

Syndromic Surveillance Data Requirements – based on HL7 v2.5.1

The following is a partial list of HL7 elements from the [PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings, Release 2.0](#) that MDH requires or would like to receive. Please note that this is only a minimal list of required fields and the full Implementation Guide with all the other required elements should be followed for MU/MIPS-compliance.

MDH accepts ADT A01, A03, A04 and A08 message types.

HL7 Segment	HL7 Sequence	HL7 Element Name	HL7 Requirement	MDH Requirement (ESSENCE fields)
MSH	4	Sending Facility	R	Required (Hospital Name and NPI/OID)
EVN	7	Event Facility	R	Required (Hospital Name and NPI)
PID	3	Patient Identifier List – ID Number	R	Required (Medical Record Number)
PID	7	Date/Time of Birth	O	Required (DOB if Age is not sent in OBX)
PID	8	Administrative Sex	RE	Required (Sex)
PID	10	Race - Identifier	RE	Required (Race)
PID	11.5	Patient Address – Zip/Postal Code	RE	Required (Zip Code of patient residence)
PID	22	Ethnic Group - Identifier	RE	Required (Ethnicity)
PV1	36	Discharge Disposition	RE	Required (Discharge Disposition) in A03
PV1	44	Admit or Encounter Date/Time	R	Required (Date/Time of Visit)
PV2	38	Mode of Arrival	X	Recommended (Mode of Arrival)
OBX	2 3 5	Chief Complaint Value Type=CWE LOINC=8661-1 Observation Value	R R RE	Required (Chief Complaint)
OBX	2 3 5 6	Age Value Type=NM LOINC=21612-7 Observation Value Units	R R RE C (R/X)	Required (Age) if no DOB in PID
OBX	2 3 5	Onset Date Value Type=TS (CWE or TX) LOINC=11368-8 Observation Value	R R RE	Required (Onset Date)
OBX	2 3 5	Clinical Impression Value Type=TX LOINC=44833-2 Observation Value	R R RE	Required (Clinical Impression)
OBX	2 3 5 6	Initial Temp Value Type=NM LOINC=11289-6 Observation Value Units	R R RE C (R/X)	Required (Initial Temp)
OBX	2 3 5	Pregnancy Status Value Type=CWE LOINC=11449-6 Observation Value	R R RE	Required (Pregnancy Status)
OBX	2 3 5	Facility Type Value Type=CWE LOINC=SS003 Observation Value	R R RE	Required (Facility Type)
DG1	3	Diagnosis Code	R	Required (Discharge Diagnosis)
DG1	5	Diagnosis Date/Time	O	Required (Diagnosis Date/Time)
IN1	15	Plan Type	O	Required (Insurance Coverage)