Table 3.0.1 MIIX Required Field and Age Requirements – by Segment/Field

HL7 Segment /Field Location	Field	Special Notation	Required For Minors (<19 yrs) = Minor Every Patient = All	Percentage of Records Required to be Completed
MSH-1	Field Separator	Vertical Bar or Pipe Symbol "|"	All	100%
MSH-2	Encoding Characters	Must be ^~\&	All	100%
MSH-4	Sending Facility	MIIX ID or Facility Name 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 for MU2.	All	100%
NK1-1	Set ID		Minor	100%
NK1-2	Relations Name	First Name^Last Name	Minor	100%
NK1-3	Relationship	MTH, FTH, GRD, PAR	Minor	100%
NK1-5	Phone		Minor	50%
OBX-1	Set ID of OBX		All	
OBX-2	Value Type	CE, NM, ST, DT, or TS	All	
OBX-3	Question	Based on specific OBX segment VFC Status Required LOINC 64994-7	Minor	100%
OBX-5	Answer	Based on specific OBX segment	Minor	100%
OBX-11	Observation Result Status		Minor	

OBX-14	Date/Time of Observation		Minor	
PID-3	Medical Record # (MR)		All	100%
PID-5	Patient's Name	Last^ First^ Middle Initial	All	100%
PID-6	Mother Maiden Name		Minor	20%

* * The inclusion of VIS publication date – 29768-9, VIS presentation date – 29769-7, and funding source – 30963-3 LOINC codes is strongly encouraged. * *

HL7 Segment /Field Location	Field	Special Notation	Required For Minors (<19 yrs) = Minor Every Patient = All	Percentage of Records Required to be Completed
PID-7	Birth Date		All	100%
PID-8	Gender	F, M, O, and U Accepted	All	100%
PID-10	Race	See Table 4.3.19	All	90%
PID-11	Street, City, State, Zip		Minor	100%
PID-13	Phone		All	50%
PID-30	Deceased	If the patient death date is filled	Minor	80%
PV1-20	Eligible VFC	Included for 2.3.1 compatibility only	Minor	100% (for 2.3.1)
ORC-12	Ordering Provider	NPI Number and provider name	All	100%
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 **Strongly** preferred, CPT codes accepted	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-17	Vaccine Manufacturer Code and Manufacturer Name	Administered Immunizations	All	100% (New Immunizations)
RXR-1	Route		All	80%
RXR-2	Site		All	50%