

Importing Client Visits: 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, 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 will override the billing matrix calculated rate; decimals optional (100.00 OR 100); do not include dollar sign or commas
non_billable	Optional; 0 is billable (default), 1 is non-billable; if set to 1 and Auto Non-Billable Adjustments is turned on in Partner Config the rate will be adjusted down to zero, even for flex rate visits



Field	Usage
notes	Optional but recommended; allows for free text note/description for the imported visit; for importing balances recommend text such as "client balance of \$75.34 imported from old system"
external_id	Optional but highly recommended; populates ClientVisit.external_id; allows for easier identification of imported visits; if the external_id already exists, the visit will not be imported - this prevents duplicate visits from being created
axis_code	Optional; if left blank, will use the primary diagnosis code from the client's diagnosis list otherwise uses the imported code; must be imported as the actual ICD-9 code, decimals included (decimals will be removed when generating an 837)
axis_code2 – axis_code5	Optional; if imported will add secondary billing diagnoses that appear in the HI segment (HI*BK:29643*BF:30480*BF:V626~); must be imported as the actual ICD-9 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; must match an External Provider (Providers table); needed for payers that have 'Use PCP as Referring Provider'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 supervising_doctoremp_id; a 1 is the same as checking Yes for Override w/Supervising
visit_end_date	Optional; used to create visits that span more than one calendar day. 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. See examples on next page.

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Field Usage Example 1 creates a visit from 6/1/10 7pm to 6/1/10 8pm (1 hour long) visit_date = 6/1/10 visit_end_date = blank (or 6/1/10) timein = 7:00pm timeout = 8:00pm Example 2 creates a visit from 6/1/10 7pm to 6/2/10 8pm (25 hours long) visit_date = 6/1/10 $visit_end_date = 6/2/10$ timein = 7:00pm timeout = 8:00pm Example 3 fails since the start time is after the end time visit_date = 6/1/10 visit_end_date = blank (or 6/1/10) timein = 7:00pm timeout = 6:00pm Example 4 creates a visit from 6/1/10 7pm to 6/2/10 6pm (23 hours long) visit date = 6/1/10 $visit_end_date = 6/2/10$ timein = 7:00pm timeout = 6:00pm