



HorizonMIS  
HL7 Interface Specification  
For version 2.x of the HL7 Standard

HorizonMis Version: 5.5804  
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American Medical Systems, Inc.  
7400 Baymeadows Way, Suite 300  
Jacksonville, FL 32256  
904-737-5554 voice / 904-737-9213 fax

## ADT- A04(New patient), A08(Updated patient),A46(Change patient account)

These messages are sent whenever a patient's information is added to or updated in the system. This generally occurs using the Patient Information component, but can also occur when changing the phone number or notes about a patient in the scheduling component. The structure of the event types is essentially the same, so only one event type is listed here.

Segment	Opt.	Notes
<a href="#">MSH – Message Header</a>	R	
<a href="#">EVN – Event Type</a>	R	
<a href="#">PID – Patient Identification</a>	R	
<a href="#">NK1- Next of Kin/Associated Parties Segment</a>	O	
<a href="#">PV1- Patient Visit Segement</a>	R	
<a href="#">GT1- Guarantor Segment</a>	O	
<a href="#">IN1- Insurance Information Segment</a>	O	

### [MSH – Message Header Segment](#)

Seq#	Item#	Element Name	OPT	DT	Max Len	TBL#	Horizon
1	00001	Field Separator	R	ST	1		' '
2	00002	Encoding Characters	R	ST	4		'^~\&'
3	00003	Sending Application	R	HD	180		
		.1 – Namespace ID		IS			Horizon
4	00004	Sending Facility	O	HD	180		
		.1 – NamespaceID	O	IS			Sending Facility Name, if <i>Facility Subcomponents</i> = 'MSH.4.1', else "" (blank).
		.2 – UniversalID	O	ST			Sending Facility Name, if <i>Facility Subcomponents</i> = 'MSH.4.2', else "" (blank).
5	00005	Receiving Application	O	HD	180		
		.1 – Namespace ID		IS			Horizon
6	00005	Receiving Facility	O	HD	180		
7	00007	Date/Time Of Message	O	TS	26		Date/Time when the message was created
9	00009	Message Type	R	CM	7		
		.1 – Message Type Code		ID			'ADT'
		.2 – Event Code		ID			'A04' or 'A08' or 'A46'
10	00010	Message Control ID	R	ST	36		Identifier that uniquely identifies the message

11		Processing Type	R	PT	3		
		.1 – Processing ID		ID			'P'
12	00012	Version ID	R	ID	8	0104	'2.3'
13-15							Ignored
16							
17-19							Ignored

EVN – Event Type Segment

Seq#	Item#	Element Name	OPT	DT	Max Len	TBL#	Horizon
1	00199	Event Type Code	R	ID	3	0003	'A04' or 'A08' 'A46'
2	00100	Date/Time of Event	R	TS	26		
3-6							Ignored

PID – Patient Identification Segment

Seq#	Item#	Element Name	OPT	DT	Max Len	TBL#	Sent from Horizon	Notes
1	00104	Set ID – Patient ID	O	SI	4			'1'
2	00105	Patient ID (External ID)	C	CX	20		Horizon Account Number	Possible to change
		.1 – ID		ST				
3	00106	Patient ID[0] (Internal ID)	R	CX	20		Internal ID (Never Changes)	
		.1 – ID		ST				
4	00107	Alternate Patient ID[]	O	CX	20		Horizon Account Number	Possible to change
5	00108	Patient Name[0]	R	XPN	48		X	
		.1 – Family Name		ST	30		X	
		.2 – Given Name		ST	30		X	
		.3 – Middle Name		ST	5		X	
		.4 – Suffix		ST	8			
		.5 – Prefix		ST	8			
6								
7								
8	00111	Sex	C	IS	1	0001	X	
9								
10								
11	00114	Patient Address[0]	C	XAD	106			
		.1 – Street Address		ST			X	
		.2 – Other Designation		ST			X	
		.3 – City		ST	25		X	
		.4 – State		ST	5		X	
		.5 – Zip		ST	10		X	
12								

13	00116	Phone Number – Home[0]	O	XTN	40			
		.1 – Telephone Number		TN			X	PRN (Primary Residence Number
		.2 – Use Code		ID			X	PH home phone, CP Cell phone
		.3 – Equipment type		ID			X	
		.4 – Email Address		ST				
		.5 – Country Code		NM				
		.6 – Area Code		NM				
		.7 – Phone Number		NM				
		.8 – Extension		NM				
		.9 – AnyText		ST				
14	00117	Phone Number – Business[0]	O	XTN	40			
		.1 – Telephone Number		TN			X	Work phone
		.2 – Telecommunication Use Code		ID	0201			
		.3 – Telecomm. Equipment Type		ID	0202			
		.4 – Email Address		ST				
		.5 – Country Code		NM				
		.6 – Area Code		NM				
		.7 – Phone Number		NM				
		.8 – Extension		NM				
		.9 – AnyText		ST				
15								Ignored
16	00119	Marital Status	O	IS		0002	X	
17-18								Ignored
19	00122	SSN – Patient	O	ST	16		X	
20-28								Ignored
29								
30								

NK1 – Next of Kin / Associated Parties Segment

This segment is used by A4 for both employer information and for emergency contact information. If the Contact Role field contains 'EM,' the segment is treated as containing employer information, otherwise it is treated as containing emergency contact information.

Seq#	Item#	Element Name	OPT	DT	Max Len	TBL#	Sent from Horizon	Notes
1	00190	Set ID – NK1	R	SI	4			Same as PID1
2	00191	Name [0]	O	XPN	48			
		.1 – Family Name		ST	30		X	
		.2 – Given Name		ST	30		X	
		.3 – Middle Name		ST	5		X	
		.4 – Suffix		ST	8			
		.5 – Prefix		ST	8			
3	00192	Relationship	O	CE	60			
		.1 – Identifier	O	ST		0063		

		.2 – Text	O	ST	25			X	
4	00193	Address [0]	O	XAD	106				
		.1 – Street Address		ST				X	
		.2 – Other Designation		ST				X	
		.3 – City		ST	25			X	
		.4 – State		ST	5			X	
		.5 – Zip		ST	10			X	
5	00194	Phone Number [0]	O	XTN	40				
		.1 – Telephone Number		TN				X	
		.2 – Telecommunication Use Code		ID		0201			
		.3 – Telecomm. Equipment Type		ID		0202			
		.4 – Email Address		ST					
		.5 – Country Code		NM					
		.6 – Area Code		NM					
		.7 – Phone Number		NM					
		.8 – Extension		NM					
		.9 – AnyText		ST					
6	00195	Business Phone Number [0]	O	XTN	40				
		.1 – Telephone Number		TN					
		.2 – Telecommunication Use Code		ID		0201			
		.3 – Telecomm. Equipment Type		ID		0202			
		.4 – Email Address		ST					
		.5 – Country Code		NM					
		.6 – Area Code		NM					
		.7 – Phone Number		NM					
		.8 – Extension		NM					
		.9 – AnyText		ST					
7	00196	Contact Role	O	CE	60				
		.1 – Identifier	O	ST		0131			
8-9									
10	00199	Next of Kin / Associated Parties Job Title	O	ST	60				
11-12									
13	00202	Organization Name [0]	O	XON	60				
14-37									

**PV1 – Patient Visit Segment**

Seq#	Item#	Element Name	OPT	DT	Max Len	TBL#	Sent from Horizon	Notes
1	00131	Set ID – PV1	O	SI	4			Same as PID1
2	00132	Patient Class	R	IS	1			'O'
3	00134	Facility					Facility Name and ID	
		.4 ID					X	
		.9 Name					X	
4								

5								
6								
7	00137	Attending Doctor[0]	O	XCN				
		.1 – ID Number		ST	30		X	
		.2 – Family Name		ST	30		X	
		.3 – Given Name		ST	30		X	
		.4 – Middle Name		ST	5		X	
		.5 – Suffix		ST	8		X	
		.6 – Prefix		ST	8			
		.7-.8						
		.9 – AssigningAuthority		HD				
		.1						
		.2 – Universal ID		ST	20			
		.3 – Universal ID Type		ID				
8	00138	Referring Doctor[0]	O	XCN				
		.1 – ID Number		ST	30		X	
		.2 – Family Name		ST	30		X	
		.3 – Given Name		ST	30		X	
		.4 – Middle Name		ST	5		X	
		.5 – Suffix		ST	8			
		.6 – Prefix		ST	8			
		.7-.8						
		.9 – AssigningAuthority		HD				
		.1						
		.2 – Universal ID		ST	20			
		.3 – Universal ID Type		ID				
9-15								
16	00146	VIP Indicators	O	IS	2			
17-18								
19	00149	Visit ID	C	CX	20			
		.1 – ID		ST				
20-52								

**GT1 – Guarantor Segment**

Seq#	Item#	Element Name	OPT	DT	Max Len	TBL#	Sent from Horizon	Notes
1	00405	Set ID – GT1	R	SI	4		X	Same as PID1
2	00406	Guarantor Number[0]	O	CX	59			
3	00407	Guarantor Name[0]	C	XPN	48			
		.1 – Family Name		ST	30		X	
		.2 – Given Name		ST	30		X	
		.3 – Middle Name		ST	5		X	
		.4 – Suffix		ST	8			
		.5 – Prefix		ST	8			
4	00408	Guarantor Spouse Name	O	XPN	48			
5	00409	Guarantor Address[0]	O	XAD	106			
		.1 – Street Address		ST			X	
		.2 – Other Designation		ST			X	
		.3 – City		ST	25		X	
		.4 – State		ST	5		X	
		.5 – Zip		ST	10		X	
6	00410	Guarantor Phone – Home[0]	O	XTN	40			
		.1 – Telephone Number		TN			X	
		.2-.5						
		.6 – Area Code		NM				
		.7 – Phone Number		NM				
		.8 – Extension		NM				
		.9 – AnyText		ST				
7	00411	Guarantor Phone – Business[0]	O	XTN	40			
		.1 – Telephone Number		TN			X	
		.2-.5						
		.6 – Area Code		NM				
		.7 – Phone Number		NM				
		.8 – Extension		NM				
		.9 – AnyText		ST				
8	00412	Guarantor Date/Time Of Birth	O	TS	26			
9	00413	Guarantor Sex	O	IS	1	0001		
10	00414	Guarantor Type	O	IS	2	0068		
11	00415	Guarantor Relationship	O	CE				
		.1 – Identifier	O	ST	30	0063		
		.2 – Text	O	ST	25			
12	00416	Guarantor SSN	O	ST	11		X	
13-14								
15	00419	Guarantor Priority	O	NM	2			
16	00420	Guarantor Employer					X	
17	00421	Guarantor Work Address					X	
18	00422	Guarantor Work Phone					X	
19-20								
21	00419	Guarantor Organization[0]	C	XON	130			

		1 – Organization Name	O	ST	30			
22-55								

IN1 – Insurance Information Segment

Seq#	Item#	Element Name	OPT	DT	Max Len	TBL#	Sent from Horizon	Notes
1	00426	Set ID – IN1	R	SI			X	Same as PID1
2	00368	Insurance Plan ID	O	CE	8		X	
3	00428	Insurance Company ID[0]	R	CX			X	
		.1 – ID		ST	30			
4	00429	Insurance Company Name[0]	R	XON			X	
		.1 – Organization Name		ST	50			
5	00430	Insurance Company Address[0]	O	XAD				
		.1 – Street Address		ST			X	
		.2 – Other Designation		ST			X	
		.3 – City		ST	25		X	
		.4 – State		ST	5		X	
		.5 – Zip		ST	10		X	
6	00431	Insurance Company Contact Person	O	XPN	50			
		.1 – Family Name		ST	30			
		.2 – Given Name		ST	30			
		.3 – Middle Name		ST	5			
		.4 – Suffix		ST	8			
		.5 – Prefix		ST	8			
7	00432	Insurance Company Phone Number[0]	O	XTN				
		.1 – Telephone Number		TN			X	
		.2-.3						
		.4 – Email Address		ST				
		.5 – Country Code		NM				
		.6 – Area Code		NM				
		.7 – Phone Number		NM				
		.8 – Extension		NM				
		.9 – AnyText		ST				
8	00433	Group Number	O	ST	30		X	
9-11								
12	00437	Plan Effective date	O	DT	8		X	
13	00438	Plan Expiration Date	O	DT	8		X	
14								
15	00440	Plan Type	O	IS			X	1=Medicare, 0=Medicaid, 3=Blue Shield
16	00441	Name of Insured	O	XPN				
		.1 – Family Name		ST	30		X	
		.2 – Given Name		ST	30		X	
		.3 – Middle Name		ST	5		X	



		4 – Suffix		ST	8			
		5 – Prefix		ST	8			
17	00442	Insured's relation to patient	O	CE				
		1 – Identifier	O	ST	30	0063	X	1=self, 2=spouse, 3=child, 4=other
18	00443	Insured's Date of Birth	O	TS	26		X	(ccyymmdd) format
19	00430	Insured's Address	O	XAD				Pulled from guarantor if not relationship of self
		1 – Street Address		ST			X	
		2 – Other Designation		ST			X	
		3 – City		ST	25		X	
		4 – State		ST	5		X	
		5 – Zip		ST	10		X	
20-30								
31	00456	Type of Agreement Code	O	IS	2	0098		
32-35								
36	00461	Policy Number	O	ST	30		X	
37-42								
43	00468	Insured Sex					X	
44-48								

## SIU- S12(Booked,Arrived), S14(Booked), S15(Canceled)

This message is sent whenever a patient appointment is cancelled in the system. If the appointment contains multiple sub appointments, then one message is sent for each sub appointment. The structure of the event types is essentially the same, so only one event type is listed here.

Segment	Opt.	Notes
<a href="#">MSH – Message Header</a>	R	
<a href="#">EVN – Event Type</a>	R	
<a href="#">SCH – Schedule Activity Information</a>	O	
<a href="#">NTE – Notes and Comments</a>	O	
<a href="#">PID – Patient Identification</a>	R	
<a href="#">PVI – Patient Visit</a>	O	
<a href="#">RGS– Resource Group Segment</a>	R	
<a href="#">AIL – Appointment Information-Location</a>	O	
<a href="#">AIP– Appointment Information-Personnel</a>	O	

### [MSH – Message Header Segment](#)

Seq#	Item#	Element Name	OPT	DT	Max Len	TBL#	Horizon
1	00001	Field Separator	R	ST	1		' '
2	00002	Encoding Characters	R	ST	4		'^~\&'
3	00003	Sending Application	R	HD	180		
		.1 – Namespace ID		IS			Sending Application Name Horizon
4	00004	Sending Facility	O	HD	180		
		.1 – NamespaceID	O	IS			Sending Facility Name, if <i>Facility Subcomponents</i> = 'MSH.4.1', else "" (blank).
		.2 – UniversalID	O	ST			Sending Facility Name, if <i>Facility Subcomponents</i> = 'MSH.4.2', else "" (blank).
5	00005	Receiving Application	O	HD	180		
		.1 – Namespace ID		IS			Receiving Application Name
6	00005	Receiving Facility	O	HD	180		
7	00007	Date/Time Of Message	O	TS	26		Date/Time when the message was created
9	00009	Message Type	R	CM	7		
		.1 – Message Type Code		ID			'SIU'
		.2 – Event Code		ID			'S12' or 'S14' or 'S15'
10	00010	Message Control ID	R	ST	36		Identifier that uniquely identifies the message
11		Processing Type	R	PT	3		
		.1 – Processing ID		ID			'P'
12	00012	Version ID	R	ID	8	0104	'2.3'

13-15							Ignored
16							
17-19							Ignored

[EVN – Event Type Segment](#)

Seq#	Item#	Element Name	OPT	DT	Max Len	TBL#	Horizon
1	00199	Event Type Code	R	ID	3	0003	'S12' or 'S14' or 'S15'
2	00100	Date/Time of Event	R	TS	26		
3-6							Ignored

SCH – Schedule Activity Information Segment

Seq#	Item#	Element Name	OPT	DT	Max Len	TBL#	Sent from Horizon	Notes
1	00860	Placer Appointment ID	R	EI	30		X	Appointment number
		.1 – Entity Identifier		ST				
		.2 – NamespaceID		IS				
2	00860	Filler Appointment ID	C	EI	30		X	
		.1 – Entity Identifier		ST				
		.2 – NamespaceID		IS				
3								
4								
5								
6	00883	Event Reason	R	CE				
		.1 Identifier					X	
		.2 Text					X	
		.3 Name of Coding System						
		.4 Alternate Identifier						
		.5 Alternate Text						
		.6 Name of Alternate Coding System						
7	00866	Appointment Reason		CE				
		.1 Identifier					X	
		.2 Text					X	
		.3 Name of Coding System						
		.4 Alternate Identifier						
		.5 Alternate Text						
		.6 Name of Alternate Coding System						
8	00867	Appointment Type		CE				
		.1 Identifier					X	
		.2 Text					X	
		.3 Name of Coding System						
		.4 Alternate Identifier						
		.5 Alternate Text						
		.6 Name of Alternate Coding System						
9	00868	Appointment Length in minutes		NM			X	
10	01304	Appointment Duration Units “minutes”		CE			X	“min”
		.1 Identifier						
		.2 Text						
		.3 Name of Coding System						
		.4 Alternate Identifier						
		.5 Alternate Text						

		.6 Name of Alternate Coding System					
11	00884	Appointment Timing Quantity	R	TQ			
		.1 Quantity					
		.2 Interval					
		.3 Duration					
		.4 Start date/time				X	CCYYMMDDHHMMSS
		.5 End date/time				X	CCYYMMDDHHMMSS
		.6 Priority					
		.7 Condition					
		.8 Text					
		.9 Conjunction					
		.10 Order Sequencing					
16	00885	Filler Contact Person	R	XCN		Appointment made by	
		.1 ID Number				X	
		.2 Last Name				X	
		.3 First Name					
		.4 Middle Name					
		.5 Suffix					
		.6 Prefix					
		.7 Degree					
		.8 Source Table					
		.9 Assigning Authority					
		.10 Name Type Code					
		.11 Identifier Check Digit					
		.12 Code Identifying the check digit scheme					
		.13 Employed					
		.14 Identifier Type Code					
		.15 Assigning Facility					
20	00878	Entered By Person	R	XCN		Appointment made by	
		.1 ID Number				X	
		.2 Last Name				X	
		.3 First Name					
		.4 Middle Name					
		.5 Suffix					
		.6 Prefix					
		.7 Degree					
		.8 Source Table					
		.9 Assigning Authority					
		.10 Name Type Code					
		.11 Identifier Check Digit					
		.12 Code Identifying the check digit scheme					

		.13 Employed					
		.14 Identifier Type Code					
		.15 Assigning Facility					
25	00889	Filler Statue Code	CE			X	Booked, Arrived, Cancelled
		.1 Identifier					
		.2 Text					
		.3 Name of Coding System					
		.4 Alternate Text					
		.5 Alternate Text					
		.6 Name of Alternate Coding System					

[NTE-Notes and Comments](#)

Seq#	Item#	Element Name	OPT	DT	Max Len	TBL#	Sent from Horizon	Notes
1	00573	Set ID- NTE		SI	4		X	'1'
2								
3	00575	Comment		FT	64K		X	Appointment Comments

[PID – Patient Identification Segment](#)

Seq#	Item#	Element Name	OPT	DT	Max Len	TBL#	Sent from Horizon	Notes
1	00104	Set ID – Patient ID	O	SI	4			'1'
2	00105	Patient ID (External ID)	C	CX	20		Horizon Account Number	Possible to change
		.1 – ID		ST				
3	00106	Patient ID[0] (Internal ID)	R	CX	20		Internal ID (Never Changes)	
		.1 – ID		ST				
4	00107	Alternate Patient ID[]	O	CX	20		Horizon Account Number	Possible to change
5	00108	Patient Name[0]	R	XPN	48		X	
		.1 – Family Name		ST	30		X	
		.2 – Given Name		ST	30		X	
		.3 – Middle Name		ST	5		X	
		.4 – Suffix		ST	8			
		.5 – Prefix		ST	8			
6								
7								
8	00111	Sex	C	IS	1	0001	X	
9								
10								
11	00114	Patient Address[0]	C	XAD	106			
		.1 – Street Address		ST			X	
		.2 – Other Designation		ST			X	
		.3 – City		ST	25		X	
		.4 – State		ST	5		X	
		.5 – Zip		ST	10		X	
12								
13	00116	Phone Number – Home[0]	O	XTN	40			
		.1 – Telephone Number		TN			X	PRN (Primary Residence Number
		.2 – Use Code		ID			X	PH home phone, CP Cell phone
		.3 – Equipment type		ID			X	
		.4 – Email Address		ST				
		.5 – Country Code		NM				
		.6 – Area Code		NM				
		.7 – Phone Number		NM				
		.8 – Extension		NM				
		.9 – AnyText		ST				

14	00117	Phone Number – Business[0]	O	XTN	40			
		.1 – Telephone Number		TN			X	Work phone
		.2 – Telecommunication Use Code		ID		0201		
		.3 – Telecomm. Equipment Type		ID		0202		
		.4 – Email Address		ST				
		.5 – Country Code		NM				
		.6 – Area Code		NM				
		.7 – Phone Number		NM				
		.8 – Extension		NM				
		.9 – AnyText		ST				
15								Ignored
16	00119	Marital Status	O	IS		0002	X	
17-18								Ignored
19	00122	SSN – Patient	O	ST	16		X	
20-28								Ignored
29								
30								

**PV1 – Patient Visit Segment**

Seq#	Item#	Element Name	OPT	DT	Max Len	TBL#	Sent from Horizon	Notes
1	00131	Set ID – PV1	O	SI	4			Same as PID1
2	00132	Patient Class	R	IS	1			'O'
3	00134	Facility					Facility Name and ID	
		.4 ID					X	
		.9 Name					X	
4								
5								
6								
7	00137	Attending Doctor[0]	O	XCN				
		.1 – ID Number		ST	30		X	
		.2 – Family Name		ST	30		X	
		.3 – Given Name		ST	30		X	
		.4 – Middle Name		ST	5		X	
		.5 – Suffix		ST	8		X	
		.6 – Prefix		ST	8			
		.7-.8						
		.9 – AssigningAuthority		HD				
		.1						
		.2 – Universal ID		ST	20			
		.3 – Universal ID Type		ID				
8	00138	Referring Doctor[0]	O	XCN				
		.1 – ID Number		ST	30		X	



		.2 – Family Name		ST	30			X	
		.3 – Given Name		ST	30			X	
		.4 – Middle Name		ST	5			X	
		.5 – Suffix		ST	8				
		.6 – Prefix		ST	8				
		.7-.8							
		.9 – Assigning Authority		HD					
		.1							
		.2 – Universal ID		ST	20				
		.3 – Universal ID Type		ID					
9-15									
16	00146	VIP Indicators	O	IS	2				
17-18									
19	00149	Visit ID	C	CX	20				
		.1 – ID		ST					
20-52									

RGS-Resource Group Segment

Seq#	Item#	Element Name	OPT	DT	Max Len	TBL#	Sent from Horizon	Notes
1	01203	Set ID – RGS	R	SI	4		X	'1'
2	00763	Segment Action Code	C	ID	3		X	'A'
3	01204	Resource Group ID	CE	O				
		.1 Identifier					X	Appointment Numer
		.2 Text						
		.3 Alternate Identifier						
		.4 Alternate Text						
		.5 Name of alternate coding system						

AIL- Appointment Information-Location

Seq#	Item#	Element Name	OPT	DT	Max Len	TBL#	Sent from Horizon	Notes
1	00902	Set ID- AIL	R	SI	4		X	'1'
2	00763	Segment Action Code	C	ID	1			
3	00903	Location Resource ID	C	PL	80		X	Location code
4	00904	Location Type	R	CE	200		X	Location description
5	00905	Location Group		CE	200			
6	01202	Start Date/Time	C	TS	26			
7	00891	Start Date/Time Offset	C	NM	20			
8	00892	Start Date/Time Offset	C	CE	200			

		Units						
9	00893	Duration		NM	20			
10	00894	Duration Units		CE	200			
11	00895	Allow Substitution Code	C	IS	10			
12	00889	Filler Status Code	C	CE	200		X	'Booked'

[AIP- Appointment Information-Personnel](#)

Seq#	Item#	Element Name	OPT	DT	Max Len	TBL#	Sent from Horizon	Notes
1	00906	Set ID- AIP	R	SI	4		X	'1'
2	00763	Segment Action Code	C	ID	1			
3	00913	Personal Resource ID	C	PL	80		X	Resource code
4	00907	Resource Role	R	CE	200		X	Resource description
5	00899	Resource Group		CE	200			
6	01202	Start Date/Time	C	TS	26			
7	00893	Start Date/Time Offset	C	NM	20			
8	00894	Start Date/Time Offset Units	C	CE	200			
9	00895	Duration		NM	20			
10	00889	Duration Units		CE	200			
11	00895	Allow Substitution Code	C	IS	10			
12	00889	Filler Status Code	C	CE	200		X	'Booked'

## Revision History

Date	Revision	Author		
03/04/11	Added Insured address to IN1 segment update comments	Larry Evans		