

HL7 Conformance Profile

(R)IS OUTBOUND US Billing

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About this Conformance Profile

US Specific XML Billing - HL7 DFT - Release 2005.3.3

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

This document is valid for technical and professional billing.

The trigger for creating a technical billing message is changing the exam status to F(inished) in QDoc.

When a procedure that had status F is (re)set to another status an undo billing (credit) tech billing event is generated.

The trigger for creating a professional billing message is the validation of the request in QDoc.

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

Conformance parameters

Message Profile

- HL7 Version: 2.4
- Profile Type: Constrainable
- Topics: confsig-AGFA/QUADRAT-2.4-profile-accNE_accNE-Immediate

Encoding Method

ER7

Interaction 1

Dynamic Definition

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

Static Definition

- Event Description: DFT/ACK - Post detail financial transaction
- Message Type: DFT
- Trigger Event: P03
- Message Structure: DFT_P03
- Topics: confsig-AGFA/QUADRAT-2.4-static-DFT-P03-null-DFT_P03-2005.3.3--Sender

Message structure

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

MSH - Message Header

- Usage: Required
- Cardinality:1..1

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Field Separator	ST		1	R	1..1	e.g.
2	Encoding Characters	ST		4	R	1..1	e.g. ^~\&
3	Sending Application	HD	HL70361	227	O	0..1	
3.1	namespace ID	IS		30	O	..	e.g. QDOC
4	Sending Facility	HD	HL70362	227	O	0..1	
4.1	namespace ID	IS		30	O	..	e.g. AGFA
5	Receiving Application	HD	HL70361	227	O	0..1	
5.1	namespace ID	IS		30	O	..	e.g. HIS
6	Receiving Facility	HD	HL70362	227	O	0..1	
6.1	namespace ID	IS		30	O	..	
7	Date/Time Of Message	TS		26	R	1..1	
7.1	Date/Time	NM		12	R	..	e.g. 200603271346
9	Message Type	CM_MSG	HL70076	15	R	1..1	
9.1	message type	ID	HL70076	3	O	..	e.g. DFT
9.2	trigger event	ID	HL70003	3	O	..	e.g. P03
9.3	message structure	ID	HL70354	7	O	..	
10	Message Control ID	ST		20	R	1..1	e.g. 10000324564
11	Processing ID	PT		3	R	1..1	
11.1	processing ID	ID	HL70103	3	O	..	e.g. P
12	Version ID	VID	HL70104	973	R	1..1	
12.1	version ID	ID	HL70104	3	O	..	e.g. 2.4
18	Character Set	ID	HL70211	6	O	0..*	e.g. 8859/1

7.1. Date/Time

YYYYMMDDHHMM use local time

9.1. message type

fixed value: 'DFT'

9.2. trigger event

fixed value: 'P03'

11.1. processing ID

fixed value: 'P'

12.1. version ID

fixed value: '2.4'

18. Character Set

fixed value: '8859/1' Only one character set per message supported, so MSH-18 cannot be used repetitively

EVN - Event Type

- Usage: Required

- Cardinality:1..1

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

1. Event Type Code

fixed value: 'P03'

PID - Patient identification

- Usage: Required

- Cardinality:1..1

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
2	Patient ID	CX		1913	O	0..1	
2.1	ID	ST		20	O	..	
3	Patient Identifier List	CX		1913	R	1..*	
3.1	ID	ST		200	O	..	e.g. 23335447
3.2	Check digit	ST		200	O	..	
3.3	code identifying the check digit scheme employed	ID	HL70061	200	O	..	
3.4	assigning authority	HD		602	O	..	
3.4.1	namespace ID	IS	HL70363	200	O	..	e.g. HIS
3.4.2	universal ID	ST		200	O	..	
3.4.3	universal ID type	ID	HL70301	200	O	..	
3.5	identifier type code (ID)	ID	HL70203	200	O	..	
3.6	assigning facility	HD		602	O	..	
3.6.1	namespace ID	IS	HL70363	200	O	..	
3.6.2	universal ID	ST		200	O	..	
3.6.3	universal ID type	ID	HL70301	200	O	..	
3.7	effective date (DT)	DT		3	O	..	
3.8	expiration date	DT		8	O	..	
4	Alternate Patient ID - PID	CX		1913	O	0..1	

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
4.1	ID	ST		20	O	..	
5	Patient Name	XPN		1103	O	0..*	
5.1	family name	FN		174	O	..	
5.1.1	surname	ST		30	O	..	e.g. Doe
5.2	given name	ST		30	O	..	e.g. Joe
7	Date/Time Of Birth	TS		26	O	0..1	
7.1	Date/Time	NM		12	R	..	e.g. 200403281346
8	Administrative Sex	IS	HL70001	1	O	0..1	e.g. M
11	Patient Address	XAD		631	O	0..*	
11.1	street address (SAD)	SAD		328	O	..	
11.1.1	street or mailing address	ST		264	O	..	e.g. street & number
11.3	city	ST		30	O	..	e.g. Gent
11.5	zip or postal code	ST		20	O	..	e.g. 9000
13	Phone Number - Home	XTN		850	O	0..*	
13.1	[(999)] 999-9999 [X99999][C any text]	TN		15	O	..	e.g. +32 51 443998
14	Phone Number - Business	XTN		850	O	0..*	
14.1	[(999)] 999-9999 [X99999][C any text]	TN		250	O	..	
15	Primary Language	CE	HL70296	483	O	0..1	
15.1	identifier	ST		10	O	..	e.g. ENG
16	Marital Status	CE	HL70002	483	O	0..1	
16.1	identifier	ST		1	O	..	e.g. M
18	Patient Account Number	CX		1913	O	0..1	
18.1	ID	ST		40	O	..	
19	SSN Number - Patient	ST		20	O	0..1	
23	Birth Place	ST		30	O	0..1	e.g. Roeselare

2. Patient ID

Only for backwards compatibility - Please use PID-3.

3. Patient Identifier List

Depending on the configuration of the DFT Billing interface, one or multiple patient ID's can be sent in PID-3.

3.8. expiration date

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

4. Alternate Patient ID - PID

For backwards compatibility only

8. Administrative Sex

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

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

Phone number - If available

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

Second phone number - if available

PV1 - Patient visit

- Usage: Required but may be empty
- Cardinality: 0..1
- Implementation note: The PV1 segment in a DFT message is mainly used to transfer the admission number to which the billing data is linked to. Remark that the admission number will only be sent when it is properly linked to the validated request for which the DFT message is generated. Whether the admission number is linked to the request is dependant on the HL7 ADT interface and application setup for patient admission data.

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

OBR - Observation Request

- Usage: Optional
- Cardinality: 0..1

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - OBR	SI		4	R	1..1	
2	Placer Order Number	EI		427	O	0..1	
2.1	entity identifier	ST		3	O	..	
3	Filler Order Number	EI		427	O	0..1	
3.1	entity identifier	ST		15	R	..	e.g. 090520005
3.2	namespace ID	IS		20	R	..	e.g. RAD
4	Universal Service Identifier	CE		483	R	1..1	
4.1	identifier	ST		20	R	..	e.g. CXR
4.2	text	ST		50	O	..	e.g. Chest X-ray PA and LAT
6	Requested Date/Time	TS		26	R	1..1	
6.1	Date/Time	NM		12	R	..	e.g. 200806141520
7	Observation Date/Time #	TS		26	R	1..1	
7.1	Date/Time	NM		14	R	..	e.g. 200804200830
13	Relevant Clinical Info.	ST		300	O	0..1	
16	Ordering Provider	XCN		3002	O	0..*	
16.1	ID number (ST)	ST		20	O	..	e.g. REQDOC1
16.2	family name	FN		174	O	..	
16.2.1	surname	ST		30	O	..	e.g. Requesting
16.3	given name	ST		15	O	..	e.g. Physician
19	Placer Field 2	ST		100	O	0..1	e.g. IC^Intensive care
24	Diagnostic Serv Sect ID	ID		10	O	0..1	e.g. RAD
30	Transportation Mode	ID	HL70124	20	O	0..1	
32	Principal Result Interpreter +	CM_NDL		835	O	0..1	
32.1	name	CN		134	O	..	
32.1.1	ID number (ST)	ST		20	O	..	e.g. PERFPHYS

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
32.1.2	family name	FN		37	O	..	
32.1.3	given name	ST		20	O	..	e.g. Firstname
34	Technician +	CM_NDL		835	O	0..*	
34.1	name	CN		142	O	..	
34.1.1	ID number (ST)	ST		15	O	..	e.g. TECH1
34.1.2	family name	FN		40	O	..	
34.5	room	IS		10	O	..	e.g. ROOM1

1. Set ID - OBR

Fixed 1

3.1. entity identifier

QDoc request id

3.2. namespace ID

Performing department id

4. Universal Service Identifier

Repeated for every exam.

4.1. identifier

Procedure/exam code

6.1. Date/Time

Date/Time the order was received

19. Placer Field 2

Requesting department (id and name)

24. Diagnostic Serv Sect ID

Performing department id

30. Transportation Mode

WALK, CART, WHLC or empty

32. Principal Result Interpreter +

Performing physician

34. Technician +

Technician for every included exam.

34.5. room

Exam room (ID)

Segment group: FINANCIAL

- Usage: Required

- Cardinality:1..*

FT1 - Financial Transaction

- Usage: Required

- Cardinality:1..1

- Implementation note: There will be a FT1 segment per CPT code.

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
1	Set ID - FT1	SI		3	O	0..1	e.g. 1
2	Transaction ID	ST		10	O	0..1	e.g. E90744532

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
3	Transaction Batch ID	ST		30	O	0..1	e.g. X200602280003
4	Transaction Date	TS		26	O	0..1	
4.1	Date/Time	NM		12	R	..	e.g. 200603281346
5	Transaction Posting Date	TS		26	O	0..1	
5.1	Date/Time	NM		12	R	..	e.g. 200603301346
6	Transaction Type	IS	HL70017	2	O	0..1	e.g. CG
7	Transaction Code	CE		483	O	0..1	
7.1	identifier	ST		15	O	..	e.g. A337283
7.2	text	ST		2000	O	..	
7.3	name of coding system	IS	HL70396	7	O	..	
8	Transaction Description	ST		2	O	0..1	e.g. F
10	Transaction Quantity	NM		6	O	0..1	e.g. 1
11	Transaction Amount - Extended	CP		543	O	0..1	
11.1	price	MO		7	O	..	
11.1.1	quantity	NM		3	O	..	e.g. 1
12	Transaction Amount - Unit	CP		543	O	0..1	
12.1	price	MO		7	O	..	
12.1.1	quantity	NM		3	O	..	
13	Department Code	CE	HL70049	483	O	0..1	
13.1	identifier	ST		25	O	..	e.g. RAD
14	Insurance Plan ID	CE	HL70072	483	O	0..1	
14.1	identifier	ST		10	O	..	e.g. PRIVATE
17	Fee Schedule	IS	HL70024	3	O	0..1	e.g. WE
18	Patient Type	IS	HL70018	10	O	0..1	e.g. I
19	Diagnosis Code - FT1	CE		483	O	0..*	
19.1	identifier	ST		100	R	..	
19.2	text	ST		100	O	..	
19.3	name of coding system	IS	HL70396	10	O	..	e.g. I9C
20	Performed By Code	XCN	HL70084	3002	O	0..*	
20.1	ID number (ST)	ST		20	O	..	e.g. PERFPHYS
20.2	family name	FN		244	O	..	
20.2.1	surname	ST		100	O	..	e.g. Performing
20.3	given name	ST		30	O	..	e.g. Physician
20.6	prefix (e.g., DR)	ST		10	O	..	e.g. Dr
21	Ordered By Code	XCN		3002	O	0..*	
21.1	ID number (ST)	ST		20	O	..	e.g. REQDOC1
21.2	family name	FN		244	O	..	
21.2.1	surname	ST		100	O	..	e.g. Requesting
21.3	given name	ST		30	O	..	e.g. Physician
21.4	second and further given names or initials thereof	ST		12	O	..	
21.6	prefix (e.g., DR)	ST		30	O	..	e.g. Dr .
23	Filler Order Number	EI		427	O	0..1	

Seq.	Name	Type	Table	Len.	Opt.	Card.	Contents
23.1	entity identifier	ST		30	O	..	e.g. X200602280004
23.2	namespace ID	IS	HL70363	4	O	..	
24	Entered By Code	XCN		3002	O	0..*	
24.1	ID number (ST)	ST		40	O	..	e.g. DAVE
25	Procedure Code	CE		483	O	0..1	
25.1	identifier	ST		50	O	..	e.g. 74000
25.2	text	ST		250	O	..	e.g. Radiologic exam...
25.3	name of coding system	IS	HL70396	8	O	..	e.g. C4
25.4	alternate identifier	ST		10	O	..	e.g. 05955131
25.5	alternate text	ST		1	O	..	
25.6	name of alternate coding system	IS		10	O	..	e.g. CDM
26	Procedure Code Modifier	CE	HL70340	483	O	0..*	
26.1	identifier	ST		10	O	..	e.g. LT
26.2	text	ST		200	O	..	e.g. Left side ...
26.3	name of coding system	IS	HL70396	10	O	..	e.g. CPTM
26.4	alternate identifier	ST		10	O	..	e.g. 05955131
26.5	alternate text	ST		100	O	..	
26.6	name of alternate coding system	IS		10	O	..	e.g. CDM

2. Transaction ID

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

3. Transaction Batch ID

Unique number of the validated request in Qdoc.

4.1. Date/Time

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

5.1. Date/Time

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

6. Transaction Type

Technical billing: CG when the exam is set to F. CD when the exam status is changed from F to something else. Professional billing: CG when validating a request. CD on undo validation of a request (depending on parameter). AJ in case of a resend.

7. Transaction Code

By default, the billing code linked to an examination code is sent in this field. However, depending on the configuration of the interface, the accession number, or the exam code or an internal unique key for the exam can also be sent in FT1-7. for Products, the Product code as known in Agfa RIS will be sent in this field.

8. Transaction Description

For exams: the QDoc exam status code For products and payments: not used

10. Transaction Quantity

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

11. Transaction Amount - Extended

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

12. Transaction Amount - Unit

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

12.1.1. quantity

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

13.1. identifier

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

14. Insurance Plan ID

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

17. Fee Schedule

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

18. Patient Type

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

19. Diagnosis Code - FT1

List of ICD9-CM or ICD10-CM diagnostic codes

20. Performed By Code

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

21. Ordered By Code

The requesting physician will be filled in this field.

23. Filler Order Number

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

24. Entered By Code

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

25. Procedure Code

CPT4 code and (optionally) CDM code

25.1. identifier

CPT4 code

25.4. alternate identifier

CDM code

25.5. alternate text

CDM code label

26. Procedure Code Modifier

CPT modifier and (optionally) CDM code. If a final report exists (made by a resident) a GC modifier is

added automatically.

26.1. identifier

CPT modifier code

26.4. alternate identifier

CDM code

26.5. alternate text

CDM code label

Segment group: FINANCIAL PROCEDURE - FINANCIAL.FINANCIAL PROCEDURE

- Usage: Required but may be empty

- Cardinality:0..*

PR1 - Procedures

- Usage: Not supported

DG1 - Diagnosis

- Usage: Optional

- Cardinality: 0..1

- Implementation note: DG1 segments can be added after each FT1 segment. These segments represent the diagnostic codes that are linked to the Item Numbers (PR1). The diagnostic codes attached directly on examination are also available here.

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

1. Set ID - DG1

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

3.1. identifier

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

3.2. text

Descriptive text for the diagnostic code.

3.3. name of coding system

The possible diagnosis coding methods are listed in the QManager parameter:

DIAG_TYPE/LINKTOBILLINGCODE

4. Diagnosis Description

Descriptive text for the diagnostic code.

5.1. Date/Time

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

6. Diagnosis Type

fixed value: 'F'

End of segment group FINANCIAL_PROCEDURE

End of segment group FINANCIAL

DG1 - Diagnosis

- Usage: Optional

- Cardinality:0..*

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

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

1. Set ID - DG1

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

3.1. identifier

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

3.2. text

Descriptive text for the diagnostic code.

3.3. name of coding system

The possible diagnosis coding methods are listed in the QManager parameter:

DIAG_TYPE/LINKTOBILLINGCODE

4. Diagnosis Description

Descriptive text for the diagnostic code.

5.1. Date/Time

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

6. Diagnosis Type

fixed value: 'F'