QUICK REFERENCE IN HOW TO FIX COMMON ERRORS IN HL7 VXU PROFILE
V. 1.0 01/14/2019

Segment	Field Number	Name	Should be
MSH	3	Sending Application	Name of your software
MSH	4	Sending Facility	Send HL7 Facility code provided by CT
MSH	5	Receiving Application	Should be equal to CTWiZ
MSH	6	Receiving Facility	Should be equal to CT0000
MSH	16	Application Acknowledgment Type	leave this field blank
MSH	17	Country Code	leave this field blank or equal to USA
MSH	18	Character Set	leave this field blank
MSH	19	Principal Language Of Message	leave this field blank
MSH	20	Alternate Character Set Handling Scheme	leave this field blank
MSH	21	Message Profile Identifier	The Immunization Information System expects the following values for all incoming messages: Z22^CDCPHPHINVS for all incoming VXU messages Z34^CDCPHINVS or Z44^CDCPHINVS for incoming QBP messages Value is not used for all other incoming message types and will be processed without applying a message profile. All outgoing response messages to VXU messages will be coded as follows: Z23^CDCPHINVS will be used for all RSP messages to a Z22^DCPHINVS VXU message All outgoing response messages to QBP messages will be coded as follows: Z33^CDCPHINVS will be used for all RSP messages containing no match Z32^CDCPHINVS will be used for all RSP messages containing a single patient record with full immunization history Z31^CDCPHINVS will be used for all RSP messages containing one or more lower confidence matching records Z42^CDCPHINVS will be used for all RSP Z44 evaluations and forecast messages containing a single patient record Empty for all other outgoing message types.
MSH	22	Responsible Sending Organization	leave this field blank

Segment	Field Number	Name	Should be
MSH	23	Responsible Receiving Organization	leave this field blank
MSH	24	SendingNetworkAddress	leave this field blank
MSH	25	ReceivingNetworkAddress	leave this field blank
NK1	3	Relationship	The Immunization Information System expects values mapped in the "Emergency Contact Type" codes and will process this data in the contacts relationship field for patient demographics. Example: |MTH^Mother^HL70063|
NK1	4	Address	leave this field blank
NK1	5	Phone Number	Needs to be in correct format "^PRN^PH^^^702^1234567", don't send words as ex. "Unknown, NONE"
NK1	6	Business Phone Number	Needs to be in correct format "^PRN^PH^^^702^1234567", don't send words as ex. "Unknown, NONE"
NK1	20	Primary Language	leave this field blank
NK1	25	Religion	leave this field blank
NK1	28	Ethnic Group	leave this field blank
NK1	29	Contact Reason	leave this field blank
OBX	6	Units	leave this field blank
OBX	11	Observation Result Status	Should be equal to "F"
OBX	14	Date Time Of The Observation	leave this field blank
OBX	17	Observation Method	leave this field blank
OBX		OBX Segments	CT WiZ collects the following OBX segments for administered immunizations: - 30956-7^Vaccine Type - 30963-3^Vaccine funding source - 64994-7^Vaccine Funding Program Eligibility - 29768-9^VIS Published Date - 29769-7^VIS Presented Date

Segment	Field Number	Name	Should be
OBX		30963-3^Vaccine funding source	This field is required when reporting administered immunizations. CT WiZ only will allow the below values for the vaccine funding source **HL7 Code** PHC70^Private VXC50^Public
OBX		64994-7^Vaccine Funding Program Eligibility	This field is required when reporting administered immunizations. CT WiZ only will allow the below values for the Vaccine Funding Program Eligibility **HL7 Code** V00^VFC Eligibility Not Determined/Unknown V01^Not VFC Eligible V02^VFC Eligible - Medicaid/Medicaid Managed Care V03^VFC Eligible - Uninsured V04^VFC Eligible - American Indian/Alaska Native V05^VFC Eligible - Underinsured At FQHC V22^CHIP V23^317
OBX		29768-9^VIS Published Date	This value represents the date the presented VIS was published. The most current list of Vaccine Information Statement publication dates can be found at: https://www.cdc.gov/vaccines/hcp/vis/current-vis.html.
OBX		29769-7^VIS Presented Date	This value represents the date the document was presented to the patient/responsible person and is typically the same date as the Date of Administration for the vaccination.
ORC	3	Filler Order Number	The identifier included in the incoming message will be stored off in the database with this vaccination. It will not be visible on the direct entry user interface. This is the unique identifier of the sending system in a given transaction. Use of this foreign key will allow the initiating system to accurately identify a previously sent immunization record and facilitate the accurate update or deletion of that record. The length of the ORC-3 field can be up to 199 characters. While the ORC-3 value is stored, a user must delete and correct the record in CT WiZ.

Segment	Field Number	Name	Should be
ORC	10	Entered By	leave this field blank
ORC	12	Ordering Provider	A Medical License number or preferably an NPI as the identifier in these fields.
ORC	13	Enterers Location	leave this field blank
PD1	4	Patient Primary Care Provider Name & ID No	leave this field blank
PD1	12	ProtectionIndicator	leave this field blank
PD1	13	ProtectionIndicatorEffectiveDate	leave this field blank
PD1	14	PlaceOfWorship	leave this field blank
PD1	15	AdvanceDirectiveCode	leave this field blank
PD1	16	ImmunizationRegistryStatus	leave this field blank
PD1	17	ImmunizationRegistryStatusEffectiveDate	leave this field blank
PD1	18	PublicityCodeEffectiveDate	leave this field blank
PID	3	Patient Identifier List	It is Medical Record number, need to use Patient Identifier "MR"
PID	11	Patient Address	Needs to be in correct format and type of address always should be sending, CT WiZ will updated the address according with the type of address with below values: BR=Loaded as the Patient's Physical address C=Loaded as the Patient's Mailing address H=Loaded as the Patient's Physical address L=Loaded as the Patient's Mailing address M=Loaded as the Patient's Mailing address P=Loaded as the Patient's Physical address BDL=Birth Delivery Location - City and State portions will be loaded into the Birth City and Birth State fields N=Birth (nee) - City and State portions will be loaded into the Birth City and Birth State fields
PID	12	County Code	leave this field blank
PID	15	Primary Language	Refer to CT WiZ HL7 v2.5.1 Specs User-defined Table 0296 - Language (page 210) for valid Language
PID	17	Religion	leave this field blank
PID	21	Mothers Identifier	leave this field blank

Segment	Field Number	Name	Should be
PID	22	Ethnic Group	Per CDC Table (Ethnic Group), valid codes are: 2135-2 Hispanic or Latino 2186-5 not Hispanic or Latino *For "Unknown" or "Declined" Ethnic Group leave field blank
PID	33	Last Update Date Time	leave this field blank
PV1		PV1 segment	PV1 is not sent at all or that all PV1 segments are sent blank
RXA	5	Administered Code	Needs to be in correct format of the CVX code or current NDC, Refer to CT WiZ HL7 v2.5.1 Specs page 159 for more information
RXA	6	Administered Amount	If administered amount is not recorded, unknown, or refused, use 999. Do not use a zero for an unknown amount.
RXA	10	Administering Provider	A Medical License number or preferably an NPI as the identifier in these fields.
RXA	11.4	Administered At Location	Send HL7 Facility code provided by CT, ex "|^^^CTXXXX|"
RXA	15	Substance Lot Number	For administered immunizations CT WiZ expects to receive a value in this field.
RXA	16	Substance Expiration Date	For administered immunizations CT WiZ expects to receive a value in this field.
RXA	17	Substance Manufacturer Name	CT WiZ expects a valid MVX code.
RXA	22	System Entry Date Time	leave this field blank
RXR	1	Route	Refer to CT WiZ HL7 v2.5.1 Specs HL7 Table 0162 – Route of Administration (page 204) for valid route of administration
RXR	2	Administration Site	Refer to CT WiZ HL7 v2.5.1 Specs HL7 HL7 Table 0163 –Administrative Site (page 205) for valid administration site