

Connect Care Physician Service Codes Extract Specification

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Background

Connect Care is the new AHS provincial Clinical Information System (CIS) being implemented across Alberta. Connect Care will be the bridge between information, healthcare teams, and patients. The foundation of Connect Care is a common clinical information system, which will directly impact everyone who provides patient care within AHS. Physicians working at AHS healthcare centers will use Connect Care to access schedules, patient clinical documentation, and financial information such as insurance.

Service Code Capture (SCC)

As part of the Clinical documentation module, Service Code Capture (SCC) provides an option for physicians to attach Schedule of Medical Benefits (SOMB) service codes, modifiers, diagnosis and other information to a specific visit or encounter while the physician is completing clinical documentation. Fee for Service (FFS) physicians will have the option to use SCC to drop charges and the reporting tool in Connect Care to extract the billing information required for submitting claims to Alberta Health, WCB and other payors. Compared to existing paper based billing sheets, these billing extracts could potentially speed up the claims process as all claims related information is pulled onto a single charge line associated to that SOMB service code. The format of the extract is discussed in greater details in the later part of this document. A charge reconciliation report will be provided to Connect Care physicians to help identify Appointments Missing Charges for revenue guardian purposes.

Billing Reports and Extracts

Physicians who drop charges using SCC will have access to an in-system reporting function in Connect Care. The reporting function is security controlled, allowing the logged-in provider to pull charging and billing information for his or her own service codes only. The reporting function is flexible and completely **self-serve**. The Connect Care project team will NOT setup or maintain scheduled batch runs to produce reports or export files. A physician can choose to run the billing reports at any time for any date range based on service date or charge posted date. The reports will be viewable in Connect Care with advanced sorting and filtering functions to include or exclude any charges, if desired.

The physician running the reports will have the option to export the report results to a password-protected .xlsx format spreadsheet. The billing spreadsheet can be used by physicians or their billers to submit claims using any 3rd party billing software. The specification of the billing spreadsheets discussed in this document is intended to provide a guideline for billing software vendors. The vendors may choose to build an import function to allow physicians or their billers to load the report result files into their 3rd party billing software electronically.

There are two versions of the reports available as listed below, with different layouts:

My Billing Codes Report and Data Export

The layout of “My Billing Codes” report is tailored to fit the requirements for claims to all non-WCB payors, including Alberta Health H-Link, Medavie Blue Cross, and out of country commercial payors. The details are listed in the table below under Specification – My Billing Codes.

My WCB Codes Report and Data Export

The WCB codes report layout was designed specifically to match the WCB paper form and the WCB online portal. The fields include billing and clinical data as well as WCB specific data fields the physician can enter using the Connect Care WCB Form. It will contain all the information needed for a 3rd party biller to complete WCB claims for the billing physician. The details are listed in the table below under Specification – My WCB Codes.

Specification

Note that the maximum number of rows returned for each report is currently set at 10,000.

My Billing Codes

Seq #	Element Name	Description	Data Type	Length (Range)	Format	Valid Values	Min Occ.	Max Occ.
1	ID	The identifier of the current charge encounter.(UCL)	Numeric	18			1	1
2	Charge Post Date	The date that service code was posted and filed in the system. Charge will not file until the visit is signed.	Date	8	YYYYMMDD		1	1
3	Charge Status	Charge Status of the charge line. This is important to identify charges deleted and which destination the charge has been filed to. Any updates made to the existing charge on SCC will trigger void to the original charge and a new/modified charge will be posted, which usually appears on the next line with original charge ID attached in the column #4.	Varchar	254		Deleted Filed - Destinati on	1	1
4	Original Charge ID	Original Charge ID that this charge line was created from. This indicates the charge was modified from an existing charge. When this happens the original charge has already been voided. Billers should be aware of this status and decide what to do with the claim for the original charge.	Numeric	18			0	1
5	Billing Provider	Physician name of the billing provider for claims and payments	Varchar	254			1	1
6	PRID	Unique Practitioner Identification Number for practicing physicians. Can be used to lookup physician record in 3 rd party system.	Varchar	50			1	1
7	Service Date	The date the health service was performed.	Date	8	YYYYMMDD		1	1
8	Facility Code	Facility Code required by AHC mapped from service location, usually a 3 digit number. i.e. 044	Numeric	18			0	1
9	Health service code	Alberta Health Service Codes performed according to SOMB. There is only one service code per charge line.	Varchar	20			1	1
10	Diagnosis Codes 1	Primary Diagnosis for the Health Service in ICD-9. Physicians pick ICD-10 diagnosis codes in Connect Care and the system maps them to ICD-9 for AHC.	Varchar	192			0	1
11	Diagnosis Codes 2	Secondary Diagnosis for the Health Service in ICD-9. Physicians pick ICD-	Varchar	192			0	1

Seq #	Element Name	Description	Data Type	Length (Range)	Format	Valid Values	Min Occ.	Max Occ.
		10 diagnosis codes in Connect Care and the system maps them to ICD-9 for AHC.						
12	Diagnosis Codes 3	Tertiary Diagnosis for the Health Service in ICD-9. Physicians pick ICD-10 diagnosis codes in Connect Care and the system maps them to ICD-9 for AHC.	Varchar	192			0	1
13	Modifier 1	Fee Modifier 1	Varchar	254			0	1
14	Modifier 2	Fee Modifier 2	Varchar	254			0	1
15	Modifier 3	Fee Modifier 3	Varchar	254			0	1
16	Calls	The number of the same service code performed for the same patient and visit	Numeric	10			0	1
17	Referring Physician	The name of the referring physician.	Varchar	100			0	1
18	Referring PRID	The PRAC ID for referring physician (In province only)	Varchar	50			0	1
19	Payor Financial Class	Financial Class indicates what type of payor and claim process the charge should be routed to. The category list values in this field are abbreviations. All valid values are listed in the 'Valid Value' column.	Category	50		COMM AHCIP OOP Federal OOC Self-Pay AB Self-Pay CAN Self-Pay Non SP- Uninsured AB Gov	0	1
20	Payor	Name of the Primary Insurer, i.e. ALBERTA HEALTH. Note that if the patient has multiple insurance coverages, only the primary one identified most appropriate for the charge will be attached to the charge line.	Varchar	80			0	1
21	Coverage	Name of the Insurance plan under the insurer, i.e. Alberta Health Care Insurance Plan	Varchar	100			0	1
22	Guarantor ULI/PHN	This field list the insurance coverage ID, i.e. ULI for AB patient, Health Card Number for other Canadian Province. If the primary coverage is generic OOC commercial this field list the subscriber ID.	Varchar	50			0	1

Seq #	Element Name	Description	Data Type	Length (Range)	Format	Valid Values	Min Occ.	Max Occ.
23	MRN	Patient Chart Number in Connect Care	Varchar	100			1	1
24	Patient First Name	Patient First Name	Varchar	200			1	1
25	Patient Last Name	Patient Last Name	Varchar	200			1	1
26	Patient Middle Name	Patient Middle Name	Varchar	508			0	1
27	Date of Birth	Patient Birthdate	Date	8	YYYYMMDD		0	1
28	Patient Gender	Patient legal gender, single letter category list	Category	50		M F U X	1	1
29	Patient Class	Patient class assigned during registration process that is useful to identify other claim information such as Functional center and newborn claim scenario.	Category	50		Inpatient Outpatient Emergency Day Surgery Newborn HOME CARE SERIES Continuing C Mental Health Trust Surg Admit Stillborn OPR Corrections EMS P,O,S,A	0	1
30	Admission Date	Admission date (Inpatient only)	Date	8	YYYYMMDD		0	1
31	Confidential	Confidential Indicator, this field is optional	Category	50		NO YES	0	1
32	Mother to New Born	Linked Mother Account for New Born (Name only)	Varchar	18			0	1
33	Patient Address line1	Patient address line 1	Varchar	3500			0	1

Seq #	Element Name	Description	Data Type	Length (Range)	Format	Valid Values	Min Occ.	Max Occ.
34	Patient Addr line2	Patient address line 2	Varchar	3500			0	1
35	Patient Addr line3	Patient address line 3	Varchar	3500			0	1
36	Patient City	Patient City	Varchar	50			0	1
37	Patient Prov/State	Patient Province/State	Varchar	254			0	1
38	Patient Country	Patient County	Varchar	66			0	1
39	Patient Postal Code	Patient Postal Code	Varchar	24			0	1
40	Bill Area	Billing Program the current service code is accounted for such as ARP or AMHSP, empty if N/A	Varchar	254			0	1
41	CSN	Unique Contact Serial Number (CSN) for the appointment or encounter	Varchar	50			1	1

My WCB Codes

Seq #	Element Name	Description	Data Type	Length (Range)	Format	Valid	Min Occ.	Max Occ.
1	ID	The identifier of the current charge encounter.(UCL)	Numeric	18			1	1
2	Charge Post Date	The date that service code was posted and filed in the system. Charge will not file until the visit is signed.	Date	8	YYYYMMDD		1	1
3	Charge Status	Charge Status of the charge line. This is important to identify charges deleted and which destination the charge has been filed to. Any updates made to the existing charge on SCC will trigger void to the original charge and a new/modified charge will be posted, which usually appears on the next line with original charge ID attached in the column #4.	Varchar	254		Deleted Filed - Destination	1	1
4	Original Charge ID	Original Charge ID that this charge line was created from. This indicates the charge was modified from an existing charge. When this happens the original charge has already been voided. Billers should be aware of this status and decide what to do with the claim for the original charge.	Numeric	18			0	1
5	Billing Provider	Physician name of the billing provider for claims and payments	Varchar	254			1	1
6	PRID	Unique Practitioner Identification Number for practicing physicians.	Varchar	50			1	1

Seq #	Element Name	Description	Data Type	Length (Range)	Format	Valid	Min Occ.	Max Occ.
		Can be used to lookup physician record in 3 rd party system.						
7	Patient Gender	Patient legal gender, single letter category list	Category	50		M F U X	1	1
8	AB PHN	Patient Alberta Provincial Health Number	Varchar	50			0	1
9	Date of Birth	Patient Birthdate	Date	8	YYYYMMDD		0	1
10	Patient First Name	Patient First Name	Varchar	200			1	1
11	Patient Middle Name	Patient Middle Name	Varchar	508			0	1
12	Patient Last Name	Patient Last Name	Varchar	200			1	1
13	Patient Address	Patient address	Varchar	3500			0	1
14	Patient City	Patient City	Varchar	50			0	1
15	Patient Prov/State	Patient Province/State	Varchar	254			0	1
16	Patient Postal Code	Patient Postal Code	Varchar	24	AOA OAO		0	1
17	Employer	Employer Name	Varchar	254			0	1
18	Employer Address	Employer Address	Varchar	254			0	1
19	Employer City	Employer City	Varchar	254			0	1
20	Employer Province/State	Employer Province	Varchar	66			0	1
21	Employer Phone	Employer Phone	Varchar	50	###-###-####		0	1
22	Job Title	Job Title/Occupation	Varchar	254			0	1
23	WCB-Develop Over Time	Did Injury/Condition Develop Over Time?	Category	50		NO YES	0	1
24	WCB-Date Of Injury	Date Of Injury	Date	8	YYYYMMDD		0	1
25	WCB-How When Occurred	How/When It Occurred?	Varchar	3000			0	1
26	WCB-Date of Examination	Date Of Examination	Date	8	YYYYMMDD		0	1
27	WCB-Symptoms	Symptoms	Varchar	3000			0	1
28	WCB-Objective Findings	Objective Findings	Varchar	3000			0	1

Seq #	Element Name	Description	Data Type	Length (Range)	Format	Valid	Min Occ.	Max Occ.
29	WCB-Current Diagnosis	Current Diagnosis	Varchar	3000			0	1
30	WCB-Part Of Body 1	Part Of Body 1	Varchar	3000			0	1
31	WCB-Part Of Body 2	Part Of Body 2	Varchar	3000			0	1
32	WCB-Part Of Body 3	Part Of Body 3	Varchar	3000			0	1
33	WCB-Side Of Body 1	Side Of Body 1	Varchar	3000			0	1
34	WCB-Side Of Body 2	Side Of Body 2	Varchar	3000			0	1
35	WCB-Side Of Body 3	Side Of Body 3	Varchar	3000			0	1
36	WCB-Nature Of Injury 1	Nature Of Injury 1	Varchar	3000			0	1
37	WCB-Nature Of Injury 2	Nature Of Injury 2	Varchar	3000			0	1
38	WCB-Nature Of Injury 3	Nature Of Injury 3	Varchar	3000			0	1
39	WCB-Prior Conditions	Prior Conditions - Same Area	Category	50		NO YES	0	1
40	WCB-Narcotics Prescribed	Narcotics Prescribed?	Category	50		NO YES	0	1
41	WCB-Treatment Plan Meds	Treatment Plan & Medications	Varchar	3000			0	1
42	WCB-Category 1	Category 1	Category	50		Consultation /Referral Investigation	0	1
43	WCB-Category 2	Category 2	Category	50		Consultation /Referral Investigation	0	1
44	WCB-Category 3	Category 3	Category	50		Consultation /Referral Investigation	0	1
45	WCB-Type 1	Type 1	Category	50		Orthopedic Neurologist Plastic Surgeon X-Ray Ultrasound CT Scan MRI/MRA NCS/EMG Other	0	1
46	WCB-Type 2	Type 2	Category	50		Orthopedic Neurologist Plastic Surgeon	0	1

Seq #	Element Name	Description	Data Type	Length (Range)	Format	Valid	Min Occ.	Max Occ.
						X-Ray Ultrasound CT Scan MRI/MRA NCS/EMG Other		
47	WCB-Type 3	Type 3	Category	50		Orthopedic Neurologist Plastic Surgeon X-Ray Ultrasound CT Scan MRI/MRA NCS/EMG Other	0	1
48	WCB-Details 1	Details 1	Varchar	3000			0	1
49	WCB-Details 2	Details 2	Varchar	3000			0	1
50	WCB-Details 3	Details 3	Varchar	3000			0	1
51	WCB-Expedite 1	Expedite 1	Category	50		NO YES	0	1
52	WCB-Expedite 2	Expedite 2	Category	50		NO YES	0	1
53	WCB-Expedite 3	Expedite 3	Category	50		NO YES	0	1
54	WCB-Assisted Services	WCB Assisted Services?	Category (Multi)	254	Newline (\n) delimited	Case conference with WCB case manager Case conference with WCB physician Referral to Return To Work Provider	0	3
55	WCB-Missed Work	Missed Work?	Category	50		NO YES	0	1
56	WCB-Returned To Work	Returned To Work?	Category	50		NO YES	0	1
57	WCB-Work Modified Hours	Working Modified Hours?	Category	50		NO YES	0	1
58	WCB-Work Modified Duties	Working Modified Duties?	Category	50		NO YES	0	1

Seq #	Element Name	Description	Data Type	Length (Range)	Format	Valid	Min Occ.	Max Occ.
59	WCB-Sitting	Sitting	Category	50		Able Unable Limited to	0	1
60	WCB-Standing	Standing	Category	50		Able Unable Limited to	0	1
61	WCB-Walking	Walking	Category	50		Able Unable Limited to	0	1
62	WCB-Bending	Bending	Category	50		Able Unable Limited to	0	1
63	WCB-Twisting	Twisting	Category	50		Able Unable Limited to	0	1
64	WCB-Kneeling / Squatting	Kneeling/Squatting	Category	50		Able Unable Limited to	0	1
65	WCB-Climbing	Climbing	Category	50		Able Unable Limited to	0	1
66	WCB-Lifting	Lifting	Category	50		Able Unable Limited to	0	1
67	WCB-Pushing / Pulling	Pushing/Pulling	Category	50		Able Unable Limited to	0	1
68	WCB-Overhead Reach	Overhead Reaching	Category	50		Able Unable Limited to	0	1
69	WCB-Driving	Driving	Category	50		Able Unable Limited to	0	1
70	WCB-Other Reasons Cannot Work	Other Reasons Why Patient Cannot Work	Category (Multi)	254	Newline (\n) delimited	Hospitalized Self reported Opioids/Me dication side effects	0	3
71	WCB-Other Restrictions	Other Restrictions	Varchar	3000			0	1
72	WCB-Estimated Full Capacity Return Date	Estimated return to work date on full capacity	Date	8	YYYYMMDD		0	1
73	WCB-Additional Comm	Additional Comments	Varchar	3000			0	1
74	Service Date	The date the service was performed.	Date	8	YYYYMMDD		1	1
75	Health service code	Alberta Health Service Codes performed according to SOMB. There	Varchar	20			1	1

Seq #	Element Name	Description	Data Type	Length (Range)	Format	Valid	Min Occ.	Max Occ.
		is only one service code per charge line.						
76	Diagnosis Codes 1	Primary Diagnosis for the Health Service in ICD-9. Physicians pick ICD-10 diagnosis codes in Connect Care and the system maps them to ICD-9 for AHC.	Varchar	192			0	1
77	Diagnosis Codes 2	Secondary Diagnosis for the Health Service in ICD-9. Physicians pick ICD-10 diagnosis codes in Connect Care and the system maps them to ICD-9 for AHC.	Varchar	192			0	1
78	Diagnosis Codes 3	Tertiary Diagnosis for the Health Service in ICD-9. Physicians pick ICD-10 diagnosis codes in Connect Care and the system maps them to ICD-9 for AHC.	Varchar	192			0	1
79	Modifier 1	Fee Modifier 1	Varchar	254			0	1
80	Modifier 2	Fee Modifier 2	Varchar	254			0	1
81	Modifier 3	Fee Modifier 3	Varchar	254			0	1
82	Calls	The number of the same service code performed in this charge	Numeric	10			0	1
83	Referring Physician	The name of the referring physician.	Varchar	100			0	1
84	Referring PRID	The PRAC ID for referring physician (In province only)	Varchar	50			0	1
85	Payor	Patient Insurer, i.e. WCB	Varchar	80			0	1
86	Coverage	Patient Insurance plan	Varchar	100			0	1
87	Guarantor ULI/PHN	Coverage ID, i.e. WCB ID if applicable	Varchar	50			0	1
88	MRN	Patient Chart Number in Connect Care	Varchar	100			1	1

Glossary

SCC	Service Code Capture
AH	Alberta Health
AHS	Alberta Health Service
CIS	Clinical Information System
DND	Department of National Defense
H-Link	Health Link
LTC Facility	Long Term Care Facility
MRN	Medical Record Number
PHN	Personal Health Number
RCMP	Royal Canadian Mounted Police
SOMB	Schedule of Medical Benefits
ULI	Unique Lifetime Identifier
WCB	Workers' Compensation Board