

CareRight HL7 Interface - Financial Transaction Consumer - API Specification v0.8

Status: DRAFT

Version	Date	Author	Changes
0.3		Anthony Richardson	
0.4	03 Nov 2017	Melanie Bushby	Update template
0.5	06 Nov 2017	Anthony Richardson	Complete message specification
0.7	10 Oct 2018	Kieran Andrews	Modifications to Provider matching in FT1-20. AHRPA number to be provided

Introduction

This document details the HL7 messaging used to send financial billing details to CareRight. This interface uses the using the HL7 MLLP specification.

Reference

Optional Status:

- R = Required
- O = Optional

Repeat / #:

- 1 = Once Only
- * = Many Occurrences (i.e. Can Repeat)

Supported Messages

CareRight's support for Financial transactions is a restricted subset of the overall capabilities of the full HL7 specification. Please note the following specific limitations;

- CareRight only supports the Charge type financial transaction indicating that a billable service has been delivered. CareRight does not support the other transaction types. If a service has mistakenly been posted to CareRight it will be a manual process to 'Revoke' or 'Refund' the service.
- CareRight does not support the transfer of monetary values for financial transactions. It is expected that the value of transactions will be determined by the rates tables and rules as defined within CareRight.

Post Detail Financial Transactions

Financial Transaction is created in CareRight by sending a DFT-P03 trigger event.

Sequence	Optional	Repeat / #	Name
MSH	R	1	Message Header
EVN	R	1	Event Type
PID	R	1	Patient Identification
PV1	O	1	Patient Visit
FT1	R	*	Financial

Segment Structure

The following defines the supported HL7 segments and fields in addition to the segments and fields described in the "CareRight HL7 Patient Interface" document.

Fields not defined in the specifications below will be ignored by CareRight and will not raise an error.

MSH: Message Header

Segment and Field	Data Type	Max Length	Description	Mandatory (R/O)	Comments
MSH-0	ST	3	Segment ID	R	Must be set to 'MSH'
MSH-1	ST	1	Field Separator	R	Must be set to ' '
MSH-2	ST	4	Encoding Characters	R	Must be set to '^~\&'
MSH-3	HD	180	Sending Application	O	Not Processed
MSH-4	HD	180	Sending Facility	O	Not Processed
MSH-5	HD	180	Receiving Application	O	Not Processed
MSH-6	HD	180	Receiving Facility	O	Not Processed
MSH-7	TS	26	Date/Time of Message	O	Format – CCYYMMDDhhmmss
MSH-8	ST	40	Security	O	Not Processed
MSH-9	CM	13	Message Type Message Type Trigger Event	R	Must be set to 'DFT^P03'
MSH-10	ST	20	Message Control ID	R	Unique ID for message
MSH-11	PT	3	Processing ID	R	Must be set to 'P'
MSH-12	VID	60	Version ID	R	Must be set to '2.5.1'
					MSH segment ends at MSH-12. MSH-13

					onwards are not processed
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EVN: Event Type

Segment and Field	Data Type	Max Length	Description	Mandatory (R/O)	Comments
EVN-0	ST	3	Segment ID	R	Must be set to 'EVN'
EVN-1	ST	3	Event Type Code	R	Must be set to 'P03'
EVN-2	TS	26	Recorded Date/Time	R	Format – CCYYMMDDhhmmss
EVN segment ends at EVN-2. EVN-3 onwards are not processed					

PID: Patient

The patient segment is used to identify the correct patient in CareRight to create the billing event for.

The supplied MR identifier is used to obtain the CareRight patient record. If a record is found for the MR identifier, then a comparison on the following values is performed:

- First Name (Legal Name)
- Last Name (Legal Name)
- Date of Birth

If at least two of the above fields match in both the HL7 record and CareRight, then the matched patient is used. If a match is not found an error is returned.

Segment and Field	Data Type	Max Length	Description	Mandatory (R/O)	Comments
PID-0	ST	3	Segment ID	R	Must be set to 'PID'
PID-1	SI	4	Set ID	R	Must be set as '1'
PID-2	CX	20	Patient ID	O	Not Processed
PID-3	CX	250	Internal Patient ID (repeating) e.g. ' 0000123333^^^MR '	R	Identifier Type = MR MR = Medical Record Number.
PID-4	CX	20	Alternate Patient ID	O	Not Processed
PID-5	XP	250	Patient Name as 'Surname^Given_Name^Middle Initial or Name^^Title^^L' e.g. ' Tabib^Eli^B^^Mr^^L '	R	One name with a type of 'L' should be expected as this represents the Legal name for the Patient.
PID-6	XP	250	Mother's Maiden name	O	Not Processed

PID-7	TS	26	Date of Birth as CCYYMMDD, e.g. ' 19990122 '	R	A date of birth must be included in the message for it to be processed.
PID-8	IS	1	Gender, e.g. ' F '	R	Gender must be sent as: F = Female M = Male O = Other U = Unknown T = Transsexual N = Not Stated
PID segment ends at PID-8. PID-9 onwards are not processed					

PV1: Patient Visit

This segment is used to determine if the delivered service was delivered as an outpatient or and Inpatient. If a PV1 segment is not included, then associated billing is classified as outpatient.

Field	Date Type	Max Length	Description	Mandatory (R/O)	Comments
PV1-0	ST	3	Segment ID	R	Must be set to 'PV1'
PV1-1	SI	4	Set ID	R	Must be set as '1'
PV1-2	ST	1	Patient Class: The Patient Class for the visit. e.g. 'I O I'	R	CareRight expects either O or I. O = Outpatient Visit. I = Inpatient visit.
PV1 segment ends at PV1-2. PV1-3 onwards are not processed					

FT1: Financial Transaction

Field	Date Type	Max Length	Description	Mandatory (R/O)	Comments
FT1-0	ST	3	Segment ID	R	Must be set to 'FT1'
FT1-1	SI	4	Set ID	R	1
FT1-2	ST	12	Transaction ID	O	Not Processed
FT1-3	ST	10	Transaction Batch ID	O	Not Processed
FT1-4	TS	26	Transaction Date / Time: Format – CCYYMMDDhhmmss	R	This must be the date and start time that the service was performed.
FT1-5	TS	26	Transaction Posting Date	O	Not Processed
FT1-6	IS	8	Transaction Type: The type of financial transaction. e.g. ' CG '	R	Only "CG" Charge type transactions are supported
FT1-7	CE	250	Transaction Code: The billable item code. e.g. ' 104 '	R	This is expected to match Item Codes configured in CareRight. Only the first code supplied in each segment will be used. Codes not currently in CareRight will not be accepted.
FT1-8	ST	40	Transaction Description	O	Not Processed
FT1-9	ST	40	Transaction Description - Alt	O	Not Processed
FT1-10	NM	6	Transaction Qty. The quantity of item to be billed. e.g. ' 1 '	R	

FT1-11	CP	12	Transaction Amount - Extended	O	Not Processed
FT1-12	CP	12	Transaction Amount - Unit	O	Not Processed
FT1-13	CE	250	Department Code	O	Not Processed
FT1-14	CE	250	Insurance Plan ID	O	Not Processed
FT1-15	CP	12	Insurance Amount	O	Not Processed
FT1-16	PL	80	Assigned Patient Location: Point of Care Room Bed Facility Only part 4 is processed. e.g. ' ^ ^HOB '	R	This must match the name of a Service Location in CareRight
FT1-17	IS	1	Fee Schedule	O	Not Processed
FT1-18	IS	2	Patient Type	O	Not Processed
FT1-19	CE	250	Diagnosis Code	O	Not Processed
FT1-20	XCN	250	Performed by Code. This is the servicing provider for the item to be billed. In the format AHPRA Number, Family Name, Given Name. e.g. ' MED0001380765^Smith^John^^^^^^^^^AHPRA '	R	The AHPRA number assigned to the provider is used to ensure the correct Provider record is matched. The "Identifier Type Code" should be set to "AHPRA" in order to support other ID types in the future. This will default to "AHPRA" in this version (XCN.13)
FT1 segment ends at FT1-20. FT1-21 onwards are not processed					

Patient Location

With regards to billable events, the FT1.16 is used to identify the location that the billable event occurred at. The only used component is "FT1.16.4 Facility" which must match the name of a Service Location in CareRight.

Resolving Providers

To identify a provider in CareRight the supplied Family Name and Given Name and AHPRA number must match a Medical Provider in CareRight.