HL7 DG1
Diagnosis Segment

O segmento DG1 contém informações sobre o motivo de admissão do paciente ou um ou mais diagnósticos.

O segmento DG1 é usado para enviar vários diagnósticos (por exemplo, para a codificação de registros médicos).

Também é usado quando o FT1-19-diagnosiscode-FT1 não fornece informações suficientes para o sistema de faturamento. DG1: Segmento de diagnóstico

Esta codificação de diagnóstico deve ser diferente do segmento que carrega a lista de problemas clínicos usado pelos cuidadores para atenção ao paciente (ver Capítulo 12, Cuidado do Paciente).

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	R			00375	Set ID - DG1
2	2	ID	(B) R		0053	00376	Diagnosis Coding Method
3	60	CE	O		0051	00377	Diagnosis Code
4	40	ST	B			00378	Diagnosis Description
5	26	TS	O			00379	Diagnosis Date/Time
6	2	IS	R		0052	00380	Diagnosis Type
7	60	CE	B		0118	00381	Major Diagnostic Category
8	4	IS	B		0055	00382	Diagnostic Related Group
9	2	ID	B		0136	00383	DRG Approval Indicator
10	2	IS	B		0056	00384	DRG Grouper Review Code
11	60	CE	B		0083	00385	Outlier Type
12	3	NM	B			00386	Outlier Days
13	12	NM	B			00387	Outlier Cost
14	4	ST	B			00388	Grouper Version And Type
15	2	NM	B			00389	Diagnosis Priority
16	60	XCN	O	Y		00390	Diagnosing Clinician
17	3	IS	O		0228	00766	Diagnosis Classification
18	1	ID	O		0136	00767	Confidential Indicator
19	26	TS	O			00768	Attestation Date/Time

Definições de campo DG1

Set ID - DG1 (SI) 00375

Definition: This field contains the number that identifies this transaction. For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc.

Diagnosis coding method (ID) 00376

Definition: *This field has been retained for backward compatibility only.* Use the components of *DG1-3-diagnosis code* instead of this field. When used for backward compatibility, ICD9 is the recommended coding methodology. Refer to *HL7 table 0053 - Diagnosis coding method* for valid values.

Diagnosis code (CE) 00377

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (ST)>

Definition: Use this field instead of *DG1-2-coding method* and *DG1-4-diagnosis description*. (Those two fields have been retained for backward compatibility only.) *DG1-3-diagnosis code* contains the diagnosis code assigned to this diagnosis. Refer to *user-defined table 0051- Diagnosis code* for suggested values. This field is a CE data type for compatibility with clinical and ancillary systems.

See Chapter 7 for suggested diagnosis codes. For the name of the coding system, refer to Chapter 7, Section 7.14, "Coding schemes," Figure 7-2-Diagnostic Coding Schemes.

Diagnosis description (ST) 00378

Definition: *This field has been retained for backward compatibility only.* Use the components of *DG1-3-diagnosis code* field instead of this field. When used for backward compatibility, *DG1-4-diagnosis description* contains a description that best describes the diagnosis.

Diagnosis date/time (TS) 00379

Definition: This field contains the date/time that the diagnosis was determined.

Diagnosis type (IS) 00380

Definition: This field contains a code that identifies the type of diagnosis being sent. Refer to *user-defined table 0052 - Diagnosis type.* This field should no longer be used to indicate "DRG" because the DRG fields have moved to the new DRG segment.

User-defined Table 0052 - Diagnosis Type

Values	Description
A	Admitting
W	Working
F	Final

Major diagnostic category (CE) 00381

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (ST)>

Definition: *This field has been retained for backward compatibility only.* This field should only be used in a master file transaction. Refer to *user-defined table 0118 - Major diagnostic category* for suggested values.

Diagnostic related group (IS) 00382

Definition: *This field has been retained for backward compatibility only.* This field has moved to the new DRG segment. It contains the DRG for the transaction. Interim DRG's could be determined for an encounter. Refer to *user-defined table 0055 - DRG code* for suggested values.

DRG approval indicator (ID) 00383

Definition: *This field has been retained for backward compatibility only.* This field has moved to the new DRG segment. This field indicates if the DRG has been

approved by a reviewing entity. Refer to *HL7 table - 0136 - Yes/no indicator* for valid values.

DRG grouper review code (IS) 00384

Definition: *This field has been retained for backward compatibility only.* This field has moved to the new DRG segment. Refer to *user-defined table 0056 - DRG grouper review code* for suggested values. This code indicates that the grouper results have been reviewed and approved.

Outlier type (CE) 00385

Components: <identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (ST)>

Definition: *This field has been retained for backward compatibility only.* This field has moved to the new DRG segment. When used for backward compatibility, this field contains the type of outlier that has been paid. Refer to *user-defined table 0083 - Outlier type* for suggested values.

Outlier days (NM) 00386

Definition: *This field has been retained for backward compatibility only.* This field has moved to the new DRG segment. When used for backward compatibility, this field contains the number of days that have been approved for an outlier payment.

Outlier cost (NM) 00387

Definition: *This field has been retained for backward compatibility only.* This field has moved to the new DRG segment. When used for backward compatibility, this field contains the amount of money that has been approved for an outlier payment.

Grouper version and type (ST) 00388

Definition: *This field has been retained for backward compatibility only.* This field has moved to the new DRG segment. When used for backward compatibility, this field contains the grouper version and type.

Diagnosis priority (NM) 00389

Definition: *This field has been retained for backward compatibility only.* This field should no longer be used for DRG priority, because the DRG fields have moved to the new DRG segment.

When used for backward compatibility, *DG1-15-diagnosis priority* contains the number that identifies the significance or priority of the diagnosis or DRG code. The numbers have the following meanings:

0 the admitting diagnosis

1 the primary diagnosis

2 and higher for ranked secondary diagnoses

Diagnosing clinician (XCN) 00390

Components: <ID number (ST)> ^ <family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^ <suffix (e.g., JR or III) (ST)> ^ <prefix (e.g., DR) (ST)> ^ <degree (e.g., MD) (ST)> ^ <source table (IS)> ^ <assigning authority (HD)> ^ <name type code(ID)> ^ <identifier check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ <identifier type code (IS)> ^ <assigning facility (HD)>

Subcomponents of assigning authority: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Subcomponents of assigning facility: <namespace ID (IS)> & <universal ID (ST)> & <universal ID type (ID)

Definition: This field contains the individual responsible for generating the diagnosis information. Multiple names and identifiers for the same person may be sent in this field, not multiple diagnosing clinicians. The legal name is assumed to be in the first repetition. When the legal name is not sent, a repeat delimiter must be sent first for the first repetition. The components for this field are described in Chapter 2.

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Diagnosis classification (IS) 00766

Definition: This field indicates if the patient information is for a diagnosis or a non-diagnosis code. Refer *to user-defined table 0228 - Diagnosis classification* for suggested values.

User-defined Table 0228 - Diagnosis classification

Value	Description
C	Consultation
D	Diagnosis
M	Medication (antibiotic)
O	Other
R	Radiological scheduling (not using ICDA codes)
S	Sign and symptom
T	Tissue diagnosis
I	Invasive procedure not classified elsewhere (I.V., catheter, etc.)

Confidential indicator (ID) 00767

Definition: This field indicates whether the diagnosis is confidential. Refer to *HL7 table 0136 - Yes/no indicator* for valid values.

Y the diagnosis is a confidential diagnosis

N the diagnosis does not contain a confidential diagnosis

Attestation date/time (TS) 00768

Definition: This field contains the time stamp that indicates the date and time that the attestation was signed.