**医疗保障基金结算清单接口规范**

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## 文档变更说明

|  |  |  |
| --- | --- | --- |
| 序号 | 修改内容 | 修改时间 |
| 1 | 修改[结算清单上传响应内容](#_响应内容)  修改[结算清单修改响应内容](#_响应内容_1)  修改[结算上传结果查询响应内容](#_响应内容_2) | 2020-12-15 |
| 2 | 修改[基金费用构成信息数组](#_基金费用构成信息数组（pay_infos）)中的“组成类型”为“基金支付类型” | 2021-01-18 |
| 3 | 修改门诊诊疗信息数组中的“中医/西医”为“门诊诊断类别” | 2021-01-19 |
| 4 | 调整数组子标签的唯一标识 | 2021-01-20 |
| 5 | 结算清单上传接口调整“住院诊疗信息数组”子标签为可选 | 2021-01-20 |
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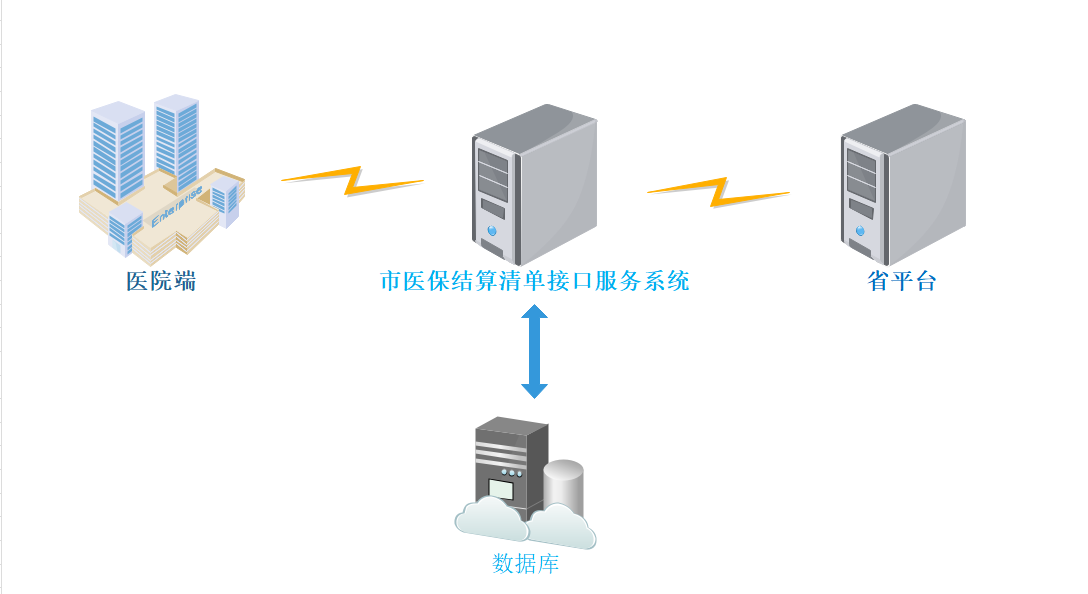
# 总体说明

为统一医保结算清单数据采集标准，提高医保结算清单数据质量，根据《国家医疗保障局关于印发医疗保障定点医疗机构等信息业务编码规则和方法的通知》（医保发〔2019〕55号）和《关于印发疾病诊断相关分组（DRG）付费国家试点技术规范和分组方案的通知》（医保办发〔2019〕36号）有关要求，国家医疗保障局研究制定了《医疗保障基金结算清单填写规范（试行）》。并要求各相关地市医疗保障局认真贯彻落实，加快推进医保结算清单的落地使用，做好基础信息质量控制，提高数据管理能力。

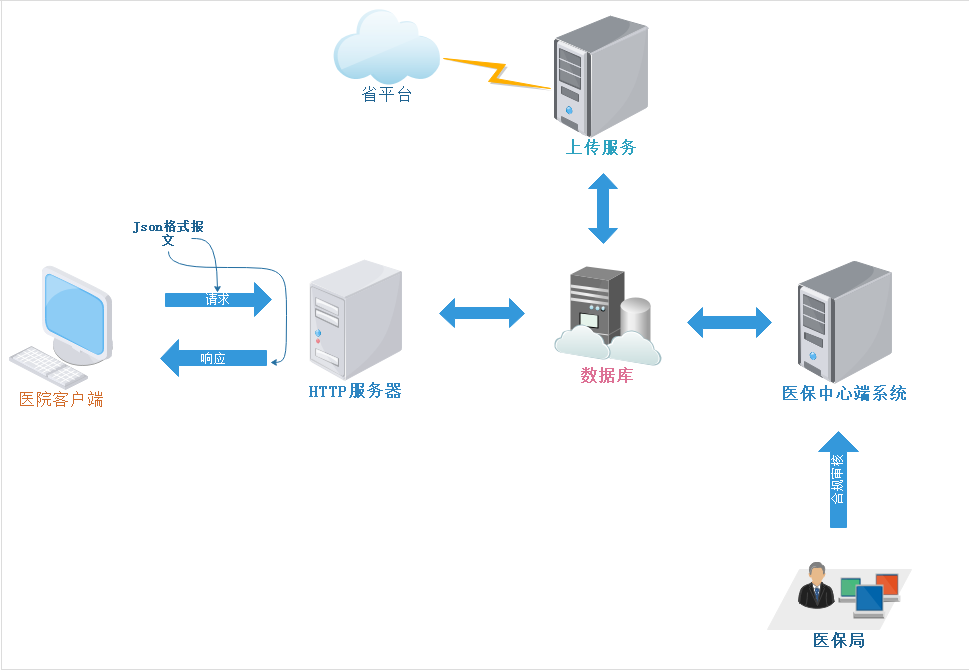
医保结算清单是各级各类医保定点医疗机构开展住院、门诊慢特病、日间手术等医疗服务后，向医保部门申请结算时提交的数据清单。医保结算清单数据指标共有190项，其中基本信息部分32项、门诊慢特病诊疗信息部分6项、住院诊疗信息部分57项、医疗收费信息部分95项。

医保结算清单应基于医疗保障信息业务编码标准中的医保疾病诊断、手术操作分类及代码、定点医疗机构代码、医保医师代码等标准编码信息进行填报。根据《医疗保障基金结算清单填写规范（试行）》要求，参照《医疗保障基金结算清单》样式，整合现有中心端、医保接口、医保定点医疗机构现行情况，需要对中心端、医保接口、医保定点医疗机构进行结算清单功能开发，提供给医院一个符合RESTFul标准Http服务接口。无用户界面，输入输出均通过接口服务请求完成，输入输出报文统一采用JSON格式，结算清单由医院发送到市 医保中心后，由医保中心合规审核通过后，统一上传到省平台。医院通过接口服务查询合规审批结果和上报省平台结果，已经审批结算清单不能再进行修改或者删除。未审核结算清单或者被驳回的，可以修改结算清单，也可以删除结算清单。

## 总体结构：



## 总体流程：



# 接口服务地址

测试地址：

丹东 <http://10.59.59.164:30001/webep/drg>

葫芦岛 http:// 10.61.247.253:9001/webep/drg

# 接口报文格式

## Http协议标准要求

http协议头要有Content-Type:application/json; charset=UTF-8请求。

报文内容必须使用UTF-8编码。

## 请求报文格式

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 标签名 | 标签类型 | 长度 | 必填 | 标签说明 | 子标签项 | 标签类型 | 长度 | 必填 | 子标签说明 |
| version | sting | 8 | Y | 版本，固定1.0 |  |  |  |  |  |
| timestampReq | string | 14 | Y | 请求时间，时间格式：YYYYMMDDHH24MISS |  |  |  |  |  |
| requestId | string | 50 | Y | 请求唯一ID，建议：医疗机构编码+YYYYMMDDHH24MISS+流水号 |  |  |  |  |  |
| sender | object |  | Y | 发送者信息 |  |  |  |  |  |
|  |  |  |  |  | id | string | 30 | Y | 发送者唯一ID |
|  |  |  |  |  | name | string | 100 |  | 发送者名字 |
|  |  |  |  |  | local | string | 80 | Y | 行政区划，固定2106 |
|  |  |  |  |  | organization | string | 80 | Y | 组织机构编号（医疗机构编码） |
| recipient | object |  | Y | 接收者信息 |  |  |  |  |  |
|  |  |  |  |  | responseType | string | 3 | Y | 响应类型，固定001 |
|  |  |  |  |  | method | string | 150 | Y | 接收处理协议方法RkHttpJson |
| contentType | string | 80 | Y | 内容类型，固定application/json |  |  |  |  |  |
| charset | sting | 50 | Y | 内容编码，固定UTF-8 |  |  |  |  |  |
| content | object |  | Y | 请求内容 |  |  |  |  |  |
|  |  |  |  |  | command | string | 150 | Y | 消息处理命令 |
|  |  |  |  |  | messageReqId | string | 50 | Y | 消息请求ID |
|  |  |  |  |  | data | object |  | Y | 消息请求数据 |

### 举例：

{

"version": "1.0",

"timestampReq": "20201201140800",

"requestId": "3012020120114080010000001",

"sender": {

"id": "302czy",

"name": "操作员",

"local": "2106",

"organization": "302"

},

"recipient": {

"responseType": "001",

"method": "RkHttpJson"

},

"contentType": "application/json",

"charset": "UTF-8",

"content": {

"command": "add",

"messageReqId": "3012020120114080010000001",

"data": {请求json数据}

}

}

## 响应报文格式

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 标签名 | 标签类型 | 长度 | 必填 | 标签说明 | 子标签项 | 标签类型 | 长度 | 必填 | 子标签说明 |
| version | sting | 8 | Y | 版本，固定1.0 |  |  |  |  |  |
| timestampReq | string | 14 | Y | 请求时间，时间格式：YYYYMMDDHH24MISS |  |  |  |  |  |
| requestId | string | 50 | Y | 请求唯一ID，建议：医疗机构编码+YYYYMMDDHH24MISS+流水号 |  |  |  |  |  |
| sender | object |  | Y | 发送者信息 |  |  |  |  |  |
|  |  |  |  |  | id | string | 30 | Y | 发送者唯一ID |
|  |  |  |  |  | name | string | 100 |  | 发送者名字 |
|  |  |  |  |  | local | string | 80 | Y | 行政区划，固定2106 |
|  |  |  |  |  | organization | string | 80 | Y | 组织机构编号（医疗机构编码） |
| recipient | object |  | Y | 接收者信息 |  |  |  |  |  |
|  |  |  |  |  | responseType | string | 3 | Y | 响应类型，固定001 |
|  |  |  |  |  | method | string | 150 | Y | 接收处理协议方法 |
| contentType | string | 80 | Y | 内容类型，固定application/json |  |  |  |  |  |
| charset | sting | 50 | Y | 内容编码，固定UTF-8 |  |  |  |  |  |
| content | object |  | Y | 响应内容 |  |  |  |  |  |
|  |  |  |  |  | command | string | 150 | Y | 消息处理命令 |
|  |  |  |  |  | messageReqId | string | 50 | Y | 消息请求唯一ID |
|  |  |  |  |  | messageRepId | string | 50 | Y | 消息响应唯一ID |
|  |  |  |  |  | code | string | 5 | Y | 返回代码 00000成功 00001部分成功 其它失败 |
|  |  |  |  |  | message | string | 200 | Y | 响应信息 |
|  |  |  |  |  | data | object |  | Y | 消息请求数据 |
| timestampRep | string | 14 | Y | 响应时间，时间格式：YYYMMDDHH24MISS |  |  |  |  |  |
| repsoneId | string | 50 | Y | 响应唯一ID，行政区划+YYYYMMDDHH24MISS+流水号 |  |  |  |  |  |
| status | string | 5 | Y | 响应状态 |  |  |  |  |  |
| flaut | string | 200 |  | 响应错误信息 |  |  |  |  |  |

### 举例：

{

"version": "1.0",

"timestampReq": "20201201140800",

"requestId": "3012020120114080010000002",

"sender": {

"id": "302czy",

"name": "操作员",

"local": "2106",

"organization": "302"

},

"recipient": {

"responseType": "001",

"method": "RkHttpJson"

},

"contentType": "application/json",

"charset": "UTF-8",

"content": {

"command": "add",

"messageReqId": "3012020120114080010000001",

"data": {响应结果json数据},

"messageRepId": "3012020120114080010000002",

"code": "00000",

"message": ""

},

"timestampRep": "20201201140900",

"repsoneId": "3012020120114080020000002",

"status": "00000",

"flaut": ""

}

# 接口说明

## 接口列表

|  |  |  |
| --- | --- | --- |
| Command | 接口 | 说明 |
| add | [结算清单上传](#_结算清单上传) | 医保结算清单数据指标共有190项，按业务类型、关联性分成多个部分组成,每个部分由一个子标签表示，每个子标签又由一组相关联的指标组成。  通过结算清单上传接口上结算清单数据，数据通过系统检查后，保存并返回结算清单号，等待市医保中心合规审核。 |
| mod | [结算清单修改](#_结算清单修改) | 已经上传结算清单但没有审核，如果有错误或者有变化，可以使用结算清单修改接口功能进行修改。  修改内容也包括同样的结算清单上传子标签内容，子标签都是可选的，修改哪个子标签就包括如个子标签。 |
| del | [结算清单删除](#_结算清单删除) | 删除已经上传结算清单，无返回内容 |
| query | [结算清单上传结果查询](#_结算清单上传结果查询) | 查询已经上传结算清单的内容，返回内容包括上传清单内容。 |

# 接口详细说明

### 结算清单上传

子标签列表:

|  |  |  |  |
| --- | --- | --- | --- |
| 子标签名 | 说明 | 备注 | 清单修改接口 |
| people\_base\_info | [就医人员基本信息](#_就医人员基本信息（people_base_info）) | 必填 | 可修改 |
| inhos\_info | [就诊信息](#_就诊信息（inhos_info）) | 必填 | 可修改 |
| opspdise\_infos | [门诊诊疗信息数组](#_门诊诊疗信息数组（）)（可选） | 门诊转住院必填 | 可修改 |
| dise\_infos | [住院诊疗信息数组](#_住院诊疗信息数组（dise_infos）) | 可选 | 无增加有修改 |
| oprn\_infos | [手术信息数组](#_手术信息数组（oprn_infos）_1)（可选） |  | 无增加有修改 |
| icu\_infos | [ICU信息数组](#_ICU信息数组（icu_infos）)（可选） |  | 无增加有修改 |
| item\_infos | [收费项目信息数组](#_收费项目信息数组（item_infos）) |  | 无增加有修改 |
| outhos\_info | [出院信息](#_出院信息（outhos_info）) |  | 无增加有修改 |
| setl\_info | [结算信息](#_结算信息（setl_info）) |  | 无增加有修改 |
| pay\_infos | [基金费用构成信息数组](#_基金费用构成信息数组（pay_infos）) |  | 无增加有修改 |

#### 请求内容

##### 就医人员基本信息（people\_base\_info）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | hi\_no | 医保编号 | 字符型 | 30 |  |  | 参保人在医保系统中的唯一身份代码 |  |
| 3 | psn\_name | 人员姓名 | 字符型 | 50 |  | Y |  |  |
| 4 | gend | 性别 | 字符型 | 6 | 性别 | Y |  |  |
| 5 | brdy | 出生日期 | 日期型 | 8 |  | Y |  | YYYYMMDD |
| 6 | age | 年龄 | 数值型 | 4 |  |  | 大于1岁（含1岁）时必填，单位岁 |  |
| 7 | ntly | 国籍 | 字符型 | 6 | 国籍 | Y |  |  |
| 8 | nwb\_age | （年龄不足1周岁）年龄 | 数值型 | 3 |  |  | 小于1岁时必填，单位天 |  |
| 9 | naty | 民族 | 字符型 | 3 | 民族 | Y |  |  |
| 10 | patn\_cert\_type | 患者证件类别 | 字符型 | 3 | 患者证件类别 | Y |  |  |
| 11 | certno | 证件号码 | 字符型 | 50 |  | Y | 患者证件号码 |  |
| 12 | prfs | 职业 | 字符型 | 6 | 职业 | Y |  |  |
| 13 | curr\_addr | 现住址 | 字符型 | 300 |  |  |  |  |
| 14 | emp\_name | 单位名称 | 字符型 | 300 |  |  |  |  |
| 15 | emp\_addr | 单位地址 | 字符型 | 300 |  |  |  |  |
| 16 | emp\_tel | 单位电话 | 字符型 | 50 |  |  |  |  |
| 17 | poscode | 邮编 | 字符型 | 10 |  |  |  |  |
| 18 | coner\_name | 联系人姓名 | 字符型 | 100 |  | Y |  |  |
| 19 | patn\_rlts | 与患者关系 | 字符型 | 6 | 与患者关系 | Y |  |  |
| 20 | coner\_addr | 联系人地址 | 字符型 | 300 |  | Y |  |  |
| 21 | coner\_tel | 联系人电话 | 字符型 | 50 |  | Y |  |  |
| 22 | hi\_type | 医保类型 | 字符型 | 3 | 医保类型 | Y |  |  |
| 23 | insuplc | 参保地 | 字符型 | 6 | 参保地 |  |  |  |
| 24 | sp\_psn\_type | 特殊人员类型 | 字符型 | 100 | 特殊人员类型 |  | 最多上传5个，如果多个，则以，分割，如1，2，3 |  |
| 25 | nwb\_adm\_type | 新生儿入院类型 | 字符型 | 100 | 新生儿入院类型 |  | 最多上传5个。如果多个，则以，分割，如1，2，3 |  |
| 26 | nwb\_bir\_wt | 新生儿出生体重 | 字符型 | 100 |  |  | 精确到10克， 如72g则填写70即可。最多传10个，如果多个，以，号分割，如70， 60 |  |
| 27 | nwb\_adm\_wt | 新生儿入院体重 | 数值型 | 6.2 |  |  | 精确到10克。。如72g，则填写70即可。 |  |
| 28 | insuplc\_memo | 参保地备注 | 字符型 | 100 |  |  | 入参29位insuplc无法精确定位参保地的时候，在此项中详细填写 |  |

##### 就诊信息（inhos\_info）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | fixmedins\_name | 定点医药机构名称 | 字符型 | 300 |  | Y |  |  |
| 3 | fixmedins\_code | 定点医药机构编号 | 字符型 | 20 |  | Y |  |  |
| 4 | hi\_setl\_lv | 医保结算等级 | 字符型 | 3 | 医保结算等级 | Y | 二级代码。根据省市二级价采部门文件确定公立医院收费等级。 |  |
| 5 | medcasno | 病案号 | 字符型 | 40 |  | Y |  |  |
| 6 | ipt\_med\_type | 住院医疗类型 | 字符型 | 3 | 住院医疗类型 | Y |  |  |
| 7 | med\_type | 医保医疗类型 | 字符型 | 3 | 医保医疗类型 | Y |  |  |
| 8 | adm\_way | 入院途径 | 字符型 | 3 | 入院途径 |  |  |  |
| 9 | trt\_type | 治疗类别 | 字符型 | 3 | 治疗类别 |  |  |  |
| 10 | adm\_time | 入院时间 | 日期时间型 |  |  |  |  | YYYYMMDDHH24MISS |
| 11 | adm\_caty | 入院科别 | 字符型 | 30 | 入院科别 | Y | 参照科室代码 |  |
| 12 | refldept\_dept | 转科科别 | 字符型 | 300 | 转科科别 |  | 参照科室代码，如果超过一次以上的转科，用“,”转接表示。 |  |
| 13 | opsp\_diag\_caty | 门诊慢特病诊断科别 | 字符型 | 100 |  |  |  |  |
| 14 | opsp\_mdtrt\_date | 门诊慢特病就诊日期 | 日期型 |  |  |  |  | YYYYMMDD |
| 15 | otp\_wm\_dise | 门（急）诊西医诊断 | 字符型 | 300 |  |  |  |  |
| 16 | wm\_dise\_code | 西医诊断疾病代码 | 字符型 | 30 |  |  |  |  |
| 17 | otp\_tcm\_dise | 门（急）诊中医诊断 | 字符型 | 300 |  |  |  |  |
| 18 | tcm\_dise\_code | 中医诊断代码 | 字符型 | 30 |  |  |  |  |
| 19 | damg\_intx\_rea | 损伤、中毒的外部原因 | 字符型 | 1000 |  |  | 指造成损伤的外部原因及引起中毒的物质，如：意外触电、房屋着火、公路上汽车翻车、误服农药。不可以笼统填写车祸、外伤等。 |  |
| 20 | damg\_intx\_rea\_code | 损伤、中毒的外部原因疾病编码 | 字符型 | 20 |  |  | 填写损伤、中毒的标准编码。 |  |

##### 门诊诊疗信息数组（opspdise\_infos）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | type | 门诊诊断类别 | 字符型 | 3 |  | Y | 0中医/1西医 |  |
| 3 | mdtrt\_time | 就诊日期 | 日期时间型 |  |  | Y |  |  |
| 4 | mdtrt\_cary | 诊断科别 | 字符型 | 30 |  | Y |  |  |
| 5 | diagnosis\_name | 诊断名称 | 字符型 | 300 |  | Y |  |  |
| 6 | diagnosis\_code | 诊断代码 | 字符型 | 30 |  | Y |  |  |
| 7 | operition\_name | 手术及操作名称 | 字符型 | 300 |  |  |  |  |
| 8 | operition\_code | 手术及操作代码 | 字符型 | 30 |  |  |  |  |

注：数组内的“门诊诊断类别 + 诊断代码” 唯一

##### 住院诊疗信息数组（dise\_infos）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | type | 诊断类别 | 字符型 | 3 | Y | Y |  |  |
| 3 | diagnosis\_time | 就诊日期 | 日期时间型 |  |  | Y |  | YYYYMMDDHH24MISS |
| 4 | disease\_code | 诊断代码 | 字符型 | 30 |  | Y |  |  |
| 5 | disease\_name | 诊断名称 | 字符型 | 80 |  |  |  |  |
| 6 | disease\_info | 入院病情类型 | 字符型 | 3 | Y |  |  |  |

注：数组内的“诊断类别 + 诊断代码” 唯一

##### 手术信息数组（oprn\_infos）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | type | 手术类型 | 字符型 | 3 |  | Y |  |  |
| 3 | operition\_time | 手术及操作日期 | 日期时间型 |  |  | Y |  | YYYYMMDDHH24MISS |
| 4 | operition\_name | 手术及操作名称 | 字符型 | 300 |  | Y |  |  |
| 5 | operition\_code | 手术及操作代码 | 字符型 | 30 |  | Y |  |  |
| 6 | narcosis\_type | 麻醉方式 | 字符型 | 3 |  | Y |  |  |
| 7 | operator\_name | 术者医师姓名 | 字符型 | 100 |  | Y |  |  |
| 8 | operator\_code | 术者医师代码 | 字符型 | 30 |  | Y |  |  |
| 9 | narcosis\_name | 麻醉医师姓名 | 字符型 | 100 |  | Y |  |  |
| 10 | narcosis\_code | 麻醉医师代码 | 字符型 | 30 |  | Y |  |  |
|  |  |  |  |  |  |  |  |  |

注：数组内的“手术类型 + 手术及操作日期+ 手术操作代码” 唯一

##### ICU信息数组（icu\_infos）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | type | 重症监护病房类型 | 字符型 | 10 |  | Y | CCU、NICU、EICU、SICU、PICU、RICU、其他 |  |
| 3 | in\_time | 进重症监护室时间 | 字符型 | 10 |  | Y | \_年\_月\_日\_时\_分 |  |
| 4 | out\_time | 出重症监护室时间 | 字符型 | 10 |  | Y | \_年\_月\_日\_时\_分 |  |
| 5 | sum\_hours | 合计（小时） | 数值型 | 10,2 |  | Y | 天数/小时数/分钟数例： 1/13/24 |  |

注：数组内的“重症监护病房类型 + 进重症监护室时间+ 出重症监护室时间” 唯一

##### 收费项目信息数组（item\_infos）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | type | 项目类型 | 字符型 | 8 |  | Y | 参照医疗收费项目类别 |  |
| 3 | amount | 金额 | 数值型 | 16,2 |  | Y |  |  |
| 4 | class\_a | 甲类 | 数值型 | 16,2 |  | Y |  |  |
| 5 | class\_b | 乙类 | 数值型 | 16,2 |  | Y |  |  |
| 6 | own | 自费 | 数值型 | 16,2 |  | Y |  |  |
| 7 | others | 其他 | 数值型 | 16,2 |  | Y |  |  |

注：数组内的“项目类型” 唯一

##### 出院信息（outhos\_info）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | dscg\_time | 出院时间 | 日期时间型 | 14 |  | Y |  | YYYYMMDDHH24MISS |
| 3 | dscg\_caty | 出院科别 | 字符型 | 10 | Y | Y | 参照科室代码 |  |
| 4 | act\_ipt\_days | 实际住院天数 | 数值型 | 6 |  |  | 必须是整数，需要与就诊登记中的住院天数一致 |  |
| 5 | bld\_cat | 输血品种 | 字符型 | 200 | Y |  | 给予患者输入体内的各成分血的名称，参照《输血品种代码表》（CV04.50.021）填写。最多传30个，如果多个，以','号分割，如1,2 |  |
| 6 | bld\_amt | 输血量 | 数值型 | 300 |  |  | 给予患者输入体内的各成分血的数量。最多传30个，如果多个，以','号分割，如1,2 |  |
| 7 | bld\_unt | 输血计量单位 | 字符型 | 200 |  |  | 给予患者输入体内的各成分血的计量单位。最多传30个，如果多个，以','号分割，如ml,ml |  |
| 8 | spga\_nurscare\_days | 特级护理天数 | 数值型 | 3 |  |  |  |  |
| 9 | lv1\_nurscare\_days | 一级护理天数 | 数值型 | 3 |  |  |  |  |
| 10 | scd\_nurscare\_days | 二级护理天数 | 数值型 | 3 |  |  |  |  |
| 11 | lv3\_nurscare\_days | 三级护理天数 | 数值型 | 3 |  |  | 患者住院期间接受三级护理的天数。病情稳定或处于康复期，且自理能力轻度依赖或无需依赖的患者，可确定为三级护理。 |  |
| 12 | diag\_code\_cnt | 诊断代码计数 | 数值型 | 3 |  |  | 只填西医代码计数。 |  |
| 13 | oprn\_oprt\_code\_cnt | 手术操作代码计数 | 数值型 | 3 |  |  |  |  |
| 14 | vent\_used\_dura | 呼吸机使用时长 | 字符型 | 20 |  |  | 格式：天数/小时数/分钟数例：1/13/24。住院期间患者使用有创呼吸机时间的总和。间断使用有创呼吸机的患者按照时间总和填写 |  |
| 15 | pwcry\_bfadm\_coma\_dura | 颅脑损伤患者入院前昏迷时长 | 字符型 | 20 |  |  | 格式：天数/小时数/分钟数例：1/13/24。外伤所致的颅脑损伤患者昏迷的时间，按照入院前计算，间断昏迷患者，按照昏迷时间的总和填写。 |  |
| 16 | pwcry\_afadm\_coma\_dura | 颅脑损伤患者入院后昏迷时长 | 字符型 | 20 |  |  | 格式：天数/小时数/分钟数例：1/13/24。外伤所致的颅脑损伤患者昏迷的时间，按照入院后计算，间断昏迷患者，按照昏迷时间的总和填写。 |  |
| 17 | dscg\_way | 离院方式 | 字符型 | 3 | Y | Y | 二级代码。患者本次治疗结束后，按照医嘱要求出院，回到住地进一步康复等情况。 |  |
| 18 | acp\_medins\_name | 拟接收机构名称 | 字符型 | 300 |  |  | 当离院方式为“2”时，如果接收患者的医疗机构明确，需要填写转入医疗机构的名称；当离院方式为“3”时，如果接收患者的社区卫生服务机构明确，需要填写社区卫生服务机构/乡镇卫生院名称 |  |
| 19 | acp\_optins\_code | 拟接收机构代码 | 字符型 | 30 |  |  | 当离院方式为“2”或“3”时，如果接收患者的医疗机构或社区卫生服务机构明确，需要填写机构对应的医保定点医疗机构代码 |  |
| 20 | days\_rinp\_flag\_31 | 出院31天内再住院计划标志 | 字符型 | 3 | Y |  |  |  |
| 21 | days\_rinp\_pup\_31 | 出院31天内再住院目的 | 字符型 | 200 |  |  |  |  |
| 22 | chfpdr\_name | 主诊医师姓名 | 字符型 | 50 |  |  |  |  |
| 23 | chfpdr\_code | 主诊医师代码 | 字符型 | 30 |  |  | 主诊医师在《医保医师代码》中的代码，在就医地未完成标准化前，可传医师在就医地系统中的唯一编号 |  |
| 24 | codr | 编码员 | 字符型 | 20 |  |  | 指负责病案编目的分类人员。 |  |

##### 结算信息（setl\_info）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | bill\_code | 票据代码 | 字符型 | 50 |  | Y | 为定点医疗机构按照财政部门票据管理相关规定出具的医疗收费电子票据上的票据代码。 |  |
| 3 | bill\_no | 票据号码 | 字符型 | 30 |  | Y | 为定点医疗机构按照财政部门票据管理相关规定出具的医疗收费电子票据上的票据流水号。 |  |
| 4 | biz\_sn | 业务流水号 | 字符型 | 50 |  | Y | 业务流水号 |  |
| 5 | setl\_begn\_date | 结算开始日期 | 日期型 |  |  | Y |  | YYYYMMDD |
| 6 | setl\_end\_date | 结算结束日期 | 日期型 |  |  | Y |  | YYYYMMDD |
| 7 | psn\_selfpay | 个人自付 | 数值型 | 16,2 |  | Y |  |  |
| 8 | psn\_ownpay | 个人自费 | 数值型 | 16,2 |  | Y |  |  |
| 9 | acct\_pay | 个人账户支出 | 数值型 | 16,2 |  | Y |  |  |
| 10 | psn\_cashpay | 个人现金支付 | 数值型 | 16,2 |  | Y |  |  |
| 11 | hi\_paymtd | 医保支付方式 | 字符型 | 3 | Y | Y |  |  |

##### 基金费用构成信息数组（pay\_infos）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | type | 基金支付类型 | 字符型 | 5 |  | Y |  |  |
| 3 | amount | 金额 | 数值型 | 16,2 |  | Ｙ |  |  |

注：数组内的“基金支付类型” 唯一

##### 举例

参见举例文档

#### 响应内容

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | settle\_id | 结算清单id | 字符型 | 30 |  | Y |  |  |

子标签列表:

|  |  |  |
| --- | --- | --- |
| 子标签名 | 说明 | 备注 |
| people\_base\_info | [就医人员基本信息](#_就医人员基本信息（people_base_info）_2) | 必填 |
| inhos\_info | [就诊信息](#_就诊信息（inhos_info）_1) | 必填 |
| opspdise\_infos | [门诊诊疗信息数组](#_门诊诊疗信息数组（opspdise_infos）_1)（可选） | 门诊转住院必填 |
| dise\_infos | [住院诊疗信息数组](#_住院诊疗信息数组（dise_infos）_1) | 必填 |
| oprn\_infos | [手术信息数组](#_手术信息数组（oprn_infos）_2)（可选） |  |
| icu\_infos | [ICU信息数组](#_ICU信息数组（icu_infos）_1)（可选） |  |
| item\_infos | [收费项目信息数组](#_收费项目信息数组（item_infos）_1) |  |
| outhos\_info | [出院信息](#_出院信息（outhos_info）_1) |  |
| setl\_info | [结算信息](#_结算信息（setl_info）_1) |  |
| pay\_infos | [基金费用构成信息数组](#_基金费用构成信息数组（pay_infos）_1) |  |

##### 就医人员基本信息（people\_base\_info）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | hi\_no | 医保编号 | 字符型 | 30 |  |  | 参保人在医保系统中的唯一身份代码 |  |
| 3 | psn\_name | 人员姓名 | 字符型 | 50 |  | Y |  |  |
| 4 | gend | 性别 | 字符型 | 6 | 性别 | Y |  |  |
| 5 | brdy | 出生日期 | 日期型 | 8 |  | Y |  | YYYYMMDD |
| 6 | age | 年龄 | 数值型 | 4 |  |  | 大于1岁（含1岁）时必填，单位岁 |  |
| 7 | ntly | 国籍 | 字符型 | 6 | 国籍 | Y |  |  |
| 8 | nwb\_age | （年龄不足1周岁）年龄 | 数值型 | 3 |  |  | 小于1岁时必填，单位天 |  |
| 9 | naty | 民族 | 字符型 | 3 | 民族 | Y |  |  |
| 10 | patn\_cert\_type | 患者证件类别 | 字符型 | 3 | 患者证件类别 | Y |  |  |
| 11 | certno | 证件号码 | 字符型 | 50 |  | Y | 患者证件号码 |  |
| 12 | prfs | 职业 | 字符型 | 6 | 职业 | Y |  |  |
| 13 | curr\_addr | 现住址 | 字符型 | 300 |  |  |  |  |
| 14 | emp\_name | 单位名称 | 字符型 | 300 |  |  |  |  |
| 15 | emp\_addr | 单位地址 | 字符型 | 300 |  |  |  |  |
| 16 | emp\_tel | 单位电话 | 字符型 | 50 |  |  |  |  |
| 17 | poscode | 邮编 | 字符型 | 10 |  |  |  |  |
| 18 | coner\_name | 联系人姓名 | 字符型 | 100 |  | Y |  |  |
| 19 | patn\_rlts | 与患者关系 | 字符型 | 6 | 与患者关系 | Y |  |  |
| 20 | coner\_addr | 联系人地址 | 字符型 | 300 |  | Y |  |  |
| 21 | coner\_tel | 联系人电话 | 字符型 | 50 |  | Y |  |  |
| 22 | hi\_type | 医保类型 | 字符型 | 3 | 医保类型 | Y |  |  |
| 23 | insuplc | 参保地 | 字符型 | 6 | 参保地 |  |  |  |
| 24 | sp\_psn\_type | 特殊人员类型 | 字符型 | 100 | 特殊人员类型 |  | 最多上传5个，如果多个，则以，分割，如1，2，3 |  |
| 25 | nwb\_adm\_type | 新生儿入院类型 | 字符型 | 100 | 新生儿入院类型 |  | 最多上传5个。如果多个，则以，分割，如1，2，3 |  |
| 26 | nwb\_bir\_wt | 新生儿出生体重 | 字符型 | 100 |  |  | 精确到10克， 如72g则填写70即可。最多传10个，如果多个，以，号分割，如70， 60 |  |
| 27 | nwb\_adm\_wt | 新生儿入院体重 | 数值型 | 6.2 |  |  | 精确到10克。。如72g，则填写70即可。 |  |
| 28 | insuplc\_memo | 参保地备注 | 字符型 | 100 |  |  | 入参29位insuplc无法精确定位参保地的时候，在此项中详细填写 |  |
| 29 | result | 处理结果标志 | 字符型 | 5 |  |  | 新增、删除、修改结果标志 00000成功 其它失败 |  |
| 30 | message | 处理结果 | 字符型 | 300 |  |  | 新增、删除、修改结果失败信息 |  |

##### 就诊信息（inhos\_info）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | fixmedins\_name | 定点医药机构名称 | 字符型 | 300 |  | Y |  |  |
| 3 | fixmedins\_code | 定点医药机构编号 | 字符型 | 20 |  | Y |  |  |
| 4 | hi\_setl\_lv | 医保结算等级 | 字符型 | 3 | 医保结算等级 | Y | 二级代码。根据省市二级价采部门文件确定公立医院收费等级。 |  |
| 5 | medcasno | 病案号 | 字符型 | 40 |  | Y |  |  |
| 6 | ipt\_med\_type | 住院医疗类型 | 字符型 | 3 | 住院医疗类型 | Y |  |  |
| 7 | med\_type | 医保医疗类型 | 字符型 | 3 | 医保医疗类型 | Y |  |  |
| 8 | adm\_way | 入院途径 | 字符型 | 3 | 入院途径 |  |  |  |
| 9 | trt\_type | 治疗类别 | 字符型 | 3 | 治疗类别 |  |  |  |
| 10 | adm\_time | 入院时间 | 日期时间型 |  |  |  |  | YYYYMMDDHH24MISS |
| 11 | adm\_caty | 入院科别 | 字符型 | 30 | 入院科别 | Y | 参照科室代码 |  |
| 12 | refldept\_dept | 转科科别 | 字符型 | 300 | 转科科别 |  | 参照科室代码，如果超过一次以上的转科，用“,”转接表示。 |  |
| 13 | opsp\_diag\_caty | 门诊慢特病诊断科别 | 字符型 | 100 |  |  |  |  |
| 14 | opsp\_mdtrt\_date | 门诊慢特病就诊日期 | 日期型 |  |  |  |  | YYYYMMDD |
| 15 | otp\_wm\_dise | 门（急）诊西医诊断 | 字符型 | 300 |  |  |  |  |
| 16 | wm\_dise\_code | 西医诊断疾病代码 | 字符型 | 30 |  |  |  |  |
| 17 | otp\_tcm\_dise | 门（急）诊中医诊断 | 字符型 | 300 |  |  |  |  |
| 18 | tcm\_dise\_code | 中医诊断代码 | 字符型 | 30 |  |  |  |  |
| 19 | damg\_intx\_rea | 损伤、中毒的外部原因 | 字符型 | 1000 |  |  | 指造成损伤的外部原因及引起中毒的物质，如：意外触电、房屋着火、公路上汽车翻车、误服农药。不可以笼统填写车祸、外伤等。 |  |
| 20 | damg\_intx\_rea\_code | 损伤、中毒的外部原因疾病编码 | 字符型 | 20 |  |  | 填写损伤、中毒的标准编码。 |  |
| 21 | result | 处理结果标志 | 字符型 | 5 |  |  | 新增、删除、修改结果标志 00000成功 其它失败 |  |
| 22 | message | 处理结果 | 字符型 | 300 |  |  | 新增、删除、修改结果失败信息 |  |

##### 门诊诊疗信息数组（opspdise\_infos）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | type | 门诊诊断类别 | 字符型 | 3 |  | Y | 0中医/1西医 |  |
| 3 | mdtrt\_time | 就诊日期 | 日期时间型 |  |  | Y |  |  |
| 4 | mdtrt\_cary | 诊断科别 | 字符型 | 30 |  | Y |  |  |
| 5 | diagnosis\_name | 诊断名称 | 字符型 | 300 |  | Y |  |  |
| 6 | diagnosis\_code | 诊断代码 | 字符型 | 30 |  | Y |  |  |
| 7 | operition\_name | 手术及操作名称 | 字符型 | 300 |  |  |  |  |
| 8 | operition\_code | 手术及操作代码 | 字符型 | 30 |  |  |  |  |
| 9 | result | 处理结果标志 | 字符型 | 5 |  |  | 新增、删除、修改结果标志 00000成功 其它失败 |  |
| 10 | message | 处理结果 | 字符型 | 300 |  |  | 新增、删除、修改结果失败信息 |  |

##### 住院诊疗信息数组（dise\_infos）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | type | 诊断类别 | 字符型 | 3 |  | Y |  |  |
| 3 | diagnosis\_time | 就诊日期 | 日期时间型 |  |  | Y |  | YYYYMMDDHH24MISS |
| 4 | disease\_code | 诊断代码 | 字符型 | 30 |  | Y |  |  |
| 5 | disease\_name | 诊断名称 | 字符型 | 80 |  |  |  |  |
| 6 | disease\_info | 入院病情 | 字符型 | 300 |  |  |  |  |
| 7 | result | 处理结果标志 | 字符型 | 5 |  |  | 新增、删除、修改结果标志 00000成功 其它失败 |  |
| 8 | message | 处理结果 | 字符型 | 300 |  |  | 新增、删除、修改结果失败信息 |  |

##### 手术信息数组（oprn\_infos）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | type | 手术类型 | 字符型 | 3 |  | Y |  |  |
| 3 | operition\_time | 手术及操作日期 | 日期时间型 |  |  | Y |  | YYYYMMDDHH24MISS |
| 4 | operition\_name | 手术及操作名称 | 字符型 | 300 |  | Y |  |  |
| 5 | operition\_code | 手术及操作代码 | 字符型 | 30 |  | Y |  |  |
| 6 | narcosis\_type | 麻醉方式 | 字符型 | 3 |  | Y |  |  |
| 7 | operator\_name | 术者医师姓名 | 字符型 | 100 |  | Y |  |  |
| 8 | operator\_code | 术者医师代码 | 字符型 | 30 |  | Y |  |  |
| 9 | narcosis\_name | 麻醉医师姓名 | 字符型 | 100 |  | Y |  |  |
| 10 | narcosis\_code | 麻醉医师代码 | 字符型 | 30 |  | Y |  |  |
| 11 | result | 处理结果标志 | 字符型 | 5 |  |  | 新增、删除、修改结果标志 00000成功 其它失败 |  |
| 12 | message | 处理结果 | 字符型 | 300 |  |  | 新增、删除、修改结果失败信息 |  |

##### ICU信息数组（icu\_infos）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | type | 重症监护病房类型 | 字符型 | 10 |  | Y | CCU、NICU、EICU、SICU、PICU、RICU、其他 |  |
| 3 | in\_time | 进重症监护室时间 | 字符型 | 10 |  | Y | \_年\_月\_日\_时\_分 |  |
| 4 | out\_time | 出重症监护室时间 | 字符型 | 10 |  | Y | \_年\_月\_日\_时\_分 |  |
| 5 | sum\_hours | 合计（分钟） | 数值型 | 10,0 |  | Y | 天数/小时数/分钟数例： 1/13/24 |  |
| 6 | result | 处理结果标志 | 字符型 | 5 |  |  | 新增、删除、修改结果标志 00000成功 其它失败 |  |
| 7 | message | 处理结果 | 字符型 | 300 |  |  | 新增、删除、修改结果失败信息 |  |

##### 收费项目信息数组（item\_infos）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | type | 项目类型 | 字符型 | 8 |  | Y | 参照医疗收费项目类别 |  |
| 3 | amount | 金额 | 数值型 | 16,2 |  | Y |  |  |
| 4 | class\_a | 甲类 | 数值型 | 16,2 |  | Y |  |  |
| 5 | class\_b | 乙类 | 数值型 | 16,2 |  | Y |  |  |
| 6 | own | 自费 | 数值型 | 16,2 |  | Y |  |  |
| 7 | others | 其他 | 数值型 | 16,2 |  | Y |  |  |
| 8 | result | 处理结果标志 | 字符型 | 5 |  |  | 新增、删除、修改结果标志 00000成功 其它失败 |  |
| 9 | message | 处理结果 | 字符型 | 300 |  |  | 新增、删除、修改结果失败信息 |  |

##### 出院信息（outhos\_info）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | dscg\_time | 出院时间 | 日期时间型 | 14 |  | Y |  | YYYYMMDDHH24MISS |
| 3 | dscg\_caty | 出院科别 | 字符型 | 10 | Y | Y | 参照科室代码 |  |
| 4 | act\_ipt\_days | 实际住院天数 | 数值型 | 6 |  |  | 必须是整数，需要与就诊登记中的住院天数一致 |  |
| 5 | bld\_cat | 输血品种 | 字符型 | 200 | Y |  | 给予患者输入体内的各成分血的名称，参照《输血品种代码表》（CV04.50.021）填写。最多传30个，如果多个，以','号分割，如1,2 |  |
| 6 | bld\_amt | 输血量 | 数值型 | 300 |  |  | 给予患者输入体内的各成分血的数量。最多传30个，如果多个，以','号分割，如1,2 |  |
| 7 | bld\_unt | 输血计量单位 | 字符型 | 200 |  |  | 给予患者输入体内的各成分血的计量单位。最多传30个，如果多个，以','号分割，如ml,ml |  |
| 8 | spga\_nurscare\_days | 特级护理天数 | 数值型 | 3 |  |  |  |  |
| 9 | lv1\_nurscare\_days | 一级护理天数 | 数值型 | 3 |  |  |  |  |
| 10 | scd\_nurscare\_days | 二级护理天数 | 数值型 | 3 |  |  |  |  |
| 11 | lv3\_nurscare\_days | 三级护理天数 | 数值型 | 3 |  |  | 患者住院期间接受三级护理的天数。病情稳定或处于康复期，且自理能力轻度依赖或无需依赖的患者，可确定为三级护理。 |  |
| 12 | diag\_code\_cnt | 诊断代码计数 | 数值型 | 3 |  |  | 只填西医代码计数。 |  |
| 13 | oprn\_oprt\_code\_cnt | 手术操作代码计数 | 数值型 | 3 |  |  |  |  |
| 14 | vent\_used\_dura | 呼吸机使用时长 | 字符型 | 20 |  |  | 格式：天数/小时数/分钟数例：1/13/24。住院期间患者使用有创呼吸机时间的总和。间断使用有创呼吸机的患者按照时间总和填写 |  |
| 15 | pwcry\_bfadm\_coma\_dura | 颅脑损伤患者入院前昏迷时长 | 字符型 | 20 |  |  | 格式：天数/小时数/分钟数例：1/13/24。外伤所致的颅脑损伤患者昏迷的时间，按照入院前计算，间断昏迷患者，按照昏迷时间的总和填写。 |  |
| 16 | pwcry\_afadm\_coma\_dura | 颅脑损伤患者入院后昏迷时长 | 字符型 | 20 |  |  | 格式：天数/小时数/分钟数例：1/13/24。外伤所致的颅脑损伤患者昏迷的时间，按照入院后计算，间断昏迷患者，按照昏迷时间的总和填写。 |  |
| 17 | dscg\_way | 离院方式 | 字符型 | 3 | Y | Y | 二级代码。患者本次治疗结束后，按照医嘱要求出院，回到住地进一步康复等情况。 |  |
| 18 | acp\_medins\_name | 拟接收机构名称 | 字符型 | 300 |  |  | 当离院方式为“2”时，如果接收患者的医疗机构明确，需要填写转入医疗机构的名称；当离院方式为“3”时，如果接收患者的社区卫生服务机构明确，需要填写社区卫生服务机构/乡镇卫生院名称 |  |
| 19 | acp\_optins\_code | 拟接收机构代码 | 字符型 | 30 |  |  | 当离院方式为“2”或“3”时，如果接收患者的医疗机构或社区卫生服务机构明确，需要填写机构对应的医保定点医疗机构代码 |  |
| 20 | days\_rinp\_flag\_31 | 出院31天内再住院计划标志 | 字符型 | 3 | Y |  |  |  |
| 21 | days\_rinp\_pup\_31 | 出院31天内再住院目的 | 字符型 | 200 |  |  |  |  |
| 22 | chfpdr\_name | 主诊医师姓名 | 字符型 | 50 |  |  |  |  |
| 23 | chfpdr\_code | 主诊医师代码 | 字符型 | 30 |  |  | 主诊医师在《医保医师代码》中的代码，在就医地未完成标准化前，可传医师在就医地系统中的唯一编号 |  |
| 24 | codr | 编码员 | 字符型 | 20 |  |  | 指负责病案编目的分类人员。 |  |
| 25 | result | 处理结果标志 | 字符型 | 5 |  |  | 新增、删除、修改结果标志 00000成功 其它失败 |  |
| 26 | message | 处理结果 | 字符型 | 300 |  |  | 新增、删除、修改结果失败信息 |  |

##### 结算信息（setl\_info）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | bill\_code | 票据代码 | 字符型 | 50 |  | Y | 为定点医疗机构按照财政部门票据管理相关规定出具的医疗收费电子票据上的票据代码。 |  |
| 3 | bill\_no | 票据号码 | 字符型 | 30 |  | Y | 为定点医疗机构按照财政部门票据管理相关规定出具的医疗收费电子票据上的票据流水号。 |  |
| 4 | biz\_sn | 业务流水号 | 字符型 | 50 |  | Y | 业务流水号 |  |
| 5 | setl\_begn\_date | 结算开始日期 | 日期型 |  |  | Y |  | YYYYMMDD |
| 6 | setl\_end\_date | 结算结束日期 | 日期型 |  |  | Y |  | YYYYMMDD |
| 7 | psn\_selfpay | 个人自付 | 数值型 | 16,2 |  | Y |  |  |
| 8 | psn\_ownpay | 个人自费 | 数值型 | 16,2 |  | Y |  |  |
| 9 | acct\_pay | 个人账户支出 | 数值型 | 16,2 |  | Y |  |  |
| 10 | psn\_cashpay | 个人现金支付 | 数值型 | 16,2 |  | Y |  |  |
| 11 | hi\_paymtd | 医保支付方式 | 字符型 | 3 | Y | Y |  |  |
| 12 | result | 处理结果标志 | 字符型 | 5 |  |  | 新增、删除、修改结果标志 00000成功 其它失败 |  |
| 13 | message | 处理结果 | 字符型 | 300 |  |  | 新增、删除、修改结果失败信息 |  |

##### 基金费用构成信息数组（pay\_infos）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |
| 2 | type | 基金支付类型 | 字符型 | 5 |  | Y |  |  |
| 3 | amount | 金额 | 数值型 | 16,2 |  | Ｙ |  |  |
| 4 | result | 处理结果标志 | 字符型 | 5 |  |  | 新增、删除、修改结果标志 00000成功 其它失败 |  |
| 5 | message | 处理结果 | 字符型 | 300 |  |  | 新增、删除、修改结果失败信息 |  |

##### 举例

参见举例文档

### 结算清单修改

[子标签列表与结算清单上传相同](#_请求内容)

#### 请求内容

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | settle\_id | 结算清单id | 字符型 | 30 |  | Y |  |  |

##### 就医人员基本信息（people\_base\_info）

[同结算清单上传](#_就医人员基本信息（people_base_info）)

##### 就诊信息（inhos\_info）

[同结算清单上传](#_就诊信息（inhos_info）)

##### 门诊诊疗信息数组（opspdise\_infos）

[同结算清单上传](#_门诊诊疗信息数组（opspdise_infos）)

##### 住院诊疗信息数组（dise\_infos）

[同结算清单上传](#_住院诊疗信息数组（dise_infos）)

##### 手术信息数组（oprn\_infos）

[同结算清单上传](#_手术信息数组（oprn_infos）_1)

##### ICU信息数组（icu\_infos）

[同结算清单上传](#_ICU信息数组（icu_infos）)

##### 收费项目信息数组（item\_infos）

[同结算清单上传](#_收费项目信息数组（item_infos）)

##### 出院信息（outhos\_info）

[同结算清单上传](#_出院信息（outhos_info）)

##### 结算信息（setl\_info）

[同结算清单上传](#_结算信息（setl_info）)

##### 基金费用构成信息数组（pay\_infos）

[同结算清单上传](#_基金费用构成信息数组（pay_infos）)

##### 举例

参见举例文档

#### 响应内容

[与结算清单上传响应内容相同](#_响应内容)

##### 举例

参见举例文档

### 结算清单删除

#### 请求内容

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | settle\_id | 结算清单id | 字符型 | 30 |  | Y |  |  |
| 2 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |

##### 举例

参见举例文档

#### 响应内容

响应无内容

##### 举例

参见举例文档

### 结算清单上传结果查询

#### 请求内容

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 格式(format) |
| 1 | settle\_id | 结算清单id | 字符型 | 30 |  | Y |  |  |
| 2 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |

##### 举例

参见举例文档

#### 响应内容

子标签列表:

|  |  |  |  |
| --- | --- | --- | --- |
| 子标签名 | 说明 | 备注 | 结算清单上传响应 |
| settle\_base\_info | [结算清单信息](#_结算清单信息) |  |  |
| people\_base\_info | [就医人员基本信息](#_就医人员基本信息（people_base_info）_2) | 必填 | 相同 |
| inhos\_info | [就诊信息](#_就诊信息（inhos_info）_1) | 必填 | 相同 |
| opspdise\_infos | [门诊诊疗信息数组](#_门诊诊疗信息数组（opspdise_infos）_1)（可选） | 门诊转住院必填 | 相同 |
| dise\_infos | [住院诊疗信息数组](#_住院诊疗信息数组（dise_infos）_1) | 必填 | 相同 |
| oprn\_infos | [手术信息数组](#_手术信息数组（oprn_infos）_2)（可选） | 未上传或者修改，无此标签 | 相同 |
| icu\_infos | [ICU信息数组](#_ICU信息数组（icu_infos）_1)（可选） | 未上传或者修改，无此标签 | 相同 |
| item\_infos | [收费项目信息数组](#_收费项目信息数组（item_infos）_1) | 未上传或者修改，无此标签 | 相同 |
| outhos\_info | [出院信息](#_出院信息（outhos_info）_1) | 未上传或者修改，无此标签 | 相同 |
| setl\_info | [结算信息](#_结算信息（setl_info）_1) | 未上传或者修改，无此标签 | 相同 |
| pay\_infos | [基金费用构成信息数组](#_基金费用构成信息数组（pay_infos）_2) | 未上传或者修改，无此标签 | 相同 |

##### 结算清单信息

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号(id) | 参数代码(item) | 参数名称(name) | 参数类型(itemType) | 参数长度(len) | 代码标识/参考标准(codeId) | 是否必填(required) | 说明(rem) | 业务约束(constrain) | 值域/范围(range) | 格式(format) |
| 1 | settle\_id | 结算清单id | 字符型 | 30 |  | Y |  |  |  |  |
| 2 | mdtrt\_no | 就诊流水号 | 字符型 | 50 |  | Y | 同一定点医药机构必须唯一 |  |  |  |
| 3 | data\_status | 清单数据是否完整 | 字符型 | 3 |  | Y |  |  |  |  |
| 4 | check\_status | 合规审核状态 | 字符型 | 3 |  | Y |  |  |  |  |
| 5 | upload\_status | 是否上传省平台 | 字符型 | 3 |  | Y |  |  |  |  |
| 6 | dcla\_time | 申报时间 | 日期时间型 | 14 |  |  | 结算清单上报时间 |  |  | YYYYMMDDHH24MISS |

##### 举例

参见举例文档

# 附录：《医疗保障基金结算清单》样式

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  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| 清单流水号  定点医疗机构名称 定点医疗机构代码 医保结算等级  医保编号 病案号 申报时间 年 月 日   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **一、基本信息**  姓名 性别🞎 1.男 2.女 出生日期 年 月 日 年龄 岁 国籍  （年龄不足1周岁）年龄 天 民族 患者证件类别 患者证件号码  职业 现住址 省（区、市） 市 县  工作单位名称 工作单位地址 单位电话 邮编  联系人姓名 关系 地址 省（区、市） 市 县 电话  医保类型 特殊人员类型 参保地  新生儿入院类型 新生儿出生体重 克 新生儿入院体重 克 | | | | | | | | | | | | | | | | | | | | | | | | | | | | **二、门诊慢特病诊疗信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | 诊断科别 就诊日期 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 诊断名称 | | | 诊断代码 | | | | | | | | 手术及操作名称 | | | | | | | | | 手术及操作代码 | | | | | | | |  | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | **三、住院诊疗信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | 住院医疗类型🞎 1.住院 2.日间手术 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 入院途径🞎 1.急诊 2.门诊 3.其他医疗机构转入 9.其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 治疗类别🞎 1.西医 2.中医（2.1 中医 2.2民族医） 3.中西医 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 入院时间 年 月 日 时 入院科别 转科科别 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 出院时间 年 月 日 时 出院科别 实际住院 天 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 门（急）诊诊断（西医诊断） 疾病代码  门（急）诊诊断（中医诊断） 疾病代码 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 出院西医诊断 | | 疾病代码 | | | | | 入院病情 | | | | 出院中医诊断 | | | | | | | 疾病代码 | | | | | | 入院病情 | | | | 主要诊断： | |  | | | | |  | | | | 主病： | | | | | | |  | | | | | |  | | | | 其他诊断： | |  | | | | |  | | | | 主证： | | | | | | |  | | | | | |  | | | |  | |  | | | | |  | | | |  | | | | | | |  | | | | | |  | | | |  | |  | | | | |  | | | |  | | | | | | |  | | | | | |  | | | |  | |  | | | | |  | | | |  | | | | | | |  | | | | | |  | | | |  | |  | | | | |  | | | |  | | | | | | |  | | | | | |  | | | |  | |  | | | | |  | | | |  | | | | | | |  | | | | | |  | | | |  | |  | | | | |  | | | |  | | | | | | |  | | | | | |  | | | |  | |  | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | 诊断代码计数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 手术及操作名称 | | 手术及操作代码 | | | | | | 手术及操作日期 | | 麻醉  方式\* | | | | 术者医师姓名 | | | 术者医师代码 | | | | 麻醉医师姓名 | | | | | 麻醉医师代码 | | 主要： | |  | | | | | |  | |  | | | |  | | |  | | | |  | | | | |  | | 其他： | |  | | | | | |  | |  | | | |  | | |  | | | |  | | | | |  | |  | |  | | | | | |  | |  | | | |  | | |  | | | |  | | | | |  | |  | |  | | | | | |  | |  | | | |  | | |  | | | |  | | | | |  | |  | |  | | | | | |  | |  | | | |  | | |  | | | |  | | | | |  | |  | |  | | | | | |  | |  | | | |  | | |  | | | |  | | | | |  | |  | |  | | | | | |  | |  | | | |  | | |  | | | |  | | 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| | | | | | 离院方式 🞎 1.医嘱离院 2. 医嘱转院，拟接收机构名称 拟接收机构代码  3.转社区、转卫生院机构，拟接收机构名称 拟接收机构代码 4.非医嘱离院 5.死亡 9.其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 是否有出院31天内再住院计划🞎 1.无 2.有，目的 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 主诊医师姓名\* | | | | | | | | | | | 主诊医师代码\* | | | | | | | | | | | | | | | | | **四、医疗收费信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 业务流水号：  票据代码：  票据号码： | | | | 结算期间： 年 月 日— 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | **项目名称** | | | | 金额 | | | | | 甲类 | | | | | | 乙类 | | | | 自费 | | | | | | 其他 | | | | 床位费 | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | 诊察费 | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | 检查费 | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | 化验费 | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | 治疗费 | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | 手术费 | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | 护理费 | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | 卫生材料费 | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | 西药费 | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | 中药饮片费 | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | 中成药费 | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | 一般诊疗费 | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | 挂号费 | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | 其他费 | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | 金额合计 | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | **基金支付** | **基金支付类型** | | | | **金额** | | | | | | | | **个人支付** | | | 个人自付 | | | | | |  | | | | | | | 医保统筹基金支付 | | | |  | | | | | | | | | 其他支付： | | | |  | | | | | | | | 个人自费 | | | | | |  | | | | | | | 大病保险 | | | |  | | | | | | | | | 医疗救助 | | | |  | | | | | | | | 个人账户  支付 | | | | | |  | | | | | | | 公务员医疗补助 | | | |  | | | | | | | | | 大额补充 | | | |  | | | | | | | | | 企业补充 | | | |  | | | | | | | | 个人现金  支付 | | | | | |  | | | | | | | …… | | | |  | | | | | | | | | …… | | | |  | | | | | | | | | 医保支付方式🞎 1.按项目 2.单病种 3.按病种分值 4.疾病诊断相关分组（DRG） 5.按床日 6.按人头…… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 医疗机构填报部门 医保机构 沈阳医保中心  医疗机构填报人 医保机构经办人 结算部门负责人 | | | | | | | | | | | | | | | | | | | | | | | | | | | |   **（注：“\*”代表选填数据项）** |