

STAR 2000™



STAR PATIENT CARE REFERENCE GUIDE Patient Processing Worksheets Volume

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PATIENT PROCESSING WORKSHEET INFORMATION

This volume contains worksheets that correspond to the STAR Patient Processing tables. Use the worksheets to define the table build entries. After you complete the worksheets with your proposed table builds, give them to your installer for review. Do *not* make table entries on the system until your installer has approved the table builds.

Complete the worksheets for defining your admission screen flows. Your McKesson installer will build these on your system.

Identify the location of all your devices, CRTs, and printers. Log each device on the worksheet provided. Be very specific about the location of the device. For example, a CRT in admitting is not specific enough. Specify which desk or counter the device is on.

STAR PATIENT CARE TABLES BUILD/EDIT MONITORING

Under the *Type* column, the following codes apply:

G = General Table in the *STAR Patient Care Reference Guide, Tables Volume*.

H = High Level Table in the *STAR Patient Care Reference Guide, Tables Volume*.

TABLE	TYPE	EDIT	ASSIGNED	DUE	1	2	3	4	COMMENTS
Accident Type	G								
Accommodations	G								
Account Number Groups	G								
Admission Form Flows (GUI)	G								
Admission Sources	G								
Admission Types	G								
Advanced Directives	G								
ALC Admission Source	G								
ALC Discharge Destination Detail	G								
ALC Discharge Disposition	G								
ALC Dischg Dest Type	G								
ALC Discontinue Reason	G								
ALC Service	G								
ALC Spec Needs & Supports	G								
Allergy Classes	G								
Allergy Reactions	G								
Anesthesia Codes	G								
Arrival Modes	G								
Attribute Extent	G								
Attribute Location	G								
Attribute Status	G								
Bed Features	G								
Bed Status	G								

TABLE	TYPE	EDIT	ASSIGNED	DUE	1	2	3	4	COMMENTS
Birth Notification Serial Number	G								
Cancellation Reasons	G								
Case Category Code	G								
Case Team	G								
CHAMPUS Branch of Service	G								
CHAMPUS Pay Grade	G								
CHAMPUS Status	G								
Change Patient Type Reason	G								
Churches	G								
Classification	G								
Clergy Request	G								
(Clinic, Unit, Team) CUT	G								
Clinical Site/ Institution	G								
Community Agencies	G								
Condition of Legal Status	G								
Conditions	G								
Contract Names	H								
Corporate # Assignment	G								
Counties	G								
Country/ Citizenship	G								
Criteria Flow Link (GUI)	H								
CRT Names	H								
Day Care Function	G								
Denominations	G								
Department Locations	G								
Discharge Status/ Disposition	G								

TABLE	TYPE	EDIT	ASSIGNED	DUE	1	2	3	4	COMMENTS
Drug Classification	G								
DSM® Pointer	G								
E/R Report Discharge Col	G								
E/R Report Triage Col	G								
ECT Type	G								
Education Level - Patient	G								
Electrode Position	G								
Employers	H								
Employment Information Data	G								
Employment Status Codes	G								
Ethnicity Codes	G								
Financial Classes	G								
Financial Support	G								
Geographic Codes/ Census Tracts/ Residence Codes	G								
Group Definition	G								
HCPCS Procedure Pointer	G								
Hospital Facility Options	H								
Hospital Services	H								
ICD Diagnosis Pointer	G								
ICD Procedure Pointer	G								
Icon Access (GUI)	G								
Income Source	G								
Insurance Carriers	H								
Insurance Plans	H								
Insurance Type	G								

TABLE	TYPE	EDIT	ASSIGNED	DUE	1	2	3	4	COMMENTS
Insurance User Defined Fields Definitions	H								
Insurance User Defined Fields Tables	H								
Insured Relation	G								
Intended Clinical Care Intensity	G								
Intended Payment Source	G								
Invalid Address Flag Codes	G								
Isolation Codes	G								
Languages	G								
Leave of Absence Type	G								
Legal Status Definitions	G								
Location File	H								
Marital Status	G								
Mental Category	G								
MPI Review Form Sets	G								
MSP Number of Employees	G								
Name Types	G								
Nationality	G								
Nature of Injury	G								
Occupation Codes	G								
Organ Donor	G								
Outcome of Attendance	G								
Out of Province Reason (CN)	G								
Overflow Type	G								
Patient Management	G								
Patient Sex/Age Mix	G								
Patient Types	H								

TABLE	TYPE	EDIT	ASSIGNED	DUE	1	2	3	4	COMMENTS
PC Transaction Codes	G								
PHI Restrictions	G								
Placement Type	G								
Postcode (CN)	G								
Privileges	G								
Professional Title	G								
Program Management	G								
Province Abbreviations (CN)	G								
Proximity	G								
Pseudo Unit Number Assignment	G								
Publicity Code	G								
Race Codes	G								
Referring Institution/ Facility	G								
Relationships	G								
Removal/ Reschedule Reason	G								
Reserved Account Numbers	G								
Reserved Unit Numbers	G								
Second Opinion Status	G								
Special Access (GUI)	G								
Special Program Codes	G								
State Abbreviations	G								
Substances Taken	G								
Suspension Reason	G								
System Defaults	H								
Therapy Type	G								
Transfer Reasons	G								
Triage Codes	G								

TABLE	TYPE	EDIT	ASSIGNED	DUE	1	2	3	4	COMMENTS
Type of Clinic (CN)	G								
UB Condition Codes/ Special Stats (CN)	G								
UB Condition Indicators/Special Stats Indicators (CN)	G								
UB Occurrence Codes	G								
UB Occurrence Span Codes	G								
UB Revenue Codes	G								
UB Value Codes	G								
Unit Number Assignment	G								
User Defined Tables (MPI)	H								
User Defined Tables (Visit)	H								
User Definition Groups	G								
User Definitions (GUI)	G								
User Preferences (GUI)	G								
Visit Types	G								
ZIP Codes	G								

Multifacility Patient Care Table Decisions

The following is a list of the Patient Care tables (ADT, Order Mgmt and basic Nursing) in the STAR Patient Care system. You need to review this list and determine which, if any, of these tables will be shared between your multiple facilities.

Indicate those tables that you want to split by facility and have this document ready by _____. At that time, your Patient Care installer will set up your split tables.

When completing this worksheet, the Table Matrix from the *STAR Patient Care Reference Guide, Tables Volume* should be used as a guideline.

- Tables preceded by a * cannot be split by facility.
- Tables preceded by a ^ must be split by facility.

TABLE	MODULE	SHARED	SPLIT
Accident Type	Patient Processing		
*Accommodation Codes	Patient Processing	XX	
^Account Number Groups	Patient Processing		XX
*Admission Form Flows (GUI)	Patient Processing	XX	
Admission Offer Outcome	Patient Processing		
Admission Sources	Patient Processing		
Admission Types	Patient Processing		
Advanced Directives	Patient Processing		
*ALC Admission Source	Patient Processing	XX	
*ALC Discharge Destination Detail	Patient Processing	XX	
*ALC Discharge Disposition	Patient Processing	XX	
*ALC Dischg Dest Type	Patient Processing	XX	
*ALC Discontinue Reason	Patient Processing	XX	
*ALC Service	Patient Processing	XX	
*ALC Spec Needs & Supports	Patient Processing	XX	
*Allergy Classes	Patient Processing/ Order Management	XX	
*Allergy Reactions	Patient Processing/ Order Management	XX	
*Alt Summary Codes	Order Management	XX	
Anatomical Positions	Order Management		
Anesthesia Codes	Patient Processing		
Arrival Mode	Patient Processing		

TABLE	MODULE	SHARED	SPLIT
*Audit Parameters (GUI)	Patient Processing/ Medical Records	XX	
Bed Features	Patient Processing		
*Bed Status	Patient Processing	XX	
Bill Form Bucket	Order Management		
Birth Notification Serial #	Patient Processing		
Body Parts	Order Management		
*Cancellation Reasons	Patient Processing	XX	
*Cart Reconciliation	Order Management	XX	
Case Category Code	Patient Processing		
Case Team	Patient Processing		
^Central Supply Sources	Order Management		XX
Charge Locations	Order Management		
CHAMPUS Branch of Service	Patient Processing		
CHAMPUS Pay Grade	Patient Processing		
CHAMPUS Status	Patient Processing		
*Change Patient Type Reasons	Patient Processing	XX	
Churches	Patient Processing		
Classification	Patient Processing		
Clergy Request	Patient Processing		
*Clinic, Unit, Team (CUT)	Patient Processing	XX	
Clinical Site/Institution	Patient Processing		
Community Agencies	Patient Processing		
Condition of Legal Status	Patient Processing		
Conditions	Patient Processing		
Contract Names	Patient Processing		
*Corporate # Assignment	Patient Processing	XX	
Counties	Patient Processing		
Country/Citizenship	Patient Processing		
^Criteria Flow Link (GUI)	Patient Processing		XX
*CRT Names	System	XX	
Day Care Functions	Patient Processing		
Denominations	Patient Processing		

TABLE	MODULE	SHARED	SPLIT
Department Locations	Patient Processing/ Scheduling		
Detail Revenue Centers	Medical Records		
Discharge Status/Disposition	Patient Processing		
*Drug Classification	Patient Processing	XX	
*DSM Pointer	Patient Processing	XX	
*Dup/Conf Override Rsn	Order Management	XX	
E/R Report Discharge Col	Patient Processing		
E/R Report Triage Col	Patient Processing		
*ECT Type	Patient Processing	XX	
Education Level - Patient	Patient Processing		
Electrode Position	Patient Processing		
Elective Admission List	Patient Processing		
Employers	Patient Processing		
Employment Information Data	Patient Processing		
Employment Status Codes	Patient Processing		
*Ethnicity Codes	Patient Processing	XX	
*Financial Classes	Patient Accounting	XX	
Financial Support	Patient Processing		
^Frequencies	Order Management		XX
Geographic Codes/Census Tracts	Patient Processing		
Group Definition	Patient Processing		
HCPCS Procedure Pointer	Patient Processing		
Help Text	System		
^Hospital Facility Options	System		XX
*Hospital Services	Patient Processing	XX	
ICD-9-Diagnosis Pointer	Patient Processing/ Medical Records		
ICD-9-Procedure Pointer	Patient Processing/ Medical Records		
Icon Access	Patient Processing		
*Income Source	Patient Processing	XX	
*Insurance Carriers	Patient Processing/ Patient Accounting	XX	

TABLE	MODULE	SHARED	SPLIT
*Insurance Plans	Patient Processing/ Patient Accounting	XX	
*Insurance Type	Patient Processing	XX	
*Insurance User Defined Fields Definitions	Patient Processing	XX	
*Insurance User Defined Fields Tables	Patient Processing	XX	
Insured Relation	Patient Processing		
Intended Clinical Care Intensity	Patient Processing		
*Intended Payment Source	Patient Processing	XX	
*Invalid Address Flag Codes	Patient Processing	XX	
Inventory Locations	Material Management		
Isolation Codes	Patient Processing/Order Management/Nursing		
IV Therapy	Patient Processing/Order Management/Nursing		
Languages	Patient Processing/Nursing		
Leave of Absence Type	Patient Processing		
*Legal Status Definition	Patient Processing	XX	
^Location File	System		XX
Major Revenue Centers	Medical Records		
Marital Status	Patient Processing		
*Mental Category	Patient Processing/Medical Records	XX	
*Message Groups	System	XX	
*Method of Transport	Order Management	XX	
Modifier Code	Order Management		
MSP Number of Employees	Patient Processing		
*Name Types	Patient Processing	XX	
Nationality	Patient Processing		
Nature of Injury	Patient Processing		
Occurrence Codes	Patient Processing		
Occupation Codes	Patient Processing		
Order Cancel Reasons	Order Management		
Organ Donor	Patient Processing		
Outcome of Attendance	Patient Processing		

TABLE	MODULE	SHARED	SPLIT
*Out of Province Reason	Patient Processing	XX	
Overflow Type	Patient Processing		
*Oxygen Therapy	Patient Processing/Nursing	XX	
Patient Management	Patient Processing		
Patient Sex/Age Mix	Patient Processing		
^Patient Types	Patient Processing		XX
*PC Transaction Codes	Patient Processing	XX	
*PHI Restrictions	Patient Processing	XX	
Physician/Resource Specialties	Clinical Browser		
Physicians	Patient Processing/Medical Records/Clinical Browser		
Physician Pref Status	Clinical Browser		
Physician Staff Status	Clinical Browser		
Placement Types	Patient Processing		
Postcodes	Patient Processing		
Precautions	Nursing		
Previous Psychiatric Admission Type	Patient Processing/ Medical Records		
*Printers	System	XX	
^Priorities	Order Management		XX
*Privileges	Patient Processing	XX	
Professional Title	Patient Processing		
*Program Management	Patient Processing	XX	
Proration Summary Codes	Patient Accounting		
*Province Abbreviations	Patient Processing	XX	
Proximity	Patient Processing		
^Pseudo Unit Numb Assign	Patient Processing		XX
Publicity Code	Patient Processing		
Race/Ethnic Origin Codes	Patient Processing		
Reason for Referral	Patient Processing		
Referring Institution/Facility	Patient Processing		
Relationships	Patient Processing		
Removal/Reschedule Reason	Patient Processing		
*Reports	System	XX	

TABLE	MODULE	SHARED	SPLIT
^Reserved Account Numbers	Patient Processing		XX
^Reserved Unit Numbers	Patient Processing		XX
*Residence Type	Patient Processing	XX	
Revenue Center Codes	Order Management/ General Ledger		
Routine Order Codes	Order Management		
*Second Opinion Status	Patient Processing	XX	
*SIM Departments	Order Management	XX	
Special Access (GUI)	Patient Processing		
Special Program Codes	Patient Processing		
*State Abbreviations	Patient Processing	XX	
Substance Taken Type	Patient Processing/ Medical Records		
Suspension Reason	Patient Processing		
^System Defaults	System		XX
Therapy Type	Patient Processing		
Titles	Patient Processing		
Transfer Reasons	Patient Processing		
Triage Codes	Patient Processing/ Medical Records		
Type of Clinic (CN)	Patient Processing/ Scheduling		
*UB Condition Codes/ Special Stats (CN)	Patient Processing	XX	
*UB Condition Indicators/ Special Stats Indicators (CN)	Patient Processing	XX	
*UB Occurrence Codes	Patient Processing	XX	
*UB Occurrence Span Codes	Patient Processing	XX	
*UB Revenue Codes	Patient Processing	XX	
*UB Value Codes	Patient Processing	XX	
*User Defined Fields	Patient Processing	XX	
*User Defined Tables (MPI)	Patient Processing	XX	
User Defined Tables (Visit)	Patient Processing		
User Definition Groups	Patient Processing		
User Definitions (GUI)	Patient Processing		
User Preferences (GUI)	Patient Processing		

TABLE	MODULE	SHARED	SPLIT
Visit Types	Patient Processing		
Wait List Letter Body Maintenance	Patient Processing		
Wait List Priority	Patient Processing		
Wait List Sort Sequence Codes	Patient Processing		
ZIP Codes	Patient Processing		

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HBOC PARAMETERS AND FACILITY OPTIONS

Please complete the questionnaire below. It is necessary that this document be returned to McKesson and all parameters and facility options be set by McKesson before you can begin building your system. If you have questions about any of the items below, please call your Patient Care installer.

Tilde Parameters

1. Are you multi-facility? Yes No

2. Name:
 Hospital A: _____ (~CF,Y% - 1st piece)

 Hospital B: _____

3. Facility Indicator (this is one alpha character for each facility) (~CF)

 Hospital A: _____ Hospital B: _____

4. Unit Number format (i.e., xxx-xxx-xxx): (~CM,Y%)

 Hospital A: _____ Hospital B: _____

5. Unit Number length (Max=9) (~C2,Y%)

 Hospital A: _____ Hospital B: _____

6. Health Card format (i.e., xxxx-xxx-xxx): (~CH) - **CANADIAN**

 Hospital A: _____ Hospital B: _____

7. Health Card length : (~C7) - **CANADIAN**

 Hospital A: _____ Hospital B: _____

8. Account Number format: (~CA,Y%)

 Hospital A: _____ Hospital B: _____

9. Account Number length (Max=10) (~C1,Y%)

 Hospital A: _____ Hospital B: _____

10. Billcode format:_____ (~CB)

Billcode length:_____ (Max=9) (~C6)

(If you have a non-McKesson financial system, this should be the same as the financial system bill code number.)

11. SIM Code length:_____ (Max=5) (~C4)

12. Maximum Charge length (i.e., 999.999):_____ (~C5)

This is the maximum number of digits in any given charge.

13. Physician Code length:_____ (Max=6) (~C3)

14. Clock format: Military or Standard (~CC)

15. Date format: (i.e., Y/M/D):_____ (for printouts) (~CD)

16. Mag Stripe Reader format:_____ (~CMR)

17. Active Products: (~A)

First Piece_____ (Active Products)

Second Piece Always set to 1 (Index ext or acc't #)

Third Piece_____ (Financial System)

Fourth Piece_____ (Canadian Specific)

Fifth Piece_____ (British Columbia Specific)

Sixth Piece_____ (set to 1 if Horizon Passport™ Point of Service is implemented)

Seventh Piece_____ (set to 1 if sharing account number assignment across facilities)

Eighth Piece_____ (to determine if Image Link Engine integration is present: 0/null = not implemented, 1 = live using Horizon Patient Folder™, 2 = live using LaserArc®, 9 = live with Horizon Patient Folder but always send corporate number for viewing, 11 = implemented with Horizon Patient Folder but not yet live, 12 = implemented with LaserArc but not yet live)

18. Active Modules:_____ (~CF,Y% - 3rd piece)

NOTE: This should be a subset of ~CI (Active Modules for this CPU).

19. Active Modules for this CPU:_____ (~CI)

- A Admission (Patient Processing)
- B Order Management
- C DRG Assignment
- D Chart Management
- E Utilization Review
- F Medical Records Abstracting
- g Physician View/Physician Access/STAR Clinical Browser/Horizon^{WP}® Physician Portal
- H Physician Access
- I Nursing
- j Generic Encoder
- J 3M[®] Encoder
- K Scheduling
- l Patient Location Tracker
- L Wait Listing
- M Care Manager
- N Patient Assessment
- R Bed Reservation
- t Transport
- T Clinical Management
- X Transcription Interface
- Y Maternity

20. Health Card # Index:_____ (~AS)

(Social Security # Index)

21. Enhancements (ADT Inq): Always set to 1:0 (~CE)
22. Facilities to Share Unit Numbers: _____ (~CF,A - 4th piece)
23. Log Printer: _____ (~AL)
24. Name Pattern Match: _____ (~A1)
25. HL7[®] Sending Application: _____ (~AA) Used for Assigning Authority

HBOC Facility Options

NOTE: This table needs to be built once for each facility.

- | | | | |
|-----|---|-----|----|
| 1. | Is the UNIT NUMBER check digit? | Yes | No |
| 2. | Is the ACCOUNT NUMBER check digit? | Yes | No |
| 3. | Is the BILL CODE check digit? | Yes | No |
| 4. | Is the HEALTH CARD NUMBER check digit? | Yes | No |
| 5. | What is the Check Digit routine? _____ | | |
| 6. | Is zero a valid check digit? | Yes | No |
| 7. | Is the CORPORATE NUMBER check digit? | Yes | No |
| | Check Digit routine? _____ | | |
| | Is zero a valid check digit? | Yes | No |
| 8. | Reuse Account Numbers? | Yes | No |
| 9. | Allow Cancels After Midnight? | Yes | No |
| | (Affects admissions and discharges) | | |
| 10. | Are FIM numbers unique across departments? | Yes | No |
| 11. | Should pending orders be interfaced to other systems? | Yes | No |

HBOC Dismissal Parameters

- | | | | |
|----|--|-----|----|
| 1. | Will patients be charged for day of discharge? | Yes | No |
|----|--|-----|----|

YES?	Hourly	Halfday/Fullday
------	--------	-----------------

Hourly - What is check-out time?

Halfday - What is time?

Fullday - What is time?

2. Default Patient Type Parameters

Change to Series?	Yes	No
-------------------	-----	----

Outpatients in Beds?	Yes	No
----------------------	-----	----

3. Visit Page Display Parameters

Primary Time:_____

Display:_____

Secondary Time:_____

Display:_____

Discharge Indicator:_____

Incomplete Indicator:_____

ADMITTING SCREEN FLOWS WORKSHEET

McKesson Code				
McKesson Description				
Client Code				
Patient				
Patient Employer				
Guarantor				
Guarantor Employer				
Relative 1				
Relative 1 Employer				
Relative 2				
Insurance				
Physicians				
Medical				
Combined UB Screen				
UB Screen 1				
UB Screen 2				
UB Screen 3				
Miscellaneous				
Miscellaneous 2				
Psychiatry				
Maternity				
User Defined Fields				
Wait List				
Default Data *				
Admission Number				
Admission Bed Assign				
Admission Notice				
Staffing Bed Override				
Print Form				
Admission Orders				

** Default Data screen is needed only if Insurance and/or Medical page(s) are not included in screen flow.*

CRT Table Worksheet

Date: _____ Page _____ of _____

[illegible]

Date: _____ Page _____ of _____

STAR Patient Care Reference Guide - Patient Processing Worksheets Volume
Release 17.0
October 2011

Network/STAR Device Matrix

Date: _____ Page _____ of _____

Dept	Location	Dev. Type	TCP-IP Address	STAR Code	STAR Description	STAR Port

Printer Table Worksheet

Date: _____ Page _____ of _____

Code	Description	Port	Device Type	Location	Special Printer Settings

SYSTEM MENUS AND PARAMETERS

These menus, tables, and parameters are largely controlled by McKesson. However, it is the responsibility of the customer to validate all settings with the Patient Care installer during the installation process.

Table	Change Requests to McKesson	Changes Made by McKesson	Parameters Set and Complete
System Parameters (tilde parameters)			
Facility Options			
Default Patient Type Parameters			
Dismissal Parameters			
Insurance Types			
Corporate Numb Setup			
Transaction Type TM			
SIM Departments			
Charge Summary Names			
Question Codes			
Nsg Facility Parameters			
Nsg File Types			
*F PAAR Control			

Chapter 3 - HIGH LEVEL TABLE WORKSHEETS

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UDF(Visit)- _____	3-55

CONTRACT NAMES

Code (4 A/N)	Create Date	Description (25A/N)	Account ID (12 N)	
Address 1 (25 A/N)		Address 2 (25 A/N)		
City (15 A/N)	State/Province	ZIP Code/ Postcode	Country (Table)	
Telephone (13 N)	Contact (25 A/N)			
Patient Types (Table Look-Up)				
Contract Physician (25 Alpha Last,First)		Name or ID (N = Name, I = ID)		
Cycle Bill Type (A,E, or F)	Cycle Bill Days (0 -28)	Suspense Days (1 - 999)		

Department	Price Levels	Department	Price Levels
Department	Price Levels	Department	Price Levels
Department	Price Levels	Department	Price Levels
Maximum Dollar Amount		% Sales Commission	

CRITERIA FLOW/LINK

Clinical Site/Institution (Table Lookup)	
Inpatient/Outpatient (I)npatient, (O)utpatient, (B)oth	
Patient Category (Table Lookup)	
Patient Subcategory (Table Lookup)	
Patient Type (Table Lookup)	
Service (Table Lookup)	
User Location (Table Lookup)	
Special Access (Table Lookup)	
Newborn (Yes or No)	
Description (50 C)	
Admission Form Flow (Table Lookup)	
Completion Edits Form (Table Lookup)	

CRT NAMES

Page 1

Code	Description	Facility	Port # or PC Name	
Initial Menu		Message Group	All Message	
Station	Secondary Station(s)	Name Inquiry	Display O/P	
Default Printer		Letter Printer	Result Printer	
Help Text	Auto Lab Results Here		Form Eject Printer(s)	
Sign-On	Freq Chg/Ord	Dup/Conf	Contract	Default I/P Chg Loc
Comment				Default O/P Chg Loc
				Eligibility Printer

Page 2

Code	CRT Name	Scheduling Department
DISPLAY	DISPLAY	
Charge Department(s)		Order Department(s)
SIM Department(s)		Default Entities
Demand Bill Printer		Demand Claim Printer
Demand Detail Statement Printer		Demand Collection Letter Printer
Cash Receipts Printer		Alternate Printer

Order Notice Printer		Demand Vendor Bill Printer	
Routine Order	Custom Doc Menu		Assessment Menu
Area Chg Tone		Group Chg Tone	

Page 3

Auto Print by CRT		Edit By	Edit Date
		DISPLAY	DISPLAY
Admission Formtype	Auto Print	Admission Card Formtype	Auto Print
Preadmit Formtype		Emergency Room Formtype	Auto Print
Registration Formtype	Auto Print	Embosser Cardtype	Auto Print
Demand Bill Formtype	Misc Formtypes (up to 32)		
MSP Formtype	MSP Printer	Chart Barcode Printer	MPI Facesheet Printer
Fmt Grp		DPI Printer	
PLT Barcode Printer		PLT Barcode DPI	

Page 4

Restricted Station	Restricted Patient Type	Opt-Out
Patient Type Groups		Privileged Ind
Census Access		Elective Adm List
NPIIR		
Contract Classification		Include or Exclude?
ROI Letter Printer	ROI Label Printer	Transport Pickup Location
Table Maintenance		
View Tables		

Page 5 (Pharmacy Information Screen)

Non-controlled Primary Location		Non-controlled Secondary Locations	
Controlled Primary Location		Controlled Secondary Locations	
Specialty Charge	Label Group	Overrides	Satellite Location

Primary O/P Med Location		Secondary O/P Med Location	
Primary O/P Sol Location		Secondary O/P Sol Location	
Prescription Nbr Seq	O/P CRT		O/P Dispensing Location

CRT Names Copy Functionality

You can copy data categories (which are groupings of related fields) from one CRT Names table entry to another. For a list of what fields are included in each category, refer to the CRT Names table section in Chapter 2 of the *STAR Patient Care Reference Guide, Tables Volume*.

Copy these data categories...	From this CRT...	To the following CRT(s)

[illegible]

HOSPITAL FACILITY OPTIONS

Hospital Facility Options include many screens. All of the parameters and options available through the Hospital Facility Options function are controlled by you.

Admission and General Parameters

1. Dsch/Final Bill CPT D F
2. Abstract/Final Bill CPT Yes No
3. Admission Revision Form Flow: _____ (Table lookup)
4. Admission Backdays: _____ (0-999 Days)
5. STAR Financials Screens? Yes No
6. O/P Admission Backdays: _____ (0-999 Days)
7. Discharge Backdays: _____ (0-999 Days)
8. Cancel Admit: _____ (Pt. type code, table lookup)
9. O/P Disp Revisions: Yes No
10. Physician Episodes: As of Midnight Multiple per Day
11. Live on Program Management: Yes No
12. USA ICD10 Effective Date _____ (MM/DD/YYYY)
13. Auto Visit Check-In? Yes No
14. Diagnosis Yes No
15. Admission Time Yes No.
16. Canada ICD10 Effective Date _____ (CN Only)
17. NOPP Last Edit Date _____
18. Invalid Addr/Ph - ACC Code _____ (Table lookup)
19. Invalid Addr/Ph - Inbound Code _____ (Table lookup)
20. Invalid Addr/Ph - Inc Country Yes No
21. Social Security Format _____ (9-C-O)

Bed Parameters

1. Clinical Site/Institution Transfer? Yes No
2. Reservations? One per Bed Multiple per Bed
3. Reservation % Occ: _____ (0-100%)
4. Count Out of Service? Yes No
5. Simultaneous Transfer? Yes No
6. Transfer Accommodation? B(ed) C(urrent) N(one)
7. Transfer Request Nurse Station, Room and Bed (B) or None (N)

MPI Parameters

1. Pt Type on History Inquiry? Yes No
2. Assign Unit # on Pre's? All No P (assign to
preadmission accounts that have a permanent account number)
3. Utilize MPI Search? Yes No
4. DOB Search Range: _____ (0-9 Years)
5. DOB Search Default: _____ (Date)
6. Default Social Security Number _____ (999-99-9999)
7. MPI Display: Long Short EMPI
8. End of Search Before Add? Yes No
9. Audit Message? Yes No
10. Audit Reports MPI Inquiry (M)

MPI Inquiry - No Visit Information (V)

Patient Information Inquiry (P)

MPI Revision (R)
11. MPI Review Default All MPI Information

No Visit Information

Patient Information Inquiry

Other _____ (defined by your facility)

12. GUI MPI Expert Search Defaulted Yes No

13. GUI Secondary Search Display Order Alphabetic (A)

Algorithm (G)

Pseudo Person fields

14. Contract Patient Types: _____

_____ (select from Contract Patient Type table)

15. Newborn Yes No

16. "John Doe" Name: _____ (37C)

17. "Jane Doe" Name: _____ (37C)

18. Other Pseudo Name: _____ (37C)

Insurance and Employer Parameters

1. Maximum Insurances: _____ (0-9)

2. Insurance Plans? Yes No

3. Patient Maximum Insurance: _____ (1-99)

4. Insurance Information: _____ (M)aster or Ins Plan (T)able

5. MPI Master Insurance Delete? Yes No

6. Default Same As? Patient Guarantor None

7. Edit Notes? Yes No (non-STAR Financial only)

8. Confidential Notes? Yes No (non-STAR Financial only)

9. Employer Information _____

All Changes

Demographic Only

Current Account Only

- | | | |
|--|-----|----|
| 10. Automatically Generate 1500 Plans? | Yes | No |
| 11. Copy All to 1500 Plan? | Yes | No |
| 12. # Visits Remaining _____ | | |
| 13. % Visits Used _____ | | |
| 14. Days to Appr Until Date _____ | | |
| 15. GUI MSP Accept | Yes | No |
| 16. MSP Forward? | Yes | No |
| 17. Retirement Date Fwd | Yes | No |
| 18. No Unknowns | Yes | No |
| 19. MSP Conversion | Yes | No |

Eligibility and Address/Credit Check Parameters

1. Interface Type: _____ 1 = Medifax[®], 2 = McKesson Real-Time Eligibility (RTE) (270/271), 3 = RevRunner, 0 = None
2. Elig on Self Pay? Yes No
3. Interface Warning Yes No
4. 270/271 Format 4 = 4010, 5 = 5010, 0 = None

Order Management and Charging Parameters

- | | | | |
|-----|---|---------|-----------|
| 1. | Suspension Days for Contract Charges? _____
(1 through 180, does not apply to STAR Financials customers) | | |
| 2. | Activate Professional Fee charging? | Yes | No |
| 3. | Number of Days to allow late charges: (0-999) _____ | | |
| 4. | Allow Room and Bed charging | Yes | No |
| 5. | Auto Adjust Room/Bed | Yes | No |
| | Create multiple RMB charges for a day | Yes | No |
| | Create multiple O/P - I/P RMB charges on same day | Yes | No |
| 6. | Display Room/Bed screen? | Yes | No |
| 7. | Charge observation room and bed charges during Midnight (M)
Processing or upon discharge? (D) | Yes | No |
| 8. | RMB Reconciliation Sort, (A)cct #, (N)ame, (T)otal charge amt | | |
| 9. | Should Room and Bed increases affect current patients' rate? | Yes | No |
| 10. | Day of Month Charging (E)nd of month, or day of month | | |
| 11. | Zero Charge Past Hold Days | Yes | No |
| 12. | Historical SIM Pricing | Yes | No |
| 13. | Default service date of Order Charge Date or Order Requested Date: | Charge | Requested |
| 14. | Include charges on Order History report? | Yes | No |
| 15. | Allow Panel Charging? | Yes | No |
| 16. | Require Detail or Summary Cart report to clear carts? | Detail | Summary |
| 17. | Active Order Transfer Audit purge days: (1-90) _____ | | |
| 18. | Ministry Code | S (SoB) | M (MSP) |
| 19. | (Canadian) Automatically reprice all charged/credited items if
patient's financial class changes? | Yes | No |

20. Rehab Dept: _____
21. Rehab SIM Item: _____
22. AdV SIM department: _____
23. ABN Form: _____
24. ABN/OPTIO Name: _____
25. ABN/Items (1-4): _____

Clinical Parameters

1. Visit Check-In Link? Yes No
2. 2nd Office Address? Yes No
3. HPP Order Request Active Yes No
4. Live on Care Manager? Yes No
5. Number of Appointments: _____ (0-9 - Default of 5)
6. Insurance Plans: _____ (A)ll or (P)rimary
7. Severity/Reaction: Yes No
8. Verify Allergen Type: Drug Environmental Food Misc
(Select any combination or leave blank for None.)
9. Allergy Review Req'd Yes No 1____ 2____ 3____

Scheduling Facility Parameters (Screen 1)

1. Letter Log Retention: _____ (0-365)
2. First Class Postage: _____ (# of days - 0-99)
3. Second Class Postage: _____ (# of days - 0-99)
4. Reschedule List Letters: _____ (A)ppt. Revision or (N)ew appt.
5. Order Gen. / Pat. Reg.
6. Suppress Yes No

7. Scheduling Series Summary Yes No
8. Letters: (Contains list)

Scheduling Facility Parameters (Screen 2)

1. PHS Active Yes No
2. Next Available Code: _____ (6N)
3. Default Resource Type: _____ (Table selection)
4. Default Specialty Type: _____ (Table selection)
5. Default Appointment Type: _____ (Table selection)
6. Default Display Security: _____ (Table selection)

Wait List Parameters

1. Sort Priority: _____ (Table selection)
2. Admission Criteria:

No.	(Inclusion	Match	Date)	And/Or
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
3. Maximum Patients per Day: _____ (0-999)
4. Surgical Time per Day: _____ (##H or ##M)
5. Patient Cancels: _____ (0-9)
6. Hosp. Cancels: _____ (0-9)
7. Guarantor Admit.: _____ (##D ##W ##Y)
8. Hospital Max.: _____ (##D ##W ##Y)
9. Pre-admission Reprt: _____ (0-99)
10. Wait List Hx Retained: _____ (###D ###W ##Y)

11. Transaction Log Retained: _____ (###D ###W ##Y)

12. Remove Retained: _____ (0-99)

13. Auto Removal: _____ (###D ###W ##Y)

14. Adm. Rem. Reason: _____ Table list

15. Death Rem. Reason: _____ Table list

16. PAT Rem. Reason: _____ Table list

19. Letters: (Each has the following fields. One set for each of 10 letter types)

2. # Days (0-99)

3. Patient? Yes No

4. Batch Online (O) Batch (M) Both (B)

5. Format _____ (Table lookup)

6. Custom Document

1. Category _____ (Table lookup)

2. Additional Documents _____ (Table lookup)

3. Patient Name? Yes No

7. Phys? Yes No

8. Batch Online (O) Batch (M) Both (B)

9. Individual? Yes No

10. Format _____ (Table lookup)

11. Custom Document

1. Category _____ (Table lookup)

2. Additional Documents _____ (Table lookup)

3. Patient Name? Yes No

UB Code Parameters (US Only)

1. UB ABN Signed Occurrence Code _____ (Table lookup)
2. UB Patient Retired Occurrence Code: _____ (Table lookup)
3. UB Spouse Retired Occurrence Code: _____ (Table lookup)
4. UB Accident Hour Value Code: _____ (Table lookup)

Active Order Transfer Parameters

1. FROM Facility
2. TO Facility
3. FROM Dept. _____ TO Dept. _____
FROM SIM _____ TO SIM _____

Statistical Reports Parameters

1. Medical Day Care Hours: _____ (0-99)
2. Census Summary Days: _____ (75-499)
3. E/R Shifts

Shift	Column Header	Start Time	End Time
Shift 1			
Shift 2			
Shift 3			
Shift 4			

4. Pediatric Age Limit: _____

Period Definition Parameters

1. Fiscal Year Start: _____ (MM/DD)
2. Period Definitions by Year

Year	Number of Periods

Year	Number of Periods

Year: _____

Period	Period End Date

Series Facility Parameters

- | | | |
|-------------------------|-----|----|
| 1. Series Check-In? | Yes | No |
| 2. Auto Dis Series? | Yes | No |
| 3. Series Re-Adm? | Yes | No |
| 4. Auto Re-Adm Warning? | Yes | No |
| 5. Copy Fwd Dept/Locs? | Yes | No |

Series Auto Discharge by Date Parameter

- Auto Discharge Date _____
- Insurance Types _____

GUI Parameters

- DPPR Select _____ Yes or No

Bed Display Parameters

Facility_____

1. Revision _____ Character-based (C) or GUI (G)
2. Discharge _____ Character-based (C) or GUI (G)
3. OB Discharge Screen _____ Yes (Y) or No (N)
4. Visit History _____ Character-based (C) or GUI (G)
5. Transfer _____ Unrestricted (N) or Restricted (R)
6. Transfer _____ Character-based (C) or GUI (G)
7. Disable Cancel Trn _____ Yes (Y) or No (N)

Icon Mapping

10. Drive _____

11. Icon Path _____

12. Icons

Icon Description	Icon Name
Female	
Intent Female	
Intent Female/Rsvd Male	
Intent Female/Rsvd Female	
Female Reserved Male	
Female Reserved Female	
Male	
Intent Male	
Intent Male/Rsvd Male	
Intent Male/Rsvd Female	
Male Reserved Male	
Male Reserved Female	
Contaminated	
Hold for Private	
Out of Service	

Icon Description	Icon Name
Not Ready	
Not Ready Reserved Female	
Not Ready Reserved Male	
Reserved	
Reserved Female	
Reserved Male	
Ready	

HOSPITAL SERVICES

Code: 3 AN
Description: 19 C
Licensed Beds: 3 N
Specialty: Table Lookup
Conversion Code: 5 N
Service Category: Table Lookup
Newborn: 1 A (Yes or No)
Average Length of Stay: 3 N (0-182 days)
Program: Table Lookup
Valid Patient Types: Table Lookup
Restrict?: 1 A (Yes or No)

Code	Description	Licensed Beds	Specialty	Conversion Code	Service Category	Newborn	Avg LOS	Program	Valid Patient Types	Restrict?

INSURANCE CARRIERS

Insurance Carriers, Screen 1

Code (3 N)	Insurance Description (33 C)		Primary (Y or N)
MSP Screen (Y or N)	Insurance Type (Table lookup)	Financial Classes (Table lookup - list all that apply)	
Default Financial Class (Table)	Print Attestation (Y or N)		
Mail To Person (36 C)		Mail to Company (35 C)	
Address 1 (25 C)		Address 2 (25 C)	
City (18 C)	State/Province (2 A)	ZIP Code/Postcode (5 or 9 N, 6 AN)	Country (Table lookup)
Phone (10 N)	Ext. (5 C)	Group Number Format (17 C)	
Pol/Cert/ID Format (20 C)		Online Checks (Address, Credit, Eligibility, None)	
Admission Office Text (60 AN each line, 4 lines max)			

Insurance Carriers, Screen 2 (Insurance User Defined Field Links)

Insurance Carrier	Code for IUDF 1	Code for IUDF 2	Code for IUDF 3	Code for IUDF 4	Code for IUDF 5	Code for IUDF 6	Code for IUDF 7	Code for IUDF 8	Code for IUDF 9	Code for IUDF 10

Insurance Carriers, Screen 2 (Insurance User Defined Field Links) cont.

Insurance Carrier	Code for IUDF 11	Code for IUDF 12	Code for IUDF 13	Code for IUDF 14	Code for IUDF 15	Code for IUDF 16	Code for IUDF 17	Code for IUDF 18	Code for IUDF 19	Code for IUDF 20

Insurance Carriers, Screen 3 (GUI Forms)

Insurance Carrier	Adm GUI Ins Form 1 (Tbl Lkp)	Adm GUI Ins Form 2 (Tbl Lkp)	Adm GUI Ins Form 3 (Tbl Lkp)	Adm GUI Ins Form 4 (Tbl Lkp)	MPI Rev Mstr Lev GUI Ins Form 1 (Tbl Lkp)	MPI Rev Mstr Lev GUI Ins Form 2 (Tbl Lkp)	MPI Rev Mstr Lev GUI Ins Form 3 (Tbl Lkp)	MPI Rev Mstr Lev GUI Ins Form 4 (Tbl Lkp)

Insurance Carriers, Screen 3 (GUI Forms) cont.

Insurance Carrier	MPI Rev Visit Lev GUI Ins Form 1 (Tbl Lkp)	MPI Rev Visit Lev GUI Ins Form 2 (Tbl Lkp)	MPI Rev Visit Lev GUI Ins Form 3 (Tbl Lkp)	MPI Rev Visit Lev GUI Ins Form 4 (Tbl Lkp)

INSURANCE PLANS

Insurance Plans, Screen 1

Code	Plan Name (33 C)				Primary (Y or N)	Generic Plan? (Y or N)
Insurance Type (Table Lkp)		HIPAA Insurance Type (Table Lkp)			Financial Classes (Table Lkp)	
Default Financial Class (Table Lkp)		Mail To (circle one) Employer Carrier Group Plan Other			Mail To Person (36 C)	
Mail To Company (35 C)				Address Line 1 (25 C)		
Address Line 2 (25 C)				City (18 C)		State/Province (2 A)
ZIP Code/Postcode (5 or 9 N, 6 AN)		Country (Table Lkp)		Payor ID, Sub ID (5 N,4 N)	Phone (13 C)	Ext. (5 C)
Allow Update Patient Master (Y or N)				Conversion Code (4 AN)	CMS Compliant (C, CP, A, AP, P or N)	
Admission Office Text (60 C each line, 4 lines max)						

Insurance Plans, Screen 2

Group Name (30 C)		Group # Format (17 C)		Group # (17 C)	
From date (15 C)		To date (15 C)		Pol/Cert/ID Format (20 C)	
1500 Plan Code (Table Lkp)	Copy All to 1500 Plan? (Y/N)	Verification (Y/N)	Pre-Notification (Y/N)	Verify Phone (13 C)	Ext. (5 C)
Verify Fax (13 C)		Approval Phone (13 C)		Ext. (5 C)	Approval Fax (13 C)
Review Agency (Table Lkp or 20 C)		Contact Name (20 C)			Reference No. (10 C)
Review Phone (13 C)	Ext. (5 C)	Review Fax (13 C)		Print Attestation (Y or N)	
Online Checks (Address, Credit, Eligibility, None)		PA Ins Coverage (Y/N)			

Insurance Plans, Screen 3 (Alternate Names)

Alternate Names for this plan (33 C)

Alternate Name 1	
Alternate Name 2	
Alternate Name 3	
Alternate Name 4	
Alternate Name 5	
Alternate Name 6	

Insurance Plans, Screen 4 (Insurance User Defined Field Links)

Insurance Plan	Code for IUDF 1	Code for IUDF 2	Code for IUDF 3	Code for IUDF 4	Code for IUDF 5	Code for IUDF 6	Code for IUDF 7	Code for IUDF 8	Code for IUDF 9	Code for IUDF 10

Insurance Plans, Screen 4 (Insurance User Defined Field Links) cont.

Insurance Plan	Code for IUDF 11	Code for IUDF 12	Code for IUDF 13	Code for IUDF 14	Code for IUDF 15	Code for IUDF 16	Code for IUDF 17	Code for IUDF 18	Code for IUDF 19	Code for IUDF 20

Insurance Plans, Screen 5 (GUI Forms)

Insurance Plan	Adm GUI Ins Form 1 (Tbl Lkp)	Adm GUI Ins Form 2 (Tbl Lkp)	Adm GUI Ins Form 3 (Tbl Lkp)	Adm GUI Ins Form 4 (Tbl Lkp)	MPI Rev Mstr Lev GUI Ins Form 1 (Tbl Lkp)	MPI Rev Mstr Lev GUI Ins Form 2 (Tbl Lkp)	MPI Rev Mstr Lev GUI Ins Form 3 (Tbl Lkp)	MPI Rev Mstr Lev GUI Ins Form 4 (Tbl Lkp)

Insurance Plans, Screen 5 (GUI Forms) cont.

Insurance Plan	MPI Rev Visit Lev GUI Ins Form 1 (Tbl Lkp)	MPI Rev Visit Lev GUI Ins Form 2 (Tbl Lkp)	MPI Rev Visit Lev GUI Ins Form 3 (Tbl Lkp)	MPI Rev Visit Lev GUI Ins Form 4 (Tbl Lkp)

INSURANCE USER DEFINED FIELDS

Code (4 C)	Description (19 AN)	Question (50 C)		
Format (Y, T, X, D, C)	Response Length (1 - 50 for text or 1 - 9 for tables)	Table Description Length (1 - 19)	Required? (Y or N)	Update Master? (Y or N)
Code (4 C)	Description (19 AN)	Question (50 C)		
Format (Y, T, X, D, C)	Response Length (1 - 50 for text or 1 - 9 for tables)	Table Description Length (1 - 19)	Required? (Y or N)	Update Master? (Y or N)
Code (4 C)	Description (19 AN)	Question (50 C)		
Format (Y, T, X, D, C)	Response Length (1 - 50 for text or 1 - 9 for tables)	Table Description Length (1 - 19)	Required? (Y or N)	Update Master? (Y or N)
Code (4 C)	Description (19 AN)	Question (50 C)		
Format (Y, T, X, D, C)	Response Length (1 - 50 for text or 1 - 9 for tables)	Table Description Length (1 - 19)	Required? (Y or N)	Update Master? (Y or N)

Insurance User Defined Tables

IUDF-

(enter the description portion of the table name in the blank)

Code Length: _____ (up to 9 C, determined by your entry in the Response Length field on the corresponding Insurance User Defined Field Definition screen)

Description Length: _____ (up to 19 C, determined by your entry in the Table Description length field on the corresponding Insurance User Defined Field Definition screen)

[illegible]

LOCATION FILE

Nursing Stations

PAGE 1

Code (3 N)	Description (19 C)			Clinical Site/ Institution (Table)	Separate Total (Y or N)	
SIM Dept (Table)	Semi-Private (Table)	Ward Code (Table)	Care Manager (Y or N)	Barcode Printer (Y or N)	Default Printer (Table)	
Station Phone # (10 N)	Station Fax # (10 N)	Rec. Fax Results (Y or N)	Sex/Age Mix (Table)	Intend Clinical Care (Table)	Specialty Unit (Y or N)	
Phys Ord Req (Y or N)	Ord Req Log (Table)	STAT Notify (1-A-O)	E-Mail Address (26-C-O)			

PAGE 2 - NOTICES

Admission Notice (Table)	Cancel Admission Notice (Table)
Discharge Notice (Table)	Cancel Discharge Notice (Table)
Intent to Discharge Notice (Table)	Cancel Intent to Discharge Notice (Table)
Request to Transfer Notice (Table)	Cancel Request to Transfer Notice (Table)
Transfer Notice (Table)	Post Bed Notice (Table)
Bed Reservation Notice (Table)	

PAGE 3

Code	Description		
24 Hour (Y or N)	Day Only (Y or N)	Avail (7 A)*	Day Hours* (Special format)
Mixed (Y or N)	Days** (1 N)	Days Avail** (7 A)	Open** (Time format)
Nights** (1 N)	Nights Available** (7 A)	Close** (Time format)	Auto Admission (1 A)
Auto Clean (Y or N)	Reservation Type (S)oft, (H)ard, blank	Station Grps (Display)	CRTs (Display)
# Beds (3 N)	# Licensed Beds (Display)	Beds/Nurse Care (3 N)	Beds/Phy Care (3 N)
Listing Time (Time format)	Update Time	Main Physician (Table)	Station Specialty (Table)
Accom Codes (Table)	Specialties (Table)	Emergency Department (Y or N)	Med/Sur (Y or N)
LOA (Y or N)	Bed Request Color (Table)		

* Available only if Y is selected for Day Only.

** Available only if Y is selected for Mixed.

Update Location File (Room/Bed Build)

Nursing Station (auto filled)	Room (auto filled)	Bed # (auto filled)	Bed Code (3 N)	Care Type (N)urse, (P)hysician
Pref Age Range (N)eonatal (C)hild (E)lderly (O)ther	Current Status (Table)	Sex Pref (M)ale (F)emale (E)ither	Phone (4 N)	
Prox. To Station (Table)	Cart Stations (Table)	Bed Note (25 C)		
List Bed (Y or N)	Count Bed (Y or N)	Team (1 C)	Overflow Code (Table)	
Accommodation Code (Table)		Secondary Accom Codes (Table)		
Specialty (Table)	Secondary Specialty (Table)		Bed Features (Table)	
Non-Controlled Stock Location (Table)		Controlled Stock Location (Table)		

Revise Nursing Stations

Code (3 N)	Description (19 C)			Clinical Site/ Institution (Table)		Separate Total (Y or N)
SIM Dept (Table)	Semi-Private (Table)	Ward Code (Table)	Care Manager (Y or N)	Barcode Printer (Y or N)	Default Printer (Table)	
Station Phone # (10 N)	Station Fax # (10 N)	Rec. Fax Results (Y or N)	Sex/Age Mix (Table)	Intend Clinical Care (Table)	Specialty Unit (Y or N)	
Phys Ord Req (Y or N)	Ord Req Log (Table)					

** This worksheet is the same as Page 1 of the Nursing Stations Location File build.*

MESSAGE GROUPS

Description: 33 C

Printers: Table Lookup

Description	Printers

PATIENT TYPES

Page 1

Code (3 C)	
Description (33 C)	
Type (1 A) (I)npatient, (O)utpatient, (C)ontract, (*)Internal	
Flow (Table lookup)	
Abstract Classification (Table lookup)	
Restrict? (1 A) Yes or No	
Form (1 A) (E)mergency room, (R)egistration form, (A)dmission form	
Price Field (1 N)	
Rec (1 A) Yes or No	
Ret (1 A) Yes or No	
PRE (1 A) Yes or No	
Upd. Init? (1 A) Yes or No	
PAT (1 A) Yes or No	
OP/Bed (1 A) Yes or No	
Ind (1 AC - except I, t, h)	
Bed (1 A) Yes or No	
WL (1 A) Yes or No	
Book (1 A) Yes or No	
Disp (1 A)	
Auto Dis Days	
Auto Re-Adm Days	
Acct. Number Group (Table lookup)	
Clinical Site/Institution (Table lookup)	
Print Options	
1. Admit Label (Table lookup)	
Print Options (GUI only)	
2. Pre Admit Form (1 A) Yes or No	
3. Admission Cards (1 A) Yes or No	
4. Adm./Reg. Form (1 A) Yes or No	
5. Labels (1 A) Yes or No	

6. Embosser (1 A) Yes or No	
7. MSP Form (1 A) Yes or No	
8. Misc 1 Form (1 A) Yes or No	
9. Misc 2 Form (1 A) Yes or No	
10. Misc 3 Form (1 A) Yes or No	
11. Misc 4 Form (1 A) Yes or No	
12. Misc 5 Form (1 A) Yes or No	
13. Misc 6 Form (1 A) Yes or No	
14. Misc 7 Form (1 A) Yes or No	
15. Misc 8 Form (1 A) Yes or No	
16. Misc 9 Form (1 A) Yes or No	
17. Misc 10 Form (1 A) Yes or No	
18. Misc 11 Form (1 A) Yes or No	
19. Misc 12 Form (1 A) Yes or No	
20. Misc 13 Form (1 A) Yes or No	
21. Misc 14 Form (1 A) Yes or No	
22. Misc 15 Form (1 A) Yes or No	
23. Misc 16 Form (1 A) Yes or No	
24. Misc 17 Form (1 A) Yes or No	
25. Misc 18 Form (1 A) Yes or No	
26. Misc 19 Form (1 A) Yes or No	
27. Misc 20 Form (1 A) Yes or No	
28. Misc 21 Form (1 A) Yes or No	
29. Misc 22 Form (1 A) Yes or No	
30. Misc 23 Form (1 A) Yes or No	
31. Misc 24 Form (1 A) Yes or No	
32. Misc 25 Form (1 A) Yes or No	
33. Misc 26 Form (1 A) Yes or No	
34. Misc 27 Form (1 A) Yes or No	
35. Misc 28 Form (1 A) Yes or No	
36. Misc 29 Form (1 A) Yes or No	
37. Misc 30 Form (1 A) Yes or No	
38. Misc 31 Form (1 A) Yes or No	
39. Misc 32 Form (1 A) Yes or No	

Numbers (Special format)	
1. Unit Numbers (1 A) Yes or No	
2. Corporate Numbers (1 A) Yes or No	
3. Account Numbers (1 A) Yes or No	
Permanent Acct Number (1 A) Yes or No	
Default Patient Type (Table lookup)	
MNP Convert (1 A) Yes or No	
Charge/Order (1 A) Yes or No	
Future (3 N)	
Hold (3 N)	
Susp (3 N)	
Pseudo (1 A) Yes or No	
Contract Class (Table lookup)	

Page 2

Definition	
Patient Management (Table lookup)	
O/P Category (Table lookup)	
Therapy Type (Table lookup)	
Hlth Lodg (1 A) Yes or No	
Psych (1 A) Yes or No	
Mat (1 A) Yes or No	
Neo (1 A) Yes or No	
GUM (1 A) Yes or No	
Discharge Form (for GUI) (Table lookup)	
CPT Days/Discharge (5 N)	
CPT Days/Final (5 N)	
Patient Tracker Info Flow (Table lookup)	
Check Suppr (Address, Credit, Eligibility, None)	
GUI MSP Accept (1 A) Yes or No	

Page 3

IFAS	
Type (1 N)	
MEDIPAC	
Type (1 AN)	
Process (Table lookup)	
Suffix (4 N) or (1 A)	
STAR	
Provider (Table lookup)	
Number of Bills (1 N)	
Per Diem Rate	
BC Sub-Facility Code	
ADV	
Billing Type (Table lookup)	
Billing Level (Table lookup)	
Billing Code (Display only)	

Page 4

Inpatient Types	See additional worksheet page
Outpatient Types	See additional worksheet page
Series Types	See additional worksheet page

Inpatient Type

Patient Type		Stat. Flag	Revenue Flag
	Flow Control (Character)		
	Flow Control (GUI)		
	Adjustment Edits Form (GUI)		
Patient Type		Stat. Flag	Revenue Flag
	Flow Control (Character)		
	Flow Control (GUI)		
	Adjustment Edits Form (GUI)		
Patient Type		Stat. Flag	Revenue Flag
	Flow Control (Character)		
	Flow Control (GUI)		
	Adjustment Edits Form (GUI)		
Patient Type		Stat. Flag	Revenue Flag
	Flow Control (Character)		
	Flow Control (GUI)		
	Adjustment Edits Form (GUI)		
Patient Type		Stat. Flag	Revenue Flag
	Flow Control (Character)		
	Flow Control (GUI)		
	Adjustment Edits Form (GUI)		
Patient Type		Stat. Flag	Revenue Flag
	Flow Control (Character)		
	Flow Control (GUI)		
	Adjustment Edits Form (GUI)		

Outpatient Type

Patient Type		Stat. Flag	Revenue Flag
	Flow Control (Character)		
	Flow Control (GUI)		
	Adjustment Edits Form (GUI)		
Patient Type		Stat. Flag	Revenue Flag
	Flow Control (Character)		
	Flow Control (GUI)		
	Adjustment Edits Form (GUI)		
Patient Type		Stat. Flag	Revenue Flag
	Flow Control (Character)		
	Flow Control (GUI)		
	Adjustment Edits Form (GUI)		
Patient Type		Stat. Flag	Revenue Flag
	Flow Control (Character)		
	Flow Control (GUI)		
	Adjustment Edits Form (GUI)		
Patient Type		Stat. Flag	Revenue Flag
	Flow Control (Character)		
	Flow Control (GUI)		
	Adjustment Edits Form (GUI)		
Patient Type		Stat. Flag	Revenue Flag
	Flow Control (Character)		
	Flow Control (GUI)		
	Adjustment Edits Form (GUI)		

Series Type

Patient Type		Stat. Flag	Revenue Flag
	Flow Control (Character)		
	Flow Control (GUI)		
	Adjustment Edits Form (GUI)		
Patient Type		Stat. Flag	Revenue Flag
	Flow Control (Character)		
	Flow Control (GUI)		
	Adjustment Edits Form (GUI)		
Patient Type		Stat. Flag	Revenue Flag
	Flow Control (Character)		
	Flow Control (GUI)		
	Adjustment Edits Form (GUI)		
Patient Type		Stat. Flag	Revenue Flag
	Flow Control (Character)		
	Flow Control (GUI)		
	Adjustment Edits Form (GUI)		
Patient Type		Stat. Flag	Revenue Flag
	Flow Control (Character)		
	Flow Control (GUI)		
	Adjustment Edits Form (GUI)		
Patient Type		Stat. Flag	Revenue Flag
	Flow Control (Character)		
	Flow Control (GUI)		
	Adjustment Edits Form (GUI)		

SYSTEM DEFAULTS

Screen 1

Hospital Name (34 C)		Area Code (3 N)	Phone (7 NC)
Address (25 C)		Address Second Line (25 C)	
City (18 C)	State/Province (2 A)	ZIP code (5 N or 9 N) /Postcode (6 AN)	ZIP ext. (4 N)
County (Table)		Geo Code/Census Tract/Residence (Table)	
Country (Table)		Language (Table)	
Fax Number (10 N)	Tax ID Number (15 N)	NPI (10 N)	
Facility Code (3 N)	Previous Name Type (Table)		

Screen 2

Default	Financial Class (Table)		Admitting Physician (Table)		Medical Service (Table)
	Clinic Unit Team (CUT) (Table)			Provincial Insurance Plan (CN - Table)	
	Newborn Adm Type (Table)			Newborn Adm Source (Table)	
	Newborn Service (Table)			Newborn Clinic Unit Team (CUT) (Table)	
	Newborn Patient Type (Table)			Cancellation Reason (Table)	
	I/P Auto Discharge Status (Table)			O/P Auto Discharge Status (Table)	
Override	Employer Code (6 N)	Physician Code (6 N)		Insurance Type (Table)	Ins Code (6 N)

SYSTEM WIDE PARAMETERS

Locked Message Display (B[asic] or D[etailed])	FIM/SIM Purge Days (90-999)	TSH Poll Timeout (0-999)
Credit Check Security Level (0-99)	TSH Poll ACK Option (Y or N)	
2.2B Query (Y or N)	Email-Phys Ord Req Stat (25-C-O)	
Navigator Patient Information Icon (Y or N)	Hold Orders and Delay DC (5-60 min) Time _____ or 0 (to disable functionality)	
FDB Coding System (Display Only)	Max Order Cancels (5-50)	
Retain Ord Dtl Days (0-365)	Social Security Format (9-C-O)	
Additional Allergy Settings (Display Only)	GUI Same Day Visits Display Order (C[hronological] or R[everse Chronological])	

USER DEFINED FIELDS

MPI Level

Code (3 C)	Description (19 AN)	Question (50 C)	
Format (Y, T, X, D)	Response Length (1 - 50 for text or 1 - 9 for tables)	Table Description Length (1 - 19)	Required? (Y or N)
Code (3 C)	Description (19 AN)	Question (50 C)	
Format (Y, T, X, D)	Response Length (1 - 50 for text or 1 - 9 for tables)	Table Description Length (1 - 19)	Required? (Y or N)
Code (3 C)	Description (19 AN)	Question (50 C)	
Format (Y, T, X, D)	Response Length (1 - 50 for text or 1 - 9 for tables)	Table Description Length (1 - 19)	Required? (Y or N)
Code (3 C)	Description (19 AN)	Question (50 C)	
Format (Y, T, X, D)	Response Length (1 - 50 for text or 1 - 9 for tables)	Table Description Length (1 - 19)	Required? (Y or N)

Visit Level

Code (3 C)	Description (19 AN)	Question (50 C)		
Format (Y, T, X, D)	Response Length (1 - 50 for text or 1 - 9 for tables)	Table Description Length (1 - 19)	Required? (Y or N)	Split by Facility? (Y or N)
Code (3 C)	Description (19 AN)	Question (50 C)		
Format (Y, T, X, D)	Response Length (1 - 50 for text or 1 - 9 for tables)	Table Description Length (1 - 19)	Required? (Y or N)	Split by Facility? (Y or N)
Code (3 C)	Description (19 AN)	Question (50 C)		
Format (Y, T, X, D)	Response Length (1 - 50 for text or 1 - 9 for tables)	Table Description Length (1 - 19)	Required? (Y or N)	Split by Facility? (Y or N)
Code (3 C)	Description (19 AN)	Question (50 C)		
Format (Y, T, X, D)	Response Length (1 - 50 for text or 1 - 9 for tables)	Table Description Length (1 - 19)	Required? (Y or N)	Split by Facility? (Y or N)

User Defined Tables

UDF(MPI)-_____

(enter the description portion of the table name in the blank)

Code: up to 9 C (determined by your entry in the Response Length field on the corresponding User Defined Field Definition (MPI) screen)

Description: up to 19 C (determined by your entry in the Table Description length field on the corresponding User Defined Field Definition (MPI) screen)

[illegible]

UDF(VISIT)-_____

(enter the description portion of the table name in the blank)

Code: up to 9 C (determined by your entry in the Response Length field on the corresponding User Defined Field Definition (Visit) screen)

Description: up to 19 C (determined by your entry in the Table Description length field on the corresponding User Defined Field Definition (Visit) screen)

[illegible]

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ACCIDENT TYPE

Code: 1 N

Description: 19 AN

Conversion Code: 1 N

Road Traffic: 1 A (Yes or No)

Work Related: 1 A (Yes or No)

UB Occurrence (US Only): Table Lookup

Admission Form: Table Lookup

MPI Review Form: Table Lookup

Code	Description	Conv. Code	Road Traffic	Work Related	UB Occurrence	Admission Form	MPI Review Form

Code: 2 AN
Description: 19 C
Valid Patient Type: 1 A (I,O,B)
Healthy Person Type: 1 A (P,B,A,R)
Private Bed: 1 A (Yes or No)
Hold/Priv Status: Table Lookup
Amenity Bed: 1 A (Yes or No)
Newborn Accommodation: 1 A (Yes or No)

[illegible]

Code: 2 N
Description: 19 C
Last Number: up to 12 N*
Start Number: up to 12 N*
Current Number: up to 12 N*

[illegible]

ADMISSION FORM FLOWS (GUI)

Flow Code: 6 C (1st C alpha, next 5 C)

Description: 50 C

Death Class Screen: Table Lookup

[illegible]

Admission Form Flows Subscreen

Flow Code: 6 C (1st C alpha, next 5 C) _____

Description: 50 C _____

Form Name: Table Lookup

Icon: Table Lookup

[illegible]

Flow Code (existing): 6 C (1st C alpha, next 5 C)
Description: 50 C
Flow Code (new): 6 C (1st C alpha, next 5 C)

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October 2011

ADMISSION SOURCES

Code: 2 AN

Description: 19 C

Entry Code (CN Only): 1 C

Stillborn: 1 A (Yes or No)

[illegible]

Code: 3 AN
Description: 19 C
WL Category: B (booked), P (planned), W (waiting)
Category Code (CN Only): 1 C

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ADVANCED DIRECTIVES

Code: 3 A

Description: 19 C

[illegible]

Code: 1 AN
Description: 30 C

[illegible]

ALC DISCHARGE DESTINATION DETAIL

Code: 4 AN

Description: 45 C

[illegible]

Code: 2 AN
Description: 30 C

[illegible]

Code: 3 AN
Description: 30 C
Detail(s): Table Lookup

[illegible]

Code: 2 AN
Description: 45 C

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ALC SERVICE

Code: 2 AN

Description: 30 C

[illegible]

Code: 2 AN
Description: 30 C

[illegible]

ALLERGY CLASSES

Code: 8 C

Description: 30 C

Alternate Code: 5 C

Allergen Type: Table Lookup

Abbreviation: 10 C

Allergy Info: 180 C

NOTE: Users should check the table first before entering any user-defined allergies, as First DataBank provides many non-drug allergens in the table. McKesson recommends that you do **not** enter any additional drug-related allergies to the table.

Code (8 C)		Description (30 C)
Alt. Code (5 C)	Allergen Type (Table Lkp)	Abbreviation (10 C)
Allergy Info (180 C)		

Code (8 C)		Description (30 C)
Alt. Code (5 C)	Allergen Type (Table Lkp)	Abbreviation (10 C)
Allergy Info (180 C)		

Code: 3 C
Description: 26 C
Severity: Table Lookup
Sensitivity Type: Table Lookup

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ANESTHESIA CODES

Code: 1 C

Description: 19 C

[illegible]

Code: 3 AN
Description: 19 C
Ambulance (CN Only): 1 A (Yes or No)

ATTRIBUTE EXTENT (CN ONLY)

Code: 2 AN

Description: 19 C

[illegible]

ATTRIBUTE LOCATION (CN ONLY)

Code: 2 AN

Description: 19 C

[illegible]

ATTRIBUTE STATUS (CN ONLY)

Code: 2 AN

Description: 19 C

[illegible]

BED FEATURES

Code: 2 AN

Description: 19 C

[illegible]

BED STATUS

Code (3 AC)	
Description (19 C)	
Admission Change* (3 AC)	
Reserved Change* (3 AC)	
Ready / Not Ready* (3 AC)	
Transfer Change* (3 AC)	
Transfer Intent Change* (3 AC)	
Discharge Intent Change* (3 AC)	
Out of Service Status (Y or N)	
Contaminated Status (Y or N)	
Hold for Private Status (Y or N)	
Intent to DIS status (Y or N)	
Intent to TRN status (Y or N)	
Reserved Status (Y or N)	
Availability Indicator (1 A)	
Vacant Indicator (Y or N)	

* Bed Status code to which a bed of the entered status should be changed once that transaction is performed. An example would be an Occupied bed (maybe OCC) that becomes Not Ready (N/R) when a patient is transferred or discharged from the bed. If the transaction is not applicable, the original code should be entered. In the previous example, you would not admit to an Occupied bed, nor make it Ready/Not Ready, so OCC should be entered in both of these spaces.

BIRTH NOTIFICATION SERIAL NUMBER ASSIGNMENT

New Number: 4 N

Current Number	New Number

CANCELLATION REASONS

Code: 2 N

Description: 19 C

[illegible]

CASE CATEGORY CODE

Code: 2 AN

Description: 19 C

[illegible]

CASE TEAM

Code: 4 N

Description: 22 AC

Case Team Manager: 50 C or Table Lookup

[illegible]

Code: 5A
Description: 25 C

[illegible]

CHAMPUS PAY GRADE

Code: 1 AN

Description: 19 C

Conversion Code: 3 AN

[illegible]

CHAMPUS STATUS

Code: 4 AN

Description: 19 C

Conversion Code: 4 AN

[illegible]

CHANGE PATIENT TYPE REASON

Code: 3 C

Description: 36 C

Cancellation: Table Lookup

[illegible]

CHURCHES

Code: 3 N

Description: 33 C

Denomination: Table Lookup

[illegible]

CLASSIFICATION

Code: 3 AN

Description: 19 AN

Conversion Code: 1 CN

[illegible]

Code: 1 AN
Description: 19 AN

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Code: 5 AN
Description: 19 AN
Hospital Service (Medical Service): Table Lookup

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CLINICAL SITE/INSTITUTION

Code: 1 A (US) 4 N (CN)
Description: 30 C
Prefix (CN Only): 1 N
Province (CN Only): 1 AN
Chronic/Rehab: 1 A (Yes or No)
NPI (US Only): 10 N
MOH Facility ID - HCV (CN Only): 7 AN
MOH Local User ID (CN Only): 8 AN
MOH Facility ID - Claims (CN Only): 7 AN

Code	Description	Prefix	Prov	Chronic/ Rehab	NPI	MOH Fac. ID - HCV	MOH Local User ID	MOH Fac. ID - Claims

Code	Description	Prefix	Prov	Chronic/ Rehab	NPI	MOH Fac. ID - HCV	MOH Local User ID	MOH Fac. ID - Claims

COMMUNITY AGENCY CODES

Code (4 AN)	Description (19 C)		Contact Name (26 C)		
Address Line 1 (25 C)			Address Line 2 (25 C)		
City (18 C)	State/Prov (2A)	ZIP/Postcode (9 N or 6 AN)	Phone (10 N)	Ext (4 N)	

Code (4 AN)	Description (19 C)		Contact Name (26 C)		
Address Line 1 (25 C)			Address Line 2 (25 C)		
City (18 C)	State/Prov (2A)	ZIP/Postcode (9 N or 6 AN)	Phone (10 N)	Ext (4 N)	

Code (4 AN)	Description (19 C)		Contact Name (26 C)		
Address Line 1 (25 C)			Address Line 2 (25 C)		
City (18 C)	State/Prov (2A)	ZIP/Postcode (9 N or 6 AN)	Phone (10 N)	Ext (4 N)	

CONDITION OF LEGAL STATUS

Code: 1 AN

Description: 19 C

[illegible]

CONDITIONS

Code: 1 A

Description: 19 C

[illegible]

CORPORATE NUMBER ASSIGNMENT

New Number: 8 N

Current Number	New Number

COUNTIES

Code: 5 AN

Description: 19 C

[illegible]

COUNTRY/CITIZENSHIP

Code: 2 A

Description: 19 C

Conversion Code: 3 C

[illegible]

DAY CARE FUNCTION

Code: 1 N

Description: 19 C

Code	Description

Code: 3 AN
Description: 19 C

[illegible]

Code: 4 AN
Description: 33 C
Cart Station(s): Table Lookup

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DISCHARGE FORM DEFAULTS

All forms are table lookup.

Facility _____	
Inpatient Discharge Form	
Outpatient Disposition Form	
ER Disposition Form	
Series Disposition Form	
Series Discharge Form	

Facility _____	
Inpatient Discharge Form	
Outpatient Disposition Form	
ER Disposition Form	
Series Disposition Form	
Series Discharge Form	

Facility _____	
Inpatient Discharge Form	
Outpatient Disposition Form	
ER Disposition Form	
Series Disposition Form	
Series Discharge Form	

Facility _____	
Inpatient Discharge Form	
Outpatient Disposition Form	
ER Disposition Form	
Series Disposition Form	
Series Discharge Form	

DISCHARGE STATUS/DISPOSITION

Code	
Description (33-AN-R)	
Abbreviation (3-AN-R)	
Expiration (1-A-R)	
Outpatient (1-A-R)	
O.P Final Disch (1-A-C)	
Require Intent (1-A-R)	
UB Code (2-N-R)	
DRG Status (Table Lookup)	
Active Order Transfer (1-A-R)	
E/R Report Col	

DRUG CLASSIFICATION

Code: 1 N

Description: 19 C

[illegible]

DSM POINTER

Code: 5 AN

Description: 33 C

Axis: I, II, III, IV, or V (entered as 1, 2, 3, 4, or 5)

ICD-9-CM Code: Table Lookup

ICD-10-CA Code: Table Lookup

Code	Description	Axis	ICD-9-CM Code	ICD-10-CA Code

E/R REPORT DISCHARGE TYPE COLUMNS

Code: 1 N

Description: 19 AN

Column Header: 3 AN

Code	Description	Column Header
1		
2		
3		
4		
5		

E/R REPORT TRIAGE CODE TYPE COLUMNS

Code: 1 N

Description: 19 AN

Column Header: 3 AN

Code	Description	Column Header
1		
2		
3		
4		
5		

ECT TYPE

Code: 1 AN

Description: 19 C

ICD-9-CM Code: Table Lookup

Code	Description	ICD-9-CM Code

EDUCATION LEVEL - PATIENT

Code: 1 N

Description: 19 C

[illegible]

ELECTRODE POSITION

Code: 2 N

Description: 19 C

[illegible]

Code: 1 A
Description: 33 C

[illegible]

EMPLOYMENT INFORMATION DATA

Code: 1 A

Description: 19 C

[illegible]

EMPLOYMENT STATUS CODES

Code: 1 N
Description: 19 C
Retired/Unemployed: 1 A (R or U)
Disabled Status: 1 A (Yes or No)
Student UB Code: Table Lookup
Conversion Code: Format Specified by Interface
Patient Empl Form (GUI): Table Lookup
Relative Empl Form (GUI): Table Lookup
Guarantor Empl Form (GUI): Table Lookup

Code	Description	Retired/ Unemployed	Disabled Status	Student UB Code	Conv. Code	Pat. Empl. Form (GUI)	Relative Empl. Form (GUI)	Guarantor Empl. Form (GUI)

Code: 2 AN
Description: 19 C

[illegible]

Description: 19 C

[illegible]

FINANCIAL SUPPORT

Code: 1 N

Description: 19 C

[illegible]

Code (US): 6 AN Code (CN): 5 AN
Description: 19 C

[illegible]

GROUP DEFINITION

Code: 4 N

Description: 33 C

Location: 12 C

Code	Description	Location

Code: 10 C
Description: 33 C
HCPCS Code: 5 N

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HEALTHCARE SCORE

Code: 2 A

Start Score: 3 N

End Score: 3 N

Description: 40 AN

[illegible]

Code: 2 AN
Description: 33 C

[illegible]

HIPAA INSURED RELATION

Code: 2 AN

Description: 19 C

[illegible]

Code: 10 C
Description: 33 C
ICD-9-CM Code: Table Lookup
(CN) ICD-10-CA Code: Table Lookup
(CN) Provincial Dx: 4 AN
Average LOS: 3 N (0-182 days)

[illegible]

Code: 10 C
Description: 33 C
ICD-9-CM Code: Table Lookup
(CN) ICD-10-CCI Code: Table Lookup

[illegible]

Code: 3 AN
Description: 19 AN
Drive: 3 A
Path: Unlimited (1st C must be alpha; system will precede with a slash (/) if the user forgets to enter a slash [/] in the beginning.)

[illegible]

INCOME SOURCE

Code: 2 AN

Description: 19 AN

[illegible]

INSURANCE TYPE, SCREEN 1

Code (1-A)	Description (33 C)	Max Per Type (1 - 9)	Print Format (10 A)	Phys Access Print Format (10-AN-O)	Eligibility Request Format*
B	Blue Cross				
E	Canadian Commercial Insurance				
G	Canadian Military Insurance				
D	Canadian Provincial Insurance				
F	Canadian Worker's Compensation				
S	CHAMPUS				
C	Commercial				
N	HMO				
Y	Medicaid Out of State (not for PAC)				
X	Medicaid / Welfare				
M	Medicare part A				
P	Medicare part B				
O	Other (used for self-pay patients)				
A	Out of Province				
W	Worker's Compensation				

* Valid Eligibility Request format entries include D - Medicaid, R - Medicare, and C - Commercial.

INSURANCE TYPE, SCREEN 2 (INSURANCE USER DEFINED FIELDS LINKS)

Code (1-A)	Description (33 C)	Code for IUDF 1	Code for IUDF 2	Code for IUDF 3	Code for IUDF 4	Code for IUDF 5	Code for IUDF 6	Code for IUDF 7	Code for IUDF 8	Code for IUDF 9	Code for IUDF 10
B	Blue Cross										
E	Canadian Commercial Ins										
G	Canadian Military Ins										
D	Canadian Provincial Ins										
F	Canadian Worker's Compensation										
S	CHAMPUS										
C	Commercial										
N	HMO										
Y	Medicaid Out of State (not for PAC)										
X	Medicaid/Welfare										
M	Medicare part A										
P	Medicare part B										
O	Other (used for self-pay patients)										
A	Out of Province										
W	Worker's Comp										

INSURANCE TYPE, SCREEN 2 (INSURANCE USER DEFINED FIELDS LINKS) CONT.

Code (1-A)	Description (33 C)	Code for IUDF 11	Code for IUDF 12	Code for IUDF 13	Code for IUDF 14	Code for IUDF 15	Code for IUDF 16	Code for IUDF 17	Code for IUDF 18	Code for IUDF 19	Code for IUDF 20
B	Blue Cross										
E	Canadian Commercial Ins										
G	Canadian Military Ins										
D	Canadian Provincial Ins										
F	Canadian Worker's Compensation										
S	CHAMPUS										
C	Commercial										
N	HMO										
Y	Medicaid Out of State (not for PAC)										
X	Medicaid/Welfare										
M	Medicare part A										
P	Medicare part B										
O	Other (used for self-pay patients)										
A	Out of Province										
W	Worker's Comp										

INSURANCE TYPE, SCREEN 3 (GUI FORMS)

Code (1-A)	Description (33 C)	Adm GUI Ins Form 1 (Tbl Lkp)	Adm GUI Ins Form 2 (Tbl Lkp)	Adm GUI Ins Form 3 (Tbl Lkp)	Adm GUI Ins Form 4 (Tbl Lkp)	MPI Rev Mstr Lev GUI Ins Form 1 (Tbl Lkp)	MPI Rev Mstr Lev GUI Ins Form 2 (Tbl Lkp)	MPI Rev Mstr Lev GUI Ins Form 3 (Tbl Lkp)	MPI Rev Mstr Lev GUI Ins Form 4 (Tbl Lkp)
B	Blue Cross								
E	Canadian Commercial Ins								
G	Canadian Military Ins								
D	Canadian Provincial Ins								
F	Canadian Worker's Compensation								
S	CHAMPUS								
C	Commercial								
N	HMO								
Y	Medicaid Out of State (not for PAC)								
X	Medicaid/Welfare								
M	Medicare part A								
P	Medicare part B								
O	Other (used for self-pay patients)								
A	Out of Province								
W	Worker's Comp								

INSURANCE TYPE, SCREEN 3 (GUI FORMS) CONT.

Code (1-A)	Description (33 C)	MPI Rev Visit Lev GUI Ins Form 1 (Tbl Lkp)	MPI Rev Visit Lev GUI Ins Form 2 (Tbl Lkp)	MPI Rev Visit Lev GUI Ins Form 3 (Tbl Lkp)	MPI Rev Visit Lev GUI Ins Form 4 (Tbl Lkp)
B	Blue Cross				
E	Canadian Commercial Ins				
G	Canadian Military Ins				
D	Canadian Provincial Ins				
F	Canadian Worker's Compensation				
S	CHAMPUS				
C	Commercial				
N	HMO				
Y	Medicaid Out of State (not for PAC)				
X	Medicaid/Welfare				
M	Medicare part A				
P	Medicare part B				
O	Other (used for self-pay patients)				
A	Out of Province				
W	Worker's Comp				

Code: 2 AN
Description: 19 C
1500 Relationship Code: 1 A (S,P,M,O)
HIPAA Relationship Code: Table Lookup
UB Relationship Code: Table Lookup

[illegible]

Code: 2 N
Description: 19 C

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INTENDED PAYMENT SOURCE

Code : 1 AN

Description: 19 AN

[illegible]

INVALID ADDRESS FLAG CODES

Code: 2 C

Description: 48 C

Invalid Addr/Phone Type: 1 A (A = address, P = phone, B = both)

Mail To Type: 1 A (Yes or No)

[illegible]

ISOLATION CODES

Code: 1 A

Description: 19 C

Cont. Type: 1 A (Yes or No)

Cont. Status: Table Lookup

Code	Description	Cont. Type	Cont. Status

Code: 1 AN
Description: 19 C

[illegible]

LEAVE OF ABSENCE TYPE

Code: 3 A

Description: 19 C

[illegible]

LEGAL STATUS DEFINITIONS

Code: 2 N

Description: 19 C

Length: 4 N (In Days or Hours)

Category: Table Lookup

Maximum / Visit: 2 N

Code	Description	Length	Category	Max/Visit

Code: 1 A
Description: 12 C
Conversion Code (CN): 1 N

[illegible]

MENTAL CATEGORY

Code: 1 N

Description: 19 C

[illegible]

Form Set Code: 6 C (1st A, next 5 C)
Description: 50 C
Form Name(s): Table Lookup
Icon: Table Lookup

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Form Set Code (existing): Table Lookup
Description: 50 C
Form Set Code (new): 6 C (1st C alpha, next 5 C)

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MSP NUMBER OF EMPLOYEES

Code: 3 AN

Description: 15 C

Number of Employees: 1 A (T or H)

[illegible]

NAME TYPES

Code: 1 AN

Description: 12 C

HL7[®] Name Type: Table Lookup[illegible]

NATIONALITY

Code: 3 AN

Description: 19 C

[illegible]

NATURE OF INJURY

Code: 1 to 5 N

Description: 19 AN

Anatomical Position: Table Lookup

Body Part: Table Lookup

Code	Description	Anatomical Position	Body Part

OCCUPATION CODES

Code: 3 N

Description: 19 C

[illegible]

ORGAN DONOR

Code: 3 AC
Description: 19 AN

[illegible]

OUT OF PROVINCE REASON (CN ONLY)

Code: 2 AN

Description: 18 C

[illegible]

Code: 1 AN
Description: 33 C

[illegible]

OVERFLOW TYPE

Code: 2 AN

Description: 19 AN

[illegible]

Code: 1 AN
Description: 19 C
WL Stat Category: I (Inpatients) or D (Day Case)

[illegible]

Code: 1 N
Description: 19 C

[illegible]

PHI RESTRICTIONS

Code: 3 AN

Description: 33 C

[illegible]

PLACEMENT TYPE

Code: 3 AN

Description: 19 C

[illegible]

Postcode: 6 AN
City: 18 C
Province: Table Lookup
County: Table Lookup
Residence: Table Lookup
Country: Table Lookup

[illegible]

PRIVILEGES

Code: 3 AN

Description: 19 C

Code	Description

PROFESSIONAL TITLE

Code: 3 A

Description: 19 C

[illegible]

PROGRAM MANAGEMENT

Code: 5 AN

Description: 19 C

[illegible]

PROVINCE ABBREVIATIONS (CN ONLY)

Code: 2 A
Description: 19 AN
Country Indicator: 1 A (Yes or No)
Health Card # Length: (2 N)
Health Card # Format: Special Format up to 20 C
Check Digit: 1 A (Yes or No)
Check Digit Routine:
Zero Check Digit Invalid: 1 A (Yes or No)

Code	Description	Country	Health Card # Length	Health Card # Format	Check Digit	Check Digit Routine	Zero Check Digit

PROXIMITY

Code: 2 AN

Description: 19 C

Code	Description

Last Number: up to 9 N*
 Start Number: up to 9 N*
 Current Number: up to 9 N*

[illegible]

PUBLICITY CODE

Code: 1 Special Character, Punctuation Mark, Lowercase Letter, or 1-Digit Number

Description: 19 C

Restricted: 1 A (Yes or No)

Opt-Out Code: 1 A (Yes or No)

[illegible]

RACE/ETHNIC ORIGIN CODES

Code: 1 AN

Description: 19 C

Carex Translation Code: 1 A (B, W, O, or U)

Code	Description	Carex Translation Code

REFERRING INSTITUTION/FACILITY

Code (US): 2 AN

Code (CN): 4 N

Description: 19 C

[illegible]

Code: 1 AN
Description: 19 AN
Spouse: 1 A (Yes or No)
Insured Relation (Male): Table Lookup
Insured Relation (Female): Table Lookup

[illegible]

RESERVED ACCOUNT NUMBERS

Start Number: up to 12 N*

End Number: up to 12 N*

** Depending on hospital's account number length.*

Facility	Start Number	End Number

NOTE: If your hospital system assigns unique account numbers across facilities (for example, when a patient in Facility A is assigned account number 10001001, then this account number is never assigned again by any facility), the Reserved Account Number ranges must be the same for each facility. Therefore, when you change the reserved range for one facility, the system automatically changes the other facilities' ranges to the same.

RESERVED UNIT NUMBERS

Start Number: up to 9 N*

End Number: up to 9 N*

** Depending on hospital's unit number length.*

Facility	Start Number	End Number

SECOND OPINION STATUS

Code: 1 to 3 A

Description: 19 C

[illegible]

Code: 1 AN
Description: 33 C

[illegible]

SPECIAL ACCESS (GUI)

Code: This will be the hot key for the button if it is contained in the description.

Description: 20 C

Account: 1 A (N)ew, (E)xisting, or (A)ll

[illegible]

Code: 2 N
Description: 19 C

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Code: 2 N
Description: 19 C
Country: 1 A (Yes or No)

[illegible]

Code: 1 AN
Description: 19 C
Classification: Table Lookup of Drug Class table

[illegible]

Code: 1 AN
Description: 19 C

[illegible]

Code: 1 N
Description: 19 AN

[illegible]

Code: 2 AN
Description: 19 AN
E/R Report Col: Table Lookup

[illegible]

Code (US): 2 AN
Code (CN): 3 AN
Description: 19 C
Indicator Required: 1A (Yes or No)

[illegible]

UB CONDITION INDICATORS/SPECIAL STATS INDICATORS

Code: 2 AN

Description: 19 C

[illegible]

UB OCCURRENCE CODES

Code: 2 AN

Description: 19 C

[illegible]

UB OCCURRENCE SPAN CODES

Code: 2 AN

Description: 19 C

[illegible]

Code: 3 AN
Description: 30 AN
Status: 1 A

[illegible]

UB VALUE CODES

Code: 2 AN

Description: 19 AN

[illegible]

UNIT NUMBER ASSIGNMENT

Current Number: up to 10 N*

New Number: up to 10 N*

** Depending on length of hospital's unit number.*

Current Number	New Number

USER DEFINITION GROUPS

Code: 3 AN

Description: 22 C

User List: Table Lookup

Code	Description	User List

USER DEFINITIONS (GUI ONLY)

Employee ID and/or Name: Table Lookup
Special Access: Table Lookup - select up to 10
Clinical Site/Institution: Table Lookup - multiple selections
Service: Table Lookup - multiple selections
Location: Table Lookup - multiple selections
Type: (I)npatient, (O)utpatient, or (B)oth
Patient Types: Table Lookup - multiple selections.

Employee ID & Name	Special Access	Clinical Site/ Institution	Service	Location	Type	Patient Types

Employee ID & Name	Special Access	Clinical Site/ Institution	Service	Location	Type	Patient Types

USER DEFINITIONS (GUI ONLY) CONT.

MPI Review Form Set: Table Lookup
 Edit?: (Y)es or (N)o
 Disable Pop-Up: (Y)es or (N)o
 Unrestricted: (Y)es or (N)o
 Admission Revision Form Flow: Table Lookup
 DPPR Select: (Y)es or (N)o
 DPPR with GUI Census: (Y)es or (N)o
 Auto Audit: (Y)es or (N)o
 FPI Lookup: (Y)es or (N)o
 Compare Screens?: (Y)es or (N)o

Employee ID & Name	MPI Rev Form Set	Edit	Disable Pop-Up	Unre-stricted	Adm Rev Form Flow	DPPR Select	DPPR w/ GUI Census	Auto Audit	FPI Lookup	Comp Scrns?

Employee ID & Name	MPI Rev Form Set	Edit	Disable Pop-Up	Unre- stricted	Adm Rev Form Flow	DPPR Select	DPPR w/ GUI Census	Auto Audit	FPI Lookup	Comp Scrns?

USER DEFINITIONS - BED FUNCTIONS (GUI ONLY)

Employee ID and Name: Display Only
Patient Functions: Table Lookup
Reservation Functions: Table Lookup
Bed Functions: Table Lookup
Patient Detail: (Y) to allow access to detailed patient information or (N) for limited access

Employee ID & Name	Patient Functions	Reservation Functions	Bed Functions	Patient Detail

USER DEFINITIONS - WORK LIST (GUI ONLY)

Exp PAT: (Y)es or (N)o
Exp Adm: (Y)es or (N)o
Ins Ver: (Y)es or (N)o
Bed Assign: (Y)es or (N)o
Freeform Dx: (Y)es or (N)o
Addr/Credit Chk: (Y)es or (N)o
Invalid Address/Phone: (Y)es or (N)o

Employee ID & Name	Exp PAT	Exp Adm	Ins Ver	Bed Assign	Freeform Dx	Addr/ Credit Chk	Invalid Addr/Phone

USER PREFERENCES (GUI ONLY)

Employee ID and Name: Table Lookup
 Clinical Site/Institution: Table Lookup*
 Service: Table Lookup*
 Location: Table Lookup*
 Type: 1 A (I, O, or B)*
 Patient Types: Table Lookup*
 Adm Window: (Y)es to keep open or (N)o to close
 MPI Review Window: (Y)es to keep open or (N)o to close
 Bed Display Facility View: (Y) for Facility View form to display first or (N) for Station View form to display first
 Bed Display Station View: (G) for Station at a Glance form to display first or (D) for Detail Station View form to display first
 GUI MPI Expert Search Default: (Y)es or (N)o
 * One selection only and only from allowable selections defined in User Definition table.

Employee ID & Name	Clinical Site/Inst	Service	Location	Type	Patient Types	Adm Wndw	MPI Rev Wndw	Bed Dsp Fac Vw	Bed Dsp Stn Vw	GUI MPI Exp Srch Def

VISIT TYPE CODES

Code: 2 N

Description: 19 AN

PAT Types: Table Lookup

[illegible]

ZIP Code: 5 or 9 N
City: 18 C
State: Table Lookup
County: Table Lookup
Census Tract: Table Lookup
Country: Table Lookup

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■ R e a d e r C o m m e n t F o r m ■

We value your suggestions for improving our documentation. Please use this form to evaluate the *Patient Processing Worksheets Volume* of the *STAR Patient Care Reference Guide* for Release 17.0.

Topic	Poor	Fair	Good	Excellent
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