



Health PAC Electronic Claiming

Applicable to:

Authorised Maternity Providers

contracted under

Section 88 of the

New Zealand Public Health and Disability Act 2000

concerning the Provision of Maternity Services

Effective 1 July 2007

Version MT07.10

**HealthPAC
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Document Modification Record

Date	Version	Author	Description
28/05/2002	0.08	Stu McKinlay	Created Specification document to accommodate New Maternity Notice Effective 1 July.
16/07/2002	0.09	Doug Graham	<ul style="list-style-type: none"> • Fixed missing version control. • Changed Health Benefits to HealthPAC. • Corrected typo's. • Section 4.8 ZHC changed "O" to "C" for ZHC-1, ZHC-2, ZHC-3. • Clarified 4.14.4.25 ZSW-25. • Removed Home Birth Indicator ZSW-28 from Maternity Event Code ES. • Added Home Birth Indicator ZSW-28 to Maternity Event Code MB. • Removed ZSW-22 from Maternity Event Code MB. • Moved MH data to MB claim type where applicable in Table 4.14.3. MH now has only that data specific to Services and Supplies claiming. • Changed MH Claim Code title from "Labour and Birth Information" to "Services and Supplies". • Added rule explanation to 2nd and 3rd Trimester Part claiming Table HBL1b.
13/03/2003	0.09a	Subhasish Dutta	<p>As part of the migration of Maternity to Pro-Claim / GTPS retention of complete backward compatibility was a primary objective. Substantive changes have been deferred till subsequent versions of this document. The first, designated as version 1.0, has already been prepared.</p> <p>Corrections made to the document are as follows:</p> <ul style="list-style-type: none"> • Added fee code 2H in table HBL1b for Second Trimester Half • ZSB-2 usage changed from M to C and O for Service Types MB and MS respectively in usage table of 4.10.3, and added to Field Notes. • ZSB-13 – Apgar Score – 1 min made optional, as not required by Section 88 Notice. • Corrected condition in field notes for ZSB-14 – Apgar Score – 5 mins • ZSW-2, ZSW-8, ZSW-10 are absent from Section 88 Forms, and made optional. • Changed usage of ZSW-14 Delivery Type to Optional for MB service in 4.14.3. • Replacement throughout the document of the "HB" abbreviation with the full name "HealthPAC" • Appropriate replacement, throughout the document, of the "sub-component" HL7 term, with the "component" term. • Replacement of SSSG by HealthPAC, Dunedin (4.8.3.9 and 10). • Clarification in 2.1 that the Spec is currently applicable for MoH, and not for DHBs. • Added note on purpose of MSH-7 and MSH-9. • Usage values provided for ZSB in table in 4.10.2 • Added value of "SB" to condition in field notes for ZSB-10 in 4.10.4.10 • Corrected ZSW-53 and 54 to correct element numbers. • Disagreement between Table of Fields, Field Usage and Field Notes corrected for: <ul style="list-style-type: none"> • ZSW-2, ZSW-35 (not used), ZSW-36 (not used), ZSW-54 (not used), ZSB-8, ZSW-17 (not used) • Incomplete Usage column completed for: <ul style="list-style-type: none"> • ZSF, ZSO, ZSW

Date	Version	Author	Description
			<ul style="list-style-type: none"> • Also sundry corrections so that a field that is mandatory field for a single Service Type is Conditional in the Usage column in the Table of Fields • Added additional description in Field Notes for ZCT-3, 4, 6, 7, 9 and 10. • Updated chapter 5 to specify which tables are used. • Updated Table in 3.4.4 to show ZRF to be Optional. • Length of PID-22 increased to 8 in table in 4.5.2, in line with Field Notes 4.5.4.22. • Added / corrected Field Notes for MSA-2, MSA-6, MSH-7, MSH-9, MSH-10, ZRF-12, ZRF-13 • Updated chapter 5 to specify which tables are used. • Removed “not required” note against Other Geographic Designation in definition of AD data type in 4.1.2.3. • Minor typos corrected. • Changed to Not Used in Table of Field Usage as per Field Notes for: ZSB-7, ZSB-8, ZSB-9, ZSB-10, ZSB-16.
05/11/2003	0_10	Toni Wilson	<ul style="list-style-type: none"> • Changes to this version of the specification are as follows; Added additional trigger value to ‘MSH 9 Message Type’, • Updated ‘ZWP 4 Estimated Date of Delivery’ field length to 8 and updated format to YYYYMMDD, • Set ‘ZRF – Referral’ segment as optional for Single Service Episodes (ES), • Set ‘ZSB 4 Baby Date of Birth’ field as mandatory for Services Following Birth (MS) and Single Service Episodes (ES), • Renamed existing ‘ZSW 23’ field to ‘Service For’ and set to mandatory for Single Service Episodes (ES), • Updated existing Fee Codes in the HBL1b Table with new descriptions, • Added new Service Claim and Fee Codes to the HBL1b table. • Removed Labour and Birth Information (MH) Service Type.
24/11/2006	MT07.0	Niki Heywood	<p>Changes for Primary Maternity Services Notice 2007. Because of the significant changes in this notice, many existing fields have changed their module usage as noted in the Usage tables shown for each segment. Individual field usage changes have not been noted below.</p> <ul style="list-style-type: none"> • Changed versioning for document to relate to the notice • Replaced New Zealand domicile code with Area Unit Classification in AD datatype definition • Added new Service Claim and Fee Codes to tables HBL1a and HBL1b • Increase in size for Fee Code field from 2 to 3 • Added new Service Claim Codes to table HBL2 • Added new Module End Reasons to table HBL3 and reinstated usage of this field (ZSW4) • Set NS and ND values to Not Used in table HBL8 (Baby Condition) • Set RD and AN values to Not Used in table HBL12 • Set a number of Ethnicity Codes to Not Used in table HBL15 to match manual form • New Claim Codes and changes to optionality in Tables of Field Usage for each segment • Replacement of Nursing Council references with Midwifery Council • Updated Segment Usage by Event Type table • Increased Field Size of PID 9 Patient Alternative Name to agree with other standard name field sizes

Date	Version	Author	Description
			<ul style="list-style-type: none"> • Increased Field Size of ZSO5 Referring Practitioner ID to 10 • Increased Field Size of ZHC8 Total Amount Claimed (GST Incl), ZSC3 Claimed Amount (GST Excl), and ZSF2 Fee Claimed to 10 to allow for values of ZZZZZZ9.99 • Replacement of HBL references with HealthPAC • Set all ZCT fields, except Type of Claim, to Not Used • ZSB16 Baby Ethnic Group definition has changed to match PID22 Ethnic Group definition • ZSC3 is now the GST Exclusive Value instead of GST Inclusive. • ZSF2 Fee Claimed is now GST exclusive to reflect the Fee Schedule in the Notice • <u>Set the following fields to Not Used</u> <ul style="list-style-type: none"> ZCT2 Disb 1 Payee Number ZCT3 Disb 1 Payee Name ZCT4 Disb 1 Payee Amount ZCT5 Disb 2 Payee Number ZCT6 Disb 2 Payee Name ZCT7 Disb 2 Payee Amount ZCT8 Disb 3 Payee Number ZCT9 Disb 3 Payee Name ZCT10 Disb 3 Payee Amount ZCT11 Disb 1 NHI ZCT12 Disb 1 Service Code ZCT13 Disb 2 NHI ZCT14 Disb 2 Service Code ZCT15 Disb 3 NHI ZCT16 Disb 3 Service Code ZHC1 Organisation Type ZHC2 Organisation ID ZHC3 PIN/PAN number ZHC5 Date of Services From ZHC6 Date of Services To ZRF1 Person Referred ZRF3 Date of Referral ZRF4 Reason ZRF5 Referral Type ZRF6 Referred To ZRF10 Care Transferred ZRF11 Date of Transfer ZRF12 Trimester or Labour and Birth ZRF13 Provider Referred To ZSB9 Baby Date Discharged ZSB13 Apgar Score – 1 min ZSB15 Name of WCC ZSF3 RVG Code ZSF4 Ordinary Attendance ZSF6 Status ZSO6 Referring Practitioner Surname ZSO10 Organisation Number ZSO11 Organisation Name ZSO12 Total Units ZSO14 Emergency Scan ZSO15 Service Name

Date	Version	Author	Description
			<p>ZSO16 Referral For</p> <p>ZSW2 Care Plan Commenced</p> <p>ZSW8 Epidural Relief Used</p> <p>ZSW9 Epidural Service Provided By</p> <p>ZSW10 Facility Type – Transferred From</p> <p>ZSW11 Facility Code – Transferred From</p> <p>ZSW14 Delivery Type</p> <p>ZSW22 Domiciliary Midwifery Services</p> <p>ZSW24 First Trimester</p> <p>ZSW25 Unregistered Woman</p> <p>ZSW26 Woman Away from Usual Area</p> <p>ZSW27 Medical Emergency</p> <p>ZSW28 Home Birth</p> <p>ZSW29 Facility Number</p> <p>ZSW30 Facility Name</p> <p>ZSW31 Name of Midwife</p> <p>ZSW32 Care Transferred</p> <p>ZSW33 Practitioner – Transferred to Second Practitioner</p> <p>ZSW37 LMC Contacted</p> <p>ZSW38 Documentation Given</p> <p>ZSW39 Facility Code</p> <p>ZSW40 Facility Start Date</p> <p>ZSW41 Facility End Date</p> <p>ZSW42 Facility End Reason</p> <p>ZSW43 Provider Type – Midwifery Services</p> <p>ZSW44 Provider Type – LMC Services</p> <p>ZSW46 Chorionic Villous Sampling Test Performed</p> <p>ZSW47 Foetal Blood Sampling Test Performed</p> <p>ZSW48 Amniocentesis Test Performed</p> <p>ZSW49 GP Notified</p> <p>ZSW50 Placenta Kept by Woman</p> <p>ZSW52 Exceptional Circumstance</p> <p>ZSW53 Number of 2nd and 3rd Trimester Visits</p> <ul style="list-style-type: none"> <p><u>Added the following new fields</u></p> <p>PID28 Nationality <i>not used</i></p> <p>PID29 Patient Death Date and Time <i>not used</i></p> <p>PID30 Patient Death Indicator</p> <p>ZHC11 Grand Total Amount Claimed (GST excl)</p> <p>ZHC12 GST</p> <p>ZSB18 Baby Transferred to WCC</p> <p>ZSB19 Baby Name</p> <p>ZSW55 Number of 1st Trimester Visits</p> <p>ZSW56 Number of 2nd Trimester Visits</p> <p>ZSW57 Number of 3rd Trimester Visits</p> <p>ZSW58 Referred to GP</p> <p>ZSW59 Date of Referral to GP</p> <p>ZWP5 Height</p> <p>ZWP6 Weight</p> <p>ZWP7 Smoking Status Indicator</p> <p>ZWP8 Smoking Daily Quantity</p> <p><u>Changed the names of the following fields</u></p> <p>ZHC8 Total Amount Claimed - Grand Total Amount Claimed (GST incl)</p> <p>ZSW19 Date Discharged Home – Date Discharged From LMC</p>

Date	Version	Author	Description
			ZSW51 Attendance at Birth – LMC Attendance at Birth ZSW-16 Mother Condition has been replaced by PID-30 Patient Death Indicator since other values are not required.
20/12/06	MT07.01	Niki Heywood	Change of Fee Codes for LMC 1 st /2 nd trimester and Non-LMC Urgent Postnatal care and subsequent changes to Segment Usage and Field Usage table (LTF is now LF, LTT is now LT, and NU/P is now NP) Format of Midwifery Council Registration Number
10/1/07	MT07.02	Niki Heywood	Updates following feedback EDD definition updated for postnatal Change of LFF and LTT to LFØ and LTØ in fee codes Addition of ZSW-60 Date/Time Labour Established for Labour and Birth Claims
16/1/07	MT07.03	Niki Heywood	Change in field notes for ZWP-3 Parity and ZWP-4 Delivery Corrections to a couple of usage tables showing SR where they should have been SU
19/1/07	MT07.04	Niki Heywood	Clarification of standard datatypes Addition of ZSW-61 Area Unit Classification Code field for Post-natal Rural Travel claims Correction of usage table for ZSW-23 for NU and NL
29/1/07	MT07.05	Niki Heywood	Make Baby Condition mandatory for Postnatal claims to enable conditional aspect of other Baby fields in ZSB. Greyed out fields in usage tables which are no longer used. Changed Baby Condition WB to be LB to agree with forms
2/2/07	MT07.06	Niki Heywood	Updated table HBL1b to reflect final version (v14) of the notice issued 1 Feb 2007 Updated fee codes for <ul style="list-style-type: none"> • LMC Labour and Birth (Rural Support) to LLR0E • Obstetrician First Consult to SO00F
20/3/07	MT07.07	Niki Heywood	Corrected minor inconsistencies in Segment Usage Summary by removing “M” for:- <ul style="list-style-type: none"> • ZSW for SO • ZWP for SP
26/3/07	MT07.08	Niki Heywood	Corrected field notes for ZSW-23. Corrected Table 4 to show ZWP segment as Conditional (previously Mandatory), ZSF as Mandatory (previously Conditional), ZRF as Not Used, remove multiple ability from ZSO. (These updates bring this table into line with the Segment Usage table on the following page).
11/4/07	MT07.09	Niki Heywood	Clarification of usage of ZSW-19 Date Discharged from LMC
8/5/07	MT07.10	Niki Heywood	Change of PID-22 from Mandatory for Registration to Conditional. Field is mandatory only for the Birth Mother.

1. Abstract

This document defines messaging and communication standards for the electronic transfer of maternity claims information between providers and HealthPAC. This standard is based on Health Level Seven (HL7) version 2.3 with extensions to meet specific New Zealand and HealthPAC Claiming requirements.

Maternity claims include the following services:

- Registration with the Lead Maternity Carer
- Pregnancy Care Services
- Labour and Birth
- Services Following Birth
- Referral to Specialist Services
- Specialist Services

2. Introduction

2.1. Background

HealthPAC provides a claim payment facility for the ministry of Health (and in the future, if required, by District Health Boards). Claims are manually or electronically submitted by individual claimants or organisations to HealthPAC who in turn validate the claims and make the necessary disbursements.

This document defines the standards for automating the submission of Section 88 Maternity claims to HealthPAC and the acknowledgment of those claims to the claimant. This standard is based on the previous Section 51 document and the current Section 88 document.

It should be noted that these changes will require some changes to the business practices and information systems used by claimants, which may take some time to implement.

This document is consistent with the HL7 standard which corresponds to level 7 of the International Standards Organisation (ISO) Open System Interconnection (OSI) model. The primary goal of HL7 is:

- To provide standards for the exchange of data among health-care computer applications that eliminates or substantially reduces the custom interface programming and program maintenance that may otherwise be required.

The HL7 standard allows for local extensions to be specified when required functionality is not present in the base HL7 specification. This option was used by the Ministry of Health (MoH) to create the IT 92-003.5 HL7 standard which provides the necessary transactions to support the establishment of a national index of patient demographic information. Also HL7 has proven to be effective in transmitting medical information. This, coupled with its use previously in New Zealand, makes it an ideal candidate as the basis of this standard.

2.2. Purpose

The purpose of this document is to utilise existing HL7 version 2.3 messages with specific extension necessary to accommodate New Zealand and HealthPAC specific requirements for the following applications:

2.2.1. Maternity Claims

Claimants may submit maternity claims to HealthPAC as shown in the following figure.

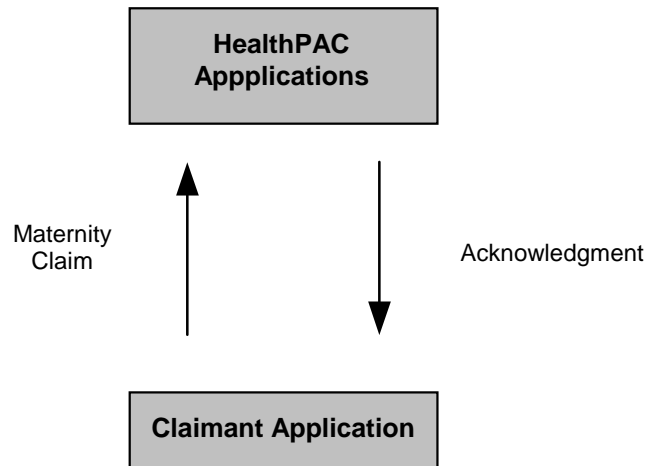


Figure 1: Transfer of Maternity Claims between claimants and HealthPAC

A maternity claim may result in the following information being transferred for each pregnancy:

- Provider details,
- Details of services provided to the woman,
- Details of services provided to the baby (or babies where applicable),
- Referrals to Specialist Services,
- Specialist Services provided,
- Fees claimed for services.

2.3. Assumptions

In developing this standard various assumption have been made and these are as follows:

2.3.1. Business Assumptions

1. The NHI will be used to identify the woman and baby (or babies). Only minimal demographic data will be transmitted in Maternity Claim messages. This data will be limited to subsets of the following items:
 - NHI number,
 - Name,
 - Address,
 - Date of birth,
 - Gender,
 - Date of death.
2. New Zealand Medical Council and Midwifery Council of New Zealand numbers will be used to identify care providers. In addition to these numbers, the care provider's name will also be transmitted for identification purposes.
3. Payee numbers, Contracts and Organisation identifiers assigned by HealthPAC will be used for claimants.

2.3.2. Technical Assumptions

1. The reader has an understanding of the HL7 messaging standard, and this standard is to be read in conjunction with [1], [2] and [3] (refer to appendix A for reference details).
2. Encryption of Maternity Claim messages will be required because of the potentially sensitive nature of the data being transmitted. This encryption will be performed by the underlying transport mechanism rather than within the HL7 messaging; and
3. The systems, which transfer data in this manner, will have online access to a central point where messages can be placed and collected.

3. Transaction Definitions

3.1. Overview

3.1.1. Introduction

A transaction is considered to be a set of HL7 messages, which completely and accurately transfer the required information from one computer system to another. In its simplest case a transaction may be the sending of a single HL7 message and a returned acknowledgment that the message was received and processed correctly. In more complex cases such as those found in queries, a series of HL7 query/responses may be required to complete the entire transaction.

The transactions defined in this chapter are concerned with the movement of claims between a claimant and HealthPAC. Other claim types are described in the HL7 specifications for those Claim Types.

3.2. Transaction, Messages and Segments used

3.2.1. Transaction Summary

The following table lists the transactions defined in this document:

TRIGGER EVENT	TRANSACTION NAME	MESSAGE TYPE SENT	MESSAGE TYPE RETURNED
Z07	Maternity Claim – Section 88 – 2007 Notice	CLM	ACK

Table 1: Transaction Summary

3.2.2. Message Type Summary

This transaction utilises the following messages:

MESSAGE TYPE	DESCRIPTION
CLM	Maternity Claim
ACK	Acknowledgment

Table 2: Message Type Summary.

3.2.3. HL7 Segments Used

HL7 segments used in these messages are:

SEGMENT ID	SEGMENT NAME
ERR	Error Value Segment
MSA	Message Acknowledgment
MSH	Message Header
PID	Patient Identification
PRD	Provider
ZCT	HEALTHPAC Claim Type
ZHC	HEALTHPAC Claimant
ZRF	Referral – <i>no longer used but left in for backwards compatibility</i>

SEGMENT ID	SEGMENT NAME
ZSB	Service & Baby
ZSC	Service Common
ZSF	Service Fee
ZSO	Service Other
ZSW	Service & Woman
ZWP	Woman/Pregnancy

Table 3: HL7 Segments used.

3.3. Message definitions

This chapter lists the segment contained within each message. The notation used is consistent with that used in [1], [2] and [3] (refer to appendix A for reference details) with column headings having the following meaning:

Column Header	Description
REF	Unique HL7 three character segment identifier
Chapter	HL7 chapter in which the segment is defined
Name	The unique descriptive name for the data element.
Usage	Not all the data elements in the HL7 standard segments are used in the transaction set defined in this document. Possible values are: M mandatory (segment must be present) O optional (segment may or may not be present) C conditional on event trigger/service claim code/fee code grouping X not used or sent [...] Indicates the maximum number of repetitions allowed

3.4. Maternity Claim Transactions

3.4.1. Function

The Maternity Claim Transactions consist of pairs of transactions for the submitting of a claim by a “Claimant” against HealthPAC. All transactions are initiated by the Claimant with acknowledgments returned by HealthPAC.

3.4.2. Abstract Message Pair

Each triggering event is listed below, along with the applicable form of the message exchange.

The triggering events that follow are all served by the HealthPAC Maternity unsolicited update and ACK response.

In the following tables:

Braces, {...}, indicate one or more repetitions of the enclosed group of segments. The group may contain only a single segment. Brackets, [...], show that the enclosed group of segments is optional. If a group of segments is optional and may repeat it is enclosed in brackets and braces, {...}. {...} and {...} are equivalent.

The Chapter column is the chapter number from [3].

3.4.3. Triggers

3.4.3.1. Initiate Maternity Claim (event code Z07)

This trigger event is used by the Claimant to submit a Maternity Claim to HealthPAC

CLM	Maternity Claim Message	Chapter	Usage
MSH	Message Header	2	M
ZHC	HEALTHPAC Claimant		M
ZCT	HEALTHPAC Claim Type		M
{			
PRD	Provider Data	11	M
{			
PID	Patient Identification	3	M
ZWP	Woman/Pregnancy		C
{			
ZSC	Service Common		M
[ZSW]	Service & Woman		C
[{ ZSB }]	Service & Baby		C
[ZSO]	Service Other		C
{ ZSF }	Service Fee		M
[{ ZRF }]	Referral		X
}			
}			
}			

ACK	Acknowledgment	Chapter	Usage
MSH	Message Header	2	M
MSA	Message Acknowledgment	3	M
[ERR]			

Table 4: Message Pair for Maternity Claim Transaction

3.4.4. Segment Usage Summary by Event Type

The following table provides a summary of segment usage by service claim codes / fee code grouping. For full descriptions of the Claim Codes used below, please refer to table HBL1a.

Segment \ Claim Code	R0	LF	LT	LL	LP	NF	NU	NL	NP	SO	SP	SU
	Registration	LMC First and Second Trimester	LMC Third Trimester	LMC Labour and Birth	LMC Postnatal (aka Services Following Birth)	Non LMC First Trimester Services	Non LMC Urgent Care	Non LMC Labour and Birth (Rural Support)	Non LMC Urgent Postnatal Care	Obstetrician Consult	Paediatrician Consult	Ultrasound Consult
PID - Patient Identification	M	M	M	M	M	M	M	M	M	M	M	M
PRD - Provider	M	M	M	M	M	M	M	M	M	M	M	M
ZCT - Claim Type	M	M	M	M	M	M	M	M	M	M	M	M
ZHC - HealthPAC Claimant	M	M	M	M	M	M	M	M	M	M	M	M
ZRF - Referral	<i>not used</i>											
ZSB - Service & Baby	C1			M	M							
ZSC - Service Common	M	M	M	M	M	M	M	M	M	M	M	M
ZSF - Service Fee	M	M	M	M	M	M	M	M	M	M	M	M
ZSO - Service Other										M	M	M
ZSW - Service & Woman	M	M	M	M	M	M	M	M	M		M	
ZWP - Woman / Pregnancy	C2	M	M	M	M	M	M	M	C2	M		M

Table 5: HL7 Segments used by Maternity Claim Codes.

- C1 If registering for Postnatal only
- C2 If Service is for Mother

4. Segment Definitions

4.1. Introduction

Segments, in HL7 parlance, are logical groupings of related items of information. They are the building blocks of messages. This chapter describes the message segments used to construct the transaction message pairs defined in chapter 3.

4.1.1. Segment Descriptions

The segment descriptions are in a standard format using the following sub-sections.

4.1.1.1. Function

Contains a brief description of the type of data the segment contains or purpose for which it is intended.

4.1.1.2. Table of Fields

This sub-section lists the fields contained within each segment. The notation used in this section is consistent with that used in [1], [2] and [3] (refer to appendix A for reference details) with column headings having the following meaning:

Column Header	Description
SEG	The three character segment identifier of the segment in which the data element occurs.
SEQ	The sequence number showing the ordinal position of the data element within the segment.
LEN	The maximum length of the data element.
DT	The data type of the data element (see below for definitions).
OPT	Whether the data element is required or optional. Possible values are: R required, non-null N required, can be null O optional C conditional on event trigger [Only R has been utilised by the HL7 standard at this stage with a blank entry implying optional.]
RP#	The number of times the data element can repeat.
TBL#	The unique numeric identifier of the table containing the list of permissible values and their meaning. Unamended Standard tables can be found in [1] (refer to appendix A for reference details). Amended ones, and those that are specific to this document, are listed in Appendix B.
Item#	The unique numeric identifier for this data element within the HL7 data dictionary. The non-HL7 standard data elements introduced for this standard have been allocated in the range 11000 upwards.
Name	The unique descriptive name for the data element.
Usage	Not all the data elements in the HL7 standard segments are used in the transaction set defined in this document. Possible values are: M mandatory O optional C conditional on event trigger / service claim code / other field (as specified in the field usage table or field notes). X not used

Where a standard HL7 segment has been utilised, this sub-section contains the message segment field list as shown in [1] (refer to appendix A for reference details). Any differences between standard HL7 segment defined in [1] are highlighted in ***Bold Italics*** and an * included in the USAGE column.

4.1.1.3. *Table of Field Usage*

For segments where field usage varies between service claim code/fee code groupings, an additional table is provided to detail these variations.

Where usage in the Table of Fields is specified to be conditional, then the condition may be obtained from the Table of Field Usage (e.g. mandatory for specific trigger events/service codes/fee code groupings) or from the Field Notes (described below). Where a field is conditional and the condition is not met, the data should not be provided.

4.1.1.4. *Field Notes*

The field notes provided expand on the information shown in the Table of Fields giving:

- Component (and where present, sub-component) formats.
- Optionality of component (and where present, sub-components).
- New Zealand usage and valid values.
- A more descriptive meaning of the field's purpose.
- Conditions, if any, for the provision of the field.

4.1.2.

Data element type descriptions

This implementation uses the data element definitions specified in [2] (refer to appendix A for reference details) with the following exceptions.

4.1.2.1. *PN –Person Name*

To allow for transmission of NHI name data, and prefix information the PN data type has been increased in size from 48 characters in length to 80 characters in all message segments.

SubComponent	HealthPAC definition	Usage Notes
<family name> ^	ST(25)	
<given name> ^	ST(20)	
<middle initial or name> ^	ST(20)	Optional
<suffix (e.g. JR. or III)> ^	(not used)	
<prefix (e.g. DR)> ^	ST(4)	Optional MR MAST Master MRS MISS MS DR Doctor SIR DAME Dame REV Reverend CRD Cardinal PROF Professor HON Honourable
<degree (e.g. MD)> ^	(not used)	
<source table ID>	(not used)	

4.1.2.2. *CN –Composite ID Number and Name*

To allow for transmission of NHI name data, and prefix information the CN data type has been increased in size from 60 characters in length to 90 characters in all message segments.

SubComponent	HealthPAC definition	Usage Notes
<ID Number> ^	ST(5)	New Zealand Medical Council or Midwifery Council number
<family name> ^	ST(25)	
<given name> ^	ST(20)	
<middle initial or name> ^	ST(20)	Optional
<suffix (e.g. JR. or III)> ^	(not used)	
<prefix (e.g. DR)> ^	ST(4)	Optional (see PN data type for details)
<degree (e.g. MD)> ^	(not used)	
<source table ID>	(not used)	

4.1.2.3. *AD –Address*

To allow for transmission of NHI address data the AD data type has been increased in size from 106 characters in length to 180 characters in all message segments.

SubComponent	HealthPAC definition	Usage Notes
<street address> ^	ST(35)	Address line 1
<other designation> ^	ST(30)	Address line 2 - Optional
<city> ^	ST(30)	Suburb - Optional
<state or province> ^	ST(30)	City/Town
<zip > ^	ST(4)	Post Code – Optional
<country> ^	ST(30)	Country
< type>^	ST(1)	Optional "C" - current or temporary "P" - permanent "M" - mailing "B" - business
<other geographic designation>	ST(7)	No longer used

4.1.2.4. *TN – Telephone*

Sub Component	HealthPAC definition	Usage Notes
[NN] [(999)] 999-9999 [X99999] [B99999] [C any text]	(not used) CH <text> CO <text> CF <text> CC <text> CB <text>	 Extension Beeper number Home phone number with up to 15 characters of <text> Office phone number with up to 15 characters of <text> FAX phone number with up to 15 characters of <text> Cellular phone number with up to 15 characters of <text> Beeper phone number with up to 15 characters of <text>

4.1.2.5. *MO – Money*

Sub Component	NZ Usage	Notes
zzzzz9.99		z = placeholder 9 = required digit
denomination	[not used]	

4.2. ERR - Error Segment

4.2.1. Function

This segment contains the description of the error (if any) that occurred in the originating message.

4.2.2. Table of Fields

Seg	Seq	Len	DT	Opt	RPI#	TBL#	Item#	Name	Usage
ERR	1	80	CM				00020	Error Code and Location	M

4.2.3. Field Notes

4.2.3.1. *ERR-1-Error Code and Location*

This field identifies any erroneous segment in another message. It is composed of the following components:

Component	NZ Usage	Notes
<segment ID> ^	ST	Name of segment, eg. ERR
<sequence> ^	NM	Index of segment where there are more than one type of <segment ID>
<field position> ^	NM	
<code identifying error> ^	CE	Text description

4.3. MSA - Message Acknowledgment Segment

4.3.1. Function

This segment contains information sent while acknowledging another message. For a full description see [1] (refer to appendix A for reference details).

4.3.2. Table of Fields

Seg	Seq	Len	DT	Opt	RP/#	TBL#	Item#	Name	Usage
MSA	1	2	ID	R		0008	00018	Acknowledgment Code	M
MSA	2	20	ST	R			00019	Message Control ID	M
MSA	3	80	ST				00020	Text Message	X
MSA	4	15	NM				00021	Expected Sequence Number	X
MSA	5	1	ID			0102	00022	Delayed Acknowledgment Type	X
MSA	6	100	CE				00023	Error Condition	C

4.3.3. Field Notes

4.3.3.1. MSA-1-Acknowledgement Code

Valid Values	Description
"AA"	Application Accept
"AE"	Application Error
"AR"	Application Reject

4.3.3.2. MSA-2-Message Control ID

Component	NZ Usage	Notes
< Message Control ID >	ST(20)	Unique identifier of the message being acknowledged.

Note: The value of this field will be the same as that of the MSH-12 Message Control ID in the MSG message to which the ACK message, of which this segment is a part, is sent in response.

4.3.3.3.MSA-3-Text Message

Not used.

4.3.3.4. MSA-4-Expected Sequence Number

Not used.

4.3.3.5. MSA-5-Delayed Acknowledgement

Not used.

4.3.3.6.MSA-6- Error Condition

Specifies the Error Code and provides a description of the error.

Sub Component	NZ Usage	Notes
<identifier> ^	ID(4)	Error condition code
<text> ^	ST(80)	Error text description
<name of coding system> ^	"NZ0X"	

Sub Component	NZ Usage	Notes
<altern. identifier> ^	(not used)	
< altern. text> ^	(not used)	
< name of altern. Coding system>	(not used)	

4.4. MSH - Message Header

4.4.1. Function

This segment is common to all messages and is a control segment which specifies the sender/receiver, purpose and formatting syntax. For a full description see [1] (refer to appendix A for reference details).

4.4.2. Table of Fields

Seg	Seq	Len	DT	Opt	RP/#	TBL#	Item#	Name	Usage
MSH	1	1	ST	R			00001	Field Separator	M
MSH	2	4	ST	R			00002	Encoding Characters	M
MSH	3	15	ST				00003	Sending Application	M
MSH	4	20	ST				00004	Sending Facility	M
MSH	5	30	ST				00005	Receiving Application	M
MSH	6	30	ST				00006	Receiving Facility	M
MSH	7	26	TS				00007	Date/Time of Message	M
MSH	8	40	ST				00008	Security	X
MSH	9	7	ID	R			00009	Message Type	M
MSH	10	20	ST	R			00010	Message Control ID	M
MSH	11	1	ID	R			00011	Processing ID	M
MSH	12	8	NM	R			00012	Version ID	M
MSH	13	15	NM				00013	Sequence Number	X
MSH	14	180	ST				00014	Continuation Pointer	X
MSH	15	2	ID			0155	00015	Accept acknowledgment type	X
MSH	16	2	ID			0155	00016	Application acknowledgment type	X
MSH	17	2	ID				00017	Country Code	X

4.4.3. Field Notes

4.4.3.1. MSH-1-Field separator

Valid Values	Description
" "	

4.4.3.2. MSH-2-Encoding characters

Valid Values	Description
"^-\& "	To ensure messaging consistency the preceding encoding characters must be used. where '^' - Component Separator '-' - Repetition Separator '\' - Escape Character '&' - Sub-component Separator

4.4.3.3. MSH-3-Sending Application

Name of the application from which the message has been generated.

4.4.3.4. MSH-4-Sending Facility

Name of the facility for which the message has been generated for.

4.4.3.5. MSH-5-Receiving Application

Name of the application to which the message is being sent.

4.4.3.6. MSH-6-Receiving Facility

Name of the facility to which the message is being sent.

4.4.3.7. MSH-7-Date/Time of Message

This is the date/time when the message was created by the (PMS vendor) claiming application.

Component	NZ Usage	Notes
< Date/Time of Message>	TS(14)	ccyymmddhhmmss (Example: '20020331093005')

4.4.3.8. MSH-8-Security

Not used.

4.4.3.9. MSH-9-Message Type

Messages sent by Claimants will have the Message Type of 'CLM'. Acknowledgements will as a result be returned by HealthPAC with a Message Type of 'ACK'.

Components	NZ Usage	Notes
<Message type>^	"CLM"	HEALTHPAC Claim Message
	"ACK"	Acknowledgment
<Trigger Event>	Z07	Indicates Maternity HL7 versionMT07 (i.e. this document) is being followed.

4.4.3.10. MSH-10-Message Control ID

Components	NZ Usage	Notes
< Message Control ID >	ST(12)	Unique identifier for the message assigned by the sending system, (Note this is consistent with the MoH NHI/MWS HL7 implementation. Please refer to NZHIS for documentation / information concerning this.).

4.4.3.11. MSH-11-Processing ID

Valid Values	Description
"D"	Debugging
"P"	Production
"T"	Training

4.4.3.12. MSH-12-Version ID

Valid Values	Description
"2.3"	To specify that version 2.3 of HL7 is being used.

4.4.3.13. MSH-13-Sequence Number

Not used.

4.4.3.14. MSH-14- Continuation Pointer

Not used.

4.4.3.15. MSH-15- Accept Acknowledgment Type

Not used.

4.4.3.16. MSH-16- Application Acknowledgment Type

Not used.

4.4.3.17. MSH-17- Country

Not used.

4.5. PID - Patient Identification

4.5.1. Function

This segment contains information that serves to uniquely identify a patient and, in conjunction with the *ZWP - Woman/Pregnancy Details*, provides details of the woman and pregnancy to which the claim relates. Where a caregiver is registering for postnatal services, this segment will contain the caregiver details.

Hence, for most claims, the PID segment will contain woman/caregiver details and details for the baby will be found in the ZSB – Baby Details segment. The only exceptions to this are Non LMC Postnatal and Paediatrician claims for the baby (i.e. where ZSW-23 Service For = “B”), in which case this PID segment will contain details of the Baby (instead of the ZSB segment).

4.5.2. Table of Fields

Seg	Seq	Len	DT	Opt	RP/#	TBL#	Item#	Name	Used
PID	1	4	SI				00104	Set ID-Patient ID	X
PID	2	16	CK				00105	Patient ID (External ID)	M
PID	3	16	CK	R	Y		00106	Patient ID (Internal ID)	X
PID	4	12	ST				00107	Alternate Patient ID	X
PID	5	80	PN	R			00108	Patient Name	C
PID	6	30	ST				00109	Mother's Maiden name	X
PID	7	8	DT				00110	Date of Birth	C
PID	8	1	ID			0001	00111	Sex	X
PID	9	80	PN		Y		00112	Patient Alternative Names	O
PID	10	2	ID			0005	00113	Race	X
PID	11	180	AD		Y 3		00114	Patient Address	C
PID	12	4	ID				00115	Country Code	X
PID	13	40	TN		Y 3		00116	Phone Number - Home	X
PID	14	40	TN		Y 3		00117	Phone Number - Business	X
PID	15	25	ST				00118	Language - Patient	X
PID	16	1	ID			0002	00119	Marital Status	X
PID	17	3	ID			0006	00120	Religion	X
PID	18	20	CK				00121	Patient Account Number	X
PID	19	16	ST				00122	SSN Number - Patient	X
PID	20	25	CM				00123	Driver's Lic Num - Patient	X
PID	21	20	CK				00124	Mother's Identifier	X
PID	22	8	ID		Y 3	0189/ HBL15	00125	Ethnic Group	C
PID	23	25	ST				00126	Birth Place	X
PID	24	2	ID				00127	Multiple Birth Indicator	X
PID	25	2	NM				00128	Birth Order	X
PID	26	3	ID		Y		00129	Citizenship	X
PID	27	60	CE				00130	Veterans Military Status	X
PID	28	80	CE				00739	Nationality	X
PID	29	26	TS				00740	Patient Death Date and Time	X
PID	30	1	ID				00741	Patient Death Indicator	C

4.5.3. Table of Field Usage

This table gives field usage for the PID segment by Service Claim Code. For full descriptions of the Claim Codes used in the header row, please refer to table HBL1a..

Seg	Seq	Name	RØ	LF	LT	LL	LP	NF	NU	NL	NP	SO	SP	SU
PID	1	Set ID-Patient ID												
PID	2	Patient ID (External ID)	M	M	M	M	M	M	M	M	M	M	M	M
PID	3	Patient ID (Internal ID)												
PID	4	Alternate Patient ID												
PID	5	Patient Name	M											
PID	6	Mother's Maiden name												
PID	7	Date of Birth	M								C		C	
PID	8	Sex												
PID	9	Patient Alternative Names	O											
PID	10	Race												
PID	11	Patient Address	M											
PID	12	Country Code												
PID	13	Phone Number - Home												
PID	14	Phone Number - Business												
PID	15	Language - Patient												
PID	16	Marital Status												
PID	17	Religion												
PID	18	Patient Account Number												
PID	19	SSN Number - Patient												
PID	20	Driver's Lic Num - Patient												
PID	21	Mother's Identifier												
PID	22	Ethnic Group	C											
PID	23	Birth Place												
PID	24	Multiple Birth Indicator												
PID	25	Birth Order												
PID	26	Citizenship												
PID	27	Veterans Military Status												
PID	28	Nationality												
PID	29	Patient Death Date and Time												
PID	30	Patient Death Indicator				M								

4.5.4. Field Notes

4.5.4.1. PID-1-Set Id

Not used.

4.5.4.2. PID-2-Patient Id (External Id)

The unique national identifier for health sector individual (i.e. National Health Index).

Component	NZ Usage	Notes
<patient ID (NM)>^	CN(7)	NZHIS Health Care User Identifier (NHI)

Component	NZ Usage	Notes
<check digit (NM)>^	(not used)	
<check digit scheme (ID)>^	(not used)	
<assigning facility ID (ST)>^	(not used)	
<type (ID)>	(not used)	

4.5.4.3. PID-3-Patient Id (Internal Id)

Not used.

4.5.4.4. PID-4-Alternate Patient Id (Internal Id)

Not used

4.5.4.5. PID-5-Patient Name

Patients full name. Format as per PN in Data Element Type Descriptions section.

4.5.4.6. PID-6-Mothers Maiden Name

Not used

4.5.4.7. PID-7-Date of Birth

Patient's date of birth. Mandatory if Non LMC Postnatal or Paediatrician claim is for Baby.

Valid Values	Notes
Valid dates	The patient's date of birth as per HL7 format (ie YYYYMMDD).

4.5.4.8. PID-8-Sex

Not used.

4.5.4.9. PID-9-Patient Alternative Names

Patient's previous family name where name has changed (e.g. maiden name). Format as per PN in Data Element Type Descriptions section with only the family name being used.

4.5.4.10. PID-10-Race

Not used.

4.5.4.11. PID-11-Patient Address

Patient's residential or home address. Format as per AD in Data Element Type Descriptions section.

4.5.4.12. PID-12-Country code

Not used.

4.5.4.13. PID-13-Phone Number - Home

Not used.

4.5.4.14. PID-14-Phone Number - Business

Not used.

4.5.4.15. PID-15-Primary Language

Not used.

4.5.4.16. PID-16-Marital Status

Not used.

4.5.4.17. PID-17-Religion

Not used.

4.5.4.18. PID-18-Patient Account Number

Not used.

4.5.4.19. PID-19-SSN Number

Not used.

4.5.4.20. PID-20-Drivers Licence Number

Not used.

4.5.4.21. PID-21-Mother's Identifier

Not used.

4.5.4.22. PID-22-Ethnic Group

Patient's self-identified ethnicity codes.

Mandatory on registration only for the Birth Mother. Where mandatory, patient must have at least one and up to three NZHIS defined ethnic codes which should be separated by the repetition separator "~" (e.g. one code |42| or three codes |12~21~42|).

See Table HBL15 for valid ethnicity codes.

4.5.4.23. PID-23-Birth Place

Not used.

4.5.4.24. PID-24-Multiple Birth Indicator

Not used.

4.5.4.25. PID-25-Birth Order

Not used.

4.5.4.26. PID-26-Citizenship

Not used.

4.5.4.27. PID-27-Veterans Military Status

Not used.

4.5.4.28. PID-28-Nationality

Not used.

4.5.4.29. PID-29-Patient Death Date and Time

Not used.

4.5.4.30. PID-30-Patient Death Indicator

Maternal Death Indicator – required only for Labour and Birth claims.

Valid Values	Notes
"Y"	"Yes"
"N"	"No"

4.6. PRD - Provider

4.6.1. Function

The details of the practitioner of the service being claimed for.

4.6.2. Table of Fields

Seg	Seq	Len	DT	Opt	RPI#	TBL#	Item#	Name	Usage
PRD	1	200	CE	R	Y	0286	01155	Provider Type	M
PRD	2	80	PN	O	Y		01156	Provider Name	M
PRD	3	60	AD	O			01157	Provider Address	X
PRD	4	60	CM	O			01158	Provider Location	X
PRD	5	20	TN	O	Y		01159	Provider Phone Number	X
PRD	6	60	CM	O	Y		01160	Electronic Address	X
PRD	7	200	CE	O		0185	01161	Preferred Method of Contact	X
PRD	8	100	CM	O	Y		01162	Provider Identifiers	M
PRD	9	26	TS	O			01163	Effective Start Date of Role	X
PRD	10	26	TS	O			01164	Effective End Date of Role	X

4.6.3. Field Notes

4.6.3.1. PRD-1-Provider Type

Valid Values	Description
"W"	Midwifery Council of New Zealand
"M"	New Zealand Medical Council

4.6.3.2. PRD-2-Provider Name

Provider's name (see PN in Data Element Type Section for format).

4.6.3.3. PRD-3-Provider Address

Not used.

4.6.3.4. PRD-4-Provider Location

Not used.

4.6.3.5. PRD-5-Provider Phone Number

Not used.

4.6.3.6. PRD-6-Electronic Address

Not used.

4.6.3.7. PRD-7-Preferred Method of Contact

Not used.

4.6.3.8. *PRD-8-Provider Identifiers*

HealthPAC usage is the provider's New Zealand Medical Council or Midwifery Council of New Zealand registration number. The Midwifery Council number is to be shown in full including hyphens e.g. 15-12345.

4.6.3.9. *PRD-9-Effective Start Date of Role*

Not used.

4.6.3.10. *PRD-10-Effective End Date of Role*

Not used.

4.7. ZCT - HEALTHPAC Claim Type

4.7.1. Function

The type of claim being made. For Maternity claims this segment also identifies the distribution of the amount claimed between multiple Payees.

4.7.2. Table of Fields

Seg	Seq	Len	DT	Opt	RP/#	TBL#	Item#	Name	Usage
ZCT	1	2	ST					Type of Claim	M
ZCT	2	6	ST					Disb 1 Payee Number	X
ZCT	3	30	ST					Disb 1 Payee Name	X
ZCT	4	9	MO					Disb 1 Payee Amount	X
ZCT	5	6	ST					Disb 2 Payee Number	X
ZCT	6	30	ST					Disb 2 Payee Name	X
ZCT	7	9	MO					Disb 2 Payee Amount	X
ZCT	8	6	ST					Disb 3 Payee Number	X
ZCT	9	30	ST					Disb 3 Payee Name	X
ZCT	10	9	MO					Disb 3 Payee Amount	X
ZCT	11	7	ST					Disb 1 NHI	X
ZCT	12	4	ST					Disb 1 Service Code	X
ZCT	13	7	ST					Disb 2 NHI	X
ZCT	14	4	ST					Disb 2 Service Code	X
ZCT	15	7	ST					Disb 3 NHI	X
ZCT	16	4	ST					Disb 3 Service Code	X

4.7.3. Field Notes

4.7.3.1. ZCT-1-Type of Claim

Valid Values	Description
"MT"	Maternity

4.7.3.2. ZCT-2-Disb 1 Payee Number

Not used.

4.7.3.3. ZCT-3-Disb 1 Payee Name

Not used.

4.7.3.4. ZCT-4-Disb 1 Amount

Not used.

4.7.3.5. ZCT-5-Disb 2 Payee Number

Not used.

4.7.3.6. ZCT-6-Disb 2 Payee Name

Not used.

4.7.3.7. ZCT-7-Disb 2 Amount

Not used.

4.7.3.8. ZCT-8-Disb 3 Payee Number

Not used.

4.7.3.9. ZCT-9-Disb 3 Payee Name

Not used.

4.7.3.10. ZCT-10-Disb 3 Amount

Not used.

4.7.3.11. ZCT-11-Disb 1 NHI

Not used.

4.7.3.12. ZCT-12-Disb 1 Service Code

Not used.

4.7.3.13. ZCT-13-Disb 2 NHI

Not used.

4.7.3.14. ZCT-14-Disb 2 Service Code

Not used.

4.7.3.15. ZCT-15-Disb 3 NHI

Not used.

4.7.3.16. ZCT-16-Disb 3 Service Code

Not used.

4.8. ZHC - HEALTHPAC Claimant

4.8.1. Function

The claimant details for a claim made against HealthPAC

4.8.2. Table of Fields

Seg	Seq	Len	DT	Opt	RPI#	TBL#	Item#	Name	Usage
ZHC	1	2	ST					Organisation Type	X
ZHC	2	4	NM					Organisation ID	X
ZHC	3	6	NM					PIN / PAN Number	X
ZHC	4	6	NM					Payee Number	M
ZHC	5	8	DT					Date of Services From	X
ZHC	6	8	DT					Date of Services To	X
ZHC	7	10	ST					Claim Reference	M
ZHC	8	10	MO					Grand Total Amount Claimed (GST Incl)	M
ZHC	9	6	NM					Perorg ID	O
ZHC	10	9	NM					Contract Number	M
ZHC	11	10	MO					Grand Total Amount Claimed (GST excl)	M
ZHC	12	10	MO					GST	M

4.8.3. Field Notes

4.8.3.1. ZHC-1-Organisation Type

Not used.

4.8.3.2. ZHC-2-Organisation ID

Not used.

4.8.3.3. ZHC-3-PIN / PAN Number

Not used.

4.8.3.4. ZHC-4-Payee Number

The assigned Payee Number .

Valid values in the range 0 to 999999 will be assigned from time to time by HealthPAC.

4.8.3.5. ZHC-5-Date of Services From

Not used.

4.8.3.6. ZHC-6-Date of Services To

Not used.

4.8.3.7. ZHC-7-Claim Reference

The claimant's claim reference number.

Valid characters are uppercase A - Z, 0 - 9.

4.8.3.8. ZHC-8-Grand Total Amount Claimed (GST Incl)

The total claimed amount, including GST if applicable.

4.8.3.9. ZHC-9-Perorg Identifier

Included for future use.

The person/organisation identifier assigned by HealthPAC's contract management system.

4.8.3.10. ZHC-10-Contract Number

The contract number and version assigned by HealthPAC's contract management system. May also be known as agreement number in some documentation.

Component	NZ Usage	Notes
<Contract Number>^	NM(6)	Contract number assigned to the claimant by HealthPAC.
<Contract Version>	NM(2)	Contract version under which this claim is being made.

4.8.3.11. ZHC-11-Grand Total Amount Claimed (GST Excl)

The total claimed amount, excluding GST.

4.8.3.12. ZHC-12-GST

The amount of GST, zero if provider is not registered for GST.

ZRF – Referral – *no longer used*

4.8.4. Function

Details of the woman or baby referred to Specialist Services.

4.8.5. Table of Fields

Seg	Seq	Len	DT	Opt	RPI#	TBL#	Item#	Name	Usage
ZRF	1	7	CK					Person Referred	X
ZRF	2	2	ST					Gravida	X
ZRF	3	8	DT					Date of Referral	X
ZRF	4	4	ST					Reason	X
ZRF	5	2	ST				HBL12	Referral Type	X
ZRF	6	3	ST					Referred To	X
ZRF	7	4	ST				HBL13	Result of Referral	X
ZRF	8	200	CE					Referring Provider Type	X
ZRF	9	100	CM					Referring Provider ID	X
ZRF	10	1	ST					Care Transferred	X
ZRF	11	8	DT					Date of Transfer	X
ZRF	12	1	ST					Trimester or Labour and Birth	X
ZRF	13	80	PN					Provider Referred To	X

4.8.6. Field Notes

4.8.6.1. ZRF-1-Person Referred

Not used.

4.8.6.2. ZRF-2-Gravida

Not used.

4.8.6.3. ZRF-3-Date of Referral

Not used.

4.8.6.4. ZRF-4-Reason

Not used.

4.8.6.5. ZRF-5-Referral Type

Not used.

4.8.6.6. ZRF-6-Referred To

Not used.

4.8.6.7. ZRF-7-Result of Referral

Not used.

4.8.6.8. ZRF-8-Referring Provider Type

Not used.

4.8.6.9. ZRF-9-Referring Provider ID

Not used.

4.8.6.10. ZRF-10-Care Transferred

Not used.

4.8.6.11. ZRF-11-Date of Transfer

Not used.

4.8.6.12. ZRF-12-Trimester or Labour and Birth

Not used.

4.8.6.13. ZRF-13-Provider Referred To

Not used.

4.9. ZSB - Service & Baby

4.9.1. Function

Details of services provided to the baby. For a Non LMC Postnatal or Paediatrician claim for the baby, the baby details will be in the PID segment.

4.9.2. Table of Fields

Seg	Seq	Len	DT	Opt	RP/#	TBL#	Item#	Name	Usage
ZSB	1	2	ST			HBL8		Baby Condition	C
ZSB	2	7	CK					Baby NHI	C
ZSB	3	1	ST					Baby Gender	X
ZSB	4	8	DT					Baby Date of Birth	C
ZSB	5	4	TM					Baby Time of Birth	X
ZSB	6	8	DT					Baby Date of Death	C
ZSB	7	4	NM					Baby Birth Weight	C
ZSB	8	2	NM					Baby Gestational Age	X
ZSB	9	8	DT					Baby Date Discharged	X
ZSB	10	2	ST					Baby Breastfeeding Status	C
ZSB	11	8	DT					Baby NTC Test Date	X
ZSB	12	8	DT					Baby Date of Referral to WCC	C
ZSB	13	2	NM					Apgar Score – 1 min	X
ZSB	14	2	NM					Apgar Score – 5 mins	C
ZSB	15	80	PN					Name of WCC	X
ZSB	16	8	ID					Baby Ethnic Group	C
ZSB	17	180	AD					Baby Address	X
ZSB	18	1	ST					Baby Referred to WCC	C
ZSB	19	80	PN					Baby Name	C

4.9.3. Table of Field Usage

This table gives field usage for the ZSB segment by Service Claim Code. For full descriptions of the Claim Codes used in the header row, please refer to table HBL1a..

Seg	Seq	Name	RØ	LF	LT	LL	LP	NF	NU	NL	NP	SO	SP	SU
ZSB	1	Baby Condition				M	M							
ZSB	2	Baby NHI	C			C	C							
ZSB	3	Baby Gender												
ZSB	4	Baby Date of Birth	C			M	M							
ZSB	5	Baby Time of Birth												
ZSB	6	Baby Date of Death					C							
ZSB	7	Baby Birth Weight				C								
ZSB	8	Baby Gestational Age												
ZSB	9	Baby Date Discharged												
ZSB	10	Baby Breastfeeding Status					C							
ZSB	11	Baby NTC Test Date												
ZSB	12	Baby Date of Referral to WCC					C							
ZSB	13	Apgar Score – 1 min												
ZSB	14	Apgar Score – 5 mins				C								
ZSB	15	Name of WCC												

Seq	Seq	Name	RØ	LF	LT	LL	LP	NF	NU	NL	NP	SO	SP	SU
ZSB	16	Baby Ethnic Group					C							
ZSB	17	Baby Address												
ZSB	18	Baby Referred to WCC					C							
ZSB	19	Baby Name	C											

4.9.4. Field Notes

4.9.4.1. ZSB-1-Baby Condition

Condition of baby. See Table HBL8 for valid values.

4.9.4.2. ZSB-2-Baby NHI

For Registration (service type RØ), Mandatory if the mother or caregiver is registering for postnatal services.

For Labour and Birth (LL) or Postnatal (LP), Mandatory if Baby Condition = "LB".

Component	NZ Usage	Notes
<patient ID (NM)>^	ST(7)	NZHIS Health Care User Identifier
<check digit (NM)>^	(not used)	
<check digit scheme (ID)>^	(not used)	
<assigning facility ID (ST)>^	(not used)	
<type (ID)>	(not used)	

4.9.4.3. ZSB-3-Baby Gender

Not used.

4.9.4.4. ZSB-4-Baby Date of Birth

For Registration (service type RØ), Mandatory if the mother or caregiver is registering for postnatal services.

Valid Values	Notes
Valid Dates	Must be less than or equal to the Date of Service As per HL7 standard (i.e. YYYYMMDD).

4.9.4.5. ZSB-5-Baby Time of Birth

Not used.

4.9.4.6. ZSB-6-Baby Date of Death

If applicable

Valid Values	Notes
Valid Dates	Must be greater than or equal to the Date of Birth As per HL7 standard (i.e. YYYYMMDD).

4.9.4.7. ZSB-7-Baby Birth Weight

Baby's weight in grams.

Mandatory if Baby Condition equals “LB”.

4.9.4.8. ZSB-8-Baby Gestational Age

Not Used.

4.9.4.9. ZSB-9-Baby Date Discharged

Not used.

4.9.4.10. ZSB-10-Baby Breastfeeding Status

Baby breastfeeding status at two weeks and at discharge from LMC.

Mandatory if Baby Condition equals “LB” and Baby Date of Death is blank.

Valid Values	Breastfeeding Status at 2 Weeks	Breastfeeding Status at Discharge
E1	Exclusive	Exclusive
E2	Exclusive	Fully
E3	Exclusive	Partial
E4	Exclusive	Artificial
F1	Fully	Exclusive
F2	Fully	Fully
F3	Fully	Partial
F4	Fully	Artificial
P1	Partial	Exclusive
P2	Partial	Fully
P3	Partial	Partial
P4	Partial	Artificial
A1	Artificial	Exclusive
A2	Artificial	Fully
A3	Artificial	Partial
A4	Artificial	Artificial

4.9.4.11. ZSB-11-Baby NTC Test Date

Not used.

4.9.4.12. ZSB-12-Baby Date Referred to WCC

Mandatory if Baby Condition equals “LB” and Baby Date of Death is blank and Baby Referral to WCC not = “D”.

Valid Values	Notes
Valid dates	Date baby referred to Well Child Carer. As per HL7 standard (i.e. YYYYMMDD). Null if not transferred

4.9.4.13. ZSB-13-Apgar Score – 1 min

Not used

4.9.4.14. ZSB-14-Apgar Score – 5 mins

Result of Apgar Test after 5 minutes.

Mandatory if Baby Condition equals “LB.”

4.9.4.15. ZSB-15-Name of WCC

Not used.

4.9.4.16. ZSB-16-Baby Ethnic Group

Ethnicity codes identified for the baby by the Mother.

Mandatory if Baby Condition equals “LB”.

There must be at least one and up to three NZHIS defined ethnic codes which should be separated by the repetition separator “~” (e.g. one code |42| or three codes |12~21~42|).

See Table HBL15 for valid ethnicity codes.

4.9.4.17. ZSB-17-Baby Address

Not used

4.9.4.18. ZSB-18-Baby Referred to WCC

Mandatory if Baby Condition equals “LB” and Baby Date of Death is blank.

Valid Values	Notes
P	Plunket
O	Other
D	Declined Referral

4.9.4.19. ZSB-19-Baby Name

Mandatory if registration for postnatal services only. Format as per PN in Data Element Type Descriptions section.

4.10. ZSC - Service Common

4.10.1. Function

This segment contains the information common to all types of services provided and which are being claimed for.

4.10.2. Table of Fields

Seg	Seq	Len	DT	Opt	RP/#	TBL#	Item#	Name	Usage
ZSC	1	2	ST			HBL1a		Service Claim Code	M
ZSC	2	8	DT			HBL2		Date of Service	X
ZSC	3	10	MO					Claimed Amount (GST Excl)	O

4.10.3. Field Notes

4.10.3.1. ZSC-1-Service Claim Code

The code that identifies the service under which a fee may be claimed. Valid codes are listed in table HBL1a.

4.10.3.2. ZSC-2-Date of Service

Not used.

4.10.3.3. ZSC-3-Claimed Amount (GST Excl)

Optional field. The GST exclusive value claimed. Value is Zero for Registration.

4.11. ZSF - Service Fee

4.11.1. Function

Details of the individual service fees being claimed.

4.11.2. Table of Fields

Seg	Seq	Len	DT	Opt	RP/#	TBL#	Item#	Name	Usage
ZSF	1	3	ST			HBL1b		Fee Code	M
ZSF	2	10	MO					Fee Claimed	M
ZSF	3	5	ST			HBL10		RVG Code	X
ZSF	4	1	ST					Ordinary Attendance	X
ZSF	5	5	NM					Total Time	X
ZSF	6	1	ST			HBL11		Status	X
ZSF	7	8	DT			HBL2		Date of Service	M
ZSF	8	4	ST					Referral Reason	X
ZSF	9	8	DT					Date of Referral	X

4.11.3. Table of Field Usage

This table gives field usage for the ZSF segment by Service Claim Code. For full descriptions of the Claim Codes used in the header row, please refer to table HBL1a.

Seg	Seq	Name	RØ	LF	LT	LL	LP	NF	NU	NL	NP	SO	SP	SU
ZSF	1	Fee Code	M	M	M	M	M	M	M	M	M	M	M	M
ZSF	2	Fee Claimed	M	M	M	M	M	M	M	M	M	M	M	M
ZSF	3	RVG Code												
ZSF	4	Ordinary Attendance												
ZSF	5	Total Time												
ZSF	6	Status												
ZSF	7	Date of Service	M	M	M	M	M	M	M	M	M	M	M	M
ZSF	8	Referral Reason												
ZSF	9	Date of Referral												

4.11.4. Field Notes

4.11.4.1. ZSF-1-Fee Code

The code identifying the fee being claimed. See Table HBL1b for valid Fee Code values by Claim Code.

4.11.4.2. ZSF-2-Fee Claimed

The amount, exclusive of GST, claimed for this Fee Code as listed in the Fees Schedule. For Registration, this should be set to Zero.

4.11.4.3. ZSF-3-RVG Code

Not used.

4.11.4.4. ZSF-4-Ordinary Attendance

Not used

4.11.4.5. ZSF-5- Total Time

Not used.

4.11.4.6. ZSF-6-Status

Not used

4.11.4.7. ZSF-7-Date of Service

Date service was performed. Definitions of Date of Service vary depending on the Service, refer table HBL2 for details.

4.11.4.8. ZSF-8- Referral Reason

Not used. Equivalent field on ZSO is now being used.

4.11.4.9. ZSF-9- Date of Referral

Not used. Equivalent field on ZSO is now being used.

4.12. ZSO - Service Other

4.12.1. Function

Details of Specialist and Ultrasound services provided.

4.12.2. Table of Fields

Seg	Seq	Len	DT	Opt	RP/#	TBL#	Item#	Name	Usage
ZSO	1	2	ST					Module Service Code	X
ZSO	2	8	ST					Contract Number	X
ZSO	3	8	ST					Contract Module	X
ZSO	4	2	ST					Referring Practitioner Type	C
ZSO	5	10	ST					Referring Practitioner ID	C
ZSO	6	40	ST					Referring Practitioner Surname	X
ZSO	7	4	ST					Referral Reason	C
ZSO	8	8	DT					Date of Referral	C
ZSO	9	7	CK					Baby NHI	X
ZSO	10	8	ST					Organisation Number	X
ZSO	11	20	ST					Organisation Name	X
ZSO	12	4	NM					Total Units	X
ZSO	13	20	ST					Reason for 2 nd Service	X
ZSO	14	1	ST					Emergency Scan	X
ZSO	15	12	ST					Service Name	X
ZSO	16	2	ST					Referral for	X

4.12.3. Table of Field Usage

This table gives field usage for the ZSO segment by Service Claim Code. For full descriptions of the Claim Codes used in the header row, please refer to table HBL1a.

Seg	Seq	Name	RØ	LF	LT	LL	LP	NF	NU	NL	NP	SO	SP	SU
ZSO	1	Module Service Code												
ZSO	2	Contract Number												
ZSO	3	Contract Module												
ZSO	4	Referring Practitioner Type										M	M	M
ZSO	5	Referring Practitioner ID										M	M	M
ZSO	6	Referring Practitioner Surname												
ZSO	7	Referral Reason										M	M	M
ZSO	8	Date of Referral										M	M	M
ZSO	9	Baby NHI												
ZSO	10	Organisation Number												
ZSO	11	Organisation Name												
ZSO	12	Total Units												
ZSO	13	Reason for 2 nd Service												
ZSO	14	Emergency Scan												
ZSO	15	Service Name												
ZSO	16	Referral for												

4.12.4. Field Notes

4.12.4.1. ZSO-1-Module Service Code

Not used.

4.12.4.2. ZSO-2-Contract Number

Not used.

4.12.4.3. ZSO-3-Contract Module

Not used.

4.12.4.4. ZSO-4-Referring Practitioner Type

Valid Values	Notes
"W"	Midwifery Council of New Zealand
"M"	New Zealand Medical Council

4.12.4.5. ZSO-5-Referring Practitioner ID

HealthPAC usage is the provider's New Zealand Medical Council or Midwifery Council of New Zealand registration number. The Midwifery Council number is to be shown in full including hyphens e.g. 15-12345.

4.12.4.6. ZSO-6-Referring Practitioner Surname

Not used.

4.12.4.7. ZSO-7-Referral Reason

Reason for the referral to specialist services. Refer notice for Ultrasound Indication codes. Referral reason codes for specialist services are provided in a separate document.

4.12.4.8. ZSO-8-Date of Referral

Valid Values	Notes
Valid dates	The date the woman was referred. Must be less than or equal to the Date of Service. As per HL7 standard (i.e. YYYYMMDD).

4.12.4.9. ZSO-9-Baby NHI

Not used.

4.12.4.10. ZSO-10-Organisation Number

Not used

4.12.4.11. ZSO-11-Organisation Name

Not used.

4.12.4.12. ZSO-12-Total Units

Not used.

4.12.4.13. ZSO-13-Reason for second service

Not used.

4.12.4.14. ZSO-14-Emergency Scan

Not used.

4.12.4.15. ZSO-15-Service Name

Not used.

4.12.4.16. ZSO-16-Referral for

Not used.

4.13. ZSW - Service & Woman

4.13.1. Function

Details of Services to the Woman including Trimester, Labour and Birth, and Services Following Birth (including Transitional Services).

4.13.2. Table of Fields

Seg	Seq	Len	DT	Opt	RP/#	TBL#	Item#	Name	Usage
ZSW	1	1	ST					Registration Type	X
ZSW	2	1	ST					Care Plan Commenced	X
ZSW	3	1	ST					Woman Referred	X
ZSW	4	2	NM			HBL3		Module End Reason	C
ZSW	5	2	ST			HBL4		Single Service Episode Reason	X
ZSW	6	1	ST					First or Subsequent Birth	X
ZSW	7	1	ST					Labour Induced or Augmented	X
ZSW	8	1	ST					Epidural Relief Used	X
ZSW	9	3	ST					Epidural Service Provided By	X
ZSW	10	2	ST			HBL5		Facility Type - Transferred From	X
ZSW	11	4	ST					Facility Code - Transferred From	X
ZSW	12	2	ST			HBL5		Facility Type - Birth	X
ZSW	13	4	ST					Facility Code - Birth	X
ZSW	14	2	ST			HBL6		Delivery Type	X
ZSW	15	4	TM					Delivery of Placenta Time	X
ZSW	16	2	ST			HBL7		Mother Condition	X
ZSW	17	1	ST					Received In-Patient Care	X
ZSW	18	1	ST			HBL9		Rural Home Visit Category	X
ZSW	19	8	DT					Date Discharged From LMC	C
ZSW	20	1	ST					Eligible for Help at Home Services	X
ZSW	21	8	DT					Date of First Home Visit	X
ZSW	22	3	ST					Domiciliary Midwifery Services	X
ZSW	23	1	ST					Service For	C
ZSW	24	1	ST					First Trimester	X
ZSW	25	1	ST					Unregistered Woman	X
ZSW	26	1	ST					Woman Away from Usual Area	X
ZSW	27	1	ST					Medical Emergency	X
ZSW	28	1	ST					Home Birth	X
ZSW	29	4	ST					Facility Number	X
ZSW	30	10	ST					Facility Name	X
ZSW	31	20	ST					Name of Midwife	X
ZSW	32	1	ST					Care Transferred	X
ZSW	33	80	PN					Practitioner – Transferred to/Second Practitioner	X
ZSW	34	2	NM					No of Midwife Home visits	C
ZSW	35	7	ST					LMC ID	X
ZSW	36	40	ST					LMC Surname	X
ZSW	37	1	ST					LMC Contacted	X
ZSW	38	1	ST					Documentation Given	X
ZSW	39	4	ST					Facility Code	X
ZSW	40	8	DT					Facility Start Date	X

Seg	Seq	Len	DT	Opt	RP/#	TBL#	Item#	Name	Usage
ZSW	41	8	DT					Facility End Date	X
ZSW	42	2	ST			HBL14		Facility End Reason	X
ZSW	43	3	ST					Provider Type – Midwifery Services	X
ZSW	44	3	ST					Provider Type – LMC Services	X
ZSW	45	2	NM					No of Visits during Inpatient Postnatal Stay	C
ZSW	46	1	ST					Chorionic Villous Sampling Test Performed	X
ZSW	47	1	ST					Foetal Blood Sampling Test Performed	X
ZSW	48	1	ST					Amniocentesis Test Performed	X
ZSW	49	1	ST					GP Notified	X
ZSW	50	1	ST					Placenta Kept by Woman	X
ZSW	51	1	ST					LMC Attendance at Birth	C
ZSW	52	1	NM					Exceptional Circumstance	X
ZSW	53	2	NM					Number of 2 nd and 3 rd Trimester Visits	X
ZSW	54	2	ST					LMC ID Type	X
ZSW	55	2	NM					Number of 1 st Trimester Visits	C
ZSW	56	2	NM					Number of 2 nd Trimester Visits	C
ZSW	57	2	NM					Number of 3 rd Trimester Visits	C
ZSW	58	1	ST					Referred to GP	C
ZSW	59	8	DT					Date of Referral to GP	C
ZSW	60	26	TS					Date/Time Labour Established	C
ZSW	61	6	ST					Area Unit Classification Code	C

4.13.3. Table of Field Usage

This table gives field usage for the ZSW segment by Service Claim Code. For full descriptions of the Claim Codes used in the header row, please refer to table HBL1a.

Seg	Seq	Name	RØ	LF	LT	LL	LP	NF	NU	NL	NP	SO	SP	SU
ZSW	1	Registration Type												
ZSW	2	Care Plan Commenced												
ZSW	3	Woman Referred												
ZSW	4	Module End Reason		M	M	C	M	M						
ZSW	5	Single Service Episode Reason												
ZSW	6	First or Subsequent Birth												
ZSW	7	Labour Induced or Augmented												
ZSW	8	Epidural Relief Used												
ZSW	9	Epidural Service Provided By												
ZSW	10	Facility Type – Transferred From												
ZSW	11	Facility Code - Transferred From												
ZSW	12	Facility Type - Birth												
ZSW	13	Facility Code - Birth												
ZSW	14	Delivery Type												
ZSW	15	Delivery of Placenta Time												
ZSW	16	Mother Condition												
ZSW	17	Received In-Patient Care												
ZSW	18	Rural Home Visit Category												
ZSW	19	Date Discharged from LMC					M							
ZSW	20	Eligible for Help at Home												

Seg	Seq	Name	RØ	LF	LT	LL	LP	NF	NU	NL	NP	SO	SP	SU
		Services												
ZSW	21	Date of First Home Visit												
ZSW	22	Domiciliary Midwifery Services												
ZSW	23	Service For	M				M		M	M	M		M	
ZSW	24	First Trimester												
ZSW	25	Unregistered Woman												
ZSW	26	Woman Away												
ZSW	27	Medical Emergency												
ZSW	28	Home Birth												
ZSW	29	Facility Number												
ZSW	30	Facility Name												
ZSW	31	Name of Midwife												
ZSW	32	Care Transferred												
ZSW	33	Practitioner – Transferred To/Second Practitioner												
ZSW	34	No of Midwife Home Visits					M							
ZSW	35	LMC ID												
ZSW	36	LMC Surname												
ZSW	37	LMC Contacted												
ZSW	38	Documentation Given												
ZSW	39	Facility Code												
ZSW	40	Facility Start Date												
ZSW	41	Facility End Date												
ZSW	42	Facility End Reason												
ZSW	43	Provider Type – Midwifery Services												
ZSW	44	Provider Type – LMC Services												
ZSW	45	No of Visits during Inpatient Postnatal Stay					C							
ZSW	46	Chorionic Villous Sampling Test Performed												
ZSW	47	Foetal Blood Sampling Test Performed												
ZSW	48	Amniocentesis Test Performed												
ZSW	49	GP notified												
ZSW	50	Placenta Kept by Woman												
ZSW	51	LMC Attendance at Birth				M								
ZSW	52	Exceptional Circumstance												
ZSW	53	Number of 2 nd and 3 rd Trimester Visits												
ZSW	54	LMC ID Type												
ZSW	55	Number of 1 st Trimester Visits		M				M						
ZSW	56	Number of 2 nd Trimester Visits		M										
ZSW	57	Number of 3 rd Trimester Visits			M									
ZSW	58	Referral to GP					M							
ZSW	59	Date of Referral to GP					C							
ZSW	60	Date/Time Labour Established				C								
ZSW	61	Area Unit Classification Code					C							

4.13.4. Field Notes

4.13.4.1. ZSW-1-Registration Type

Not used.

4.13.4.2. ZSW-2-Care Plan Commenced

Not used.

4.13.4.3. ZSW-3-Woman Referred

Not used.

4.13.4.4. ZSW-4-Module End reason

Refer to table HBL3 for valid values. This field is not required for Labour and Birth when PID-30 Patient Death Indicator is “Y”.

4.13.4.5. ZSW-5-Single Service Reason Visit

Not used.

4.13.4.6. ZSW-6-First or Subsequent Birth

Not used.

4.13.4.7. ZSW-7-Labour Induced or Augmented

Not used.

4.13.4.8. ZSW-8-Epidural Relief Used

Not used.

4.13.4.9. ZSW-9-Epidural Service Provided By

Not used.

4.13.4.10. ZSW-10-Facility Type - Transferred From

Not used.

4.13.4.11. ZSW-11-Facility Code - Transferred From

Not used.

4.13.4.12. ZSW-12-Facility Type - Birth

Not used.

4.13.4.13. ZSW-13-Facility Code - Birth

Not used.

4.13.4.14. ZSW-14-Delivery Type

Not used.

4.13.4.15. ZSW-15-Placenta Delivery Time

Not used.

4.13.4.16. ZSW-16-Mother Condition

Not used.

4.13.4.17. ZSW-17-Received Inpatient Care

Not Used.

4.13.4.18. ZSW-18-Rural Home Visit Category

Not used.

4.13.4.19. ZSW-19-Date Discharged from LMC

Valid Values	Notes
Valid dates	The date the woman/caregiver was discharged from Lead Maternity Carer. For First Partial claims, this will be the date of transfer to the new LMC (which will also be Date Module Ended) As per HL7 standard (i.e. YYYYMMDD).

4.13.4.20. ZSW-20-Eligible for Help at Home Services

Not used.

4.13.4.21. ZSW-21-Date of First Home Visit

Not used.

4.13.4.22. ZSW-22-Domiciliary Midwifery Services

Not used.

4.13.4.23. ZSW-23-Service For

Generally, this field indicates to whom the PID segment relates. Caregiver is valid only for Registration and LMC Postnatal claims. Baby is valid only for Non-LMC Urgent Postnatal and Specialist Paediatrician claims.

Valid Values	Description
"M"	Mother
"B"	Baby
"C"	Caregiver

4.13.4.24. ZSW-24-First Trimester

Not used.

4.13.4.25. ZSW-25-Unregistered Woman

Not used.

4.13.4.26. ZSW-26-Woman Away from Usual Area

Not used.

4.13.4.27. ZSW-27-Medical Emergency

Not used.

4.13.4.28. ZSW-28-Home Birth

Not used.

4.13.4.29. ZSW-29-Facility Number

Not used.

4.13.4.30. ZSW-30- Facility Name

Not used.

4.13.4.31. ZSW-31-Name of Midwife

Not used.

4.13.4.32. ZSW-32-Care Transferred

Not used.

4.13.4.33. ZSW-33-Practitioner – Transferred To

Not used.

4.13.4.34. ZSW-34-Number of Midwife Home visits

Mandatory for postnatal claims.

4.13.4.35. ZSW-35-LMC ID

Not used.

4.13.4.36. ZSW-36-LMC Surname

Not used.

4.13.4.37. ZSW-37- LMC Contacted

Not used.

4.13.4.38. ZSW-38- Documentation Given

Not used.

4.13.4.39. ZSW-39-Facility Code

Not used.

4.13.4.40. ZSW-40-Facility Start Date

Not used.

4.13.4.41. ZSW-41- Facility End Date

Not used.

4.13.4.42. ZSW-42- Facility End Reason

Not used.

4.13.4.43. ZSW-43-Provider Type – Midwifery Services

Not used.

4.13.4.44. ZSW-44-Provider Type – LMC Services

Not used.

4.13.4.45. ZSW-45-No of Postnatal Inpatient Visits

Number of visits by LMC or back-up LMC to the woman/baby during inpatient postnatal stay. Mandatory if Fee Code indicates an inpatient stay.

4.13.4.46. ZSW-46-Chorionic Villous Sampling Test Performed

Not used.

4.13.4.47. ZSW-47-Foetal Blood Sampling Test Performed

Not used.

4.13.4.48. ZSW-48-Amniocentesis Test Performed

Not used.

4.13.4.49. ZSW-49-GP Notified

Not used.

4.13.4.50. ZSW-50-Placenta Kept by Woman

Not used.

4.13.4.51. ZSW-51-LMC Attendance at Birth

Indicator as to whether or not the woman's LMC was present at the birth.

Valid Values	Notes
"Y"	"Yes"
"N"	"No"

4.13.4.52. ZSW-52-Exceptional Circumstance Code

Not used.

4.13.4.53. ZSW-53-Number of 2nd and 3rd Trimester Visits

Not used. Replaced by separate Trimester fields, refer ZSW-55, ZSW-56, ZSW-57.

4.13.4.54. ZSW-54-LMC ID Type

Not used.

4.13.4.55. ZSW-55- Number of 1st Trimester Visits

Number of visits to the woman during the 1st trimester.

4.13.4.56. ZSW-56- Number of 2nd Trimester Visits

Number of visits to the woman during the 2nd trimester.

4.13.4.57. ZSW-57- Number of 3rd Trimester Visits

Number of visits to the woman during the 3rd trimester.

4.13.4.58. ZSW-58- Referred to GP

Indicator as to whether or not the LMC has notified the woman's GP of discharge from lead maternity care.

Valid Values	Description
"Y"	Yes
"D"	Declined

4.13.4.59. ZSW-59- Date of Referral to GP

Required if ZSW-58-Referral to GP = "Y".

Valid Values	Notes
Valid dates	The date the woman was referred. As per HL7 standard (i.e. YYYYMMDD).

4.13.4.60.ZSW-60- Date/Time Labour Established

Required if ZSF-1 Fee Code any of LØF, LØV, LØS, GØF, GØV, GØS.

Component	NZ Usage	Notes
Date/Time	TS(14)	ccyyymmddhhmmss (Example: '20020331093005')

4.13.4.61.ZSW-61- Area Unit Classification Code

Required if claiming for Rural Travel in a Services Following Birth Claim. Valid values are listed in Schedule 2 of the notice.

4.14. ZWP - Woman/Pregnancy Details

4.14.1. Function

This segment, in conjunction with the PID identifies the woman and pregnancy in respect of which the services provided are being claimed.

4.14.2. Table of Fields

Seg	Seq	Len	DT	Opt	RP/#	TBL#	Item#	Name	Usage
ZWP	1	2	NM					Gravida	C
ZWP	2	8	DT					LMP Date	C
ZWP	3	2	NM					Parity	C
ZWP	4	8	DT					Expected Date of Delivery	C
ZWP	5	3	NM					Height	C
ZWP	6	5	NM					Weight	C
ZWP	7	1	ST					Smoking Status Indicator	C
ZWP	8	1	ST					Smoking Daily Quantity	C

4.14.3. Table of Field Usage

This table gives field usage for the ZWP segment by Service Claim Code. For full descriptions of the Claim Codes used in the header row, please refer to table HBL1a.

Seg	Seq	Name	RØ	LF	LT	LL	LP	NF	NU	NL	NP	SO	SP	SU
ZWP	1	Gravida	C											
ZWP	2	LMP Date	C					M						
ZWP	3	Parity	C											
ZWP	4	Expected Date of Delivery	C	M	M	M	M	M	C	C	C	M		M
ZWP	5	Height	C											
ZWP	6	Weight	C											
ZWP	7	Smoking Status Indicator	C				C							
ZWP	8	Smoking Daily Quantity	C				C							

Field Notes

4.14.3.1. ZWP-1-Gravida

Mandatory if registration is for the Birth Mother.

Valid Values	Notes
1 - 99	The number of pregnancies for the woman, including the current one

4.14.3.2. ZWP-2-LMP Date

Mandatory if registration is for the Birth Mother.

Valid Values	Notes
Valid dates	The date of the woman's last menstrual period. Must be greater than the woman's <i>Date of Birth</i> As per HL7 standard (i.e. YYYYMMDD).

4.14.3.3. ZWP-3-Parity

Mandatory if registration is for the Birth Mother.

Valid Values	Notes
0 - 99	The number of previous births. Must be equal to or less than <i>Gravida</i> .

4.14.3.4. ZWP-4-Expected Date of Delivery

Where usage is conditional, it is mandatory for Birth Mother only.

Valid Values	Notes
Valid dates	The date on which delivery of the baby is expected. As per HL7 standard (i.e. YYYYMMDD). For Labour and Birth and Services Following Birth claims, this field contains the actual date of the delivery of the baby.

4.14.3.5. ZWP-5-Height

.Mandatory for Birth Mother only. Format ZZ9. Value in centimetres.

4.14.3.6. ZWP-6-Weight

.Mandatory for Birth Mother only. Format ZZ9.9. Value in kilograms.

4.14.3.7. ZWP-7-Smoking Status Indicator

.Mandatory for Birth Mother only.

Valid Values	Notes
"Y"	Yes
"N"	No

4.14.3.8. ZWP-8-Smoking Daily Quantity

.Mandatory for Birth Mother only and only if ZWP-7 Smoking Status Indicator = "Y".

Valid Values	Notes
"L"	Less than 10 cigarettes per day
"M"	10-20 cigarettes per day
"H"	More than 20 cigarettes per day

5. CODE TABLES

Tables that are not used are so indicated.

Please note that the “Ø” characters shown in the tables below are simply to emphasise which characters are zeroes. The special character used to depict them is not part of the Claim/Fee code.

5.0.1. Table HBL1a - Service Claim Codes

Code	Description
RØ	Maternity Registration
LF	Maternity LMC First/Second Trimester Antenatal Services
LT	Maternity LMC Third Trimester Antenatal Services
LL	Maternity LMC Labour and Birth Services
LP	Maternity LMC Postnatal Services aka Services Following Birth
NF	Maternity Non-LMC First Trimester Services
NU	Maternity Non-LMC Urgent Pregnancy
NL	Maternity Non-LMC Labour and Birth (Rural Support)
NP	Maternity Non-LMC Urgent Postnatal Care
SU	Maternity Radiology Specialist Consult
SO	Maternity Obstetrician Specialist Consult
SP	Maternity Paediatrician Specialist Consult

5.0.2. Table HBL1b - Fee Codes

Service Claim Code	Fee Code	Description
RØ	ØØR	Registration – New
LF	ØØC	LMC First and Second Trimester Full
LF	ØØF	LMC First and Second Trimester First Partial
LF	ØØL	LMC First and Second Trimester Last Partial
LT	ØØC	LMC Third Trimester Full
LT	ØØF	LMC Third Trimester First Partial
LT	ØØL	LMC Third Trimester Last Partial
LL	LØF	LMC Labour and Birth First Birth
LL	LØV	LMC Labour and Birth VBAC
LL	LØS	LMC Labour and Birth Subsequent Birth
LL	GØF	GP/Obs LMC Labour and Birth First Birth
LL	GØV	GP/Obs LMC Labour and Birth VBAC
LL	GØS	GP/Obs LMC Labour and Birth Subsequent Birth
LL	MØS	Homebirth Supplies and Support
LL	MØU	Birthing Unit Support
LL	LØE	Labour and Birth Exceptional Circumstances
LL	RØR	LMC Labour and Birth (Rural Support)
LP	LIC	LMC Services Following Birth Inpatient Full
LP	LIF	LMC Services Following Birth Inpatient First Partial

Service Claim Code	Fee Code	Description
LP	LIL	LMC Services Following Birth Inpatient Last Partial
LP	LNC	LMC Services Following Birth No Inpatient Full
LP	LNF	LMC Services Following Birth No Inpatient First Partial
LP	LNL	LMC Services Following Birth No Inpatient Last Partial
LP	APV	LMC Additional Postnatal Visits
LP	GIC	GP/Obs Services Following Birth Inpatient Full
LP	GIF	GP/Obs Services Following Birth Inpatient First Partial
LP	GIL	GP/Obs Services Following Birth Inpatient Last Partial
LP	GNC	GP/Obs Services Following Birth No Inpatient Full
LP	GNF	GP/Obs Services Following Birth No Inpatient First Partial
LP	GNL	GP/Obs Services Following Birth No Inpatient Last Partial
LP	RSC	LMC Semi Rural Full
LP	RSF	LMC Semi Rural First Partial
LP	RSL	LMC Semi Rural Last Partial
LP	RUC	LMC Rural Full
LP	RUF	LMC Rural First Partial
LP	RUL	LMC Rural Last Partial
LP	RRC	LMC Remote Rural Full
LP	RRF	LMC Remote Rural First Partial
LP	RRL	LMC Remote Rural Last Partial
NF	ØØC	Non-LMC First Trimester with Miscarriage or Termination
NF	ØØN	Non-LMC First Trimester without Miscarriage or Termination
NU	ØØN	Non LMC Urgent Normal Hours Pregnancy Care
NU	ØØO	Non LMC Urgent Out of Hours Pregnancy Care
NL	ØØR	Non LMC Labour and Birth (Rural Support)
NP	ØØP	Non LMC Urgent Postnatal Care
SU	ØØS	Ultrasound Scans
SO	ØØF	Obstetrician First Consult
SO	ØØS	Obstetrician Subsequent Consult
SP	ØØF	Paediatrician First Consult
SP	ØØS	Paediatrician Subsequent Consult

5.0.3. Table HBL2 - Date of Service

Service Claim Code	Date of Service Description
LF	End of Module Date
LT	End of Module Date
LL	Date of Delivery of Placenta
LP	End of Module Date
NF	End of Module Date
NU	Date of Service
NL	Date of Service
NP	Date of Service

Service Claim Code	Date of Service Description
SU	Date of Service
SO	Date of Service
SP	Date of Service

5.0.4. Table HBL3 - Module End Reason

Code	Description	Claim types where values used				
		LF	LT	LL	LP	NF
1	Start of Next Module	Yes	Yes	Yes		
2	Woman moved away from area					
3	Change of Maternity Provider	Yes	Yes	Yes	Yes	
4	Spontaneous Abortion / IUD (Miscarriage)	Yes				Yes
5	Legal Abortion (Termination)	Yes				Yes
6	Maternal Death	<i>no longer used</i>				
7	No reason given	<i>no longer used</i>				
8	Transferred to Secondary Care	Yes	Yes	Yes	Yes	Yes
9	LMC Care Completed				Yes	
10	Transferred to LMC Care					Yes
11	Change of PHO practice					Yes

5.0.5. Table HBL4 - Reason for Single Service Episode Claim – not used

Code	Description
1	1st Trimester
2	2nd or 3rd Trimester
3	Unregistered Woman
4	Woman Away from Usual Area
5	Medical Emergency

5.0.6. Table HBL5 - Facility Type Code – not used

Code	Description
HO	Hospital
BU	Birth Unit
HB	Planned Home Birth

5.0.7. Table HBL6 - Delivery Type – not used

Code	Description
VA	Normal Vaginal Delivery
OV	Operative Vaginal Delivery
CS	Caesarean Section

5.0.8. Table HBL7 - Mother Condition – not used

Code	Description
PP	Primary Post Natal Care
SC	Secondary/Tertiary Care

Code	Description
MD	Maternal Death

5.0.9. Table HBL8 - Baby Condition

Code	Description
LB	Live Born
WB	Well Baby (Live Born)/Primary Post Natal Care– <i>no longer used</i>
NS	Referred to Neonatal (or Referred to Secondary Care) – <i>no longer used</i>
ND	Neonatal Death – <i>no longer used</i>
SB	Stillborn

5.0.10. Table HBL9 - Rural Home Visit Category – *not used*

Code	Description
A	Category A
B	Category B
S	Specially Designated Area

5.0.11. Table HBL10 - Relative Value Guide (RVG) – *not used*

Code	Description	Basic Unit Value
01	Obstetric Standby	1
02	Obstetric vaginal procedures	3
03	Obstetric epidural pain relief	4
04	Caesarean Section Ectopic Pregnancy	5
05	Evacuation of uterus (post partum or miscarriage)	3
06	Vaginal birth with General Anaesthetic	5
C2(0)	Obstetric anaesthetic consultation before labour	2*

* C2(0) cannot be claimed in conjunction with codes 01 to 06

5.0.11.1. Table HBL11 - A.S.A. Physical Status Classification - *not used*

Code	Description	Ordinary Hours 8 am - 6 pm (Modifying units)	Out of Hours (Modifying units)
1	Normal healthy woman with no systemic disease	0	2
2	Woman with mild systemic disease which is well controlled with or without medication	0	2
3	A woman with severe systemic disease which limits activity but is not incapacitating. (e.g. NYHA grade 3 cardiac lesions). All insulin dependent diabetics and with severely reduced respiratory function. Woman with severe pre-eclampsia requiring heavy sedation, blood pressure control, and extra monitoring.	1	3
4	Woman with incapacitating disease which is a threat of life. This is rare and would include NYHA grade 4 cardiac lesions (also eclampsics requiring intensive monitoring on heavy sedation). A very serious ante partum haemorrhage might fall into this category.	2	5

Code	Description	Ordinary Hours 8 am - 6 pm (Modifying units)	Out of Hours (Modifying units)
5	Women who are expected to die in 24 hours with or without surgery. (Extremely rare).	4	7

5.0.12. Table HBL12 - Referral Type – not used

Code	Description
OB	Obstetric
PD	Paediatric
RD	Radiology
AN	Anaesthetist

5.0.13. Table HBL13 - Result of Referral – not used

Code	Description
CN	Consultation / Advice
CT	Care Transferred (Change of Lead Maternity Carer)
AH	Admitted to Hospital and Care Transferred

5.0.14. Table HBL14 - Facility End Reason – not used

Code	Description
HN	Discharged home without admission to post natal ward
TP	Transferred to another facility for post natal care
PN	Admitted to post natal ward for post natal care
HP	Discharged home after post natal care

5.0.15. Table HBL15 - Ethnicity Codes

Valid Codes	Notes
10	European not further defined – <i>not used</i>
11	NZ European/Pakeha
12	Other European
21	NZ Maori
30	Pacific Island not further defined – <i>not used</i>
31	Samoan
32	Cook Island Maori
33	Tongan
34	Niuean
35	Tokelauan
36	Fijian
37	Other Pacific Island
40	Asian not further defined – <i>not used</i>
41	South East Asian
42	Chinese
43	Indian
44	Other Asian
51	Middle Eastern – <i>not used</i>

Valid Codes	Notes
52	Latin American / Hispanic – <i>not used</i>
53	African – <i>not used</i>
54	Other
98	Declined to State
99	Not Stated

5.0.16. Table HBL16 - Exceptional Circumstance Codes – *not used*

Valid Codes	Notes
6	Transfer to Secondary Maternity 48 hours prior to Established Labour
7	Urgent non-LMC assistance to Rural LMC
8	Ambulance Transfer

6. General Implementation

6.1. Introduction

Issues addressed in regard to the general implementation of this standard include:

- Data Communications
- Data Security
- Data Encryption

6.2. Further References

These issues are fully addressed in an additional document that should be read in conjunction with this standard.

That document is entitled:

*“HEALTHPAC LTD
ELECTRONIC CLAIM EXCHANGE
FUNCTIONAL SPECIFICATION”*

Appendix A: References

1. HL7 standard version 2.1;
2. HL7 standard version 2.2 (Ballot 24 July 1994);
3. HL7 standard version 2.3 (Ballot 25 February, 1996);
4. NZHIS IT92-003.5 standard as defined by the Ministry of Health (MoH);
5. The NZ GOSIP version 2.0 standard;
6. Section 88 Notice for Maternity Services, effective from 1 July 2007.