



Clinically Enhanced Data

Lab Data Requirements

6/13/2012

	Field Name	Opt	Preferred format	Table
1	MHA Hospital ID	R	3 digits	
2	Medical Record Number	R		
3	Patient Account Number	R		
4	Patient DOB	R	YYYYMMDD	
5	Patient Sex	R	See reference table	1
6	SSN# (last 4)	R	4 digits	
7	Admit Date/Time	R	YYYYMMDDHHMMSS	
8	Discharge Date/Time	O	YYYYMMDDHHMMSS	
9	Order Number	R		
10	Lab Test Name	R		
11	Lab Test Code	R	LOINC code	
12	Ordering Provider	O	NPI	
13	Order Date/Time	O	YYYYMMDDHHMMSS	
14	Observation Date/Time	R	YYYYMMDDHHMMSS	
15	Analysis Date/Time	O	YYYYMMDDHHMMSS	
16	Observation Value (Result)	R		
17	Observation Units	R		
18	Observation Result Status	C	See reference table	8
19	Reference Range	C		
20	Abnormal Flag	O	"Y" or "N"(default)	
21	Order Type	C	See reference table	2
22	Specimen Type	C	See reference table	7
23	Specimen Condition	C	See reference table	9
24	Observation Request Notes	O		
25	Observation Result Notes	O		

Lab Data Requirement Notes:

- Fields 1 (MHA Hospital ID), 2 (Medical Record Number), 3 (Patient Account Number), and 7 (Admit Date/Time) are required to link UB data.
- If only ADHF (Acute Decompensated Heart Failure) data is included, patients with any of the following ICD-9-CM codes as a principal diagnosis should be included:
 - 428.xx heart failure
 - 398.91 rheumatic heart failure
 - 402.01, 402.11, 402.91 hypertensive heart failure
 - 404.01, 404.03, 404.11, 404.13, 404.91, 404.93 hypertensive heart failure and kidney failure
- Optionality: R=Required, O=Optional, C=Conditional

Data Field Notes:

1 MHA Hospital ID

3-digit number assigned to your hospital by MHA. Same as in UB data.

2 Medical Record Number

3 Patient Account Number

Hospital internal number. Same as in UB data. Specific for a visit, but not necessarily for a patient if he/she has multiple visits.

4 Patient Date of Birth

5 Patient Sex

Reference Table 1:

A	Ambiguous
F	Female
M	Male
N	Not applicable
O	Other
U	Unknown

6 Patient Social Security Number

Only include last 4 digits.

7 Admit Date/Time

8 Discharge Date/Time

9 Order Number

Unique number for this particular lab order at this hospital.

10 Lab Test Name

Name of this lab test that corresponds to #11.

11 Lab Test Code

If LOINC codes not used, we will map your internal code numbers.

12 Ordering Provider

Prefer NPI. If internal code is specified, we will map to NPI.

13 Order Date/Time

Time this lab test was ordered.

14 Observation Date/Time

Time of specimen collection. Required for the database. If not given, Analysis Date/Time will be stored.

15 Analysis Date/Time

Time test run.

16 Observation Value (Result)

17 Observation Units

18 Observation Result Status

This field is required if more than just Final or Corrected results are sent. We are interested in Final and Corrected results only. A Corrected result will override a Final result if both are given with the same Order number.

Reference Table 8:

F	Final result
C	Corrected result
P	Preliminary result
D	Deleted OBX message

19 Reference Range

Normal range for observation value (#14). E.g., "3.5-4.5" or "<2.0"

20 Abnormal Flag

"Y" for Abnormal result, "N" for Normal.

21 Order Type

Reference Table 2:

I	Inpatient Order
O	Outpatient Order

Required if sending more than inpatient labs.

22 Specimen Type

Required if LOINC code is not specified in #10.

Reference Table 7:

B	Blood
BA	Blood, arterial
BMV	Blood, mixed venous
BV	Blood, venous
BW	Blood, whole
BC	Blood, capillary
P	Plasma
PPP	Plasma, platelet poor
PPR	Plasma, platelet rich
S	Serum
SP	Serum/plasma
U	Urine
O	Other

23 Specimen Condition

Required if test results on unacceptable specimens are included. Default "null" indicated specimen is acceptable.

Reference Table 9:

CON	Contaminated
HEM	Hemolysis

24 Observation Request Notes

Free text up to 200 characters.

25 Observation Result Notes

Free text up to 200 characters.