Bi-Directional Patients Appointments, and Inbound Charges

Common Use Case Package

athenahealth, Inc.
Updated: February 2020
Formerly Bi-Directional ADT and Bi-Directional ADT + Charges

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1 Introduction

This document provides information for an interface that supports the following data exchange:

- Bi-directional patient messages
- Bi-directional appointment messages
- Inbound (to athenaNet) charge messages

Your organization may not have requested each integration; athenahealth specifies the sections you can skip if they're not applicable.

1.1 Interface Description

This interface supports the secure and automated transfer of information between athenaNet and an external third-party system. Interface data is formatted according to HL7 v2 standards to ensure compatibility across a wide array of platforms and software vendors. Interface data may include:

- External patient identifiers (e.g., a medical record number (MRN) assigned by a third-party vendor system)

- Patient demographics (e.g., name, date of birth, address, and so on)

- Patient insurance (e.g., carrier, member ID, and so on)

- Charge data (e.g., diagnosis codes, CPT codes, date of service, and so on)

1.2 Scope Overview

This is a pre-scoped standard interface, which means athenahealth has selected many of the configurations for your convenience. If you require customization to this integration outside of what this document provides, contact your athenahealth Interface Project Engineer and they'll connect you with the athenahealth Integration Design team for more detailed scoping. Please note that customizing the integration may incur fees.

1.3 Scope Process

1. **Review the project** – Read the entire Common Use Case package
2. **Enter or select required information to configure the interface** –
   a. Double-click the gray fields and boxes that appear in the tables and within the text.
      The Form Field Options window opens.
   b. For fields, enter the information in the **Default Text** field. For checkboxes, select **Checked** or **Unchecked**. For menus, select the option in the **Items in Drop-Down list** box.
   c. Click **OK**.
3. **Approve the project** – Enter your name and date in the Scope Approval section to approve the scope of the interface on page 22.
4. **Return the completed CUC scope document as a Word doc** – this doesn't require a wet signature and shouldn't be returned as a PDF.

REMEMBER: Your athenahealth Interface Project Engineer is available to meet, assist with questions, and help you scope the project to determine the best options for your organization.

2 Project Information

Table 1 - General information

Details
athenahealth practice context ID
athenahealth practice name
Event number (provided by Interface Project Engineer for internal athenahealth tracking)
Vendor Name
Vendor type (e.g., health information system, electronic health record, and so on.)

3 Common and Specific Use Cases

It's important to understand the related workflows and how this interface will exchange data between athenaNet and the third-party vendor system in support of those workflows.

Review the common use cases described in the below tables.

Table 2 - Patient message use cases

Scenario	Event	Functionality
EMPI (ID Sync only[1])	1 Patient added/updated in HIS (**Add ID Only; No Patient Add/Update**)	2 Patient record in athena is updated w/ HIS **patient ID** 3 Sync athena patient ID in HIS (**Dependent on HIS capability**)
	4 Patient added/updated in athena (**Add ID Only; No Patient Add/Update**)	5 Matching patient record in HIS is updated w/ athena patient ID (**Dependent on HIS capability**)
ADD ONLY (ID Sync + Add Demographics[1] + Add Insurance[1] – optional)	1 Patient added/updated in HIS (**Add Patient/ID; No Update**)	2 Patient record created in athena (insurance - optional) and/or updated w/ HIS patient ID 3 Sync athena patient ID in HIS (**Dependent on HIS capability**)
	4 Patient added in athena (**Add Only; No Update**)	5 Sync athena patient ID in HIS (**Dependent on HIS capability**)
MIRROR (ID Sync + Add/Update Demographics + Add/Update Insurance[1,2,3] - optional)	1 Patient added/updated in HIS (**Add and Update**)	2 Patient record created/updated in athena (insurance - optional) w/ HIS patient ID 3 Sync athena patient id in HIS (**Dependent on HIS capability**)
	4 Patient added/updated in athena (**Add and Update**)	5 Patient record created/updated in HIS w/ athena patient ID (**Dependent on HIS capability**) 6 Matching patient record in athena is updated w/ HIS patient ID only (**Dependent on HIS capability**)

Table 3 - Appointment & charge message use cases

Use Case	Event	Functionality
Schedule synchronization	Appointment is created, updated, cancelled or rescheduled in other system	Appointment is created, updated, cancelled or rescheduled in athenaNet
Schedule synchronization	Appointment is created, updated, cancelled or rescheduled in athenaNet	Appointment is created, updated, cancelled or rescheduled in other system
Single Charge Message	Charge FINALIZED in other system	A claim is created in athenaNet

Think about how your organization will use the interface and outline specific use cases below. Use these questions to help guide you:

- Which system will we use to create new patients?
- Which system will we use to update existing patients?
- Which system will we use to add or update patient insurance policies?
- Which system will we use to enter appointments?
- Which system will we use to enter charges?
- Which system is the source of truth?
- Which system will be updated for each data type?

Organization's specific use cases and workflow description:

TIP: Review common and specific use cases with your athenahealth Interface Project Engineer until you're comfortable with the intended functionality. This ensures that you can prepare staff for changes to their workflow (e.g., parts of their workflow that are automated versus manual) that often occur with the introduction of a new interface.

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4 Interface Enablement

Select the configurations your organization wants to enable for the interface. Check the box in the **Enable** column of table 4 to make a selection.

Table 4 - Interface Enablement

Enable	Action	Event	Direction	Default interface message
☐	Add Patient	New Patient ADDED in athenaNet	Outbound	A28
☐	Add Patient	New Patient ADDED in other system	Inbound	A28
☐	Update Patient	New Patient UPDATED in athenaNet	Outbound	A31
☐	Update Patient	New Patient UPDATED in other system	Inbound	A31
☐	Schedule Appointment	Appt SCHEDULED in athenaNet	Outbound	S12
☐	Schedule Appointment	Appt SCHEDULED in other system	Inbound	S12
☐	Update Appointment	Appt UPDATE in athenaNet	Outbound	S14
☐	Update Appointment	Appt UPDATE in other system	Inbound	S14
☐	Cancel Appointment	Appt CANCELLED in athenaNet	Outbound	S15
☐	Cancel Appointment	Appt CANCELLED in other system	Inbound	S15
☐	Check-In	Appt CHECKIN in athenaNet	Outbound	S14
☐	Check-In	Appt CHECKIN in other system	Inbound	S14
☐	Check-Out	Appt CHECKOUT in athenaNet	Outbound	S14
☐	Check-Out	Appt CHECKOUT in other system	Inbound	S14
☐	Charges	Charge FINALIZED other system	Inbound	P03

5 Interface Configuration

5.1 Message Samples and Specifications

See the HL7v2 section of the Developer Toolkit (http://www.athenahealth.com/developer-portal/developer-toolkit/by-standard) to review message samples and specifications.

Can you provide sample data for inbound messages to the athenahealth Interface Project Engineer? - blank -

5.2 Integration Testing

athenahealth provides a non-live, athenahealth-hosted test environment ("Preview") to facilitate integration testing before moving the interface to production. You should expect the third-party vendor to provide a similar non-live testing environment.

Will a third-party vendor provide a testing environment for this project? - blank -   Yes is recommended

If you answered "No," explain how you will test the integration on the third-party vendor system:

5.2.1 Testing Phases

Interface testing generally occurs in two phases: unit testing and end-user testing.

1. **Unit testing phase**
   athenahealth works directly with the third-party vendor to ensure that both outbound and inbound messages are being triggered, sent, received, and processed successfully in the respective system. During this phase your organization may be asked to confirm that the data in either system looks accurate.
2. **End-user testing phase**
   The end-user testing phase begins after the unit testing phase. athenahealth provides general test plans and your organization plans, organizes, and executes interface testing as it relates to practice workflows. athenahealth may provide guidance when appropriate.

BEST PRACTICE: athenahealth recommends creating test plans specific to practice workflows, in addition to those athenahealth provides, for a more comprehensive end-user testing phase.

5.3 Connectivity Details

As part of interface implementation, athenahealth needs to establish a secure method of transfer for electronic data to and from a third-party system. The Connectivity Method Overview document contains our current connectivity options and information regarding functionality and project steps.

http://www.athenahealth.com/~/media/athenaweb/files/developer-portal/Connectivity_Methods_Overview.docx

Contact your athenahealth Interface Project Engineer if you have questions.

5.4 Backfills and Imports

5.4.1 Backfills via the Interface

Your organization can request an backfill, where athenaNet sends or receives a full load of all patient and future appointment data between your organization and the third-party vendor as the interface is first enabled in production. athenaNet can complete a backfill through a data import or via the interface.

If you require a backfill, it's important to consider the complexities of integrating data from several different systems. For example, when athenaNet backfills information received from a third-party vendor system, the data often includes foreign IDs that need to be added to your custom fields. The IDs must be unique and might be bi-directionally accepted between all systems.

Does this project require a backfill?   - blank -

Additional comments:

5.5 athena Patient Matching Logic

If no external ID outlined in Section 5.6 is used for matching, athenaNet will default to match on athenaNet Patient ID. If the athena patient ID is not present in the message, athena will default to the demographic matching outlined below.

athenaNet matches inbound patient messages to the patients in athenaNet using an algorithm that compares demographic information in athenaNet with the data elements in each message. The data elements athenaNet uses for patient matching are:

- athenaNet patient ID
- External patient ID
- Social Security Number (SSN)
- Date of birth
- First name
- Last name
- Middle initial
- Gender
- Address
- Phone number

> **REMEMBER**: The Interface Message Queue Manager (IMQM) page in athenaNet provides a manual review process for messages that may create duplicate patient records or substantially change the demographics for an existing patient record.

5.6 External Identity Management

To assist with ID management throughout an integrated health system, athenaNet can store multiple external IDs (patient & appointment level). External IDs may be used for matching purposes or external IDs may just be interfaced and stored in athenaNet using custom fields. All external IDs present in athenaNet, such as those supplied by an interface or import process, are available to be sent out over the interface.

If external IDs are included in scope for your integration, please complete tables 4 and 5 with your athenahealth resource. Enter the name and ID of each patient-level and appointment-level custom field. Select the HL7 field and whether athenaNet should use the ID for matching purposes.

> **REMEMBER**: You can match only one external ID per record number category even if you receive multiple IDs. athenaNet assumes the external ID is correct, therefore external IDs must be unique and non-changing.

Table *5 – Patient-level custom fields*

athenaNet custom field name	athenaNet custom field ID	HL7 field	Use for matching
		- blank -	- blank -
		- blank -	- blank -
		- blank -	- blank -

Table 6 – Appointment-level custom fields

athenaNet custom field name	athenaNet custom field ID	HL7 field	Use for matching
		- blank -	- blank -
		- blank -	- blank -
		- blank -	- blank -

Are any of the above external IDs formatted with leading zeros? - blank -

By default, the information in the above tables is applied to both inbound and outbound when available.

Additional comments:

6 Outbound Message Configuration

This section contains outbound message configurations for:

- Patients
- Appointments

Please skip to section 7 if your organization is not integrating outbound messages.

6.1 Message Filtering

6.1.1 Selective Filtering of Outbound Messages

You can filter outbound messages so athena sends them only for particular providers or departments.

Should the interface filter outbound messages?   - blank -   No is recommended (i.e., the interface sends all configured messages)

If you answered "Yes," complete table 7. Select the entity in the Filter by column and enter the name or names of the entity you want to filter by in the Names column.

Table 7- Filter outbound messages

Message type	Filter by	Names
Patients	- blank -	
Appointments	- blank -	

6.2 Patients

This subsection provides configurations for outbound patient messages. **Please skip to subsection 6.3 if outbound patient messages are out of scope.**

6.2.1 Patient Race, Ethnicity, and Language

For outbound patient messages, the interface sends race, ethnicity and language in the below formats:

- Race/Ethnicity: CDC identifier (e.g., "1019-9" for the While Mountain Apache race)
- Language: ISO6392 code (e.g., "eng" for English)

6.3 Appointments

This subsection provides configurations for outbound appointment messages. **Please skip to section 7 if outbound appointment messages are out of scope.**

6.3.1 Appointment Statuses

For outbound appointment messages, the interface sends the appointment status in field SCH.25. The statuses coincide with the event that triggered the message by default. Review the statuses in table 8.

Table 8 - Default appointment statuses

Event	SCH.25 value
New appointment	BOOKED
Appointment check-in	ARRIVED
Appointment checkout	COMPLETED
Appointment update	UPDATE
Cancel appointment	CANCELLED

> **DID YOU KNOW?**: When a user reschedules an appointment through the athenaNet appointment workflow, athenaNet cancels the original appointment record and creates a new appointment record with a new athenaNet appointment ID. The interface generates an appointment cancel message for the original appointment and an appointment create message for the new appointment. Contact your athenahealth Interface Project Engineer if this functionality will be an issue for your downstream system.

6.4 Provider ID Management

The interface configures the provider ID in outbound messages as either the provider's National Provider Number (NPI) or the athenaNet provider ID. Select your preferred provider ID configuration in table 9.

Table 9 - Provider ID configuration options

	Option
☐	NPI
☐	athenaNet provider ID

7 Inbound Message Configuration

This section provides inbound message configurations for:

- Patients
- Appointments
- Charges

Please skip to section 8 if inbound messages are out of scope.

7.1 Patients

This subsection provides configurations for inbound patient messages. **Please skip to subsection 7.2 if inbound patient messages are out of scope.**

7.1.1 Minimum Required Fields for Patient Messages

To create a new patient, athenaNet requires the third-party vendor system to populate data fields with the HL7 field specified in table 9. Review the required HL7 fields with the third-party vendor.

Table 10 - Required HL7 fields to create a patient

Data field	Default HL7 field
Patient ID	PID.3.0 (As defined in subsection 5.5)
Last name	PID.5.0
First name	PID.5.1
Date of birth	PID.7

7.1.2 Insurance

Is athenaNet receiving insurance data via the interface?   - blank -

If you answered "No," skip to subsection 7.1.4

To create a patient's insurance, athenaNet requires the third-party vendor system to populate data fields with the HL7 field specified in table 11. Review the required HL7 fields with the third-party vendor.

Table 11 - Required HL7 fields to create patient insurance

Data field	Default HL7 field	Notes
Package ID	IN1.2	Required – foreign ID
Name	IN1.4	Required – foreign ID
Policy number	IN1.36	Recommended but not required, part of foreign ID by default if present
Relationship to insured	IN1.17	Required
		Required

7.1.2.1 Insurance Mapping

Every time athenaNet receives an inbound interface message with a new foreign insurance ID, it routes the message to the ERROR queue on the Interface Message Queue Manager page. It's your organization's responsibility to map the foreign insurance ID to a valid insurance package in athenaNet; you need to map the foreign ID to the insurance package

only once. Manual mapping is often a large amount of work and unmapped insurance can result in inbound demographic and insurance data processing delays. athenahealth recommends beginning the manual mapping process before go-live

REMEMBER: If your organization is eligible for the payer translation service this section is not applicable. If you are unsure if you are eligible for the service, please contact your athenahealth Interface Engineer.

7.1.2.2 Insurance Processing – Patient Only

athenaNet processes properly mapped insurance as follows:

- **New insurance policy** – If there's no insurance policy on the Quickview that matches the sequence number (primary, secondary, or tertiary) in the message, athenaNet adds a new insurance policy at the given sequence.
- **Updated insurance policy** – If the insurance policy on the Quickview matches the sequence number and insurance package ID in the message, athenaNet updates the policy with the new data from the message (if any).
- **Replaced insurance policy** – If the insurance policy on the Quickview matches the sequence number in the message but the message contains a different insurance package, athenaNet cancels the existing policy and replaces it with the policy from the message.
- **Self-pay policy** – If there's no insurance policy in the message, athenaNet assigns the patient a self-pay policy, which overrides existing insurance policy information on the Quickview.

REMEMBER: Your organization can't schedule appointments or complete charge entry for patients without insurance.

As detailed above, new or updated insurance data in the messages overwrites existing insurance data in athenaNet. However, you can make some configurations to how athenaNet processes insurance data in messages. Select your preferred options in table 12.

Table 12 - Insurance processing options – patients

	Option
☐	**Always process insurance policy updates (default)** athenaNet processes new or updated insurance policy data each time it receives a patient message. This includes overriding existing policies with a self-pay policy if the message doesn't contain insurance information.
☐	**Process insurance policy updates only when data exists in the message** athenaNet processes new or updated insurance policy data only when it exists in the message. This means athenaNet doesn't override existing policies with a self-pay policy or remove existing policies when a message doesn't have insurance data.

7.1.3 Case Policies

Case policies are considered to have a sequence of zero (unlike primary, secondary, and tertiary, which have a sequence of one, two, and three respectively). If the insurance policy in the message has a sequence number of 1 and maps to a case policy in athenaNet, its sequence is automatically converted to zero on the patient Quickview. This allows the case policy to display under the special case policies section at the bottom of the Quickview.

DID YOU KNOW? The most common types of case policies include motor vehicle accident (MVA) and workers compensation insurance.

7.1.4 Patient Privacy Release Information

The Health Insurance Portability and Accountability Act (HIPAA) electronic claims standard requires providers to indicate when a patient has authorized the release of billing information and assignment of benefits. When athenaNet creates a new patient via the interface, athenaNet checks the **Release of Billing Information** and **Assignment of Benefits** boxes

on the Privacy Information page automatically (assuming the third-party vendor has completed the patient privacy release).

Table 13 - Patient privacy processing option

Option
⊠ **Automatically check patient privacy boxes** athenaNet checks the **Release of Billing Information** and **Assignment of Benefits** boxes automatically when athenaNet creates patients via the interface. This indicates the third-party vendor completed the patient privacy release.

7.1.5 Guarantor Information

athenaNet can exchange the guarantor's name, address, and relationship to the patient via the interface.

7.2 Appointments

This subsection provides configurations for inbound appointment messages. **Please skip to subsection 7.3 if inbound appointment messages are out of scope.**

> **REMEMBER** When inbound appointment interface messages are received, the sending system will be the source of truth for all appointment scheduling templates, appointment times, and appointment durations. Appointment time and duration will appear in athenaNet as received on the interface message.

7.2.1 Minimum Required Fields for Appointment Messages

To create a new appointment, athenaNet requires the third-party vendor system to populate data fields with the HL7 field specified in table 14. Review the required HL7 fields with the third-party vendor.

Table 14 - Required HL7 fields to create an appointment

Data field	Default HL7 field
Date/Time	SCH.11
Provider	PV1.7
Department	PV1.3
Appointment Type	SCH.8
Appointment Notes (if applicable)	SCH.7
Appointment Cancel Reason (if applicable)	SCH.6
Appointment Status (if applicable)	SCH.25

7.2.2 Matching Logic for Appointment Messages

The appointment ID must be present in the message for both the patient and appointment to be matched directly. All other demographic data in the appointment message, including insurance data, will not be processed.

athenaNet matches inbound appointment messages to patients and existing appointments in athenaNet as follows:

- If the third-party vendor can store and send athenaNet IDs from their system, athenaNet uses the athenaNet patient ID and athenaNet appointment ID (when available) in the inbound appointment message to match the

appointment data to the correct patient. Note that this is uncommon for this use case since the flow of HL7 data is unidirectional from the other system to athenaNet.

- If the third-party cannot or is not storing the athenaNet IDs in their system, athenaNet will use the external IDs in the inbound appointment messages (when available) to match the appointment data to the correct patient and appointment.

Table 15 - Appointment message matching options

Option
☐   🌱   **athenaNet appointment ID** will be available in inbound appointment message in PV1.50
☐   **External appointment ID** will be available in inbound appointment messages in PV1.50

7.2.3 Processing logic for Appointment Messages

7.2.3.1 Future Appointments

When athenaNet receives an appointment message at least one day before the appointment date, it creates an appointment via the interface and puts it in f status, indicating a filled appointment slot. athenaNet performs eligibility checks on filled appointments prior to the appointment date automatically. The appointment stays in f status until check-in.

7.2.3.2 Past or Present Appointments

When athenaNet creates an appointment on or after the appointment date via the interface, athenaNet puts the appointment in 2 status, indicating the patient has checked in. These appointments appear on the Missing Slips worklist until charges are entered via a user or the interface.

If certain appointment types should not generate a missing slip in athena, please work with your athena Interface project engineer to set the Billing Slip Required setting in the appointment type table to No

> **BEST PRACTICE**: athenahealth recommends tracking appointments through the Missing Slips worklist to ensure a user enters charges every time your organization sees a patient.

7.3 Charges

This subsection provides configurations for inbound charge messages. **Please skip to subsection 7.4 if inbound charge messages are out of scope.**

> **BEST PRACTICE**: The third-party vendor system should send claims only when inbound charge data is complete, finalized, and ready for immediate billing. They should send all charges at once, ideally contained within single DFT messages (one claim per message). athenahealth does not support "building up a claim" over the course of many transactions, charges, or interface messages.

7.3.1 Minimum Required Fields for Charge Messages

To create a claim, athenaNet requires the third-party vendor system to populate data fields with the HL7 field specified in table 16. Review the required HL7 fields with the third-party vendor.

Table 16 - Required HL7 fields to create a claim

Data field	Default HL7 field
Rendering Provider	Derived from Appointment or FT1.20
Supervising Provider	Derived from the Rendering Provider or FT1.21
Department	Derived from Appointment or FT1.16 or FT1.13
Service Date	Derived from Appointment or FT1.4
Procedure Code	FT1.25
Modifier (if required for procedure code)	FT1.26
Diagnosis Code	FT1.19

MAXIMUM ALLOWABLE DIAGNOSIS CODES FOR INTERFACE CLAIM CREATION: The inbound charge message can store up to four pointers to the diagnosis codes per procedure code in the claim header. The message stores up to 12 additional diagnosis codes included in the FT1.19 segment in the claim header without pointers.

7.3.2 Matching Logic for Charge Messages

7.3.2.1 Patient Matching for Charge Messages

See subsection 5.5 for information on how athenaNet matches inbound messages to a patient.

7.3.2.2 Appointment Matching for Charge Messages

athenaNet matches charge information from the inbound charge message to the appointment when the athenaNet appointment ID or other unique ID in the message matches the charge in the appointment. athenaNet moves the appointment status from 2 (checked-in) or 3 (checked out) to 4 (charges entered). Select your organization's preferred method of matching inbound charge messages to appointments table 17. Additionally, select the HL7 field where the appointment ID information will appear.

Table 17 - Matching charge messages to appointments options

	Option
☐	**athenaNet matches charges to an appointment using the athenaNet appointment ID in the inbound charge message, when it's available.** In which field will the appointment ID appear? PV1.50
☐	**athenaNet matches charges to an appointment using the external appointment ID in the inbound charge message, when it's available.** In which field will the appointment ID appear? PV1.50
☐	**N/A - athenaNet creates free-standing claims and does not attempt to match the charges to an appointment.**

7.3.3 Processing Logic for Charge Messages

7.3.3.1 Charges with Unmatched Appointments

There are two standard options for how athenaNet can handle DFT messages that fail to match to an appointment. Of course, it's possible that your use case is for billing free-standing claims with charges that don't have an appointment in athena. Example use cases for free-standing claims would be billing ancillary charges such as for an in-house lab, or

billing hospital professional fees. In the event that you *are* billing for encounters with an appointment in athenaNet, this scenario could arise if for example the sending system sends a null or incorrect appointment ID, or if the interface is relying on an external appointment ID which was somehow deleted from the appointment custom field in athenaNet. Here are the options:

- Process the DFT, creating a free-standing claim not associated to an appointment, and therefore leaving the appointment, if it exists, on the Missing Slips worklist.
- Do not process the DFT and instead place the message in an ERROR status in your Interface Message Queue Manager (IMQM). All messages in an ERROR status in the IMQM require practice review.

Consider your use case and select whether you want the interface to be able to create free-standing claims.

Does your organization want athenaNet to create free-standing claims instead of routing the inbound charge message to the ERROR queue? - blank - athenahealth recommends selecting "Yes" only if your organization's use case involves billing free-standing claims with charges that don't have an appointment in athenaNet.

DID YOU KNOW? athenaNet processes charge data only from inbound P03 charge messages. athenaNet discards all other data, including demographic updates.

7.3.3.2 Deriving Required Claim Data

If your use case is for free-standing claims, athenaNet derives all data needed for building the claim from the DFT message and patient record. If appointments are part of the use case, athenaNet can derive some claim data from the matched appointment – specifically provider, location, and insurance. The alternative is pulling all data from the DFT message and patient record, even when matching to an appointment and removing it from the Missing Slips worklist.

In Table 18 below, select how athenaNet should build the claim.

Table 18 - Data derived from the matching appointment

	Option
☐	**Derive all applicable data from the appointment when matched.** This includes the rendering provider, service location (department), and insurance. The supervising provider is pulled from your provider table as supervising provider defined for the rendering. If this relationship isn't defined, supervising defaults to the rendering.
☐	**Derive insurance from appointment and derive provider and department data from the DFT charge message.** From which field in the charge message will athenaNet pull the service location (department)? FT1.16 Select how athenaNet will derive provider data from the charge message: ☐ Rendering Provider in FT1.20 and Supervising Provider from Rendering Provider (per relationship defined in your provider table, if that isn't defined the supervising defaults to the rendering) ☐ Rendering Provider in FT1.20 and Supervising Provider in FT1.21
☐	**N/A – Use case is for free-standing claims** All data will be derived from charge message. Select how athenaNet will derive provider data from the charge message: ☐ Rendering Provider in FT1.20 and Supervising Provider from Rendering Provider (per relationship defined in your provider table, if that isn't defined the supervising defaults to the rendering) ☐ Rendering Provider in FT1.20 and Supervising Provider in FT1.21

7.3.3.3 Insurance Logic

If a charge matches to an appointment, the claim is created with insurance from the existing appointment. When a freestanding claim is created, insurance is pulled from the patients Quickview.

7.3.3.4 Charge Grouping

Some third-party vendor systems [frequently lab systems and health information systems (HIS)] send separate charge messages for a single encounter with multiple charges. When this happens, athenaNet groups the charges onto the same unbilled claim. athenaNet uses these data elements to match the charge transactions to the claim:

- Patient information
- Service date
- Rendering provider
- Supervising provider
- Department
- Primary insurance
- Secondary insurance

7.3.3.5 Charge Combining

When athenaNet receives multiple charge messages for the same patient, procedure, and date, it overrides the original charge with the charge in the most recent charge message. It also updates the unit amount based on the most recent charge message, rather than combining the units from both charge messages.

7.4 Interface Mappings

athenahealth expects the third-party vendor to send the data elements in interface messages as they are outlined in the athenaNet global tables.

It may not be possible for some vendors to send athenaNet values for the data elements. In these cases, the practice will need to manually create and permanently maintain mappings that link their foreign codes to the ones that exist in athenaNet. During the build phase the client is required to create a list of custom values to be mapped and provide it to the athenahealth Interface Project Engineer for verification and review. For example, if you select language, the athenahealth Interface Project Engineer expects to receive a list of all available language codes and descriptions for review. Once confirmed, your organization will map each of these external codes to the corresponding athenaNet codes.

Table 19 - Custom mapping

Custom mapping required	Data element	Defailt HL7 field
☐	Sex	PID.8
☐	Race	PID.10
☐	Country	PID.12
☐	Language	PID.15
☐	Marital Status	PID.16
☐	Ethnicity	PID.22
☐	Department	PV1.3.1, FT1.16 or FT1.13
☐	Provider (athenaNet Provider ID or NPI preferred)	PV1.7, FT1.20 and FT1.21
☐	Insurance Plan	IN1.2+IN1.4+IN1.5 or IN1.2
☐	Patient's Relationship to Policy Holder	IN1.17
☐	Patient's Relationship to Guarantor	GT1.11
☐	Relationship to Next of Kin	NK1.3
☐	Appointment Cancellation Reason	SCH.6
☐	Appointment Type	SCH.7
☐	Appointment Status	SCH.25

TIP: Sending standard codes that athenaNet already recognizes reduces the amount of work needed to maintain and create mappings.

8 Scope Approval

Please provide an **electronic** signature approving the scope of the interface outlined in this document.

I,   , agree to the interface design as described here in this document.

Date:

8.1 Additional Comments

Enter general interface comments and questions that the document or your athenahealth Interface Project Engineer didn't address.

9 Appendices and other references

9.1 Interface Message Queue Manager

The Interface Message Queue Manager (IMQM) page in athenaNet is an interactive repository for all interface messages that pass through athenaNet. Use the IMQM to view messages or resolve common errors, such as missing providers, invalid procedure codes, or unknown departments. Review table 19 to understand how athenaNet defines each state. Messages in a final state (processed or deleted) remain in the queue for only 90 days.

Table 2 - Interface message processing state

Processing state	Definition
SCHEDULED	Scheduled to be sent later
NEW	Placeholder for a new message and ready to be sent or received
DISTRIBUTED	Delivery or acknowledgement is pending for global interfaces
PENDING	Delivery or acknowledgement is pending
PROCESSED	Processed normally; remains in queue for only 90 days
ERROR	Generic error encountered; routed to client
CBOERROR	Billing related error encountered; routed to client
ATHENAERROR	Internal error encountered; routed to athenahealth Client Support Center
DELETED	Messages that have been deleted; remains in queue for only 90 days

Table 20 lists each permission required to access and make changes to the IMQM. Your local system administer must grant the user permissions.

Table 3 - Interface Message Queue Manager permissions

Permission	Use case
Interface Admin: View Message Queue	You want to view the IMQM.
Interface Admin: Map Insurance Messages	You need to map insurance messages.
Interface Admin: Map Messages (except Insurances)	You need to map all messages excluding insurance messages (e.g. provider and department mappings).
Interface Admin: File Upload Interface	You want to upload files via the interface.

See the Interface Message Queue Manager guide for more information on the IMQM and your organization's responsibility for resolving messages in ERROR and CBOERROR status.

9.2 Continuing service and support

Your interface is transitioned into our daily service and support structure within two weeks after go-live.

As a standard practice, athenahealth continuously monitors all client connections and notifies the specified contacts if an error occurs. athenaNet monitors all jobs and restarts them automatically if they're idle. For details, see the Interface Down Support document.   You can also access support in athenaNet directly if you have questions about or modifications to the interface: On the Main Menu, click **Support** and then click **Get Help**.