

# LAB RESULT DATA EXCHANGE

## HL7 COMPANION GUIDE

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# 1. Introduction

## 1.1 Overview

Cigna-HealthSpring® (CHS) has implemented the Health Level Seven (HL7) standard messaging format for the transmission of lab results data. This data is essential for HEDIS® reporting, in support of Star ratings and quality improvement for our customers. HL7 provides a robust and standardized approach to data exchange that is widely recognized and used in the health care industry.

## 1.2 Purpose of this Document

This document will serve as a companion guide for submitting lab results data to Cigna-HealthSpring. We have adopted the HL7 version 2.5.1 messaging format for the transmission of lab results data. This guide is not intended to be an all-inclusive detail of the HL7 standard, but to provide guidance for those message segments specifically relevant to the Cigna-HealthSpring lab results data load process. Where not explicitly stated otherwise, the HL7 standards are the required format for the transmission of lab results data to Cigna-HealthSpring.

## 1.3 Data Exchange

Cigna-HealthSpring requires lab result data to be submitted on a weekly basis. The submitted HL7 file may be a batch submission where more than one message is available. Refer to the HL7-standards guide for information related to batch transmissions.

Files should be named using the following naming convention, where the sending facility name corresponds to the value in Message Segment-4 (MSH-4) as detailed in Section 3 below.

**Example: SendingFacilityNameResults  
CCYYMMDDHHMMSS.hl7**

Cigna-HealthSpring will establish a secure file transfer protocol (sftp) site where the files can be placed each week. If the sending facility prefers to utilize its sftp site, that is acceptable. Contractual agreements or security documents and forms are required for a Cigna-HealthSpring sftp site to be established and login credentials provided. Access is controlled by IP address.

# 2. HL7 segment overview

General overview for an HL7 transmission to Cigna-HealthSpring.

## 2.1 Message level segment

Message level information. This segment is designated **MSH**.

## 2.2 Patient level segment

Patient level information, such as patient identification. This segment is designated **PID**.

## 2.3 Common order segment

Common order segment is used to convey information typical to all order. Segment is designated with **ORC**.

## 2.4 Observation request segment

Contains information related to the requested observation or lab event. Segment is designated **OBR**.

## 2.5 Observation result segment

Contains information related to the result of an ordered observation. Segment is designated with **OBX**.

## 2.6 Specimen segment

Segment should be used to convey specimen information. Segment should begin with **SPM**. As of version 2.5, this segment is encouraged over the corresponding segments in the **OBR** segment.

### 3. HL7 SEGMENT DETAIL

**Note:** Required column below refers to Required HL7 field or field required by Cigna-Healthspring. **R** = Required; **N** = Not required; **C** = Conditionally required

#### 3.1 MSH segment

Field	Required	HL7 segment	HL7 field	CHS data element	Comments
4	R	MSH-4	Sending facility	Vendor name	Same as the value used in the file name convention, <b>FacilityName</b>
7	R	MSH-7	Date/time of message		Date/time message was created by the sending facility

#### 3.2 PID segment

Field	Required	HL7 segment	HL7 field	CHS data element	Comments
3	R	PID-3	Patient identifier list	Customer ID	CHS customer's ID. This format varies based on state and/or market. The asterisk may be included but is not required. CHS may accept the customer's CMS assigned Medicare ID (HICN) in place of customer ID

#### 3.3 ORC segment

Field	Required	HL7 segment	HL7 field	CHS data element	Comments
1	R	ORC-1	Order control number		Refer to HL7 standards
23	N	ORC-23	Order provider phone #	Order provider phone number	The phone number of the physician or facility requesting the lab test. <b>Example: 5555555555</b>
24^1	N	ORC-24^1	Order provider Address	Order provider address line 1	The street address of the physician or facility that requested the lab test. Suite number or similar does not belong on this line. <b>Example: 44 Vantage Way</b>
24^2	N	ORC-24^2	Order provider address	Order provider address line 2	<b>Example: Suite 201 or c/o Joe Smith</b>
24^3	N	ORC-24^3	Order provider address	Order provider city	The city of the physician or facility that requested the lab test. <b>Example: Nashville</b>
24^4	N	ORC-24^4	Order provider address	Order provider state	The two-character state code of the physician or facility that requested the lab test. <b>Example: TN (Tennessee)</b>
24^5	N	ORC-24^5	Order provider address	Order provider zip code	The zip code of the physician or facility that requested the lab test. The four-digit postal suffix may be included, without the dash. <b>Example: 276032773</b>

### 3.4 OBR segment

Field	Required	HL7 segment	HL7 field	CHS data element	Comments
3	N	OBR-3	Filler order number	Lab code	The two- or five-digit identification number of the lab or facility that performed the service
4	N	OBR-4	Alternate identifier	Ordered test number	The code of the test that was ordered by the physician or facility
4	N	OBR-4	Alternate text	Ordered test name	The name of the test that was ordered by the physician or facility
4	C	OBR-4	Observation identifier	LOINC code	Industry standard for the lab test result as indicated by the Logical Observation Identifier Names and Codes (LOINC). NOTE: If the LOINC code is supplied, applicable lab results fields must be filled. If no LOINC codes are available, Procedure Code (CPT) may be supplied, with no lab results
7	R	OBR-7	Observation date/time	Begin service date key	Date of lab event. <b>Example: CCYYMMDD</b>
15	N	OBR-15/ SPM-2	Specimen ID	Specimen number	The identification number on the sample taken by the lab. Use of SPM-2 is encouraged
15	N	OBR-15/ SPM-8	Specimen source site	Specimen source	Source of the specimen tested. Use of SPM-8 is encouraged
16	R	OBR-16^1	Order provider ID	Order provider ID	The identification number of the lab or facility that performed the service. May use NPI if available
16	R	OBR-16^1	Order provider NPI	Order provider NPI	The National Provider Identification (NPI) number of the physician or facility that requested the lab test. This is required if you do not have a system specific provider ID
16	N	OBR-16^2	Order provider name	Order provider name	The full name of the physician or facility that requested the lab test
20	N	OBR-20	Filler field	Standard match code	Filler field
44	C	OBR-44	Procedure code	Procedure code	Industry standard CPT II code as defined by the American Medical Association. If CPT II code is not available, lab results fields and LOINC code fields should be populated.

### 3.5 OBX segment

Field	Required	HL7 segment	HL7 field	CHS data element	Comments
3	N	OBX-3^4	Performed test ID number	Performed test number	The identification number of the actual test performed by the lab
3	N	OBX-3^5	Performed test name	Performed test name	The name of the actual test that was performed by the lab
4	N	OBX-4	Observation sub-ID	Test sub-category	The secondary or sub-category name of the test that was ordered by the physician or facility
5	C	OBX-5	Observation value	Result value	The result of the lab test
6	N	OBX-6	Units	Measurement unit	<b>Example: mL, mg, cc</b>
7	N	OBX-7	References range	Test value range	The test range
8	N	OBX-8	Abnormal flag	Abnormal flag	Indicator for abnormal values. (See IG for valid values)

### 3.6 SPM segment

Field	Required	HL7 segment	HL7 field	CHS data element	Comments
2	N	SPM-2	Specimen ID	Specimen number	The identification number on the sample taken by the lab. May be used in place of OBR-15
8	N	SPM-8	Specimen source site	Specimen source	Source of the specimen tested. May be used in place of OBR-15

