



Veradigm® Practice Management

EHI Data Export File

Reference Guide

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Chapter 1

About the EHI data export file

If you requested patient financial data in a machine-readable format, electronic health information (EHI) was extracted from Veradigm[®] Practice Management into a text file formatted according to the JavaScript Object Notation (JSON) data-interchange standard.

JSON files can be easily read by most healthcare software. For more information about JSON: [Introducing JSON](#)

Chapter 2

EHI data export file reference

Use the following information to interpret the structure of the file that you received.

This JSON file layout includes the fields in the file with a human-readable description to the right of the field name. If information was not available for a field, that field is not included in the export file.

FIELD NAME	DESCRIPTION
practiceName	Name of the practice
schemaLocation	Website link to supporting documentation
patient	Name of patient on voucher
patientNumber	Unique patient identifier assigned by the practice
firstName	Patient first name
mi	Patient middle initial
lastName	Patient last name
suffix	Patient suffix
vouchers	A grouping of services/charges by date
voucher	Repeats if patient has multiple vouchers
voucherNumber	Unique practice-assigned number for a voucher
chargeAmount	Total charge amount of the voucher
paymentAdjTotal	Total amount of payments and adjustments on the voucher
balance	Balance of the voucher at the time of file generation
payer	Person or entity who provides payment
billedDate	Current bill date of the voucher
department	Practice-defined grouping
location	Practice-defined grouping
placeOfService	Physical location where the services were performed
localUseText	Data field used for additional billing information
origPayer	Original/initial payer assigned to the voucher
origBillDate	Original/initial billing date of the voucher
origBillMedia	Original billing method to insurance (electronic or paper, for example)
claimNumber	Number assigned to the voucher for insurance billing
invoiceNumber	Number assigned to the voucher for invoice billing
statementMessage	Message on the patient statement
serviceDate	Date of the service provided
provider	Actual provider of the services
firstName	Actual provider first name
mi	Actual provider middle initial
lastName	Actual provider last name
suffix	Actual provider suffix
referringDr	Referring provider on the voucher
firstName	Referring doctor first name
mi	Referring doctor middle initial
lastName	Referring doctor last name

suffix	Referring doctor suffix
responsibleParty	Responsible party associated with the voucher
firstName	Responsible party first name
mi	Responsible party middle initial
lastName	Responsible party last name
suffix	Responsible party suffix
billingProvider	Billing provider associated with the voucher
firstName	Billing provider first name
mi	Billing provider middle initial
lastName	Billing provider last name
suffix	Billing provider suffix
claimInformation	Fields used for additional claim information
claimInfoField	Label of the additional information (see appendix for possible fields)
claimInfoValue	Value of the associated claim information field
ailmentInformation	Fields related to the patient's ailment
ailmentInfoField	Label of the ailment information (see appendix for possible fields)
ailmentInfoValue	Value of the associated ailment information field
services	Information related to the patient's services
service	Repeats for every procedure identified on the voucher
serviceFromDate	Service start date for the associated procedure
serviceToDate	Service end date for the associated procedure
procedureCode	Alphanumeric value of the procedure
procedureDescription	Description of the procedure code
units	Quantity of the procedure
feeAmount	Fee amount for the procedure
modifiers	Modifier(s) for the procedure
diagnoses	Diagnosis code(s) for the procedure
payments	Transactions (pmt, adj, transfer, rebill) on the voucher for each service
payment	Repeats if multiple transactions on the service
paymentDate	Date of the transaction
insurance	Payer of the transaction
transaction	Description of the transaction
reimbursementComment	Reimbursement comment code associated with the insurance transaction
paymentAmount	Amount of the transaction
transferTo	Who the voucher is transferred to
transferAmount	Dollar amount being transferred

Chapter 3

Appendix

Claim information fields

The following are possible data fields for `claimInfoField` in your EHI data export file.

Prior Authorization Number

Pre-Certification #

Medicare Secondary Reason Code

Resubmission Code

Original Reference Number

Purchased Service UPIN

Purchased Service Price

Purchased Service Provider Name

Purchased Service NPI

Miscellaneous Box 10d text

Miscellaneous Box 11 text

Miscellaneous Box 17a text

Covered Days

Non-Covered Days

Coinsurance Days

Lifetime Reserve Days

Admission Hour

Type of Admission

Source of Admission Code

Discharge Hour

Patient Status

Condition Code 1

Condition Code 2

Condition Code 3

Condition Code 4

Condition Code 5

Condition Code 6

Condition Code 7

Occurrence Code 1

Occurrence Date 1

Occurrence Code 2

Occurrence Date 2

Occurrence Code 3

Occurrence Date 3

Occurrence Code 4

Occurrence Date 4

Occurrence Code 5

Occurrence Date 5

Occurrence Code 6

Occurrence Date 6

Occurrence Code 7

Occurrence Date 7

Occurrence Code 8

Occurrence Date 8

Occurrence Span Code 1

Occurrence Span From Date 1

Occurrence Span Thru Date 1

Occurrence Span Code 2

Occurrence Span From Date 2

Occurrence Span Thru Date 2

Value Code 1

Value Amount 1

Value Code 2

Value Amount 2

Value Code 3

Value Amount 3

Value Code 4

Value Amount 4

Value Code 5

Value Amount 5

Value Code 6

Value Amount 6

Value Code 7

Value Amount 7

Value Code 8

Value Amount 8

Value Code 9

Value Amount 9

Value Code 10

Value Amount 10

Value Code 11

Value Amount 11

Value Code 12

Value Amount 12

Non-Covered Charges

Treatment Authorization Code A

Treatment Authorization Code B

Treatment Authorization Code C

Employer Status Code 1

Employer Name 1

Employer Location 1
Employer Status Code 2
Employer Name 2
Employer Location 2
Employer Status Code 3
Employer Name 3
Employer Location 3
Principal Diagnosis Code
Other Diagnosis Code 1
Other Diagnosis Code 2
Other Diagnosis Code 3
Other Diagnosis Code 4
Other Diagnosis Code 5
Other Diagnosis Code 6
Other Diagnosis Code 7
Other Diagnosis Code 8
Admitting Diagnosis Code
E-Code 1
E-Code 2
E-Code 3
Patient Reason Diagnosis Code 1
Patient Reason Diagnosis Code 2
Patient Reason Diagnosis Code 3
Procedure Coding Method
Principal Procedure Code
Principal Procedure Date
Other Procedure Code 1
Other Procedure Date 1
Other Procedure Code 2

Other Procedure Date 2
Other Procedure Code 3
Other Procedure Date 3
Other Procedure Code 4
Other Procedure Date 4
Other Procedure Code 5
Other Procedure Date 5
Health/Develop History Diagnosis Code
Physical Exam Diagnosis Code
Vision Screening Diagnosis Code
Hearing Screening Diagnosis Code
Developmental Diagnosis Code
Nutritional Diagnosis Code
Health/Develop History Exam Code
Physical Exam Exam Code
Vision Screening Exam Code
Hearing Screening Exam Code
Developmental Exam Code
Nutritional Exam Code
Lab-HGB/HCT
Lab-Urinalysis
Lab-TB
Lab-Lead/Blood
Lab-Sickle Cell
Immunizations Complete
Incomplete Immunization Reason
Referring Provider Code1
Referring Provider Code2
Referring Provider Code3

Referring Provider Code4
Referring Provider Code5
Referring Provider Code6
Delay Reason Code
Ordering Dr. Same as Referring Dr?
Patient Sedated?
Diagnosis prompting MRI
CT Scan within last 3 months?
1st Scan Region
1st Sedation/Special Needs Patient
1st Contrast Media Used
1st Scan Diagnosis
1st Scan - Findings
1st Scan Completed
2nd Scan Region
2nd Sedation/Special Needs Patient
2nd Contrast Media Used
2nd Scan Diagnosis
2nd Scan - Findings
2nd Scan Completed
3rd Scan Region
3rd Sedation/Special Needs Patient
3rd Contrast Media Used
3rd Scan Diagnosis
3rd Scan - Findings
3rd Scan Completed
4th Scan Region
4th Sedation/Special Needs Patient
4th Contrast Media Used

4th Scan Diagnosis
4th Scan - Findings
4th Scan Completed
5th Scan Region
5th Sedation/Special Needs Patient
5th Contrast Media Used
5th Scan Diagnosis
5th Scan - Findings
5th Scan Completed
Type of Bill
Vaccine Eligibility Code
Suspected Condition - Medical
Suspected Condition - Vision
Suspected Condition - Hearing
Suspected Condition - Dental
Suspected Condition - Nutritional
Suspected Condition - Developmental
Suspected Condition - Abuse/Neglect
Suspected Condition - Psychological/Social
Suspected Condition - Speech/Language
Select Outgoing Referral 1
Outgoing Referral 1 - Suspected Condition
Outgoing Referral 1 - Referral Assist Needed
Outgoing Referral 1 - Appointment Date
Outgoing Referral 1 - Appointment Time
Outgoing Referral 1 - Reason for Referral
Outgoing Referral 1 - Referring Doctor
Select Outgoing Referral 2
Outgoing Referral 2 - Suspected Condition

Outgoing Referral 2 - Referral Assist Needed
Outgoing Referral 2 - Appointment Date
Outgoing Referral 2 - Appointment Time
Outgoing Referral 2 - Reason for Referral
Outgoing Referral 2 - Referring Doctor
Select Outgoing Referral 3
Outgoing Referral 3 - Suspected Condition
Outgoing Referral 3 - Referral Assist Needed
Outgoing Referral 3 - Appointment Date
Outgoing Referral 3 - Appointment Time
Outgoing Referral 3 - Reason for Referral
Outgoing Referral 3 - Referring Doctor
Clinical/Research Status
Other Operating Physician / Other Physician A
Other Physician B
Operating Physician
Special Program Code
Peer Review Org Approval Number
Care Plan Oversight Facility
Method Of Anesthesia
Procedure Time Start
Procedure Time End

Ailment information fields

The following are possible data fields for `ailmentInfoField` in your EHI data export file.

Address
Case Type
Condition Related to Employment?

Condition Related to Accident

State

Comment

Date 1st Symptom

Old Symptoms?

Date 1st Consulted

Date of Acute Manifestation

Date Discharged as Cured

Date Last Seen

Emergency?

Date Resumed Work

Date of Initial Treatment

Date of Total Disability (From)

Date of Total Disability (To)

Date of Partial Disability (From)

Date of Partial Disability (To)

Date of Similar Illness/Treatment (From)

Date of Similar Illness/Treatment (To)

Date of Hospitalization (From)

Date of Hospitalization (To)

Date of Last Menstrual Period

Date of Last X-Ray

X-Ray Available?

Date of Maximum Recovery

Date of Next Appointment

Date Patient Refused Treatment

Date Patient Stopped Treatment

EPSDT?

EPSDT Referral Condition Code

Estimated Length of Disability
Poss. Disability?
Family Planning?
Investigational Device Exemption Number
Nature of Condition
PHCP?
Prognosis
Outside Lab?
Outside Lab Charges
Steril/Abort Cd
Auth Except
Patient Date of Death
Permanent Disability?
Pre-existing Condition
Pregnant?
Restrictions
Status Code
Time 1st Symptom
Treatment