

# HL7 Conformance Profile

# **IHE HL7 DFT billing**

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**Publication date:**

November, 2015

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## About this Conformance Profile

Conformance profile DFT^P03 Outbound

XML Billing - Release 2005.2.0

This profile describes the DFT^P03 message structure used to send billing information from Agfa Impax RIS

to a charge processor. The trigger to send DFT messages is based on validated requests in QDoc.

Billing codes (item numbers) should be linked to examination codes. This linking is part of the exam setup

and should be done in QManager.

For each validated request, a DFT^P03 message will be sent, containing the billing details for the examinations within that validated request.

This compliance claim contains the specifications for the Technical billing.  
Professional Billing is not included in this compliance claim.

For more information on HL7 conformance profiles please consult HL7 ANSI standard chapter 2 and HL7 Implementation/Conformance Technical Committee documents at <http://www.hl7.org/special/committees/ictc/docs.cfm>

## Conformance parameters

### Message Profile

- HL7 Version: 2.4
- Profile Type: Constrainable
- Topics: confsig-AGFA/QUADRAT-2.4-profile-accNE\_accAL-Deferred

### Encoding Method

ER7

## Interaction 1

### Dynamic Definition

- Accept Acknowledgement: NE
- Application Acknowledgement: NE
- Acknowledgement Mode: Immediate

### Static Definition

- Event Description: DFT/ACK - Post detail financial transaction
- Message Type: DFT
- Trigger Event: P03
- Message Structure: DFT\_P03
- Topics: confsig-AGFA/QUADRAT-2.4-static-DFT-P03-null-DFT\_P03-2005.2.0--Sender

### Message structure

MSH EVN PID [PV1] [OBR] FT1 [{ PR1 [DG1] }] {[DG1]}

### MSH - Message Header

- Usage: Required
- Cardinality:1..1

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Field Separator	ST		1	R	1..1	e.g.
2	Encoding Characters	ST		4	R	1..1	e.g. ^~\&
3	Sending Application	HD	HL70361	227	O	0..1	
3.1	namespace ID	IS	HL70363	30	O	..	e.g. AGFA
4	Sending Facility	HD	HL70362	227	O	0..1	
4.1	namespace ID	IS	HL70363	30	O	..	e.g. AGFARIS
5	Receiving Application	HD	HL70361	227	O	0..1	
5.1	namespace ID	IS	HL70363	30	O	..	e.g. HIS
6	Receiving Facility	HD	HL70362	227	O	0..1	
6.1	namespace ID	IS	HL70363	30	O	..	e.g. HISBilling
7	Date/Time Of Message	TS		26	R	1..1	
7.1	Date/Time	NM		12	R	..	e.g. 200603271346
9	Message Type	CM_MSG	HL70076	15	R	1..1	
9.1	message type	ID	HL70076	3	O	..	e.g. DFT
9.2	trigger event	ID	HL70003	3	O	..	e.g. P03
9.3	message structure	ID	HL70354	7	O	..	
10	Message Control ID	ST		20	R	1..1	e.g. 10000324564
11	Processing ID	PT		3	R	1..1	
11.1	processing ID	ID	HL70103	3	O	..	
12	Version ID	VID	HL70104	973	R	1..1	
12.1	version ID	ID	HL70104	3	O	..	e.g. 2.4
18	Character Set	ID	HL70211	6	O	0..*	

#### 7.1. Date/Time

YYYYMMDDHHMM use local time

#### 9.1. message type

fixed value: 'DFT'

## 9.2. trigger event

fixed value: 'P03'

## 11.1. processing ID

fixed value: 'P'

## 12.1. version ID

fixed value: '2.4'

## 18. Character Set

fixed value: '8859/1' Agfa Healthcare also only supports one character set per message, so MSH-18 cannot be used repetitively

## EVN - Event Type

- Usage: Required

- Cardinality:1..1

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Event Type Code	ID	HL70003	3	R	1..1	e.g. P03
2	Recorded Date/Time	TS		26	R	1..1	
2.1	Date/Time	NM		12	R	..	e.g. 200603271346

### 1. Event Type Code

fixed value: 'P03'

### 2.1. Date/Time

YYYYMMDDHHMM use local time

## PID - Patient identification

- Usage: Required

- Cardinality:1..1

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
2	Patient ID	CX		1913	O	0..1	
2.1	ID	ST		20	O	..	
2.3	code identifying the check digit scheme employed	ID	HL70061	3	O	..	
2.4	assigning authority	HD		15	O	..	
2.4.1	namespace ID	IS	HL70363	7	O	..	
2.4.2	universal ID	ST		3	O	..	
2.4.3	universal ID type	ID	HL70301	3	O	..	
2.5	identifier type code (ID)	ID	HL70203	3	O	..	
2.6	assigning facility	HD		11	O	..	
2.6.1	namespace ID	IS	HL70363	3	O	..	
2.6.2	universal ID	ST		3	O	..	
2.6.3	universal ID type	ID	HL70301	3	O	..	
2.7	effective date (DT)	DT		3	O	..	
2.8	expiration date	DT		3	O	..	
3	Patient Identifier List	CX		1913	R	1..*	
3.1	ID	ST		200	O	..	e.g. 23335447

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
3.2	Check digit	ST		200	O	..	
3.3	code identifying the check digit scheme employed	ID	HL70061	200	O	..	
3.4	assigning authority	HD		602	O	..	
3.4.1	namespace ID	IS	HL70363	200	O	..	e.g. HIS
3.4.2	universal ID	ST		200	O	..	
3.4.3	universal ID type	ID	HL70301	200	O	..	
3.5	identifier type code (ID)	ID	HL70203	200	O	..	
3.6	assigning facility	HD		602	O	..	
3.6.1	namespace ID	IS	HL70363	200	O	..	
3.6.2	universal ID	ST		200	O	..	
3.6.3	universal ID type	ID	HL70301	200	O	..	
3.7	effective date (DT)	DT		3	O	..	
3.8	expiration date	DT		8	O	..	
4	Alternate Patient ID - PID	CX		1913	O	0..1	
4.1	ID	ST		20	O	..	
5	Patient Name	XPN		1103	O	0..*	
5.1	family name	FN		174	O	..	
5.1.1	surname	ST		30	O	..	e.g. Doe
5.2	given name	ST		30	O	..	e.g. Joe
7	Date/Time Of Birth	TS		26	O	0..1	
7.1	Date/Time	NM		12	R	..	e.g. 200403281346
8	Administrative Sex	IS	HL70001	1	O	0..1	e.g. M
11	Patient Address	XAD		631	O	0..*	
11.1	street address (SAD)	SAD		328	O	..	
11.1.1	street or mailing address	ST		264	O	..	e.g. street & number
11.3	city	ST		30	O	..	e.g. Gent
11.5	zip or postal code	ST		20	O	..	e.g. 9000
13	Phone Number - Home	XTN		850	O	0..*	
13.1	[(999)] 999-9999 [X99999][C any text]	TN		15	O	..	e.g. +32 51 443998
14	Phone Number - Business	XTN		850	O	0..*	
14.1	[(999)] 999-9999 [X99999][C any text]	TN		250	O	..	
15	Primary Language	CE	HL70296	483	O	0..1	
15.1	identifier	ST		10	O	..	e.g. ENG
16	Marital Status	CE	HL70002	483	O	0..1	
16.1	identifier	ST		1	O	..	e.g. M
18	Patient Account Number	CX		1913	O	0..1	
18.1	ID	ST		40	O	..	
19	SSN Number - Patient	ST		20	O	0..1	
23	Birth Place	ST		30	O	0..1	e.g. Roeselare

## 2. Patient ID

For backwards compatibility only: store the Agfa RIS patient code (p\_code) in the ID with the assigning authority filled as AGFARIS or the HIS patient code with the assigning authority filled as HIS

(p\_natnumber). An application parameter that identifies the Xml Node to use for this field. (Infile \_ HL7 \_ PatientIdentifier)

## 2.1. ID

parameter: 'HL7\_PatientIdentifier', default: 'P\_NATNUMBER' patients.p\_code

## 2.4.1. namespace ID

fixed values: 'AGFARIS', 'RIS'

## 3. Patient Identifier List

Depending on the configuration of the DFT Billing interface, one or multiple known patient ID's can be sent in PID-3. Recommended is to use only one patient ID. (P\_NATNUMBER)

## 3.8. expiration date

! In use from release 2005.2.0 ! YYYYMMDD Parameter: IncludeExpiredIdentifiers Only included if IncludeExpiredIdentifiers = 1 and expiration date is a valid date

## 4. Alternate Patient ID - PID

For backwards compatibility only

## 7.1. Date/Time

YYYYMMDDHHMM

## 8. Administrative Sex

fixed values: 'M', 'F', or 'U'

## 13.1. [(999)] 999-9999 [X99999][C any text]

Phone number - If available

## 14.1. [(999)] 999-9999 [X99999][C any text]

Second phone number - if available

## 16.1. identifier

fixed values: 'M','S',

## PV1 - Patient visit

- Usage: Required but may be empty

- Cardinality: 0..1

- Implementation note: The PV1 segment in a DFT message is mainly used to transfer the admission number to which the billing data is linked to. Remark that the admission number will only be sent when it is properly linked to the validated request for which the DFT message is generated. Whether the admission number is linked to the request is dependant on the HL7 ADT interface and application setup for patient admission data.

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
2	Patient Class	IS	HL70004	1	R	1..1	e.g. I
18	Patient Type	IS	HL70018	1	O	0..1	
19	Visit Number	CX		1913	O	0..1	
19.1	ID	ST		30	O	..	e.g. 23387463

## 2. Patient Class

fixed values: 'I', 'O'

## 19.1. ID

gbprestatiegroep.pathospitalnr, if not null. else : gbprestatiegroep.clientref, if not null. else : fixed value: 'UNKNOWN'

## **OBR - Observation Request**

- Usage: Optional
- Cardinality: 0..1

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - OBR	SI		4	R	1..1	
2	Placer Order Number	EI		427	O	0..1	
2.1	entity identifier	ST		3	O	..	
3	Filler Order Number	EI		427	O	0..1	
3.1	entity identifier	ST		3	O	..	
3.2	namespace ID	IS	HL70363	3	O	..	
3.3	universal ID	ST		3	O	..	
4	Universal Service Identifier	CE		483	R	1..1	
4.2	text	ST		3	O	..	
7	Observation Date/Time #	TS		26	C	0..1	
13	Relevant Clinical Info.	ST		300	O	0..1	
16	Ordering Provider	XCN		3002	O	0..*	
16.1	ID number (ST)	ST		3	O	..	
16.2	family name	FN		147	O	..	
16.2.1	surname	ST		3	O	..	
16.3	given name	ST		3	O	..	
19	Placer Field 2	ST		60	O	0..1	
24	Diagnostic Serv Sect ID	ID	HL70074	10	O	0..1	
30	Transportation Mode	ID	HL70124	20	O	0..1	
32	Principal Result Interpreter +	CM_NDL		835	O	0..1	
32.1	name	CN		78	O	..	
32.1.1	ID number (ST)	ST		3	O	..	
32.1.2	family name	FN		15	O	..	
32.1.3	given name	ST		3	O	..	
34	Technician +	CM_NDL		835	O	0..*	
34.1	name	CN		105	O	..	
34.1.1	ID number (ST)	ST		3	O	..	
34.1.2	family name	FN		15	O	..	
34.5	room	IS	HL70303	3	O	..	

### **1. Set ID - OBR**

Fixed 1

### **4. Universal Service Identifier**

Repeated for every exam.

### **19. Placer Field 2**

Prescribing service code^prescribing service name

### **30. Transportation Mode**

WALK, CART, WHLC or empty

### **34. Technician +**

Technician for every included exam.

## **Segment group: FINANCIAL**

- Usage: Required
- Cardinality:1..1

### **FT1 - Financial Transaction**

- Usage: Required
- Cardinality:1..1
- Implementation note: FT1 Segments are used for 3 purposes: When the first character of FT1-2 is 'E', the FT1 segment contains billing data for an examination within a validated request in QDoc. When the first character of FT1-2 is 'P', the FT1 segment contains billing data for a product registered within a validated request in QDoc. When the first character of FT1-2 is 'B', the FT1 segment contains data about an advanced payment for that validated request.

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
2	Transaction ID	ST		10	O	0..1	e.g. E90744532
3	Transaction Batch ID	ST		30	O	0..1	e.g. X200602280003
4	Transaction Date	TS		26	O	0..1	
4.1	Date/Time	NM		12	R	..	e.g. 200603281346
5	Transaction Posting Date	TS		26	O	0..1	
5.1	Date/Time	NM		12	R	..	e.g. 200603301346
6	Transaction Type	IS	HL70017	2	O	0..1	e.g. CG
7	Transaction Code	CE	HL70132	483	O	0..1	
7.1	identifier	ST		15	O	..	e.g. A337283
7.2	text	ST		2000	O	..	
7.3	name of coding system	IS	HL70396	7	O	..	
8	Transaction Description	ST		2	O	0..1	e.g. F
10	Transaction Quantity	NM		6	O	0..1	e.g. 1
11	Transaction Amount - Extended	CP		543	O	0..1	
11.1	price	MO		7	O	..	
11.1.1	quantity	NM		3	O	..	e.g. 1
12	Transaction Amount - Unit	CP		543	O	0..1	
12.1	price	MO		7	O	..	
12.1.1	quantity	NM		3	O	..	
13	Department Code	CE	HL70049	483	O	0..1	
13.1	identifier	ST		25	O	..	e.g. NUCMED
14	Insurance Plan ID	CE	HL70072	483	O	0..1	
14.1	identifier	ST		10	O	..	e.g. PRIVATE
15	Insurance Amount	CP		543	O	0..1	
15.1	price	MO		7	O	..	
15.1.1	quantity	NM		3	O	..	
17	Fee Schedule	IS	HL70024	3	O	0..1	e.g. WE
18	Patient Type	IS	HL70018	10	O	0..1	e.g. I
20	Performed By Code	XCN	HL70084	3002	O	0..*	
20.1	ID number (ST)	ST		20	O	..	e.g. D55332
20.2	family name	FN		244	O	..	

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
20.2.1	surname	ST		100	O	..	e.g. DONALDSON
20.3	given name	ST		30	O	..	e.g. Paul
20.4	second and further given names or initials thereof	ST		12	O	..	
20.6	prefix (e.g., DR)	ST		30	O	..	e.g. DR
21	Ordered By Code	XCN		3002	O	0..*	
21.1	ID number (ST)	ST		20	O	..	e.g. ANNIE
21.2	family name	FN		244	O	..	
21.2.1	surname	ST		100	O	..	
21.3	given name	ST		30	O	..	
21.4	second and further given names or initials thereof	ST		12	O	..	
21.6	prefix (e.g., DR)	ST		30	O	..	
23	Filler Order Number	EI		427	O	0..1	
23.1	entity identifier	ST		30	O	..	e.g. X200602280004
23.2	namespace ID	IS	HL70363	4	O	..	
24	Entered By Code	XCN		3002	O	0..*	
24.1	ID number (ST)	ST		40	O	..	e.g. DAVE
25	Procedure Code	CE	HL70088	483	O	0..1	
25.1	identifier	ST		50	O	..	e.g. CT HEAD
25.2	text	ST		250	O	..	e.g. CT Head
25.3	name of coding system	IS	HL70396	8	O	..	
26	Procedure Code Modifier	CE	HL70340	483	O	0..1	
26.1	identifier	ST		3	O	..	e.g. TC

## 2. Transaction ID

For Exams : <E> + <Internal unique number for the examination> For Products: <P> + <Internal unique number for that product within the request> For Advanced payments: <B> + <Internal unique number for the advanced payment>

## 3. Transaction Batch ID

Unique number of the validated request in Qdoc.

### 4.1. Date/Time

YYYYMMDDHHMM For exams, the date/time stamp of execution of the exam is filled in this field. For Products and advanced payments, the date & time of the request is filled in this field.

### 5.1. Date/Time

YYYYMMDDHHMM For all types of FT1 segment, the creation date/time of the HL7 DFT message is filled in this field. This is the moment that the billing interface has been performed.

## 6. Transaction Type

The value will be CG for a normal validated request that is sent for the first time to the charge processor. Depending on the configuration of the interface, a message can be sent to the charge processor when a request is in-validated after validation. In that case, the value in FT1-6 will be CD. When a request is validated again after in-validation, the value in FT1-6 will be AJ.

## 7. Transaction Code

By default, the billing code linked to an examination code is sent in this field. However, depending on the configuration of the interface, the accession number (depends on the ris parameter

HL7PACS.Accessionnr), or the exam code or an internal unique key for the exam can also be sent in FT1-7. for Products, the Product code as known in Agfa RIS will be sent in this field.

## **8. Transaction Description**

For exams: the exam status as known in QDoc will be sent in this field. For products and payments: not used

## **10. Transaction Quantity**

For exams: fixed value: '1' (1 exam is always treated in 1 transaction) For products: number of units

## **11. Transaction Amount - Extended**

By default, no prices are sent in the DFT interface. Price calculation is the responsibility of the charge processor that receives Billing codes from the order filler.

## **12. Transaction Amount - Unit**

By default, no prices are sent in the DFT interface. Price calculation is the responsibility of the charge processor that receives Billing codes from the order filler.

### **12.1.1. quantity**

For exams: the price of 1 exam, without supplements. For products: the price of 1 product, without supplements. For payments: same amount as filled in FT1-11 in this segment. total of gbpseudonomlijn.hon, total of gbbet\_factuur.bedrag When value should be 0 it is replace with blanks

### **13.1. identifier**

The performing department to which the validated request is linked to is filled in this field.

## **14. Insurance Plan ID**

The paymode (payment regime) that is linked to the request is sent in this field. The value is dependent of the payment regimes setup in QPlanner, and the use of Payment regimes in the request in

## **15. Insurance Amount**

By Default, no insurance data is sent in the DFT interface. It is up to the charge processor to take the patient's insurance data into account.

## **17. Fee Schedule**

The value NWF from the exam in Qdoc if filled in this field. By default, the value S is filled in this field. NA is sent when the value of the NWF field is N WE is sent when the value of the NWF field is W NW is sent when the value of the NWF field is F

## **18. Patient Type**

For all: patient type that is filled in the request in QDOC gbprestatiegroep.patttype

## **20. Performed By Code**

For exams and products: performing physician For payments: NOT filled

## **21. Ordered By Code**

The requesting physician will be filled in this field.

## **23. Filler Order Number**

For examination, the unique number of the request will be filled in this field. For products and advanced payments, this field will be blank.

## **24. Entered By Code**

For all: the login code of the user that created the request in QDoc.

## **25. Procedure Code**

For exams: the QDoc exam code and description. For products and payments: same value as in FT1-23 will be filled in this field.

### **26.1. identifier**

Will always be TC

## **Segment group: FINANCIAL PROCEDURE - FINANCIAL.FINANCIAL PROCEDURE**

- Usage: Required but may be empty
- Cardinality:0..\*

### **PR1 - Procedures**

- Usage: Required
- Cardinality:1..1
- Implementation note: A PR1 segment will be added after each FT1 segment for exams, one PR1 segment for each item number that is configured for the exam in the FT1 segment. For FT1 segments for products or payments, NO PR1 segment will be added.

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - PR1	SI		3	O	0..1	e.g. 1
2	Procedure Coding Method	IS	HL70089	3	O	0..1	e.g. AQ
3	Procedure Code	CE	HL70088	483	O	0..1	
3.1	identifier	ST		50	O	..	e.g. A332984
3.2	text	ST		250	O	..	
3.3	name of coding system	IS	HL70396	10	O	..	
5	Procedure Date/Time	TS		26	O	0..1	
5.1	Date/Time	NM		12	O	..	e.g. 200603281346
6	Procedure Functional Type	IS	HL70230	3	O	0..1	e.g. D
16	Procedure Code Modifier	CE	HL70340	483	O	0..2	
16.1	identifier	ST		3	O	..	e.g. TC

#### **1. Set ID - PR1**

Counter, reset to 1 for every new exam

#### **2. Procedure Coding Method**

fixed value: 'AQ'

#### **3. Procedure Code**

Depending on the configuration of the interface, the billing code linked to the exam (Item number) or the examination code will be sent in this field.

#### **5.1. Date/Time**

The date & time of the request will be filled in this field.

#### **6. Procedure Functional Type**

By default, the value in this field will be 'D'. In case anesthesia is selected for that exam in QDoc, the value 'A' will be filled in this field.

#### **16.1. identifier**

Will always be value 'TC'

## **DG1 - Diagnosis**

- Usage: Optional
- Cardinality: 0..1
- Implementation note: DG1 segments can be added after each FT1 segment. These segments represent the diagnostic codes that are linked to the Item Numbers (PR1). The diagnostic codes attached directly on

examination are also available here.

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - DG1	SI		4	R	1..1	
3	Diagnosis Code - DG1	CE	HL70051	483	O	0..1	
3.1	identifier	ST		20	O	..	
3.2	text	ST		250	O	..	
3.3	name of coding system	IS	HL70396	10	O	..	
3.4	alternate identifier	ST		3	O	..	
3.5	alternate text	ST		3	O	..	
3.6	name of alternate coding system	IS	HL70396	3	O	..	
4	Diagnosis Description	ST		40	O	0..1	
5	Diagnosis Date/Time	TS		26	O	0..1	
5.1	Date/Time	NM		12	C	..	e.g. 20040328134602.1234+0600
6	Diagnosis Type	IS	HL70052	2	R	1..1	
19	Attestation Date/Time	TS		26	O	0..1	

## 1. Set ID - DG1

Incremental Counter, starts at 1 and is unique for all DG1 segments.

### 3.1. identifier

The diagnostic code (compliant with the Diagnosis Coding Method that is used).

### 3.2. text

Descriptive text for the diagnostic code.

### 3.3. name of coding system

The possible diagnosis coding methods are listed in the QManager parameter:  
 DIAG\_TYPE/LINKTOBILLINGCODE

## 4. Diagnosis Description

Descriptive text for the diagnostic code.

### 5.1. Date/Time

YYMMDDHHMM The date/time stamp of execution of the exam is filled in this field.

## 6. Diagnosis Type

fixed value: 'F'

**End of segment group FINANCIAL\_PROCEDURE**

**End of segment group FINANCIAL**

## DG1 - Diagnosis

- Usage: Optional

- Cardinality:0..\*

- Implementation note: Global DG1 segments can be added across all FT1 segments. These segments represent the diagnostic codes that are linked directly on the validated request.

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - DG1	SI		4	R	1..1	
3	Diagnosis Code - DG1	CE	HL70051	483	O	0..1	

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
3.1	identifier	ST		20	O	..	
3.2	text	ST		250	O	..	
3.3	name of coding system	IS	HL70396	10	O	..	
3.4	alternate identifier	ST		3	O	..	
3.5	alternate text	ST		3	O	..	
3.6	name of alternate coding system	IS	HL70396	3	O	..	
4	Diagnosis Description	ST		40	O	0..1	
5	Diagnosis Date/Time	TS		26	O	0..1	
5.1	Date/Time	NM		12	C	..	e.g. 20040328134602.1234+0600
6	Diagnosis Type	IS	HL70052	2	R	1..1	

## 1. Set ID - DG1

Incremental Counter, starts at 1 and is unique for all DG1 segments.

### 3.1. identifier

The diagnostic code (compliant with the Diagnosis Coding Method that is used).

### 3.2. text

Descriptive text for the diagnostic code.

### 3.3. name of coding system

The possible diagnosis coding methods are listed in the QManager parameter:  
 DIAG\_TYPE/LINKTOBILLINGCODE

## 4. Diagnosis Description

Descriptive text for the diagnostic code.

### 5.1. Date/Time

YYYYMMDDHHMM The date/time stamp of execution of the request is filled in this field.

## 6. Diagnosis Type

fixed value: 'F'