Amendment to 6.5.3.1 to confirm that the NHI number of a patient is conditional <b>not</b> mandatory;</li> <li>• Amendment to 6.5.3.9 to confirm that the patient death date and time is optional;</li> <li>• Amendment to 6.6.3.5 to confirm that the practitioner identifier is conditional <b>not</b> mandatory. It is only required where the Practitioner Type is 'M' or</li> </ul>
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			<p>'N';</p> <ul style="list-style-type: none"> <li>• Amendment to 6.9.3.4 to confirm that the practitioner identifier is conditional <b>not</b> mandatory. It is only required where the Practitioner Type is 'M' or 'N';</li> <li>• Addition to 6.10.3.2 to add information about what constitutes a CBF funded patient;</li> <li>• Addition to 6.10.3.3 to include immunisation fee code table;</li> <li>• Deleted 6.10.3.5 – Amount of consult should not be a required data field;</li> <li>• Addition to 6.12.3.1 with addition of a Meaning Column in the Query Description Table to clarify what information will be used for which part of the CPI report;</li> <li>• Amendment to 6.13.2.5 to confirm that the practitioner identifier is conditional <b>not</b> mandatory. It is only required where the Practitioner Type is 'M' or 'N';</li> <li>• Addition of New APPENDIX C Minimum Practice Data Set, to confirm what mandatory information needs to be provided from the PMS to RMS system;</li> <li>• Previous APPENDIX C becomes APPENDIX D; and</li> <li>• Previous APPENDIX D becomes APPENDIX E;</li> </ul>
4.0	19 April 2007	Serena Curtis-Lemuelu	<ul style="list-style-type: none"> <li>• Change made to 6.9.2 to make practitioner identifiers field conditional; and</li> <li>• Change made to 6.13.2 to make practitioner identifiers field conditional</li> <li>• Clean up of conditional and optional data requirements in segments PID and ZRD</li> </ul>

## Distribution List

Name	Role	Group
Practice Management Software (PMS) Vendor Working Group	Members of the group to provide technical and process advice for the transfer of the data. Includes vendors from PMS, PHO and MSO applications, which support primary care.	Sector Group
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# 1. Brief Description

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## 1.1 Introduction

This document defines messaging and communication standards for the electronic data transfer of PHO monitoring data requirements between Practice Management Software (PMS) Systems to Primary Health Organisation (PHO) Register Management Software (RMS) Systems.

For the purpose of this document PHO monitoring data requirements are defined as:

- Service Utilisation Data;
- Immunisation;
- Provider Information; and
- Patient Clinical Diagnosis Information.

The data set recognises the data requirements between a PHO and their affiliated practices and that the information required at this level will be more extensive than the data required for the PHO Monitoring Reports provided to District Health Boards (DHBs) and Ministry of Health (MOH).

## 1.2 Scope

The scope of this document is to define the structure of incoming practice level information to PHOs to subsequently support the PHOs contractual reporting requirements to DHBs and MOH.

The practice level data set utilises existing data fields from the HL7 Message Standard Definition; Applicable to: Capitation-based Funding Electronic Registers document.

## 1.3 Background

HealthPAC provide the functionality to capture, load and store PHO monitoring data submitted by PHOs. PHO monitoring data reports are submitted as per the contractual obligations of the PHO Service Agreement between PHOs and DHBs.

In July 2004 a data format standard document was published and distributed by the Ministry of Health as part of the PHO Performance Monitoring Project for software vendors to implement. The initial document did not cover the practice to PHO data requirements.

In September 2005 due to varying interpretations of the practice to PHO data transfer and the impact that it was having on the production of the PHO monitoring data reported at that time (service utilisation and immunisation) it was acknowledged by the sector and agreed by the PHO Performance Monitoring Project that there was a gap in the process and a data specification that covered the complete PHO monitoring data end to end process, was required.

In March 2006 it was acknowledged that there was a need to develop one data transfer specification that covered all PHO monitoring data requirements, including those data requirements that were still in development (provider lists and clinical performance indicators). This would ensure that minimal practice and PHO resource was required to manage the PHO Monitoring Report process.

This specification establishes a means of providing the necessary data to be used to generate PHO monitoring reports that PHO's are contractually required to submit under the PHO Service Agreement

## 2. Definitions

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Term	Definition
PMS	Practice Management Software
RMS	Register Management Software
HealthPAC	Health Payments, Agreements and Compliance
DHBNZ	District Health Boards New Zealand
DHB	District Health Boards
PHO	Primary Health Organisation
MOH	Ministry of Health
ACC	Accident Compensation Corporation
PHO Service Agreement	Agreement between PHOs and DHBs for the delivery of services provided by a PHO
CBF	Capitation Based Funding
Geocode	Geocoding is the process of assigning a geographical location (X and Y coordinates) to records in a table based on location (eg address) information
Consultation	<p>A consultation <b>First Level Service</b> in context to this specification is any service is covered under the following 5 services:</p> <ol style="list-style-type: none"> <li>1. Specialist;</li> <li>2. Maternity;</li> <li>3. Repeat Prescriptions;</li> <li>4. Immunisation; and</li> <li>5. ACC</li> </ol> <p>All other services such as Get Checked, Care Plus and other services provided to funded patients that are not covered by the 5 services above need to be included in the count for service utilisation consultations.</p>
Date Field Control	<ul style="list-style-type: none"> <li>• Date fields must be provided in the following format: CCYYMMDD</li> </ul>
Data Controls	<ul style="list-style-type: none"> <li>• Mandatory fields are identified with 'M'. If the 'REQD' column contains an 'M' (Mandatory); then the related data <b>must</b> be submitted in the file to the PHO.</li> <li>• Conditional fields are identified with 'C' with conditional triggers defined for each field. If the 'REQD' column contains a 'C' (Conditional); then where the conditional trigger has not been met then, the data <b>must</b> be submitted in the file to the PHO</li> <li>• Optional fields are identified with 'O'. If the 'REQD' column contains an 'O' (Optional); then where the related data is captured, it <b>may</b> be submitted in the file to the PHO</li> </ul>

## 3. PHO Monitoring Data Process

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### 3.1 Process for Collection of PHO Monitoring Data

This document intends to provide data flow information that will support the following processes:

- Submission of the practice data set to the PHO via the PHO RMS system extraction functionality; and
- Generation of the aggregated PHO monitoring data set in the PHO RMS system

The intention is to build a practice data set that caters for the needs of PHOs, DHBs and MOH, by ensuring there is flexibility to add or omit information, by making information optional or conditional, dependent on the need of the data.

The PHO is required to submit three quarterly monitoring reports (Service Utilisation, Provider Lists and Clinical Performance Indicators) to HealthPAC. The data and format requirements for these reports are covered in separate Data Format Standard documents produced by HealthPAC. These are:

- **Error! Unknown document property name.;** ; Service Utilisation;
- **Error! Unknown document property name.;** ; Provider Lists;
- **Error! Unknown document property name.;** ; ;

Note: If there are version changes to the documents above these will be managed by HealthPAC, under a separate change control process.

#### 3.1.1 Practice Data Set

The practice data set will result in the following information being provided to the PHO:

- Message Header
- Practice Details
- Practitioner Details
- Patient Details
- Patient Register Details
- Consultation Details
- Service Details
- Immunisation Details
- Clinical Performance Indicator Details
- Screening Data

The Consultation and Service details provided in the practice data set will be sourced from invoice data only. The Clinical Performance Indicator and Immunisation information will be sourced from patient information.

The provider data will be sourced from the PMS system provider details function or managed by the PHO in the PHO RMS system.

Although some PMS systems may use different data field names the data source must be well identified in business rule documents to ensure that any mapping methods are understood by users and consumers of the data extract. The format of the extract must be compliant with this specification to ensure standardisation of the data set.

## 4. Practice Data Segment Definitions

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### 4.1 Practice to PHO

#### 4.1.1 Export Options

The PMS system should provide the user with the following options when exporting the data to the PHO RMS System.

- Export Start Date – Default to the 1<sup>st</sup> day of the previous quarter
- Export End Date – Default to the last day of the previous quarter
- Ability to extract all practitioner information or for only a specific practitioner
- Default extraction period for Immunisation. Must be a maximum of 3 years.
- Ability to include all consultations or only for a specific funder type. If the functionality to specify the type of consultation is not provided at practice level then the filter will need to occur within the PHO PMS system.

#### 4.1.2 Minimum Requirements for PHO Monitoring Data Set

- The PHO Monitoring data set must have the following minimum requirements (a minimum practice data set is attached in APPENDIX C of this document):
- A patient will not be submitted more than once in the extract.
- Where a patient has been confirmed as being funded through the CBF process, no additional service details or patient demographic (PID or ZRD segments) are required. This is in order to prevent overwriting the existing CBF details currently held by the PHO.
- Each line in the practice export comprises of one record per visit. This means a line per consultation e.g. if the patient has had a consultation with the General Practitioner and then a consultation with a Nurse then these two consultations should be recorded separately.
- The provider who provided the service will be identified on the consultation line.
- PHOs will require all consults for all patients to be extracted and sent to the PHO. It is important that all consultations are accompanied by the required data fields to ensure the data can be filtered for the PHO extract to HealthPAC.
- Only consults for patients who are enrolled or registered at the practice within the PHO within the reporting quarter will be provided in the PHO monitoring data extract from the PHO to HealthPAC. It is important that all patients funded for the quarter are submitted in the monitoring data set regardless of whether they have been removed from the register within the quarter.
- Service Utilisation data provided in the PHO monitoring extract from the PHO to HealthPAC will not include visits that are funded under ACC, Immunisation or Maternity.
- The PMS system must ensure that the extraction of up to the previous 36 months from the Finish Date of export worth of Immunisation data is provided to the PHO. This is to ensure that all immunisation reporting provides a true reflection of the fully vaccinated 2 year cohort.

- Complete practitioner information is required for all providers who are part of the practice. It is optional for the PHO to utilise this information in the report that will be submitted to HealthPAC. The message structure segment provides the flexibility for the provider information to be submitted as a provider data set at the beginning or the end of the file segment. The Provider should not be attached to a patient as the patient could have seen multiple providers in the practice for multiple services.

#### 4.1.3 Submission Format

The format for the submission of the practice data to the PHO PMS system should consist of variable length, pipe delimited character records with a mandatory carriage return and may have an optional line feed after each record. To enable better processing of files if the size is greater than 2MB there is a preference that they are zipped (see 3.1.4 for naming file expectations).

#### 4.1.4 File Name

The file name convention for the practice to PHO data file must contain a practice identifier (see note below), followed by the date (format: CCYYMMDD), followed by the timestamp (format: HHMM), with an extension of PMD (PHO Monitoring Data). E.g. AACCYMMDDHHMM.PMD.

**Note:** The practice identifier must be the same ID that corresponds with the practice ID submitted in the age sex register information to the PHO.

**Note:** If the file size is greater than the 2MB limit then you will need to ensure that the file is able to be broken down and that the file name convention reflects the number of files that make up the entire extract. E.g. AACCYMMDDHHMM\_1\_of\_2.ZIP.

**Note:** If multiple files are submitted to the PHO then the receiving system (PHO) should append all related files before processing. i.e. the individual files do not need to repeat header and or grouping records.

#### 4.1.5 Data Delimiter

A data delimiter is required between each field even if the field is optional and data is not included. The characters used as the data delimiters are the same as those defined for the HL7 message standard i.e. '|' as the field delimiter and '^' as the sub-delimiter.

#### 4.1.6 Data Controls

- Mandatory fields are identified with 'M'. If the 'REQD' column contains an 'M' (Mandatory); then the related data **must** be submitted in the file to the PHO.
- Conditional fields are identified with 'C' with conditional triggers defined for each field. If the 'REQD' column contains a 'C' (Conditional); then where the conditional trigger has not been met then, the data **must** be submitted in the file to the PHO
- Optional fields are identified with 'O'. If the 'REQD' column contains an 'O' (Optional); then where the related data is captured, it **may** be submitted in the file to the PHO
- Date fields must be provided in the following format: CCYYMMDD

#### 4.1.7 Example Practice Report

A practice report example is provided in Appendix A of this document.

## 5. Message Segment Definitions

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### 5.1 Introduction

The definitions and formatting standards used here are based on either the **Error! Unknown document property name.**; ; Provider Lists document or the HL7 Message Standard Definition; Applicable to: Capitation-based Funding Electronic Registers.

Segments are logical groupings of related items of information. They are the building blocks of messages.

### 5.2 Segment descriptions

The segment descriptions are in a standard format using the following sub-sections.

#### 5.2.1 Function

Contains a brief description of the type of data the segment contains or purpose for which it is intended.

#### 5.2.2 Table of fields

This sub-section lists the fields contained within each segment, with column headings having the following meanings:

Column header	Description
SEQ	The sequence number showing the ordinal position of the data element within the segment.
LEN	The maximum length of the data element.
DT	The data type of the data element (see below for definitions).
OPT	Whether the data element is required or optional. Possible values are: M Mandatory, non-null C conditional on event trigger O optional
RP#	The number of times the data element can repeat.
Name	The unique descriptive name for the data element.
Usage	Not all the data elements are used in the transaction set defined in this document. Possible values are: M mandatory C conditional on event trigger O optional X not used

#### 5.2.3 Field notes

The field notes provided expand on the information shown in the table of fields giving:

- sub-component formats
- optionality of sub-components
- New Zealand usage and valid values
- A more descriptive meaning of the field's purpose.

## 5.2.4 Data element type descriptions

This implementation uses the data element definitions specified in the HL7 Message Standard Definition; Applicable to: Capitation-based Funding Electronic Registers with the following exceptions.

### 5.2.4.1 PN – Person Name

To allow for transmission of practitioner name data, and prefix information the PN data type has been increased in size from 48 characters in length to 80 characters in all message segments.

Component	NZ Usage	Notes
<family name>^	ST(25)	Mandatory component to enable matching with Medical Council of New Zealand register.
<given name>^	ST(20)	Mandatory component to enable matching with Medical Council of New Zealand register.
<middle initial or name>	ST(20)	Conditional component if data is available
<suffix (e.g. JR or III)>^	(not used)	
<prefix (e.g. DR)>^	ST(4)	Optional
<degree (e.g. MD)>^	(not used)	
<source table ID>	(not used)	

### 5.2.4.2 AD – address (for PID and ZRD segments)

This data set is consistent with the address format in the HL7 Message Standard Definition; Applicable to: Capitation-based Funding Electronic Registers document.

To allow for transmission of NHI address data, address type and New Zealand domicile code, the AD data type differs in size from HL7 standards.

Sub component	New Zealand usage	Notes
<street address> ^	ST(35)	Address line 1; also see Note below.
<other designation> ^	ST(30)	Address line 2
<city> ^	ST(30)	Suburb
<state or province> ^	ST(30)	City/town
<zip> ^	(not used)	
<country> ^	(not used)	Country
<type>^	(not used)	`C` – current or temporary `P` – permanent `M` – mailing `B` – business
<other geographic designation>	ST(4)	New Zealand domicile code

Note: For rural / semi-rural addresses that have rapid addressing numbers, these numbers are to be placed where a house number would usually go, for example if an address, Busby Manor in Cheltenham has a rapid addressing number of 1435, <street address> would be 1435 Busby Manor.

### 5.2.4.3 ZAD – address (for PRD and ZPR segments)

This data set is consistent with the address format in the **Error! Unknown document property name.**; ; Provider Lists document.

The minimum requirements for provider list information submitted to HealthPAC are:

- This is a mandatory data set for each Practice.
- An Address Data Set must follow immediately after each Practice Data Set.

- The Column Name Row is fixed as at Appendix C3 Address Column Name Row.
- There must be two Detail rows, one type 'AST' and one 'APO'

The following column format should be applied:

Sub component	New Zealand usage	Notes
Row Type		'AST' or 'APO' This is a fixed value: 'AST' for physical address; and 'APO' for postal address
Unit Number	Integer < 10,000 Unit number	If required.
Unit Alpha	Single Alpha Alphabetic unit suffix	If required.
Building Name	≤ 60 characters Name of the building	If required.
Street/Box Number	Integer or Free text Mandatory field	Please see Valid Addresses below.
Street Alpha	Single Alpha Alphabetic Street Number suffix	If required.
Street Name	≤ 30 characters	The Street Name without Street Type
Street Type	≤ 16 characters	Type of Street as per Appendix B Street Types. Full name should be in lower/mixed case; Street Type abbreviations in uppercase.
Street Extension	≤ 16 characters	The Street extension (e.g. East, West) if required.
Suburb	≤ 30 characters	Suburb name, if required.
Town/City	≤ 30 characters	Mandatory field.

#### Valid Addresses

The following rules must be applied for the address to be deemed valid.

- All addresses loaded into HealthPAC systems must be viable. Generally this means that physical addresses must resolve to a valid geocode and postal addresses may either be a valid physical address (and subject to the same rules) or an actual PO Box number, Private Bag, Rural Delivery, etc.
- Specifically, addresses are checked to ensure the Street is actually in the Town/City and/or Suburb and Street Numbers to ensure they are actually in the street concerned.
- To ensure a valid Physical Address, the following are mandatory AST elements:
  - Street Name
  - Street Type
  - Town/City
- Street/Box Number is optional, and if not provided, the number one (1) is assigned temporarily to complete the validation process, but not stored permanently.
- There are exceptions to these rules (e.g. 'Corner Riddiford and Constable Streets') and such values may also be entered in the Street/Box Number field, but the Street Name and Street Type (as well as Town/City) must still be provided as well.
- To ensure a valid Postal Address, the following are mandatory APO elements:
  - Street/Box Number Without prefix.
  - Town/City

- If a number is provided in the Street/Box Number column and the Street Name and Street Type are empty, it will be assumed to be a PO BOX and the only other columns used are:
  - Suburb; and
  - Town/City
- If a number is provided in the Street/Box Number column and the Street Name and Street Type are provided, the Physical Address rules are applied.
- Where text is provided in the Street/Box Number column (e.g. 'Private Bag', 'RD 1', 'Corner Riddiford and Constable Streets', or even 'PO Box 1234'), it will be treated as a Postal Address unless the Street Name and Street Type are provided. If they are provided (they are not mandatory in APO), the Physical Address rules are applied.

#### 5.2.4.4 TN – telephone

To allow for multiple phone numbers the TN section is in use.

Sub component	New Zealand usage	Notes
[NN]	(not used)	Country code
[(99)]	NM(2)	Area code
9999999	NM(7)	Phone number
[X999999]	(not used)	Extension
[B999999]	(not used)	Pager number
[C# <any text>]	CH<text>	Home phone number with up to 15 characters of <text>
	CO<text>	Office phone number with up to 15 characters of <text>
	CF<text>	FAX phone number with up to 15 characters of <text>
	CC<text>	Cellular phone number with up to 15 characters of <text>
	CB<text>	Beeper phone number with up to 15 characters of <text>

#### 5.2.5 Additional fields

Additional fields have been added to segments to ensure that all required PHO monitoring data is provided by the practice to the PHO.

The majority of the additional fields requested are existing fields in all Practice Management Software Systems.

## 6. PHO Monitoring Data PMS to PHO RMS System

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### 6.1 Practice Level Data Requirements for PHO monitoring data

The following table outlines the high level data elements for the practice level data extract.

<b>Segment ID</b>	<b>Segment Name</b>	<b>Description</b>
MSH	Message Header	Data which specifies the sender/receiver, purpose and formatting syntax
ZPR	Practice Details	Data which relates to the practice that the information has come from
PRD	Provider Details	Data which relates to practitioners who are affiliated with the practice
PID	Patient Details	Data which relates to the patient that has had a consultation
ZRD	Patient Register Details	Data which relates to the enrolment register information for the patient
ZCN	Consultation Details	Data which relates to the consultation type provided to the patient
ZSD	Service Details	Data which relates to the service that was provided to the patient
ZIM	Immunisation Consultation Details	Data which relates to the immunisation consultation provided to the patient
ZPI	Clinical Performance Indicator Details	Data which relates to the clinical performance indicators related to the patient
ZSN	Screening Data	Data which relates to screening that the patient has had

## 6.2 Structure of the Practice Level Data

In the following tables Braces, {...}, indicate one or more repetitions of the enclosed group of segments. The group may contain only a single segment. Brackets, [...], show that the enclosed group of segments is optional. If a group of segments is optional and may repeat it is enclosed in brackets and braces, {...}. {...} and {...} are equivalent.

Column Code	Segment ID	Reqd
MSH	Message Header	R
ZPR	Practice Details	R
{[PRD]}	Provider Details	O
{		
PID	Patient Details	R
ZRD	Register Details	R
{[		
ZCN	Consultation Details	O
{ZSD}	Service Details	C
]}		
{[		
ZIM	Immunisation Details	O
]}		
{[		
ZPI	Clinical Performance Indicator Details	O
]}		
{[		
ZSN	Screening Data	O
]}		
}		
}]		

### 6.2.1 Notes on message Structure

- The message structure segment provides the flexibility for the provider information to be submitted as a provider data set at the beginning or the end of the file segment.
- The PRD should not be attached to a PID because the patient could have seen multiple providers in the practice for multiple services.
- The ZRD and PID are only required if the patient has had a ZCN and/or ZSD and/or ZIM and/or ZPI and/or ZSN.
- The ZRD segment is required, even if there is no data populated in the segment.
- At least one ZSD segment is conditional if there is a ZCN provided.
- The message structure also provides the flexibility for the practice to submit the ZIM and ZPI segment information without a ZCN (consultation) taking place.

## 6.3 MSA – Message Acknowledgement Segment

### 6.3.1 Function

This segment contains information sent to acknowledge a message. It may contain error, notification, reject or acceptance messages.

### 6.3.2 Table of fields – MSA segment

The following table outlines the detailed data that it required for the Message Acknowledgement Segment.

Seq	Len	DT	Opt	RP/#	Element name	Usage
1	2	ID	M		Acknowledgement code	M
2	20	ST	M		Message control ID	M
3	80	ST	O		Text message	X
4	15	NM	O		Expected sequence number	X
5	1	ID	O		Delayed acknowledgement type	X
6	100	CE	O		Error condition	O

### 6.3.3 Field notes

#### 6.3.3.1 MSA-1-acknowledgement code

Valid values	Description
AA	Acknowledgement accept
AE	Acknowledgement error

#### 6.3.3.2 MSA-2-message control ID

Sub component	New Zealand usage	Notes
< Message control ID >	ST(20)	Unique identifier of the message being acknowledged. This will be the same as the Message Control ID provided in the MSH-10 segment.

#### 6.3.3.3 MSA-6-error condition

Sub component	New Zealand usage	Notes
<identifier> ^	ID(4)	Error condition code
<text> ^	ST(90)	Error text description
<name of coding system> ^	'PMD'	PHO Monitoring Data

Note: Please refer to Appendix E for list of Error conditions.

## 6.4 MSH - Message Header

### 6.4.1 Function

This segment is common to all messages and is a control segment which specifies the message sender and receiver, and formatting syntax.

### 6.4.2 Table of Fields

The following table outlines the detailed data that it required for the Message Header Section.

Seq	Len	DT	Opt	RP/#	Element name	Usage
1	1	ST	M		Field separator	M
2	4	ST	M		Encoding characters	M
3	180	HD	M		Sending application	M
4	180	HD	M		Sending facility	M
5	180	HD			Receiving application	O
6	180	HD			Receiving facility	O
7	26	TS	M		Date/time of message	M
8	40	ST			Security	O
9	7	CM	M		Message type	M
10	20	ST	M		Message control ID	M
11	3	PT			Processing ID	M
12	8	ID			Version ID	M
13	15	NM			Sequence number	X
14	180	ST			Continuation pointer	X
15	2	ID			Accept acknowledgement type	X
16	2	ID			Application acknowledgement type	X
17	2	ID			Country code	X

### 6.4.3 Field Notes

#### 6.4.3.1 MSH-1-Field Separator

Valid values	Description
'\'	Field/element separator

#### 6.4.3.2 MSH-2-Encoding Characters

Valid values	Description
'^~\&'	To ensure messaging consistency the preceding encoding characters must be used. Where: '^' – Component separator '~' – Repetition separator '\' – Escape character '&' – Sub-component separator

**6.4.3.3 MSH-3-Sending Application**

The identifying code of the PMS software system and version used. E.g. MedTech32 v15.5.

**6.4.3.4 MSH-4-Sending Facility**

The name of the practice submitting the data

**6.4.3.5 MSH-5-receiving application**

The identifying code of the PHO system that will process the claim

**6.4.3.6 MSH-6-Receiving Facility**

Name of facility who will receive the data.

**6.4.3.7 MSH-7-Date/Time of Message**

Component	New Zealand usage	Notes
< Date/time of message >	TS(14)	CCYYMMDDHHMMSS (example: 20010507192132)

**6.4.3.8 MSH-8-Security**

It is optional and its use is not further specified.

**6.4.3.9 MSH-9-Message Type**

Sub components	New Zealand usage	Notes
<Message type> ^	'PMD' 'ACK'	PHO Monitoring Data Acknowledgement

**6.4.3.10 MSH-10-Message Control ID**

Components	New Zealand usage	Notes
< Message control ID >	ST(31)	Unique Identifier for the message assigned by the sending system.

**6.4.3.11 MSH-11-Processing ID**

Valid values	Description
'D'	Development / debugging
'P'	Production
'T'	Test / training / trial
'L'	Pilot

Note: The PMD report should only contain a Processing ID of 'P'.

**6.4.3.12 MSH-12-Version ID**

Valid values	Description
Version Number	To specify the version of the data transfer specification is being used.

The valid value for this field will change when a new version of the data transfer specification is released.

## 6.5 PID - Patient

### 6.5.1 Function

This segment is provides information related to the patients who has been provided the service.

### 6.5.2 Table of Fields - Patient

The following table outlines the detailed data that it required for the Patient Section.

Seq	Len	DT	Opt	RP/#	Element name	Usage
1	4	SI			Set ID	X
2	16	CK	C	Y	Patient ID (external ID)	O
3	20	CX	M	Y	Patient ID (internal ID)	M
4	12	ST		Y	Alternate patient ID	X
5	100	PN	C		Patient name	O
6	100	PN			Mother's maiden name	X
7	26	TS	C		Date of birth	O
8	1	IS	C		Gender	O
9	100	PN		Y	Patient alias	O
10	2	IS			Race	X
11	180	AD	O	Y	Patient address	O
12	4	IS			County code	X
13	40	TN		Y	Phone number – home	X
14	40	TN		Y	Phone number – business	X
15	60	CE			Primary language	X
16	1	IS			Marital status	X
17	3	IS			Religion	X
18	20	CX			Patient account number	X
19	16	ST			SSN number	X
20	25	CM			Driver's licence number	X
21	20	CX			Mother's identifier	X
22	3	CE	C	Y	Ethnic group	O
23	60	CE			Birth place	X
24	2	ID			Multiple birth indicator	X
25	2	NM			Birth order	X
26	4	IS		Y	Citizenship	X
27	60	CE			Veteran's military status	X
28	80	CE			Nationality	X
29	26	TS			Patient death date and time	O
30	1	ID			Patient death indicator	X

### 6.5.3 Field Notes

#### 6.5.3.1 PID-2-patient ID (external ID)

This is an optional data requirement and is the unique national identifier for health sector individual (i.e., National Health Index).

Sub component	New Zealand usage	Notes

<patient ID (NM)>^	CN(7)	NZHS Health Care User Identifier (NHI)
<check digit (NM)>^	(not used)	
<check digit scheme (ID)>^	(not used)	
<assigning facility ID (ST)>^	(not used)	
<type (ID)>	(not used)	

### 6.5.3.2 PID-3-patient ID (internal ID)

This is a mandatory unique identifier allocated by PMS for patient. Unique identifier as allocated by PMS for this patient, this **must** uniquely identify a patient amongst other patients present on PMS system.

This should match with the patient ID on the CBF capitation register which is submitted to the PHO. If there is no internal Patient ID match, the PHO will need to be able to identify the patient to ensure that all relevant patient information is extracted accurately. This should not be the patients National Health Index (NHI) number.

**Note:** If the practice changes PMS systems or merges with another practice, where possible the Patient ID (internal) must remain the same.

### 6.5.3.3 PID-5-patient name

This is an optional data requirement and is the patient's full name.

### 6.5.3.4 PID-7-Date of Birth (DOB)

This is an optional data requirement.

Valid values	Notes
Valid dates	The patient's date of birth. Date format is CCYYMMDD.

Conditional Trigger:

Where the Service details indicate that the patient has been confirmed as being funded through the CBF process, no patient data is required to be submitted. This is in order to prevent overwriting the existing CBF details currently held by the PHO.

This field can be added to the patient data set by using additional delimited files.

### 6.5.3.5 PID-8-Gender

This is an optional data requirement and is defined as the self identified gender of patient.

Valid values	Notes
'M'	Male
'F'	Female
'U'	Unknown

This field can be added to the patient data set by using additional delimited files.

### 6.5.3.6 PID-9-patient alias

This is an optional data requirement and is the Patient's full alias (see PN- Person Name section of data element type descriptions for format).

### 6.5.3.7 PID-11-patient address

This is an optional data requirement and is defined as the patient's residential or home address (the patient address should be provided in the AD - Address format). Although residential address is not mandatory, there is a threshold in place of 80 percent that must be met for register to accept

### 6.5.3.8 PID-22-ethnic group

This is an optional data requirement and is defined as the self identified ethnicity codes of the patient. Patient may have up to three ethnic codes.

Sub component	Description
<Ethnicity 1>~	Primary ethnicity
<Ethnicity 2>~	Secondary ethnicity
<Ethnicity 3>	Tertiary ethnicity

Note: This is a repeating field (and not a compound field), so if there is only one value, the ~ is not required (e.g., |10|, or |11~12|).

This field can be added to the patient data set by using additional delimited files.

The table below outlines ethnicity codes accepted and are provided in precedence order:

Report Value	Description
21	NZ Maori
30	Pacific Island (Not Further Defined)
31	Samoa
32	Cook Island Maori
33	Tongan
34	Nuiean
35	Tokelauan
36	Fijian
37	Other Pacific Island
40	Asian (Not Further Defined)
41	South East Asian
42	Chinese
43	Indian
44	Other Asian
51	Middle Eastern
52	Latin American / Hispanic
53	African (or cultural group of African origin)
54	Other
10	European (Not Further Defined)
11	New Zealand European / Pakeha
12	Other European
99	Not stated

**6.5.3.9 PID-29-patient death date and time**

This is an optional data requirement and is the patient’s date of death.

Valid values	Notes
Valid date/time	The patient’s date of death and time. Date/Time format is CCYYMMDDHHMM.

## 6.6 PRD – Practitioner

### 6.6.1 Function

Detail of the practitioners providing services to patients within the practice. The inclusion of this segment is required for the generation of the PHO Provider List monitoring report.

### 6.6.2 Table of fields – PRD segment

The following table outlines the detailed data that it required for the Practitioner Section.

Seq	Len	DT	Opt	RP/#	Name	Usage
1	3	CE	M		Practitioner type	M
2	100	PN	M		Practitioner name	M
3	180	AD			Practitioner physical address	O
4	180	AD			Practitioner postal address	O
5	60	CM			Practitioner location	X
6	20	TN			Practitioner phone number	X
7	60	CM			Electronic address	X
8	200	CE			Preferred method of contact	X
9	90	CN	C		Practitioner identifiers	C
10	90	CN	O		Provider Index	O
11	26	TS	M		Effective start date of role	C
12	26	TS	C		Effective end date of role	C
13	10	TX	C		Locum Status	C

### 6.6.3 Field notes

#### 6.6.3.1 PRD-1-practitioner type

This is a mandatory data requirement.

Sub component	Valid values
<Practitioner type>^	'M' = MCNZ registered 'N' = NCNZ registered 'O' = Other

#### 6.6.3.2 PRD-2-practitioner name

Practitioner's name, minimum requirement is for practitioner's surname and given name. See 'Data Element Type' section 4.2.4 for PN format.

#### 6.6.3.3 PRD-3-practitioner physical address

Practitioner's residential or home address (see ZAD - Address format).

Valid value	Notes
'AST'	Represents which AD section to use.

**6.6.3.4 PRD-4-practitioner postal address**

Practitioner's postal address (see ZAD - Address format).

Valid value	Notes
'APO'	Represents which AD section to use

**6.6.3.5 PRD-9-practitioner identifiers**

HealthPAC usage is the practitioner's New Zealand professional registration number. Valid characters are 0–9. This should be 5 digits and contain leading zero(s) when there are 4 or less digits

Conditional Trigger:

Required only where PRD-1-Practitioner Type is 'M' or 'N'.

**6.6.3.6 PRD-10-Provider Index**

This field is reserved for the Health Provider Index number.

**6.6.3.7 PRD-11-effective start date of role**

This is a conditional data requirement.

Valid values	Notes
Valid dates	The practitioners effective start date in the practice. Date format is CCYYMMDD.

Conditional Trigger:

Required if captured in the PMS system. If not recorded in the PMS system the PHO will need to derive this information for the PHO Provider List monitoring report submitted to HealthPAC.

**6.6.3.8 PRD-12-effective end date of role**

This is a conditional data requirement.

Valid values	Notes
Valid dates	The practitioners effective end date in the practice. Date format is CCYYMMDD.

Conditional Trigger:

Required if the Practitioner has left the practice and if this information is captured in the PMS system. If not recorded in the PMS system the PHO will need to derive this information for the PHO Provider List monitoring report submitted to HealthPAC.

**6.6.3.9 PRD-13-locum status**

This is a conditional data requirement.

Valid values	Notes
Valid status	'Y' = practitioner is a locum in the practice 'N' = practitioner is not a locum in the practice

For a valid status of 'Y' to be selected the practitioner must meet the following definition:

**Locum** means a **Medical Practitioner** (with a current practising certificate) who provides the **Services** in place of another **Practitioner** during that **Practitioner's** normal working hours. A **Locum** may:

- a) work providing consultation **Services** to the patients of the **Practitioner** during those working hours if the **Practitioner** is performing work other than providing ordinary **Services** to patients or is on temporary leave (for whatever reason);
- b) provide **Services** in place of more than one **Practitioner** during any period of time;
- c) not consult with patients of the **Practitioner** at the same times as the **Practitioner**; and
- d) not be used to extend the normal working hours of the **Practitioner**.

Conditional Trigger: Only required if the Practitioner Type is MCNZ.

## 6.7 ZPR - Practice

### 6.7.1 Function

This segment provides information related to the practice submitting the data file to the PHO.

### 6.7.2 Table of Fields

The following table outlines the detailed data that is required for the Practice Section.

Seq	Len	DT	Opt	RP/#	Name	Usage
1	35	ST	M		Practice name	M
2	6	NM	M		Practice ID	M
3	9	NM			Payee number	O
4	9	NM	O		PerOrg ID	O
5	180	AD	M		Practice Physical address	M
6	180	AD	M		Practice Postal address	C

### 6.7.3 Field Notes

#### 6.7.3.1 ZPR-1-Practice Name

The name of the practice the practitioners and patients are affiliated with.

#### 6.7.3.2 ZPR-2-Practice Identifier

The practice identifier is the key number that the PHO will use to identify where the practice information has been provided from. The practice identifier **must** correspond with the practice ID submitted in the age sex register information to the PHO.

#### 6.7.3.3 ZPR-3-Payee number

The practices assigned HealthPAC payee number (if applicable).

#### 6.7.3.4 ZPR-4-PerOrg ID

A unique practice identifier assigned by HealthPAC.

#### 6.7.3.5 ZPR-5-Practice Physical Address

The physical address of the practice (see ZAD - Address format).

Valid value	Notes
'AST'	Represents which AD section to use

#### 6.7.3.6 ZPR-6-Practice Postal Address

The postal address of the practice (see ZAD - Address format).

Valid value	Notes
'APO'	Represents which AD section to use

Conditional Trigger:

If the practice postal address is different from the physical address.

## 6.8 ZRD - Patient Register Details

### 6.8.1 Function

This segment provides patient information not provided in the ZRD segment.

### 6.8.2 Table of Fields

The following table outlines the detailed data that it required for the Patient Register Section.

Seq	Len	DT	Opt	RP/#	Name	Usage
1	100	PN			Maiden name	O
2	12	NM			Residential X co-ordinate	O
3	12	NM			Residential Y co-ordinate	O
4	1	IS			Residential status	O
5	180	AD			Postal address	C
6	15	TN			Mobile/other phone	X
7	8	DT	C		Date of enrolment	C
8	8	DT			Date of enrolment confirmation	X
9	8	DT			Date of last consultation	C
10	1	IS	C		Registration status	C
11	6	NM	C		HUHC number	C
12	8	DT	C		HUHC expiry date	C
13	16	NM	C		CSC number	C
14	8	DT	C		CSC expiry date	C
15	7	ST			Meshblock	O
16	2	NM	C		Quintile	C
17	3	ST	C		Validation indicator	O
18	30	NM			DHB	X
19	1	IS	C		Care Plus Enrolment Status	C
20	8	DT	C		Care Plus Enrolment Start Date	C
21	8	DT	C		Care Plus Enrolment End Date	C

### 6.8.3 Field Notes

#### 6.8.3.1 ZRD-1-maiden name

This is an optional data requirement and is defined as the self identified maiden name of the patient if applicable (see PN section of data element type descriptions for format).

#### 6.8.3.2 ZRD-2-residential X co-ordinate

This is an optional data requirement and is defined as the self identified residential latitude co-ordinate of the patient. Assigned via processes at HealthPAC or via point of contact geo-coding.

#### 6.8.3.3 ZRD-3-residential Y co-ordinate

This is an optional data requirement and is defined as the self identified residential longitude co-ordinate of the patient. Assigned via processes at HealthPAC or via point of contact geo-coding.

#### 6.8.3.4 ZRD-4-residential status

This is an optional data requirement and is defined as the self identified residential address of the patient.

Valid values	Notes
'Y'	Permanent resident (New Zealand citizen, or classified as 'ordinarily resident in New Zealand')
'N'	Temporary resident (not a New Zealand citizen, does not have 'ordinarily resident in New Zealand' status)

#### 6.8.3.5 ZRD-5-postal address

This is a conditional data requirement and is defined as the self identified postal or mailing address of the patient Patient's postal or mailing address (the postal address should be provided in the AD - Address format).

Conditional Trigger:

Where the Service details indicate that the patient has been confirmed as being funded through the CBF process, no patient data is required to be submitted. This is in order to prevent overwriting the existing CBF details currently held by the PHO.

#### 6.8.3.6 ZRD-7-date of enrolment

This is a conditional data requirement and is defined as the date on which the patient enrolled or registered with the PHO. The Date format is CCYYMMDD.

Conditional Trigger:

Where the Service details indicate that the patient has been confirmed as being funded through the CBF process, no patient data is required to be submitted. This is in order to prevent overwriting the existing CBF details currently held by the PHO.

#### 6.8.3.7 ZRD-9-date of last consultation

This is a conditional data requirement and is defined as the date on which the patient's last consultation occurred.

Conditional Trigger:

Where the Service details indicate that the patient has been confirmed as being funded through the CBF process, no patient data is required to be submitted. This is in order to prevent overwriting the existing CBF details currently held by the PHO.

#### 6.8.3.8 ZRD-10-registration status

This is a conditional data requirement and is defined as the Patient's current registration status.

Valid values	Notes
'R'	Patient is registered with organisation.
'E'	Patient is enrolled with primary health organisation.

Conditional Trigger:

Where the Service details indicate that the patient has been confirmed as being funded through the CBF process, no patient data is required to be submitted. This is in order to prevent overwriting the existing CBF details currently held by the PHO.

**6.8.3.9 ZRD-11-HUHC (High User Health Card) number**

This is a conditional field and is defined as the patient's current High Use Health Card number. It will be used to determine whether the patient is an HUHC card holder.

**Conditional Trigger:**

Where the Service details indicate that the patient has been confirmed as being funded through the CBF process, no patient data is required to be submitted. This is in order to prevent overwriting the existing CBF details currently held by the PHO.

**6.8.3.10 ZRD-12-HUHC expiry date**

This is a conditional field and is defined as the expiry date of the patient's current High Use Health Card. The Date format is CCYMMDD.

**Conditional Trigger:**

Where the Service details indicate that the patient has been confirmed as being funded through the CBF process, no patient data is required to be submitted. This is in order to prevent overwriting the existing CBF details currently held by the PHO.

**6.8.3.11 ZRD-13-CSC (Community Service Card) number**

This is a conditional data requirement and is defined as the current Community Services Card number of the patient (or the patient's caregiver if a dependent). It will be used to determine whether the patient is a CSC card holder.

**Conditional Trigger:**

Where the Service details indicate that the patient has been confirmed as being funded through the CBF process, no patient data is required to be submitted. This is in order to prevent overwriting the existing CBF details currently held by the PHO.

**6.8.3.12 ZRD-14-CSC expiry date**

This is a conditional field and is defined as the expiry date of the patient's current Community Services Card. The Date format is CCYMMDD.

**Conditional Trigger:**

Where the Service details indicate that the patient has been confirmed as being funded through the CBF process, no patient data is required to be submitted. This is in order to prevent overwriting the existing CBF details currently held by the PHO.

**6.8.3.13 ZRD-15-meshblock**

This is an optional field and is defined as the Six-digit code identifying a specified area as defined by Statistics New Zealand.

**6.8.3.14 ZRD-16-quintile**

This is a conditional data requirement and is used to identify the deprivation quintile as determined by the geo code for the patient's address.

**Conditional Trigger:**

Where the Service details indicate that the patient has been confirmed as being funded through the CBF process, no patient data is required to be submitted. This is in order to prevent overwriting the existing CBF details currently held by the PHO.

Valid values for this field are:

Valid Values	Note
0	Unknown
1	Quintile 1.Decile 1 and 2 (least deprived)
2	Quintile 2.Decile 3 and 4
3	Quintile 3.Decile 5 and 6
4	Quintile 4.Decile 7 and 8
5	Quintile 5.Decile 9 and 10 (most deprived)

### 6.8.3.15 ZRD-17-validation identifier

This is an optional field and is defined as the matching indicator for external validation sources. Where matching is of a good enough standard, returned data can be uploaded into PMS databases.

Sub components	Valid values	Notes
<NHI matching type>^	'D'	Direct match.
	'V'	Validated match.
	Null	No match.
<Address uncertainty code>	'0', '1', '2', '3'	Geo-code details found and address accepted. Funding based on geo data.
	'4'	Geo-code details found, but address not acceptable. Funding based on geo data.
	'5', '6', '7',	Not used.
	'8', '9'	Locality geo-code details found. Address not accepted. DHB based on geo data, quintile set to default.
	'10'	Geo-code details not found and address not accepted. DHB and Quintile set to default.

### 6.8.3.16 ZRD-19-Care Plus Enrolment Status

This is a conditional data requirement and is used to identify the Care Plus programme enrolment status of the patient as at the date of the extract.

Conditional Trigger:

Where the Service details indicate that the patient has been confirmed as being funded through the CBF process, no patient data is required to be submitted. This is in order to prevent overwriting the existing CBF details currently held by the PHO.

The valid values for this field are:

Valid Values	Note
Y	Care Plus Patient
N	Non Care Plus Patient

### 6.8.3.17 ZRD-20-Care Plus Enrolment Start Date

This is a conditional field and is defined as the patient's Care Plus enrolment date. The Date format is CCYYMMDD.

Conditional Trigger:

Where the Service details indicate that the patient has been confirmed as being funded through the CBF process, no patient data is required to be submitted. This is in order to prevent overwriting the existing CBF details currently held by the PHO.

**6.8.3.18 ZRD-21-Care Plus Enrolment End Date**

This is a conditional field and is defined as the patient's Care Plus expiry date. The Date format is CCYYMMDD.

**Conditional Trigger:**

Where the Service details indicate that the patient has been confirmed as being funded through the CBF process, no patient data is required to be submitted. This is in order to prevent overwriting the existing CBF details currently held by the PHO.

## 6.9 ZCN - Consultation Details

### 6.9.1 Function

This segment contains the information common to all types of services provided and when they took place.

### 6.9.2 Table of Fields

The following table outlines the detailed data that it required for the Consultation Section.

Seq	Len	DT	Opt	RP/#	Name	Usage
1	8	DT	M	Y	Date of Event	M
2	15	ST	M	Y	PMS Visit ID	M
3	3	CE	M	Y	Practitioner type	M
4	90	CN	M	Y	Practitioner identifiers	C

### 6.9.3 Field Notes

#### 6.9.3.1 ZCN-1-Date of Event

This is a mandatory data requirement.

Valid values	Notes
Valid dates	The date of the event, also known as the date of service. The Date format is CCYYMMDD.

#### 6.9.3.2 ZCN-2-PMS Visit ID

This is a mandatory unique Id allocated by PMS for this patients visit. This would normally correspond to the invoice number or similar. This is used to distinguish between two events recorded on the same day.

#### 6.9.3.3 ZCN-3-Practitioner Type

This is a mandatory data requirement. This information confirms the practitioner type of the practitioner providing the service.

Sub component	Valid values
<Practitioner type>^	`M' = MCNZ registered 'N' = NCNZ registered 'O' = Other

#### 6.9.3.4 ZCN-4-Practitioner Identifiers

HealthPAC usage is the practitioner's New Zealand professional registration number. Valid characters are 0-9.

Conditional Trigger:

Required only where ZCN-3- Practitioner Type is 'M' or 'N'.

## 6.10 ZSD - Service Details

### 6.10.1 Function

This segment provides information related to the type of service the patient was provided.

### 6.10.2 Table of Fields

The following table outlines the detailed data that it required for the Service Section

Seq	Len	DT	Opt	RP/#	Name	Usage
1	15	ST	M	Y	Service ID	O
2	5	ST	M	Y	Funder Type	M
3	10	ST	C	Y	Claim Code	C
4	5	ST	C	Y	Outcome Code	C

### 6.10.3 Field Notes

#### 6.10.3.1 ZSD-1-Service ID

Unique ID allocated by the PMS system for the patient's service event.

#### 6.10.3.2 ZSD-2-Funder Type

This is a mandatory data requirement. It defines the Funder (most commonly the agreement) of the service.

Valid Values	Note
PCP	Patient Payment
GMS	GMS (casual patients)
PHO	PHO Services
IMM	Immunisation
ACC	ACC Service Consultation
MAT	Maternity Service Consultation
INS	Insurance Company
DHB	District Health Boards
CBF	Capitation Based Funding – Patient is Enrolled and Funded
DIAP	Diabetes Get Checked

Funder type CBF is mandatory for all patients that are enrolled and funded based on the information received from HealthPAC on the capitation based funding register. Practices must ensure that the register from HealthPAC is downloaded into the PMS application to update the appropriate fields.

If the **Funder Type is CBF** then the no additional service information will be submitted.

If the service is an immunisation consultation then the event information will be submitted in the Immunisation Consultation data set.

#### 6.10.3.3 ZSD-3-Claim Code

This is a conditional data requirement. This data set will identify when a GMS claim or IMM (Immunisation) claim was claimed through HealthPAC. This will be blank for a GMS visit for a patient funded under CBF.

Conditional Trigger:

If the patient is a casual patient then the following GMS claim code should be submitted.

Code	Alt Codes	Note
A1		Adult CSC holder
A3		Adult Non CSC Holder
AZ	A1Z,A3Z	Adult HUHC Holder
J1		Juvenile CSC Holder
J3		Juvenile Non CSC Holder
JZ	J1Z,J3Z	Juvenile HUHC Holder
Y1		Young CSC Holder
Y3		Young Non CSC Holder
YZ	Y1Z,Y3Z	Young HUHC Holder

Conditional Trigger:

If the patient is funded under Immunisation then the following IMMS fee code should be submitted.

Fee Code	Description
OA	Administration of Standard Immunisation
FA	Administration of Influenza Immunisation
FV	Influenza Vaccination
MB	Administration of MeNZB Immunisation
EA	Administration of Emergency Immunisation

Conditional Trigger:

This is a mandatory data requirement when a Diabetes Get Checked programme payment has been claimed for.

#### 6.10.3.4 ZSD-4–Outcome Code

This is a conditional data requirement. This data set will identify the type of service the patient was provided.

Conditional Trigger:

If the patient is a casual patient then the outcome code should be submitted. If the patient who is funded then it is optional if the First Level Service visit is captured and submitted.

Type	Code	Note
CON	CP	Consultation in person
CON	CT	Telephone consultation or non-face to face consultation.
CON	FU	Follow Up consultation
CON	EM	Email consultation

## 6.11 ZIM - Immunisation Data

### 6.11.1 Function

This segment is only required for Immunisation, where the ZSD-2-Funder Type is IMM. This segment is used to store the details of exactly what vaccine was given.

NOTE: If immunisation code is not compliant with ZIM segment requirements then the code is not valid and is not to be submitted as part of this extract.

NOTE: The Immunisation Consultation records a single Immunisation event. Where multiple events occur within the same Consultation, multiple Immunisation Consultation records are generated.

### 6.11.2 Table of Fields

The following table outlines the detailed data that it required for the Immunisation Consultation Section. Note 1: The valid combinations of the fields which together constitute the Vaccine Code (ZIM-5, ZIM2 and ZIM-19) are specified in Vaccine Code Table (see section 5.11.4).

Seq	Len	DT	Opt	RP/#	Name	Usage
1	4	NM			Give Sub-ID Counter	X
2	4	NM	M		Administration Sub-ID Counter	M
3	26	TS	M		Date/Time Start of Administration	M
4	26	TS			Date/Time End of Administration	X
5	250	CE	M		Administered Code	M
6	20	NM			Administered Amount	X
7	250	CE			Administered Units	X
8	250	CE			Administered Dosage Form	X
9	250	CE			Administered Notes	X
10	250	XCN			Administered Provider	X
11	200	CM			Administered at Location	X
12	20	ST			Administered Per (Time Unit)	X
13	20	NM			Administered Strength	X
14	250	CE			Administered Strength Units	X
15	28	ST			Substance Lot Number	X
16	26	TS			Substance Expiration Date	X
17	250	CE			Substance Manufacturer Name	X
18	250	CE			Substance/Treatment Refusal Reason	X
19	250	CE	M	Y	Indication	M
20	2	ID	M		Completion Status	M
21	2	ID			Action Code RXA	X
22	26	TS			System Entry Date/Time	X

### 6.11.3 Field Notes

#### 6.11.3.1 ZIM-2- Administration Sub-ID Counter

For vaccination data this field records the dose number of the vaccine is being given. If a vaccine has three administrations then this field will hold either '1', '2', or '3' to indicate which dose of the vaccine has been completed. This field must always contain a positive non-zero integer.

For standard vaccines the valid range of values will normally be 1 to 99 inclusive while other vaccines will carry specific range values. Please refer to Vaccine Code Table for valid combinations - see section 5.11.4

### 6.11.3.2 ZIM-3- Date/Time Start of Administration

The date and time that the vaccination was administered.

Valid values	Notes
Valid date/time	Date and time that the vaccination was administered. Date/Time format is CCYYMMDDHHMM.

### 6.11.3.3 ZIM-5- Administered Code

Components	NZ Usage	Notes
<identifier> ^	ST(5)	NZ name for this component is Code. HL7 standard Codes are up to 3 digits. NZ specific Codes are up to 5 digits.
<text > ^	ST(241)	NZ Name for this component is Brief Description.
<name of coding system >	ST(4)	HL7 standard Codes take the value of CVX. NZ specific Codes take the value of NZVX.

This field identifies the vaccine given. Values from the CVX coding system are used, except where this has been extended to take into account different vaccines that are accepted by HealthPAC claiming system. Values with three or less digits are from the CVX tables and must record CVX in the coding system. Codes with 4 or 5 digits are from the New Zealand extensions and should be coded with NZVX.

Example: Value from CVX.

ZIM||1||03^MMR^CVX||||||||||15M|CM

Example: Value from NZVX

ZIM||1||99001^DTaP^NZVX||||||||||15M|CM

The vaccine codes are divided into two tables, provided below, based on the status of messaging to the NIR. In the first table are the vaccines that the NIR is stated to accept. The second table documents vaccines that are available for administration in New Zealand but which are not currently messaged by the NIR. Systems should be able to process the values in both tables.

Table 1: Vaccine Codes currently recognised by NIR

Code	Short Description	Long Description	Coding System
19	BCG	Bacillus Calmette-Guerin vaccine	CVX
28	DT, paed	Diphtheria and tetanus toxoids, adsorbed for paediatric use	CVX
20	DtaP	Diphtheria, tetanus toxoids and acellular Pertussis	CVX
50	Dtap/Hib	DTap-Haemophilus influenzae type b conjugate vaccine	CVX
30	HBIG	Hepatitis B immune globulin	CVX
104	HepA-B	Hepatitis A and hepatitis B vaccine	CVX
43	HepB, adult	Hepatitis B vaccine, adult dosage	CVX
08	HepB, paed	Hepatitis B vaccine, paediatric dosage	CVX
48	Hib (PRP-T)	Haemophilus influenzae type b vaccine, PRP-T conjugate	CVX
51	Hib-HepB	Haemophilus influenzae type b conjugate and hepatitis B vaccine	CVX

10	IPV	Poliovirus vaccine, inactivated	CVX
03	MMR	Measles, mumps and rubella virus vaccine	CVX
35	T	Tetanus toxoid, adsorbed	CVX
09	Td, adult	Tetanus and diphtheria toxoids, adsorbed for adult use	CVX
100	Pneum, conjugate	Pneumococcal conjugate vaccine, polyvalent	CVX
33	Pneum, polysacch	Pneumococcal polysaccharide	CVX
99001	DtaP-IPV	Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio	NZVX
99002	MenZB	Meningococcal B	NZVX
99003	D, paed	Diphtheria, adsorbed paediatric dosage	NZVX
99004	aP	Acellular Pertussis	NZVX
99005	d, adult	Diphtheria, adsorbed adult dosage	NZVX
99008	MenACYW-135	Meningococcal A, C, Y, W-135	NZVX
99011	dTap-IPV	Diphtheria adult dosage, Tetanus, acellular Pertussis adult dosage, Inactivated Polio	NZVX
99012	dTap	Diphtheria adult dosage, Tetanus, acellular Pertussis adult dosage	NZVX

Table 2 - Vaccine Codes Allowed in New Zealand not currently messaged to NIR.

Code	Short Description	Long Description	Coding System
26	Cholera	Cholera vaccine	CVX
52	HepA, adult	Hep A, adult dosage	CVX
39	Japanese encephalitis	Japanese encephalitis vaccine	CVX
66	Lyme	Lyme disease vaccine	CVX
103	MenC	Meningococcal C conjugate vaccine	CVX
101	Typhoid, ViCPS	Typhoid Vi capsular polysaccharide vaccine	CVX
75	Vaccinia (smallpox)	Vaccinia (smallpox) vaccine	CVX
21	Varicella	Varicella virus vaccine	CVX
37	Yellow Fever	Yellow fever vaccine	CVX
99006	Influenza	Influenza	NZVX
99007	HepA, paed	Hep A, paediatric dosage	NZVX
99009	Rabies, inactivated	Rabies vaccine, inactivated	NZVX
99010	Rabies, IG	Rabies immune globulin	NZVX

#### 6.11.3.4 ZIM-19- Indication

Components	NZ Usage	Notes
<identifier>	ST(5)	This field records the number of the indication. See below for the list of valid values and for a further explanation of this component / field.
<text > ^	(not used)	
<name of coding system (ST)>	(not used)	

The indication is the reason that the vaccine was administered. The scheduled reason (e.g. six weeks) is used to report where the vaccination falls on the NZ vaccination schedule. Where a scheduled

immunisation has not been completed the messaging of vaccine code and scheduled reason is still required in order to identify the event that has been declined or rescheduled.

The table below explains the indication value codes that are used in the Vaccine Code Table for valid combinations - see section 5.11.4

Value	Meaning
1	Over 65 years (Influenza)
2	Under 16 years, eligible condition (Influenza)
3	Eligible condition (Influenza)
4	Sexual or household contact
5	Primary course
6	Booster
7	Post Partum
8	Low birth weight
9	HepB carrier mother
10	At risk for TB
11	Pre-post splenectomy schedule
12	At risk, no previous history
13	At risk, previous PCV7
14	At risk, no previous 23PPV
6W	6 weeks
3M	3 months
5M	5 months
15M	15 months
4Y	4 years
11Y	11 years
45Y	45 years
65Y	65 years

#### 6.11.3.5 ZIM-20- Completion Status

The completion status determines where a patient has decided to opt off or decline a service.

Value	Meaning
CM	Complete
RE	Refused. This code should be used when the vaccine has been declined.
GE	Given Elsewhere – not at practice where patient is enrolled or registered.

#### 6.11.4 Vaccine Code Table

A vaccine code requires the presence of a specific combination of three fields, ZIM-5 (HL7 Code), ZIM-2 (Sequence) and ZIM-19 (Indication).

Refer to section [4.7](#)

Claimable immunisation code combinations appear as a row in Table HBL2 provided below.

The table represents the only valid code combinations that are possible for claiming through HealthPAC.

Notes:

- 1) "Sequence" is a number not a code. It always represents the number of previous administrations of this vaccine + 1. For example the first administration would be 1 [0 (previous admins) + 1 = 1].
- 2) Sequence must be a positive, non-zero integer. For MeNZB, this integer must be in the range 1 to 4 inclusive for the primary course. The booster must be an integer in the range 1 to 99 inclusive.
- 3) For all other immunisation codes, this integer must be in the range 1 to 99 inclusive.
- 4) ZIM-5 is composed of three components that are also specified below.

Table HBL2 – Valid Combinations of ZIM-5, ZIM-2 and ZIM-19 field values

NOTE: This is not a definitive list as it may change due to contractual requirements. Please refer to the immunisation schedule on the Ministry of Health website ([www.moh.govt.nz](http://www.moh.govt.nz)) for updated information.

HL7 Code ZIM-5			Sequence	Indication	
HL7 code	Short Description	Coding System			PHO report
43	HepB, Adult	CVX	1 to 99	4	
09	Td, adult	CVX	1 to 99	6W	
09	Td, adult	CVX	1 to 99	3M	
09	Td, adult	CVX	1 to 99	5M	
09	Td, adult	CVX	1 to 99	4Y	
09	Td, adult	CVX	1 to 99	11Y	
09	Td, adult	CVX	1 to 99	5	
09	Td, adult	CVX	1 to 99	6	
08	HepB, paed	CVX	1 to 99	6W	
08	HepB, paed	CVX	1 to 99	3M	Year 1 Cohort Year 2 Cohort
08	HepB, paed	CVX	1 to 99	5M	
08	HepB, paed	CVX	1 to 99	4	
08	HepB, paed	CVX	1 to 99	6	
08	HepB, paed	CVX	1 to 99	9	
51	Hib-HepB	CVX	1 to 99	6W	
51	Hib-HepB	CVX	1 to 99	3M	Year 1 Cohort
51	Hib-HepB	CVX	1 to 99	5M	Year 2 Cohort
51	Hib-HepB	CVX	1 to 99	6	
51	Hib-HepB	CVX	1 to 99	9	
48	Hib (PRP-T)	CVX	1 to 99	6W	
48	Hib (PRP-T)	CVX	1 to 99	3M	
48	Hib (PRP-T)	CVX	1 to 99	5M	
48	Hib (PRP-T)	CVX	1 to 99	15M	
48	Hib (PRP-T)	CVX	1	11	
48	Hib (PRP-T)	CVX	1 to 99	6	
48	Hib (PRP-T)	CVX	1 to 99	8	
03	MMR	CVX	1 to 99	15M	Year 2 Cohort
03	MMR	CVX	1 to 99	4Y	Year 5 Cohort
03	MMR	CVX	1 to 99	5	
03	MMR	CVX	1 to 99	6	
03	MMR	CVX	1 to 99	7	
50	DTap/Hib	CVX	1 to 99	15M	
50	DTap/Hib	CVX	1 to 99	6	
28	DT, Paed	CVX	1 to 99	6W	
28	DT, Paed	CVX	1 to 99	3M	
28	DT, Paed	CVX	1 to 99	5M	
28	DT, Paed	CVX	1 to 99	15M	
28	DT, Paed	CVX	1 to 99	4Y	
28	DT, Paed	CVX	1 to 99	6	
10	IPV	CVX	1 to 99	6W	
10	IPV	CVX	1 to 99	3M	
10	IPV	CVX	1 to 99	5M	Year 1 Cohort Year 2 Cohort
10	IPV	CVX	1 to 99	4Y	Year 5 Cohort
10	IPV	CVX	1 to 99	11Y	
10	IPV	CVX	1 to 99	5	
10	IPV	CVX	1 to 99	6	
99001	DTaP-IPV	NZVX	1 to 99	6W	

99001	DTaP-IPV	NZVX	1 to 99	3M	
99001	DTaP-IPV	NZVX	1 to 99	5M	
99001	DTaP-IPV	NZVX	1 to 99	4Y	
99001	DTaP-IPV	NZVX	1 to 99	6	
99002	MeNZB	NZVX	1 to 4	5	
99002	MeNZB	NZVX	1 to 99	6	
99002	MeNZB	NZVX	1 to 3	11	
20	DTaP	CVX	1 to 99	6W	
20	DTaP	CVX	1 to 99	3M	
20	DTaP	CVX	1 to 99	5M	Year 1 Cohort
20	DTaP	CVX	1 to 99	15M	Year 2 Cohort
20	DTaP	CVX	1 to 99	4Y	Year 5 Cohort
20	DTaP	CVX	1 to 99	6	
30	HBIG	CVX	1 to 99	6	
30	HBIG	CVX	1 to 99	9	
35	Tetanus	CVX	1 to 99	5	
35	Tetanus	CVX	1 to 99	6	
99006	Influenza	NZVX	1 to 99	1	
99006	Influenza	NZVX	1 to 99	2	
99006	Influenza	NZVX	1 to 99	3	
100	PCV7	CVX	1 to 4	5	
100	PCV7	CVX	1 to 9	6	
100	PCV7	CVX	1 to 4	12	
100	PCV7	CVX	1	13	
100	PCV7	CVX	1 to 2	14	
33	23PPV	CVX	1 to 4	5	
33	23PPV	CVX	1 to 9	6	
33	23PPV	CVX	1 to 9	11	
33	23PPV	CVX	1 to 2	12	
33	23PPV	CVX	1 to 2	13	
33	23PPV	CVX	1 to 2	14	
99008	MenACY W135	NZVX	1 to 4	5	
99008	MenACY W135	NZVX	1 to 9	6	
99008	MenACY W135	NZVX	1 to 3	11	
99011	dTap-IPV	NZVX	1 to 99	11Y	
99012	dTap	NZVX	1 to 99	11Y	

## 6.12 ZPI - Clinical Performance Indicator Data

### 6.12.1 Function

This segment provides information related to the clinical indicators for the patients within the Practice.

### 6.12.2 Table of Fields

Seq	Len	DT	Opt	RP/#	Name	Usage
1	100	CF	M		Query Description	M
2	250	CE	M	Y	Code	C

### 6.12.3 Field Notes

#### 6.12.3.1 ZPI-1-Query Description

This is a mandatory data requirement and provides information on the clinical performance indicator query that is being recorded.

The valid values for this field are:

Query Value	Query Description	Meaning (Consistent with <b>Error! Unknown document property name.; ;</b> )
1	Smoking status ever recorded	Patient with system codes indicating they have ever had a smoking status recorded.
2	Diabetes recorded in the past year (Get Checked)	Patient for whom a claim was filed for an annual check through the Diabetes Get Checked programme.
3	A Diabetes code ever recorded against the patient	Patient with system codes indicating they have ever had Diabetes.
4	A Stroke code ever recorded against the patient	Patients with a system code indicating that the patient has ever had a stroke.
5	A Myocardial Infarction code ever recorded against the patient	Patients with a system code indicating that the patient has ever had Myocardial Infarction
6	A Heart Failure code ever recorded against the patient	Patients with a system code indicating that the patient has ever had Heart Failure
7	A CVD risk recorded in the last 5 years against the patient	Patients with a with a CVD risk recorded in the last 5 years
8	Diabetes patients recorded as having a microalbuminuria test in the last 18 months	Patients where the microalbuminuria test has been recorded as being ordered in the last 18 months
9	Diabetes patients who have had a positive microalbuminuria test and are on ACE inhibitor or Angiotensin 2 antagonist.	Patients where the microalbuminuria test was positive and are on a ACE inhibitor in the last 18 months  Note: A positive microalbuminuria test means; <ul style="list-style-type: none"> <li>for men, albumen:cretine ration &gt;2.5 and</li> </ul>

		<ul style="list-style-type: none"> <li>for women, albumen:cretine ration &gt;3.5 or</li> <li>for either gender a negative microalbumin stick test</li> </ul>
10	Diabetes patients with HbA1C 8 or below at last annual check (if part of Diabetes Get Checked) or in the last year (if not part of Diabetes Get Checked)	Patients with a system code indicating that the patient has had Diabetes with HbA1C 8 or below at last annual check (if part of Diabetes Get Checked) or in the last year (if not part of Diabetes Get Checked)
11	The patient has a CVD Risk > = 15%	Patients with a CVD risk of 15% or more. The CVD risk has been recorded in the 5 years up to and including the end of the reporting period
12	The patient has been prescribed statins in last 12 months	Patients who have been prescribed statins, where the statins have been prescribed in the twelve months up to and including the end of the reporting period

### 6.12.3.2 ZPI-2-Code

This is a conditional data requirement and provides information on the code, code type and the date coded used to generate the query information.

Components	NZ Usage	Notes
<code>	ST(10)	This field identifies the code used.
<coding system>	ST(30)	This field identifies the coding system used.
<date coded>	ST(10)	This field identifies the date the code was entered.

The code is the numeric or text classification code in the PMS system, which identifies a patient's diagnosis. The code must be from one of the existing coding system values.

The coding system valid values are:

Value	Meaning
READ	READ codes
ICD-9	International Classification of Diseases; Edition 9
ICD-10	International Classification of Diseases; Edition 10
DSMIV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
ICPC	International Classification of Primary Care
PRAC	Practice defined codes
SCRN	Screening codes
ICPC2	International Classification of Primary Care; Version 2
ICPC+	International Classification of Primary Care; Version 2 Plus
SNOMED	SNOMED codes

The date value confirms when the code was entered into the PMS system.

Valid values	Notes
Valid dates	The Date format is CCYYMMDD.

Example of ZPI-2-Code is:

|C1020^READ^20051231

Conditional trigger:

This segment is only required where there is a diagnosis code type and code that relates to the ZPI-1-Query Description result.

## 6.13 ZSN – Screening Data

### 6.13.1 Function

This segment is only required for Screening. This segment is used to store the details of screenings performed.

### 6.13.2 Table of Fields

The following table outlines the detailed data that it required for Screening.

Seq	Len	DT	Opt	RP/#	Name	Usage
1	250	CE	R		Screening Code	M
2	8	DT	R		Date of Screening	M
3	15	ST	R		PMS Visit ID	M
4	3	CE	R		Practitioner type	M
5	90	CN			Practitioner identifiers	C
6	2	ID			Outcome Status	O
7	4	NM			Value1	C
8	4	NM			Value2	O

#### 6.13.2.1 ZSN-1- Screening Code

Components	NZ Usage	Notes
<identifier> ^	ST(5)	NZ name for this component is Code.
<text > ^	ST(241)	NZ Name for this component is Brief Description.

Table 1: Screening Codes currently recognised

Code	Short Description
CVX	Cervical Smear
MAM	Mammography
CVDR	CVD Risk

#### 6.13.2.2 ZSN-2-Date of Screening

This is a mandatory data requirement.

Valid values	Notes
Valid dates	The date of the event/recording. The Date format is CCYYMMDD.

#### 6.13.2.3 ZSN-3-PMS Visit ID

This is a mandatory unique Id allocated by PMS for this screening entry. This is used to distinguish between two events recorded on the same day or when data is transmitted several times.

#### 6.13.2.4 ZSN-4-Practitioner Type

This is a mandatory data requirement. This information confirms the practitioner type of the practitioner responsible for this screening.

Sub component	Valid values
<Practitioner type>^	'M' = MCNZ registered 'N' = NCNZ registered O' = Other provider

#### 6.13.2.5 ZSN-5-Practitioner Identifiers

HealthPAC usage is the practitioner's New Zealand professional registration number. Valid characters are 0–9.

Conditional Trigger:

Required only where ZCN-3- Practitioner Type is 'M' or 'N'.

#### 6.13.2.6 ZSN-6- Outcome Status

The outcome status. (Optional)

Value	Meaning
AB	Abnormal
BE	Benign
NO	Normal
RE	Refused, This code should be used when the screening has been declined.
EX	Exempt, Not clinically warranted or contraindicated

#### 6.13.2.7 ZSN-7- Optional Data Value 1

This is a conditional data requirement and provides information on any optional data value that has been requested as part of a screening result. This field may change overtime if new screening entries are required.

Valid values	Notes
<number>%	This is a numeric field with a % at the end.

Conditional trigger:

This field will only be populated to record the CVD risk% of the patient to where screening is CVDR

#### 6.13.2.8 ZSN-8- Optional Data Value 2

This is a conditional data requirement and provides information on any optional data value that has been requested as part of a screening result. This field is not currently used.



ZIM||1|200602151533||99006^Influenza^NZVX|||||||||||||3|CM|  
 ZPI|4|018^ICD-9^20041102  
 PID||^|3389||^||||||||||||||^|  
 ZRD|Turner|||||||0|^|N||  
 ZCN|20010821|1256A|N|125589  
 ZSD|258658|GMS|Y1|CP|20.00  
 PID||^|108||^||||||||||||||^|  
 ZRD|||||||  
 ZCN|20060904|491|M|77665  
 ZSD||CBF||CP|  
 ZSD||DIAP||CP|  
 ZPI|1|137Q^READ^20060904  
 ZPI|2|DIAP^SCRN^20060904  
 ZPI|3|C109^READ^20060904  
 ZPI|4|G61^READ^20060904  
 ZPI|5|G308^READ^20060904  
 ZPI|6|G58^READ^20060904  
 ZPI|7|CVD^SCRN^20060904  
 ZPI|9|DIAP^SCRN^20060904  
 ZPI|11|CVD^SCRN^20060904  
 ZSN|CVDR|20060904|0409125446|M|77665||15%|  
 PID||^|688||^||||||||||||||^|  
 ZRD|||Y|||19950316||20060905|C|||||^|  
 ZCN|20060905|500|M|77665  
 ZSD||PCP||CP|4000  
 ZSD||GMS|A3|CP|  
 ZPI|1|137P^READ^20060904

## **APPENDIX B Message Acknowledgement File**

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Below is an example of the Message Acknowledgement Segment that the PHO will provide to the practice on receipt of the Practice file.

```
MSA|AA|567283|||01^accepted^PHOSYS
```

## APPENDIX C Minimum Practice Data Set

Below is a table detailing the minimum practice data set requirements that a Practice PMS will need to be able to extract to a PHO to enable the PHO to generate the following PHO contractual reporting requirements:

- **Error! Unknown document property name.;** ; Service Utilisation;
- **Error! Unknown document property name.;** ; Provider Lists;
- **Error! Unknown document property name.;** ; ;

NOTE: The minimum practice data set requirements are based on all MANDATORY data requirements in the specification and some CONDITIONAL data requirements that are essential to generate the PHO report information.

Column Code	Segment ID	Table Field	Data Field – Reference in Segment Sections	Data used for what PHO Contractual Report
MSH	Message Header	Field separator	MSH-1-Field Separator	Service Utilisation/Immunisation Provider List Clinical Performance Indicators
		Encoding characters	MSH-2-Encoding Characters	
		Sending application	MSH-3-Sending Application	
		Sending facility	MSH-4-Sending Facility	
		Date/time of message	MSH-7-Date/Time of Message	
		Message type	MSH-9-Message Type	
		Message control ID	MSH-10-Message Control ID	
		Processing ID	MSH-11-Processing ID	
		Version ID	MSH-12-Version ID	
		Practice name	ZPR-1-Practice Name	
		Practice ID	ZPR-2-Practice Identifier	
		Practice Physical address	ZPR-5-Practice Physical Address	
PRD	Provider Details	Practitioner type	PRD-1-practitioner type	Provider List
		Practitioner name	PRD-2-practitioner name	
		Practitioner identifiers	PRD-9-practitioner identifiers	
PID	Patient Details	Patient ID (internal ID)	PID-3-patient ID (internal ID)	Service Utilisation/Immunisation Provider List Clinical Performance Indicators

ZRD	Register Details	NIL		Service Utilisation/Immunisation Provider List Clinical Performance Indicators
ZCN	Consultation Details	Date of Event	ZCN-1-Date of Event	Service Utilisation/Immunisation
		PMS Visit ID	ZCN-2-PMS Visit ID	
		Practitioner type	ZCN-3-Practitioner Type	
		Practitioner identifiers	ZCN-4-Practitioner Identifiers	
ZSD	Service Details	Funder Type	ZSD-2-Funder Type	Service Utilisation/Immunisation Clinical Performance Indicators
ZIM	Immunisation Details	Administration Sub-ID Counter	ZIM-2- Administration Sub-ID Counter	Service Utilisation/Immunisation Clinical Performance Indicators
		Date/Time Start of Administration	ZIM-3- Date/Time Start of Administration	
		Administered Code	ZIM-5- Administered Code	
		Indication	ZIM-19- Indication	
		Completion Status	ZIM-20- Completion Status	
		Query Description	ZIM-1-Query Description	
ZPI	Clinical Performance Indicator Details	Code	ZPI-2-Code	Clinical Performance Indicators
ZSN	Screening Data	Screening Code	ZSN-1- Screening Code	Clinical Performance Indicators
		Date of Screening	ZSN-2-Date of Screening	
		PMS Visit ID	ZSN-3-PMS Visit ID	
		Practitioner type	ZSN-4-Practitioner Type	
		Practitioner identifiers	ZSN-5-Practitioner Identifiers	

## APPENDIX D Mapping of Diagnosis Codes

This section provides vendors with the valid READ code values to use in section ZPI-2-Code. There are a number of other code types and codes that are able to be used in section ZPI-2-Code section.

Please refer to the valid code type table in ZPI-2 to identify the code types that are accepted. The code entered against the code type will need to represent an answer to the ZPI-1-Query Description segment.

The valid READ code values to be used in ZPI-2-Code field are:

Query Description	Valid Value	READ Code Description
SMOKING	137..	Tobacco consumption
SMOKING	1371	Never smoked tobacco
SMOKING	1372	Trivial smoker - < 1 cig/day
SMOKING	1373	Light smoker - 1-9 cigs/day
SMOKING	1374	Moderate smoker - 10-19 cigs/d
SMOKING	1375	Heavy smoker - 20-39 cigs/day
SMOKING	1376	Very heavy smoker - 40+cigs/d
SMOKING	1377	Ex-trivial smoker (<1/day)
SMOKING	1378	Ex-light smoker (1-9/day)
SMOKING	1379	Ex-moderate smoker (10-19/day)
SMOKING	137A.	Ex-heavy smoker (20-39/day)
SMOKING	137B.	Ex-very heavy smoker (40+/day)
SMOKING	137C.	Keeps trying to stop smoking
SMOKING	137D.	Admitted tobacco cons untrue?
SMOKING	137E.	Tobacco consumption unknown
SMOKING	137F.	Ex-smoker - amount unknown
SMOKING	137G.	Trying to give up smoking
SMOKING	137H.	Pipe smoker
SMOKING	137I.	Passive smoker
SMOKING	137J.	Cigar smoker
SMOKING	137K.	Stopped smoking
SMOKING	137L.	Current non-smoker
SMOKING	137M.	Rolls own cigarettes
SMOKING	137N.	Ex pipe smoker
SMOKING	137O.	Ex cigar smoker
SMOKING	137P.	Cigarette smoker
SMOKING	137Q.	Smoking started
SMOKING	137R.	Current smoker
SMOKING	137S.	Ex smoker
SMOKING	137Z.	Tobacco consumption NOS
DIABEVER	C10..	Diabetes mellitus
DIABEVER	C100.	Diab.mell. - no complication
DIABEVER	C1000	Diab.mell.no comp. - juvenile
DIABEVER	C1001	Diab.mell.no comp. - adult
DIABEVER	C100z	Diab.mell.no comp. - onset NOS
DIABEVER	C101.	Diab.mell.with ketoacidosis

DIABEVER	C1010	Diab.mell.+ketoacid - juvenile
DIABEVER	C1011	Diab.mell.+ketoacid - adult
DIABEVER	C101y	Oth specfd diab mel+ketoacidosis
DIABEVER	C101z	Diab.mell.+ketoacid -onset NOS
DIABEVER	C102.	Diab.mell. + hyperosmolar coma
DIABEVER	C1020	Diab.mell+hyperosm.coma-juveni
DIABEVER	C1021	Diab.mell.+hyperosm.coma-adult
DIABEVER	C102z	Diabetes+hyperosmolar coma NOS
DIABEVER	C103.	Diab.mell. + ketoacidotic coma
DIABEVER	C1030	Diab.mell.+ketoac coma-juvenil
DIABEVER	C1031	Diab.mell.+ketoac coma - adult
DIABEVER	C103y	Oth specif diab mell with coma
DIABEVER	C103z	Diab.mell.+ketoac coma NOS
DIABEVER	C104.	Diab.mell. with nephropathy
DIABEVER	C1040	Diab.mell.+nephrop - juvenile
DIABEVER	C1041	Diab.mell.+nephropathy - adult
DIABEVER	C104y	Oth specfd diab mel+renal comp
DIABEVER	C104z	Diab.mell.+nephropathy NOS
DIABEVER	C105.	Diab.mell.+ eye manifestation
DIABEVER	C1050	Diab.mell.+eye manif -juvenile
DIABEVER	C1051	Diab.mell.+eye manif - adult
DIABEVER	C105y	Oth specfd diab mel+ophth comp
DIABEVER	C105z	Diab.mell.+eye manif NOS
DIABEVER	C106.	Diab.mell. with neuropathy
DIABEVER	C1060	Diab.mell.+neuropathy-juvenile
DIABEVER	C1061	Diab.mell.+neuropathy - adult
DIABEVER	C106y	Oth specf diab mel+neuro comps
DIABEVER	C106z	Diab.mell.+neuropathy NOS
DIABEVER	C107.	Diab.mell.+periph.circul.dis
DIABEVER	C1070	Diab.+periph.circ.dis-juvenile
DIABEVER	C1071	Diab.+periph.circ.dis.-adult
DIABEVER	C1072	Diabetic gangrene - adult
DIABEVER	C1073	IDDM periph circulatory disord
DIABEVER	C1074	NIDDM periph circulat disord
DIABEVER	C107y	Oth spcf diab mel+per circ cmp
DIABEVER	C107z	Diab.+periph.circ.disease NOS
DIABEVER	C108.	Insulin depnd diabetes melitus
DIABEVER	C1080	Insuln-dep diab mel+renal comp
DIABEVER	C1081	Insul-dep diab mel+ophth comps
DIABEVER	C1082	Insul-dep diab mel+neuro comps
DIABEVER	C1083	Insul dep diab mel+multi comps
DIABEVER	C1084	Unstab insul depend diab mell
DIABEVER	C1085	Insul depen diab mel+ulcer
DIABEVER	C1086	Insulin depen diab mel+gangren
DIABEVER	C1087	Insul-depend diab mell+retinop
DIABEVER	C1088	Insul dep diab mell-poor contr
DIABEVER	C1089	Insulin dep diabet adult onset
DIABEVER	C108y	Oth specf diab mel+multip comp

DIABEVER	C108z	Unspecifd diab mel+multip comp
DIABEVER	C109.	Non-ins-dep diabetes mellitus
DIABEVER	C1090	Non-ins-dp diab mel+renal comp
DIABEVER	C1091	Non-ins-dp diab mel+ophth comp
DIABEVER	C1092	Non-ins-dp diab mel+neuro comp
DIABEVER	C1093	Non-ins-dp diab mel+multi comp
DIABEVER	C1094	Non-insul depen diab mel+ulcer
DIABEVER	C1095	Non-insulin dep diab mell+gang
DIABEVER	C1096	Non-insul dep diab mel+retinop
DIABEVER	C1097	Non-insul dep diab-poor contr
DIABEVER	C10A.	Malnutritn-relat diab mellitus
DIABEVER	C10A0	Malnutrtn-reltd diab mell+coma
DIABEVER	C10A1	Malnut-rlat diab mell+ketoacid
DIABEVER	C10A2	Malnut-rlt diab mel+renal comp
DIABEVER	C10A3	Malnut-rlt diab mel+ophth comp
DIABEVER	C10A4	Malnut-rlt diab mel+neuro comp
DIABEVER	C10A5	Malnut-rlt diab mel+per circ c
DIABEVER	C10A6	Malnut-rlt diab mel+multi comp
DIABEVER	C10A7	Malnut-rlt diab mel w'out comp
DIABEVER	C10AW	Maln-rel diab m + unsp comp
DIABEVER	C10AX	Maln-rel diab m+ot sp comps
DIABEVER	C10B.	Diabet mel induced by steroids
DIABEVER	C10B0	Sterod ind diab mel w/out comp
DIABEVER	C10y.	Diab.mell.+other manifestation
DIABEVER	C10y0	Diab.mell.+oth manif.-juvenile
DIABEVER	C10y1	Diab.mell.+other manif. -adult
DIABEVER	C10yy	Oth spec diab mel+oth spec cmp
DIABEVER	C10yz	Diab.mell.+other manifest NOS
DIABEVER	C10z.	Diab.mell. + unspec comp
DIABEVER	C10z0	Diab.mell.+comp NOS - juvenile
DIABEVER	C10z1	Diab.mell.+comp NOS - adult
DIABEVER	C10zy	Oth specf diab mel+unspec comp
DIABEVER	C10zz	Diab.mell. + unspec comp NOS
STROKE	G66..	Stroke/CVA unspecified
STROKE	G660.	Middle cerebral artery syndrm
STROKE	G661.	Anterior cerebral artery syn
STROKE	G662.	Posterior cerebral artery syn
STROKE	G663.	Brain stem stroke syndrome
STROKE	G664.	Cerebellar stroke syndrome
STROKE	G665.	Pure motor lacunar syndrome
STROKE	G666.	Pure sensory lacunar syndrome
STROKE	G667.	Left sided CVA
STROKE	G668.	Right sided CVA
STROKE	G669.	Cere palsy not cong/infant ac
MYOCARDIAL	G30..	Acute myocardial infarction
MYOCARDIAL	G300.	Acute anterolateral infarction
MYOCARDIAL	G301.	Anterior myocard. infarct OS
MYOCARDIAL	G3010	Acute anteroapical infarction

MYOCARDIAL	G3011	Acute anteroseptal infarction
MYOCARDIAL	G301z	Anterior myocard.infarct NOS
MYOCARDIAL	G302.	Acute inferolateral infarction
MYOCARDIAL	G303.	Acute inferoposterior infarct
MYOCARDIAL	G304.	Posterior myocard.infarct NOS
MYOCARDIAL	G305.	Lateral myocardial infarct NOS
MYOCARDIAL	G306.	True posterior myocard.infarct
MYOCARDIAL	G307.	Acute subendocardial infarct
MYOCARDIAL	G308.	Inferior myocard. infarct NOS
MYOCARDIAL	G30X.	Ac transmur MI unspec site
MYOCARDIAL	G30y.	Other acute myocardial infarct
MYOCARDIAL	G30y0	Acute atrial infarction
MYOCARDIAL	G30y1	Acute papillary muscle infarct
MYOCARDIAL	G30y2	Acute septal infarction
MYOCARDIAL	G30yz	Other acute myocardial inf.NOS
MYOCARDIAL	G30z.	Acute myocardial infarct. NOS
HEARTFAIL	G58..	Heart failure
HEARTFAIL	G580.	Congestive heart failure
HEARTFAIL	G5800	Acute congestive heart failure
HEARTFAIL	G5801	Chroncongestive heart failure
HEARTFAIL	G5802	Decompensated cardiac failure
HEARTFAIL	G5803	Compensated cardiac failure
HEARTFAIL	G581.	Left ventricular failure
HEARTFAIL	G5810	Acute left ventricular failure
HEARTFAIL	G582.	Acute heart failure
HEARTFAIL	G58z.	Heart failure NOS
HEARTFAIL	G5y..	Heart disease OS
HEARTFAIL	G5y0.	Myocarditis NOS
HEARTFAIL	G5y1.	Myocardial degeneration
HEARTFAIL	G5y2.	Cardiovasc. arterioscl. unspec
HEARTFAIL	G5y3.	Cardiomegaly
HEARTFAIL	G5y30	Atrial dilatation
HEARTFAIL	G5y31	Ventricular dilatation
HEARTFAIL	G5y32	Cardiac dilatation NOS
HEARTFAIL	G5y33	Atrial hypertrophy
HEARTFAIL	G5y34	Ventricular hypertrophy
HEARTFAIL	G5y35	Cardiac hypertrophy NOS
HEARTFAIL	G5y3z	Cardiomegaly NOS
HEARTFAIL	G5y4.	Post cardiac opn.function dist
HEARTFAIL	G5y40	Postcardiotomy syndrome
HEARTFAIL	G5y4z	Post cardiac op.heart fail NOS
HEARTFAIL	G5y5.	Rupture of chordae tendinae
HEARTFAIL	G5y6.	Rupture of papillary muscle
HEARTFAIL	G5y7.	Sarcoid myocarditis
HEARTFAIL	G5y8.	Rheumatoid myocarditis
HEARTFAIL	G5y9.	Cardiac septal defect,acquired
HEARTFAIL	G5yA.	Rheumatoid carditis
HEARTFAIL	G5yX.	Cardiovasc disease,unspecif

HEARTFAIL	G5yy.	Other ill-defined heart dis.
HEARTFAIL	G5yy0	Papillary muscle atrophy
HEARTFAIL	G5yy1	Papillary muscle degeneration
HEARTFAIL	G5yy2	Papillary muscle dysfunction
HEARTFAIL	G5yy3	Papillary muscle scarring
HEARTFAIL	G5yy4	Papillary muscle disorder NOS
HEARTFAIL	G5yy5	Hyperkinetic heart disease
HEARTFAIL	G5yy6	Atrial thrombosis
HEARTFAIL	G5yyz	Other ill-def. heart dis. NOS
HEARTFAIL	G5yz.	Other heart disease NOS
HEARTFAIL	G5z..	Heart disease NOS
DEPRESSION	E0013	Presenile dementia+depression
DEPRESSION	E002.	Sen.dement.-depressed/paranoid
DEPRESSION	E0021	Senile dementia + depression
DEPRESSION	E002z	Sen.dement.-depr./paranoid NOS
DEPRESSION	E0043	Arterioscl.dementia+depression
DEPRESSION	E112.	Single major depressive episod
DEPRESSION	E1120	Single major depression-unspec
DEPRESSION	E1121	Single major depression-mild
DEPRESSION	E1122	Single major depress.-moderate
DEPRESSION	E1123	Single major depression-severe
DEPRESSION	E1124	Single maj.depress.severe+psyc
DEPRESSION	E1125	Single maj.depres.-part remiss
DEPRESSION	E1126	Single maj.depres.-full remiss
DEPRESSION	E112z	Single major depression NOS
DEPRESSION	E1130	Recurr.major depression-unspec
DEPRESSION	E1131	Recurr.major depression-mild
DEPRESSION	E1132	Recurr.major depress.-moderate
DEPRESSION	E1133	Recurr.major depression-severe
DEPRESSION	E1134	Recurr.maj.depres.-severe+psyc
DEPRESSION	E1135	Recurr.maj.depres.-part remiss
DEPRESSION	E1136	Recurr.maj.depres.-full remiss
DEPRESSION	E1137	Recurrent depression
DEPRESSION	E113z	Recurr. major depression NOS
DEPRESSION	E115.	Bipolar affective - now depres
DEPRESSION	E1150	Depressed bipolar affect.-unsp
DEPRESSION	E1151	Depress.bipolar affect.-mild
DEPRESSION	E1152	Depr.bipolar affect.-moderate
DEPRESSION	E1153	Depr.bipolar affect.-severe
DEPRESSION	E1154	Depr.bipol.affect.-severe+psyc
DEPRESSION	E1155	Depr.bipol.affect.-part remiss
DEPRESSION	E1156	Depr.bipol.affect.-full remiss
DEPRESSION	E115z	Depressed bipolar affect. NOS
DEPRESSION	E116.	Mixed bipolar affective disord
DEPRESSION	E1160	Mixed bipolar affective-unspec
DEPRESSION	E1161	Mixed bipolar affective-mild
DEPRESSION	E1162	Mixed bipolar affect.-moderate
DEPRESSION	E1163	Mixed bipolar affect.-severe

DEPRESSION	E1164	Mixed bipol.affect.severe+psyc
DEPRESSION	E1165	Mixed bipol.affect.part remiss
DEPRESSION	E1166	Mixed bipol.affect.full remiss
DEPRESSION	E116z	Mixed bipolar affective NOS
DEPRESSION	E11y2	Atypical depressive disorder
DEPRESSION	E11z2	Masked depression
DEPRESSION	E130.	Reactive depressive psychosis
DEPRESSION	E135.	Agitated depression
DEPRESSION	E204.	Neurotic (reactive) depression
DEPRESSION	E2B..	Depressive disorder NEC
DEPRESSION	E2B0.	Postviral depression
DEPRESSION	E2B1.	Chronic depression
ANXIETY	E200.	Anxiety states
ANXIETY	E2000	Anxiety state unspecified
ANXIETY	E2001	Panic disorder
ANXIETY	E2002	Generalised anxiety disorder
ANXIETY	E2003	Anxiety with depression
ANXIETY	E2004	Chronic anxiety
ANXIETY	E2005	Recurrent anxiety
ANXIETY	E200z	Anxiety state NOS
ANXIETY	E202.	Phobic disorders
ANXIETY	E2020	Phobia unspecified
ANXIETY	E2021	Agoraphobia with panic attacks
ANXIETY	E2022	Agoraphobia - no panic attacks
ANXIETY	E2023	Social phobia-eating in public
ANXIETY	E2024	Social phobia-public speaking
ANXIETY	E2025	Social phobia-public washing
ANXIETY	E2026	Acrophobia
ANXIETY	E2027	Animal phobia
ANXIETY	E2028	Claustrophobia
ANXIETY	E2029	Fear of crowds
ANXIETY	E202A	Fear of flying
ANXIETY	E202B	Cancer phobia
ANXIETY	E202C	Dental phobia
ANXIETY	E202D	Fear of death
ANXIETY	E202E	Fear of pregnancy
ANXIETY	E202z	Phobic disorder NOS
ANXIETY	E203.	Obsessive-compulsive disorders
ANXIETY	E2030	Compulsive neurosis
ANXIETY	E2031	Obsessional neurosis
ANXIETY	E203z	Obsessive-compulsive dis NOS
ANXIETY	E2D0.	Anxiety/fear child/adolesc.dis.
ANXIETY	E2D00	Child/adolesc.overanxious.dis.
ANXIETY	E2D01	Child/adolesc.fearfulness dis.
ANXIETY	E2D0z	Anxiety/fear child/adolesc.NOS
SUBSTANCE	E01..	Alcoholic psychoses
SUBSTANCE	E010.	Alcohol withdrawal delirium
SUBSTANCE	E011.	Alcohol amnestic syndrome

SUBSTANCE	E0110	Korsakov's alcoholic psychosis
SUBSTANCE	E0111	Korsakov + peripheral neuritis
SUBSTANCE	E0112	Wernicke-Korsakov syndrome
SUBSTANCE	E011z	Alcohol amnestic syndrome NOS
SUBSTANCE	E012.	Other alcoholic dementia
SUBSTANCE	E0120	Chronic alcoholic brain syndr.
SUBSTANCE	E013.	Alcohol withdrawal hallucinos.
SUBSTANCE	E014.	Pathological alcohol intoxic.
SUBSTANCE	E015.	Alcoholic paranoia
SUBSTANCE	E01y.	Other alcoholic psychosis
SUBSTANCE	E01y0	Alcohol withdrawal syndrome
SUBSTANCE	E01yz	Other alcoholic psychosis NOS
SUBSTANCE	E01z.	Alcoholic psychosis NOS
SUBSTANCE	E02..	Drug psychoses
SUBSTANCE	E020.	Drug withdrawal syndrome
SUBSTANCE	E021.	Drug-induced paranoia/hallucin
SUBSTANCE	E0210	Drug-induced paranoid state
SUBSTANCE	E0211	Drug-induced hallucinosis
SUBSTANCE	E021z	Drug-induc.paranoia/halluc NOS
SUBSTANCE	E022.	Pathological drug intoxication
SUBSTANCE	E02y.	Other drug psychoses
SUBSTANCE	E02y0	Drug-induced delirium
SUBSTANCE	E02y1	Drug-induced dementia
SUBSTANCE	E02y2	Drug-induced amnestic syndrome
SUBSTANCE	E02y3	Drug-induced depressive state
SUBSTANCE	E02y4	Drug-induced personality dis.
SUBSTANCE	E02yz	Other drug psychoses NOS
SUBSTANCE	E02z.	Drug psychosis NOS
SUBSTANCE	E23..	Alcohol dependence syndrome
SUBSTANCE	E230.	Acute alcoholic intoxication
SUBSTANCE	E2300	Acute alcoholic intoxic. unsp.
SUBSTANCE	E2301	Acute alcoh.intox.-continuous
SUBSTANCE	E2302	Acute alcoh.intox.-episodic
SUBSTANCE	E2303	Acute alcoh.intox.in remission
SUBSTANCE	E230z	Acute alcoholic intoxic. NOS
SUBSTANCE	E231.	Chronic alcoholism
SUBSTANCE	E2310	Chronic alcoholism unspecified
SUBSTANCE	E2311	Chronic alcoholism-continuous
SUBSTANCE	E2312	Chronic alcoholism-episodic
SUBSTANCE	E2313	Chronic alcohol.- in remission
SUBSTANCE	E231z	Chronic alcoholism NOS
SUBSTANCE	E23z.	Alcohol dependence syndr. NOS
SUBSTANCE	E24..	Drug dependence
SUBSTANCE	E240.	Opioid type drug dependence
SUBSTANCE	E2400	Opioid dependence-unspecified
SUBSTANCE	E2401	Opioid dependence-continuous
SUBSTANCE	E2402	Opioid dependence - episodic
SUBSTANCE	E2403	Opioid dependence-in remission

SUBSTANCE	E240z	Opioid drug dependence NOS
SUBSTANCE	E241.	Hypnotic/anxiolytic dependence
SUBSTANCE	E2410	Hypnotic/anxiol.depend.-unspec
SUBSTANCE	E2411	Hypnot/anxiol.dep.-continuous
SUBSTANCE	E2412	Hypnot/anxiol.dep.-episodic
SUBSTANCE	E2413	Hypnot/anxiol.dep-in remission
SUBSTANCE	E241z	Hypnotic/anxiolytic depend.NOS
SUBSTANCE	E242.	Cocaine type drug dependence
SUBSTANCE	E2420	Cocaine dependence-unspecified
SUBSTANCE	E2421	Cocaine dependence-continuous
SUBSTANCE	E2422	Cocaine dependence-episodic
SUBSTANCE	E2423	Cocaine depend. - in remission
SUBSTANCE	E242z	Cocaine drug dependence NOS
SUBSTANCE	E243.	Cannabis type drug dependence
SUBSTANCE	E2430	Cannabis dependence-unspecif.
SUBSTANCE	E2431	Cannabis dependence-continuous
SUBSTANCE	E2432	Cannabis dependence-episodic
SUBSTANCE	E2433	Cannabis depend.- in remission
SUBSTANCE	E243z	Cannabis drug dependence NOS
SUBSTANCE	E244.	Amphetamine/psychostim.depend.
SUBSTANCE	E2440	Amphetamine depend.-unspecif.
SUBSTANCE	E2441	Amphetamine depend.-continuous
SUBSTANCE	E2442	Amphetamine depend.-episodic
SUBSTANCE	E2443	Amphetamine dep.-in remission
SUBSTANCE	E244z	Amphetamine dependence NOS
SUBSTANCE	E245.	Hallucinogen dependence
SUBSTANCE	E2450	Hallucinogen depend.-unspecif.
SUBSTANCE	E2451	Hallucinogen depend-continuous
SUBSTANCE	E2452	Hallucinogen depend.-episodic
SUBSTANCE	E2453	Hallucinogen dep.-in remission
SUBSTANCE	E245z	Hallucinogen dependence NOS
SUBSTANCE	E246.	Glue sniffing dependence
SUBSTANCE	E2460	Glue sniffing - unspecified
SUBSTANCE	E2461	Glue sniffing - continuous
SUBSTANCE	E2462	Glue sniffing - episodic
SUBSTANCE	E2463	Glue sniffing - in remission
SUBSTANCE	E246z	Glue sniffing dependence NOS
SUBSTANCE	E247.	Other specified drug dependen.
SUBSTANCE	E2470	Other drug dependence unspecif
SUBSTANCE	E2471	Other drug depend.-continuous
SUBSTANCE	E2472	Other drug depend.-episodic
SUBSTANCE	E2473	Other drug dep.-in remission
SUBSTANCE	E247z	Other drug dependence NOS
SUBSTANCE	E248.	Combined opioid+other drug dep
SUBSTANCE	E2480	Opioid+other drug dep. unspec.
SUBSTANCE	E2481	Continuous opioid+other depen.
SUBSTANCE	E2482	Episodic opioid+other depend.
SUBSTANCE	E2483	In remission-opioid+other dep.

SUBSTANCE	E248z	Opioid+other drug depend. NOS
SUBSTANCE	E249.	Combined drug dep. excl.opioid
SUBSTANCE	E2490	Comb.drug dep ex opioid-unspec
SUBSTANCE	E2491	Comb.drug dep ex opioid-contin
SUBSTANCE	E2492	Comb.drug dep ex opioid-episod
SUBSTANCE	E2493	Comb.drug dep ex opioid-in rem
SUBSTANCE	E249z	Comb.drug dep ex opioid NOS
SUBSTANCE	E24A.	Ecstasy type drug dependence
SUBSTANCE	E24z.	Drug dependence NOS
SUBSTANCE	E25..	Nondependent abuse of drugs
SUBSTANCE	E250.	Alcohol abuse - nondependent
SUBSTANCE	E2500	Alcohol abuse - unspecified
SUBSTANCE	E2501	Alcohol abuse - continuous
SUBSTANCE	E2502	Alcohol abuse - episodic
SUBSTANCE	E2503	Alcohol abuse - in remission
SUBSTANCE	E250z	Nondependent alcohol abuse NOS
SUBSTANCE	E2510	Tobacco dependence-unspecified
SUBSTANCE	E2511	Tobacco dependence-continuous
SUBSTANCE	E2512	Tobacco dependence-episodic
SUBSTANCE	E2513	Tobacco depend. - in remission
SUBSTANCE	E251z	Tobacco dependence NOS
SUBSTANCE	E252.	Nondependent cannabis abuse
SUBSTANCE	E2520	Nondep cannabis abuse - unspec
SUBSTANCE	E2521	Nondep cannabis abuse - contin
SUBSTANCE	E2522	Nondep cannabis abuse - episod
SUBSTANCE	E2523	Nondep cannabis abuse in remis
SUBSTANCE	E252z	Nondep cannabis abuse NOS
SUBSTANCE	E253.	Nondependen hallucinogen abuse
SUBSTANCE	E2530	Nondep hallucinogen abuse-unsp
SUBSTANCE	E2531	Nondep hallucinogen abuse-cont
SUBSTANCE	E2532	Nondep hallucinogen abuse-epis
SUBSTANCE	E2533	Nondep hallucin abuse-in remis
SUBSTANCE	E253z	Nondep hallucinogen abuse NOS
SUBSTANCE	E254.	Nondep hypnot/anxiolytic abuse
SUBSTANCE	E2540	Nondep hypnot/anxio.abuse-unsp
SUBSTANCE	E2541	Nondep hypnot/anxio.abuse-cont
SUBSTANCE	E2542	Nondep hypnot/anxio.abuse-epis
SUBSTANCE	E2543	Nondep hypn/anxio.abuse-in rem
SUBSTANCE	E254z	Nondep hypnot/anxiol abuse NOS
SUBSTANCE	E255.	Nondependent opioid abuse
SUBSTANCE	E2550	Nondep opioid abuse - unspecif
SUBSTANCE	E2551	Nondep opioid abuse - continuo
SUBSTANCE	E2552	Nondep opioid abuse - episodic
SUBSTANCE	E2553	Nondep opioid abuse - in remis
SUBSTANCE	E255z	Nondependent opioid abuse NOS
SUBSTANCE	E256.	Nondependent cocaine abuse
SUBSTANCE	E2560	Nondep cocaine abuse - unspec.
SUBSTANCE	E2561	Nondep cocaine abuse - contin.

SUBSTANCE	E2562	Nondep cocaine abuse - episod.
SUBSTANCE	E2563	Nondep cocaine abuse -in remis
SUBSTANCE	E256z	Nondependent cocaine abuse NOS
SUBSTANCE	E257.	Nondep amphetamine type abuse
SUBSTANCE	E2570	Nondep amphet type abuse -unsp
SUBSTANCE	E2571	Nondep amphet type abuse -cont
SUBSTANCE	E2572	Nondep amphet type abuse -epis
SUBSTANCE	E2573	Nondep amph. type abuse-in rem
SUBSTANCE	E257z	Nondep amphet. type abuse NOS
SUBSTANCE	E258.	Nondep antidepress type abuse
SUBSTANCE	E2580	Nondep antidep type abuse-unsp
SUBSTANCE	E2581	Nondep antidep type abuse-cont
SUBSTANCE	E2582	Nondep antidep type abuse-epis
SUBSTANCE	E2583	Nondep antidep tp abuse-in rem
SUBSTANCE	E258z	Nondep antidep type abuse NOS
SUBSTANCE	E259.	Nondependent mixed drug abuse
SUBSTANCE	E2590	Nondep mixed drug abuse-unspec
SUBSTANCE	E2591	Nondep mixed drug abuse-contin
SUBSTANCE	E2592	Nondep mixed drug abuse-episod
SUBSTANCE	E2593	Nondep mixed drug abuse-in rem
SUBSTANCE	E2594	Misuse of prescription drugs
SUBSTANCE	E259z	Nondep mixed drug abuse NOS
SUBSTANCE	E25y.	Nondependent other drug abuse
SUBSTANCE	E25y0	Nondep other drug abuse-unspec
SUBSTANCE	E25y1	Nondep other drug abuse-contin
SUBSTANCE	E25y2	Nondep other drug abuse-episod
SUBSTANCE	E25y3	Nondep other drug abuse-in rem
SUBSTANCE	E25yz	Nondep other drug abuse NOS
SUBSTANCE	E25z.	Misuse of drugs NOS

## APPENDIX E Error Conditions

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The table below provides error condition information for PHO systems to present on the MSA - Message Acknowledgement Segment in data element MSA-6- error condition. The agreement is that these error conditions will be applied consistently across PHO systems.

Segment	Element Name	Error Description	Error Condition Code	Error Condition
MSH	Field Separator	Field Separator not present	000	Reject
	Encoding Characters	Encoding Characters not present	001	Reject
	Sending Application	Sending Application not present	002	Warning
	Sending Facility	Sending Facility not present	003	Warning
	Date/Time of Message	Date/Time of Message not present	004	Reject
	Message type	Message type not present	005	Warning
	Message control ID	Message control ID not present	006	Reject
	Processing ID	Processing ID not present	007	Warning
	Version ID	Version ID not present	008	Warning
PID	Patient ID (internal ID)	Patient ID (internal ID) not present in PHO RMS system or practice data set	009	Reject Patient line
	Patient name	Patient name not present in PHO RMS system or practice data set	010	Reject Patient line
	Date of birth	Date of birth not present in PHO RMS system or practice data set	011	Reject Patient line
	Gender	Gender not present in PHO RMS system or practice data set	012	Reject Patient line
	Patient address	Patient address not present in PHO RMS system or practice data set	013	Reject Patient line
	Ethnic group	Ethnic group not present in PHO RMS system or practice data set	014	Reject Patient line
PRD	Practitioner type	Practitioner type not present	015	Reject Provider line
	Practitioner name	Practitioner name not present	016	Reject Provider line
	Practitioner identifiers	Practitioner identifiers not present	017	Reject Provider line
	Effective start date of role	Effective start date of role not present	018	Reject Provider line
	Locum Status	Locum Status	019	Warning
ZPR	Practice name	Practice name not present	020	Warning
	Practice ID	Practice ID not present	021	Warning
	PerOrg ID	PerOrg ID not present	022	Warning
	Practice Physical	Practice Physical address not	023	Warning

	address	present		
	Practice Postal address	Practice Postal address not present and not physical address present	024	Warning
ZRD	Date of enrolment	Date of enrolment not present PHO RMS system or practice data set	025	Warning
	HUHC number	HUHC number not present PHO RMS system or practice data set	026	Warning
	HUHC expiry date	HUHC expiry date not present PHO RMS system or practice data set and patient does have HUHC card	027	Warning
	CSC number	CSC number not present PHO RMS system or practice data set	028	Warning
	CSC expiry date	CSC expiry date not present PHO RMS system or practice data set and patient does have CSC card	029	Warning
	Quintile	Quintile not present PHO RMS system or practice data set	030	Warning
	Care Plus Enrolment Status	Care Plus Enrolment Status not present PHO RMS system or practice data set	031	Warning
	Care Plus Enrolment Start Date	Care Plus Enrolment Start Date not present PHO RMS system or practice data set and Patient is enrolled in Care Plus	032	Warning
	Care Plus Enrolment End Date	Care Plus Enrolment End Date not present PHO RMS system or practice data set and Patient is enrolled in Care Plus	033	Warning
ZCN	Date of Event	Date of Event is not present	034	Warning
	PMS Visit ID	PMS Visit ID is not present	035	Warning
ZSD	Service ID	Service ID is not present	036	Warning
	Funder Type	Funder Type is not present	037	Warning
	Claim Code	Claim Code is not present	038	Warning
	Outcome Code	Outcome Code is not present	039	Warning
	Practitioner type	Practitioner type is not present	040	Warning
	Practitioner identifiers	Practitioner identifiers is not present	041	Warning
ZIM	Administration Sub-ID Counter	Administration Sub-ID Counter is not present	042	Warning
	Administered Code	Administered Code is not present	043	Warning
	Indication	Indication is not present	044	Warning
	Completion Status	Completion Status is not present	045	Warning
ZPI	Query Description	Query Description is not present	046	Warning
	Value 1	Value 1 is not present	047	Warning

	Code Type	Code Type is not present	048	Warning
	Code	Code is not present	049	Warning

The table below outlines what the PHO should action when an error condition is returned:

Error Condition	Process for Resolution
Reject	Practice to resubmit corrected file
Reject Patient line	Patient line rejected and sent back to Practice to resubmit data line
Reject Provider line	Provider line rejected and sent back to Practice to resubmit data line
Warning	PHO fixes error and advises Practice to submit corrected information in future extract