

ImportClientVisit Table

This table permits importing visits. It is typically used with a flex rate visit type to import client balances.

Data Dictionary Requirements

- The fields for **ImportClientVisit** must first be added to the Data Dictionary.
- If the internal Credible ID is not being used for the import, the lookups must be set accordingly in the Data Dictionary. For example, the Program Code is in the import file instead of the numeric auto-assigned Program ID.

Import Notes

- Imported visits are processed through the billing matrix, the same as manually entered visits.
- If the imported visit does not match a billing matrix line, the rate will be set to 0.00, even for flex rate visits.
- If importing client balances from another system, Bypass Liability should be checked for the visit type and the matrix line should be marked as Force Client Pay. This prevents the visit from having additional liability reductions applied, and prevents insurances from being billed.
- Visits will automatically match to the client's currently active diagnosis, the same as manually entered visits. Importing into any of the diagnosis fields (*axis_code* or *icd10_code*) will override the automatic match and replace all of the visit's diagnosis fields with the imported values.

Fields and Usage Notes

Field	Usage
client_id	Required.
emp_id	Required. Unless actual real services are being imported, it is recommended that an IT or billing person be used as the visit employee. This keeps clinical staffs' visit lists (productivity) from including balance import visits.
billing_group_id	Highly recommended. If not imported, this will use the visit employee's default billing group, then the domain's default billing group. If not imported and no defaults are set, the visit will have no billing group assigned.
program_id	Required.
visittype_id	Required.
location_id	Highly recommended.
recipient_id	Highly recommended.
visit_date	Required. A dash or slash is needed between month, day, and year (6-1-10 or 6/1/10). Leading zeros on month and day are optional. Year can be two- or four-digit.
timein	Required. Must include a colon and be in either AM/PM or 24-hr time, e.g. 8:00pm OR 20:00.
timeout	Required. Must include a colon and be in either AM/PM or 24-hr time, e.g. 8:00pm OR 20:00.
fixed_rate	Optional. If used, this will override the billing matrix calculated rate. Decimals are optional (100.00 OR 100). Do not include dollar signs or commas.
non_billable	Optional. 0 is billable (default), 1 is non-billable. If set to 1 and <i>Partner Config: Auto Non-Billable Adjustments</i> is checked, the rate will be adjusted down to zero, even for flex rate visits.
notes	Optional but recommended. Allows for free text note and description for the imported visit. For importing balances we recommend text such as "client balance of \$75.34 imported from old system".

Field	Usage
external_id	Optional but highly recommended. This populates <i>ClientVisit.external_id</i> . It allows for easier identification of imported visits. If the <i>external_id</i> already exists, the visit will not be imported; this prevents duplicate visits from being created.
axis_code	Optional. If left blank, this will use the primary diagnosis code from the client's diagnosis list, but otherwise uses the imported code. It must be imported as the actual ICD-9 code, including decimals. Decimals will be removed when generating an 837.
axis_code2 – axis_code5	Optional. If imported, this will add secondary billing diagnoses that appear in the HI segment (HI*BK:29643*BF:30480*BF:V626~). It must be imported as the actual ICD-9 code, decimals included. Decimals will be removed when generating an 837.
icd10_code	Optional. If left blank, this will use the primary diagnosis code from the client's diagnosis list, but otherwise uses the imported code. It must be imported as the actual ICD-10 code, decimals included. Decimals will be removed when generating an 837.
icd10_code2 – icd10_code5	Optional. If imported, this will add secondary billing diagnoses that appear in the HI segment (HI*ABK:F3113*ABF:F1920*ABF:E08618~). It must be imported as the actual ICD-10 code, decimals included. Decimals will be removed when generating an 837.
multiple_flag	Optional. 0 is an individual visit (default), 1 is a group visit.
pcp_provider_id	Optional. This must match an External Provider (Providers table). It is needed for payers that have <i>Use PCP as Referring Provider</i> checked.
supervising_doctoremp_id	Optional. Selects the Supervising Physician.
use_supervising_doctor_as_override	Optional. 0 is no (default), 1 is to override rendering with the selected physician. Selecting 1 requires a valid employee ID in <i>supervising_doctoremp_id</i> . A 1 is the same as checking Yes for <i>Override w/Supervising</i> .