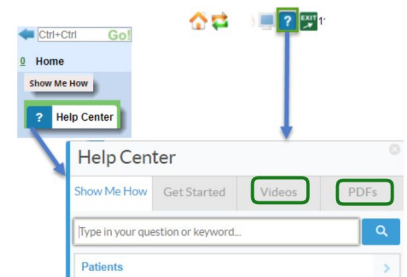


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Getting Started

We recommend users are familiar with Reference Batch and Charge Entry before you begin.

See our Help Center at the bottom left of the database screen PDF > Reference Batch, Post Charge, Reverse Charge; Video > Charge Entry and Advanced Charge Entry. Interested in a new interface? [New Interface Request Form](#)



How Does it Work?

After our sales and interface team receives and processes the request for an interface, we have the ability to interface with EHR/EMR, and other third party groups using standard HL7, SFTP or API connections. Here we will focus on the use of HL7 format to communicate to and from our PM to clinical applications. Once the setup is completed, if possible, charges are imported from most EHR systems using standard HL7 messaging.

We display these Encounters as 'Incomplete', meaning a Coder or biller should review for accuracy and save as complete or 'Ready to Submit'. After the encounter is saved, it is eligible to be batched and sent electronically or printed.

Acronyms of HL7 message types defined

ADT – Admission Discharge, Transfer Demographic message, typically sent from PM to EMR. Can be bidirectional if the EMR supports it.

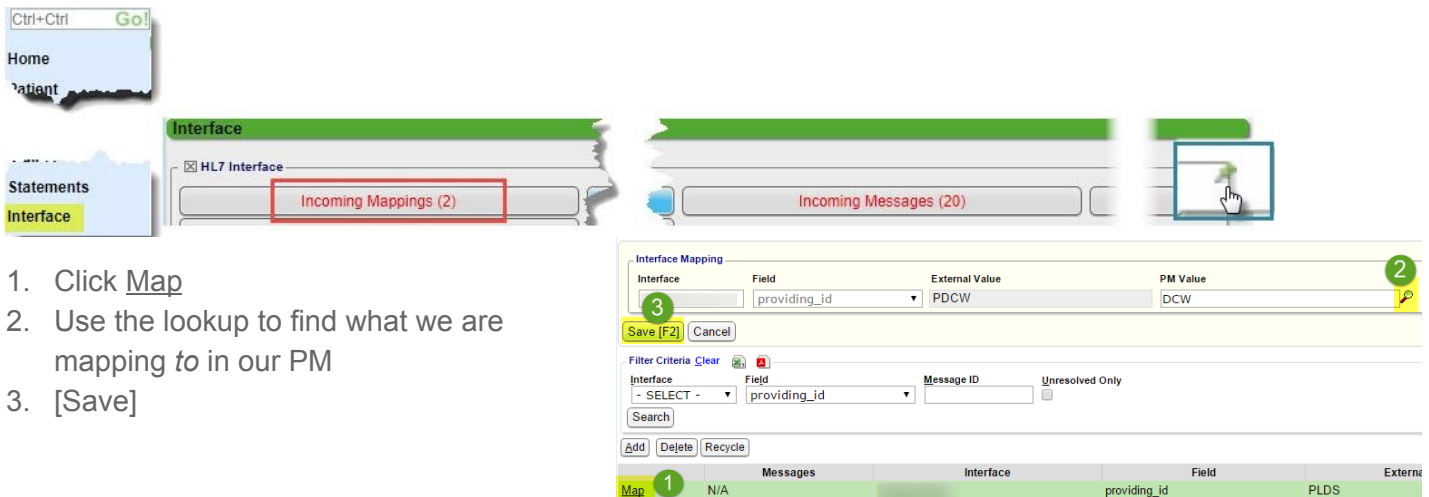
DFT - Detailed Financial Transactions Charge message, sent from EMR to PM. Unidirectional, can't send back to EMR.

SIU - Scheduling Information Unsolicited Scheduling message, typically sent from PM to EMR. Can be bidirectional if the EMR supports this.

HL7 Mapping

As new messages come into our system they must *match* or *map* to our libraries. Find the 'HL7 Interface' section on the 'Interface' page. We suggest the user 'PIN' the 'HL7 Mapping' section to the 'Home Dashboard', by clicking on the pin icon in the top right of this section. You are alerted that mappings are needed as the font of the button turns RED. This is a one and done effort. Once the mapping is completed, all the incoming messages being held up will be released for review.

Map: Click [Incoming Mappings] in the HL7 Interface section.

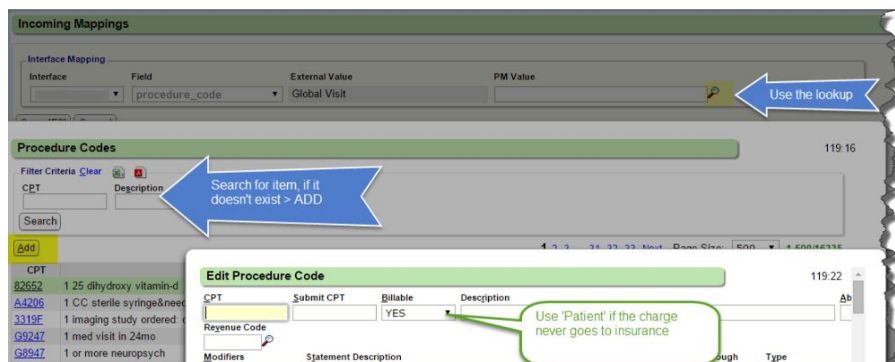


1. Click Map
2. Use the lookup to find what we are mapping *to* in our PM
3. [Save]

What if the value does not exist in our PM?

Use the magnifying glass lookup > [Add]

In our example, a made up procedure code came from the EHR as 'Global Visit'. To map this, we added a new CPT in the PM which contains the fee as well as information regarding who to bill. After we add the new code we map it 'Global Visit'



How to Process Incomplete Charges

To view and manage these Encounters, go to the 'Encounters by Status' section found on the 'Home Dashboard' or the 'Claims Management Dashboard'. *You must be attached to a Reference Batch

1. Click on one of the numbers representing the total encounter by Primary, Patient (Self Pay), or Total under INCOMPLETE

Status	Description	Primary	Secondary	Tertiary	Patient	Total
PE	PAYER REJECTED	2	2			4
CE	CLEARINGHOUSE REJECTED		8			8
IP0P	TO BE PRINTED		1			1
INC	INCOMPLETE	1	36		2	38
IPH	ON HOLD	4	1			5
IP03	READY FOR SUBMISSION	207	12	3		222

2. Use 'Filter Criteria' to search encounters for specific Providers, DOS, Insurance, etc OR skip this step and go to 3.

3. Click on the Encounter Number
4. Click [Modify Charge] on the Encounter dashboard
 - If this is a duplicate or unwanted > Click [Delete Charge]
5. Review the Encounter for accuracy, make any needed changes, check 'Next Incomplete Charge' and [Save]



If you do not use the 'Next Incomplete Charge' you land on the Encounter Dashboard, use your breadcrumbs to return to the 'Encounters by Status List' page to process the Next encounter

- The Encounter is saved with a "Pending - Ready For Submission" status. The Encounter will now show a balance (doesn't show any balance when Incomplete). The user who reviews and saves the Encounter will become the "Entered By" user.

CATEGORY: POST CHARGES ~ TASK: EMR CHARGE IMPORT

These are some questions the biller or coder may ask and answer as part of this review:

- Is the correct apt linked
- Is the insurance correct
- Is a Case needed (if the group has workers comp then this is a good question)
- If workers comp accident date needed
- Should there be an authorization if so is the correct one attached
- Is the Correct facility
- Is the Correct provider - billing/ rendering
- Does this insurance require a referring provider
- Do the DX support these CPT
- Are the CPT correct
- Modifiers correct
- Are the correct dx linked to the correct CPT
- Units correct
- In the right order (line 1,2,3 etc)
- If injectable does it have the NDC
- If copay popup should you post to this encounter (at times there are more than one charge per visit - most times you should click the receipt link to link the copay)

After the Reference Batch is closed, these Encounters will be included in the next claims batch.

Mapping FAQ

When should we map to nothing/blank, 'null'?

If the value comes in as nothing then we can map to blank (except for insurances, always have the client decide how they want to deal with this value). In our example the state came in blank so we mapped to blank. In the background table this shows as 'Null'. Do not use this for Insurance or CPT tables.

1. Click 'Map'
2. Leave the PM value field blank
3. [Save]

The screenshot shows the 'Incoming Mappings' interface. The 'Interface Mapping' section has 'Interface' set to 'SELECT' and 'Field' set to 'state'. The 'External Value' is 'state' and the 'PM Value' is blank. A blue circle '2' is next to the PM Value field. Below this, there is a search filter for 'state' with 'Unresolved Only' checked. At the bottom, a table shows two rows: one with 'Map' and 'N/A' (highlighted in blue) and another with 'Map' and 'N/A' (highlighted in green). A blue circle '1' is next to the first 'Map' button.

This action may be undone- the user may always come back to the page, find this mapping and map it to something in the PM.

How do I change an existing mapping such as Blank / Null to an exact map

From Incoming Mapping >

1. Filter the Interface, Code > un-check Unresolved Only
2. Click Map for the code in question
3. Change the mapping, in our example from Blank to J2001
4. [SAVE]

The screenshot shows the 'Incoming Mappings' interface. The 'Interface Mapping' section has 'Interface' set to 'SELECT' and 'Field' set to 'procedure_code'. The 'External Value' is 'J2001' and the 'PM Value' is blank. A yellow circle '3' is next to the PM Value field. Below this, there is a search filter for 'procedure_code' with 'Unresolved Only' checked. At the bottom, a table shows two rows: one with 'Map' and 'N/A' (highlighted in blue) and another with 'Map' and 'N/A' (highlighted in green). A yellow circle '2' is next to the first 'Map' button. A yellow circle '4' is next to the 'Save [F2]' button.

When should we delete a mapping?

If the mapping is no longer needed then Delete. Use with Caution!

Outgoing Mappings

Are you sure you want to delete this record?

Please Enter Reason: this is not a real policy holder # 2

Cancel Delete 3

Filter Criteria Clear

Interface Field Message ID Unresolved Only

- SELECT - - SELECT -

Search 1

Add Delete Recycle

Page Size: 500

Map	Messages	Interface	Field	External Value	PM Value
	I		policyholder_relation	NOT MAPPED	33

Policy Holder Relationships is not essential to the EMR. We can 'Delete' the mapping as seen below. The worst case, the next time we keyed this code in this we would get this mapping again. We could also map this to 'blank', meaning the mapping is left empty and saved.

1. Highlight the mapping > Delete
2. Add a note
3. Delete

There are unmapped messages that do not have a way to map them- what should I do?

How did this happen: Deleting the mappings will leave the messages orphaned in an Unmapped status. If the values are received on another DFT now the mappings reappear, and if mapped instead of deleted will parse out the DFTs. You may map to blank/null.

Anyone can set the messages to 'Deleted'. It may be they didn't want these parsed (translated into an encounter). If so you would want to figure out why charges were received with providers or other items you thought were incorrect. (details are in the change log as to why you, deleted the mappings)

To get these mapping out of the queue
> From Interface page > Click [Incoming Messages] > which opens the 'Import Queue'.

1. Use filters to find the 3 'unmapped' DFTs
2. Highlight messages
3. [Delete]
4. add a note
5. [Delete]

This action simply changes the status, it doesn't technically delete, but changes the status from Unmapped.

Import Queue

Are you sure you want to delete this record?

Please Enter Reason: 4

Cancel Delete 3

Filter Criteria Clear

Interface Status Message ID

(ds18] Unmapped 1

Patient Last Name First Name

Added From Added To Modified From

Search

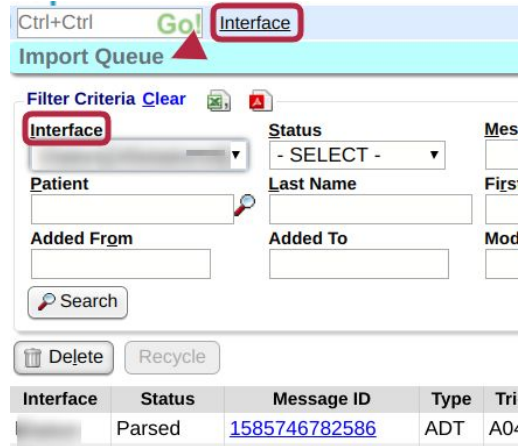
Delete 3

Interface	Status	Message ID	Type	Trigger
	Unmapped 2	6170352	DFT	P03
	Unmapped	6170351	DFT	P03
	Unmapped	6168511	DFT	P03

Steps to take to investigate an Interface Issue

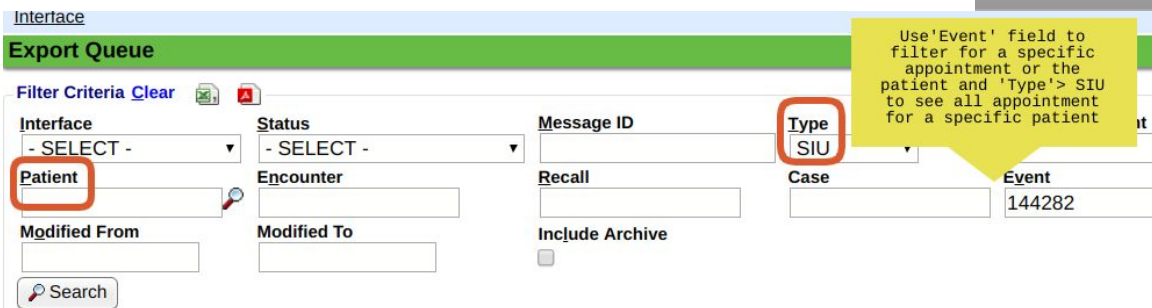
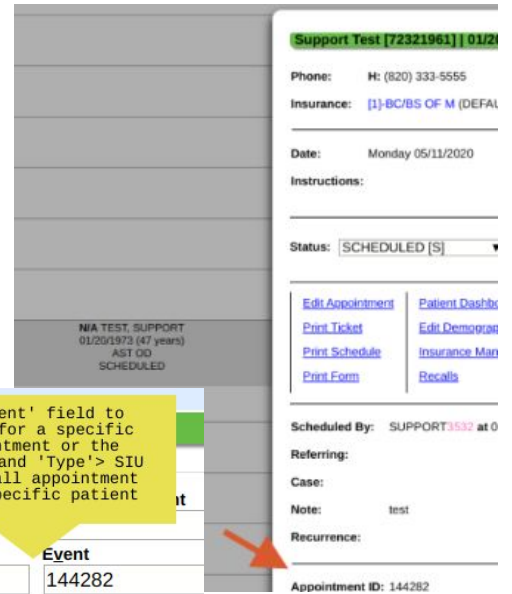
We display what messages have come from an outside vendor in the [Incoming Messages], this gets us to the 'Import Queue' page.

Use the Interface dropdown to choose the vendor.



Investigate Common Issues:

- **Appointments aren't updating on the EMR side**
 - Get a Patient or Appointment ID example
 - From the appointment > Appointment ID near the bottom left
 - Go to Interface > [Outgoing Messages]
 - Select Interface > Type = SIU > Patient = Patient ID > Search
 - or Interface > Event ID > Search



If you see the message is 'sent'- as seen below, please contact your EMR

ce	Status	Message ID	Type	Trigger	Patient	Event	Encounter	Recall	Case ID	Priority	Error	Added	Modified
	Sent	1589284200120	SIU	S12	72321961	144282				1		05/12/2020 • 07:49 AM	05/12/2020 • 07:50 AM

- **Patient demographics aren't updating on the EMR side or vice versa**
Depending on your Interface setup we may receive the ADT messages from the vendor OR we may send ADT
 - Get Patient example
 - Go to Interface > Outgoing Messages * if the ADT comes from our PM
 - OR [Incoming Messages] if we receive the ADT from an outside source
 - Select Interface > Type = ADT > Patient = Patient ID > Search
 - Review Results
 - Error? Review info in hover over, look for clues
 - ADT Message is there but Unmapped
 1. Incoming Messages (if from the EMR)
 2. Click on hyperlinked item that needs to be mapped
 3. Map item
 - **Charges aren't coming from EMR**
 - Check for Unresolved Mappings
 - Incoming Mappings
 - Look for 'field' hyperlink, click
 - Resolve Incoming Mappings