MIIX Required Fields and Age Requirements – by Segment/Field

			- 1 1-	5
HL7 Segment /Field Location	Field	Special Notation	Required For: (<19 yrs) = Minor Every Patient = All	
MSH-1	Field Separator	Vertical Bar or Pipe Symbol	All	Completed 100%
MSH-2	Encoding Characters	Must be ^~\&	All	100%
MSH-4	Sending Organization	Organization ID values will be supplied by MSDH	All	100%
MSH-7	Date/Time of Message	See HL7 MSH Attribute Table	All	100%
MSH-9	Message Type		All	100%
MSH-10	Message Control ID		All	100%
MSH-11	Processing ID	Should contain a "P"	All	100%
MSH-12	HL7 Version ID	Must be version 2.5.1.	All	100%
PID-3	Medical Record # (MR)		All	100%
PID-5	Patient's Name	Last^First^Middle Initial	All	100%
PID-6	Mother Maiden Name	Nursing homes, CA Hospitals and Pharmacies are exempt, but we would like to see for all other patients when possible	Minor All Adult	100%
PID-7	Birth Date		All	100%
PID-8	Gender	F, M, O, and U Accepted	All	100%
PID-10	Race	See Table 1	All	90%
PID-11	Street, City, State, Zip County	Full address required County recommended	All Recommended	100% 100%
PID-13	Phone	One primary number only Example: ^PRN^PH^^^601^6620228	All	100%
PID-22	Ethnicity	See Table 2	All	90%
PID-24	Multiple Birth Indicator	Required for Multiple Births	All	100%
PID-25	Birth Order	Required for Multiple Births	All	100%
PID-30	Deceased	If the patient death date is filled	Minor	80%
NK1-1	Set ID		Minor	100%

HL7 Segment /Field Location	Field	Special Notation	Required For: (<19 yrs) = Minor Every Patient = All	Percentage of Records Required to be Completed
NK1-2	Next of Kin Name	First Name^Last Name	Minor	100%
NK1-3	Relationship	MTH, FTH, GRD, PAR	Minor	100%
NK1-5	Next of Kin Phone		Minor	100%
PD1-3.1	Facility Name	MSDH Provided	All	100%
PD1-3.3	Facility ID	MSDH Provided	All	100%
ORC-1	Order Control Number		All	
ORC-3	Filler Order Number		All	
ORC-12	Ordering Provider NPI		All	
RXA-1	Sub-ID Counter	Constrained to 0 (zero)	All	100%
RXA-2	Dose Administration Sub-ID	Constrained to 1 (one)	All	100%
RXA-3	Vaccination Date		All	100%
RXA-5	Vaccine Code CVX or Vaccine Code CPT and Vaccine Name and Coding Type	CVX code required, CPT codes accepted NDC codes required	All	100%
RXA-6	Administered Amount		All	100%
RXA-9	Administration Notes	00 = New Immunizations 01 = Historical Immunizations	All	100%
RXA-11	Administered at Location	Administered Immunizations	All	100% (New Immunizations)
RXA-15	Vaccine Lot Number	Administered Immunizations	All	100% (New Immunizations)
RXA-16	Vaccine Lot Expiration Date	Administered Immunizations	All	100% (New Immunizations)
RXA-17	Vaccine Manufacturer Code and Manufacturer Name	Administered Immunizations	All	100% (New Immunizations)

HL7 Segment /Field Location	Field	Special Notation	Required For: (<19 yrs) = Minor Every Patient = All	Percentage of Records Required to be Completed
RXR-1	Route		All	80%
RXR-2	Site		All	50%
OBX-1	Set ID of OBX		All	100%
OBX-2	Value Type	CE, NM, ST, DT, or TS	All	100%
OBX-3	Question	See Table 3	All	100%
OBX-5	Answer	Based on specific OBX segment (Table 4 & 5)	All	100%
OBX-11	Observation Result Status		All	
OBX-14	Date/Time of Observation		All	

Table 1 – Race Codes (PID)

1002-8	American Indian or Alaska Native
2028-9	Asian
2054-5	Black or African American
2076-8	Native Hawaiian or Other Pacific Islander
2106-3	White
2131-1	Other, Mixed, or Unknown

Table 2 – Ethnicity Codes (PID)

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2135-2	Hispanic or Latino
2186-5	Non-Hispanic or Latino

Table 3 - Required LOINC Codes for OBX Segments:

30956-7	Vaccine Type
64994-7	VFC Eligibility Status
30963-3	Vaccine Funding Source
29768-9	VIS Publication Date
29769-7	VIS Presentation Date

Table 4 – VFC Eligibility Codes (OBX)

V01	Not VFC Eligible	
V02	VFC Eligible – Medicaid/Medicare Managed Care	
V03	VFC Eligible – Uninsured	
V04	VFC Eligible – American Indian or Alaska Native	
V05	VFC Eligible – Federally Qualified Health Center	
	Patient or Underinsured	
V22	CHIP	
V23	317	
V24	Medicare	

Table 5 – Vaccine Funding Source (OBX)

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Military Funds		
Private Funds		
Federal Funds		
State Funds		
Tribal Funds		
Public Funds		
Public VFC		
Public non-VFC		
Other		
Unknown		